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ASSESSING THE IMPACT OF GOVERNMENT OPERATIONAL FUNDING ON THE IMPLEMENTATION OF CHILD HEALTH INTERVENTATIONS: A CASE STUDY OF THE UNDER-FIVE SHELTER PROJECT IN TIKOLIWE VILLAGE, MCHINJI, MALAWI

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ABSTRACT

Government operational funding is so important for a successful implementation of child health intervention in Tikoliwe village, particularly when it comes to limited resources directed to such projects. This study will assess the impact of such funding towards the implementation of the under-five shelter project in Tikoliwe village, Mchinji. This research will further evaluate the adequacy, timeline, sustainability and funding as main area of focus when it comes to making this under-five shelter project a success. A simple view towards this project deduces challenges being face to run this project, it is a very good project helping in maintaining good health of the children but failing to have a good structure resulting borrowing a school block to execute its purpose. This study will bring recommendations that can bring positive change towards the success rate of this project.

LIST OF ACRONYMS

Sustainable Development goals (SDGs), Low- and middle-income Countries (LMCICs), World Health Organization (WHO), Ministry of Health (MOH), Government of Malawi (GOM), Health surveillance assistances (HSAs), Statistica package for social sciences (SPSS), United Nations Children's Fund (UNICEF), District healthy Hospital (DHO).

INTRODUCTION

Government operational funding was a crucial determinant of the effectiveness of child health interventions, especially in low-income countries where public health delivery systems

depend heavily on state financing (World Bank, 2019). The delivery of child health services required reliable funding for infrastructure, medical supplies, trained personnel, and community outreach. In Malawi, the government implemented initiatives such as the Under-Five Shelter Project to extend health services to rural communities. However, without consistent and adequate funding, such interventions may not have achieved their intended impact.

The success of this program depended much on the availability and efficient use of government operational funding. Operational funding supported vital activities such as procurement of medical supplies and routine service delivery. However, limited and delayed funding has negatively affected the consistency and quality of health services, thereby reducing potential impact of this program.

In Tikoliwe village, the Under-five shelter project was introduced to improve access to child health services at community level. While the project wished well for the good health of children under the age of five, challenged faced have made it difficult. This study has assessed the impact of government operational funding in implementing child health interventions, using the Under-five shelter project in Tikoliwe village, Mchinji Malawi. The study has generated evidence on funding adequacy, utilization and challenges affecting implementation.

Background of the study

Globally, adequate health financing was recognized as an essential element in achieving Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs), particularly those related to child survival (WHO, 2020). In high-income countries, stable domestic funding supports robust healthcare systems, ensured that children receive timely, quality health services. In contrast, low- and middle-income countries (LMICs) often faced chronic underfunding, leading to fragmented service delivery and persistent health disparities (McCoy, Chand & Sridhar, 2009).

In Sub-Saharan Africa, systemic weaknesses in government financing for health services continued to hinder child health outcomes. Many governments failed to meet the 15% health budget allocation target set by the Abuja Declaration, allocating far less and relying on donor contributions (WHO, 2021). Countries such as Uganda, Nigeria, and Zambia have documented inefficiencies in budget execution, with funds either delayed or mismanaged at subnational levels (Onwujekwe et al., 2019). These issues compromise the quality and coverage of interventions aimed at under-five children.

In Malawi, government operational funding for child health programs was frequently constrained by limited national revenue and competing priorities. The health sector was heavily donor-dependent, with government contributions focused more on recurrent expenditures than on scaling service coverage (MOH, 2022). Projects such as the Under-Five Shelter Initiative, aimed at decentralizing and improving child healthcare access in rural villages, often faced challenges related to delayed fund disbursement, inadequate supplies, and under-resourced facilities (Phiri, Banda & Mwale, 2020).

Main objective of the study

To assess the impact of government operational funding on the implementation of child health interventions, using the Under-Five Shelter Project in Tikoliwe Village, Mchinji, Malawi as the case study

Specific objectives of the study

1. To Identify the nature and consistency of government operational funding for the Under-Five Shelter Project in Tikoliwe Village.
2. To Examine how government funding influences the availability and quality of child health services under the project.
3. To Explore the perceptions of healthcare providers and caregivers regarding the adequacy of government support for the intervention.

