PRIVATE SECTOR PARTNERSHIP WITH HOST COMMUNITY TO ACHIEVE MALARIA ELIMINATION IN BONNY ISLAND

By: Anastasia Isodje
NLNG is intentional about building a better Nigeria and supports host communities in capacity building and community development.

Bonny Island is a semi-urban community in Rivers State, Nigeria and host community to Nigeria LNG Ltd. (NLNG) 6 train natural gas liquefaction plant.

The Island is bordered by the Atlantic Ocean on the south end and is approximately 40 kilometers to the south of Port Harcourt, the capital of Rivers State, while the northern end is surrounded by swampy saltwater body.

The company is currently funding three healthcare corporate social responsibility projects (CSR) on the Island.

- Ibanise Initiative for HIV/Aids prevention and control
- BCHIP to reduce out-of-pocket expenditure for basic healthcare services in Bonny.
- BNYMEP to make Bonny Island Nigeria’s first malaria-free zone

COVID-19 pandemic reminded us that we are all connected and reaching every household in Bonny Island is key to future proofing the company from unexpected events.
The Nigeria Liquefied Natural Gas (NLNG) Limited, has a culture of fact-based decision making.

The report of the malaria burden on the healthcare facilities and community led to the decision by the company’s executive management to eliminate malaria from Bonny Island.

In order to commence the Bonny Malaria Elimination Project, the company required more information and the following assessments were considered the irreducible minimum for the project conceptualization:

- Health Systems Assessment
- Bonny Malaria Indicator Survey
- Advocacy Communication and Social Mobilization Mapping/Profiling
Health Systems Assessment
- Adapted the USAID Health Systems Assessment Manual Version 2.0, which was used to assess the four government and three private healthcare facilities on the island
- This covered the six building blocks for HSS

Insecticide Resistance Survey in collaboration with PMI
- Results showed resistance to permethrin, alpha-cypermethrin and deltamethrin

Bonny Malaria Indicator Survey
- Cross-sectional study design
- Sample size calculated with Winpepi version 9.7
- Multi-stage sampling technique
- 5-day training of survey team
- NMIS tool was adapted

ACSM Mapping and Profiling
- 71 focus group discussions
- 15 key informant interviews
KEY BASELINE FINDINGS

Health System Assessment

- Commitment and Quality of Service
- Good Infrastructure
- Available but Poor Access to Services
- Good Utilization of IT

Malaria Prevalence by wards

- Malaria Prevalence by Wealth Quintile
- Malaria prevalence of > 32% in low income settlements

Malaria prevalence by wealth quintile

- Malaria prevalence in the lowest wealth quintile is the highest
- The poorer communities are most affected.

Hot spots in low income settlements prevalence of > 32%

- Ajakemangha in Firma ward 5 recorded the highest prevalence of malaria (32.9%)
- Malaria prevalence was 3.4% in all other wards, with all malaria cases in these areas being treated according to National Guidelines.
OMC AS VEHICLE FOR COMMUNITY ACTION

Creating change by building community capacity

Community Action Model

Step 1
- Train participants (develop skills, increase knowledge, build capacity)
- Name the Issue
- Choose Area of Focus

An Action:
- Is achievable
- Is long-term or sustainable
- Compels another entity to do something to change the environment (place, people, lives) for the well-being of all.

An Activity:
Is an educational interaction that leads up to and support an action

Repeat Process

Step 2
Define, design & do Community Diagnosis

Step 3
Define, design & do Community Diagnosis

Step 4
Select Action or Activity & Implement

Step 5
Maintain & Enforce Action or Activity
OMC OUTPUT AND LOOK AHEAD

Community Linkage Schema

AT THE WARD/COMMUNITY

Referred patients visit facility with their referral slips and meet the referral focal person as first point of contact.

CVs carry out demand creation activities + refer & follow-up

CHWs provide home care services during ICCM
Provide escort services where necessary during ICCM

Ward Supervisor

Referral focal person

Lab officer

AT THE HEALTH FACILITY
NET DISTRIBUTION CAMPAIGN

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Missed Households</td>
<td>99.15%</td>
</tr>
<tr>
<td>ITN Redemption</td>
<td>23.38%</td>
</tr>
<tr>
<td>Hang-Up Rate</td>
<td>41.18%</td>
</tr>
<tr>
<td>Utilization</td>
<td>21.43%</td>
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<tr>
<td>Pregnant Women</td>
<td>61.25%</td>
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<tr>
<td>Others</td>
<td>13.75%</td>
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<tr>
<td>Town Announcement</td>
<td>52.92%</td>
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<tr>
<td>Difficulty</td>
<td>0.00%</td>
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<tr>
<td>Hanging</td>
<td>20.00%</td>
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<tr>
<td>No Reasons</td>
<td>40.00%</td>
</tr>
<tr>
<td>0-5</td>
<td>60.00%</td>
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<tr>
<td>Other</td>
<td>80.00%</td>
</tr>
<tr>
<td>Other</td>
<td>100.00%</td>
</tr>
<tr>
<td>Other</td>
<td>120.00%</td>
</tr>
</tbody>
</table>

END PROCESS ASSESSMENT CHART
POST NET CAMPAIGN – SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION

Post ITN Campaign SBCC Findings

- **Ward 1**: 84% Slept Under Nets, 8% Didn't Sleep Under Nets, 8% Don't Have Nets
- **Ward 2**: 91% Slept Under Nets, 7% Didn't Sleep Under Nets, 2% Don't Have Nets
- **Ward 3**: 66% Slept Under Nets, 22% Didn't Sleep Under Nets, 13% Don't Have Nets
- **Ward 4**: 82% Slept Under Nets, 8% Didn't Sleep Under Nets, 2% Don't Have Nets
- **Ward 5**: 75% Slept Under Nets, 12% Didn't Sleep Under Nets, 11% Don't Have Nets
- **Ward 6**: 66% Slept Under Nets, 2% Didn't Sleep Under Nets, 16% Don't Have Nets
- **Overall**: 78% Slept Under Nets, 12% Didn't Sleep Under Nets, 12% Don't Have Nets
ACKNOWLEDGEMENTS

NATIONAL MALARIA ELIMINATION PROGRAMME
Federal Ministry of Health, Abuja

U.S. President’s Malaria Initiative

RIVERS STATE
Ministry of Health

Bonny Kingdom

Breakthrough ACTION + RESEARCH
FOR SOCIAL & BEHAVIOR CHANGE

USAID GLOBAL HEALTH SUPPLY CHAIN PROGRAM
Procurement and Supply Management

Community Health Workers
... a globally competitive LNG company helping to build a better Nigeria