



Malaria Action Program for States (MAPS)

Malaria is a major cause of morbidity and mortality in Nigeria, directly contributing to poverty, low productivity, and reduced school attendance. The mosquito-borne illness causes over 100 million clinical cases, and is responsible for nearly 300,000 deaths in children under the age of five, as well as 11 percent of maternal mortality cases reported each year. The Government of Nigeria has adopted a proven malaria control strategy that includes 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. However, many structural and behavioral barriers prevent the effective implementation of this national strategy.

The USAID-supported Malaria Action Program for States (MAPS) Project is tasked with increasing the quality, access, and uptake of malaria control interventions in Nigeria by helping implement and scale-up proven malaria control methods, while strengthening program management and monitoring and evaluation (M&E) capacity at the national, state and local government levels.

Prevention: Increasing LLIN Use and the Delivery of IPT to Pregnant Women

Despite high awareness of insecticide treated nets (LLIN) in Nigeria, ownership and use of nets by high-risk groups has lagged behind expectations. Efforts to ensure that women have access to IPT with sulfadoxine-pyrimethamine (SP) during pregnancy have also been inconsistent. Causes include negative perceptions of IPT, inadequate distribution systems, sub-par health worker training, and low attendance at antenatal care (ANC) clinics,

where LLINs and IPT are made available.

As soon as the project launched, staff mobilized to help the state of Nasarawa and the National Malaria Control Program (NMCP) distribute 842,324 long-lasting insecticide nets (LLINs) to 421,162 families in five days. In Zamfara, MAPS distributed 1,470,730 nets serving approximately 735,365 families.

To improve the impact of LLIN distribution programs, the MAPS project is implementing large-scale communication interventions in two states (Zamfara and Nasarawa) before, during, and after government-supported mass distribution campaigns. MAPS will use interpersonal and mass media channels to promote pre-distribution registration of households, timely pickup of free LLINs at distribution points, and encourage the appropriate and consistent use of LLINs by their owners. MAPS is also tasked with providing technical

support to state and local campaign coordination teams to improve LLIN distribution in targeted communities by strengthening procurement systems and the supply chain.

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 for commodities. Under the MAPS Project, behavior change communication will play a key role in motivating families and communities to ensure that pregnant women sleep under LLINs, attend ANC facilities, and receive and take timely doses of IPT.

Changing behaviors associated with malaria

The MAPS project aims to achieve significant improvement in the adoption of appropriate prevention and treatment behaviors. Using FHI 360's Social and Behavior Change Communication (SBCC) Framework, MAPS

will work with implementing partners to:

- Encourage recipients to hang LLINs in the home after distribution campaigns.
- Promote the timely replacement of worn-out nets.
- Increase the use of LLINs by pregnant women and children in particular, and everyone else in general throughout the year.
- Encourage prompt treatment-seeking upon recognition of malaria symptoms.
- Promote adherence to artemisinin-based combination therapies (ACTs)
- Discourage the use of artemisinin monotherapies and other alternative treatments encourage attendance at ANC clinics and the use of IPT by pregnant women.
- Increase demand for parasitological diagnosis prior to treatment.

Malaria Treatment: Improving Case Management

Effective case management of malaria in Nigeria is hindered by inadequate provider training and a lack of 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 Federal 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. It is also tasked with helping federal and state ministries of health develop models that can improve the ACT supply chain. For example, MAPS will train patent medicine vendors and use community delivery systems to expand the availability of ACTs. Where possible, MAPS will facilitate linking community malaria treatment to other childhood illnesses like diarrheal diseases and pneumonia.

MAPS is also collaborating with the Improving Malaria Diagnostics Project to increase the availability of diagnostics and other antimalarial supplies. To this end, MAPS is helping improve training and quality assurance in the use of diagnostics among both public and private-sector health workers. These efforts will be reinforced by patient-focused communication designed to build demand for diagnostic evidence before treatment. MAPS is also working with state governments and the NMCP to develop and implement a malaria microscopist accreditation scheme, and an external quality assurance program for microscopy and RDTs, in order to improve post-testing prescribing practices.

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.

MAPS will use various capacity building techniques to improve systems, structures, and coordination mechanisms, and will support the

NMCP to develop defined roles and responsibilities at all levels of government. The focus will be on capacity building at state and local government authority (LGA) levels, where various reports point to a lack of capacity to plan and manage implementation of the wide range of interventions implied by the national strategic plan. By ensuring that the states and LGAs co-lead the process, MAPS will support the creation of sustainable capacity. Initial activities include:

- Conducting an integrated baseline assessment
- Supporting the development of 2012 operational plans and budgets for malaria control activities
- Providing technical assistance to adapt national policies at the state level
- Developing integrated and supportive supervision systems.

MAPS may consider introducing FHI 360's powerful GATHERdata™ cell phone-based data collection and reporting technology in at least one state. The system has a wide range of applications, from clinical case management to the tracking of commodities throughout the supply chain. An open-source application, GATHERdata™ helps reduce cost-related barriers that make information technology beyond the reach of most developing country institutions

The mission of the FHI 360 Center for Private Sector Health Initiatives (CPSHI) is to improve the health and well being of people in developing countries—particularly those at the “base of the pyramid”—by facilitating beneficial partnerships between the public and private sectors to provide information, services, and products that are affordable, accessible, and high quality.

CPSHI is part of FHI 360, a leading human development organization dedicated to improving lives by advancing integrated, locally driven solutions. Founded in 1971 as Family Health International, FHI 360 operates from 60 offices with 4,400 staff in the U.S. and around the world.

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