Applying Behavioral Economics to Fever Case Management

Training Plan and Checklist for Roll Out

July 2020

Intervention designs

1. **"Why RDTs Are Reliable" Discussion**
   A group discussion for all providers at each facility emphasizing that malaria rapid diagnostic test (mRDT) kits are reliable; that testing is necessary for effective fever case management; and that anti-malarial medicines are not effective at treating illnesses other than malaria.

2. **Whole-Site Counselling Tool**
   A job aid to help facility staff provide one-on-one counseling to clients with fever. As patients move through the facility and visit triage, testing, consultation, and pharmacy units, providers from each unit should use this tool to give clients a short set of messages to encourage acceptance of testing and adherence to treatment. One side of the tool includes talking points for health care providers at different stages of case management. The other side includes illustrations of danger signs that providers in the consultation room can show to their clients as they deliver their talking points.

3. **Testing Before Consultation**
   Clients with a fever or history of fever are identified in triage and then directed to the lab or a testing station near the waiting area to be tested for malaria before consulting with a clinician.

4. **Fever Evaluation Job Aid**
   A 10-step tool to help health care providers conduct comprehensive evaluations of their clients during consultations. It is based on the IMCI recording form, but includes additional elements to help providers evaluate fevers in adults as well as children. The job aid prompts providers to ask specific questions, and suggests a course of action for common client responses. As a result, providers can quickly consult the tool for guidance without having to open the IMCI chart booklet during their meetings with clients.

5. **Data Validation Tool**
   A tool used by facility officers or supervisors each month to accurately monitor the number of malaria-positive cases and ACTs used at each facility (page 1), and to assess the quality of facility data and record-keeping (page 2). It can be completed using data records found at most facilities, including the HMIS summary sheet, lab notebook, and pharmacy stock cards.

6. **Performance Tracking Poster**
   A poster that uses data from the data validation tool to track facility performance over time, and to communicate it to staff. Facility staff will need to draw their own posters on flip-chart sized paper with guidance from facilitators during facility orientations, and then update the chart each month after data validation.

7. **Supportive Supervision Checklist**
   A checklist used by supervisors during monthly supportive supervision visits to ensure that facilities are following protocols and administering ACTs only to clients who test positive for malaria. Supervisors should help facilities identify and navigate challenges they are facing.

1. Preparation & Overview of the Orientation		
Prepare materials	❑ Projector ❑ Overview slides ❑ Printed copies of the programme map Notes: _____	
Bring participants together	Ideally, all staff should attend the overview and "why RDTs are reliable" sessions. Note the number and type of staff present ❑ Lab (#_____) ❑ Clinicians (#_____) ❑ Pharmacy (#_____) ❑ Records (#_____) ❑ Triage/OPD staff (#_____) Other/Notes: _____	
Welcome	● Welcome everyone ● Thank them for their participation	
Present the program overview slides	● Present slides ● Hold up the final designs when discussing each one ● Discuss any questions	

2. “Why RDTs Are Reliable” Discussion

Bring the right people together	Ideally all staff should attend the overview and “why RDTs are reliable” sessions. The key personnel for the “why RDTs are reliable” session are: Note the number and type of staff present ❑ Lab (#_____) ❑ Clinicians (#_____) ❑ Pharmacy (#_____) ❑ Records (#_____) ❑ Triage/OPD staff (#_____) Notes: _____	
Conduct the discussion using the “Is it Really Malaria? Provider Group Discussion Guide.”	1. Prepare: study the guide well. Know the questions and talking points. 2. Bring together all the providers from the lab, clinical unit, records, pharmacy, and outpatient department. 3. Welcome the providers warmly. Establish rapport. 4. **Explain** why we are having the discussion: remind them of why fever case management is important, and that to do it properly we all need to agree on the usefulness of RDTs. 5. **Ask** participants to establish ground rules for the discussion, e.g. a. Everyone should contribute. b. No side discussions. c. Everyone should show respect for each other’s contributions. 6. **Share facilitation tips:** a. Use a friendly and inquisitive tone. It should feel like a conversation, not a lecture.	

