Evaluating the successes and challenges of

WORKING IN PARTNERSHIP TO ACHIEVE SUSTAINABLE IMPACT

Pneumonia Vaccine and Community Case Management: Bangladesh

Save the Children

EVERY ONE

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Cover photo: Nayan Moni and Israfil at their home, Barisal/Save the Children/GMB Akash

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EXECUTIVE SUMMARY

Pneumonia is a leading cause of death for children under the age of 5 globally, alongside other preventable causes such as diarrhoea, measles, malaria and HIV/AIDS [1]. However the under-5 mortality rate in Bangladesh has halved over the past 15 years – dropping from 88 in 2000 to 46 in 2014 [1], though the drop from 1990 is the most significant as it stood at 144 [2]. In the pivotal year of 2015, Bangladesh is one of the countries that has met the MDG4 target and also exceeded it [3]. Nonetheless, there is still a high proportion of children under the age of 5 dying from preventable and manageable conditions such as pneumonia, measles and diarrhoea.

When the first World Pneumonia Day was announced in 2009, Save the Children set up a coalition with a range of civil society actors in Bangladesh to advocate for the provision of the pneumococcal vaccine. These included national professional bodies, microbiology researchers, large INGOs, national service delivery NGOs and government partners. These actors worked in unison to coordinate pneumonia advocacy work with the government and the Ministry of Health and Family Welfare. Their advocacy efforts also encompassed supporting a sustainable approach to case management at the community level. Save the Children test a Community Case Management (CCM) approach in 2012 which included training for front line health care providers such as Community Health Care Providers (CHCP) and informal providers. The approached piloted in 2012 and produced favourable results after an extensive evaluation.

Over the past 6 years the coalition members worked directly with policy makers through national committees and working groups advocating for the pneumonia vaccine and the Community Case Management approach. It was announced in early 2015 that the pneumococcal vaccine is to be integrated in routine EPI and that the Community Case Management approach will be included into the next national Child Health Strategy. As these two commitments were made by the government, the work of the coalition has been seen as successful through their insider strategies of working with the government and public mobilisation efforts. The coalition partners had a catalytic role in successfully ensuring the pneumococcal vaccine and CCM approach was committed by the government.

ACRONYMS

MOHFW	**Ministry of Health and Family Welfare**
EPI	**Expanded Programme on Immunisation**
CCM	**Community Case Management**
PCV	**Pneumococcal vaccine**
MoU	**Memorandum of Understanding**
WPD	**World Pneumonia Day**
DGHS	**Directorate General of Health Services**
IMCI	**Integrated Management of Childhood Illnesses**
DAM	**Dhaka Ahsania Mission**
BPA	**Bangladesh Paediatric Association**
U5M	**Under 5 Mortality**
Sida	**Swedish International Development Cooperation Agency**
NGO	**Non-Governmental Organisation**
CHRF	**Child Health Research Foundation**
icddrb	**International Centre for Diarrhoeal Disease Research, Bangladesh**
CHCP	**Community Health Care Providers**
MP	**Member of Parliament**
GAVI	**Global Vaccine Alliance**
APPG	**All Party Parliamentary Group**

photo: Save the Children/GMB Akash

METHODOLOGY

The central purpose of this review is to assess Save the Children's approach to working in partnership and the level of impact the pneumonia coalition had in advocating for the provision of the pneumococcal vaccine and scale up of the Community Case Management approach. Save the Children's definition of impact encompasses the '…totality of effects produced by an intervention, whether positive or negative, or intended' [4].

As a secondary purpose, this will involve examining the extent to which the partnerships contributed to achieving the advocacy impact of introducing the pneumococcal vaccine and CCM approach in Bangladesh. Recommendations for future and current partnerships can be drawn from the successes and challenges of this EVERY ONE initiative and the pneumonia coalition. With this in mind, this review does not attempt to assess the content of the CCM approach nor the contribution of these partners in other areas of work.

The process involved a preparatory phase, including document review and development of a Terms of Reference with input from the Bangladesh Country Office, Asia Regional Advocacy Office and centre staff members.

Documents Reviewed

- MoU of CCM roll out with Save the Children and IMCI unit
- Policy documents produced each year around WPD aimed at key government policymakers
- BPA annual progress reports on pneumonia activities
- Gap analysis evaluation of health services in three districts, produced by BPA and Save the Children
- Sida reports of partner achievements in relation to pneumonia (DAM and BPA)
- x6 UNICEF and x4 WHO reports on pneumonia, U5M, and leading causes of child death within Bangladesh.

In Bangladesh, the methodology included interviews with a range of key informants both internal and external to the coalition, and a group discussion.

