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عنوان مقاله:

Effects of Training Health Workers in Integrated Management of Childhood Illness on Quality of Care for Under-\(\Delta \) Children in Primary Healthcare

Facilities in Afghanistan

محل انتشار:

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خلاصه مقاله:

Background Training courses in integrated management of childhood illness (IMCI) have been conducted for health workers for nearly one and half decades in Afghanistan. The objective of the training courses is to improve quality of care in terms of health workers communication skills and clinical performance when they provide health services for under-\(\Delta \) children in public healthcare facilities. This paper presents our findings on the effects of IMCI training courses on quality of care in public primary healthcare facilities in Afghanistan. Methods We used a cross-sectional post-intervention design with regression-adjusted difference-in-differences (DiD) analysis, and included Y groups of health workers (treatment and control). The treatment group were those who have received training in IMCI recently (in the last \tau months), and the control group were those who have never received training in IMCI. The assessment method was direct observation of health workers during patient-provider interaction. We used data, collected over a period of r years (Y · \dot\dot\dot\ Y·\Y) from primary healthcare facilities, and investigated training effects on quality of care. The outcome variables were f indices of quality care related to history taking, information sharing, counseling/medical advice, and physical examination. Each index was formed as a composite score, composed of several inter-related tasks of quality of care carried out by health workers during patient-provider interaction for under-δ children. Results Data were collected from YTT primary healthcare facilities with ۵۸۱A patients. Quality of care was assessed at the level of patient-provider interaction. Findings from the regression-adjusted DiD multivariate analysis showed significant effects of IMCI training on Y indices of quality care in Y. 18, and on Y indices of quality care in Y·VV. In Y·VE two indices of quality care showed improvement. There was an increase of A.V% in counseling/medical advice index, and A.V% in physical examination index. In Υ·۱٧, there was an increase of Δ.Υ% in history taking index, Λ.·% in information sharing index, 1·.% in counseling/medical advice index, and \V.Y% in physical examination index. Conclusion Conducting regular IMCI training courses for health workers can improve quality of care for under-\(\Delta \) children in primary healthcare facilities in Afghanistan. Findings from our study have the potential to influence policy and strategic decisions on IMCI programs in developing countries

كلمات كليدى:

IMCI, Training, Quality of Care, Primary Healthcare, Afghanistan

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