

# CARE & CONCERN



A Quarterly Publication to Support Hope Foundation for Women & Children of Bangladesh, Inc.

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## Better health care for children in Bangladesh: the story so far

In Bangladesh, many children die before they reach the age of five. Over half die from pneumonia, diarrhea, malnutrition or measles. In 1998, the government introduced the Integrated Management of Childhood Illness (IMCI) strategy to improve child health. How effective has it been?

Already adopted in over 100 countries, the IMCI strategy has three components: improving health worker skills, improving community practices related to child health and development, and strengthening health system supports for child health activities. Evidence from the likes of Peru, Brazil and Tanzania suggests that one or more of these components is not being implemented and that the effectiveness of IMCI is limited by lack of investment and weaknesses in health systems.

An interim evaluation of IMCI by the International Center for Diarrhea Disease Research, Bangladesh and the World Health Organization was undertaken in the Matlab sub-district of Bangladesh. 20 outpatient facilities were assessed: half using IMCI and half continuing with their standard care. Household surveys were conducted at the start of the study, and repeated once every six months over a two year period. Health facility surveys were conducted in 2000 and 2003.

From March 2002 all of the planned health systems support was available, and by April 2004, 94 percent of the health workers in the IMCI facilities had received training. To improve community practices, training of 127 nutrition workers and 102 health and family planning workers was complete by the end of 2003.

Findings reveal that:

- In the initial surveys, the quality of patient assessment and the subsequent provision of the correct treatment at all

facilities were poor.

- 18 months after the introduction of IMCI, sick children visiting IMCI facilities were receiving better care than those visiting non-IMCI facilities with improvements in the rates of correct treatment at the IMCI facilities.
- Attendance at IMCI increased greatly after the introduction of IMCI, whilst attendance at the non-IMCI facilities fell.
- Use of IMCI facilities rose from 0.6 visits to 1.9 visits per child per year, but remains far lower than rates reported in Tanzania.
- In IMCI areas, there was a marked increase in the proportion of sick children taken to a health facility or health worker for care.
- Referrals of very sick children to hospital rose, but a large proportion of those referred to hospital for further treatment did not follow-up the referral.

IMCI is associated with improvements in the quality of care for sick children, and with an increase in the proportion of children brought to a facility for treatment. Nevertheless the proportion of children attending health facilities is still relatively low, as is the rate of compliance with referrals to hospital for severe conditions. Several policy lessons can be drawn from these initial findings:

- If reductions in childhood mortality rates are to be achieved, higher

*(Continued on page 6)*

## A Warm Reception at New York Appreciation Dinner

Hope Foundation for Women & Children of Bangladesh was host to an Appreciation Dinner on the evening of Saturday 23rd July. The occasion was held at the newly opened and beautifully decorated conference/banquet room of Haat Bazaar Restaurant in Jackson Heights, New York.

Mohammad Jubair Mannik made introductions to the guests and speakers and did a tremendous job in co-ordinating the entire evening. Presiding over the event was Dr. Faizur Rahman Chowdhury MD, chief guest was Fazlur Rahman, Editor of Thikana, special guest were; Economist Rageb Ahsan Gani, PhD; prominent New York businessman and community leader, Solaiman Bhuiya; Kazi Asaduzzaman, CEO of Sonali Bank; prominent businessman Ruhul Kuddus Sarker (Ratan).

The purpose of the Dinner was to update the donors of New York where the funds were spent and how their generosity helped build 'Cox's Bazar Hospital for Women and Children'.

The Fundraising Dinner held last year in New York, was a great success and the funds raised were used solely to build the hospital and provide health services to the poor.

Dr. Mahmood gave a slide presentation to the audience detailing the progress of the hospital in the past year, and what was planned for the future several years. The audience was informed that the outpatient

clinic open from 2000, had treated more than 60,000 patients, and that the opening of the hospital would help provide more services. Dr. Mahmood mentioned that one of the main problems in Bangladesh was that 90% of births occur at home without the presence of trained personnel, this results in many mothers and babies dying. One of the most important services that the hospital will provide is an Operation Theater for caesarean sections and a Labor Room for safe delivery of babies.

A video presentation from Bangladesh was shown next, followed by speeches from the guests on the importance of giving to charity, and their strong support for 'Hope Foundation' was widely appreciated. Dinner was then served, followed by a certificate presentation ceremony. Certificates were awarded to Life Members, Hospital Bed Sponsors and Section Sponsors, from New York.

