

KANO STATE NSTOP MALARIA QUARTERLY BULLETIN



ISSUE 2: APR – JUN 2017

Introduction

The purpose of this malaria bulletin is to present the current situation of malaria in Kano State, encourage the use of routine malaria data for decision making, strengthen malaria surveillance, and help monitor key malaria indicators over time.

The information in this bulletin is from public health facilities in the 20 LGAs out of 44 in Kano State where the Frontline Project is implemented. The implementing LGAs include: Bichi, Dala, Dambatta, Dawakin-Tofa, Doguwa, Fagge, Gezawa, Gwale, Gwarzo, Kano Municipal, Kiru, Kumbotso, Makoda, Nassarawa, Takai, Tarauni, Tofa, Tsanyawa, Ungogo, and Wudil.

The information included in this issue are the following:

- Health Management Information System (HMIS) reporting
- Malaria cases
- Malaria interventions
 - Malaria diagnosis
 - Malaria treatment
 - Intermittent Preventive Treatment of malaria in pregnancy (IPTp)
 - Long - Lasting Insecticidal Nets (LLINs)
- Identified problems or gaps based on data
- Recommendations
- Needed support from state and partners
- Other important project updates in the state
- Indicator definition

The 2017 projected population for Kano state is 13,008,192.

For this reporting period, the malaria burden for the 20 implementing LGAs is as follows:

- Total number of OPD cases: 399,815
- Fever cases seen in OPD: 138,658
- Fever cases tested for malaria: 135,380
- Total number tested positive: 66,558

Note:

Q2 will refer to quarter 2 throughout the document.

All the data below represents all the public health facilities in the 20 implementing LGAs in Kano state.

Data from quarter 1 (Q1) is displayed to provide a comparison of progress between Q1 & Q2 in 2017.

Data presented in this bulletin is as at **27th August 2017**.

State population figure from the National Population Commission, (FGN Gazette No 2 Vol.96).

HMIS Reporting

Figure 1 represents the proportion of HMIS reporting completeness and timeliness for Q1 and Q2 2017.

Reporting Completeness and Timeliness

Completeness

The completeness of HMIS reports (proportion of LGAs reporting to the state) has remained steady at 98% when compared to Q1 2017.

Timeliness

The timeliness of HMIS reports (proportion of LGAs reporting on time) had declined by 13.7% in April but it steadily increased to 95.4% in June. The April decline, in comparison with Q1, is likely due to a delay in reporting and because of the non-conduct of a data validation exercise for that month.

