

From research to action for child survival: effective partnerships for scaling up IMCI in Bangladesh

Integrated Management of Childhood Illness

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

Background

- Partnerships can address capacity constraints in scaling up IMCI
- Few country examples exist to show what partnerships can accomplish, particularly in the uptake of research findings into policy and the translation of policy into action
- This paper describes a case study of effective partnership in scaling up IMCI in Bangladesh

Objectives

To examine and quantify partnership inputs, processes, outputs and outcomes in research and scale-up of the Integrated Management of Childhood Illness (IMCI) between the Government of Bangladesh (GoB) and:

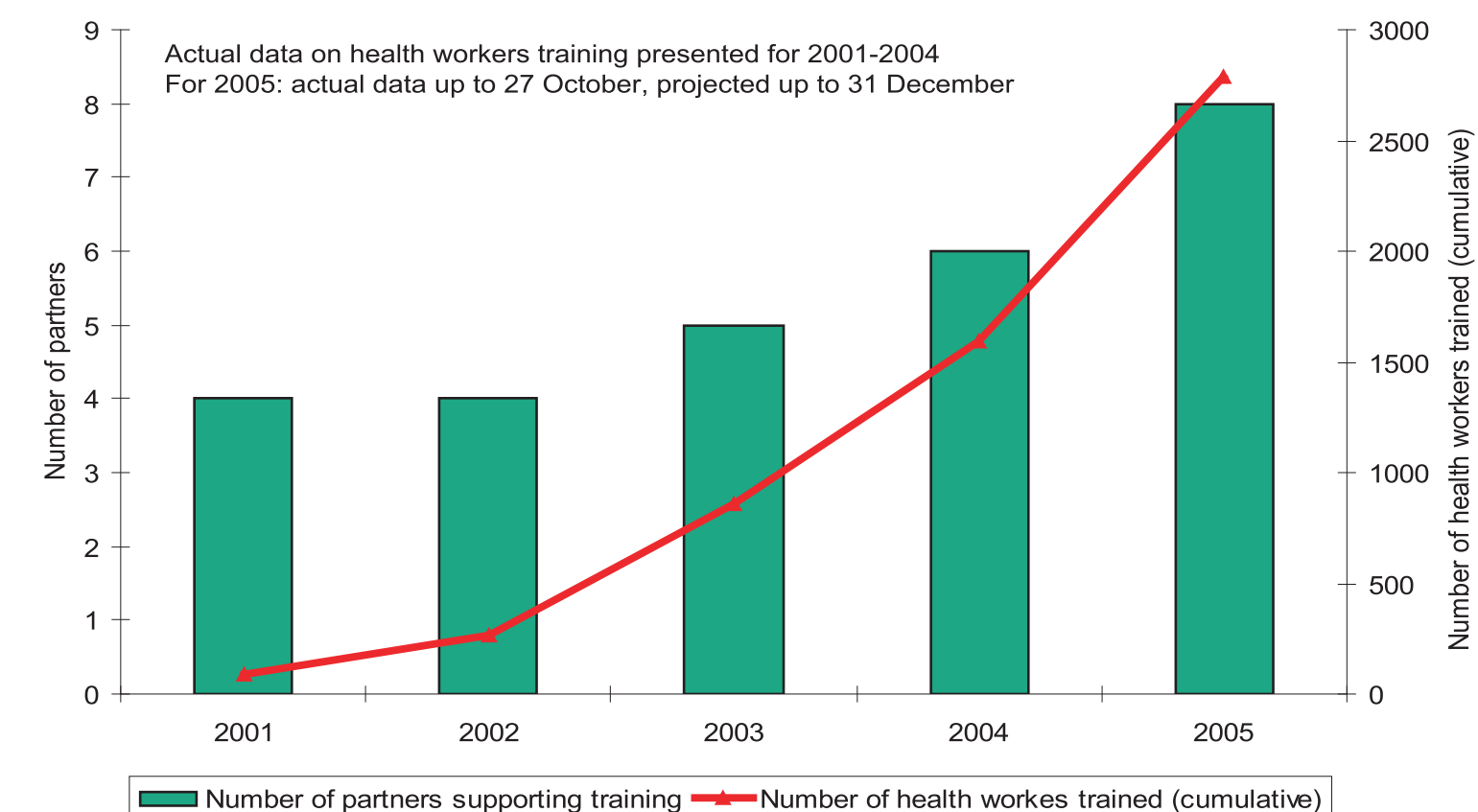
- its research partners (ICDDR,B) in the transfer of IMCI research results into policy;
- its implementation partners (WHO, UNICEF, USAID and NGOs) in scaling up IMCI in Bangladesh.

