Successful task shifting for the implementation of C-IMCI in Senegal: the community health educator

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Jillian Scott, MPH
Plan International USA

Child Health in Senegal

Introduction

- Senegal is no exception to the high infant and child mortality prevailing in Sub-Saharan Africa (115 per thousand).
- 65% of deaths were occurring at home without any contact with health services.
- Community IMCI had no significant impact on coverage levels of preventive programs and the morbidity and mortality of children under five.

Child Health in Senegal

Main difficulties included:

- Bridging the gap between health post and community
  - Nurses were unable to successfully fill this important role.
  - Head nurses of health posts spent only 10% of their working time to reinforce health community initiatives.
- Consequent absence or weakness of the animation and synergy of three elements of C-IMCI:
  1. Partnership between health structures and communities
  2. Care and adequate and accessible information provided by community health services
  3. Promotion of integrated best family practices for child health

Introduction of the CHE

Plan Senegal
Five program units in Senegal benefitting 32,000 children

Project scope
Introducing the Community Health Educator (CHE), who has least 10 years of education and has experience in community development, as a key component to C-IMCI

Total population
4,280,000

Project area
Five regions comprising 27 health districts

Goal and Objectives

Goal

To contribute to the reduction of child mortality by improving efficiency of IMCI at the community level.

Objectives

1) To reduce by 50% the prevalence of diarrheal diseases, acute respiratory infections, malaria and moderate malnutrition among children under five years in areas covered by CHEs;
2) To expand the presence of community health educators from 27 to 75 districts; and
3) To increase by 15% community participation in financing CHEs.

Methodology

1) CHEs negotiate a package of activities to deliver at the community level.
2) Each CHE covers an area of about 40 villages.
   - Baseline census and monthly updating;
   - Promoting the use of services;
   - Promoting quality through supervision of community stakeholders; and
   - Improving the functioning of the health system through systematic reporting.
3) Each CHE receives a $200 monthly stipend, representing 25-30% of the monthly salary of a registered nurse.
   - Funding currently comes from Plan, but local governments have given initial approval to include CHEs in future budgeting.

The Role of the CHE

- Serve as a conduit between the government health facilities and communities;
- Strengthen the efficiency of community health workers, IEC relays, health committees and other community-based organizations;
- Be present at the household level to strengthen and systematize best family practices; and
- Support integration of community health interventions into other sectors of development.

Results (1)

Qualitative

The community health management process

- Enhanced common understanding of objectives and strategies and greater community ownership of interventions; and
- Emergence of community teams in monitoring and evaluation of C-IMCI.

Service delivery

- Better handling of drugs logistics management;
- Reduced distance between the formal health system and the community health care system;
- Enhanced social cohesion and solidarity between group actors; and
- Improved completeness and relevance of available data in the planning and monitoring of interventions.

Results (2)

Quantitative

Community health outputs

- Volume of outputs delivered in the community doubled in 87% of communities in the first five years.
- Outputs increased by an additional 30% in the second phase.

Access to services

- CHEs have doubled the level of geographical accessibility (maximum range is 5 km).

Use and coverage

- Levels of use and coverage have increased 225% compared to areas not covered by CHEs in the same district.

Participant Views

Action by health educators helped the cleanliness of villages; all children are vaccinated, severe cases of malaria have fallen, and we are more involved in managing our own health.

President of rural council of Tassette

With the support and facilitation of community health educators, we gained life skills that we use in our homes every day to improve the health of our children and other family members.

President of Women's Association in Darou-Mousty

Recommendations

- **The CHE (or other similarly qualified resource) should be used to link government health facilities to the community, connecting various components of C-IMCI.**
- **Employing a multi-sectoral platform may lead to greater coverage and impact of the CHE strategy.**
  Education, agriculture, water and sanitation have been particularly active in supporting C-IMCI.
- **CHEs can provide an appropriate avenue for the delivery of advocacy messages.**
  These messages have greatly facilitated the mobilization of human, material and financial resources in the promotion of C-IMCI.
- **CHEs should maintain a constant presence of in monitoring, supervision, and training.**
  CHE presence greatly contributed to improved performance of community health services.

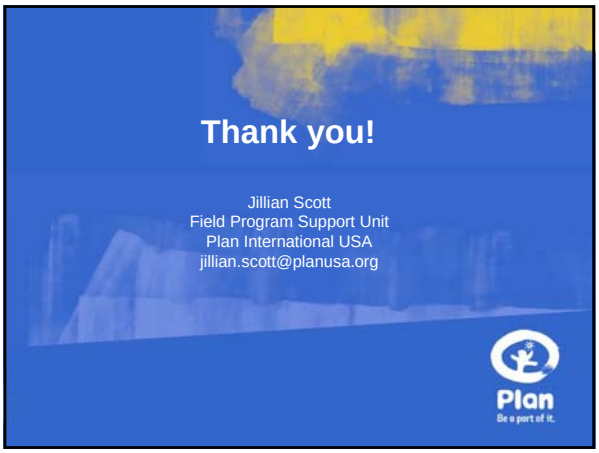
Next Steps

1) Increase sustainability

- Transfer responsibility to local communities;
- Encourage local governments to include in their budget funding for additional support of CHEs; and
- Share costs to progressively minimize the program's financial dependence on Plan.

2) Expand the package

- Incorporate other community-based interventions that have an impact on child development; and
- Involve other sectors to increase resources and contribute to sustainability.


Thank you!
Jillian Scott
Field Program Support Unit
Plan International USA
jillian.scott@planusa.org
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