Rapid Access Expansion 2015 (RAcE 2015)

The aim of RAcE 2015 is to improve access to and the quality of community-level management of childhood malaria, pneumonia and diarrhoea in Niger state, Nigeria, building on existing community-based health interventions, such as integrated community case management (ICCM).

Project outline

The Rapid Access Expansion 2015 project, or RAcE 2015, will scale up the community level management of malaria, pneumonia and diarrhoea. It will build upon existing community-based health interventions and expand coverage through evidence-based, high impact and cost-effective interventions such as integrated community case management (ICCM).

Malaria Consortium is leading the project in partnership with the Center for Communications Programs Nigeria (CCPN) and the Federation of Muslim Women Association Nigeria (FOMWAN), supporting implementation in six local government areas of Niger state.

RAcE 2015 builds on existing ICCM structures in Nigeria and will expand the scope and improve the effectiveness of basic healthcare in rural and peripheral urban areas. It will increase the coverage of diagnostic, treatment and referral services through capacity training and operational support to health workers, communities and ministries of health at state and national levels.

The intention is that the project will provide basic healthcare by 2016 to over 161,973 children under five in hard to reach areas of selected six local government areas of Niger State. ICCM is intended to increase healthcare access with trained community care givers who can treat common ailments, serve as an access point into the existing healthcare system, and provide continuity of care to these underserved areas.

Country
Nigeria

Donor
World Health Organization
Canadian International Development Agency

Length of project
October 2011–2016

Partners
Center for Communications Programs Nigeria (CCPN)
The Federation of Muslim Women Association Nigeria (FOMWAN)
Set in phases, RAcE 2015 will initially address outstanding policy and supply chain bottlenecks, engage stakeholders, conduct supervisor and health worker training, and develop behaviour change communication (BCC) materials with the Federal Ministry of Health.

ICCM implementation will then begin in the targeted areas, with lessons learned fed into ICCM interventions at later stages. RAcE 2015 will also inform a revision of Nigeria’s national ICCM guidelines and support scale up in the near future.

Despite Nigeria’s progress in improving health indicators, the decrease in child mortality falls short of achieving the Millennium Development Goals (MDG4). RAcE 2015 will contribute to life-saving preventive and curative childhood health interventions that are key to reducing child mortality and meeting this goal.

**Project objectives**

RAcE 2015 has five key objectives:

- To increase ICCM access through the production of tools and materials with stakeholders, capacity building, commodity procurement, and project roll-out in target local government authorities.
- To improve ICCM service delivery through the review and development of support supervision activities and the sharing of lessons learned at community, local government authority and state levels.
- To build trust and cooperation between communities and the health system through the strengthening of community health structures and support to the State Ministry of Health to develop BCC materials and ICCM communication and implementation strategies.
- To strengthen existing health system capacity and ensure sustainability through capacity training for Ministry of Health staff, the integration of ICCM into all levels of the health system, and the development of an ICCM decision algorithm.
- To conduct operational research in order to fill knowledge gaps in ICCM implementation, such as those relating to quality assurance and health worker motivation, through the sharing of experiences and the completion of State Ministry of Health commissioned research studies.

This project supports efforts to deliver:

- Malaria control
- Control of childhood illnesses
- Health systems strengthening
- Capacity building / human resource development
- Behaviour change communication
- Operational research