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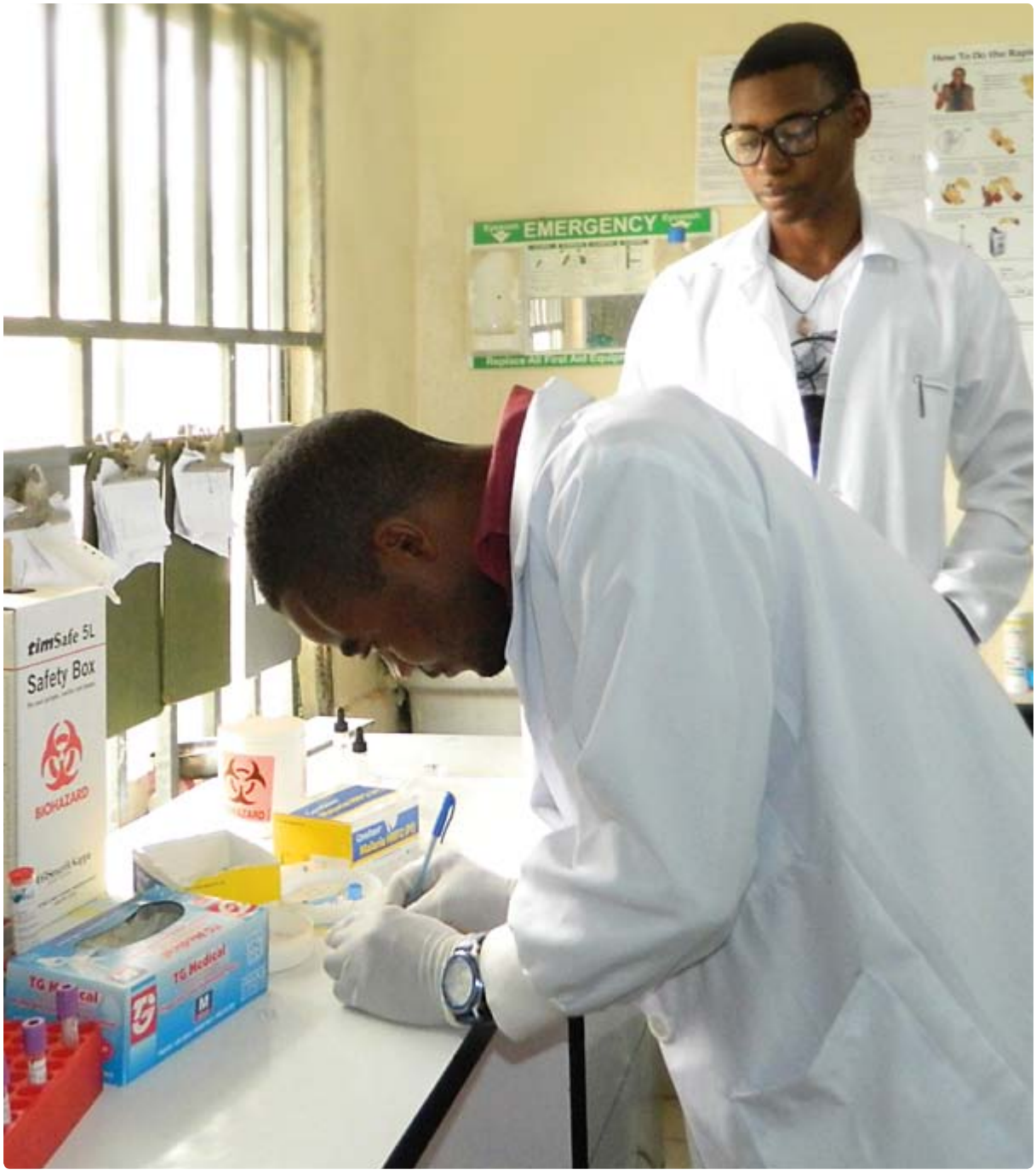
MAPS
Malaria Action Program for States

Technical Brief

Strengthening institutional capacity to fight malaria



What is this technical brief?

This brief summarises Malaria Action Program in States' (MAPS) support for institutional strengthening in nine Nigerian states.

What is the purpose of this brief?

To share MAPS' experience in institutional strengthening with other institutions implementing malaria control and elimination programs.

Who is this brief for?

