

# Effect of a community-based intervention on improving care-seeking behavior for sick under-five children in hard-to-reach communities in Niger State, Nigeria

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## Key messages

- **Rapid access expansion** of integrated community case management **through policy engagements and dialogues increased access to care and stimulated policy reviews.**
- A shift in care-seeking practices was recorded with **more caregivers choosing to access care available closer to their home through community oriented resource persons (CORPs) with better assessment and management of sick children.**

## Introduction

- Access to diagnosis, prompt and appropriate treatment are critical in the survival of children affected by childhood illnesses such as malaria, pneumonia and diarrhoea. Given the remoteness of rural populations from health facilities, community-based services are key to extending affordable frontline healthcare to the most marginalised populations.
- An integrated community case management (iCCM) of childhood illnesses was implemented for four years in six local government areas (LGAs) in Niger state, Nigeria in collaboration with the Ministry of Health. About 55% of the population in the project area lived in hard-to-reach communities with disproportionate access to healthcare.
- The project aimed to increase access to correct diagnosis, treatment and referrals for malaria, pneumonia and diarrhoea at the community level and stimulate policy review and regulatory updates. Volunteer CORPs were identified and trained to provide these treatments for children aged 2–59 months.
- Demand creation activities, including community dialogues, household mobilization and sensitization and mass media campaigns for the uptake of iCCM services were combined with treatment service delivery and referral services. CORPs were linked to health facilities through community health extension workers who periodically supervised them and ensured continuous commodity supplies.
- Engagement with policymakers at national level to create a policy framework for iCCM as well as development of a decision tree to guide planning at implementation roll out at sub-national level were steps taken towards institutionalizing iCCM in Nigeria.

## Methods

- Baseline and endline assessments were carried out in the project LGAs to assess care-seeking behaviour for sick children, iCCM coverage and caregiver knowledge, attitudes and practices related to childhood illness.
- A multi-stage 30x30 cluster sampling using probability proportional to size (PPS) was used to sample 300 cases for each illness to detect 20% difference in the sick child indicators that include all children with a specific illness (fever, diarrhoea or cough with difficult or fast breathing) at 90% power with a two-tailed test and 95% confidence.



A CORP attending to a child

## Results

- At project inception, among those caregivers who sought care for their children with any iCCM illness in two weeks preceding the survey, none sought care from CORPs. Majority (39%) visited hospitals as first option, 24% went to health centres, 15% to health posts, 14% to clinics and 6% visited other providers.
- At endline, CORPs became the first port of call for most caregivers (83%), who saw them as trusted (94%), convenient and able to provide quality service (96%). We found a significant decline ( $p < 0.001$ ) in the choice of hospital, health centre, health post and clinics to 1%, 9%, 1% and 0% respectively.
- Overall, care-seeking from an appropriate provider increased significantly, from 75% at baseline to 91% at endline ( $p < 0.001$ ).

Care-seeking from an appropriate provider also increased for each iCCM illness from 78% to 94% for fever cases ( $p < 0.01$ ), from 72% to 91% for diarrhoea cases ( $p < 0.01$ ), and from 76% to 89% for cough cases with difficult or fast breathing ( $p < 0.05$ ) (Figure 1).

- The proportion of children who received appropriate treatment increased more than two folds at endline from 24% to 69%, the CORPs contributing 58% to this (Figure 2). More than 80% of sick children who sought care from a CORP in the two weeks preceding the survey received a follow-up visit from a CORP.

