

IMCI Health Facility Survey

Egypt

10 March - 10 April 2002



World Health Organization
Regional Office for the
Eastern Mediterranean



Ministry of Health and Population
Arab Republic of Egypt

OBJECTIVES

- To assess the *quality of outpatient care* provided to sick children age two months up to 5 years old by health providers trained in IMCI;
- To describe *organisational and managerial factors* (“health systems support”) influencing the quality of care and identify major constraints to it;
- To measure *key indicators* of quality care to monitor progress of the IMCI strategy at health facilities; and
- To recommend *further approaches* to improving the quality of outpatient care

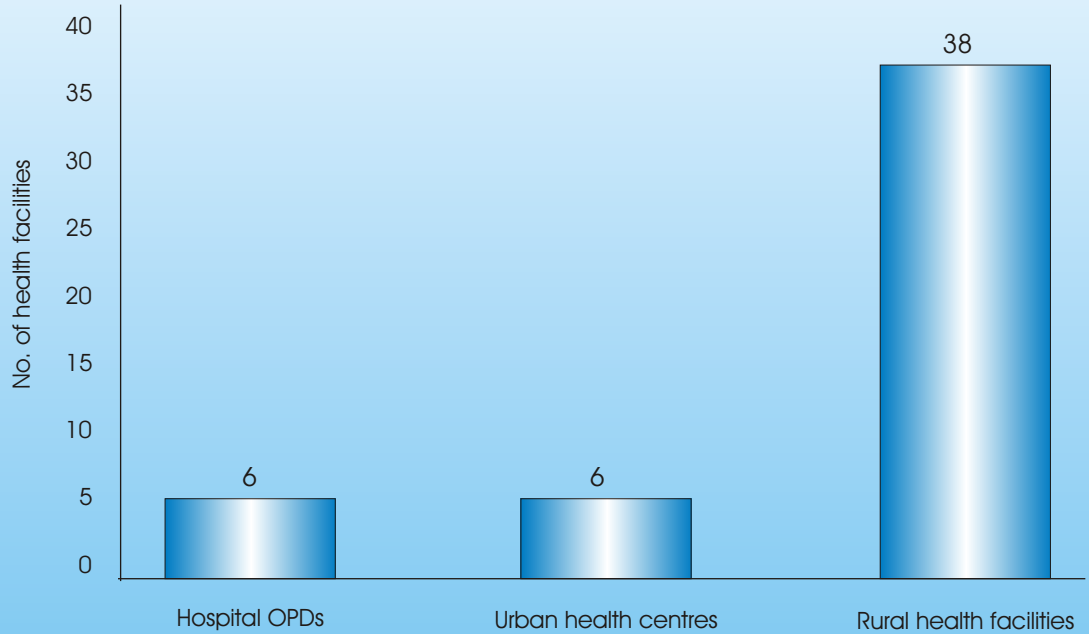
METHODOLOGY

SELECTION OF HEALTH FACILITIES:

Random selection of 50 health facilities from the list of 294 facilities in 10 Governorates in Upper and Lower Egypt:

- Implementing IMCI;
- With at least a doctor trained in IMCI; and
- Having an estimated daily caseload of at least 4 cases below 5 years old

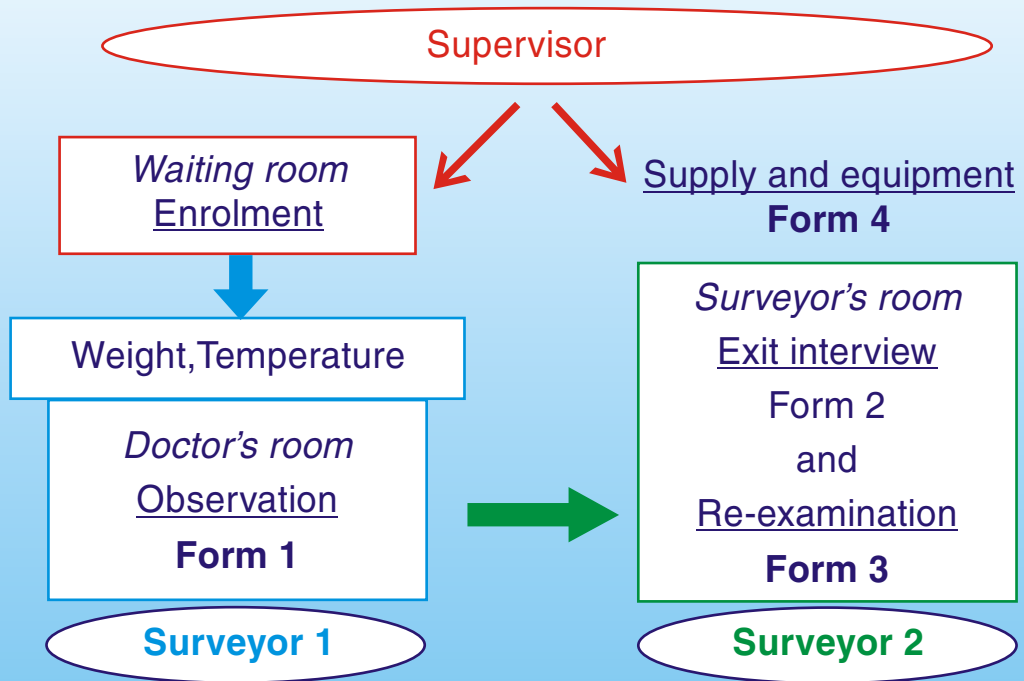
TYPE OF HEALTH FACILITIES SELECTED




ENROLMENT CRITERIA:

- AGE: 2 months “up to” 5 years old
- REASON FOR CONSULTATION: any symptom or condition covered by IMCI
- INITIAL VISIT

Sequence at health facility



SURVEY FINDINGS

- 
- I. Sample characteristics
 - II. Quality of clinical care
 - III. Factors influencing care

I. **SAMPLE CHARACTERISTICS:**

- Case management observations: 296
- Gender of cases: 42.6% female
- Age: 66.2% under 2 years old
- Caretakers interviewed: 292
- Mother caretakers: 85.9%