INTERVIEWS

Internal

- Dr Ishtiaq Mannan
  Save the Children
- Dr Md Golam Mothabbir Miah
  Save the Children
- Taskin Rahman
  Save the Children
- Dr Arefin Amal Islam*
  Save the Children and Smiling Sun

External

- Professor Mohammod Shahidullah
  Bangladesh Paediatric Association
- Dr Samir Kumar Saha
  CHRF
- Dr Shams El Arifeen
  icddrb
- Dr Altaf Hussain
  IMCI, DGHS
- Dr Tapan Kumar
  BRAC
- Dr Amirul Morshed
  Bangladesh Paediatric Association

Small group discussion

While in Dhaka, a group discussion was held with three staff members working in campaigns and health and nutrition. Any assumptions that had been made around the role of the coalition in furthering the government's pneumococcal vaccine commitments were questioned. These assumptions included Save the Children's respected position with the government and coalition member's reputable position with the MOHFW.

* Dr Arefin Amal Islam worked for the Smiling Sun when the coalition formed, though after a few years he joined Save the Children as an internal staff member. He was able to provide information from both the internal and external point of view.

BACKGROUND

Pneumonia is currently a leading cause of death for children under the age of 5 in Bangladesh due to a variety of reasons such as a lack of awareness about pneumonia and children not receiving appropriate vaccinations. The vast amount of clinical research available has demonstrated three common barriers to accessing care: the illness was not identified correctly, distance to the facility, and lack of money at the household level to seek treatment [5].

It is often referred to as the 'forgotten killer' because historically pneumonia has received little to no attention at the global health level. Recently that has changed with global health leaders taking a stronger stance on vaccinations and strengthening the community health level response as to how pneumonia cases are managed. Through this movement, it was recognised that an annual, global day of recognition was needed in order to drawn attention to the disease, and subsequently World Pneumonia Day was formed in 2009. It is an annual event held in November to raise awareness of pneumonia, profile and promote its prevention and treatment, as well as generate action amongst the public and policy makers [6].

In Bangladesh, Save the Children's EVERY ONE* campaign and Health and Nutrition team set up a pneumonia coalition ahead of the first World Pneumonia Day. Setting up the coalition ensured a common goal for partners, cross-sector collaboration, knowledge sharing, and capacity building between NGOs, professional bodies, research institutes and foundations. The coalition began as two partners, CHRF and BPA, were asked to join Save the Children and subsequently over the years it grew to where it is now: a ten member coalition ranging from research and medical bodies such as icddrb to BRAC, Save the Children, WHO and the government of Bangladesh. It is this coalition that, over six years, drove the government to its recent promise on vaccines.

In March 2015, the government of Bangladesh introduced the pneumococcal vaccine. This was the key ask the coalition had been advocating for throughout the years and it is a huge step forward in combatting the occurrence of pneumonia across Bangladesh. The announcement was seen as a great success by civil society, academia and medical bodies.

2009
- Save the Children, Smiling Sun and CHRF set up coalition
- First World Pneumonia Day held

2010
- Agreed objectives
- Public mobilisation events start
- High level advocacy

2011
- Advocacy meetings with GAVI
- Influencing through National Technical Committees and Working Groups
- Public mobilisation stunts (march and traffic stop)
- Extensive media coverage
- Continued high level advocacy

2012
- CCM is piloted in 17 sub-districts
- Public mobilisation concert takes place

2013
- Commitment on vaccine was made on World Pneumonia Day

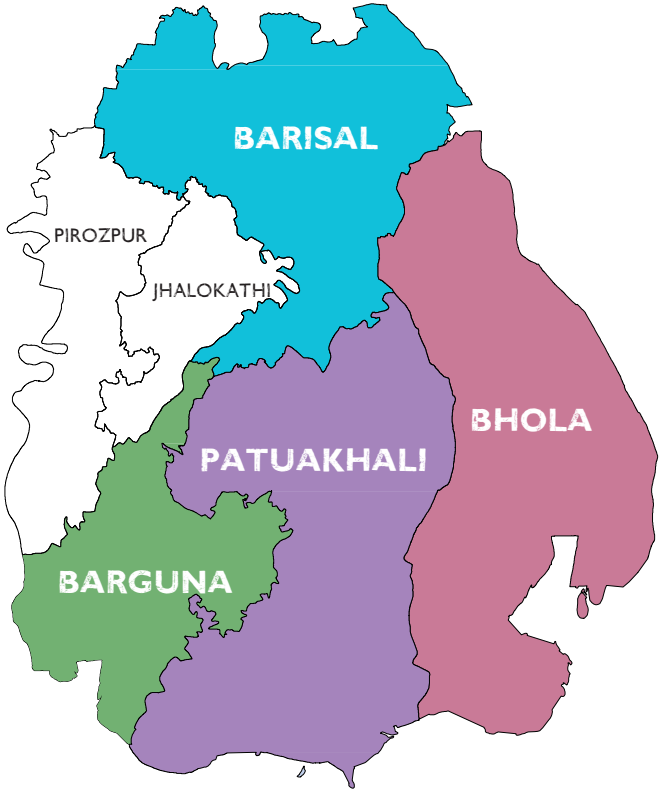
2014
- CCM evaluation; post evaluation further acceptance by government

