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QUESTIONS AND ANSWERS FROM PSBI COP WEBINAR

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RESPONSES BY DR. MARIE MARCOS

Implementing the Management of Sick Young Infants with PSBI where Referral is not Feasible in NIGER

QUESTION: IS NEWBORN- AND CHILD-FRIENDLY AMOXICILLIN DT AVAILABLE IN THE HEALTH CENTERS?

Yes, of course. Amoxicillin DT is available in Niger and they've been using it for a long time already. We will continue to use it for treatment of PSBI.

QUESTION: HOW MUCH CARE SEEKING FOR NEWBORNS IS HAPPENING IN PRIVATE SECTOR FACILITIES IN THE HIGH NMR REGIONS IN THE COUNTRY?

We have not yet analyzed what the private sector is receiving and private sector data, but some pediatricians have approached us about using the PSBI protocol. Now we can take the step to meet them and see how many patients they are receiving.

QUESTION: HOW IS THE JOB AID ADAPTED FOR MOTHERS, GIVEN MINIMAL EXPOSURE TO FORMAL SCHOOLING?

Yes, this is very weak in Niger, but we assume that since in each village where we are implementing PSBI there is a community health worker (relay), with basic education. They can read, and the cards are written in French. We are counting on them to read the card and follow up with the mothers. So, there is no required literacy level for mothers because the community relay will be using the same card for follow-up on the fourth day of treatment and referral in case of complication. For treatment compliance purpose (for tracking and follow up) the mother keeps however the card to document each tablet after administration at home.

QUESTION: HOW DID YOU INTEGRATE PSBI IN THE HEALTH MANAGEMENT INFORMATION SYSTEM (HMIS)

The reform of the statistics in Niger is ongoing, so we took this opportunity to introduce the new code of diseases. The Ministry of Health is really open to that. When the PSBI arrived in 2018, this was timed really well as the Ministry of Health was organizing the transfer of data from the field (manual tool, setting up compute devices, data entry) to the cloud at a central level. It was possible and easy for us to ask them to introduce the PSBI data. Now to do that we go through the code of disease and we were really lucky to see that "bacterial infection in newborn" already has one code in WHO classification of

diseases. The challenge now is to note that PSBI code is not one disease, but a set of diseases; apart from this code in the District Health Information System (DHIS2), we found also other isolated diseases which can appear under the same signs of PSBI, such pneumonia, pleurisy, tuberculosis in young infant; so that's what we're trying to solve right now.

QUESTION: THE MUSKOKA OFFERS THE OPPORTUNITY OF HAVING ALL MUSKOKA HEALTH 4+ (4+ AGENCIES INCLUDE WHO, UNICEF, UNFPA, THE WORLD BANK AND UNAIDS) TOGETHER AND LEVERAGE THE MUSKOKA FUNDS?

It's very interesting because that is one major opportunity we have for additional funding, and from UNICEF's (United Nations Children's Fund) side, we've made plans to leverage resources. We've already included PSBI in the Muskoka plan for 2019.

QUESTION: IS ANY OF THIS INCORPORATED INTO QUALITY IMPROVEMENT INITIATIVES PLANNED OR ONGOING IN COUNTRY?

On quality improvement, countries are agreeing on the packages to include for those countries that are in the network. When it comes to pediatric standards and newborns, I believe something like PSBI and IMCI are include in the packages.