



Community Engagement for Child Health in Niger

PROJECT DATES

October 2009 – September 2014

PROJECT BUDGET

USAID contribution: \$1,750,000

Concern Worldwide contribution: \$1,900,606

LOCATION

Tahoua and Illela Districts, Tahoua Region, Niger

CONTEXT

In Niger, under-5 and infant mortality ratios are high (114 and 63 per 1,000 live births, respectively) and access to health facilities is low. In Tahoua Region, only 53 percent of the population lives within 5 kilometers of a health center. Although community health posts have increased coverage of basic health services, access to high-quality services is still not assured for many isolated and distant communities. According to the Ministry of Health, malaria, malnutrition, pneumonia, and diarrheal diseases account for 95 percent of child mortality and 80 percent of under-5 illness in the region. The *Labiya Yara* project worked toward sustained reduction in childhood mortality in two districts. (Data sources: [UNICEF 2012](#); Ministry of Health)



Tahoua Region in Niger by TUBS (via Wikimedia Commons)

BENEFICIARY POPULATION

Total population in the project area: 566,604

122,386 women of reproductive age (15–49 years)

128,052 children under 5 (0–59 months)

PROJECT AT A GLANCE

| | Maternal | Newborn | Child |
|-----------|----------|---------|-------|
| Household | | ✓ | ✓ |
| Community | | ✓ | ✓ |
| Facility | | | ✓ |
| District | | | ✓ |
| National | | | ✓ |

Project Approach

The *Labiya Yara* (“Children’s Health”) project worked toward sustained reductions in childhood mortality in Niger’s Tahoua Region, where many people live far from health facilities and communities struggle to protect their children from malnutrition, malaria, diarrheal disease, and pneumonia. The project worked at multiple levels of the health system.

To extend the reach of the Ministry of Health’s integrated community case management (iCCM) strategies to the household level, *Labiya Yara* trained Mother Leaders on case management for key childhood diseases and identification and referral for malnutrition. Organized in women’s Care Groups, each volunteer Mother Leader conducted monthly visits and small group discussions on child health and nutrition topics with 13 to 15 households. At health centers and health posts, the project focused on improving use of protocols for integrated management of childhood illness and strengthening quality of care through health-worker coaching and mentoring.

| DESIRED OUTCOME | MAIN ACTIVITIES AND SELECTED OUTPUTS |
|--|--|
| Increase coverage of child health and nutrition at community and facility levels | <ul style="list-style-type: none"> ✓ 158 public sector providers trained/mentored in national protocols for community-based case management ✓ 5,189 children under 5 years treated by mother leaders in a 13-month period |
| Improve child health and nutrition behaviors | <ul style="list-style-type: none"> ✓ 48 Care Groups established, with 507 locally elected Mother Leaders trained as peer educators and 56 Mother Leaders covering 19 villages trained in iCCM ✓ More than 7,400 households visited on a monthly basis for education and behavior change activities ✓ 5 local radio stations delivered 3–4 messages* per day |
| Increase quality of child health and nutrition services at the district level | <ul style="list-style-type: none"> ✓ Monthly coaching and capacity building visits conducted by project staff at 32 health centers and 52 health posts ✓ 315 health committee members trained and supported as community liaisons for health center management |
| Improve child health and nutrition policy environment | <ul style="list-style-type: none"> ✓ Knowledge sharing/coordination with Ministry of Health ✓ 6 coordination meetings for health sector partners in Tahoua hosted by Concern Worldwide |

* Project behavior change messages aligned with UNICEF’s [Key Family Practices](#) promoted in Niger.

Partnerships

Labiya Yara’s main partner was the Tahoua District Health Team. At community level, the project formed Care Groups and trained and supervised their members. Mother Leaders led educational sessions and conducted monthly home visits with women in their communities. The project trained civil society committees to support health center management and accountability, strengthening community links with the health system. Concern also participated in policy discussions with the Ministry of Health. In 2012 a new national strategy defined the community health volunteer’s role as including treatment for malaria, acute respiratory infections, and diarrhea and established community health agents as their supervisors.



