

ABSTRACT

Background: Globally, malnutrition kills about 45% of children under five that are mainly connected to under nutrition and 52 million are wasted, 17 million being severely wasted while 155 million are stunted as estimated in low middle income countries. On the other hand TB and malnutrition are problems of poverty in low income countries where TB make malnutrition worse and vice versa .The different forms of malnutrition is still a problem in PNG despite its progress in economic development especially under-nutrition with its high stunting rate of 43% which is the second highest in Asia Pacific Region. Today malnutrition is the five common causes of hospital admissions in PNG About 26.7% of TB cases in PNG are children.

Objectives: To assess and explore the factors that influence sustainability of integrated management of acute malnutrition among pediatric TB DOT providers in different context and settings.

Methods: Qualitative exploratory study using purposive sampling method by utilizing four data collecting methods. Two health facilities were identified by the district health manager as good and poor performing health facilities according to TB and malnutrition performance indicators, out of the two districts were selected and interview participant of TB DOT providers were from those four health centers and one provincial hospital. There were total of 29 key informant interviews including decision makers of all levels and stakeholders while two focus group discussions conducted between health workers TB DOT providers and volunteer TB DOT providers. Direct observations were conducted in the five health facilities including four exit interviews were done for parents and family member care giver and document review was conducted at all the four levels.

Results: The study result identified factors that may influence sustainability at different context and settings and these are; leadership and coordination, IMAM training for all the TB DOT providers, provide feedback on reports and regular follow up at all levels, lack of community awareness on malnutrition and advocacy and sensitization of community leaders, motivation and incentives, less income earning opportunities in rural, program budget priorities and resource allocations of district and health facilities managers, culture and religion, run down health facilities with poor WASH and environmental conditions, geography and access, health facility and district data utilization for both TB and Malnutrition, limited funding support and political commitment, stigmatization and child abuse.

Conclusion: The policy makers, program planners and program implementers at all levels should understand these factors that exist which sometimes influence effective implementation because there are lack of nutrition officers working in health facilities in PNG and most of the nutrition interventions are neglected and less prioritized due to lack of manpower and capacity to plan and coordinate its implementation. Therefore, IMAM intervention should be extended to existing TB DOT Program by utilizing TB DOT staffs and for resource sharing to improve poor TB and malnutrition indicators.

Keywords: integrated management of acute malnutrition, implementation research, sustainability, malnutrition.