

Harmonisation of malaria control in Nigeria



Learning paper series

Since starting operations in 2003 (and in 2008 in Nigeria), 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.

Amarachi with her daughter visiting a primary healthcare clinic in Niger State



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What is harmonisation?

As used by SuNMaP, the term ‘harmonisation’ means working with supporting partners locally, nationally and internationally, to meet a common purpose: to reduce the burden of malaria.

SuNMaP’s partners include funders, technical agencies, community organisations and the private sector (both national and international). There are some 25-30 partners supporting malaria control in Nigeria. The programme support on harmonisation is done with the government in the lead. The programme is also supporting the National Malaria Elimination Programme (NMEP) to take the lead in coordinating all tiers of government’s response to reducing the huge malaria burden of the country.

The aim of harmonisation is for partners to employ similar approaches, tools and methodologies in all of their malaria prevention and treatment work. Only by doing this, will they work together for maximum impact, making best use of resources (avoiding gaps and duplications) and ensuring value for money.

The overall aim of the programme support on harmonisation, based on OECD aid effectiveness, is to move the Roll Back Malaria (RBM) partnership support from the current level to that of ownership, where the NMEP sets the agenda for malaria control in the country. For NMEP to do this effectively, their capacity on coordination across other tiers of government needs to be built as well.

SuNMaP

Support to the Nigeria Malaria Programme (SuNMaP) is an £89 million UKaid funded project 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 August 2015.

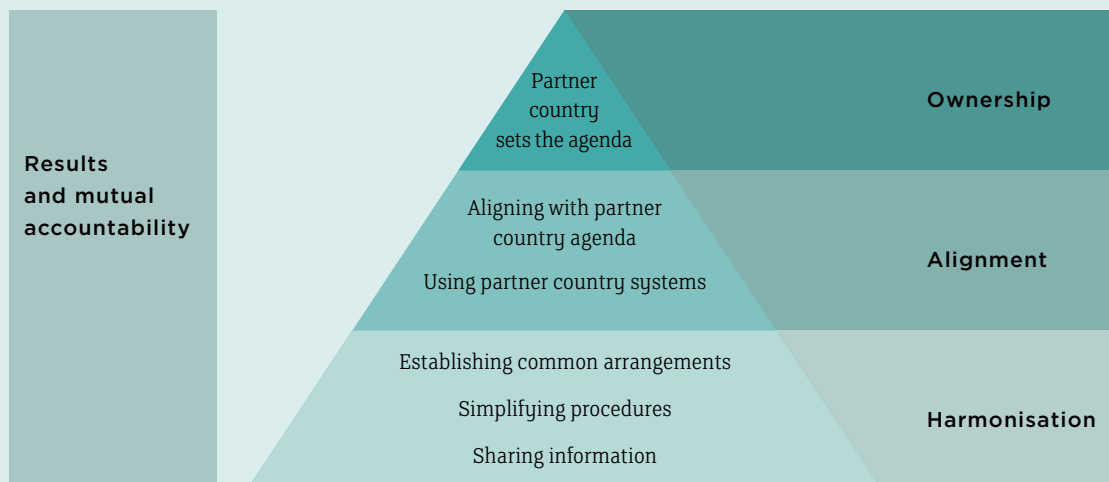
Malaria in Nigeria

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

Preparing nets for distribution during a long lasting insecticidal nets campaign in Anambra

OECD aid effectiveness diagram





Coordination

For harmonisation to be sustainable (leading to alignment and ownership; see the OECD aid effectiveness diagram) there is a need to support NMEP coordination activities*.

The term 'coordination' refers to all tiers of government – local, state and national – working together. Coordination encompasses interactions involving the NMEP, State Malaria Elimination Programmes (SMEPs) and Local Government Areas (LGAs) including the private sector.