2015
- Vaccine rolled out in routine EPI
- Child Health Strategy consultations; CCM and vaccine integrated in strategy

* EVERY ONE is Save the Children's global campaign focusing on child survival at both national and international levels to advocate and campaign for MDG4 and 5.

photo: Save the Children/GMB Akash

photo: Save the Children/GMB Akash



Community Case Management approach

When the coalition began advocating for the pneumococcal vaccine, it was agreed that a sustainable approach was needed to tackle this issue. Save the Children's Health and Nutrition team, along with financial support from Procter and Gamble, implemented a decentralised community based intervention called Community Case Management in 17 sub-districts of Bhola, Barisal, Patuakhali and Barguna Districts in Barisal Division in February 2012. The pilot involved training Community Health Care Providers from the public sector and village doctors in the communities to a set standard of case management of pneumonia and diarrhoea. An end line evaluation of the programme was conducted, documenting achievements and exploring gaps within the intervention model. The CCM approach is unique in that it recognises the role of informal health care providers at the community level and provides a sustainable, decentralised approach to managing caseloads. The pilot produced successful outcomes which have been used as supporting evidence when advocating for the approach. The Save the Children Health and Nutrition team worked closely with the MOHFW IMCI unit and it was announced in early 2013 that CCM will be adopted as a strategy in the Child Health Strategy as of 2016. The coalition has been advocating for the approach with Save the Children over the past few years and it is currently being incorporated into the next 5-year health sector plan, which includes the Child Health Strategy.

photo: Save the Children/GMB Akash


photo: Save the Children/Farzana Tabassum

COALITION STRATEGY

Partner Objectives

Each partner had dedicated objectives within their respective organisation related to pneumonia and through internal discussions in the coalition, annual objectives were agreed. Initially, discussion points centred on achieving MDG4 and how pneumonia can best be tackled given the government's capacity and resources. As one coalition member stated '… there was no clear strategy when we started our work; we have built the strategy as we have gone along'. The partners agreed on the urgency of focusing on pneumonia as they agreed it needed significant profiling and there was an advocacy gap in leveraging the government's intentions around the vaccine. The government's priorities at the time in the health ministry focused on mortality rates and realistic and cost effective measures needed to ensure MDG4 is met.

A few coalition members stated that there were a few disagreements initially as to what the focus of the pneumonia agenda should be. Specific members believed advocacy around the provision of the vaccine was essential to the coalition's work while others stated breastfeeding promotion should be key. Members had differing views on how they should take the pneumonia agenda forward but this was due to their professional background.

Consolidated strategy: formal or informal?

One interviewee clarified that the members had '…different strategies but more importantly the objective was the same.' Save the Children's internal strategy focused on equal participation of the partners and inclusiveness and through this the coalition members agreed to not adopt a formal strategy. Discussions were held over a few meetings to clarify the objectives and the partners unanimously agreed the initial priority was to secure the vaccine commitment by the government. The agreed secondary objective was to ensure the CCM or decentralized management of pneumonia approach would be adopted nationally and scaled up. All interviewee's spoke decisively and passionately about the need for a sustainable approach and it was clear that this personal commitment to address sustainability is what ensured all members agreed on the same objectives. As stated by one member '…it was clear what everyone was there for but there was no set strategy document available'.

As the partners felt the coalition was 'an informal club where you meet with your peers', having an informal, non-bureaucratic and non-hierarchical structure was an enabling factor in ensuring everyone engaged, trusted each other and could openly share ideas. The value of the coalition was in its ability to galvanize support form the technical committees they were each a part of with the government. The partners work in the health sector but in differing areas of expertise and sharing knowledge as well as informal, political information required a certain level of trust and engagement. Many noted the informal nature of the coalition and its 'lack of bureaucracy' and 'hierarchy' as a '…huge help in [the partners] trusting each other to share information and move forward'.

photo: Save the Children/GMB Akash

Taking it forward: insider strategy

Different partners lead on specific areas over time such as the medical partners taking a lead on engaging with National Technical Committees with the government on the vaccine provision. These partners adopted an insider strategy through meetings and other face-to-face interactions with decision makers at the DGHS and MOHFW. These meetings were an invaluable opportunity for partners to inform policymakers about the coalition's concerns and strengthen relationships with parliamentarians and programme managers who can assist in advocating for their causes. Meanwhile, other professionals in the coalition led on their own area of expertise such as speaking publicly to the media and MPs about the importance of creating a sustainable, long-term approach. There was a given understanding between the partners that due to their area of work, they would lead on specific areas, as and when necessary, complementing each other's advocacy work in the media. Each member brought their contacts and expertise on board, ensuring a broad range of contribution within the coalition. Save the Children facilitated this between the partners and it was viewed favourably by the coalition as the majority of interviewees felt that 'learning by doing' and 'deciding [their] priorities at the start of each year' was the preferred way of working. Many expressed dissatisfaction with the numerous formal committees and bureaucratic coalitions in the sector and said having an informal, semi-structured approach to the pneumonia work was a 'breath of fresh air'.

