



Assessing IMCI Strategy Implementation in the Philippines:

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Background:

The Philippines adopted the Integrated Management of Childhood Illness (IMCI) strategy to address the problem of child morbidity and mortality. This strategy improves the case management skills of health workers, selected health systems operations, and family/community practices in childcare. Health workers implement the strategy over many parts of the country. In Regions 1, 3, 10 and 11, Helen Keller International (HKI) provided technical assistance since 2000 to improve IMCI strategy implementation.

Objective:

To assess the implementation of the health care systems component of the IMCI strategy and the IMCI case management skills of health workers.

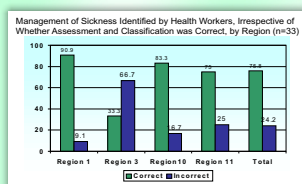
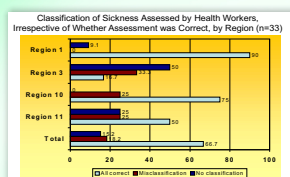
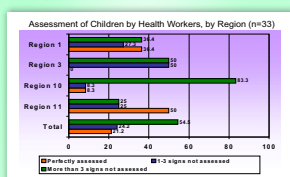
Methods:

Using a cross sectional study, trained data collectors (DOH and Provincial Health Offices and HKI) observed 33 IMCI-trained health workers providing services for sick children in 34 purposively-selected health facilities in three provinces each of Regions 1, 3, 10 and 11. Later, they interviewed separately the health workers and the mother/caretakers of the sick children, and conducted facility records review. They used assessment tools (checklist, questionnaires) developed by WHO but adapted for local use.

Results:

Practicing the IMCI Approach:

- Health Workers follow the basic steps of the IMCI approach - assessing, classifying and managing
- Health Workers use IMCI assessment tools with varying degrees of correctness



Supervision:

- Over half (54.5%) of the health workers received follow-up supervisory visits that included observation of case management.
- In three out of the four regions, 50-75% of health workers visited did not receive supervisory visits.

Supplies

- The procurement system for supplies, drugs and medicines excludes the end-users (health workers). Thus, some essential supplies and drugs are not purchased. e.g. topicals ophthalmics, injectables, pediatric BP cuff

Recording and Referral

- Health workers follow different systems for recording activities/accomplishments of IMCI, making consolidation of information on accomplishments difficult, if not impossible.



- Referral system is generally sufficient. There is a need to improve follow-up after referred client is discharged from the referred unit.

Conclusions:

- Trained health workers are adopting the IMCI approach to managing child illnesses. However, they have deficiencies in performing each of the steps so that some children are not appropriately managed.
- Support systems for the facilities to implement the IMCI strategy are existent to varying degrees in different regions.
- Follow-through for trained staff by trainers is limited. Technical support from local supervisors is frequently not available.

Recommendations:

- Improve supervision and monitoring system
 - Technical follow-up support by competent supervisors
 - Conduct facilitative supervisory workshops and develop monitoring/supervisory plans and tools on IMCI
- Modify training on IMCI
 - Train local supervisors as IMCI trainers/facilitators of local health workers and not to import trainers from other regions
- Involve health facility end-users in procurement of equipment, drugs and other supplies.



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