

# *IMCI Health Facility Survey*

**Sudan**  
**March - April 2003**



**World Health Organization**  
**Regional Office for the**  
**Eastern Mediterranean**



**Federal Ministry of Health**  
**Republic of Sudan**



# **OBJECTIVES**

- **To assess the quality of outpatient care, including both clinical and counselling care, provided to sick children aged 2 months up to 5 years old at health facilities implementing the IMCI strategy;**
- **To describe organizational and other “health systems support” elements 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 child health services.**

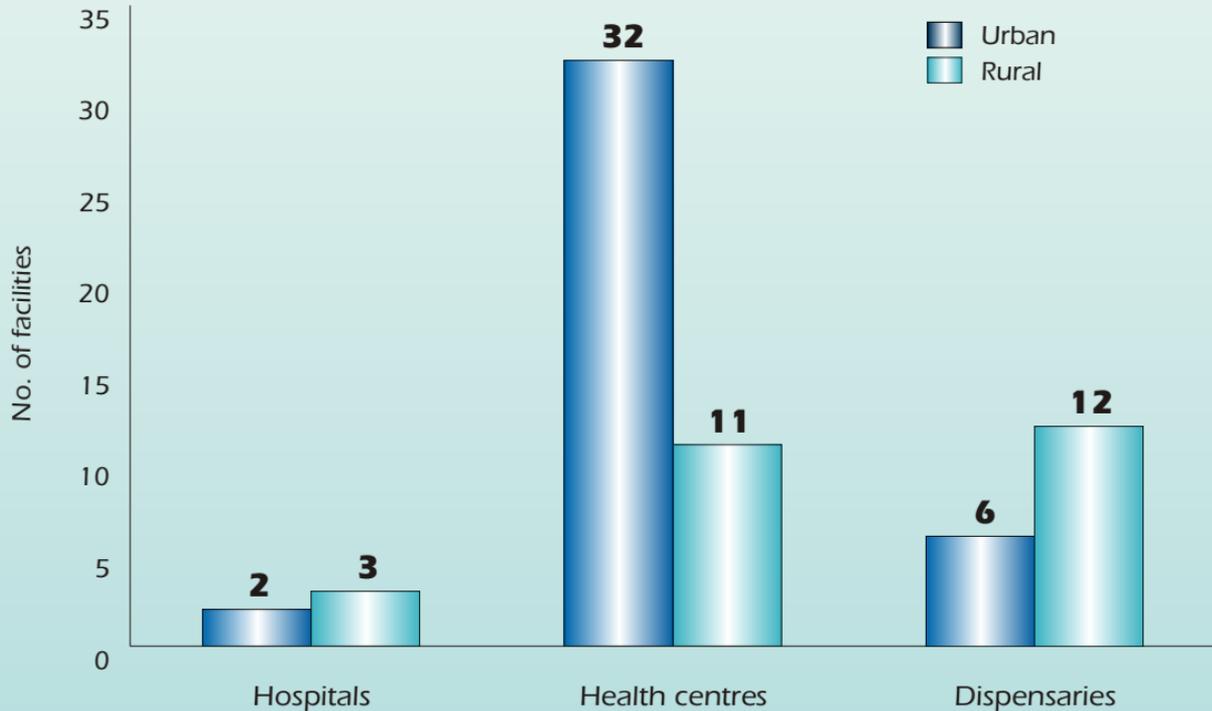
# **METHODOLOGY**

# **SELECTION OF HEALTH FACILITIES**

**Systematic, random selection of 66 health facilities from a list of 136 facilities in 8 States in urban and rural areas and by type of facility:**

- **implementing IMCI; and**
- **with estimated daily caseload of at least 2 cases below 5 years old**

## DISTRIBUTION OF HEALTH FACILITIES IN THE SAMPLE BY LOCATION AND TYPE



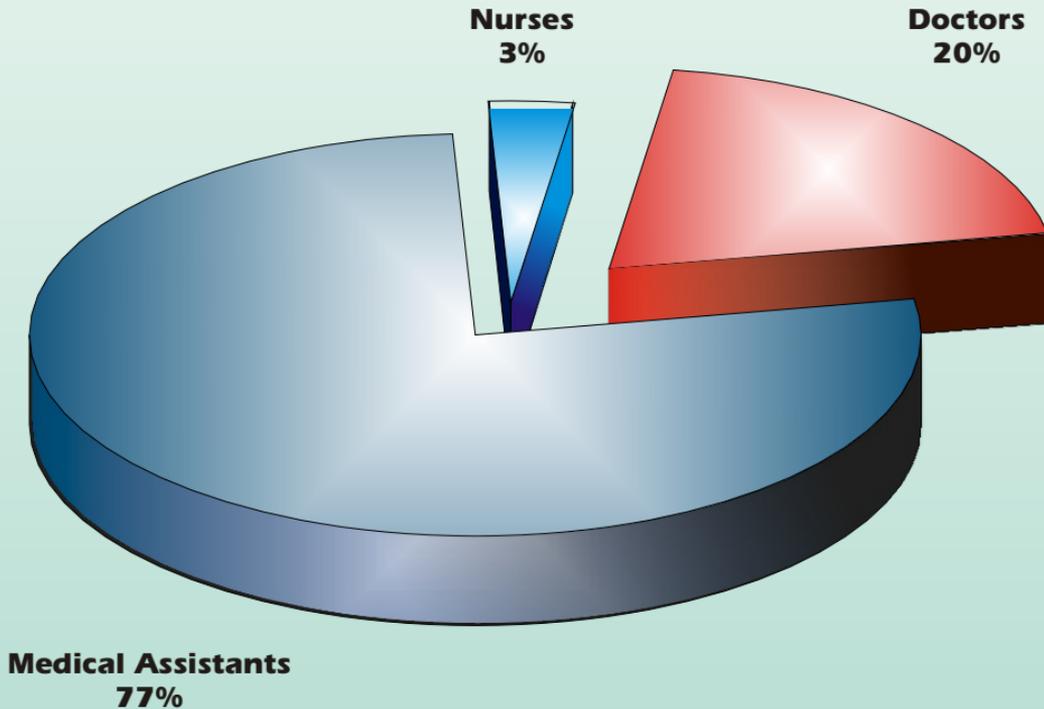
# ***SURVEY FINDINGS***

- 1. Sample characteristics**
- 2. Quality of clinical care**
- 3. Factors influencing care**

# 1. SAMPLE CHARACTERISTICS

- **Case management observations: 364 children aged 2 months up to 5 years old**
- **Gender of cases: 46.7% female**
- **Age: 54.3% under 2 years old**
- **Caretakers interviewed: 350**
- **Mother caretakers: 82.6%**

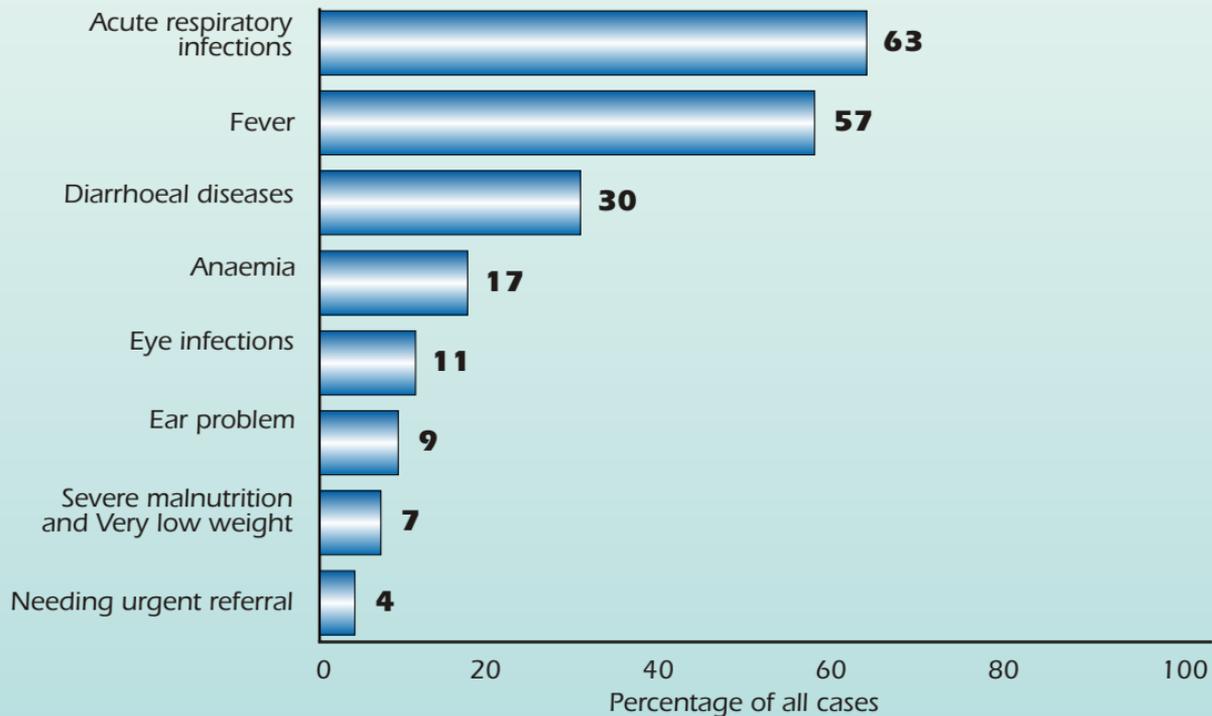
**CASES MANAGED BY TYPE OF HEALTH PROVIDER (N = 364)**



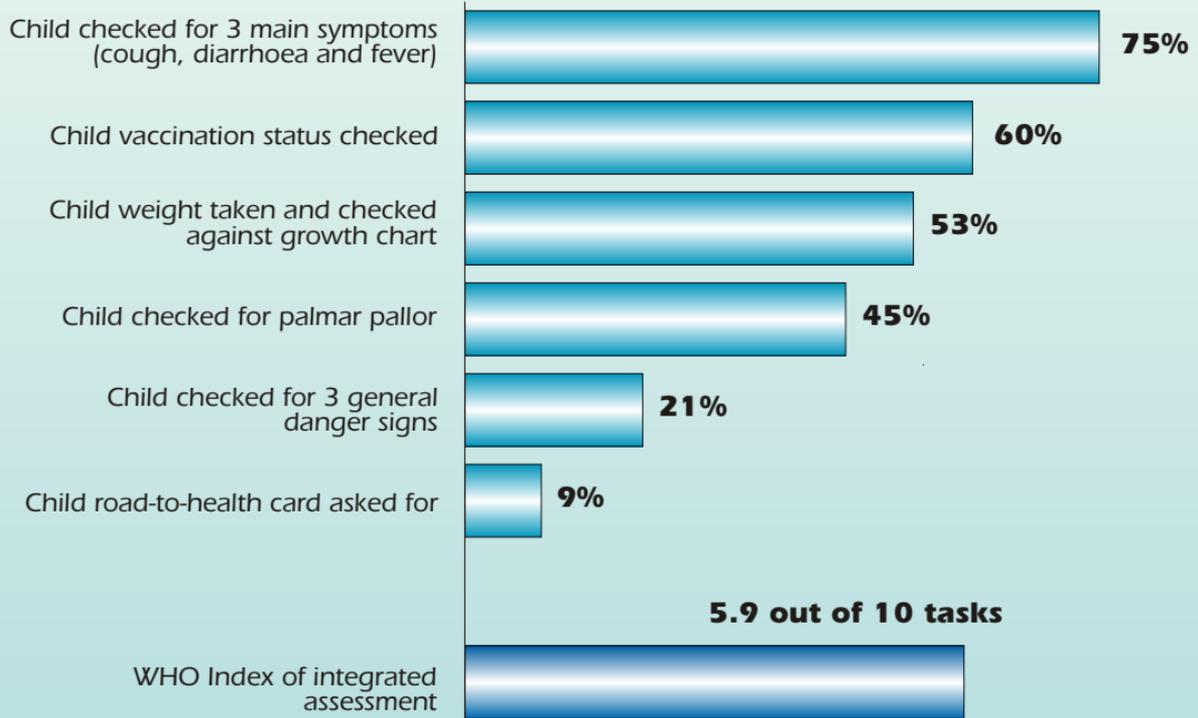
## **2. QUALITY OF CLINICAL CARE**

- **ASSESSMENT**
- **Classification**
- **Treatment and advice**

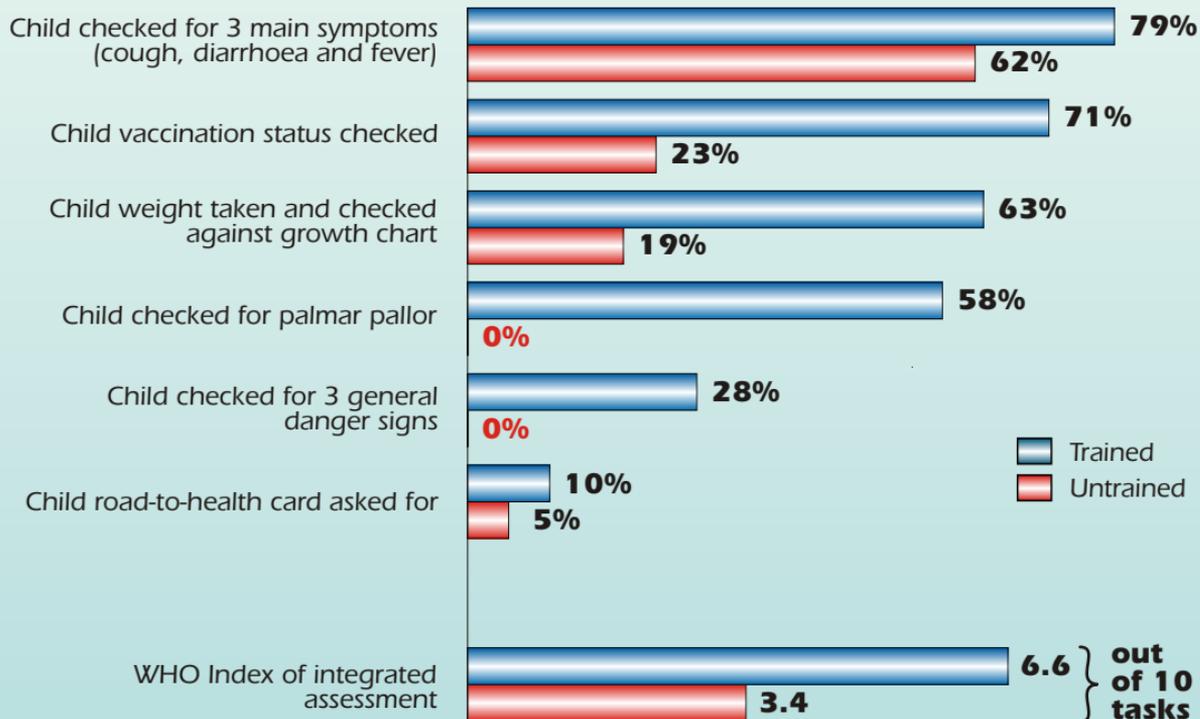
## DISTRIBUTION OF MAIN CONDITIONS IDENTIFIED IN THE SAMPLE (N = 364)



