Integrated Management of Childhood Illness

Policy contributions and key messages from the Multi-Country Evaluation of IMCI

World Health Organization

Countdown to 2015
Child Survival

Community interventions for child survival: getting it right in Bangladesh

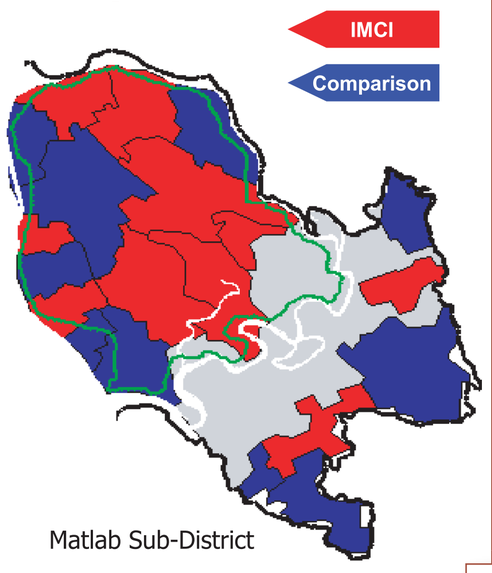
Background

- Under-five child mortality in Bangladesh is reported at 88 per 1,000 live births.
- Serious infections account for 31% and pneumonia for 21% of child deaths.
- Undernutrition contributes to 53% of all childhood deaths.
- Village-level practitioners and drug vendors are the preferred choice for child health care.
- Community interventions are developed to improve key childcare practices as part of the Multi-Country Evaluation of IMCI.

Objectives

- Describe the formative research leading to the development of the **C**ommunity component of the **I**ntegrated **M**anagement of **C**hildhood **I**llness strategy (**C-IMCI**)
- Report on the process of C-IMCI implementation and refinement
- Identify factors important to scaling-up C-IMCI in Bangladesh

Study Site



Matlab Sub-District

- Outside ICDDR,B intervention area
- Population generally poor
- Low literacy, with limited female mobility
- Predominantly Muslim
- Health system pluralistic
- Engaged existing community health workers (CHWs) from partner organization

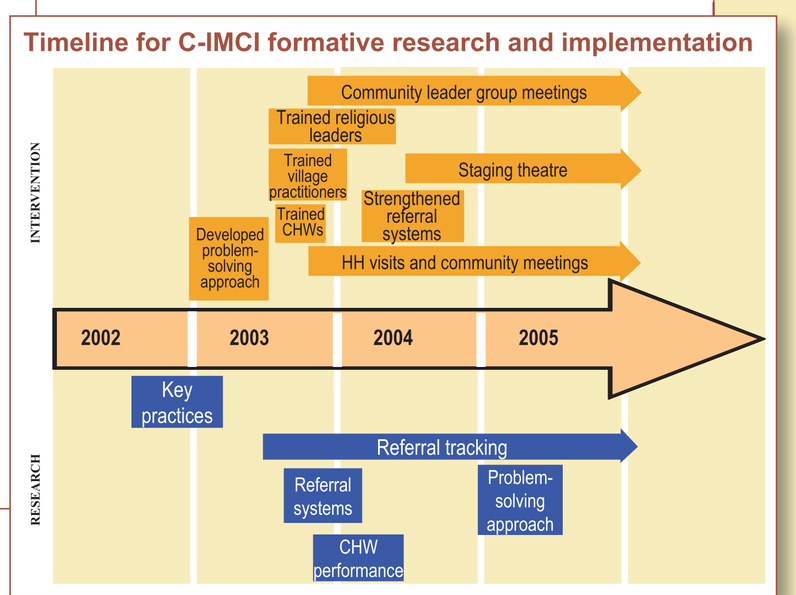
Methods

- Qualitative tools to examine beliefs and practices related to management of pneumonia and child feeding
- Periodic surveys to monitor C-IMCI activities and behavioural outcomes

Methods Overview

Management of Pneumonia		*Child Feeding*	
Method	No.	Method	No.
Interviews with:		Interviews with mothers	21
- Key informants	8	Observations	10
- Mothers of sick children	27		
- Health providers	25		
Free listings	32		
Severity ratings	27		
Hypothetical cases	10		