Planners and managers working with national or state malaria control and elimination programs, particularly in Nigeria.

What other information is available on IS?

This brief is part of a series, including: Final Report, Technical Briefs, Case studies and Success stories, which provide further descriptions and brief examples of how institutional strengthening activities have improved delivery of malaria programs and how institutional strengthening is linked to other important processes, for example, annual operational planning and integrated supportive supervision.

Acronyms used in this brief

AOPs = Annual Operational Plans

DHIS = District Health Information System

HSS = Health System Strengthening

IPTp = Intermittent Preventive Treatment in Pregnancy

IPT2 = Intermittent Preventive Treatment

IS = Institutional Strengthening

ISS = Integrated Supportive Supervision

LGA = Local Government Authority

LGAMT = Local Government Area Management Training

LLINs = Long Lasting Insecticidal Nets

MAPS = Malaria Action Program in States

MoH = Ministry of Health

mTWGs = Malaria Technical Working Groups

NMEP = National Malaria Elimination Programme

NMSP = National Malaria Strategic Plan

NToT = National Training of Trainers

OJCB = On-the-Job Capacity Building

PHC = Primary Health Care

PMI = Presidents Malaria Initiative

SEMO = State Executive Management Orientation

SLMT = State Level Management Training

SMART = Specific, Measurable, Attainable, Relevant, Time-bound

SMEP = State Malaria Elimination Programme

SToT = State Training of Trainers

SuNMaP = Support to National Malaria Programme

Contents

Introduction

This Technical Brief discusses the contribution of the Malaria Action Program for States (MAPS) to strengthening institutional capacity in the fight against malaria in Nigeria across nine states.

It describes the basic rationale, processes and tools employed in supporting states to undertake:

- Holistic approaches to strengthening complex health systems
- Integration of malaria programming into core health services
- Program management support initiatives
- Institutional strengthening initiatives of the State Malaria Elimination Programs (SMEPs)

Strengthening health systems

Strengthening institutional capacity includes efforts aimed at organizations to enhance their:

– Ability to manage (enforce, monitor, adapt) policies

– Self-sufficiency and capacity for efficient and equitable service delivery

– Ability to negotiate and implement agreements

– Ability to manage public goods such as LLIN, artemisinin-based combination therapies and rapid diagnostic tests.

Source: Graham, Carol: Strengthening Institutional Capacity in Poor Countries; Brookings Policy Brief, April 2002

Background

Nigeria is one of the top five contributors to malaria morbidity and mortality in the world.

The World Health Organisation (WHO) reported in World Malaria Report 2014 that in 2013,

> *'the global burden of mortality and morbidity was dominated by countries in sub-Saharan Africa: the Democratic Republic of the Congo and Nigeria together accounted for 39% of the global total of estimated malaria deaths and 34% of cases in 2013. International targets for reducing cases and deaths will not be attained unless considerable progress can be made in these two countries'.*

Nigeria recognizes that without an effective malaria Program, achievement of the targets related to child mortality, maternal mortality, and reducing the burden of communicable disease will remain a mirage. As part of the efforts against malaria, partners such as the Global Fund and World Bank, have been supporting the distribution of large amounts of commodities across the country since 2008[1]. One of the major lessons learnt in the fight against malaria (and similar disease conditions) is that to be effective, the efforts must go beyond traditional clinical medicine, case management and the placement of commodities. The Director General of the World Health Organisation, Margaret Chan, summed up the international consensus around this when she said:

'The power of existing interventions is not matched by the power of health systems to deliver them to those in greatest need, in a comprehensive way, and at an adequate scale'.

A health system is defined in the context of institutional strengthening as consisting of all organizations, people and actions whose primary intent is to promote, restore of maintain health.

It includes coordinated methods, procedures or established processes through which interacting, interrelated or interdependent components work together efficiently and effectively to mobilize, distribute, utilize and maintain resources for the purpose of achieving predetermined health outcomes in a given population.

It is within this context that the efforts of the multilateral partners have depended on robust systems to manage and distribute the commodities. This informed the decision of bi-laterals such as the United States Agency for International Development (USAID) and UK Department for International Development (DfID) to fund interventions that incorporated Institutional and Health System Strengthening as major components of support to Nigeria's malaria control and elimination efforts. The concerted interventions have begun to pay off as Nigeria and indeed the world has achieved the critical global target of the Millennium Development Goal 6 target number 8 for malaria.

