## Namibia Health Facility Census (NHFC) 2009



#### **Child Health**

# Outline

- Background Information
- Availability of Child Health Services
- Capacity to Provide Quality Immunisation Services
- Capacity to Provide Quality Outpatient Care for Sick Children

## Trends in Early Childhood Mortality Rates

Deaths per 1,000 live births for the 5-year period before the survey

2000 NDHS 2006-07 NDHS



Infant mortality

**Under-five mortality** 

#### **Trends in Immunisation Coverage**

Percent of children age 12-23 months fully vaccinated\*



\*Fully vaccinated means the child has received BCG, measles, and 3 doses each DPT and polio (excluding polio 0)

# Outline

- Background Information
- Availability of Child Health Services
- Capacity to Provide Quality Immunisation Services
- Capacity to Provide Quality Outpatient Care for Sick Children

# Availability of Child Health Services by Facility Type

(Table 4.1) Percentage of all facilities (N=383)

🖬 Hospital 📲 Health centre 💷 Clinic



#### Availability of Child Health Services by Managing Authority

(Table 4.1)

Percentage of all facilities (N=383)

MoHSS Mission/NGO Private



#### Availability of All Basic Child Health Services by Region



#### **Integration of Child Health Services**

#### 88% of facilities offer immunisations on all the days that sick child services are offered. (Table A-4.7)

# Outline

- Background Information
- Availability of Child Health Services
- Capacity to Provide Quality Immunisation Services
- Capacity to Provide Quality Outpatient Care for Sick Children

#### **Availability of Vaccines**

(Table A- 4.3)

Percentage of facilities offering child immunisation services and storing vaccines (N=321)



# Availability of Equipment and Supplies for Immunisation Services

(Table 4.2)

Percentage of facilities offering child immunisation services (N=327)

All equipment (Immunisation cards, syringes & needles, vaccine carriers with ice packs)

All items for infection control (soap & running water or hand disinfectant, latex gloves, sharps container, and decontaminant)

Administrative components (tally sheet or register, documentation of DPT/pentavelent dropout or measles coverage)

All of the above



#### Availability of All Items\* for Providing Quality Immunisations by Facility Type and Managing Authority (Table 4.2)

Percentage of facilities offering child immunisation services and storing vaccines (N=321)



\*Includes all equipment, all items for infection control, administrative components and all basic child vaccines present

#### Availability of All Items\* for Providing Quality Immunisations by Region



\*Includes all equipment, all items for infection control, administrative components and all basic child vaccines present

# Outline

- Background Information
- Availability of Child Health Services
- Capacity to Provide Quality Immunisation Services
- Capacity to Provide Quality Outpatient Care for Sick Children

#### **Items for Infection Control**

(Table A-4.5)

Among facilities offering outpatient care for sick children, percentage with infection control items in service delivery site (N=347)



#### Items to Support Quality Care of Sick Children

(Table A-4.5)

Among facilities offering outpatient care for sick children, percentage with infection control items in service delivery site (N=347)



# Availability of Equipment and Supplies for Assessing Status of Sick Child

(Table A-4.5)

Among facilities offering outpatient care for sick children, percentage with infection control items in service delivery site (N=347)



#### **Availability of Medicines**

(Table 4.3)

Percentage of facilities offering outpatient care for sick children (N=347)

🖬 Hospital 📲 Health centre 💷 Clinic



First line (ORS, Coartem, and at least one oral antibiotic)

(At least one first-line injectable antibiotic, at least one secondline injectable antibiotic, and IV solution with perfusion set)

**Pre-referral** 

All other medicines

(Aspirin or paracetamol, vitamin A, iron tablets, mebendazole, and antibiotic eye ointment)

#### Availability of Oral Medicines (Table A- 4.9)

Percentage of facilities offering outpatient care for sick children (N=347)



\*Includes all equipment, all items for infection control, administrative components and all basic child vaccines present

#### **Management Practices: Patient Register and User Fees**

(Table 4.4)

Percentage of facilities offering outpatient care for sick children (N=347)

Up-to-date patient register User fees for sick child services



Hospital Health centre Clinic **MoHSS** Mission/NGO Private

# **Training of Providers**

#### (Table A- 4.14.1)

#### Percentage of interviewed child health service providers (N=919)

Received training in past 12 months
Received training in past 13-35 months



\*Integrated management of childhood illness

# Training of Providers (continued)

(Table A- 4.14.2)

Percentage of interviewed child health service providers (N=919)

Received training in past 12 months
Received training in past 13-35 months



#### Assessment of General Danger Signs During Observed Sick Child Consultations

(Table A-4.16)

Percentage of observed children (N=1,544)



#### Main Symptoms Assessed During Observed Sick Child Consultations

(Table A-4.16)

Percentage of observed children (N=1,544)



# Assessment and Treatment of Children with Respiratory Illness

(Table 4.5) Among observed children with indicated diagnosis

Respiratory rate checked Referred or admitted

Given any antibiotic



Pneumonia or Bronchial pneumonia (N=123) Cough or other upper respiratory illness (N=815)

#### Management of Children with Intestinal Illness

(Table 4.5) Among observed children with indicated diagnosis

🖾 Referred or admitted 🔰 🖬 Given ORS



Any diarrhoea or dysentery with dehydration (N=53)

Any diarrhoea or dysentery without dehydration (N=278)

#### Assessment and Treatment of Children with Febrile Illness

(Table 4.5)

Among observed children with indicated diagnosis

💷 Referred or admitted 🔰 🖬 Given antibiotic 🚽 🖬 Gi

📕 Given any antimalarial



Fever (N=214)

Malaria (N=126)

#### Essential Advice Provided to Caretakers of Sick Children

(Table A-4.16)

Percentage of observed children (N=1,544)



#### Instructions for Caretaker of Sick Child

(Table A-4.18)

Percentage of observed sick children who were prescribed or provided oral medicines (N=1,445)

🖬 Hospital 🛛 🖬 Health centre 💷 Clinic



Caretaker told how to administer medications

Caretaker asked to repeat instructions

# **Key Findings**

#### **Availability:**

- 81% of all facilities offer all 3 basic child health services (curative care for sick children, immunisations, and growth monitoring)
- Three-quarters of facilities offering immunisation services and storing vaccines had all EPI vaccines at time of visit.
- **61%** of all facilities offering outpatient care for sick children **all items for infection control.**

# **Key Findings**

#### **Quality:**

- All first-line and pre-referral medications are available in three-quarters of all facilities offering outpatient care for sick children
- **Treatment with antibiotics** is common, even in non-severe illnesses.
- All three general danger signs were assessed in only 12% of observed consultations of sick children.
- No more than 15% of providers have received training in child health care in the 12 months before the survey.
- **Provision of essential information** to caretakers of sick children is low.