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, 4Daniel Tumwine, 4Allan Musiime, 4Juliet Biculu, 6Tom Ediamu, 6Rebecca Nantanda 3Emily Goodwin, 4Jane 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.