Malaria is a major cause of illness and death in Nigeria, where much of the population is vulnerable to the disease. Within this, there is wide variation in morbidity and mortality based on geography, gender, and age. Pregnant women and young children are at particular risk, and 13 highly-populous states account for 42 percent of the country’s average malaria prevalence. As such, to achieve pre-elimination in Nigeria, interventions should promote preventive behaviours and strengthen diagnosis, treatment, and reporting of malaria cases, particularly among high-risk regions and groups.

The Global Fund has recently signed a US$273 million grant (the Global Fund malaria grant (GFMT)) to support Nigeria in its efforts to control and eliminate Malaria. The GFMT will fund a three year, multi-partner programme that aims to reduce the country’s malaria burden to pre-elimination levels and malaria-related mortality rate to zero by 2020.
**Project Outline**

As part of the ‘Reducing the Malaria Burden’ project, Malaria Consortium will support Nigeria’s National Malaria Elimination Programme to deliver a set of interventions that are designed to build capacity around reporting and case management within the public health system. The project will be implemented in 13 highly populous and malaria endemic states, with Malaria Consortium delivering interventions at the health facility level in Gombe, Jigawa, Kaduna, Kano, Niger and Yobe. We will also implement the integrated community case management (iCCM) component of the grant in Kebbi and Niger states.

**Objectives:**

- Implement integrated community case management (iCCM) of malaria, diarrhoea, and pneumonia among children under five in two states: Kebbi and Niger.

- Deliver public information on the prevention and treatment of malaria and ensure that at least 80 percent of the targeted population (in all six states) adopt appropriate preventive behaviours by 2020.

- Strengthen case management of uncomplicated malaria and malaria in pregnancy (MiP), ensuring that all patients with symptoms are tested using rapid diagnostic tests (RDT) or microscopy, and all those that are diagnosed with the disease are treated with anti-malarial medicines.

- Maintain a regular supply of antimalarial medicines and preventive commodities – mainly long-lasting insecticidal nets (LLINs) – across the target states, by 2018.

- Ensure routine reporting of malaria cases at 80 percent of all health facilities to improve surveillance.

**Activities:**

Malaria Consortium will support facility and community based implementation as follows:

- deliver training of trainers and cascade training sessions to health facility staff training of trainers on routine LLIN distribution, MiP, case management of uncomplicated malaria, severe malaria and malaria microscopy, and monitoring and evaluation (M&E), in all six states

- provide training on iCCM, primarily for community health workers in Kebbi and Niger, and support iCCM coordination meetings

- broadcast radio jingles and other on-air messaging to promote uptake of iCCM and preventive behaviours

- provide quarterly supervision to antenatal care facility staff on M&E

- organise quarterly data quality assurance activities, supportive supervision on routine M&E, and bi-monthly data-validation meetings to monitor and improve the accuracy of reporting.

**References**