Timeline for C-IMCI formative research and implementation



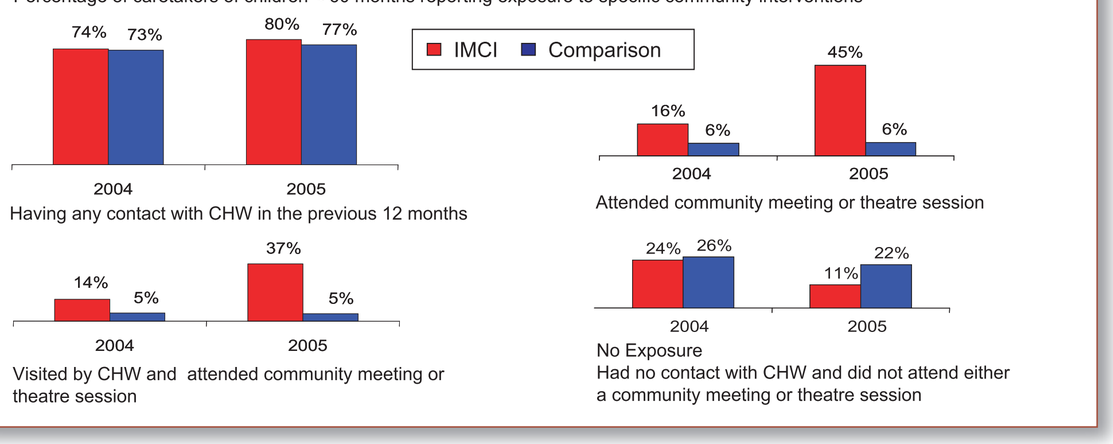
Development of C-IMCI

Findings from formative research guided:

- Development of **problem-solving approach** to be used by CHWs during interactions with care providers
- Recognition of need for **multiple channels** for message delivery and segmented targeted audiences
- Involvement of **village level practitioners** to reduce harmful practices and encourage referrals

Coverage of Community Interventions

Percentage of caretakers of children < 60 months reporting exposure to specific community interventions



Case 1: Referral Systems

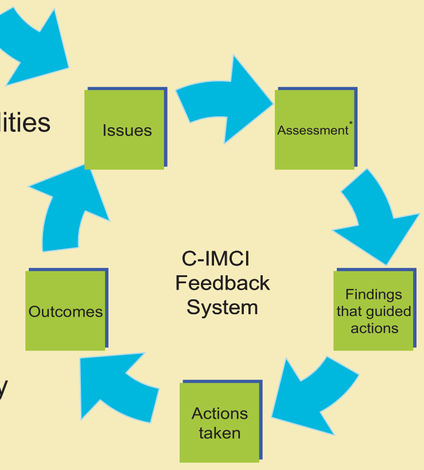
Issue
Low adherence (24% in 2003) to referrals to higher level facilities

Assessments
Monitoring systems and in-depth interviews with 25 mothers of sick children who had not accepted a referral

Findings that guided action
Distance, restrictions on mother's mobility, travel costs, provider failed to give adequate information, preference for private practitioner, families unable to locate referral facility, inappropriate behaviour in referral facility, and non-availability of providers

Action taken
Revise messages to specify why, where and when to go for referral and what to expect and train IMCI service providers on how to convey the information
Refer only cases that could benefit from higher level care and recommend provision of local case management for certain severe cases
Set up child health corner with IMCI logo to facilitate recognition of referral facility and ensure appropriate triage

Outcome
Sharp increase in the number of children receiving life-saving treatment



*Using qualitative and quantitative tools

Case 2: CHW Performance

Issue
Monitoring showed poor quality of performance and low coverage
Uncertainity of future of parent programme

Assessments
Monitoring systems and observations of 127 CHWs

Findings that guided action
CHWs did not consider IMCI work as primary responsibility
CHWs unclear of IMCI facility services
CHWs unable to follow basic IMCI guidelines
CHWs maintain many of the same belief systems as target population
Problem-solving and counseling approach not appropriately used
Linkages and communication between collaborating institutions inadequate

Actions taken
Carry out monthly meetings to motivate and refresh CHWs
Revise CHW schedule
Institute supervision and monitoring plan for CHWs
Establish better communication between collaborators
Eventually hire new cadre of workers to delivery household one-on-one interactions and case management

Outcomes
Increase in household visits
Use monthly meetings as continuous process of assessment and feedback

Case 3: Problem-Solving Approach

Issue
Limited use of problem-solving approach by CHWs

Methods
Monitoring systems and group discussions with different categories of CHWs

Findings that guided action
CHWs and their supervisors did not adequately use materials during interactions with mothers
Problem-solving approach and messages difficult for this cadre of workers to deliver
Information too detailed and repetitive
CHWs preferred to use materials with accompanying visual aides to communicate messages

Actions taken
Modify messages to make more concise and user friendly
Reinforce counseling and problem-solving approach during monthly meetings
Develop alternative tools to guide CHWs when conveying messages

Outcome
Work in progress

Conclusions

- Interventions need to be treated as dynamic systems, requiring constant monitoring to meet the changing needs of communities.
- Continuous refinement of interventions requires a multidisciplinary team that can respond to issues as they arise.
- Formative research is feasible in low income settings.
- Reaching high coverage may not be possible without engaging health workers fully dedicated to the task.
- Developing community interventions is a complex process that requires adequate time, commitment, and resources.

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