Coordination involves agreeing on goals, purpose, objectives, strategies and responsibilities of each tier of government for malaria control in Nigeria. This is now used as a guide for contextual response by all tiers and measurement of achievement of rollout. Strong coordination and effective harmonisation should work together to ensure each partner in each sector is working together collaboratively in support of a response plan agreed to by all tiers of government. To that end, SuNMaP set out a coordination framework at the outset of the programme.

SuNMaP's aim is that resources are coordinated (both government and partner resources) and harmonised (partners' resources) for all key malaria control interventions so that the people of Nigeria benefit from them.

At the outset of the programme, SuNMaP documented the work that was already being done, and by whom; what their roles and responsibilities were; and how they interacted with the country's health system. This was important at state and local level. It helped to clarify what should be done, as well as assisted the government with its coordination and build it into its strategic plans.

The importance of harmonisation

Improving malaria control and prevention in Nigeria involves many different organisations, doing a range of different and ideally, complementary work. It is essential that these partners are not acting at cross-purposes, duplicating work they may not know had been done elsewhere. All the partners should have similar approaches and be operating from a similar knowledge base; communication between partners is key.

Harmonising the work of a large number of partners offers many potential benefits but can be hard to achieve. In particular, there is a need to avoid wasting money and resources. Donors recognise that the allocation of significant funding could be counterproductive if efforts are not made to ensure all resources are well-synchronised.

Out of all the malaria control partners in Nigeria, only SuNMaP is addressing harmonisation. As a result, all such partners look to SuNMaP for strategy and leadership in this area.

SuNMaP also contributes to global harmonisation efforts. Different partners operate at various levels and in diverse ways. For instance, they are not only influenced by priorities in Nigeria, but by what is happening globally – for example, by the overarching targets of the Millennium Development Goals.

* These activities are detailed in the Malaria Consortium Learning Paper, Building capacity for universal coverage: Malaria control in Nigeria, which is part of a series of papers focusing on SuNMaP's work, and is available at www.malariaconsortium.org/learningpapers.

Case study #1

Olatunde Adesoro
Technical Malaria Manager
Ogun State

Olatunde Adesoro is Technical Malaria Manager for SuNMaP in Ogun State. As part of this role, he provides high level technical support to the State Malaria Elimination Programme (SMEP) in programme management and service delivery.	One of the activities where harmonisation has been used in Ogun State as well as in other states is in training on service delivery and programme management. "SuNMaP supported NMEP/SMEP to work with implementing partners to harmonise training plans, modules and approaches (mode of delivery) in support of the NMEP."	SunMaP's harmonisation efforts, however, have helped to reduce some of these challenges. "States now have a pool of trainers on the harmonised modules that can be used by any partner, and the same messages are being passed to service providers during trainings. An adult learning delivery approach also ensures all trainees are exposed to the same delivery methodology.
"Harmonisation is part of the programme management functions of SMEP and my role is to support the SMEP to identify and map out implementation partners by thematic area, and work with partners in each area to build consensus around the development of systems, frameworks, tools (including plans), strategies and approaches for implementation," he explains.	But there have been challenges: "For example, the availability of too many training modules [causing] difficulty in harmonising; territorial tendencies of partners causing initial delays in getting full participation; and partners trying to maintain the 'originality' of their materials in the harmonised version.	"In addition, partners don't need to go through the process of developing modules or training trainers, thereby, saving resources. The process of updating and reviewing the training modules and approach is agreed with NMEP and is now in the driving seat."
"Harmonisation has helped to leverage resources (do more with less) through co-funding of activities with partners, and to build a cordial working relationship with the State and other partners. It has also helped to integrate interventions into state systems through consensus building. Because there are inputs from the State and other partners, interventions are carried out with high quality technical processes. Additionally, harmonisation has helped to build capacity of SMEP to lead on harmonisation beyond the life span of SuNMaP."	"Most partners also favour or focus on service delivery training on thematic areas rather than as a comprehensive service delivery package proposed for the harmonised modules. Consensus building around issues is also never an easy task, is time wasting and causes delays."	

