

Community Health Workers' Role in improving Child Health in Burundi

Introduction

Burundi ranks **184 out of 188 countries** on the Human Development Index and has one of the highest child mortality rates in the world (**127 deaths per 1000 live birth**) (DHS, 2010). Concern Worldwide has been working with the Ministry of Health in Burundi since 1997.

Key Barriers :

- Hilly topography and resulting time and cost constraints. Only between 1 out 2 and 2 out 3 caregivers sought treatment for children with fever, signs of ARI and diarrhoea (DHS, 2010).
- Poor health infrastructures further affected by the **current socio-political crisis**. In 2016, **54% of government budget cut in health**, the health system is facing greater challenges to meet the population's needs (OCHA, 2016).

Key Opportunities :

- Wide coverage (80% of the population living < 5 km of a health facility).
- A culture of mutual help with the community already involved in community health.

Methodology

From 2014 to 2016, Concern has been implementing a project in Cibitoke health district which employs complementary community based approaches using volunteers to increase access and usage of life saving health services.

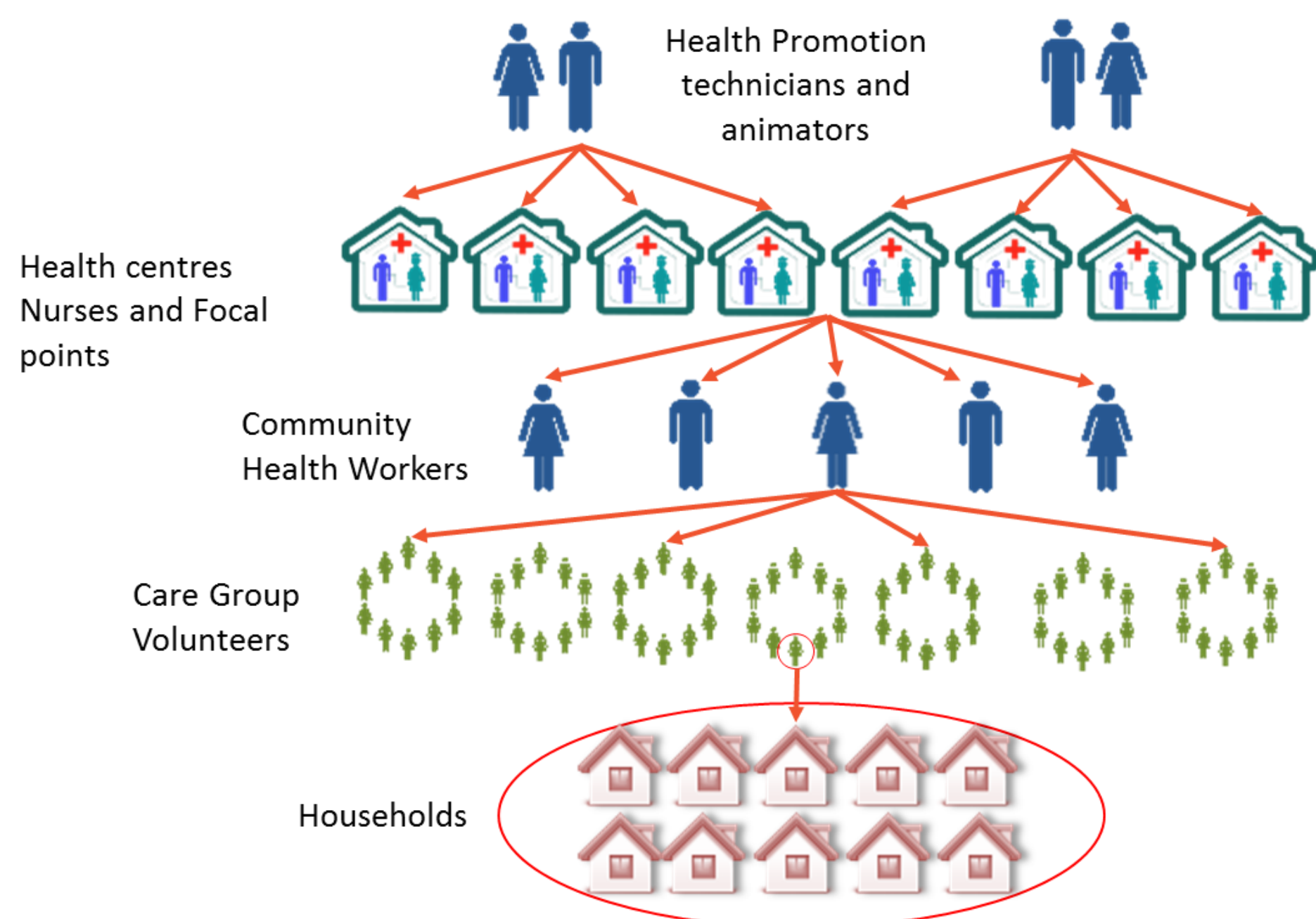


Figure 1: An illustration of how Concern supports iCCM.



Picture 1 : A community Health Worker measuring the mid upper arm circumference of a child, Josephine, Cibitoke, July 2016 © Irénée Nduwayezu.

