ABSTRACT

Quality of care for children with malaria at private health facilities in the Mid-Western Region of Uganda: A cross sectional study

¹Patrick Bukoma, ⁶Humphrey Wanzira, ⁶Daniel Tumwine, ⁶Allan Musiime, ⁶Juliet Biculu, ⁶Tom Ediamu, ⁶Rebecca Nantanda ³Emily Goodwin, ⁶Jane Achan, ⁶Ronald Muleebeke, ⁵James Tibenderana, ²Gloria Sebikari, ³, Mame Niang, ²Kassahun Belay

Affiliations

- ¹ The US President's Malaria Initiative MAPD project, Uganda
- ² US President's Malaria Initiative, US Agency for International Development, Kampala, Uganda
- ³ US President's Malaria Initiative, Malaria Branch, Centers for Disease Control and Prevention, Atlanta, GA, USA
- ⁴ Uganda National Malaria Control Program, Kampala, Uganda
- ⁵ Malaria Consortium, London, UK
- ⁶ Uganda Paediatric Association, Kampala, Uganda

The 2018 Uganda Malaria Indicator Survey showed that 59% of the population seek advice or treatment from the private sector. Despite this, national efforts in malaria-related capacity building have centered on public facilities, and the quality of care within Uganda's private health facilities remains largely undocumented. This study assessed the quality of malaria-related care services in private facilities operating in districts supported by the US President Malaria Initiative's Malaria Action Program for District project in Uganda.

In October 2018, a cross-sectional study using qualitative and quantitative interviews was conducted in 134 private health clinics and one hospital, purposively sampled from nine districts in the Mid-Western region of Uganda.

Of the studied facilities, 61.5% had access to and used treatment protocols while 48.9% had received malaria management training. 98.5% had malaria laboratory services, but only 57.8% had qualified laboratory personnel. 77.8% had experienced stock-outs of anti-malarials in the previous 3 months. 14.1% of health workers responded correctly to questions on clinical and preventive treatment of malaria. 33.3% responded correctly to fever management questions, 40.0% correctly identified first-line treatment for uncomplicated malaria, and 85.2% for complicated malaria. Only 28% of the facilities submitted monthly data to the national health information management system. Qualitative interviews identified that lack of: access to national quality assurance tools, health worker training and supportive supervision, and essential anti-malaria commodities affected performance.

Knowledge and practices of private facility health workers within this region are poor. This can increase malaria-related morbidity and mortality risks. Low reporting rates makes accurately assessing Uganda's malaria situation difficult and poses a challenge for the effective planning and implementation of a national malaria program. Interventions aimed to improve malaria quality of care in private facilities would build individual as well as system capacities.