FACTORS INFLUENCING IMPLEMENTATION OF INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES AMONG HEALTH WORKERS AT ST. FRANCIS HOSPITAL MUTOLERE KISORO DISTRICT.

A RESEARCH REPORT SUBMITTED TO UGANDA NURSES AND MIDWIVES EXAMINATION BOARD.

IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF A DIPLOMA IN MIDWIFERY

BY

MAHIRWE FORTUNATE

JAN22/U024/DME/005

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ABSTRACT

Integrated management of childhood illnesses is a strategy developed by WHO, PAHO and UNICEF with the aim of improving child health and development. The purpose of the study was to determine factors influencing implementation of IMCI among health workers at St. Francis hospital Mutolere Kisoro district. A descriptive cross-sectional study involving both quantitative and qualitative was used and purposive sampling procedure was used to select the department's handling children and convenience sampling used to recruit 40 health workers who participated in the study.

Data was collected using pretested questionnaire and key informant guide and then analyzed using SPSS software and Microsoft excel and results presented in form of frequency tables, graphs and pie charts for easy interpretation.

Findings showed that minority 6(15%) of the respondents lacked knowledge about IMCI, 24(60%) of respondents had guidelines on ward, 12(30%) consulted guidelines and 18(45%) referred very sick children, 22(55.0%) lacked training on IMCI and 20(50%) lacked emergence drugs. Findings further revealed that 24(60%) reported availability of guidelines in their departments, 23(57%) had no CPD'S, 29(72.5%) not motivated, 24(60%) had shortages of essential medicines and 23(57.5%) had no supervision.

From the above findings, the researcher concluded that the implementation of IMCI was influenced by health worker related factors which included majorly lack of knowledge, availability of guidelines, training on IMCI, availability of emergency drugs for IMCI and this led to referral of very sick children. The organizational factors included; availability of resources allocated to IMCI implementation program, continuous professional development, staff motivation and supervision.

Therefore, study recommended that CPDs on IMCI should be conducted and all health workers should be encouraged to attend, avail the IMCI guidelines to all the departments, support supervision of staff and motivation so as to boost their knowledge and morale to prevent child death.

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FACTORS INFLUENCING IMPLEMENTATION OF INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES AMONG HEALTH WORKERS AT ST. FRANCIS HOSPITAL MUTOLERE, KISORO DISTRICT

AUTHORISATION PAGE

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DEDICATION

I dedicate this dissertation to my beloved parents, children, sisters and brothers who spent their time praying and helping me for the betterment of my future. In a special way I dedicate it to my dearest husband MR. GAKURU SEMAANA GIDEON for his love and financial support during my struggle.

May the almighty God bless them abudantly.

ACKNOWLEDGEMENT

The successful completion has been through the almighty God who has given me good health. May his name be glorified now and forever.

Great thanks go to my mother Mrs. NYIRANDEKEYAHO OLIVAH, Sisters, ANITA, MARY CONFIDENCE for their holistic support thought my studies. Great thanks also go to my dear husband MR. GAKURU SEMAANA GIDEON, children ANDREW, IVAN and IMMACULATE for their love and support.

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MAY THE ALMIGHTY GOD BLESS THEM

TABLE OF CONTENTS

ABSTRACT iii

COPYRIGHT PAGE iv

AUTHORISATION PAGE v

DEDICATION vi

ACKNOWLEDGEMENT vii

LIST OF TABLES xii

LIST OF FIGURES xiii

LIST OF ABREVIATIONS xiv

CHAPTER ONE: INTRODUCTION 1

1.1 Introduction 1

1.2 Problem statement 3

1.3 Purpose of the study 3

1.4 Specific objectives 4

1.5 Research questions 4

1.6 Justification of the study 4

CHAPTER TWO: LITERATURE REVIEW 6

2.0 Introduction: 6

2.1 Health workers related factors influencing implementation of integrated management of childhood illnesses. 6

2.2 Organizational related factors influencing implementation of integrated management of childhood illnesses. 8

CHAPTER THREE: METHODOLOGY 10

3.1Introduction 10

3.2. Research design 10

3.3 Study setting and rationale 10

3.4 Study population 11

3.4.1 Sample size determination 11

3.4.2. Sampling procedure 11

3.4.3. Inclusion criteria. 11

3.5 Definition of variables. 12

3.5.1. Dependent variables. 12

3.5.2 Independent variables. 12

3.6 Research instruments 12

3.7 Data collection methods 12

3.7.1 Data management 13

3.7.2 Data analysis 13

3.8 Ethical considerations 13

3.9 Limitations of the study 13

3.10 Dissemination of results. 13

CHAPTER FOUR: RESULTS 14

4.0 Introduction 14

4.1 Biographical data representation of respondents 14

4.2 Health worker related factors influencing implementation of integrated management of childhood illnesses (IMCI) at St Francis hospital Mutolere Kisoro district 16

4.3 Organizational related factors influencing implementation of integrated management of childhood illnesses at St. Francis hospital Mutolere Kisoro district. 23

CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS. 28

5.0 Introduction 28

5.1 Discussion of findings 28

5.1.1 Demographic characteristics. 28

5.1.2 Health worker related factors influencing the implementation of IMCI at St. Francis hospital Mutolere, Kisoro District. 29

5.1.3 Organizational related factors influencing implementation of integrated management of childhood illnesses at St Francis hospital Mutolere Kisoro District. 31

5.2 CONCLUSIONS 32

5.3 RECOMMENDATIONS 33

5.3.1 To the health workers 33

5.3.2 To the facility administration 33

5.4 IMPLICATION TO THE NURSING PRACTICE 34

REFERENCE 35

APPENDICES 38

APPENDIX I; INFORMED CONSENT FORM 38

APPENDIX II: QUESTIONAIRE 39

APPENDIX III: KEY INFORMANT GUIDE 45

APPENDIX IV: PROPORSAL APPROVAL FORM 46

APENDIX V: INTRODUCTORY LETTER 47

APPENDIX VI: RESEARCH BUDGET 48

APPENDIX VII: A PROPOSED WORK PLAN 49

APPENDIX VIII: MAP OF UGANDA SHOWING KISORO DISTRICT 50

APPENDIX IX: AMAP OF KISORO DISTRICT SHOWING THE LOCATION OF ST. FRANCIS HOSPITAL MUTOLERE 51

LIST OF TABLES

Table 1: Distribution of respondent's socio demographic data 15

Table 2 showing Circumstances under which IMCI guidelines are referred to, respondents who trained in IMCI guidelines and health worker sources of information about IMCI. 19

Table 3: showing number of staff on duty per shift, attitude of health workers per towards IMCI guidelines and perception towards antibacterial resistance to IMCI drugs. 23

Table 4: Showing facility based CMEs on IMCI for health workers, staff motivation to carry out IMCI implementation program and shortage of essential IMCI medicine 25

LIST OF FIGURES

Figure 1: Showing the respondents who understood the definition of integrated management of childhood illness 16

Figure 2: Showing availability of IMCI guidelines in the departments. 17

Figure 3: shows percentage of respondents who refer to IMCI guidelines while attending to children in the department. 18

Figure 4:showing the availability of emergency IMCI drugs in the departments 20

Figure 5: showing health workers response to severely sick children 21

Figure 6: A pie- chart workers who council mothers on important IMCI areas 22

Figure 7: showing resources allocated to IMCI implementation programs 24

Figure 8: showing Hospital supply of professional IMCI reference job aid. 24

Figure 9: Showing the number of health workers who received formal IMCI training 26

Figure 10: : showing shortage of essential medicines in the department. 26

Figure 11: Showing IMCI facility team support supervision to the departments. 27

LIST OF ABREVIATIONS

IMCI: Integration Management of Childhood Illness

WHO: World Health Organization

PAHO: Pan American Health organization

OPD: Out-patient department

MCH: Maternal and child health

KM: kilometers

UNCEF: United Nations international children's emergency fund

MOH: Ministry of health

PHC: Primary health care

PHCN: Primary health care nurses

CHW: community health care nurses

DAMMM: Diarrhea, acute respiratory infection, Malaria, Measles, Malnutrition

UDHS: Uganda demographic health survey

HAS: health surveillance assistants

UN: united nations

CHAM: Christian health association of Malawi

MDG: millennium development goals

CHW: community health workers

CPD: Continuous Professional development

CHAPTER ONE: INTRODUCTION

1.1 Introduction

This chapter will present the background of the study/introduction, problem statement, and purpose of the study, specific objectives, research questions and justification for the study.

Integrated management of childhood illnesses (1MCI) is a strategy developed by the World Health Organization (WHO), Pan-American health organization (PAHO), and the United Nations Children's Fund (UNICEF), with the aim of improving the health status of the world's children. The strategy focuses on three main components, which is improving case management skills of health workers, improving health systems support, and improving family and community practices (WHO, 2014).

A gap was identified in the training of the PHCNs as it did not prepare them sufficiently to manage children below five regarding Diarrhea, Acute respiratory infections, Malaria, Measles and Malaria. In response to this challenge, WHO and UNICEF in the early 1990s developed Integrated Management of Childhood Illness (IMCI), a strategy designed to reduce child mortality and morbidity in developing countries. The approach focuses on the major causes of deaths in children through improving case management skills of health workers, strengthening the health system, and addressing family and community practices.

According to WHO 2015, there are three main challenges today that involve the implementation of IMCI. These challenges include; how to deliver existing effective interventions to those who need them in the community, how to accelerate implementation to reach maximum coverage while sustaining the achievements made, and how to maintain political support and make resources available to back the implementation.

Globally, 5.9 million children under the age of 5 years died in 2015, with the death of 16,000 children each day and the risk of losing a child before reaching 5 years of age is highest in African Region (81 per 1,000 live births) which is seven (7) times more than the European Region (11 per 1,000 live births) (World Health Organization, 2015). Furthermore 5.0 million children under 5 years died globally due to infectious diseases like pneumonia, diarrhea, malaria and other intrapartum related conditions (UN IGME, 2023).