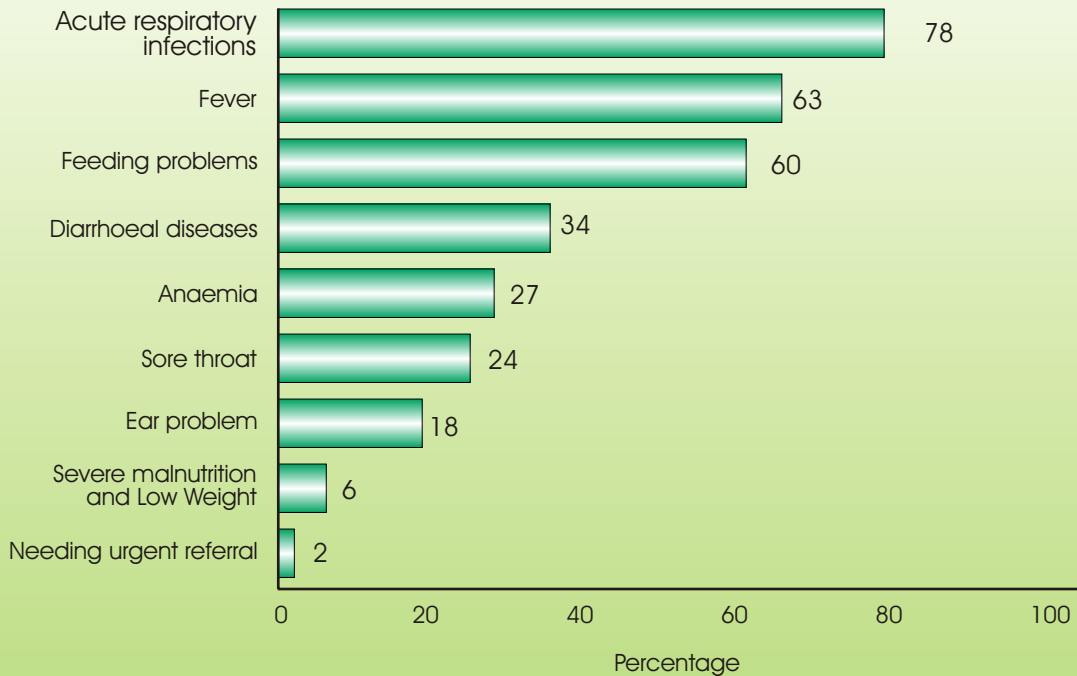
II. QUALITY OF CLINICAL CARE

- **ASSESSMENT**

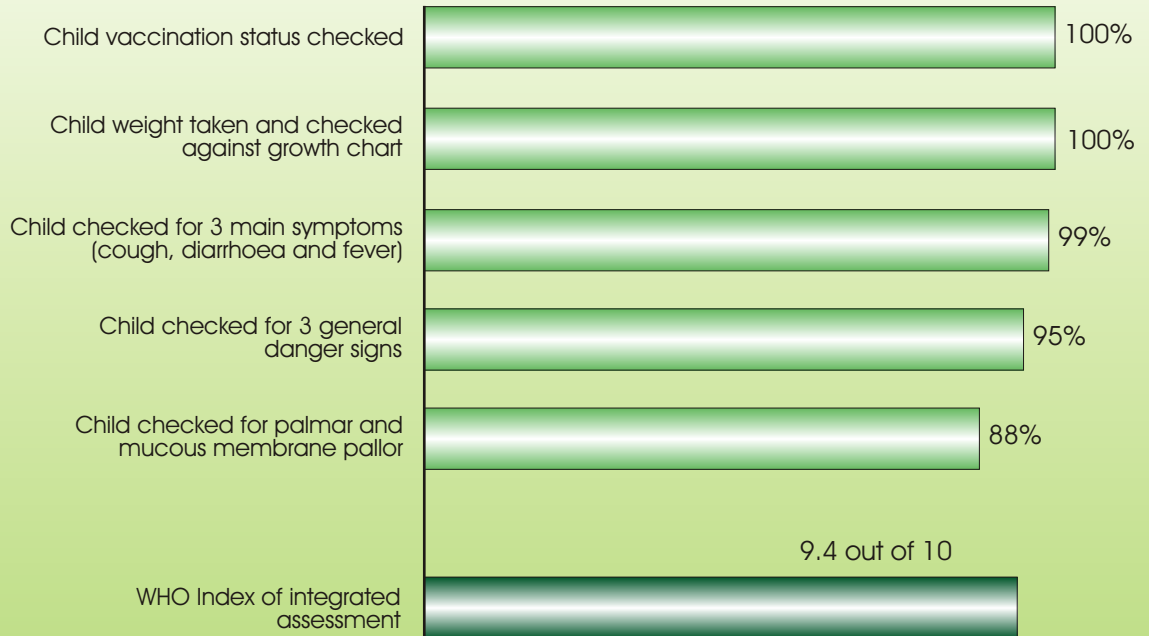
- Classification

- Treatment and advice

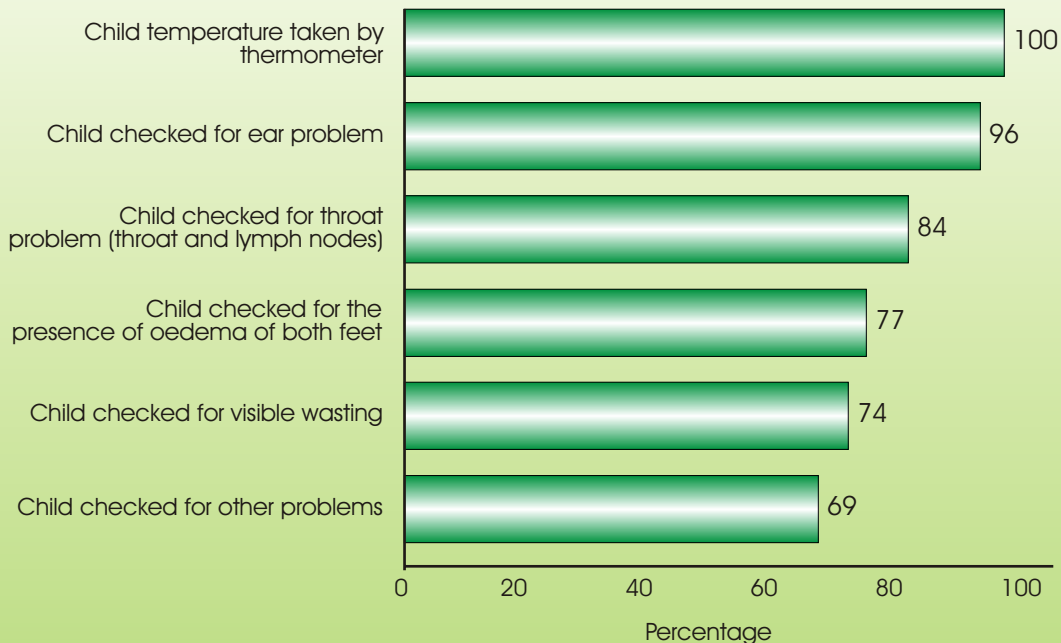
DISTRIBUTION OF THE IMCI CONDITIONS IDENTIFIED IN THE SAMPLE



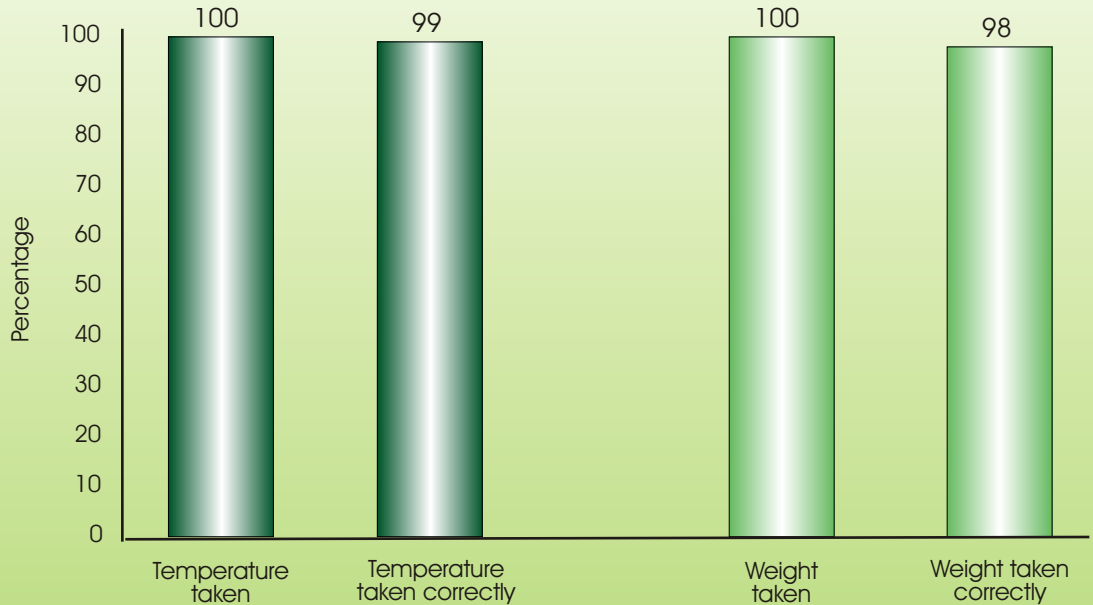
INTEGRATED ASSESSMENT (1) : MAIN TASKS AND INDEX