Percentage of children age 2-59 months who have been sick in the two weeks preceding the survey for whom advice or treatment was sought from an appropriate provider

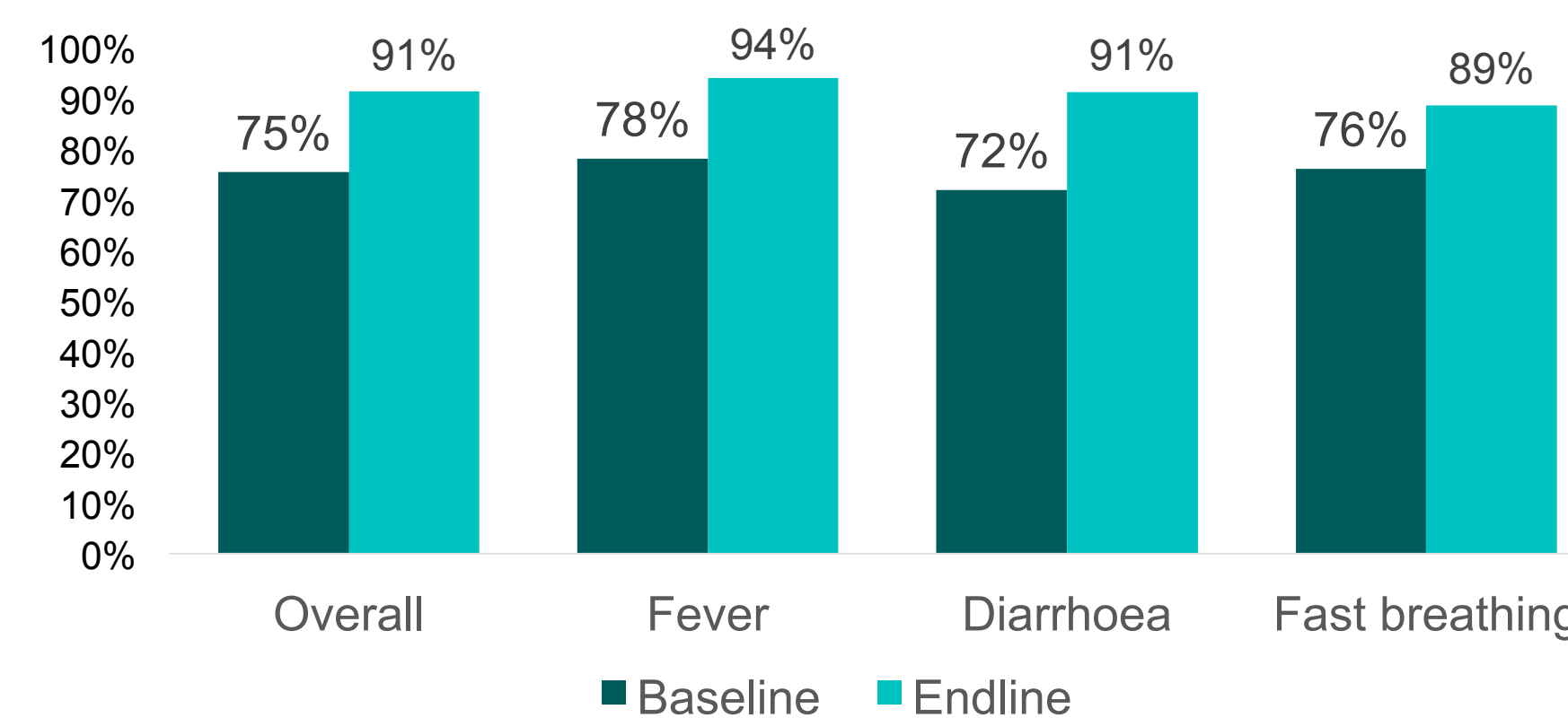


Figure 1: Care-seeking comparison, baseline versus endline

Percentage of children age 2-59 months who have been sick in the two weeks preceding the survey for whom advice or treatment was sought from an appropriate provider and received appropriate treatment