Methods

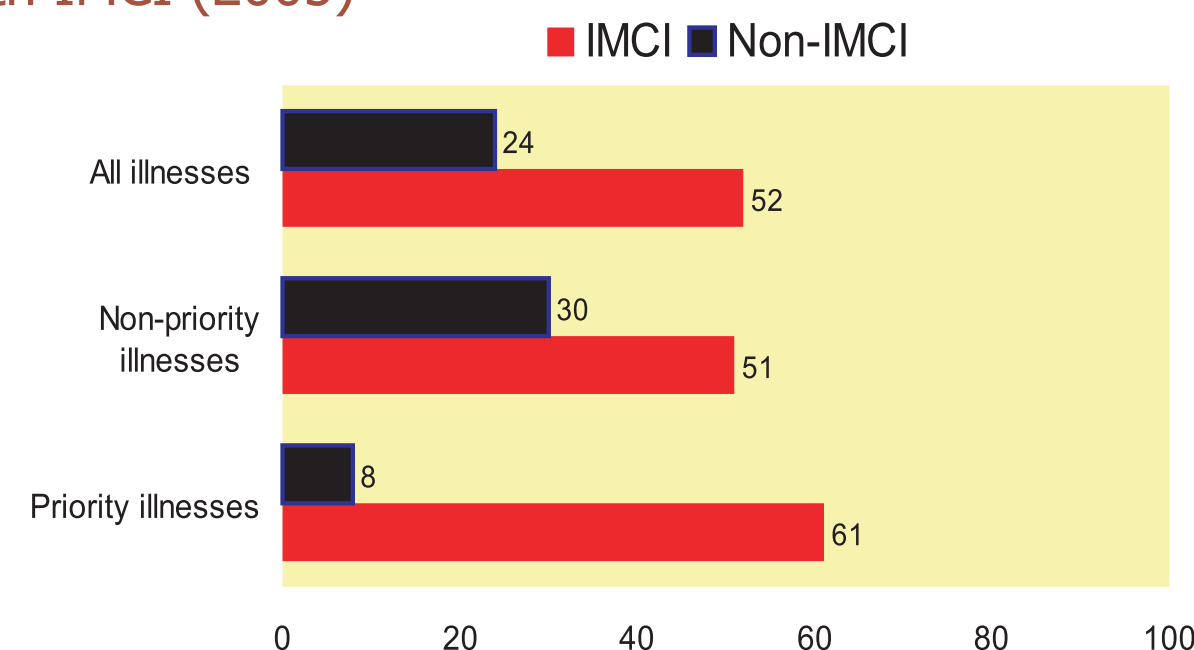
- Identification of key indicators (input, process, output, and outcomes) that could quantify partnership efforts and actions
- Abstraction of data from multiple sources:
Plans: IMCI scaling up plan, joint GoB-partners annual work plans, health sector plans
Implementation: programme records (2003-5)
Evaluation: IMCI Health Facility Survey (2005)