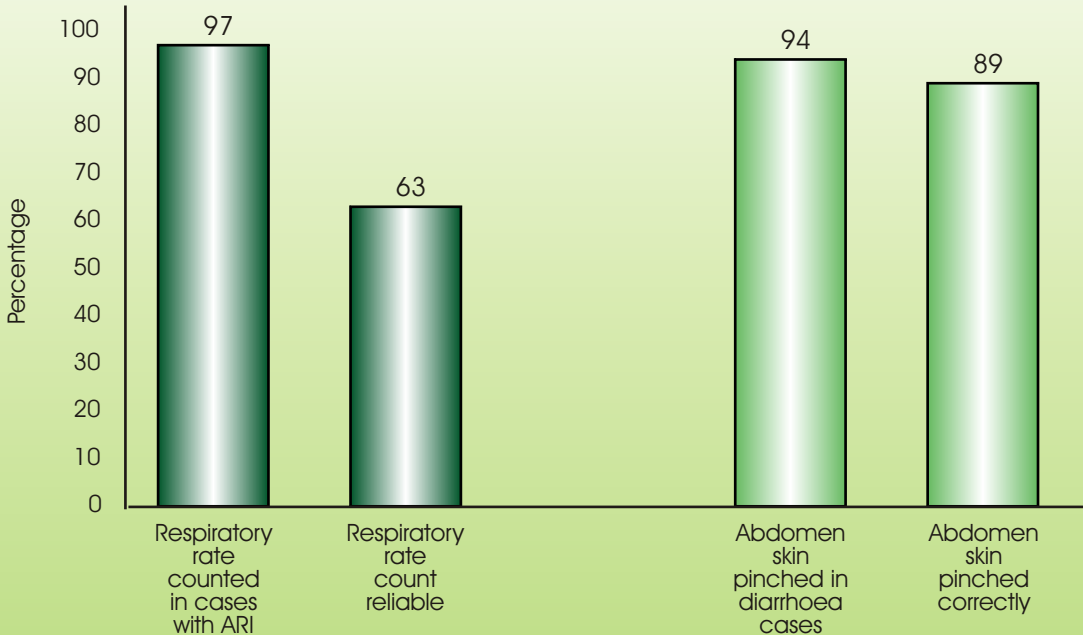
INTEGRATED ASSESSMENT (2): OTHER TASKS



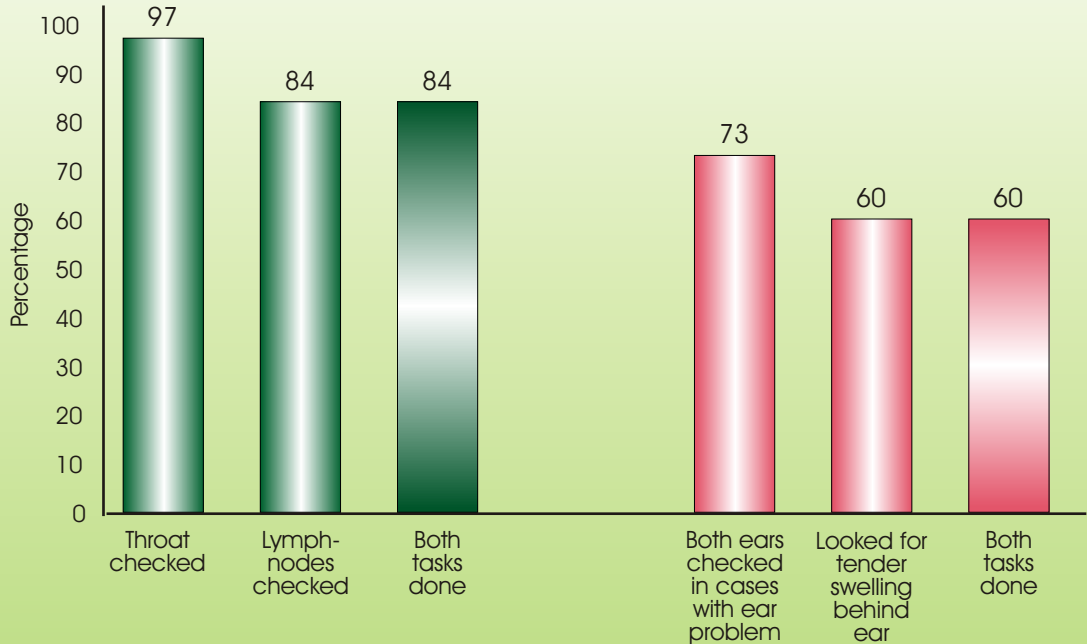
PERFORMANCE OF SELECTED TASKS: TAKING TEMPERATURE AND WEIGHT



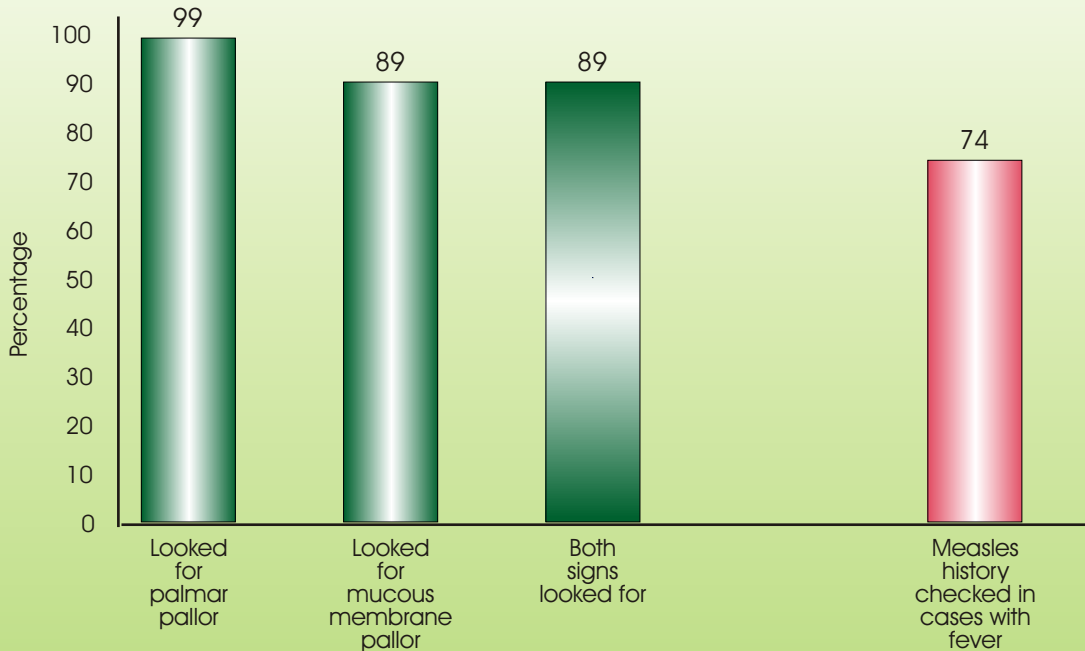
PERFORMANCE OF SELECTED ASSESSMENT TASKS: ARI AND DIARRHOEA



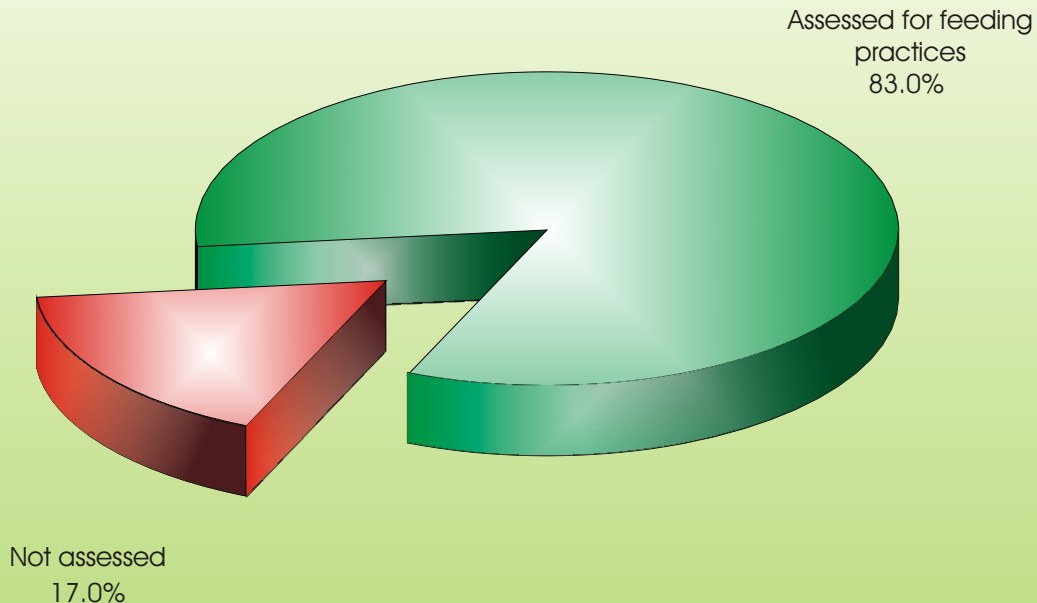
PERFORMANCE OF SELECTED ASSESSMENT TASKS: THROAT AND EAR PROBLEMS



PERFORMANCE OF SELECTED ASSESSMENT TASKS: ANAEMIA AND MEASLES

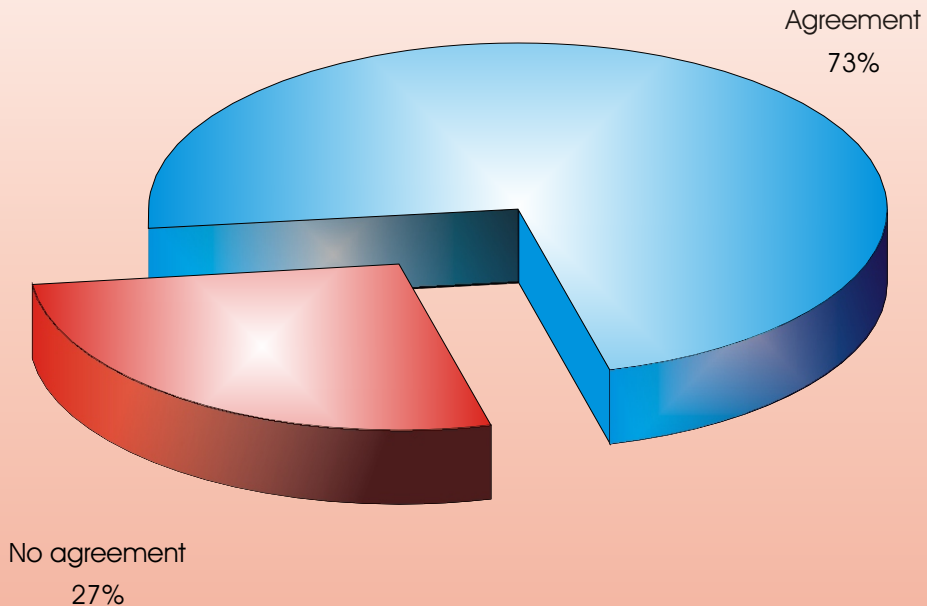