The attending audience were very generous, and much-needed funds were raised. By the end of the evening one new Section Sponsor, one new Bed Sponsor and several Life Members had been added to the growing rank of new donors to 'Hope Foundation'.

Many thanks are due to several people in New York who worked very hard to make the evening a big success. Aminul Islam, Syedul Haq, Nurul Azim and Mohammed Tarik Kamran, MD.



## Atlanta Hosts Grand Fundraising Dinner and Show

Atlanta, Georgia was host to a fundraising dinner on the evening of Friday, August 5th 2005 at the Kohinoor Restaurant. The evening was expertly arranged by the efforts of the Bangladesh Sports Federation of Georgia and Bangladesh Association of Georgia.

Introductions were made by Rita Ali, a well-known advocate of Bangladeshi culture in the local community. Bangladesh Association of Georgia, President Jashim Uddin, and General Secretary Arefin Babul gave their support to 'Cox's Bazar Hospital for Women and Children'. The Sports Federation of Georgia was represented by President, Aga Jameel and Secretary, Gaiden Hokings. These stalwarts of the Bangladeshi community in Georgia thanked all those who came out to show their support for such a worthy cause. Jalalabad Association Secretary, Dr. Salamat and Sports Federation of Georgia Vice-President, Fazlul Halim Yusuf helped to co-ordinate the successful fundraising dinner.

The evening continued with a presentation and video by Dr. Mahmood. He introduced the audience to the mission of bringing healthcare to the poor by 'Hope Foundation for Women & Children of Bangladesh' and its' current hospital project in Cox's Bazar.

The Bangladesh Sports Federation of Georgia and The Bangladesh Association of Georgia presented a check for \$5,100 to Hope Foundation, representing the generosity of the local Bangladeshi community. The donation will be for sponsorship of the Children's Outpatient Section of the hospital. After the presentation there were a few worthy speeches expressing support for 'Hope Foundation', followed by a delicious buffet dinner.

The evening was completed by a lively cultural music program with singers from as far as New York taking to the stage to entertain the audience. The audience was also treated to stellar performances from members of the local community.

Considerable thanks is given to Noor A. Jinnah, Bangladesh Sports Federation Vice-President and President of Meghna Travels Express. He initiated the fundraising dinner and worked tirelessly to make it a grand success.

# FOCUS ON MATERNAL HEALTH

## Comparing maternal health services in four countries

While the availability and use of trained midwives can shape the quality of care received in pregnancy and childbirth, a number of other underlying health systems structures and processes are important. The management of health workforce, the mix of public and private provision and the impact of reforms affect quality of care across countries.

During a comparative study, conducted in 2001-2002, researchers at the London School of Hygiene and Tropical Medicine, UK examined how the structure and operation of a health system influences maternal health care provision and outcomes in Bangladesh, Russia, South Africa and Uganda.

Significant conclusions from the study include:

- Health outcomes in pregnancy and childbirth are not rigidly linked to quantifiable inputs, such as number of staff or proportion of women delivering with a skilled attendant. Instead, there is a range of possible health outcomes from any given set of these variables. Much of this range will be dictated by the larger systems structures in which these factors operate.
- The connection between the numbers of mothers dying during pregnancy and childbirth and use of skilled attendants will be mediated by elements such as health center workplace dynamics, national reforms shaping practice, or formal and informal private practice by health workers.
- The impact of private providers on maternal health depends on the services they offer, the populations they serve, and their interactions and relationships with other health providers.
- Private sector providers can be difficult to regulate. In urban areas they compete with the public sector, but in rural areas they can fill a gap where the public sector does not operate.
- Health sector reform can put a strain on health workers. However, a lack of reform can slow improvements in maternal health services, as is the case in Russia.
- User fees can increase staff motivation but may reduce demand for services. Removing fees may not necessarily increase demand.
- Informal fee charging and medical staff working in both private and public sectors take place in various forms. Public sector doctors may also operate private clinics to which they may refer their patients, while ward staff may re

-sell drugs or charge for services.

The four country comparison reveals some common elements where the structure of health care systems can affect maternal health care.