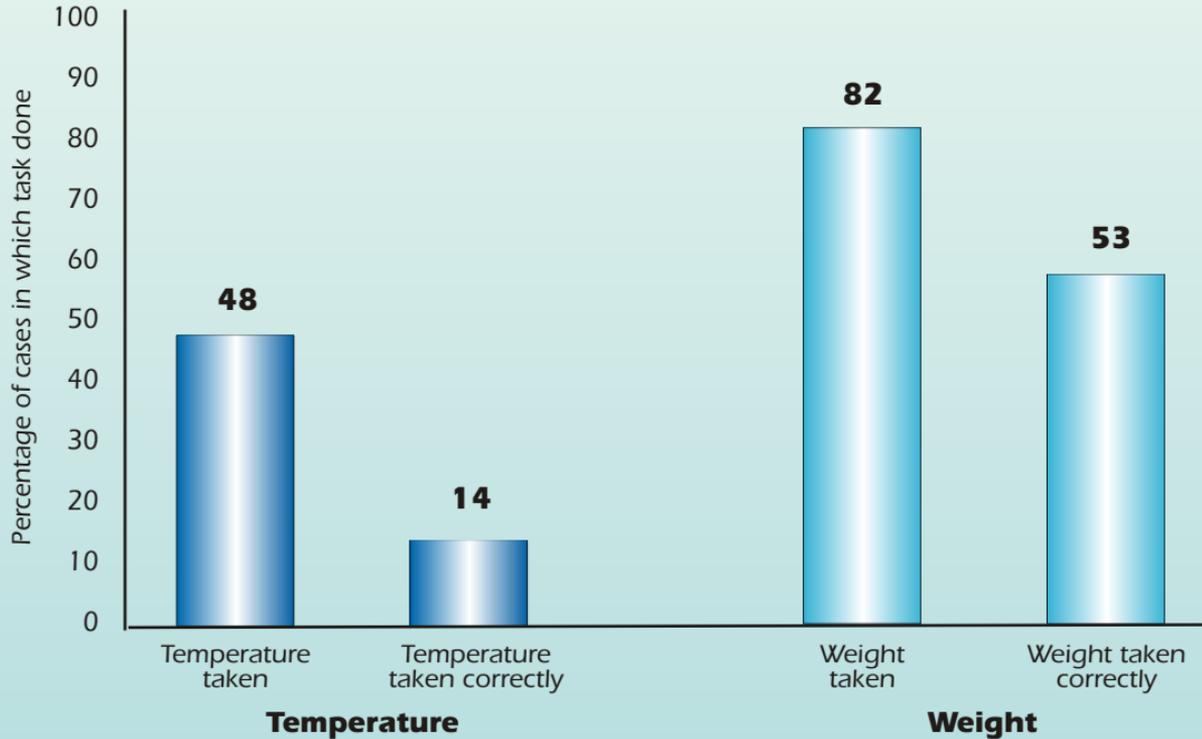
## INTEGRATED ASSESSMENT (1) : MAIN TASKS AND INDEX



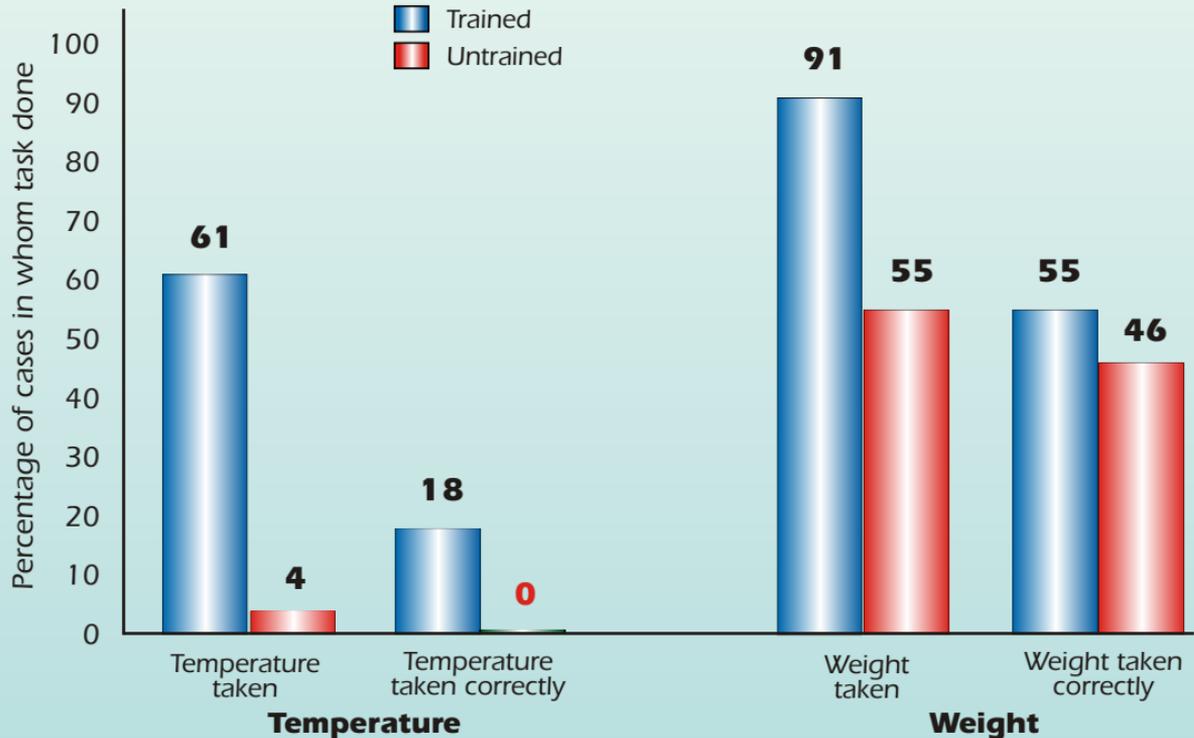
## INTEGRATED ASSESSMENT (1): MAIN TASKS AND INDEX TRAINED vs UNTRAINED



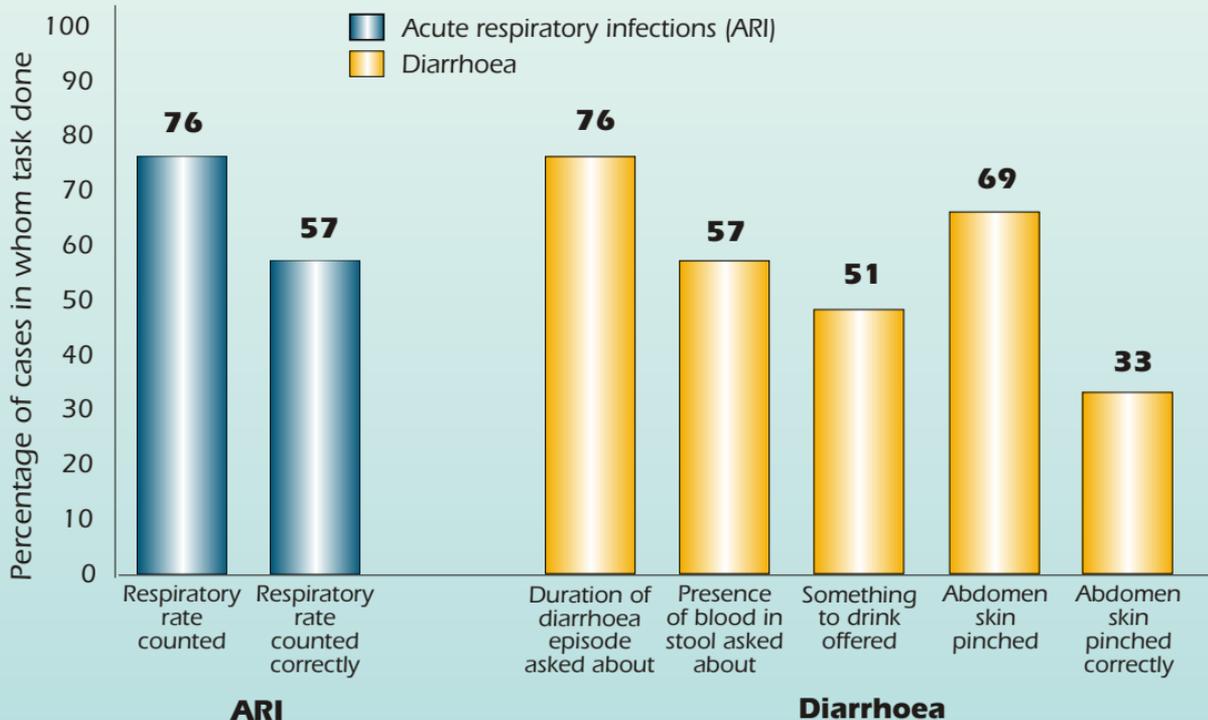
## PERFORMANCE OF SELECTED TASKS: TAKING TEMPERATURE AND WEIGHT



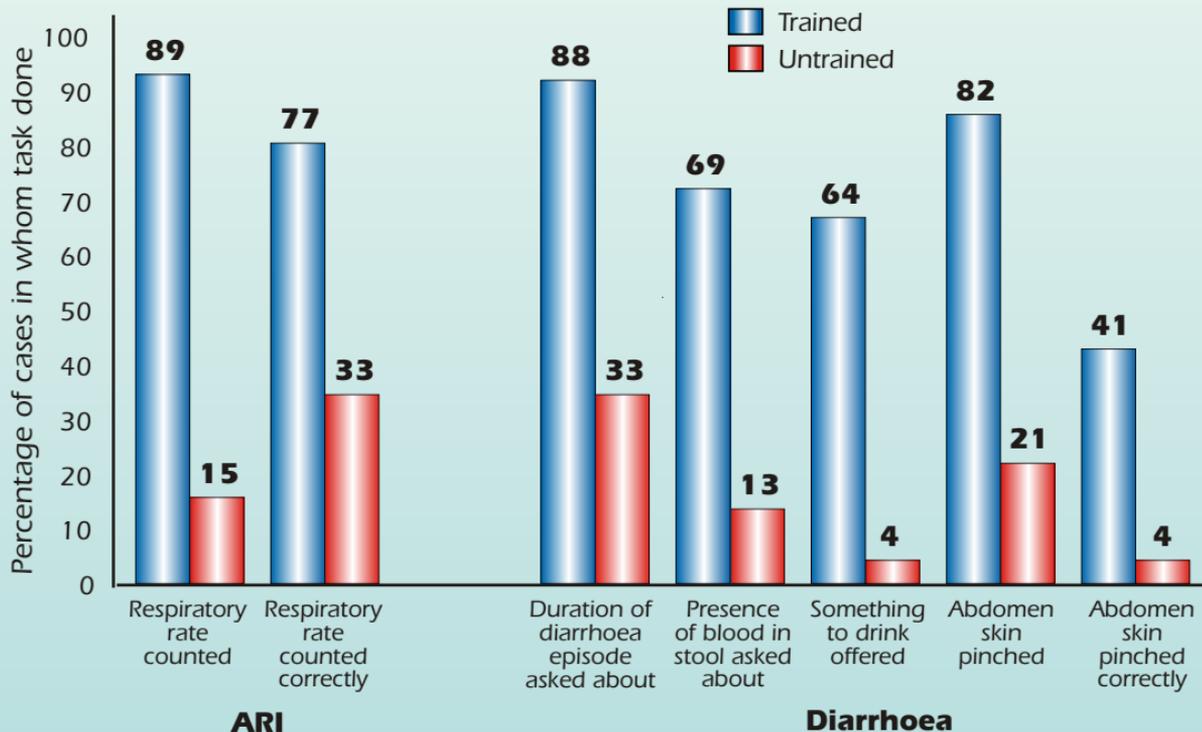
## PERFORMANCE OF SELECTED TASKS: TAKING TEMPERATURE AND WEIGHT TRAINED vs UNTRAINED



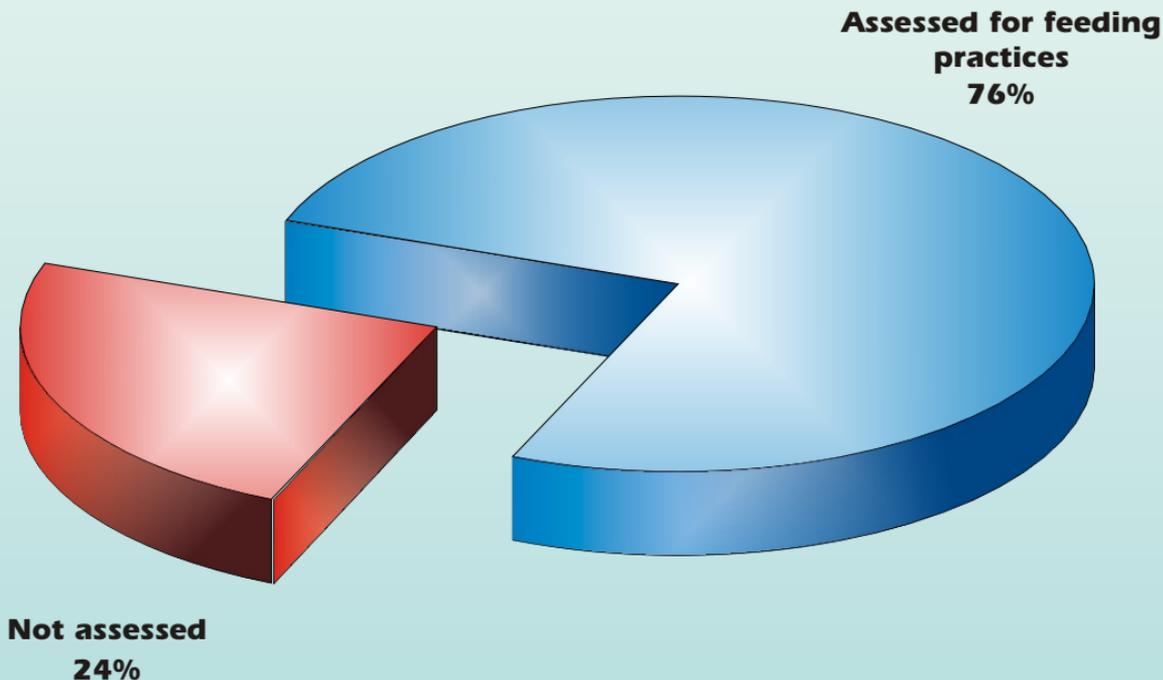
## PERFORMANCE OF SELECTED ASSESSMENT TASKS: ARI (N = 228) AND DIARRHOEA (N = 109)