	b. Ask open questions without reading them from the guide. This will help the conversation flow. c. Encourage shy and quiet participants to share their views. Do not let one or two people dominate the conversation. 7. **Conclude** by inviting each person to share what they have learned 8. **Summarize** the key points: Malaria RDTs are reliable and accurate. Providers should trust the test, and should not give antimalarials to anyone with a negative test result. Notes from the discussion (testimonies, myths, issues, etc.).: _____ _____ _____ _____ _____ _____ _____ _____	
Set-up	● None required	

3. Testing Before Consultation

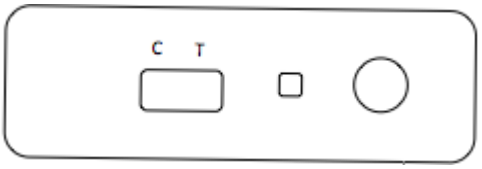
Convene the relevant staff	Note the number and type of staff present ❑ Lab (#_____) ❑ Clinicians (#_____) ❑ Registration/records (#_____) ❑ Triage (#_____) ❑ OPD staff (#_____) ❑ Pharmacy (#_____) ❑ OIC Notes: _____	
Give a detailed overview of TBC	**Review the rationale:** ● In a formative assessment, we found that clients at many facilities have to wait twice to see the provider: before the consultation, and again after they are tested. Providers feel stressed by the number of clients and give clients ACTs to wrap up consultations the first time they see clients. **Discuss the benefits** Testing Before Consultation was designed to: ● Give test results to clinicians <u>before</u> they can assume the client has malaria. ● Reduce pressure on the clinician because they know clients are being tested while they wait to be seen by the clinician. ● Give the client a sense of better service ("something is happening while I'm waiting") ● Reduce waiting time at the facility if clients do not require additional tests. **Explain the steps of TBC** 1. Register clients on their arrival at the facility. 2. Client are triaged while waiting: a. Screen children for danger signs. b. Record the vital signs (at minimum: temperature). c. Ask if the client had a fever in the past 24 hours. 3. If client has fever,	

	a. Educate the client on the need to conduct an mRDT. b. Direct clients with fever to the mRDT station or lab. c. Ensure the client does not lose their place in line, perhaps by issuing a number. 4. At the RDT station or lab: a. Conduct the mRDT b. Inform the client of the test result and write it on a slip of paper for them to hold. c. Record the test result in the relevant notebook or register. d. Record the result in the patient folder. 5. Client returns to waiting area 6. Client sees the clinician when it is their turn. **Discuss change management** ● Identify a TBC focal person (ideally a member of the lab staff) ● Highlight role of lab staff as trainers/resources for the facility. ● Discuss the role of counselling at each stage to help clients understand what is going on.	
Demonstrate TBC with a co-facilitator	❑ **Briefly demonstrate** Testing Before Consultation (with a co-facilitator acting as a client).	
Discuss setup and note the peculiarities for each facility.	❑ **Ask** the OIC to designate a space and personnel for TBC. ❑ OPD? A desk should be provided at the OPD section where the triage nurse stays that can contain all consumables and RDT kits. ❑ Lab? If it is not possible to place a desk in the OPD and the lab is within the same building, RDTs may be administered in the lab after triage. ❑ Other? Note: _____ _____ ❑ **Clarify** who is responsible for TBC. Are all the lab/triage staff who might do TBC present with you now? Who is responsible for communicating with those who are not?	

	Note: _____ _____ ❑ Clarify client management process ❑ If testing will be done in a different room, **ask** "How would you ensure patients don't lose their place in line? Note: _____ _____ ❑ Ensure the TBC station/lab is equipped with the necessary equipment ❑ Waste bin ❑ Sharps box ❑ Thermometer ❑ Gloves ❑ Discuss the movement of RDTs and gloves from the store to the TBC unit on requisition. Whatever process works for the facility should be followed: the goal is to ensure continuous availability of RDT. ❑ Make sure they have clear procedures for preventing stock-outs. Note - procedures for restocking TBC: _____ _____ _____ _____ ❑ Ensure appropriate documentation procedures are in place ❑ If TBC will be in the **lab**, ensure the lab notebook correctly records the <u>type</u> of malaria test (i.e. not just "MP"), and the result. ❑ If TBC will **NOT** be in the lab, where will the result be recorded? (Note: Encourage the facility to use existing data sources, such as the OPD register. Avoid setting up a parallel reporting system)	

