

RESEARCH BRIEF

Longitudinal study on the Support to the National Malaria Programme phase 2 (SuNMaP2)

Longitudinal study led by London School of Hygiene and Tropical Medicine to assess the theory of change for the Support to the National Malaria Programme phase 2 (SuNMaP 2) in Nigeria, and inform ongoing programme implementation.

Country:

Nigeria

Donor:

United Kingdom Department for International Development (DFID)

Partners:

London School of Hygiene and Tropical Medicine (LSHTM)

Malaria Consortium

University College London

Length of research study:

June 2019 - August 2024

Malaria in Nigeria

Nigeria contributes 25% of all malaria cases and 24% of all malaria deaths worldwide, and is one of the ten highest malaria burden countries in Africa [1]. Although the country, has seen gains in child and neonatal survival, with under-five mortality estimated in 2019 at 120 per 1,000 live births [2], malaria control continues to be hampered by a number of health system issues. These include poor-quality service delivery, particularly in rural areas where most primary health care facilities offer only a limited package of services. This has been compounded by weak referral linkages; segregated logistic systems for malaria commodities; poorly maintained infrastructure; inadequate supervision of health services; and lack of government investment [3]. Consequently, a health systems approach in Nigeria is needed to strengthen malaria control and achieve elimination.

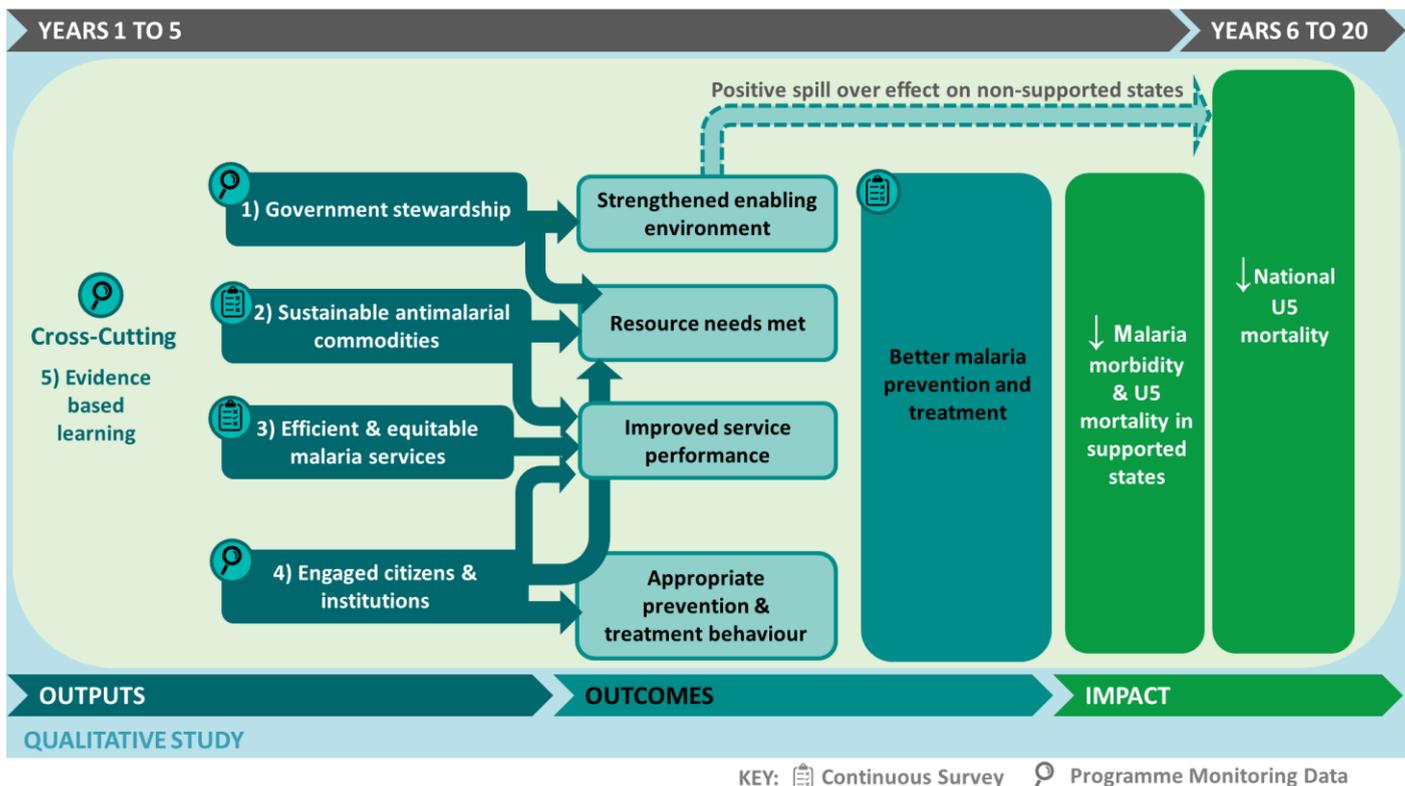


Figure 1: Theory of change for SuNMaP2, adapted from original developed by DFID.

Support to the National Malaria Programme

Support to the National Malaria Programme (SuNMaP) in Nigeria is a UK government Department for International Development (DFID) funded programme that aims to strengthen the Nigerian government's ability to reach the poorest and most vulnerable with evidence-based interventions to reduce the malaria burden by adopting a systems-based approach. SuNMaP can be divided into two phases.

Phase I was an £89 million programme which aimed to support the management, coordination and delivery of malaria control services [4]. This phase ran from 2008 to 2016, reaching ten states by the programme's conclusion.

The second phase, SuNMaP 2, is a six-year programme (2018-2024) led by Malaria Consortium in partnership with the National and State Malaria Elimination Programmes, Abt Britain, Federation of Muslim Women's Associations in Nigeria, the Health Policy Research Group of the University of Nigeria, Innovision, Mannion Daniels West Africa, Nigeria Interfaith Action Association, and Springfield Centre. Phase II is implemented in six of the original SuNMaP states,

Jigawa, Kaduna, Kano, Katsina, and Yobe in Northern Nigeria and Lagos. SuNMaP 2 builds on the successes of phase I and aims to sustainably address current programmatic and technical gaps in Nigeria's malaria control programme to facilitate DFID's eventual and responsible exit from bilateral malaria support in Nigeria.

