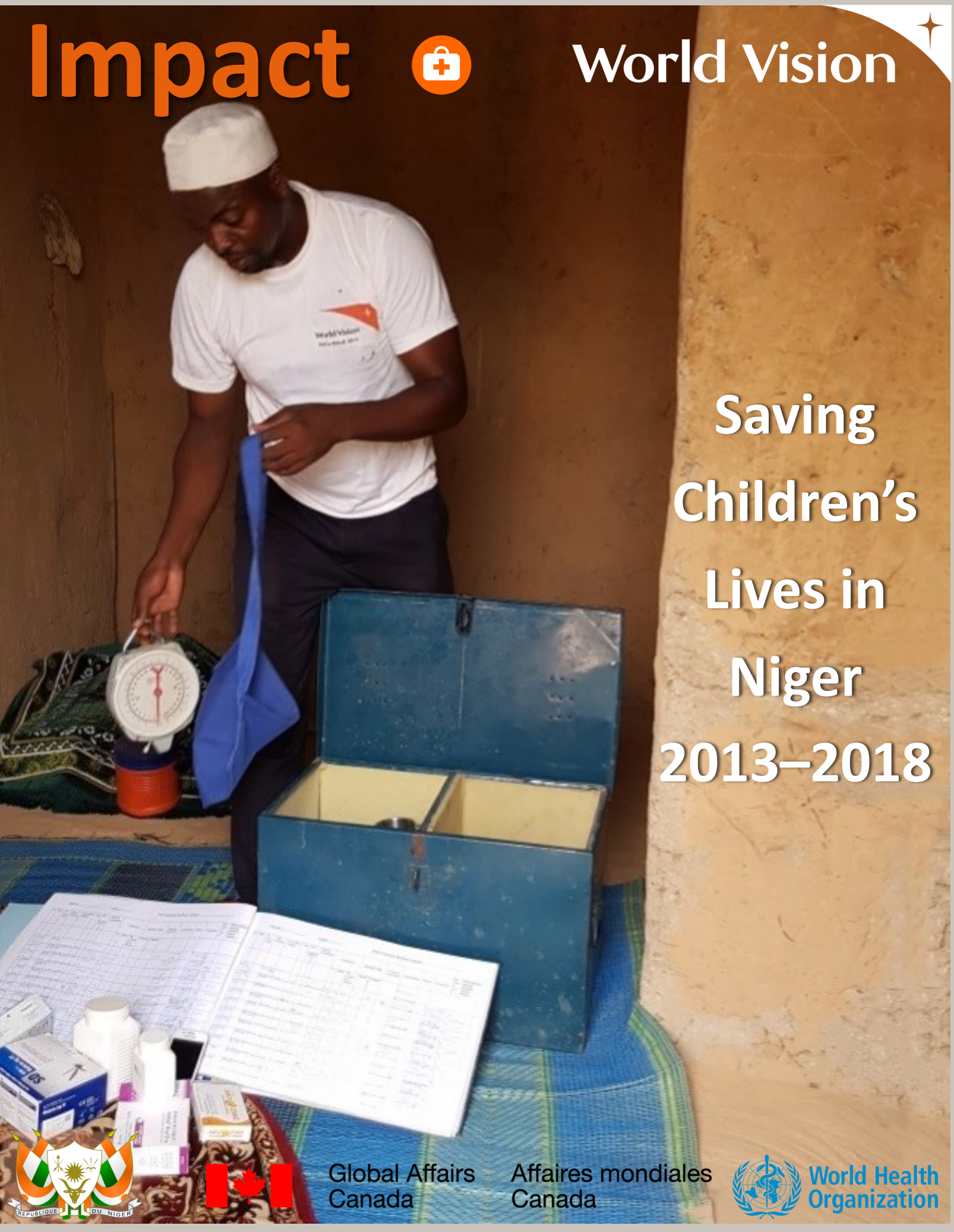
Impact

World Vision



Saving Children's Lives in Niger 2013–2018

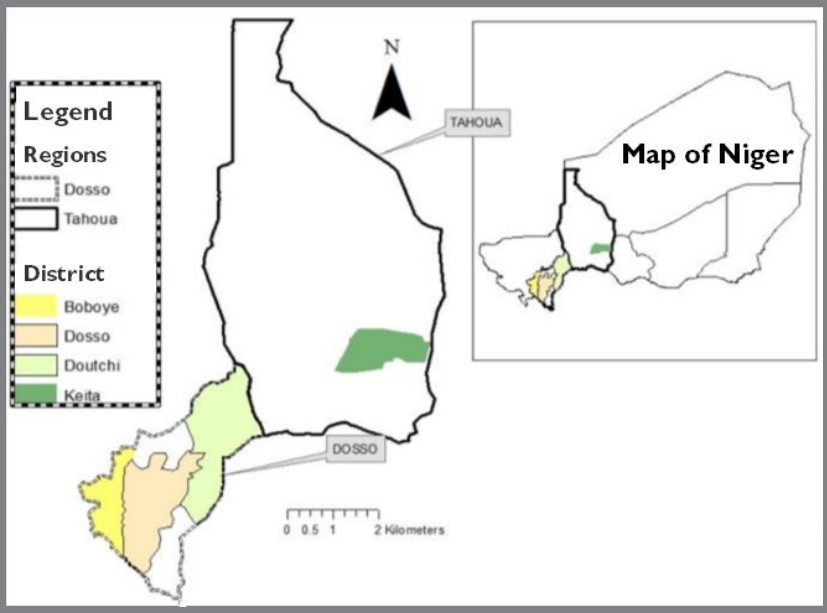
Global Affairs Canada

Affaires mondiales Canada

World Health Organization

Background: Issues In Niger

- Niger is one of the poorest countries in the world, ranking 187 of 188 countries on the United Nations' Human Development Index
- The country is vast, with over 80% of people living in rural areas where access to health centres can be challenging, especially during the rainy season.
- In 2016, Niger's under five mortality rate was 129 deaths per 1,000 live births, equaling 121,225 deaths (UNICEF 2017)
- Malaria, pneumonia and diarrhea cause over 60% of under five deaths in Niger (UNICEF 2017)
- 50% of families live more than 5 km from the nearest health facility



Map of NICe-RAcE Project Implementation Areas

Rapid Access Expansion Program (**RAcE**) Snapshot

In 2012, the Government of Canada, through the World Health Organization's (WHO) Global Malaria Programme, awarded a grant to support the RAcE program in five countries in Sub-Saharan Africa: Democratic Republic of the Congo, Malawi, Mozambique, Niger and Nigeria. This grant supported the implementation of the integrated community case management (iCCM) strategy, which is an equity-focused strategy that complements and extends the reach of public health services. The iCCM strategy provides timely and effective treatment of pneumonia (with antibiotics), malaria (with antimalarials) and diarrhea (with Oral Rehydration Salts and Zinc) among children under 5 years of age.

