

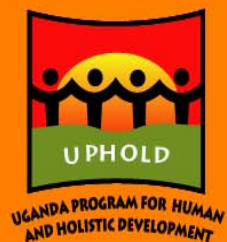
Improving Child Health Management Skills Of Private Providers: Practical Experience From Uganda

*Presentation at the American Public Health Association 134th Annual
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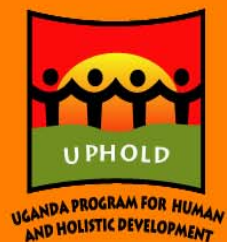




Purpose of Presentation

- Understand the role of private providers in providing child health services in developing countries
- Understand constraints facing private providers
- Describe UPHOLD-supported tailored training for private providers
- Understand challenges of scaling up skills improvement for private providers





Child Health-Developing Countries

- 12 million U5s die annually in developing countries
- 70% due to malaria, pneumonia, diarrhoea measles and malnutrition
- All preventable or easily treatable



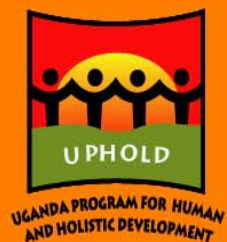


Child Health Status in Uganda

- High infant mortality rate (88 per 1000 live births)¹
- High under 5 mortality rate (156 per 1000 live births)¹
 - Malaria 30%
 - ARI 23%
 - Diarrhoea 20%
- 40% of all childhood deaths linked to Protein Energy Malnutrition
- Low Immunisation coverage
 - **DPT3 at 53%**²
- 15% U5s sleep under ITNs³
- Poor diarrhoeal disease management
 - **28% of children with diarrhoea advised to increase fluids**
 - **53% are treated with ORS**¹

1 UDHS 2001, 2 Uganda 2005 National and District Coverage Survey for EPI Plus, 3 National Malaria control strategy 2005-10





Public Health Care in Uganda

- Decentralised health system
- Access to free public health care has improved - 72% of the population live within 5km⁴
- However, utilisation is still low e.g. percentage of deliveries taking place in a health facility (GoU and NGO) is only 24.4%⁴

4 Health Sector Strategic Plan II 2005-9 Uganda





Consumer Preferences

- 60-83%^{5,6,7} of population seek care from private providers
- Reasons⁵
 - Perceived quality
 - Access
 - Confidentiality

5 Statistics Department, Uganda, and Macro International Inc. Uganda Demographic and Health Survey, 1995, 6 Delivery of Improved Services for Health (DISH) Project, Uganda, Private sector Study, January 2001, 7 Tawfik Y., Sabiti Nsungwa J., et al. Utilizing the Potential of Formal and Informal Private Practitioners in Child Survival in Uganda; Situation Analysis and Outline of Developing a National Strategy

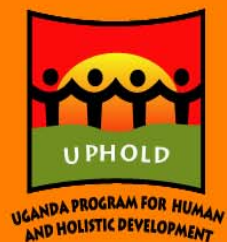




Private Health Care in Uganda

- Include: drug shops, private clinics, domiciliary/maternity homes, shops, markets, traditional healers, traditional birth attendants, injectionists
- Generally have better supply of drugs than public facilities⁷
- Poorly regulated
 - >65% not registered⁶



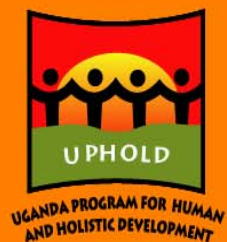


Private Health Care in Uganda...Cont.

