



Integrated management of newborn and childhood illness (IMNCI) quality of care assessment in Kakamega County, Kenya

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The study sought to examine and identify existing strengths and gaps in management of newborn and childhood illness in health facilities across Kakamega county. The design was an observational cross-sectional study. A structured checklist was used to collect data on the quality of care provided to the children in health facilities. Purposive sampling was used in selection of health facilities and health care providers (HCP).

Data was analyzed using software Epi Info to yield descriptive statistics. A total of 39 health facilities, 49 HCP, and 473 children were assessed. Only 7% of hospitals were taking oxygen saturation despite having pulse-oximeters and 63% of health facilities were taking anthropometrics measurements which are very vital in monitoring a child's development. Less than 40 % of HCP checked for HIV exposure, TB exposure, and developmental milestones.

Approximately, 60% of the HCP asked and assessed for general danger signs in sick children. The quality of counselling was suboptimal with about half of the mothers receiving counselling in at least six of the nine areas of counselling, with counselling on child development being the least. Adopt a mechanism of regular on-the-job training, mentorship, and follow-up by assigning mentors to support specific HCP and health facilities through both face to face and virtual consultations using contextualized integrated mentorship and supervision checklist.