Implications for policy include:

- It is essential to look beyond the simple measurable inputs into a health system, such as numbers of staff or use of services, in order to understand how to improve quality and outcomes.
- The effectiveness of birth attendants depends on the system in which they work. The mix of staff, human resource allocations and the accessibility of emergency care can affect health outcomes.
- Income disparities allow the private sector to attract public sector staff. But where public services are not available, the private sector can play an essential role in maternal care.
- Informal health care providers may be poorly linked to the rest of the health system, bringing increased risks for women.
- Informal practices can undermine state policies on free care, but may operate to support public sector workers in positions that would be otherwise unfilled.
- The impact of any reform will depend on the structure of the system and how the reform is implemented. There is no simple cause-and-effect link between a reform and its impact.

**Contributor(s):** Justin Parkhurst

**id21 Research Highlight:** 10 August 2005

# Cox's Bazar Hospital for Women and Children

## Latest News from Bangladesh

Following the splendid inauguration ceremony held on April 8th of this year, 'Cox's Bazar Hospital for Women and Children' continues its' mission to provide healthcare to those who need it most. The rented facility where patients have been treated on an outpatient basis for the past few years has merged with the main hospital building. This means that a seamless continuation of care was achieved. To the credit of the management team in Bangladesh, not a single day was lost in providing medical care since January 2000.

Since the inauguration, 5 full-time doctors have been employed at the hospital providing medical care. The hospital is open from 9am to 9pm at present with plans to offer 24 hour service with in-patient hospitalization in 2 to 3 months time. Arrangements are being made to set up the operation room, an ambulance and radiology department is in the process of being set up in order to facilitate 24 hour services.

'Cox's Bazar Hospital for Women and Children' is also helping the local community with some special programs. A School Health Program has begun providing health education and basic health screening such as height, weight checks, vision screening etc. Health workers are also visiting neighboring poor areas to follow up on patients who received care at the hospital, and to make sure their conditions are improving.

### 1st Rural Health Camp

The 1st Cox's Bazar Hospital for Women and Children **Health Camp** took place on October 2nd at Ukhia, a rural region 30km from the hospital. Cox's Bazar Hospital for Women and Children organized this event in collaboration with Bangladesh Medical Association Cox's Bazar Chapter. The aim was to take specialized and general health care to the doorstep of rural needy people.

On the day there were thousands of people thronged in the market place to receive treatment. More than 1,000 people received free medical care. The event was highly appreciated by the local community and due to the immense need, another camp has been promised at the same area in November. More specialists from around the country will be invited to offer their services.

Due to the desperate need for medical services in other remote areas, more rural health camps are being planned for the future in other locations around Cox's Bazar.

## Special Thanks to the Following Donors:

### Hospital Section Sponsors

**Pediatric Section:** Ali Noor Manju, FL  
**Women's Ward:** Iqbal G. Chowdhury, FL  
**Newborn Section:** Misbahuddin Absarulislam and Jocelyn G Absarulislam RN, NY  
**Operation Room:** Queens' College New York  
Bangladeshi Students Association, NY  
**Diabetes/Metabolic Section:** Faizur Rahman Chowdhury, MD, NY  
**Children's Outpatient:** Bangladesh Association of Georgia & Bangladesh Sports Federation of Georgia  
**Women's Outpatient:** Mohammed Dinaj Khan, FL  
**Emergency Room:** Bangladesh Association of Florida  
**Radiology:** Ruhul Kuddus Sarker (Ratan), NY  
**Pathology:** Faruk Ahmed, FL  
**Labor and Delivery:** M. Akbar Hossain Mohan, FL  
**Pharmacy:** *seeking sponsors*  
**Nursing Department:** *seeking sponsors*  
**Rehabilitation Department:** *seeking sponsors*  
**Hospital Gardens:** *seeking sponsors*  
**Nutrition Department:** *seeking sponsors*  
**Hospital Bed Sponsors**

Abdul Wahed Mahfuz, FL  
Al-haj Shaheen Mahmood, FL  
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Nawshad Chowdhury - sponsor of 4 beds, FL  
late Khondker Alamgir, MD, NY  
Sayedul Alam, NY  
Sayedul Azmal Nito, NY  
Sazzadul Hasan, FL  
Shahed Noor Azad, FL  
Showkat Hossain, FL

**24 beds sponsored. 16 beds available for sponsorship for a donation of \$1000 each.**

Two ambulances are essentially needed to transport seriously ill patients to the hospital.