- Poorly skilled manpower
- Poor clinical practices
 - Poor quality of case management⁸
 - 19% correctly manage uncomplicated malaria
 - 6% diarrhoea
 - 36% pneumonia
- Do not routinely offer preventive services

⁸ Omaswa F., *Quality of Care in Private Medical Practices*, 1999





UPHOLD

- GoU-USAID five-year bilateral project (Oct. 2002- Sept 2007)
- 34 districts covering 42% Uganda's population (~ 11.4m people)
- Increase utilization, quality and sustainability of services in **Education, Health and HIV/AIDS**
- Strengthen Public Private Partnerships

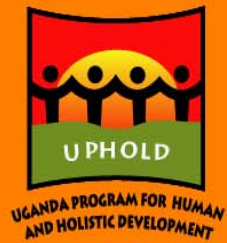




Improved Child Health Practices: An initiative for Private Providers

- WHO recommends 2 weeks Integrated Management of Childhood Illness (IMCI) residential training for public health providers
 - Too long for private providers
 - Private providers can't afford cost of training
- Developed an Improved Child Health Practices (ICP) package tailored to private provider needs





Objectives

Goal

To improve private provider practices in the management of common childhood illness

Objectives

- Enable private providers appreciate their strengths, weaknesses and challenges/constraints
- Strengthen knowledge & skills of private providers in assessing sick children
- Up-date private providers on current treatment guidelines for common childhood illnesses

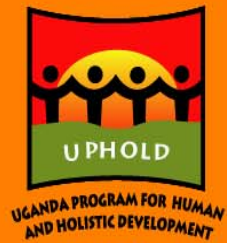




Objectives ...cont.

- Strengthen private providers to recognise severe illness and refer urgently
- Enable private providers appreciate harmful practices and change
- Sensitise private providers on the importance of preventive care
- Negotiate behaviour change with private providers

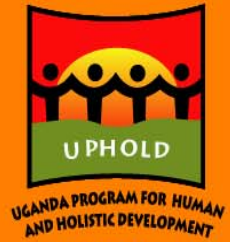




The Training

- Shortened from 2 weeks to 3 days
- Covers key skills required
- Based on negotiation of practices – providers agree and sign commitment
- Non-residential training workshop
- Participants identified with help of UPHOLD regional and district health staff
- Trained district trainers/supervisors

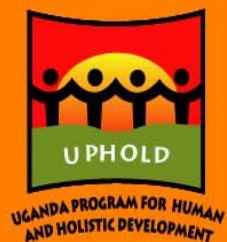




Training content.

- Verbal case reviews
- Introduction of job aides
- Case management practicum
- Record keeping

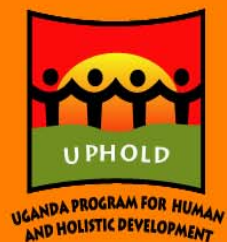




Follow-Up Four Weeks After Training

- Verbal case reviews – baseline and follow up
- Observation of case management
- Review of records to assess quality of case management
- Facility supports/logistics review

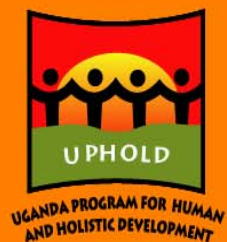




Verbal Case Reviews

- Main assessment methodology
 - Caretakers of children treated by the trainees in the last two weeks are identified
 - They are asked specific questions about their interaction with the provider
 - Focus is on management of fever, cough, diarrhoea and preventive services
 - Compared practices before training and at follow up





Additional Assessment During Follow-up

Case management observations

- Providers are observed managing a sick child uninterrupted unless dangerous to child
- Feed back given

Facility supports/logistics review

- Assess availability of necessary equipment, drugs and supplies
- Determine further support to private providers

Records review

- Review records of at least 10 children managed in the past month
- Determine if record show whether they were managed according to guidelines





UGANDA PROGRAM FOR HUMAN
AND HOLISTIC DEVELOPMENT

Findings



The Republic of Uganda



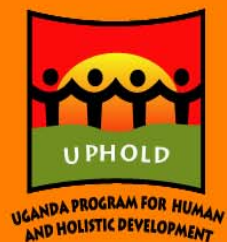


Profile of Trained Private Providers

Cadre	No	%
Medical officer	3	1
Clinical Officer	47	18
Nurse/midwife	139	53
Others	71	27
Total	260	100

- Total of 260 private providers
- Female (181), males (79)
- Majority nurses & midwives (53%)
- Others (27%) include nursing assistants and ordinary traders