	Note: _____ ❑ Who will record results? The designated TBC person, or someone else? Note: _____ ❑ Who will ensure that testing data gets into the OPD register? Note: _____ ❑ How will we ensure that it is correctly included in the monthly summary form? Note: _____ ❑ **If a separate notebook will be used** to capture testing data, help the staff rule the book to capture relevant information, and instruct them on the need for a daily summary of mRDTs done, positive results, and negative results. ❑ Is there paper so the facility can give result slips to patients? ❑ Discuss the result slip. It should contain patient name and "Pos mRDT" or "Neg mRDT" Any notes on set up peculiarities for this facility. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

Run-through/ simulation	❑ Pretend to be a client and walk through the steps of TBC (see above) with all the staff from the relevant departments, using the facility's own equipment.	
4. Training on RDTs		
Ask the facility to bring the necessary materials	❑ RDTs, buffer, lancet ❑ Gloves ❑ Registers/forms	
Assess training on malaria RDTs.	● **Collect** a box of RDTs from the facility. ● **Ask**: who has conducted RDTs before? Who has not? ● **Ask** those who have conducted RDTs before to tell you the steps of doing RDTs (assess knowledge) ● **Ask** about # buffer drops and # minutes wait time required when using the RDT brand they use ● **Ask** how wait time for multiple kits is tracked. Do they run tests in batches? How long would a patient wait if they were the first patient in a batch?	
Demonstrate how to use malaria RDTs	● **Distribute** RDTs and supplies. ● **Summarize** the correct steps of using RDTs: a. Check the expiry date and ensure the test kit seal is not broken b. Assemble **buffer**, **lancet**, **RDT cassette**, **alcohol swab**, and **gloves** c. Wear the gloves d. Label the RDT cassette with patient ID (name or number) e. Disinfect the tip of the patient's 4th finger, and allow to air dry f. Prick the disinfected fingertip and wipe off the first drop of blood with dry cotton g. Hold the inverted cup or capillary tube vertically to draw whole blood specimen h. Transfer blood into the RDT cassette's "sample" well, which is marked (S) i. Mark the start time j. Calculate what the end time will be, per the manufacturer's instructions	15 minutes

	k. Check the results at the determined time (most a minimum of 15 minutes and maximum of 30min l. Record test results in the RDT register at the station and give the patient a result slip. m. Inform the client of their malaria test result and tell them that they will receive additional examination and guidance in the consultation room.	
Providers practice RDTs	● **Practical**: have participants practice using RDTs.	
Conduct exercise on interpreting RDTs	● **Draw** 5 copies of the diagram below on a flipchart. (Facilitators may also choose to print the diagrams and tape them to the flipchart beforehand.) *Diagram:*  ● **Ask** participants to explain what the different parts of the diagram are: ○ Result window ○ Sample well ○ Buffer well ○ Control line ○ Test line ● **Draw and discuss** different kinds of results. ○ **Ask**: what does it mean when there is NO line in the middle window? (Answer: invalid) ○ **Add the control line**: what does it mean when there is only a control line? (Answer: negative) ○ **Add the test line**: what does it mean when there is both a test line AND a control line? (Answer: positive) ○ **Ask**: What if the test line is very faint? (Answer: positive) ○ **Ask:** What if there is no control line, only a test line? (Answer: invalid)	

5. Whole Site Counselling Tool		
Prepare the relevant materials	❑ Whole Site Counselling Tools (1-4 per facility - one for each unit)	
Convene the right staff	❑ Assemble the individuals tending to clients at triage, TBC station/ lab, consultation, and pharmacy Note the number of people and their roles: _____ _____ _____ _____ _____	
Give an overview of the Whole Site Counselling Tool	● **Explain the rationale:** ○ In a formative assessment, we learned that some providers feel pressured by clients to give antimalarials, and they worry that clients will not come back if they need further treatment. ○ The counseling is designed to inform clients about changes in fever services, and reassure them that they will be well taken care of. ○ It encourages clients to trust and follow treatments prescribed by providers. ○ It also teaches clients how to manage fever if they or their children have it. ○ Dividing the messages among the facility's units means that each client will hear the message when it is relevant to them, and it will not be a burden for any one provider. ● **Inform** participants that you would give them key talking points. ● **Share** the job aid and go over the talking points together. ● **Check** their understanding. ○ **Ask**: What does this have to do with malaria? Answer: We want people to	