Individuals or institutions are invited to donate an ambulance for the hospital emergency transportation service.

Each ambulance will cost approximately US\$10,000.

Sponsored beds, sections and ambulance will be acknowledged by a plaque or sign as desired by the donor.

## Thank you to our new donors!

### New Section Sponsor, \$5,000

Ruhul Kuddus Sarker, NY  
Bangladesh Association of Georgia and  
Bangladesh Sports Federation of Georgia

### New Bed Sponsor, \$1,000

Hui Wen Zeng, NY

### New Life Members, \$500 & up

Arif Ahmed  
Khaja Ahmed MD  
Shanewaz Hussain  
Mohamed Sukkur, NY  
Aziz Osmani, NY  
Dulal K. Bhattacharjee, NY  
Noor A. Jinnah

### New Benefactor, \$250 to \$499

Uttam Kumar Dey  
Jamal Bhuyan  
Mr. Zasimuddin  
Rita Stone, NY  
Mujib Rahman

### New Patrons, \$100 to \$249

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Global Financial Exchange LLC  
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Mr. Ali  
Kamal Uddin  
Priyo Bangla, Inc.  
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Anomadarshi Barua MD, NY  
Hui Qing Zeng, NY  
Mohammad Kamal MD, NY  
Delwar Hossain, NY  
Kaja Assaduzzaman, NY

### New Friends, up to \$99

Mr. Kajimi  
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Mr. Palash  
Ferdous Khan  
Sadrul Amin  
Mohammed Kamal  
Zia Siddique  
Humayun Kabir  
Didaral Gazi  
Faiz Chowdhury  
Hasib Ahmed

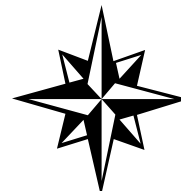
Rejaul Laskur  
Shaklayen Shaheed  
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Mohammed Bhuyow  
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Golam Rasul  
Mr. Samad  
Shah Rafiquzzaman  
Mr. Totun  
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Abul Kalam Azad  
Habibur Chowdhury  
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Ali Hasan  
Razia Zufiquar  
Meghna Express and Travels  
Md. Hasan  
Kamal Hasan  
M.H. Rahman  
Moahamed Z Hossain  
Gaiden Hokings  
Mr. Saju  
Zahiduzzaman  
Khalilur Rahman Badal  
Ehte Shimul Haque, NY  
Misbahuddin and Jocelyn Absarulislam (also  
Newborn Section sponsors), NY  
**All new donors from Atlanta, GA  
unless specified**



Bangladesh Association of Georgia and Bangladesh Sports Federation of Georgia presenting check for sponsorship of Children's Outpatient Section, August 5th 2005, Atlanta, Georgia.

## A Big Thank You

*To our new friends and  
donors in  
Atlanta, Georgia and  
New York*



(Continued from page 1)

proportions of sick children in Bangladesh must receive basic, effective treatments for common life-threatening illnesses.

- Improvements in the quality of care and health systems support can help to increase the use of health facilities.
- Qualitative research and monitoring are important to ensure that health care interventions and delivery strategies can be continuously improved.

Full results of the study will not be available until 2007, when IMCI will have been in operation for long enough to have a real impact. In the meantime, these interim findings suggest significant benefits.

Contributor(s): Shams El Arifeen **id21 Research Highlight:** 12 July 2005



## We Need Your Help

Why not consider some of the following ways in which you can help Hope Foundation for Women & Children of Bangladesh? You can be assured that your contribution is essential to further the primary aim of the Foundation - *To provide essential medical care and assistance to the needy in Bangladesh.*

**Sponsor a Section.** Currently, Phase 1 of the Hospital project is complete. Sponsors are being sought for the following sections: **Pharmacy, Nursing Department, Rehabilitation Department, Hospital Nutrition Section, Hospital Gardens,** Individuals, companies and organizations are welcome to become sponsors. Your sponsorship will be acknowledged in perpetuity on the section wall.

**Sponsor a Bed.** Phase 1 consists of 40 beds. You can sponsor one of the beds in your own name, in honor of a loved one, in your company name, in memoriam etc. All beds will bear a small plaque with an inscription of your wording. For example: 'This bed is sponsored by the ..... family of Florida, USA. Inscription can also be made in Bangla.

