



Social Actors and the Sustainability of the IMCI Strategy: examples in Latin America

Background

The goal of the community component of the Integrated Management of Childhood Illness (IMCI) strategy is to reach the families with the information, skills, and support that will promote the health children under five. The actions intended to meet these goals are led and promoted by the Red Cross and Ministries of Health.

In order to reach families, health promoters, other social actors are in contact with mothers, fathers, young people, and children in a participatory network that promotes child and maternal health as a social value. The philosophy of the Regional Community IMCI Partnership espouses community mobilization and social participation based on an analysis of the local reality and grassroots planning involving the social actors to promote the adoption of the Key Family Practices within families and communities.

There have been numerous and diverse social actors directly involved in the implementation of these activities, including the education sector, grassroots organizations, churches, community health agents (CHA), local governments, Ministries of Health, and the Red Cross. At the same time, the participation of other public and private agencies and organizations has provided an enabling environment for the expansion and sustainability of the Community IMCI strategy.

Description of Work with Social Actors

All social actors have incorporated into their engagement with the population the Key Family Practices with the goal of building or rebuilding higher standards regarding the care of children and pregnant women. Table 1 describes the different actors that participated in the Community IMCI activities in five of the countries forming part of the initiative.

Examples of Contributions by Different Social Actors in the Countries Selected

Grassroots Organization: Nicaraguan Community Movement

The Nicaraguan Community Movement (MCN) with more than twenty years of experience in areas such as human rights, health promotion, and community participation, is part of a national network of volunteer emergency workers, promoters, and educators. Today, some 900 volunteer emergency workers participate locally in the promotion of the Key Family Practices. Present among them are 100 promoters and 80 educators working in the poorest municipalities in the country. The MCN is a member of the National Health Council and has a long history of working in the health sector and has legitimacy at both the official and community level. Under Nicaraguan law the Secretary of Health confers the MCN

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Table 1. Participation of Social Actors, NGOs, and other Institutions and Agencies in the Regional Community IMCI Partnership. Selected Countries.

Country	Social Actors at Local Level	NGOs and Other Institutions and Agencies
Bolivia	Neighborhood Councils People's Health Committee (TUFFED) Mothers' Centers Day-care Centers Education Community Health Agents (ACS) Local Health Boards (DILOS) Red Cross Volunteers Ministry of Health	Plan Bolivia PROCOSI USAID Voix Libres Promujer CEPROMIN CEPAC Petit CARE Doctors of the World Centro de Desarrollo Regional
El Salvador	Community Health Volunteers Health Committees Ministry of Health Community Development Association (ADESCO)	Plan El Salvador Divina Providencia Hospital Universidad El Salvador CARITAS Child Welfare Center Hilda Rothschild Foundation Provida Feed the Children Salvadorian Institute of Childhood and Adolescence (ISNA)
Nicaragua	Nicaraguan Community Movement (MCN) Community Health Agents Education Ministry of Health	Christian Association Movimiento de Acción Cristiana Humanística ABC Community Project, <i>Mi familia</i>
Peru	Local Government Education Health Promoters "Glass of Milk" Committees Mothers' Club Wawa Wasis Irrigation Committees Lieutenant Governors	CARITAS Pathfinder International Universities CARE AMARES <i>Instituto de Desarrollo de Investigación para la Promoción de Salud (IDIPS)</i> <i>Centro de Transferencia Tecnológica a Universitarios (CCTU)</i>
Dominican Republic	Red Cross Volunteers Ministry of Health Community Health Agents (CHA) Teachers Neighborhood Councils Churches	Junior Chamber International (JCI) CONANI Universities

the right to be part of the National Health Plan through participation within the National Health Council.

It is within this political space of consensus-building that the MCN is spreading the message of IMCI and promoting the political, technical, and financial benefits of the Community IMCI strategy.

International Organizations: Junior Chamber International, Dominican Republic (JCI-DR)

In May 2002, in Santo Domingo, Dominican Republic, the Regional Declaration of Support for the IMCI Strategy was signed by the Junior Chamber International (JCI) and the Pan American Health Organization/World Health Organization (PAHO/WHO). This agreement pledges support for the reduction in the mortality rates of children under five and to help reach Objective Four of the Millennium Development Goals (MDG) as well as to strengthen the participation of Area C (the Americas) of the Junior Chamber International in Community Health.

