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# Improving Child Health in the Community

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# *A healthy start in life*

Great strides have been taken over the past decade to protect and care for the millions of children who are in danger of dying or suffering from common diseases in the first few years of life. Improved medical treatment together with greater access to health care have helped to reduce childhood deaths considerably in parts of the developing world over the past ten years.

But it's not all good news. In some parts of the world, the number of children dying has actually increased. Many of these children were not seen at a health facility. In Tanzania, as many as 40% of children who died were never taken for treatment, while in Bolivia, the figure rises to 74%. Clearly, advances in medical treatment alone are not enough to reach nearly 11 million children who die every year before their fifth birthday.

Child survival depends on a complex combination of factors. The evidence suggest that the care children receive at home, in their families and in their communities is just as important as the treatment available in health facilities. This is why improving the way children are treated and cared for in the community is now recognised as a vital weapon in the struggle to protect children who risk dying from common, largely preventable diseases.

In view of this, some of the the world's leading development agencies have joined forces to target child health and development at community level. This approach defines key practices in the family and community that we know can drastically increase the number of lives saved. And it offers practical and cost effective ways to introduce these practices widely and make them work – simple but effective ways of giving more children a healthy start in life.

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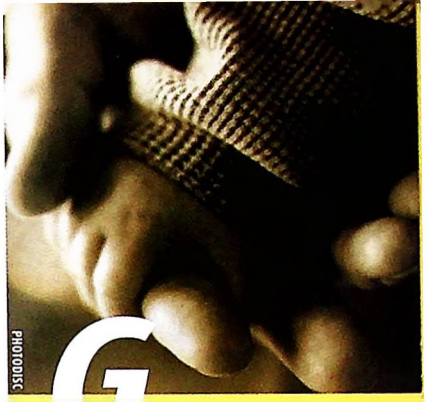


***Giving children a healthy start in life means getting people involved via...***

*breastfeeding support groups... growth promotion programmes... pre-school education groups... nutrition groups... school health programmes... community midwives... parent-run pre-school groups... youth groups... mothers' groups... NGOs... religious groups... primary health care clinics... immunization sessions... mother and baby clinics... community health workers... local radio... local newspapers... community newsletters... village committees... ante-natal care clinics... mother and baby clinics... health education sessions... cookery clubs... home gardening and nutrition programmes... volunteer health workers... income generation groups... women's groups... men's groups... village health committees... community gardens... village development initiatives...*

***What works for your community?***

## A community-based approach.....

- *Involves people – by acknowledging the vital role of the immediate community in a child's healthy growth and development*
- *Adapts to community needs – by recognising that priorities are best set by the people involved*
- *Builds on existing resources – by enhancing community structures and expertise*
- *Strengthens links – between health services and the people they serve, making them a more valuable community resource*
- *Avoids duplication – by working in harmony with single focus health programmes, not in competition with them*
- *Builds bridges – between community groups, NGOs and the private sector, both within and outside the field of health, from mothers' support groups to education and development initiatives*
- *Focuses on outcomes – identifying the key care practices needed by families to improve their children's health, while being flexible enough for countries and communities to adapt the practices*
- *Is cost effective – because it maximises use of existing resources and focuses on low-cost interventions which have the greatest impact on child health and development*
- *Is sustainable – because it is cost-effective, builds on existing structures and responds to the needs and priorities of local people*

# *Introducing a community-based approach*

There is clear evidence that the way children are cared for at home and in their immediate environment makes a dramatic difference to their chances of survival. A number of key practices in the home and community have been identified which are crucial in improving child health and development. These practices include ways of preventing illness through improved feeding and care, as well as advice on how to treat children at home if they do become ill, and on when children need to be taken to the health facility for expert attention. Applying these practices more widely is at the core of improving children's health and development.

But how can we help more people to understand and use these crucial care practices? The answer lies in reaching vulnerable children both in the community and through the community, by tapping into the resources and energy of local people. Such an approach has the advantages of building on existing structures and resources, being flexible, cost effective and responsive to community needs.

In the past, the tendency has been to try to improve child health by targeting single areas – such as increasing the number of children being immunized or by promoting oral rehydration therapy for children with diarrhoea. But by using a more integrated approach, working with and through the community, it is possible to maximise the benefit of a range of activities, putting the child at the centre of attention, not the disease or condition.