Results

Partners' participation in training helps attain increasing IMCI coverage levels

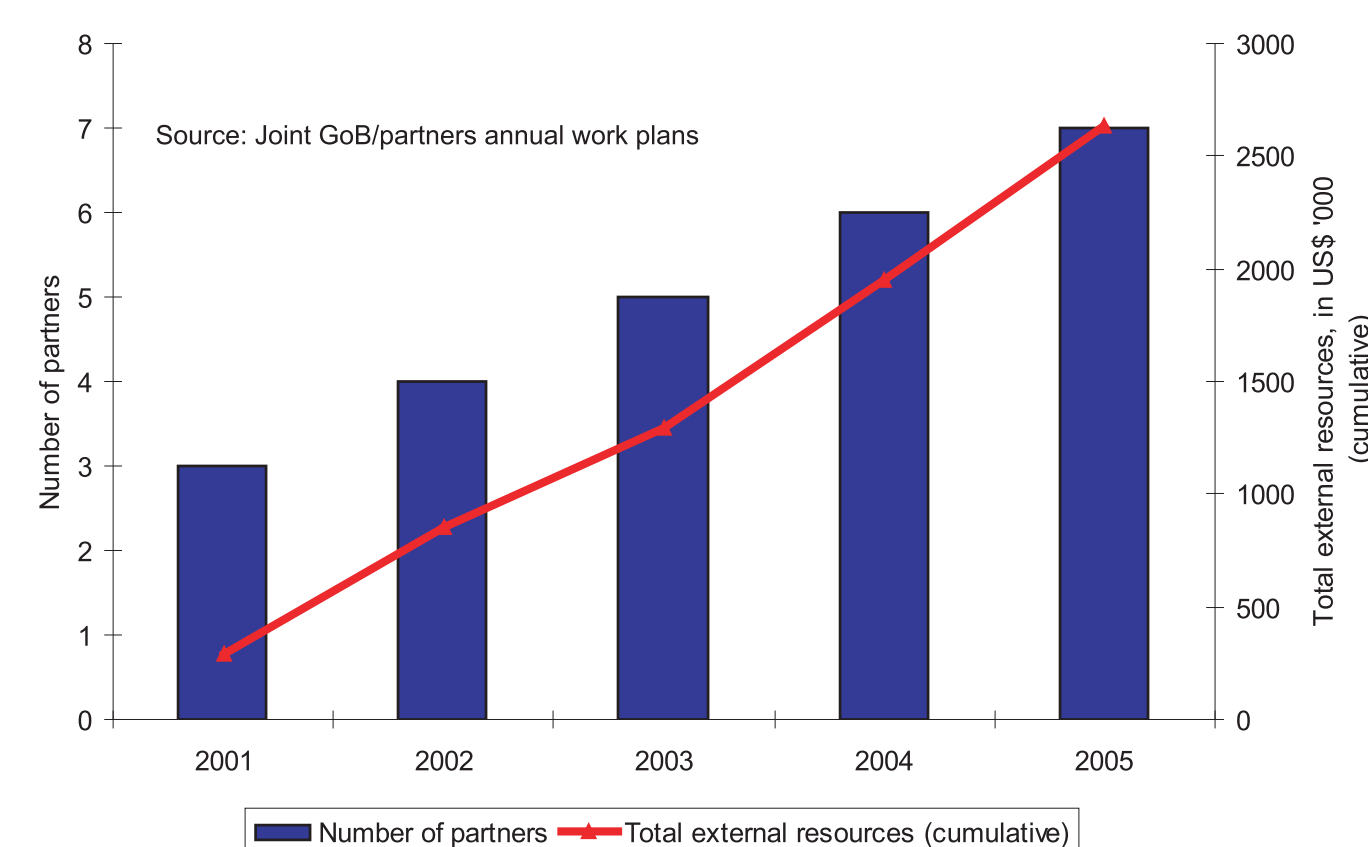


More (%) children are managed correctly in health facilities with IMCI (2005)