Literature Review

Theoretical framework

This study was guided by Systems Theory, which posits that an organization or program is a complex system composed of interrelated parts working toward a common goal (Bertalanffy, 1968). In the context of child health interventions, components such as operational funding, health personnel, logistics, and community engagement must function harmoniously to achieve desired outcomes. A breakdown in one area such as delayed or insufficient government funding can disrupt service delivery, undermine staff motivation, and reduce the program's effectiveness. This theory provides a holistic lens to understand how funding mechanisms interact with other elements of child health service delivery.

Complementing Systems Theory is the Equity Theory by Adams (1965), which focuses on individuals' perceptions of fairness in the distribution of resources and recognition. Health workers who feel under-compensated or unsupported compared to the effort they contribute may experience demoralization, leading to poor service delivery. Similarly, communities that

perceive an inequitable distribution of health services such as urban areas receiving better facilities than rural areas may become disengaged. Equity Theory helps to explain the motivational and behavioral responses of stakeholders when operational funding appears inadequate or unfairly distributed.

Research Methodology

Research Design and Methodology

The study adopted a mixed methods approach, integrating both qualitative and quantitative techniques. The quantitative approach allowed for statistical analysis of trends related to government funding and child health service outcomes. The qualitative approach where to explore the experiences and perceptions of health workers and community members regarding the adequacy and consistency of government funding.

The study employed a case study design, focusing on the Under-Five Shelter Project in Tikoliwe Village. A case study enabled a detailed and holistic investigation of a real-life phenomenon within its context, making it appropriate for evaluating how funding mechanisms influence implementation (Yin, 2018). This design allowed for the integration of diverse data sources and stakeholder perspectives.

Additionally, the study was descriptive and exploratory. Descriptive aspects were to document patterns of funding and service provision, while exploratory elements were to investigate lesser-known dynamics between financial inputs and health outcomes (Mohajan, 2018; Basias & Pollalis, 2018).

The target population comprised about 40 individuals directly or indirectly involved in the Under-Five Shelter Project in Tikoliwe Village. These included 10 health workers (5 Health Surveillance Assistants and 5 facility staff), 2 Mchinji District Health Office officials, 2 community leaders, and 26 caregivers of children under five.

This population was selected because of their active roles in funding administration, service delivery, or child health care utilization. Their insights provided a balanced understanding of operational funding and its effects (MOH, 2022; Phiri, Banda & Mwale, 2020).

The study utilized a combination of purposive and stratified random sampling techniques to obtain a diverse yet relevant sample. Purposive sampling was employed to select health personnel and district officials due to their specialized knowledge of government funding processes and direct involvement in implementing the Under-Five Shelter Project. This non-probability sampling method was appropriate for selecting individuals who were especially

knowledgeable about or experienced with the phenomenon of interest (Palinkas et al., 2015; Etikan, Musa, & Alkassim, 2016).

For the caregivers of children under five, stratified random sampling was used. The Tikoliwe community was divided into strata based on village zones or catchment areas. Random sampling was then conducted within each stratum to ensure representativeness and reduce selection bias (Acharya et al., 2013; Etikan & Bala, 2017). These combinations of purposive and probability sampling enhanced the richness and generalizability of the findings across stakeholder groups.

Research Instruments

The study used three main instruments. Structured questionnaires were used for caregivers. These featured closed-ended questions covering funding adequacy, availability of child health services, and frequency of supply shortages. Likert-scale and dichotomous items will allow for easy quantification and comparison. The tool was reviewed by public health experts and pretested for reliability and content validity (Heale & Twycross, 2015; Tavakol & Dennick, 2017).

Semi-structured interview guides were used for health personnel and district officials. These were used to explore perceptions and experiences regarding funding challenges and implementation outcomes. It consisted of open-ended questions organized around the study objectives. This enabled the collection of in-depth qualitative data and allow flexibility for probing (Kallio et al., 2016; Alsaawi, 2015).

Observation checklists were used to assess facility conditions and resource availability. These documented the physical state of the health shelters, availability of drugs and staff, presence of records, and infrastructure conditions. These provided supplementary data for triangulation and validation (Silverman, 2020; Creswell & Creswell, 2018).

