Applying Behavioral Economics to Fever Case Management

Detailed Implementation Plan

June–July 2020

Program Overview

The fever case management experience

1. All clients presenting at the outpatient department will have their vitals recorded. Providers in the triage unit will use the Whole Site Counselling Tool to inform clients about the case management process.
2. Clients with fever or a history of fever will be tested for malaria before they enter the consultation room. Providers in the lab or side-lab will use the Whole Site Counselling Tool to inform clients about the importance of testing to diagnose malaria.
3. When they enter the consultation room, clients will be evaluated by a provider with the help of the Fever Evaluation Job Aid. Providers will use the script included in the Whole Site Counseling Tool to inform clients about their test result, and its implications. Clients who are positive for malaria will be assessed for possible co-morbidities, while clients who are negative for malaria will be assessed for other potential causes of fever. Further investigations will be carried out if needed, and children will receive appropriate treatment based on Integrated Management of Childhood Illness (IMCI) guidelines.
4. At the end of the consultation, providers will use the illustrations of danger signs included in the Whole Site Counseling Tool to counsel caregivers of children under five on how to manage fevers at home, and when to return to the facility for care.
5. Clients collecting medicines from the pharmacy will be counselled on the importance of completing treatment, and the inability of malaria medicine to cure diseases that are not malaria.

The provider experience

- At the launch of the program, all providers will participate in an onsite orientation activity, including a continuing medical education (CME) activity using the Provider Dialogue Framework. The CME will begin with a group discussion about myths and misconceptions regarding malaria RDTs. Afterwards, providers will participate in an orientation about how to carry out activities 1-5 above. Depending on the number and roles of staff members, they may be split into different groups for concurrent orientations, or (as may happen in smaller facilities) participate in all orientations together.
- At the end of the orientation, facilitators and providers will draw a Performance Tracking Poster. Providers may choose to decorate the perimeter of the poster, and will display it in a location visible to all staff members.
- Facilities will receive a supportive supervision visit one week after the facility orientation, and monthly thereafter. Supervision visits will focus on helping facilities troubleshoot the transition to the new activities and provide refresher content and encouragement as needed.

Summary of Implementation Steps

Tasks	Target Date
Orientation Phase	
1. Planning and selection of states	
2. Preparation for entry into states	
3. Administrative and technical preparations: (printing, preparation of training materials, transport and other logistics)	
4. Orientation for state implementation teams	
5. Facility orientations	
“Push” Phase	
6. Follow-up facility visits (within one week of orientation to ensure that facilities are implementing, and to provide troubleshooting)	
Active Support Phase	
7. Data validation refresher visit	
8. Monthly supportive supervision visits	
9. Periodic clinical meetings (to follow-up on provider misconceptions/attitudes, address challenges for continued implementation)	
Continuing Coordination and Assessment Phase	
10. Monthly progress meetings (to review monitoring data and troubleshoot)	

Description of Each Step

ORIENTATION PHASE

1. **Selection of states and planning:** identity states to be included in the program. Identify the sequence of actions required, and establish a timeline for completing each action.

2. **Preparation for entry into states:** ensure that states and facilities are notified about their selection for inclusion in the program, and are prepared to implement it. States should be formally notified of activities with a letter, followed by informational and planning meetings with relevant representatives from state governments and LGAs.

    - **LGA selection:** LGAs should be selected in collaboration with state-level stakeholders. Criteria for selecting LGAs:
        - Appropriate staffing available to support program activities, including an M&E officer, Roll-Back Malaria focal person, and PHC director to assist in supervision visits

    - **Facility selection:** facilities should be selected in collaboration with state and LGA stakeholders. To implement all of the program components, facilities should meet the criteria listed below:
        - Appropriate staffing: larger facilities that (1) have multiple staff members who divide case management among themselves, and (2) can allocate one staff member to implement Testing Before Consultation
        - No electronic medical record systems, to validate data from different sources

        If required to select fewer facilities to being implementation, prioritize facilities that meet the criteria below:

        - Larger facilities: lessons learned during Breakthrough ACTION's feasibility test of the designs suggest that the program could have the greatest impact at secondary facilities
        - Medium-to-low performance facilities: facilities that have room for improvement in case management practices with respect to prescribing ACTs only to patients who have tested positive for malaria

    - **Community entry:** schedule introductory meetings with facility officers in charge (OICs) and unit heads. At this meeting:
        - Introduce the program and designs
        - Ask the facility to identify a focal person for Testing Before Consultation (ideally a member of the lab staff)
        - Ask facilities to share the plan with the Ward Development Committee, to let them know what community members should expect at the facility
        - Schedule a facility orientation for all providers

3. **Administrative and technical preparations:** ensure that preparations have been made to produce and distribute program materials to facilities, and to conduct facility

orientations.

- **Delivery, transport, accommodation, venues and other logistics:** make arrangements for the delivery of materials to the selected states and facilities; as well as for the state implementation team and facility orientations.

