

The Implementation of Integrated Management of Childhood Illness

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Abstract: Efforts to reduce infant and toddler mortality by implementing IMCI, its implementation by emphasizing primary prevention through preventive and promotive efforts, also utilize secondary prevention efforts including curative and rehabilitative to increase IMCI coverage in puskesmas. The purpose is to analyze the implementation of IMCI. Method is qualitative (indepth interview) to obtain more in-depth information about the implementation of IMCI by health workers in providing services at the Calang Health Center, Krueng Sabee District, Aceh Jaya Regency in 2018 with 10 informants. Results Mother's knowledge about IMCI is still lacking, even though the staff's knowledge is already good about the implementation of IMCI. Not all facilities and parasana at the puskesmas are complete. The training is always attended by officers so it is very helpful for officers in implementing IMCI and the leadership always supports the MTBS implementation well. Conclusion Lack of mother's knowledge about IMCI, although the knowledge of officers is already good. Facilities and parasana at the puskesmas are not yet complete. Staff training is available and support from leaders is also available. Suggestion The puskesmas should provide socialization in order to increase mothers' knowledge, complete facilities and infrastructure so that the implementation of IMCI can be achieved more optimally

Keywords: Knowledge, Infrastructure, IMCI, Toddler

Introduction

Health is one of the crucial aspects in building the human element so that it has the quality as expected, able to compete in an era full of challenges now and in the future. Many factors affect health, both individual health and public health, including heredity, environment, behavior and health services. Health service seeking behavior is the behavior of a group of sick people who seek to seek healing or treatment to free themselves from disease and obtain recovery (Notoatmodjo, 2010).

Maternal and child health is one of the targets in the Millennium Development Goals (MDGs) on goals 4 and 5 which have ended until 2015, then developed into Sustainable Development Goals (SDGs) with a target of achieving up to 2030, precisely at goal 3 of the 17 goals SDG's namely good health; guarantee a healthy life and encourage prosperity for all people at all ages (Ministry of Health, 2015). Maternal and child health programs become very important because mothers and children are important elements of development, this implies that from a mother will be born prospective successors to the nation, namely a child. To get a nation's successor who will be able to provide benefits to the nation, it must be pursued a healthy condition of mothers and children (Prasetyawati, 2012).

Every year more than ten million children in the world die before reaching the age of 5 years. More than half are caused by five conditions that can actually be prevented and treated, including pneumonia, diarrhea, malaria, measles and malnutrition. Often combined with several other diseases (Soenarto, 2013). The application of the IMCI approach is aimed at managing diseases, especially diseases that are causes of death of children aged <5 years, namely: diarrhea, malaria, pneumonia, measles, and malnutrition. According to (Hidayati, 2011) this form of sick toddler management can be carried out in basic health services, such

as: outpatient units, puskesmas, auxiliary puskesmas (Pustu), and village maternity huts (Polindes), with the aim that all communities get more health services well.

Puskesmas which are the spearhead of the most basic and leading health services in realizing the commitment to improve the quality of health services that function as a center for health development, as well as the first level of services that carry out its activities in a comprehensive, integrated and sustainable manner including the implementation of IMCI. The healthy condition of children is one of the goals of the SDGs, while the goal of the 3rd SDGs is in 2030 ending preventable infant and toddler deaths. The target is to reduce neonatal mortality by at least 12 per 1,000 live births and under-five mortality per 1,000 live births (Kemenkes RI, 2015).

