NATIONAL MALARIA

FEDERAL MINISTRY OF

2016

FOREWORD

The National Malaria Elimination Programme (NMEP) and its partners in the year 2016 continued to make progress in the war against malaria with the goal of reducing malaria burden to pre-elimination levels and bring malaria related mortality to zero. NMEP planned and implemented its activities in 2016 with collaboration and technical support from its partners.

The 2016 Annual Report is a comprehensive report of all the activities implemented throughout 2016 by the NMEP. This report provides information on major activities implemented by the programme, success stories, lessons learnt, key challenges and recommendations.

This Annual Report would bring to fore the important work carried out by NMEP to move the country towards elimination of malaria in the year under review and would also contribute to effective knowledge management within and outside NMEP.

I wish to appreciate NMEP staff for their active participation, contributions, and commitment in the preparation of this 2016 Annual Report and implementing partners for their immense support during this time.

It is my hope and desire that this document would serve as a reference to all stakeholders working on malaria.

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National Malaria Elimination Programme
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Acronym	Meaning
ACCESS	Achieving Catalytic Expansion of Seasonal Malaria Chemoprophylaxis in Sahel
ACSM	Advocacy Communication and Social Mobilization
ACT	Artemisinin-based Combination Therapy
AA	Arthemeter-Amodiaquine
AL	Artemether-Lumefantrine
AMP	Alliance for Malaria Prevention
ANC	Ante Natal Care
AOP	Annual Operational Plans
ARFH	Association for Reproductive and Family Health
ARM	Annual Review Meeting
AWPs	Annual Work Plans
BCC	Behaviour Change Communication
CCM	Country Coordination Mechanism (GFATM)
CCPN	Centre for Communication Program in Nigeria
CHAI	Clinton Health Access Initiative
CHEW	Community Health Extension Worker
CMA	Commodity Management Audit
CME	Continued Medical Education
CMS	Central Medical Store
CORPs	Community Oriented Resource Persons
DHIS	District Health Information System
DHPRS	Director Health Planning Research and Statistics
DPRS	Department of Planning, Research and Statistics
DQA	Data Quality Assurance
DTET	Drug Therapeutic Efficacy Test
ECOWAS	Economic Community of West African States
EPI	Expanded Programme on Immunization
EQA	External Quality Assurance
EU	European Union
FCT	Federal Capital Territory
FLBs	First Line Buyers
FMOH	Federal Ministry of Health
FMS	Federal Medical Store
GF	Global Fund
GF - NFM	Global Fund – New Funding Model
H/H	Household
HC_3	Health Communication Capacity Collaborative

Acronym	Meaning
HCW	Health Care Worker
HMB	Hospitals Management Board
HMIS	Health Management Information System
HSDF	Health Strategy & Delivery Foundation
iCCM	Integrated Community Case Management
IEC	Information, Education, Communication
IPT_3	Intermittent Preventive Treatment in Pregnancy (third dose)
IPTp	Intermittent Preventive Treatment in Pregnancy
IRS	Indoor Residual Spraying
IRM	Insecticide Resistance Management
ITN	Insecticide Treated Net
IVM	Integrated Vector Management
JCHEW	Junior Community Health Extension Workers
JHU-CCP	Johns Hopkins University – Centre for Communication Programs
LF	Lymphatic Filariasis
LGA	Local Government Area
LLIN	Long-lasting Insecticidal Net
LQAS	Lot Quality Assurance Sampling
LSHC	Leadership in Strategic Health Communication
LSM	Larval Source Management
M & E	Monitoring and Evaluation
MAPS	Malaria Action Programme for States
MNCH	Maternal and Neonatal Child Health
MC	Malaria Consortium
MCLS	Malaria Commodity Logistics System
MDAs	Ministries Departments and Agencies
MDGs	Millennium Development Goals
MiP	Malaria in Pregnancy
MIS	Malaria Indicator Survey
MOH	Ministry of Health
MPH	Masters in Public Health
MPSS	Malaria Parasite Sentinel Surveillance
MTN	Mobile Telecommunication Network
NAFDAC	National Agency for Food and Drug Administration and Control
NAPMED	Nigeria Association of Medicine Dealers
NBS	National Bureau of Statistics
NIFAA	Nigerian Inter-Faith Action Association
NIMR	Nigerian Institute of Medical Research
NMA	Nigerian Medical Association

Acronym	Meaning
NMCP	National Malaria Control Programme
NMEP	National Malaria Elimination Programme
NMSP	National Malaria Strategic Plan
NTDs	Neglected Tropical Diseases
OJT	On-the-Job training
NPHCDA	National Primary Health Care Development Agency
NPI	National Programme on Immunization
PCN	Pharmaceutical Society of Nigeria
PCWs	Positive Control Wells
PHC	Primary Health Care
PMI	President's Malaria Initiative (US)
PPP	Public Private Partnership
PQM	Promoting Quality of Medicine Programme
PR	Principal Recipient
PSM	Procurement and Supply chain Management
QA	Quality Assurance
QC	Quality Control
RBM	Roll Back Malaria
RDT	Rapid Diagnostic Test
RIA	Rapid Impact Assessment
RRP	Recommended Retail Price
SBCC	Social and Behaviour Change Communication
SCMS	State Central Medical Store
SFH	Society for Family Health
SMC	Seasonal Malaria Chemoprophylaxis
SMEP	State Malaria Elimination Programme
SMOH	State Ministry of Health
SOGON	Society for Obstetrics & Gynaecology of Nigeria
SOP	Standard Operating Procedures
SPAQ	Sulfadoxine/Pyrimethamine and Amodiaquine
SP	Sulfadoxine/Pyrimethamine
SR	Sub-Recipient (Global Fund)
SSFFC	Substandard Spurious Falsified Falsely Label Counterfeit Medicines
SuNMaP	Support for National Malaria Programme
T_3	Treat – Test – Tract
TWG	Technical Working Group
UNICEF	United National Children's Fund
USAID	United States Agency for International Development
USP	United States Pharmacopeia

Acronym	Meaning
WAHO	West African Health Organisation
WARN	West African Roll Back Malaria Network
WHO	World Health Organization
WMD	World Malaria Day
3PLs	Third Party Logistic Agents

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INTRODUCTION

Malaria is still a major cause of morbidity and mortality in Nigeria accounting for over 40% of the estimated total of malaria cases and deaths globally in 2010. With an estimated population of 160 million, Nigeria has a large population at risk of malaria. Malaria accounts for 60% of outpatient visits and 30% of hospitalizations. However, children under five years of age and pregnant women are the most vulnerable to illness and death from malaria infection in Nigeria. Despite the progress in reducing malaria cases and deaths, it is estimated that 214 million cases of malaria occurred worldwide in 2015, leading to 438 000 malaria deaths[1]. The global burden of mortality is dominated by countries in sub-Saharan Africa, with the Democratic Republic of the Congo and Nigeria together accounting for more than 35% of the global total of estimated malaria deaths[1]. Malaria mortality in under 5 children have decreased significantly and therefore, Malaria is no longer the leading cause of death among children in Sub-Saharan Africa. In 2015, malaria was the fourth highest cause of death, accounting for 10% of child deaths in sub-Saharan Africa[1]. Reductions in malaria deaths have contributed substantially to progress towards achieving the MDG 4 target of reducing the under-5 mortality rate by two thirds between 1990 and 2015. Nevertheless, malaria remains a major killer of children, particularly in sub-Saharan Africa, taking the life of a child every 2 minutes[1].

In Nigeria, malaria transmission remains high and contributes to morbidity and mortality particularly among children under five years and pregnant women. Prior to 2010, over 30% of the population lived in hyper-holoendemic zones of Nigeria while 67% lived in mesoendemic malaria transmission zones. However, the 2010 malaria risk mapping indicates a change in the malaria transmission pattern with about 85% of Nigerians now living in meso-endemic transmission areas while 15% live in hyper-holoendemic areas, with limited areas of hypo-endemicity (Snow et al. 2013). Despite these remarkable decline in the infection risks, the country still have risks of infection that exceed 20% in 2010. The dominant species of malaria parasites in Nigeria is *Plasmodium falciparum* (≈95%) with other species *occurring as* mixed infections (MIS 2010). Recent figure shows progressive decline in P. falciparum prevalence between 2000 and 2010 (Snow et al. 2013)[2].

To date, the programme has developed twelve (14) annual reports, spanning 2002-2016. The reports highlight key achievements in the six thematic areas of the NMEP.

The 2016 Annual report succinctly captures achievements recorded in all areas of malaria interventions that form the basis of a major scale up as articulated in the Federal Ministry of Health's National Malaria Strategic Plan (NMSP) 2014 – 2020 and aims to achieve pre-elimination status and reduction of malaria related deaths to near zero by 2020 in Nigeria.

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[1]2015 World Malaria report (December 2015) available on http://www.who.int/malaria/publications/world-malaria-report-2015/report/en/ accessed on 26th/01/2016

[2]Where prevalence is >75% malaria is ***holo-endemic***; where prevalence is between 51 and 75% malaria is ***hyper-endemic***, where prevalence is between 11 and 50% malaria is ***meso-endemic***, and where prevalence is < 10% malaria is ***hypo-endemic***. Source http://www.mara.org.za/mapsinfo.htm

In the year under review, NMEP successfully carried out LLINs replacement campaigns in 2 states that saw the distribution of about 6.9million nets in Nigeria, commenced monitoring of LLIN durability in collaboration with PMI through VectorWorks project, carried out insecticide monitoring and management activities to monitor vector susceptibiltity/resistance, developed National Framework for Larva Source management (LSM) and capacity building for researchers on entomological surveillance/resistance monitoring. There was monitoring / supportive supervision of Patent Proprietary Medicine Vendors (PPMVs) & Community Pharmacists (CPs) by Pharmaceutical Council of Nigeria (PCN) -NMEP joint team on diagnosis using RDT and treatment of cases. Others include modular trainings on Case Management and Malaria in Pregnancy, training of tutors of health technologies and universities on malaria microscopy, campaign on Seasonal Malaria Chempoprevention (SMC) in 3 sahelian states and Integrated Community Case Management (iCCM) in 2 states. Furthermore, Private Sector Engagement Strategy document was launched which laid emphasis on reasons for engagement, resource mobilization and innovative ways to make significant impact to the quest for malaria elimination in Nigeria. Premiere of Malaria Super Story series in the national television. Several activities were organized to boost malaria reporting in the media such as media literacy workshop, malaria media tool kit development, Interactive session with media editors and dinner for media editors. The 14th Annual Review Meeting for State Programme Managers was organized in the last quarter of 2016. The theme was *"Sustaining evidence based Management for Malaria Activities".* This is carefully selected to promote the use of evidence(s) for decision making. As always annually, the WMD was commemorated with massive sensitization, campaign and rallies.

The programme conducted Malaria Intervention Assessment (MIA) as well as many capacity building and system strengthening across branches that supported and improved performance for quality and effective malaria intervention.

Some of the success stories recorded in 2016 were the National and zonal dissemination of 2015 NMIS results. The 2015 NMIS provided for the first time State level aggregate data in some of the Malaria indicators. The national malaria prevalence dropped from 42% in 2010 to 27% in 2015 (by 36%). Also were Inauguration of National Malaria Operations Research Expert Group (MOREG) to coordinate Malaria Research efforts in Nigeria and the establishment of Antimalarial Medicines Quality Monitoring programme for malaria medicines in circulation in the Nigerian market which yielded 3.6% proportion of failure rate as compared to the Truscan 2010 survey of 19.6% of failure rate in the country among others. Generally, a major challenge across all branches of the NMEP was inadequate funding which led to low implementation of some pre-planned activities for the year under review. Others include weak capacity of personnel and attrition at sub national levels, inadequate consumption data for

quantification and supply planning from states and health facilities, inadequate information sharing from partners in , partners close out, inadequate availability of Data Capturing tools at Service delivery points, Government of Nigeria (GoN) Counterpart Funding (CF) to the tune of $45m (depends on GoN payment of Counterpart funding). Key recommendations were the dire need of the country to increase domestic financing and harness opportunities from development partners. Provision and prompt disbursement of funds for implementation of Programme activities will go a long way in increasing the scope and coverage of activity implementation in the subsequent years.

The Vision of the programme as stipulated in the current strategic plan (NMSP 2014 - 2020) is a Malaria free - Nigeria.

The Mission Statement is to provide equitable, comprehensive, cost effective, efficient and quality malaria control services ensuring transparency, accountability, client satisfaction, community ownership and partnership.

IVM BRANCH 2016 ACTIVITY REPORT

1.0 Background

Integrated Vector Management (IVM) Branch is saddled with the responsibility of planning, coordination and provision of technical support and guidance on the malaria control interventions in the country. These preventive measures include the following: distribution of Long Lasting Insecticidal Nets (LLINs) through mass campaigns and continuous/routine distribution, Indoor Residual Spray(IRS) as a supplementary intervention to LLINs, Larval Source Management (LSM) as complimentary intervention to LLINs and IRS, Personal protective measures (PPMs) and establishment of vector surveillance sentinel sites.

