Integrated Management of Childhood Illness (IMCI) Training Through the Lens of the Participants

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This qualitative study, which made use of a focus group discussion for data collection, aimed to describe the outcomes of the IMCI service providers training in terms of the knowledge, skills, and attitude gained by the participants. Furthermore, it also aimed to describe the services rendered and the challenges they encountered in their one year of utilizing the IMCI strategy in their respective health centers. The participants consisted of six midwives of the nine who completed the training which was organized by the Revitalizing Primary Health Care (RPHC) Project of the College of Nursing of Silliman University, Dumaguete City, which is funded by the Commission on Higher Education (CHED) of the Philippines. The study made use of content analysis to interpret the collected data.

The results of the study show that the participants appreciated the training because it is useful, helpful, and empowering. More so, it makes the health services accessible and affordable to the community. The knowledge and skills learned by the participants, as well as the services rendered, are related to the four steps of the IMCI process which are assessing, classifying the illness, treating the child, and health education/counselling. The two steps of the process which are not mentioned as learned and performed are identifying the treatment and giving of follow-up care. The study also yields some challenges and problems experienced by the IMCI-trained participants, which are related to logistics, the attitude and expectations of some mothers about how their sick children should be managed, self-doubt when the classifications identified do not match with the doctors' diagnoses, and time constraints when implementing such a long but important strategy. The recognition of the importance of applying the newly acquired knowledge and skills and the enhancement of caring behavior manifested through a deeper concern for the children and prompt attendance to their needs help the trainees perform these IMCI-related services.

In view of the results of this study, it is recommended that more midwives and nurses will be trained in IMCI strategy. Furthermore, the challenges and difficulties shall be looked into by the authorities concerned, and regular continuing education and update sessions for the participants should be conducted. It would also be beneficial if another study can be conducted to look into the performance of IMCI-trained personnel in the city health offices and rural health units to gain a deeper understanding of the issues.

Keywords: Primary Health Care, Integrated Management of Childhood Illness (IMCI) Strategy, Training, Health Education, Domains of Learning, Skills, Knowledge, Attitude

INTRODUCTION

Primary Health Care (PHC) is an international framework of delivering health services close to the people. It was launched during the First International Conference on Primary Health Care, which was held in Alma Ata, USSR way back in September 1978 and was sponsored by the World Health Organization (WHO) and United Nations Children's International Emergency Fund (UNICEF). In the Philippines, it has been adapted since October 19, 1979 by virtue of Letter of Instruction (LOI) 949 (Cuevas, 2007, p.30).

PHC is a strategy through which "essential health care that is based on practical, scientifically sound, and socially acceptable methods and technology is made universally accessible to individuals and families in the community by means acceptable to them, through their full participation and a cost that the community and country can afford" (Estrada-Castro, 2012, p.9). Its concept is characterized by partnership and empowerment of the people that is envisioned to eventually make them self-reliant.

The College of Nursing of Silliman University strongly believes in the capacity of Primary Health Care to transform the society particularly in the health aspect. It is on this note that the Revitalizing Primary Health Care Project, which is funded by the Commission on Higher Education (CHED) of the Philippines, is undertaken by the college with the aim of strengthening the implementation of PHC in the seven barangays (villages) of Dumaguete City, Negros Oriental.

Along with the concept of empowerment is capability building. With this in mind, the RPHC project team organized/conducted education and training sessions, one of which is the Service Providers Training on Integrated Management of Childhood Illness (IMCI). IMCI is a strategy of managing

common illnesses among the under five children. It was launched by the WHO and the UNICEF in the mid-1990's, with the goal of reducing the morbidity and mortality rates of common illnesses such as pneumonia, diarrhea, measles, malaria, dengue hemorrhagic fever, and malnutrition, among the population of children under five years of age. Aside from reducing the morbidity and mortality rates, it also seeks ways to improve the growth and development of the under five children through the use of an integrated manner by combining the separate guidelines for Control of Diarrheal Diseases (CDD), Care of Acute Respiratory Infection (CARI), Malaria Control Program, Prevention and Control of Dengue Hemorrhagic Fever. Management of other illnesses which are common among children was also added into the IMCI guidelines (IMCI Resource Manual and Workbook, 2011).