Making RAcE **NICe** (Niger Integrated Child Health Services)

World Vision implemented the RAcE program in **Niger** in four Health Districts: Boboye, Dosso, Dogondoutchi and Keita. In order to help children aged 2 to 59 months, the project focused on the following objectives:

1. Increasing the **quality and accountability** of health services
2. Improving the **access and availability** of health services
3. Improving **care-seeking behaviour** among caregivers of children with malaria, diarrhea or pneumonia
4. Adoption of effective **health and gender-sensitive policies**, strategies and guidelines by the Ministry of Health

NICe-RAcE used **Community Health Volunteers** (*Relais Communautaire* or **RComs)** to provide health services in communities over 5 km away from the nearest integrated health centre. These RComs were trained to assess, classify and treat identified cases of uncomplicated pneumonia, malaria and diarrhea within communities. They extend the provision of services traditionally given by health agents at the centres, which are remote, overworked and often unable to meet healthcare demands. By acting as additional healthcare providers, RComs give community members fast, convenient and skilled care right in their community, addressing the gaps in the health system and meeting the urgent needs of sick children.

NICe-RAcE also conducted research in the Dosso and Doutchi regions of Niger to test the effects of mobile technology on improving RCom service provision. This research showed a small but positive improvement in the quality of care that sick children in the community received thanks to mobile technology.

