

ABSTRACT

Introduction: Following the adoption of IECHC in Republic of South Sudan, many counties including Magwi started implementing the guidelines. However, there is no evidence that health workers adhere to the recommended IECHC guidelines in Magwi County in Republic of South Sudan.

Objective: The main objective of the study was to assess the adherence of health workers to the integrated Essential Child Health Care guidelines for assessing and managing children from 2 months to 5 years of age.

Methodology: A cross sectional descriptive study was conducted at 49 government and private health facilities in Magwi County. Data was collected through observation of health workers by using checklists on their encounter with sick children and carrying out key informant interviews and Focus Group Discussions with the health workers in all the 49 health facilities in Magwi County in Republic of South Sudan. An observational checklist modified from the multi Country Evaluation tool for IMCI developed by the WHO/UNICEF was used during the study. The study was conducted between the months of mid July and mid September 2012. All the health workers working in Magwi County and were present at the time of visit were observed. All the One hundred Ninety Seven (197) health workers in Magwi County were interviewed and also observed examining a total of 334 sick children. The quantitative data was analyzed using SPSS soft ware and the data presented in form of tables, graphs and charts while the qualitative data was manually analyzed and presented in verbatim and phrases.

Results: Most of the health workers managing children were community health workers (CHW) 49.2%. (Chi square 19.062, df1, $P < 0.00$) Only 25% of the health workers checked or classified for general danger signs. The health workers had deficiencies in assessing and classifying anemia and malnutrition and most of the classifications for the main symptoms were incorrect. The health workers prescribed correctly the needed drugs for malaria ;(Chi square 72.17, df 1, $P < 0.00$) however, antibiotics were unnecessarily given in other conditions when not needed. 49.2% of the health workers checked for immunization status, 44.1% checked for vaccination card, polio vaccines BCG and vaccines respectively. Only 30% of the health workers administer or send the sick child for immunization during the day of observations.

The result has shown some adherence to IECHC guidelines on counseling of caretaker on home treatment as 86% of the health workers explained to the caretakers how to administer oral antibiotics, 96.5% explained on anti malarial drug, 66% of health workers explained how to give ORS and 66% of Zinc respectively. However there was non - adherence of health workers to the guidelines on showing the caretaker how to administer the oral medications at home and asking questions to understand the caretaker.

The study indicated that only 25% of the health workers used the IECHC chart book during their consultations. Majority 75% of the IECHC health workers did not used the chart booklets.

Therefore the study found out that there is non- adherence to the use of the guideline. On treatment of the various classifications by the health workers, majority (85%) of the health worker adhered to treating malaria. Many of the health workers treated both incorrect and correct classification. Further The study also found out that health workers prescribed antibiotic medication to the sick children, some of this antibiotic were not warranted and could be based on the essential list of not on the IECHC guidelines.

There adherence to counseling of the caretaker on home treatment by health worker was poor; The result indicated that only 39.4% health workers counsel the mother on giving fluids and continued breastfeeding , 27% on how to administer treatment at home , 22% counsel the caretakers on when to return immediately. Furthermore 72.1% of the health did not assessed for child's feedings, 75.2% did not assed or asked if the child feeding had changed and 66.5% never ask about fluid and other feeds. This is clear indication of non adherence to the implementation of IECHC guideline.

The study found out that majority of the health facilities had essential drugs for the IECHC essential

oral drugs during the observational period. However over 75% of the facilities do not have injectable IECHC care drugs as pre-referral treatment and for those children who cannot take oral treatment. There has been marked improvement in the health systems and essential drugs for IECHC although despite 50.6% of the health facilities were not having functional fridges and available vaccines for immunization. Conclusion/Recommendations: The study found out that the adherence of health workers to the IECHC guidelines in Magwi County is poor. However due to the introduction of IECHC, there has been substantial improvement in the health systems factors like drugs and capacity of health facilities especially equipments.