COMMUNITY ENGAGEMENT FOR CHILD HEALTH IN NIGER

Support for Decentralized iCCM, with Challenges for Sustainability

Lahiya Yara was effective in training and coaching health personnel to improve health center quality of care. The Care Group approach increased uptake of key behaviors through targeted messaging, and Mother Leaders trained in iCCM correctly treated children for common childhood diseases. However, the project supply of human and other resources was essential to its success. Supply chain and human resources gaps will be an ongoing challenge.

Key Findings

The project evaluation used data from knowledge, practice, and coverage surveys carried out with mothers/caregivers of infants and children under 5 years at baseline (2010; n=300 children 0–23 months and 300 sick children 0–59 months) and endline (2014; n=302 children 0–23 months and 295 sick children 0–59 months).

- **Coverage and Quality of Care.** Improved quality was observed at health facilities (Figure 1). Patients expressed satisfaction and greater confidence in formal health services. ICCM by Mother Leaders increased timely care-seeking.
- **Household-Level Behavior Change.** Significant improvements in care-seeking and household behaviors (see selections in Figure 2) across all indicators but three (giving more liquids to children with diarrhea, vitamin A, and handwashing).
- **Malnutrition.** No changes were seen in malnutrition rates for children under 5 years. Child malnutrition persists across the Sahel, and is often influenced by factors outside the scope of a child survival project.
- **District-Level Child Health/Nutrition Services.** Recordkeeping, access to national guidelines, planning, and budgeting improved at health center and district levels, but targets were not reached.

Personnel shortages and high turnover limit district capacity to take over the project's intensive coaching and community approaches without continued support and greater involvement of local authorities.

Lessons Learned

- **Innovative Reporting Tools.** *Lahiya Yara* designed effective forms for Mother Leaders and innovative reporting tools for low-literacy/non-literate Care Group members (e.g., a tally system of colored beads), which enabled Mother Leaders to accurately record activities. Mother Leaders shared their data collection, case management, and supervision forms with the health system via their health center staff supervisors.
- **Supervision Workload.** While improving coverage and quality of care at the community level, the Care Group model ultimately added to supervisors' workloads. Sustainability will require greater emphasis on human and other resources.
- **Policy Environment.** The National Malaria Control Program initially resisted the approach of training non-literate iCCM providers, but now recognizes the approach as viable. Overall, a clear roadmap for action is needed to improve the policy environment. Project activities were not designed to emphasize policy improvement, thus limiting success in this area.

Contact for More Information

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Figure 1. Children under 5 Years Receiving Appropriate Care

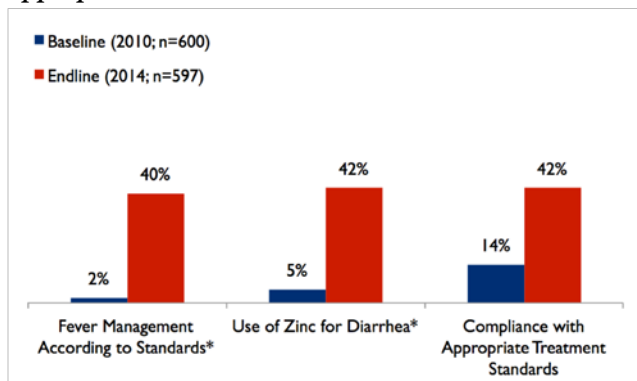
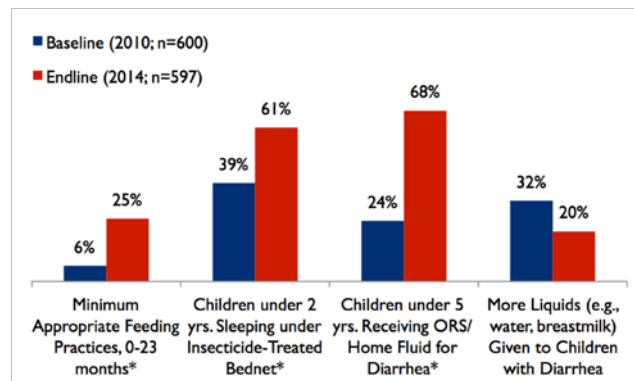


Figure 2. Families Practicing Key Child Health Behaviors



* indicates statistical significance a p<0.05

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