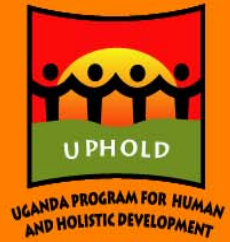




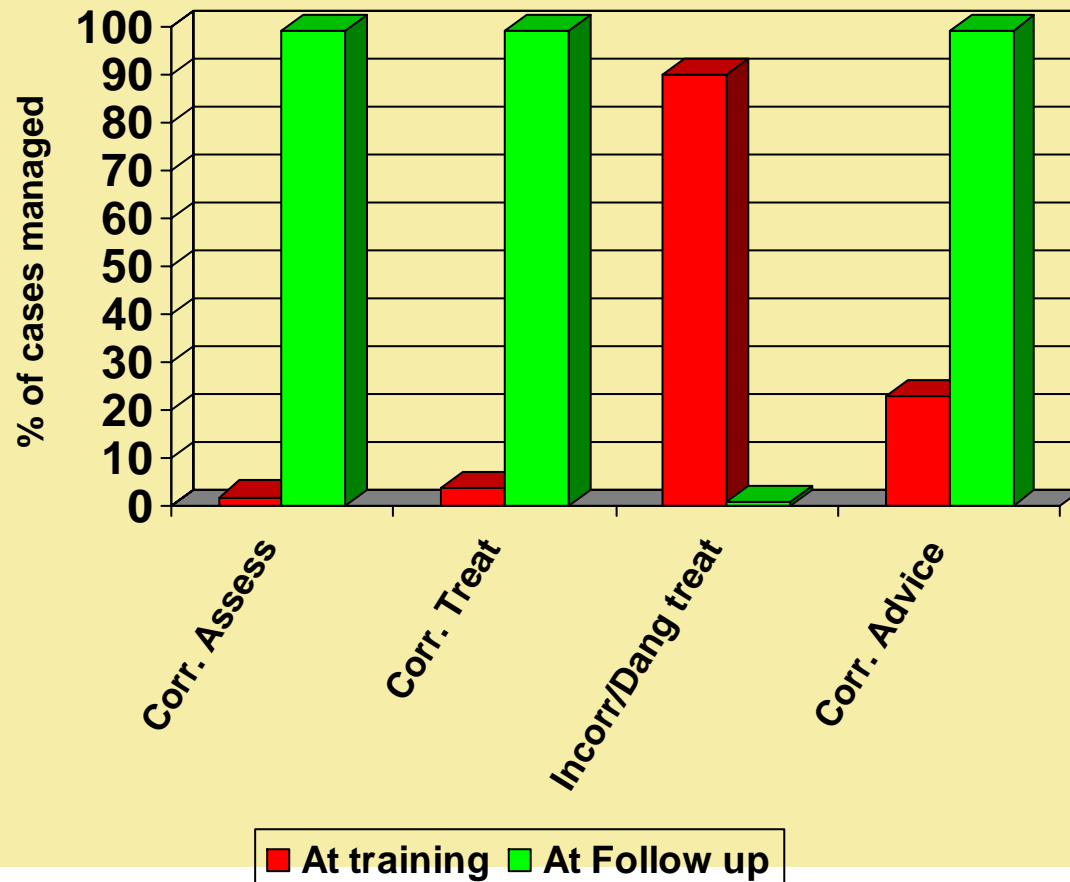
Impact of Training

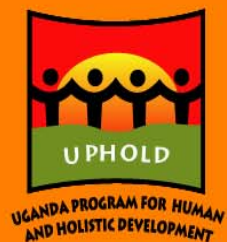
- Improvement in assessing and offering correct treatment for fever, cough and diarrhoea
- Reduced rate of incorrect and dangerous treatment across all symptoms Health workers are giving correct and appropriate advise for the symptoms
- The majority of trained private providers offered appropriate advice and referral for preventive services post-training compared to pre-training



