

BUILDING NATIONAL CAPACITY FOR UNIVERSAL COVERAGE

[Malaria control
in Nigeria]



The Learning Papers Series

Since starting operations in 2003, Malaria Consortium has gained a great deal of experience and knowledge through technical and operational programmes and activities relating to the control of malaria and other infectious childhood and neglected tropical diseases.

Organisationally, we are dedicated to ensuring our work remains grounded in the lessons we learn through implementation. We explore beyond current practice, to try out innovative ways – through research, implementation and policy development – to achieve effective and sustainable disease management and control. Collaboration and cooperation with others through our work has been paramount and much of what we have learned has been achieved through our partnerships.

This series of learning papers aims to capture and collate some of the knowledge, learning and, where possible, the evidence around the focus and effectiveness of our work. By sharing this learning, we hope to provide new knowledge on public health development that will help influence and advance both policy and practice.

Building National Capacity for Universal Coverage [Malaria control in Nigeria]

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A mother in Kano is registered to receive a free net for herself and her baby through SuNMaP

Photo: William Daniels / Malaria Consortium





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Introduction



SuNMaP

Support to the Nigeria Malaria Programme – is a £50 million five-year UK aid funded programme that works with the government and people of Nigeria to strengthen the national effort to control malaria. The programme began in April 2008, and runs to March 2013.

Malaria kills around

300,000

Nigerians a year

250,000

of them children

30%

of childhood deaths and

10%

all maternal deaths are associated with the disease

Funded by UKAid/Department for International Development, SuNMaP works with the Nigeria National Malaria Control Programme (NMCP) to harmonise donor efforts around agreed national strategies and plans for malaria control.

The role of SuNMaP is to provide the necessary technical expertise and experience for a comprehensive fight against malaria. The programme's approach is focused on improving the capacity of the Nigerian government to lead the fight against malaria, strengthening public-private partnerships, and reaching the poor and vulnerable with interventions such as long lasting insecticidal nets (LLINs).

SuNMaP is jointly managed by a consortium led by international NGO, Malaria Consortium, UK-based Health Partners International, and national company, GRID Consulting. Other members of the consortium are programme implementing partners drawn from the commercial sector, civil society, non governmental and faith based organisations.

The project is currently being implemented in 10 states: Anambra, Kano, Niger, Katsina, Ogun, Lagos, Jigawa, Enugu, Kaduna and Yobe (see map page 21). Operations in Yobe are yet to commence due to the security situation in that state.

Malaria in Nigeria

Malaria kills around 300,000 Nigerians a year, 250,000 of them children. Nearly 30 percent of childhood deaths and 10 percent of all maternal deaths are caused by the disease. While children under five and pregnant women are particularly vulnerable, almost the entire population of Nigeria is at risk. According to the Nigerian government, the nation also loses around \$1 billion a year from the cost of treatment and absenteeism.

Source: National Malaria Indicator Survey Report 2010

Capacity building through SuNMaP

Capacity building

A people-centred, pragmatic and focused approach that goes beyond training to improve the knowledge, skills and practices of programme managers and health care providers. It strengthens organisational capacity to implement effective and sustained malaria control within the health system.

Capacity building is considered crucial to all six of the core elements, or outputs, that make up the SuNMaP programme: capacity building; harmonisation; prevention of malaria; treatment of malaria; awareness and demand creation; operations research.

The “cross-cutting” nature of SuNMaP’s work means each of the outputs is inter-related to the others in a complementary way. For instance, hospital staff require capacity building in order to treat malaria more effectively; harmonisation is required to ensure that research efforts are not duplicated, and so on.

At the onset of the SuNMaP programme, capacity building was considered to be

confined to the first output – national, state and local government area (LGA) capacity for planning, management and coordination are improved. However, it became apparent that it was an essential part of SuNMaP’s entire programme, and the strategy was adjusted to take this into consideration.

SuNMaP decided to adopt a people-centred, pragmatic and focused approach that goes beyond training to improve the knowledge, skills and practices of programme managers and health care providers. It strengthens organisational capacity to implement effective and sustained malaria control within the health system. Further information on how this works in practice appears throughout this learning paper.