The Malaria Action Program for States (MAPS) project, funded by the United States' President's Malaria Initiative (PMI), is a six-year (2010–2016) comprehensive malaria project to increase life-saving malaria interventions in support of Nigeria's National Malaria Strategic Plan (NMSP). Additionally, MAPS was set up to support health system strengthening through Program management support, capacity building at all levels of management and institutionalization of standard procedures and processes[2]. MAPS has supported management information systems at the national level, as well as nine focal states (Akwa Ibom, Benue, Cross River, Ebonyi, Kebbi, Kogi, Nasarawa, Oyo and Zamfara).

IR1: Increased access to malaria prevention interventions

IR2: Improved malaria diagnosis and treatment services

IR3: Increased awareness, knowledge of malaria prevention and treatment services

IR4: Improved capacity for malaria Program management at the state and local government levels

IR5: Strengthened management information systems for malaria at facility, local government, state and national levels

1 USAID: Request for Application (RFA) No. USAID RFA-620-10-07, USAID/ Nigeria; Date Issued March 12, 2010

2. USAID: Nigeria Malaria Action Programs for States Performance Management Plan (PMP) 2010-2015

Building capacity for Program management – concept and model

Key findings from a capacity needs assessment for malaria control at federal level in six Nigerian states[3] highlighted:

- Inadequate capacity for policy development of the malaria sub-sector at federal, state and local levels
- Program management and coordination was very weak
- Despite the presence of a wide range of training materials for malaria control, many weren't present within the National Malaria Control (now Elimination) Program (NMEP).
- Essential materials related to the management of malaria control did not exist and needed to be developed

Consequently, with support from SuNMaP, NMEP developed a capacity building package to address the two main themes of Program management and service delivery. The output is one curriculum and 14 modules for trainers and trainees (see table) developed through using, re-working and updating existing materials and developing new ones where necessary, see Table 1.

3. Support to National Malaria Programme (SuNMaP): Technical Assistance report of the rapid baseline capacity building needs assessment for malaria control at Federal, State & LGA levels; Nov/Dec 2008. SuNMaP is funded by UK aid from the UK Government, 2008-2016.

Building capabilities for Program management – individuals and teams

MAPS adopted the NMEP capacity building package as a key strategy for achieving IR4 (improved capacity for malaria Program management at the state and local government levels). Four out of six modules were rolled out across the focal states: General Management, Planning and Budgeting, ISS and M&E.

The overarching principle was to strengthen the management capacity of individual service providers, managers and teams; strengthen systems and enhance the functionality of the institutions dealing with malaria.

The capacity building approach for the Program management model is based on these concepts:

- **Good managers** create a better environment for health care delivery
- **Capacity building** goes beyond training to improve the knowledge, skills and practices of Program managers and health care providers. It strengthens the capacity for effective and sustained malaria control within the health system. It includes several approaches eg adult learning and sharing, hand-holding, coaching, mentoring and support.
- **Managers are not limited to health workers** – they include a wide range of persons who ensure that established systems are employed to mobilize, distribute, use and maintain resources to achieve set objectives.
- **Well-trained business managers** are crucial to

Table 1. NMEP capacity building package

Service Delivery – Facility	Service Delivery – Community	Program management
Case Management hospitals (Module 1)	**Community care givers** (Module 7)	**Records and accounts** (Module 9)
Case Management PHC (Module 2)	**Patent Medicine Vendors** (Module 8)	**Procurement and supply** (Module 10)
Diagnosis (Module 3)		**Program planning** (Module 11)
Prevention (Module 4)		**General management** (Module 12)
Prevention in pregnancy (Module 5)		**Supervision and training** (Module 13)
		Monitoring and evaluation (Module 14)
Communication skills		

success in the commercial world. All of the systems that drive the commercial sector also operate in the public health sector and need to run just as effectively.

- **Training materials** which double as do-it-yourself (DIY) guides help service providers and managers in the health sector to undertake specific tasks with minimal support or even on their own.
- **Training events** are discreet but connected, reflecting the individuality of health sector workers and cadres and the mutual inter-dependency that underpins their work.
- **Bridging the gap between management theory and practice**, participants identify issues and challenges in their places of work and decide on specific action for improvement.