Though IMCI strategy was internationally launched in the mid 1990's, its implementation here in the Philippines started only in 1997 in few regions and eventually, it was expanded to all regions in the country (IMCI Resource Manual and Workbook, 2011). Selected health workers, which included municipal/city health officers, public health nurses, and rural health midwives, were trained. Furthermore, with the intention of sustaining competent health workers in health care facilities, teaching of IMCI in nursing, midwifery, and medical schools is seen as a potential opportunity to broaden health system coverage. This resulted to the inclusion of faculty of selected schools of nursing, midwifery, and medicine in the IMCI trainings.

The training of health workers involved in the implementation of IMCI strategy has always been of prime importance to create a pool of competent workforce. According to the study of Arifeen et al. (2009), the strategy was associated with positive changes such as improved health-worker skills, health system support, and family and community practices including increased pure breastfeeding in Matlab which is a sub district of Bangladesh. It has also decreased stunting in that place. The study of Nguyen, Leung, McIntyre, Ghali, & Sauve (2013) also found out that the IMCI training improves health worker performance.

A number of studies have found positive results of IMCI strategy. However, the cost-effectiveness issue of the training has been identified as one of the challenges to be surmounted in the expansion phase of IMCI (Lambrechts, Bryce, & Orinda, 1999). With this thought, and alongside the goal of PHC, the RPHC Project responded to the request of the City Health Office of Dumaguete City, Negros Oriental, Philippines to facilitate an

IMCI Service Providers Training for the midwives of the partner barangays (villages). In collaboration with the Integrated Provincial Health Office of Negros Oriental and the City Health Office of Dumaguete City, the RPHC Project facilitated an intensive training for seven midwives and two faculty of the College of Nursing of Silliman University, which lasted for thirteen days in November 2013. The training observed the standard training protocol for the IMCI strategy, implementing its two components which are the classroom and supervised clinical practice. The classroom component of the training used videos, readings, reviews of photographs, demonstrations, and a variety of other interactive methods (Lambrechts et al., 1999). On the other hand, the supervised clinical practice was spent in various health centers of the city, where trainees practiced their skills and received feedback from the trained facilitators.

With the IMCI training conducted, it is deemed important that the outcomes of the trainings be studied, as this can bring about improvement and provide direction to future trainings that will be conducted. The aim of this study then is to describe the outcomes of the IMCI training conducted by the RPHC Project in terms of the knowledge, skills, and attitude gained by the participants. Furthermore, it also aims to describe the services rendered and the challenges and difficulties they encounter along the way.

METHODS

This is a qualitative research, which made use of focus group discussion (FGD) as the method of data collection and content analysis for interpretation. The FGD was attended by six midwives from the RPHC project partner barangays. During the training, the participants had been informed that they would also participate in the evaluation study sometime after the training. The FGD was conducted by three researchers who were each assigned to facilitate the discussion, to record, and to serve as secretariat. The guide questions were the following: a) What impressions were generated by the participants for the training?; b) What knowledge and skills were learned from the training?; c) What changes in attitude and behavior were developed or enhanced because of the training?; d) What health services have been rendered as a result of the training?; and e) What difficulties and challenges were encountered while providing the health services?

Before the actual conduct of the FGD, an orientation and a practice session

were done for the facilitators. The actual FGD was held at the Mary Marquis-Smith Hall Room 103. Consent from the participants was obtained. It was also emphasized to them that they could opt not to answer questions which they were not comfortable answering. Furthermore, a demographic form was used to obtain some characteristics for the profiling of the participants.