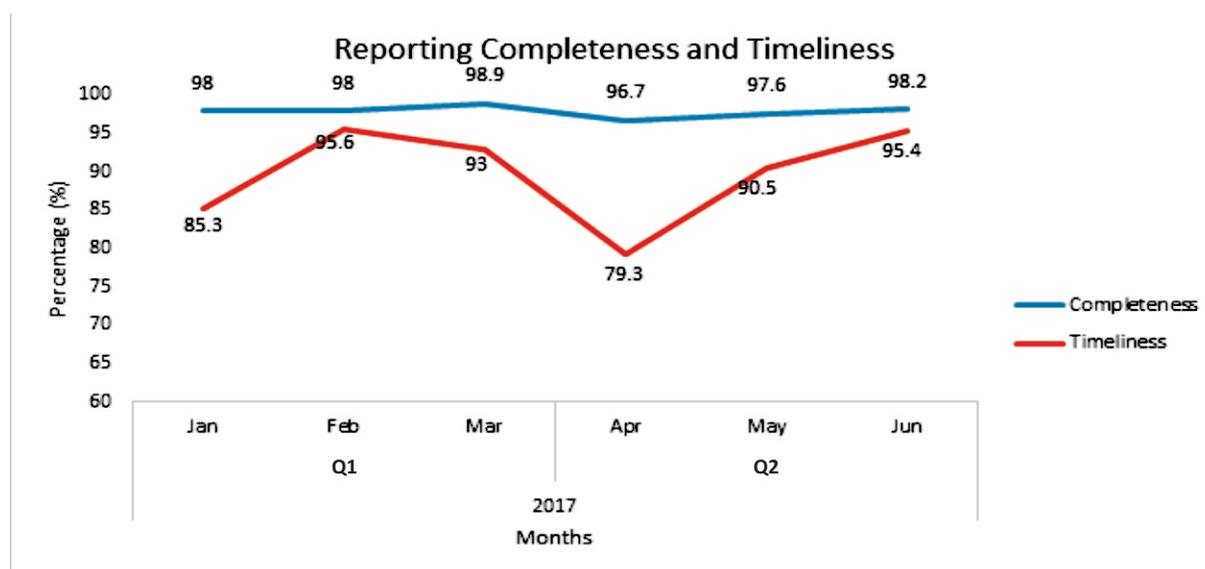


Figure 1. Reporting completeness and timeliness in Kano State, Q1 & Q2 2017

Malaria Interventions

Malaria Diagnosis

Malaria Diagnosis (RDT versus Microscopy)

Figure 2 represents the proportion of fever cases tested for malaria with microscopy versus with rapid diagnostic tests (RDTs) for Q1 and Q2 2017.

- The proportion of fever cases tested by RDTs remained consistently high at an average of 92.4% in Q2, compared to the average of 93.5% in Q1. Malaria diagnosis is mostly done with RDT. The total fever cases tested by RDT or microscopy is above 95% for both Q1 and Q2. This is likely due to improved adherence to national guidelines in testing all fever cases. Extra supplies of RDTs were provided by the state government and Society for Family Health during Q2.

- The proportion of fever cases tested by microscopy remains low but with a slight increase to 5.2% in Q2 compared to Q1 with an average of 3.9%.

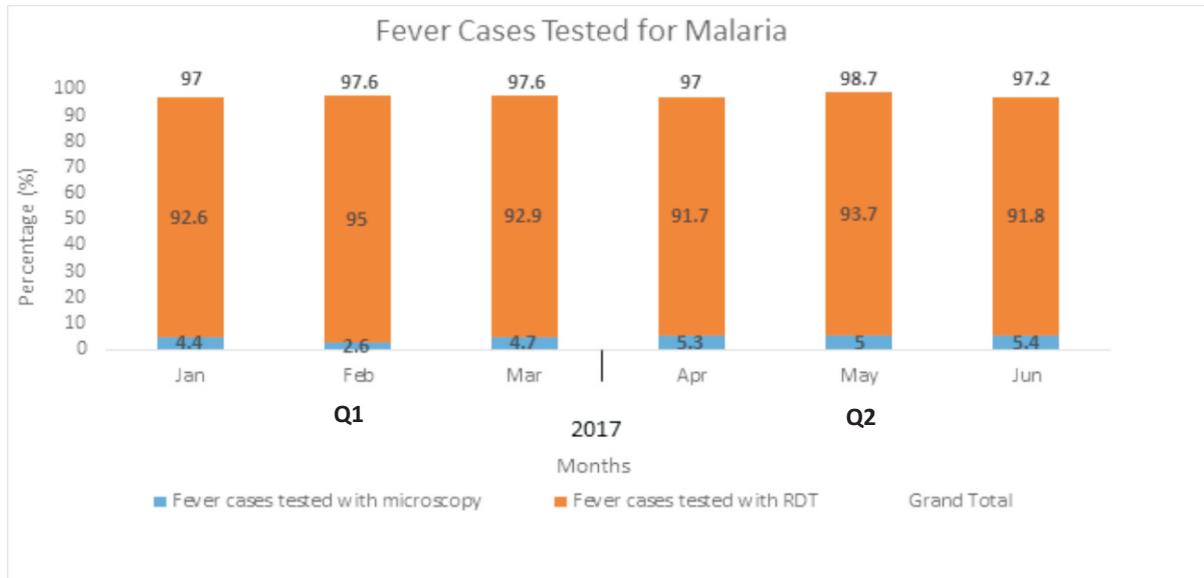


Figure 2. Fever cases tested for malaria (microscopy vs. RDT and total tested) in Kano State, Q1 & Q2 2017

Test Positivity Rate

Test positivity rate (TPR) is the proportion of fever cases that tested positive for malaria.