In sub-Saharan Africa, under-five child deaths is a major health problem (WHO, 2013, 2015). The leading causes of deaths are pneumonia, preterm birth complications, diarrhea, malnutrition, birth asphyxia and malaria (Liu, *et al*; 2012). In Nigeria, previously about 2,300 under-five children died every day of childhood related illness. However recent analysis has shown that Nigeria is making a steady progress in reducing mortality rates to as few as five per thousand (UNICEF, 2013). Relatedly in Tanzania, the most common causes of under-five deaths are preventable conditions such as pneumonia (13%), malaria (11%) and diarrhea (8%) which necessitated the government of Tanzania with support from other development partners to implement high impact child survival interventions for example Integrated Management of Childhood Illness (Liu, *et al;* 2012).

In Uganda, IMCI implementation started in 1990s, and has demonstrated improvement in provision of child care (Kruger, Heinzel and Ali, 2017). Till now the IMCI strategy has not been undertaken seriously by many health workers in most parts of Uganda due to a number of reasons that are not clearly understood.

It's upon this background and the fact that in Mutolere Hospital and Kisoro district in general, no such study has been carried out that prompted the researcher to investigate the factors influencing the implementation of IMCI among health workers at St Francis hospital Mutolere.

1.2 Problem statement

In Uganda, the under-five child mortality rate is still high at 64/1000 live births and the leading causes of these deaths are pneumonia, diarrhea, anemia, malaria and malnutrition (UDHS, 2016). This under five morbidity and mortality has resulted into increased government expenditure due to prolonged admissions or re admissions, serious economic crisis and psychological torture in the population due to lots of time and resources families and communities spend in hospitals and other health facilities looking after their sick children. Despite the many efforts put in place by Ugandan government to improve child health through IMCI strategy, the implementation of IMCI by the health workers in health care facilities is still wanting. At St Francis hospital Mutolere, it was observed that children spent longer periods on wards and 4/40 children assessed using IMCI guidelines improved faster compared to those not assessed using IMCI guidelines although the hospital organized an in-service training for health workers on IMCI provided emergency drugs on their list of essential drugs and held continuous medical education. This has not only affected the quality of care being given to children under five but has worsened the social and economic burden of most families as they stay in hospital longer caring for their young ones. Hence the need to determine factors influencing the implementation of integrated management of child hood illnesses among health workers at St Francis hospital Mutolere, Kisoro district.

1.3 Purpose of the study

To determine factors influencing implementation of integrated management of child hood illnesses among health workers at St Francis hospital Mutolere, Kisoro district.

1.4 Specific objectives

1.4.1 To find out the health workers factors influencing implementation of integrated management of child hood illnesses at St Francis hospital Mutolere, Kisoro district.

1.4.2 To identify the organizational factors influencing implementation of IMCI among health workers at St Francis hospital Mutolere, Kisoro district.

1.5 Research questions

1.5.1 What are health worker related factors influencing the implementation of IMCI at St Francis hospital Mutolere, Kisoro district?

1.5.2 What are organizational related factors influencing implementation of IMCI among health workers at St Francis hospital Mutolere, Kisoro district?

1.6 Justification of the study

According to the Uganda Government Heath Sector Strategic and Investment Plan III (HSSIP III), IMCI was recognized as the main approach for treating children. Despite that recognition, there are still gaps in policy provisions for child-appropriate dosage formulations and so far, there has been no formal adoption of these formulations as a policy. The study will determine the factors influencing implementation of IMCI. The findings will be of great benefit to the government to help in reducing infant mortality through decreasing the challenges which health workers face while managing a sick child. Secondly it will help the district management in effective operational planning through optimal workforce deployment programs. More so the results of the study will help to promote IMCI hence safeguarding against health crisis. If the study is not addressed, there will be poor management of sick infants thus limiting the

achievement of millennium development goal number 4 and at St Francis hospital Mutolere, there will be increased re admissions due to poor management of sick children.

In view of the above, it becomes extremely vital to determine factors influencing the implementation of integrated management of child hood illnesses among health workers at St Francis hospital Mutolere, Kisoro district and to come up with the possible remedies that enhance the implementation of IMCI among health workers at St Francis hospital Mutolere. If this study is not done children will continue to overstay in hospital and be poorly managed.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction:

This chapter will discuss the literature concerning the factors influencing implementation of IMCI in Ugandan hospitals and elsewhere in the world. This literature will be gathered from published and unpublished work and these include Textbooks, Medical journals, Analytical reports from different organizations and scholars (National and International) and Internet. It will be organized basing on the specific objectives of the study as the health worker and organizational related factors influencing implementation of IMCI

2.1 Health workers related factors influencing implementation of integrated management of childhood illnesses.

Manzi, et al. (2018) on economic evaluation of mentorship and enhanced supervision program to improve quality of IMCI found out that mentorship is one of the programs that strengthen implementation of IMCI practices among health workers. More so Kiplagat (2014) in his study lack of onsite mentoring is among the factors influencing implementation of IMCI usage among health workers.

In a study done by Boscho (2019) revealed that un availability of IMCI charts as well as staffs not using standardized IMCI checklists influence the implementation of IMCI among health workers. More so Abebe, Kassaw and Mengistu (2019), their study findings revealed that lack of materials such as IMCI charts limited implementation of IMCI since health workers could fail to get where to refer when managing child hood illnesses.

According to a study done in Nigeria by Adekanye and Odetola (2014) about utilization of IMCI for child health revealed that nurse's knowledge greatly influence implementation of IMCI interventions. Similarly, Silali (2014) in his study findings indicated that knowledge of service

provides workers motivation in implementing IMCI during management of child hood illnesses under five years.

Carai, et al. (2021) revealed that IMCI provides standard treatment of guidelines which will help to implement IMCI usage among health workers and act as treatment decision tool for child hood illnesses. In addition, a study done in Tanzania by Indindili, et al. (2018) on factors influencing IMCI found out that availability of IMCI guidelines consist of essential drugs and the recommended doses which help health workers to implement IMCI

A study done by Venkatachalam, et al. (2012) in North India showed that nearly 40% of the health worker respondents did not know how to appropriately assess, classify and treat the common childhood illnesses and thus failure to implement IMCI among health workers leading to poor assessment and treatment hence resulting into poor prognosis of children below five years of age.

According to Kiplagat (2014), in his study to assess the factors that influence the implementation of IMCI indicated that low initial training coverage among the health workers lead to lack of skills and awareness in use of IMCI strategy where by only 50% of health workers were trained in implementing the IMCI approach. Furthermore Afolalu, (2020) in his study on factors on factors influencing the implementation of IMCI revealed that lack of sufficient trained IMCI health workers made it difficult for other health workers to diagnose child hood illness using IMCI approach.

Afolalu et al; (2020) in his study revealed that lack of supervision is among health worker factors influencing implementation of IMCI because of location of the facility which may be hard to reach. In addition, a study done by Florence (2020) indicated that health workers who are also trained must be supervised to reinforce on their skills in implementation of IMCI.

According to the study done by Suza and Siregar (2021) found out that attitude influence implantation of IMCI where by majority of health workers have positive attitude towards IMCI approach in managing child hood illnesses under five years. Furthermore a study done by Nesreen M. kamal Elden, et al, (2018) in his study found out that health care providers had a positive attitude towards management of children uder five years with child hood illnesses using IMCI approach and this could ease the implementation of IMCI.

2.2 Organizational related factors influencing implementation of integrated management of childhood illnesses.

According to the study done by Felicia, Lufuno and Molecokodi (2019) it was revealed that lack of human resources affected the implementation of IMCI whereby majority of the participants in the study stated that the nurses in the Primary Health Care found it difficult to implement IMCI due to an increase in nurse- patient ratio. Furthermore, Titaley, Jusril, Ariawan, et al; 2014 in their study revealed that 18 % of the respondents stated that the shortage of health workers led to increase in the workload hence a challenge in implementation of IMCI. More so studies done in Malawi reported sub optimal IMCI implementation for pneumonia with issues in clinical assessment, quality of diagnosis and antibiotic prescription due to work force shortages. (Johansson al;2017)

Non-availability of equipment and medical supplies like Mid Upper Arm Circumference (MUAC) tapes and length boards impacted growth monitoring and malnutrition activities hence becoming a barrier to effective IMCI implementation (Himani, Wiedaad & Haroon 2018). Furthermore, (Boniphace, Zaayeem and Steven, et al; 2018) their study revealed that availability of essential medicines like amoxycillin and ampicillin affected the implementation of IMCI

where it was indicated that majority of the health centers had a serious shortage of essential medicines. According to Nsabagasani et al 2016 in his study on better medicines for children within the IMCI framework in Uganda revealed that availability of new treatment guidelines and protocols were highly essential where by more than half (73%) of health workers stated that lack of essential guidelines affected the enactment of IMCI programs.

According to the study done by Himan et al; 2018 it was revealed that inadequate counseling and health education to mothers of how to use and store medications as recommended on IMCI guidelines, affected care giver compliance thus limiting the implementation of IMCI.

A study by Renosa et al; 2021, it was revealed that motivation among service providers limited the delivery of IMCI services as most of the participants reported that the process was too laborious and there was high pressure imposed on the health workers. More so, Lal et al; (2021) in his study reported that staff motivation through developmental programs like additional trainings influenced the implementation of IMCI whereby 90% of the respondents stated that the motivational training was excellent.

CHAPTER THREE: METHODOLOGY

3.1Introduction

This chapter explains the methods and techniques the researcher used to do a study on factors influencing implementation of IMCI at St Francis hospital Mutolere Kisoro district. It describes the study design and rationale, study setting and rationale, study population, sample size determination, sampling procedures, inclusion criteria, definition of variables, research instruments, data collection procedures, data management, data analysis, ethical considerations, limitation of the study and dissemination the results.

3.2. Research design

Research design is an inquiry which provides specific direction for procedures in research (Creswell 2014). The study used a descriptive cross-sectional method that employed both qualitative and quantitative methods because it's balanced, detailed, accurate and contextualized.

