

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.



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.





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*



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