

Diarrhea & Pneumonia Working Group Meeting

October 7-8, 2013

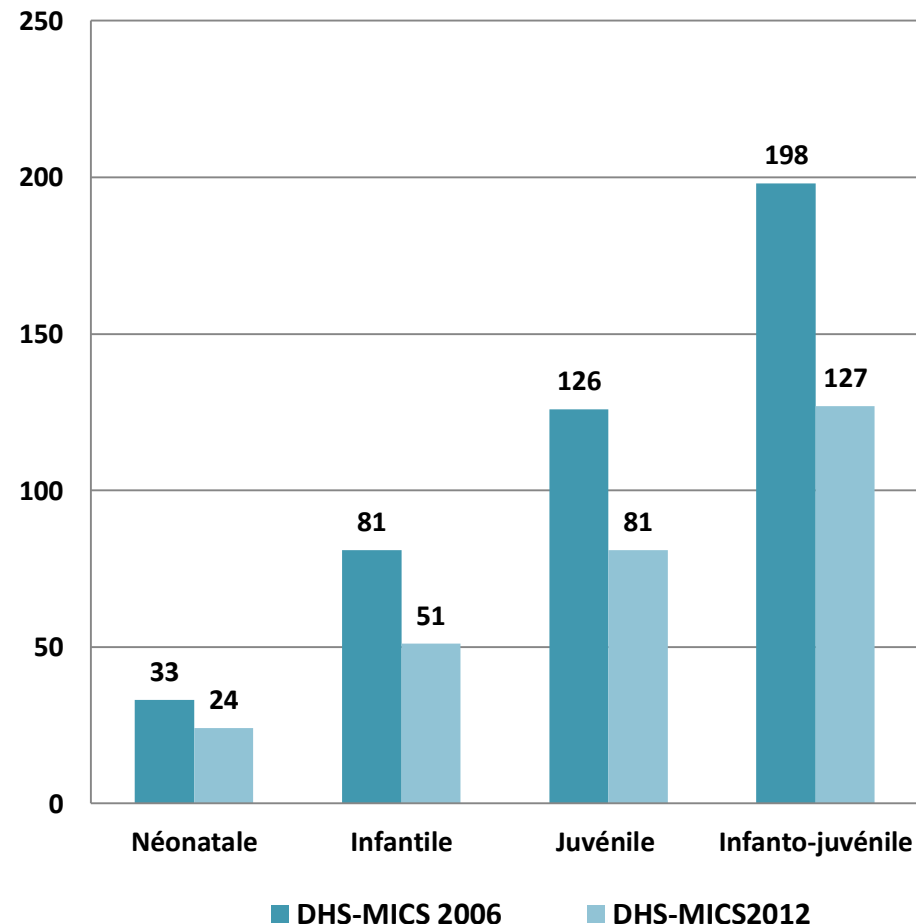
**JSI Offices – 1616 Fort Myer Drive, Arlington (16th
floor, Three Summits Room)**

NIGER

Child Mortality Trends Favorable to the achievement of MDG4 in Niger

- Significant decrease in under-five mortality
- With a decrease rate of 6% per year higher than the necessary pace (4.7%) for the achievement of MDG4

