





SUCCESS STORY

Ziniaré, Burkina Faso | February 2018

Bénédicte's story: "My children do not get sick during the rainy season anymore. I can save money now."



ACCESS-SMC is a three-year UNITAID-funded project, which supported National Malaria Control Programs to scale up access to seasonal malaria chemoprevention (SMC) to save children's lives across seven countries in the Sahel. ACCESS-SMC demonstrated the feasibility and impact of SMC at scale, and promoted the intervention's wider adoption. This case study highlights the impact SMC has had against malaria. There may be up to 34 million eligible children between three to 59 months old who can benefit from SMC. Malaria can be prevented. In the Sahel, SMC can help prevent it.

Bénédicte Tiendrebeogo is a mother of two children under the age of five from Nomgana, a village in the Ziniaré region of Burkina Faso. She looks after the house and runs a small stall in the market selling farmed goods. In Ziniaré, agriculture is the primary economic activity.

When a child falls ill in high-income countries many caregivers can take paid time off work, or make up the hours spent looking after a sick child. The reality for many caregivers living in low-income countries is different.

Over 143,000 children under the age of five years old are at risk of getting sick with malaria in Ziniaré during the rainy season, which is when malaria incidence increases significantly. The economic consequences of malaria for households during this time can be detrimental because it is also when families begin cultivating their crops for food and income.

Malaria delays farming activities and affects families' ability to work and save money. What little income families have is spent traveling to and from health centers, and sometimes without farming, families do not have food to eat that day. Caregivers can also miss more work days caring for sick children at home, losing income that could have paid for food or school fees.

Bénédicte's eldest child, four year old Carlos, began taking SMC in 2015. She first heard about SMC on the radio and later learned more from town criers, nurses and community health workers.

"Community [health workers] came to our house to give [Carlos] the medicines. They said SMC would protect our children from malaria, showed us how to give the second and third day [doses] and told us to continue sleeping under mosquito nets. They showed us how to keep our living environment free [of mosquito breeding grounds]."

Soumaïla Nikiema, a community health worker from Nomgana, recalls how malaria affected the village before SMC programs began.

"Prior to SMC, the number of malaria cases in children was very high. Many children died from [malarial] anaemia, especially during the rainy season. The children's parents spent much more time in the health centers than in the field, but now everyone is relived and the parents are very happy."

Before the ACCESS-SMC project, a single health center in Ziniaré would diagnose and treat between 800 and 1,000 children with cases of malaria per month. In September 2017, the same health center reported only 87 cases of malaria.

Bénédicte advised her neighbors to give their children SMC because of how effective the medicines are in protecting her children against malaria and saving her family income. Instead of being concerned about costly treatments, mothers like Bénédicte know that

a community health worker will come to their house, look for them in the field and at the market, or come back in the evening to administer the free malaria prevention medicine to their children.

"I no longer spend money [earned from] my small business to look after my children because they do not get sick during the rainy season anymore. I can save money now. We want SMC to continue, otherwise our children will suffer and we will not be able to save because we will be spending time at the health center again."

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