Different levels of achievements were recorded in 2016 despite daunting challenges faced by the branch towards achievement of set targets in the 2016 Annual Operational Plan

2.0 Long Lasting Insecticidal Nets (LLINs) Distribution

The distribution of LLINs was carried out through both mass campaigns and routine/continuous strategies.

2.1 LLINs Replacement Campaigns

In the year under review, the NMEP in collaboration with President's Malaria Initiative (PMI) Supported implementation of LLIN replacement campaigns in Benue and Oyo states.

Objectives of the LLINs Replacement Campaigns

- Distribute the LLINs to rapidly achieve universal coverage
- To contribute to reduction in malaria burden
- To achieve household coverage of 100% and at least 80% utilization
- To contribute to the elimination of malaria in Nigeria

In consideration of the strategy to provide one Long Lasting Insecticidal Net (LLIN) for every two persons, the campaigns set out to deliver a total of 7,932,500 LLINs in the two states. The procurement and full operational costs for the campaign was borne by USAID/PMI with the Government of the two States providing support for Demand Creation and key implementation activities at the LGA and ward levels. The States further created enabling environment for the campaign by ensuring that key State level stakeholders were well mobilized for the campaign.

Table 1: LLINs distributed in 2016 through replacement campaigns

States	Total LLIN Deliveries	No of LLINs Distributed
Benue	3,432,500	2,916,177
Oyo	4,500,000	4,068,013
Total	7,932,500	6,984,190

A total of 6,984,190 LLINs were distributed in the two states out of the total of 7,932,500 delivered to the states as in table 1 above

Loading of LLINs during replacement campaigns

Household Mobilizers registering and issuing out net cards to beneficiaries

Official handover of LLIN to Oyo State by USAID.

Beneficiaries on the queue to exchange their net cards for nets

State team member hands over LLINs to Olubadan of Ibadan in Oyo State

2.2 Mapping for LLIN replacement campaigns in Nigeria for 2016-2017

Mapping for LLIN replacement campaigns in Nigeria was developed. The objective of the mapping was to identify the states that are due for replacement campaign in 2017. Table 2 shows LLINs to be distributed in the prioritized states whose campaigns are due.

Table 2: States Scheduled for LLINs Mass Replacement Campaigns in 2017

S/N	State	Year of last campaign	Projected Population 2017	Required LLINs	Total Nets Plus 10% buffer	Malaria Prevalence	Funding source	Planned Campaign Period
1	Kwara	2011	3,260,242	1,811,246	1,992,370	26.4	GF (savings)	July 1 - August 29
2	Edo	2012	4,371,693	2,428,718	2,671,590	18.6	GF (savings)	July 1 - August 29
3	Imo	2012	5,548,006	3,082,226	3,390,448	5.1	GF (savings)	Sep.20 - 27th Nov.
4	Ondo	2012	4,795,782	2,664,323	2,930,756	21.3	GF (savings)	Sep.20 - 27th Nov.
5	Osun	2013	4,837,036	2,687,242	2,955,966	33.4	GF (savings)	Sep.20 - 27th Nov.
6	FCT	2011	3,732,559	2,073,644	2,281,008	20.2	GF (Incentive)	Q4, depending on CF
7	Taraba	2011	3,146,141	1,747,856	1,922,642	42.9	GF (Incentive)	Q4, depending on CF
8	Delta	2013	5,827,771	3,237,651	3,561,416	20.4	GF (Incentive)	Q4, depending on CF
9	Bayelsa	2011	2,339,367	1,299,648	1,429,613	31.4	GoN Counterpart	Q4, depending on CF
10	Borno	2011	6,070,297	3,372,387	3,709,626	N/A	GoN Counterpart	Q4, depending on CF
11	Yobe	2011	3,399,906	1,888,837	2,077,720	18.9	GoN Counterpart	Q4, depending on CF
12	Adamawa	2010	4,348,991	2,416,106	2,657,717	34.7	PMI for LLINs, GF for Operational cost	July 1 - August 29
13	Kogi	2013	4,602,130	2,556,739	2,812,413	5.4	PMI	February/March 2017
14	Sokoto	13-Dec	5,297,612	2,943,118	3,237,430	46.6	PMI	TBD
Total			61,577,533	34,209,741	37,630,715			

2.3 Routine and Continuous LLINs Distribution

LLIN distribution was carried out in states at the health facilities during Ante Natal Care (ANC) and Expanded Programme on Immunization/National Programme on immunization (EPI/NPI) which targets pregnant women and children under five years respectively with the integration of the routine LLIN distribution being a part of the annual maternal newborn child health (MNCH) week. Other are school and community based distribution channels.

2.4. Engagement of Private Sectors for LLIN Production, Sales and Distribution

As part of efforts for scale up in the country, the FMOH initiated a process to support local production of LLINs through the Public Private Partnership (PPP) strategy. Consequently, an Expression of Interest (EOI) document was developed and advertised for the private sector to buy into this arrangement.

2.5 Durability Monitoring of LLIN

In collaboration with PMI through VectorWorks Project commenced monitoring of the durability of LLINs in 3 states namely Oyo, Ebonyi and Zamfara. VectorWorks is a five-year (2014-19) global project designed to increase access to and use of Long Lasting Insecticidal Nets (LLINs) and other proven vector control interventions for malaria prevention. The Project activities aimed at:

- Assessing the physical and insecticidal durability of Insecticide Treated Nets (ITNs) in three locations in Nigeria over a three-year period and estimate median ITN survival.
- Comparing the durability across the three locations and correlate these with the results from adjacent entomological monitoring sites (e.g. findings on resistance)
- Building capacity of national and state officers, Principal Investigators (PIs) of entomological monitoring sites and other partners in the design, implementation, analysis and interpretation of ITN durability monitoring according to PMI guidelines.

The physical and insecticide durability of ITNs assessment is on-going in three locations in Nigeria which will take a period of over three years.

The capacity of NMEP and other stakeholders in designing, implementing, analysing and interpreting ITN durability monitoring according to the guidelines has been built.

Table 3: Durability Monitoring of LLIN Designing Planning Workshop, Training of Data Collectors and Fieldwork

S/N	Activity	Location/ Venue	Date	Participants

1	Design and planning workshop	Abuja *(Hawthorn Suites)*	25th – 26th Feb. 2016	• NMEP & IVM subcommittee • SMEP Managers (Ebonyi, Zamfara& Oyo) • PIs from Ebonyi, Enugu, Sokoto and Oyo
2	DM Training	Ebonyi, Abakaliki *(Osborn La Palm)*	29 Feb. – 4th March 2016	• Data Collectors/Interviewers • SMOH (DPH, SMEP & M&E) • PIs from Enugu and Ebonyi • NMEP (IVM & M&E branches)
	DM Fieldwork	Ebonyi, Ishielu LGA	7th – 15thMarch 2016	Data Collectors/Interviewers NMEP & SMEP to monitor
3.	DM Training	Zamfara, Gusau *(Karma Hotels)*	14th – 18th March 2016	• Data Collectors/Interviewers • SMOH (DPH, SMEP&DSMEP) • PI from Sokoto • NMEP (IVM & M&E branches)
	DM Fieldwork	Zamfara, Bakura LGA	21st – 29th March 2016	Data Collectors/Interviewers NMEP & SMEP to monitor

3.0 Implementation of IRS in six selected states in Nigeria through PPP Strategy

3.1 Background

The Nigeria Malaria Strategic Plan (2014 – 2020) states that IRS will be implemented in the country as a supplementary intervention to LLINs. However, its implementation remains very low with 1% national coverage as reported in the Nigeria Malaria Indicator Survey of 2015. This has been due mainly to low investment by Government, Partners and the private sector. In order to significantly improve IRS coverage and reverse this trend, the Public Private Partnership was conceptualized as a strategy.

3.2 Implementation of the IRS activities

The IRS was implemented in the six States over a one and half month period in November and December. As part of the efforts to scale up IRS in the context of PPP strategy, the Federal Government provided funds for its piloting in six selected states (one per geo-political zone of the country). These states are Nassarawa in North Central, Bauchi in North East, Jigawa in North West, Lagos in the South west, Rivers in South Southand Anambra in South East. These states were selected on the basis of previous histories of IRS implementation, availability of capacity and malaria prevalence.

Despite the limited time constraints and other logistic challenges encountered, the IRS implementation in the selected communities in the six states in the country was generally successful. The baseline data showed the presence of *Anopheles* and other species of the vector in the communities. The preliminary results showed that a total of 19,837 households were visited and covered, 30,759 structures covered, 70,218 rooms were sprayed and 130,061 persons were protected with IRS against malaria and possibly other mosquito borne diseases such as Lymphatic filariasis. The community members and IRS beneficiaries accepted the operations while the personnel used were experienced and well-motivated. Policy makers at the State and LGA levels supported the process and provided enabling environments for successful implementation of the IRS operations in their respective states. The PPP strategy could be a possible method for sustainable IRS implementation in Nigeria if well planned and implemented.

3.3 Social Behavioural Change Communication (SBCC) Activities for IRS

Mobilizers were recruited from the communities in collaboration with the respective community leaders. Orientation was provided to them on key messages to be provided to household members about the IRS operations. This was done by the State and LGA health educators to carry out strategic house to house awareness creation before and during implementation

Orientation of mobilizers

Spray operator interviewing Head of Household

3.4 Results of IRS implementation

Table 3 shows outcome of the IRS implementation in the six states

Table 3. Summary data for IRS in selected communities in six states in Nigeria

Sn	State	Households covered/visited	No of structures covered	No. of Rooms sprayed	Total People Protected
1	Anambra	6.500	6,218	19,106	32,800
2	Bauchi	4,314	4,537	12,037	28,243
3	Jigawa	2,706	6,590	9,219	21,130
4	Lagos	6,110	6,110	7,944	7218
5	Nassarawa	6,700	7,304	21,912	40,670
6	Rivers	7,220	6,860	21,028	36,100
	Total	**19,837**	**30,759**	**70,218**	**130,061**

3.5 Post Spray Operation Activities

As part of the IRS implementation process, three major post implementation activities were carried out namely post spray operation spot-checks, monthly evaluation, report writing and dissemination of report.

3.6 Lessons learned from the IRS implementation through PPP

i. Hold card is issued to a compound using the Landlord's name as household head.
ii. Very committed, enthusiastic and trained personnel especially at the community level
iii. Strong Federal, State and Local Government commitment
iv. Strong community acceptance promoted implementation
v. Rapid fund management and payment of personnel and smooth logistic (movement of insecticides and equipment) facilitated implementation

4.0 Vector Surveillance Activities

4.1 Insecticide Resistance Monitoring and Management

In the year under review, malaria vector surveillance activities were carried out in a total of 14 sentinel sites in selected LGAs, while susceptibility/resistance tests were done in 31 LGAs. These activities were carried out in 8 states. USAID/PMI through Africa Indoor Residual Spray (AIRS Project) supported activities in six selected states (one per geopolitical zone) namely Bauchi (North East), Sokoto (North West), Nasarawa (North Central, Ebonyi (South East), Akwalbom (South South) and Oyo (South West). The US Department of Defence in collaboration with the Walter Reed Project in Nigeria through the Naval Medical Unit 3 (NAMRU -3) carried vector surveillance activities insecticide resistance monitoring in 4 LGAs in Cross Rivers states while the Lagos State Government implemented similar activities in three LGAs in the states. The results from these sites showed increased spread vector resistance to insecticides used for malaria vector in the country. This demonstrates a growing threat to malaria control efforts in the country.

4.2 Review and Debriefing meetings

Two review meetings were held in Ibadan, Oyo states and Uyo, Akwalbom State during which activities at the sentinel sites were reviewed. Bottlenecks were resolved and ways fashioned for improved activities in the sentinel sites.

Similarly, a team from DoD/WRP-Nigeria and NMARU 3 from Cairo, Egypt paid courtesy call to NMEP and debriefed the programme on activities carried out in Cross River State.

4.3 Insecticide Resistance Management (IRM) Plan

With support from WHO and other partners, the IRM plan for the country was developed and finalized and awaits printing and dissemination in the first quarter of 2017.

5.0 National Framework for Larval Source Management (LSM) in Nigeria

During the period under review, a zero draft of LSM implementation framework was developed in collaboration with partners; the draft was presented to the IVM Subcommittee

6.0 Malaria-Neglected Tropical Diseases (NTDs) Co-implementation

The NMEP and NTDs division of the Department of Public Health identified Malaria NTDs co-implementation as a strategy for scaling up interventions of the two Programmes. A policy guideline was developed and piloted in six States in the country.

NMEP and NTD Divisions of the Public Health Department and partners identified the following as activities that could be co-implemented;

- Routine Morbidity Management. (Diagnosis, treatment and referral at the Health Facilities and Community levels)
- Routine/Periodic Preventive Interventions. (MDAs, Demand creation, Larva source management and IRS, Mass Campaign, Community and Schools distribution of LLIN)
- Health Systems Issues (Referral, Evaluation, PSM and Surveillance).

