ABSTRACT

Acute Respiratory Tract Infection (ISPA) diseases, especially pneumonia, are still the main diseases of babies and toddlers. Pneumonia causes the death of 4 million toddlers in the world, which is 30% of all mortalities. In developing countries pneumonia is the main cause of death. To reduce infant mortality rate WHO made Integrated Management of Childhood Illness (IMCI) strategy, which in Indonesia is better known as Integrated Management of Childhood Illness (IMCI). This strategy reduces mortality with 3 main components: increasing health workers’ skills, increasing health system support, and increasing the skills of families and communities.

This study were to discover the implementation of IMCI in Public Health Centers and the management support factors of the Health Department to the implementation of IMCI. This study was a descriptive study with direct observation to discover the service flow and integration of services. Officials’ compliance was rated by comparing action performed by the officials with checklists based on IMCI chart book. Interviews and search for supporting documents were done to see the management support from Lumajang Regency Health Department to the implementation of IMCI.

The study results showed that service flow in one of the Public Health Centers show hadn’t complied with IMCI pattern and hadn’t integrated services to sick toddlers. While compliance to standard in one of the Public Health Centers is good, i.e. 85% while other Public Health Centers are low, i.e. <60%. IMCI implementation wasn’t fully supported by Health Department, whether in facilities and infrastructures or supervisions, which all must be improved.

IMCI practice should be maintained and improved in all Public Health Centers in the working area of Lumajang Regency Department of Health because IMCI practice supports other existing programs, therefore needs to be enhanced management support from Department of health should be increased, especially financial resources, that it can cover facilities and infrastructural needs of Public Health Centers in the implementation of IMCI.

Keywords: IMCI, pneumonia, evaluation