Figure 3 represents, TPR by microscopy versus TPR by RDTs for Q1 and Q2 2017.

- The TPR by RDT remained at a similar 92.4% average in Q2; comparable to Q1 with an average of 93.5%.
- The TPR by microscopy has an average of 5.2% in Q2 showing a slight increase of 1.3% when compared with Q1.

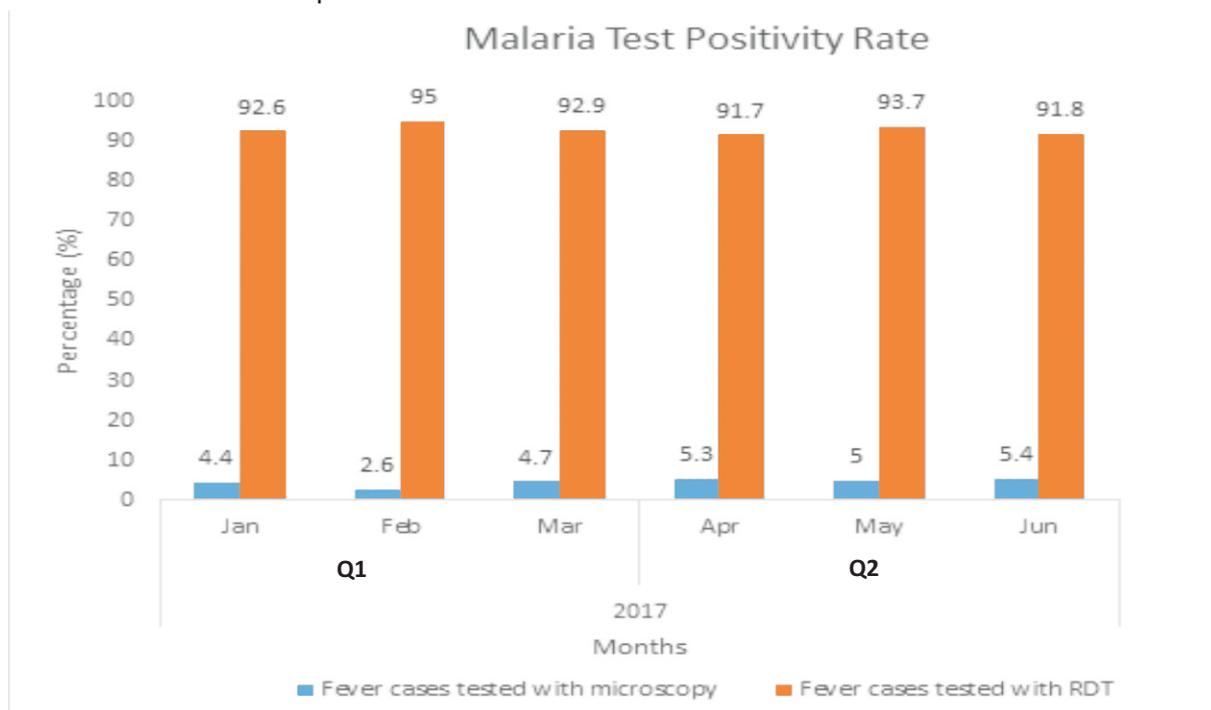


Figure 3. Fever cases tested positive for malaria by microscopy and RDT in Kano State, Q1 & Q2 2017

Although about 5% of malaria confirmation is done through microscopy (Figure 3), it has a high test positivity rate. Training is being conducted during supportive supervision for primary health care (PHC) centers on the use of RDTs. It is very important to conduct refresher trainings on microscopy and RDT for laboratory personnel to maintain good quality control and confidence in laboratory results.