- **Materials development and distribution:** ensure that program job aids, tools and guides have been produced and distributed to the relevant parties.
    - Ensure that job aids have been printed in adequate quantities for distribution to facilities
    - Ensure that state implementation teams have the Provider Dialogue Framework
    - Ensure that facilities and/or supervisors will have access to data validation tool during monthly data validation exercise, and that supervisors will have access to the supervision checklist during monthly visits

- **Ensure that selected facilities have the necessary equipment:** some facilities may need to be provided with some basic equipment to carry out certain activities, such as thermometers for Testing Before Consultation, or notebooks for recordkeeping in laboratories or at Testing Before Consultation stations
  .
- **Create WhatsApp coordination groups:** create groups for each state team to facilitate coordination, and allow for rapid feedback and reporting.

4. **Orientations for state implementation teams:** conduct orientations for state implementation teams to prepare teams to lead facility orientations. Each orientation should cover:
    1. Role of state implementation teams
    2. How to conduct a group discussion using the Provider Dialogue Framework
    3. How to administer Testing Before Consultation
    4. Use of the Whole Site Counseling Tool
    5. Use of the Fever Evaluation Job Aid
    6. Use of the Data Validation Tool
    7. Use of the Supportive Supervision Checklist
    8. Design, use, and interpretation of the Performance Tracking Poster

5. **Facility orientations** After the state implementation team orientations, onsite orientations will be held at each of the facilities selected for participation in the program to introduce and formally launch the program at that facility. Prior communication should be made with the facilities to schedule the orientation during a less-busy day of the week (such as market days), to ensure that the required staff members can attend without unnecessary disruptions to service delivery. The following staff should participate in each facility orientation:
    - **PHCs**
        - Officer-in-charge
        - Clinicians (nurses, CHEWs)
        - Lab personnel
        - Other staff who might be responsible for conducting Testing Before Consultation
        - Records personnel
    - **Hospitals**
        - Medical superintendent

- Unit heads for the OPD (nursing, clinical)
- Clinicians
- Lab personnel
- Nurses who would be responsible for Testing Before Consultation
- Records department

- **Each orientation will cover:**
    1. Group discussion using the Provider Dialogue Framework
    2. How to administer Testing Before Consultation
    3. Use of the Whole Site Counseling Tool
    4. Use of the Fever Evaluation Job Aid
    5. Design, use, and interpretation of the Performance Tracking Poster
    6. Use of the Data Validation Tool *(OIC, unit heads, and records personnel only)*
    7. What to expect during Supportive Supervision *(OIC, unit heads, and records personnel only)*

"PUSH" PHASE

6. **Follow-up facility visits:** state implementation teams should provide intensive support to facilities in the two weeks following each facility orientation. The team should make at least two visits each week to ensure the program is being implemented faithfully and to help address any implementation challenges facilities may be facing, and determine their need for ongoing support.

    - **Monitor implementation and troubleshoot challenges:**
        - Are there any providers who missed the orientation or do not understand aspects of the program?
        - Is the facility implementing Testing Before Consultation?
        - Are Whole Site Counseling Tools in place and are staff using them to provide counseling?
        - Are Fever Evaluation Job Aids in place in consultation rooms, and are providers using them during consultations?
        - Are registers/bin cards/lab notebooks being filled?
        - Is the Performance Tracking Poster still displayed in a location visible to staff?

    - **Conduct the first supportive supervision:** supportive supervision visits should be scheduled within the first week after the facility orientation. Subsequent supervision visits should be conducted in the first week of each month after that, to ensure data validation is conducted promptly and the Performance Tracking Poster is kept updated.

IMPLEMENTATION PHASE

7. **Data validation refresher visit:** visit facilities at the end of the month to ensure that facilities are able to correctly complete the Data Validation tool independently. Troubleshoot any challenges that facilities may be facing.

8. **Monthly supportive supervision visits:** in the first week of each month after the orientation, supervisors should conduct supervision visits. During visits, supervisors will:

    - **Review the completed Data Validation Tool and Data Quality Assessment:** if it has not been completed by the facility, or completed inaccurately, supervisors should complete the tool accurately. Use the opportunity to review the correct method with the relevant facility staff

- **Use the Supportive Supervision Checklist** to discuss challenges and solutions with the OIC and/or unit heads
- **Update the Progress Tracking Poster** with data from the previous month, and ensure that the OIC, unit heads, and records personnel initial the poster

9. **Periodic clinical meetings:** schedule a quarterly meeting with clinical staff at each facility in which to revisit the Provider Dialogue Framework. Use this meeting to reinforce key messages about malaria diagnosis and treatment.

CONTINUING COORDINATION & ASSESSMENT PHASE

10. **Monthly progress meetings:** review monitoring and supervision data with state implementation teams to track progress (using metrics from the Data Validation Tool and Supportive Supervision Checklist), troubleshoot issues, and share best practices.