**Make a Donation.** Make a donation to the Foundation. Hope Foundation for Women & Children of Bangladesh, Inc. is incorporated by the State of Florida and is registered by the US government as a tax-deductible 501(3)c status charitable organization.

**Help Distribute our Newsletter.** E-mail or send a letter to the office expressing your interest in distributing this newsletter and information about the Foundation and it's activities.

**Volunteer.** If you wish to help in the office, fundraising, maintaining the website. Please contact the office for further

Send donations to:  
 Hope Foundation for Women & Children of Bangladesh, Inc.  
 c/o Iftikher Mahmood, M.D.  
 5416 NW 190th St.  
 Miami, FL 33055  
 Phone: 305 318 0142

# Please Help

Enclosed is my tax-deductible gift of:

- \$ 5,000 to sponsor a hospital section
- \$ 1,000 to sponsor a hospital bed
- Life Member \$500 and up
- Benefactor \$250 to \$499
- Patron \$100 to \$249
- Friend \$1 to \$99

If you wish to sponsor a bed or section please write your inscription below:

\_\_\_\_\_

\_\_\_\_\_

(please make your check payable to: Hope Foundation for Women & Children of Bangladesh, Inc.)

Tax ID # 65-0925102

Name:.....

Address: .....

City/State/Zip:.....

Telephone:.....Fax:.....

Email:.....

Hope Foundation for Women & Children of Bangladesh, Inc. is incorporated by the State of Florida and is a registered non-profit charitable organization. All contributions are tax-deductible under IRS regulations.

## Profile

# Rai Bahadur Ranadaprasad Saha



**Rai Bahadur Ranadaprasad Saha** (1896-1971) entrepreneur, philanthropist and advocate for education. Better known as R.P. Saha, was born in Mirzapur, Tangail. He was born on 15 November 1896 to Debendranath and Kumudini Saha. Ranadaprasad came from a very poor family and so his formal education could not progress beyond the first few years in elementary school. Ranadaprasad's mother Srimati Kumudini, died of tetanus infection during childbirth, which was a common cause of maternal mortality in rural Bengal. Ranadaprasad was only seven years old at the time.

At the outbreak of the First World War he joined the Medical Corps of the British Bengal Regiment and went first to Iraq and then to Karachi. As reward for his services rendered to the wounded, he was awarded a medal and citation from King Henry V. After several attempted business ventures he bought a ship named 'Bengal River' in 1939 and started a river transportation business called 'Bengal River Service' with the Zamindar of Mahera, Sri Nripendra Roy Chowdhury. He was appointed one of the agents to buy food grains for the Government. He bought 3 powerhouses at Narayanganj, Mymensingh and Comilla and owned the 'George Anderson Company' of Narayanganj that made jute bales. He also started a leather business.

Ranadaprasad became a wealthy man and then dedicated himself to the service of the suffering humanity. During the Bengal famine of 1943, when millions died of starvation, he maintained 275 gruel houses to feed the hungry for 8 months. R.P. Saha's dream was to establish a hospital in his native village Mirzapur to serve the common people, especially women, providing all kinds of medical care free of cost. The Governor of Bengal, Lord Casey inaugurated the 20-bed hospital on July 27, 1944.

To spread female education he founded in 1942 a fully residential school at Mirzapur and named it 'Bharateswari Bidyapith' after Bharateswari Devi, his grandmother. In 1945 this institution was renamed 'Bharateswari Homes'. He also founded the 'Kumudini College' at Tangail in 1943 and the 'Debendra College' at Manikganj in 1944 to commemorate his mother and father respectively. Subsequently he set up the 'Mirzapur Pilot Boys' School', 'Mirzapur Pilot Girls' School', and 'Mirzapur Degree College'. The Maternity Wing of the Dhaka Combined Military Hospital was established with his financial support. In appreciation of his generosity and philanthropic works, the British Government conferred on R.P. Saha the title of 'Rai Bahadur'.

After the partition of 1947, R.P. Saha donated his entire property in the name of the 'Kumudini Welfare Trust' with a view to using their proceeds for public welfare. The Kumudini Trust, is now a leading social welfare organization of Bangladesh. The Trust was inaugurated on March 22, 1947.