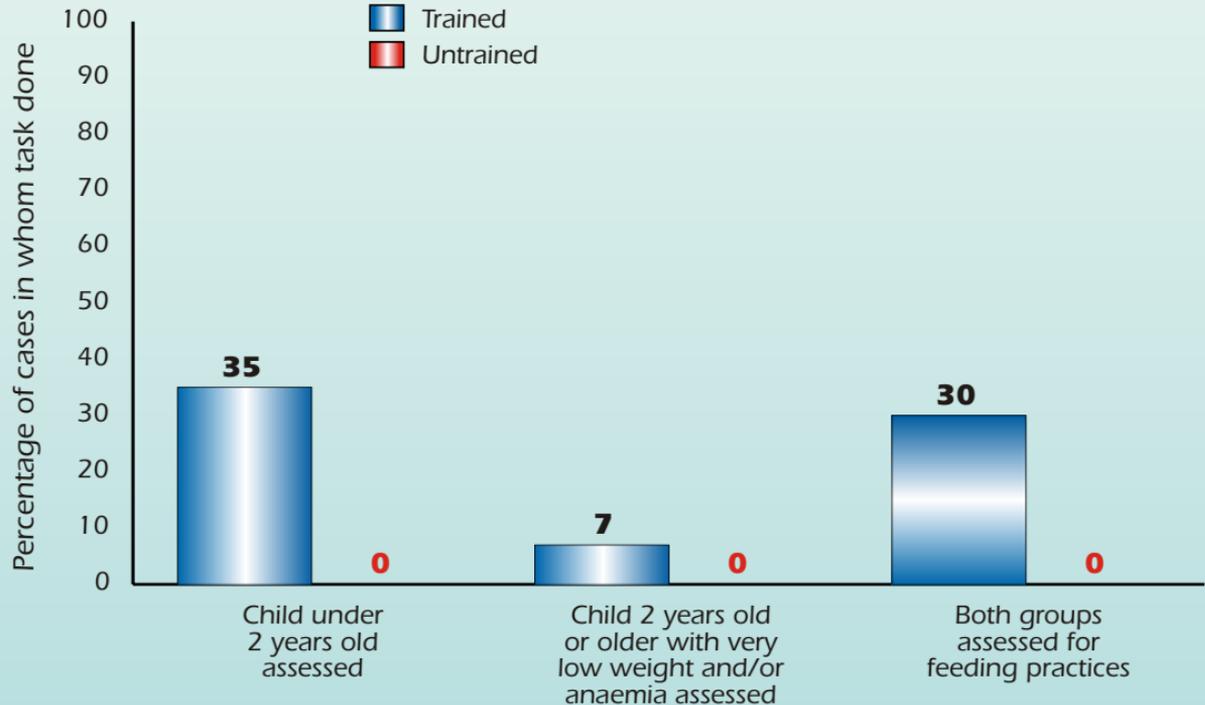
## SELECTED ASSESSMENT TASKS: ARI AND DIARRHOEA TRAINED vs UNTRAINED



**ASSESSMENT OF FEEDING PRACTICES:  
CHILDREN LESS THAN 2 YEARS OLD (N = 189) AND OLDER CHILDREN  
WITH VERY LOW WEIGHT AND/OR ANAEMIA (N = 36)**



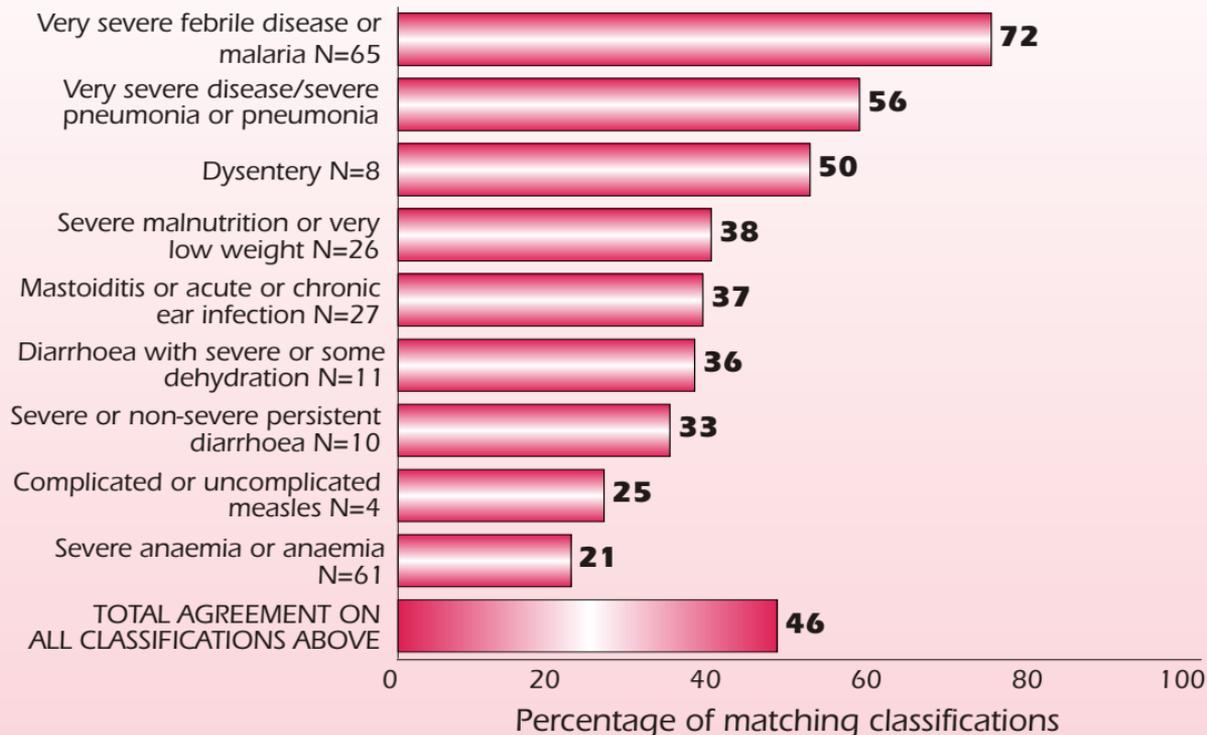
## ASSESSMENT OF FEEDING PRACTICES IN THE TARGET GROUP TRAINED vs UNTRAINED



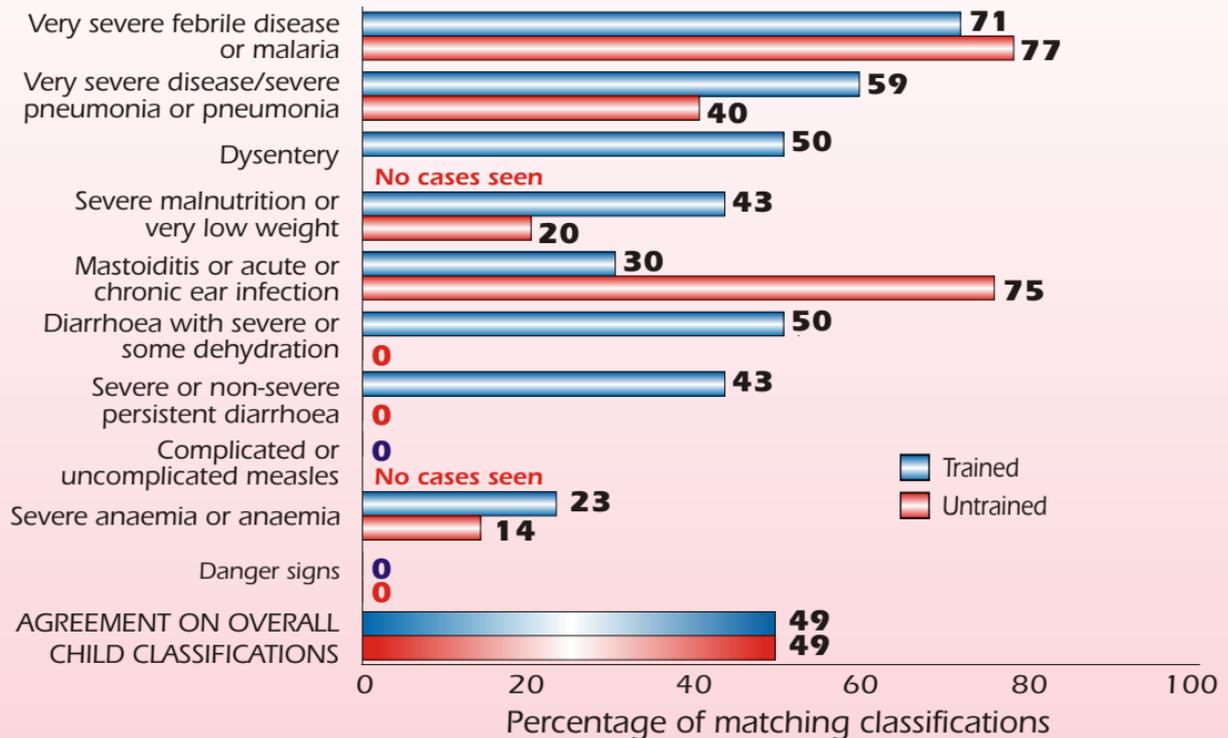
## **2. QUALITY OF CLINICAL CARE**

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

## AGREEMENT OF PROVIDER'S CLASSIFICATIONS WITH SURVEYOR'S CLASSIFICATIONS ON MAIN CONDITIONS



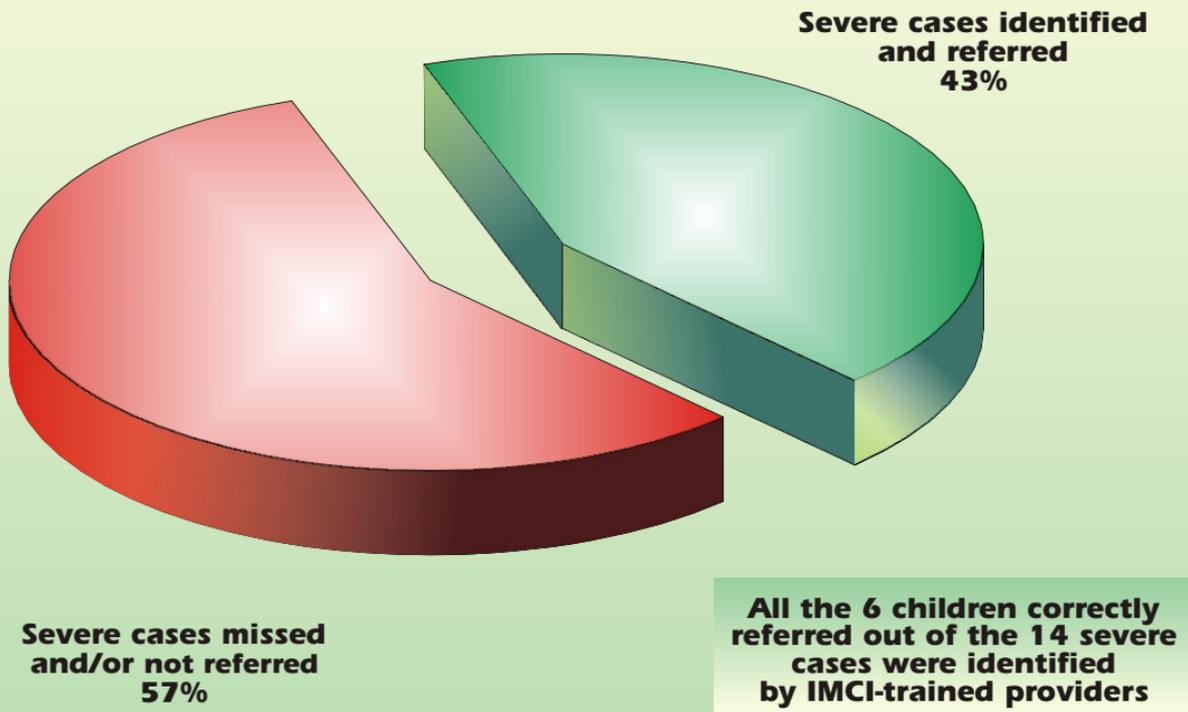
## AGREEMENT ON CLASSIFICATIONS TRAINED vs UNTRAINED