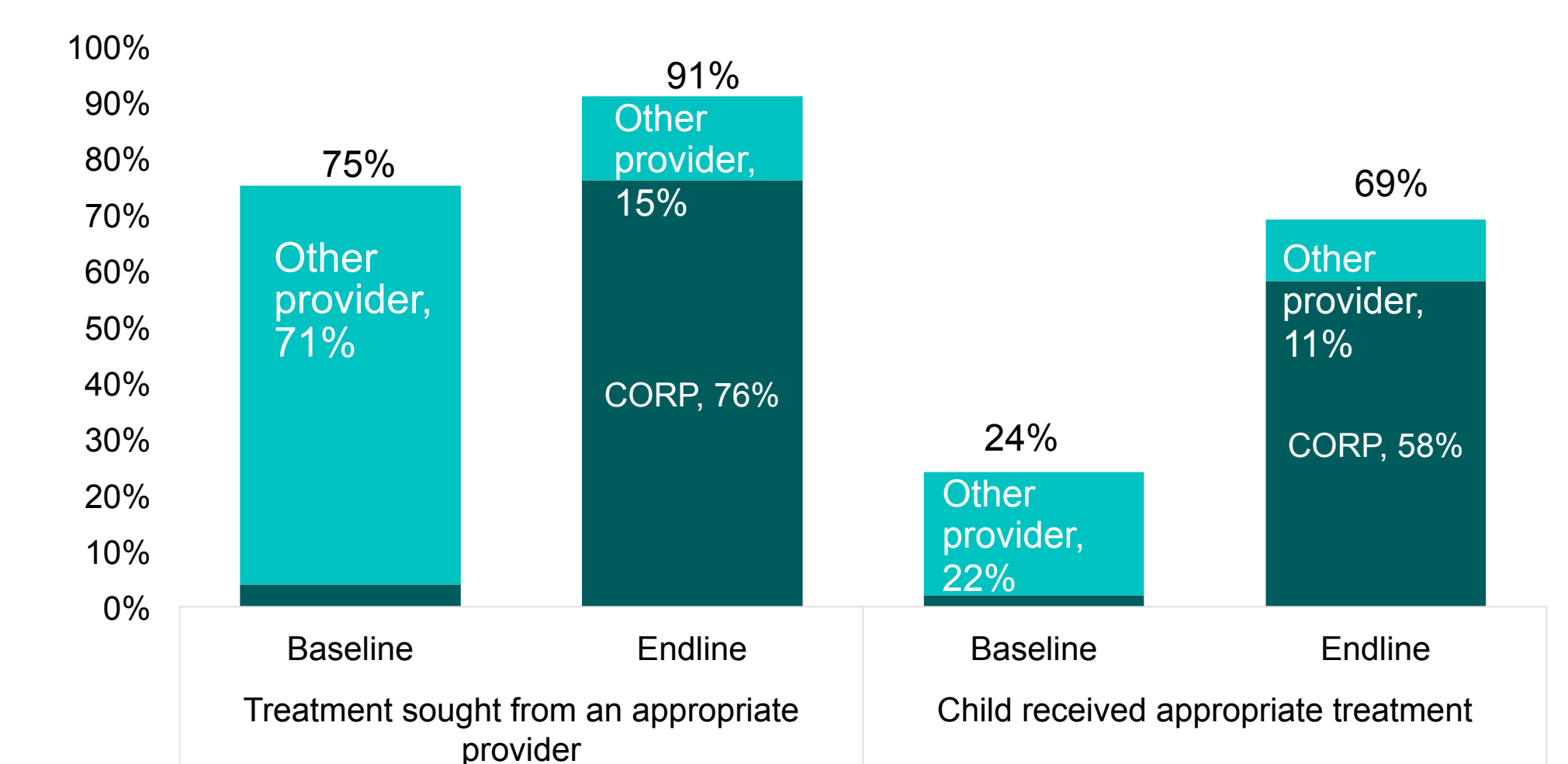


Figure 2: Sick child care-seeking, CORPs versus other providers

## Conclusion

Implementation of iCCM with focused demand creation activities, policy stimulation and engagement can result in a shift in care-seeking to frontline community providers reducing time to access care for under-fives.