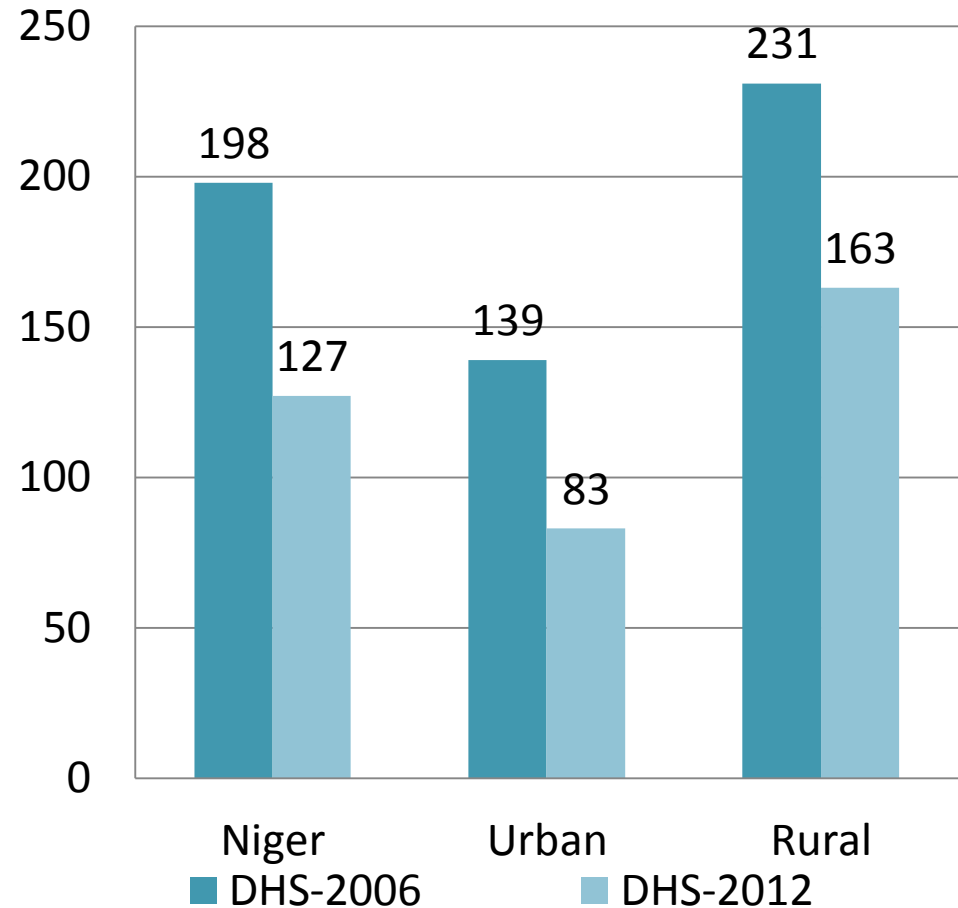
Child Mortality Trends in Niger
(2006-2012)



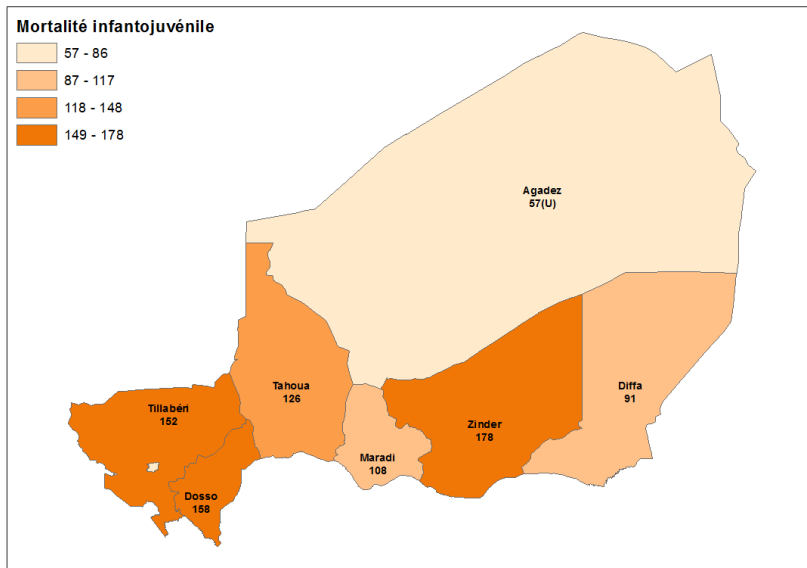
Disparities remain important

- Decrease in child mortality noticed either in urban and rural settings
- However, child mortality decrease rate per year is higher in urban (7%) than in rural settings (5%)

Evolution of Child Mortality Disparities (2006-2012)