IMCI is not a health program but an approach / way to manage sick children. The target of IMCI is children aged 0 - 5 years and divided into two target groups, namely the age group 1 day to 2 months, and the age group 2 months to 5 years. IMCI activities are efforts aimed at reducing morbidity and mortality rates while at the same time improving the quality of health services in basic health outpatient units such as puskesmas (Prasetyawati, 2012). A joint report by the United Nations Emergency Children's Fund (UNICEF) children's fund, WHO and the world bank found that in 2012 around 6.6 million children died before reaching the age of 5, this figure is far compared to 1990 where the number of children died around 12 million. The main causes of infant mortality are pneumonia, prematurity, asphyxia, diarrhea, and malaria. Globally, WHO says around 45% of under-five deaths are due to malnutrition (WHO, 2013). Over the past 22 years around 90 million people have been saved, according to the report, in Indonesia the number of child deaths under 5 years has decreased from 385,000 in 1990 to 152,000, this is clearly good news said "Angela Kearney, UNICEF's chief representative. But don't forget that more than 400 children who still die every day in Indonesia, usually these children come from poor and most marginalized families and they become victims of easily preventable and treatable diseases such as pneumoni, diarrhea. We need to ensure that prevention and treatment services are available to all children in Indonesia (Kemenkes RI, 2012).

Based on preliminary obervasi results, researchers know that so far the effort to reduce infant and under-five mortality rates in the Calang Health Center in addition to emphasizing primary prevention through preventive and promotive efforts, has also utilized secondary prevention efforts including curative and rehabilitative efforts in outpatient units. The Calang Puskesmas has implemented the IMCI program approach to reduce the number of sick toddlers. The IMCI program that is run at the Calang Health Center is in the form of providing skills to health workers who work at the health center as well as providing guidance to mothers of toddlers on how to administer medication at home (Calang Health Center. 2017).

Based on field observations, where mothers of toddler slack knowledge about the importance of implementing IMCI, for mothers all of that is not important, due to lack of mother's knowledge. Besides the incomplete facilities and infrastructure at the Calang Puskesmas, this also had an impact on visits, so the IMCI visit at the Puskesmas was low. The official records toddlers who are vulnerable to diseases and gives an explanation to toddlers mothers about the first treatment for sick toddlers such as diarrhea by giving oralit which is sugar water and salt achievement, teaching mothers how to treat wounds in toddlers, explaining to mothers about good food for children when the toddler is sick, and reminds the mother of the re-examination schedule of the toddler to the puskesmas to reexamin.

Research Methods

This type of research is a qualitative method of research by conducting in-depth interviews (indepth interview) to obtain more in-depth information about the implementation of IMCI by health workers in providing services in order to analyze the implementation of IMCI in the Calang Puskesmas, Krueng Sabee District, Aceh Jaya District. This research was conducted at the Calang Health Center, Krueng Sabee District, Aceh Jaya District in December 2018 by interviewing 10 informants

Results and Discussion

Results

Knowledge Factors with the Implementation of IMCI

One of the factors that can expedite the application of IMCI in puskesmas is the knowledge factor, in this case the results of interviews with key informants as key informants are as follows: Based on the results of interviews with the Main Informant, it can be concluded that most mothers know that IMCI is a place of health services specifically for toddlers, and mothers also know that when sick children are brought to the puskesmas, IMCI police will be directed. here is also a small portion of mothers who do not know about IMCI because they do not know their health problems well. Based on the results of interviews with 6 main informants, it can be concluded that mothers who know about IMCI if their child is sick are immediately taken to the IMCI room. Unlike the case with the Key Informants Head of Health Centers as Key Informants stating the following quotation results: “ Based on the results of interviews with key informants the researchers concluded that IMCI was indeed devoted to the treatment of sick toddlers with the aim that the development of toddlers could be more directed and in the future the toddlers would not be easily attacked by diseases and strong body endurance. Whereas the quote from the triangulation informant stated that: “Based on the results of interviews with triangulation informants it can be concluded that IMCI is a pediatric treatment room that aims to treat sick children. MTBS is specifically devoted to the treatment of a sick toddler with the aim that the development of toddlers can be more directed and in the future the toddler is not easily attacked by disease and his immune system is strong. Based on the results of interviews with 2 informants supporting the researchers concluded that some mothers did not know about IMCI even though the officers were very understanding about the importance of IMCI for toddlers

