

078 **ADDRESSING SEVERE ACUTE MALNUTRITION:
THE EXPERIENCE OF DAVAO CITY, PHILIPPINES**

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Background Following a so called evidence-based planning (EBaP) process in 2013 where a series of consultation with stakeholders were undertaken, Davao City moved to strengthen their Nutrition Program by launching an equity focused Integrated Management of Acute Malnutrition (IMAM) initiative. The EBaP uses the bottleneck analysis (Tanahashi Model) as basis of analysis. This process showed that acute malnutrition remains significant in the city and that the distribution of malnutrition is unequal with certain districts bearing malnutrition rates that rank as 'serious' according to the WHO Crisis Classification scale. The IMAM initiative was supported by UNICEF and ACF International and was integrated in the local health system.

Objectives This analysis aims to present the progress made in implementing IMAM in Davao City and to document the key implementation framework, key successes and highlight constraints to guide scale-up of the management of severe acute malnutrition (SAM) in the Philippines.

Methods This case study was undertaken by the Davao City Nutrition Division and UNICEF in partnership with ACF International between April to December 2014. In documenting this initiative, project documents were reviewed and analysed. Key informant interviews among patients, health providers, local officials and other stakeholders were conducted as well as validation site visited.

Result As a result of the EBaP analysis, the City Health and Planning Office's Annual Operations Plan (AOP) nutrition budget for 2014 increased from PhP 6.5 to PhP 11.5 million primarily focused on implementing lifesaving IMAM services. This resulted to the screening of 83,441 children (6–59 months) and the treatment of 236 children with SAM through 577 trained health workers and 176 outpatient therapeutic outpatient therapeutic program (OTP) sites from January to December 2014.

Some of the facilitating factors towards this initiative include the use of an evidence-based planning process, extensive advocacy amongst different stakeholders, support of local decision-makers and partnership and coordination of the different stakeholders. At the same time, there are factors which hindered this implementation such as lack of incentives for health workers, the need for a more sustainable health financing and the need to strengthen the health system as a whole. Addressing the roots of malnutrition concurrently with this program is also imperative.

Conclusion Malnutrition is a problem not only in the traditional emergency context of a middle income country but also in urban settings. Guided by EBaP analysis, the implementation of IMAM in Davao presents a framework for planning, budgeting and implementation of IMAM programmes with identified challenges and enabling factors for guiding the scaling up of PIMAM in the Philippines especially in the urban settings context.