
CONFERENCE ABSTRACT

Improving Integrated Management of Newborn and Childhood Illnesses in Northern Uganda

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Introduction: Globally, pneumonia, diarrhea and malaria are the leading causes of death among children under five years. Despite available evidence on effectiveness and efficiency of Integrated Management of Newborn and Childhood Illnesses (IMNCI), it is not implemented correctly and consistently by health care providers in many low- and middle-income countries, including Uganda.

Description of practice changes implemented: Since 2015 the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is supporting demonstration sample of 10 facilities in northern Uganda to reduce unnecessary services and medications, improve nutrition assessment and immunization practices and diagnosis, treatment, timely referral, counselling and follow up of common childhood conditions.

Aim and theory of change: The aim of the activity is to contribute to a reduction of morbidity and mortality for children under five years from high burden childhood illness by strengthening diagnosis and case management skills of care providers and supporting health system functions. QI teams in selected facilities are supported by ASSIST and district Ministry of Health (MOH) coaches to identify gaps in their health care processes and test, implement, routinely evaluate, and institutionalize changes to improve integrated care.

Targeted population: Children ages 0-5 years

Stakeholders: Policy makers, managers, care providers, regional/global health stakeholders

Timeline: April 2015-Sept. 2016, intervention started in Jan. 2016.

Highlights: Routine monitoring results after four months of improvement intervention (January-April 2016) revealed improved severity classification among young infants (87% to 35%), reduced prescriptions of non-evidence-based medications for young infants with signs of infection/relevant diagnosis (from 40% to 0%) and for children with diarrhea (43% to 12%) and increased share of children under 2 years who have completed vaccination for age (0% to 59%).

Comments on sustainability: The MOH at the national and district levels is closely involved in the project. For example, the ASSIST team mentored four district MOH coaches in principles of QI and IMNCI best practices. These coaches are providing bi-weekly supportive supervision visits in outpatient centers to improve IMNCI.

Comments on transferability: ASSIST and its predecessor projects dramatically improved management of high burden childhood conditions in Senegal and Georgia using a similar QI approach.

Conclusions: By focusing on IMNCI in outpatient settings, through strengthening QI capacity, diagnosis, and case management skills of care providers, the activity will contribute to a decrease in premature morbidity and mortality among children and young infants.

Discussions and lessons learned: ASSIST's effective, sustainable, adaptable and scalable strategies focus on using QI to improve IMNCI in Uganda through:

- o improving vertically and horizontally integrated management of common newborn and childhood illnesses;
- o addressing main gaps in processes and content of care;
- o providing consistent delivery of high impact clinical interventions; and
- o optimizing care delivery and reducing unnecessary treatment.

By reducing inefficiencies and addressing children's major health care needs close to their homes, applied improvement strategies have the potential to improve not only care effectiveness but also access to lifesaving services and medications. QI is the critical and often neglected element in an effort to reach "effective" universal health coverage.

Keywords: IMNCI; quality Improvement; pneumonia; diarrhoea; malaria; spsis prevention