A meeting to review the Malaria-NTDs co-implementation was convened by the NMEP, NTDs divisions with Partners where a harmonization framework was developed, and the need for the inclusion of WASH in the Malaria-NTD co-implementation was identified. Furthermore, Standard Operating Procedures (SOPs), tools, manuals and roll out plans were developed to guide the co-implementation.

A five- day National Training of Trainers (ToT) held from the 15th – 19th February, 2016. The objectives of the ToT included understanding and operating the manual, training crop of trainers who will in turn carry out cascade training at the State, LGA and Schools, field testing and validating documents in selected Schools within the FCT. The Malaria NTDs – WASH co-implementation was piloted in three states in the country namely Cross River, Ebonyi and Jigawa. The main outcome of the pilot showed that it was feasible to implement the Malaria/NTDs/WASH in the country to rapidly scale up interventions of the two diseases and prevent other communicable diseases.

7.0 Capacity building of Researchers on Malaria Entomological Surveillance/Resistance and Mentoring

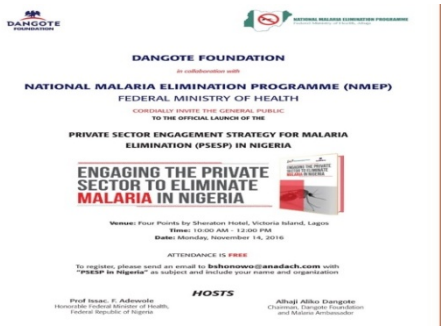
As part of the process to build the capacity on vector control researches, the NMEP in collaboration with the vector biology Group of the Department of Zoology, University of Ilorin carried out training for 24 selected researchers form Universities and research institutions drawn from the six geopolitical zones of the country. Two researchers were selected per zone through a competitive process. The trained researchers then mentored for three months by four identified mentors after which they developed research proposals.

ADVOCACY COMMUNICATION AND SOCIAL MOBILISATION

Advocacy Communication and Social Mobilization (ACSM) is a crosscutting branch of NMEP that coordinates NMEP's advocacy efforts for increased malaria funding, and developing strategies for improving utilization of malaria interventions and services across Nigeria. The branch also uses communication and social mobilization to provide adequate information to all Nigerians to take appropriate malaria prevention and treatment measures. This is achieved through innovative Social and Behavioral Change Communication (SBCC) messages delivered through several platforms targeting both the general public and health workers.
Under Advocacy, the major activity carried out was:

LAUNCH OF THE PRIVATE SECTOR ENGAGEMENT STRATEGY DOCUMENT

The NMEP in collaboration with Dangote Foundation launched the Private Sector Engagement Strategy document in Lagos. This document was launched by the Honorable Minister of Health, Professor Isaac F. Adewole FAS, FSPSP, and Alhaji Aliko Dangote GCON, founder and President of Dangote Foundation. The launch attracted several private sector players, media houses and NMEP partners. This document laid emphasis on reasons why the private sector should be engaged and how resources, innovations, broad reach and capabilities can be harnessed to make significant impact to the quest for malaria elimination in Nigeria. The private sector is already involved in the control and eradication of polio in Nigeria and these roles could be replicated in malaria elimination. During the launch, examples and best practices from other countries were discussed. The private sector could be engaged through Communication, Capacity building, Information and Technology, Direct funding, In-kind Health services, Malaria commodities etc.



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TRAININGS

TRAINING OF MEDIA PRACTITIONERS ON SUBSTANDARD AND COUNTERFEIT MALARIA MEDICINES

This training was organized by the NMEP in collaboration with HC3 to provide trainees with technical information on how to recognize substandard and counterfeit malaria medicines and promote quality anti-malaria drugs in Nigeria. Trainees were selected from a pool of health correspondents in Abuja and Akwa-Ibom already reporting on malaria and other health issues.

At the end of the training, a total of eleven journalists acquired basic skills to report on substandard and counterfeit malaria medicines accurately and make the stories compelling for meaningful interviewing.

SOCIAL MOBILIZATION ACTIVITIES FOR 2016 WORLD MALARIA DAY

The Advocacy and Social Mobilization Subcommittee paid an advocacy visit to the District Head of Mpape Community, Bwari Area Council, FCT-Abuja for the 2016 World Malaria Day.

The visit was to intimate the District Head and his cabinet of the WMD social mobilization activities in their community and garner their support. The activities carried out in commemoration of the WMD where; Sanitation and Prevention exercises, Diagnosis and treatment, and a town hall meeting. The community members were educated on ways to prevent malaria, all fever cases present were tested and confirmed malaria cases treated with ACTS.

Head ACSM, Mrs.ItohowoUko informing the District Head of Mpape, AlhajiAbubakar Ibrahim Gimba and his cabinet members of the purpose of the visit.

Group Photograph of Advocacy Subcommittee members, the District Head Mpape and his cabinet members

Chief AbubarkarGimbia clearing the gutter. The change began with him!

Chief of Mpape sensitizing his community

NMEP and Partners led by the National Coordinator Dr.Nnenna Ezeigwe attended a church service at the Methodist Church, Wuse Zone 3 on Sunday, 24th April 2016 as part of activities to commemorate the 2016 WMD.

Dr.Nnenna Ezeigwe addressing the congregation Net Hanging demonstration

WORKSHOP ON MALARIA MEDIA TOOLKIT DEVELOPMENT:

As part of the NMEP's mandate to coordinate and facilitate strategic partnerships among stakeholders at all levels. A 3 –day workshop for the development of malaria media toolkit was organized to develop standardized toolkits for the programme, that will ensure the availability of a handy reference material to enhance accurate reporting by the media as well as consistency in the dissemination of malaria information to the media by NMEP and Partners. Eight tools were developed including seven briefs and one fact sheet addressing the following areas; Diagnosis, Treatment, Fact Sheet on General malaria information, Antenatal Care, Malaria FAQs, Indoor Residual Spraying, Long Lasting Insecticidal Net (LLIN), Personal Protection Measures (PPM).

MEDIA LITERACY WORKSHOP FOR MANAGERS AT NMEP AND ITS IMPLEMENTING PARTNERS

Fostering a relationship with the media for increased and accurate reporting of malaria is imperative to sustain the gains achieved in malaria elimination. To this end, a workshop was organized which aimed at increasing the capacity of participants in the development of sustainable relationships and utilization of the media based on professionally acceptable mechanisms and develop standardized guidelines for NMEP's media engagement. Outcomes from the workshop were increased knowledge on mechanisms for fostering sustainable relationships with the media and guidelines for mutually beneficial relationship with the media.

INTERACTIVE SESSION WITH HEALTH EDITORS:

Following the conclusion of media literacy training for branch heads, it was agreed that a logical follow on activity would be an interactive engagement with the media to re-launch the process of fostering sustainable relationships.

Participants were health editors or heads of health desks or beats of their organisations. The interactive session was to; provide an overview on the journey towards a malaria-free Nigeria and discuss the role of media editors in Malaria elimination. Challenges faced by editors in programming for malaria was also identified and solutions were proffered. Outcome from the meeting were renewed commitment from the media editors to increase the reporting of malaria and the creation of a Whatsapp media forum on malaria.

MEDIA EDITORS DINNER

The 2015 National Malaria Indicator Survey (NMIS) recommended the need to step up malaria awareness creation and bring malaria to public prominence. In view of the above, NMEP collaborated with SFH to initiate a media dinner as a veritable platform for the editors to interact directly with implementing partners and provided them with accurate information and the strategies that are in place for combating malaria in Nigeria. NMEP relationship with the health editors was reinforced at the end of the dinner.

MALARIA SUPER STORY TV SERIES PREMIERE

A special 13-episode edutainment series that focus on appropriate malaria prevention, diagnosis and treatment messages was produced by Wale Adenuga Productions (WAP), owners of the renowned family oriented entertainment series, **Super Story.** The series titled **"Free to Live"** is aimed at providing targeted population with appropriate malaria preventive measures, increase knowledge and use of malaria RDT or microscopy, appropriate treatment of positive cases with ACT, the use of LLINs and clear myths and misconceptions about malaria.

'Free to Live' is being aired to millions of viewers nationwide via NTA Network (Thursdays 8 – 9pm), AIT Network (Thursdays 9 – 10pm) and wapTV, on DStv 262, StarTimes 116, GOtv 102, Consat 812, StarSat 189 and MyTV, (Thursdays 8 – 9pm).

4.0 PROGRAMME MANAGEMENT

This is the coordinating branch in NMEP, it articulates the critical steps and approaches expected of different stakeholders to take responsibility for planning, supervision, resource mobilization, capacity development and other management arrangements for efficient utilization of resources for effective programming.

4.1 Programme Management Subcommittee Meeting

The branch conducted seven (7) subcommittee meetings in 2016 with focus mainly on institutional strengthening, coordination at all levels of implementation, with relevant stakeholders and RBM partners in attendance. These meetings provide the platform for assessment and evaluation of quarterly

performance of activities; identifying implementation gaps and presentation of performance scores of activities in line with the programmatic annual operational plan,

4.2 Monthly Departmental Meetings

This is a forum where all of the Divisions of the Department of Public Health meet to discuss matters of public health importance on monthly basis. The participation of NMEP at this meeting was very necessary as key issues bordering on divisional assessment of status of activities' implementation, key challenges and deliberations on possible solutions and way forward were discussed. Updates on the Ministry's programme of activities and other administrative issues were also deliberated upon.

4.3 Technical Working Group Meeting

Technical Working Group meetings (TWG-Malaria) held in the period under review. The meeting is the platform through which progress in programme implementation is assessed towards strengthening FMOH leadership, systems, and capacity on Malaria control and in identifying and support development efforts of the RBM Partners and the Government at all levels.

4.4 NMEP General Staff Meeting

Staff welfare, internal coordination, identifying work place challenges and proffering the ways to mitigate them for effective programming is the aim of this meeting. The meeting also serves as a forum to update staff members on current practices in the civil service..

4.5 RBM Partners' Meeting

This forum provides in-country RBM Partners and key stakeholders with opportunities for leveraging financial and technical support to government authorities at Federal, State and LGA in the area of planning implementation and evaluation of RBM intervention; in addition facilitate effective collaboration among the government and donour Agencies for achieving a common national goal.
The meeting held in Q4:2016 and afforded the opportunity for NMEP and partners to present and review programme implementation and identification of major challenges and charting way forward for effective malaria control.

4.6 2016 World Malaria Day Commemoration

April 25 of every year is set aside globally to commemorate World Malaria Day. Nigeria joined the rest of the world mark the 2016 World Malaria Day in its bid to raise awareness on the danger malaria portends, its management, prevention and control, as well as advocate for more resources for malaria control. The day allows for all relevant stakeholders (multinational corporations, NGOs and CSOs) to work together and create awareness especially among the vulnerable population, disease prevention & management and advocating for policy changes geared towards malaria elimination.

2016 WMD Theme and Slogan

Hon. Minister of Health Represented by Dr.Balami Director Hospital Services FMOH interacting with the press.

The Hon. Minister of Health's Representative cutting the tape to flag of the Rally/Road show.

HMH's Representative Dr.Balami during the Rally/Roadshow.

The theme for the years' WMD is *"**End Malaria for Good"*** with the slogan *"**Yes its Achievable**"*.
Key highlight of the event are

1. Community countdown – There was a clean-up exercise in Mpape community of FCT with the village head and some stakeholders participating in the exercise.
2. Ministerial Press Briefing by the Hon. Minister of Health represented by Dr.Balami, Director Hospital Services of the Federal Ministry of Health.
3. Exhibition of various brands of antimalarial products at the event by NMEP and Partners. The Hon. Minister of Health led the tour of the exhibition stand in the company of other dignitaries in attendance.
4. Community countdown aimed at awareness creation and avenue for mass diagnosis and treatment.
5. The WMD Grand finale awareness creation rally held on the 25th of April, 2016 in Abuja. It began from Federal Secretariat, Phaze 111 through Area11 and terminated atNicon-Luxury Hotel venue for the 2016 WMD Ministerial Press Briefing. Key stakeholders, representatives from line ministries, departments, agencies, commercial partners and members of the organized private sector and the media personnel were at in attendance.

Participants dancing during the Rally/Road show

Participants entering Nicon-Luxury Hotel venue for the Ministerial Press-Briefing.

HMH Rep Dr.Balami at the Ministerial Press Briefing at Nicon-Luxury Hotel, Abuja.

Dignitaries at the Ministerial Press-Briefing.

Cross-Section of Participants at the Ministerial Press-Briefing.

Annual Programme Managers Review Meeting

This forum provides the opportunity for the State Managers to present the progress made, on malaria control in the states and FCT, and their challenges. Annually, the state malaria managers, the NMEP and the RBM Partners meet under the leadership of the NMEP. International best practices are also disseminated at the forum which serves as a capacity building activity for the state managers and state level partners.