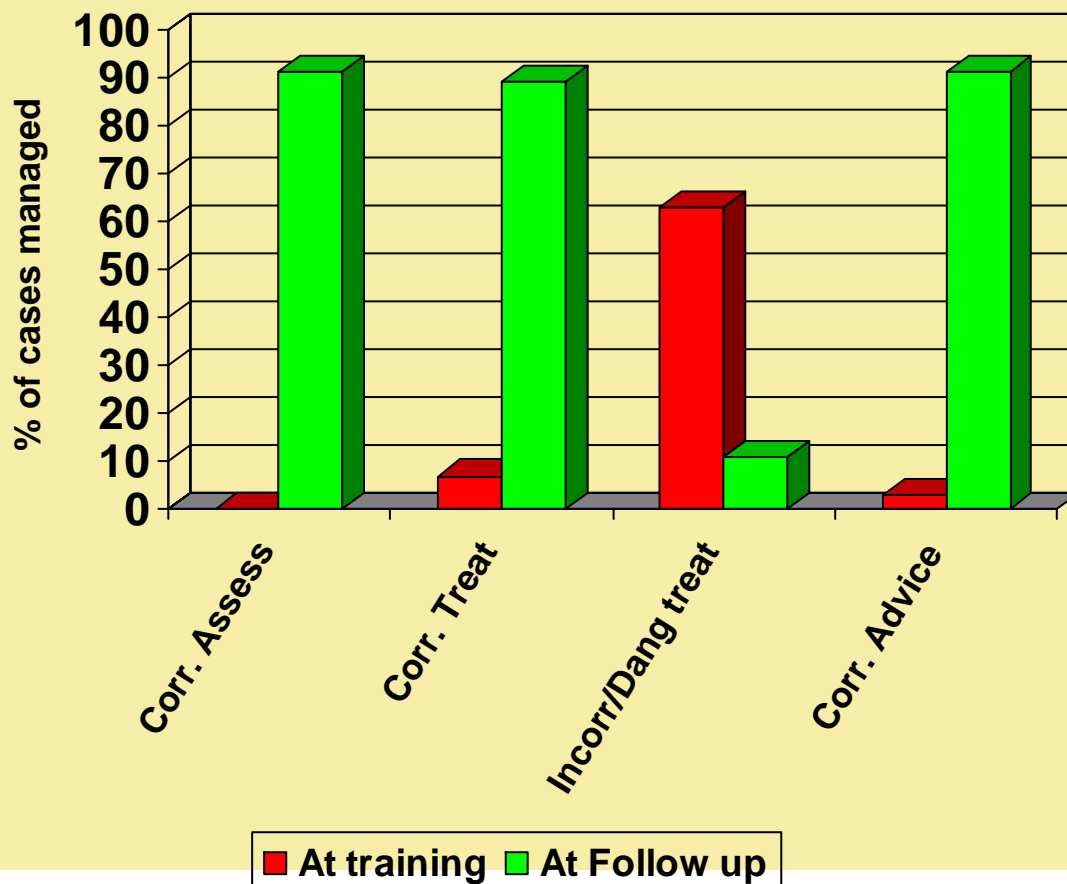


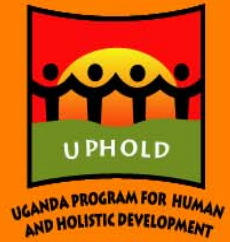
Findings: Management of Fever



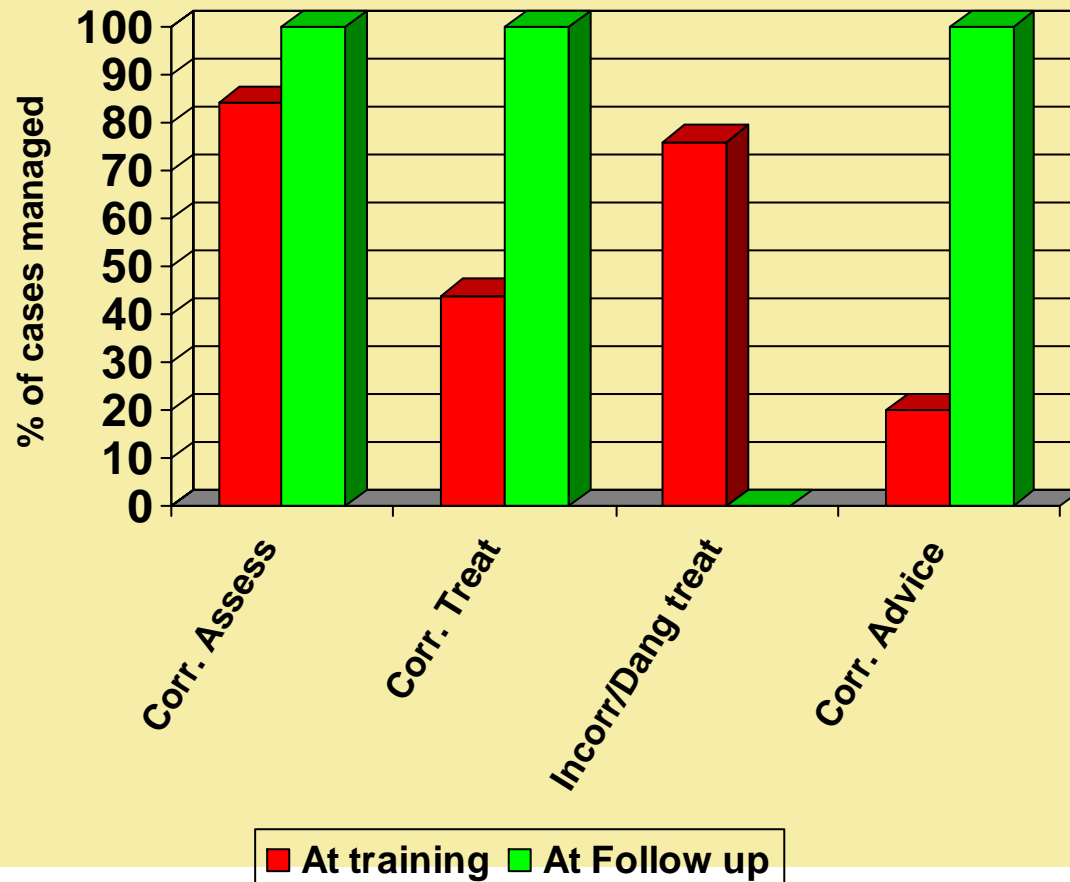


Findings: Management of Cough





Findings: Management of Diarrhoea

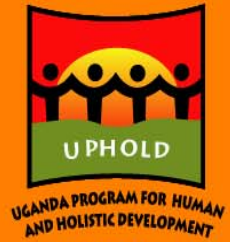




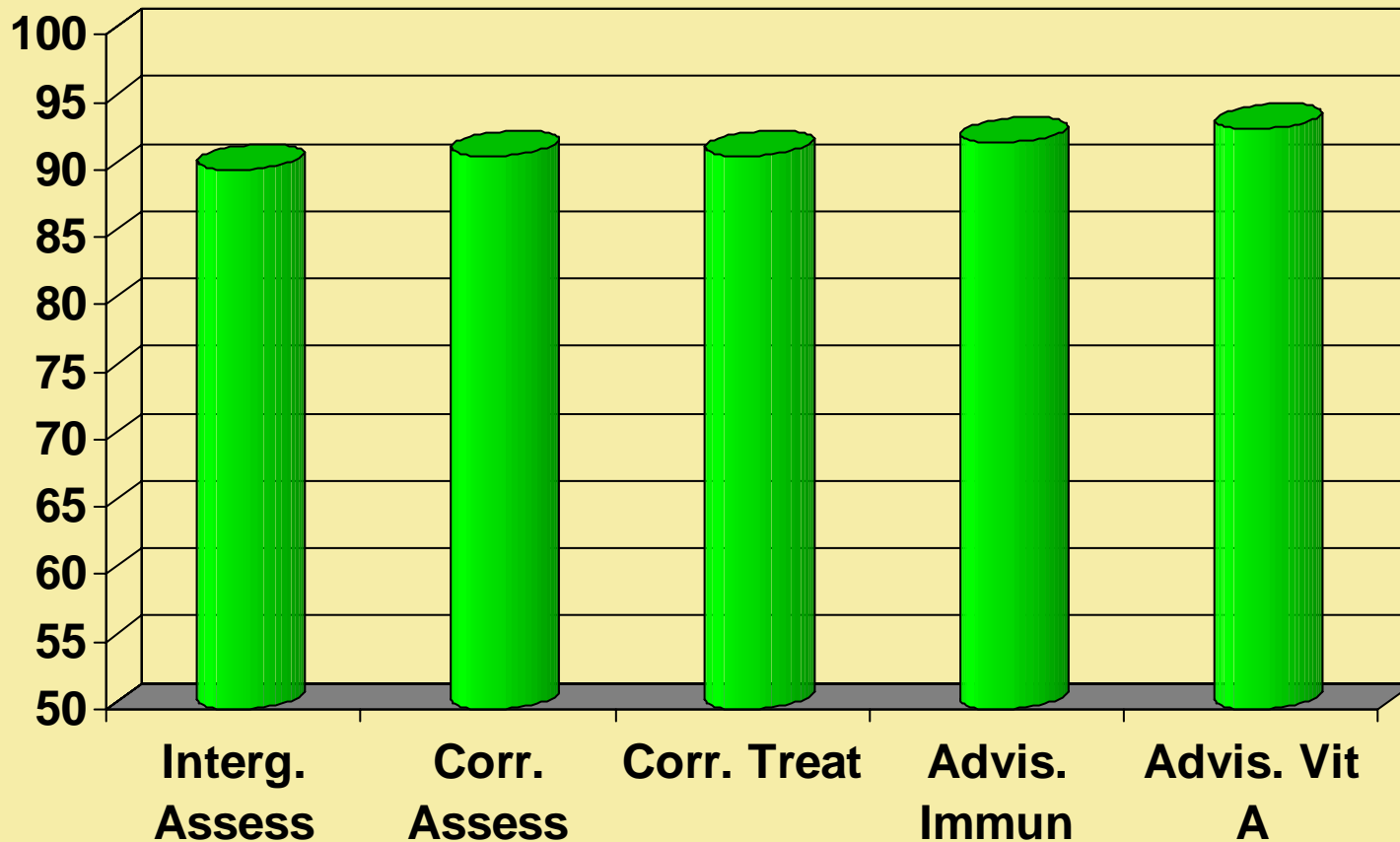
Observation of Case Management

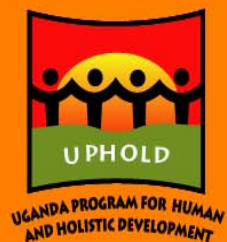
- All tasks were performed excellently on observation
- Dramatic improvement in preventive services
- Confirms results of the verbal case review





Observation of Case Management



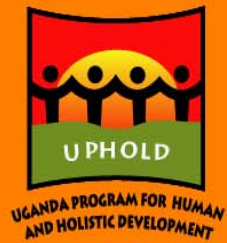