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# *The key family practices which improve child health and development*

- Breastfeed babies exclusively for six months (HIV positive mothers need special counselling on infant feeding to understand and practise the safest options).
- From six months, give children good quality complementary foods while continuing to breastfeed for two years or longer.
- Ensure that children receive enough micronutrients – such as vitamin A and iron – in their diet or through supplements.
- Dispose of all faeces safely, wash hands after defecation, before preparing meals and before feeding children.
- Take children to complete a full course of immunization before their first birthday.
- Protect children in malaria-endemic areas by ensuring they sleep under insecticide treated bednets.
- Promote mental and social development by responding to a child's needs for care and by playing, talking and providing a stimulating environment.
- Continue to feed and to offer more fluids, including breastmilk to children when they are sick.
- Give sick children appropriate home treatments for infections.
- Recognise when sick children need treatment outside the home and take them for care from appropriate providers.
- Follow the health worker's advice on treatment, follow up and referral.
- Ensure that every pregnant woman has adequate antenatal care, and seeks care at the time of delivery and afterwards.

## *Further important practices that protect vulnerable children:*

- Provide appropriate care for HIV/AIDS affected people, especially orphans, and take action to prevent further HIV infections.
- Protect children from injury and accident and provide treatment when necessary.
- Prevent child abuse and neglect and take action when it does occur.
- Involve fathers in the care of their children and in reproductive health.

## Why these key practices?

*We know that improving the way children are cared for at home has a far-reaching effect on their health and development. The research also suggests that changing a range of home care practices has a cumulative impact, greater than the sum of the individual parts.*

- *Over 60% of children who die from disease in developing countries are also suffering from malnutrition. In most cases, the problem is not lack of food, but feeding the wrong food, or too infrequently, or in the wrong way. Improved breastfeeding alone cuts by a quarter the number of babies who die from diarrhoea, under six months old.*
- *Improved complementary feeding for young children can reduce deaths from diarrhoea and pneumonia by more than 10%. It can also reduce malnutrition by up to 20% and increase resistance to measles and other infectious diseases.*
- *Improving vitamin A intake, through the diet or by giving supplements, cuts child deaths by over 20% in children aged from 6 months to five years.*
- *If all children were immunized against measles before the age of one, most of the 600,000 measles deaths per year would be prevented.*
- *The number of children who die from malaria has increased to around 900,000. If these children slept under insecticide treated bednets, deaths could be cut by up to 23%. The correct home treatment of malaria could cut deaths by 40%.*
- *Nearly all the 1.3 million children who die from diarrhoea could be saved if parents knew how to give them the care they need. This means continuing to offer food and extra fluids, and to take children for medical attention at the right time. Handwashing alone can reduce the incidence of diarrhoea by 35%.*

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### At district and community level

- *Assess existing community health resources and activities*
- *Involve communities in defining priorities and developing a district strategy*
- *Select a number of areas where community based activities can be enhanced or introduced*
- *Involve local groups – such as NGOs, mothers' support groups, educational and development initiatives – in promoting the selected key practices*

### At national and regional level

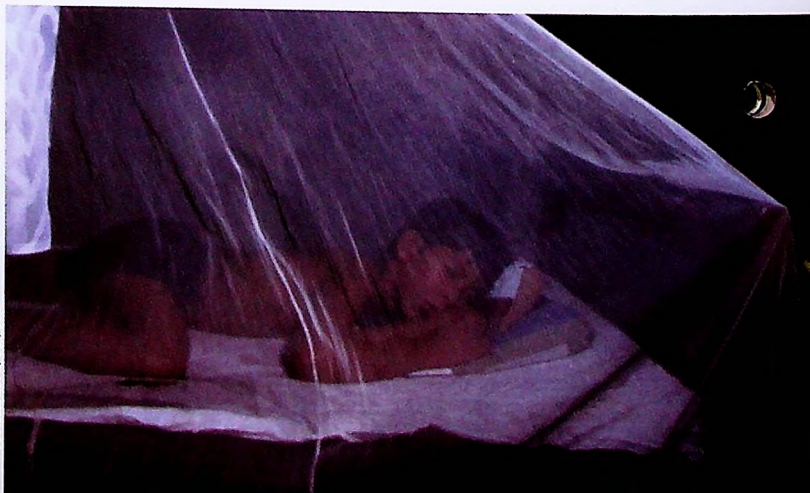
- *Gather and review existing information about key community practices*
- *Assess current child health priorities*
- *Form a group with representation from government, NGOs and supporting partners to draw up a national strategy*
- *Select a number of the key practices for initial focus*
- *Ensure consistency in communications on child health and development*
- *Mobilize financial support*

## *The community focus – a systematic approach*

Improving child health and development in and through the community sounds deceptively simple. However, experience shows that the process is long and there are no short cuts. It needs careful planning, adequate resources and the cooperation of all partners. In short, there must be a systematic approach, whether this involves the relationship between health worker and individual family, or the development of a national strategy.