ASSESSMENT OF FEEDING PRACTICES IN NON-REFERRED CHILDREN WITH LOW WEIGHT AND/OR ANAEMIA AND THOSE LESS THAN 2 YEARS OLD

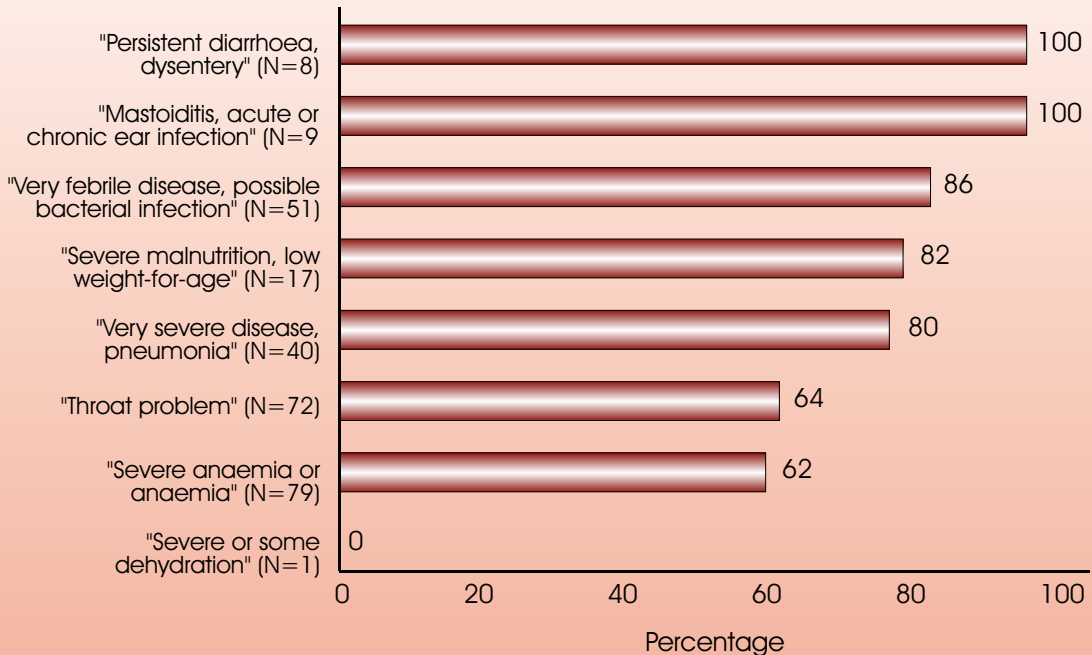


- Assessment
- **CLASSIFICATION**
- Treatment and advice

AGREEMENT OF PROVIDER CLASSIFICATIONS WITH SURVEYOR
CLASSIFICATIONS ON CONDITIONS PRESENT

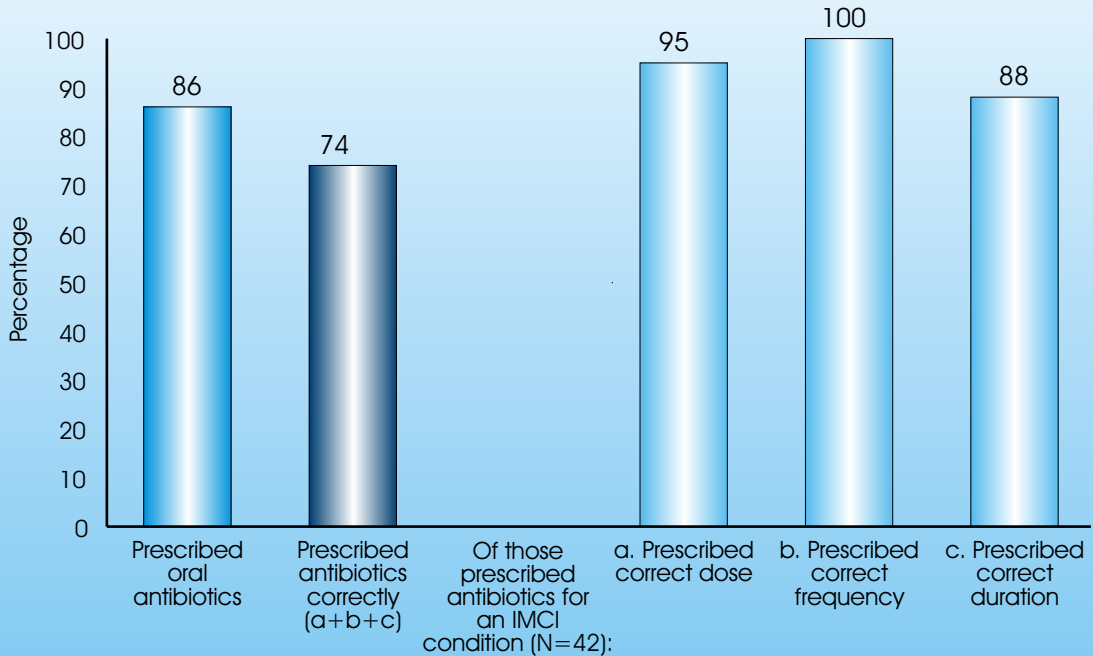


PROVIDER'S AGREEMENT WITH SURVEYOR'S CLASSIFICATIONS BY ILLNESS GROUP



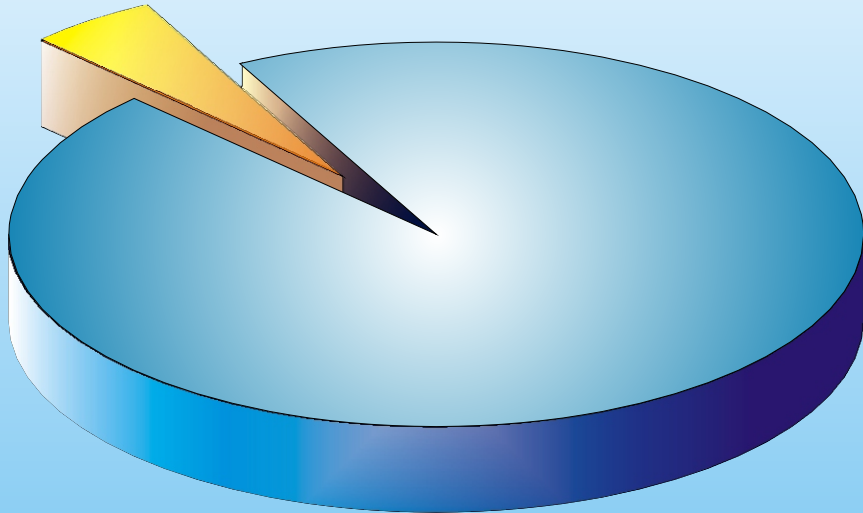
- Assessment
- Classification
- **TREATMENT AND ADVICE**

