

MALARIA: HC3-Trained Community Volunteers Save Rural Health Care Facility in Nigeria by Encouraging Community to Seek Care for Malaria Fever

Prompt care seeking at the onset of fever is an important behavior in a community trying to combat the scourge of malaria. An ideal location for care seeking, especially in rural areas, is the nearest primary healthcare center (PHC). But in one rural area of Nigeria, where the malaria burden is among the nation's highest, a PHC was close to being shut down because of low demand for its services.

With a population of 3.2 million, Kebbi state has one of the highest malaria burdens in all of Nigeria and historically low utilization of malaria prevention and control interventions. According to the 2015 Nigeria Malaria Indicator Survey (NMIS), Kebbi has the highest rate of children under five with malaria (64 percent) in the entire nation.

It also has among the lowest rates of antenatal attendance among pregnant women (71 percent had no antenatal care at all, 2013 DHS) and low use of intermittent preventive treatment of malaria in pregnancy (5 percent in 2013 DHS; not reported by state in preliminary 2015 NMIS).

Only 38 percent of the people in Kebbi said they slept under an insecticide-treated net the night before in the 2015 MIS Survey, although this is an improvement when compared with 19 percent in the 2013 DHS.

So closing down a PHC in this high-burden area was

not an option, yet demand for services was historically low at the facility in Kimba, which is located in the Jega Local Government Area (LGA) of Kebbi state. Because of low demand, anti-malarial drugs at the Kimba PHC were always nearing their expiration dates, so were being shipped out to other facilities to avoid allowing them to expire on the shelf.

At the same time the Kimba PHC was in danger of being closed, the Health Communication Capacity Collaborative (HC3) in Nigeria was getting underway with new social and behavior change communication (SBCC) activities designed to help prevent and treat malaria.



Kimba community volunteers.

As part of its community mobilization efforts, HC3's Nigeria Malaria Project recruited and trained volunteers in Kebbi state in northwestern Nigeria in 2015 to increase demand in the community for malaria treatment.

According to Abubakar Saidu, who has been in charge of the Kimba PHC for almost eight years, the facility has been in the community for more than 20 years to provide services to Kimba's estimated population of 8,450, with 330 children under the age of one. But demand for its services stayed low.

After relocating the Kimba PHC several times without an improvement in service demand, the local government

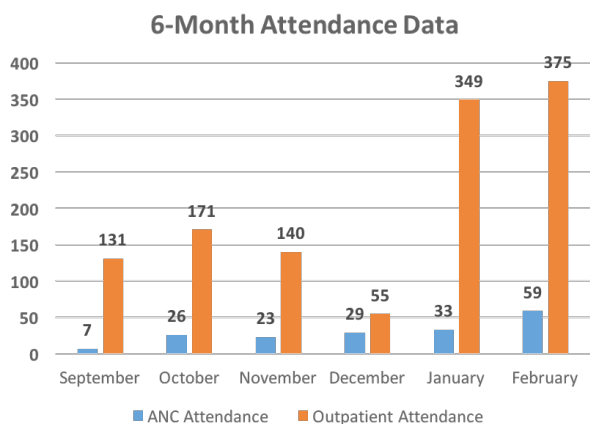


The Kimba PHC Staff during a courtesy visit to the facility by HC3 state officers. Photo Credit: Abolade Oladejo

and Ward Development Committee (WDC) of Kimba considered closing it down in 2015.

But HC3's community volunteers in Kimba turned the situation around by educating community members on appropriate care-seeking behaviors designed to prevent and treat malaria. The volunteers continually referred them to the Kimba PHC through community dialogue and house-to-house visits.

The following chart shows the increase in Kimba PHC attendance from September 2015 to February 2016.



Although the effort has only been underway for eleven months, the PHC has witnessed a huge demand for its

“We were on the verge of being shut down due to so few patients. Since HC3 came to Kimba, ... our PHC is so busy now that we had to add an additional nurse midwife and we had to resume 24-hour operations.”

–Abubakar Saidu
Kimba Ward PHC Head, Kebbi State

services. The same amount of anti-malarial drugs that previously were sent to other PHCs to avoid expiring now is insufficient to meet the Kimba community's needs.

Also, additional staff has since been seconded to the PHC to allow the facility to operate 24 hours a day due to the increase in demand for its services. Because of the efforts of the HC3-trained community volunteers to increase demand for malaria services, the local government and the WDC have since abandoned the idea of closing down the Kimba PHC.

HC3 is a five-year global communication project funded by the U.S. Agency for International Development. HC3 is strengthening the capacity of organizations to design, implement, manage and evaluate evidence-based SBCC interventions that address malaria. Its malaria activities in Nigeria are under the auspices of the U.S. President's Malaria Initiative (PMI).

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