

Community care boosts child survival in Niger

FIFTY-SIX per cent of Niger's nearly 14 million inhabitants live more than five kilometres from a health facility. To increase child survival by bringing health care closer to underserved rural communities, the Government of Niger in 2000 began implementing an ambitious strategy to use funds from a debt reduction programme to finance the construction of 2,000 community health posts. This is a major step towards ensuring the availability of one health facility per 5,000 people in rural areas.

Construction of 30 community health posts in southern Niger's Madarounfa District more than doubled access to health care. The proportion of people living within five kilometres (or a 60-minute walk) of a health facility increased from 34 per cent to 72 per cent. Children especially benefit. Since the opening of additional community health posts in the district, the number of annual contacts per child per year has nearly doubled.

Trained community health workers offer a minimum package of curative and preventive interventions at

community health posts. They have been trained in the Integrated Management of Childhood Illness (IMCI) in order to identify and treat effectively the most common diseases among children under five. Malaria, pneumonia and diarrhoea are responsible for almost 60 per cent of under-five deaths in Niger, and timely and effective treatment significantly reduces child mortality. Community health workers refer patients with severe illnesses to integrated health centres and hospitals. Accessing the next level of care, however, can present serious challenges, and lack of transportation is one of the barriers encountered in the referral system.

Prevention is key to the strategy's success

Along with providing basic treatment, community health workers promote disease prevention. They assess children's growth, monitor vaccination status and offer follow-up care. Community health workers also advise households and communities as they communicate life-saving information on early initiation of breastfeeding, exclusive breastfeeding for newborns up to six months, age-appropriate feeding practices, hygiene and use of insecticide-treated mosquito nets for children and pregnant women. These

low-cost interventions produce high-impact results in reducing child mortality.

Although nascent, and with many challenges to overcome, Niger's community health post initiative has opened doors to skilled health care for thousands of children. The availability of trained community health workers is making a difference and providing hope for the 1.8 million children who live far from integrated health centres and hospitals. The Government of Niger's recent decision to make health care available free to children under five is another promising move. It eliminates yet another barrier to health services for the 61 per cent of Niger's population who live on less than a dollar a day.

More needs to be done, however, to build on this programme's initial success. Ideally, health posts should be upgraded to integrated health centres in order to make all services available to children at reasonable distances from their homes. In the meantime, community health posts provide a cost-effective way to save the lives of many children who might otherwise die of preventable diseases each year in Niger.

See References, page 51.