Malaria Consortium is implementing and assessing the feasibility of a community-based seasonal malaria chemoprevention (SMC) project in Katsina state, northern Nigeria, with funding from the Bill & Melinda Gates Foundation. Following new World Health Organisation policy recommendations on SMC, this project administers full antimalarial treatments during the malaria season in areas with highly seasonal malaria transmission, to prevent illness among children under five.

Malaria is still a serious public health concern in Nigeria, with fevers presumed to be malaria accounting for 60 percent of outpatient visits to health facilities, 30 percent of childhood deaths, 25 percent of deaths in children under one year and 11 percent of maternal deaths. In northern Nigeria, where malaria transmission is highly seasonal, malaria prevalence is also comparatively higher than other areas during the rainy seasons. The implementation of SMC in Katsina is specifically intended to reduce mortality in children under five living in areas with seasonal malaria, and strengthen health systems at the state and national levels.

Malaria Consortium has taken a unique approach to the programme by ensuring a comprehensive collaboration with health authorities at all levels and the community. SMC is delivered by community care givers, who received appropriate training before the intervention begins and are supervised by the appropriate staff within the health system. Before a method of delivery is chosen, local communities are consulted on the most acceptable method of delivery. The variety of choices by communities will help reveal what methods are most effective and able to be scaled up.

Since the SMC programme’s launch at the start of the malaria season in July 2013, over 2,800 healthcare staff, trainers and supervisors have received training to roll out the intervention. Quality, locally appropriate
materials have also been produced to assist with the training and supervision of health facility workers, trainers, community health workers and families in the communities, as well as transient families. This included addressing issues of translation and illiteracy.

Besides improving child health, Malaria Consortium’s evaluation of SMC delivery will explore the feasibility, acceptability and costs of community-based SMC. The experience and outcomes of this project will inform the development of guidelines, ongoing implementation and future state and national plans for SMC scale up in Nigeria.

**Project aims**

Working with the Katsina state government, implementation of this project spans 33 months.

**The project’s objectives are:**

» To design, in consultation with key local stakeholders, an appropriate community-based delivery system for SMC in Katsina state based on formative research, which will review aspects relating to feasibility, community acceptability, effectiveness and cost

» To launch and execute SMC delivery according to the selected delivery system and collect data on process indicators and costs

» To evaluate community acceptability, costs and effectiveness of the delivery system for SMC

» To inform future national and state plans for SMC continuation/scale up by disseminating findings and sharing experiences with key stakeholders

The project also has a number of critical milestones:

» Final design of the SMC delivery system for evaluation agreed by key stakeholders

» 85 percent of children targeted receive all courses of SMC in the second round

» A detailed protocol for the case control study to measure effectiveness of SMC treatment courses

» A final assessment report produced on feasibility, effectiveness, acceptability and cost, as well as recommendations for future design and continuation/scale up

» Participation by key stakeholders in a state level event to disseminate results of the assessment

» Recommendations with regards to continuation or scale up of SMC delivery system agreed

» Commitments to continuation and scale up secured (depending on positive outcome of the assessment)

This project has a direct impact upon the following:

- **Malaria control**
- **Health systems strengthening**
- **Monitoring and evaluation**
- **Support for at-risk populations**