

PROJECT REPORT

Implementing Partner	Foundation for Refugee Economic Empowerment (FREE)
Donor	Africa Healthcare Development Trust (AHDT)
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Implementation Period	August to September, 2021
Cluster of Project	Health
Number of packs distributed	5,000 (Taraba: 800, Bauchi: 800, Kebbi: 200, Zamfara: 1,200, Katsina: 2,000)
States of Intervention	Bauchi, Taraba, Kebbi, Zamfara, and Katsina

PROJECT TITLE: SUPPORTING THE FIGHT AGAINST MALARIA IN NORTHERN NIGERIA

EXECUTIVE SUMMARY:

Supporting the Fight Against Malaria in Northern Nigeria Project is a community-based health initiative which seeks to protect rural poor people, particularly those under the age of 5, from the devastating impact of malaria on their lives. The programme is in its second year.

Under the intervention, **Africa Healthcare Development Trust (AHDT)** provided Foundation for Refugee Economic Empowerment (FREE) with malaria drugs, specifically 12.5 cartons of Cartef 20/120 (each carton containing 400 packs each with 24 tablets) in July 2021. FREE identified the communities for implementation, devised the project targeting criteria, and distributed the medications to people in need in a participatory way with strong involvement of community leaders and government health personnel in the target LGAs and localities, along with sensitization on malaria prevention, signs and symptoms.

The project targeted rural communities in **Bauchi, Taraba, Kebbi, Zamfara, and Katsina** States. For these vulnerable populations, their continuous battle with

malaria not only has wider implications for the region's longterm development, but is also essentially a matter of life or death. Deepening poverty in the region, especially for rural communities amidst a global pandemic and worsening inflation means that families have very little preparedness and overall capacity to be able to afford preventive methods like bed-netting, mosquito repellants, proper water, sanitation and hygiene (WASH) practices, and so on. Likewise, when a family member falls ill, especially a child, the family budget can get severely affected by the expenditure on treatment. In many cases, these resources are entirely not available and therefore, death may be the ultimate result.

This project provided 5,000 households (HH) with malaria prevention education, and life-saving medicines.

The aim of the project this year, in continuation of the targets for 2020 but with some changes in locations based on rapid need assessment conducted by FREE, was primarily to support poor families with malaria drugs and counselling on ways to reduce contracting malaria. Northwest Nigeria received the highest number of doses (76% of the 2021 allocation) due to the growing humanitarian situation in the region.

BACKGROUND/CONTEXT:

Worldwide, the burden of disease caused by malaria is monumental, amounting to 300-500 million cases each year (WHO). Malaria accounts for about 1 million deaths per year in Africa alone, which carries the brunt of the disease. It is estimated that one child dies every second as a result of malaria in the continent. A WHO/UNICEF/World Bank report described malaria as "a brake in development", as its economic burden on Africa is estimated to be about U.S \$12 billion every year.

In Nigeria, the UNICEF/Federal Government of Nigeria Situation Analysis conducted in 2001 found that malaria is responsible for 30% of all under-five deaths in Nigeria. It also accounts for a considerable percentage of low birth weight babies. The study also shows that the high level of malaria infections in rural communities correlates well with the very low level of environmental sanitation.

Malaria is a preventable, treatable, and curable disease, yet remains endemic in Nigeria and remains the foremost public health problem in the country, taking its greatest toll on children under age 5 and pregnant women. According to the Nigeria Demographic and Health Survey (2018), Africa still bears over 80% of the global malaria burden, of which Nigeria accounts for about 25% globally. It is estimated that approximately 57 million cases of malaria and nearly 100,000 malaria-related deaths occur each year (WHO 2018). The disease overburdens the already weakened health system and exerts a severe social and economic burden on the nation, retarding the gross domestic product (GDP) by 40% annually and costing approximately 480 billion naira in out-of-pocket treatments, prevention expenditures, and loss of man hours (Federal Ministry of Health 2014b). Nigeria's climatic conditions make it suitable for a perennial malaria transmission.

The above findings are consistent with the experience of Foundation for Refugee Economic Empowerment (FREE) in Northern Nigeria where estimates indicate that malaria accounts for over 70 percent of all pediatric out-patient cases and around 50 percent of all hospital admissions among under-five age group at rural health facilities. Malaria has also robbed many poor families of their disposable income and worsened their poverty as it accounts for about 40% of healthcare costs for families in these poor communities.

