

‘We have all witnessed the drastic reduction in cases of malaria’



Umar Abba Yamel at work in his clinic

Yamel is a rural community in the Dutsi local government area (LGA) in Nigeria. It has a population of 32,515, predominantly farmers. The community is serviced by a primary health care clinic.

Mr Umar Abba Yamel, *pictured*, is the Senior Community Health Extension Worker in charge of the rural clinic in Yamel, with about 15 years of work experience in primary health care services. He participated in delivery of seasonal malaria chemoprevention (SMC) in 2019 as supervisor of community distributors and in drug management. He spoke to us about his experiences.

How has SMC affected your work?

Alhamdulillah, I am very proud to be part of the SMC programme. I have had a lot of training on how to manage children who are referred to the clinic with fever by the house-to-house SMC teams. They do not have to wait for more than 30 minutes to know whether the fever is caused by malaria or not. A Rapid Diagnostic Test (RDT) is conducted, and if the fever is due to malaria they are treated with antimalarials, but if the fever is not due to malaria they are given the SMC drugs which are for prevention of malaria. The test and drugs are all free.

How has your community understood the importance of SMC?

The meeting that Malaria Consortium held with community and religion leaders was a wise decision. Religious leaders use mosque sermon to inform people of the benefits of SMC, and the same is done by community leaders. As soon as the town announcer starts making announcements, the men continuously ask when their locations will be visited, so as to ensure their wives are at home and their children can be given SMC drugs.

How have your clients benefited from SMC?

The number of cases of malaria has reduced. I can now attend to more clients than before because the test is fast. People can come to the clinic and still go to their farms/markets without fear of waiting for a long time. People in this community have more confidence in this clinic now, and they appreciate that prevention is better than cure, as they can save money to buy food stuff for their families instead of buying drugs for treatment.

Has the health status of children improved in this community?

In this community since the children started taking SMC drugs episodes of malaria have reduced. SMC has also helped other health interventions like acceptance of immunisation for children, etc. Our children can now go to public and Quranic schools daily. They can also follow their parents to the farm and help do little things. Healthy people translate into a healthy and productive nation.

Do you think the programme should continue?

Of course yes, this programme should continue because we have all witnessed the impact in the drastic reduction of cases of malaria.

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Malaria Consortium has been a leading implementer of Seasonal Malaria Chemoprevention since WHO issued its recommendation to scale up the intervention in 2012. Starting with an early implementation pilot in Nigeria in 2013, MC then led the rapid scale-up of SMC through the Achieving Catalytic Expansion of Seasonal Malaria Chemoprevention in the Sahel (ACCESS-SMC) project in 2015–2017, reaching close to seven million children in Burkina Faso, Chad, Guinea, Mali, Niger, Nigeria and The Gambia. Since 2018, Malaria Consortium has continued to implement SMC in Burkina Faso, Chad and Nigeria, mainly using philanthropic funding received as a result of being awarded Top Charity status by GiveWell.