

# 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

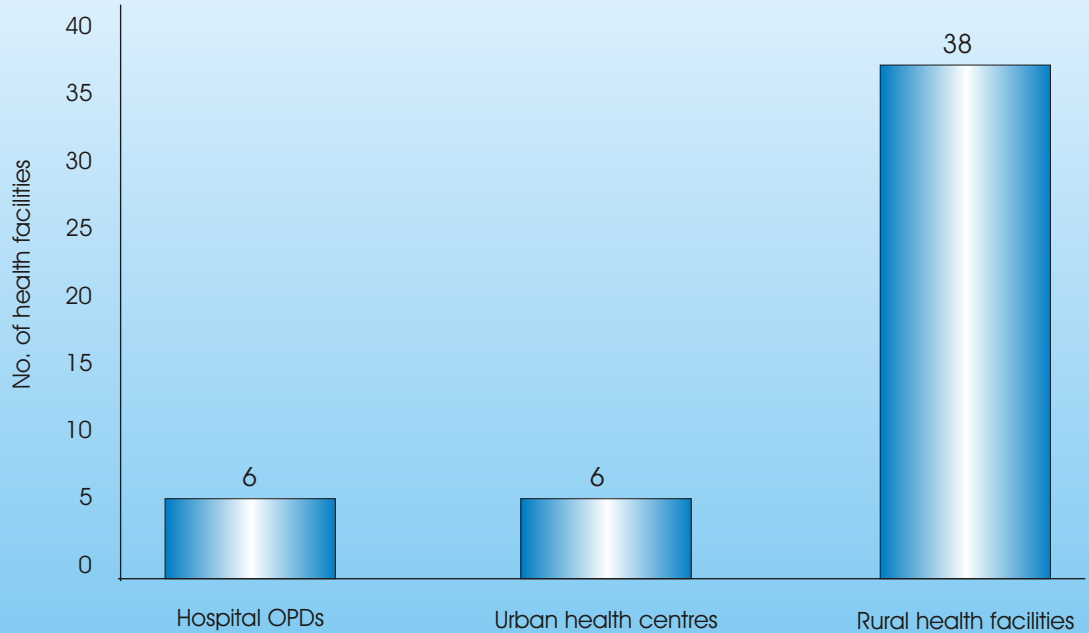
# METHODOLOGY

## 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

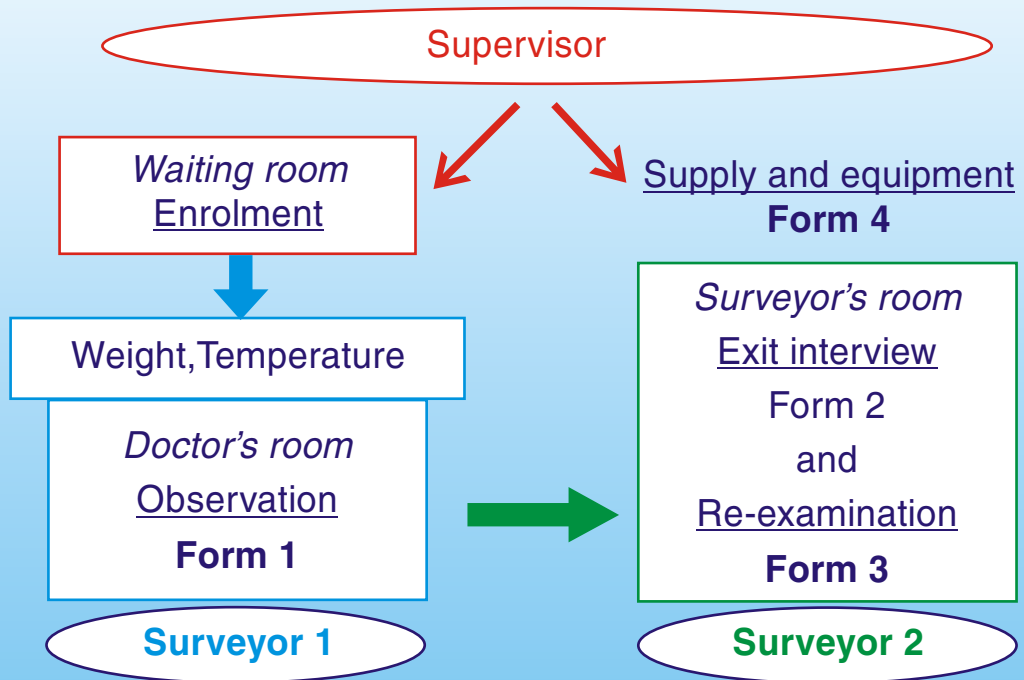


## ENROLMENT CRITERIA:


- 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%

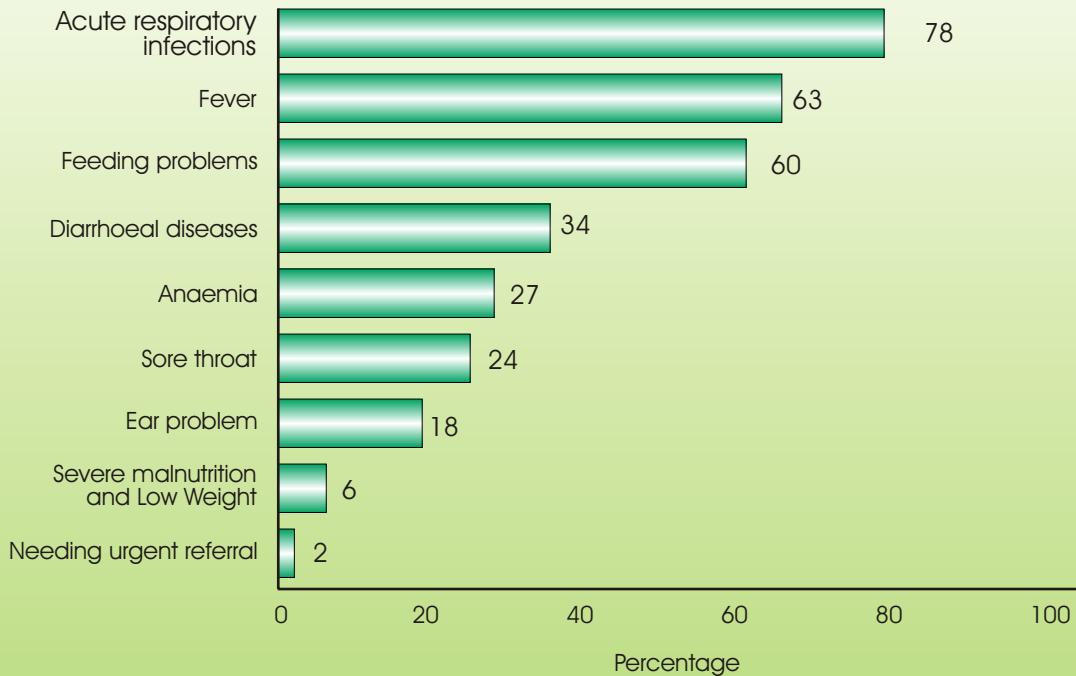
## II. QUALITY OF CLINICAL CARE

- **ASSESSMENT**

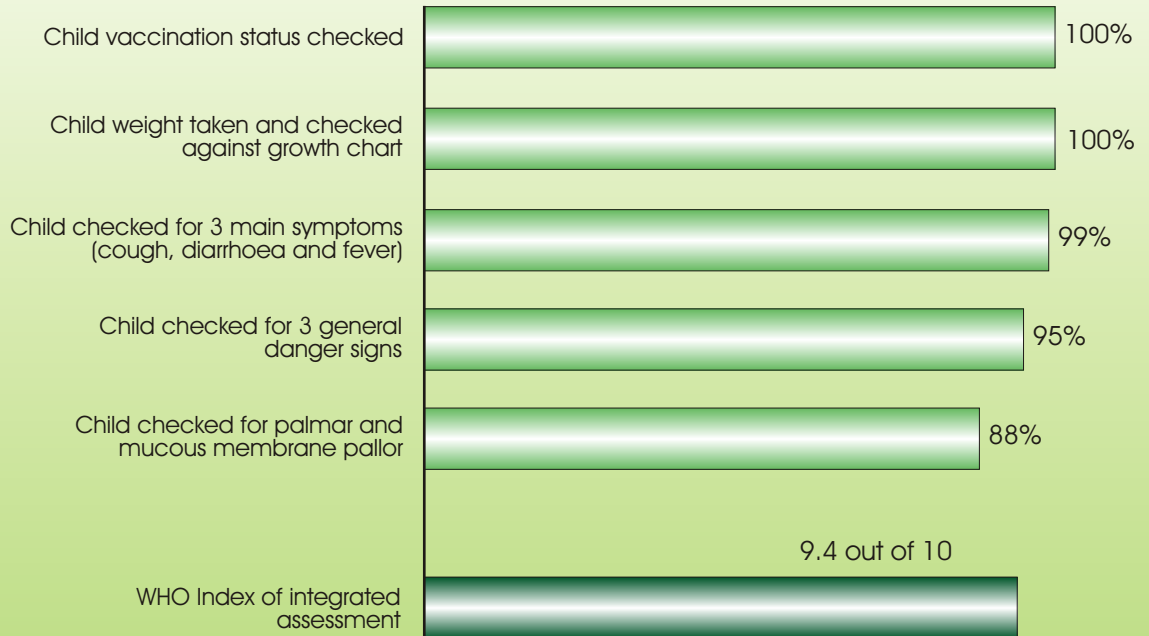