3.3 Study setting and rationale

The study was carried out at St Francis hospital Mutolere a catholic founded hospital which offers medical services by different health care providers. The hospital is a non-governmental health facility (Private not for profit) under Kisoro district local government with the bed capacity of 210. The hospital is located in south western Uganda, Kisoro district, Bufumbira East County, Nyakabande Sub- County, Gasiza parish, Mutolere village. It serves not only its catchment area but also patients from other sub counties of Kanaba, Chahi, and patients from Rwanda and Congo. It's about 4 km from Kisoro town and the distance is about 500km from Kampala the capital city of Uganda. The hospital was chosen because it has an established

multiple departments like OPD, MCH and pediatrics where recommended health services of IMCI are offered and they interface and assess children regularly.

3.4 Study population

The study population comprised of all the health workers working in the following departments at St Francis hospital Mutolere. These departments were pediatric ward, Outpatient department (OPD) and maternal child health department (MCH). These comprised of nurses, doctors, midwives, nursing assistants and Volunteers.

3.4.1 Sample size determination

The sample size was 40. These were the total number of staff working in Pediatric ward, MCH and OPD. This sample size was reasonable enough to give reliable results.

3.4.2. Sampling procedure

Purposive sampling procedure was used to select the department; convenience sampling was used to select the health workers because the researcher was able to interview all health workers available on duty on a particular day as long as they were willing to participate until the sample size was reached

3.4.3. Inclusion criteria.

Since our sampling procedure was convenience, then everyone was included in the sample as long as he/she works in pediatric, MCH and OPD department

3.5 Definition of variables.

3.5.1. Dependent variables.

Implementation of Integrated management of child hood illness (IMCI): This is an integrated approach that focuses on the health and wellbeing of a child. IMCI implementation aims to reduce preventable mortality, minimize illnesses and disability and promote healthy growth and development of children under five years of age.

3.5.2 Independent variables.

Factors influencing implementation of IMCI: These factors includes, availability of the IMCI guidelines and emergency drugs, supervision and motivation.

3.6 Research instruments

The researcher used a pretested semi structured questionnaire and key informant guide to obtain data regarding the factors influencing the implementation of IMCI among health workers at St. Francis hospital Mutolere Kisoro district.

3.7 Data collection methods

A letter was obtained from the research committee and taken to the management of St. Francis hospital Mutolere and to the in charges to allow the researcher to collect data. The researcher explained the purpose of the study and obtained consent from the respondents. Respondents were offered semi structured questionnaires and key informants given key informant guide to fill and return.

3.7.1 Data management

Data management is simply the effective handling of information that has been created in the course of research. It's an integral part of the research process. This was done in the following ways: collecting data, editing, analyzing and transforming.

3.7.2 Data analysis

The researcher used SPSS software and Microsoft excel and summarized data in form of tables, percentages and graphs

3.8 Ethical considerations

An introductory letter from Mutolere school of Nursing and Midwifery to the in-charges of these departments (MCH, OPD, and Pediatric) seeking for their permission to allow me carry out research from the said facilities was obtained. In return, a written consent was obtained from the respondents and to ensure maximum confidentiality of individual, respondents were requested not to write their names on the questionnaires.

3.9 Limitations of the study

The researcher met difficult staff who had resistance in answering questions. The researcher solved this by explaining to the participants that the research was purely academic.

3.10 Dissemination of results.

Three copies were produced; one was submitted to Mutolere School of nursing and midwifery as an academic fulfillment for the award of Diploma in Midwifery. Another copy to the Uganda Nurses and Midwives Examinations Board and the third was a personal copy. Later feedback was given to the stake holders of hospital highlighting on key findings of the study.

CHAPTER FOUR: RESULTS

4.0 Introduction

This chapter presents findings of the study, analysis, and data interpretation of data collected on factors influencing implementation of integrated management of childhood illnesses at St. Francis hospital Mutolere Kisoro district. Data obtained was gathered from 40 respondents. The researcher used self-administered pretested questionnaire and key informant guide to collect data from respondents and data was analyzed using Statistical package for social science and Microsoft excel 2010. Responses from respondents were presented in frequency tables, graphs, pie charts and in form of percentage.

4.1 Biographical data representation of respondents

The choice of respondents was based on age, sex, marital status, education, cadre and experience as presented in tables below.

Table 1: Distribution of respondent's socio demographic data

Variable	Frequency (N)=40	Percentage (%)
Age in years		
20-29	19	47.5
30-39	18	45
40-49	3	7.5
Sex		
Male	5	12.5
Females	35	87.5
Marital status		
Single	**5**	**12.5**
Married	32	80.0
Divorced	3	7.5
Level of education		
Secondary	3	7.5
Tertiary	34	85.0
University	3	7.5
Cadre		
Doctor	1	2.5
Nurse	10	25.0
Clinical officer	1	2.5
Others	1	2.5
Years of experience		
Less than or equal to 2 years	7	17.5
3-5 years	18	45.0
6-10 years	10	25.0
Above 10 years	5	12.5

Results from table 1 above shows that majority 19 (47.5%) of the respondents were of age 20-29 years and only 3 (7.5%) respectively, most 35 (87.5%) of respondents were females, 32 (80.0%) of respondents were married and only 18 (45.0%) had working experience of 3-5 years.

4.2 Health worker related factors influencing implementation of integrated management of childhood illnesses (IMCI) at St Francis hospital Mutolere Kisoro district

A number of variables were considered to measure the health workers related factors influencing implementation of integrated management of childhood illnesses. These variables ranged from understanding the concept of IMCI to availability IMCI recommended drugs

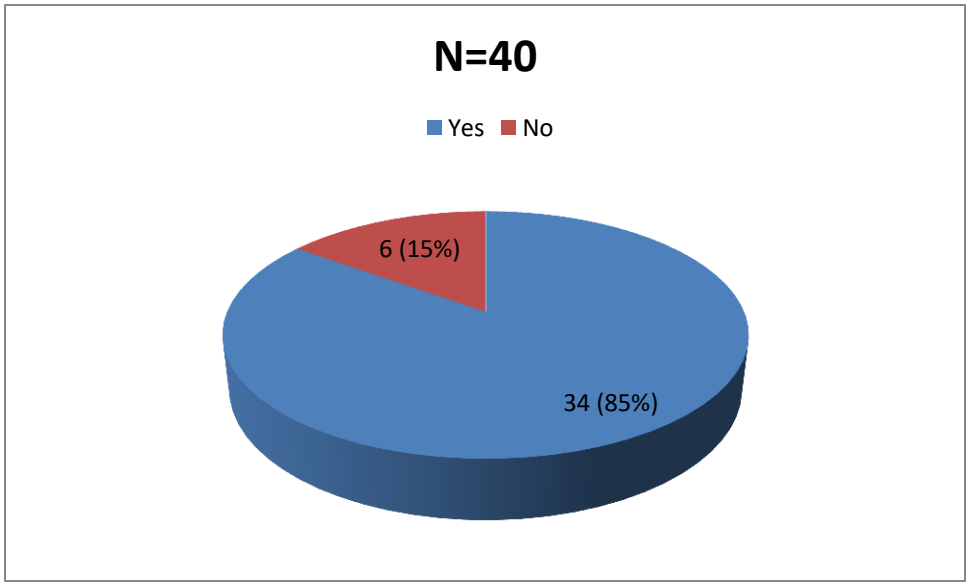

Figure 1: Showing the respondents who understood the definition of integrated management of childhood illness

Figure 1 above showed that majority 34 (85%) of the health workers understood the meaning of IMCI definition while 6(15%) didn't understand the meaning of IMCI.

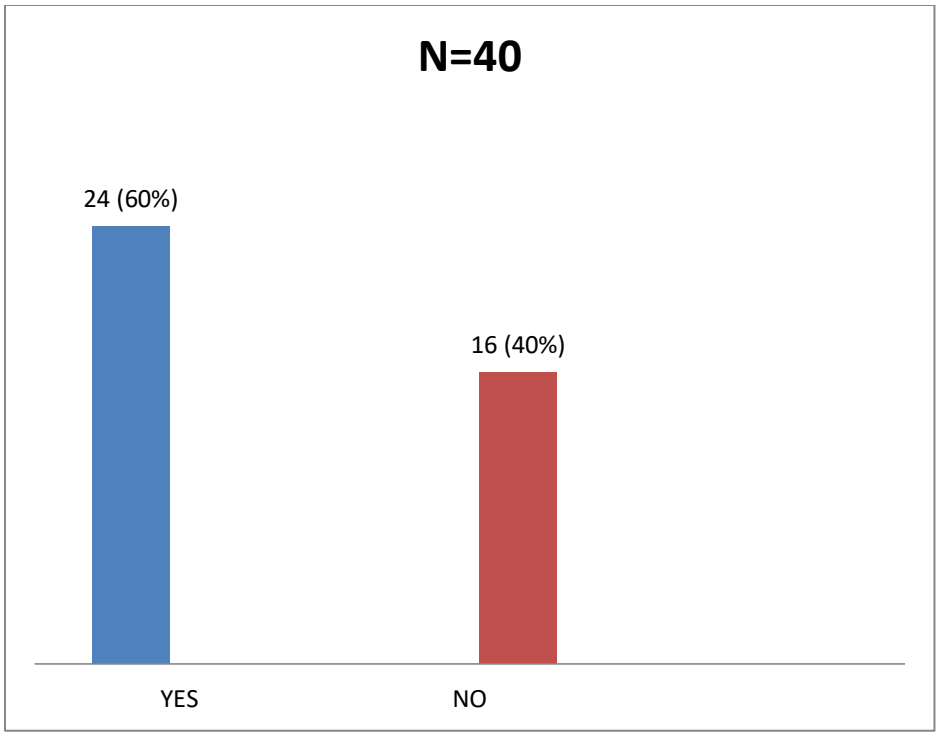

Figure 2: Showing availability of IMCI guidelines in the departments.

