Programme Brief

The Government of Nigeria has adopted a malaria control strategy employing evidence-based interventions including the use of long-lasting insecticide treated bed nets (LLINs), prompt treatment of malaria cases, and the provision of intermittent preventive therapy (IPT) to pregnant women. At the same time, there is a concerted effort to strengthen the capacity and management systems of the National Malaria Control Programme (NMCP). However, many structural and behavioural barriers prevent the effective implementation of this national strategy.

The Malaria Action Program for States (MAPS) is a five year Malaria program to increase quality, coverage, and uptake of malaria control services in Nigeria. Funded by the United States Agency for International Development (USAID), the program will support the implementation and scale-up of proven malaria control methods, by strengthening program management and monitoring and evaluation (M&E) capacity and systems at the national, state and local government levels.

MAPS Coverage

The program has begun initial efforts in three states, Nasarawa, Cross Rivers and Zamfara, and will expand to three additional states, Oye, Benue and Ebonyi, in the second year of implementation.

MAPS supports a comprehensive approach to malaria control encompassing the following covers the areas of:

- **Prevention** – by increasing LLIN use and the delivery of IPT to pregnant women;
- **Changing behaviour** – by promoting LLIN use, enhancing treatment seeking behaviour and adherence to treatment;
- **Improving malaria treatment** – by promoting more effective case management; and
- **Strengthening management capacity in the public sector** – by improving systems, structures and coordinating mechanisms.

Malaria in Nigeria: The Context

Nigeria is Africa’s most populated country with a climate and topography favouring mosquito presence throughout the year. Shouldering one quarter of Africa’s overall malaria burden, the disease is a major cause of morbidity and mortality in Nigeria, directly contributing to poverty, productivity losses, and reduced school attendance. Nigeria has more than 100 million clinical cases of the mosquito-borne disease every year, causing nearly 300,000 deaths in children under the age of five as well as 11 per cent of maternal mortality.

Capacity Building

HPI is responsible for strengthening management capacity in the public sector. Malaria control in Nigeria remains hampered by limitations in the capacity of state and local government authorities to promulgate policy, manage resources, and deliver effective programming. Through assessments, capacity-building, planning, integrated supportive supervision and regular performance reviews, MAPS will help officials at all levels of government strengthen systems to improve the management of the malaria control program.
Malaria Action Program for States

Improving M&E capacity is a further key priority area for MAPS: by the end of the project, decision makers will benefit from an improved health management information system (HMIS) with extensive material support and training in data collection, reporting and analysis.

A key activity to date has been the completion of an integrated situation analysis in the first three states. The findings of the situation analysis will form the basis for the planning of activities in all programme areas and will be repeated for the next three states at the start of the second year. In the meantime, HPI is already moving ahead with two sets of specific activities:

- Support to the development of integrated supportive supervision
- Support to developing operational planning and budgeting capacity in each of the first three State Malaria Control Programmes

Preventative Measures

Despite awareness of LLINs in Nigeria, ownership and use of nets by high-risk groups has lagged behind expectations. Efforts to ensure that women have access to IPT during pregnancy have also been inconsistent. Causes include negative perceptions of IPT, inadequate distribution systems, poor health worker training, and low attendance at antenatal care (ANC) clinics, where LLINs and IPT are made available. MAPS is working with State health officials to distribute LLINs and implement large-scale communication interventions before, during, and after government-supported mass distribution campaigns.

A key strategy for expanding the delivery of IPT to pregnant women will be to increase uptake of ANC services, build the capacity of ANC providers in administering IPT, and improving supply-chain management of commodities.

Service Provision

Effective case management of malaria is hindered by poor provider training and inadequate supervision, unpredictable fees, and a weak supply chain for approved malaria treatment drugs. The limited availability and variable quality of microscopy technology in Nigeria, together with slow progress in rolling out rapid diagnostic tests (RDTs), also pose serious obstacles to quality malaria case management. To overcome these barriers, the MAPS project is focusing on ensuring closer adherence to case management policies by policy makers and local health authorities. The project is helping improve knowledge, skills, and performance among both public and private providers, and is supporting programs to strengthen both pre- and in-service training.

MAPS is managed by Family Health International (FHI) 360 in consortium with Health Partners International (HPI) and the Malaria Consortium (MC), and in partnership with GRID Consulting.