SuNMaP 2's theory of change, shown in figure 1, shows the linkages between outcomes, outputs, and interventions within the programme expected to result in impact, and the underlying assumptions. By increasing access and use of proven malaria interventions, SuNMaP2, in conjunction with the work of other stakeholders, will reduce morbidity, mortality, and malaria transmission, and thus all-cause mortality of under-fives. It is anticipated that SuNMaP 2 activities should lead to sustainable gains including lives saved beyond the programme timeline. This is facilitated by changing the nature of DFID support over the course of the programme - from capacity building in the initial years of the programme to mentoring in the final years of SuNMaP 2.

SuNMaP 2's outputs focus on:

- ▶ **Strengthening government stewardship at national level and in supported states** with regards to financial planning; programme management; managing public-private partnerships; risk mitigation; and advocacy for domestic funding to support malaria control.
- ▶ **Increasing the sustainable availability of antimalarial commodities** for the poorest and most vulnerable by supporting the distribution of malaria commodities through community-based distribution systems and integrating the malaria commodity supply chain within the national logistics management information system.
- ▶ **More efficient and equitable malaria prevention and treatment services delivery** by supporting the government to roll-out Community Health Influencers, Promoters, and Services (CHIPS) agents in selected states; providing technical advisory support to training centres in the provision of effective pre-service and in-service training for malaria control to all tiers of the healthcare system; introduction of facilitated self-directed and reflective learning and supportive supervision to health workers including patent proprietary medicine vendors; and supporting the delivery of seasonal malaria chemoprevention in selected areas.
- ▶ **Better engaged citizens and institutions in the country's malaria response** through strengthened social accountability for malaria control from facility to national levels, as well as developing the capacity of the National Malaria Elimination Programme to deliver public communication campaigns and to intensify activities around malaria prevention and control through traditional and social media.
- ▶ **An evidence-based learning environment embedded in the National Malaria Elimination Programme and supported states.** This cross-cutting output includes strengthening data collection systems and surveillance, improving the government's capacity to undertake operational research, and improving data analysis and use.

SuNMaP 2 Longitudinal Study

The four-year longitudinal study is in two of the six SuNMaP 2 states, Kaduna and Kano. These states were purposively selected based on criteria assessed by Malaria Consortium, including security risk, mix of interventions, and malaria prevalence.