PARTNERSHIPS

Diversity of Partners

Save the Children works with a variety of actors across Bangladesh and their Partnership Framework outlines how this has improved the quality, reach as well as sustainability of their programmes. The broad range of stakeholders they partner with has favourably influenced the perception of Save the Children locally and nationally, as outlined in the Partnership Framework and mentioned by external stakeholders including the government. The coalition partners were selected due to their expertise on pneumonia and health services across Bangladesh. As one partner said they were '…not all funders or implementers, but we brought along our technical expertise'. Bringing on-board distinguished actors in the same sector enabled the coalition to expand its influence and added more weight to the partnership; proving fruitful when leveraging the government on specific issues and asking for their time.

Several partners felt Save the Children collaborated in an engaging and '…equal way' with the members, ensuring everyone had similar roles and responsibilities and that discussions led to clear actions or decisions. One participant clarified that it was '…great to have non-NGOs involved…we are seen as brokers in this coalition as it is easier for us to be a neutral third party as we are guided solely by evidence and not affiliations'. Initially when partners were selected, assumptions were made around their willingness to share information, integration into the coalition and their role in shaping the direction of the coalition. The assumptions proved to be true as the partners, as seen through past action and their engagement during these interviews, were engaging, keen to share knowledge, and took an active part in the direction of the coalition.

Convening role of Save the Children

Save the Children set up WPD activities throughout the years with the assistance of its partners. The Smiling Sun assisted in holding national activities and ensured regional level events took place through their network to complement the national profiling of pneumonia. The Smiling Sun appreciated the 'collaborative and inclusive' nature of Save the Children's ways of working. Internal Save the Children staff stated that when working in partnership, their main focus is to ensure a 'no logos, no ego' style of working which involves enhancing and empowering the partners they work with. This has not gone unnoticed as key interviewee's said they believed the reason the partnership has proven fruitful to date is partly due to Save the Children's comprehensive outlook and their unwillingness to profile their own programmes and staff members. Whether the partner was a regional NGO or a global stakeholder in health politics, they were sharing equal space in the forum and each view mattered. This was noted by several key interviewees as being a hallmark of how Save the Children operates in Bangladesh as Save the Children does not ensure its branding is visible in the initiatives it sets up. Save the Children is seen as an NGO that ultimately plays a catalytic role and creates the impetus and momentum for recommendations and research to move forward. As stated by one interviewee Save the Children is '…providing catalytic support to policy makers and professional bodies. It may not always be visible what you have done, though amongst civil society and policy makers it's known.'

Engaging International Actors as Champions

Outside of the coalition meetings, partners were networking more frequently. This included partners who did not previously collaborate as the coalition unlocked this window of opportunity. Meanwhile, Save the Children sought political and media opportunities to highlight the importance of a public, national commitment from the government on the vaccine. The partners agreed on the importance of involving GAVI as well and stated their advocacy work needed to include non-governmental actors such as the WHO and GAVI. A roundtable event was organised in 2011 for WPD and health ministers as well as international actors were invited. One particular guest, a British MP, was visiting at the time in his official role as the chair for the All Party Parliamentary Group for Global Action against Childhood Pneumonia. Key coalition members presented the national pneumonia context to him, advocating for the vaccine commitment as a part of routine national immunisation. Efforts were also made to engage children at the event and youth ambassadors were present to speak about the realities of living with pneumonia at the community level.

The MP was working closely with GAVI at the time and attended the roundtable event, speaking favourably of the coalition's work on pneumonia advocacy. Prior to his official engagement at the event, partners had approached him through face-to-face meetings privately and spoken strongly in favour of needing GAVI support on the vaccine*. The MP later spoke publicly about the awareness raising work of the coalition and the need for 'GAVI to raise funds' to fill the gap of national vaccine coverage. The national parliamentarians at the roundtable event met with GAVI and the MP afterwards and were able to further the coalition's messages. Several interviewees said this was an important advocacy moment for them and that their messaging, stance and meetings were well-coordinated. This event was subsequently discussed in national committees and GAVI eventually committed the necessary financial support to Bangladesh to integrate the PCV in routine immunisations.

* The APPG works closely with GAVI and they are funded by them through Johns Hopkins.

