

**QUALITY OF CARE FOR CHILDREN UNDER FIVE YEARS WITH  
UNCOMPLICATED MALARIA AT PRIVATE CLINICS IN MAKINDYE  
DIVISION, KAMPALA DISTRICT**

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**2012/HD07/1758U**

**DISSERTATION SUBMITTED TO MAKERERE UNIVERSITY SCHOOL OF  
PUBLIC HEALTH IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR  
THE AWARD OF MASTERS OF HEALTH SERVICES RESEARCH OF  
MAKERERE UNIVERSITY**

**NOVEMBER, 2015**

## ABSTRACT

**Introduction:** Over 60% of the population in developing countries seeks for care from private health facilities. In Uganda over 80% of the population access health care from small drug shops, private clinics and private-not-for profit providers because they are closer to the communities and are perceived to be affordable. The quality of care for treatment of children with uncomplicated malaria in clinics is not well documented. Health providers in private clinics more frequently do not conform to the accepted medical standards and guidelines because their primary goal is making profit. Therefore quality of care for children with uncomplicated malaria in such settings is generally sub-optimal with low adherence to treatment guidelines.

**Objective:** We assessed the quality of care provided to children under five years with uncomplicated malaria at private clinics in Makindye division, Kampala district, Uganda.

**Methodology:** A Cross-sectional survey was conducted in 33 private clinics. Data was collected using patient exit interviews, questionnaires for health workers, observation of health workers during consultation, health facility audits and Key Informant Interviews. A total of 198 exit interviews were conducted with caretakers of children and 33 healthcare workers were observed while treating patients and were interviewed thereafter. Seven key informant interviews were conducted with heads of private clinics. Data was analyzed using Principal Component Analysis (PCA) to assess overall quality of care and Generalized Estimating Equations (GEE) to determine predictors of quality of care for children with uncomplicated malaria at private clinics.

**Results:** The proportion of children under five who had quality care for treatment of malaria was found to be 53.5% (95% CI, 0.465-0.605). In the adjusted analysis, predictors of quality of care for children with uncomplicated malaria at private clinics were; formal education of care taker (AOR=0.86, 95% CI; 0.77-0.96), respondent being a father (AOR=0.63 95% CI; 0.50-0.79) and access to treatment guidelines (AOR= 0.81, 95% CI; 0.62 – 1.06).

**Conclusion:** Quality of care for children with uncomplicated malaria was sub-optimal because of some major deficiencies detectable at all points of care. Strategies to improve quality of care in this setting will go a long way in strengthening the case management component of malaria control.