Malaria Cases

Figure 4 represents the proportions of confirmed versus clinical (presumed and not confirmed by testing) malaria cases and confirmed malaria in pregnancy (MIP) cases for all public health facilities in the 20 implementation LGAs in Kano State for Q2 2017.

- The proportion of malaria cases confirmed by microscopy or RDTs, shows a slight increase of 1.8% from April (49.5%) to June (51.3%).
- The proportion of clinically diagnosed malaria cases shows a slight increase compared to Q1. Overall, there is an increasing trend in clinical and confirmed malaria cases as a result of onset of the rainy season. High malaria transmission generally occurs from June to September.
- The proportion of confirmed malaria cases in pregnancy in Q2 is very small, from 3.0% in April to 3.3% in June. This may suggest that preventive measures such as use of LLINs and intermittent preventive treatment of malaria in pregnancy (IPTp) are effective.

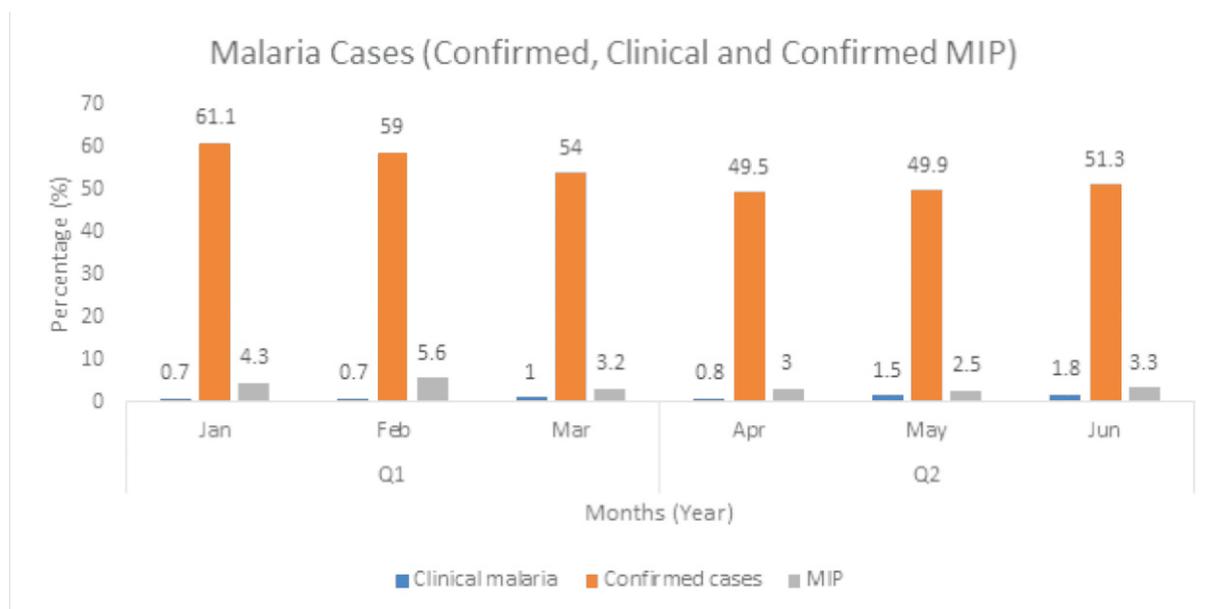


Figure 4. Malaria cases (confirmed by microscopy or RDT, clinical and confirmed malaria in pregnancy) in Kano State, Q1 & Q2 2017

Malaria Treatment

Figure 5 represents the proportion of lab confirmed versus clinical malaria cases that received Artemisinin-based Combination Therapy (ACTs) for Q1 and Q2 2017.