Planning harmonisation

Extensive resources are being employed in the effort to strengthen malaria control in Nigeria, as laid out in the NMEP strategic plans 2009-2013 and 2014-2020. These resources come from a range of international donors and government funders. Harmonising these resources, and the activities involved, is vital to ensure the Nigerian people gain maximum benefit from them.

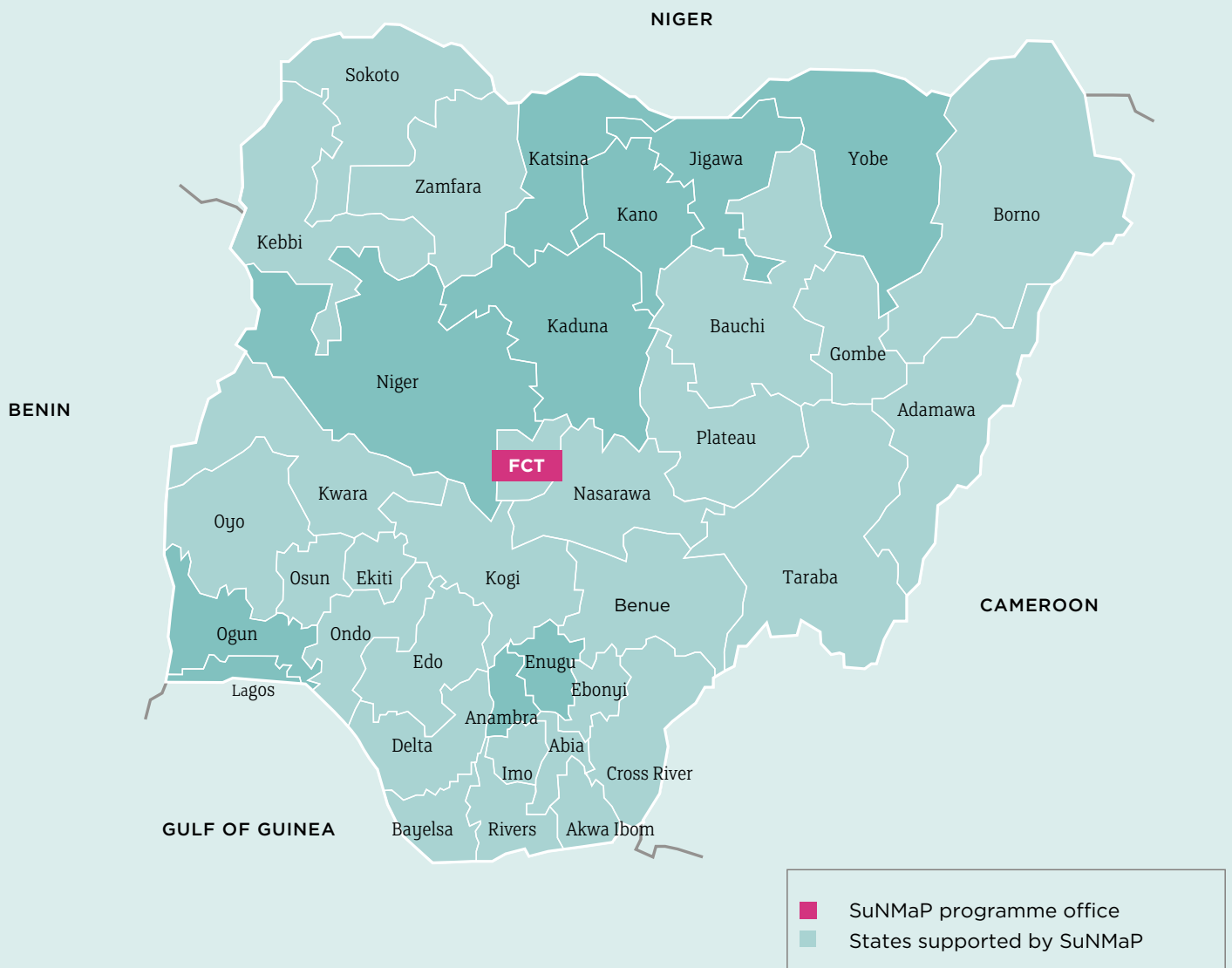
In 2008, a meeting to finalise implementation of Global Fund Round 8 malaria grant quickly led to discussions on the success of the implementation of the 2009-2013 National Malaria Strategic Plan. At the end of the meeting, a number of key issues requiring a harmonised approach by all partners were agreed upon. Various partners were asked to take the lead in areas where they have a comparative advantage. SuNMaP took the lead in the long lasting insecticidal net (LLIN) universal campaign and the first stream of work. With the successful implementation of harmonisation around the universal LLIN campaign, among other factors, the programme has been recognised by all partners on harmonisation across all other agreed areas.

