

Malaria-NTD-WASH co-implementation in schools in Nigeria

Experience from Ebonyi, Cross-river and Jigawa states

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Key messages

- Results from using a standard operating procedure show that Malaria-NTD-WASH co-implementation is feasible.
- Co-implementation requires a multi-sectoral approach with close collaboration between the Ministry of Health and other relevant ministries.

Introduction

Nigeria has the highest number of people in Africa affected by malaria and neglected tropical diseases (NTDs). In 2013, Nigeria Ministry of Health launched a National NTD Master Plan and a National Malaria Strategic Plan to achieve pre-elimination of NTDs by 2020.

While there is much progress seen since the implementation of these plans, coordinated scale-up is needed to reach elimination. This includes harnessing the synergies and similarities in prevention and delivery systems between malaria and NTD programmes to ensure cost-effectiveness. A school-based pilot intervention was therefore designed in 2016 to assess feasibility of co-implementation using a new National Standard Operating Procedure (SOP) for malaria-NTD-water, sanitation and hygiene (WASH).

Methods

Nine schools from three LGAs in three states (Ebonyi, Cross-river and Jigawa) were selected based on malaria endemicity, sociocultural diversity and programming experience in these areas.

The intervention was implemented in three phases: 1) development of co-implementation tools, training manuals and training-of-trainers 2) co-implementation pilot, and 3) compilation of lesson learnt to improve processes.

Teachers from each school were identified and trained on the mass administration of medicines (MAMs) Mebendazole and Praziquantel, distribution of long lasting insecticidal nets and the assessment of WASH activities in schools (availability of potable water, toilets and tools for practising good hygiene). A mixed methods approach including interviews, observations and quantitative data collection using mobile devices was used to assess teachers' abilities to use the materials and follow the SOP at various levels.

Results

Most state and LGA officials and school teachers had a good understanding of the SOP and related materials. However,

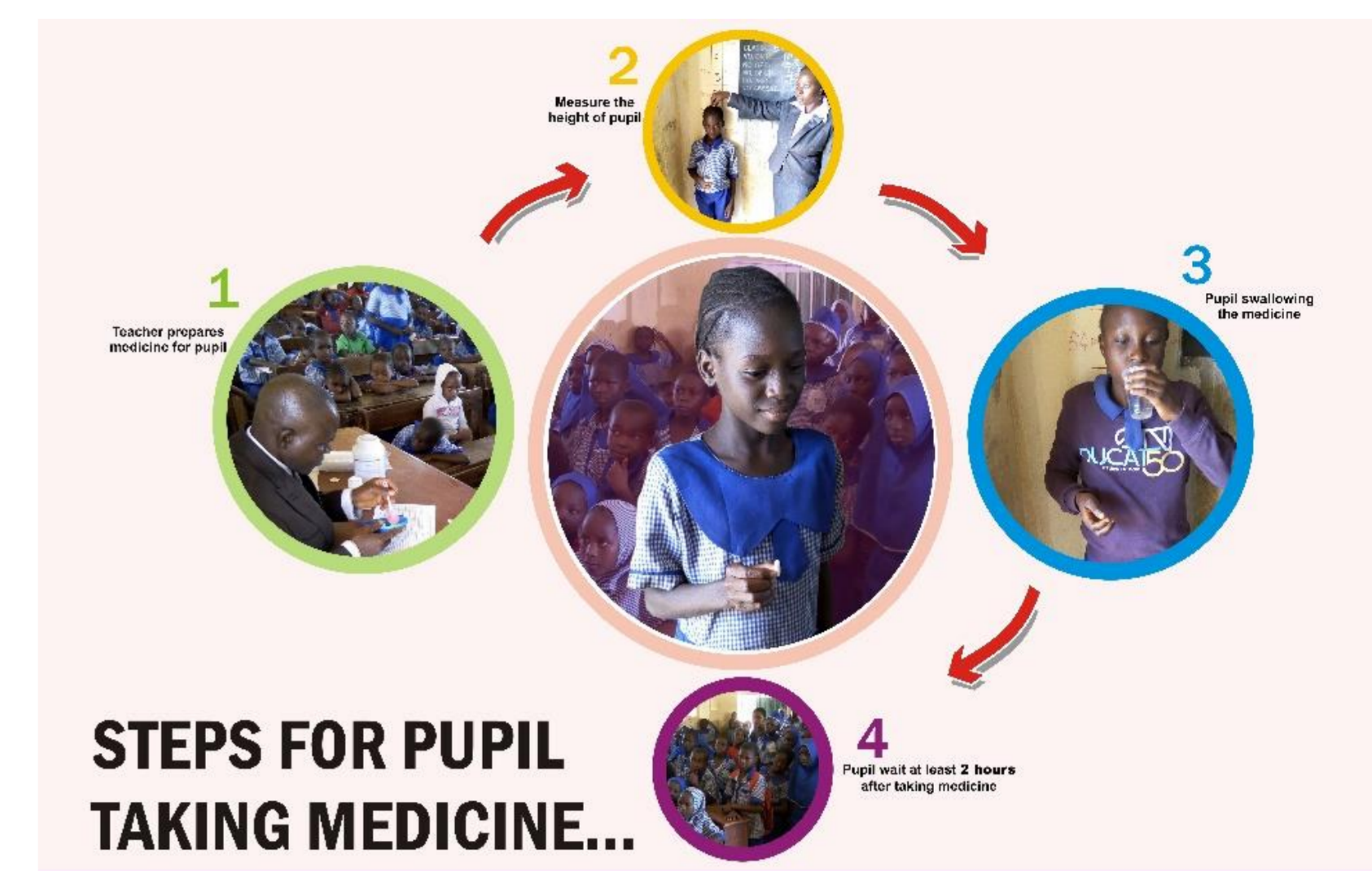
- those using it at the secondary school level found the SOP easier to use compared with those in primary schools, especially the procedures on the use of mobile (smart) phones for data collection.
- Some sections of the SOP had varying degree of relevance to different implementers. For example, costing and budgeting sections were applicable to state and LGA implementers but less relevant to service delivery points.
- WASH: Implementers understood and accepted the waste disposal management protocol for the WASH component.
- MAM: Of the 3,434 school children targeted for MAM based on school enrolment registers, 2,590 (75%) received MAM, achieving the minimum therapeutic coverage standard. The SOP was used to deal with six documented adverse drug reactions following MAM across the nine schools.
- LLIN distribution: 1,139 (88%) of the 1,289 targeted school children for LLIN distribution were reached with LLINs.