Facility Supports/Logistics Review

Category	Item	Number N=240	%
Equipment.	Wt. Scale	112	47
	Timer	237	99
	Thermo.	237	99
Drugs	Cortrim.	237	99
	SP	237	99
	Chloroq.	237	99
	ORS	217	90
Others	Immun.	97	40
	Vit. A	237	99

- Have the majority of equipment and drugs
- Lack weighing scales
- Lack immunisation facilities

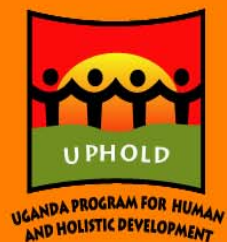




Conclusion

- Private providers in Uganda play a critical role in service delivery
- Gaps in technical practice can be addressed through practical, tailored training and negotiation
- Providers can apply improved case management skills

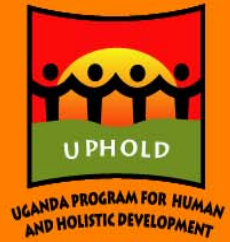




Recommendations

- Districts should provide updates to private providers in key technical areas e.g. new malaria treatment guidelines
- To ensure sustained application of skills, districts should provide additional support supervision to private providers
- Districts should supply weighing scales and immunization equipment to private providers
- Further studies on the outcome of the training and client satisfaction should be conducted





Acknowledgment

- Private providers
- Clients of the private providers
- Uganda Ministry of Health
- USAID Uganda