Figure 2: Showed that more respondents 24 (60%) agreed that IMCI guidelines were available in the departments and 16 (40%) of them said that there were no guidelines available.

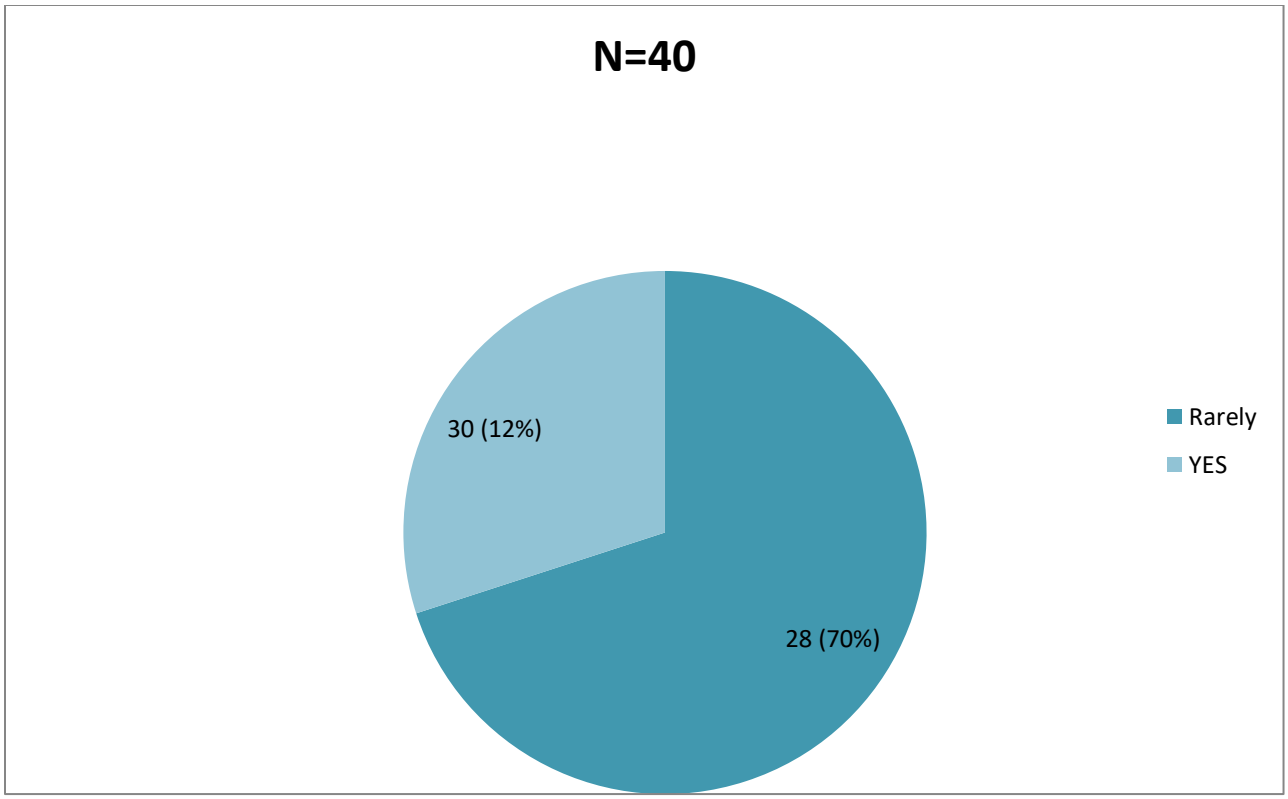

Figure 3: shows percentage of respondents who refer to IMCI guidelines while attending to children in the department.

Figure 3 above showed that only 12 (30%) of the health workers referred to the guidelines while majority 28 (70%) rarely used the guidelines.

Table 2 showing Circumstances under which IMCI guidelines are referred to, respondents who trained in IMCI guidelines and health worker sources of information about IMCI.

Circumstances under which IMCI guidelines is referred to (N)=40		
Variable	**Frequency**	**Percentages (%)**
During assessment	30	75.0
During treatment	10	25.0
Respondents who trained in IMCI guidelines (N)=40		
Yes	18	45.0
No	22	55.0
Health worker sources of information about IMCI (N)=40		
Internet	9	22.5
Work place	14	35.0
Nursing school/ university	17	42.5

Table 2 above showed that majority of health workers 30 (75.0%) use IMCI guidelines during assessment while only 10(25.0%) use during treatment and majority 22 (55%) of respondents did not train in IMCI whereas more respondents 17 (42.5%) acquired IMCI information and knowledge from their previous training institutions.

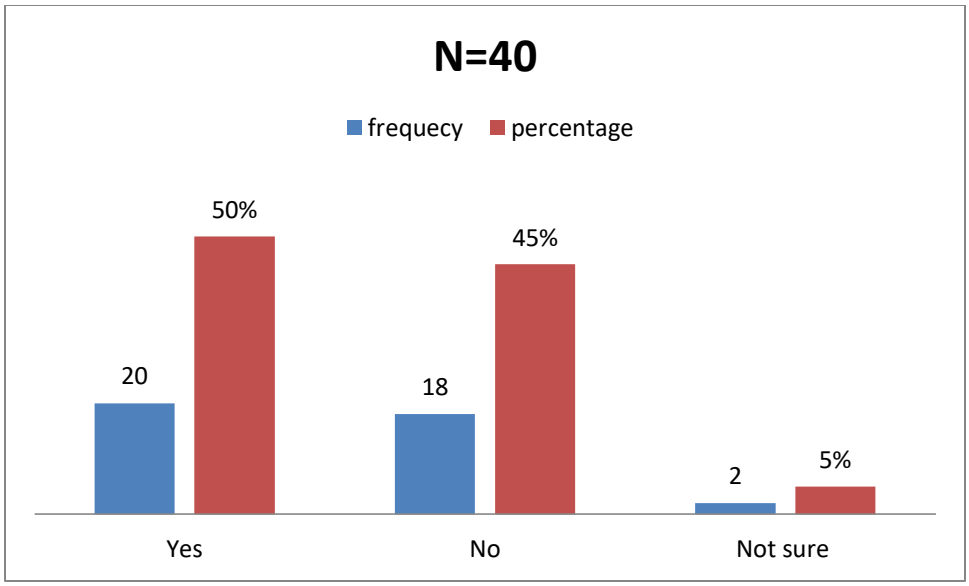

Figure 4: showing the availability of emergency IMCI drugs in the departments

Results in figure 4 showed that 20 (50%) of participants believed that IMCI emergence drugs were available in department, 18 (45%) said no and only 2 (5%) were not sure.

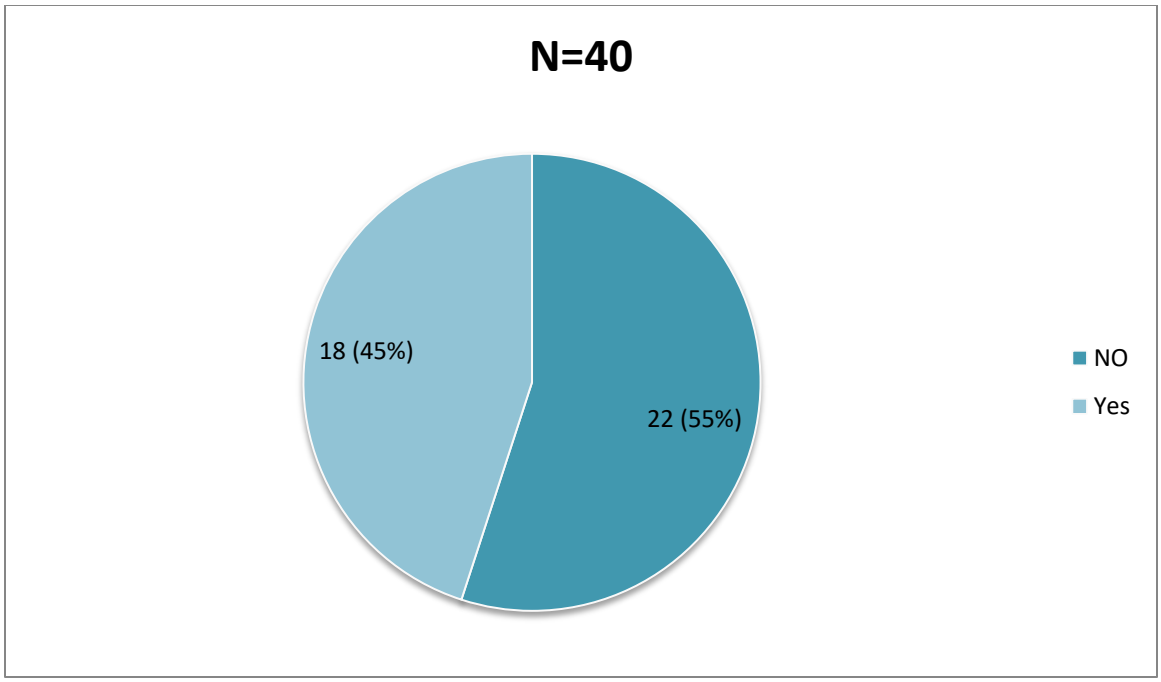

Figure 5: showing health workers response to severely sick children

Figure 5 showed that more respondents 22 (55%) managed severely sick children within the department while 18 (45%) referred to other facilities

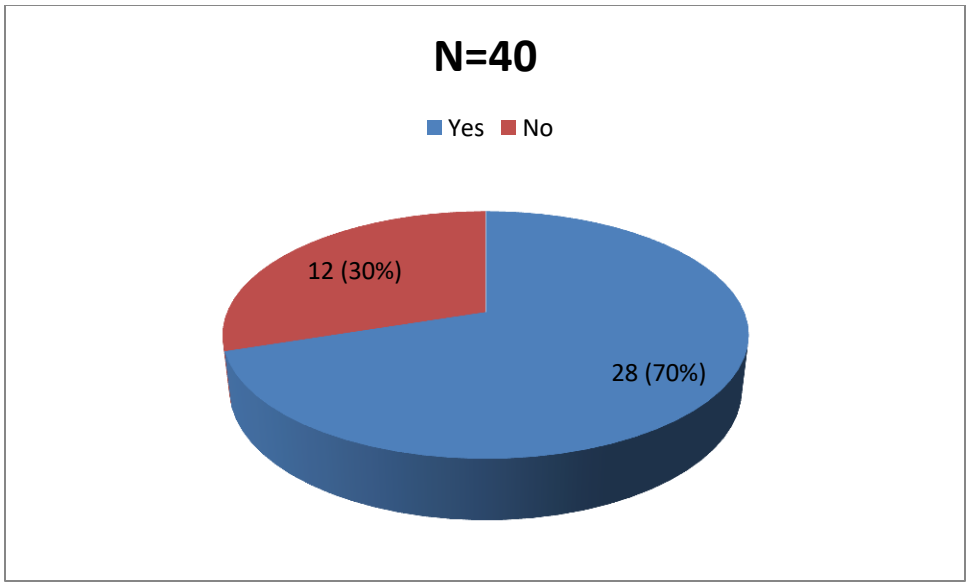

Figure 6: A pie- chart showing health workers who counsel mothers on important IMCI areas

Figure 6 above showed more health workers 28 (70%) counseled mothers, only about 12 (30%) did not.