Under five mortality per Region

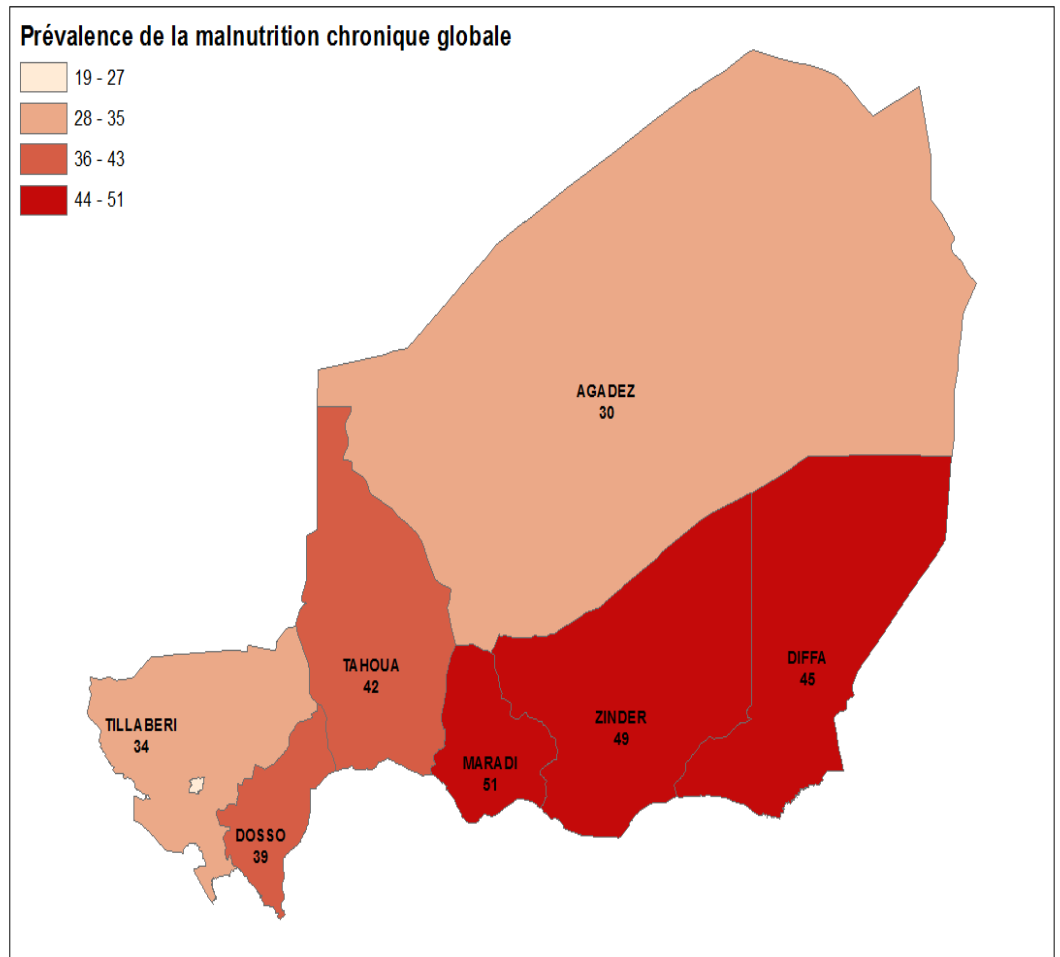


Globalement de réels progrès obtenus ces 10 dernières années mais avec des variations régionales

Pas si loin des OMD mais nous devons accélérer !

