Evaluating the performance of CHIPS agents: Managing uncomplicated malaria in Kano state, Nigeria

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Introduction

In 2019, the Nigerian Federal Ministry of Health adopted a new community health workers' model called Community Health Influencers, Promoters and Services (CHIPS) to improve access to coverage of basic primary healthcare in rural communities.[1] Through the Support to the National Malaria Programme Phase 2 (SuNMaP 2), we supported the introduction of CHIPS in hard-to-reach communities in Kano by harmonising integrated community case management and CHIPS modules, training 1,135 CHIPS agents (99 percent female) and providing them with malaria/non-malaria commodities. We also facilitated linking their work to health facilities for clinical mentoring, supportive supervision and data collection. With this study, we aimed to establish a baseline for the level of quality of care in malaria services delivered at the community level.

Methods

- We conducted a cross-sectional study among 320 CHIPS agents in five selected rural local government areas (LGAs) in Kano state in April 2021.

- Using a multi-stage random sampling technique, we selected CHIPS agents at the community level.

- We conducted a descriptive analysis of CHIPs agents' service provision, their use of the guideline and job aids, patients' records management and stock management.

Results

- Job aids for malaria rapid diagnostic tests (mRDTs) and rectal artesunate were available and used by 84 percent of CHIPS agents.

- Patients' records management was good, with 85 percent of records updated with household information.

- Eighty-nine percent of CHIPS agents maintained good stock management practices, including use of inventory control cards and the first-expiry-first-out method.

- Overall, 86 percent of CHIPS agents were able to diagnose malaria using mRDTs and treat confirmed cases with artemisinin-based combination therapies. CHIPS agents also provided pre-referral treatment for severe malaria and referral services according to the national CHIPS implementation guideline.
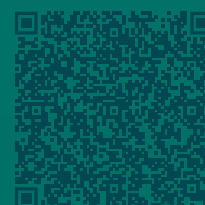
Conclusion

The majority of CHIPS agents were performing according to national standards. Supportive supervision that includes observation of case management of malaria should be performed more regularly in all CHIPS implementing localities. Referral linkages between facility-based and community-based malaria treatment should also be strengthened. A further study using clinical audit tools is warranted to assess the current level of quality of care and patients' satisfaction with the quality of malaria services provided at community level.

Reference

1. The Federal Ministry of Health (FMoH) Nigeria, National Primary Health Care Development Agency (NPHCDA): Community Health Influencers and Promoters Services (CHIPS) programme in Nigeria: Programme guide. Abuja: FMoH/NPHCDA; 2019.

Nigeria's new community service delivery model supports improved quality of malaria services for hard-to-reach populations