Table 3: showing number of staff on duty per shift, attitude of health workers towards IMCI guidelines and perception towards antibacterial resistance to IMCI drugs

Number of staff on duty (N)=40		
Variable	**Frequency**	**Percentage (%)**
One	12	30.0
Two	21	52.5
3 and above	7	17.5
Attitude of health workers towards IMCI guidelines (N)=40		
Boring	12	30.0
Interesting	28	70.0
Perception towards antibacterial resistance to IMCI drugs (N)=40		
Yes	17	42.5
No	23	57.5

Table 3 above indicated that majority 21(52.5%) were two on duty and only 7 (17.5%) were on duty when they were three and above whereas 28 (70%) found IMCI guidelines interesting and 23 (57.5%) of respondents suggested no resistance.

4.3 Organizational related factors influencing implementation of integrated management of childhood illnesses at St. Francis hospital Mutolere Kisoro district.

The numbers of variables were considered to determine the organizational factors influencing the implementation of integrated management of childhood illness at St. Francis hospital Mutolere. These include the following variable:

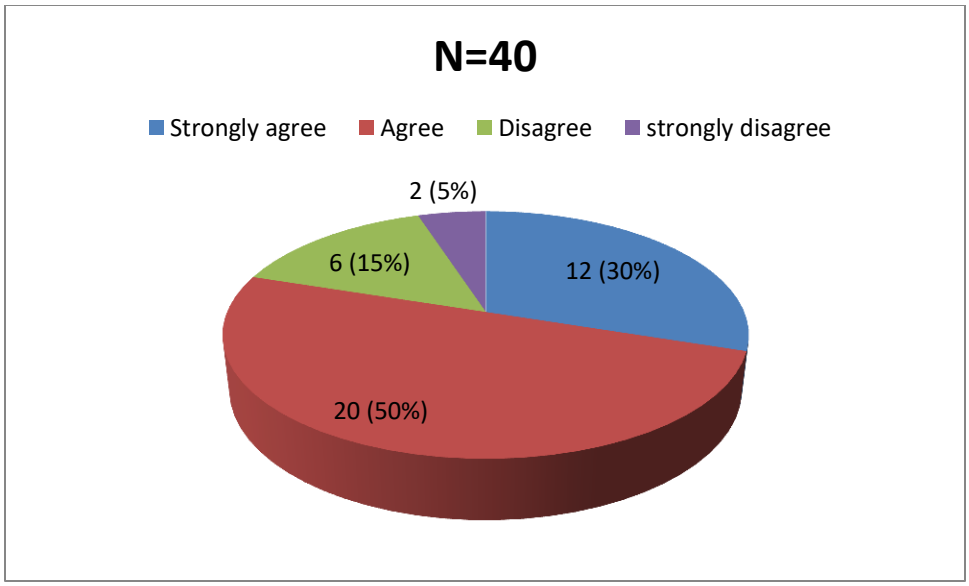

Figure 7: showing resources allocated to IMCI implementation programs

Figure 7 showed that 20 (50%) of the respondents agreed, 12 (30%) strongly agree and only 2 (5%) strongly disagreed on resources allocated for IMCI implementation programs

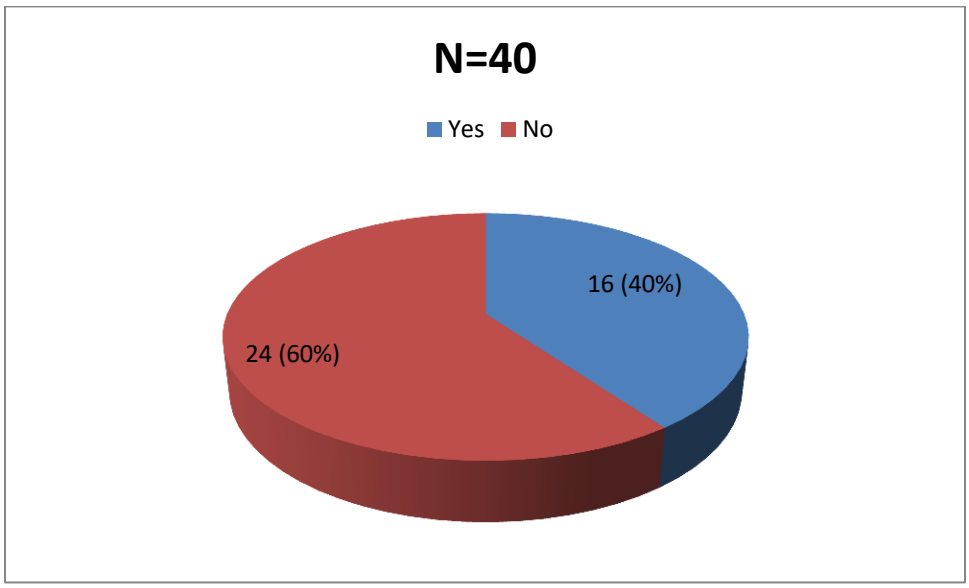

Figure 8: showing Hospital supply of professional IMCI reference job aid.

Figure 8 above shows that 24 (60%) said no to hospital supply of professional IMCI guidelines, 16(40%) said yes.

Table 4: Showing facility based CMEs on IMCI for health workers, staff motivation to carry out IMCI implementation program and shortage of essential IMCI medicine

Facility based CPD on IMCI for health workers (N)=40		
Variable	**Frequency**	**Percentage (%)**
Strongly agree	3	7.5
Agree	14	35.0
Disagree	14	35.0
Strongly disagree	9	22.5
Staff motivation in implementation of IMCI program (N)=40		
Yes	11	27.5
No	29	72.5
Shortage of IMCI essential medicine (N)=40		
Yes	24	60.0
No	16	40.0

Table 4 above shows that majority 14 (35.0%) strongly agreed that there was routine facility-based CPD on IMCI for health workers whereas 29 (72.5%) of respondents revealed that there were no staff motivation in implementation of IMCI program and only 24 (60.0%) respondents revealed that there was shortage of IMCI essential medicine.

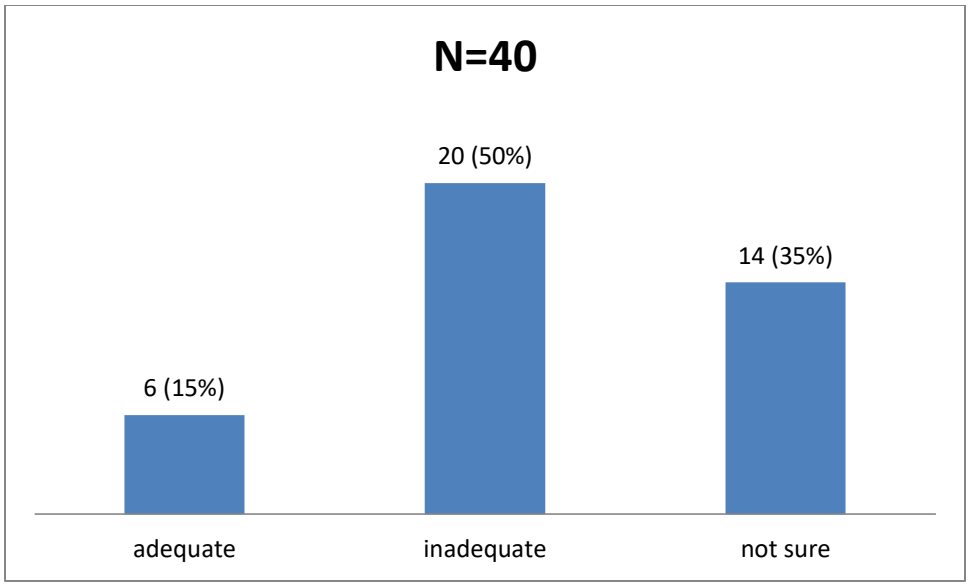

Figure 9: Showing the number of health workers who received formal IMCI training

The figure 9 above showed that 20 (50%) of the respondents said inadequate and only 6 (15%) of respondents reported adequate.

