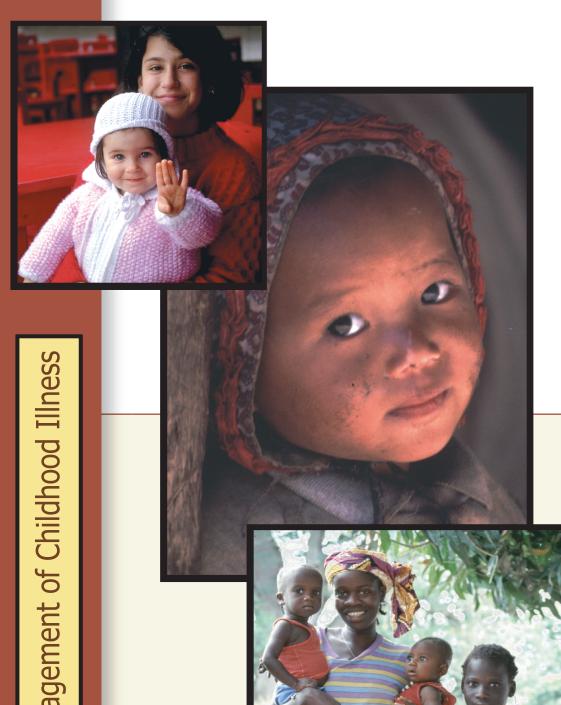
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Timeline from research into action

MCE started

CHW for community case management 2005 Community IMCI introduced

Research (MCE)

Collects baseline information

Design workshop and formative

MCE review, C-IMCI tools developed &

Changes in management guidelines for

120 -

100

of upazilas

Number 40

MCE end evaluation

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

Although F-IMCI is on track, implementation of C-

IMCI is ahead of plan due

to partnership with NGOs

2002 2003

Scaling up plan - facility IMCI

Scaling up plan - community IMCI

tested and dissemination of findings

GoB (Action)

Adaptation, planning workshops & IMCI TOT

Early implementation of F-IMCI started; technical

plan developed & IMCI partnership expansion

Complete nation-wide scaling-up IMCI

IMCI scaling up plan and implementation status

Decentralisation of training in Centres of Excellence, National C-IMCI strategy developed & endorsed

Formation of National Steering Committee & National Core

consultations on C-IMCI, formation of National Working

Expansion of F-IMCI, following review; national scaling-up

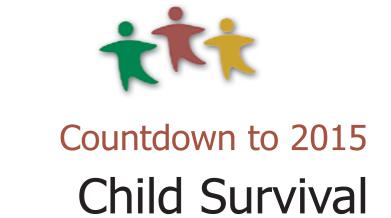
Implementation status - facility IMCI

Implementation status - community IMCI

IMCI adopted through HPSP (SWAp)

Committee, start of IMCI training





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

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)