- Classification

- Treatment and advice

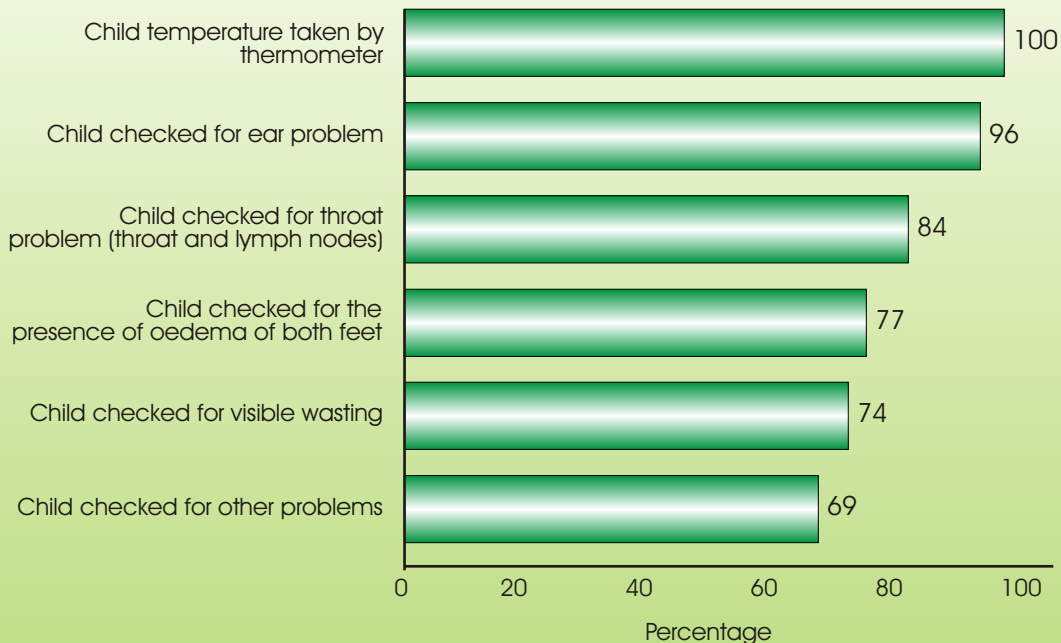
## DISTRIBUTION OF THE IMCI CONDITIONS IDENTIFIED IN THE SAMPLE



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

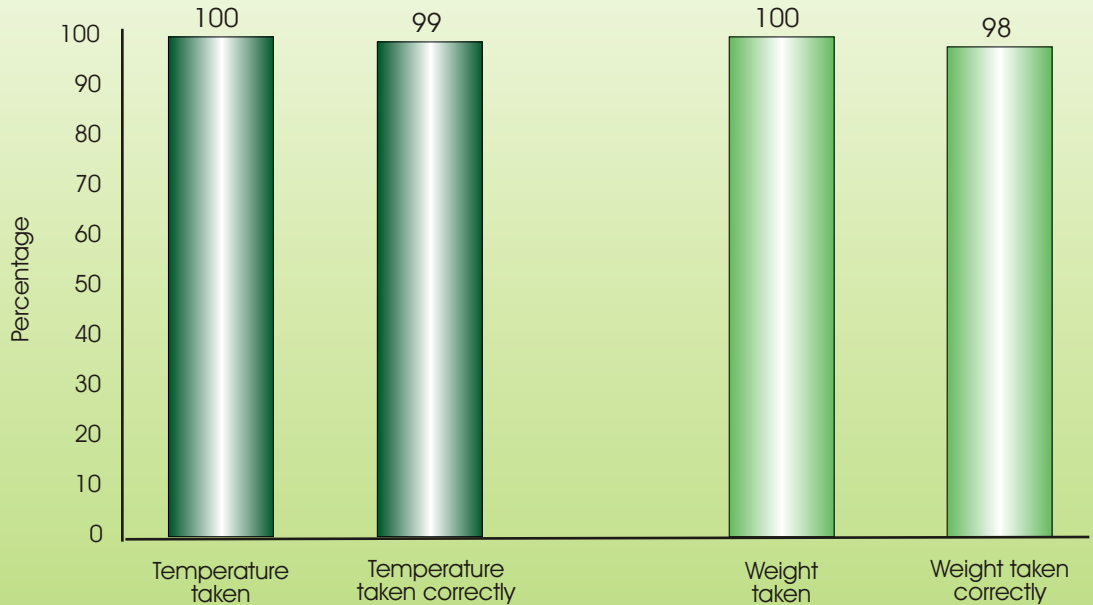


## INTEGRATED ASSESSMENT (2): OTHER TASKS

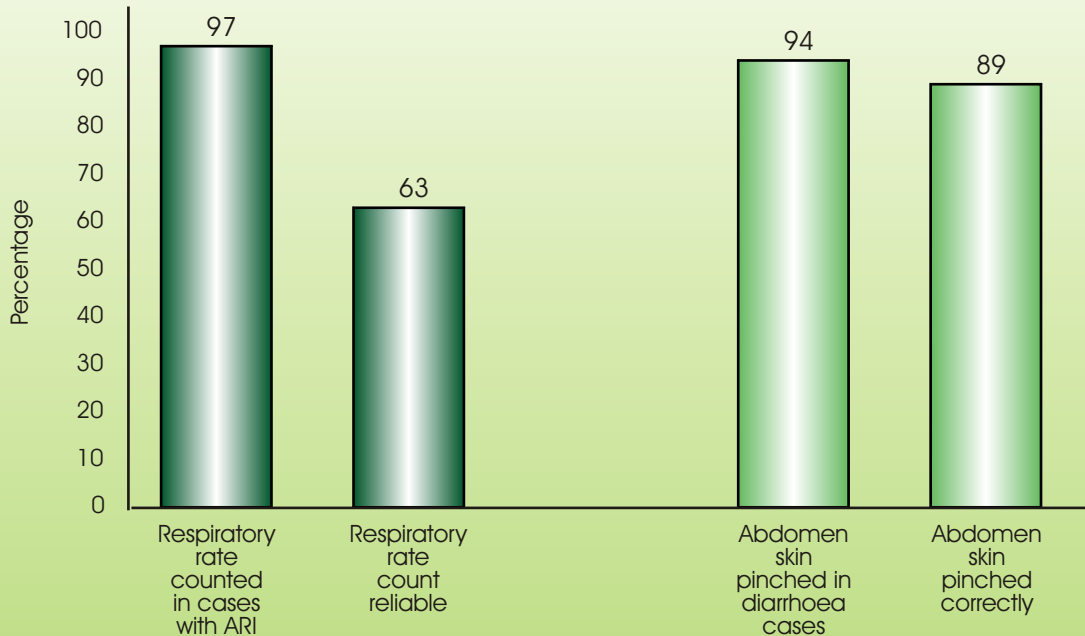




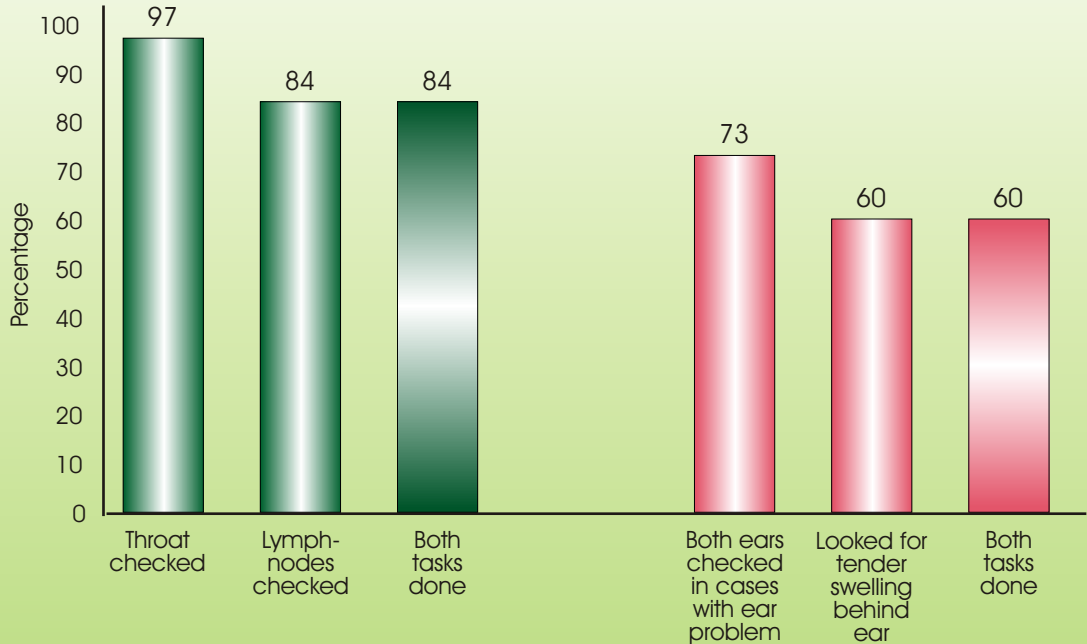
## PERFORMANCE OF SELECTED TASKS: TAKING TEMPERATURE AND WEIGHT



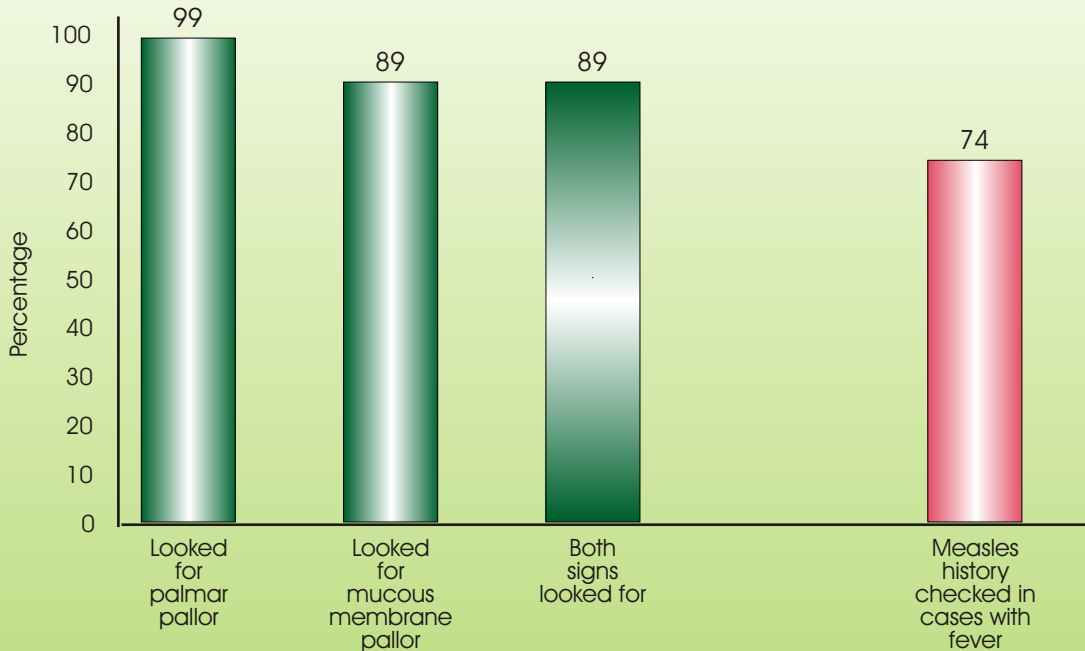