This program was undertaken with the financial support of the Government of Canada provided through Global Affairs Canada

Impact/Results

NICe-RAcE in Numbers

1,313 CHVs Trained

1,216 Villages Covered

509 MoH Staff Trained

200 Community Reps trained on drug management

496,525 Rapid Diagnostic Tests done
319,722 Simple Malaria cases treated
244,994 Pneumonia cases treated
157,477 Diarrhea cases treated
16,660 Severe cases referred
31,219 Malnutrition cases referred

1,128
Under-Five Deaths Prevented by malaria, pneumonia and diarrhea treatment (2013–2016)

965
Lives Saved through RCom or CHV treatment

"In Niger, the RAcE programme led to a policy shift, and for the first time the RComs started treating sick children. Now, children who live in RAcE-supported areas don't risk death just because they have fallen ill with diarrhea, malaria or pneumonia.

Niger will work with its partners to implement policies and secure the necessary funding so we can keep the momentum and continue saving children's lives."

Dr. Mahamdou Idrissa Maiga
Secretary General, Ministry of Public Health (MSP), Niger

NIcE-RACe Change Checklist

Change in Mortality Rate in Project Areas

Contribution towards **13%** ↓ in the Under 5 Mortality Rate from 2013 to 2016

Changes in Behaviour

- ☑ Of caregivers who sought care for their child aged 2–59 months who had been sick, the percent of caregivers who made the decision to seek care jointly with their spouse or partner increased from **50%** to **62%**
- ☑ The percent of people who seek care from an appropriate provider increased from **68%** to **85%**

Current View of RComs in Target Communities

- **99%** of community members know the RCom in their community
- **98%** of community members believe that RComs provide quality services
- **99%** of community members trust RComs as healthcare providers
- **75%** of caregivers use RCom as their first source of care for sick children aged 2–59 months

"I thank the funders for bringing this project to our village because it is really taking care of our children and has been of great benefit to parents." - Aissa Seyni, a mother of five from a community in Dosso

Community Health Volunteers Save Lives

Malaria, pneumonia and diarrhea are common illnesses that account for more than half of child mortality in Niger. Thirty year-old Aminou knows this from personal experience; his two brothers died at a very young age because their mother couldn't afford treatment.

Now, he is an RCom in Kourfan Tsaouna village in the Dogondoutchi district. "I became an RCom when the village committee chose me, and after passing the iCCM training test in December 2013. Since then I have screened and treated more than 300 children in my village. My dream is to become the first village doctor but for that to come true I know that I need more qualifications and practice in this field," says Aminou.

Aminou adds, "Initially people in the village were not sure if I could really treat their children, and very few parents used to bring their children. But over time the number and the frequency increased. Today I don't even have time to go to the farm, because every day I have to either follow up a case or see a new one."

Zouera, a mother of five children, brought her two-year-old son Almoustapha for a follow up visit. "When I first saw little Almoustapha, he had malaria and pneumonia. After the treatment, his health has improved considerably," says Aminou confidently.

"In the past I had to walk 7 km to the health centre and then wait long hours for my child to be seen by medical staff. Now I have this service at my doorstep with the guarantee that my children will receive drugs and better treatment," says Zouera.

Aminou's work has helped reduce the work load at the nearby Integrated Health Centre because people are able to receive treatment in their village. He and the RComs in Niger are well trained and equipped to do their job. Thanks to community health volunteers like Aminou, children can receive the care they need and reach their full potential.

Lessons Learned

- The political will of health authorities and the active participation of stakeholders are key to achieving the desired results.
- Existing systems may not have the capacity to support all elements of the project, such as the pharmaceutical centre having insufficient capacity to ensure the supply of medicines up to the RCom level.
- Despite supervision being essential to the implementation of iCCM services and funding being available for it, supervision was far from regular. Lack of supervision caused a number of challenges, and would need to be improved on in future programming.
- Community mobilization is key to realizing gains in the project, but the empowerment of municipal authorities in RCom management could one day lead them to take responsibility for the motivation of the RComs in their annual activity plan.