Facilities and Infrastructure Factors with the Implementation of IMCI

One of the factors that can facilitate the implementation of IMCI at the puskesmas is the facilities and infrastructure, in this case the results of interviews with key informants are as follows: Based on the results of interviews with 6 Main Informants it can be concluded that the facilities and infrastructure in the implementation of IMCI at the Puskesmas are still lacking. Unlike the case with key informants Head of Puskesmas as Key Informants stating the following quotation results: Based on the results of interviews with key supporting informants the researchers concluded that the facilities and infrastructure at IMCI were not all complete but for the important needs of the IMCI examination was attempted. Unlike the case with the triangulation informants who stated as follows: Based on the results of interviews with supporting informants it can be concluded that the facilities and infrastructure at IMCI are not all complete but for the important needs of the IMCI examination is sought there. Unlike the case with 2 triangulation informants who stated that the facilities and infrastructure at IMCI were not all complete but for the important needs of IMCI examination everything was already there. The implementation of health services requires adequate facilities and parassas and in accordance with their duties and functions, the equipment in question is the

facilities and health facilities that do exist, where the unavailability of facilities and parassas will have fatal consequences. However, if the availability of facilities and infrastructure is not fatal then it will not be a problem (Sarwoto 2012).

Training with IMCI Implementation

One of the factors that can smoothen the implementation of IMCI in puskesmas is training, in this case as the results of interviews with key informants as research informants concluded that there was training attended by officers: One of the factors that can smoothen the implementation of IMCI in puskesmas is training, in this case as the results of interviews with key informants as research informants concluded that there was training attended by officers: Based on the results of interviews with key informants the researchers concluded that the training was held and was followed by all officers. Unlike the case with triangulation informants who state the following quotation results: "Based on the results of interviews with triangulation informants it can be concluded that those officers also routinely attend training, can also be seen from the certificates that are on display on the wall.

Leadership Support Factors with IMCI Implementation

One of the factors that can expedite the application of IMCI in puskesmas is the support of the leadership, while the results of interviews with key informants are as follows: Based on the results of interviews with key informants 6 researchers can conclude that mothers lack knowledge about leadership support. Unlike the case with key informants Head of Puskesmas as Key Informants stating the following quotation results: Based on interviews with key informants the researchers concluded that the leader (puskesmas head) always monitored the implementation of IMCI at Calanag Puskesmas. Unlike the case with the triangulation informant officer who states the results of the quote as follows: Based on the results of interviews obtained that good leadership support. Based on the results of interviews with informants supporting the research officer concluded that there is supervision from the head of the puskesmas. Unlike the case with the informant triangulation officer 2 who stated the following quotation results: Based on the results of interviews with informants supporting the research officer concluded that sometimes there was overseen by the head of the puskesmas implementing IMCI

Discussion

Knowledge Factors in the Implementation of IMCI

Mother's knowledge of toddlers is really needed in the implementation of IMCI because with mothers knowing IMCI it will be easier to implement. This is consistent with the results of the interview: Efforts should be made that mothers who do not know about MTBS must ask a lot of officers about the purpose and how the actual implementation of IMCI for sick toddlers so that mothers know well what is the purpose of IMCI. Knowledge is an impression in the human mind as a result of the use of the five senses that aim to get certainty (Soekanto, 2011). Knowledge is the result of a person's sensing of a particular object, occurs through the five senses namely vision, hearing, smell, taste and touch (Notoatmodjo, 2010). Based on the observation of researchers, the knowledge of mothers is still lacking about the implementation of IMCI because mothers do not find out what IMCI is and they also only think that sick children are taken to the puskesmas without needing to know the purpose and purpose of the IMCI health services. his is not very good, because in fact the mother must know what the purpose and objectives of the IMCI are so that the implementation of IMCI can run well. The results of this study are in line with Sutantini's (2003) research which states that good knowledge is needed from all parties, namely IMCI officers, toddlers in implementing IMCI maximally in public health centers in West Lampung Regency.

