Practical Advice for Effective Healthcare Delivery: Three Principles to Promote Quality Child Healthcare Globally

Elvira G Beracochea

Introduction

Sadly, child health is one of the areas lagging behind when it comes to achieving the 2015 targets of the Millennium Development Goals. The saddest part is that in spite of having the medical knowledge and technology to save millions of lives, MDG4 will not be achieved by many countries at this time in history. Countries will have to implement more effective strategies and renew their efforts to accelerate achieving this goal. In fact, in 2004, Schellenberg and others demonstrated the effectiveness of using Integrated Management of Childhood Illnesses program (IMCI) as a strategy to deliver life-saving medical care for the most prevalent causes of child mortality: malaria, pneumonia, diarrhea, and dehydration and malnutrition. Along with adequate nutrition and vaccinations, the world could save millions of lives if only it had focus and leadership.

That is where you and I come in, to help get focus and support country leaders to implement IMCI and an effective child health program. If you are a healthcare or development professional working in an organization that wants to improve the child health program in any country quickly and dramatically, this article will help make a bigger and lasting impact by focusing on improving consistent growth monitoring, nutrition, immunizations, malaria prevention, and IMCI in every facility you can reach.

There are three principles you must implement to ensure that what you do improves not only your organization and its projects but also the whole country’s child health program; because in this way, you help fulfill the right of every child to receive quality healthcare and to live a healthy life. Before I tell you the three principles, I would like to ask you to think bigger and aim at improving the health system as a whole to deliver sustainable improved child health results. You are not there just to deliver health services or manage a clinic or a project. Your work can also impact the country’s child health program and the health system in the part of the country where you work.

Remember the “Global Health Impact Sequence”

Projects – Programs – Systems

Donor-funded Projects must improve the country’s Programs so that the country’s Health System delivers better quality services to every child everywhere every day.

Now that you have a bigger goal beyond your project or organization and the impact sequence is clear: Project-Program-System, let’s see those three principles you will put to work tomorrow:

Prevention, Education and Early Detection

The three principles that you have to strengthen in your country’s child health program are: prevention, education and early detection. These principles will ensure that the country’s child health program is able to prevent the most prevalent child conditions, educate mothers to provide appropriate nutrition and care, and support community health workers to do early detection of child health problems. Early detection is essential...
to save lives: a child that is not breastfed or gain-1.
ing weight, who does not sleep under a mosquito
net, to whom parents do not show emotional at-
tachment, or who is raised by siblings is at risk of
health problems. Most health workers know the
warning signs that a child may be at risk. We
must empower CHW to detect and use all re-
sources available to respond and save lives.

The best place to start applying these three
principles is with infants and children from birth to
11 months of age. Mortality is high in this group.
Let’s look at ways your organization or project can
improve the country’s Infant Health Program
(IHP). Begin by asking yourself and encourage
health providers you work with to ask themselves
these questions:

1. Is there an up-to-date infant health policy that
guides the IHP? Yes ☐ No ☐ Do not know ☐

2. If yes, do you have a copy and have you read it?

3. Do my team and I apply the 3 principles every
time we meet a mother with a well or sick child?
Yes ☐ No ☐ Do not know ☐

If your country has an IHP, get a copy, read it, and discuss it with your team to find ways you
can apply it. Use it to assess how well you are
doing. If not, do not wait to get started to improve
quality and coverage of infant healthcare. While
you help create the IHP or the whole child health
policy, you can use the Infant Quality Health Care
Checklist below (table 1), a simplified version of
the prevention, education, and early detection
principles and IMCI competencies that are re-
quired to deliver quality child healthcare. Having
clear responsibilities and accountability for results
achieves better and sustainable outcomes because
when everyone knows what to do, how, and when,
services will work even if you are not there to su-
pervise all the time.4

<table>
<thead>
<tr>
<th>Assessment Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the infant’s mother received at least 4 antenatal care visits?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the infant delivered by a trained attendant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the infant’s immunization schedule up-to-date?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has this infant received its dose of Vitamin A?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is this infant being breastfed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the mother wash her hands before feeding the infant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the infant’s growth what is expected for his or her age?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the infant’s parents spacing the birth of the next child?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the infant sleep under an insecticide-impregnated mosquito net?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the infant’s parents HIV/AIDS negative and know about prevention?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the mother know when and how to start complementary feeding?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the mother know about how to clean the infant’s mouth and teeth?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is the infant cared for by a responsible adult at home all the time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do the mother and father know how to play with, discipline, and stimulate the infant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the mother know how to detect diarrhea and prevent dehydration?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the mother know how to prepare ORS (oral rehydration salt)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the mother know how to detect rapid breathing and other danger signs of pneumonia?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

If you answered ‘yes’ to every question, then you are providing adequate primary in-
fant health care. Congratulations! You
should strive for a full score of 17 for every
infant. If not, then you now know what to
work on to help infants and their parents and
improve your program.

Discuss the checklist with your team and partners, and agree on ways to turn NOs into YESs. Think of the simplest and easiest steps you can apply right away, and take action to correct any departure from the checklist. For example, one simple step is to consistently smile, make eye contact, and use the mother’s name to establish rapport, so she can feel comfortable and ask questions about nutrition, vaccines, prevention, home treatments, etc.

The applications of these three principles and the Infant Quality Health Care Checklist above have been proven to prevent disease and mortality (WHO). You can use the checklist to monitor yourself, your team, and your partners to ensure you consistently apply the three principles when treating or caring for every child everywhere every day.

After analyzing the quality of care infants are receiving, you can use these same principles in the provision of health care for children 1-5 years of age. With the exception of breastfeeding, which usually has been discontinued by the child’s second birthday, all the other questions in the checklist still apply. For this age group, additional areas you might add to monitor are the child’s speech and motor development as well as detection of signs of child abuse, particularly if the child is an orphan.

I believe God wants us to think big and do our best in 2015. God knows every child deserves to go beyond their 5th birthday and celebrate their 85th birthday or more! We need to design and manage effective child health programs that go beyond child survival and consistently improve the quality of children’s healthcare and fulfill the right to health of every child (UN 1989).

Email me your success stories and challenges to strengthen your country’s IHP. I will be happy to help you figure out the best way you can achieve lasting impact this year. Let’s all work together. Let’s focus on improving child health and finish the unfinished agenda of MDG 4 and end preventable child and infant deaths.

References


Resources
1.IMCI site http://www.who.int/maternal_child_adolescent/topics/child/imci/en/


Competing Interests: None declared.