R.P. Saha was the Trust's Managing Director until his death in 1971. The Trust's charter stated that all its income will be spent to fund the operation of Mirzapur and Narayanganj complexes and other service and welfare activities.

**Kumudini Hospital** established by Rai Bahadur Ranadaprasad Saha in Mirzapur (Tangail) is a major charitable institution providing health services to the poor and rural population. Over the years it has turned in to a prestigious 750-bed hospital, and is the largest hospital in Bangladesh (excluding Government hospitals). Kumudini Hospital has been recognized as a center of excellence for medical services in the field of Oncology and Neurosurgery

Kumudini Hospital offers a comprehensive range of services; Medical, Surgical, Ob/Gyn, Eye, ENT, Pediatrics, Dentistry, Maternity and Child Health, diagnostic support and 24-hour service including emergency and out-patient department.

At present, the hospital serves more than 400 patients a day. In addition to taking care of general patients, it provides family planning services and regular check up services for pregnant women. It also has facilities for childbirth and maternal and child healthcare, a gynecology unit and special units for treatment of diarrhea and tuberculosis. Unlike most private hospitals in the country, Kumudini Hospital employs its doctors as full-time staff and has a large team of nurses who are graduates of its own nursing school that conducts 4-year nursing education and training courses.

Kumudini Hospital has a policy to treat all patients equally regardless of class, economic status or religion. On the 4th June, 2001 Kumudini Medical College was established, a realization of a long-cherished dream by R.P. Saha, almost 30 years after his death.

by Anjumanara Mahmood



# How to deliver better child survival

More than 10 million children die every year, mostly in developing countries. Strategies exist that could prevent nearly two thirds of these deaths. So why are children still dying? A report by the Multi-Country Evaluation of IMCI Study Group highlights obstacles to the delivery of effective interventions.

Integrated management of childhood illness (IMCI) is a strategy for improving child health and development by delivering a combination of essential interventions. The study group assessed performance of the strategy in 12 countries and drew broader lessons for delivering child health activities. There is some good news: average child mortality rates fell from 93 per 1000 live births in 1990 to 83 per 1000 live births in 2000. But the gap between what could be done to reduce child mortality and what is actually being done is growing. Coverage of child health interventions, such as immunization, have either fallen or stagnated over the last decade, especially in sub-Saharan Africa. Poor coverage is a result of weaknesses in both the provision of and demand for services.

Looking specifically at IMCI, the study group found that:

- Introduction of IMCI does not lead to general improvements in the health system, which suffers from broader constraints.
- There is not enough effort devoted to implementation, especially strengthening health systems and changing key behaviors at the family and community level.
- More financial investment is needed to address health system constraints and remove obstacles to effective implementation of IMCI.

The obstacles to scaling up IMCI are common to other child survival activities, such as immunizations, insecticide-treated materials for malaria prevention and nutritional programs. Using case studies, the report identifies common features of successful public health programs, which:

- are well planned, implemented and assessed
- target at a few diseases
- are small in scale

- adapt to local epidemiological and community circumstances
- involve training and encouragement of primary healthcare workers
- use outreach to expand coverage
- apply principles of quality assurance.

Reducing child mortality and achieving the millennium development goal for child survival depend on whether effective and sustainable interventions can be delivered to high proportions of children and mothers. The researchers make a distinction between interventions and the strategies for delivering them. The researchers highlight five ways to improve delivery:

- collect data at the subnational level on local epidemiological profiles, health system capacity and community preferences
- choose effective interventions for community and health facility levels based on these data and other locally-defined key criteria, including the feasibility of achieving high, sustained and equitable coverage
- assess alternative delivery strategies
- tailor supply to meet demand and respond to needs
- strengthen national health systems, including manpower, drug and vaccine management and supply, information systems, and referral processes.

**Contributor(s):** Jennifer Bryce

**id21 Research Highlight:** 26 May 2004

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lives

## Care & Concern

The Care & Concern newsletter is published quarterly to support Hope Foundation for Women and Children of Bangladesh, Inc. and is distributed to members, governmental, health and news agencies internationally and also to individuals on the mailing list. The newsletter also appears on the website

[www.hopeforbangladesh.org](http://www.hopeforbangladesh.org)

Care & Concern welcomes comments, new information and relevant articles concerning all aspects of health, women and children's health and philanthropy. For further details, please contact:

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