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The quality of child health services offered at primary health care clinics in Johannesburg

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2008-07-09T09:18:56Z
http://hdl.handle.net/10539/5010

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ABSTRACT

Aim:

To assess the overall quality of child health services provided at primary health care facilities in the Johannesburg metropolitan area.

Objectives:

Primary Objective

To evaluate the quality of clinical care provided by health care workers caring for children; including an assessment of the treatment of common childhood illnesses, counselling and health promotion.

Secondary Objectives

1. To assess the quality of well baby services such as immunisation, growth promotion and developmental monitoring.
2. To assess the availability of drug supplies and equipment.
3. To assess the quality of record keeping.
4. To describe the infrastructure available at health facilities and the availability of services provided to children, including appropriate referral services.

Design:

This was a cross-sectional, observational study over a two-month period conducted at 16 primary health care facilities in the Johannesburg Metropolitan area; four community health centres (CHC) and 12 primary health care (PHC) clinics. A researcher-developed structured checklist, based on national guidelines and protocols was utilised.

Results:

A total of 141 sick child and 149 well child visits were observed. Caregivers experienced long waiting hours (mean [SD] of 135±72 minutes). Many routine examination procedures were poorly performed, with an appropriate diagnosis established in only 77% of consultations. Almost half of the children (46%) received antibiotics; their use was unwarranted in one-third of instances. Health promotion activities (such as growth monitoring) were consistently ignored during sick child visits. The mother or sick child's HIV status was seldom considered or investigated. At least a third of children requiring cotrimoxazole prophylaxis were not prescribed the antibiotic. Growth promotion and

nutritional counselling at well child visits was generally inadequate with not one of 11 children requiring food supplementation receiving it. The majority of facilities were adequately equipped and well-stocked with drugs. A lack of capacity to manage children with chronic conditions (such as asthma), mental health problems and disabilities exists.

Conclusion:

The poor quality of care offered to children in the richest city in Africa is a sad indictment of the inability of health service providers in the city to meaningfully address children's health needs. Nothing short of a deliberate and radical overhaul in the way that health care is organised for children, with clearly defined and monitored standard clinical practice routines, is likely to significantly change the status quo.