



Martha and her baby sit under a bed net to prevent malaria. Photo by Michael Stulman/CRS

Nigeria Malaria Brief

WORKING WITH THE GLOBAL FUND TO REDUCE THE BURDEN OF MALARIA IN NIGERIA

Nigeria has the highest burden of malaria in the world. About 97 percent of the population is at risk of malaria transmission all year round. In 2016, Nigeria accounted for 27 percent of the 216 million malaria cases worldwide, and 30 percent of the 445,000 malaria deaths reported globally. The disease overburdens the already weakened health systems with nearly 60 million cases yearly.

Since 2003, Catholic Relief Services (CRS) and the Global Fund have partnered to fight malaria, tuberculosis and HIV in 27 countries worldwide.

In January 2017, CRS began implementation, as Principal Recipient (PR) to the Global Fund, for a one-year malaria grant covering 24 states in Nigeria. As PR, CRS distributed 14 million long-lasting insecticidal nets (LLINs) in six states, covering 28 million Nigerians.

In October 2017, CRS was named PR to continue the GF grant implementation from January 2018 to December 2020 in thirteen states. CRS is implementing the grant with three sub-recipients (SRs); the Malaria Consortium (MC), Society for Family Health (SFH), and Management Sciences for Health (MSH).

The three-year award focuses on vector control, case management, communication and social mobilization. The program will distribute 29 million LLINs through mass campaigns in seven states and 15 million additional nets via routine distribution through antenatal care (ANC) and the Expanded Programme on Immunization (EPI). In addition, the program will provide quality testing and treatment for an estimated 42 million malaria cases in the 13 target states, and integrated community case management of childhood illnesses (malaria, diarrhea, respiratory illnesses) in two states. The grant also provides technical assistance to strengthen health management information

QUICK FACTS	
Funder	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Project location	13 states - Adamawa, Delta, Gombe, Jigawa, Kaduna, Kano, Katsina, Kwara, Niger, Ogun, Osun, Taraba, and Yobe
# of beneficiaries	77 million people
Timeframe	Jan 2018 - Dec 2020
Partners	NMEP, Malaria Consortium, Society for Family Health, Management Sciences for Health, WHO, and UNICEF

systems and supply chain management.

CRS APPROACH

CRS programming strengthens existing health structures and supports relevant stakeholders, especially State Malaria Elimination Programs (SMEP), to provide oversight of malaria interventions and improve SMEP's capacity to monitor and evaluate malaria interventions and generate data to guide programmatic decisions optimally at the national, state and local government area (LGA) levels.

A vital strategy for malaria prevention is the distribution of LLINs. LLINs are the simplest and most effective way to prevent malaria. Families receive one net for every two persons. Behavior change communication (BCC) campaigns after mass net distributions ensure that households consistently use the nets in the right way.

To more efficiently manage the distribution of nets at scale, CRS uses a GIS-enabled mobile technology platform. The Cash and Asset Transfer (CAT)



A baby lays under a long-lasting insecticide-treated net distributed by CRS to help prevent malaria. Photo by Michael Stulman/CRS

platform is used to register beneficiaries, track training attendance, manage distributions, and monitor coverage. Digital android devices improve accountability, data quality, and time required for mass LLIN distributions.

Results from a pilot in Oyun LGA, Kwara state, further demonstrated that the use of technology can help achieve high rates of coverage (95 percent of registered beneficiaries received a net) and thus maximize impact for malaria prevention.

LEARNING AND SUCCESSES

In 2017, CRS distributed an unprecedented 14 million nets in six states through mass campaigns. During the 2018 - 2020 grant, the CAT strategy will be scaled up, and 6,100 digital android devices will be used to distribute over 28.7 million bed nets across seven states.

CRS has set up a learning/working group with the Government of Nigeria and NMEP to share best practices and support development of similar technology-based programs.

The program also strengthened malaria case management services, expanding access to testing and treatment at the community level in two pilot states and at the health facility level in 24 states. CRS provided technical support to improve data reporting from 86 percent to 90 percent.

CRS partnered with the National Agency for Food and Drug Administration and Control (NAFDAC) for quality control testing of finished pharmaceutical

products (FFPs). CRS contracted United States Pharmacopoeia (USP) who supported NAFDAC to develop 15 quality management system (QMS) standard operating procedure (SOP) manuals. USP also supported NAFDAC to install High-Performance Liquid Chromatography (HPLC) systems in two NAFDAC laboratories.

The program strengthened the state logistics management coordinating units (LMCUs) by deploying a supply chain specialist per LMCU. This increased the proportion of health facilities without stock-out of routine malaria health products from 60 percent to 88 percent.

2017 ACHIEVEMENTS	
Indicator	Number
# of LLINs distributed through mass campaigns	13,999,953
# of LLINs distributed through routine distribution channels to pregnant women and children U5	* 1,520,679
# of people tested for malaria using RDT or Microscopy	* 7,088,598
# of people who received 1st line antimalaria treatment	* 5,608,513
# of senior health workers (doctors and nurses) trained	400 in 8 states
# of patients treated for severe malaria	* 15,516
# of pregnant women who received IPTp	* 826,902

* Figures for January - September 2017

