

## Hajara's story: "If SMC distribution stops, malaria will come back as before"



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. By demonstrating the feasibility and impact of SMC at scale, ACCESS-SMC promoted the intervention's wider adoption. This case study highlights the impact SMC has had in the fight against malaria. Malaria can be prevented. In the Sahel, SMC can help prevent it.

In the Sahel region of sub-Saharan Africa, where malaria incidence increases with the rainy season, there may be up to 34 million children who can benefit from seasonal malaria chemoprevention (SMC). By 2014, two years after the World Health Organization (WHO) issued policy recommendations on this life saving treatment as an effective tool to prevent malaria in children (3-59 months), less than 500,000 eligible children benefited from this intervention in Nigeria. Through the ACCESS-SMC project, close to 800,000 children were protected from malaria in 2015 and 1.5 million in 2016.

Hajara's daughter, Fatima, was nearly three years old when community health workers (CHWs) first came to her house to administer SMC. Before the ACCESS-SMC project came to

Furi Furi, a small, rural community in Nigeria, households like Hajara's experienced a surge in malaria cases during the rainy season.

*"Every household knew the problem they faced when their child had malaria," said Hajara.*

Like many other women in her community, Hajara lives with her husband, daughter and extended family. The main sources of income in the community are farming and artisan work. Thanks to SMC, Hajara is now able to contribute more to the family's upkeep with the money she earns trading groundnut oil.

*"SMC has helped me save more money. I do not buy malaria drugs since the distribution of SMC started. I now have time to do a lot of kuli-kuli (fried, groundnut cake) and groundnut oil to sell these days because I do not go to the hospital or to mai ganye (traditional healer) for traditional*

*medicines to treat malaria anymore. Since my child started taking SMC medicine three years ago, it has helped protect her from malaria.”*

ACCESS-SMC has been working closely with National Malaria Control Programs to effectively train CHWs on how to deliver, administer and begin dialogues about SMC with families. By delivering this basic preventive health service to remote populations, CHWs improve coverage and access to SMC in rural communities.

Hajara explained it is the town criers who first make announcements shortly before the campaign begins. They inform the community about SMC and the days CHWs will come to provide the free malaria medicine. In her community, CHWs go door-to-door and to the Maiungwa’s (community head) house, where caregivers can bring their children to receive SMC.

*“The health workers are our community members. They interact with us in our language and educate us about the medicine, like how it is for children under five years old. Each year, they collect and look at the child’s card. They give my child the medicine on the first day and give me the doses for the next two days after teaching me how to give my child the medicine”.*

Children who develop malaria are less likely to have received SMC, which is associated with an 89 percent reduction in malaria incidence for four weeks after treatment, than children who remain free of malaria. Hajara comprehends the level of protection SMC provides for her daughter and now advocates for SMC in her community.

*“I have recommended SMC to many families. During the SMC distribution, I always ask if their children have received SMC. If they say no, I will*

*direct them to Malam Nura [who is a CHW].”*

SMC campaigns have become a popular annual routine in Zamfara State, where in 2017, the project reached nearly 800,000 children. ACCESS-SMC has gradually changed attitudes—from malaria in children as an inevitable part of life, with stress and loss of income, to malaria as a preventable disease during the rainy season with SMC. But caregivers are becoming concerned about what will happen should the distributions stop and want to know how the government plans to sustain SMC programs and the coverage achieved under ACCESS-SMC in the future.

*“If SMC distribution stops, malaria will come back as before. Parents will go back to spending a lot of money on malaria drugs and mothers will have sleepless nights again,” says Hajara.*

Through the 2015 and 2016 SMC season, 40,000 deaths and six million cases of malaria are estimated to have been averted in the seven target countries thanks to ACCESS-SMC. Recently, Malaria Consortium secured additional funding to ensure the Nigerian children protected in 2017 will receive SMC again in 2018, but more is required to reach the estimated 9 to 11 million eligible children living in Nigeria who are not currently included in SMC programs. Malaria can be prevented, and in the Sahel and sub-Saharan regions of Africa SMC can make an important contribution.

---

This success story was prepared by Malaria Consortium thanks to funding from UNITAID under the ACCESS-SMC project. The views expressed here do not necessarily reflect those of UNITAID.

© Malaria Consortium. Published January 2018

Photo credits: Malaria Consortium/ Hafsah Khalil

For more information visit [www.unitaid.org](http://www.unitaid.org) and [www.access-smc.org](http://www.access-smc.org)