Building Momentum

Specific partners played a vital role in growing the coalition's momentum, actively engaging at meetings and taking recommendations forward through their national networks. A few partners spoke of slowly having vaccination and case management conversations at their own local and regional levels of work. All the while, partners stated that they felt supported by Save the Children as it 'enabled [them] to hold certain activities…'. Save the Children provided a strong communications support function to the coalition, allowing partners to '…translate the messages down to the local level….provided support on what to share and [Save the Children] were the focal point for communication materials'. It is important to clarify that previous to the coalition's inception, cross-sector collaboration within this specific area was nil. Each partner previously worked on individual technical strategies though through the coalition started recognising the stronger, wider impact a partnership can have. Momentum grew significantly in 2010 and 2011 through further insider meetings with the government, growing public mobilisation events, several high level roundtable events and increased media coverage of the issue. There was a great deal of communications and coordination activity at the time and there is a range of TV news coverage, national newspaper articles* and social media activity from this period. Pneumonia was becoming widely profiled in the media and amongst policymakers as a key child survival issue that urgently needed addressing. The partners felt the momentum grew due to the 'enabling environment' they worked in together and eventually pneumonia, as can be seen now, is a health priority area for the government.

All participants independently commented on the nature of the collaboration, saying they felt it wasn't purely a health coalition. As one interview put it '…our pneumonia collaboration is an advocacy collaboration'. Meetings were spent discussing issues to do with CCM and the pneumonia vaccine however after each meeting side meetings were held between specific members to discuss upcoming political events, national briefings, and updates from their own respective National Technical Committee.

* These include high profile national newspapers that have a wide readership in central Dhaka as well as regional, large cities.

photo: Save the Children/Farzana Tabassum

RESULTS

- PNEUMOCOCCAL VACCINE INTEGRATED INTO ROUTINE EPI
- PUBLIC MOBILISATION EVENTS LEADING TO SIGNIFICANT MEDIA PROFILING OF PNEUMONIA AS THE LEADING CAUSE OF DEATH OF CHILDREN IN BANGLADESH
- GOVERNMENT CURRENTLY PRIORITISING PNEUMONIA AS A KEY CHILD SURVIVAL ISSUE
- AMOXICILLIN TABLETS COMMITTED AND DISTRIBUTED BY THE GOVERNMENT TO FORM A PART OF THE PNEUMONIA TREATMENT AT THE COMMUNITY LEVEL
- CCM APPROACH INTEGRATED INTO NATIONAL CHILD HEALTH STRATEGY; THUS AGREEING TO DECENTRALISE PNEUMONIA CASE MANAGEMENT
- RELATIONSHIP STRENGTHENING BETWEEN THE GOVERNMENT AND PARTNERS

photo: Save the Children/Farzana Tabassum

Antibiotic Distribution

One of the direct results of the coalition was to ensure that dispersible amoxicillin* tablets were granted by the government for distribution nationally as a part of community level pneumonia treatment. Technical guidance from the WHO recommends child friendly dispersible amoxicillin tablets for pneumonia treatment as they are cost effective to manufacture, distribute and easy for children to swallow. A commitment had been made by the government on this matter however the decision to formally distribute and publically announce this can be attributed to the coalition's efforts. This particular issue was taken forward by two partners who had closed door meetings with specific health ministers on several occasions. There had been a verbal commitment by the government to provide 'high pneumonia treatment coverage' in 2012 however there was no further elaboration as to what exactly this would entail. These two coalition members spoke to DGHS staff members and with the National Technical Committees and Working Groups they chaired and were able to engage the government at a higher level. After several months of discussions, a firm commitment was made by the government to distribute dispersible amoxicillin nationally.

* Recent WHO community level pneumonia treatment guidelines recommend 'dispersible amoxicillin', referring to a specific tablet form, as it is an effective treatment for pneumonia and simplifies case management at community level.

photo: Save the Children/Farzana Tabassum

photo: Save the Children/GMB Akash

photo: Save the Children/Farzana Tabassum

Public mobilisation

As high level advocacy work was underway, a significant amount of public mobilisation took place between 2010 and 2014 to raise public awareness about pneumonia. It is difficult to estimate how much impact this has had as a whole at the national level on the public's awareness on symptoms, treatments and their health seeking behaviour. Though it is clear to see that pneumonia media mentions from 2010 onwards increased significantly, which can be attributed to the increase in media engagement by the partners and Save the Children on pneumonia. For every public mobilisation stunt, WPD, and roundtable event organised by the coalition, several journalists were invited to take this forward as a key story in their respective print media. One example of involving technical professionals in a mobilisation stunt was when distinguished members of various medical bodies, hospitals, committees and all the coalition members marched in central Dhaka from Dhaka Shishu Hospital (national paediatric hospital) to the national parliament, holding up banners regarding pneumonia and the importance of recognising symptoms and vaccinating children. This was a well-covered event in the media as it is unusual for technical professionals to take part in public stunts in Bangladesh.