During the conduct of the FGD, one of the researchers facilitated the discussion based on the research questions, another researcher wrote the responses on a manila paper posted on the board or wall, while another one wrote the responses in a recording notebook. A digital recorder was used to record the discussion proceedings after a consent was given by the participants. Final validation of the responses was made before the facilitator summarized and concluded the session. The FGD lasted for one hour and twenty minutes.

In the analysis of the data, transcribing was done both from the digital recorder and from the written entries. The responses were read more than once, clustered, and then coded into themes by two researchers. The two researchers then met to concur on the clustering of data into themes. Impressions, challenges/difficulties were read and reread at the same time analyzed alongside the derived themes.

RESULTS

Profile of the Participants

The participants of the study included six female midwives who completed the IMCI Service Providers Training. Their ages ranged from 39 years to 53 years old. As to their marital status, three are married, two are single, and one is a widower. Those who are married and the widower have two children each while those who are single do not have children. They are assigned in the seven partner barangays of RPHC Project except for one who is assigned in another barangay but was made to participate because of the request of the city health officer who believed that having a midwife who is trained in IMCI was a felt need of that particular barangay.

Participants' Impressions on the IMCI Training

There were three themes that emerged related to the participants' impressions of the IMCI Training. These themes are: a) useful; b) accessible and affordable

health care; and c) empowering, which are all appreciations for the training because of its positive qualities. As a participant expressed, "we feel lucky and blessed that we were able to attend the training."

The participants believe that what they learned in IMCI training is helpful and useful. The treatment of the common illnesses and the counselling of the care givers (mothers) on how to care for their children turned easier because of the training. As a number of participants verbalized, "We learn whether to treat the condition or refer. Also, we can educate the mother on what to do if the child has fast breathing."

One of the principles of PHC is to make health services close to the people. The IMCI training is seen by participants of the study as a strategy that is aligned with this principle. The participants expressed that because of the IMCI training, the health services are within reach of the people in terms of proximity and cost. This is concurred when a participant said that it is "very helpful especially that there are those who can't afford the fare (in going to the doctor)."

According to Conger & Kanugo (1991, p. 474, as cited by Costello-Nickitas, 1997) "empowerment is a process of enhancing feelings of self-efficacy among organizational members through the identification of conditions that foster powerlessness and through their removal by both formal organizational practices and informal techniques of providing efficacy information." This is manifested in the statement of the participants: "We feel like we are doctors... we are able to prescribe antibiotics." This is also supported by another participant who said, "It enhances our knowledge and skills as midwives. We feel empowered."

Knowledge and Skills Learned

Learning can take place in three domains according to Benjamin Bloom (1956, as cited by Berman & Snyder, 2012). These are knowledge (cognitive), skills (psychomotor), and attitude (affective). The cognitive domain is also referred to as the thinking domain. This covers the levels of thinking which starts with simple recall, then progressing to comprehension, analysis, synthesis, and evaluation. Furthermore, the psychomotor domain includes learning of fine and gross motor abilities while the affective domain, which is also known as the "feeling" domain refers to learning of desirable emotions and attitudes.

The knowledge and skills learned by the participants of the IMCI training

can be categorized into the following themes: a) assessing the sick child; b) classifying the child's condition; c) treating the sick child; and d) educating/ teaching the mother/care giver. These themes are focused on the steps of the IMCI process.

The first step of the health care process is assessment, which entails taking of the necessary information for the purpose of gaining a deeper understanding of the client's situation. According to Berman & Snyder (2012), the process involves collecting, organizing, validating, and recording data about a client's health status. However, in IMCI, it specifically means taking the health history of the sick child and performing a physical examination. In relation to assessment, the participants expressed that the training enable them to thoroughly assess the sick children. This is affirmed by a participant who stated that "Now, we are able to do thorough examination of the child...we ask them (mother/caretakers) questions following the IMCI guideline."

The second theme is centered on the second step of the IMCI strategy, which is identifying the child's condition. In the IMCI parlance, identifying the child's condition means classifying the child's illness which means taking a decision on the severity of the illness (IMCI Resource Manual and Workbook, 2011, p. 3) . A sick child may have one or more classifications which are action-oriented (not medical diagnoses). In concordance to this theme, a participant expressed that she learned "...classifying whether the child has no pneumonia, pneumonia, or severe pneumonia... I am able to identify if the child has pneumonia or no pneumonia."