Facilities and Infrastructure Factors in the Implementation of IMCI

Completeness of facilities and facilities are needed in the implementation of IMCI, This is consistent with the results of the interview: efforts must be made to complete all IMCI facilities and infrastructure where if any damaged facilities and infrastructure are repaired immediately, facilities and infrastructure that do not yet exist can continue to be provided so that the implementation of IMCI can run smoothly in line with the expectation of the availability of all health facilities needed for conduct a health examination for the community (Notoatmodjo, 2012). Based on the observations of researchers there are still some facilities and infrastructure in the IMCI room that do not yet exist, there are also some facilities and infrastructure that are damaged. However, it does not hamper the implementation of IMCI at the puskesmas, because the equipment that is not available is not fatal for a toddler's health examination. So without these tools the implementation of IMCI can still be carried out so far. The results of this study are in line with the study of Umar (2007) which states that facilities namely infrastructure and facilities are needed in the IMCI room to support the maximum IMCI implementation so that the implementation of IMCI can be carried out. Medical device facilities must be in the IMCI room so that the implementation of IMCI can run optimally.

Training Factors in the Implementation of IMCI

Training is very important in the implementation of IMCI because with the training it will assist officers in implementing IMCI. This is consistent with the results of the interview: Efforts that must be made in training must always be followed by officers so that the implementation of IMCI runs well because in the implementation of SBM it is needed good training. Human Resources (HR) is the main asset of an organization that is an active planner and actor of every organizational activity. Underprivileged, less capable and unskilled human resources, one of which resulted in the work not being able to be optimally completed quickly and on time (Sedarmayanti, 2001). The IMCI program will certainly be able to run well if it has human resources in this case competent health workers. Training in human resource development is a cycle that must continue to occur continuously to anticipate changes outside the organization (Notoatmodjo, 2012). Based on the observations of researchers about IMCI officer training went well so that the implementation of IMCI also went well. The results of this study are in line with research by Fera (2010) which states that training is really needed by IMCI officers in increasing knowledge about IMCI expectations in Puskesmas Madiun City Health Office.

Leadership Support Factors in the Implementation of IMCI

The importance of leadership support in the implementation of IMCI because with the support will help implement IMCI particularly in the provision of facilities and infrastructure. This is consistent with the results of the interview: Efforts that must be made It is better for the head of the puskesmas to always supervise IMCI implementers and continue to see the lack of facilities and infrastructure in implementing IMCI to continue to be completed so that IMCI implementation can run smoothly. Leadership is the process of influencing or setting an example by leaders to followers in an effort to achieve organizational goals (Indonesian dictionary). characteristics of successful leaders: knowledgeable about group assignments, persuasive and have social skills. Based on the observations of the researchers' support from the leadership, that is the supervision of the head of the Puskemsas has been going well, where the head of the Puskemsas always supervises and helps in the implementation of IMCI in Puskemsas so that the implementation of IMCI runs well. The results of this study are in line with Wiwiet's (2011) research which states that leadership support is needed by subordinates or other staff in carrying out work, especially in support of the head of the puskesmas and the head of the room in the implementation of IMCI in Pariaman City.

Conclusions

Mother's knowledge about IMCI is still lacking, although the staff's knowledge is very good about implementation, the facilities and infrastructure at the puskesmas are incomplete, there are still some facilities and infrastructure that are not yet available. The training is always attended by officers so it is very helpful for officers in implementing IMCI. The leadership support for the implementation of IMCI has been done well.

Suggestion

The puskesmas conducts training once a month for the officers so that the implementation of IMCI runs optimally. The officer provides information to mothers of children under five about the actual implementation of IMCI. And more communicative with mothers of toddlers so they are diligent in visiting IMCI. The head of the puskesmas should complete the incomplete facilities and infrastructure so that the implementation of IMCI can run more optimally.

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