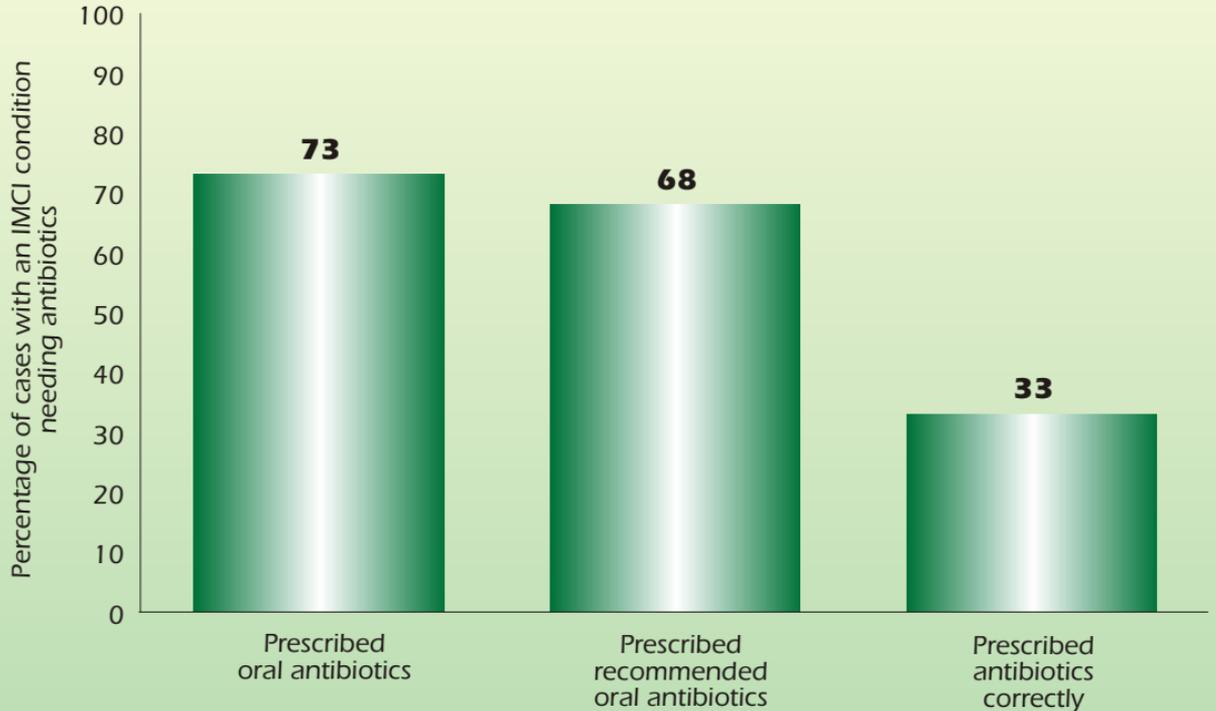
## **2. QUALITY OF CLINICAL CARE**

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

**MANAGEMENT OF SEVERE CASES NEEDING URGENT REFERRAL (N = 14):  
SEVERE CASES IDENTIFIED AND REFERRED**

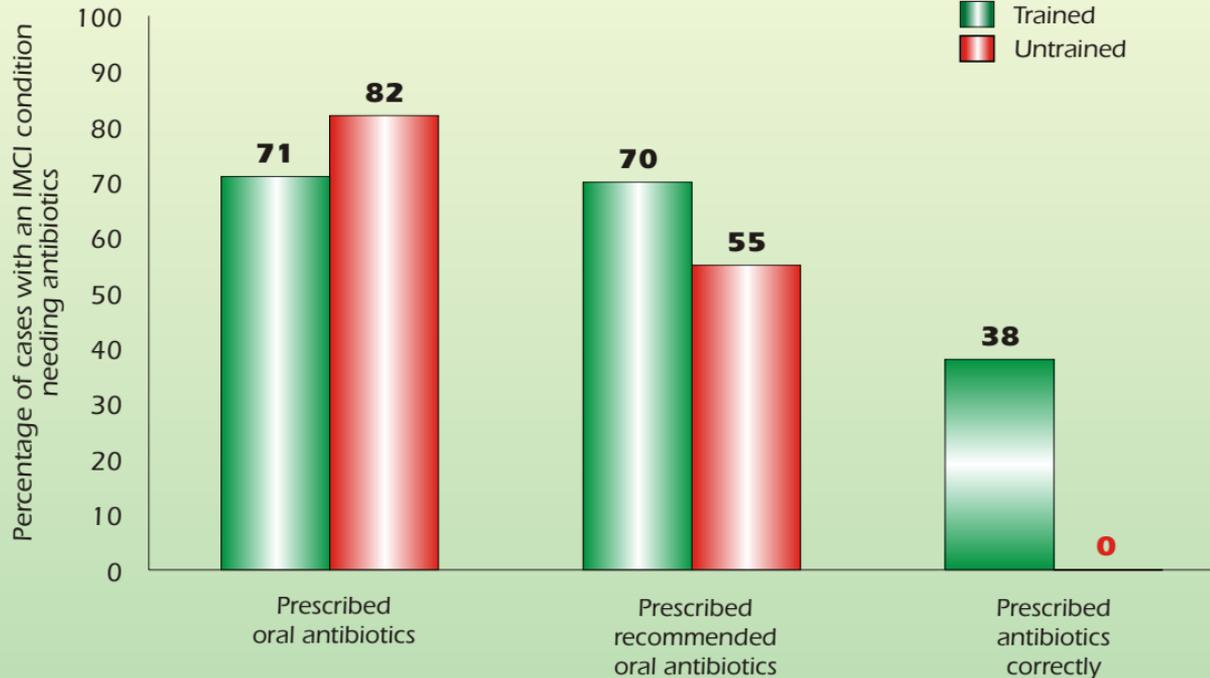


## PRESCRIPTION OF RECOMMENDED ORAL ANTIBIOTIC TREATMENT (N = 80 CASES WITH "IMCI CONDITIONS" NEEDING ORAL ANTIBIOTICS)

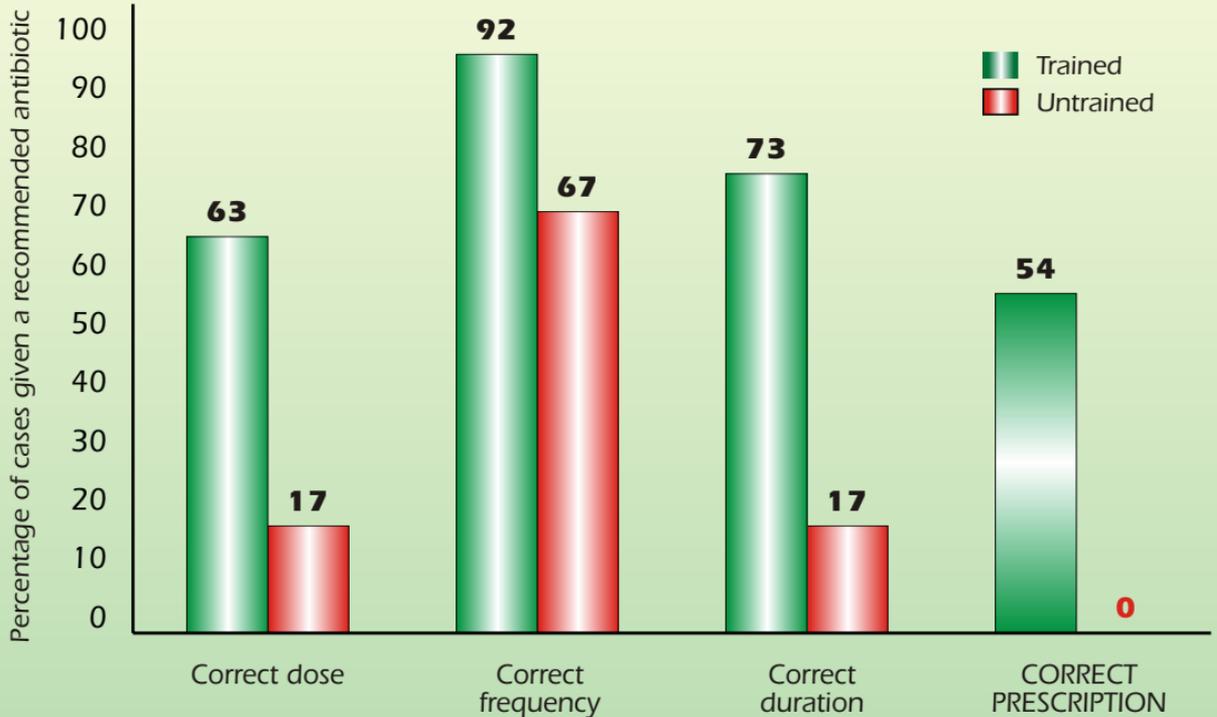


# PRESCRIPTION OF RECOMMENDED ORAL ANTIBIOTIC TREATMENT FOR IMCI CONDITIONS (1)

## TRAINED vs UNTRAINED

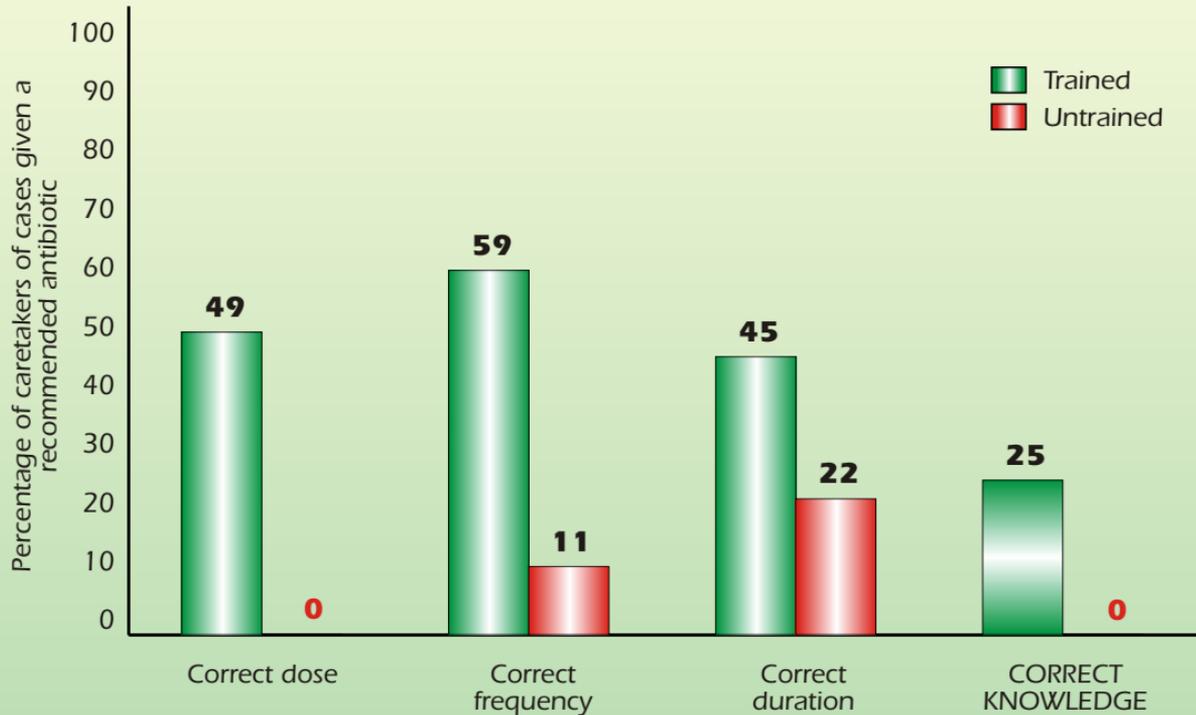


**PRESCRIPTION OF RECOMMENDED ORAL ANTIBIOTICS FOR  
IMCI CONDITIONS (2)  
TRAINED vs UNTRAINED**

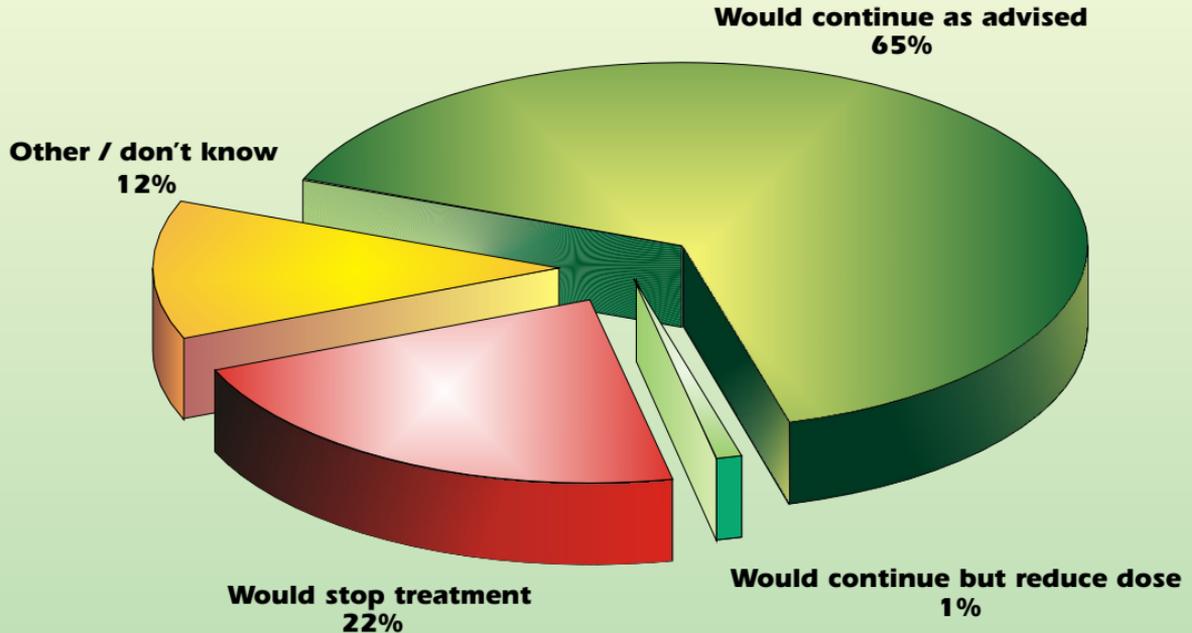


## CARETAKER CORRECT KNOWLEDGE ABOUT ORAL ANTIBIOTIC TREATMENT (IMCI CONDITIONS)

**TRAINED vs UNTRAINED**

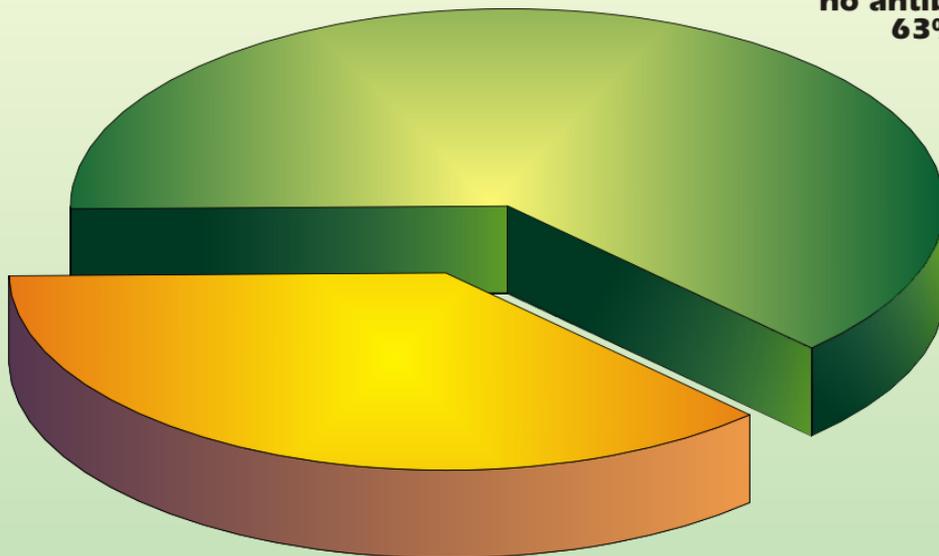


**CARETAKER'S POTENTIAL COMPLIANCE WITH PROVIDER'S ADVICE ON  
DURATION OF ORAL ANTIBIOTIC TREATMENT  
SHOULD CHILD GET BETTER BEFORE COMPLETING TREATMENT COURSE**



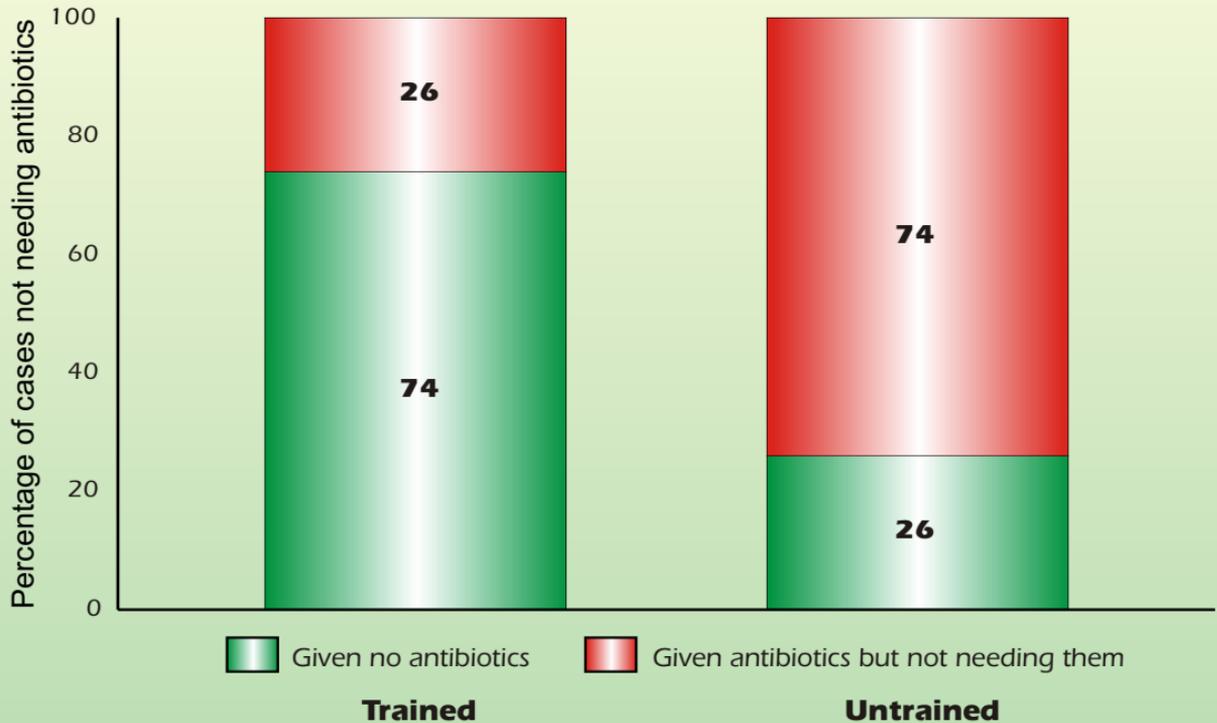
**RATIONAL USE OF DRUGS:  
CASES NOT NEEDING ANTIBIOTICS GIVEN NO ANTIBIOTICS (N = 254)**