Hospital staff are trained under SuNMaP’s capacity building work to help them treat malaria more effectively

SuNMaP's capacity building work has five key objectives

- Improved capacity for planning, management and coordination, and the embedding of malaria control programme activities in the health planning, budgeting and implementing processes at national, state and LGA levels.
- Capacity building technical support customised to respond to the context, divergences, peculiarities and priorities of the intended beneficiaries.
- Effective, efficient NMCP teams providing leadership for all key players and working together in a synergistic manner at national, state and LGA levels.
- Well established systems for mobilising, harmonising, distributing, utilising and sustaining resources for malaria control.
- Health managers and providers in the public and private sector who know their roles in the prevention, delivery of services and management of malaria control are based on three principles for implementation (consistency with national policies, stakeholder engagement and harmonisation).

The components of SuNMaP's capacity building are: participatory appraisal/ assessments; building individual and team capabilities; strengthening of line systems; institutional strengthening; exit and sustainability.



Planning the roll-out

At the start of the programme in 2008, SuNMaP conducted a baseline assessment on the ability of existing field staff, and NMCP and State Malaria Control Programme (SMCP) staff, to deliver malaria control. The assessment helped to inform the design of the capacity development programme. One of the outcomes of the assessment was the realisation that, while there was a wide range of training materials on malaria control in Nigeria, these were not standardised, and at service delivery points there appeared to be poor perception of and adherence to policy recommendations on malaria control. These findings revealed the urgent need for capacity development at all levels if the strategic plan goals were to be reached.

As a result, SuNMaP supported stakeholders and Roll Back Malaria partners in each of the programme states to develop a broad and ambitious capacity building plan for the roll-out of service delivery and programme management training. This encompassed policy makers, managers and health workers, as well as people who worked in the community such as patent medicine vendors and community caregivers.

Agreements were reached with a range of stakeholders on the minimum skill set required at various levels to deliver quality malaria control services. Existing materials were reviewed, synthesised and used as much as possible in the development of the capacity building modules. Programme management training materials were developed from scratch as none had previously existed, and eight service delivery modules were developed. All materials and the training curriculum were developed in partnership with relevant stakeholders and recognised the resource-scarce operating environment. The Roll Back Malaria partnership participated in the process, with leadership provided by NMCP.

Where external technical support to this planning process was provided, this was also seen as an opportunity to build the capacity of NMCP, SMCP and field staff.

The capacity building plan took into account SuNMaP's support and that from other partners. This enabled the state to prepare a harmonised micro-plan for the capacity building roll-out.

Roll-out planning

- Capacity building roll-out was based on the 'catch-up, keep-up' stipulations within the national malaria control strategy.
- The capacity building plan developed covered both service delivery and programme management.

At the start of the SuNMaP programme it was found that, despite training provision at different health sector levels, this had not included training for service delivery

Photo: Akintunde Akinleye / Malaria Consortium

Catch-up phase

The catch-up phase is the implementation of activities designed to rapidly increase the very low coverage for malaria control in an area