## PERFORMANCE OF SELECTED ASSESSMENT TASKS: ARI AND DIARRHOEA



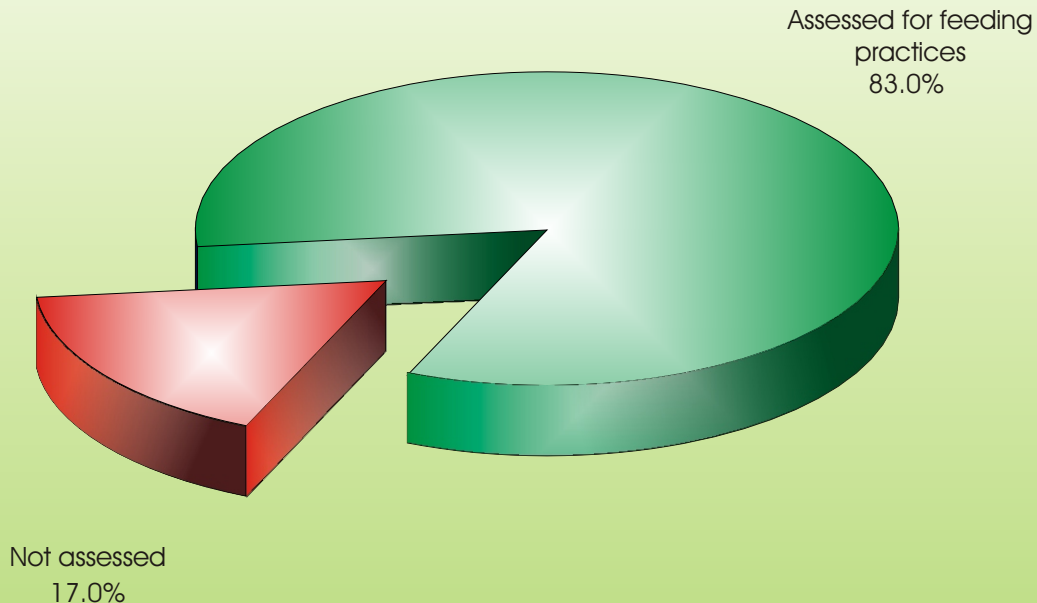
## PERFORMANCE OF SELECTED ASSESSMENT TASKS: THROAT AND EAR PROBLEMS



## PERFORMANCE OF SELECTED ASSESSMENT TASKS: ANAEMIA AND MEASLES

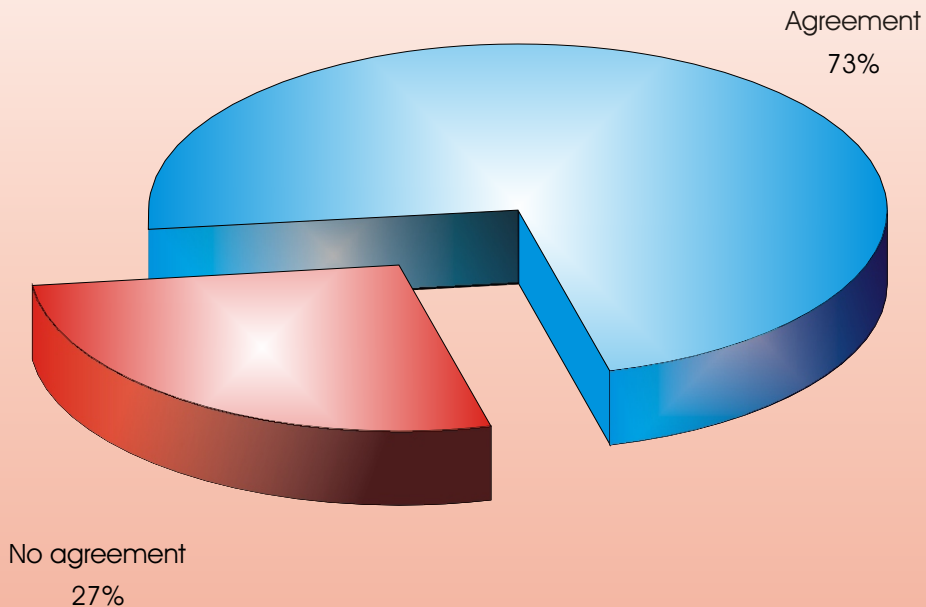


ASSESSMENT OF FEEDING PRACTICES IN NON-REFERRED CHILDREN WITH LOW WEIGHT AND/OR ANAEMIA AND THOSE LESS THAN 2 YEARS OLD

