

UNICEF CÔTE D'IVOIRE: INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESSES TO SAVE LIVES IN CÔTE D'IVOIRE

Issue

In Côte d'Ivoire, the child mortality rate is very high: 194/1000 live births, which means that almost one child out of five dies before the age of five. In order to address this problem, and in view of the achievement of the Millennium Development Goals, a reduction of 11.9% per year is required until 2015.

Malaria, respiratory infections, diarrhea, malnutrition and measles are the main causes for mortality among children under five.

Malnutrition is mostly due to repeated episodes of malaria, respiratory infections and diarrhea. Severe malnutrition is estimated at 6.7% among children under five and approximately 3.5 million children under five are continuously exposed to malaria. Only 4% of mothers breastfeed their children exclusively until the age of 6 months.

Only 19% of children suffering from pneumonia receive antibiotics.

Action and impact

The reduction of child mortality can be achieved through a correct treatment of illnesses, in particular at the health facilities.

The Integrated Management of Childhood Illnesses (IMCI) strategy will significantly reduce under five child mortality rates.

This strategy is based on two essential components: the clinical component at health infrastructure level, and the community component. Both require strengthening in Côte d'Ivoire, but this project focuses on the clinical component, particularly with regard to capacity building of health personnel (training, supervision) and to provide minimum equipment for the correct functioning of the Primary Health Care Centers (PHCCs).

Global Objective:

Reduce mortality related to the most common diseases and causes of death among children under five years of age.

Specific Objective:

In two years:

Improve the quality of treatment for children under five in 41 (out of 79) health districts.

Expected results:

859,500 children under five will be treated in accordance with the IMCI rules in health centers.

Key activities:

- Capacity building of 800 health agents on applying the IMCI standards;
- Monitoring IMCI activities in health centers;
- Equipping and supplying the PHCCs with anthropometric materials and drugs;
- Providing computer materials to health programmes active in IMCI activities to monitor activities in the field.

Budget:

Description	Total cost (in US\$)
Capacity building of 800 health agents;	340,000
Monitoring IMCI activities in health centers	50,000
Anthropometric materials and drugs	250,000
Computer materials to monitor field activities	45,000
Operational costs	68,500
<i>Sub total</i>	<i>753,500</i>
Indirect costs (7%)	52,745
TOTAL	806,245

Cost-effectiveness:

Costs per child benefiting from increased quality of care: 0.94 \$ US

Number of deaths of children under five averted per year: 41,685 ¹

Costs per death averted: US\$ 19.34

¹ Assumptions:

Under 5 mortality rate: 194/1000 live births;

Half of all deaths occur in health structures;

IMCI reduced under 5 mortality rate by 20% until 2008

Estimated population of children in 41 health districts: 2,578,500;

Utilization rate of health facilities: 30%.