The third theme, which is on treating the child's condition is affirmed by a participant who said, "I learned how to treat minor illnesses (covered by IMCI)." This is the fourth step of the IMCI process which covers the implementation of the identified treatments for the classifications identified. The treatments are based on the guidelines established by the IMCI protocol, which may cover giving of appropriate medications, giving missed vaccines, and others.

Lastly, a very important theme on educating/teaching the mothers/ caregivers came out and is supported by this participant's claim that "It (the training) enhances our knowledge which led to a more substantive health education among mothers." Health education is any combination of learning experiences designed to facilitate voluntary adaptation of behaviors conducive to health (Green & Ottoson, 1999). It is a vital tool for facilitating the primary, secondary, and tertiary levels of prevention.

Attitude Developed or Enhanced

Affective learning involves gaining the desirable attitudes and emotions. It is an important domain which often times interspersed with the other domains because without the right attitude, cognitive and psychomotor learning would be hampered.

There are only two themes that emerged related to development/ enhancement of desirable attitude among the participants. These themes are: a) recognition of the importance of applying the newly acquired knowledge and skills; and b) enhancement of caring attitude and behavior

According to Hubley (2004, p.70), whether a training is taken seriously and put into practice will usually depend on one's attitudes. Primarily, the trainees must feel that the topic is important and should be put into practice. It is then rewarding to note that the participants recognize that it is important to apply what they learned in the IMCI training. As one participant said, "Before (we had the IMCI training), if there is a patient who would come to ask for medication, we tell them that 'there is no medication' because there is no doctor. We tell them to go to a doctor." Another participant also said that, "Now (that we have gone through the training), we assess the patient based on the IMCI assessment guide." This is so because the protocol of the IMCI strategy gives the trained health workers the bases for their actions giving them certain degree of autonomy. Furthermore, this implies that a doctor is not a requisite for the implementation of IMCI strategy.

The second theme that emerged is enhancement of caring attitudes and behavior. There are a lot of theories about caring. Central to these theories is the idea that caring is vital to all helping professions and enables people to create meanings in their lives (Berman & Snyder, 2012, p. 449). It is an essential attribute that health workers must possess, and it is manifested as a theme when majority of the participants chorused that "(We)...learn to love our patients...love...patience...care. We are now more patient in dealing with our clients. We are able to give more attention to them." Furthermore, this is affirmed by this statement of a participant, "(I am) ...inspired to attend to clients immediately and refer to the hospital right away as necessary to prevent complications."

Health Services Rendered

The IMCI-related services rendered by the participants are closely related to the items learned by them. The themes are also categorized into: a) assessing; b) classifying the illness; c) treating the condition; and d) health education/ teaching.

Understandably, the themes for the services rendered by the participants are in consonance with the knowledge and skills that they learned. These themes, which are a) assessing; b) classifying the illness; c) treating the child; and d) educating/counselling, are also important steps of the IMCI process.

The first three themes, which are the assessing, classifying the illness, and treating the child, are supported when a participant verbalized, "Now we thoroughly assess them with the use of IMCI guide questions." Furthermore, a participant said, "We assess whether the child is underweight and also check on immunization status." The theme on classifying the illness is affirmed when a participant expressed that she does "...formulation of different classifications for the child's condition," while the third theme, which is on treating the child, the participants mentioned several treatments that they implemented:"We treat conditions which are not severe like diarrhea, ear problem and pneumonia," Give Vitamin A if the child is already 6 months," and "... administering needed vaccines."

Another theme that came out under services rendered is health education/counselling. This is affirmed by the participants' claim that "(they) give advice, counsel on feeding, schedule for return check up, immunization." Another participant verbalized that "(they) perform counselling and health education about topics covered by IMCI including hygiene, and family planning."