**Cases correctly prescribed  
no antibiotics  
63%**

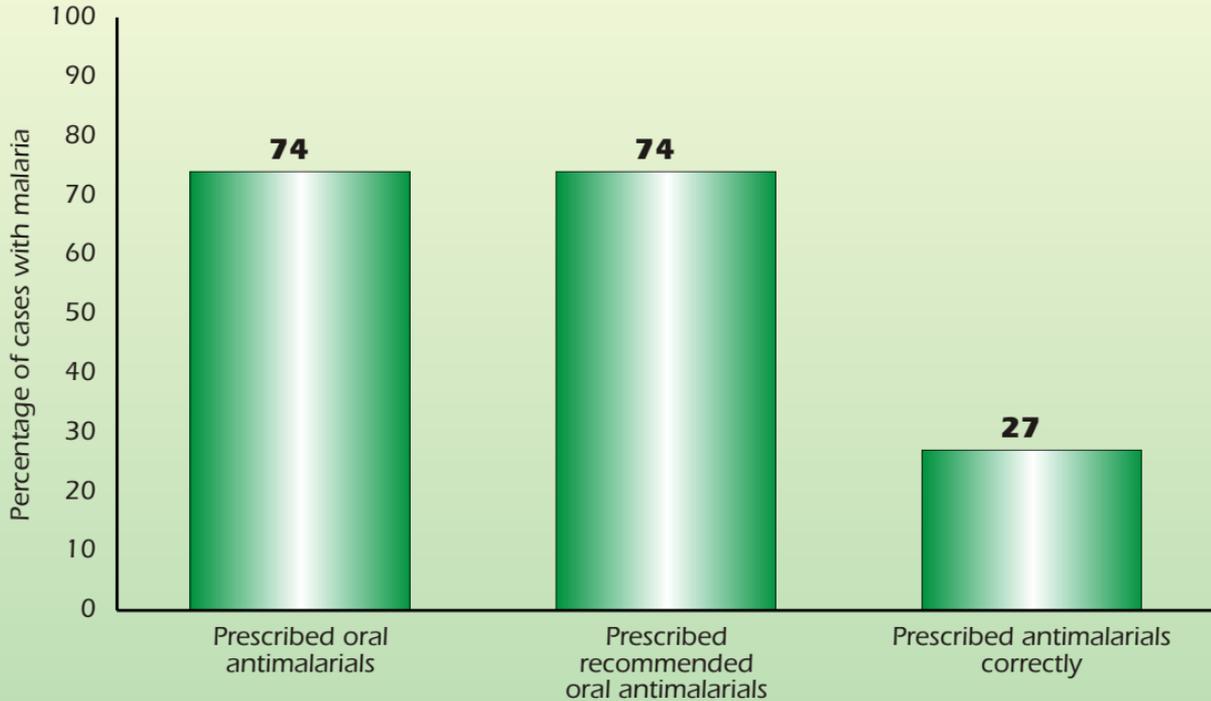


**Cases prescribed antibiotics  
but not needing them  
37%**

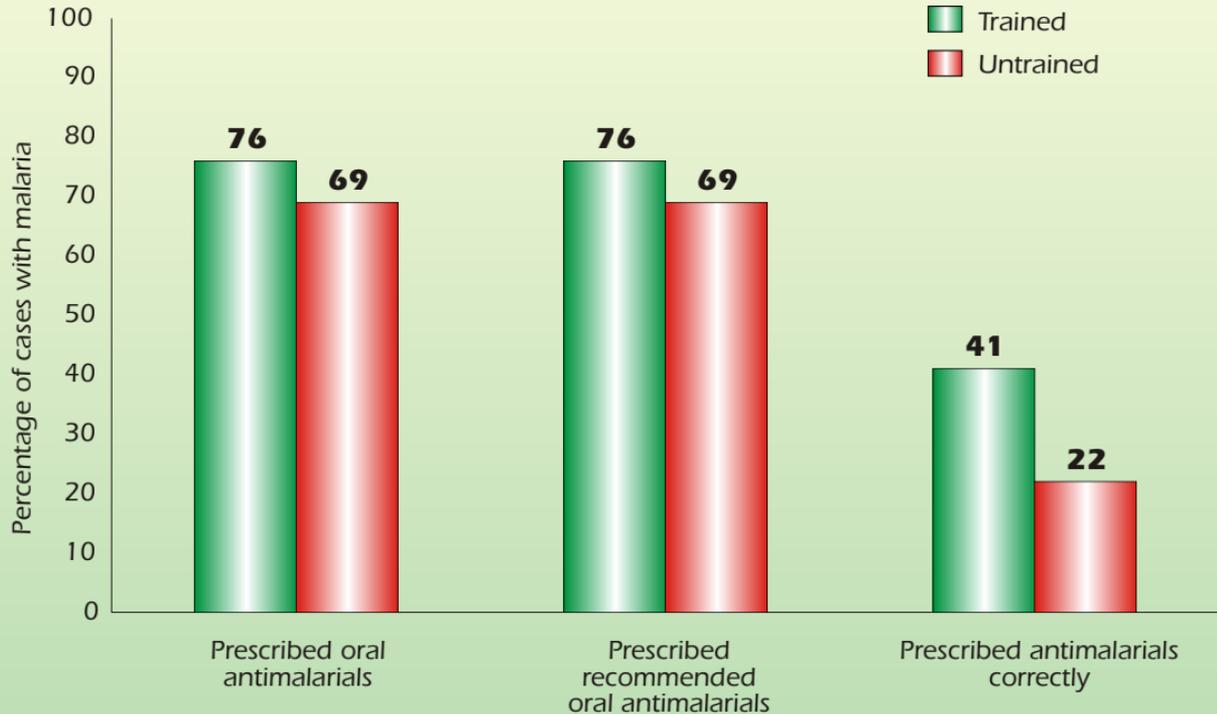
## RATIONAL USE OF ANTIBIOTICS TRAINED vs UNTRAINED



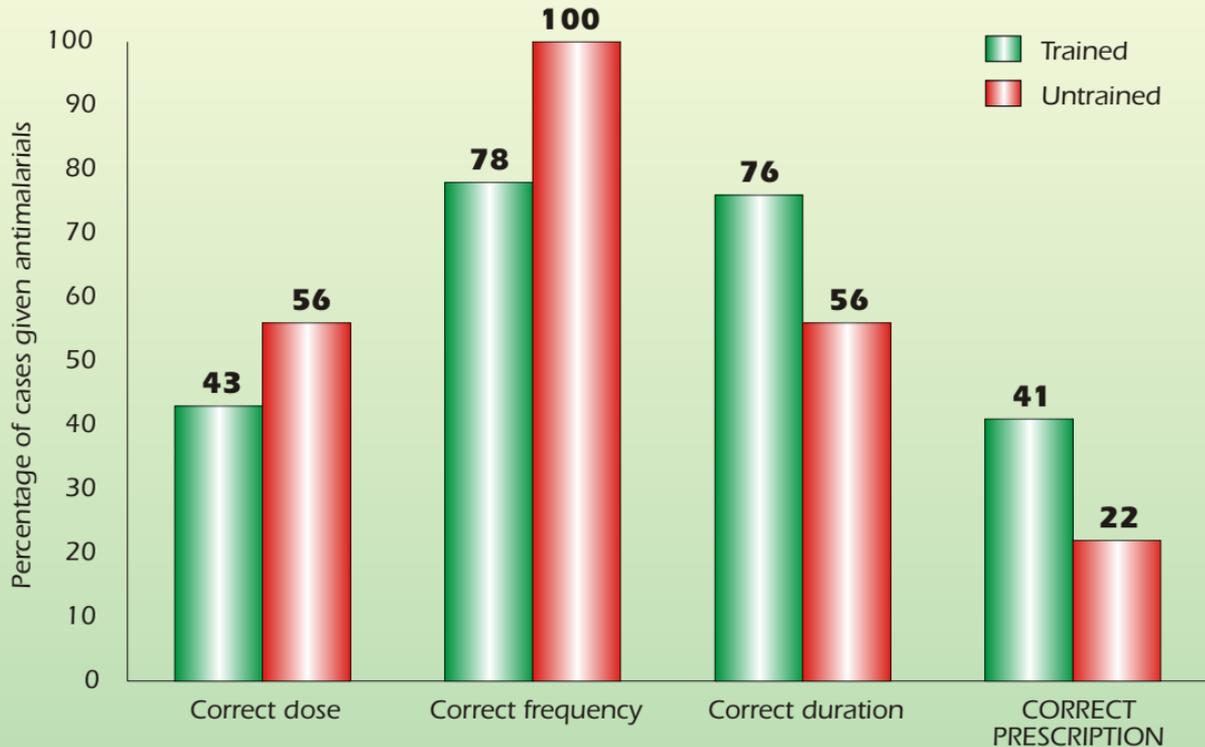
## PRESCRIPTION OF RECOMMENDED ORAL ANTIMALARIAL TREATMENT (N = 62)



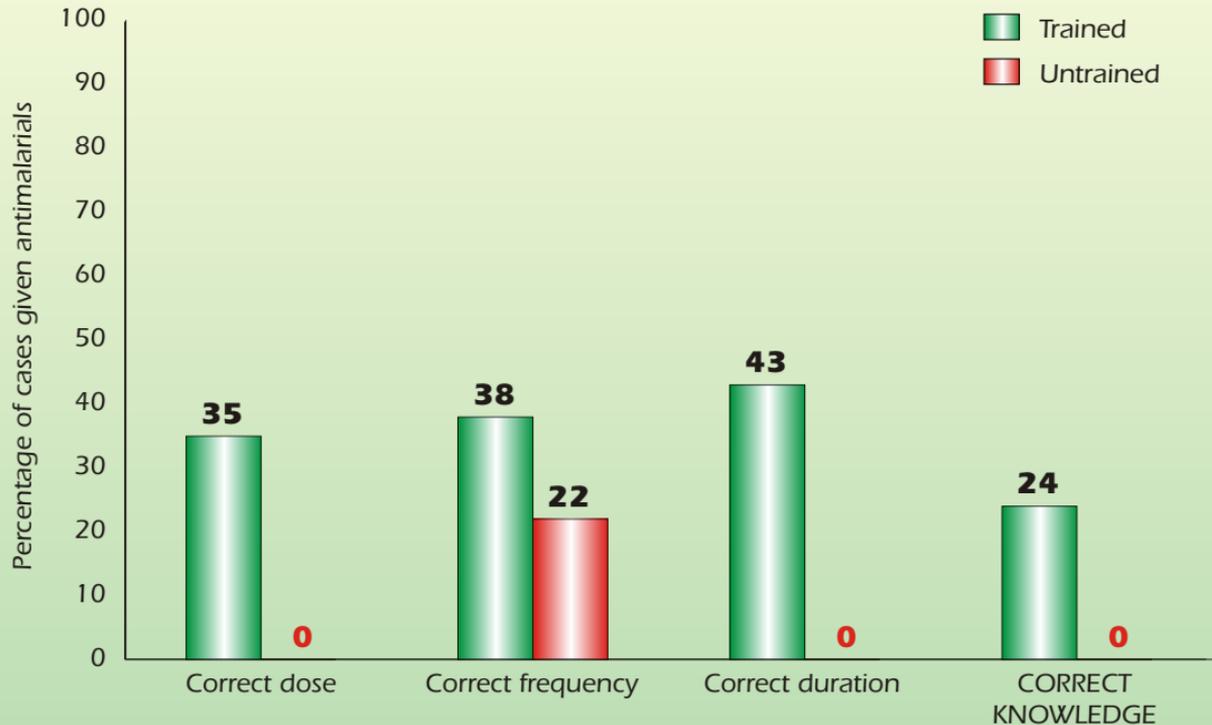
## PRESCRIPTION OF ORAL ANTIMALARIAL TREATMENT TRAINED vs UNTRAINED



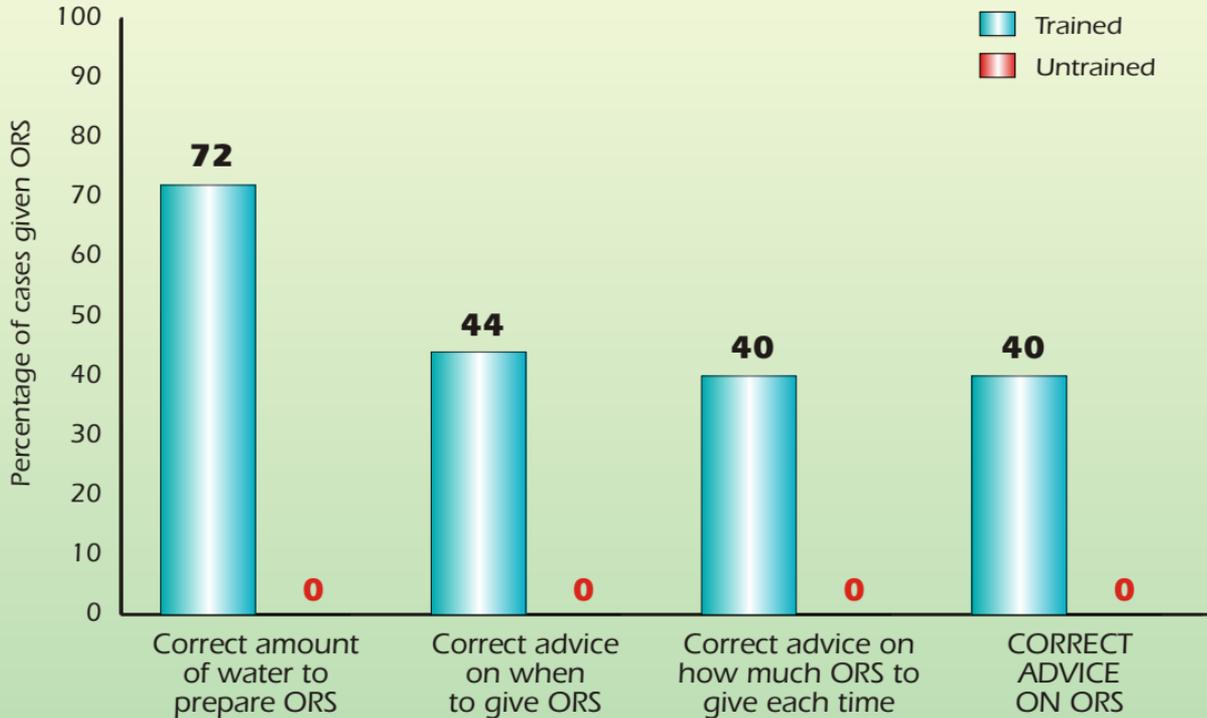
## PRESCRIPTION OF ORAL ANTIMALARIALS TRAINED vs UNTRAINED