Harmonisation is a process, where it is necessary to be transparent to show how partners have been involved and how decisions were made. It is important that this is documented as all partners contribute effort and money to the process, and so that when, for instance, tools and methodologies are developed, the process by which it came about is apparent to all.

As set out in SuNMaP's original strategy documents, and developed over the intervening period, the framework for harmonisation and collaboration is as follows:

1. **Identifying priority issues** for the National Malaria Strategic Plan implementation and providing practical coordination support by facilitating dialogue and consensus building among RBM partners.
2. **Develop and agree harmonised implementation methodologies and tools**, which SuNMaP pilots to review what works and what needs improving.
3. **Resource leveraging** to identify potential source of resources to implement plans and fill critical health systems gaps that require interventions beyond the malaria sub-sector.
4. **Harmonised implementation** by partners with government in the lead, to ensure all funding sources towards collective strategic goals and objectives are equitably distributed nationally. For example, SuNMaP's experience has informed the design of USAID's implementation project MAPS although they are not working in the same states.
5. **Monitoring and evaluation**, implementation and re-plan as may be required. This usually requires development of multi-year plans for a wider rollout
6. **Demonstrating the impact** of these strategies in the states SuNMaP is supporting, while putting in place structures for effective rollout of such activities across the country.

States supported by SuNMaP in Nigeria



Harmonisation is cross-cutting over every SuNMaP output*. For instance, under the capacity building output, capacity building/training curriculum and tools (modules) for all health workers were jointly developed. This is being rolled-out across the country by all partners. Under the demand creation output, all media materials were designed to contain similar facts and malaria prevention and treatment messages consistent as contained in the Advocacy, Communication and Social Mobilisation strategic framework and implementation plan.

In addition, developing the capacity for NMEP to carry out coordination is built into SuNMaP's capacity building output while activities aimed at developing NMEP capacity for harmonisation are in the harmonisation output. How this capacity is actually used – for instance, in demand creation, treatment or operational research – is spread across the other outputs of the programme.

SuNMaP is one of the biggest projects funded by the UK Department for International Development (DFID). There are partners in Nigeria's RBM partnership providing bigger funds than DFID, however, SuNMaP's positive and influential work as compared to the size of its funding is recognised by other partners.

Harmonisation is cross-cutting over every SuNMaP output

*SuNMaP's work is divided into six outputs, each focusing on one element of comprehensive malaria control: (1) capacity building; (2) harmonisation; (3) prevention of malaria; (4) treatment of malaria; (5) demand creation; (6) operations research.

