



UNIVERSITY OF MALAWI
COLLEGE OF MEDICINE

**Quality of Integrated Management of Childhood Illnesses (IMCI) in
Mulanje District: A cross sectional study.**

By

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CERTIFICATE OF APPROVAL

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DECLARATION

I Dyson Austins Mwandama hereby declare that this thesis is my own work and has not been presented for any other awards at the University of Malawi or any other University.

Name of student **Dyson Austins Mwandama**

Signature _____

Date 12 May 2008

DEDICATION

I would like to dedicate this work to my wife Sarah who throughout the process of my research and studies provided me with moral, financial and spiritual support. During the hard and sleepless nights she was there for me. May God bless her.

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ABSTRACT

Aim: To evaluate the quality of IMCI care for under-five children in Mulanje District.

Design: A cross sectional, observational study was conducted at all fifteen government health facilities in Mulanje District. Convenience sampling was used to select three hundred and fifty children and their caretakers. The standardized Multi-Country Evaluation (MCE) tool for IMCI developed by WHO/UNICEF was used. In addition a semi-structured questionnaire was developed to interview key informants in Integrated Management of Childhood Illnesses. The study was conducted between the months of January and March, 2007.

Results: A total of 233 sick children and 117 well child visits were observed. All observed health workers were trained in IMCI with no performance difference by year of IMCI trained ($X^2=3.309$, $p=0.508$). Despite this, many IMCI assessments processes in the sick child visits were variably deficient. An antibiotic was prescribed for almost 52.78% of the sick children- its use was unwarranted in 33.2% of instances. Antimalarials were correctly prescribed in 94.1% of instances. Growth monitoring and nutritional counselling at well child visits was performed by Health surveillance Assistants. Three quarters of the children qualifying for food supplementation did not receive it.

Conclusion: The study found out that there are easily remediable deficiencies in the provision of quality IMCI care in Mulanje District. However, the study findings also suggest that implementation of IMCI has lead to gains in some aspects of health systems support. Relatively small changes in equipment provision and supportive supervision of IMCI providers will make significant improvements in achieving the Millennium Development Goals (MDGS) of reducing child mortality by two-thirds by 2015.

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ABBREVIATIONS AND ACRONYMS

CH PGC	Community Health Postgraduate Committee
COMREC	College of Medicine Research Ethics Committee
DHMT	District Health Management Team
DHO	District Health Office
DIP	District Implementation Plan
EPI	Expanded Programme for Immunisation
HMIS	Health management Information System
IMCI	Integrated Management of Childhood Illnesses
ITNs	Insecticides treated nets
MA	Medical Assistant
MCE	Multi- Country Evaluation
MDHS	Malawi Demographic Health Survey
MSF	Medecins San Frontiers
MSH	Management Sciences for Health
MUAC	Mid-Upper Arm Circumference
OPD	Outpatient Department
POW	Programme of Work
SPSS	Statistical package for Social Sciences
SWAp	Sector Wide approach
UNICEF	United Nations Children's Fund
WHO/CAH	Department of Child and Adolescent Health and Development of the World Health Organisation

MDGs Millennium Development Goals