

**Complexities of top-down and bottom-up partnership building in Burkina Faso and Bangladesh**

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**1. Description of the situation and the specific concepts/aspects of complexity that are illustrated in the story.**

Enfants du Monde (EdM), a non-governmental organization (NGO) based in Geneva, Switzerland, is currently supporting the implementation of the World Health Organization's (WHO) framework for working with Individuals, Families and Communities (IFC) to improve maternal and newborn health (MNH) in Bangladesh, Burkina Faso, El Salvador, Colombia and Haiti. The IFC framework is designed to form a health promotion component of the broader MNH strategy in countries with the primary aims to empower women, men, families and communities to improve MNH and increase utilization of quality health services. Ideally the IFC framework is completely integrated into the MNH strategy at national, regional and district level, with IFC coordinating bodies operating at each respective level to oversee the IFC interventions. The IFC framework suggests a high degree of inter-sectoral and interagency collaboration, recommending the inclusion of different government actors (Ministry of Health (MoH) and Ministry of Education), international organizations and NGOs participating in IFC coordinating bodies.

But successfully achieving this degree of collaboration seems difficult, as the IFC framework is implemented in complex environments and due to the fact that the more partners are to be included, the more unpredictability increases. Additionally, the contexts and conditions of each country differ significantly with varying levels of commitment and involvement by government and other partners. The programme in Burkina Faso has been implemented with the national Ministry of Health (MoH) while the programme in Bangladesh has been developed primarily at the local level, with difficulties inciting collaboration at higher levels. In this story these two country examples are used to illustrate the complexity of the environment and its implication when implementing the same framework focusing on the development and functioning of partnerships.

**2. Dealing with a complex situation.**

In Burkina Faso, the groundwork for implementation of the IFC framework has been laid at national level. In 2006, the government outlined a national Plan for Accelerating the Reduction of Maternal and Neonatal Mortality: A Road Map, revised in 2012. MoH has adopted the IFC framework as the key strategy for addressing the fifth pillar of the Road Map. With implementation currently ongoing in six

districts over three regions, the vision is to eventually cover the entire country.

In many ways the structures of collaboration in Burkina Faso match the IFC framework “ideal”, with IFC coordinating bodies at national, regional and district level, and with the participation of various sectors and actors. However, the complex environment has contributed to unpredictability in practice. For example it was initially anticipated by EdM that WHO would be actively involved. Although collaboration exists between EdM and WHO at their Geneva headquarters, to date, collaboration with WHO at country-level in Burkina Faso has been very limited. Thus far, efforts to strengthen this collaboration have been unsuccessful. In contrast, a strong and fruitful partnership with UNFPA was developed which was not initially intended. Flexibility and openness to take advantage of the opportunities which present themselves have allowed to adjust to the complexities in the system.

The complex environment required to apply “systems thinking” when strengthening coordination between the national level and the districts. While the Road Map was rolled out at national level, not all of its objectives have been integrated into district health action plans. As a result, the districts have had a limited understanding of the IFC framework and how to integrate it into their pre-existing priorities. This problem has been compounded by differences in timing. The districts generally develop their action plan for five years. Planning for the IFC framework has been introduced within this five-year period for all of the districts and therefore local health managers have faced difficulties incorporating the IFC plans into the broader plan for MNH at this level. As a result, in many cases the IFC interventions are being implemented as an isolated project rather as integrated component. Promisingly, this is beginning to change as district level health actors are increasingly participating in the IFC programme at this level. Time and capacity building has contributed to this development.

In contrast, the implementation environment in Bangladesh has been complex on different dimensions. Rather than being introduced at the national level at the outset, the IFC framework has been implemented firstly as a project at the local level. PARI Development Trust, a local NGO, has taken the lead in the implementation in cooperation with other local NGOs and local (upazila) MoH, with virtually no collaboration at national level. As a result, there has been an overreliance on PARI as the lead implementer. Other partners, both from the government and NGOs, have not assumed ownership of the project. They each have their own priorities and have had trouble integrating the IFC interventions in their ongoing actions. This has become the normal equilibrium within the partnership system.

A midterm review of the programme in 2012 highlighted these challenges and action has been taken to try to compensate for these shortcomings. For example, a process consultation with key partners is planned for the fall of 2013 to reinforce their capacities to work together as a team. This will include a stakeholder analysis which was unfortunately not conducted previously. This is intended to help each partner to recognize and appreciate the strengths and limitations of each organization, including their own and to strengthen the work of the IFC committees.

Greater efforts are now underway to secure buy in from the government at different levels. Promisingly the sub-national level (district) is now leading an IFC coordinating committee and national MoH is increasingly interested to the approach. Assuring ownership of the programme by MoH is critical as it is requisite for sustainability and it will help to ensure the continuation of the programme in a constantly changing environment.

### **3. Key messages - lessons learned.**

- Developing collaborative partnerships is a long process that requires systems thinking and flexibility to adapt to the complex environment.
- Clearly defining roles and responsibilities of each partner is critical to the success of collaborative partnerships and also contributes to accountability and transparency. Developing MoUs and supporting concertation, exchange and coordination mechanisms can facilitate this.
- Most actors, including international agencies, government, NGOs and community groups, are more comfortable working on individually developed projects, with very punctual collaboration, rather than developing a common programme of different actors, as it gives them a sense of simplicity and control.
- Capacity building at all levels and of all partners can be useful in addressing the challenges inherent in a complex environment, as well as confidence and satisfaction in participation.

### **4. Remaining challenges - questions that you would like to be discussed during the session.**

- What are effective strategies to initiate collaboration of actors at regional and national levels when actions are primarily occurring at the local level?
- How can effective mechanisms of communication be established between the national level and the local level when operating in a complex environment?
- What is the best strategy for institutionalizing and scaling up experiences conducted at community level by NGOs (i.e., moving from a more contained complex environment to a larger complex environment)?