The primary objective is to assess SuNMaP 2's theory of change to inform DFID's exit strategy from bilateral malaria funding in Nigeria. In addition to a summative evaluation, a formative evaluation will provide programme implementers with information on the quality and coverage of malaria control interventions being implemented; and whether coverage is sustained as partner support to the government is reduced.

Methodology

The mixed method study design combines continuous surveys, qualitative case studies, and programme monitoring data.

Continuous surveys

Continuous survey methodology will be used to collect quantitative data on the outputs associated with the availability of antimalarial commodities and service delivery, and measure the outcome of '*Better malaria prevention and treatment*' under the SuNMaP 2 theory of change [5]. Continuous survey methodology provides a means both to assess health programmes and to generate high quality timely data that can drive programme improvement [6]. The continuous survey will consist of quarterly cross-sectional surveys of households and the health services catering to those households, including both primary and secondary care, as well as private medicine vendors. Data generated from the continuous survey will be reported to Kaduna and Kano State Malaria Elimination Programmes and the National Malaria Elimination Programme on a quarterly and annual basis respectively for quality improvement purposes as part of the formative evaluation.

Qualitative case studies

The qualitative component of the longitudinal study will utilise a comparative case study approach. Cases will be defined geographically, to understand heterogeneity in impact; and temporally, to understand changes over time and sustainability. The qualitative case studies will be informed by the continuous survey data and use in-depth interviews and focus group discussions to understand the underlying mechanisms underpinning the theory of change.

Programme monitoring data

Programme monitoring data and health information system data will complement the data collected through the continuous survey. This data will provide the contextual information associated with the implementation of malaria control interventions, as described by the outputs associated with strengthening the enabling environment, citizen and institutional engagement, and an evidence-based learning environment within the theory of change.

Study Team

The study is led by London School of Hygiene and Tropical Medicine (LSHTM), with fieldwork and data collection undertaken by Malaria Consortium, the SuNMaP 2 programme lead.

The LSHTM study team consists of: Dr Bilal Iqbal Avan (Principal Investigator), Professor Joanna Schellenberg (Co-Principal Investigator), Jyoti Shah (Study administrator), Sarah Marks (Co-investigator), and Dr Seyi Soremekun (Co-investigator). University College

London will lead the qualitative work, and their team is led by Dr Zelee Hill (Co-investigator, UCL).

The Malaria Consortium team overseeing data collection activities, includes: James Tibenderana (Co-investigator), Olusola Oresanya (Co-investigator), Dawit Getachew (Co-investigator), Chinazo Ujuju (Co-investigator), Mansur Darma (Data Manager).

The LSHTM study team is supported by an external advisory committee comprising of leading national and international experts in malaria and health-systems.

Conclusion

It is hoped that by developing an understanding of SuNMaP 2's pathways of change and sustainability through the longitudinal study, that the National and State Malaria Elimination Programmes can better adapt and sustain malaria control in Nigeria. Furthermore, that the results of this study will support the translation of SuNMaP 2's approach into new contexts.

Further information:

For further information about the study, visit:

<https://www.lshtm.ac.uk/index.php/research/centres-projects-groups/sunmap2-longitudinal-study>

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References:

- [1] World malaria report. 2019, World Health Organization: Geneva;
- [2] Nigeria - Under-Five Mortality Rate Total [Internet]. 2019 [cited 28/02/2020]. Available from: <https://childmortality.org/data/Nigeria>;
- [3] Business Case and Summary 202979. London: DFID; 2019 [cited 10/02/2020]. Available from <https://devtracker.dfid.gov.uk/projects/GB-1-202979/documents>;
- [4] Project completion review 104223. London: DFID; 2016 [cited 03/02/2020]. Available from: <https://devtracker.dfid.gov.uk/projects/GB-1-104223/documents>
- [5] Rowe AK. Potential of Integrated Continuous Surveys and Quality Management to Support Monitoring, Evaluation, and the Scale-Up of Health Interventions in Developing Countries. *The American Journal of Tropical Medicine and Hygiene*. 2009;80(6):971-9.
- [6] Marchant T, Schellenberg J, Peterson S, Manzi F, Waiswa P, Hanson C, et al. The use of continuous surveys to generate and continuously report high quality timely maternal and newborn health data at the district level in Tanzania and Uganda. *Implement Sci*. 2014;9:112.