Once the decision has been taken to target child health in the community, certain common steps can make the approach work most effectively (see box at left).

Members of the Interagency Working Group on Community IMCI and their partners are providing technical assistance to countries choosing to improve the health of their children by targeting the community. And we can work with more countries wishing to do so,



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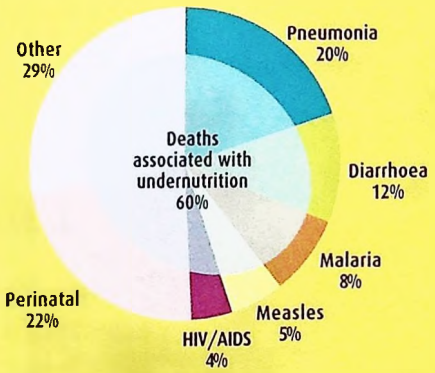
by offering assistance in developing country-specific strategies, and technical expertise to put them into action.

## *Child health and development in the community – a pillar of IMCI*

Improving child health through the community is at the core of the IMCI strategy – Integrated Management of Childhood Illness. This strategy promotes the prevention of illness as well as the prompt recognition and appropriate treatment of the most common causes of childhood deaths in developing countries: pneumonia, diarrhoea, malaria, measles, HIV/AIDS and malnutrition. IMCI has three main areas of focus: improving health worker skills, improving health systems and improving family and community practices. IMCI places the individual child and his or her needs at its centre and emphasizes that key factors in the child's immediate environment are as important as medical treatment in improving health. More than 80 countries have so far successfully introduced the IMCI strategy into their health systems. Over 40 countries are giving special attention to improving family and community practices as a key way of reaching vulnerable children.

### *Main causes of death among children under five, world, 2000*




About 70% of all childhood deaths in developing countries are caused by just five diseases – pneumonia, diarrhoea, malaria, measles and HIV/AIDS – and by malnutrition. Many of these children are malnourished because of poor feeding habits rather than an overall lack of food.

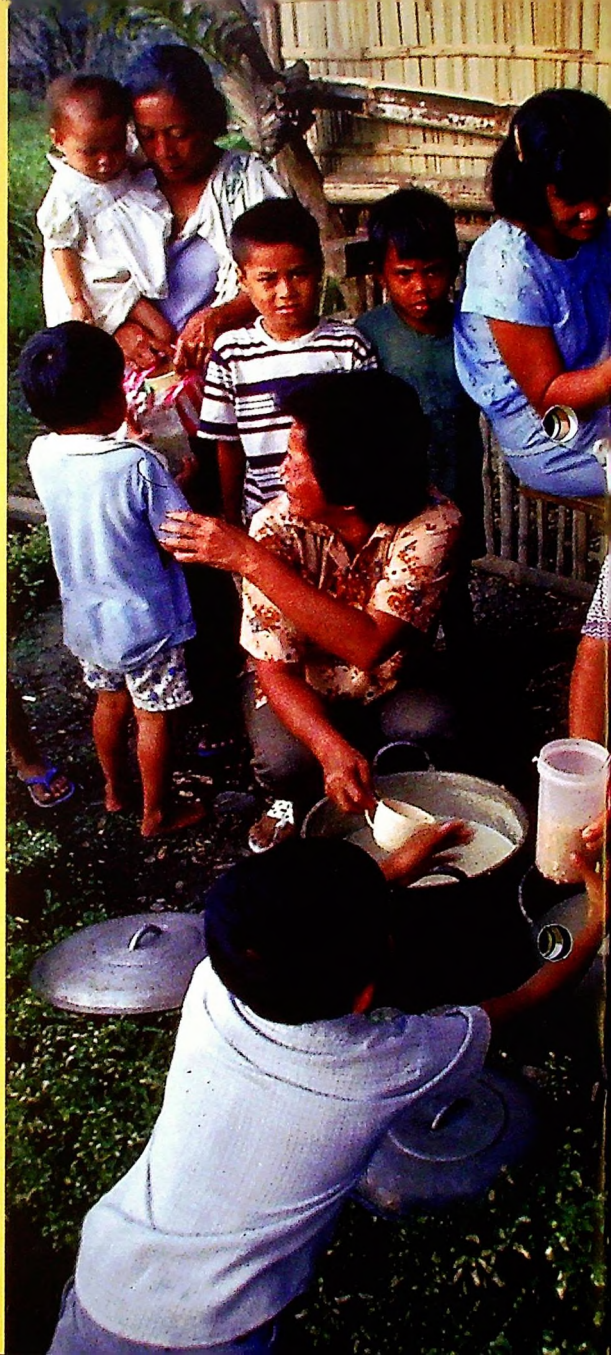
*Sources:*
*For cause-specific mortality:* EIP/WHO.
*For deaths associated with malnutrition:* Caulfield LE, Black RE. Malnutrition and the global burden of disease: underweight and cause-specific mortality. Paper in preparation.

