

# Views of Bangladeshi rural first level health providers about use of clinical guidelines for managing childhood illnesses

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## Outline of the presentation

- Introduction and background
  - Child health
  - Integrated Management of Childhood Illnesses (IMCI) and its implementation
  - Bangladesh country profile
- Research focus & method
- Some early findings
- Implications and next steps

## Introduction and background: Child health

- High child mortality
- Substantial improvement
  - 150/1000 live births in 50s
  - 60/1000 live births in 2009
- Global death toll >9m/yr
- Considerable variation
  - Almost all deaths in 60 countries
  - A third of the deaths in South Asia

244,000/yr in Bangladesh

By the time I finish my presentation, 9 more children will die in Bangladesh

## Introduction and background: Child health

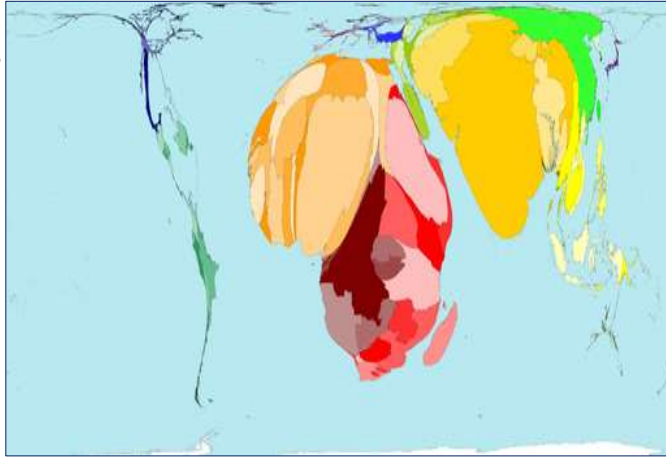
- Main Causes of childhood deaths:
  - Pneumonia, Diarrhoea, Measles, Malaria, Neonatal Inf.
    - Combined toll ~60%
    - Complicated by conditions like malnutrition
    - Co-morbidity is a norm
    - All have similar management

So an integrated approach with a guideline was launched with focus on: Skills of providers, Health systems & Communities-

Integrated Management of Childhood Illnesses (IMCI)

## Introduction and background: profile of Bangladesh

- Per capita income- 470\$
- Life expectancy- 62yrs
- Pop. below poverty line- 36%
- Child mortality 65/1000 live birth (151 in 1990)



**Mortality 1-4 Year Olds**  
Territory size shows the proportion of all deaths of children that occurred there in 2002.

<http://www.worldmapper.org/display.php?selected=1>

## IMCI in Bangladesh

- In implementation- for about a decade
- Several evaluations:
  - WHO multi-country study, Independent studies (ICDDR, UNICEF)
  - Most are in research set-up, little research in real life setting to examine scalability
- Considerable experience gained
  - Health systems: quality of care, system support
  - Guidelines modification and adaptation
  - Health providers' compliance with standard management protocol
  - Community and family level issues: care-seeking & caregivers' compliance, community participation

## Current IMCI research - Bangladesh

Recently, a study was commissioned in a 'real-life' health systems situation with support from WHO and UNICEF

My research is embedded in this study focussing on

- Providers' compliance with guidelines
- Providers' views about guidelines

In next few slides I will present the views of the health providers who have been using IMCI guidelines

## Research design and method

- Conducted in:
  - 2 subdistricts (pop- 600000) with 20 Unions,
  - Each Union has a health facility with 2-3 providers
- Before and after design
- Survey of health providers working at all health facilities of study area

Some early findings from Health Providers' Survey will be shared today.

This is a work in progress.

## Who are these health providers?

- Non-physician providers
- Three categories:
  - SACMO (Sub-Assistant Medical Officer)
  - MA (Medical Assistant)
  - FWV (Family Welfare Visitors)



Administrative units	Population (approx.)	# of units
Divisions	20-30 mill	6
Districts (Zila)	2-3 mill	64
Sub-districts (Upazila)	250,000	483
<b>Unions</b>	20,000	<b>4,466</b>



**1 of 4466 Union level health posts.....**

## Early findings: Health providers' baseline survey Characteristics of health providers

- Slightly more males (55% vs. 45%)
- Serving in current position (as SACMO or MA or FWV)
  - Ten or less years- 24%
  - More than 10 yrs- 76%
- IMCI training– about half had prior training
  - By category: almost all SACMOs, half of the MAs & one-third of the FWVs
- 45% had used IMCI guidelines in their day-to-day practice

### Early findings: Health providers' baseline survey Work environment and system support

- Inadequate/no supervision-
  - Only 20% had visits in the last year
- Frequent and long stock-outs: Antibiotics, Non-drug items, forms and ledgers
  - 80% reported at least 1 stock-outs, for antibiotics 40% had it twice
  - More than 65% had stock out for at least 3 months for any given item

### Early findings: Health providers' baseline survey Views regarding IMCI guidelines

- Almost all are positive about use of guidelines
- They strongly agree that IMCI guidelines-
  - Easy to follow (92%)
  - Gave better experience (92%)
  - Made them more satisfied (77%)
  - Kept them focussed (92%)
  - Resulted in less govt cost (92%)
  - Clients were happy (54%)
  - Save time (8%)

## Implications and next steps

- These findings suggest that health providers are positively disposed towards the guidelines
- There are areas which need more work and improvement
  - Some providers find the guidelines time consuming which is complicated by their workload
  - They lack proper system support
  - Very few had necessary supervisory support
- Steps taken
  - To improve health system support: supply, supervision & feedback
  - More in-depth investigations- extended survey

## Acknowledgements.....

- Research participants
- Academic supervisors
- Colleagues
- ICDDR, Bangladesh
- Discipline of Public Health, University of Adelaide