Objectives:

- The use of evidence(s) for decision making and review of malaria implementation at the State level.
- Review of data on Malaria Program implementation (survey, routine, research and programmatic data).
- Facilitate the coordination of State Level Partners and build the capacity of state programmes to take the driver's seat.
- Review progress made at all levels, identify implementation challenges and proffer solution.

The theme of the meeting was **"Sustaining Evidence Based Management for Malaria Activities".**

The technical sessions aimed at updating as well as building the capacity of the State RBM managers on current best practices were delivered. Speakers were drawn from the academia, RBM stakeholders and the private sector. All states made presentation on their performance and best performing states emerged and awards given accordingly.

At the end of the meeting, a communique was developed with the under listed recommendations among others:

The following papers were presented during the meeting;

- Presentation on use of evidence for decision making (including review) in malaria control by Dr Geoffrey Namara, WHO
- Update on Urine Malaria Test by Dr. Eddy Agbo
- Presentation on Review of available malaria (DHIS) in the country disaggregated by States
- Presentation on ways to improve subnational level coordination and harmonisation of government, donor, private and other stakeholder's contribution to malaria control.
- An update on the implementation of malaria vector control (with emphasis on LLINs distribution, malaria vector surveillance, and insecticide resistance monitoring)
- MFM Malaria Grant Extension to 2017

The following were the main issues discussed and recommendations proffered:

Issues

1. Progress has been made over the years which resulted in the reduction of malaria prevalence in Nigeria.
2. There exist significant data quality issues, poor data management and utilization for programming and re-programming of interventions at all levels.
3. Malaria Parasites Sentinel Surveillance sites are inadequate and lack support at all levels.
4. Implementation of Vector surveillance and insecticide monitoring is very low and there are emerging degrees of vector resistance to the commonly used insecticides.
5. Lack of consumption data and weak sustainability plans for MCLS in several States
6. Low utilisation of LLINs particularly in the southern part of the country.
7. Low BCC messages through the mass media and local outlets.
8. High LLINs ownership, high LLINs utilisation and high prevalence of malaria in the North West.
9. Low reporting rate

Recommendations:

- Advocacy to gatekeepers to sustain the progress achieved

- States to organise periodic data quality assessment to improve data management and utilisation
- Advocate to resource mobilisation to support the existing Malaria Parasite sentinel sites.
- To promote the establishment of the vector sentinel surveillance sites across states of the nation as recommended by the National Council on Health.
- To provide LLINs and scale up BCC activities.
- Operationalize the implementation of MCLS activities in the states

REPORT OF A MEETING ON COMPLEX EMERGENCY STATES IN NORTH EAST OF NIGERIA.

Introduction

The meeting was organized by National Malaria Elimination Programme in collaboration with Adamawa, Borno and Yobe states and was supported by Global Fund. It was attended by the National Coordinator, NMEP, representatives from WHO, Red Cross Society of Nigeria and representatives from the 3 complex emergency states, NMEP staff were also in attendance.

Objectives

- To share experiences and lessons learned in the implementation of the previous campaigns
- To discuss and agree on a Strategy that is efficient and effective for the implementation of LLINs replacement campaigns in 2017 in the three states.
- To discuss proposed timelines and detailed work plan with clear next steps for implementation of the replacement campaigns in the three states
- To engage relevant stakeholders and partners on the planned replacement of LLINs campaigns in the three states

It was observed that out of the 6 states in the North east, only Bauchi is captured in the New Funding Model of the GF.

Overview of LLIN Replacement campaign in Nigeria was presented focused on the implementation guidelines and issues bordering on security and IDPs camps.

GENERAL RECOMMENDATIONS FOR COE STATES (COMPLEX OPERATING ENVIROMENT).

- Prioritization of the COE states. Campaigns in these States should be moved to Q1-2:2017 (North East).
- Need for high level advocacy for pre, during and post campaign implementation as well as clearly identify the role of state RBM team and the SPHCDA.
- Proper campaign in complex emergency situation and normal campaign or mixed model strategies was recommended for maximum coverage.
- Health sector humanitarian and camp coordination committees be included in the LCCN.
- Integrated distribution involving other Programmes eg maternal newborn and child health programme or seasonal malaria chemoprevention.

- National / states to ensure timely release of funds for commencement of procurement and planning for the campaign

- Engagement and involvement of the security agencies, traditional and religious institutions at all stages of the campaign
- Special microplanning activities to include comprehensive mapping of communities and IDP camps.
- LLINs delivered from port to state central medical store, the national should key into existing transport plat form and predominant of hard to reach areas in the state to deliver nets to LGAs/DPs.
- Number of trainable personnel should be recruited and engaged based on population size.

PROCUREMENT AND SUPPLY CHAIN MANAGEMENT BRANCH REPORT

The PSM Branch has the responsibility of ensuring timely availability of appropriate antimalaria medicines and commodities required for prevention and treatment of malaria in Nigeria wherever they are needed. This can be achieved by having the right malaria commodities, in the right quantities, in the right condition, delivered to the right place, at the right time, for the right cost. The branch also supports the National Malaria Elimination Programme in procurement of quality-assured medicines and other health products in sufficient quantities to reduce cost inefficiencies, to ensure the reliability and security of the distribution system. It also aims to ensure the rational use of antimalarial medicines when they eventually get to the users-whether as providers or patients.

A) SUMMARY OF IMPLEMENTED ACTIVITIES

The following are the PSM implemented activities in the year under review;

1. PROCUREMENT

NMEP with the support of the Global Funds (GF)procures malaria commodities for the 24 high burden States in the country. The GF procured commodities through the Voluntary Pooled Procurement (VPP) for efficient fund utilization.The table below shows the quantities of malaria commodities forecasted and procured.

Table 1.shows the quantities of Malaria commodities forecasted and procured.

Product	Quantity **Forecast**	Quantity **Procured**
ACTs	49,840,885	4,471,640
RDTs	39,688,987	12,260,687
SPs	4,692,461	4,589,390
Artesunate Injections	595,927	1,009,975
LLINs	-	

2. DISTRIBUTION

To ensure an efficient and effective distribution of antimalarial commodities, NMEP engaged the service of five (5) Third Party Logistics Agents (3PLs) (AXIOS, GHLI, Riders for Health, MDS& Zenith Carex International).Axios, GHLI ,MDS& Zenith Carex were contracted by NMEP for long haul (federal medical stores to State central medical stores) while Riders for Health, GHLI, MDS, &Axios do last mile (State central medical stores to health facilities) distribution of Malaria commodities across the supply chain. The aimis to promote timely accessibility of safe, effective and quality antimalarial medicines and commodities at all levels of health care delivery.

Table 2.shows the total quantities of ACTs, RDTs, SPs and LLINs distributed

Product	Quantity Distributed
ACTs	15,512,283
RDTs	19,035,796
LLINs	4,763,545
SP	6,505,055

Table 3.shows quantities of ACTs, RDTs and LLINs distributed in first Quarter 2016 year

SN	STATES	AL1	AL2	AL3	AL4	AA1	AA2	AA3	AA4	SP	RDT(kits)	ART INJ	Gloves Packs of (100)	Sharp box
1	Sokoto	36,044	27,270	36571	43,102	0	0	0	19,702	82,520	221,936		4,440	2219
2	Kebbi	26860	17844	13646	20458	0	0	9726	12544	39672	123464	0	1235	1235
3	Zamfara	25,000	22,500	21,250	220,000	0	0	0	0	300,000	400,000	0	8,000	4000
4	Bauchi	14,250	23,954	73,953	63,967	3,780	0	5722	11,289	71530	632,055	43,748	12,641	6321
5	Kano	80,218	47,102	156722	100,786	0	0	3,034	22,809	142,205	1,054,628	0	21,093	10546
6	Jigawa	14,800	15,336	30,000	45,000	0	0	0	9,500	80,000	0	0	0	0
7	Anambra	15,498	14,194	7,986	8876	0	0	2,550	2250	21100	0	2,000	0	0
8	Imo	20,972	35,000	58664	57912	0	0	10,884	18,856	470205	606,568	2,500	6,067	6066
9	Edo	14,400	20,400	24,840	47,400	0	0	0	0	60,000	0	1,500	0	0
10	Ekiti	10,812	16,496	31200	43,200	0	0	3200	2000	32,000	43,000	2,880	4,000	430
11	Ondo	12,000	15,000	25,000	36,000	0	0	3,000	10,000	60,000	6,000	5,000	6,000	60
12	Lagos	22,000	0	80,000	78,000	0	0	0	0	0	360,000	0	3,600	3600
13	Ogun	15,330	15,120	19,624	37456	0	0	1,622	2472	27,840	125,664	0	2,513	1257
14	Kaduna	16,719	14,318	58,010	64,691	0	0	7,187	32,082	1,450	96,260	0	1,925	963
15	Kwara	16,000	25,324	1958	16,629	6,611	0	1,819	5,721	6,900	0	2,000	0	0
16	Benue	16,000	24,180	54,240	35,760	0	0	3500	34500	69,000	140,175	2,000	2,804	1402
18	Kogi	14,000	26,676	43,074	43,168	0	0	3147	30,782	77532	279968	400	5,600	2800
19	Katsina	81,937	35,963	3330	135,640	0	0	3,120	1,644	118,756	98,976	0	1,980	990
20	Ondo	12,000	15,000	25,000	36,000	0	0	3,000	10,000	60,000	6,000	5,000	120	
21	Lagos	22,000	0	80,000	78,000	0	0	0	0	0	360,000	0	7,200	
22	Osun	39,252	40,848	15,618	75,504	12,251	12,924	14,658	10,182	18,762	109,998	2,500	2,200	
	TOTAL	**526,092**	**452,525**	**860686**	**1,287,549**	**22642**	**12924**	**76169**	**236,333**	**1,739,472**	**4,664,692**	**69528**	**91,418**	**41887**

Table 4 .shows quantities of ACTs, RDTs and LLINs distributed in 2nd Quarter 2016 year

SN	**STATES**	**AL1**	**AL2**	**AL3**	**AL4**	**AA1**	**AA2**	**AA3**	**AA4**	**SP**	**ART INJ**	**RDT**	**GLOVES (Cartons)**	Sharp
1	KanoState	75,455	59,239	78,417	93,864	0	29,733	0	25,472	8,962	0	758,360	1,517	220
2	Lagos State	61,000	56,400	51,500	59,500	0	0	0	0	0	0	300,000	600	100
3	KadunaState	42,827	39,040	39,858	50,835	0	0	0	26,808	45,906	65,783	430,736	861	115
4	KatsinaState	55,006	57,675	60,720	70,076	0	54,201	1,781	47,761	75,579	11,220	250,000	500	170
5	OyoState	11,648	0	0	6,656	0	19,251	0	23,090	0	0	426,600	854	165
6	RiversState	42,500	60,200	42,000	57,523	0	12,050	0	8,000	250,000	0	175,000	350	115
7	BauchiState	35,396	60,176	52,247	57,337	1,156	15,715	0	4,468	29,914	0	173,814	348	100
8	JigawaState	37,002	56,102	49,817	47,131	0	21,194	0	10,792	18,079	0	244,474	490	135
9	BenueState	40,576	46,637	33,875	71,165	0	27,726	0	28,260	51,847	0	0	0	115
10	AnambraState	22,812	24,924	27,876	38,268	0	5,988	0	3,696	35,460	0	0	0	115
11	NigerState	36,809	39,865	40,392	68,739	1,324	19,063	0	21,965	26,295	15,734	299,588	600	125
12	ImoState	24,662	5,806	0	1,541	0	5,445	0	1,592	0	0	0	0	135
13	SokotoState	55,109	48,174	44,856	57,754	2,535	65,404	599	98,512	82,520	44,808	751,886	1,504	115
14	KogiState	30,648	25,014	0	14,646	0	2,778	0	7,484	9,490	0	210,398	421	100
15	ZamfaraState	28,500	30,210	42,600	0	0	0	0	0	0	6,000	100,000	200	85
16	KebbiState	30,720	35,688	27,292	40,916	0	21,360		25,088	39,672	5,000	150,464	300	115
17	Edo State	28,000	32,000	30,000	41,600	0	0	0	0	21,000	2,500	0	0	90
18	Cross RiverState	35,280	38,440	38,180	59,500	0	9,525	1,025	9,075	24,750	9,785	345,750	692	100
19	OndoState	16,000	40,000	50,000	35,000	0	19,000	0	30,000	100,000	25,000	380,000	760	100
20	Ogunstate	485	22,280	5,954	18,794	11,132	6,352	4,659	4,668	23,024	0	173,430	346	100
21	KwaraState	28,482	21,178	20,596	37,402	0	4,493	1,095	3,239	21,000	6,000	169,242	338	100
21	**TOTAL**	738,916	799,048	736,180	928,247	5,015	339,278	4,500	379,969	863,498	191,830	5,339,742	9,661	2,515
22	**FCMS OSHODI**	**AL2**	**957,031**	**831,189**	**1,236,593**	**5,650**	**539,176**	**4,500**	**407,292**	**4,589,390**	**1,009,975**	**6,337,875**	**27,783**	**5,990**