Global chronic Malnutrition

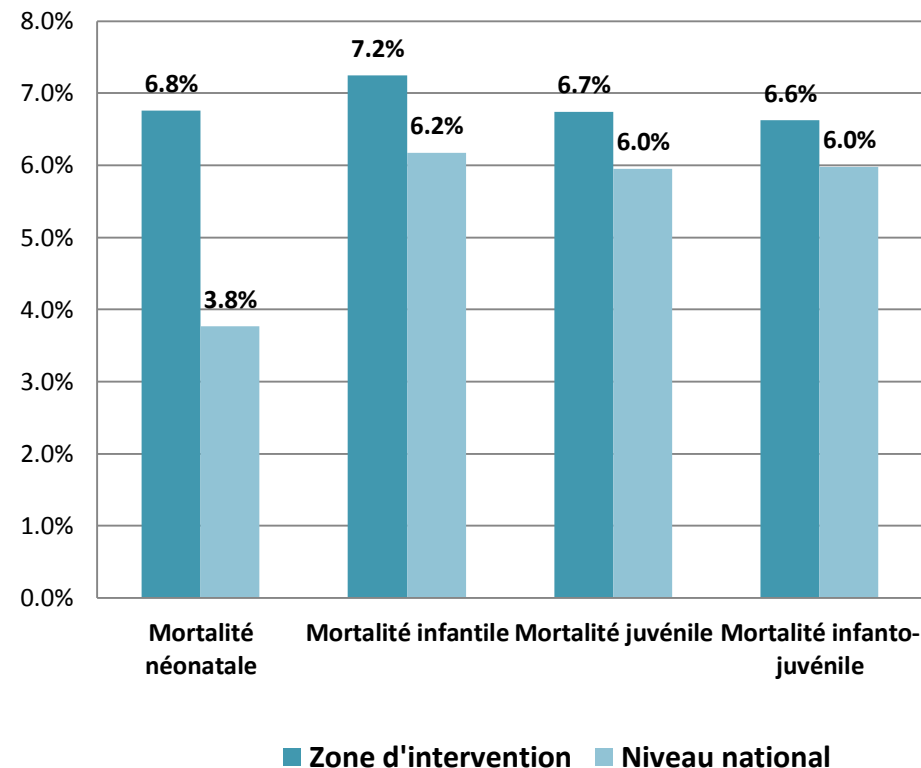
**Elle continue de tuer
de façon silencieuse
mais beaucoup plus
dans certaines régions
que d'autres !!!!**



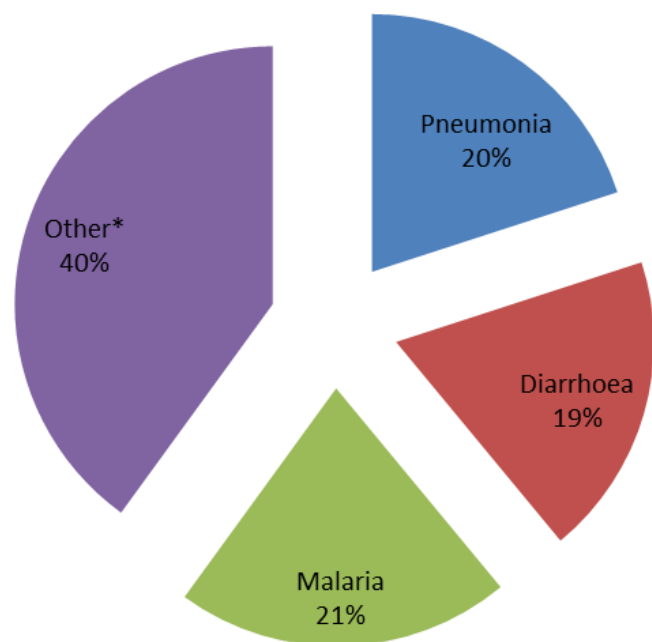
Promising Results in UNICEF programme's Targeted Districts

- DHS-MICS 2012 surveys show significant reduction of child mortality in targeted districts for UNICEF programme
- Decrease rate of under-five mortality in those districts is higher than the national rate
- Progress made in terms of reduction of maternal mortality is almost twice as much in the targeted districts than at national level