	understand that many fevers are not malaria. We want them to know that if they have fever, they will get a malaria test. Even if they do not get malaria medicine, they will be well taken care of.	
Discuss how it would work in their facility	● **Explain** that they will keep the tool on their desk/at their workstations, where they can easily access them when needed. ● **Explain** that clinicians will use the illustrations on the tool to help caregivers identify danger signs.	
Discuss the steps of counselling	● **Study** the tool well. Know the discussion points that apply to your unit. ● **Share tips:** ○ Use simple words that clients can understand. Use their own language. ○ Ask clients if they understand what you have told them. Ask them if they have any questions. ○ Ask	
Providers practice counseling the facilitator	● **Explain** that the facilitator will now pretend to be a client who is going to each unit of the facility. ● **Ask** one provider from each unit to counsel you as if you were a client coming to them for treatment. ● **Give feedback** - ask "what did they do well?" and "what could have been better?" Thank the person for volunteering	20 min
Conduct a review session	● **Ask:** What is the purpose of the counselling? ● **Ask:** What information should each unit cover when counseling clients? ● **Clarify** any misunderstandings.	
Setup	● **Discuss** where each unit thinks the tool should be placed. ● **Place** the job aids in those locations immediately.	

6. Data Validation Tool		
Assemble the necessary materials	❑ Data validation tool (5 copies) ❑ HMIS summary sheets for previous month ❑ Lab notebook or register for previous month ❑ ACT bin cards or ICC for previous month	
Convene the relevant staff and data sources	● OIC (_____#) ● Records staff (_____#) ● Lab staff (_____#) ● Pharmacy staff (_____#) ● Clinicians (_____#) ● OPD staff (_____#)	

Introducing the Data Validation Tool	❑ **Share/display** copies of the validation tool
	❑ **Explain the rationale:**
	  ❑ Data at some facilities are incomplete: it can be difficult to know how many positive malaria results each facility is treating.
	  ❑ The validation tool will be completed by facility officers at the end of each month to accurately monitor the number of malaria-positive cases and ACTs used at each facility (page 1), and to assess gaps in facility data and record-keeping (page 2).
	  ❑ This is not a fault finding mission: the completed tool will be reviewed in SSV visits to help facilities improve.
	❑ **Highlight** key elements on page 1:
	  ❑ Section A - total # MP tests conducted: can be completed using data from the lab notebook and HMIS summary sheet
	  ❑ Section B - total # ACTs dispensed can be completed using dispensary stock cards or the LMIS register for facilities that use the LMIS forms.
	  ❑ Section C - calculated using data from Sections A + B.
	  ❑ Name and signature of responsible officer. A new sheet needs to be completed at the end of each month.
	❑ **Highlight** key elements on page 2:
	  ❑ Section A - compares total # MP tests reported in the lab to # in HMIS summary	

	❑ Section B - compares total # ACTs dispensed reported in dispensary stock cards to # in HMIS summary ❑ Section C - calculated using data from Sections A + B ❑ Name and signature of responsible officer. A new sheet needs to be completed at the end of each month.	
Complete Data Validation Tool - page 1 using data from the previous month	❑ **Ask** lab representative to contribute data to complete section A ❑ **Ask** records officer to contribute data to complete section A ("Persons with fever") ❑ Ask the dispensary representative to contribute data for section B. For future data validation, the "pharmacy closing count" for one month will be the "pharmacy opening count" for the next month. If LMIS forms are used in the health facility, ACT consumption data from the LMIS register can be obtained directly. ❑ **Complete section C** together	
Explain the indicators	❑ **Fever patients not tested** ❑ Greater than 0% means there were more fever patients than people tested for malaria: the facility was not able to test all patients. ❑ Less than 0% means there were fewer fever patients than the number of people tested for malaria: the facility may have tested more people than necessary. ❑ The ultimate target is 0% - all fever patients should be tested for malaria. Patients without fever or a history of fever do not need to be tested. ❑ **Entire facility adherence:** ❑ Greater than 100% means there were more positive malaria test results than ACTs issued: the facility likely had stock-outs, or the providers are over-rationing. ❑ Less than 100% means there were fewer positive test results than ACTs issued: the	