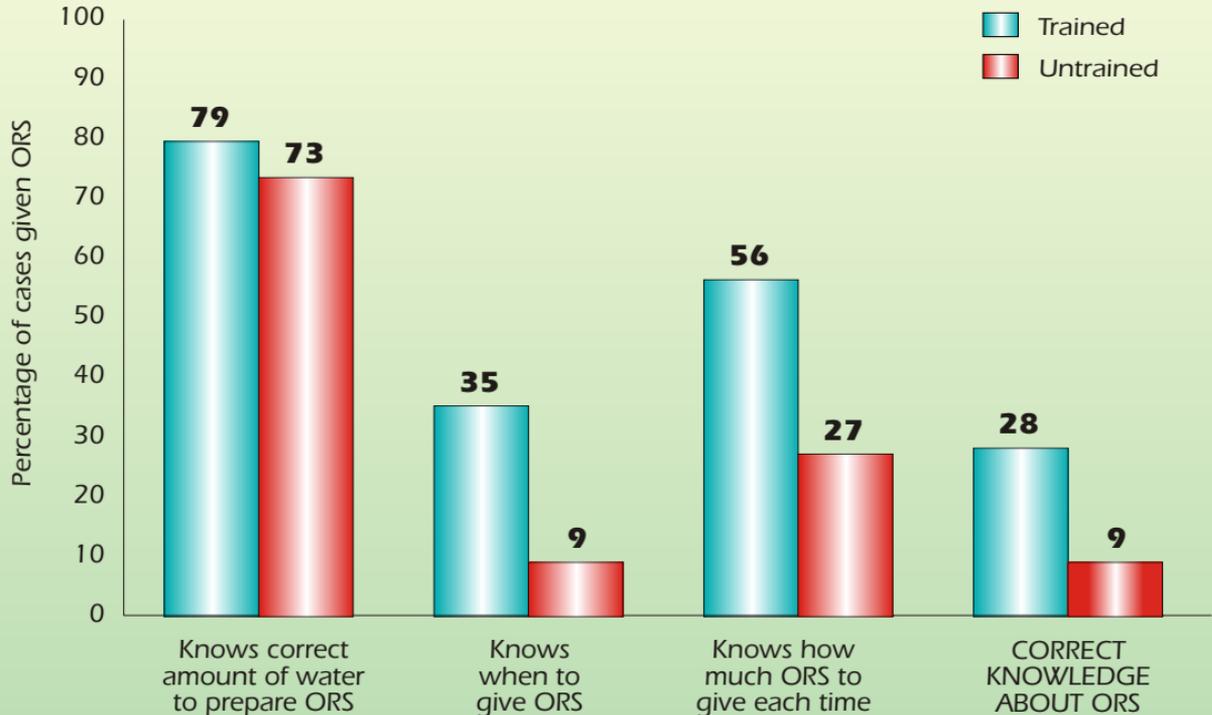
## CARETAKER CORRECT KNOWLEDGE ABOUT ANTIMALARIAL TREATMENT TRAINED vs UNTRAINED



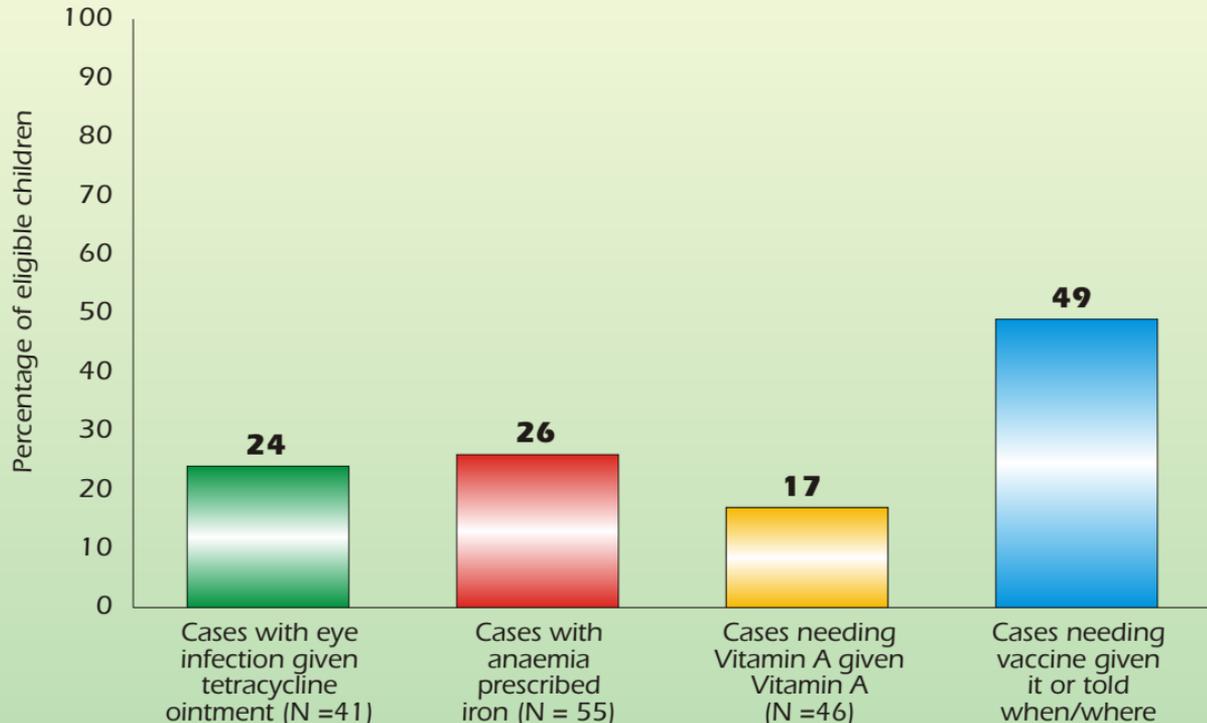
## ADVICE ON ORS TRAINED vs UNTRAINED



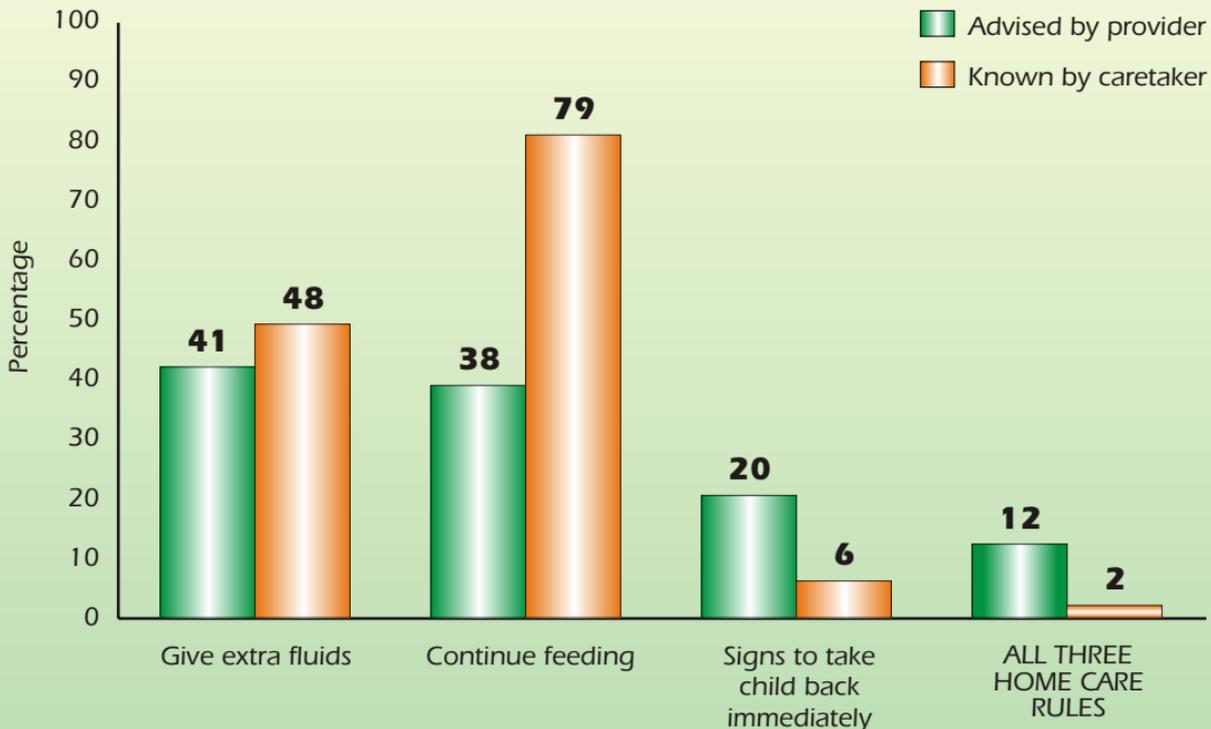
## CARETAKER KNOWLEDGE ABOUT ORS PREPARATION AND ADMINISTRATION TRAINED vs UNTRAINED



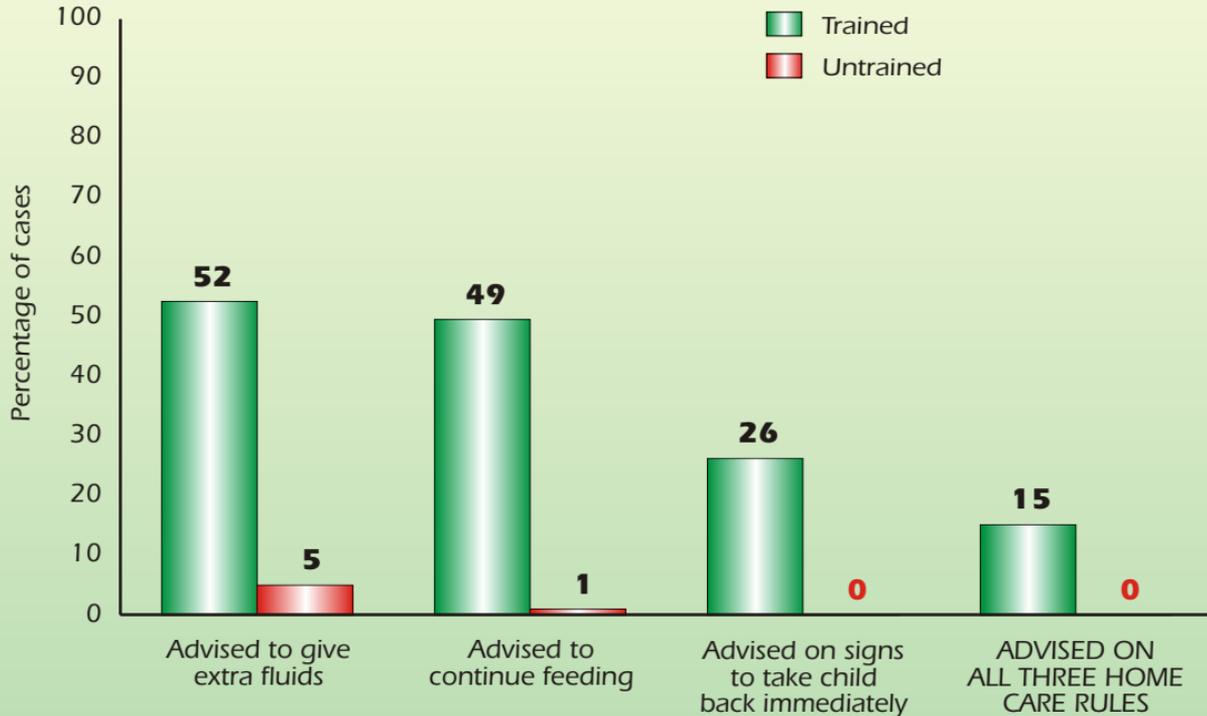
## OTHER CURATIVE AND PREVENTIVE TREATMENTS AND OPPORTUNITIES FOR IMMUNIZATION FOR NON-REFERRED CASES