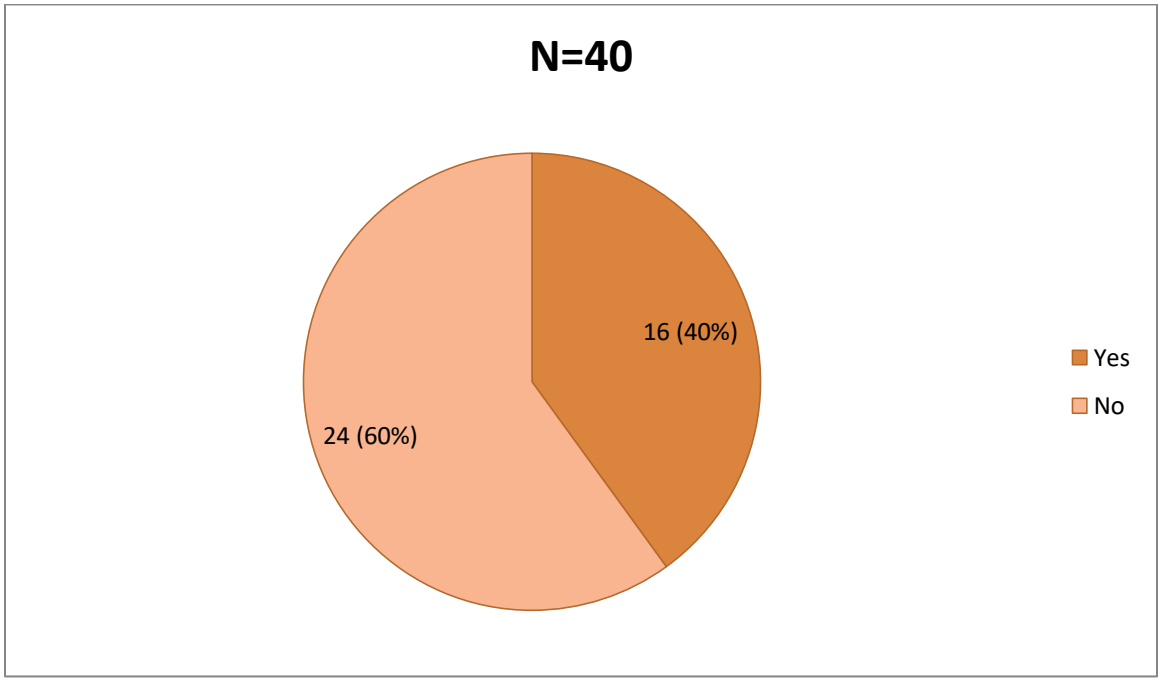

Figure 10: showing shortage of essential medicines in the department.

Figure 10 above showed that 24 (60%) said yes there was shortage, 16 (40%) said there no shortage

N=40

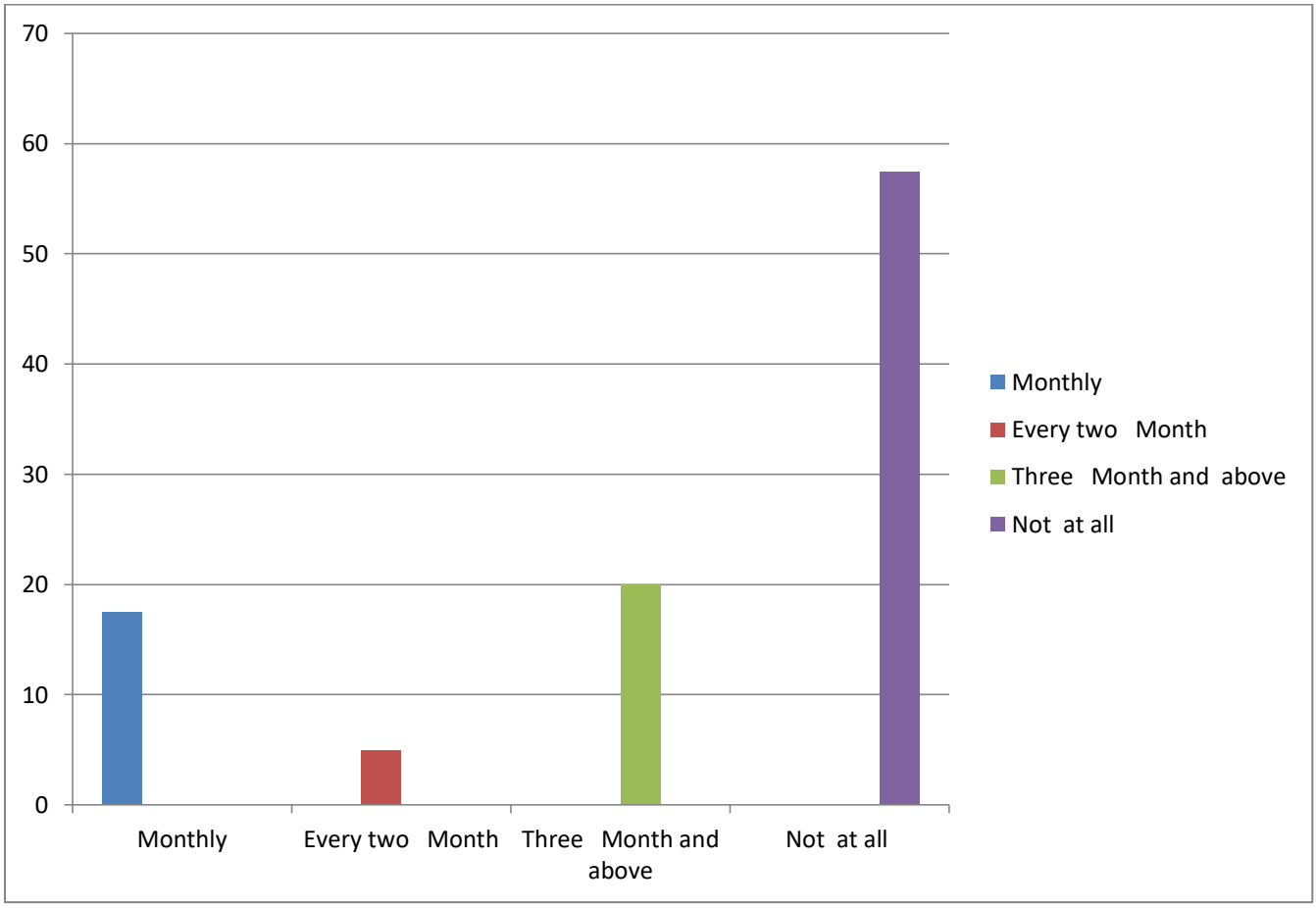

Figure 11: Showing IMCI facility team support supervision to the departments.

Figure 11 above showed that 23 (57.5%) of the respondents said no supervision at all, 8 (20%) three month and above, 7 (17.5%) monthly and 2 (5%) every two month.

CHAPTER FIVE: DISCUSSIONS, CONCLUSIONS AND RECOMMENDATIONS.

5.0 Introduction

This chapter contains discussions, conclusions and recommendations of the research findings on factors influencing implementation of integrated management of childhood illnesses (IMCI) at St. Francis hospital Mutolere Kisoro district.

5.1 Discussion of findings

5.1.1 Demographic characteristics.

A total of 40 participants were interviewed and these included health workers working in Pediatric ward, Outpatient department and maternal child health department.

The findings showed that majority 19(47.5%) of the health workers were between the age of 20-30 years .This age is good enough to handle complex pediatric procedures like cannulation which usually challenge the elderly health workers. Females were leading in number with 35(87.5 %).It was further observed that majority of them were married 32(80%) and had attained at least a tertiary level of education 34(85%).Most of the respondents were midwives 27(67.5%) , nurses were 10(25%), doctors 1(2.5%) and clinical officers were 1(2.5%) respectively. These findings are in line with the study by Ejidike (2010) which stated that IMCI implementation has been shown to be affected by lack of sufficiently trained IMCI health workers. Fortunately, majority of them had spent between 2-5 years in the hospital implying that they had a vast wealth of experience to handle child related interventions in IMCI.

5.1.2 Health worker related factors influencing the implementation of IMCI at St. Francis hospital Mutolere, Kisoro District.

Majority 34(85%) of the respondents were able to articulate well on the definition of IMCI and majority 17(42.5%) of the respondents agreed that they acquired this understanding from their training institutions. This is significant in the study as it shows a clear sign that the health workers have knowledge on the program This is in line with a study that was done by Kiplangat ,(2014) where it indicated that low initial training coverage on IMCI led to lack of skills and awareness on how to use IMCI strategy

Findings of this study showed that 24(60%) of the participants said that the guidelines were available. This is significant to the study as the guidelines are general rules, principles or pieces of advice health workers are expected to refer to during their daily interaction with the children This is in line with a study done in Tanzania by Indindiri, et al. (2018) where it was found out that availability of IMCI guidelines consist of essential drugs and the recommended doses which help health workers to implement IMCI

The study established that 28(70%) of the participants did not refer to the guidelines and only 12(30%) did so. This is probably because health workers are always reluctant to refer to any other guideline as they feel that referring to the guidelines takes a lot of time yet they have many patients to attend to and also a feeling that they know it all. This is in agreement with study findings by Carai, et al. (2021) where it was revealed that IMCI provides standard treatment of guidelines which will help to implement IMCI usage among health workers and act as treatment decision tool for child hood illnesses

Furthermore, findings indicated that majority 22(55%) of the health workers in this department had not trained in IMCI implementation program. This is far below the WHO recommendation

which emphasizes that at least 60% of health workers seeing sick children in health facilities should be trained in IMCI (Kiplagat, 2014). This is very significant in the study as it has negatively affected the implementation of IMCI because health workers must undergo extensive training to have concrete knowledge about IMCI. This is in agreement with study findings by Afolalu, (2020) on factors influencing the implementation of IMCI as it discovered that lack of sufficient trained IMCI health workers made it difficult for other health workers to diagnose child hood illness using IMCI approach.

The same study highlighted that majority 20(50%) of respondents said there was availability of IMCI emergency drugs. This is significant in the study as it favored the health workers to give the right treatments required by IMCI treatment protocols. This disagrees with study by Boniphace, et al; (2018) where it was indicated that majority of the health centers had a serious shortage of essential medicines like amoxycillin and ampicillin thus affecting the implementation of IMCI.