Table 5..shows quantities of ACTs, RDTs and LLINs distributed in third Quarter 2016 year

SN	STATES	AL1	AL2	AL3	AL4	AA1	AA2	AA3	AA4	SP(doses)	ART INJ(vials)	RDT(tests)	GLOVES (Cartons)	SHARP(25)
1	KanoState	117,142	108,859	97,240	150,796	0	29,733	61,560	25,472	350,000	0	758,360	1,917	303
2	KadunaState	64,241	98,560	49,787	86,253	0	0	0	26,808	145,906	65,783	430,736	1,261	172
3	RiversState	63,750	90,300	61,800	96,285	0	12,050	8,390	12,000	375,000	0	175,000	750	70
4	BauchiState	63,094	90,264	76,371	106,006	1,350	15,715	28,375	14,468	259,828	100,000	373,814	1,148	150
5	JigawaState	55,503	94,153	64,726	70,697	0	17,194	14,850	10,792	168,079	0	244,474	890	135
6	AnambraState	34,218	37,386	41,814	57,402	0	5,988	7,550	3,696	53,190	0	0	0	115
7	ImoState	36,993	68,709	0	82,312	0	5,445	3,508	2,592	160,820	15,000	154,000	408	135
8	Edo State	42,000	48,000	45,000	62,400	0	0	0	0	82,000	24,000	200,000	700	90
9	Cross RiverState	52,920	57,660	57,270	89,250	0	9,525	8,025	9,110	154,750	9,785	345,750	710	140
10	Akwaibom	35,000	27,380	22,520	34,500	0	0	0	0	0	35,000	100,000	250	40
	TOTAL	**564,860**	**721,271**	**516,527**	**835,899**	**1350**	**95,650**	**132,258**	**104,938**	**1,749,573**	**249,568**	**2,782,134**	**8,034**	**1,350**
	FCMS	564860	929360	542712	1049428	1350	103504	181824	114606	2580200	778466	7426325	18317	5104
	Balance	0	208,090	26,185	213,530	0	7,854	49,566	9,668	830,627	528,898	4,644,191	10,283	3,754
			EXTRA LONG HAUL TO 3 STATES											
1	Sokoto	0	82,025	14,750	91,080	0	5,786	38,640	5,370	68,840	0	250,000	500	100
2	Kebbi	0	67,630	7,330	66,255	0	2,068	10926	3,298	44,210	0	150,000	320	60
3	Zamfara	0	58,434	4,105	56,194	0	0	0	0	73,100	0	120,000	250	48
	Total	0	**208,089**	**26,185**	**213,529**	**0**	**7,854**	**49,566**	**8,668**	**186,150**	**0**	**520,000**	**1070**	**208**
	Balance in FCMS	0	1	0	1	0	0	0	1,000	644,477	528,898	4,124,191	9,213	3,546

3. MALARIA COMMODITY LOGISTICS SYSTEM

In other to strengthen the Malaria Commodity Logistics System (MCLS) in the Global Fund supported States, The LGA malaria focal persons in the following states were trained; Sokoto,Zamfara, Anambra, Edo, Cross River, Kogi and Ogun. The step-down training was also conducted at the health facility level.

4. QUANTIFICATION AND GAP ANALYSIS

4.1.1. With support from Partners a National Quantification and Gap Analysis was conducted for 36 States and FCT.

This activity was held in Abuja which was aimed at developing a national quantification and gap analysis document. The document was developed and shared to stakeholders.

5. QUALITY ASSURANCE

5.1.1 Development of a National Sampling Protocol

NMEP and SFH in conjunction with NAFDAC held a meeting to develop a National sampling protocol for Quality Assurance of antimalarial commodities.

5.0 MONITORING AND EVALUATION BRANCH

The branch has responsibility for managing malaria data as well as developing new knowledge through operations research (OR) to produce evidence upon which policy decisions are made in relation to options for programme implementation. The branch works in conjunction with other branches in the NMEP to deliver on the Malaria Control/Elimination goal. It also collaborates with NMEP partners and other government agencies to strengthen Malaria routine reporting and the monitoring and evaluation system in both the public and private sectors.

5.1 Data Management (Health Management Information System/Routine Reporting)

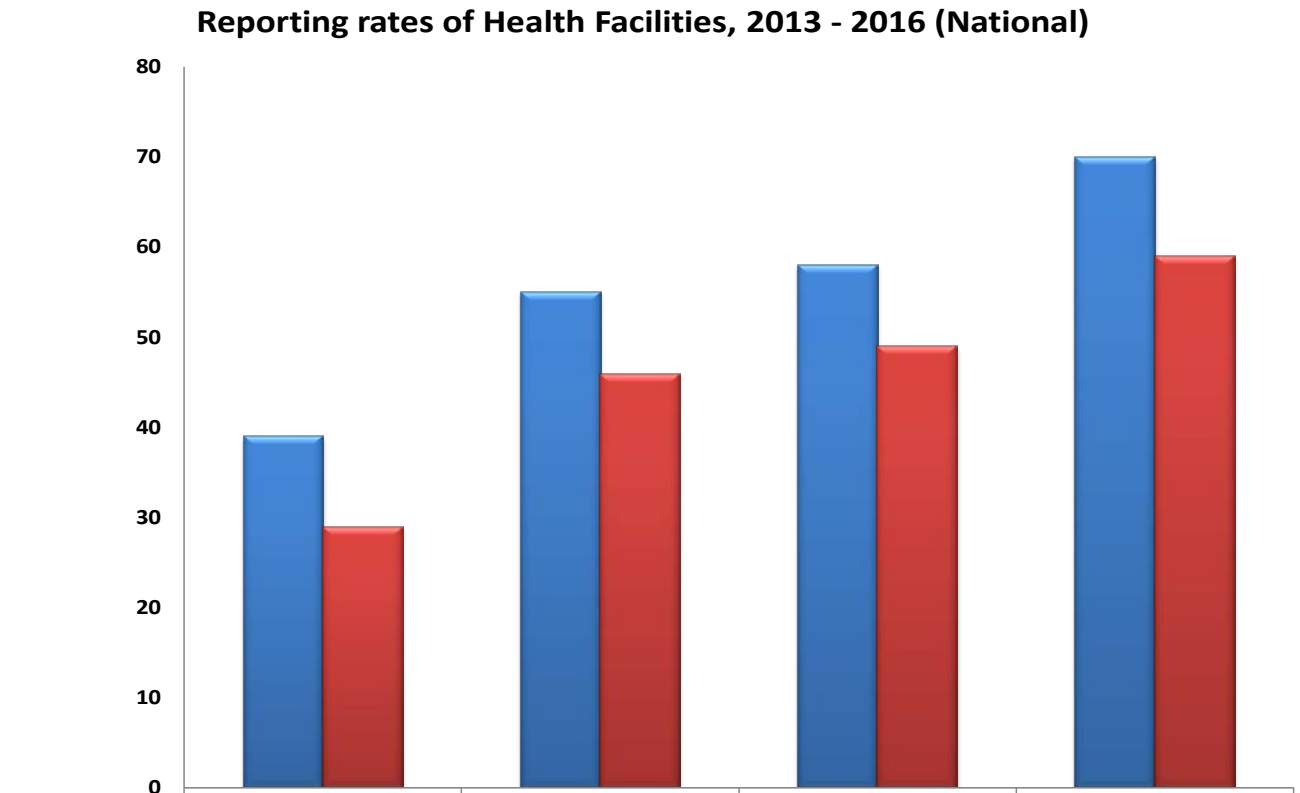
5.1.1 Review of Supervisory Checklist and Data Collection Tools

The branch reviewed the supervisory visit and data quality assessment checklist used for quarterly DQA/Supervisory visits to the sub-national levels. The checklist was updated in line with management action and recommendation of the Global Fund Office of Inspector General to improve data quality (consistency and validity).

5.1.2 **Analysis of data from Routine Reporting:**

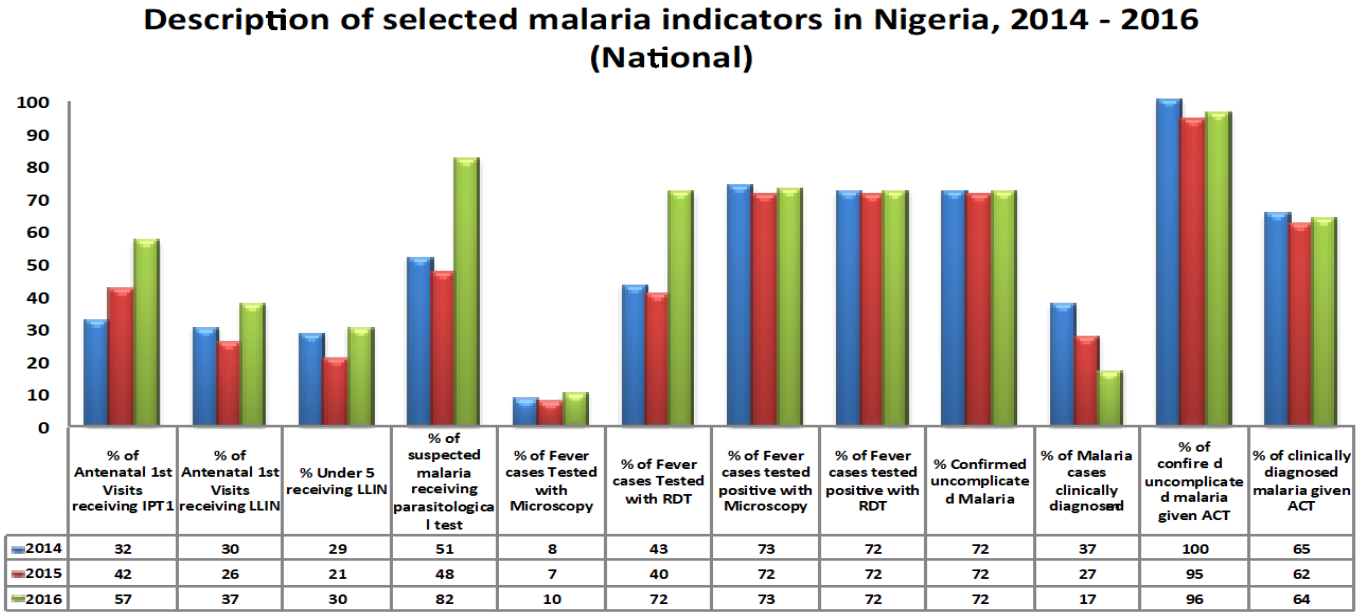
On a monthly basis, the M&E branch carries out analysis of routine data from DHIS/States malaria programme. In 2016, NMEP commenced the provision of quarterly feedback of the key findings from the monthly analysis of key malaria indicators from the DHIS 2.0 data to States Honourable Commissioners of Health and Malaria Programme Managers to acquaint them with the status of their performance, as well as provided them with data for decision-making.

Some of the key findings are shown below:



	2013	2014	2015	2016
Completeness	39	55	58	70
Timeliness	29	46	49	59

Figure 1: Reporting rates of health facilities, 2013 – 2016 (National)



	% of Antenatal 1st Visits receiving IPT1	% of Antenatal 1st Visits receiving LLIN	% Under 5 receiving LLIN	% of suspected malaria receiving parasitological test	% of Fever cases Tested with Microscopy	% of Fever cases Tested with RDT	% of Fever cases tested positive with Microscopy	% of Fever cases tested positive with RDT	% Confirmed uncomplicated Malaria	% of Malaria cases clinically diagnosed	% of confire d uncomplicated malaria given ACT	% of clinically diagnosed malaria given ACT
2014	32	30	29	51	8	43	73	72	72	37	100	65
2015	42	26	21	48	7	40	72	72	72	27	95	62
2016	57	37	30	82	10	72	73	72	72	17	96	64

Figure 2: Description of selected malaria indicators in Nigeria for 2014-2016
Source: DHIS https://dhis2nigeria.org.ng

5.1.3 Stakeholders' Workshop on Community Health Data Management

The Branch participated in this workshop, which was held on the 7th – 8th November 2016 in Kaduna State, with the objective to review the Community Health Information Management System Tools. The workshop was organised by the DPRS in collaboration with PLAN International.