More than **8,000** health workers were trained in the initial phase

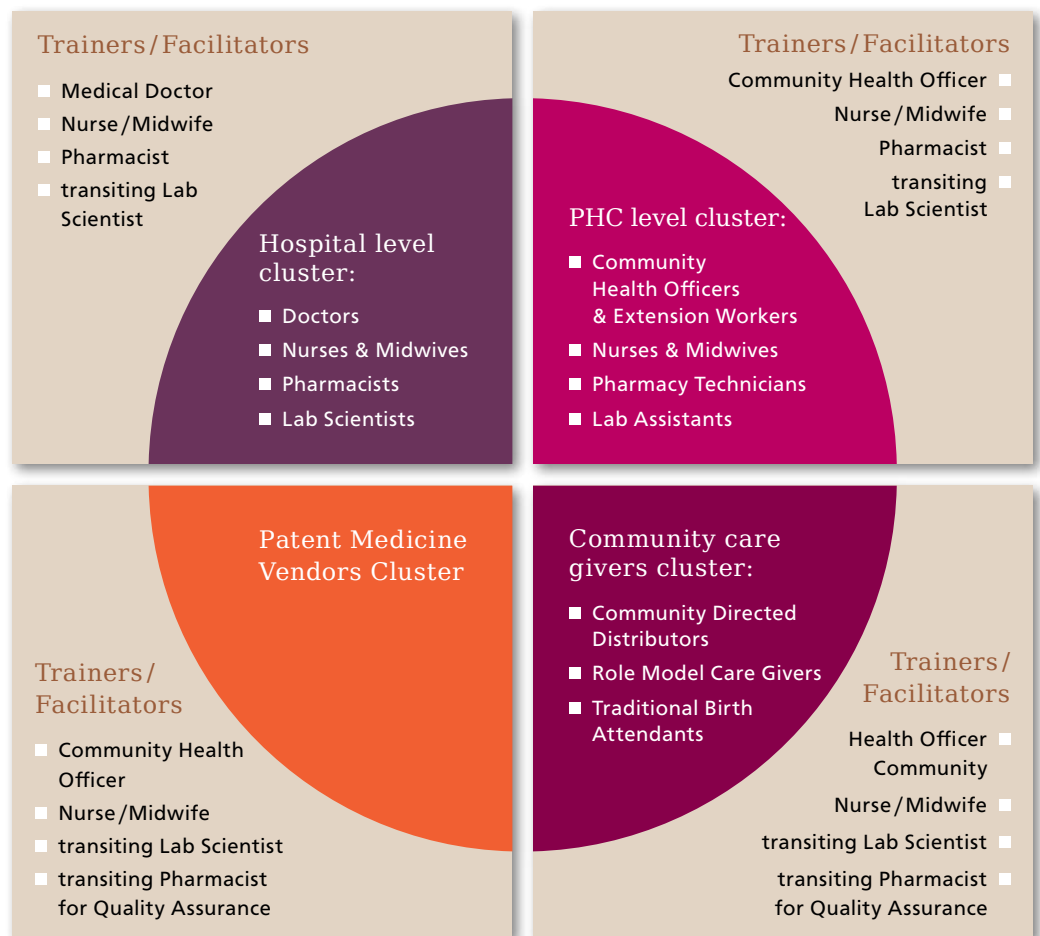
The initial wave of service delivery training targeted health workers in selected healthcare facilities, as laid down in SuNMaP's programme targets. More than 8,000 people were trained. In many instances, this was done alongside the provision of commodities – LLINs or artemisinin combination therapy (ACT) anti-malaria drugs.

The service delivery training was rolled-out out in clusters to maximise the resources (trainers, funds and time) and encourage "working together" between health workers at various levels.

SuNMaP carried out training of trainers initially so that this would then cascade elsewhere. See the diagram below for further explanation.

The programme approach to training focuses on the use of participatory adult learning techniques using simple and adaptable learning aids. During training events, three main objectives are achieved:

- Identification of misconceptions and barriers to best practice
- Group exercises aimed at improving the understanding of the link between the malaria transmission cycle and key malaria control interventions
- Facilitation and consensus building around key messages and best practice



Local government area training clusters

The burden of malaria remains extremely high in Nigeria. Capacity to identify, treat and manage the disease is critical at all levels

Photo: William Daniels/ Malaria Consortium



Keep-up phase

Keep-up phase

The keep-up phase comprises activities aimed at maintaining and possibly increasing the level of coverage of interventions for malaria control in an area. This includes interventions aimed at:

- re-enforcing knowledge and skills on malaria case management
- improving the management and supervisory skills of malaria control teams at the national, supported states and LGA levels
- strengthening key health systems supporting malaria control interventions to maintain quality of care, availability of supplies and funding
- strengthening the institutions responsible for malaria control to ensure sustainability of the programme support.

Programme management

The development of programme management modules took place a year later than those for service delivery. While developed specifically for malaria programmes, they could also be used for the management of other health services. The programme management training covers state level and LGA management staff, including health workers, in 25 percent of LGAs in each of the programme states.