Another example of involving the public was a mobilisation stunt held in the lead up to WPD in 2010 which also took place in central Dhaka. In various locations across the city, volunteers from Save the Children and members of the public, who were interested in joining the campaign, were positioned at red traffic lights in key central areas. They held up banners at red lights stating 'What is the leading killer of children under 5 in Bangladesh?' and passers-by and individuals in cars largely answered HIV/AIDS, diarrhoea and malaria. Then the person holding the banner would turn the banner around which stated 'Pneumonia is the leading killer – deaths from HIV/AIDS, diarrhoea, measles and malaria combined amount to all pneumonia deaths per year'. This was an effective method of highlighting the importance of addressing pneumonia urgently as the volunteers said no one guessed pneumonia. General awareness levels around the significant role pneumonia plays in child deaths nationally were low and these stunts helped reach a number of people.

In 2012, the EVERY ONE team and coalition partners engaged young people at a mass scale to raise awareness regarding pneumonia. A concert had been arranged in central Dhaka with many renowned national celebrities performing. Attendance was free however in order to attend, you had to show an SMS upon arrival which had been pre-written by the EVERY ONE team. The SMS included text on how pneumonia is the leading cause of death for children under the age of 5 in Bangladesh. Young people forwarded this text to their friends and showed their text message at the gate of the event to gain entry. Organisers and partners were expecting around 5,000 people at the event however the SMS went viral and around 11,000 people showed up to the event. There wasn't enough capacity for them at the event so the entire area was crowded with people waiting and ready to show their text messages. This creative idea had an unprecedented reach and was successful in spreading the message to a wide and young demographic.

Vaccine and Decentralising Case Management

The coalition partners do not see the vaccine commitment itself to be as a result of their advocacy work however when this commitment was supposed to happen was the focus of their efforts. The interviewees unanimously and independently said that the coalition's work, and Save the Children's efforts, catalysed the government's confidence to fully commit to the vaccine. As stated by the government official at the DGHS, the government adopted the vaccine intervention as a new policy due to its '…credibility in being evidence-based but also having the backing of a variety of actors such as the stakeholders Save the Children is currently working with in this [the coalition] group.'.

CCM is currently being integrated in the Child Health Strategy that is under development. This strategy will inform the next health sector plan and there will be a series of consultations from spring 2015 until early 2016. Save the Children and members of the coalition have been invited to assist in drafting various sections. Only a core group of professionals outside of the government have been asked to take part in the consultation stage. Interviewees see this as a significant success and recognise the importance of decentralising management as well as involving informal providers. This was a key difference in Save the Children's approach to community case management compared to other NGOs – this approach was strongly supported by the BPA and in turn they became an advocate of the CCM approach when they spoke with policymakers. As the representative from the DGHS stated '…whether we like it or not, family members visit informal providers. Training them and providing close supervision is necessary'. These results were achieved due to the unique combination of professionals from NGOs, global institutions, professional bodies and research foundations in the coalition. Several of the partners stated that Save the Children '…ensured the full potential of the NGOs and professional bodies involved was harnessed and brought us together in a way we hadn't done before.' One of key running themes mentioned by interviewees was the added value of Save the Children in forming a coalition between institutions and organisations that are inherently different in their ways of working and would normally not collaborate.

A separate positive outcome from the collaborative work with the DGHS was that ties between Save the Children and the government strengthened. As discussions evolved regarding IMCI and how CCM should be implemented nationally, human resource was identified as a key issue to address. Through further internal discussions, the DGHS agreed to let Save the Children recruit and train someone to provide monitoring and data quality skills within the IMCI. This post is funded by Save the Children and is closely involved in Save the Children's and DGHS' work on CCM. This was pointed out by several interviewees as a great success as '… government systems strengthening is crucial for CCM implementation…'.

