

Health facilities have a range of weapons in the battle against malaria, including insecticidal nets and treatment of pregnant women, as well as direct diagnosis and treatment using Rapid Diagnostic Tests. But without accurate, up-to-date information about the services available, their effectiveness is severely limited.

This information is vital for managers, so that they can ensure supplies and other support are provided in the right quantity at the right time. But getting that information can be difficult.

Before 2012, few facilities had to fill in a paper return – but it often proved to be just one task too many. The SMEP Monitoring and Evaluation Officer, Udeh Bibian recalls how difficult it was: **“I had no time to visit facilities or train staff, she recalls. “I was working on paper. I just used to enter data and send it off.”**

But that’s changed since the President’s Malaria Initiative of USAID started supporting Ebonyi state through MAPS.

**Success Story**

Better information is helping in the fight against malaria

Online District Health Information System spurs improvement



When Ebonyi health officials and development partners came together to prepare Ebonyi's first Annual Operational Plan for malaria in 2012, the lack of data available on malaria control, diagnosis and treatment was a major challenge. So the SMEP made it a priority to improve the way information was collected from health facilities.

SMEP abandoned the paper-based system for reporting malaria interventions and started to use the state's computerised District Health Information System (DHIS) instead. DHIS reports all services delivered by primary health services, and is used across Nigeria. By training staff to use

DHIS for reporting malaria services, SMEP has improved the quality of reporting not just about malaria services, but also about the rest of primary health services – and reduced the work and cost of reporting too.

State Ministry of Health official, Omabe Chikere recalls: **“It wasn't easy to change from malaria-specific systems to DHIS. It required a lot of education and trainings. We have to do a lot of data validation, and we still need support.”**

Udeh shares her experience:

“Since MAPS sent me for training in Ghana, my job is totally changed. All our work is based around the DHIS now. I go to facilities to do on-the-job training with staff. They know their job, they have job descriptions, they get training, and every local government monitoring and evaluation officer has a laptop and a modem from MAPS. We're now getting reports from around 400 facilities – that's twice as many as two years ago.”

Health system strengthening works!

MAPS supported key elements of health system strengthening (HSS), including planning and health information services. States that received support from MAPS were compared with states that received similar improvements to service delivery and commodities for malaria control, but less support for health system strengthening.

1. States with HSS support from MAPS achieved and sustained improved reporting rates compared with those without.
2. States with HSS support from MAPS achieved and sustained improved performance in both the proportion of ANC attenders receiving bednets and preventive treatment for malaria.

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Cooperative Agreement Holder:



Implementing Partners:



Supporting:



MAPS is funded by the USAID through the President's Malaria Initiative (PMI), implemented in nine states (Benue, Cross River, Ebonyi, Kogi, Nasarawa, Oyo, Kebbi, Akwa Ibom and Zamfara) across Nigeria between 2010 and 2016. FHI 360 is collaborating with Health Partners International and Malaria Consortium to support the implementation of the National Malaria Strategic Plans (2014–2020).