

UNICEF CÔTE D'IVOIRE

SAVING LIVES THROUGH ESSENTIAL FAMILY PRACTICES

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. Half of these deaths occur at home.

Malnutrition is mostly due to repeated episodes of malaria, respiratory infections and diarrhea. Severe malnutrition is evaluated 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.

Action and Impact :

The reduction of the mortality rate can be achieved through the Integrated Management of Childhood Illnesses (IMCI), which is the most appropriate strategy to attain children under five.

This strategy is based on two components, a clinical and a community component. Both require strengthening in Côte d'Ivoire, but this project focuses on the community component. The strategy contributes to the participation and accountability of households in health problems of their children by applying essential family practices that are necessary for the prevention of main illnesses and the deaths they provoke. Families will be able to treat fever, coughing and diarrhea at home and will be trained to recognize signs of danger and will timely refer their child towards the closest health structure.

This will be achieved through the promotion of essential family practices, the establishment of community networks and communication activities at community level.

Global Objective:

Reduce mortality related to the most common diseases among children under 5 years of age in 24 health areas.

Specific Objective:

In two years:

- Encourage the implementation of essential family practices by the communities around 24 health centers of 7 health districts.
- Improve the quality of assistance provided to children in community environments in 24 health centers.

Expected results:

- 86,000 households apply essential family practices.
- Reduction of child deaths due to common diseases.

Key activities:

- Development of a communication strategy on essential family practices;
- Capacity building of 2,500 community health workers with regard to the monitoring of essential family practices;
- Monitoring of activities for the promotion of essential family practices;
- Strengthening capacities of the communities (provision of anthropometric material and image boxes).

Budget:

Description	Total cost (in US\$)
Development of a communication strategy on essential family practices	245,000
Capacity building of 2,500 community health workers with regard to the monitoring of essential family practices	526,000
Monitoring of activities for the promotion of essential family practices	80,000
Equipping community networks with anthropometric material and image boxes	365,000
Operational costs	121,600
<i>Sub total</i>	<i>1,337,600</i>
Indirect costs (7%)	93,630
TOTAL	1,431,230

Cost-effectiveness:

Costs per child that benefit from community based activities: US\$ 12

11,640 deaths among children under five will be averted each year¹

The project invests US\$ 123 per death averted

¹ Assumptions:

Under 5 mortality rate: 194 /1000 live births;

Half of all deaths occur at home;

Estimated population of children under five in 24 health areas: 120,000