photo: Save the Children/Shafiqul Alam Kiron

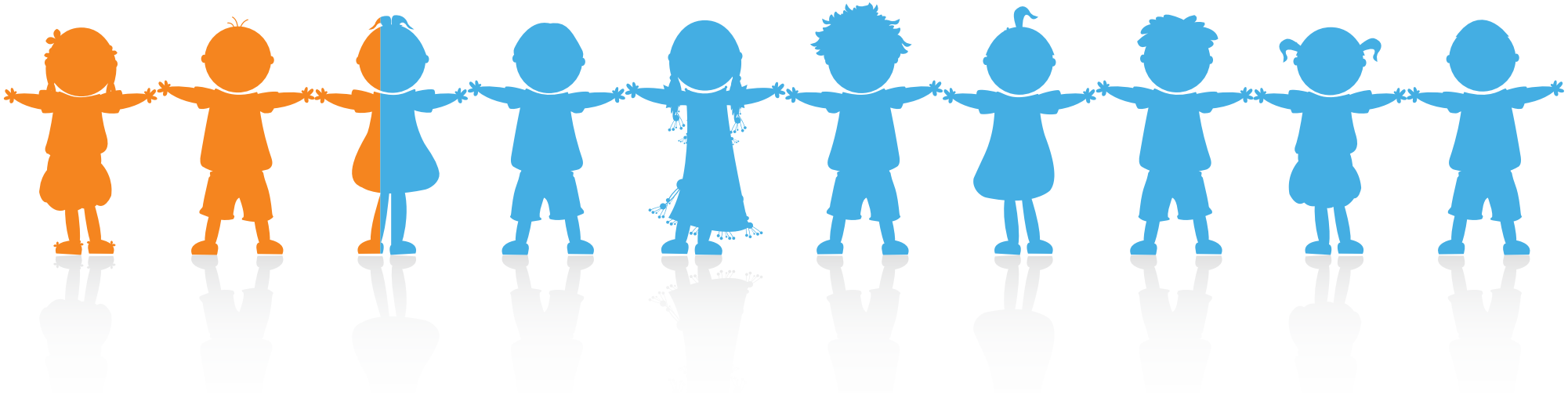
EVIDENCE

- NATIONAL TV FOOTAGE FROM NEWS COVERAGE; SEVERAL MEDIA ARTICLES IN WELL-KNOWN, NATIONAL NEWSPAPERS
- SOCIAL MEDIA ACTIVITY BY CITIZENS IN DHAKA THROUGH SMS AND FACEBOOK
- QUOTES FROM DECISION MAKERS AND GOVERNMENT EMPLOYEES
- PARTNER TESTIMONIALS ON COALITION ACTIVITIES AND OBJECTIVES
- MOU BETWEEN SAVE THE CHILDREN AND THE GOVERNMENT ON CCM PILOT
- MINUTES FROM MEETINGS
- CCM EVALUATION; RESULTING IN FORMAL ACCEPTANCE BY THE GOVERNMENT OF THE APPROACH

There is a wide range of supporting evidence regarding the successes and outcomes of the pneumonia coalition's work. The evidence related to level of influence the coalition had on the government's position and catalysing the PCV commitment is anecdotal. Given how the power structures operate in Bangladesh with policy makers, an increase in the level of interest and meeting requests from the DGHS on the PCV is a sign of influence and involvement. The coalition partners have seen an increase in the level of technical support requests from the DGHS and government over the past 5 years regarding CCM and pneumonia and see this as the government recognising the value of the coalition. It was felt by all interviewee's that due to Save the Children's close relationship with the government and DGHS that 'success within the government is a strong reflection of civil society in successfully influencing the government's position and technical capacity.' The DGHS Programme Manager who was interviewed acknowledged Save the Children as being a 'key technical support and provision organisation' and they've 'significantly' raised the profile of pneumonia over the past few years.

There was a comprehensive evaluation completed in 2014 of the CCM approach, which a few coalition partners fed into, and this was reviewed by the DGHS. The evidence around CCM was discussed with the DGHS and they were supportive of the approach and spoke highly of the evidence base for the approach. Raising the profile of informal providers at the community level has been crucial in ensuring pneumonia cases are handled appropriately. During this period, the DGHS drafted and signed a Memorandum of Understanding with Save the Children detailing the roll out of the training for health service providers, field level supervisors and doctors in two districts.

There are also policy documents, put together by the coalition, that have been published targeting key policy makers in the DGHS and minutes from roundtable events and meetings where the timeline of the PCV commitment was addressed. Additionally, there are videos available from the main news channels in Bangladesh covering the WPD events, the pneumonia coalition's role in the PCV commitments and the importance of tackling pneumonia is highlighted. This has been noted as evidence of increased profiling of pneumonia in the media. There are also newspaper articles available from leading Bangladeshi papers covering the events of WPD each year and mentioning the coalition's role in highlighting pneumonia as a national health issue. These are accessible in a separate folder.



LESSONS LEARNT

Collaboration and trust

None of the coalition members or internal Save the Children staff members found it challenging to work with each other and there were no major internal issues. The coalition had initial disagreements on the area of focus but once that was resolved the atmosphere was one of collaboration and trust. This grew over time as the coalition members were able to work closer together and understand each other's priorities. Coordination came from Save the Children and there was a significant amount of positive feedback on how this was managed.

Missed opportunities

The main issue that came up when discussing learnings and challenges was missed opportunities. It was clearly felt across all interviewees that once the government had committed the vaccine, the coalition missed an opportunity to officially celebrate and recognise this. This was seen as a key moment that should have been capitalised on though it was noted by internal Save the Children staff members that there is currently a draft plan to celebrate the PCV commitment and thus ensuring the public are aware of it. Several coalition members felt this should have occurred at the time of the public announcement. Capitalising on specific moments in a timely manner has been acknowledged as an area of learning by Save the Children staff members.

