

Improving Community Health Providers' Quality of Child Survival Services

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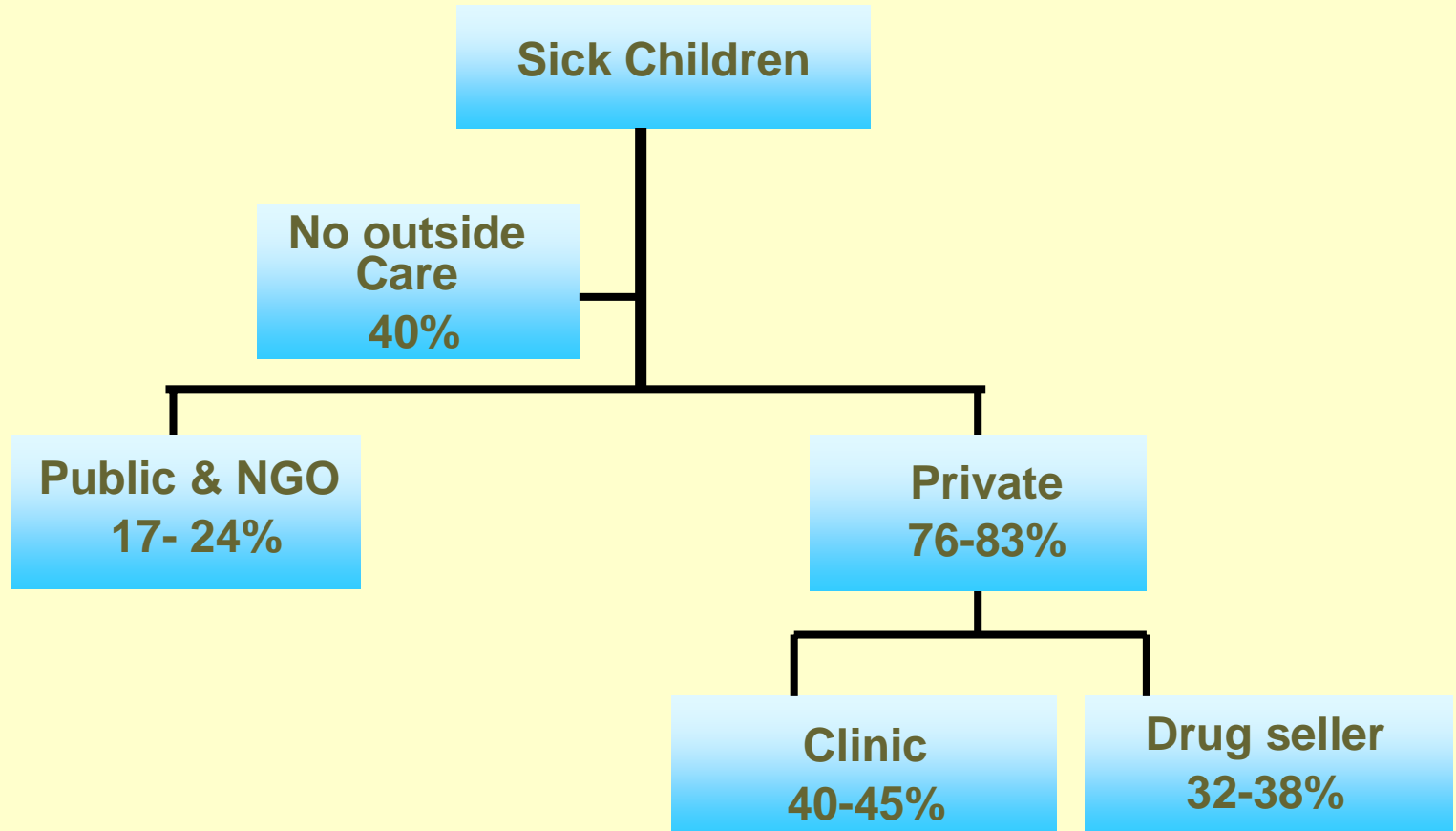
The Gap:

Who treats
Sick Children

National
Child Survival
Programs



Sources of Care for childhood diarrhea/ARI/Malaria, Uganda, 2000



n = 14,000 Households

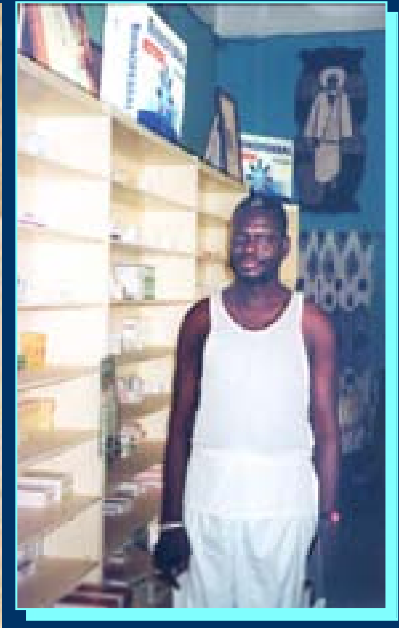
The Intervention- Luwero District

- **Inventory of local practitioners**
- **Planning with DHT, NGOs and PPs.**
- **Simulated visits (baseline for target practices)**
- **Negotiation Sessions and Contracts with PPs.**
- **Client communication (through C-IMCI)**
- **On-going monitoring & support**
- **Evaluating impact (repeat simulated visits)**

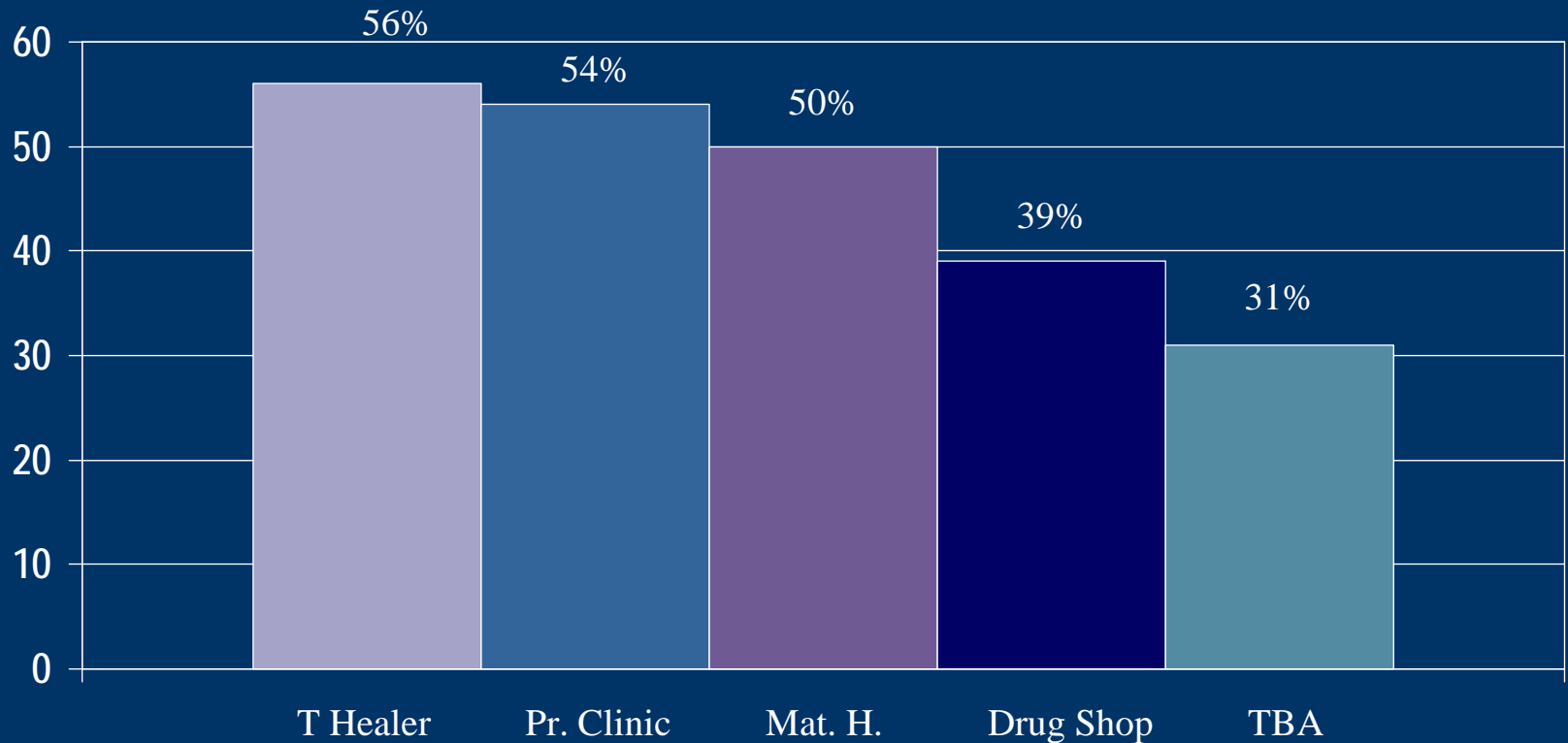
Results

The Inventory: May-June 2002

Who are the formal & informal private Practitioners?