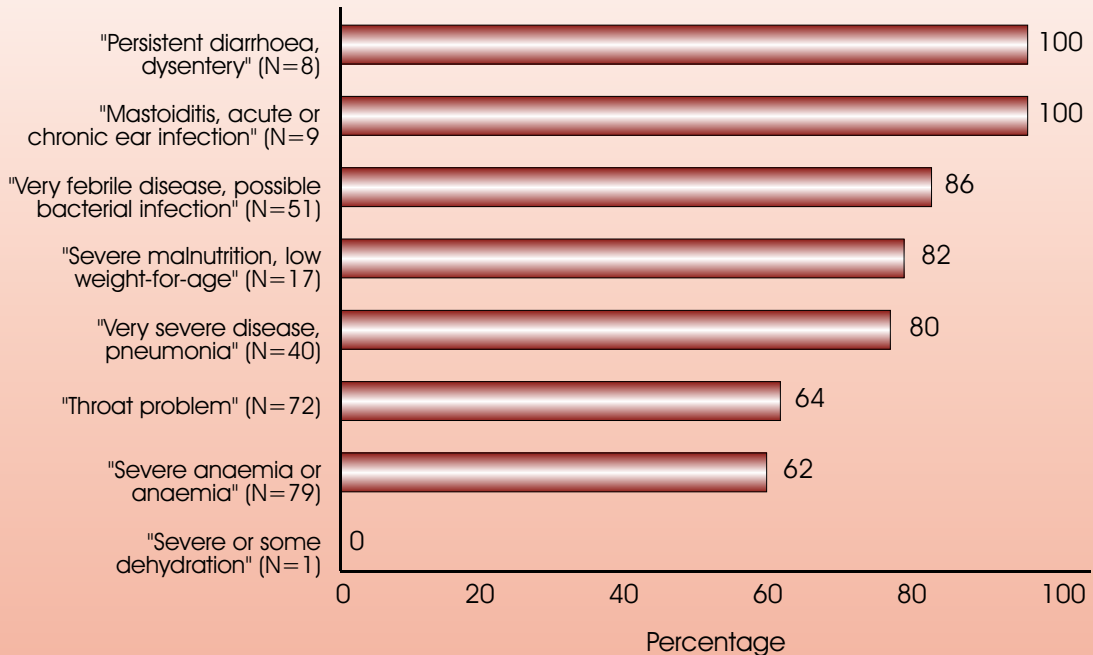


- Assessment
- **CLASSIFICATION**
- Treatment and advice

AGREEMENT OF PROVIDER CLASSIFICATIONS WITH SURVEYOR  
CLASSIFICATIONS ON CONDITIONS PRESENT



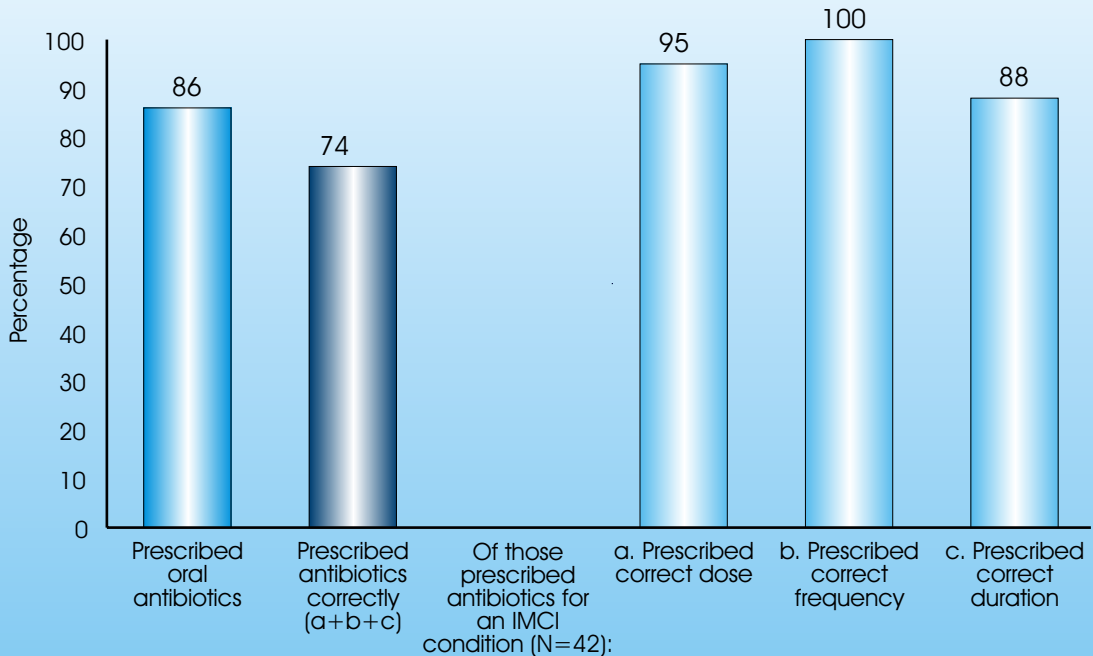
## PROVIDER'S AGREEMENT WITH SURVEYOR'S CLASSIFICATIONS BY ILLNESS GROUP





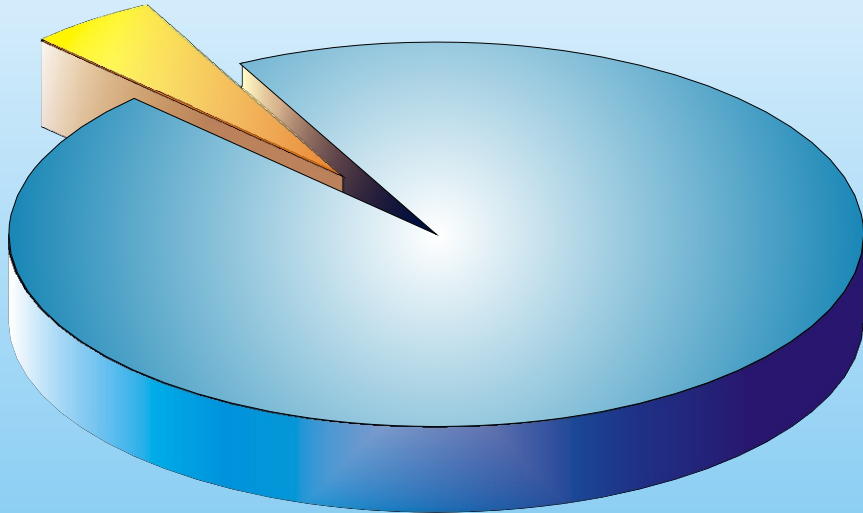
- Assessment
- Classification
- **TREATMENT AND ADVICE**