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Supplementary visuals

Figure 1: Aggregate performance on service provision, use of guidelines and job aids, patients' records management and stock management by CHIPS agents in five local government areas, in Kano state, April 2021
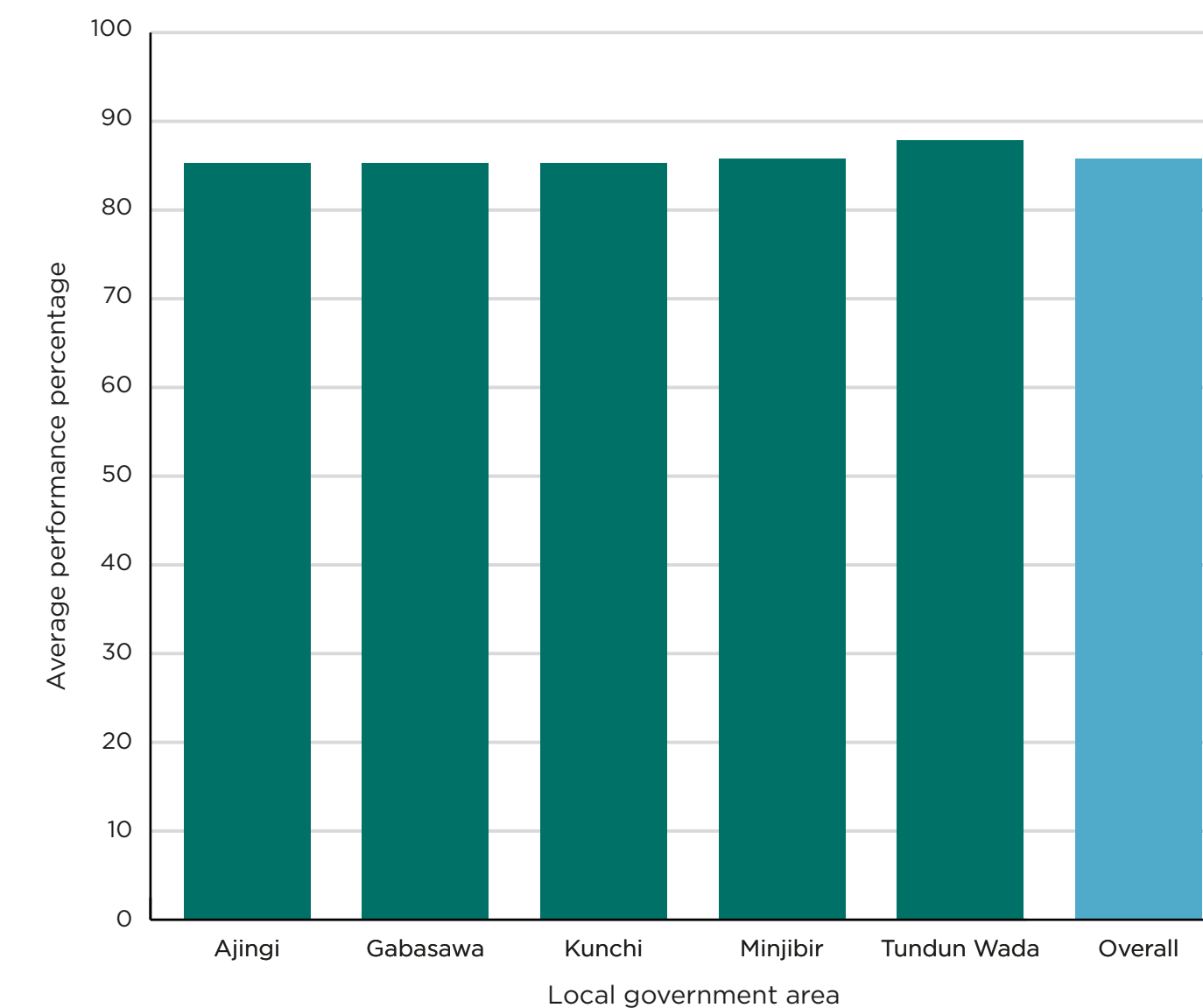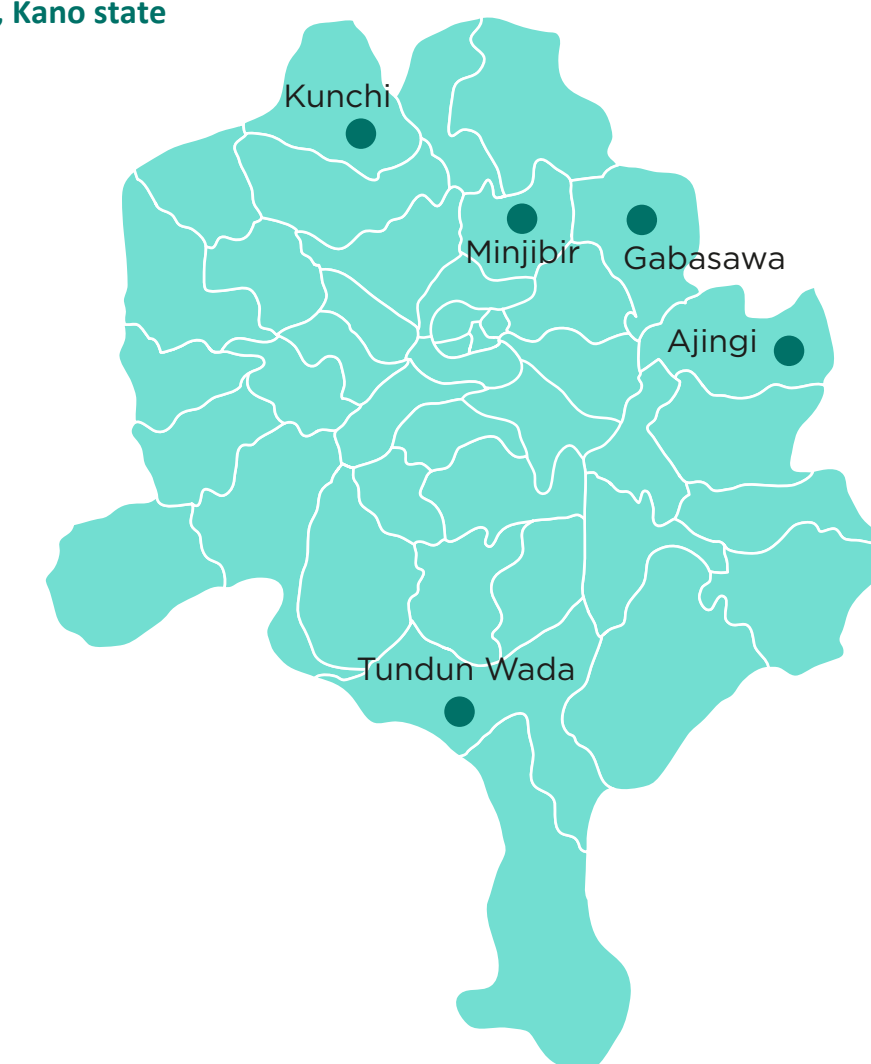

Figure 2: Study sites, Kano state

Acknowledgements