According to the WHO (as cited by Estrada-Castro, 2011, p. 19), health education comprises consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge and developing the life skills which are conducive to individual and community health. It is considered an indispensable tool for health promotion. On the other hand, counselling is a process of helping a client to recognize and cope with stressful psychological or social problems, to develop improved interpersonal relationships, and to promote personal growth (Berman & Snyder, 2012, p. 17). In IMCI, health education/counselling means assessing how the child is fed and telling the

mother about the foods and fluids to give the child, and when to bring the child back to the health center (IMCI Resource Manual, 2011, p.3).

Challenges and Difficulties Encountered

Encountering challenges and difficulties is but natural in every undertaking. As far as the IMCI training participants are concerned the following themes emerged under this category: a) lengthy IMCI process, b) lack of some supplies, c) difficulty in evaluating the outcome, d) inconsistency of formulated IMCI classification with the doctor's diagnosis, and e) mothers' preference for medication.

The participants feel that the length of the IMCI process poses a challenge to them. It is affirmed by a number of participants' responses. One intimated, "The process is too long. It covers giving of treatment, making the mother do the return demonstration, counselling...more so if I will include feeding advises which is very long. In consideration to this, I always tell them ahead that this process really takes long." Another participant said, "... (even) the taking of the respiratory rate also takes long...it has to be counted when the child is calm... couldn't be taken when the child is asleep, breastfed, and when not relaxed or crying. Sometimes we cannot even finish filling up the back page of the form because of lack of time".

Marquis and Huston (2009) emphasized that supplies are the second most significant component in a budget for a hospital and for any health institution for that matter. It is necessary to provide health services. The lack of it can hamper the delivery of important services including health services under IMCI strategy. As to the theme on lack of some supplies, a number of the participants said, "We are not provided with forms...we need to have them photocopied." Another participant also claimed that "the medicine for ear infection is expensive and not available at the City Health Office. Other medicines such as antibiotic, iron, paracetamol, Vitamin A and others are available."

Monitoring and evaluation of the outcome of the treatment is important. Without them, the health provider will not have a chance of modifying the care and treatment given to the child if it is necessary. However, the third theme under challenges and difficulties encountered is the difficulty of monitoring and evaluating the child's condition. This is supported by a participant's statement: "We have difficulty in monitoring patients' condition

when their mothers do not bring them back for follow up as instructed."

The fourth theme is doubt on the IMCI classifications formulated. In relation to the theme, Webster's New Encyclopedic Dictionary (1995, p. 302) defines doubt as a state of affairs that causes uncertainty or suspense. It implies uncertainty about the truth or reality of something and an inability to make a decision.. As a participant expressed, "Our classification is different from the doctor's diagnosis. They usually come up with URTI as diagnosis while our classification is pneumonia. We cannot also refute because they are doctors." Another participant affirmed the previous statement when she said, "That is right...".

The last theme is on some mothers' and caretakers' preference for medications. Drugs and medications are considered important in the management of many illnesses. However, not all health problems need medications. Despite this fact, the study result shows that a number of mothers would like that their sick children be given such. According to a participant, "Mothers would just directly ask for medicines without bringing the child to the center. I told them that I need to see the child." This is also affirmed by a participant's verbalization that "some mothers would prefer that their child be given medication even if it is not necessary for the condition of the child...and [they would] feel upset when they are not given drugs for their child's condition."

DISCUSSION

Impressions on IMCI Training

The Integrated Management of Childhood Illness (IMCI), which is a strategy of managing common childhood illnesses among children under five years of age, is anticipated to lessen the vulnerability of this population group. It aims to reduce the morbidity and mortality and at the same time takes into consideration the ways of improving the growth and development of the under five children through the use of an integrated manner by combining the separate guidelines for Control of Diarrheal Diseases (CDD), Care of Acute Respiratory Infection (CARI), Malaria Control Program, Prevention and Control of Dengue Hemorrhagic Fever (IMCI Resource Manual, 2011).