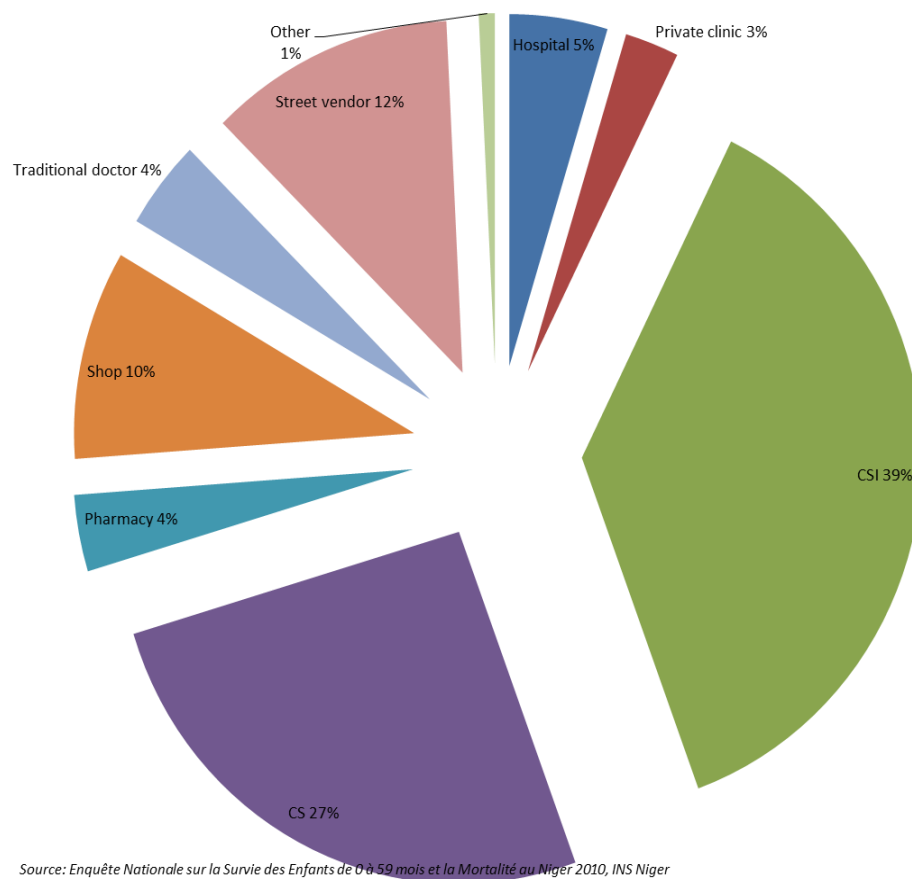
Annual Decrease Rate of Under-Five Mortality in targeted districts for the UNICEF programme and at national level (2006-2012)



Mains causes of deaths



Where patients receive treatment



Source: Enquête Nationale sur la Survie des Enfants de 0 à 59 mois et la Mortalité au Niger 2010, INS Niger

Equity-Focused Strategies for reducing access barriers to health services

Community-based interventions, including *family practices* and *community-led total sanitation* to:

- Increase demand and use of basic social services;
- Improve prevention of mother and child morbidity and mortality.

Decentralize health service delivery to reduce geographic access barriers to health care services.