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



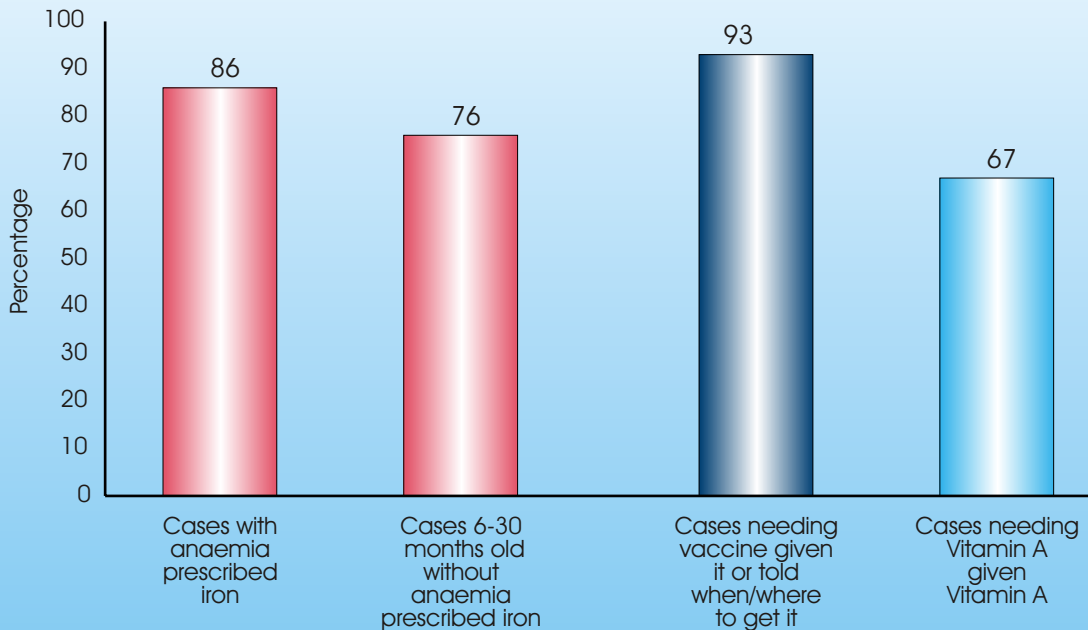
## RATIONAL USE OF DRUGS FOR CHILDREN NOT NEEDING ANTIBIOTICS

Prescribed antibiotics unnecessarily  
5%

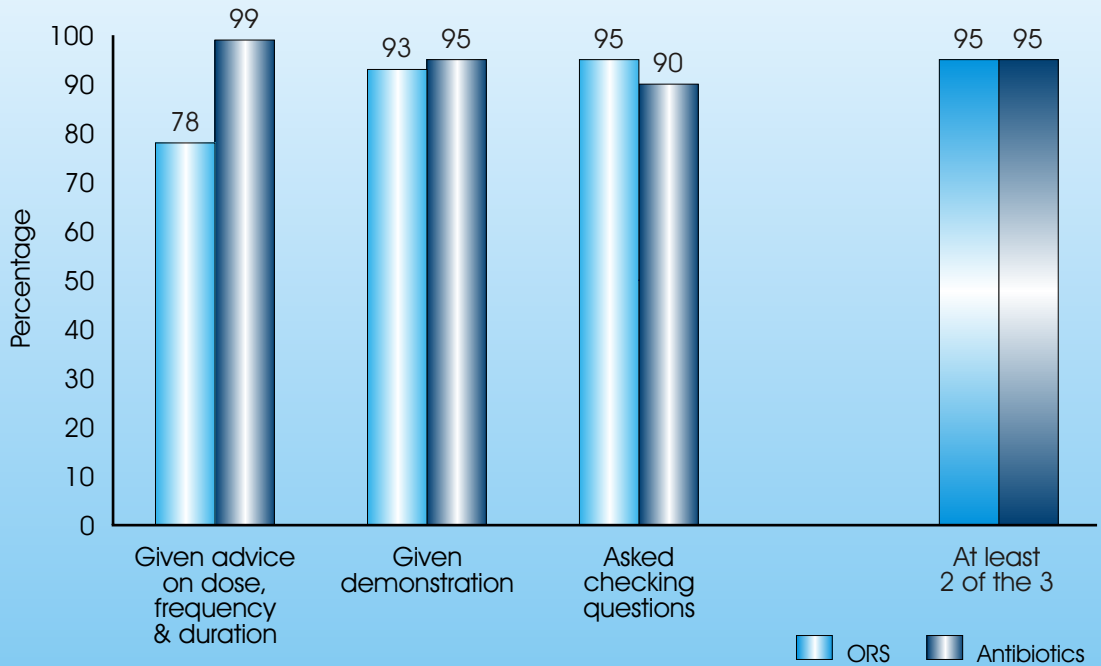


Prescribed no antibiotics  
95%

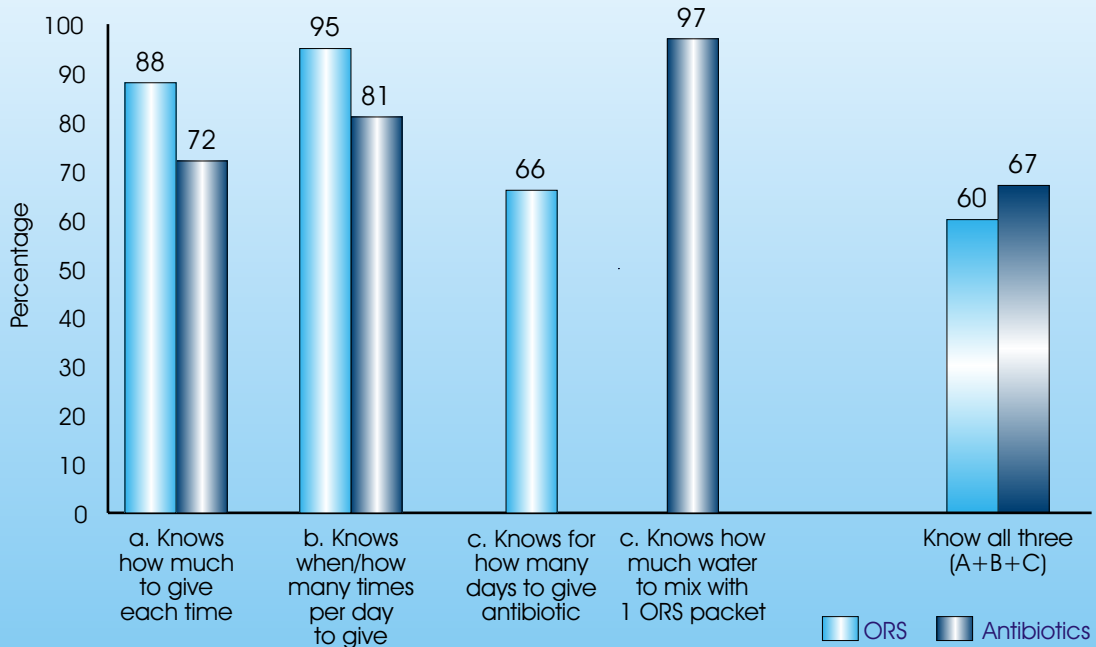
## OTHER TREATMENTS FOR NON-REFERRED CASES