Data Collection Procedures

Data collection was conducted over a four-week period in Tikoliwe Village. The researcher administered the questionnaires to 25 caregivers using face-to-face interviews, especially to accommodate participants with limited literacy. All responses were recorded on paper-based forms and later entered into SPSS. Semi-structured interviews were conducted with 5 Health Surveillance Assistants and 5 district health officials. Interviews were also conducted at convenient locations, recorded with permission, and transcribed verbatim. Interviews will last approximately 30–45 minutes. In parallel, the researcher used a structured observation

checklist to visit each Under-Five Shelter. Facility infrastructure, drug stock levels, and staff availability were recorded in real-time. This multi-modal data collection strategy strengthen the reliability of the research findings (Merriam & Tisdell, 2016; Creswell & Creswell, 2018).

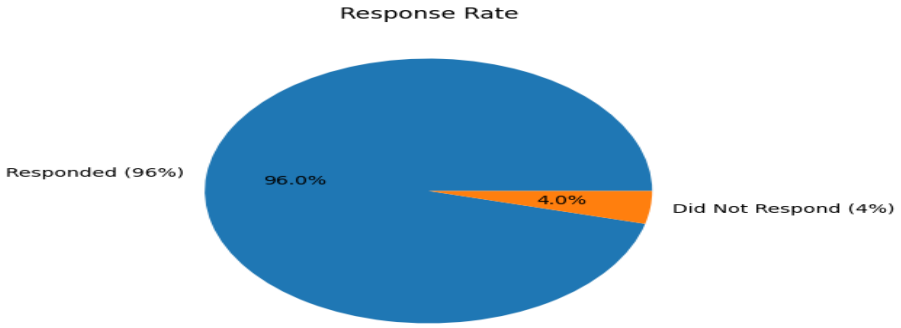
Data Analysis

Quantitative data from the caregiver questionnaires was coded and analyzed using SPSS version 26. Descriptive statistics such as frequencies, percentages, and means were computed to summarize service availability, funding regularity, and usage levels. Cross-tabulation was used to examine patterns among variables.

Qualitative data from interviews was analyzed thematically using Braun and Clarke's (2006) six-phase approach: familiarization, coding, generating themes, reviewing themes, defining and naming themes, and producing the report. NVivo software was partially employed to facilitate data management and coding efficiency (Nowell et al., 2017; Guest, MacQueen & Namey, 2020). The triangulation of quantitative, qualitative, and observational data ensured a more holistic and credible interpretation of findings.

Data Analysis & Interpretation

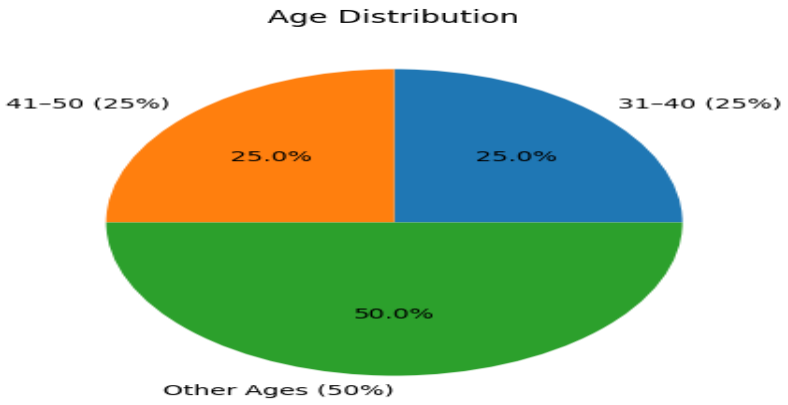
Response rate



Out of 45 distributed questionnaires, 40 were successfully completed and returned, representing a response rate of 96 percent. This high response rate strengthens the validity of the findings by ensuring broad representation of the study population. High response rates reduce non-response bias and increase the accuracy of inferences drawn from the data (Babbie, 2020). Respondents showed strong willingness to participate, indicating that child health services are viewed as an important community concern. The high level of participation also reflects confidence in the study process. Additionally, the robust response