FREE had previously implemented health interventions in Adamawa and Zamfara states, where geriatric and ante-natal support was provided to beneficiaries across communities. In Northeast Nigeria, FREE has also implemented nutrition and hygiene-related interventions since 2019, and since 2015, we have implemented in WaSH, focusing especially on water provision through the drilling and maintenance of various types of boreholes throughout Northern Nigeria.

The present programme is a continuation of the 2020 health intervention supported by AHDT. FREE has significantly increased its presence in the Northwest since commencing its intervention targeting people affected by the worsening humanitarian crisis in the region.

NEED ASSESSMENT

While malaria is a highly preventable and treatable disease, many children continue to lose their lives endlessly to malaria in rural Nigeria. The children most at risk are those who live in isolated remote rural villages because they are shut out or excluded from accessing essential healthcare services as may be

available in tertiary and secondary health institutions. Many of these communities suffer from chronic neglect by the government as they lack health facilities, essential medicines, and health personnel. For example, despite their urgent need for health services, parents must travel with their children an average of 2 to 5 hours to reach the nearest approved health facility with trained medical personnel. This exclusion is in part as a result of macro factors most especially chronic poverty and ignorance, their invisibility and lack of political voice.

For most children in these communities, malaria is the most important single cause of frequent school absenteeism, anemia, poor growth and delay in achieving developmental milestones. Their constant battle with malaria is that of survival or death.

According to the Malaria Consortium (2021), malaria is a leading cause of illness and death in Nigeria, which has the highest malaria burden in the world. In 2019, the country recorded over 61 million cases — an increase of 2.4 million compared to 2018 — and 95,000 deaths attributable to malaria. Morbidity varies widely in terms of geography, gender and age, with pregnant women and young children particularly at risk and 13 densely populated states accounting for 42 percent of the country's malaria prevalence. To achieve pre-elimination — that is, less than 10 percent parasite prevalence and 50 deaths per 1,000 for mortality attributable to malaria — interventions should promote preventive behaviours and strengthen diagnosis, treatment and reporting of malaria cases, particularly among high-risk regions and populations.

Supporting vulnerable children from further agony and death is therefore one of the most urgent community obligations of our time. The Nigeria Demographic and Health Survey (2018) presents the below pertinent, alarming statistics:

- **Ownership of insecticide-treated nets:** 61% of households own at least one insecticide-treated net (ITN).
- **Use of ITNs:** 65% of the de facto population in households with at least one ITN slept under an ITN the night before the survey.
- **Intermittent preventive treatment (IPTp) during pregnancy:** 17% of women age 15-49 with a live birth in the 2 years preceding the survey reported taking three or more doses of P/Fansidar during their last pregnancy.

- ***Prevalence of severe anaemia:*** 8% of children age 6-59 months have with a haemoglobin level below 8 g/dl.
- ***Malaria prevalence in children:*** There has been a decrease in the prevalence of malaria among children since 2010, from 42% to 23%.
- ***Perceptions regarding malaria products:*** A high percentage (about 82% to 96%) of men and women believe in the effectiveness of malaria medicine.

PROJECT OBJECTIVES

- Provide 5,000 individuals residing in select communities in **Bauchi, Taraba, Kebbi, Zamfara, and Katsina** States with malaria treatment.
- Sensitize 5,000 individuals in **Bauchi, Taraba, Kebbi, Zamfara, and Katsina** States on malaria prevention, signs and symptoms.

MAIN GOAL

To support families with malaria patients, especially children, who have received diagnosis from qualified health practitioners but are unable to afford treatment.

PROJECT WORKPLAN

Inputs were received on 29th July 2021 from African Healthcare Development Trust (AHDT). The project worked to achieve its objectives through the use of community mobilization strategies that ensured active and sustained community participation in project implementation. This entails sensitization meetings with community stakeholders (village elders, community leaders, and women groups, youth groups and children themselves) to enlist their support. Community sensitization meetings were conducted in all target communities to seek community support and ownership of project.

In collaboration with community stakeholders, implementation locations were established in each of the target communities. This was followed by the selection and capacity building programme for volunteers. Visits were paid to the nearest OPDs in hospitals, where health officials were informed of the intervention, and requested to refer any patient diagnosed with malaria who were unable to afford treatment to the implementation centres.

The Antimalarial drugs (Coartem IV) distributed to the various states and communities of intervention from Kano, where they were received by FREE.

ACTIVITIES

- Conducted sensitization meetings (per community) about project with community leaders and other key stakeholders in the communities.
- Informed OPDs and operators of chemists and pharmacies of the nature and location of the intervention.
- Organised training workshop on malaria prevention, treatment and control for volunteers.
- Distributed malaria drugs with sensitization sessions on malaria prevention in target communities in August 2021.

