NIGERIA GLOBAL FUND MALARIA GRANT
(2018-2020)

COMBATING MALARIA ON A GLOBAL SCALE IN NIGERIA

Nigeria has the largest population in Africa, now exceeding 200 million, and is home to 25% of the world’s malaria burden. As a sub-recipient to Catholic Relief Services (CRS), Management Sciences for Health (MSH) is a partner to the government of Nigeria in combating malaria. Through our work with the Global Fund in 13 states, MSH supports the National Malaria Elimination Program (NMEP) to strengthen health systems at the national and subnational levels to implement its 2014 to 2020 strategic plan.

OUR APPROACH

MSH works with the Federal Ministry of Health in Nigeria and supports the National Malaria Elimination Program to strengthen national planning, oversight, and monitoring capacities. Activities prioritize close collaboration with the Government of Nigeria and work with public-sector health facilities and service delivery points. At the health facility level, our work supports capacity building and mentoring activities of health workers, so that they can provide prompt diagnosis and effective treatment of uncomplicated and severe malaria according to national guidelines.

NIGERIAN STATES WHERE MSH WORKS:
Adamawa, Delta, Gombe, Jigawa, Kaduna, Kano, Katsina, Kwara, Niger, Ogun, Osun, Taraba, and Yobe States

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NIGERIA GLOBAL FUND MALARIA GRANT OVERVIEW

Goal: To contribute toward reducing the malaria burden to pre-elimination levels and bringing malaria-related mortality to zero by 2020

Donor: The Global Fund; MSH is a sub-recipient to Catholic Relief Services

Key Activities:
- Routine distribution through health facilities of long-lasting insecticidal nets for pregnant women and children under five
- Improving the quality and uptake of malaria case management and malaria in pregnancy services
- Strengthening supply chain management of malaria commodities, including nets
- Improving and strengthening health management information systems and monitoring and evaluation data
- Supporting capacity building of the National Malaria Elimination Program and state Malaria Elimination Programs
HIGHLIGHTS FROM THE NIGERIA GLOBAL FUND MALARIA GRANT

Training and Supervision Leads to Appropriate Diagnosis and Treatment of Malaria

A key challenge in malaria case management in Nigeria is lack of adherence to the national guidelines. Malaria cases are frequently treated without rapid diagnostic or blood smear microscopy confirmation tests, leading to over diagnosis and/or misuse of antimalarial drugs. In Osun State, MSH provided technical assistance to health workers in 120 facilities to reinforce case management trainings and proper documentation of malaria diagnoses in patients' case notes. Program data shows that case management training and on-site training and supportive supervision improves quality of documentation and appropriate diagnosis and treatment of malaria.

Health System Strengthening Support Improves Quality of Data Reported

Management of health data is a significant challenge in Nigeria, impacting the performance of health providers and the overall health system. Health care providers and data managers in Taraba State had not received training or consistent supervision in over five years, causing weak adherence to data management guidelines and poor malaria case management practices. Although data reports were routinely submitted to the state level, reports were frequently sent with zero data elements and no malaria indicator performance measures. With the objective to improve analysis and the use of malaria data for decision making, MSH provided training and tools to state-level data stakeholders on documenting malaria indicators and reporting according to national guidelines. As a result, the proportion of health facilities that reported to the national database without data errors on key performance indicators improved each quarter in 2018, from 87% at the start of the year to 93% by the end of 2018.

Improving Data Reporting through Tools and Processes

Using quality data is essential for assessing the effectiveness of malaria services, making good use of finite resources to improve service delivery, and achieving malaria health outcomes. Data quality issues are common, but institutionalizing tools and processes and providing regular feedback to local government agencies and health facility staff can improve data quality and the capacity of health facility personnel in a relatively short period of time. In January 2018, MSH assessed data quality in seven project states using the MSH Data Validation Template, which automatically identifies and flags data quality issues that require review by state and local agencies. A one-year post-implementation review of the data, using this tool, showed that 4,710 (87%) health facilities were reporting malaria data elements correctly each month.

Improvement in Data Reporting to Reduce Stock-Outs of Malaria Commodities

Stock-outs of drugs, diagnostics, and long-lasting insecticidal nets were high in Jigawa State. Timely and accurate resupply requests from health facilities were low, and staff were not trained on stock-out monitoring, quantification for supplies, and timely requests. Local government authorities had no consistent follow-up and support. To address these issues, MSH designed a capacity-building strategy for states, local government agencies, and health facilities on monitoring, quantification, and timely request of malaria commodities. Following that training, the program measured an increase in accurate bimonthly facility stock reports across 459 health facilities, from 80% in early 2018 to 100% in May 2018, increasing the potential for timely resupply of malaria products and proper treatment of malaria cases in accordance with national guidelines.