**Using REC tool (Registre Electronique de Consultation) for facilitating IMCI implementation in Burkina Faso**

In Burkina Faso (BF) 1 out of 10 children died before 5 years old, mostly due to easily treatable or preventable diseases and by lack of access to quality of care. The IMCI[[1]](#footnote-1) strategy, adopted by the ministry of health (MOH) in 1999, is implemented since 2003 with the support of WHO and other partners. Scaled up nationwide to reduce the higher under-five mortality, IMCI was in the center of actions aiming to achieve MDGs in Burkina. The assessment of the implementation of the strategic plan 2005-2010 showed some weaknesses (only 8.2% of IMCI adherence rate from HW[[2]](#footnote-2) in 2012, high cost of IMCI training restricting the trained HW’s coverage, poor quality of supervision of HWs). In order to take up these challenges, the MOH decided to experiment the REC tool developed by the Terre des hommes (Tdh) Foundation.

The REC is an innovative tool that allows improving the management of the sick child. It includes a specialized software which integrates the IMCI approach and a digital tablet connected through the mobile phone networks to the national health information system of which it contributes to Improving the performance.

Figure1 : Overview of the REC tool being used by a health worker



As an aid to diagnosis, REC guide the nurse, then saves data from the assessment in the software and automates the other tasks of the management of sick child (classification, identification of treatment, prescription drugs and counselling), helping to reduce errors.  In addition the application allows the creation of an individual patient record’s folder for each child, with the history of consultations and treatments.

An electronic training module was designed in 2015 by the MOH that allowed the training of nearly 40 IMCI/REC facilitators. Since 2010, more than 500 trained HWs are using the REC and have treated more than 500,000 children. These HWs show a reduction of time to manage children and reduction of occurrence of misclassification as well as relief to archive the consultation documents.

A progressive scaling up plan is being displayed, after the initial implementation in 2 districts (Séguénéga and Tougan). Currently, 8 districts are covered by REC in Burkina Faso.

The REC offers a great opportunity to analyze important recorded data allowing assessing the quality of the child assessment process. Here are some facts revealed by the analysis of data stored in the REC in 2015 related to nearly 200,000 children seen in consultation in 168 CSPS[[3]](#footnote-3): i) a high rate of pneumonia 72% versus 45-50% expected), challenging the quality of counting breathing; ii) for children with Diarrhoea, while literature announces 15% of SOUND DEHYDRATION, the HWs detected only 1% of moderately dehydrated children; iii) 82% of uncomplicated malaria are listed, raising the question of the realization or not of Malaria rapid diagnostic test available yet officially announced throughout the country; iv) mastoiditis, yet a rare disease was detected in 10% of children with an ear infection; v) Finally, when all the studies note over 60% of children with anemia (mild or moderate) in Burkina , the HWs recognized only 2% of anemic children. This possibility of analysis facilitates taking actions to improve the quality of services.

1. Integrated Management of Childhood Illnesses [↑](#footnote-ref-1)
2. Health workers [↑](#footnote-ref-2)
3. Centre de Santé et de Promotion Sociale (First level health center in Burkina) [↑](#footnote-ref-3)