Six programme management modules have been developed. They include:

- financial management and procurement
- supply management
- programme planning and budgeting
- general management
- integrated supportive supervision (ISS)
- monitoring and evaluation

On-the-job capacity building

Much of the programme management capacity building is carried out through hands-on support and on-the-job capacity building, which has been incorporated into ISS. All the capacity building modules are designed to maximise adult learning through participation and experiential learning and sharing; didactic techniques are kept to a barest minimum. Each of the modules are designed to include both the trainer and trainee versions, doubling as training material and as a guide to help service providers and managers in the health sector undertake specific tasks on their own. For example, the service delivery module for malaria case management at both the primary and first referral levels contains exercises that provide experiential and self-learning (do-it-yourself) opportunities for the health care provider. Similarly, the management module outlines in significant detail how to set up ISS / on-the-job capacity building.

Institutional strengthening

SuNMaP is supporting NMCP and the SCMPs to strengthen their work, to take capacity building on board and institutionalise it. This involves improving coordination and planning within federal, state and local levels to improve or develop operational plans for effective malaria control.

SuNMaP does this through technical assistance, coaching and mentoring.

Rural health workers: turning pains to gains

“
In the early days, severe malaria claimed the lives of
**one in 15
under-fives**
”

There has been a reported decline in the number of cases of anaemia and severe malaria in the three years since SuNMaP began

Dorothy Ibrahim is a rural health worker of many years' standing. She is a proud contributor to the fight against malaria in the rural settlement of Gauraka in Tafa Local Government Area of Niger State.

“ In the early days, severe malaria claimed the lives of one in 15 under-fives in my area. The traditional healer would give the baby a herbal concoction and tell the parents that the baby would get well before morning. But the baby would die of worsened fever that same night. Nowadays, I never see severe cases of malaria in babies at all.

“ After I qualified, I returned to work at the local health care centre. I would do all that the books demanded but still lose the baby. Years went by and the local health centre was upgraded to a model primary healthcare centre. There was more modern equipment, and capacity building from SuNMaP, as well as long-lasting insecticidal nets (LLINs) and intermittent malaria preventive therapies for pregnant women (IPTp). All these have changed the course of service provision.

“ I support the home management of malaria by working with community volunteers that we call community care givers. They work with local people to identify fevers and give drug treatment as necessary. I tell them to refer persistent fever cases to me. I also give talks about how to hang the LLINs properly and take care of them, and encourage environmental sanitation and hygiene.

“ Since the LLINs and IPTp support to first time mothers started, cases of anaemia and severe malaria have declined. There have been none at all in the three years since SuNMaP began.”



CASE STUDY

Medicine vendors: giving the right treatment

“ Before the training, I would prescribe ACTs to many more people ”

Aloysius Okafor's small shop sits on a bustling side street in Somolu, Lagos. He is a Patent Medicine Vendor, who sells soap and snacks, water and insecticide, but most frequently drugs such as paracetamol. He also sells ACTs – artemisinin combination therapy drugs that are used to treat malaria.

“ People with a fever or a headache come and ask what's wrong,” Aloysius says seriously. “Malaria is endemic in this country, so yesterday I saw four cases. People tell me their symptoms and I can give them the ACTs.”

Aloysius has taken part in a SuNMaP training that has shown him the importance of basic diagnosis and how to treat malaria. He took part in a three-day course that included an overview of malaria, its causes, how it is transmitted, its presentation, clinical diagnosis, when to refer, how to treat malaria and more.

“ The two teachers were there to train us and we had an exchange of ideas. They were excellent – we learned a great deal. The training has added a lot. It made me know much more about how medicine should be given to clients. It was a big influence on me.”

He is now much more able to give the right treatment to people who ask him for help.

“ Since the training, I can manage them better. The uncomplicated cases get ACTs, the complicated ones I refer to hospital.”

Aloysius Okafor, patent medicine vendor:
the training has improved his abilities to
prescribe anti-malaria drugs appropriately

Photo: Akintunde Akinleye / Malaria Consortium



Malaria control managers: managerial tasks made easy

“ I now have the confidence to use my knowledge and skill to support facility workers

Anthony Joshua, a deputy director in the primary health department of Tafa local government area, is the focal person for malaria control.

Malaria control managers such as Anthony have the responsibility of supervising facility workers in the management of malaria and data generation. They also interact with other programme managers, carrying out activities together, particularly on disease control and sharing of information.

Recently, he participated in a series of trainings organised by SuNMaP.