Time for reflection

As the pneumonia advocacy efforts progressed over the years and communication, public mobilisation, high-level government engagement and research efforts increased, some members felt there was not enough space during the meetings for reflection. Past events and efforts hadn't been discussed as frequently, as some would have liked, and this was seen as a key area for improvement. However it was acknowledged that this may be difficult to do at times due to the importance of discussing current and future issues within health politics and pneumonia research.

Personal learning opportunity

External members from technical and medical research foundations named personal development as a significant area of learning. They hadn't engaged in high level advocacy work previously as they had concentrated their efforts on technical communication on health issues. These members welcomed this learning experience and said '…Save the Children assisted us in various ways and helped us communicate our messages in an easily understandable way…'. One member said he may be sitting on a '…National Committee but it doesn't entail public speaking or promoting our evidence and messages the same way as you do within advocacy'.
Several partners noted that they believed being a part of a coalition is '…advantageous for several reasons…' due to the relationships you build with individuals outside your area of expertise. Building these relationships was noted as being 'crucial' and a key learning amongst all interviewees as they felt it encouraged them to have a wider outlook on how to tackle the issue at hand. Bettering these relationships added to each interviewee's 'personal development' as they saw first-hand how bridging the gap between sectors is more fruitful than seeing them as separate bodies.

Additionally, the majority of the partners said having the opportunity to 'participate in national level events' and see how a network is formed was a huge learning. The work of these partners are heavily oriented towards frontline health delivery, research and hospital based work meaning they previously had no experience of setting up national level advocacy or campaigning events. Many had never been a part of a diverse coalition such as the pneumonia coalition and said that participating in this coalition allowed them to '…fully understand how a coalition with professionals from other sectors operates and how to genuinely work in partnership.'

Generating ownership

One of the main learnings for internal Save the Children staff members was generating ownership. Save the Children staff said they knew success in the long term depended on the coalition being founded on a sense of ownership and trust. Each partner must be, and feel, valued and play a definitive role and the coalition's '…objectives must be aligned with their own professional goals'. The likelihood of delivering on these objectives depended on the partners level of engagement and involvement, thus efforts were made from the start to ensure partners felt it was their coalition. This was done through consulting the partners from the start on the 'what' and 'how' of the coalition and when there were disagreements, a mutual compromise would be reached, brokered by Save the Children. As the sense of ownership increased with particular members, they took the pneumonia coalition's messaging forward to other policymakers and professional bodies. It is clear to see how enhancing a partner's sense of ownership leads to them supporting and spreading the advocacy messaging further, beyond the expected level of engagement.

FOLLOW UP

The coalition members expressed agreement on the main next steps and unanimously agreed the crucial next step is to further the work they are doing within their own respective organisation to ensure the CCM approach is translated into their own field level work. Another key area of work coming up is discussing how to monitor the work of the IMCI in implementing CCM and distributing the vaccine. The partners believe the next piece of work is around monitoring and ensuring correct implementation of this nationally. The majority of partners interviewed said the 'monitoring and supervision and roll out process' will be discussed extensively in the next few meetings going forward.

ANNEX 1.0

CCM outcomes to date – findings based on evaluation work; 2013 pilot

- About 2,200 MOH & FW front line service providers and supervisors attached to 468 Community Clinics and 145 Union Health & Family Welfare Centres received training on IMCI basic health worker package. 300 Village Doctors (VDs) received training on Community Case Management of Pneumonia and Diarrhoea following updated training modules.
- Established supportive supervision mechanism for ensuring quality of services
- Strengthen ARI and diarrhoea case record keeping and reporting system from community clinic to Upazila level
- Trained VDs treated cases (ARI and diarrhoea) and added them into the local level Health Management Information System (HMIS)
- A total of 988,045 children under five years of age received services for ARI, Diarrhoea and other childhood illnesses from improved health facilities and trained VDs. About 169,784 pneumonia cases and 173,771 diarrhoea cases received treatment.
- Developed a culture of referral among trained VDs. About 2,000 sick children were referred to appropriate government health facilities.
- Raised awareness on pneumonia among main stakeholders, community groups and targeted communities.

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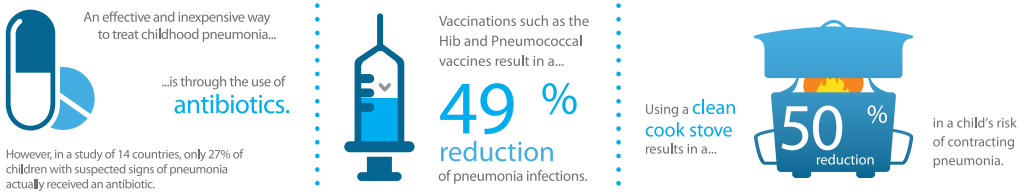

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