Posters with malaria messages hang on a wall of a primary healthcare centre in Niger State



Case study #2

Chibuzo Oguoma
Technical Malaria Manager
Enugu State

<p>SuNMaP supported the state to develop multi-year plans as a tool for harmonising partners support to the implementation of the NMEP's strategic plans. These multi-year plans serve as guidelines for implementing activities requiring more than one year to implement and conclude.</p>	<p>"Harmonisation has helped the state to achieve much. For example, with ISS/OJTCB, harmonisation has brought together major actors supporting health sector activities to adapt ISS to state context, agree on the home for ISS, constitute the team, develop the required framework and tools for primary healthcare centres and hospitals, and jointly fund its implementation. The active players involved are major state stakeholders (different departments of the State Ministry of Health, SMEP, local government areas and line ministries, departments and agencies) and partners (PATHS2 and SuNMaP).</p>	<p>reduced for both stakeholders and programmes - for example, the cost of implementing ISS/OJTCB has been shared (by the State Ministry of Health, PATHS2 and SuNMaP which had taken turns to fund ISS/OJTCB implementation). "Additionally, the cost of funding donor-coordination forums is now borne by UNICEF, PATHS2, SuNMaP and the State Ministry of Health, and the cost of rolling out some capacity building/training activities (e.g. malaria in pregnancy implementation and maternal, newborn and child health weeks) by UNICEF, PATHS2, SuNMaP, State Ministry of Health and others."</p>
<p>"For example, there are plans on advocacy, communication and social mobilisation; capacity building/training; integrated supportive supervision/on-the-job capacity building (ISS/OJTCB) implementation; and anti-malaria commodities distribution; as well as frameworks that underpin multi-year (and yearly) plans," says Chibuzo Oguoma, Technical Malaria Manager in Enugu State.</p>	<p>"The harmonisation efforts using the multi-year plans has improved outputs and value for money and has helped to address some challenges such as: 'herding cats' syndrome; mutual suspicions; lack of commitment to agreements; turf consolidation; and partners/programmes struggling to meet their mandates and deadlines (and therefore, having less time for harmonisation).</p>	
<p>"Harmonisation efforts using the multi-year plans is important - since several bilateral/multi-lateral partners, NGOs and stakeholders in the malaria subsector, there is a risk of overlap and repetition of operations and activities", says Chibuzo. "Budgets, mandates, tenures, objectives and approaches also differ. Activities cross-cut among stakeholders and partners (external) and along outputs (internal to SuNMaP) and may run for more than a year.</p>	<p>"Results of harmonisation using these plans have varied from state to state. In Enugu State, the cost of producing some tools have been shared among programmes (PATHS2 and SuNMaP) and the burden of programme rollout has been</p>	

“E- : = 2@ < 3?ollout of harmonisation

Harmonisation and universal net campaigns

In November 2008, an in-country partnership meeting with global partners was held to discuss how the 2009-2013 National Malaria Strategic Plan would be implemented and targets met. A number of key areas were identified where a harmonised approach would be required. These included stand-alone universal net coverage campaigns – which was a priority area – as well as NMEP planning, capacity building, NMEP coordination mechanisms, diagnostic and case management, indoor residual spraying, procurement and supply chain management, behaviour change communication and monitoring and evaluation.

In the early years of SuNMaP's work, NMEP and SuNMaP, together with other partners, sought to rapidly scale up the coverage of LLINs across Nigeria. These mass campaigns were intended to provide nets to every household in the country, and were huge endeavours that were organised state by state. SuNMaP and its partners intended for each state to work with and learn from each other, and not have stand-alone campaigns in the different states.

While many partners were interested in this mass campaign, at the outset, there was no strategy for conducting a nationwide stand-alone campaign in Nigeria. It was agreed that SuNMaP would take the lead in developing this campaign. Consequently, SuNMaP provided a platform to bring all interested partners together to develop a model for the distribution of these nets. All contributed to developing these guidelines.

The roles and responsibilities of various partners were identified, which included the provision, storage or delivery of nets and various aspects of demand creation. The partners agreed on detailed ways of designing the project, methods of rolling out the work and monitoring its success. Training materials were developed as a result of these guidelines and individuals were trained to use them.

These materials were used to inform beneficiaries about the objective of the campaign, where to get nets and the benefits of using a net. All partners developed the generic materials, which were adapted as the campaign moved from one state to another.