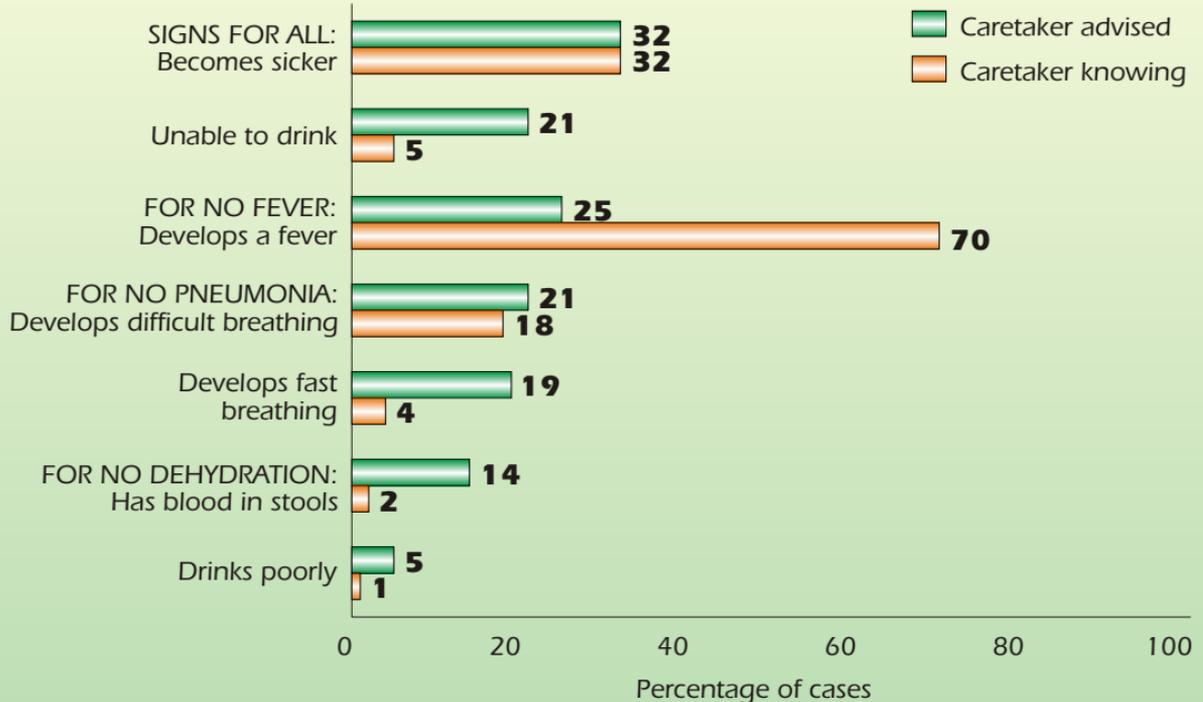
## CASES GIVEN ADVICE ON HOME CARE BY PROVIDER AND CARETAKER KNOWLEDGE



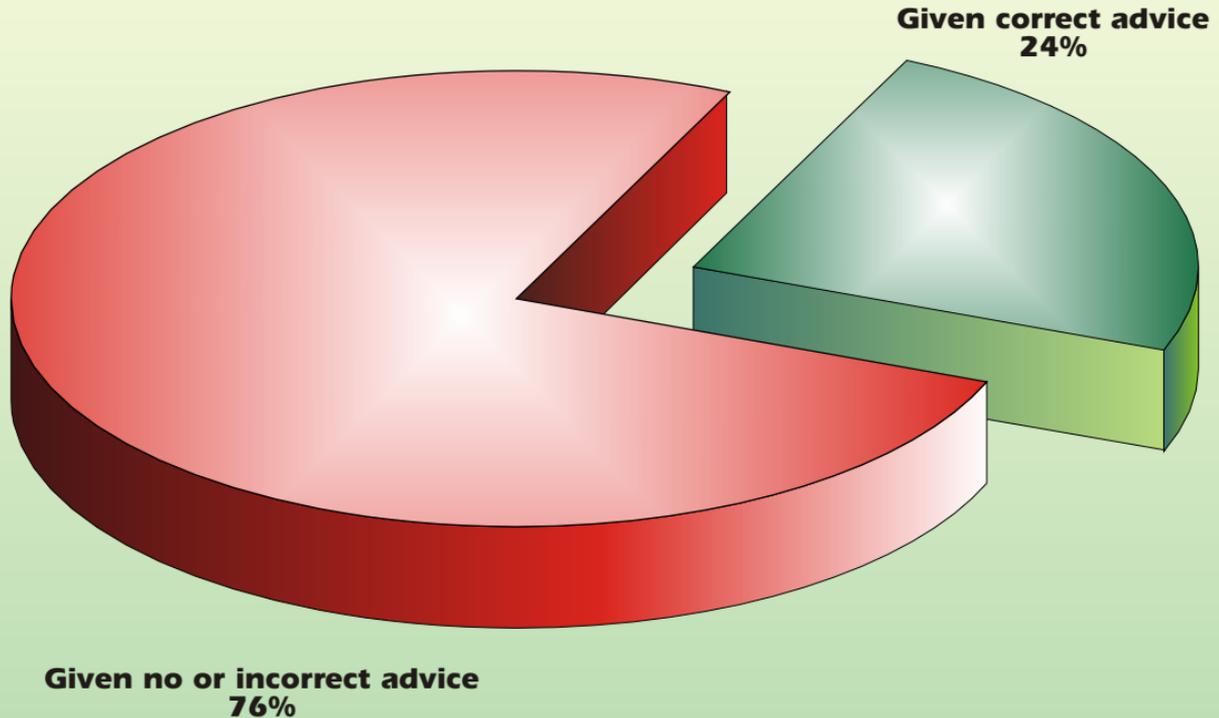
## ADVICE ON HOME CARE GIVEN BY PROVIDER TRAINED vs UNTRAINED



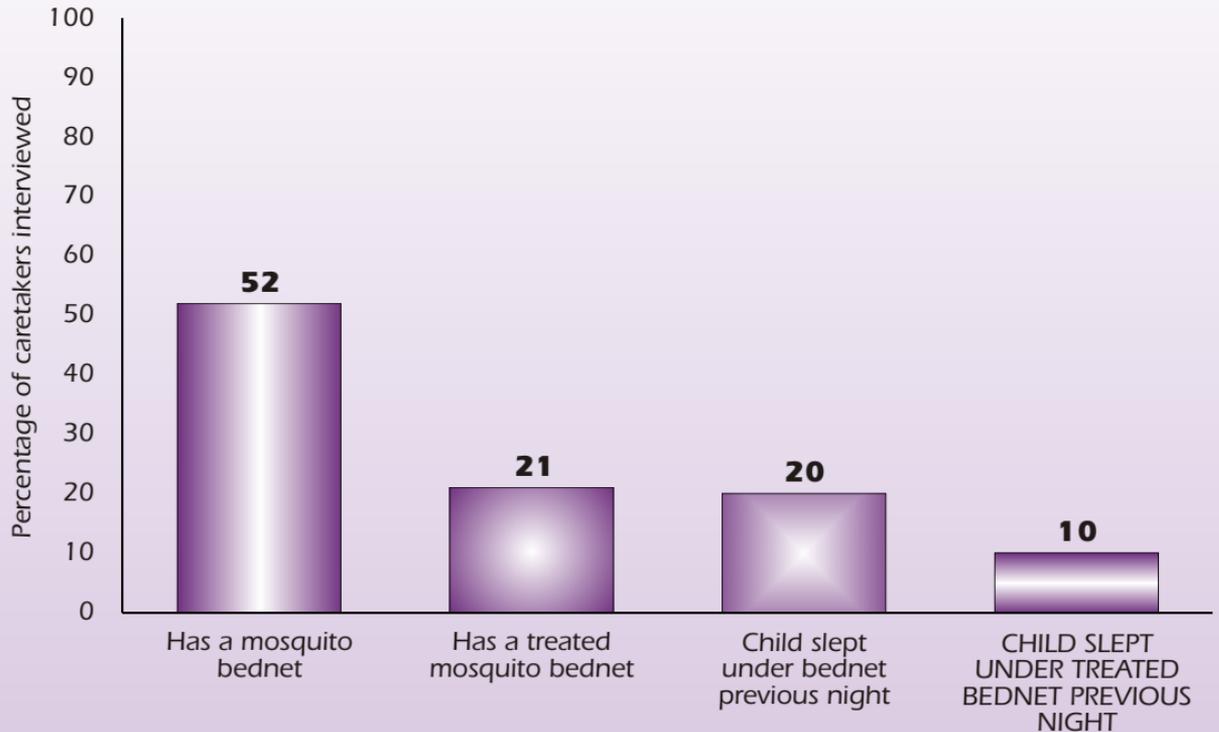
## CARETAKERS ADVISED ON SIGNS TO RETURN IMMEDIATELY AND KNOWING ABOUT THEM



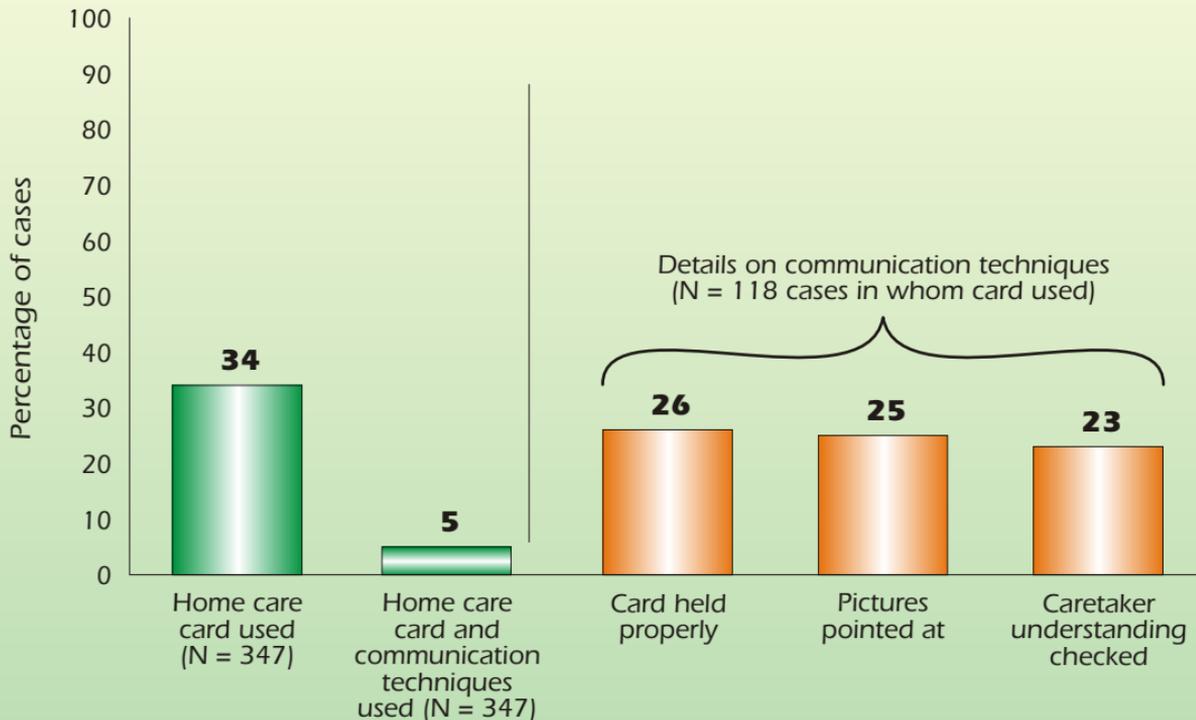
## CARETAKERS GIVEN AGE-APPROPRIATE ADVICE ON FREQUENCY OF FEEDING



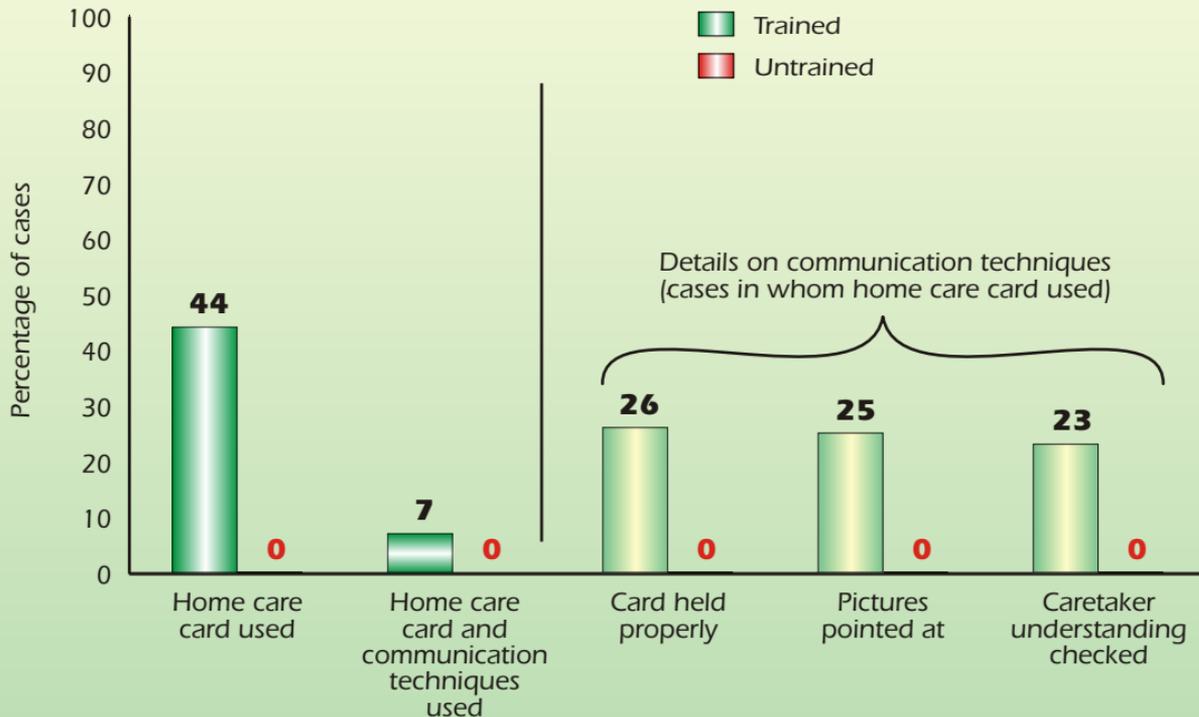
## MOSQUITO BEDNETS AND THEIR USE (N = 350)



## USE OF HOME CARE CARD AND COMMUNICATION TECHNIQUES



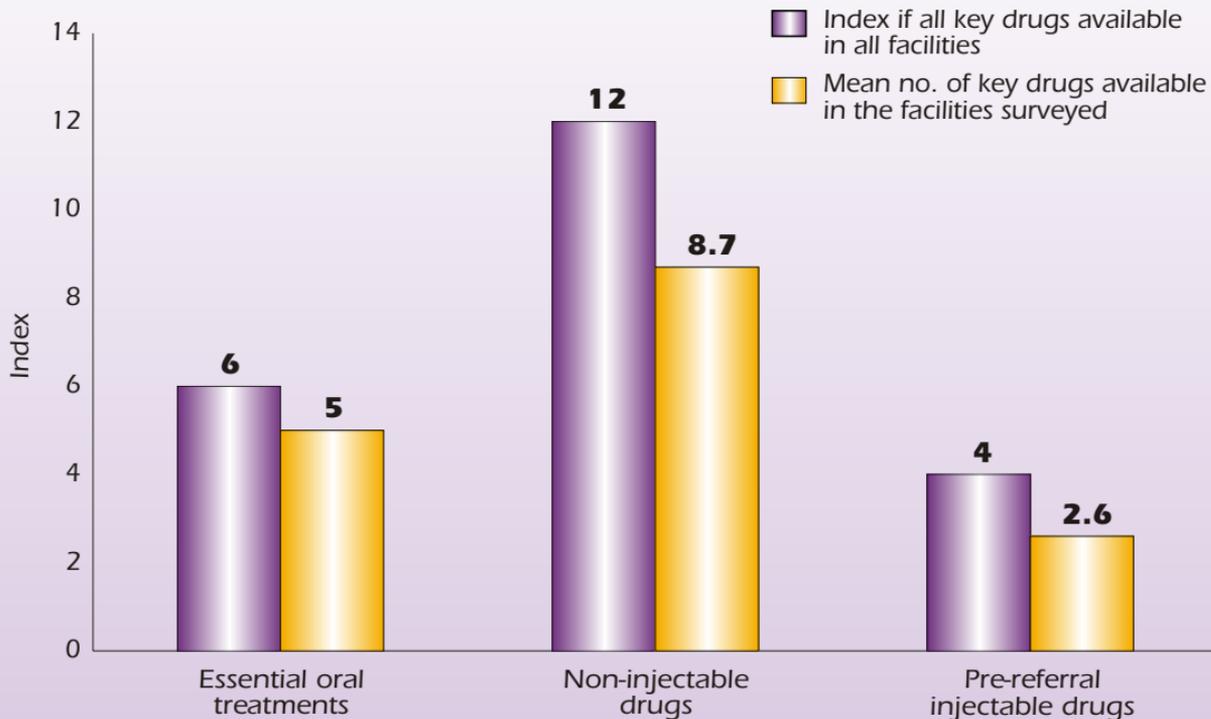
## USE OF HOME CARE CARD AND COMMUNICATION TECHNIQUES TRAINED vs UNTRAINED



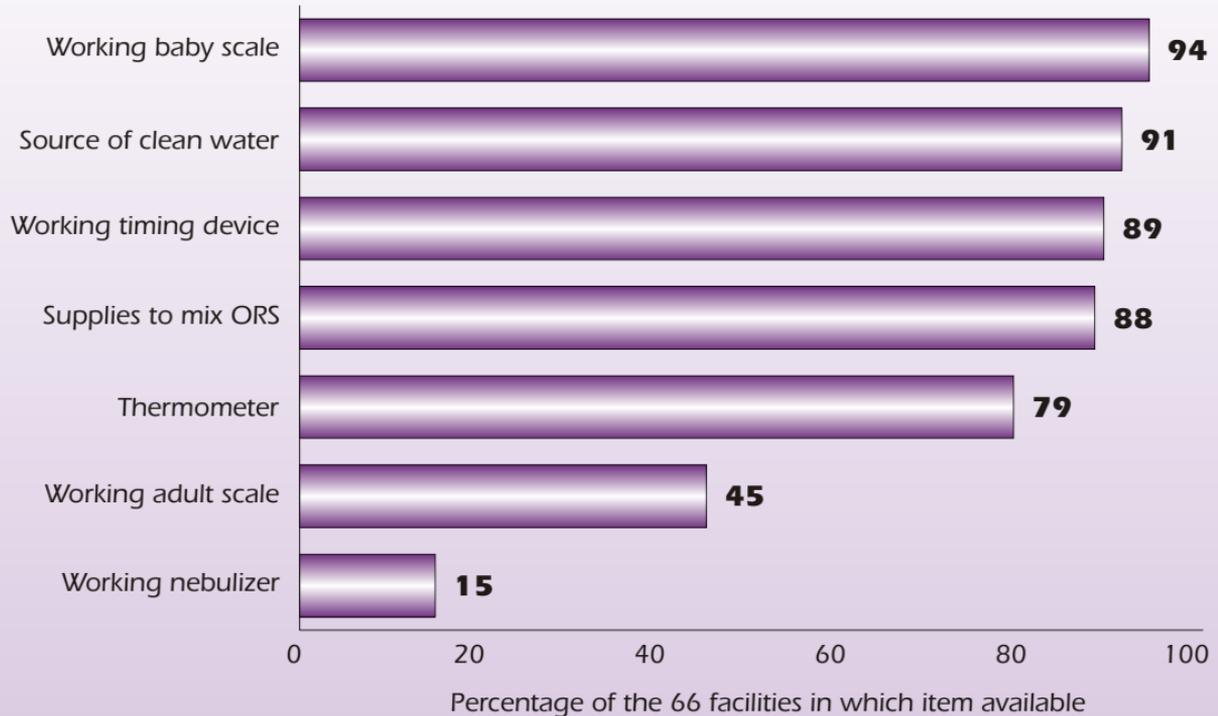
# 3. FACTORS INFLUENCING CARE

- **Drug availability**
- **Availability of supply for IMCI**
- **Availability of supply for immunization**
- **Availability of supply for malaria laboratory**
- **Availability of other supply**
- **Supervision**