ORAL ANTIBIOTIC TREATMENT:
CORRECT PRESCRIPTION FOR NON-REFERRED CASES WITH AN IMCI CONDITION



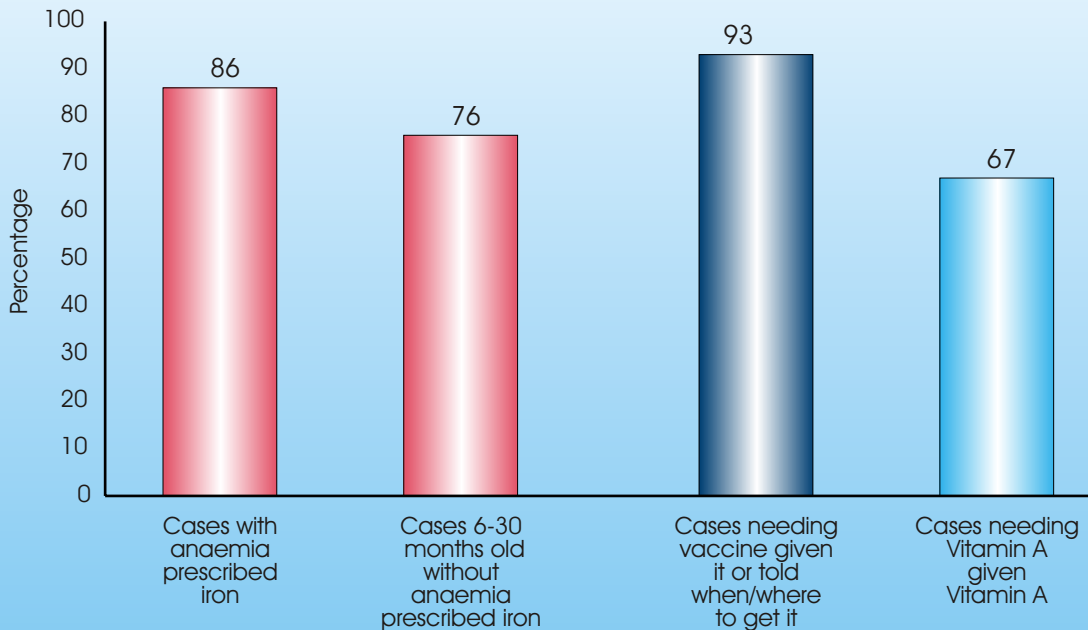
RATIONAL USE OF DRUGS FOR CHILDREN NOT NEEDING ANTIBIOTICS

Prescribed antibiotics unnecessarily
5%

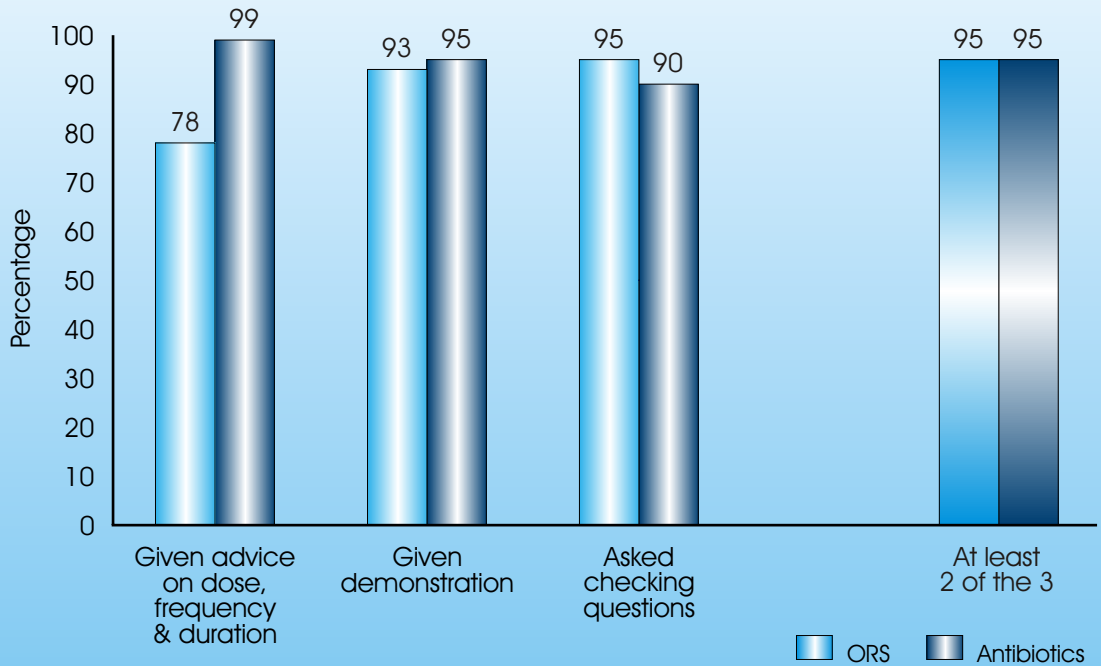


Prescribed no antibiotics
95%

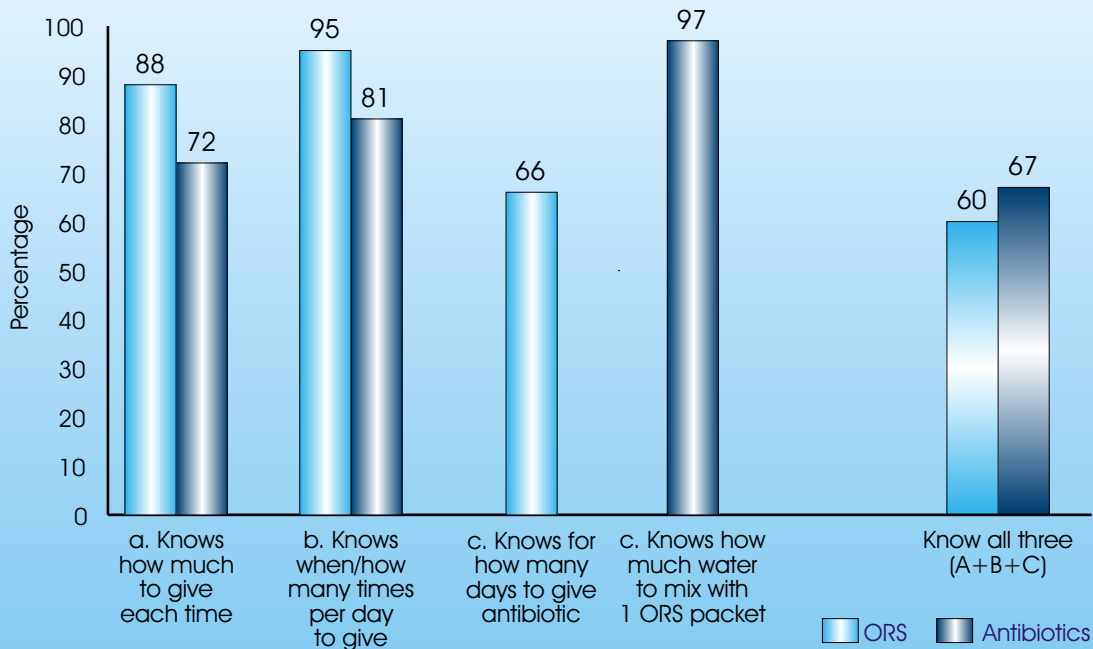
OTHER TREATMENTS FOR NON-REFERRED CASES



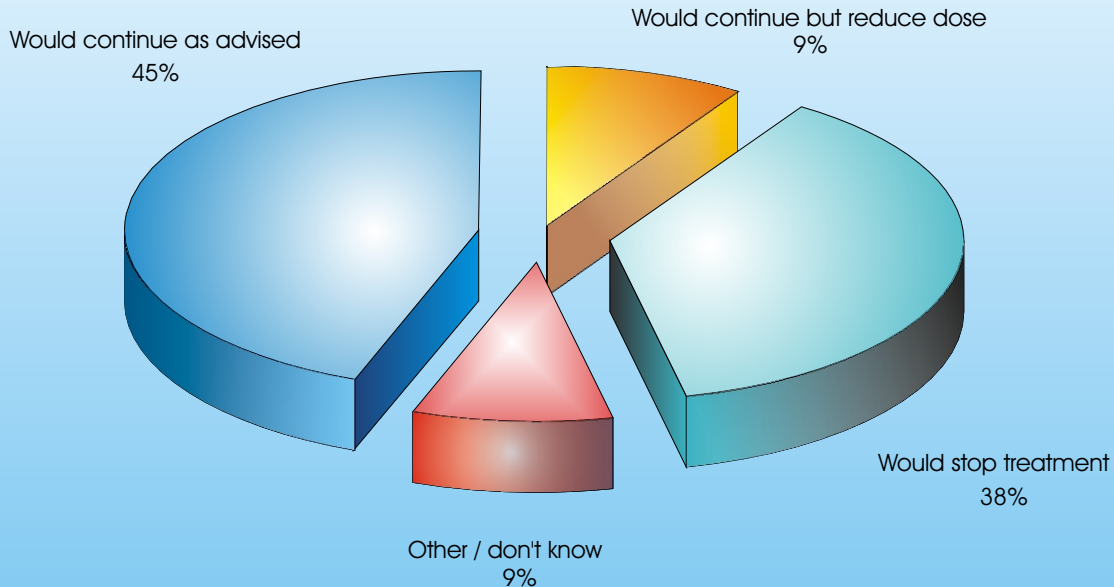
CARETAKERS ADVISED BY PROVIDER ON ANTIBIOTICS AND ORS



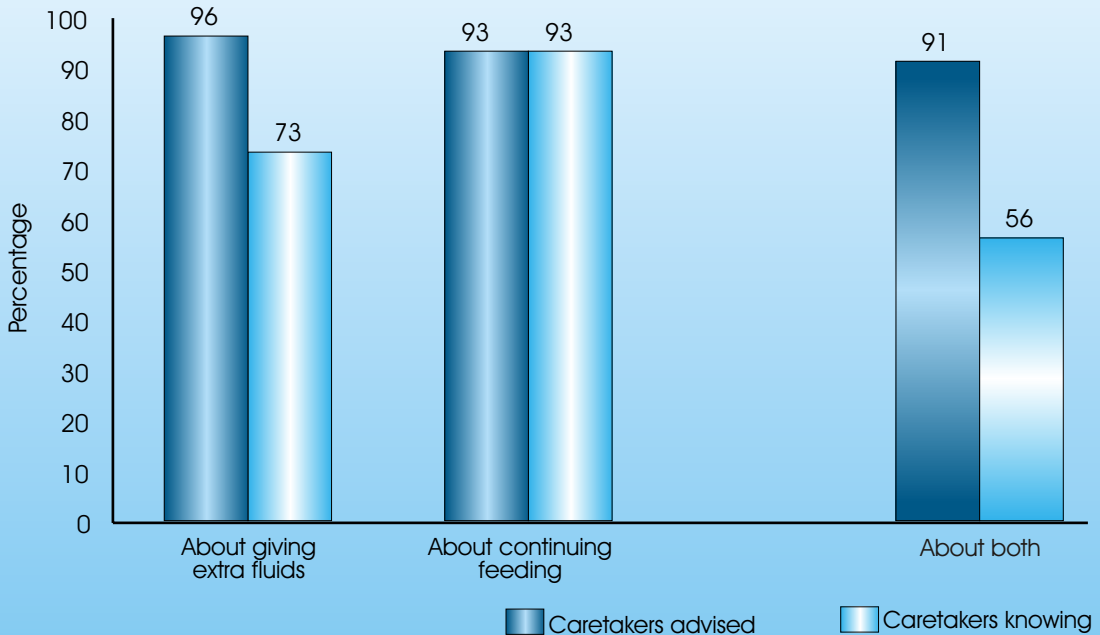
CARETAKER'S CORRECT RECALL OF PROVIDER'S ADVICE ON ANTIBIOTICS AND ORS



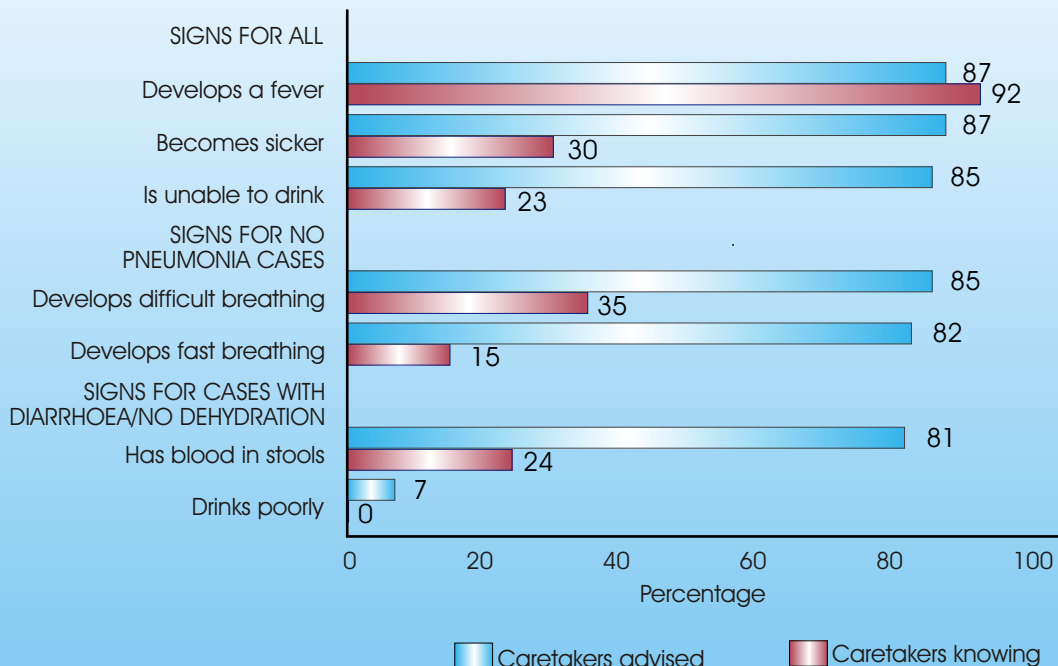
