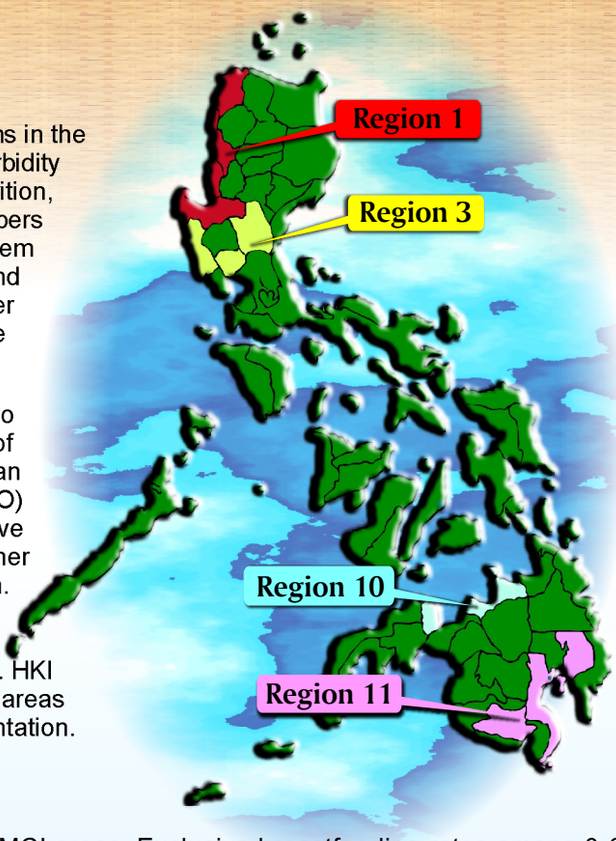
# Assessment of IMCI Strategy on Nutritional Status and Breastfeeding Practices in Regions I, III, X and XI in the Philippines:

E. Villate, Dr. C. Acuin, D. Reario, Dr. R. Moench-Pfanner, Dr. S. de Pee. Helen Keller International Philippines and Asia Pacific

## Background:

Childhood illness and malnutrition continue to be significant problems in the Philippines. While the Infant Mortality Rate (IMR) has declined, morbidity rates from pneumonia, diarrhea, and measles are still high. Malnutrition, which increase the child's risk of getting sick and of dying, and hampers its physical and mental development persists as a widespread problem in the Philippines. The prevalence of underweight, wasting and stunting among children under 5 years of age has not changed over the past 5 years while vitamin A deficiency and anemia prevalence in this age group even increased.

One of the strategies that the Philippine government has adopted to address child health and nutrition problems is the implementation of the Integrated Management of Childhood Illness (IMCI). IMCI is an approach being promoted by the World Health Organization (WHO) in order to manage common childhood illness by combining curative as well as preventive aspects of immunization, nutrition and other important factors influencing child health including maternal health. It has three components: 1) improving the case management skills of health workers at health facilities; 2) improving the health system; 3) improving family and community practices in caring for children. HKI with USAID assistance provided technical assistance to IMCI areas from 2001 - 2003 and evaluated it's importance on the implementation.




## Objectives:

To assess the impact of IMCI on underweight prevalence among children < 5 years of age and determine changes in household and family care practices.

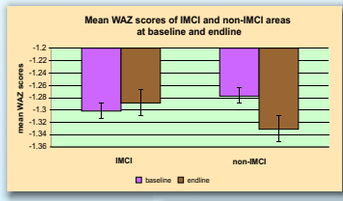
## Methods:

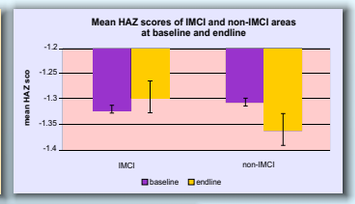
A quasi-experimental design was used for surveys carried out in 2001 and 2003, which used an adapted questionnaire developed by UNICEF. Intervention municipalities were purposefully selected, based on location within a province currently receiving IMCI TA, child malnutrition prevalence, and IMCI training status. Control municipalities from the same provinces were matched

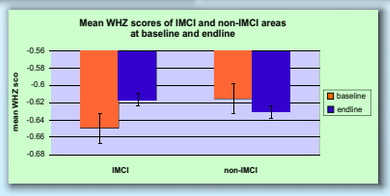
on population size and health system capacity and that they were not slated to implement IMCI within the period of the assessment. 9,272 randomly selected 0-59 month old children participated in the 2001 survey and 7,601 in 2003. Trained field workers conducted interviews and assessed child height, weight and food intake.

## Findings:

Underweight, stunting and wasting rates were comparable at baseline. However, by 2003, the difference between mean underweight scores approaches significance (p=0.05), as the mean z score improved in IMCI areas (-1.30 to -1.28) and deteriorated (-1.29 to -1.33) in non-IMCI areas. Exclusive breastfeeding rates among 0-6 month olds declined more sharply and significantly in non-IMCI areas (14.8% to 9.2%) than in IMCI areas (22.7% to 19.1%).




**Exclusively BF 0-6 months old**

| | Baseline, 2001 | | Endline, 2003 | |
|---|---|---|---|---|
| | IMCI | Non-IMCI | IMCI | Non-IMCI |
| EBF | 125 (22.7%) | 58 (14.8%) | 85 (19.1%) | 30 (9.2%) |
| Not EBF (but still BF) | 425 (77.3%) | 335 (85.3%) | 361 (80.9) | 295 (90.8%) |
| | 550 (100%) | 393 (100%) | 448 (100%) | 325 (100%) |
| | *Chi-sq = 8.8, p = 0.003* | | *Chi-sq = 13.5, p = 0.0002* | |
| | *OR = 1.7 (1.19, 2.43)* | | *OR = 2.32 (1.45, 3.7)* | |

## Conclusions:

Nutritional status and breastfeeding practices, which are essential to child survival, can be improved using IMCI approaches.

## Policy Implications:

IMCI implementation and assessment can be carried out at local government levels with demonstrable improvements in child health and nutrition.

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