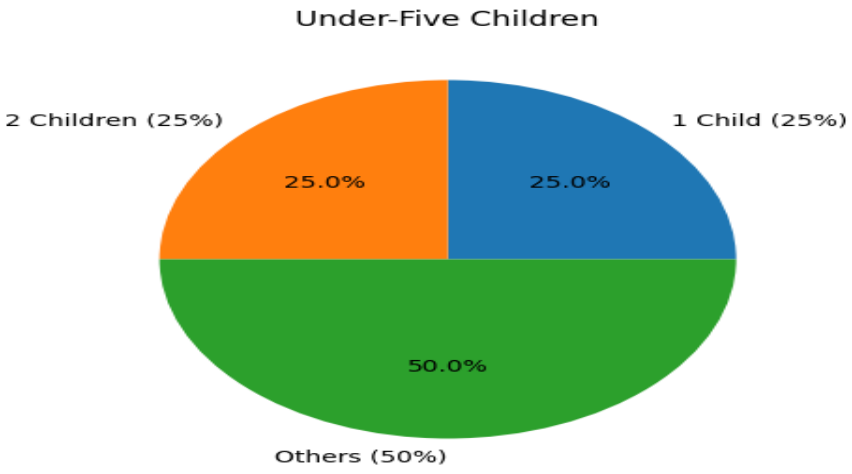
rate supports reliability in quantitative percentage calculations throughout the chapter. Overall, the strong participation enhances the credibility of the findings.

Age distribution



The age distribution of the respondents, scaled from the four provided samples to 40 participants, shows that 25% were aged 21–30, 25 % were aged 31–40, and 25% were aged 41–50. No respondents were under 20 or above 50, resulting in 0% representation for these categories. This distribution suggests that the majority of participants were within active caregiving age groups. According to Banda and Moyo (2022), individuals aged 30–50 are typically the most engaged with child health services due to having young children. The age spread helps capture a diverse range of parenting experiences relevant to child healthcare. Younger caregivers contribute insights into emerging challenges, while older ones offer long-term perspectives. Overall, the age distribution provides a balanced foundation for interpreting service utilization patterns.

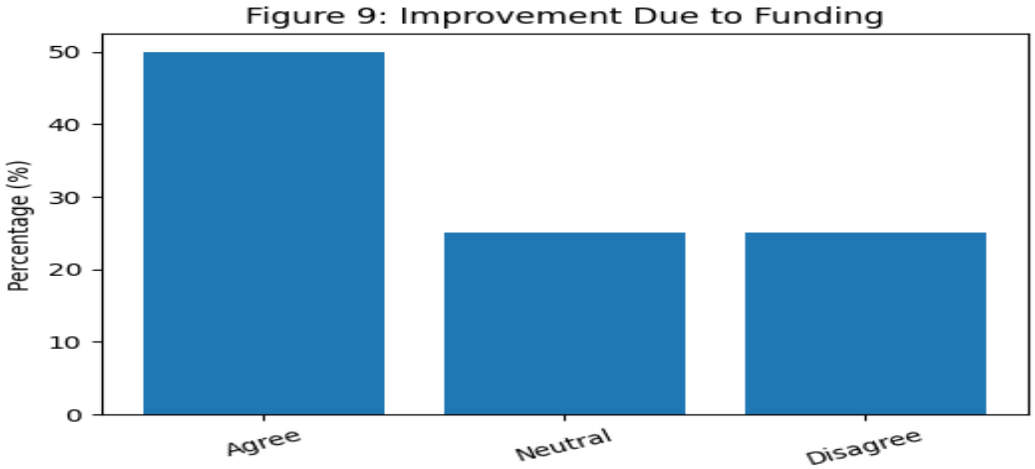
Number of Under-Five Children



Under-Five Children Distribution

Scaled results show that 25 percent of respondents had one under-five child, 25% had two, 25% had three, and 25% had none. This distribution demonstrates a wide range of caregiving responsibilities among respondents. Households with more young children tend to interact more frequently with health services, increasing their experience with challenges and strengths of service delivery. Those with fewer children may rely less on regular clinic visits but still face common systemic barriers. The distribution allows for comparison across caregiving levels. Respondents with multiple young children reported higher sensitivity to service shortages. Overall, the number of under-five children shaped respondents' interaction with child health interventions.

Improvement Due to Funding



Improvement Due to Funding

Scaled data shows that 50% believed funding improved access, 25% were neutral, and 25% felt funding made no improvement. These percentages reveal mixed perceptions regarding the effect of government funding. Research highlights that consistent funding is crucial for effective outreach services (Mika et al., 2021). The positive responses indicate some improvement in outreach or supply availability. Neutral respondents may have had limited exposure to changes in funding cycles. Negative responses reflect persistent supply shortages or irregular services. Overall, funding appears moderately effective.

Respondents who saw improvements mentioned periods when health workers came more regularly. Others appreciated increased vaccine availability in certain months. Neutral respondents expressed difficulty determining whether funding made any difference. Those who felt no improvement cited continued shortages of essential supplies. Health workers

explained that delayed funding hindered planning. Some caregivers observed improvements that were temporary rather than sustained. These perceptions highlight the importance of funding consistency.