Partner contributions to IMCI scaling up by type of input

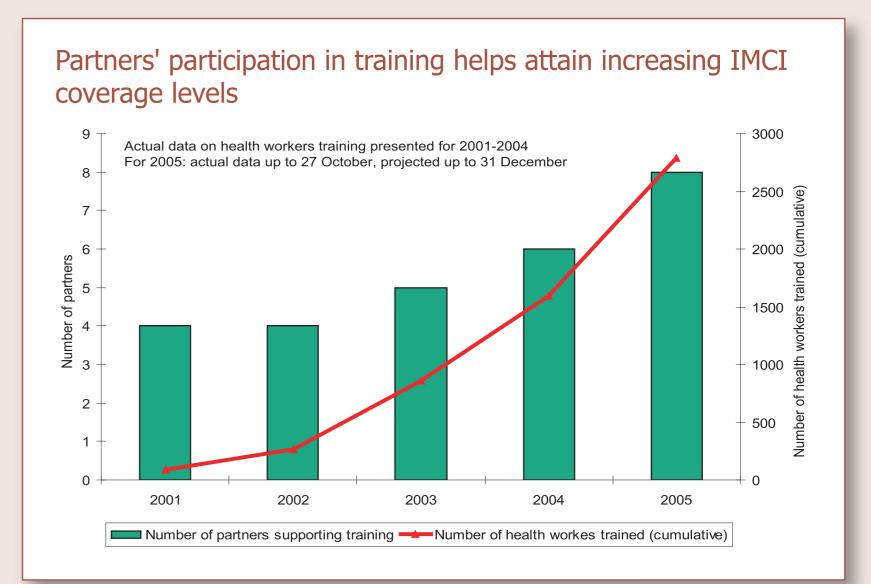
2005 2006

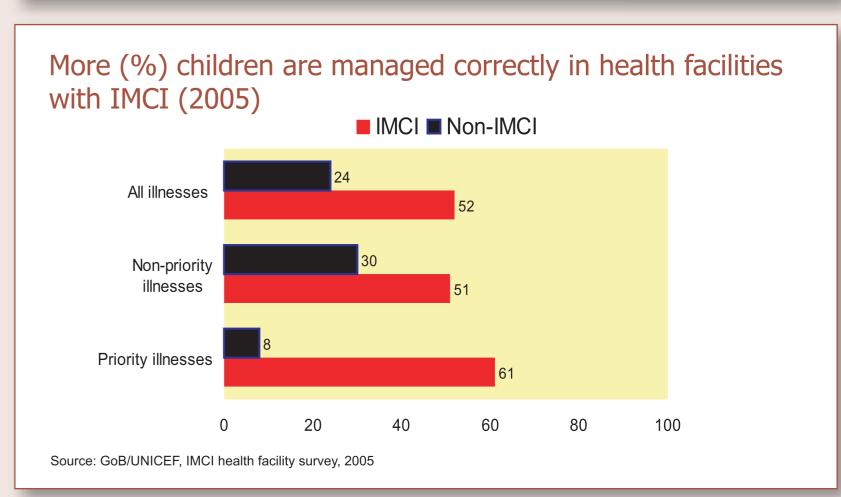
	Evidence Generation*	Financial inputs for Implementation	Pre- and In service training	C-IMCI Development & training	Supplies and equipment	Provision of IMCI services	M&E
GoB		√	√	√	√	√	√
WHO	√	√	√	√	√		√
UNICEF	√	√	√	√	√		√
ICDDR,B	√	√	√	√			√
NSDP/ USAID		~	√	√	4	√	√
CONCERN		√	√	√		√	
SC-USA		√	√	√			
PLAN		√	√	√			
BRAC				√			
PCP/DAB			√				
CRWC	Recently joined partnership						

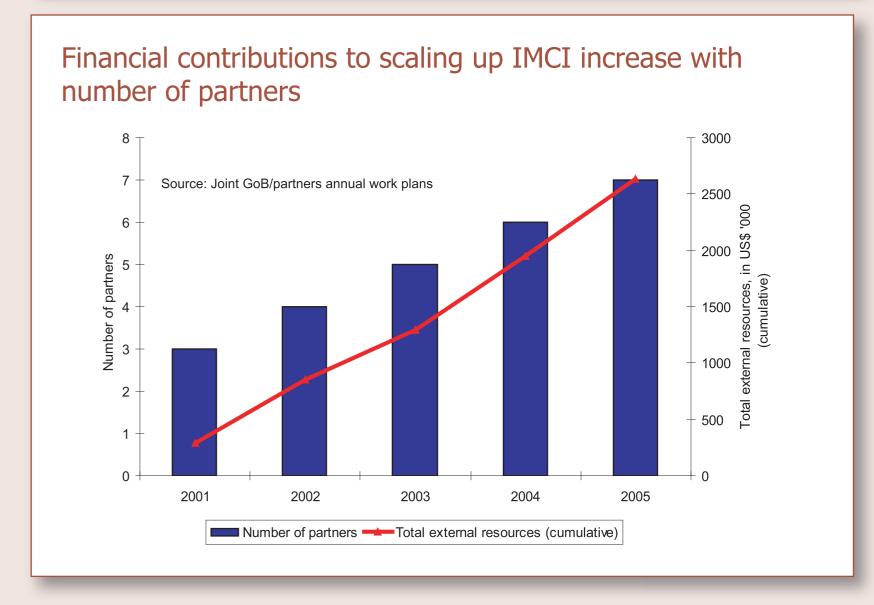
2000 ්

1000 EN

Results







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

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- 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

address continuing capacity constraints On track with 120 4,500 implementation! 4,000 100 3,500 Number of upazilas 3,000 Funding gap 2,500 2,000 1,500 1,000 20 500 2004 2005 2006 2007 2009 2010 2008

Scaling up plan - community IMCI

Approved HNPSP budget (\$)

Scaling up plan - facility IMCI

Resource requirements (\$)

IMCI implementation is on track now, but partners are needed to help