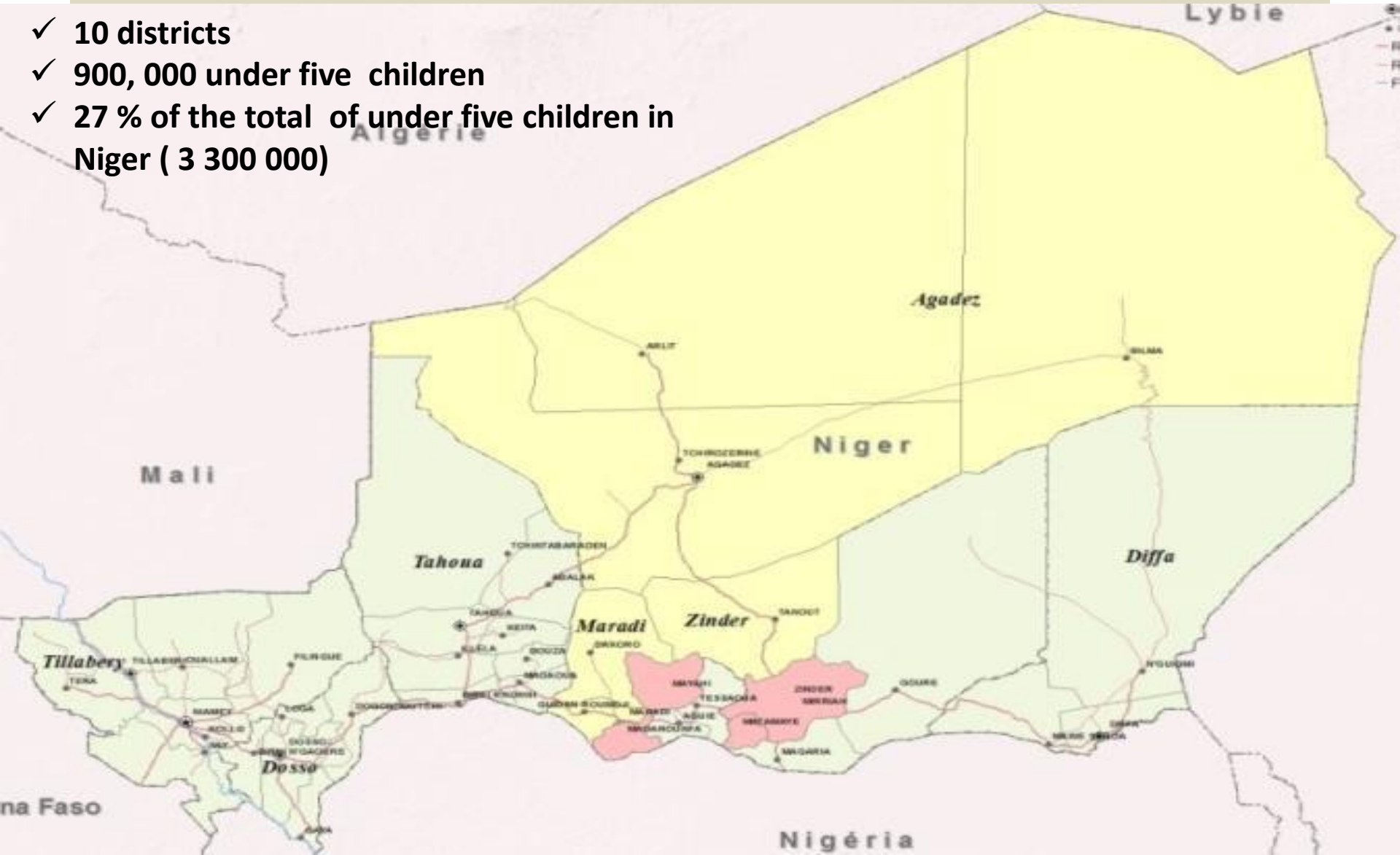
Support the effectiveness of free health care services for pregnant women and under-five mortality to reduce financial barriers to access to health care services.

Monitoring System for the CIDA Project in Niger

- ✓ **Baseline data:** Building on existing recent surveys data such as DHS-MICS and health services survey
- ✓ **Integrate specific modules on diarrhea and pneumonia:** Building on annual SMART surveys for CIDA project monitoring purposes
- ✓ **Collect data on the health system:** Based on the health information system
- ✓ **Setup of a community-based monitoring system for CIDA project's interventions:** Collect complementary qualitative and quantitative data
- ✓ **Socio-anthropological monitoring of behavior change at household and community level**
- ✓ **Regular formative supervision of health practitioners**
- ✓ **Continuous dialogue** with communities, health practitioners, volunteer health workers, traditional and religious leaders

Geographic coverage

- ✓ 10 districts
- ✓ 900, 000 under five children
- ✓ 27 % of the total of under five children in Niger (3 300 000)



Project impact

- Over 30 000 children saved every year with diarrhea and pneumonia treatment in ten priority districts

Source : Estimate calculated using the Lives Saved Tools, Johns Hopkins Bloomberg School of Public Health, March 2013

Project outcome

- Accelerate progress towards Millennium Development Goal 4 by addressing main access barriers to drugs to treat children
- Increase coverage of antibiotics (58%), zinc and ORS (24%) to 90% by 2015 in the ten priority districts
- Scale-up efforts in the country achieved by 2015

Source : Estimate calculated using the Lives Saved Tools, Johns Hopkins Bloomberg School of Public Health, March 2013

Keys Interventions

- Improving the management of fever cases through differential diagnosis of malaria and pneumonia;
- Strengthening communication, follow-up and supply management through mobile phones;
- Creating demand and improve care-seeking through increase public awareness;
- Increasing availability of essential medicines through improved procurement and supply;
- Strengthening public-private partnerships;
- Expanding access to effective integrated case management at community and front-line health facility; and
- Monitoring and evaluation through qualitative and quantitative mid and year-end surveys.