“ I have attended training on programme management such as planning, supervision, monitoring, and malaria management, including for diagnosis and treatment.”

Anthony considers his work has improved considerably as a result. He described his ability to carry out his responsibilities in the past as “not too bad, but I could not calculate ACT use and my data was not always correct”.

“ As a result of the training, there has been improvement in my knowledge of malaria control and managing people.”

Besides the training he attended, Anthony finds the supportive supervision from the state malaria control programme and programme implementing partners very useful. He says:

“ The officials come to encourage and correct me. I am always happy to receive them.”

Anthony is able to provide support to his subordinates and passes on the skills he has acquired.

“ They are always happy to see me because I don't harass them.”

He admits that, in the past, his relationship with facility workers was not always cordial.

“ They used to find excuses to run away from the facility when they saw me or any supervisor around. Now this has changed.”

Anthony has no concerns about his future now because the training has given him the necessary knowledge and skill to perform his job well. He is, however, concerned that if the current funding support for meetings and anti-malaria commodities by SuNMaP is not continued by the government, malaria control activities may suffer.



Community health extension workers: keeping up to date

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“ One of our clients testified... with the use of the LLINs, she and the children rarely have fever

.....

Victoria Philemon is a Community Health Extension Worker at the Basic Health Clinic in New Wuse, in Tafa local government area in Niger State. She has worked there for the past eight years.

“ The training I received has enabled me to be well informed in treating malaria with the current medications and also advising clients on the proper use and care of the long lasting insecticidal nets (LLINs).”

“ The Local Government Malaria focal person, Anthony Joshua, attended a training funded by SuNMaP and on his return he passed on to us the knowledge he acquired at the training. He told us about the use of sulfadoxine-pyrimethamine (SP) the prevention of malaria in pregnancy. We were also told how the LLINs are to be used and cared for.”

The New Wuse Basic Health Clinic is one of the health facilities being supported by SuNMaP. SuNMaP provides LLINs and

antimalarial drugs for pregnant women, and artemisinin combination therapies for the treatment of malaria.

“ The provision of antimalarial services has been beneficial. One of our clients testified that before she started using the LLINs in her household, there was hardly a week that she would not visit the health centre. However, with the use of LLINs, she and the children rarely have fever.”

But there is still room for improvement.

“ I feel quite happy that mothers are availing themselves of the malaria prevention services we are offering here in this clinic. However in the past two weeks we have run out of LLINs, and this might have a negative impact on clinic attendance. Our clients are the ones who tell their neighbours about the free malaria services being offered at the clinic.”



Community care givers: bringing care closer to home

“ I see many people who say: ‘when my baby had a fever, you treated her and she got better’ ”

Fatimah Ibrahim is a 30-year-old mother of four who has brought her youngest, six-month-old Humaida, with her to a bustling health centre in Minna, the state capital of Niger State.

Fatimah is a community care giver – a volunteer who gives basic malaria treatment to under-fives and advises on its prevention. It’s a very important task in her rural area.

“ The parents keep bringing their children. Sometimes I see 10 people a day, ” she says.

SuNMaP works to improve the capacity of local communities to tackle malaria by supporting and funding the training of community care givers, such as Fatimah. The women and babies who live in rural communities don’t always have access to malaria prevention or treatment, which is where Fatimah comes in. She lives in the rural area of Gada, some half hour’s drive from Minna. Her catchment area covers a population several thousand strong.

Fatimah became a community care giver in 2011. The message went out for people in her area, preferably women, who could read and write, to come for training. The local traditional chief knew she had received some schooling and advised her husband that she put herself forward. As a result, Fatimah learned how to spot, and treat, malaria in under-fives, as well as malaria prevention information that she could share with members of her community.

“ It is very important that their parents should bring the children as soon as they spot signs of fever, and after that make sure they take the medicine correctly, ” she says.