The first component of IMCI includes health worker training and the reinforcement of the correct performance. The training is based on a set of

adapted algorithms that guide health workers through a process of assessing signs and symptoms, classifying the illness according to treatment needs, and providing appropriate treatment, counselling/education to the child's caregiver, and follow-up care (Gove, 1997; IMCI Resource Manual, 2011).

The result of this study shows that the participants have good impressions about the IMCI training that was organized by the Revitalizing Primary Health Care Project. The training is well appreciated because it is helpful and useful to them as they dispense their duties. As midwives, the participants are considered front liners in the delivery of health services in the Philippine Health Care Delivery System, and the IMCI training is seen to have empowered them as their knowledge and skills have been augmented. These impressions are aligned with the systematic review and meta-analysis study result of Nguyen et al. (2013) which sought to determine whether IMCI training improves the skills of health workers. The study revealed that the IMCI training improves health worker performance. Several studies have also shown that health workers trained in IMCI do perform better than those who have not been trained. Health facility surveys carried out in Tanzania (Schellenber et al., 2003), Brazil and Uganda (Amaral, Gouws et al., 2004), show that IMCI training substantially improves health worker performance in assessing and managing sick children, and in counseling their caretakers.

It is also worthy to note that the empowerment of midwives resulting from the enhancement of their knowledge and skills has made the health services close to the people in terms of proximity and economics. This helps in meeting one of the objectives of PHC which is to make basic health care services universally accessible.

Knowledge, Skills, and Attitude Learned and IMCI Services Rendered

According to John Hubley (2004, p. 66), training is another word for teaching, which is often applied to the process of introducing fieldworkers to new ideas, information, and skills as part of their continuing education. Just like any kind of teaching, it is expected to result in positive changes in cognition, skills, and attitude that are relatively permanent.

This study shows that the knowledge and skills learned by the participants of the IMCI training as well as the IMCI services they rendered are related to the steps of the IMCI process. These are a) assessing the sick

child; b) classifying the child's condition; c) treating the sick child; and d) counselling/educating the mother/care giver. The findings of the systematic review of Nguyen et al. (2013), which found out that IMCI-trained workers were more likely to correctly classify illnesses, showed greater improvements in prescribing medications, vaccinating children, and counseling families on adequate nutrition and administering oral therapies, support the findings of this study.

It is interesting to note that out of the six steps of the IMCI strategy only four emerged in the study. The remaining steps, which are identification of treatment and giving of follow-up care, did not come out. This could be explained in the next three paragraphs.

Assessment is an important step of the health care process. This is a continuous and systematic process of collection, organization, validation, and documentation of data (Berman & Snyder, 2012, p.180). In regard to IMCI, assessing the sick child is carried out using an algorithm jointly formulated by the WHO, UNICEF, and the Department of Health of the Philippines, which is found in the IMCI Chart Booklet. As the first step, assessment is of prime importance as it yields to full appreciation of the condition of the client. It is only through an accurate assessment of the child that the health worker can identify correct IMCI classifications of the illness and implement relevant and safe treatments based on the IMCI protocol.

On health education and counselling, it must be reiterated that these two are vital responsibilities of health workers which have been emphasized in the academic curriculum of health disciplines like midwifery. It is a vital tool for health promotion, prevention of illness, and even to facilitate healing and rehabilitation of clients. With the over emphasis of the importance of health education and counselling in the curriculum and the work place, it is easily internalized, remembered, and performed by any health worker. Furthermore, in the study by Turtal et al., (2013), even clients in the community have clamored for health education on topics which they perceive as vital for health and development. With this great demand for health education, the health workers are all the more motivated to include it in their services.

Although the participants of the study did not specifically mention about the identification of treatment as one of the things they learned, it must be considered that the giving of appropriate treatment is never carried out without the proper identification of such. It could then be construed that this step is part and parcel of treating the child which the training participants

must have learned. Furthermore, the giving of follow-up care which did not also come out in the study could be due to the fact that the step is executed after a number of days specified in the protocol depending on the illness classifications identified. When asked about the challenges and difficulties encountered while using the IMCI process, it was expressed that many mothers/caretakers do not bring their kids back to the health center for return check-up. This may have diminished the opportunity of the participants to give follow-up care and learn along the way.