Achievements – Health

- ✓ **National scale up plan** adopted in the framework of the PDS 2011 – 2015
- ✓ **Zinc** included in national essential drug list
- ✓ **Amoxicillin** is in first line of treatment of RAI
- ✓ 2012 National forum –
- ✓ implementation of the *recommandations in process*
- ✓ Procurement of essential drugs
- ✓ Discussion with PSI on elements of PCA (draft available)

Achievements C4D

- Strengthening actor's Capacities (NGOs, Health workers, communities , communes
- Training community health workers : 33 % (456 in 5 communes of Madarounfa out of 1392 needed in community workers in 9 municipalities)
- Elaborated projet documents for extention in Mirriah Matameye

Key partners and domains

Actors	Domaines	observations
UNICEF	Technical and financial support	Regular ressources and donoors
WHO	Technical support	Financial support through CIDA funds
CIDA	Financial support	Provide ressources for technical support
AFD (French development Agency)	Financial support	Discusions with UNICEF for technical support in the global framework of initiative of free care for under five
Word vision	Implementer partners	WHO
PSI	implementer partner	Communication and marketing social and inovative activities
National NGO	Implementer partner in C4D	
INS	survey baseline	

Funds 2013 -2015

- Total estimated funding need : **16. 8 M USD**
- Total estimated funding commitments : **4 M USD**
- Total estimated funding gap : **12.8 M USD**

Opportunities

- ✓ National Forum in 2012 on free care initiative
High commitment of national authorities
- ✓ Increased budget allocations for the national free care initiative, including diarrhea/IRA treatment (12 USD in 2013 to 16 millions USD in 2014)
- ✓ UNICEF and AFD's ongoing discussion on the International Institute for technical support for the global initiative of free care

Constraints

- Weak national quantification of essential drugs to trigger the free care initiative
- Insufficient of a national coordination system for partners mapping at different levels
- Weak Performance monitoring system

Next Steps - Health

(Oct – Dec 2013)

Activities	Period
Micro planning at district level (organization of department workshop (Maradi and Zinder)	October 2013
Signature of Program Cooperation agreement (PCA) with PSI for implementing some activities identified (social marketing, communication , mobile phone initiative .)	November 2013
Improve coordination mechanism with MOH	October - December 2014

Next Steps M&E

Activities	Period
Analysis of the DHS-MICS data on the targeted districts for CIDA project (Mayahi, Mirriah, Matameye and Madarounfa)	October-November 2013
Realization of a baseline survey for provision of complementary quantitative data for the other districts (Bilma, Arlit, Dakoro, Guidan Roundji)	November- December 2013
Realization a qualitative research on diarrhea prevention and care behaviours at household and community level	November 2013- January 2014

NEXT STEPS - C4D

(Oct – Dec 2013)

- ✓ Agreements with 2 NGOs in remaining districts
Mirriah (NGO Aluma) and Mayahi (NGO GOLBI)
- ✓ Advocacy meetings to engage dialogue among
stakeholders and opinion leaders to promote essential
practices in Mirriah and Mayahi
- ✓ Recruitement and training of supervisors and
facilitators
- ✓ Identification and training voluntary workers in
extention sites;

Recommendations

- ✓ Provide a technical support of the global initiative of free care through an international institute (quantification of national needs , performances indicators and calculation , supply management , review model , reimbursement process , involvement of local authorities , communication program)
- ✓ Quality improvement of the supervision and monitoring process
- ✓ Strengthening of the coordination mechanism between the Government and international partners (NGO and UN Agencies)
- ✓ Involvement of local authorities in term of accountability
- ✓ Reflexion ongoing on introduction of Performance based financing approach

**JE VOUS REMERCIE DE VOTRE
AIMABLE ATTENTION**