5.2. Programs and Data Quality

5.2.1 Supportive Supervision and Data Quality Assessment Visits

The branch coordinates and conducts quarterly supervisory & DQA visits to States. The visits afford the programme the opportunity to assess State and LGA levels programme administration and management of RBM activities, take stock of malaria commodities and other supplies at the States' stores and assess malaria records and data management, among others. The visit is also used to advocate for increased commitment of State and LGA policy makers to malaria control activities. M&E branch had planned to conduct four data quality assessment and supportive supervisory visits (DQA/SSV) to the 24 GF supported States and LGAs in 2016. No national DQA was done in 2016 due to funding constraint**.**

5.2.2 Private Health Facilities Regulators Summit.

National Malaria Elimination Programme and the Society for Family Health (SFH) organized a two-day meeting with the private health facilities regulators in the 24 GF Malaria supported States and FCT on the theme "improving data reporting in the formal private sector". Some of the recommendations from the meeting include the following:

- All States to maintain a comprehensive and valid databases of functional private health facilities
- HMIS tools to be printed and distributed to Private health facilities in the States
- Capacity of relevant personnel in the relevant sector be built to improve data reporting on DHIS
- Data to be transmitted from all the private facilities in the states to the HMIS database on a monthly basis
- Existing structures in the state be leveraged upon to improve reporting in the private sector and the establishment of similar structures in states where non exists.
- Advocacy to relevant stakeholders be conducted for resource mobilization
- States to put in appropriate legislation to ensure that private sector health facilities are reporting routinely
- Avenues to increase political will towards data management in the State be explored

5.2.3 Master Facility List (MFL) and Health Facility Registry (HFR) Technical Working Group Meeting

The meeting was organized by the Department of Planning, Research and Statistics (DPRS) with support from Measure Evaluation. The outcomes of the meeting were as follow:

- Discussed the status of the MFL compiled and the renewed effort to update the list
- Engaged stakeholders and defined roles and responsibilities to make the system function effectively
- Brainstormed on processes needed to maintain an up-to-date list
- Identified the signature and service domain elements that should be included in an updated MFL
- Planned for the development of a HFR to manage the MFL

5.2.4 National M&E Stakeholders' Meeting with DPRS to Review NHMIS Data Elements and Enhance DHIS v 2.0 Platform

The branch participated in the national M&E stakeholders' meeting organized by DRPS in collaboration with MEASURE Evaluation. Participants were drawn from all disease programs and relevant partners The meeting aimed at harmonizing the current reporting indicators on the DHIS 2.0 instance; developing plans for data demand and use; and agreeing on the process of enhancing the platform. One of the outcomes of the meeting was the submission by NMEP to DPRS, a request to include new malaria data elements on reviewed severe malaria and IPT3 indicators in the HMIS/DHIS platform, which is presently under consideration. A follow-up meeting on harmonization of indicator sets and monitoring and evaluation work plan coordination was organized by DPRS and M&E Branch was also represented. The objectives of the meeting were to:

- Data indicator set used to evaluate health interventions nationwide was reviewed.
- Indicator reference list for monitoring and evaluation of health interventions in the country was produced.

5.2.5 National Training on Supportive Supervision on Patient Propriety Medicine Vendors (PPMV)

The training was organized by the Case Management branch of the NMEP with support from the Global Fund. M&E branch participated in the training, which was aimed at equipping participants with the right supervisory skills and appropriate questions to monitor activities of PPMVs in the field as well as the right skills to provide on-the-job mentoring. The report writing and planning meeting for the 2nd Phase of the PPMV/CP Monitoring and Supervision held thereafter to review the PPMV monitoring and supervisory checklist and finalize the reports of the first visit and training on RDT use.

5.2.6 Peer Review and Capacity Building Workshop for Surveillance, Monitoring and Evaluation for Anglophone National Malaria Programmes

The workshop organised by WHO was held in Arusha, Tanzania. The following were the outcomes of the workshop:

- Peer-reviewed the data submitted for the World Malaria Report 2016.
- Peer-reviewed malaria data for the period 2010 to 2016 (by month and by district) and discussed targeting of interventions based on evidence.
- Update participants and discussed the use of the AFRO's Real-time Strategic Information System (rSIS).
- Agreed on the next steps for each country for improving malaria data collection, management, analysis and use in 2017.

5.2.7 Coordination meetings

The branch held several regular coordination meetings, which includes M&E in-house meetings, subcommittee meetings and planning meetings towards the National Stakeholders' workshop on Malaria Operations Research (OR). Other meetings held include the MIS work-streams, community case management and data harmonization meetings with DPRS. It also supported monthly data validation meetings at LGAs through the GF Grant to Sub-Recipients in the 24 GF supported states.

5.3 Surveys and Assessments

5.3.1 Malaria Intervention Assessment (MIA)

In collaboration with President's Malaria Initiative (PMI), the branch conducted a re-training of trainers for the MIA. The training held in February in Lagos with the aim of documenting the progress in malaria control interventions between 2008 and 2014 in Cross-Rivers, Ebonyi, Nasarawa and Sokoto states. A step-down training and pre-testing of tools were carried out at the state level, followed by data collection, analysis, and dissemination of findings to Stakeholders.

5.3.2 Report writing for the 2015 Nigeria Malaria Indicator Survey (MIS)

The branch in collaboration with Partners including ICF International conducted a report-writing workshop for the 2015 Nigeria Malaria Indicator Survey (NMIS). At the end of the meeting, a first draft report was produced.

5.3.3 Stakeholders' workshop to review and build consensus on the findings of the NMIS Key Indicator Report (KIR)

The meeting was held with the aim of discussing preliminary findings from the NMIS 2015 with a view to further updating the reports based on feedback from all stakeholders. Representatives from WHO, ICF, DFID, USAID/PMI, NPOpC, NBS, Academia and NMEP

among others were present at the 2-day workshop. Some of the recommendations from the workshop include the need for secondary analysis of the 2015 NMIS data sets, further investigation of the Lagos prevalence result among others.

5.3.4 National and Zonal Dissemination of the 2015 NMIS Result

The dissemination meeting held in November 2016 in Abuja. The result showed marked improvement of all malaria indicators compared to 2010 estimates, key of which was the decrease in the malaria parasite prevalence in Under 5s from 42% to 27% nationally. The report was launched by the Honourable Minister of Health, Prof. Isaac F. Adewole, FAS, FSPSP, DSc (Hons). Participants were drawn from NMEP, malaria stakeholders and the media. At the dissemination, Journalists were trained on reading and understanding the NMIS 2015 Results.

Below are charts demonstrating trends in key malaria indicators.

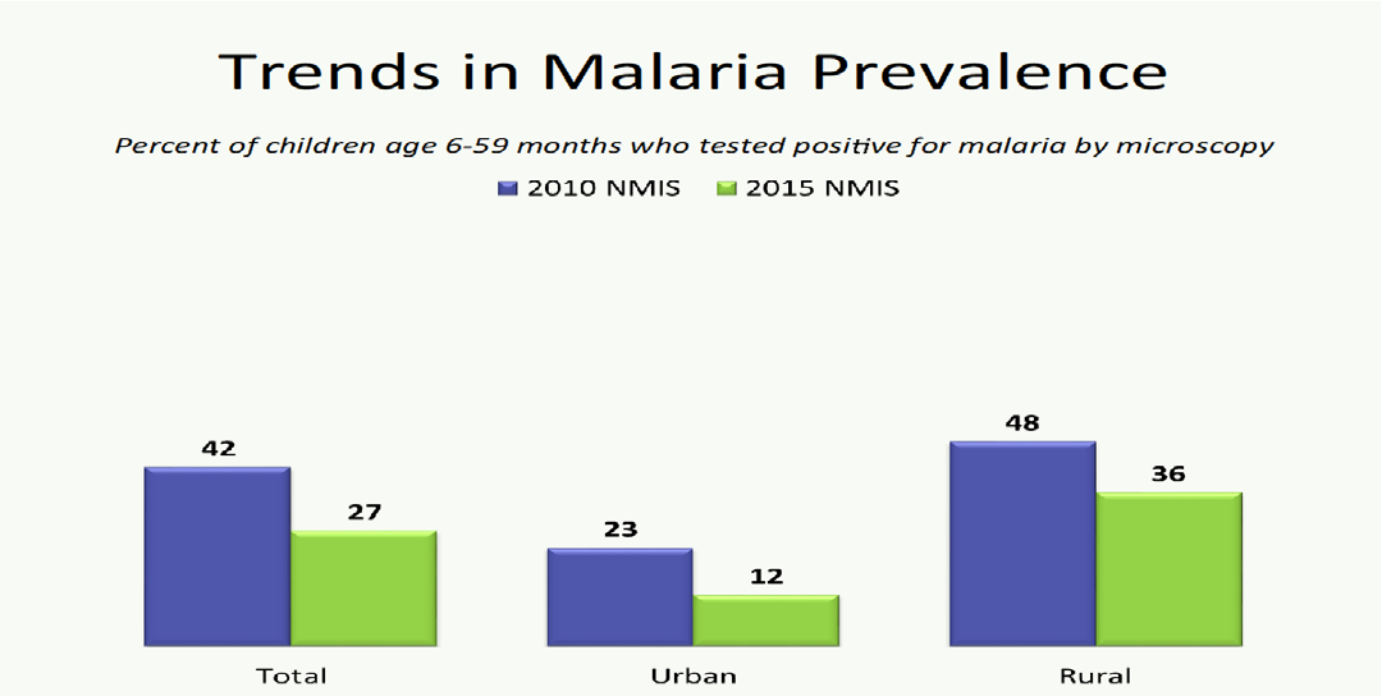


Figure 3 (above): Trends in malaria prevalence among children 6 – 59 months by microscopy

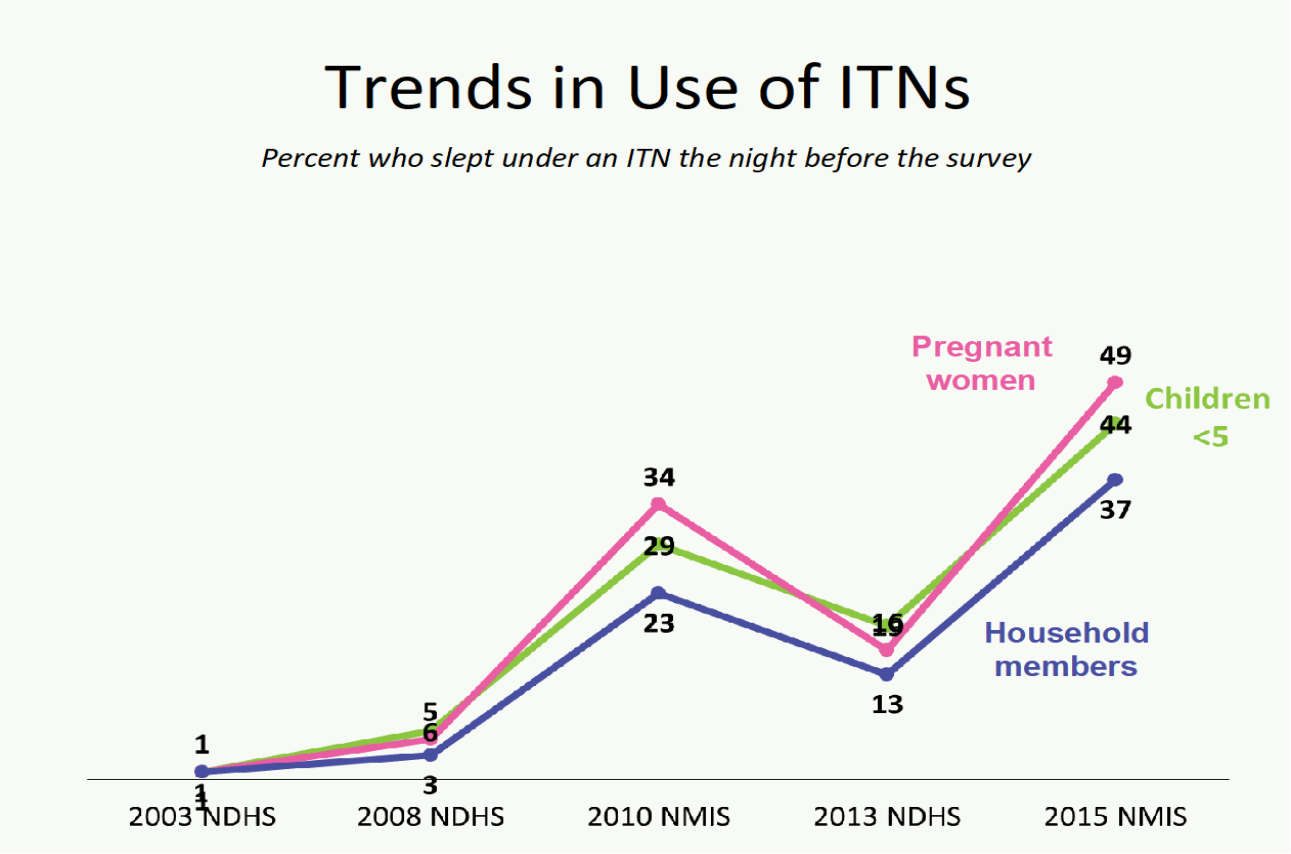


Figure 3. Trends in use of ITN in under fives, pregnant women & Household members

