

Mauritania's Community Health Workers

- ▶ Access to a health worker is something that we all take for granted. But if you live in Mauritania, where there are just **1.3 doctors for every 10,000** people, the chances are that you may not get to see one in your lifetime.

Community health workers are changing that.

A community health worker (CHW) is trained to provide the most essential life saving interventions—such as emergency front line care— and can **save children's lives** from many if not most of the major preventable child mortality causes like diarrhoea, pneumonia and malaria. CHWs also equip families with the knowledge and skills to prevent disease. They promote good nutrition, sanitation, and hygiene, and link families to essential services.



WHY COMMUNITY HEALTH WORKERS?

How a child is cared for in their own home has a profound impact on their ability to survive and thrive during their first few days, months and years of life. Mothers need practical and social support so they can look after their child appropriately as they grow and develop. Families need knowledge and skills to best care for their children. Communities need people who know their needs and are trained to provide essential health advice and support.

This is where World Vision's **community health workers** in Mauritania create their impact.

World Vision in Mauritania

World Vision reaches almost **one million lives** (957,745) in Mauritania. Within World Vision's coverage areas, there are an estimated **68,743** children under the age of five, **45,829** pregnant women, and **252,057** women of childbearing age.

▶ WHY MAURITANIA?

Living in a rural area of Mauritania can be deadly, especially for a pregnant mother or very young child, and much of Mauritania is rural, with 41% of the entire population living in rural areas. Mauritania is a very large, primarily desert country with huge areas that are hard to reach and very isolated. Over a third—33%—of Mauritania's population lives beyond 5km of a health facility in this vast desert country with poor public transportation infrastructure, and many are nomadic peoples. For isolated populations such as these, CHWs are critical to bringing life-saving education, support, and materials to women, children, and families. Mauritania is a **global health workforce crisis country**: for every 10,000 people, there are only 1.3 doctors and 6.7 nurses and midwives (WHO, 2014). When a health worker is desperately needed in Mauritania—such as during a difficult labor, infection, or when a newborn has a high fever—there may not be one.

Only 69.4% of all births in Mauritania are attended by a skilled health worker of any kind, a reality that contributes to Mauritania's high child mortality rate: for every 1,000 live births in Mauritania, 84.7 children will die before they reach their fifth birthday (WHO, 2015).

In maternal and child health indicators for 2015, Mauritania ranked last among countries in the Maghreb on progress in achieving the MDGs 4 and 5 for reducing child mortality and improving maternal health (WV Mauritania Technical Approach Document).



Community health workers carry critical health knowledge, skills, and tools into communities and homes and are essential to World Vision's work of saving lives, preventing disease, and helping children, mothers, fathers and communities to reach their full potential and flourish.

Who is a Community Health Worker?

A community health worker is a man or woman who is respected and trusted by his or her community. They are the first point of contact for many with the health system and are elected by the community. They live within the community and so they know and understand people and cultures.

A PORTRAIT: MAURITANIA'S COMMUNITY HEALTH WORKERS

Today, World Vision supports an estimated 100 community health workers in Mauritania (October 2015); World Vision Mauritania is in the early stages of CHW programme development.

A grant-funded WV Mauritania project, Access to Infant and Maternal Health (AIM Health) currently supports two types of CHWs: higher-level CHWs are trained for 45-90 days with MOH curricula and oversee lower-level CHWs who act as aids and are known as Community Relays. Community Relays receive soft skill trainings and orientation for providing essential medicine, referrals, etc. The AIM Health project is active in 2 World Vision ADPs, with each ADP having 20 CHWs. Each CHW oversees 2 Community Relays, bringing the total number of community health workers supported by WV Mauritania to 100.

CHW Activities supported by World Vision Mauritania

Community disease surveillance, Community Management of Acute Malnutrition (CMAM) support, Community PMTCT support, deworming, family planning and Healthy Timing and Spacing of Pregnancy (HSP), Growth monitoring of children, health promotion/behavior change counseling, HIV prevention, immunization (CHWs can provide vaccination), Infant Young Child Feeding (IYCF) and breastfeeding support, PD Hearth, postnatal and newborn care (PNC), Timed and Targeted Counseling (TTC), Vitamin A supplementation, WASH.



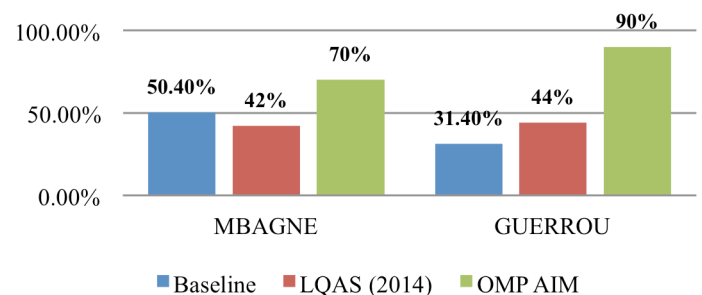
CHW PROGRAMMING TECHNICAL OVERVIEW

- ☑ CHW programmes harmonized at national level under a single CHW policy – partially operational
- ☑ National policy of 1 CHW per 350 people
- ☑ World Vision predominantly supports CHW programmes by technical assistance and capacity building
- ☑ 5 Trainers? trained in TTC (Most recent TOF took place in 2012 for 19 people)
- ☑ mHealth capacity and implementation

EVIDENCE FOR IMPACT

WV Mauritania's most recent evidence for impact is the midterm evaluation report for the AIM Health project (October 2014). As a result of AIM Health, 90% of children in Guerrou and Mbagne sleep under long-lasting insecticidal nets, compared to baseline rates of 62.5% and 70.5%, respectively. The percentage of children aged 0-59 months receiving care within 24 hours of contracting an acute respiratory infection rose from 52.9% to 80% in Guerrou and from 54.1% to 83% in Mbagne. Incidence of fever among children aged 0-59 months dropped from 16% to 12.8% and 16% to 13.5% in Guerrou and Mbagne, respectively. Overall, the AIM Health project has positively impacted maternal and child health in Mauritania, yet improvements were not reported in all areas and WV Mauritania continues to face significant challenges—for example, only 59% of households in Mbagne ADP have access to improved sanitation while a mere 8% of households in Guerrou ADP have access to potable water. Previous to this report, a study published in 2013 analysing baseline data from the AIM Health intervention underscored the need for context-specific activities to overcome barriers to care in Mauritania's vast rural regions (Vallières et al, 2013).

Chart 4: % of children aged 0-59 months having access to care within 24 hours: Fever



▶ WHAT'S NEXT?

The AIM Health grant spanned four years and concludes in 2015. A key component of World Vision Mauritania's 2016-2021 strategy is to integrate CHW programming across WV project areas, pending grants funding.

CURRENT FUNDING AND MAJOR GRANTS

AIM Health — Irish Aid (2012-2015)

REFERENCES

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