Proportion of Registered Private Practice



Key Problems with Private Practitioners Treatment

Diarrhea

- ◆ ORS is rarely recommended
- ◆ No advice on feeding
- ◆ No inquiry on duration or blood in stools
- ◆ No inquiry on dehydration

Acute Respiratory Infection

- ◆ No counting of respiratory rate
- ◆ First line antibiotic is not given in correct dose for pneumonia cases
- ◆ No counseling on feeding

Malaria

- ◆ Incorrect dose of antimalarial drugs
- ◆ No verification of other causes of fever

- No advice on signs of danger that require urgent medical care

Percent of Private Clinics and Drug Shops Who have Child Survival Drugs

	Private Cl. n= 74	Drug Shops n= 321
Sulphadoxine pyremithamine	70%	86%
Chloroquine	67%	86%
Paracetamol	63%	82%
Cotrimoxazole	58%	76%
ORS	49%	58%

Results: Negotiation Sessions Simple Diarrhea

	Before n= 57	After n= 71
• Asked if there is blood/mucus in stool	11%	55%
• Asked if child appears weak/doesn't play as usual	7%	28%
• Advised to continue feeding	4%	20%
• Gave/recommended ORS	11%	45%
• Advised to give more fluids	0%	45%
• Advised on danger signs needing immediate medical care	0%	32%

Severe Diarrhea/Dehydration

	Before n= 53	After n= 73
• Asked if there is blood/mucus in stool	36%	52%*
• Advised to continue feeding	21%	34%*
• Gave/recommended ORS	62%	70%*
• Gave/recommended any other medicine	77%	22%
• Advised to take the child urgently for medical care	21%	51%

* *Difference is not statistically significant.*

Mild ARI

	Before n= 50	After n= 69
• Asked about duration of Illness	42%	96%
• Asked of child has difficult/rapid breathing	4%	16%
• Advised to continue feeding	8%	54%
• Advised to give more fluids	10%	56%
• Gave/recommended correct medicine	0%	39%
• Advised on danger signs needing immediate medical care	2%	41%

Pneumonia

	Before n= 49	After n= 72
• Asked if the child had convulsions	4%	39%
• Advised to continue feeding	24%	81%
• Advised to give more fluids	27%	86%
• Gave/recommended correct medicine	0%	85%
• Advised to refer the child urgently for medical care	24%	70%

Simple Malaria

	Before n= 57	After n= 66
• Asked if the child had convulsions	21%	23%*
• Gave/recommended correct dose	0%	50%
• Explained how to give medicine	8%	49%
• Advised on danger signs needing immediate care	0	34%
• Advised to make child sleep under ITN	0	5%*

**Difference is not statistically significant.*

Complicated Malaria

	Before n= 61	After n= 72
• Asked about duration of illness	13%	99%
• Asked if child had cough or cold	21%	35%*
• Asked about previous medications	54%	82%
• Advised to refer the child urgently	16 %	33%
• Advised to make child sleep under ITN	0	24%

**Difference is not statistically significant.*

Annual Cost for One District

- **Conduct inventory (once every 5 years)** **\$ 440**
- **Conduct simulated visits (twice per year for a 20% sample of sample of PPs for 6 childhood conditions)** **\$ 2,880**
- **Conduct negotiation sessions (once every 5 years for all private clinics and drug shops)** **\$1,280**
- **Ongoing visits (twice for each PP site)** **\$ 4,000**
- **Client communication (Part of C-IMCI)** **00**
- **TOTAL** **\$ 8,600**

Conclusion

- **Extensive network of private formal & informal providers.**
- **Important improvement, yet certain PPs' practices did not change. There is a need to maintain contact with PPs.**
- **Suggestions to increase intervention sustainability: link with local CBOs, NGOs, professional associations.**
- **For national level endorsement there are 3 groups of PP: qualified & Registered (easiest to endorse); qualified but not registered (can be endorsed if registered); neither qualified nor registered (hardest to endorse).**
- **To encourage PP to register: reduce registration fees and taxes & simplify procedures.**