

## CHALLENGES ON IMPLEMENTATION OF INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS (IMCI)

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**ABSTRACT**

*This article in-depth on the critical challenges faced in the implementation of Integrated Management of Childhood Illness (IMCI) as an integrated approach in child health management. The background of the study highlights the complexity of the child health environment, limited infrastructure, and differences in cultural contexts that can affect the effectiveness of IMCI. The research gap is revealed through a lack of in-depth knowledge of all aspects of the challenges faced and a lack of exploration of potential solutions in previous research. This study describes the urgency of research related to the future investment of a nation that is closely related to child health. Presenting past research, this article highlights the knowledge gaps that still need to be filled and the need to optimize child health management strategies. This in-depth approach is considered a novelty of this research, which not only identifies challenges, but also looks for potential solutions to improve the effectiveness of IMCI. The purpose of the study is to identify, analyze, and provide solutions to challenges in IMCI implementation. The benefits of this research include contributing to further understanding of the complexities of IMCI implementation and providing practical guidance and recommendations for the improvement of child health systems. It is hoped that the results of this study can support global efforts in improving children's health through more effective implementation of IMCI.*

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### INTRODUCTION

Child health is a critical aspect in the development of a country. on Integrated Management of Childhood Illness (IMCI) is an integrated and comprehensive approach in handling diseases in children. Although IMCI has been widely implemented, certain challenges still color its implementation efforts. Therefore, this study aims to in-depth and analyze various aspects related to challenges in IMCI implementation process (Kiplagat et al., 2014).

Although IMCI has become the main guide in handling children's health, there are a number of obstacles faced in its implementation. Factors such as limited health infrastructure, inadequate human resources, and different cultural contexts in different regions can affect the success of IMCI implementation. Therefore, a deep understanding of these challenges is essential to improve the effectiveness of child health programs (Horwood et al., 2009).

Although there has been previous research exploring the implementation of IMCI, there are still knowledge gaps that need to be filled. Previous research may not have covered all aspects of the challenge or have not explored potential solutions to improve IMCI implementation (Reñosa et al., 2020)

Child health is an investment in the future of a nation. Therefore, it is important to continuously improve and optimize child health management strategies, including in the context of IMCI implementation. This research is expected to make a real contribution to the improvement of child health programs at the national and international levels (Titaley et al., 2014)

Some past studies have reviewed IMCI implementation, but may not have comprehensively identified and analyzed the challenges faced. Therefore, this study will expand the scope and present more in-depth findings. The uniqueness of this research lies in its in-depth approach to the challenges in IMCI implementation. This research not only seeks further understanding of existing constraints, but also seeks to find solutions or recommendations to improve the effectiveness of this program (Meno et al., 2019)

The main objective of this study is to identify, analyze, and provide solutions to challenges in IMCI implementation. The benefits of this research are expected to provide new insights, practical guidance, and positive contributions to the improvement of children's health systems at various levels. Thus, this research is expected to support global efforts to improve children's health through more effective implementation of IMCI (Pandya et al., 2018).

## **METHOD**

This study uses a qualitative approach to gain an in-depth understanding of the challenges in the implementation of Integrated Management of Childhood Illness (IMCI). The qualitative approach was chosen because it can provide deeper and contextual insight into the complexity of situations related to IMCI implementation.

The study participants consisted of various stakeholders involved in IMCI implementation, including health workers, health administrators, and families of child patients. The selection of participants was conducted purposively to ensure representation from various perspectives related to IMCI implementation.

Data were collected through in-depth interviews and participatory observation. In-depth interviews were conducted with selected participants to gain their views on the challenges faced during IMCI implementation. Participatory observation involves researchers directly involved in daily activities related to IMCI implementation to understand the context of field practices.

The collected qualitative data will be analyzed using a thematic analysis approach. The analysis process will involve open and patterned coding to identify thematic patterns emerging from interviews and observations. The findings will be interpreted taking into account the context and experiences of the participants (Huicho et al., 2005)

To ensure validity, data triangulation will be used by comparing findings from interviews and observations. The validity of the findings will be verified through discussions with child health experts and IMCI experts. The reliability of this research will be strengthened by meticulous documentation, transparent track record, and researcher reflexivity (Lambrechts et al., 1999)

This research will adhere to the ethical principles of the study, including the right of participants to provide information voluntarily and the anonymity of participants will be carefully maintained. An ethics permit will be obtained from the relevant institution prior to the commencement of the study. This research is expected to provide a comprehensive overview of the challenges in IMCI implementation and contribute to practical understanding to improve the effectiveness of this program.