Each partner and state involved in this process had a common understanding of implementation. Partners jointly scheduled and monitored this process.

The campaign guided partners in achieving rollout in specific geographic areas. The same methodology and tools were used throughout and the ability to work across the country was better streamlined.

SuNMaP took the lead in field-testing the campaign materials in the mass net campaigns in Kano and Anambra states. In these two states, the campaign distributed six million nets provided by partners, of which SuNMaP directly provided two million nets.

Following rollout in these two states, the methodology was revised. A team of technical assistants and NMEP staff was constituted and funded by partners, including SuNMaP, to support rollout across the nation. This allowed NMEP to continue with its routine work and ensure the campaigns were successfully implemented.

Women receive their free insecticidal net distribution in Kano
Photo: William Daniels





Harmonisation and capacity building

When SuNMaP began in 2008, one of its first tasks was to strengthen capacity building in malaria control, of which a major part was training those working in the area. Capacity building was consequently divided into the spheres of service delivery and programme management.

Service delivery was considered first. While drugs for malaria treatment were already being supplied, there was a need to improve and standardise the quality of care patients received. In addition, artemisinin-based combination therapy as a treatment for malaria was new, and health workers needed to be taught how to use it appropriately.

There were many questions involved in considering how best to start this. However, one element that partners agreed on was that there should be a minimum level of learning skills for health workers. This needed to be standardised across the sector.

The first step was for SuNMaP to assess what training information was currently being used by partners. Often, this information did not exist (especially for programme management training), but where it did, no changes were made to the content. A set of 14 (eight service delivery and six programme management) modules were developed for use in training. It was decided that this training should be held for a maximum of three days, so that health workers would not need to be absent from their jobs for long periods.

This training was delivered in clusters: hospitals, health clinics and the community. In one year, 8,000 people were trained using adult learning methodology and starting with the training of trainers, which was then cascaded elsewhere.

These training modules covered different aspects of the curriculum, used job aids and the same methodology. Field-testing was led by NMEP and supported by RBM partners. The outcome was used to revise the modules accordingly and the NMEP have adopted them as capacity building guidelines.

Subsequently, programme management modules were also agreed, using similar harmonised development and field-testing processes.

There should be a minimum level of learning skills for health workers and this needs to be standardised across the sector

Case study #3

Dr Veronica Momoh
Capacity Building Advisor,
Malaria Action Program for States

<p>"Before 2010, there were no modules on the programme management of malaria control in Nigeria. Different programmes had developed their own specific service delivery modules. Several changes in the national malaria policy had occurred over time and the service delivery modules were not addressing these changes. In addition, there was no universal set of modules owned by the NMEP.</p>	<p>used in several of the supported states. MAPS had used the modules for some time so they were invited to review them by the relevant stakeholders; I was the MAPS representative. I am also a national trainer on both programme management and service delivery. The NMEP also had representatives involved, and so did other organisations, consultants who trained using the modules, and trainers themselves.</p>	<p>relationship with them. We have been part of something that we are willing to do together. But for some other partners at that time, they were involved in malaria control but had no money for training, so it was tough to get their commitment. Now, a few years later, they have to do training but in the short-term, it seemed that it wasn't their problem.</p>
<p>"At this point, SunMaP began supporting the NMEP to develop programme management and service delivery modules for the training of those working in malaria control. This was part of SuNMaP's capacity building output. Their purpose was to standardise and improve the way this work was done."</p>	<p>"As a result, changes were made to the modules - involving its contents and how the information should be communicated in terms of method, language, phrasing, and mode of training delivery.</p> <p>"Harmonisation was important here. Initially, every project worked in its own way. Deciding what should be used and what should not took a lot of time, as did ensuring that the updated policies and strategies were reflected in the modules. Getting other partners to also buy in with the same commitment was a bit of a challenge, as was getting NMEP to lead. SuNMaP pulled them all together, and it was tough.</p>	<p>"Our role was in piloting the modules in the first few states, and reviewing the modules. We were also involved when the NMEP adopted the modules for national - including its own - use. These updated modules are now used in other states supported by the Global Fund and other donors. The feedback from these findings is still being checked and when it is time for another review, we will be part of that process too.</p>
<p>Dr Momoh was involved in field testing these modules.</p>	<p>It was also a challenge to get the modules used considered as national, not SuNMaP, documents.</p>	<p>"The biggest lesson is that people know theoretically but it is harder in practice: put the government body in front and be seen to be the silent partner regardless of your contribution. And because you need to have the government's and state's leadership to own this, you must work at their pace."</p>
<p>"Malaria Action Program for States (MAPS) does similar work to SuNMaP, but in other states. I am the Capacity Building Advisor with PMI/MAPS and am responsible for the capacity building output.</p>	<p>"Harmonisation between us and SuNMaP is good. We have a good understanding of what the modules aimed to achieve and have a positive</p>	