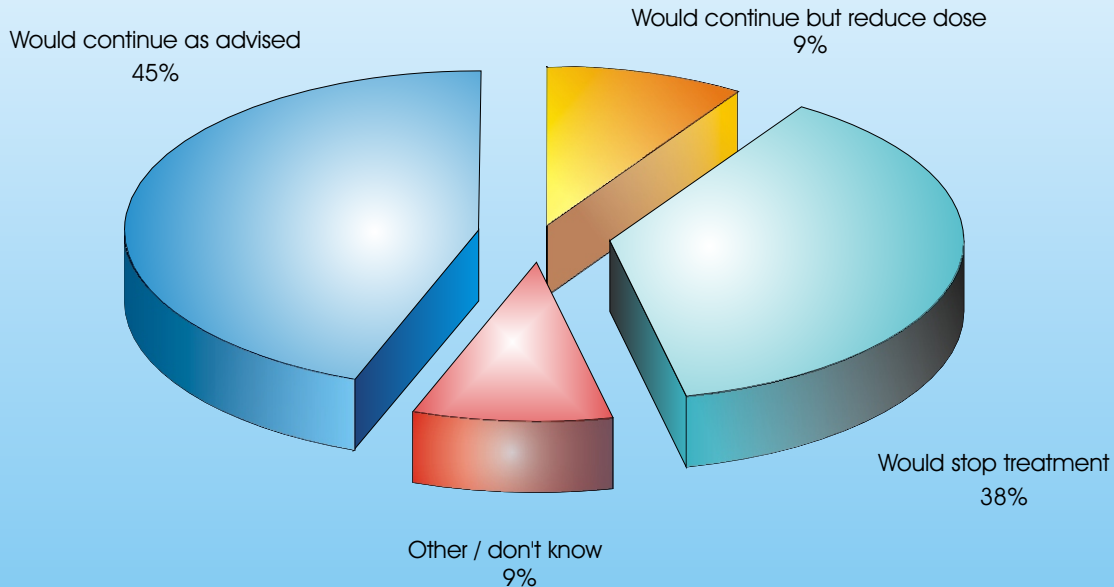
## CARETAKERS ADVISED BY PROVIDER ON ANTIBIOTICS AND ORS



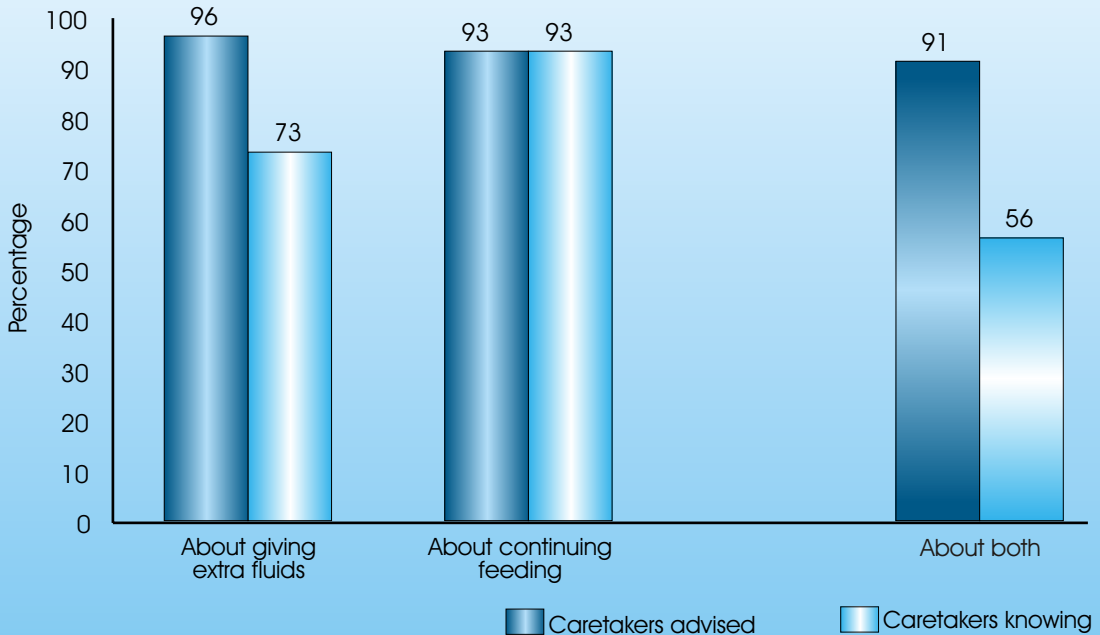
## CARETAKER'S CORRECT RECALL OF PROVIDER'S ADVICE ON ANTIBIOTICS AND ORS



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

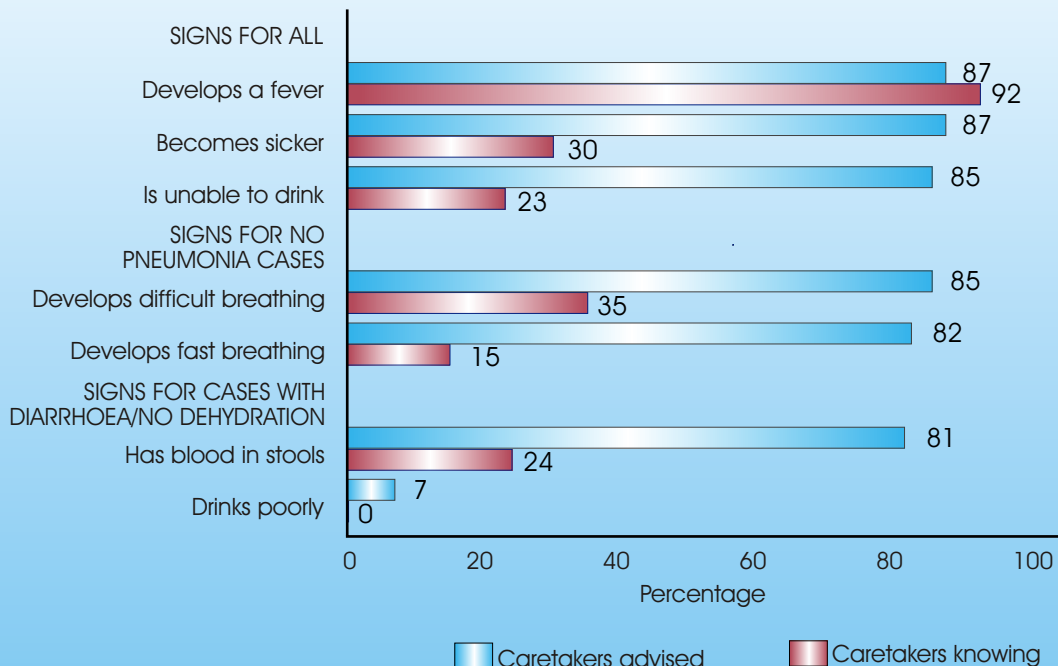


## CARETAKERS ADVISED ON FLUIDS AND FEEDING AND CORRECTLY KNOWING ABOUT THEM

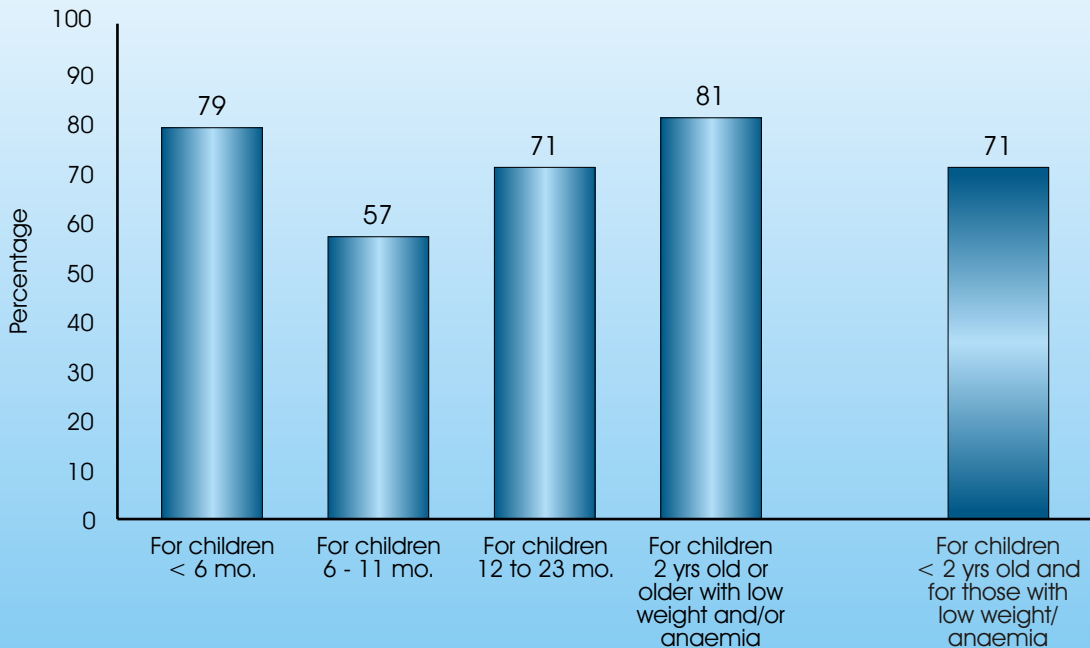




## CARETAKERS ADVISED ON SIGNS TO RETURN IMMEDIATELY AND KNOWING ABOUT THEM



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