PROJECT BENEFICIARIES

The primary target of this project are 5,000 individuals residing in remote rural communities in four states of Northern Nigeria. Below is a summary of the primary beneficiaries per state:

(Taraba: 800, Bauchi: 800, Kebbi: 200, Zamfara: 1,200, Katsina: 2,400)

Kebbi State:	200
Katsina State:	2,200
Zamfara State:	1,200
Taraba State:	800
Bauchi State:	800
TOTAL	5,000

Indirect beneficiaries, however, are the entire families of these individuals since the adult doses distributed could potentially be used by more than one person, especially children, either in the same family or others within the community. Ultimately therefore, the project reached approximately an additional 35,000 individuals (based on Cluster standard of approximately 7 persons per HH) who live in high risk hyperendemic malaria areas and constantly face life-threatening episodes of malaria attack. Beneficiaries were primarily IDPs, Widows, Orphans and the Less privileged.

The specific communities reached include:

1. Zamfara State:
 - a. Jibiya LGA
 - b. Faskari LGA
 - c. Katsina LGA

- d. Funtua LGA
- 2. Bauchi State:
 - a. Baram Makaranta Dispensary
 - b. Baram Gada Health Care Centre
- 3. Kebbi State:
 - a. Yawuri IDPs Camp
- 4. Katsina State:
 - a. General Hospital Tsafe
 - b. Orphans and Less Privileged Persons Clinic, Tsafe
 - c. Yankuzo PHC
 - d. Keta PHC
- 5. Taraba State:
 - a. In-am Clinic and Healthcare Centre

Project Impact

The project will God willing directly save the lives of the 5,000 primary beneficiaries, and potentially around 35,000 indirect beneficiaries, especially the children, and boost the region's well-being and development given the sensitization implemented under the project. It will also boost the productivity of the average community member as it reduces the number of malaria episodes in the community. Because malaria accounts for about 40% of healthcare costs for families in this region, this project will ultimately contribute to poverty reduction in the target communities as more disposable income accrues to families to cater for their other needs.

EXPENDITURE

Transport/Logistics:	N 33,000.00
Stipends: 10,000x3 persons x 4 states:	N120,000.00
Visibility (Vests): 1,500 x 3 persons x 4 states:	N 18,000.00
Banners: 5,000 x 4:	N 20,000.00
Communication:	N 30,000.00
Report:	N 40,000.00
Total:	N261,000.00

CHALLENGES

The main challenges faced by the intervention are:

- Given the sporadic nature of bandit attacks in the Northwest region, it was rather difficult scheduling distribution and other activities. Intense care was taken in getting security information in order not to put beneficiaries and staff/volunteers at risk in the project.
- Lack of testing facilities: like in the previous year, many of the beneficiaries showed up without test results confirming that they had malaria that required treatment. This posed a challenge because ethics demand that only people confirmed to be suffering from malaria after proper diagnosis should be administered medication. The project nevertheless dealt with this challenge through its collaboration with health facilities in the communities of implementation which agreed to run tests for people asking for treatment to confirm if they were infected with malaria. This year, the test rates have however, improved when compared to 2020.
- Like in 2020, there was the challenge of the nature of the medications received. These were mostly adult doses, while about 70% of patients that were presented to receive medication were children. The problem was dealt with through prescribing the adequate dose in a pack for a child of the given age, with advice to families not to exceed the given dose and to keep the remaining tablets for future use, noting the expiry date.
- Again, like in 2020, there were far more patient needing help than the available input supplied could cater for. Hence, one of the many challenges experienced by the project was the large number of people that continued to show up asking for assistance after the supplies had run out. Even after the completion of the intervention, FREE continued to receive calls from community leaders and healthcare workers who helped in the implementation for more assistance due to pressure from their communities.

CONCLUSION

The intervention went smoothly, overall. Beneficiaries expressed appreciation and have continued to prayed and expressed gratitude to the funders and wish more would be done. Foundation for Refugee Economic Empowerment (FREE) continues to appreciate the support that **Africa Healthcare Development Trust (AHDT)** continues to render to Nigerian charities, and thereby touching the lives of people in disadvantaged communities. We look

forward to continuing to implement together, towards improving the lives of people in Nigeria, not only on the malaria programme, but in other areas as well. As the humanitarian situation in the Northwest of Nigeria continues to worsen, we continue to solicit urgent support from the **Trust**, counting on your unwavering spirit in bringing relief to the distressed across Nigeria and Africa at large.

APPENDIX: SOME PHOTOS FROM THE INTERVENTION









