What worked well

Many aspects of harmonisation and coordination across SuNMaP and its partners' work have proved very successful. This has led to mutual accountability between partners and government in the effort to reduce the burden of malaria in the country.

- 1.**
LLIN rollout

Overall, the harmonisation of the mass distribution campaign worked very well. The universal coverage campaigns model and coordination structure has been adopted by all partners for a unified nationwide rollout.
- 2.**
Capacity building

SuNMaP and partners developed successful modules for the training of health workers in service delivery and programme management.
- 3.**
Diagnosis


Malaria rapid diagnostic tests have recently been introduced in Nigeria, and partners are currently working together on their rollout.
- 4.**
Advocacy

The Advocacy, Communication and Social Mobilisation (ACSM) strategic framework and implementation plan based on the National Malaria Strategic Plan was developed. This contains key messages for malaria control and pay off line as well as the 'brand' to be used by all partners in states all over Nigeria, including those where SuNMaP does not currently work. Additional implementation tools like community mobilisation guide and advocacy kits were also developed.
- 5.**
Monitoring and evaluation

SuNMaP has adapted and used World Bank tools for health facility assessment and has partnered with the World Bank for the first time to do a malaria indicator survey. Currently, data from 2010 on the spread of malaria and coverage of key interventions are available. Another survey is planned for 2014.
- 6.**
Operational research

There is now a compendium of all malaria research that is being, or has been, conducted in Nigeria. This is a one-stop shop to find research and is particularly helpful for academics and bodies such as the NMEP. Before harmonisation, there was no central knowledge of what research had been done and by whom, leading to potential duplication.
- 7.**
Clout

Bringing harmonisation into the work of malaria control in Nigeria has been enabled by the respect and influence of SuNMaP and its individual staff members. Much of this work is done directly by the programme, its staff members and other partners who are involved in the process.



A trained nurse administers antimalarials at a primary healthcare centre in Iberekodo, Ogun State
Photo: Susan Schulman



Challenges

One significant challenge is that each partner has its own yearly programme cycle. The way partners plan, implement, review and seek funding often varies for each partner. This variation is a major challenge for harmonisation and a framework needs to be developed to guide partners, taking into consideration any stage they happen to be in their cycle.

- 1. Demonstrating achievement**

The results of harmonisation have so far been difficult to demonstrate, particularly when a number of bodies or issues are involved. Progress must be measured by an increase in scope, depth and breadth, and cover large geographical areas. It may be possible to demonstrate harmonisation by looking at, for instance, a reduction in supply bottlenecks.
- 2. Value for money**

It has been recognised that value for money is one of the elements that must be taken into account in any harmonisation process. But doing this may be contentious if technical soundness and value for money are put in opposition to each other. An analysis on what the cost-drivers should be; how success can be quantified; what constitutes technical soundness in any particular issue; and how to decide if a process is going to be sustainable for the government to take on, in both technical and financial terms, should be started immediately. Looking at systematic application of processes that promote value for money will also be a major step.
- 3. Harmonised (multi-year) implementation plans**