Some lessons learnt include:

- inadequacy of a one-day training to cover the modules on MAM, LLIN distribution, WASH, data capturing and reporting.
- facilitating co-implementation between malaria and NTD programme using a common protocol and tools brought about interaction between the two groups closing existing gaps
- co-implementation during the first week of school resumption affected coverage as some of the pupils were absent;
- innovative strategies for accessing hard-to-reach areas should form part of the roll-out plan; commodity management logistics could pose a challenge if not properly coordinated before, during and after co-implementation.

Conclusion

The intervention demonstrated the feasibility of the use of the national SOP for malaria-NTD WASH co-implementation by frontline workers in schools as well as LGA and state health workers. The pilot test provided evidence for the feasibility of co-implementing malaria interventions with NTD and WASH by sharing delivery structures and integrating training and harmonising tools in a cost-effective and efficient manner. This strategy has the potential for achieving greater coverage and reducing operational costs for both diseases.



Standard operating procedure materials



Teachers administering drugs to a pupil



Pupils receiving LLINs

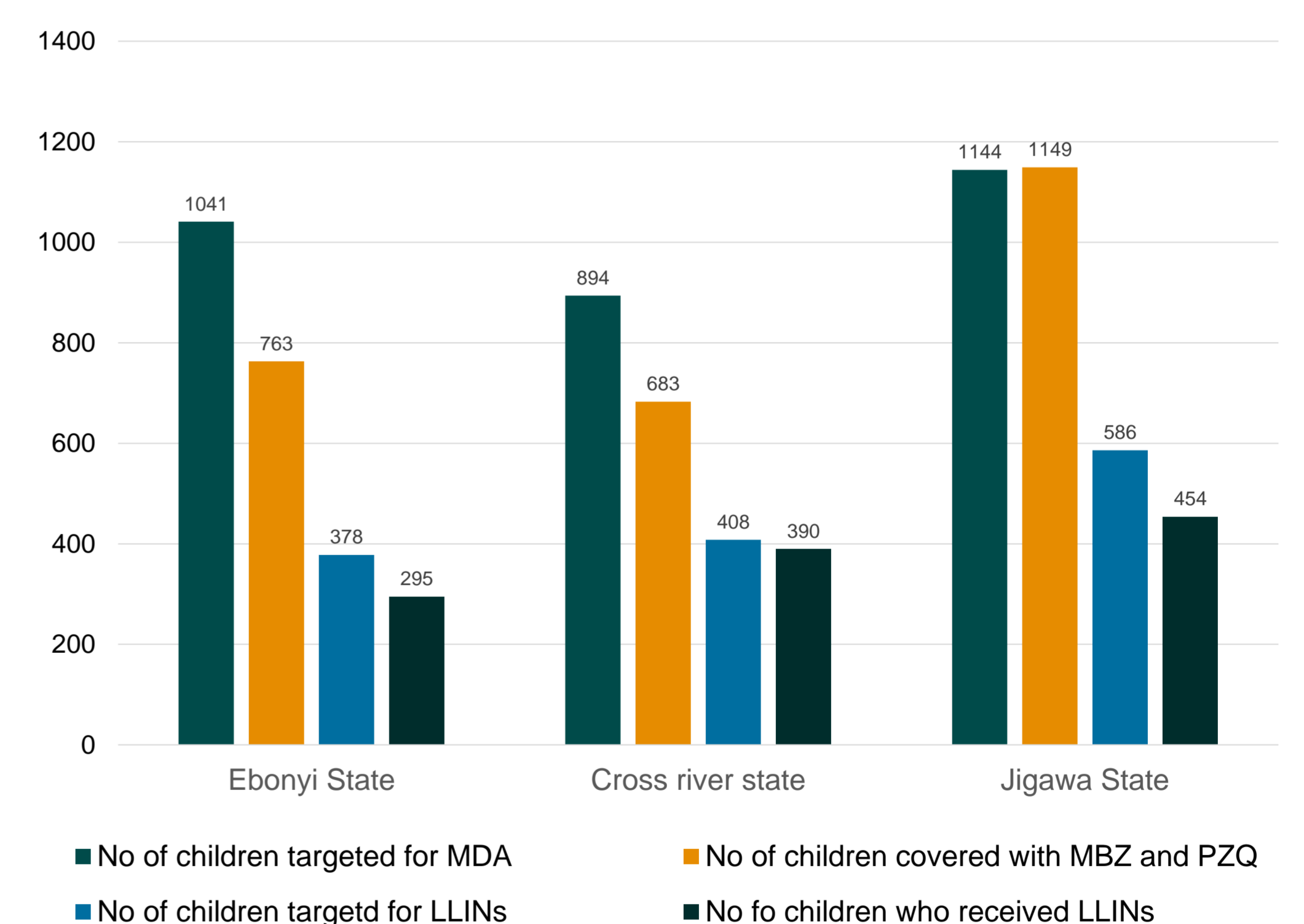


Figure 1: Coverage of mass drug administration and LLIN distribution among pupils