The roll-out process

The stage for rolling out the Program Management Modules was set through a national-level orientation event of facilitators and trainers. Each focal state benefitted from:

- State Executive Management Orientation (SEMO)
- State Training of Trainers (SToT)
- State Level Management Training (SLMT)
- Local Government Area Management Training (LGAMT)

National Training of Trainers

A core team of national consultants facilitated the roll-out of the NMEP Program Management Modules at national level. The 45 participants included an NMEP official, six state-based consultants, 30 independent consultants and eight MAPS capacity building staff. The state-based consultants were nominated by their state governments. Beyond participating in the in-depth training events, they worked with state malaria Technical Working Groups (mTWGs) and the state MAPS team on preparatory and follow-on stages of key activities including Annual Operational Plan (AOP) development for malaria control and ISS roll out.

Sub-teams of national facilitators supported the focal states to produce state-level facilitators and trainers. Both national and state team members worked together to use adult learning and sharing techniques through in-depth training events and hands-on support to roll out the management modules at state and LGA level.

The technical support team for National Training of Trainers (NToT) used a participatory, experiential approach consistent with adult learning techniques. The training process covered three phases:

Phase 1 – Participants were acquainted with the curriculum, manuals and management support modules.

Phase 2 – Participants' understanding of the participatory approach and adult learning principles which underpin the roll-out process was enhanced.

Phase 3 – Each participant demonstrated the things they'd learned, unlearned or re-learned during the two earlier phases. The consultants used a pre-determined tool to assess each participant's performance and selected the 25 best-performing trainees to support states in the roll-out process.

State Executive Management Orientation

The three-day State Level Orientation of Health Sector Executives using the Program Management Modules marks the beginning of the roll-out process at state level. Participants were drawn from these organizations and constituencies:

- State Ministry of Health (SMoH)
- Hospital Management Board
- Primary Health Care Agency/Board
- Private for-profit providers
- Private not-for-profit providers
- Ministry of Local Government; Local Government Service Commission
- State Malaria Control Program

The objectives of the orientation events are to:

1. Introduce a cross section of managers (up to 80) in the state health sector to the management modules and support materials for strengthening malaria Program management and service delivery in Nigeria.
2. Initiate the process of enhancing the capacity of the health managers to apply the basic elements of management required for effective, efficient and sustained malaria control.
3. Discuss the roll-out of the management support modules and clarify the role of MAPS in contributing to organizational and human resource capacity building efforts.
4. Expose potential participants in the State Training of Facilitators to the management support modules and provide a transparent avenue for their selection.

State Training of Trainers

The six-day State Training of Trainers produced a core team of state-based Program management facilitators. Participants were senior and mid-level managers in the health sector of each state. The state level training of trainers exercise was a replication of the national level training. To provide quality assurance and consistency

across all levels, the state training teams were led by National Training of Trainers (NToT) consultants. It enhanced in-state and sustainable human resource and expertise for capacity building. It's also cost efficient and provides value for money as the state level trainers were supported by national consultants to deliver the other state and LGA-level training events.

Across the nine states, the SToTs produced a total of 307 Program management facilitators ranging from 22 in Akwa Ibom to 40 in Benue. Most of the SToT attendees doubled as members of their state malaria technical working group; driving the AOP and ISS processes. At least three of the state facilitators worked directly with national consultants on four different occasions to facilitate training events in their respective states. Seven of them similarly participated at least three times while ten took part twice. The others participated once or not at all. Ten officials who started out as state based consultants or facilitators have now developed into national consultants. They have provided short term technical assistance in Program management beyond their states and are adding value in various dimensions in their workplaces.

State Level Management Training

This management training was targeted at heads of Hospitals, LGA Primary Health Care Coordinators and Medical Officers of Health.

1. Share the basic elements of general management with health managers across the state to provide efficient, effective, and sustainable health services.
2. Introduce the ISS system and the OJCB process, highlighting the roles and responsibilities of health managers in operating them.
3. Discuss the structure, process and importance of M&E and ways to improve the management of malaria-specific data through the routine Health Management Information System (HMIS) and other sources.
4. Identify proper planning and budgeting at all levels and discuss the roles and responsibilities of health managers in state and LGA-led operational plans.

The three-day training used a two-cluster approach in each state. The 30 heads of public, institutional and private hospitals formed one cluster, while the LGA Primary Health Care Coordinators and Medical Officers of Health (up to 30) were the second.

