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ASSESSING PERFORMANCE AND FACTORS AFFECTING OUT PATIENT THERAPEUTIC CARE PROGRAM FOR ACUTE MALNUTRITION IN THE HEALTH CENTRES OF KABALE DISTRICT.

A THESIS SUBMITTED TO THE SCHOOL OF PUBLIC HEALTH OF MAKERERE UNIVERSITY IN PARTIAL FULFILMENT OF A MASTERS DEGREE OF PUBLIC HEALTH NUTRITION

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Abstract

BACKGROUND

Severe Acute Malnutrition is a major cause of morbidity and mortality among children under five years of age in Sub Saharan Africa and Uganda in particular Kabale district it affects 0.05% of children aged 6-59 months. Out Patient Therapeutic Care (OTC) program was implemented in all the HCIIIs and HCIVs of Kabale district to reduce the burden associated with severe acute malnutrition through identification and treatment of acutely malnourished children. The OTC approach was introduced to ensure a timely detection of acute malnutrition and provision of treatment to those children who are malnourished without medical complication using ready to use therapeutic foods (RUTF).

The program uses approaches like provision of ready to use therapeutic feeds and routine medication, provision of nutrition education and counseling to the caretakers and continuous nutrition status assessment in all the mentioned health centres and communities by the health workers and VHTs.

This study evaluated the performance of this Outpatient Therapeutic Care program in the health centre level III and IV of Kabale district in comparison to the national IMAM guideline performance indicators and the factors affecting the program.

AIM OF THIS STUYDY

The main aim of this study was to assess the performance of and the factors affecting the outpatient therapeutic care program for acute malnutrition in the implementing health centres of Kabale district.

METHODS

Cross sectional study design was employed in this study. A total of 637 records for children under five years of age who were under the program in the period between July 2013 to January 2015 were included in this study. Children's records missing age, sex and the exit outcome were excluded from the study. Performance was evaluated by comparing the performance indicators to

the national IMAM standards and logistic regression was used to assess factors associated with performance. A total of 40 health workers serving under the program were randomly picked from all the selected health centres to assess their knowledge in the management of OTC. A checklist was also used to assess the availability of supplies and equipment under the OTC program in health centre IIIs and IVs. Logistic and multivariable analysis was used to identify factors which were associated with the performance of the program and the knowledge of health workers.

RESULTS

Overall performance was very poor as compared to the national IMAM guideline performance indicators. The cure rate was found at 36.3%, default rate at 58.6% and these were way out of the acceptable levels, death rate at 1.1%, Non-respondent rate at 0.6% and referral rate at 3.5%. logistic regression analysis found source of admission, health centre, number of visits, length of stay on the program, age of the child and weight of the child at admission as the factors which were associated with performance of the program (OR = 0.3, P = 0.033), (OR = 0.6, P =0.002), (OR = 6.9, P = 0.001), (OR = 7.0, P = 0.001), (OR= 0.5, P = 0.010) and (OR = 0.5, P = 0.006) respectively. In multivariate regression, only source of admission i.e. the newly admitted children from the community and number of visits that the children admitted made during their stay on the program were the major determinants of performance of this program (OR = 0.1, CI = 9.3 – 24.2) and (OR = 14.9, CI = 9.2 – 24.2) respectively.

Up to 58% of the health workers were knowledgeable about management of the program and when logistic regression was run, only three factors were found to be predicting the knowledge of health workers and these were training (OR = 0.2, P = 0.030), length of training (OR = 5.1, P = 0.030) and the longer the person worked on the program (OR = 7.7, P = 0.040). However multivariate regression found that training and length of training as the main determinants of knowledge of health workers in the management of OTC program.

The health centres where the study took place had all the basic equipment and supplies that are needed in the day to day running of OTC program.

CONCLUSION

Overall program performance was poor. However the type of health centre to go to was important when seeking treatment as it was seen that health centre IIIs had better recovery

outcomes than health centre IVs and the reason could have been due to the high population of patients in health centre IVs than health centre IIIs. The number of visits the child made to the program was also important since the more visits the better the performance therefore these should be strengthened if recovery rates are to be increased. Children of breast feeding age (below 2 years) had better recovery than their counter parts which proves the importance of breast feeding and therefore mothers should be counseled well to continue breast feeding. The knowledge of health workers was fairly good and it just needs to be fired up especially on the side of nutrition education and counseling so that they are able to appropriately counsel mothers about infant and young child feeding practices.

This study was mainly based on secondary data which limited it to obtain information on the socio economic status of the caretakers such as maternal age, education level and income level which could as well have affected the performance of the program.