Better medicines for children in The United Republic of Tanzania

Baseline survey on quality of paediatric care in The United Republic of Tanzania

Executive summary
Background

This report outlines the preliminary results of an ongoing assessment survey conducted by the Ministry of Health and Social Welfare in The United Republic of Tanzania on the quality of paediatric care.

Mainland Tanzania has 21 administrative regions and 113 districts. The country has a pyramidal referral structure of health care with public and private dispensaries, health centres, and district hospitals managed by the government and by nongovernmental and faith-based organizations. About 90% of the population lives within five kilometers of a primary health facility.

This survey covers 69 hospitals managed by the government and nongovernmental organizations across 12 regions of Mainland Tanzania. The survey is still underway in the remaining 9 regions. The study was made possible with support from the World Health Organization’s Better Medicines for Children project in Tanzania.

Millennium Development Goal 4 calls for a reduction of child mortality. Quality of care is an important factor in reaching this goal. While under-five child mortality has decreased in Tanzania, the rate in hospitals remains unacceptably high with 75% of these deaths occurring in the first 24 to 48 hours after admission. Most of these deaths are preventable and the application of appropriate measures, such as proper assessment, treatment, and care, could reduce the number of deaths significantly.

Objective

The goal of the survey is to establish baseline data and identify gaps to be addressed in order to improve the quality of paediatric care in Tanzanian hospitals. The specific objectives of the survey are:

- To assess the administrative and logistic support in the provision of care for sick children.
- To assess the knowledge and skills of health workers in the management of care for common childhood illness.
- To assess the availability of essential medicines, supplies, and equipment at health facilities necessary for provision of quality paediatric care.
- To support the establishment of a system for improving care of children in respective facilities.

Methods

The World Health Organization’s “Assessment of the quality of hospital care for children: generic assessment tool” was adapted to collect data for this survey. The WHO Pocket Book for Hospital Care for Children and the adapted referral care manual were used as standards for assessing case management. Data were collected in hospitals and health centres through observation and interviews by teams comprised of three trained assessors from other facilities.

The five areas assessed were administration, paediatric ward, clinical assessment, public health, and treatment. Each area had key indicators to be measured, including the availability of essential
medicines, adequate qualified staff, a separate paediatric ward, accurate clinical assessment and
treatment of pneumonia, diarrhoea, and malnutrition, reassessment after admission, and promotion
of early breastfeeding.

The indicators used for scoring were divided into two categories. First, critical tasks that have a
strong bearing on the care of the child, the absence of which could be life threatening. Such tasks
include the availability of emergency medicines and accurate clinical assessment and treatment for
dehydration. Second, essential tasks in which the availability or performance are important but not
life threatening. Examples of these tasks are availability of lab facilities for cultures and failure to
recognize a skin infection. Scoring was categorized as: standard met; standard partially met; and
standard not met. The method of scoring used allows for comparisons between government and
nongovernmental hospitals, hospitals within regions, and also between regions.

Results

The results varied greatly across the measured variables and from region to region. Overall the
assessment results are poor, particularly in clinical assessment. They show that of the 82 variables
measured none of the hospitals scored more than 75%. Of the 69 hospitals, 42 scored less than
50%. The highest scoring regions were Mwanza and Mbeya, while the lowest scoring regions were
Lindni and Mtwara. Government hospitals scored lower than nongovernmental and faith-based
hospitals in most of the assessed areas.

Emergency care, diarrhoea assessment, management of severe malnutrition, and newborn care
were among the worst scoring variables. Compared with other clinical conditions, HIV/AIDS
testing, counselling and treatment performance was high.

The presence and availability of appropriate and adequate human resources was poor. Less than
25% of the facilities fully met the standards for qualified staff providing care to children. Over 50%
of the facilities partially met the standards.

The availability of standard treatment guidelines, essential medicines, and equipment were among
the items assessed as part of the administration and paediatric ward assessments. Findings show
a lack of adequate and updated treatment guidelines in all hospitals. The availability of essential
medicines as per the essential medicines list was poor, with just over one third of hospitals having
the medicines on the list. Less than 25% of the hospitals had essential equipment and supplies.

Recommendations

A number of recommendations were made:

1. Revise and focus the National Reproductive and Child Health Strategic Plan with a priority on
   addressing areas that scored poorly in the survey. For example, improved assessment and records
   at emergency and paediatric wards are essential to initiate change.

2. Ensure all health facilities have updated clinical standard treatment guidelines for children and
   essential medicines lists, as they will strengthen clinical skills and hence the quality of care.
3. Improve the availability of essential medicines, specifically emergency medicines; supplies; and hospital and laboratory equipment.

4. Allocate trained staff in paediatrics to improve clinical assessment and diagnosis.

5. Implement continuous education programmes for medical staff. Training should be decentralized to the regional level to allow for programmes to address the differing needs from region to region. The Paediatric Association of Tanzania should take a lead in coordinating continuous education programmes, with referral hospitals and teaching institutions being responsible for conducting the training.

6. Introduce shared learning sessions at the regional level for facilities to learn from each other.

7. Clinical officers and midwife nurses should be trained in general paediatrics and neonatology to address the lack of adequate paediatricians and neonologists. This will reduce the impact of the current shortage of paediatricians at the district and regional levels.

8. Improve the infrastructure for paediatric and neonatal wards in all hospitals by having separate outpatient and inpatient areas for children and new rooms/wards.

9. Strengthen monitoring, support, and mentorship systems in order to achieve good quality of care.

10. Good patient quality of care is costly; therefore more government funds should be allocated for this purpose.

11. Increased advocacy for quality of patient care at all levels: policy makers, administrators, health workers, pre and post medical training institutions, and non-health workers.

**Conclusion**

The overall performance of hospitals was poor in almost all assessed areas. There were variations from region to region and between government and nongovernmental hospitals. Clinical assessment of children admitted to paediatric wards is very poor and is associated with missed diagnoses and inappropriate treatments.

While the child mortality rate has gone down, more effort is needed to reach Millennium Development Goal 4. Steps need to be taken nationwide to improve the situation. These measures should be based on a revived and more focused National Reproductive and Child Health Strategic Plan with a priority on areas that scored poorly in this assessment survey.