Though attitude is harder to measure than knowledge and skills, authorities consider it an important learning domain. The acquisition of the right kind of attitude is an integral part even in reference to the learning of knowledge and skills. It is often times equated with positive feelings, emotions, affect, and even values.

As far as the study is concerned, there are only two themes that emerged related to the development/ enhancement of desirable attitude among the participants. These themes are recognition of the importance of applying the newly acquired knowledge and skills and enhancement of caring attitude. According to Hubley (2004, p. 70), whether a training is taken seriously and put into practice will usually depend on one's attitudes, some of which are a) feeling that the topic is important and should be put into practice; b) realizing the importance of making follow-up visits; c) being prepared to work among disadvantaged and poor people; d) being patient and prepared to listen to and respect the community, and e) taking care to prepare one's health education properly. It is then worthy to note that despite having only two themes, these are well aligned to Hubley's (2004) thought about the importance of learning positive attitude.

Difficulties and Challenges Encountered

Challenges and difficulties are natural in the work arena and elsewhere. The participants of the study have been using the IMCI guidelines for a little more than a year since they have completed the training. They have identified the following challenges and difficulties: a) lengthy IMCI process; b) inadequate logistics; c) difficulty in monitoring and evaluating the outcome; d) inconsistency of formulated IMCI classifications with the doctor's diagnosis; and e) mothers' preference for medication.

The study of Tandingan et al. (2005) assessed the implementation of

IMCI strategy in the Philippines. This study presented in a conference in 2005 showed some challenges and difficulties: some essential drugs and supplies are not purchased because the end-users are not involved in the purchase, varied recording systems were followed making consolidation of information difficult, and inadequate monitoring and supervisory visits making technical support from local supervisors not available most of the time. The length of the IMCI process mentioned by the participants of the study has not been identified as one of the challenges in the study of Tandingan et al. (2005). However, during the researchers' casual conversation with midwives and nurses in the Rural Health Units of neighboring towns of the setting of the study, a number of them expressed the same concern. As expressed, the process takes about thirty minutes to one hour to complete depending on the child's condition. With the number of clients that they need to attend to, following the guidelines strictly would mean not being able to attend to some of the clients who would come to the center.

Marquis and Huston (2009), emphasized that supplies are the second most significant component in a budget for a hospital and for any health institution. It is important to provide health services. The lack of it can affect the delivery of important services including health services under IMCI strategy. This important limitation has also been observed in Bangladesh, Cambodia, Nigeria, and Uganda, where there is low use of public sector health care for a variety of reasons like accessibility, official or under-the-table user fees, perceived poor quality, lack of drugs, and so on (Arifeen et al., 2009). Furthermore, in the article by Lambrechts et al. (1999), drug availability had been cited as one of the areas to be improved under the IMCI strategy.

Monitoring and evaluation of the outcome of the treatment is important. Without it, the health provider will not have a chance of modifying the care and treatment given to the child if it is necessary. In IMCI, the giving of follow-up care is the last step of the process which enables the health worker to monitor the child's condition and evaluate the outcome of care. However, the study shows that the step is often times omitted as mothers and other care takers seem not to value the importance of such; more so, when the child's condition has been noted to have improved. To address this challenge, two of the participants said that they find time to make follow-up visits. However, a participant said that "when mothers don't bring their children back to the health center for follow-up check, I take it as an indication that the children have already been healed of their illness," which may not actually be the case.

There is therefore a need to put in extra effort to emphasize and impress to the mothers the importance of the follow-up check. This is necessary to see if the children are improving with the treatment prescribed, to check for signs of worsening like in the case of diarrhea, cough and cold, fever, eye and ear infection, and to make sure that those with feeding problems are fed correctly and are gaining weight (IMCI Resource Manual, 2011, p. 163).