Across the nine states, there was a total of 485 attendees; ranging from 43 in Kebbi to 60 in Nasarawa. The state facilitators worked alongside national consultants to facilitate the SLMTs and the LGAMT.

Local Government Area Management Training

This management training module was aimed at Officers in Charge of Primary Health Care facilities and LGA Malaria focal persons. Each of the three day events drew 30 participants from three or four LGAs within a state, totalling 1407 participants across the states and a total of 70 LGAs. Table 2 details the number of LGAs covered in each state.

Table 2: LGAs covered by LGAMT

State	MAPS LGAs
Benue	10
Cross River	6
Ebonyi	13
Nasarawa	7
Oyo	10
Zamfara	14
Kogi	10
Akwa Ibom	None
Kebbi	None
Total	**70**

The SLMT and LGAMT took place in two clusters and had the same consultants lead their 'specialist' sessions in each. Three state facilitators were attached to each cluster on the basis of their areas of competence and complementary skills.

The LGMT events revealed a rather wide margin of variance in the intellectual ability of Officers in Charge of Primary Health Care facilities, even when pooled from the same LGA. They ranged from doctors, community health officers and graduate nurses to holders of Certificate in Community Health (aka Junior Community Health Extension Workers). Modulating sessions to suit the variance was often challenging.

Outputs from the bridging the gap between management theory and practice sessions were meant to be followed up in ISS visits but this didn't necessarily happen.

Challenges

- **Materials development goes beyond technical processes** – it could get entangled in significant administrative and territorial/political bottlenecks. The process commenced in August 2009; five years later, although the materials have been used in at least 19 states, the materials are yet to be finalized and properly disseminated.
- **Challenges to synergy of materials and processes** – Before the capacity building package, there was a wide range of training materials on malaria control in Nigeria. Despite a consensus meeting involving NMCP, partners and other key stakeholders to secure buy-in, securing the desired synergy has been quite challenging.
- Challenges to alignment with existing Programs – although the Program management modules are adaptable for addressing broader Program management and strengthening of health systems, they needed to align with the Framework for the Coordination of Malaria Elimination Program in Nigeria (FMoH, Sept 2009).

Lessons learnt

- Stakeholder engagement is essential – a stakeholder-friendly roll-out process enhances state buy-in and ownership, helping to achieve Program objectives and sustainability.
- Order and timing of training events is crucial – the sequencing of each training event in the roll out process is of paramount importance to achieving overall capacity-building objectives.
- Training sessions need to be carefully managed – timing, duration, number of training sessions and the quality and skill mix of trainers per state must be carefully determined in order to achieve desired results.

Conclusion

Based on the understanding that institutional strengthening is a process of re-engineering public institutions to assist compliance with new global standards, the primary focus of MAPS was on service delivery points, SMEPs and health sector ministries, departments and agencies (MDAs).

A more holistic list of institutions that are key players in malaria control and elimination would include other MDAs responsible for resource allocation, the private sector and a myriad of regulatory bodies which carry out activities which overlap and affect malaria service delivery.

MAPS, as a vertical project with a limited life span, has necessarily operated within a limited scope. The SMEP is a dependent unit within a directorate of the State Ministry of Health and is therefore influenced by it. Still, the institutional improvement of SMEPs across all the states has been remarkable.

The number of technical staff in the SMEPs increased. There were just two staff members at the SMEP of Cross River State prior to MAPS and the unit now has nine technical staff and 100% of them joined during the MAPS project period and are less than four years in post. Over 90% of staff in the SMEPs of Akwa Ibom, Benue and Zamfara States also joined during the MAPS project period as illustrated in Table 3 and therefore benefited from the strengthening activities and technical support provided by MAPS.