Frequency Table of Child Health Service Availability, Quality and Effectiveness

Theme	Description of Theme	Supporting Quantitative Evidence	Supporting Qualitative Evidence
Inconsistent Availability of Essential Child Health Services	Child health services are not reliably available, limiting continuity of care.	60% reported services were sometimes available; 30% often available; 10% always available.	Services cancelled when schools were in use; missed clinic days due to health worker duties; supply delivery delays; heavy rains and fuel shortages; poor communication on schedule changes.
Moderate and Uneven Quality of Service Delivery	Service quality is generally fair but varies depending on staffing, resources, and conditions.	50% rated services as fair; 40% good; 10% excellent.	Positive experiences linked to patient and professional staff; negative experiences involved overcrowding, rushed consultations, discourteous communication, and inadequate infrastructure.
Chronic Shortages of Equipment and Medical Supplies	Persistent shortages undermine service effectiveness and efficiency.	75% reported supplies sometimes adequate; 25% rarely adequate; 0% consistently adequate.	Regular shortages of vaccines, medicines, and weighing scales; borrowing equipment from neighboring villages; clients turned away due to stockouts; delays attributed to late funding.
Variable Operational Efficiency and Waiting Times	Waiting times fluctuate due to operational and logistical constraints.	50% experienced long waiting times; 50% did not.	Delays linked to understaffing, overcrowding, poor scheduling, early arrival with late service start, and uncomfortable waiting conditions.
Mixed Satisfaction with Child Health Services	Satisfaction levels reflect inconsistent service delivery and experiences.	50% satisfied; 25% neutral; 25% unsatisfied.	Satisfaction associated with friendly and competent staff; dissatisfaction linked to rude behaviour, long queues, and repeated supply shortages; neutral views reflected unpredictability of services.
Perceived Partial Effectiveness of Funding	Funding is seen as moderately effective but inconsistently implemented.	50% believed funding was effective; 30% neutral; 20% ineffective.	Improved outreach and supply availability when funds were timely; delayed disbursement disrupted planning; continued shortages despite funding.

Theme	Description of Theme	Supporting Quantitative Evidence	Supporting Qualitative Evidence
Inconsistent Inclusion of Community Feedback	Community participation in planning is uneven and unreliable.	50% felt included; 50% felt excluded.	Inclusion through occasional meetings and feedback requests; exclusion through top-down decision-making; irregular communication and competing livelihood demands limited participation.

Challenges and Required Support

Respondents identified several major challenges affecting the implementation of child health interventions in Tikoliwe Village, including shortages of staff, shortages of drugs and supplies, and inadequate infrastructure. These findings align with existing research showing that Malawi's rural health sector faces chronic underfunding and operational constraints (Mika et al., 2021). Many respondents explained that the absence of a dedicated under-five shelter forced health services to be conducted in school classrooms, which disrupted learning and compromised privacy. Others noted that limited outreach due to transport and fuel shortages negatively affected service availability. Caregivers emphasized that supply shortages were the most frequent and most disruptive problem encountered during clinic visits. Several respondents recommended that the government disburse operational funds on time to minimize delays in service delivery. Overall, participants expressed a strong need for structural improvements and consistent funding to ensure reliable child health services.

Community members also highlighted that poor infrastructure contributed significantly to service delivery delays and inefficiencies. Respondents said that during the rainy season, makeshift shelter arrangements provided inadequate protection for caregivers and children. Many stated that constructing a permanent structure would improve comfort, safety, and service organization. Health workers similarly noted that having a dedicated space would reduce interruptions caused by school activities. Some respondents expressed concern that limited outreach programs meant that vulnerable households located farther from the center often missed essential services. Others added that high population growth in the area required expanded health infrastructure to meet demand. Taken together, these findings underscore the urgent need for investment in durable health infrastructure.

Another important challenge identified was the limited communication between health workers and the community regarding service schedules and program updates. Several respondents indicated that changes in clinic days were often communicated late, resulting in

missed appointments and frustration. Others reported that communication was inconsistent, and in some cases, entirely absent. Health workers acknowledged these gaps and attributed them to workload pressures and the absence of reliable communication tools. Respondents suggested that using mobile phone messaging systems or megaphones could significantly improve communication. Research supports the need for robust communication strategies to enhance community health participation (Chikapa-Mhango & Mvula, 2021). Strengthening communication practices would likely improve attendance and satisfaction with services.