## *MADAGASCAR – creating a national structure*

*Madagascar faces many threats to child survival, including high rates of malnutrition – higher than in many parts of sub-Saharan Africa. Improving the health of children needed radical new approaches and partnerships. The Ministry of Health set up a national structure to coordinate a community-based approach to child health, working with the Ministries of Agriculture and Education and national NGOs. These partners produced a range of health education materials and, with the World Bank, improved water and sanitation in 500 sites, affecting 150,000 children. In addition, IMCI was introduced in health facilities, giving access to improved care for sick children. This multifaceted approach is being used to bring about changes in community and household behaviour, such as better feeding practices to reduce malnutrition, wider use of bednets, and more households with clean water and sanitation. All vital steps towards reducing child deaths.*

## *UGANDA – strengthening links between the community and the health system*

*In Uganda, many children die without being taken to receive medical care. Community assessments were carried out to find out why children were not being taken for care, as well as to identify other problems that contributed to ill health. This greater community involvement led to an increased focus on health services. In addition, IMCI was introduced in five pilot communities and trained community health workers could then advise families on when their sick children needed to be taken for medical core. As a result, in the five pilot communities, three times as many children were taken to the clinic when they were sick. A plan of action to target child health through the community includes health education and improvements to sanitation. In the six months following the community assessment, latrine coverage increased in one district by as much as 64%.*



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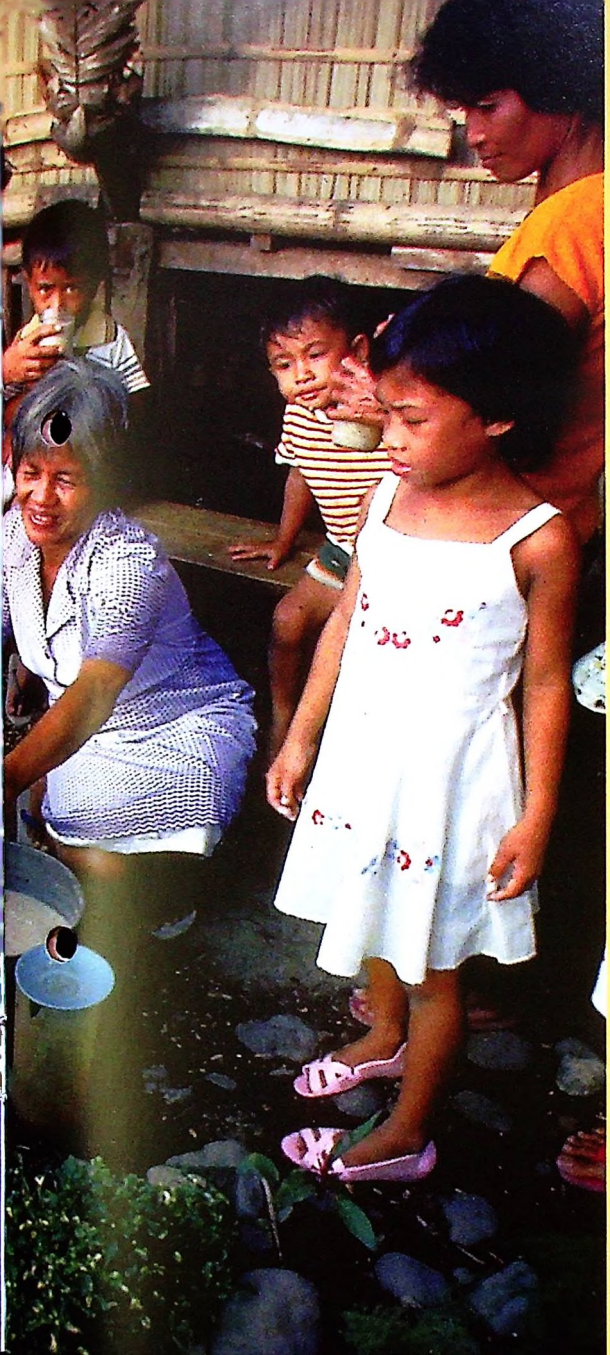
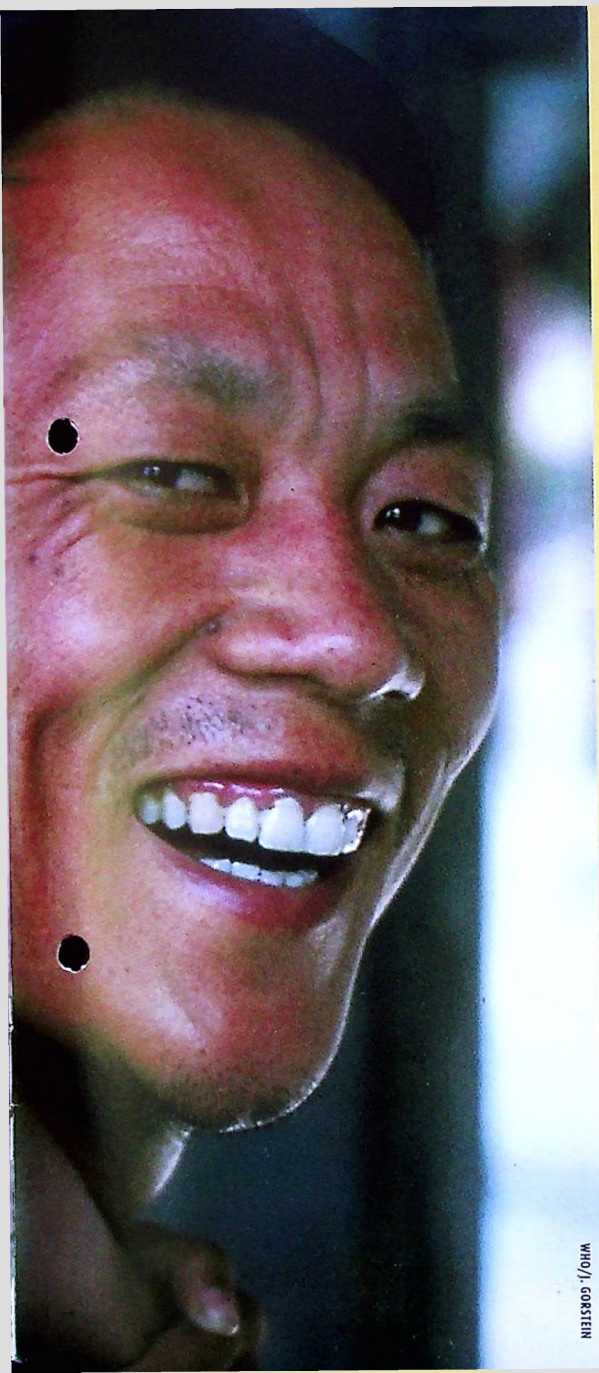