Table 3: Technical staff in malaria units of MAPS-supported states

State	Number of technical staff in SMEPs	
	Prior to MAPS	September 2015
First generation		
Benue	2	6
Cross River	2	9
Ebonyi	5	7
Nasarawa	3	5
Oyo	3	6
Zamfara	2	6
Second generation		
Kogi	5	6
Third generation		
Akwa Ibom	8	9
Kebbi	3	7

Capacity building matrix

Components	Methodology
Building individual and team capabilities	• Multi-pronged techniques and approaches • Awareness of the context, divergences, peculiarities and priorities of the intended beneficiaries • Stakeholder participation and ownership • Harmonization of training materials and in-depth training events • Coaching • Mentoring • Use of job aids and readily available guidelines • Hands-on support through Integrated Supportive Supervision (ISS) • On-the-job capacity building (OJCB)
Strengthening of systems (line systems)	• Monitoring & Evaluation • ISS / OJCB • Coordination frameworks • Supply chain systems
Institutional strengthening (central systems)	• Job description / organizational structure • Support the benchmarking of planning and review process • Internal coordination activities (horizontal coordination)
Achievement of IR4	• Improved capacity for malaria program management at the state and local government levels

Apart from the increase in numbers, the skill and cadre mix also improved tremendously between 2010 and 2015. Titles may vary, but most of the SMEPs have persons with appropriate qualifications in the key posts including Program Manager, Case Management Officer, and Monitoring and Evaluation Officer. All the SMEPs now have a good complement of graduate staff, ranging from two in Zamfara to 12 in Cross River State.

Malaria program management at the state and local government levels has improved. Annual Operational Plans (AOPs) and Local Government Area (LGA) Work Plans for malaria control and elimination have been developed and routine implementation of the Integrated Supportive Supervision (ISS) system regularly takes place.

Over 1,400 policy makers, managers and service providers are now trained in program management. A cross section of about 600 state-level policy makers were introduced to the basic elements of management for sustained malaria control and elimination within the health system, as well as several management tools including the On-the-Job Capacity Building (OJCB) process; the structure, process and importance of monitoring and evaluation, and proper planning and budgeting at all levels. Virtually all the LGA Primary Health Care Coordinators and Medical Officers of Health were engaged in the process. And others who benefitted including 485 heads of public and private hospitals and 1,407 officers in charge of Primary Health Care (PHC) facilities and LGA Malaria Focal Persons drawn from 70 LGAs.

Proxy indicators of improvement in state malaria programs (Table 4) shows improvements in data reporting through DHIS, more involvement of private providers in the state coordination platform, better coordination of malaria related activities at LGA levels, regular coordination meetings, improved institutional capacity for planning and review and supervision, as well as many states creating a budget line for the malaria program. Overall there is increased capacity for malaria program management at state and local government area levels.

Capacity development is a continuous process as staff change and move on and supporting institutional strengthening helps to support staff transitions. Strengthening institutional capacity is not a one-time fix and further work still needs to be done to enhance synergy between malaria partners and key stakeholders, both in terms of management and process.

Table 4: Indicators of malaria program improvements in MAPS-supported states

State	Proxy indicators of improvement in state malaria programs
Benue	• State now has budget line for malaria program
Cross River	• Improvement in data reporting through DHIS • Reduced use of chloroquine by private providers
Ebonyi	• All coordination and harmonization platforms in place and meetings held regularly. • Better coordination of malaria-related activities at LGA levels
Nasarawa	• Improved institutional capacity for planning and review • Improved capacity of state officials on supervision • Improved capacity of Local Government Area (LGA) health team on planning and review
Oyo	• Increased capacity of SMEP and State Ministry of Health (SMoH) on AOP development and review • The State has started and sustained ISS visits to all the LGAs • Participation in LGA Malaria Programme Work Plan development and review
Zamfara	• Creation of budget line for malaria program in the health sector • Provision of hall state/LGA malaria focal persons' coordination meeting by the state government • Provision of office for SMEP by the state
Kogi	• Increased capacity of SMoH on data/DHIS
Akwa Ibom	• Availability of state-based trainers • Viable malaria Technical Working Group (mTWG) • Improved partners coordination • Strict adherence by institutions to policies on diagnosis and treatment of malaria • Involvement of private providers in the state coordination platform
Kebbi	• SMEP now coordinates the activities of partners in the state • SMEP now has capacity to develop budget and memo for AOP development and review • SMEP now has a full complement of staff and supports staff in line with the recommendation of National Malaria Elimination Programme (NMEP) coordination framework

MAPS is funded by the USAID through the President's Malaria Initiative (PMI), implemented in nine states (Benue, Cross River, Ebonyi, Kogi, Nasarawa, Oyo, Kebbi, Akwa Ibom and Zamfara) across Nigeria between 2010 and 2016. FHI 360 is collaborating with Health Partners International and Malaria Consortium to support the implementation of the National Malaria Strategic Plans (2014–2020).

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