	facility could improve their adherence to malaria test results. ❑ The ultimate target is 100% - no more, no less.	
Complete Data Validation Tool - page 2 using data from the previous month	❑ **Copy** (A1), (A2), (B4), from page 1 of the Data Validation Tool. ❑ **Ask** records officer to contribute data to complete section A and B. ❑ **Mark** whether the numbers match or not. ❑ **Explain** that the numbers should always match, because they are reporting the same thing. Ask what can be done if the numbers do not match. ❑ **Ask** volunteers to complete section C.	
Set-up	❑ **Ask:** ❑ Who will be responsible for making sure the validation tool is completed by unit heads each month? Note: _____ ❑ Who will be responsible for making sure that one copy of the validation tool is available each month? Note: _____ ❑ Where will the blank data validation tools be stored? Note: _____ ❑ Where will completed data validation tools be stored? Note: _____	

7. Performance Tracking Poster		
Ask the facility to assemble the necessary materials	❑ A4 sized print of commitment poster (to serve as modes/examples) ❑ Blank flip chart size sheet ❑ Ruler ❑ Colored pens/markers ❑ Tape	
Convene the relevant staff and data sources	● OIC (_____#) ● Records staff (_____#) ● Lab staff (_____#) ● Pharmacy staff (_____#) ● Clinicians (_____#) ● OPD staff (_____#)	

Introducing the Performance Tracking Poster	❑ **Share/display** A4 prints of the poster
	❑ **Explain:** Purpose is to help facility staff understand and track their performance over time. This is not a fault finding-mission. Staff will draw a single large poster for the facility, and can decorate the borders however they would like.
	❑ **Highlight** key elements, starting from the top:
	  ❑ <u>Facility promise to all clients:</u> to test all fever cases, and treat according to the test results
	  ❑ <u>Chart</u> will track "Adherence to Malaria Test Results". This metric will be calculated and updated during monthly data validation, and discussed in SSV visits.
	  ❑ <u>Data table:</u> the chart looks at the difference between positive malaria tests and ACTs dispensed at a facility. These numbers will be recorded in the table.
	  ❑ <u>Space for initials:</u> unit heads from each department should sign the poster since these activities require <u>everyone</u> to contribute as a team: doctors, nurses, CHEWS, pharmacists, and lab scientists	

Review the adherence indicator	❑ Greater than 100% means there were more positive malaria test results than ACTs issued: the facility likely had stock-outs, or the providers are over-rationing. **Ask** what they should do if they see greater than 100%. ❑ Less than 100% means there were fewer positive test results than ACTs issued: the facility could improve their adherence to malaria test results. **Ask** what they should do if they see less than 100%. ❑ The ultimate target is 100% - no more, no less. Facilities that are a long way from 100% may choose to set more manageable targets for themselves until they improve.	
Staff draw a full size poster on a flip chart sheet	● **Ask** staff to use a blank flipchart sheet, markers/pens, and rulers to draw a full sized poster to be displayed at their facility. ● **Encourage** staff to decorate the border of the poster however they would like.	30 minutes
Calculate and chart "Past Performance" of the facility	❑ **Use the data validation tool** to calculate the adherence indicator for the previous calendar month (e.g. if the orientation is taking place in August, calculate the indicator for July). ❑ **Draw the chart for that month** and write the number of ACTs and positive results in the table ❑ **Ask unit heads** to write their names and sign the poster under the designated month. ❑ **Ask** participants to choose a target for next month. Mark the target on the chart.	
Install the Commitment Poster with Progress Tracking	❑ **Ask staff** where they would like to display this poster. They should choose a location where they are likely to spend time and notice the poster. Some ideal locations may include spaces where staff: ❑ Take breaks ❑ Take meals ❑ Charge their phones ❑ Wash their hands	

	❑ Wait to use a restroom ❑ **Hang the poster** on the wall in the selected location.	
Conclusion	❑ **Recap:** ❑ Validation will be done every month, and the poster will be updated ❑ This is not a fault finding mission, but a way for facilities to monitor their own performance so that they can improve	