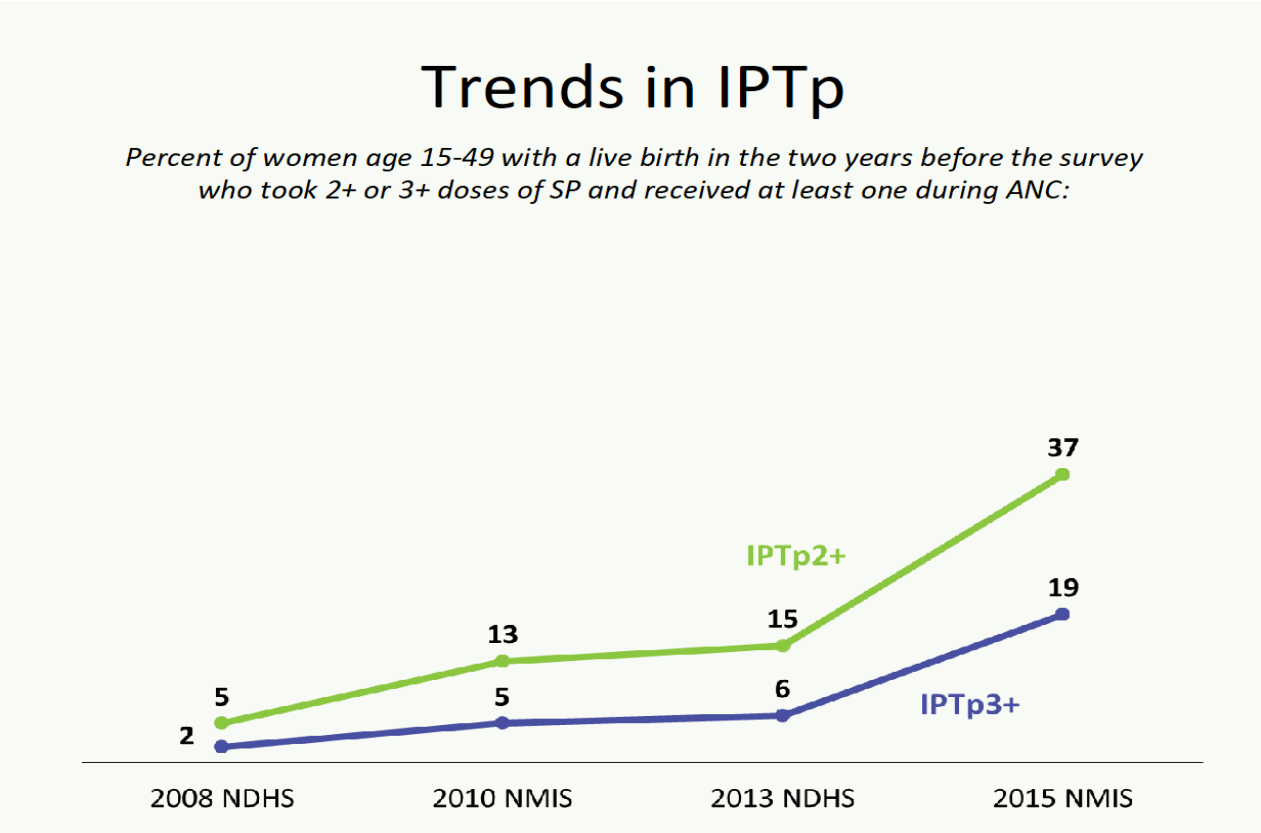


Figure 4: Trends in IPTp2+ IPTp3+ Use

5.4 Operations Research

5.4.1 First Malaria Research Dissemination Workshop by Nigeria Field Epidemiology and Laboratory Training Program (NFELTP)

NMEP in collaboration with NFELTP held the workshop from the 25th-26th May 2016 at Riez Continental Hotel Abuja. The NFELTP residents made presentations on various Malaria research works done or on-going as well as research proposals submitted for consideration. Participants were drawn from CHAI, PMI, IHVN, AHNI, MC, MAPS, representatives of selected States ministries of Health, etc. A total of 32 presentations on malaria research were made by graduates/residents across all NMEP thematic areas. The following observations were made based on the research studies presented by the NFELTP graduates/residents**.**

i. Poor data quality and gaps in surveillance. Private sector involvement in timely and complete reporting is deficient.
ii. Non-adherence to malaria diagnosis and treatment guidelines and inappropriate case management by caregivers for pregnant women and persons seeking treatment for fever.
iii. Poor utilisation of long lasting insecticidal nets (LLINs) despite good knowledge and ownership.
iv. Gaps on entomological studies, vector dynamics and monitoring of insecticide resistance and decay rates of LLINs.
v. Gaps in health education at all levels.
vi. Poor access to malaria commodities due to stock outs.
vii. Poor uptake of sulphadoxine-pyrimethamine (SP) for intermittent preventive treatment (IPT) and non-adherence to the Directly Observed Therapy Strategy (DOTS).
viii. The need to address acceptability of Indoor Residual Spraying in vector management in pilot study areas
ix. The need for adoption of screening for asymptomatic malaria parasitaemia and anemia in women at antenatal clinics (ANC) and in school age children
x. Delay in approval of environmental management strategic plan and guideline

5.4.2 LLIN Durability Monitoring, Data Collection, Analysis and Report Writing Workshop

The branch participated in the monitoring and supervision of data collection on LLIN Durability Monitoring Study in Ebonyi and Zamfara States as well as Report Writing Workshop organized by Vector Works with support from PMI/USAID. The workshop was held from the 22nd – 23RD September 2016 at Sandralia Hotel, Utako Abuja. During the workshop the participants practised hands-on analysis of data from the Durability Study and preliminary report was discussed by the participants.

Figure. 5: M&E staff and other Participants at the LLIN Durability, Data analysis and Report Writing workshop held at Sandralia Hotel, Abuja.

Background

The Case management and drug Policy branch is saddled with the responsibility of providing universal access to parasitological confirmation of malaria, ensuring the effective treatment of uncomplicated and severe malaria with appropriate anti-malarial medicines, as well as building the capacity of health care providers at all levels on malaria-related interventions. In addition to the above, this technical branch is responsible for developing and updating the National Malaria policy and guidelines on treatment and diagnosis, ensuring the efficacy of anti-malarial medicines and collaborates with the National Agency for Food and Drug Administration Control (NAFDAC) on strengthening pharmacovigilance systems for antimalarial medications.

MONITORING / SUPPORTIVE SUPERVISION OF PATENT PROPRIETARY MEDICINE VENDORS (PPMVs)& COMMUNITY PHARMACISTS (CPs) BY PHARMACEUTICAL COUNCIL OF NIGERIA (PCN) -NMEP JOINT TEAM ON DIAGNOSIS USING RDT AND TREATMENT OF CASES

In collaboration with PCN which is the regulatory body of the PPMVs and the CPs embarked on Monitoring/Supportive Supervision to PPMVs/CPs with the objectives;

- The supervision was aimed at collaborating with the pharmacist council of Nigeria to censor the registered PPMVs and Community Pharmacists in the GF supported states, orientate the members of National Association of Patent and Proprietary Medicine Dealers (NAPPMED) and Association of Community Pharmacists of Nigeria (ACPN) on the introduction of the use of RDTs in the community Diagnosis of malaria in Nigeria.
- To obtain baseline data on the knowledge of PPMVs and CPs on malaria management as well as educate and ensure regulatory standards on PPMVs and CPs on the stocking of antimalarial monotherapies.
- Training for PPMVs and ACPN on malaria diagnosis and treatment.

The first phase of the activity was carried out in 10 states namely; Kaduna, Katsina, Zamfara, Oyo, Ogun, Osun, Lagos, Imo, Ekiti, Kogi and Cross River States. 8 LGAs were covered in each state and 15 PPMV/CP facilities were covered in each LGA. Society for Family Health (SFH) who has been implementing malaria activities in the Private Sector, trained a number of PPMVs who were also involved in the activity.

Part of the activity involved National Planning/Orientation of the National monitors in Abuja, a meet and greet with the gate keepers, a state level planning meeting with the NAPPMED, ACPN and state officers and the eventual field work which was wrapped up by the 1 day closing/ report writing meeting in each state.

The activity was successful and achieved its aim.

MONITORING/OVERSIGHT OF Global FundSUB-RECIPIENT ON CASE MANAGEMENT, MALARIA IN PREGNANCY (MIP) AND COMMUNITY CASE MANAGEMENT (CCM) TRAININGS

The Case Management branch as part of its responsibility of providing coordination and oversight conducted oversight to the SRs during the Case Management, MIP and CCM trainings conducted in their implementing states. The oversight/monitoring were carried out by the National Programme with the aim of ensuring that standards and quality of trainings are maintained. The trainings were assessed using the following criteria; Suitability of the venue, Quality of Facilitators/Facilitation, Availability of training materials, Quality of refreshments and Participants.

Twenty 20 of the 24 GF supported states conducted the training with the exception of Kebbi, Oyo, Osun and Niger states.

The following is the number of Health workers trained by intervention area in Case Management;

MIP	Case Mgt	CCM
12,096	12,640	3,974

MALARIA CASE MANAGEMENT AND MALARIA IN PREGNANCY MODULAR TRAININGS IMPLEMENTED BY AFENET-NSTOP

The Malaria Flagship Project implemented by the African Field Epidemiology Network (AFENET) through its National Stop Transmission of Polio Program (NSTOP) in collaboration with NMEP in Kano and Zamfara States aimed at providing equitable access to malaria interventions, supporting surveillance and measuring impact of interventions. Capacity Building on Malaria Case Management and MIP to Health workers in 20 LGAs of Kano State and all the 14 LGAs of Zamfara State were conducted. The training achieved this coverage.

- Training of 1,013 Health workers out of 1,066 targeted achieving 95% coverage in Kano state
- Trained 923 Health workers in Zamfara State out of 978 targeted achieving 94% coverage.

QUARTERLY STAKEHOLDERS MEETING ON DIAGNOSIS

Three quarterly meetings were held in the year 2016 with the following decisions and outcomes made

- Review and finalization of the National EQA Operational Guidelines

- Review of National protocol for Malaria Rapid Diagnostic Test (mRDT) lot testing and field testing of mRDT.
- Presentation and deliberation on EQA supervision report carried out by DoD in collaboration with PMI and NMEP in Kebbi and Akwa-Ibom states.
- Adaptation of the National Protocol for Lot Testing of RDT.
- Update of the National Protocol for mRDT Lot Testing and field testing of mRDT.
- Resolving issues for case management subcommittee meeting (CMSC) consolidation to the technical working group meeting (TWG) for malaria.
- Inspection of the Laboratories of ANDI centre for excellence for malaria diagnosis possible use of the laboratory as National Reference EQA lab.

TRAINING OF TUTORS OF SCHOOLS OF HEALTH TECHNOLOGIES AND UNIVERSITIES ON MALARIA MICROSCOPY

This training was meant for the various laboratory scientists who are lectures/tutors of student medical laboratory scientists, medical laboratory technicians and medical laboratory assistants at various levels of learning to ensure that the distinctive groups of Medical laboratory students are taught the basics of malaria diagnosis while in school.

The objectives of the training for the lectures centered on:

- Parasites detection
- Parasites speciation
- Parasites density determination
- Introduction to molecular analysis and the use of Polymerase Chain Reaction (PCR).

The training was held in Lagos and was slated to be done in four batches but only 2 batches of training were concluded. Facilitators and logistics were from ANDI center of excellence for malaria diagnosis. The first batch of training held from 8th to 18th of February 2016 with 30 participants drawn from schools in Rivers, Cross-River, Akwa-Ibom, Bayelsa, Imo and Abia States, while the second batch of training held from 6th to 18th of March with 29 participants drawn from schools in Edo, Delta, Benue, Anambra, Enugu and Ebonyi with 29 tutors and lecturers in attendance.
At the end of each batch of training, participants were classified using WHO Standard Classification method and certificates awarded. The certificate earned each participant 5 CPD credit.

MALARIA DIAGNOSIS STANDARD OPERATING PROCEDURES (SOPs) DEVELOPMENT IN PMI SUPPORTED STATES

In collaboration with USDoD/PMI, malaria diagnosis SOPs for use in tertiary and secondary health facilities in the 9 PMI supported states was developed.
The SOPs development was done in four clusters and the following is the summary of health facilities that participated from the states.

