"EFFECTIVENESS OF A CHILD-CENTERED APPROACH IN PRIMARY HEALTH CARE: An RCT IN RURAL BURKINA FASO"

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BACKGROUND AND RATIONALE

- Major bottleneck is the incomplete and/or dysfunctional implementation of interventions in a district health system.
- Three important dimensions can be identified
  - **Communicational dimension**
    - health workers lack essential skills in patient centred communication for nutrition counselling and child health promotion.

BACKGROUND AND RATIONALE

– **Functional dimension**

- Nutrition dimension of the IMCI program often neglected by health workers
- Revised strategy for growth promotion as apposed to growth monitoring alone based on a rationalised calendar of contacts and an integrated approach

BACKGROUND AND RATIONALE

Structural dimension

- Reorganise treatment of malnutrition :
  - At home and first line health services
  - Restrict hospital admission to specific cases, add RUTF to the admission phase.
- Introduce case detection in the community (CHW and (MUAC) and at curative services (use W/H at every consultation).

CASE OF under-5 kids in HOUNDÉ DISTRICT

- 14 % wasted, 34.2% stunted
- 39% sick during the previous two weeks
- 47.8% were given the colostrum
- Breastfeeding duration: 15.9 ±5 months.
- 39.1% received complementary food before 6 months.
- Simple millet porridge in 85.5%
- The average score of variety in the last 24 hours, on 9 food groups was 2.0±1.17 with a median of 2.0.

CASE OF **HOUNDÉ DISTRICT**

- **Communicational dimension (270 interviews)**
  - 62.5% of the caregivers didn't receive nutritional counselling;
  - 83.0% not advised on increasing fluids in diarrhoea;
  - 55.3% not advised on continuing feeding sick child,
  - 69.8% of pregnant women didn't receive food practices cons;
  - 13.7% declared food which was forbidden them, by their neighbourhood
  - 69.8 of pregnant didn't receive any counselling on exclusive breastfeeding
  - 1.2% any counselling on breastfeeding practice
  - Only 27.5% of interviewees had received counselling on complementary feeding though health facilities

CASE OF **HOUNDÉ DISTRICT**

- **Functional dimension of health services**
  - The majority of facilities (23/27) offer growth promotion activities during immunization sessions, but participation rates remain low (366 children in 2007).
  - 70.6% of sick children were not weighted;
  - 99.1% didn't have their length/height measured;
  - health workers failed to ask about diet modifications in 75% of the cases.
  - There is no follow-up file for malnourished children
  - 29.2% of the newborns were not weighted

CASE OF **HOUNDÉ DISTRICT**

- **Structural dimension of health services**
- 96% have only one baby balance, but only 1/5 had length/height scale
- There is no functional Nutrition Rehabilitation Centre (NRC) in the district. The cases of severe malnutrition must be transferred at Bobo (more than 100km of the district hospital).

METHODS

- **Study area**
  - The intervention will be carried out in the sanitary district of Houndé.
  - The district counts 27 primary health centres and one hospital district.
- **Study design**
  - The intervention will be evaluated by a pair-matched, cluster-randomized controlled trial.
  - Health facilities will be matched by pair on the basis of accessibility, functioning criteria and population characteristics
  - Six pairs

THE INTERVENTION

- ***Improving the communicational dimension***
  - Training HW on **nutrition counselling** and **child–centeredness**.
  - Training HW on IMCI based on training Manual elaborated by the WHO and UNICEF
  - Introducing a regular supportive supervision of health workers
- ***Improving the functional dimension***
  - Effective implementation of IMCI and a revised program of growth monitoring.

THE INTERVENTION

- ***Improving the Structural dimension***

  To enhance local management of moderate and severe acute malnutrition
- Case detection:
  - During regular contacts for health promotion, immunization sessions
  - Community-based identification CHW
  - During sessions of the systematic follow-up
  - At each curative consultation
- Treatment of moderate acute malnutrition:
  - in an ambulatory program supervised by FLHS
  - appropriate child-centred counselling on feeding practice and care provision. Dietary diversification + add oil to the diet
  - Home visits to assess feeding practices, and some specifics feeding recommendations ????

THE INTERVENTION

- **Severe acute malnutrition treatment**
  - Treatment follow the WHO standard protocol for the phase 1 when complications (stabilization in hospital).
  - Continue with RUTF until discharge
  - Follow-up at FLHS

Admission criteria:
Children from 6 to 59 months for which the P/T<70% or MUAC <110 mm or with bilateral oedema

Check for complications and do the appetites test

Children with appetite, and no complication

Children with complication and/or failing appetite test

Phase 2 Out-patient follow-up in the primary health facilities

Fails appetite or develops medical complication.

Phase 1: in patient / F 75 in the district hospital

Return of appetite and reduction of oedema or Stabilization

Composition of the Houndé RUTF

Energy (kcal)	516
Dry matter (g/100g)	97,1
Ash (g/100g)	3,5
Total Dietary Fibre (g/100g)	12,7
Carbohydrates (g/100g)	22,1
Protein (g/100g)	20,4
Fat (g/100g)	38,4
SAFA	11,2
MUFA	16,8
PUFA	10,2
ω 3	0,5
ω 6	9,7

EVALUATION

- The evaluation will based on the program **theory**
- **The intervention processes** will be assessed in a sub sample of 4 health facilities by using:
  - structured observations of health facilities activities,
  - regular meeting in the health facilities,
  - interview of caregiver and health workers,
  - cross-sectional survey.
- After the pilot phase the process of implementation will be revised.