The JCI pledged to promote, support, and encourage expansion of the IMCI strategy in order to improve children’s survival, and to actively participate in improving the development of community actions so as to promote and apply the Key Family Practices of care and treatment to children under five and pregnant women.

In 2004 the Dominican Republic national chapter of JCI decided to become part of the Regional Community IMCI Partnership by implementing the project “For a Healthy Future, JCI-DR, and PAHO Bet on the Children,”. This collaboration commits the JIC network of “young leaders working toward the progress of the world community.” This partnership reinforces the JCI objective of “providing young people opportunities to develop their leadership abilities, social responsibility, business spirit, and the camaraderie necessary for creating positive changes.”

Involvement of the JCI-DR in the Community IMCI project has made it possible to:

- Strengthen the strategic partnerships with PAHO/WHO, SESPAS, American Red Cross, Dominican Red Cross, among others, thereby combining national efforts to reach the Millennium Development Goal #4 - the reduction of infant mortality.
- Establish the DR chapter as a the pioneer JCI group on the continent in contributing to the expansion of the Community IMCI strategy at the grassroots level, making it possible to share learning experiences with other countries in the Region of the Americas and

organizations such as the United Nations, local NGOs, universities, business associations, and churches, among others



Projects and NGOs in Bolivia

In Bolivia, social actors have been included successfully at the local level in El Alto, Cotahuma, Cochabamba (Quillacollo and Pucarita), and Potosí. In addition, there are other actors participating in the implementation of Community IMCI at the national level. The network of non-governmental organizations (NGO) known as PROCOSI has links to 27 NGOs at the national level, which in conjunction with the International Plan and PROSIN project of the Ministry of Health and Sports (WHD)—financed by World Bank—from the National Working Committee of Community IMCI. On the basis of this coordination opportunity, led by the WHD, participants prepared the national intervention plan in which they prioritized, on the basis of epidemiological and operational criteria, a prioritized list of municipalities for implementation of the IMCI strategy. Each of these institutions then took charge of a given number of poorer municipalities as shown in Table 2.

Table 2. Municipal Responsibility by Institutions for Implementation of Community IMCI

Institution	Number of Municipal Interventions	Number of Municipal Interventions with IMCI
PROCOSI	162	40
PLAN INTERNACIONAL	53	24
MSD-PROSIN	100	16

The commitments agreed to were the following:

- Promote work with social actors and their networks as a way of implementing the Community IMCI strategy in favor of Bolivian families—especially in poorer sectors—



using the municipality as the geopolitical organizing unit.

- Promote community participation around social networks in the departments and selected municipalities and among the different actors for the purpose of generating consensus and strengthening the social values of protecting children and pregnant women.
- Strengthen the Local Health Boards (DILOS) in priority municipalities in order to improve the response capacity of services and facilitate joint efforts among social networks.
- The Community IMCI working group commits to sharing methodology, strategies, and materials, as well as to monitoring and evaluating the processes.
- Promote the involvement of municipal governments so that they take on social and financial responsibilities regarding the Community IMCI strategy.

Peru, Comprehensive Health Care Model

In Peru, the Puno Region integrated the IMCI strategy into the first level of care through the Regional Directorate Resolution No. 0182-2004-DIRESA-PUNO/SPO. Based on

the experience in the Huancané District the Partnership methodology was then replicated in the Ayacucho and La Libertad Regions.

In line with these regional initiatives the Ministry of Health's July 2005 Ministerial Resolution No. 506-2005 approved IMCI as an intervention strategy under the Comprehensive Health Care Model (MAIS) to help reduce morbidity and mortality of children under five, especially in populations living in extreme poverty in Peru.

Sustainability

One of the objectives of the Partnership has been to establish interventions that are sustainable over time. It has therefore promoted social participation from the very start of the intervention. This social participation has become evident through the participatory management teams and the work plans drafted at the grassroots level. In most cases this aspect has been reinforced by the institutionalization of the Community IMCI strategy at both the local and national levels. ●