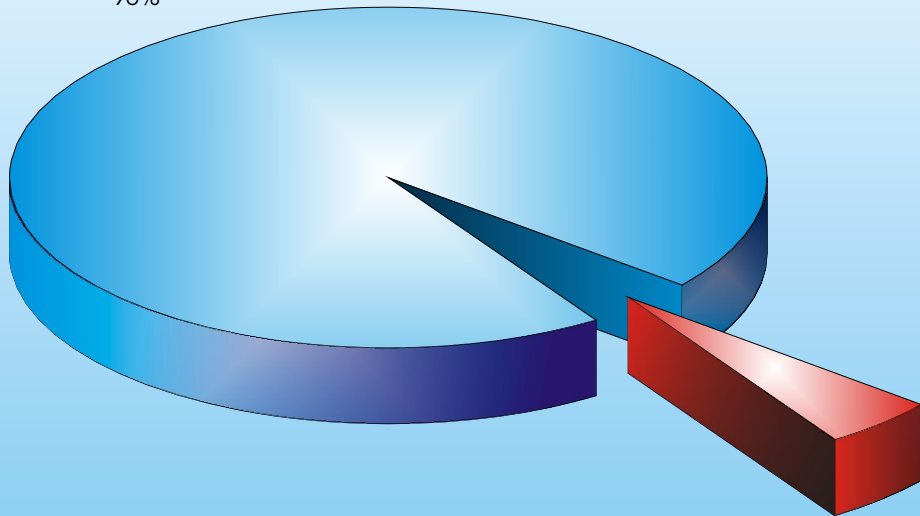


### III. FACTORS INFLUENCING CARE

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

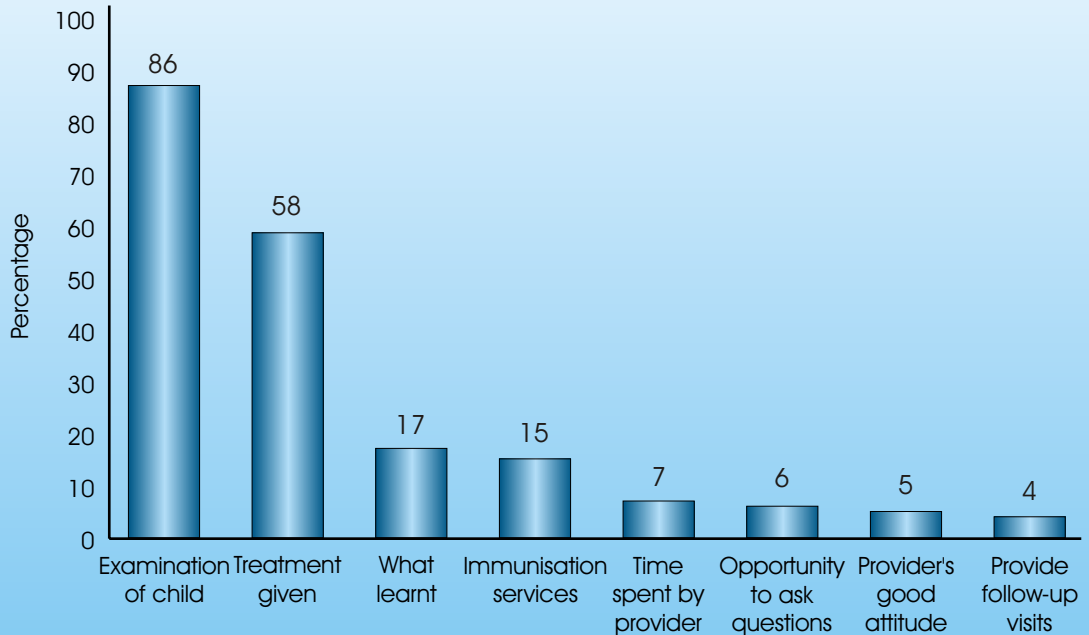
## CARETAKERS SATISFIED WITH CHILD CARE SERVICES AT THE FACILITY

Very satisfied or satisfied  
95%

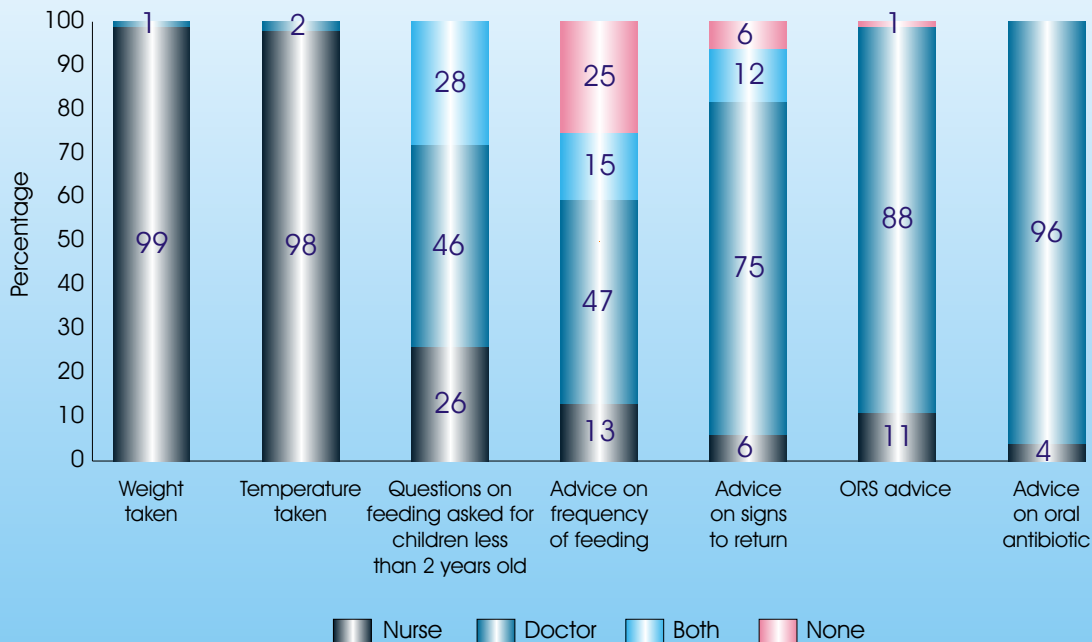


Unsatisfied  
5%

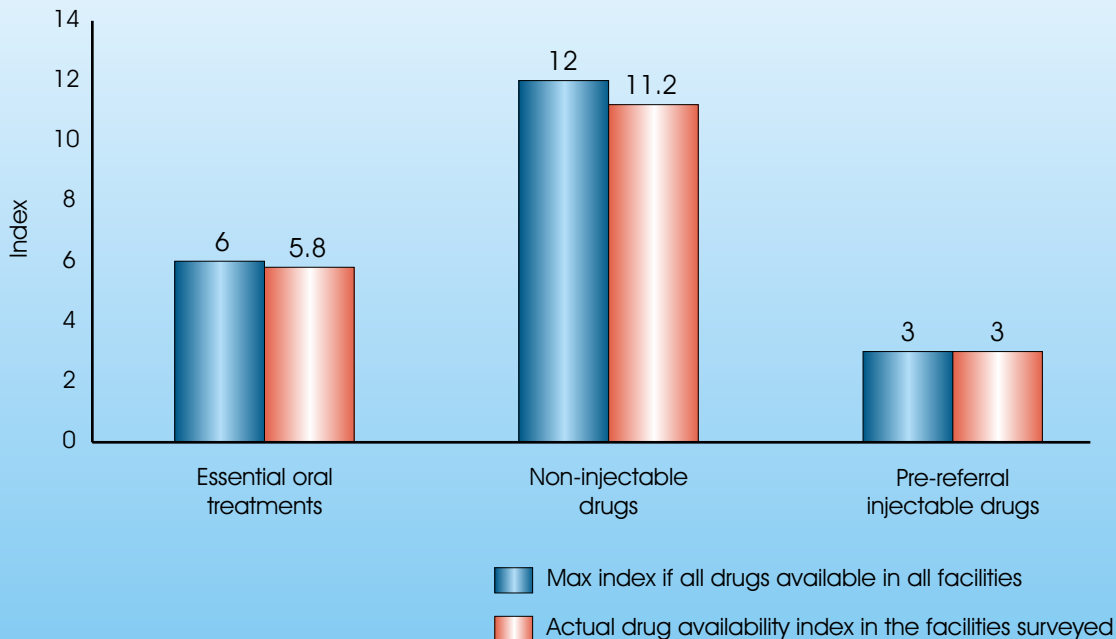
## REASONS FOR CARETAKERS' SATISFACTION WITH SERVICES



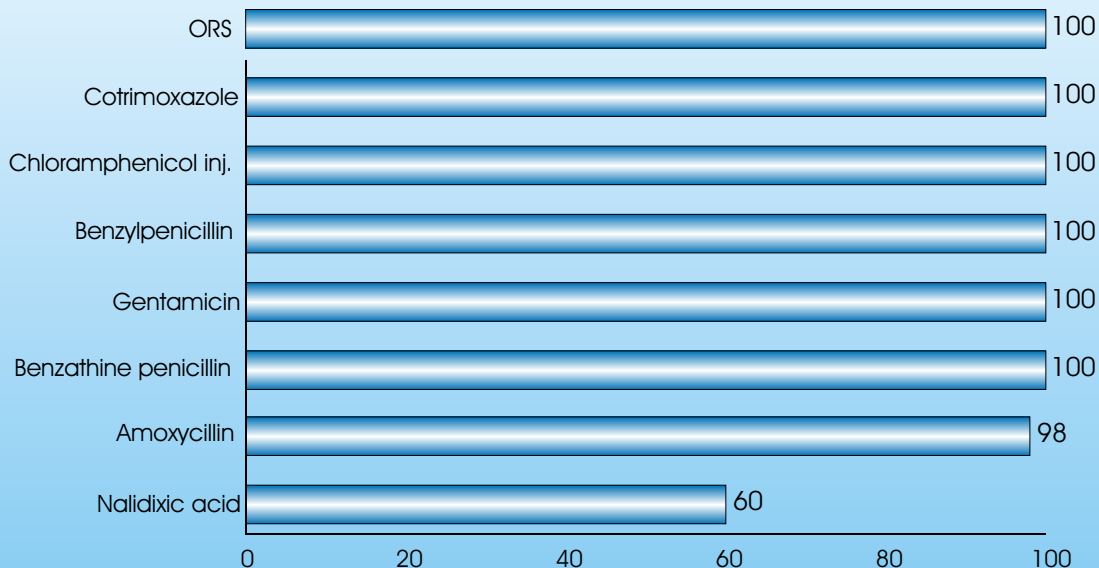