Results

Improved availability of community health services

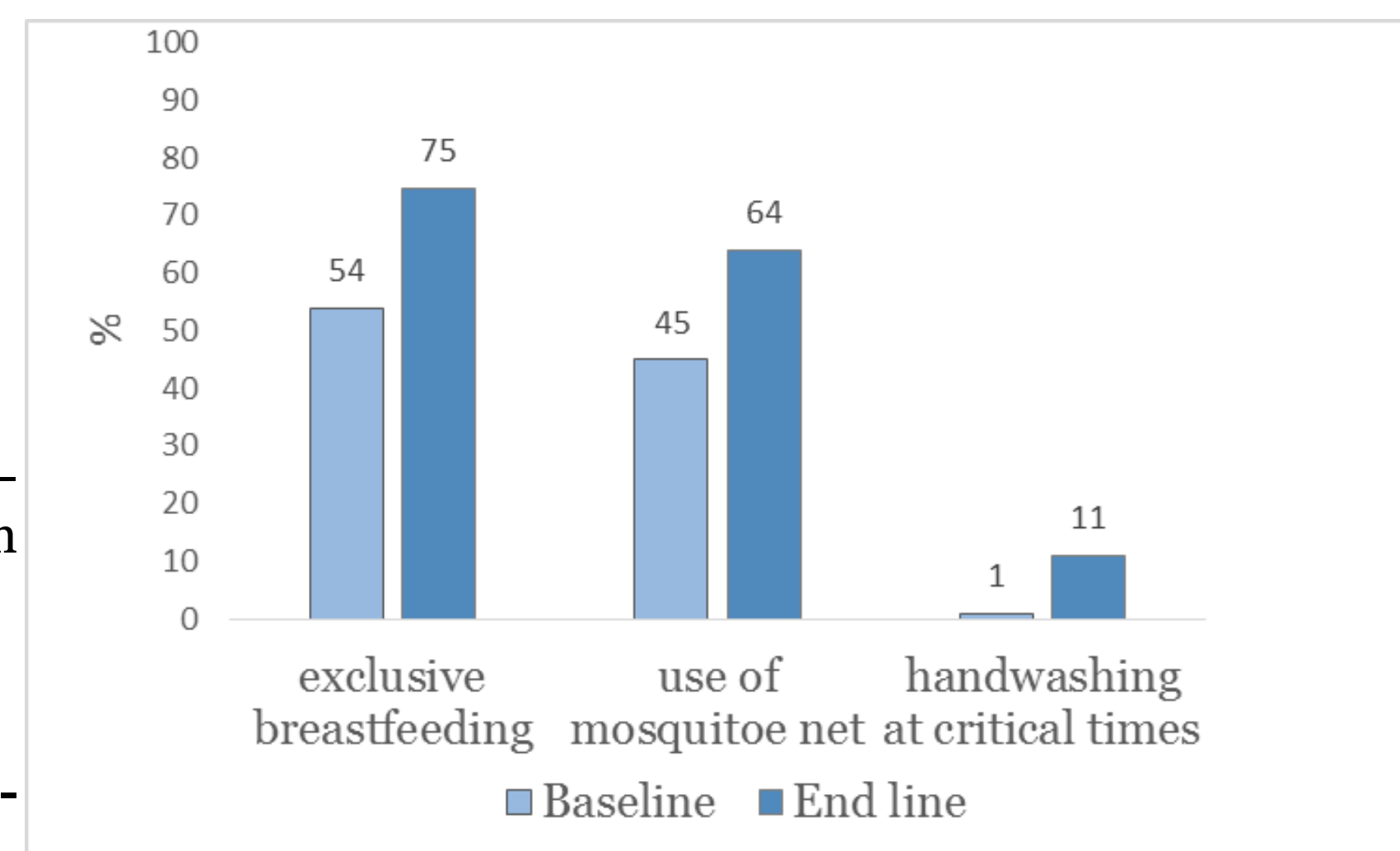
- 58,036 children were consulted by CHWs and 64.3% treated and cured by CHWs at home (Monitoring data—2016, Cibitoke Health district)

Increased treatment seeking behaviour

- 61.5% visited a CHW within 24hrs (Monitoring data—2016, Cibitoke Health district).
- 74% of mothers with children having fever sought treatment within 24 hours (end line survey) VS 30.5% in Kirundo, 2014.

Improved knowledge for disease prevention

- 75% exclusive breastfeeding increased from 54% (end line 2016 compared to baseline 2014 in Cibitoke health district.)
- 64% use of mosquito net increased from 45%.
- 11% handwashing at critical times increased from 1%.



Integrated Community Case Management (iCCM) :

- Provision of training and supervision of 393 Community Health Workers (CHWs)
- Community selected CHWs make treatment more immediate and removes the need for traveling long distances to health centres.

Improved knowledge in the community of health and nutrition to combat the key underlying causes of under-5 mortality:

- Training of 3500 'Care Group volunteer' mothers to make twice-monthly home visits to promote specific healthy behaviours
- Care groups use peer-to-peer health promotion to reach all members of Cibitoke health district population.

A 'Cascade approach' for further reducing under-5 mortality at minimal cost.



Picture 2 : A CHW shows how to identify oedemas during a training session in Nyamitanga, Cibitoke © Irénée Nduwayezu.

Graph 1 : End line results of the project using Community Health Workers and Care Group Volunteers to improve community case management.

Literature cited

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Acknowledgments

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