CARETAKER'S POTENTIAL COMPLIANCE WITH PROVIDER'S ADVICE ON ANTIBIOTIC
TREATMENT SHOULD CHILD GET BETTER BEFORE COMPLETING
TREATMENT COURSE



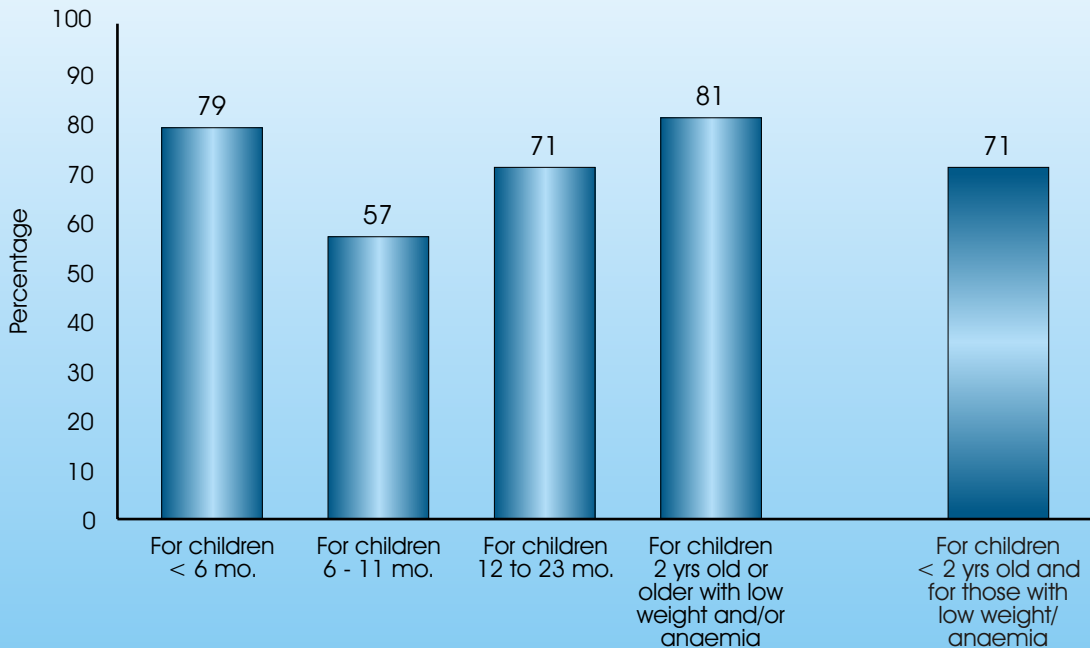
CARETAKERS ADVISED ON FLUIDS AND FEEDING AND CORRECTLY KNOWING ABOUT THEM



CARETAKERS ADVISED ON SIGNS TO RETURN IMMEDIATELY AND KNOWING ABOUT THEM



CARETAKERS GIVEN AGE-APPROPRIATE ADVICE ON FREQUENCY OF FEEDING

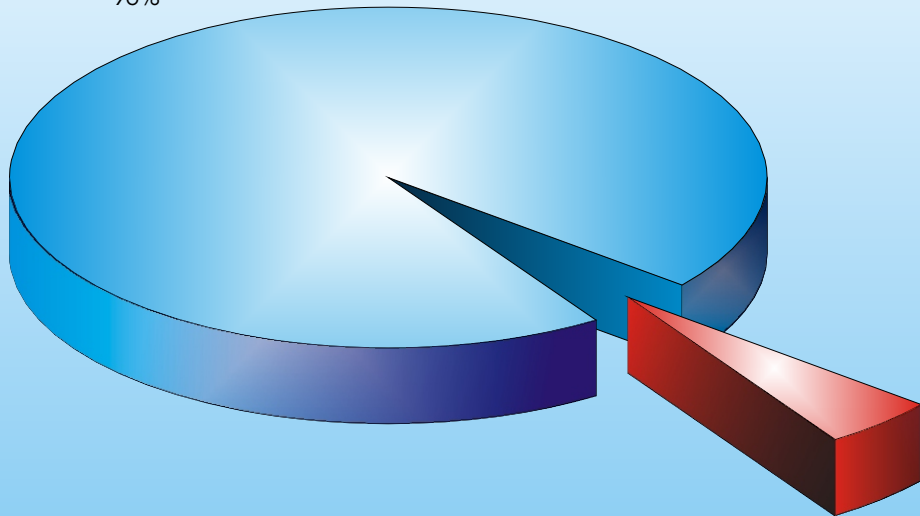


III. FACTORS INFLUENCING CARE

- Caretaker satisfaction
- Distribution of tasks
- Drug availability
- Availability of other supplies
- Supervision
- Use of services by age and sex