The Webster's New Encyclopedic Dictionary (1995, p. 302) defines doubt as a state of affairs that causes uncertainty or suspense. It implies uncertainty about the truth or reality of something and may result to an inability to make a decision. When IMCI front line workers doubt the illness classifications that they identified as not consistent with the doctor's diagnosis, this can erode their trust of their ability and trust in the strategy. If the so called "inconsistency" will cascade to the mothers and other caretakers, the mistrust may even be felt down to their level. It is important then to explain to all concerned that the IMCI classifications are action oriented which are meant to guide the actions of the health workers in managing the illness, and therefore are not necessarily medical diagnoses.

The last challenge/difficulty identified is on some mothers' and caretakers' preference for medications. Drugs and medications are considered important in the management of many illnesses. However, not all health problems need medications. Despite this fact, the study result shows that a number of mothers would like that their sick children be given such. This may be related to deeply rooted practice of taking the sick children to doctors who are often associated to attractively package medications (Basaleem & Amin, 2009). Also, people perceive drugs especially antibiotics and other pharmaceutically prepared drugs to work better when it comes to healing of illnesses. This somehow might have increased the practice of self-medicating which in turn have influenced the mothers to prefer for medications to be prescribed whenever their children get sick. Considering the fact that not all illnesses need medications, a drive for deeper awareness of such must be initiated by the health workers. The consumers of health must realize that drugs, when taken inappropriately and unnecessarily, can even result to adverse reactions and side effects which may worsen the client's condition.

CONCLUSION AND RECOMMENDATIONS

The study concludes that the participants, who are midwives of selected

barangays of Dumaguete City, have positive impressions of the IMCI training, which was organized and conducted through the RPHC Project. The positive impressions emanate from the usefulness and alignment of the strategy with the principles of Primary Health Care. They are able to acquire knowledge and skills that are vital for front liners of IMCI implementation that are parallel with the steps of the IMCI strategy, and because of such, they are able to render IMCI-related services reflective of the majority of the steps of the strategy which are: a) assessing the sick child; b) classifying the child's condition; c) treating the sick child; and d) educating/teaching the mother/care giver. The recognition of the importance of applying the newly acquired knowledge and skills and the enhancement of caring attitudes and behaviors manifested through a deeper concern for the children and prompt attendance to their needs help the trainees perform these IMCI-related services with a greater satisfaction.

In the course of performing their duties and responsibilities as IMCI trained health workers, the participants of the study encountered difficulties and challenges which are related to logistics, the attitude and expectations of some mothers about how their sick children should be managed, self-doubt when the classifications identified do not match with the doctors' diagnoses, and time constraints when implementing such a long but important strategy.

In view of the difficulties and challenges expressed by the participants, the study recommends that these problems shall be looked into by the authorities concerned. The RPHC Project staff need to disseminate the results of this study to proper authorities to initiate interventions for such. Furthermore, the need for regular continuing education and update sessions for the participants is necessary. These sessions will allow filling-in of the gap in knowledge and skills whenever necessary, correct participants' misconceptions about the strategy, and let them air out their concerns. Regular monitoring sessions and supervisory visits by the IMCI trainers would also be very helpful.

It would also be beneficial if another study can be conducted to look into the performance of IMCI-trained personnel in the health centers including those who were not trained under RPHC Project. It would give a deeper understanding of the issues related to the strategy and how the performance of these health personnel is affected by these issues.

ACKNOWLEDGMENT

This study is made possible through the valuable support and inputs of the following people and institutions: The Commission on Higher Education (CHED) of the Philippines for the financial grant for the Revitalizing Primary Health Care Project; Dr. Evalyn E. Abalos, the dean of the College of Nursing of Silliman University; Dr. Enrique G. Oracion, the director of the Research and Development Center of Silliman University; City Health Office of Dumaguete City; and the midwives who generously shared their time to participate in the study.

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