In addition to communication and infrastructure challenges, respondents also emphasized the need for additional staffing to improve service efficiency. Many caregivers described situations where a single health worker managed long queues of patients, leading to extended waiting times and rushed consultations. Health workers similarly noted that understaffing caused fatigue and reduced service quality. Respondents recommended increasing the number of health personnel assigned to the under-five program to improve both timeliness and quality of care. This aligns with Banda and Moyo's (2022) findings that staffing shortages are a central cause of rural healthcare inefficiencies. Strengthening human resources would significantly improve both operational efficiency and caregiver satisfaction. Overall, staffing remains a crucial area requiring government intervention.

Finally, respondents expressed a need for broader community engagement in decision-making and monitoring of child health interventions. Many caregivers stated that community members should be more actively involved in planning outreach schedules, monitoring supply levels, and reporting challenges. Village leaders highlighted that their input was often overlooked despite their central role in mobilizing the community. Some respondents recommended forming community health committees to enhance accountability and collaborative planning. This approach is supported by studies showing that community participation increases program ownership and sustainability (Kamphinda & Zulu, 2020). Improved engagement could foster transparency and reduce the gap between government plans and community needs. Overall, respondents emphasized that collaboration between government, health workers, and community members is essential for effective intervention implementation.

Summary of Key Findings

The study found that access to child health services in Tikoliwe Village was inconsistent and largely dependent on the timely availability of government operational funding. Many respondents reported that services were only offered occasionally, which affected their ability

to bring children for vaccination and monitoring. Delays in funding also led to late arrival of health workers and postponement of outreach activities. Caregivers expressed frustration when services were unavailable despite their preparedness to attend clinic sessions. These findings indicate that access is strongly influenced by funding reliability and logistical support provided to outreach teams.

Findings showed that the availability of essential health services was limited due to shortages of medicines, equipment, and personnel. Respondents frequently reported cancelled or incomplete service days resulting from stockouts and breakdowns in supply delivery. The quality of services was also affected by overcrowding and the lack of a permanent structure for the under-five clinic. Health workers were sometimes forced to deliver services in school blocks, which disrupted learning and reduced privacy. Overall, insufficient resources and inadequate infrastructure significantly undermined both availability and quality of care.

The study revealed mixed levels of caregiver satisfaction, with many acknowledging improvements only when funding was stable and adequate. Respondents were satisfied during periods when essential supplies were available and waiting times were short. However, dissatisfaction emerged when services were inconsistent or when staff shortages caused long queues and reduced consultation time. Caregivers also noted that rude behavior among a few health workers affected their perceptions of service quality. These results demonstrate that satisfaction is closely tied to funding effectiveness, staff adequacy, and the overall organization of service delivery.

The study identified several major challenges, including inadequate infrastructure, shortage of health personnel, and irregular supply of medicines and equipment. Respondents emphasized that the absence of a dedicated under-five shelter frequently disrupted service delivery and discouraged attendance. Poor communication between health workers and the community also contributed to missed clinic days and confusion about schedules. Additionally, logistical challenges such as fuel shortages and delayed allowances affected outreach consistency. These challenges collectively weakened the implementation of child health interventions in Tikoliwe Village.

Areas for Further Study

Future studies could examine long-term outcomes of improved operational funding on child health indicators across multiple rural communities. Researchers may also explore the efficiency of community-led monitoring systems in ensuring accountability for health funding usage. Another potential area of inquiry is the impact of digital communication tools

on attendance and caregiver engagement. Comparative studies assessing the performance of different rural under-five shelters would also provide valuable insights for policymakers. These areas of research would deepen understanding of sustainable approaches to improving rural child health services.

CONCLUSIONS

The study concludes that government operational funding plays a central role in determining the efficiency and sustainability of child health interventions in Tikoliwe Village. Reliable and timely funding is essential for ensuring consistent service delivery, adequate staffing, and availability of essential supplies. The findings showed that irregular funding contributed to service disruptions, which negatively affected access and caregiver satisfaction. Infrastructure limitations further compounded challenges by reducing the quality and comfort of service environments. Overall, strengthening funding mechanisms and improving logistical support are critical for enhancing child health outcomes in the community.

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