Results of this study showed that majority 22(55%) of the respondents managed severely sick children at the facility while 18 referred them to other better facilities within and outside the district. The inadequate training coupled with lack of in-service training programs and mentorship could be some of the reasons to justify why some health workers are not able to manage very sick children using IMCI approach. This concurs with a study on the use IMCI guidelines in the assessment of children with severe diseases, which revealed that majority of the HCWs did not adhere to IMCI protocols, neither did they assess the sick children using the IMCI holistic approach and ended up treating the sick child for one classification only, nor did the HCWs refer these sick children to hospitals. It further revealed that they did not give broad

spectrum antibiotics because they felt it was nonessential contrary to IMCI guidelines (Walter, et al; 2020).

From the findings, majority 28(70%) of the health workers handling children counsel mothers on important IMCI areas. This has possibly supported the implementation of IMCI as it creates awareness among the parents and guardians who participate in caring for the children. This concurs with the results of a study done by Himan et al; 2018 as it was revealed that inadequate counseling and health education to mothers of how to use and store medications as recommended on IMCI guidelines, affected care giver compliance thus limiting the implementation of IMCI.

5.1.3 Organizational related factors influencing implementation of integrated management of childhood illnesses at St Francis hospital Mutolere Kisoro District.

The findings of the study revealed that 50% of the respondents agreed that the resources allocated to IMCI implementation programs in facility were adequate. These results clearly demonstrated that the low resource allocation is responsible for the poor implementation of IMCI. This is in agreement with study findings by Himani, Wiedaad and Haroon (2018) where it was discovered that non-availability of equipment and medical supplies like Mid Upper Arm Circumference (MUAC) tapes and length boards impacted growth monitoring and malnutrition activities hence becoming a barrier to effective IMCI implementation.

The results showed that 14 respondents agreed to continuous professional development (CPD), at the facility, 14 disagreed, 9 strongly disagreed and 3 agreed. In overall 23 respondents disagreed and this not quite a big number to be ignored. This lack of facility-based trainings is against who

recommendations on standardized guidance on the frequency, content, educational approach and expected learning outcomes for refresher courses.

The findings of this study showed that majority of staff 29(72.5%) of the respondents are not motivated to carry out IMCI implementation programs and this is possibly the reason why they are not interested in carrying out any IMCI related activity. This is in line with a study by Renosa, et al; (2021) where it was revealed that motivation among service providers limited the delivery of IMCI services as most of the participants reported that the process was too laborious and there was high pressure imposed on the health workers.

Findings from the study showed that, majority 23(57.5%) of the respondents did not witness any support supervision at all. This has possibly affected the implementation of IMCI as there are increased cases of late coming and absenteeism among health workers leading to poor interventions and delays in case management. This in agreement with Afolalu, et al; (2020) as his study findings revealed that lack of supervision was among health worker factors influencing implementation of IMCI because of location of the facility which may be hard to reach. In addition, a study done by Florence (2020) indicated that health workers who are also trained must be supervised to reinforce on their skills in implementation of IMCI.

5.2 CONCLUSIONS

The study showed that majority of health workers working in IMCI department were not trained in IMCI programs and did not have enough knowledge to manage children using the recommended IMCI approaches, most of them had resorted to internet as an alternative source of getting information related to IMCI. Whereas majority of health workers managed very sick children, most of the participants preferred referring them to other facilities. It was also observed

that low funding coupled with poor motivation to IMCI staff greatly affected the implementation of the program.

Finally lack of supervision by top managers of the facility to junior staff in the department as well as shortage of essential IMCI recommended medicines were further blamed for poor operation of the program.

5.3 RECOMMENDATIONS

5.3.1 To the health workers

- Start Continuous professional development (CPD) on IMCI and endeavor to attend.
- Always refer to the guidelines during assessment and treatment.

5.3.2 To the facility administration

- There is need to avail more IMCI guidelines to the department handling children under five years.
- There is an urgent need for the facility to install free Wi-Fi internet services in all departments handling children.
- The hospital administration should improve on the staffing in departments managing children
- Mechanisms on how to motivate staff implementing IMCI should be identified.

  Hospital administration should intensify support supervision mechanisms

5.4 IMPLICATION TO THE NURSING PRACTICE

From the study conducted showed that nurses working in IMCI departments did not refer to the IMCI guidelines that there were other sources to use. This created a gap in management of children under 5 years.

Therefore nurses should put much emphasis on referring to the guidelines while assessing children and during treatment for the wellbeing of a child.

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APPENDICES

APPENDIX I; INFORMED CONSENT FORM

I am **Mahirwe Fortunate**, a principle investigator of the study titled factors influencing implementation of IMCI among health workers at St. Francis hospital Mutolere in Nyakabande sub county Kisoro district

This study is one that is aimed at improving the service delivery among health workers at Mutolere hospital. The purpose of this study is to identify health workers factors and organizational factors that influence effective implementation of IMCI at St Francis hospital Mutolere and suggest recommendations. You will only take approximately 10 minutes to be interviewed, No specimens will be collected during the interaction with the participants and your responses will be treated with maximum confidentiality.

Your participation is voluntary and you are free to withdraw as you wish without any penalties. No gains, benefits, rewards or incentives will be given for participation in the study. In case of any concern, contact the principal investigator or supervisor on the following number: +256783609557 (Principle investigator).

I have read the above, and understood the contents. I therefore agree to participate in the study.

Signature……Date……..

APPENDIX II: QUESTIONAIRE

FACTORS INFLUENCING THE IMPLIMENTATION OF INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES AMONG HEALTH WORKERS AT ST. FRANCIS HOSPITAL MUTOLERE KISORO DISTRICT

Instructions: Circle the correct answer

1. Demographic data of respondents

1. What is your Age?

a) 20-30years

b) 20-40

c) 40-50

d) 50 and above

2. What is your Sex?

a) Male

b) Female

3. What is your marital status?

a) Single

b) Married

c) Divorced

d) Single parenting

4. What is your Level of education?

a) Primary

b) Secondary

c) Tertiary level

d) University

5. What is your cadre?

a) Doctor

b) Nurse

c) Midwife

d) Clinical officer

h) Others (specify)

6. What is your year of experience?

a) 0-2 years

b) 2-5 years

c) 5-10 years

d) Above 10 years

Section B

Health workers related factors influencing implementation of IMCI among health workers at St. Francis hospital Mutolere Kisoro district

7. Do you understand what IMCI means?

a) Yes

b) No

8. If yes above what does it mean in your own words

.....

9. Do you have IMCI guidelines in your department?

a) Yes

b) No

10. If yes how often do you refer to the guidelines?

a) Always

b) Rarely

11. If (a) above in what circumstance do you use these guidelines?

a) During assessment

b) During treatment

12.Have you ever been trained on IMCI guidelines?

a) Yes

b) No

13. If no, where did you learn IMCI from?

14. Do you always have emergency IMCI recommended drugs in the facility?

a) Yes

b) No

15. What do you do with severely sick children?

a) Refer

b) Manage

16. Do you counsel mothers on essential IMCI area?

a) Yes

b) No

17. How many are you usually on duty per shift

a) One

b) Two

c) Three and above

18. How do you comment on the IMCI guidelines

a) Boring

b) Interesting

19. Do you think IMCI essential drugs are now resistant to most conditions recommended in the guidelines?

a) Yes

b) No

Section C: Organizational related factors influencing implementation of IMCI among health workers at St. Francis hospital Mutolere, Kisoro district

20. Do you think there is sufficient allocation of resources towards IMCI implementation programs by the hospital?

a) Strongly agree

b) Agree

c) Disagree

d) Strongly disagree

21. Does the facility supply enough professional aids such as wall charts and chart booklets?

a) Yes

b) No

22. The facility organizes training for health workers

a) Strongly agree

b) Agree

c) Dis agree

d) Strongly disagree

23. Are you motivated to carry out IMCI implementation activities in the hospital?

a) Yes

b) No

24. How do you rate the number of health workers that have received IMCI training in the facility?

a) Adequate

b) Inadequate

c) Not sure

25. Do you usually face shortage of essential medicines recommended in the IMCI guidelines?

a) Yes

b) No

26. How often does IMCI facility support visit your department?

a) Monthly

b) After two months

c) Three month and above

d) Not all.

End.

Thanks for your participation

APPENDIX III: KEY INFORMANT GUIDE

Topic: Factors influencing the implementation of integrated management of childhood illnesses at St. Francis hospital Mutolere Kisoro district.

Qn1.Define the term IMCI?

Qn2.List the IMCI tools available in your facility to support health workers?

Qn3.In your own understanding, mention the organization factors that has influenced the implementation of IMCI in your facility?

Qn4.Suggest the health workers factors that has influenced the implementation of IMCI in your facility?

Qn5.How best can IMCI implementation be improved in your facility?

END

APPENDIX IV: PROPORSAL APPROVAL FORM

PROPOSAL APPROVAL FORM

Name of student: Mahirwe Fortunate

Title of the study: Factors influencing implementation of integrated management of childhood illnesses among health workers at St. Francis hospital Mutolere Kisoro district.

This research proposal has been under my supervision as the school supervisor and is now ready for submission.

Signature.....

Date...07/03/2023.....

Ms. Muhawe Immaculate

(Supervisor)

Approved

Principal: Sr. Kemigisha Catheline

Signature .....

Date .....07th March 2023

MUTOLERE SCHOOL OF NURSING & MIDWIFERY ST. FRANCIS HOSPITAL 07 MAR 2023 P.O.BOX 26 KISORO

APENDIX V: INTRODUCTORY LETTER

Keep the Candle Burning and Pass on the Light
WE TRAIN FOR QUALITY CARE

MUTOLERE SCHOOL OF NURSING AND MIDWIFERY
P.O. BOX 26, KISORO
Email: mutolerehti@ucmb.co.ug

Your Ref: ....

Our Ref: **NMT/023**

DATE: 27/3/2023

TO:
THE MEDICAL DIRECTOR
ST. FRANCIS HOSPITAL MUTOLERE
PO BOX 26,
KISORO.

28/03/2023

Dear Sir.

RE: <u>RESEARCH PROJECT FOR DIPLOMA MIDWIFERY EXTENSION:</u>

This is to introduce **MAHIRWE FORTUNATE** who is a student midwife at Mutolere school of Nursing and Midwifery in her final year of study.