She has many satisfied customers:

“ Then they recommend me to others. This saves a lot of money and many hours work for the health facility. ”

Visit your nearest trained health worker
for prompt test and treatment

For A Malaria Free Niger State, Play Your Part

Nikanyi bacci a cikin
gidan sauro mai kushi da
maganin sauro a koda yashe,
domin kare kaina
daga zazzabin cison sauro



If you have **fever in pregnancy**
suspect **malaria!**



Visit your nearest trained health worker
for prompt treatment



Challenges

- **The limited commitment of funds for capacity building activities at many levels.** For instance, roll out of training to all LGAs that want to institutionalise capacity building is not financially supported by ministries.
- **Working with NGO colleagues, or programme implementation partners, who have their own capacity building needs.** This requires management time, oversight, trying to get them to understand, and to ensure quality.
- **Harmonisation** – getting people (stakeholders, participants) to agree on a common approach to capacity building requires extensive consultation and several iterations which are time consuming.
- **Lack of commodities, or delays in receiving them, can be a problem.** Programmes are reliant on elements of health services (eg procurement) that are broken, fragmented, or dysfunctional. SuNMaP can't fix the whole system. So what does that mean in the long term?
- **Not all of those who are trained as trainers turn out to be good at it.** Professors and doctors, while being highly technically proficient, are not always able to effectively deliver training content using the approaches captured in the capacity building modules. In fact, in some cases, they have shown specific interest in the techniques and want to use them in their lectures at their training institutions, illustrating the additional benefits of SuNMaP's efforts.
- **There is a wide variation in health system architecture** from state to state resulting in states having different needs and priorities.
- **Comparatively shorter attention span of private sector health providers** requires stronger facilitation skills and innovation.
- **Integrating malarial control management** within the broader health system is essential for sustainability.

It can be hard to ensure commodities are always available to those who need them

Photo: Akintunde Akinleye / Malaria Consortium



Going forward

While capacity building has been consolidated in the states where SuNMaP works, there is plenty that remains to be done.

SuNMaP is currently working with the NMCP so it can take on the capacity building process, going forward to lead states, encouraging them to undertake capacity building processes for their own staff.

Operational research is being carried out to assess the effectiveness of SuNMaP supported capacity building work and inform further improvements.

Capacity building must necessarily take into account the fact that SuNMaP will not always be there – so sustainability of any work must always be taken into account.

However, SuNMaP hopes to keep going with this work past the programme's current end

date of 2013, especially as it is just starting to roll out the work to four other states.

