World Health Organization

Malaria

Rapid Access Expansion Programme in Niger

April 2018

High rates of preventable child mortality

In 2015, the under-5 mortality rate in Niger was 95.5 deaths per 1000 live births. This figure represents a 58% reduction since 2000. Approximately 50% of the under -5 deaths in 2013 were caused by malaria, diarrhoea and pneumonia, all of which are treatable.

WHO country profiles on neonatal and child health

Providing treatment for childhood diseases at the community level

Niger's Ministry of Health used the knowledge they gained from the RAcE programme to plan for national level scale-up of iCCM services.

A final evaluation conducted by ICF International for the period of 2013-2016 demonstrated that an estimated that 1,128 under-5 lives were saved by malaria, pneumonia and diarrhoea treatment; an estimated 965 lives were saved by treatment from a community health worker; and that there was a 15% reduction in under-5 mortality.

Increased use of iCCM services

Through RAcE, four districts provided community level iCCM services. Many communities actively supported their community health workers (known as *relais communautaires*) by building clinics, paying their transportation fees, and making financial or in-kind contributions for their services. The *relais* were selected by community members.

The Niger Ministry of Health adopted the RAcE approach as a model to guide the national scale-up of iCCM services. In 2015, the Ministry established a technical working group to oversee programme activities and to ensure that learning was fed back into the national health system. RAcE programme data integrated into the iCCM reporting system became more accurate, complete, and consistent.

Partners

World Vision Niger was the nongovernmental organization that implemented the RAcE grant in Niger. World Vision Niger and WHO worked with the Ministry of Health in delivering and monitoring iCCM

services. ICF International provided support for strengthening improving data quality and conducting baseline and end line surveys. Specifically, the partners supported the Ministry of Health in:

- effecting policy change for iCCM service expansion;
- recruiting, training and motivating community health workers and their supervisors;
- mobilizing communities to support *relais communautaires* and create demand for their services;
- improving reporting and strengthening data quality; and
- streamlining the procurement and distribution of iCCM commodities.

Working in the community

Community health workers were required to know how to read and write. Under the RAcE programme, they received 10 days of iCCM training prior to beginning working in their communities. RAcE ensured adequate supplies of rapid diagnostic tests and medicines, and supported continuous mentoring and monitoring through supervisory visits.

Programme strengths included relais proximity to the target population and the availability of an appropriate work environment. Many communities built structures for that purpose within the villages.

Awareness and acceptance were critical success factors. The RAcE team participated in community dialogues and created radio spots with 17 community and partner radio stations in order to increase care-seeking among parents. A survey on the satisfaction and perceptions of beneficiaries regarding *relais* services in the Doutchi and Dosso districts demonstrated that 88-94 per cent of the targeted caregivers intended to seek services from their local *relais* if their child fell ill and that 98 per cent of those sampled already had used the service.

Challenges

Finding community members with adequate literacy levels was challenging. RAcE programme implementation relied on careful selection of community health workers. Adapting to *relais* literacy levels, Programme staff translated the tools into Haoussa, Zarma, and Pulaar, the local dialects.

The programme also had difficulty motivating and retaining community health workers due to the fact that they were not paid. To address this, the grantee promoted local initiatives designed to encourage community support and thereby improve health worker motivation.

These efforts complemented the programme strengths of relais proximity to the target population and the communities' efforts to construct or make available housing to create an appropriate work environment.

Early in the programme, commodities management was challenge. Through training and joint supervision visits, programme staff worked with the community management committee to strengthen their capacity to manage and report on drug stocks.

RAcE-supported operational research

The results suggest that the *relais* use of the smart phone improved quality of care, however, there were no significant differences between

the intervention and control groups. The smart phone application may be more useful for drug and data management. Further analysis would be needed, especially considering the challenges of costs, phone connectivity, and MoH ownership. Better gains can be made by further investment in capacity building of human resources.

Policy changes

Prior to the introduction of the RAcE programme, community health workers were only allowed to carry out health-promotion activities, such as immunization, nutrition education, and raising awareness for disease prevention. RAcE was the first true iCCM intervention in the country, and the Niger Ministry of Health used the RAcE programme to introduce iCCM services delivered by volunteers.

National policy now allows them to diagnose and treat children for malaria, diarrhoea and pneumonia. A series of national training manuals and working tools were developed to support iCCM programme implementation. A technical review committee, chaired by the Ministry and co-chaired by WHO, met twice annually to review the implementation of national iCCM policies and guidelines. WHO provided technical and financial support to the Ministry to develop a strategic plan for iCCM scale-up.

The national Ministry of Health statistics bureau held quarterly meetings to analyse the *relais* data and integrate it into the national health information system.

The RAcE Programme in numbers

Catchment population	Catchment under-five population	CHW trained*	CHW active*	Total cumulative cases treated*
1 214 910 people in hard-to-reach areas	230 833 children aged 2-59 months	1227	1121	• 348 715 malaria cases • 156 641 diarrhoea cases • 238 411 pneumonia cases

* Since the start of the Programme
Data April 2018

Joelma /WHO

A mother and child preparing for a health check up with the new mhealth application in Niger.