## **RESULTS AND DISCUSSION**

This study documents a series of findings that emerged from the evaluation of the implementation of Integrated Management of Childhood Illness (IMCI) in rural areas. Some of the key findings include:

### **1. Lack of Trained Human Resources**

One of the main challenges faced is the shortage of health workers adequately trained to implement the IMCI approach. Respondents stated that their high workload and lack of regular training hindered their ability to provide care to IMCI standards.

The shortage of trained human resources is a critical problem in the implementation of Integrated Management of Childhood Illness (IMCI) in the context of child health in rural areas (El Arifeen et al., 2004). This challenge is not only related to the limited number of health workers,

but also includes aspects of adequate quality and accessibility of training (Lange et al., 2014). This condition creates a significant impact on the effectiveness of efforts to prevent, diagnose, and treat childhood diseases.

In many rural areas, health workers often face heavy workloads. The high number of patients and the variety of pediatric disease cases demand extra time and attention from health workers. As a consequence, involvement in periodic training becomes difficult, and this can affect the up-to-date updating of knowledge and skills needed to properly implement IMCI.

Lack of systematic periodic training can result in low understanding and mastery of applicable IMCI guidelines. Poorly trained health workers tend to face difficulties in identifying symptoms of disease, making proper diagnoses, and providing appropriate treatment (Kilov et al., 2021). This is a major obstacle in the effort to provide comprehensive and quality child health services.

This situation has a negative impact on children's health, where there is a risk of delays in diagnosis and treatment, which in turn can increase child mortality due to diseases that can actually be overcome. Therefore, the success of the IMCI program depends not only on the existence of guidelines and protocols, but also on the capacity and competence of the health workers involved.

To overcome the shortage of trained human resources, a joint effort from the government, health institutions, and relevant partners is needed. Increasing the number of health workers, providing planned periodic training, and involvement of external parties are key to ensuring that health workers are adequately resourced to provide optimal child health services. Only through these concrete steps can the challenge of shortage of trained human resources be overcome, and IMCI implementation can achieve better outcomes for child health in rural areas.

## 2. Lack of Community Participation

Public participation in the implementation of IMCI is still low. Public knowledge and understanding of the importance of early identification and management of diseases in children needs to be improved. This affects the success of IMCI as a community-involved approach.

The lack of community participation is a crucial obstacle in efforts to implement health programs, especially those related to Integrated Management of Childhood Illness (IMCI) (Adekanye & Odetola, 2014). In many cases, community engagement does not reach the expected level, affecting the effectiveness

of IMCI's holistic approach. Several factors contribute to this lack of participation, forming complex dynamics that hinder the achievement of program objectives.

First, there is a low public understanding and awareness of the importance of their role in maintaining children's health. Some communities may not fully understand the benefits and goals of IMCI, so this lack of knowledge may hinder active participation (Mupara & Lubbe, 2016). Local cultural factors and beliefs can also influence how communities respond to health programs, sometimes creating resistance to change or new innovations (Patwari & Raina, 2002).

In addition, economic aspects and accessibility are significant obstacles. People who are in low economic conditions or live in remote areas may face difficulties in accessing health facilities that provide IMCI-based services (Mullei et al., 2008). This lack of accessibility may hinder people's active participation in programs, due to limited ability to access necessary health information and services.

Low community participation can also be caused by a lack of inclusivity in program planning and implementation. When communities do not feel involved in decision-making or do not have adequate representation in the planning process, they may tend to feel less motivated to participate actively.

The consequences of this lack of community participation can be felt in achieving child health program targets. Community understanding, support, and participation are key to successful IMCI implementation, and therefore, improvement efforts need to focus on increasing community understanding, addressing economic and accessibility aspects, and strengthening inclusivity in program planning and implementation. Actively involving communities in child health efforts will make a significant contribution to improving child health outcomes and stimulate greater participation in IMCI program implementation.

### 3. Infrastructure and Accessibility Limitations

Limited infrastructure in rural health facilities is an obstacle in the implementation of IMCI. The lack of supporting facilities and limited accessibility make handling difficult (Benguigui, 2001). Limited infrastructure and accessibility are serious challenges in implementing health programs, especially related to Integrated Management of Childhood Illness (IMCI). In many contexts, these limitations

create real barriers to efforts to provide holistic and affordable health services, especially in remote or less developed areas.