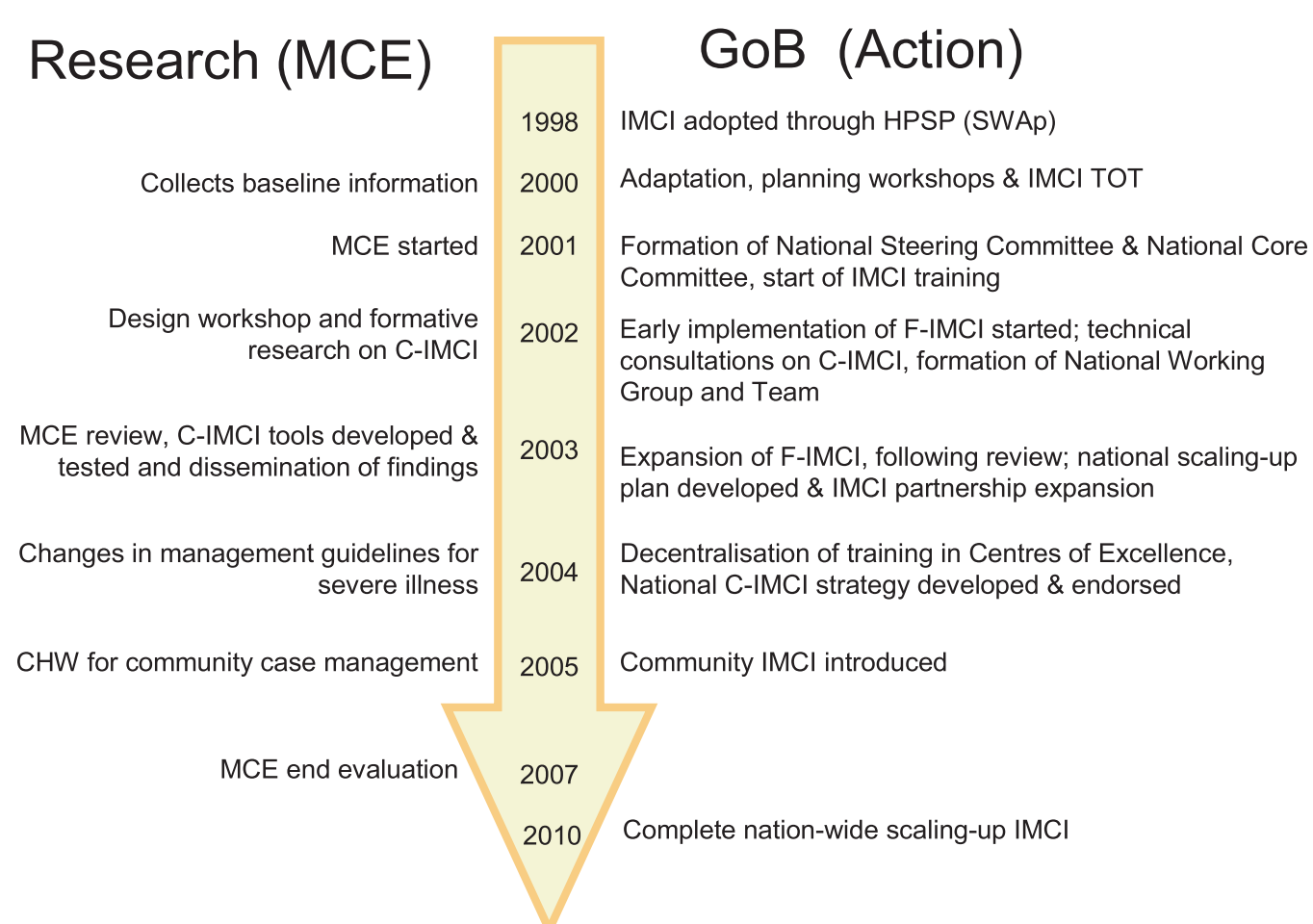


Source: GoB/UNICEF, IMCI health facility survey, 2005

Financial contributions to scaling up IMCI increase with number of partners

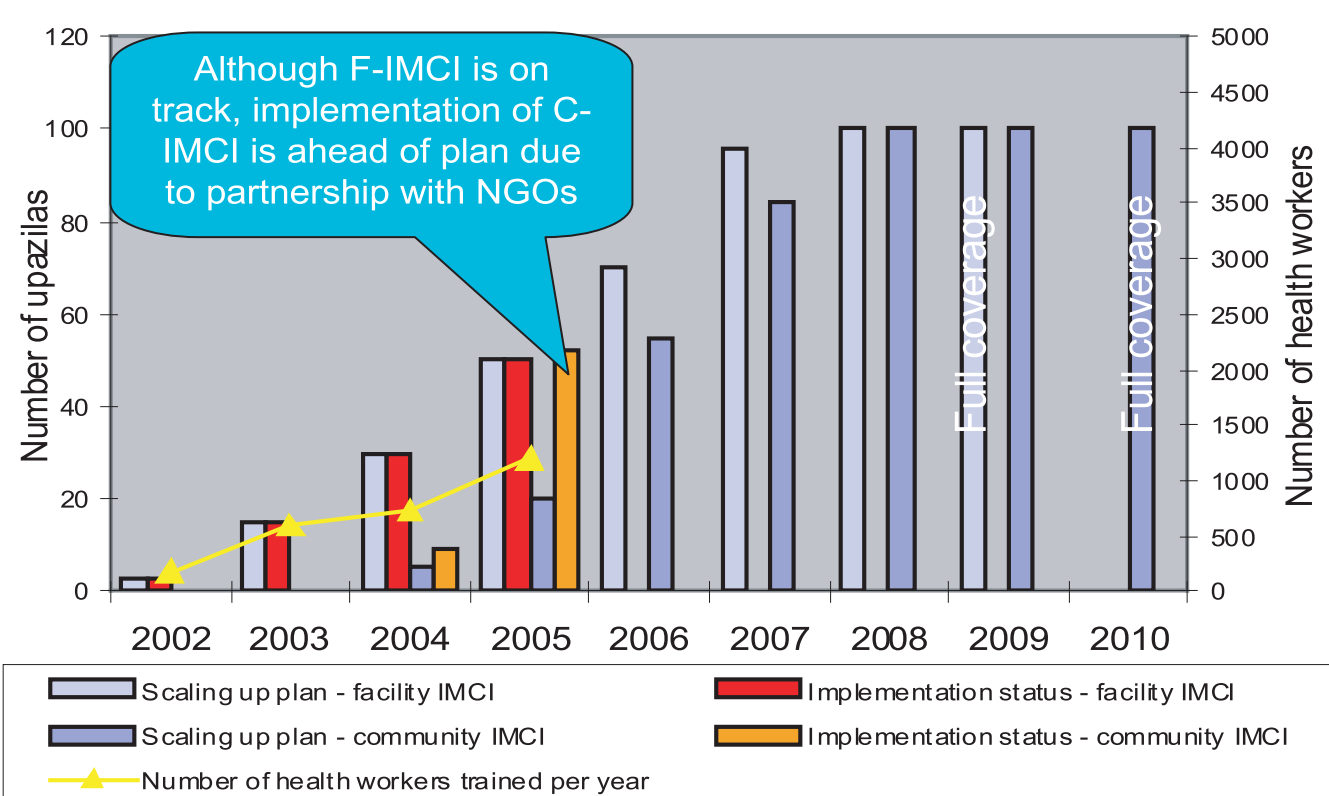


Timeline from research into action



Sources: GoB/IMCI, Joint planning and workshop reports, 1998-2005

IMCI scaling up plan and implementation status



* ICDDR,B, WHO and UNICEF collaborating with GoB on MCE research

	Evidence Generation*	Financial inputs for Implementation	Pre- and In service training	C-IMCI Development & training	Supplies and equipment	Provision of IMCI services	M&E
GoB		✓	✓	✓	✓	✓	✓
WHO	✓	✓	✓	✓	✓	✓	✓
UNICEF	✓	✓	✓	✓	✓	✓	✓
ICDDR,B	✓	✓	✓	✓			✓
NSDP/ USAID		✓	✓	✓	✓	✓	✓
CONCERN		✓	✓	✓		✓	
SC-USA		✓	✓	✓			
PLAN		✓	✓	✓			
BRAC				✓			
PCP/DAB			✓				
CRWC							

CRWC: Recently joined partnership

Partner contributions to IMCI scaling up by type of input

Policy implications

- Each country engaged in IMCI expansion should have a functioning partnership with a long term, phased and budgeted scaling-up plan and a single, annual work plan to operationalise their joint efforts
- Effective partnerships for child survival should have functional coordination mechanisms. In Bangladesh this meant separate coordination for policy, strategy and implementation.
- Evaluation and monitoring of effective partnerships requires data on inputs, process, outputs and outcomes of joint efforts, measured through standardised indicators, with subsequent analyses and regular feedback

MM Hossain¹, ZA Motin², MA Hossain², IJ Uhaa¹, EK Chowdhury³, DME Hoque³, K Begum³, SE Arifeen³, J Bryce⁴ and RW Scherpbier⁴

1 United Nations Children's Fund, Bangladesh
 2 Directorate General of Health Services, Govt. of Bangladesh
 3 International Centre for Diarrhoeal Disease Research, Bangladesh
 4 World Health Organization, Geneva

IMCI implementation is on track now, but partners are needed to help address continuing capacity constraints