She is required to prepare an individual research project as part of the requirements for the award of Diploma in Midwifery Extension. She has written her research proposal and is at the stage of data collection. She is interested in the area of "**FACTORS INFLUENCING IMPLIMENTATION OF INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES AMONG HEALTH WORKERS AT ST. FRANCIS HOSPITAL MUTOLERE, KISORO DISTRICT.**

She seeks to collect data in your health facility/Department and therefore requests for your support.

I will be grateful for any relevant support you shall accord her regarding her research study.

Thank you.

Yours Sincerely,

MUTOLERE SCHOOL OF NURSING & MIDWIFERY ST. FRANCIS HOSPITAL 27 MAR 2023 P.O. BOX 26 KISORO

....

SR. KEMIGISHA CATHELINE
PRINCIPAL

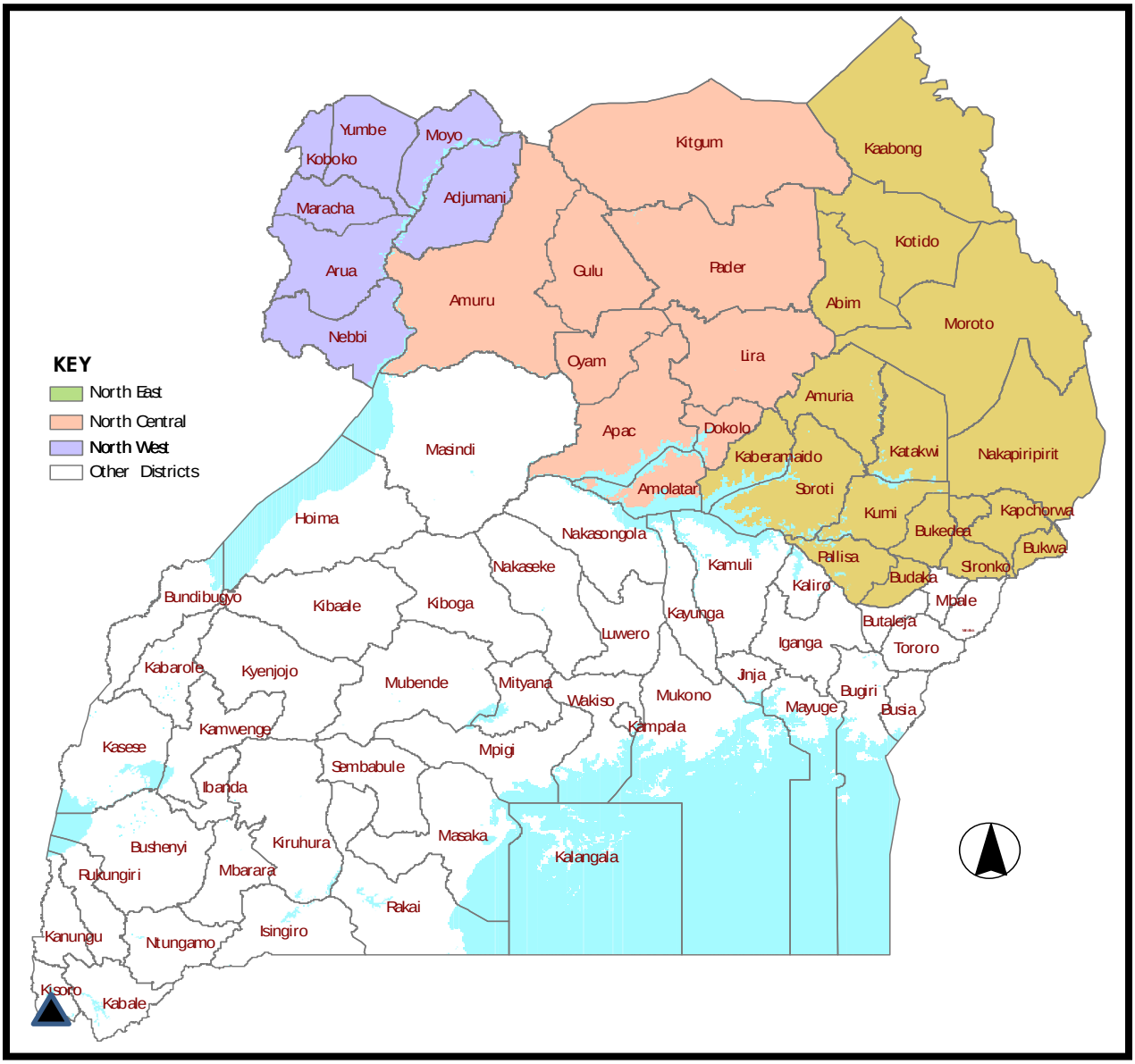
APPENDIX VI: RESEARCH BUDGET

Project item	**Quantity**	**Cost**	**Subtotal**
Rim of paper	1	22000	22000
Proposal binding	3	1500	4500
Printing proposal	3	15000	45000
Pens	4	800	3200
Pencil	2	500	1000
Calculator	1	20000	20000
Ruler	2	500	1000
Internet		50000	50000
Final report print	3	20000	60000
Binding	3	1500	4500
Transport		30000	30000
Miscellaneous expenses		50000	60000
Total			**301,200shs.**

APPENDIX VII: A PROPOSED WORK PLAN

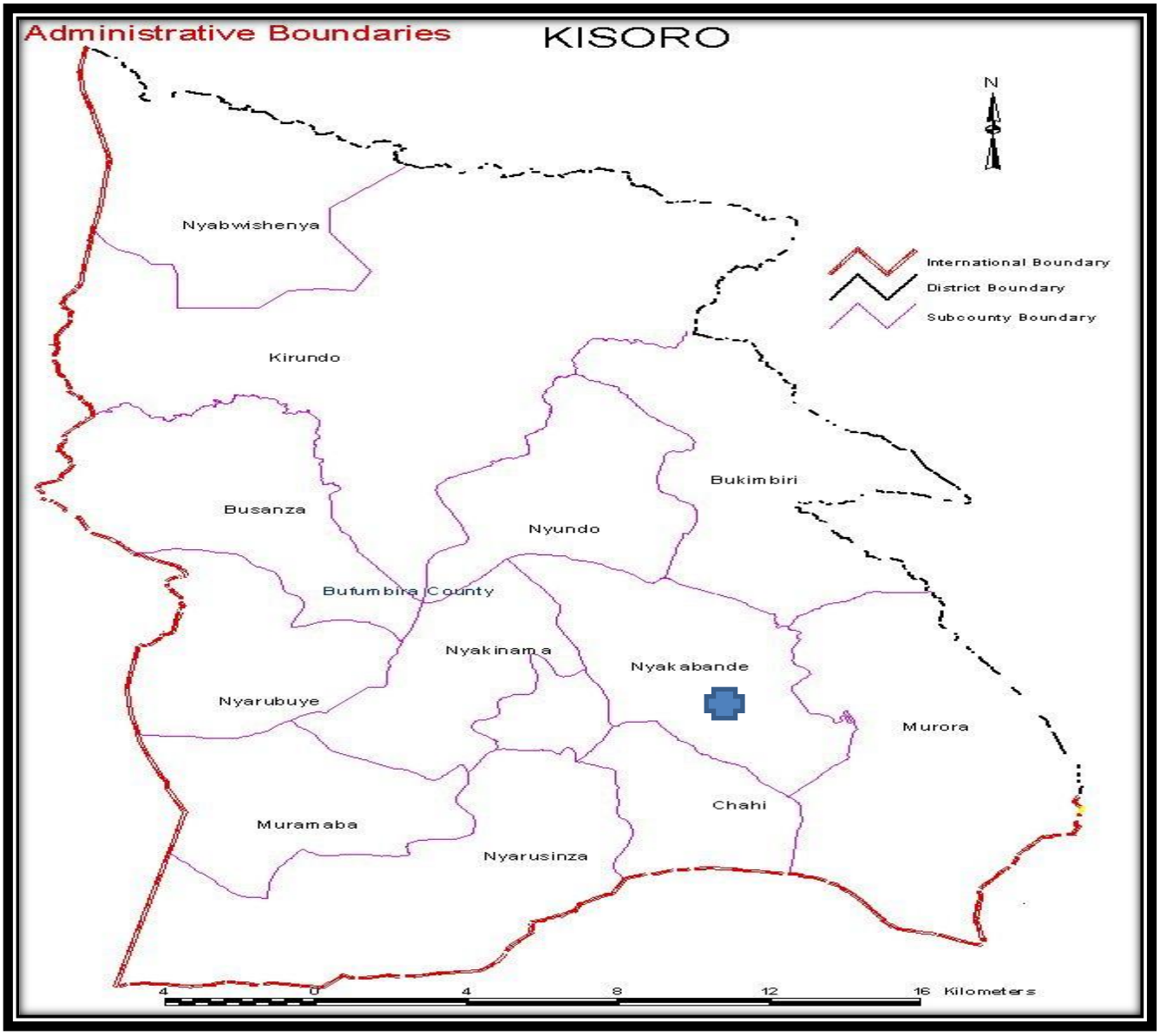
ACTIVITY	**OCT 2022**	**NOV 2022**	**DEC 2022**	**JAN 2023**	**FEB 2023**	**MARCH 2023**	**APRIL 2023**	**MAY 2023**	**RESPONSIBLE PERSON**
Topic identification and approval									Researcher and supervisor
Proposal writing									Researcher and supervisor
Proposal defense and submission									Researcher and research committee
Data collection									Researcher
Data entry and analysis									Researcher
Report writing									Researcher and supervisor
Report approval and submission									Researcher, supervisor and school administration

APPENDIX VIII: MAP OF UGANDA SHOWING KISORO DISTRICT



KEY ▲ Location of Kisoro district

APPENDIX IX: AMAP OF KISORO DISTRICT SHOWING THE LOCATION OF ST. FRANCIS HOSPITAL MUTOLERE



KEY Location of St. Francis hospital Mutolere