Poor health infrastructure, especially in rural areas, can hinder people's access to IMCI services. Inadequate health facilities, lack of trained health personnel, and lack of necessary medical equipment can be serious barriers in providing services that comply with IMCI standards. This condition limits people's ability to obtain timely and quality health care (Goga & Muhe, 2011).

In addition, limited accessibility can come in many forms, including long geographic distances between communities and health facilities, as well as transportation limitations. Poor road conditions or lack of public transportation facilities can make it difficult for people to reach health facilities, especially in emergencies. This results in delays in service and can have a negative impact on IMCI's effectiveness.

In some cases, limited infrastructure and accessibility can correlate with economic problems, where less developed areas tend to experience limited resources to build and maintain adequate health infrastructure. This can create inequality of access to health services, with poorer areas experiencing greater challenges.

Improvement efforts need to focus on improving basic health infrastructure, training local health workers, and improving transportation facilities (Carai et al., 2019). Initiatives to build community health centers, increase the availability of medical equipment, and provide health transportation can help overcome these limitations. In this way, IMCI can be implemented more effectively and have a greater positive impact on children's health.

These challenges create a need for holistic and sustainable solutions. Several strategies can be considered:

1. Training and Improvement of Human Resources

Investment in ongoing training for health workers needs to be strengthened. This can include regular training, workshops, and knowledge exchanges between health workers.

2. Increased Community Education

More intensive education campaigns need to be carried out to increase public understanding and participation in IMCI. Community involvement and outreach at the village level can be an effective strategy.

### 3. Health Infrastructure Improvement

The government needs to focus on improving infrastructure in rural health facilities, including improving facilities and infrastructure. This can include the addition of medical equipment, empowerment of facilities, and increased accessibility.

It is important to create an integrated approach that involves governments, health workers, and communities in a joint effort to improve IMCI implementation. Cross-sectoral collaboration at the local level will help overcome barriers and ensure optimal child health services in rural areas.

## **Discussion**

The challenges in implementing Integrated Management of Childhood Illness (IMCI) reflect the complexity of child health systems across multiple contexts. An in-depth analysis of the study's findings reveals several key dimensions to consider to improve the effectiveness of the IMCI program.

First, the main challenge is related to the lack of resources and infrastructure in a number of implementation sites. Limited health facilities, a shortage of trained health workers, and difficult access for the community are major obstacles. Therefore, further investment is needed in health infrastructure development and human resource training to ensure IMCI can be optimally implemented at various levels of health services.

Second, differences in cultural and social contexts in different regions are also an inhibiting factor. Local cultures, beliefs, and traditional health practices can influence the acceptance and implementation of IMCI. Therefore, a responsive approach to cultural diversity is needed to ensure IMCI can be well adapted and accepted by local communities.

Furthermore, the lack of coordination between various parties involved in the implementation of IMCI is also a critical challenge. Weak coordination between health workers, local governments, and non-governmental agencies can hinder efficient workflows. The

importance of cross-sector collaboration and strengthening community-based management systems needs to be emphasized to address these challenges.

Another challenge arises from the lack of active community participation in IMCI implementation. Public awareness of the importance of child health care and their role in the decision-making process needs to be improved. Involving communities as active partners in program planning and implementation can help overcome these barriers.

## **CONCLUSION**

In conclusion, the challenges in implementing IMCI are multidimensional challenges involving aspects of resources, culture, coordination, and community participation. To address these challenges, a holistic approach that involves multiple stakeholders and takes into account the local context is needed. Increasing the effectiveness of IMCI will be key to improving children's overall health in various regions.