S/N	State	Facilities
1	Oyo	22
2	Cross River	07
3	Akwa-Ibom	14
4	Ebonyi	04
5	Benue	13
6	Nasarawa	14

7	Kogi	12
8	Kebbi	11
9	Zamfara	14
	Grand Total	111

QUARTERLY MALARIA EXTERNAL QUALITY ASSURANCE (EQA) SUPPORTIVE SUPERVISION

One of the ways of ensuring high proficiency in malaria diagnosis (microscopy) is through the regular conduct of EQA of malaria diagnosis which is also one of the ways of ensuring that health facilities comply with accepted standards in malaria diagnosis (both Microscopy and RDTs) as outlined in the National Guideline on Malaria Diagnosis and Treatment and WHO quality assurance manual.
The system is designed to improve the reliability and efficiency of laboratory services in generating a continuous quality parasite based diagnostic results, it involves the assessment of the infrastructure, personnel and work tools
This activity was conducted in collaboration with USDOD-WRPN in the 9 PMI supported states and all the Tertiary and Secondary Health Facilities and some Primary Health Facilities were visited in each state.
The Outcomes of the activity:

- Orientation of the EQA team on the national QA tools and guidelines for conducting QA activity
- Improved quality of malaria diagnosis through regular slide validation using National standard operating procedures (SOPs), field quality control of mRDT using positive control wells.
- There was a Follow up on trained staff on parasite based diagnosis by mentorship so that skill and proficiency (microscopy) will continually improve and can be sustained.
- Follow up on the effective use of standard operating procedures (SOPs) for malaria diagnosis in each of the supported facilities
- Conducted a debriefing meeting with State Ministry of health/Hospital management board and other relevant stakeholders in each state.

INTEGRATED COMMUNITY CASE MANAGEMENT OF CHILDHOOD ILLNESSES (iCCM)

NMEP through GF Sub-Recipient Malaria Consortium implemented some iCCM activities in the 2 states supported by the Global Fund namely Kebbi and Niger. The activities commenced with state level training of trainers conducted in Minna, Niger state in February. Additional state facilitators were trained in Niger State in December, followed by the training of Community Oriented Resource Persons (CORPs) .The table below provided the number of personnel trained:

S/N	State	CORPs Supervisors	CORPs
1	Kebbi	145	1155
2	Niger	155	809

	Total	**300**	**1964**

In Niger State, the trained CORPs have commenced providing treatments for malaria, pneumonia and diarrhea for children under 5 years in the supported LGAs, WHO provided non malaria commodities. However, the CORPs in Kebbiare yet to commence providing services due to the non provision of non malaria commodities and treatment boxes promised by UNICEF. The NMEP also participated in the monitoring of the WHO supported iCCM activities in Abia and Niger States under the RACE project and national level iCCM Task Force and related subcommittee activities.

Picture: Showing AD iCCM, Dr.NnennaOgbulafor stressing a point during the training of CORPs in Lambata, Gurara LGA of Niger state

Picture: iCCM training participants observing a sign during a clinical exercise in General Hospital Kontagora, Niger state

SEASONAL MALARIA CHEMOPREVENTION

With support from Malaria Consortium (MC) and Medicins Sans Frontiers (MSF) carried out Seasonal Malaria Chemoprevention campaign in 3 -sahelian states; Sokoto, Zamfara and Yobe states. The exercise took place in all the Local Government Areas of Sokoto and Zamfara States reaching an estimated 917,293 and 860,723 eligible children in the 2 states respectively and 1 ward in Yobe state where 3,964 children were reached.

POST SEASONAL MALARIA CHEMOPREVENTION ACTIVITIES

The London School of Hygiene and Tropical Medicine (LSHTM), a partner in the ACCESS SMC Project is working with some local researchers in conducting studies in the states benefiting from the Project; these studies includes: coverage surveys, sentinel surveillance, case control study in selected LGAs and monitoring and documentation of Adverse Drug Reactions (ADR). The works are still ongoing and its findings will be shared to all stakeholders.

Table ???Coverage for Sokoto State

2016 Round SMC Treatment Reached Sokoto State											
S/N	LGA	**Target 3-<12 Months (18% of TP)**	Cycle 1 **3-<12 Months**	Cycle 2 **3-<12 Months**	Cycle 3 **3-<12 Months**	Cycle 4 **3-<12 Months**	**Target 12-59 Months (77% of TP**	Cycle 1 **12-59 Months**	Cycle 2 **12-59 Months**	Cycle 3 **12-59 Months**	Cycle 4 **12-59 Months**
1	Binji	4,929	3,308	5,072	5,289	5,150	21,083	6,165	17,960	18,596	17,307
2	Bodinga	8,231	9,567	8,027	8,805	9,001	35,211	19,468	30,040	36,042	31,832
3	DangeShuni	9,129	7,024	9,074	9,842	8,295	39,053	15,793	28,771	26,894	33,010
4	Gada	11,650	5,688	12,624	12,443	12,100	49,837	48,870	54,550	48,255	52,700
5	Goronyo	8,554	5,298	9,345	8,667	8,783	36,594	35,826	38,573	36,143	37,581
6	Gudu	4,484	2,433	3,825	4,624	4,630	19,180	22,547	16,584	19,202	20,421
7	Gwadabawa	10,857	6,674	12,467	4,545	11,874	46,443	31,612	48,255	16,301	46,876
8	Illela	7,062	5,946	12,608	7,300	8,246	30,209	19,159	42,735	29,775	25,623
9	Isa	6,856	5,071	4,646	4,348	4,554	29,329	20,951	19,979	20,668	18,738
10	Kebbe	5,850	4,857	7,222	5,777	6,120	25,024	12,075	23,801	26,373	22,415
11	Kware	6,283	5,263	4,913	6,324	7,421	26,879	10,393	21,461	21,002	21,902
12	Rabah	7,000	7,398	7,233	7,441	7,184	29,943	15,098	30,280	28,980	27,509
13	SabonBirni	15,891	9,088	14,298	15,932	17,200	67,977	69,180	69,236	66,708	74,600
14	Shagari	7,340	4,466	7,917	7,959	6,802	31,398	31,898	34,291	17,138	30,205

15	Silame	4,898	2,978	4,652	4,308	4,681	20,953	5,634	17,976	18,421	18,801
16	Sokoto North	10,927	5,665	7,525	10,500	10,932	46,742	15,839	35,679	45,304	42,320
17	Sokoto South	9,147	6,203	9,537	9,551	10,587	39,127	13,304	30,512	40,378	43,234
18	Tambuwal	10,555	12,917	12,487	10,934	11,356	45,153	17,478	47,651	46,146	39,806
19	Tangaza	5,343	2,707	6,081	5,737	5,511	22,855	22,405	21,403	23,898	24,094
20	Tureta	6,207	2,786	5,803	5,617	5,907	26,553	17,885	18,523	19,042	18,756
21	Wamakko	8,429	4,947	8,427	8,035	7,656	36,057	21,229	39,206	39,053	38,968
22	Wurno	7,616	3,875	8,297	7,950	7,950	32,582	45,598	41,500	34,150	40,000
23	Yabo	5,397	4,853	6,294	5,599	5,910	23,087	12,946	19,130	22,603	22,262
24	**State Total**		129,012	188,374	177,527	187,850		531,353	748,096	701,072	748,960

Table Coverage for Yobe state

2016 Round SMC Treatment Reached in Yobe State											
S/N	LGA	**Target 3-<12 Months (18% of TP)**	Cycle 1 **3-<12 Months**	Cycle 2 **3-<12 Months**	Cycle 3 **3-<12 Months**	Cycle 4 **3-<12 Months**	**Target 12-59 Months (77% of TP**	Cycle 1 **12-59 Months**	Cycle 2 **12-59 Months**	Cycle 3 **12-59 Months**	Cycle 4 **12-59 Months**
1	Damaturu	620	391	487	466	368	3097	3533	3585	3642	3386

Table Coverage for Zamfara State

2016 Round SMC Treatment Reached in Zamfara State											
S/N	LGA	**Target 3-<12 Months (18% of TP)**	Cycle 1 **3-<12 Months**	Cycle 2 **3-<12 Months**	Cycle 3 **3-<12 Months**	Cycle 4 **3-<12 Months**	**Target 12-59 Months (77% of TP**	Cycle 1 **12-59 Months**	Cycle 2 **12-59 Months**	Cycle 3 **12-59 Months**	Cycle 4 **12-59 Months**
1	Anka	12,464	-	9,619	10,126	10,093	35,788	-	33,288	34,788	34,536
2	Bakura	9,220	8,077	8,890	8,823	9,193	39,440	26,783	35,297	36,553	37,429
3	BirninMagaji	8,811	8,160	7,790	8,678	8,726	37,692	25,558	34,406	36,334	36,020
8	Bukkuyum	10,440	-	11,052	11,644	11,450	44,658	-	45,938	47,900	47,959
5	Bungudu	12,723	12,595	13,136	13,244	13,115	54,425	40,077	56,616	57,306	55,084
10	Gummi	10,090	-	9,661	10,971	10,782	43,161	-	41,054	46,074	45,602
7	Gusau	18,901	-	23,122	18,334	21,585	80,854	-	81,462	86,090	82,022
11	KauranNamoda	13,879	13,939	16,245	14,953	15,332	59,373	44,128	52,506	61,554	61,348

11	Maradun	10,401	-	10,578	10,686	10,267	44,493	-	44,874	47,046	46,908
10	Maru	14,399	-	14,986	14,845	14,845	61,596	-	62,238	61,687	71,608
13	Shinkafi	6,691	7,877	6,845	7,411	7,124	28,624	22,436	23,350	31,254	29,524
12	TalataMafara	10,614	9,551	9,580	11,260	6,934	45,406	28,739	38,521	48,325	29,196
13	Tsafe	13,122	-	13,130	14,075	14,347	56,132	-	53,234	59,709	60,274
14	Zurmi	14,495	14,569	14,910	14,607	14,707	62,005	44,155	54,797	62,198	62,560
	State Total	166,249	74,768	169,544	169,657	168,500	693,648	231,876	657,581	716,818	700,070

Fig.1: National Officers and MC Staff Supervising the 1st Round of SMC drug distribution in Goronyo LGA of Sokoto state.

Fig.2: A facilitator demonstrating the crushing of the SPAQ tablet at the Sokoto State ToT for the 2016 SMC Campaign

Fig.3: Cross section of children waiting for the SMC treatment in Kukareta Town of Damaturu LGA of Yobe State.

8.0 Success Stories

- National and zonal dissemination of 2015 NMIS results. The 2015 NMIS provided for the first time State level aggregate data in some of the Malaria indicators. The national malaria prevalence dropped from 42% in 2010 to 27% in 2015 (by 36%)
- Routine data Reporting rate at national level increased from 58% in 2015 to 70% in 2016 (by 17%)
- Inauguration of National Malaria Operations Research Expert Group (MOREG) to coordinate Malaria Research efforts in Nigeria
- Finalized Insecticide Resistance Management Plan
- Establishment of Antimalarial Medicines Quality Monitoring programme for malaria medicines in circulation in the Nigerian market. This survey yielded 3.6% proportion of failure rate as compared to the Truscan 2010 survey of 19.6% of failure rate.
- All malaria products sampled throughout the supply chain passed QA tests.

- Collaboration with the pharmacist council of Nigeria to censor the registered PPMVs and Community Pharmacists in the GF supported states.
- Orientation of members of National Association of Patent and Propriety Medicine Dealers (NAPPMED) and Association of Community Pharmacists of Nigeria (ACPN) on the introduction of the use of RDTs in the community Diagnosis of malaria in Nigeria.
- Launch of Private Sector Engagement document by Hon. Minister for Health and Aliko Dangote and Dangote foundation have agreed to fund a private sector desk that will serve as a liaison between the public and private sector.

9.0 Challenges

- Insufficient funding/ no identified funder is a major challenge, as pre-planned activities were not executed
- Poor funding as a result of Global fund grant suspension.
- Weak capacity of personnel at sub national levels
- Low commitment by government
- Inadequate consumption data for quantification and supply planning from states and health facilities.
- Inadequate information sharing from partners in
- Staff attrition at sub national levels
- Partners close out
- Lack of working tools e.g Laptops and other hardwares for national officers
- Inadequate availability of Data Capturing tools at Service delivery points
- Weak LLIN Routine/continuous Distribution
- Low scale up of Malaria vector surveillance Inadequate Materials/commodities such as LLINs, insecticides.
- Gaps in LLINs and operational cost for replacement campaign in six states
- 3 Government of Nigeria (GoN) Counterpart Funding (CF) to the tune of $45m
- 3 Global Fund (GF) incentives to the tune of $45m (depends on GoN payment of Counterpart funding)

9.0 Ways Forward/Recommendation

- The is need for High level advocacy to the states led by Honourable Minister of Health and partners to solicit commitment to malaria control activities
- There is need for GoN to pay Counterpart Funding to fill Gaps
- Regular refresher and capacity building of staffs
- Increased funding by government
- There should be monthly monitoring and supervision by state and LGA teams to health facilities
- Improvement in coordination of activities with partners
- States should employ more staff for their logistics team.
- Increased funding by in country partners
- Government and Partners should provide equipment, e.g Laptops, Modem and other Hard wares for staff

- Provide monitoring tools
- Strengthen LLIN continuous Distribution
- Advocate for additional Vector Surveillance Sentinel sites
- Coordinated Advocacy to relevant Organs of Government to address the issue of staff attrition.