

# Using IE&C to bridge the Gap between LCS, Health Providers and Community Members: *Ghana CommRDT Study*

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# What was the challenge?

- Will introducing RDTs for malaria result in appropriate dispensing of ACTs in chemical shops, the first point of call for many clients with fever?
- Can Licensed Chemical Sellers (LCS) carry out the RDTs and do so safely?
- Will Community members accept LCS as “doctors” who can test a patient for malaria?
- Will Health Workers accept LCS as partners in fever management?

# Concerns of the different players

## ❑ Concerns of LCS

- Can we do it?
- Will it be acceptable to our clients?

## ❑ Concerns of Community Members

- Can we trust the LCS to carry out these tests?
- Will their training be adequate to help them do this correctly and safely?
- Will the test discover other diagnosis such as HIV?

## ❑ Concerns of formal healthcare providers

- Can the LCS carry out the tests correctly and safely?
- Will they not turn themselves into “doctors” in the community, usurping our role?
- Can they handle blood appropriately and not spread infections such as HIV/AIDS?

**IEC approach was adopted to enable us close the gap**

# What did we do?

- Orientation of Health workers on the proposed role of LCS in fever management
- In-depth Interview and Focus Group Discussions with Health workers to obtain their concerns and inputs
- Training of LCS
- Community Sensitisation -
  - Film Shows on RDT testing using *different scenarios*
  - Question and answer session following film shows
  - Trained LCS introduced to community members after Film Shows

# What worked? - The film provided a visual orientation of the new intervention

Producing the Films in local chemical shops



Film in local language with English subtitles on the screen



Community audience watching the film in an open area in the community



# What worked? Realistic Training for the Chemical Sellers

- Good relationship established with chemical sellers through their associations
- Chemical sellers' were trained in two separate groups (intervention and Control) for 4 and 3 days respectively
- Training covered Malaria case management, SOPs for the study, good sample taking for all and practice with RDTs (for Intervention group only)
- Certificates, job aids, posters were provided



# What worked?

## Training was effective

- Chemical sellers carried out the tests **correctly and safely**

## Chemical Sellers comments:

- “It has brought a cordial relationship between us and the community members”
- “It has also brought about a cordial relationship between us and the health workers”
- “It has increased our client base and improved sales”

# What has not worked and why?

- The documentation of referrals from LCS to health Facilities by the HWs appear not to have worked even though relationship appear to have improved.
- HWs had very few records of referrals received from chemical shops though large numbers of test –ves were referred from LCS records
- Sometimes referred RDT test –ve clients reported that microscopy tests at Health Facilities were reported as +ve
- The existing referral system does not require documentation of where the referrals come from
- This affected the referrals from chemical shops



# What should be done next?

- Strengthen the linkage between chemical sellers and health workers for the management of RDT test –ve fever patients
- Integrate referral documentation between chemical sellers and health workers into existing system
- Improve the quality of microscopy at the health facilities in order not to create a lack of confidence by community members in the chemical sellers

# Remaining Knowledge Gaps

- Should malaria RDTs be provided free at the chemical shop or sold to clients? Would this vary from context to context?
- What would be the appropriate incentive for chemical sellers to carry out the test and correctly report the test results if it may mean a reduction in sales of medicines?





**THANK YOU**