## PERFORMANCE OF SELECTED TASKS BY TYPE OF PROVIDER



## INDEX (ARITHMETIC MEAN) OF DRUG AVAILABILITY



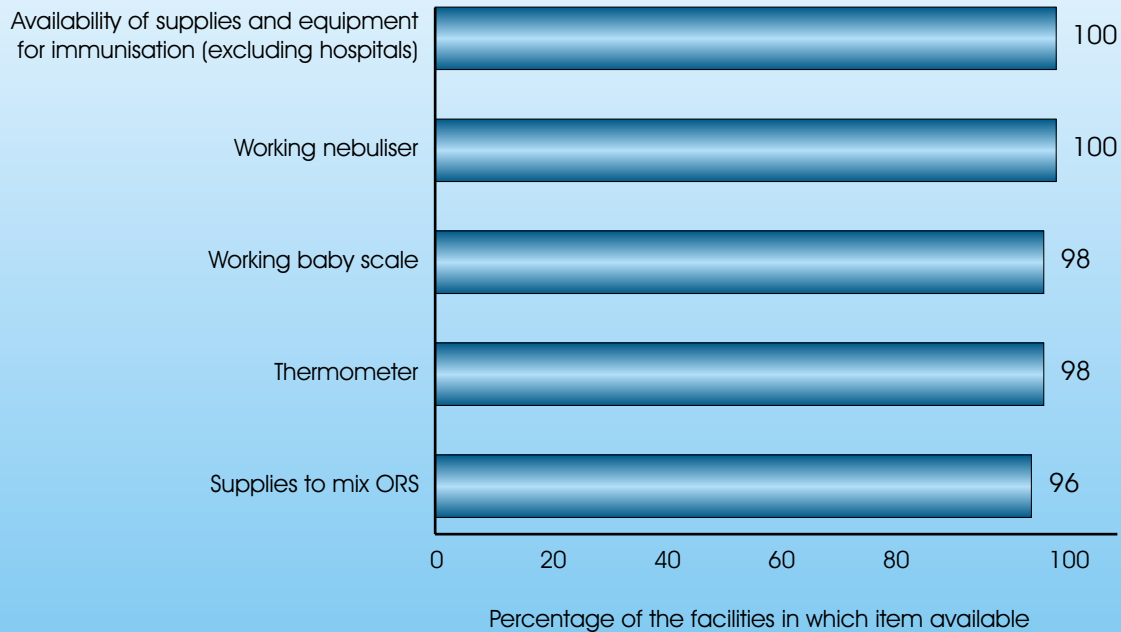
## AVAILABILITY OF ORS AND ANTIBIOTICS RECOMMENDED FOR IMCI



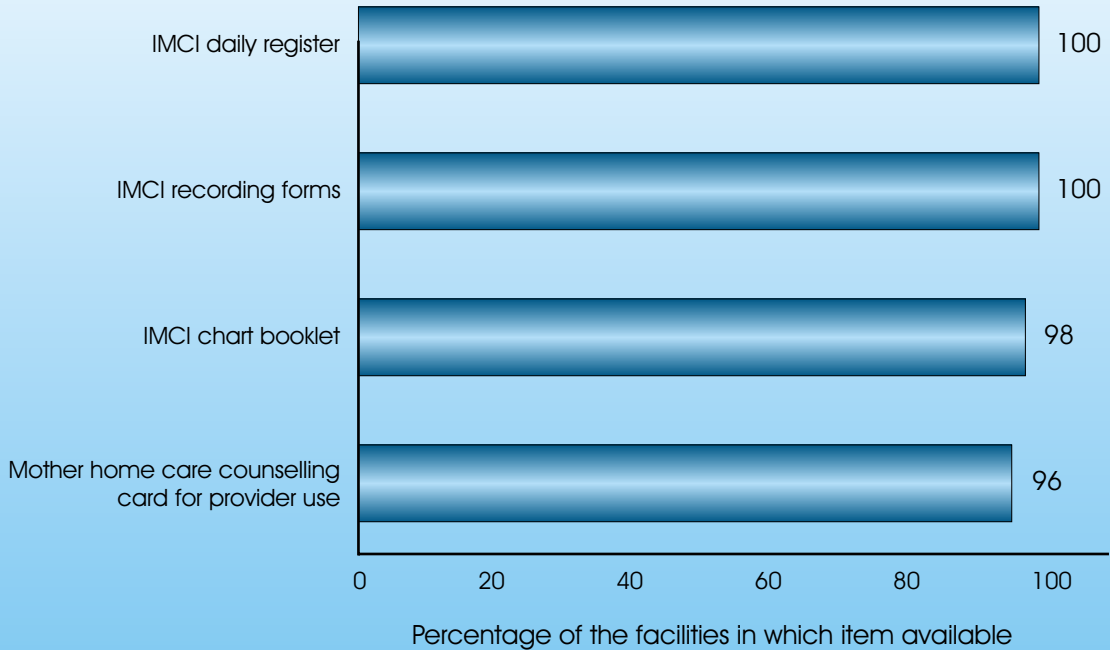
Percentage of the 50 facilities visited in which drug available



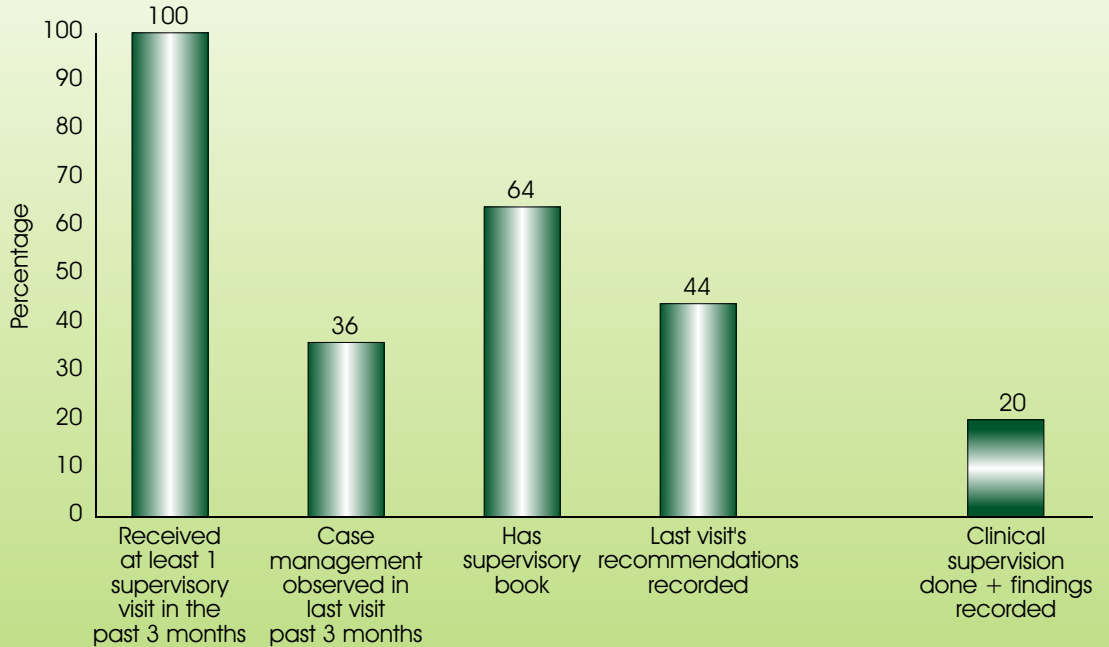
## AVAILABILITY OF SUPPLY AND EQUIPMENT FOR IMCI



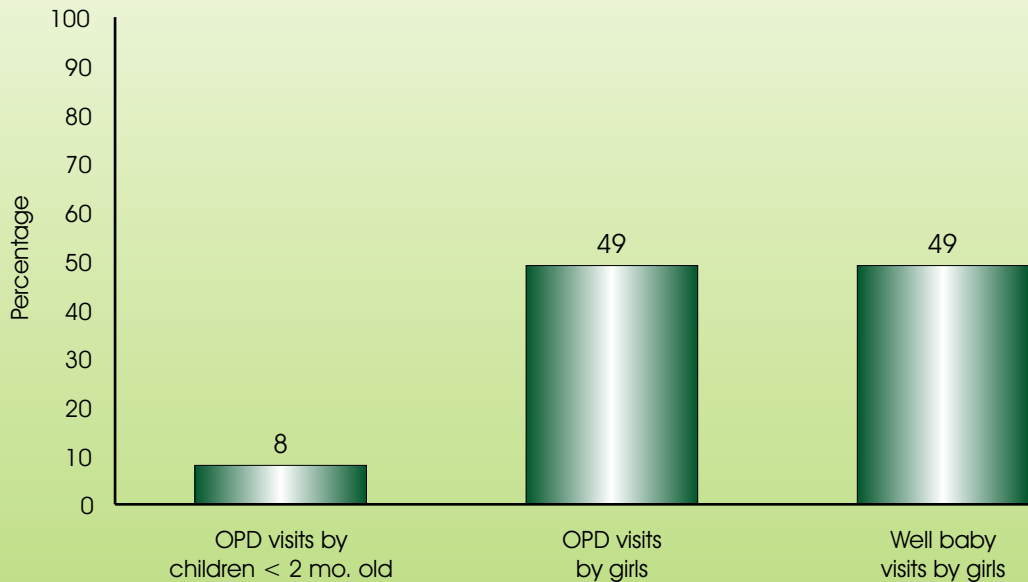
## AVAILABILITY OF IMCI RECORDS, COUNSELLING CARDS AND CHART BOOKLET



## 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**