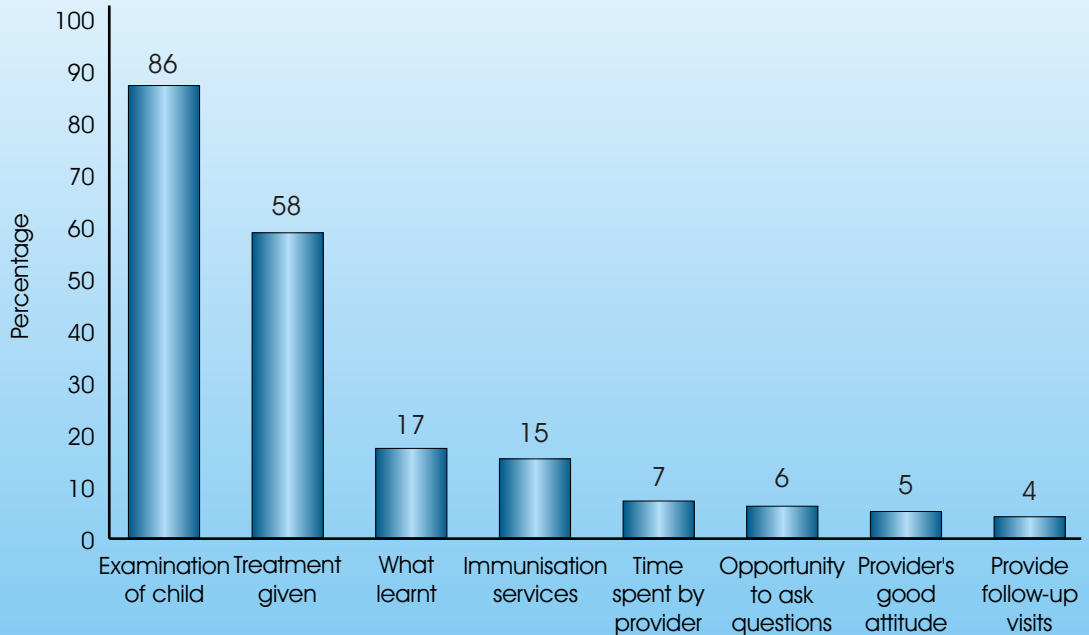
CARETAKERS SATISFIED WITH CHILD CARE SERVICES AT THE FACILITY

Very satisfied or satisfied
95%

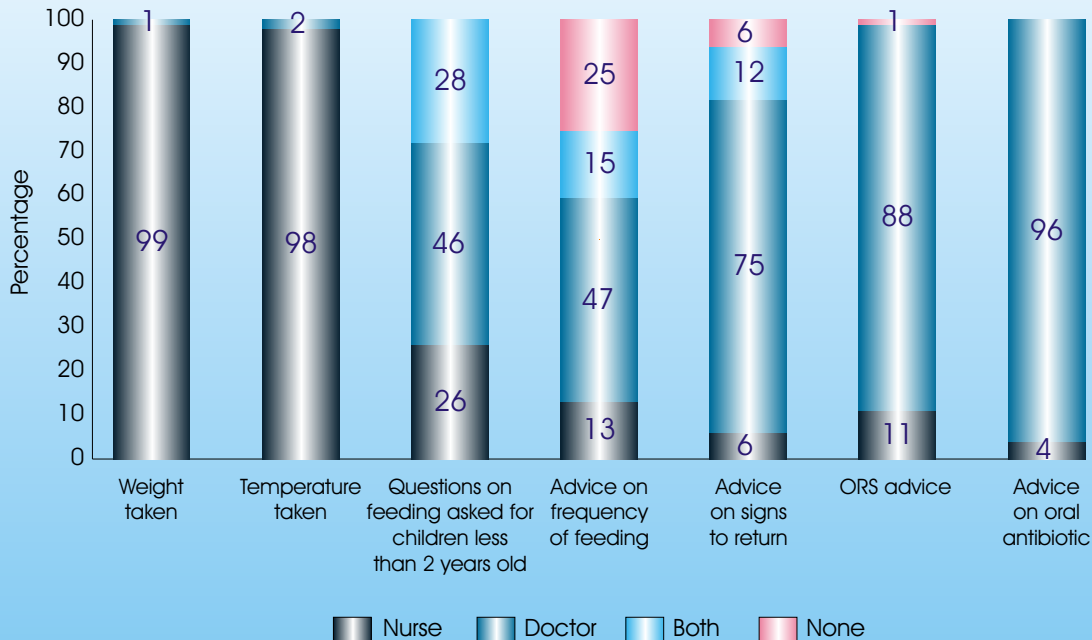


Unsatisfied
5%

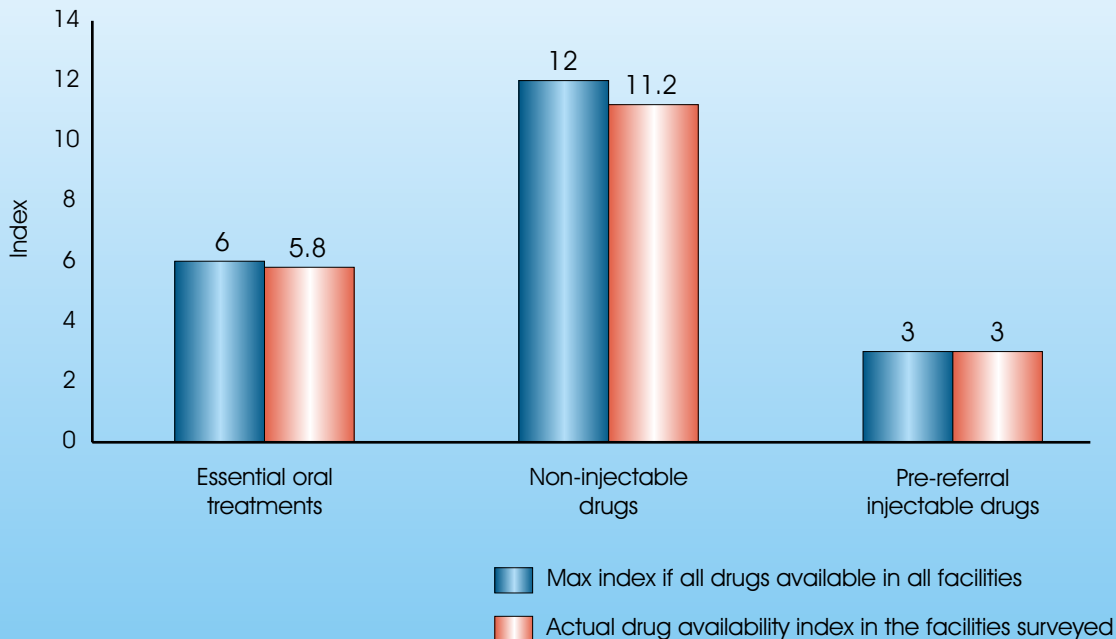
REASONS FOR CARETAKERS' SATISFACTION WITH SERVICES



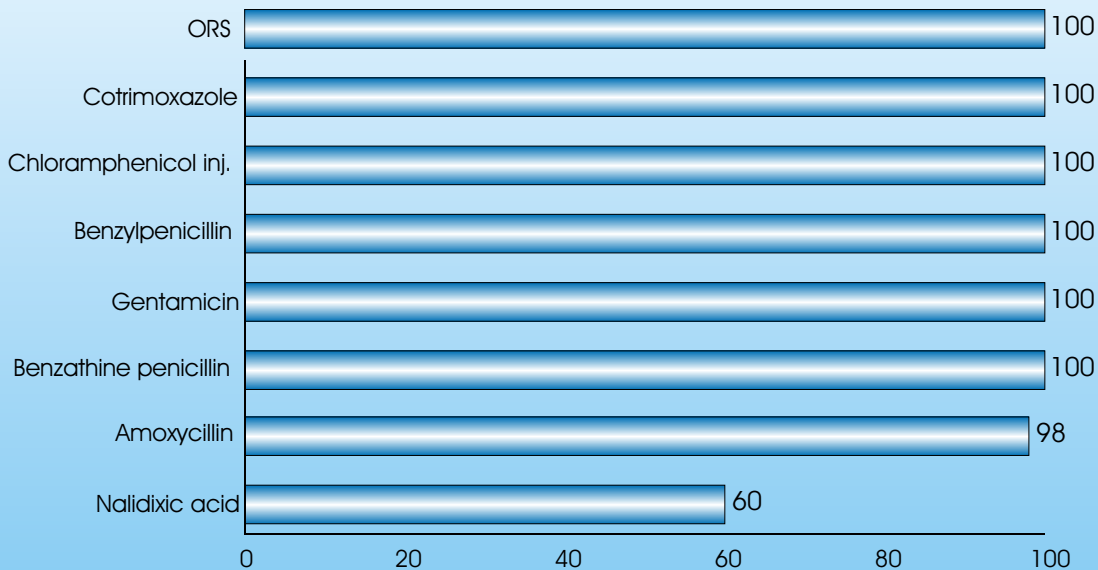
PERFORMANCE OF SELECTED TASKS BY TYPE OF PROVIDER



INDEX (ARITHMETIC MEAN) OF DRUG AVAILABILITY

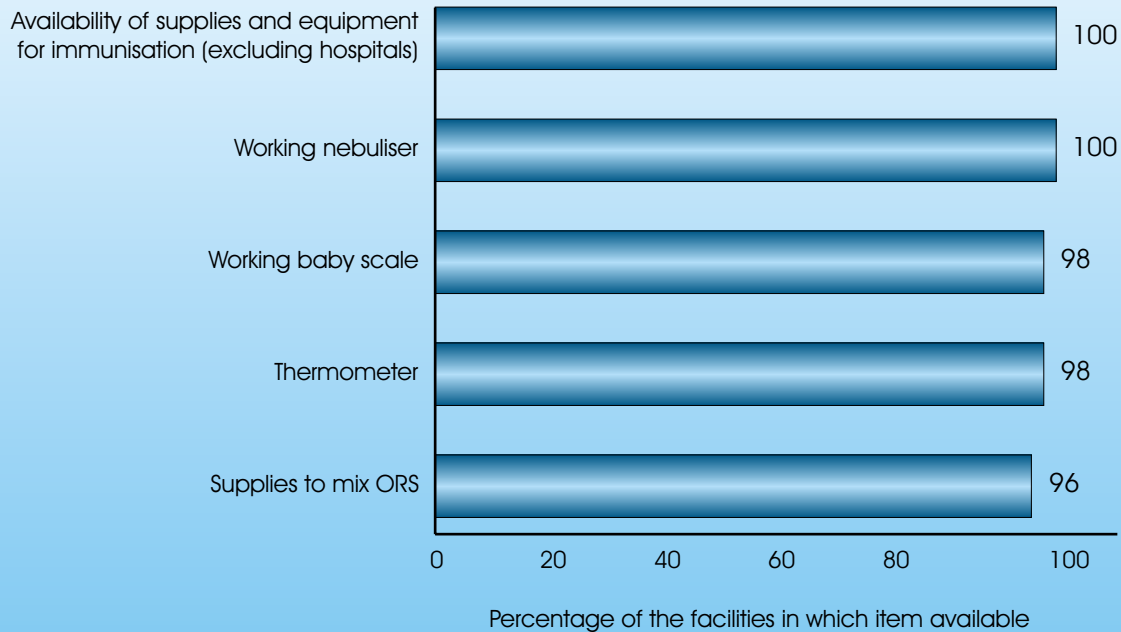


AVAILABILITY OF ORS AND ANTIBIOTICS RECOMMENDED FOR IMCI

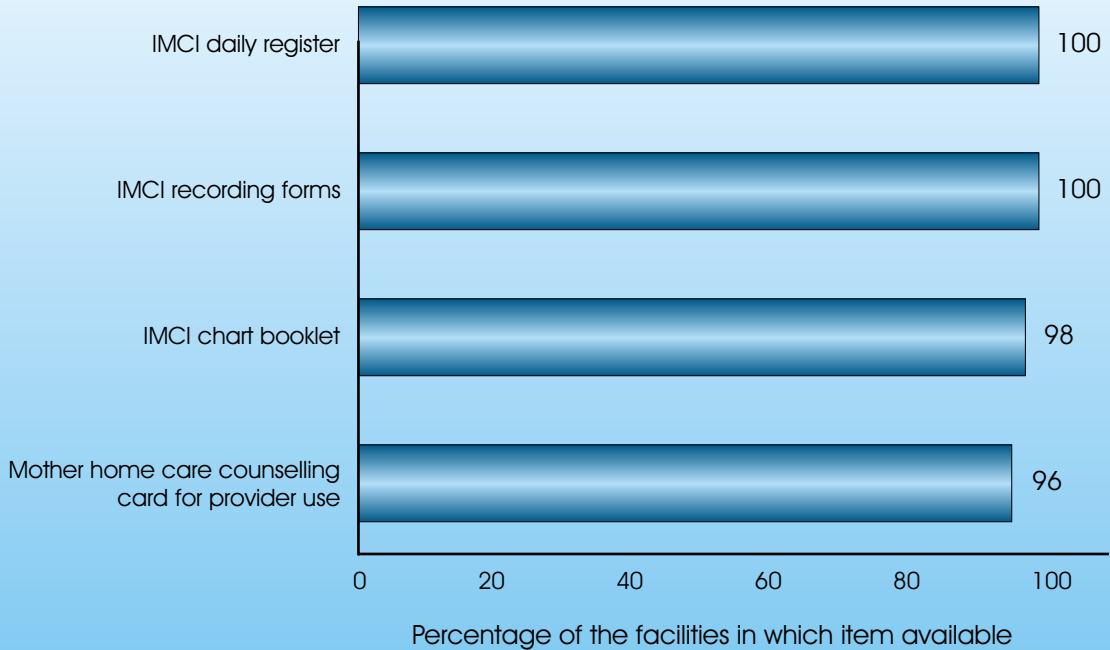


Percentage of the 50 facilities visited in which drug available

AVAILABILITY OF SUPPLY AND EQUIPMENT FOR IMCI



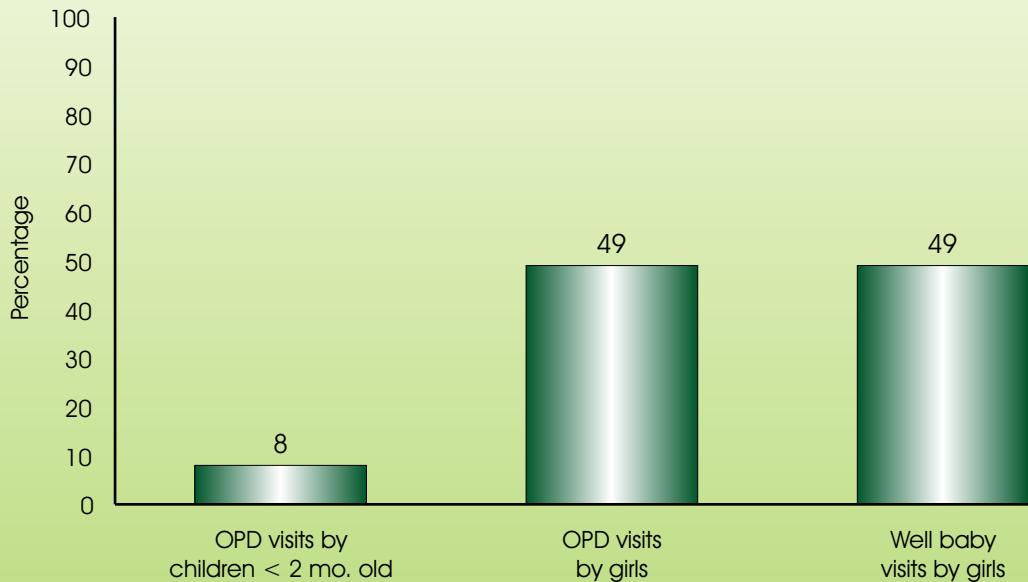
AVAILABILITY OF IMCI RECORDS, COUNSELLING CARDS AND CHART BOOKLET



SUPERVISION IN THE 50 FACILITIES VISITED




CONSULTATIONS BY AGE GROUP AND SEX IN CHILDREN UNDER-FIVE



CONCLUSIONS

 **Strong support provided by the
Ministry of Health and
Population at all levels**

 **Critical role of follow-up
visits – with feedback
meetings - after IMCI training**

Promotion of quality services

- Systematic examination of the child
- Rational use of drugs
- Availability of essential drugs and supplies



Caretaker satisfaction

RECOMMENDATIONS
TO SUSTAIN AND FURTHER
IMPROVE QUALITY CARE
FOR SICK CHILDREN

- **Strong political support should continue to be provided to IMCI implementation by MOHP at all levels**
- **A revised approach should be developed in planning for training to address the issue of staff turnover**
- **Medical graduates' clinical and communication skills should be assessed to develop a curriculum for refresher courses**

- **Consideration should be given to measuring public health impact of the iron supplementation policy to address the issue of anaemia in children**
- **The use of the child health card should be promoted at any opportunity and IMCI home care messages could be incorporated in it**
- **Consideration should be given to estimating drug costs based on prescription practices of “IMCI” and “non-IMCI” providers**

- **Priority should be given to testing and closely monitoring the approach to strengthen supervision on childcare at health facilities that is under development by MOHP**