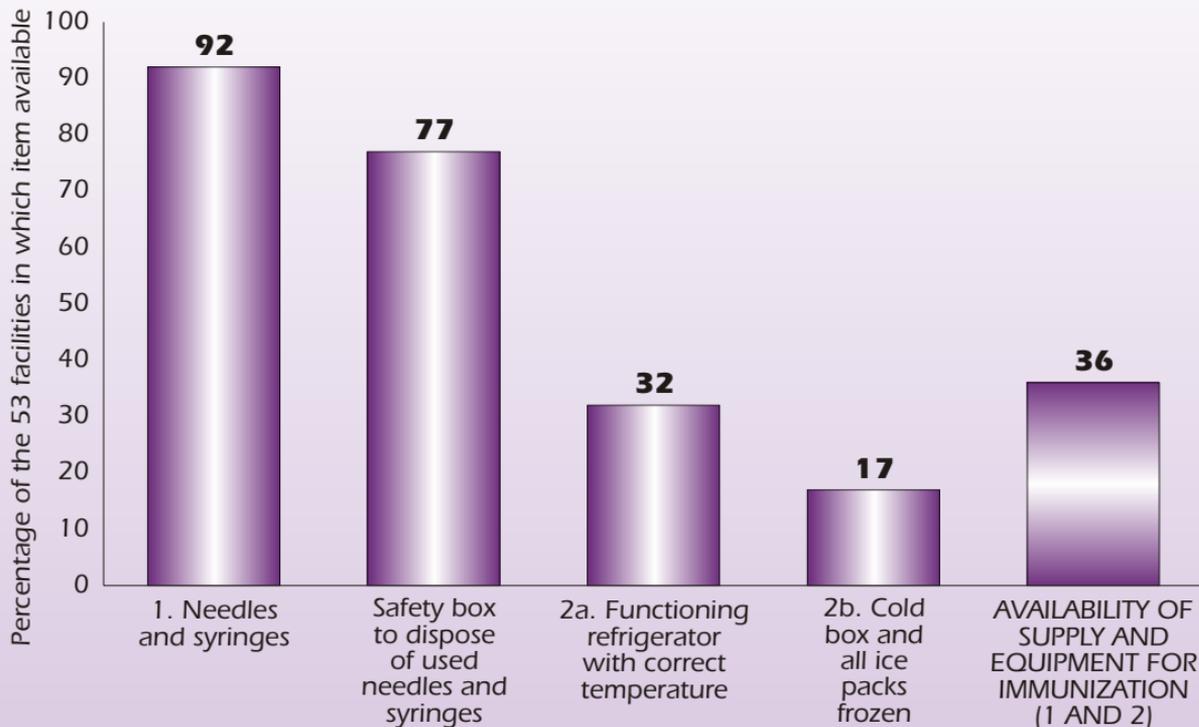
## INDEX (MEAN) OF DRUG AVAILABILITY (N = 66 FACILITIES) (Availability of at least 1 treatment course)



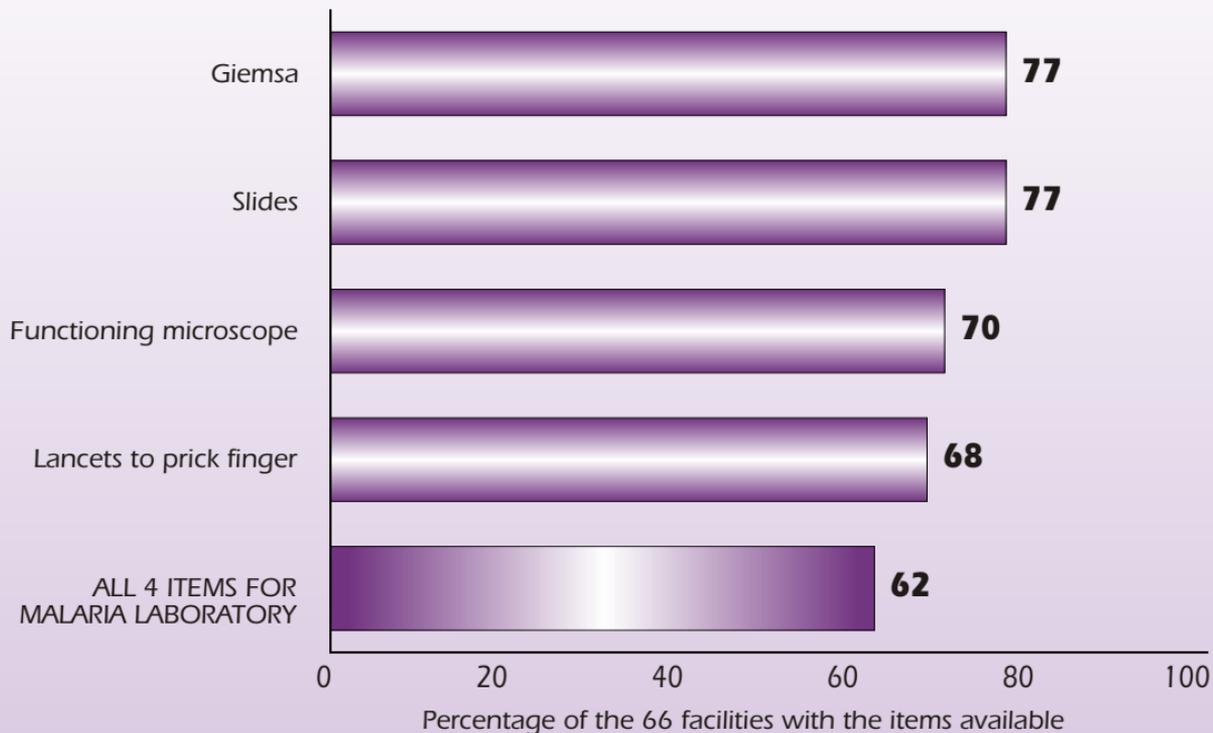
## AVAILABILITY OF SUPPLY AND EQUIPMENT FOR IMCI



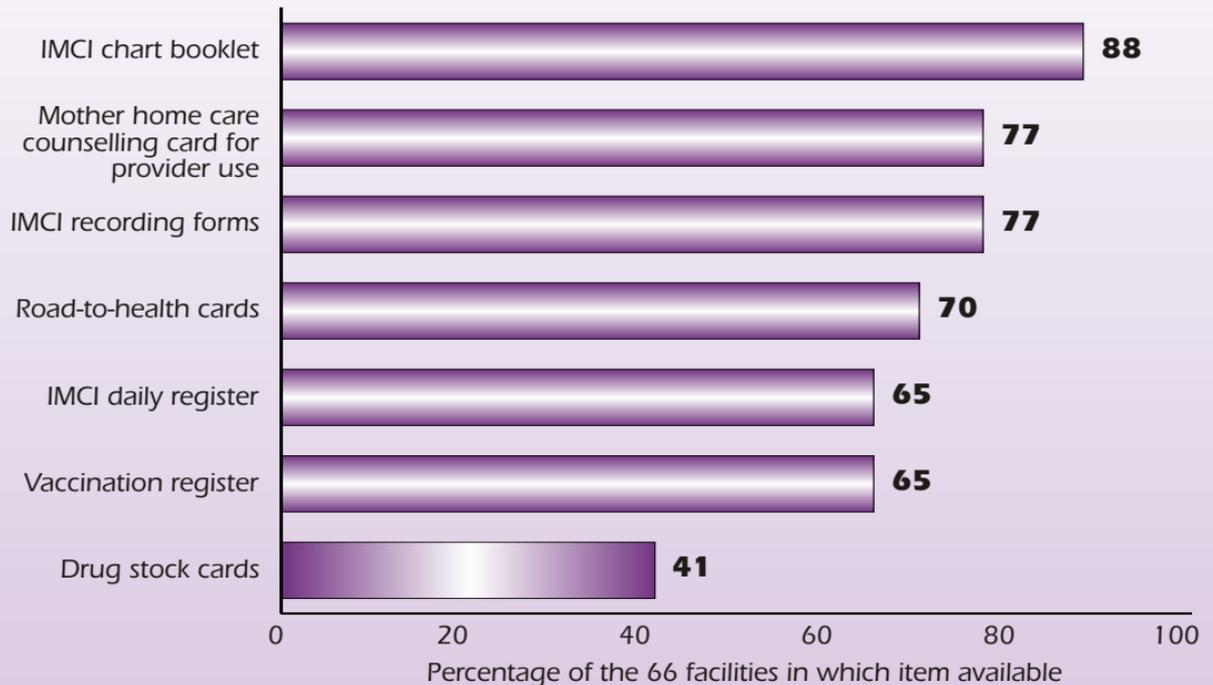
## AVAILABILITY OF SUPPLY AND EQUIPMENT FOR IMMUNIZATION AT 53 FACILITIES PROVIDING IMMUNIZATION SERVICES



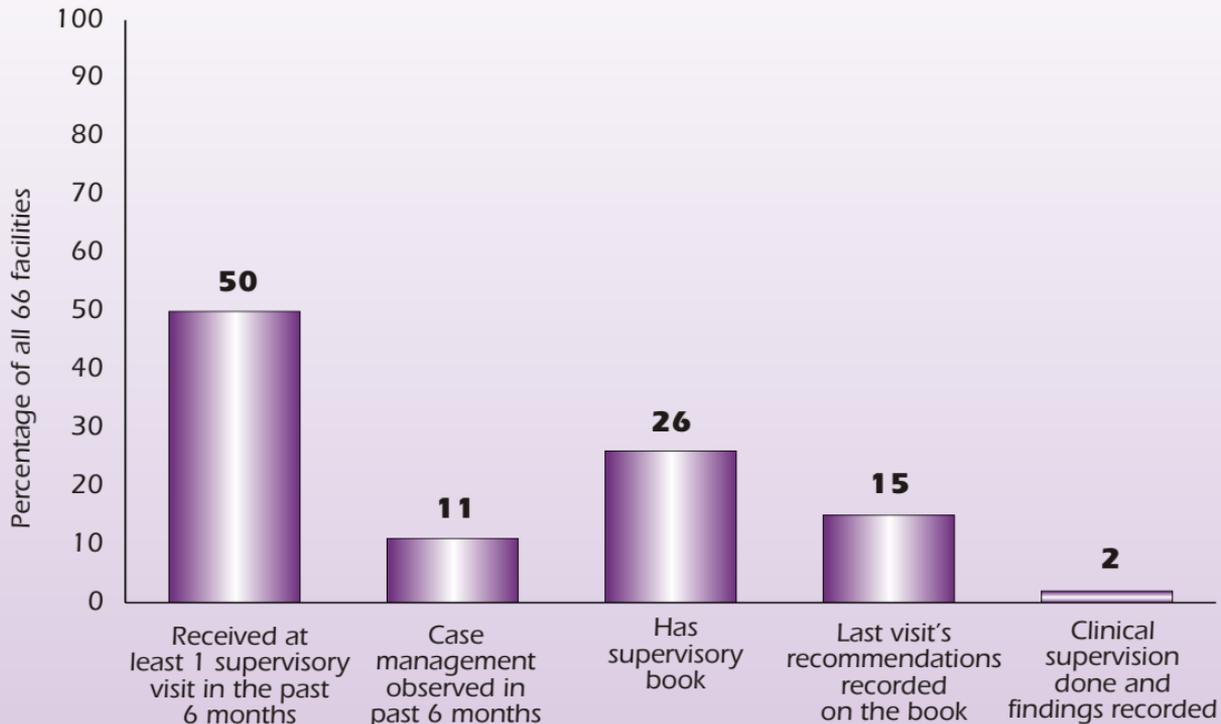
## AVAILABILITY OF KEY SUPPLY AND EQUIPMENT FOR MALARIA LABORATORY



## AVAILABILITY OF IMCI RECORDS, COUNSELLING CARDS, CHART BOOKLET AND OTHER RECORDS



## SUPERVISION IN THE 66 FACILITIES VISITED



# **CONCLUSIONS**

**1. Better clinical performance of staff trained in IMCI than those untrained**



**IMCI training can improve quality of outpatient child care**

**2. Very low clinical performance of staff not trained in IMCI**



**Issue of pre-service training standards**

### **3. Weak health systems support elements**



**Major constraint to delivery of  
quality child care services and  
IMCI implementation**

**RECOMMENDATIONS**  
**TO FURTHER IMPROVE**  
**OUTPATIENT CHILD**  
**HEALTH SERVICES**

## **POLICY: EQUITABLE ACCESS TO DRUGS AND SERVICES**

**Consideration should be given to protecting children below 2 years old, especially in poor families, by issuing a policy and establishing mechanisms to provide affordable drugs to them**

**States should commit to making key drugs regularly available to the health facilities where IMCI-trained staff work, to make the most of the substantial investment placed in IMCI training**

## **TRAINING: BASIC SKILLS AND SKILL REINFORCEMENT**

**Consideration should be given to strengthening pre-service training curriculum of medical assistants and introducing the IMCI outpatient care approach as a way to develop basic skills**

**The Federal level and States concerned should jointly plan to develop and commit adequate human resources to follow up visits after IMCI training, to conduct them on a timely basis and according to standard methodology**

## **SUPERVISION: MALARIA LABORATORY AND ROUTINE SUPERVISION**

**Close supervision by Federal and State levels with quality control of malaria microscopic diagnosis should be carried out regularly to improve the quality of malaria laboratory diagnosis**

**A training package on supervision of child health services should be developed. Supervisors responsible for routine supervision should be trained in child health supervisory skills and involved in IMCI follow-up visits**







**The Italian Cooperation**