

Support to National Malaria Programme



Technical Brief

Malaria is highly endemic in Nigeria and poses a major challenge as it remains one of the leading causes of morbidity and mortality. It is both a cause and consequence of underdevelopment. Nigeria is deeply committed to making progress towards the achievement of the Millennium Development Goals (MDGs) and recognizes the need for an effective malaria control programme to achieve targets related to child and maternal mortality, and to reduce the burden of communicable disease. By strengthening the delivery of Nigeria's National Malaria Control effort and ensuring universal coverage, the Support to National Malaria Programme (SuNMaP) aims to achieve progress towards the health MDGs in Nigeria.

Capacity building: A cross-cutting issue

SuNMaP is a five-year (2008–2013) programme funded by UKaid from the Department for International Development (DfID). It is implemented by Malaria Consortium, Health Partners International (HPI) and GRID Consulting. The programme is working at the national level with the National Malaria Control Programme (NMCP) and in 6 states (Anambra, Kano, Lagos, Katsina, Niger and Ogun). HPI is responsible for the programme's first output which aims to improve the National, State and Local Government Area (LGA) capacity for policy development, planning and coordination. The remaining five outputs deal with harmonisation of inputs, prevention of malaria, treatment of malaria, awareness and demand creation, and operations research.

The Capacity Building component was originally perceived to be limited to the first output; however, two of the three indicators for output 1 in the log frame relate to the development and level of implementation of the NMCP and State Malaria Control Programme (SMCP) Annual Operational Plans (AOPs). Since the AOPs cover all areas of malaria interventions, significant levels of implementation clearly depend on improvements in capacity across all six output areas. The SuNMaP Capacity Building Strategy, therefore, reflects the approach that capacity building is a cross-cutting issue and must deal with all six output areas. In addition, the strategy indicates that in order to be effective, capacity building efforts must go beyond the traditional methods of organising training events, and employ multi-pronged techniques and approaches including coaching, mentoring, in-depth training, the use of job aids and readily available guidelines as well as hands-on support through Integrated Supportive Supervision (ISS) and On-the-Job Training (OJT). Further, it recognises that capacity building strategies must take cognisance of the context, divergences, peculiarities and priorities of the beneficiaries, which means that there cannot be a one-size-fits-all

Malaria in Nigeria: The context

Malaria directly contributes 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.

The Government of Nigeria has adopted a malaria control strategy employing evidence-based interventions including the use of long-lasting insecticide treated nets (LLINs) to protect against mosquito bites; 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.

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approach, making stakeholder participation and ownership of the process imperative for the achievement of programme objectives and sustainability.

Against this backdrop, SuNMaP's capacity building approach is a people-centred, pragmatic and focused approach; going beyond training to improve the knowledge, skills and practices of programme managers and health care providers. It strengthens organisational capacity to implement effective and sustained malaria control within the health system.

SuNMaP's capacity building principles

Consistency with national policies – capacity building at all levels must be consistent with national policies for malaria control.

Stakeholder engagement - stakeholder participation and ownership of capacity building is imperative for sustainability and achieving the programme's objectives, including:

- Joint assessment of needs
- Planning by stakeholders, with SuNMaP support
- Implementation by stakeholders, with SuNMaP support.

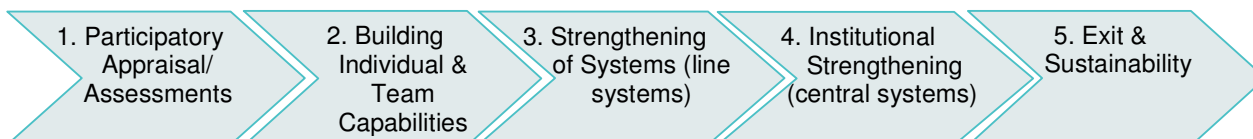
Harmonisation – all agencies, organisations, projects and programmes working together to support malaria control under national/state government leadership adhere to the "three ones": one malaria control policy, one set of capacity building procedures and guidelines, and one operational plan (at the national level and for each state and LGA).

SuNMaP's capacity building objectives

- I. Improved capacity for policy development, planning and coordination at National, State and LGA level.
- II. Capacity building technical support customised to respond to the context, divergences, peculiarities and priorities of the beneficiaries.
- III. Effective, efficient Malaria Control Programme Teams provide leadership for all key players and work together in a synergistic manner at National, State and LGA level.
- IV. Well established systems for mobilising, harmonising, distributing, utilising and sustaining resources for malaria control.
- V. Health managers and providers in the public and private sector know their roles in prevention, delivery of services and management of malaria control.

SuNMaP's capacity building components

SuNMaP's capacity building support revolves around five major components:



SuNMaP's successes

The programme mid-term review (MTR) conducted in July 2011 revealed that SuNMaP is making good progress towards achieving its goals, although this varies among states.

Purpose level indicators (SuNMaP States)	Target	Achievement
% Children under 5 who slept under ITN the night before the interview	30%	15.4%-43.8% (SuNMaP tracking survey)
% Women with birth in last 2 years who received at least 2 doses IPT	25%	25.3% Kano 42.9% Anambra
% Children under 5 with fever in last 2 weeks who received treatment with ACT	30%	21.1% Anambra

Specifically on output 1, for which HPI is responsible, it was observed that:

'SuNMaP's capacity building support has been successful at all levels – from the NMCP, through state ministries, down to primary health care facilities and the community. The mechanisms have included direct technical support, training, and mentoring. These approaches will contribute to the sustainability of malaria control in the longer term.'

- MTR report July 2011

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