Fever Evaluation Job Aid Steps 1-4		
Bring the relevant materials	❑ A2 size Fever Evaluation Job Aid and masking tape, easel for demonstration ❑ 1 A4 copy of the job aid for each clinician ❑ 1 copy of the fever evaluation case scenarios for each clinician ❑ 1 copy of the IMCI chart for each clinician ❑ Projector ❑ Slides or color printouts of the symptoms	
Convene the right people	● Staff who treat sick children and adults (all clinicians, regardless of cadre)	
Introduce the session and the session objectives	❑ **Ask**: Who has heard of IMCI? What is it and why is it important?	5 mins
Introduce the PEF	❑ **Introduce** the form by briefly mentioning each part of the form and its purpose. ❑ Use an enlarged Fever Evaluation job aid, and **point** to each part as you mention them.	5 mins
Exercise: **Step 1:** How to identify general danger signs	❑ **Read** a case scenario of child with danger sign ❑ **Practice** answering Step 1 ❑ **Discuss** answers in plenary	20 mins
Demonstrate **Step 2**: how to assess respiratory issues	❑ **Introduce** classification table ❑ **Explain** how to classify cough or fast breathing ❑ **Read** case study - child with fast breathing ❑ **Practice** completing Step 2 using case study ❑ **Discuss** answers in plenary ❑ **Practice** counting breaths	20 mins
Demonstrate **Step 3:** how to review history of fever	❑ **Review** with participants how to assess a fever. ❑ **Practice** identifying signs of measles: generalized rash, koplik spots, red watery eyes ❑ **Show** participants photographs of children with different kinds of rash and mouth ulcers	20 mins

	❑ **Practice** completing Step 4 ❑ **Discuss** answers in plenary	
Demonstrate **Step 4**: review gastrointestinal issues	❑ **Review** definition of diarrhea ❑ **Explain** how to classify dehydration ❑ **Read** case study ❑ **Practice** completing Step 3 ❑ **Discuss** answers in plenary	20 mins
EXERCISE: Practice assessing children up through fever. (Step 1-4)	❑ **Read** case study (case must have multiple symptoms and signs) ❑ **Practice** completing Step 1-4 ❑ **Provide** individual feedback	20 mins
Fever Evaluation Job aid for PHCs Steps 5-10		
Target audience: Clinicians		
Step 5 Exercise: How to classify ear problems	❑ **Talk** the participants through section 5 ❑ **Read** case study ❑ **Practice** completing Step 5 ❑ **Discuss** answers	10 mins
Step 6 Exercise: How to assess malnutrition	❑ **Practice** how to assess for malnutrition with severe wasting and pedal edema ❑ **Read** case study ❑ **Practice** completing Step 6 ❑ **Discuss** answers	20 mins
Exercise: How to assess malnutrition	❑ **Practice** how to assess for malnutrition with severe wasting and pedal edema ❑ **Read** case study ❑ **Practice** completing Step 6 ❑ **Discuss** answers	20 mins
Step 7: Demonstrate how to assess anemia	❑ **Review** classification of anemia ❑ **Show** photographs ❑ **Practice** how to identify palmar pallor	20 mins

	❑ **Practice** completing Step 7 ❑ **Discuss** answers	
Exercise: Practice assessing child up through anemia	❑ **Read** case study (case must have multiple symptoms and signs) ❑ **Practice** completing Step 1-7 ❑ **Provide** individual feedback	20 mins
Step 8: Family and social history	❑ **Read** through Step 8 of with participants ❑ **Discuss** common scenarios ❑ **Practice** completing Step 8	20 mins
Step 9: Practice how to check for drug and medication history	❑ **Review** current NPI immunization schedule ❑ **Practice** completing Step 9 ❑ **Provide** individual feedback	20 mins
Summarize session: Practice using the Fever Evaluation job aid	❑ **Read** case study (case must have multiple symptoms and signs) ❑ **Practice** completing Step 1-10 ❑ **Provide** feedback	20 mins
Step 10: Other issues	❑ **Discuss** how to probe for other issues ❑ **Discuss** common scenarios	