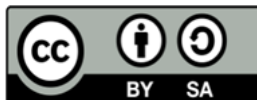
## **BIBLIOGRAPHY**

- Adekanye, O. E., & Odetola, T. D. (2014). Awareness and implementation of integrated management of childhood illness (IMCI) among nurses in paediatric settings of selected hospitals in Ibadan, Nigeria. *IOSR Journal of Nursing and Health Science*, 3(5), 29–34.
- Benguigui, Y. (2001). Integrated management of childhood illness (IMCI): an innovative vision for child health care. *Revista Brasileira de Saúde Materno Infantil*, 1, 223–236.
- Carai, S., Kuttumuratova, A., Boderscova, L., Khachatryan, H., Lejnev, I., Monolbaev, K., Uka, S., & Weber, M. (2019). Review of Integrated Management of Childhood Illness (IMCI) in 16 countries in Central Asia and Europe: implications for primary healthcare in the era of universal health coverage. *Archives of Disease in Childhood*, archdischild-2019.
- El Arifeen, S., Blum, L. S., Hoque, D. M. E., Chowdhury, E. K., Khan, R., Black, R. E., Victora, C. G., & Bryce, J. (2004). Integrated Management of Childhood Illness (IMCI) in Bangladesh: early findings from a cluster-randomised study. *The Lancet*, 364(9445), 1595–1602.
- Goga, A. E., & Muhe, L. M. (2011). Global challenges with scale-up of the integrated management of childhood illness strategy: results of a multi-country survey. *BMC Public Health*, 11(1), 1–10.
- Horwood, C., Voce, A., Vermaak, K., Rollins, N., & Qazi, S. (2009). Experiences of training and implementation of integrated management of childhood illness (IMCI) in South Africa: a qualitative evaluation of the IMCI case management training course. *BMC Pediatrics*, 9, 1–9.
- Huicho, L., Dávila, M., Campos, M., Drasbek, C., Bryce, J., & Victora, C. G. (2005). Scaling up integrated management of childhood illness to the national level: achievements and challenges



*Challenges on Implementation of Integrated Management of Childhood Illness in Peru. Health Policy and Planning, 20(1), 14–24.*

- Kilov, K., Hildenwall, H., Dube, A., Zadutsa, B., Banda, L., Langton, J., Desmond, N., Lufesi, N., Makwenda, C., & King, C. (2021). Integrated Management of Childhood Illnesses (IMCI): a mixed-methods study on implementation, knowledge and resource availability in Malawi. *BMJ Paediatrics Open, 5(1)*.
- Kiplagat, A., Musto, R., Mwizamholya, D., & Morona, D. (2014). Factors influencing the implementation of integrated management of childhood illness (IMCI) by healthcare workers at public health centers & dispensaries in Mwanza, Tanzania. *BMC Public Health, 14(1)*, 1–10.
- Lambrechts, T., Bryce, J., & Orinda, V. (1999). Integrated management of childhood illness: a summary of first experiences. *Bulletin of the World Health Organization, 77(7)*, 582.
- Lange, S., Mwisongo, A., & Mæstad, O. (2014). Why don't clinicians adhere more consistently to guidelines for the Integrated Management of Childhood Illness (IMCI)? *Social Science & Medicine, 104*, 56–63.
- Meno, F. O., Makhado, L., & Matsipane, M. (2019). Factors inhibiting implementation of integrated management of childhood illnesses (IMCI) in primary health care (PHC) facilities in Mafikeng sub-district. *International Journal of Africa Nursing Sciences, 11*, 100161.
- Mullei, K., Wafula, F., & Goodman, C. (2008). *A case study of Integrated Management of Childhood Illness (IMCI) implementation in Kenya.*
- Mupara, L. U., & Lubbe, J. C. (2016). Implementation of the Integrated Management of Childhood Illnesses strategy: challenges and recommendations in Botswana. *Global Health Action, 9(1)*, 29417.
- Pandya, H., Slemming, W., & Saloojee, H. (2018). Health system factors affecting implementation of integrated management of childhood illness (IMCI): qualitative insights from a South African province. *Health Policy and Planning, 33(2)*, 171–182.
- Patwari, A. K., & Raina, N. (2002). Integrated Management of Childhood Illness (IMCI): a robust strategy. *The Indian Journal of Pediatrics, 69*, 41–48.
- Reñosa, M. D., Dalglish, S., Bärnighausen, K., & McMahon, S. (2020). Key challenges of health care workers in implementing the integrated management of childhood illnesses (IMCI) program: a scoping review. *Global Health Action, 13(1)*, 1732669.
- Titaley, C. R., Jusril, H., Ariawan, I., Soeharno, N., Setiawan, T., & Weber, M. W. (2014). Challenges to the implementation of the integrated management of childhood illness (IMCI) at community health centres in West Java province, Indonesia. *WHO South-East Asia Journal of Public Health, 3(2)*, 161–170



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