Harmonisation and coordination are essential parts of the operational plans at state and national level, but often, benefits are not immediately evident to stakeholders. This has worked in different ways in various states, with differing achievements and challenges. For instance, in Lagos, the state training plan was reviewed but the outcome of that review did not inform the development of an annual operational plan. In Katsina, the state training plan developed by the state with SuNMaP support had not been executed because the state had expected the programme to fund it.
- 4. Practical difficulties**

Gathering relevant stakeholders together for consensus meetings can be a challenge, which leads to meetings being postponed as participants attending do not form a quorum. Increased commitment to attend these meetings is thus needed.
- 5. Ownership of work**

Sometimes, individuals may be reluctant for others to alter the design of particular projects. It is important that they understand that malaria control is a collaboration, not a competition. Progress towards this collaboration is continuing, as individuals increasingly understand that harmonisation ultimately leads to genuine progress.
- 6. Harmonisation at sub-national levels**

While this is still difficult to achieve, it is essential, as malaria control activities become more context specific and involve broader health system partners.
- 7. Capacity of NMEP and SMEP to lead harmonisation**

For NMEP and SMEP to continue to lead harmonisation and increase the engagement to a level that agenda is set by them, some institutional capacity is needed. Some of the systems that need to be built require support at the broader health systems and governance levels which are beyond core malaria control or RBM partners' core competence. In addition, the nature of institutional reform at the governance level requires long and sustained funding beyond usual donor funds for malaria control.

Medicine vendors like Aloysius learned how to prescribe antimalarial drugs appropriately through SUNMAP training
Photo: Akintunde Akinleye



Going forward

SuNMaP is working in Nigeria until 2015, at which point its work on malaria control will be continued by NMEP and SMEPs. This includes harmonisation and coordination alongside effective malaria interventions. In order for this work to be sustainable post 2015, a number of different elements have to be in place.

The sustainability that every programme seeks to achieve is tied to the involvement of partners and government. Success in this can only be achieved when partners collaborate and harmonise their efforts.

Harmonisation is not a one-off event and involves getting buy-in from all partners doing the work, receiving feedback and adjusting what they are doing as a result. As harmonisation is cross-cutting across all SuNMaP's outputs and efforts need to be geared towards deepening harmonisation and showing evidence of the achievements and gains that have resulted.

As we build capacity of NMEP on harmonisation, the programme will continue to increase the movement towards alignment and ownership as highlighted in the OECD framework.

This should be addressed in the following ways:

- The new National Malaria Strategic Plan provides opportunity to highlight areas that require harmonisation
- Review lessons of previous harmonisation effort
- Share lessons globally and learn from others
- Build capacities of NMEP and SMEP on harmonisation
- Link up with partners and programmes supporting health systems and governance reform to address wider reform issues.

Performance tracking is considered a good way of involving partners in harmonisation and coordination. Every partner wants to know what is happening within its programme and the wider malaria context, and the extent to which it is achieving value for money. It is important for NMEP to know what partners are spending and achieving, as well as the best practices that have been developed as this can be used for malaria control in various states and for other areas of health. All partners also need to know if there is a problem with one particular aspect of malaria control.

Linked to this is the issue of communication, both within the sector and more widely. It is beneficial for NMEP to know how information is flowing. Some questions to ask would include who is disseminating this information; who the target audience is (for example, for a website), where and how interested parties such as journalists or development professionals can access this information; and who is able to provide sign-off on this knowledge.



Nurses giving out nets and prescribing antimalarials at a primary healthcare clinic in Niger State
Photo: Susan Schulman



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 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.

www.malariaconsortium.org



Malaria Consortium is committed to a practical approach that integrates engagement between the community and health services, and national and global policy makers. It is an approach that is underpinned by a strong evidence base and driven by shared learning within and between countries

A mother walks home with her child after visiting a primary healthcare clinic in Z 64276





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