

Reinforcing communities' capacities in East-Mono to protect the lives of children and their mothers

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Dr. Pabanam N'Zonou
 National Health Advisor
 Global Fund Project Team Leader
 Plan Togo



Introduction

Plan International

- A child-centered community development organization founded more than 70 years ago
- Works with more than 3.5 million families across 48 countries each year



Plan Togo

- In Togo since 1988, Plan is now working in five districts.
- Education, water and sanitation, household security, child rights, and health
- Health programs aim to better health conditions of children from 0 to 18 years through communities' capacities development and partnership.



Child Health in East-Mono

- Child mortality rate
 123/1,000 (MICS 2006)
- Population of East-Mono district
 86,980 people (2009)
- Leading causes of death
 - Malaria, diarrhea, pneumonia
 - Children under five years most exposed and vulnerable
- Health centers less used
 - Poverty, communities' behaviors unfavorable for health, lack of quality care in health centers
- In 2007, a Ministry of Health survey showed a lack of community behaviors in 17 good practices recommended for children health improvement at community level.



C-IMCNBI Project Scope

Background

- Three-year project (started in 2008) financed by European Commission and Plan France, focusing on community-based Integrated Management of Childhood and Newborn Illness
- Aims to reinforce communities capacities in the taking care of children under five at community level

Target population

- Children under five, pregnant women, and community health workers in East-Mono



Goal and Objective

Project goal

To contribute to the reduction of mortality in children under five in Togo through IMCNBI at the community level



Project objective

To reinforce families' capacities to allow them to use best health practices in favor of children under five and involve them in the management of health services in East-Mono district



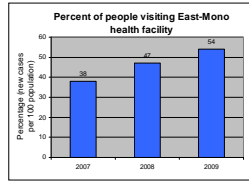
Activities

- Training of community health workers, health professionals, and health center management teams
- Provision of equipment for CHWs: bicycles, first aid kits (with medicine, RDT), and IEC materials for sensitization and care
- Sensitization of communities on good practices for C-IMCNBI through meetings and home visits organized by the community health workers



Results

- 310 CHWs, 40 health professionals, six members of a local NGO, and 17 health committees were trained.
- People of East-Mono are increasingly visiting health centers for their health matters: 38% in 2007, 47% in 2008, and 54% in 2009.
- IEC tools for sensitization were developed.
- Local partnerships were cultivated between health providers and community members to work together in child health promotion.



Views from Participants

With the sensitization made by the community health workers in our villages, people are coming in health clinics for their health matters earlier than before. That allows us, as health providers, to give appropriate care for their illnesses and to save lives.

Raymond, an East-Mono health provider

I think it is a good thing when somebody we know, acting like a health provider, talks to us every week on how to prevent illness in our families through our behavior... Many diseases can only be prevented through good behavior.

Koffi, a farmer in Awayo village



Conclusions and Recommendations

Keys to success

- **Community involvement**
It is important to involve communities at all steps of health problem resolution.
- **Multifaceted partnerships**
A strong partnership between health providers, support organizations, and community members is necessary for the sustainability of health interventions.
- **Broadcasting key messages**
Local radio helps to reinforce sensitization through the broadcasting of elaborated messages.
- **Cost-effectiveness**
Per capita expenditures were approximately \$7.



Next Steps for Plan Togo

- Conduct a survey to evaluate the behavior change in adoption of practices
- Project final evaluation is underway (November 2010) to examine the impact of the project's implementation on children's health.
- The results of the project evaluation in November and the capitalization of the project activities' implementation will allow Plan Togo to elaborate a scale-up plan, utilizing best practices for children's health, to reach communities in others health districts.



Many thanks for your attention!

Pabanam N'Zonou
National Health Advisor/Global Fund Project Team Leader
Plan Togo
pabanam.nzonou@plan-international.org