## INDIA – improving nutrition through community partnerships

*In New Delhi, India, a project to increase exclusive breastfeeding and to improve complementary feeding counselled mothers using a variety of channels, including community health workers, government health facility staff and staff from local NGOs. A wide range of opportunities to promote key family feeding practices were also used, including home visits, monthly weighing sessions, immunization sessions, feeding demonstrations, community group meetings as well as visits to health clinics with sick children. As a result of using this variety of approaches, high levels of exclusive breastfeeding and improved complementary feeding were achieved. The increase in exclusive breastfeeding shown in this study produced a 20-25% reduction in diarrhoeal illness in the first months of life.*

## KENYA – community initiatives for child health

*In Siaya district, Nyanza province, child mortality rates were almost twice the national average. Many children were dying without receiving health care. The Community Initiatives for Child Survival project has been working to reduce illness and death among children from the three most common diseases in this area: malaria, pneumonia and diarrhoea. The project was set up by the Ministry of Health and CARE Kenya with the support of USAID and the US Centers for Disease Control and Prevention. It has focused on developing the skills of volunteer community based health workers so that vital access to quality, affordable health care is available for children in the communities where they live. The health workers advise on feeding, promote immunization and the use of bednets, and give vitamin A supplements. Community pharmacies have been set up to provide essential drugs and insecticide treated bednets. As a result of this initiative, children in Nyanza province are receiving better care in their communities, and more children are being referred for specialised treatment when they are seriously ill.*




## *Care in the community*

Much progress has been made in the last decade towards building a healthier world. But children still suffer far more than their fair share of illness and die in disproportionate numbers. All children deserve the highest possible standards of health and care, but providing this care is an enormous challenge. It is a challenge that we must not ignore. Together, we can give more children a healthy start in life – regardless of the country they live in and whether they are rich or poor.

We know that helping families and communities to give their children the right care can mean the difference between life and death. The tools to improve the health and development of the world's most vulnerable children are in our hands. By working in and through the community, we can reach children where they live, in their homes and families.

# A healthy start in life means better care for more children in the community

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