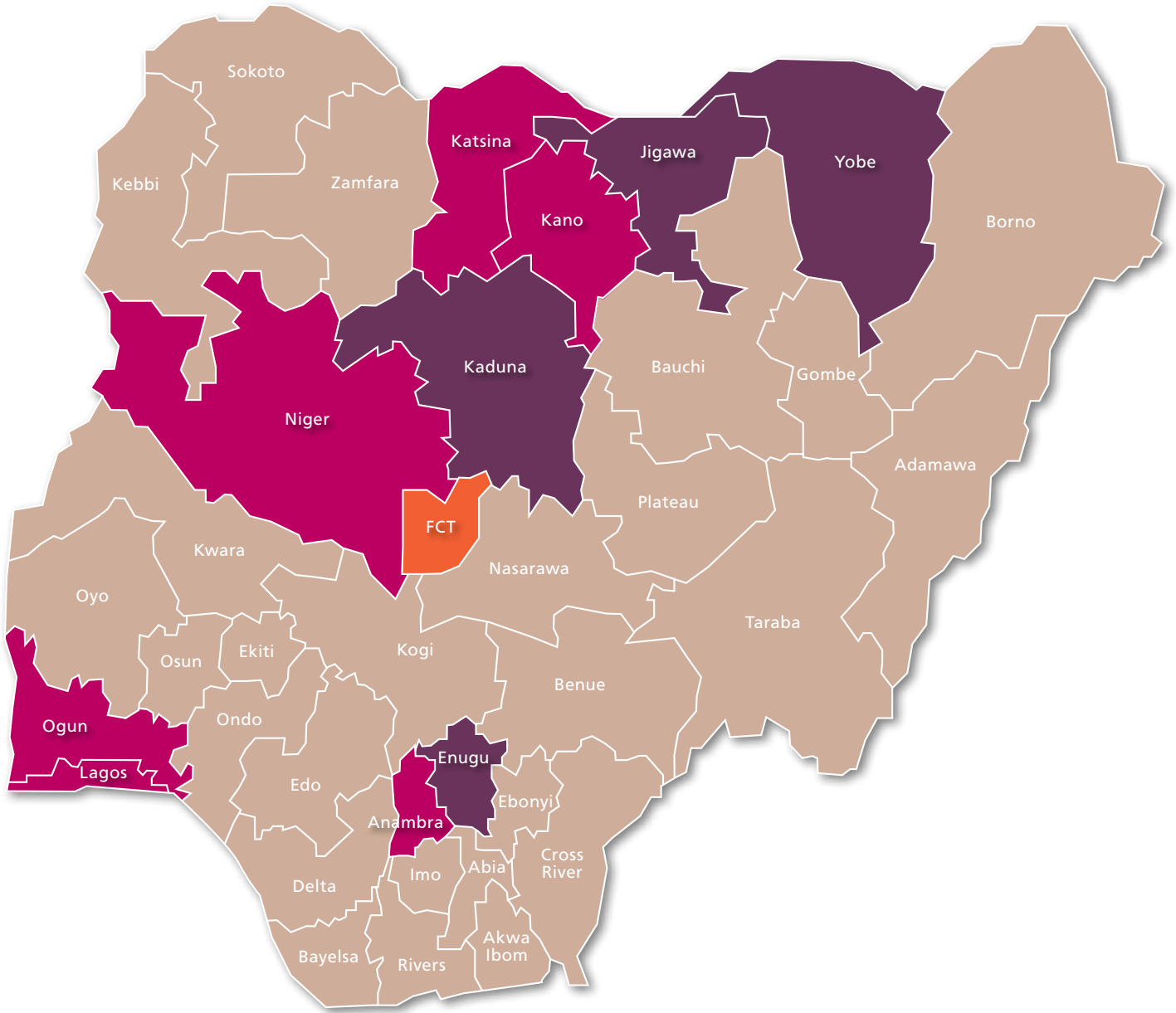
Much of SuNMaP's capacity building has been done alongside the provision and use of malaria prevention or treatment commodities (such as LLINs or ACTs). This has been done, for instance, by teaming up with ante-natal clinics to provide nets to pregnant women. If malaria commodities are unavailable, this threatens both the capacity building work, and the motivation of the women who attend that facility.

Rapid diagnostic testing for malaria is starting to reach Nigeria. It has yet to be seen who will conduct these tests. However, it will necessarily involve training or other forms of capacity building when it is rolled out.



SuNMaP hopes to keep up its capacity building programme to ensure long term sustainability of service provision for malaria

Photo: Akintunde Akinleye/
Malaria Consortium



- Location of SuNMaP Programme Office
- Initial six states supported by SuNMaP
- Additional four States supported by SuNMaP

About Malaria Consortium

Malaria Consortium is one of the world's leading non-profit organisations specialising in the comprehensive control of malaria and other communicable diseases – particularly those affecting children under five. Malaria Consortium works in Africa and Southeast Asia with communities, government and non-government agencies, academic institutions, and local and international organisations, to ensure good evidence supports delivery of effective services.

Areas of expertise include disease prevention, diagnosis and treatment; disease control and elimination; health systems strengthening, research, monitoring and evaluation, behaviour change communication, and national and international advocacy.

An area of particular focus for the organisation is community level healthcare delivery, particularly through integrated case management. This is a community based child survival strategy which aims to deliver life-saving interventions for common childhood diseases where access to health facilities and services are limited or non-existent. It involves building capacity and support for community level health workers to be able to recognise, diagnose, treat and refer children under five suffering from the three most common childhood killers: pneumonia, diarrhoea and malaria. In South Sudan, this also involves programmes to manage malnutrition.

Malaria Consortium also supports efforts to combat neglected tropical diseases and is seeking to integrate NTD management with initiatives for malaria and other infectious diseases.

With 95 percent of Malaria Consortium staff working in malaria endemic areas, the organisation's local insight and practical tools gives it the agility to respond to critical challenges quickly and effectively. Supporters include international donors, national governments and foundations. In terms of its work, Malaria Consortium focuses on areas with a high incidence of malaria and communicable diseases for high impact among those people most vulnerable to these diseases.

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