- The proportion of confirmed malaria cases that received ACTs remained high about

100%, similar to Q1. However, in June it was above 100% which reflects a limitation in calculating the denominator probably because monthly summary forms are not capturing malaria in pregnancy confirmed cases but they are captured in total ACTs given to confirmed cases.

- The proportion of clinical malaria cases receiving ACTs significantly declined in Q2 with an average of 74% when compared to Q1 with an average of 104%. This will require further analysis to ascertain actual treatment options received or this could be due to data quality or otherwise. The decline in Q2 may be due to targeted supportive supervision and refresher trainings on case management conducted for health care workers. These refresher trainings have likely resulted in improved adherence to national guidelines.

Overall, data quality in malaria treatment with ACTs has improved since Q1. The national malaria program does not recommend clinical diagnosis of malaria.

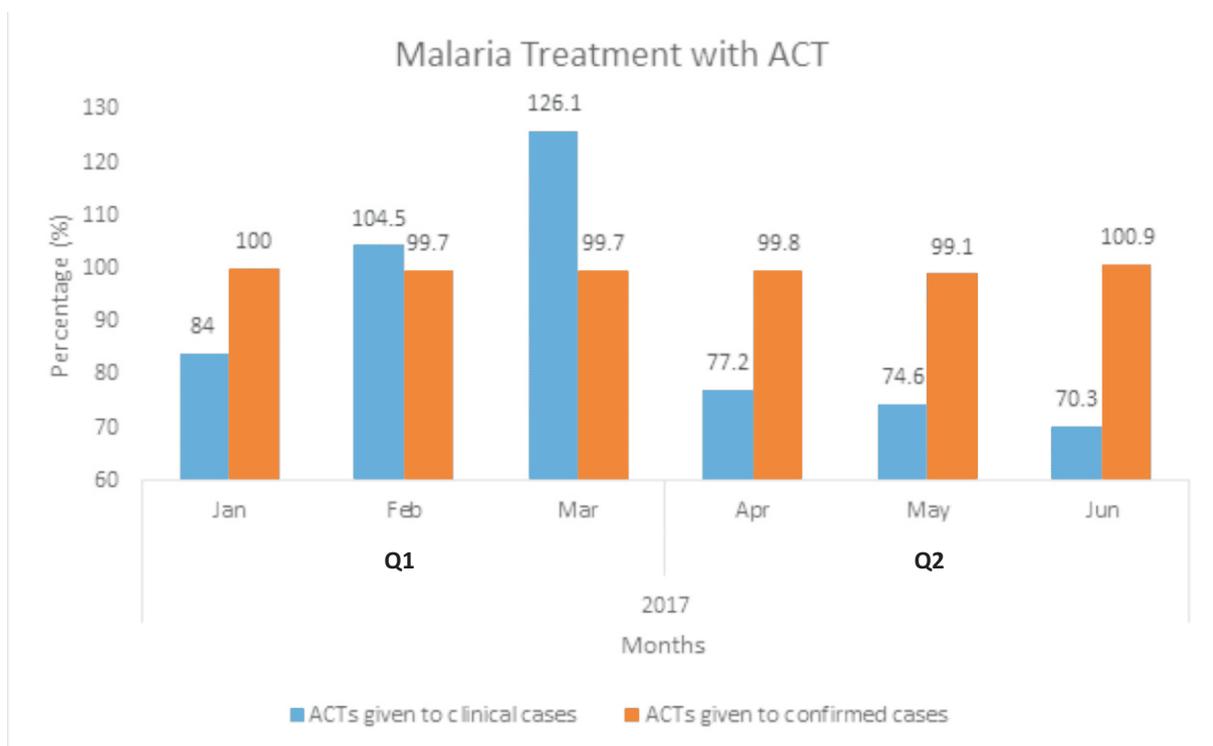


Figure 5. Treatment with ACTs for confirmed and clinical malaria in Kano State, Q1 & Q2 2017

Intermittent Preventive Treatment for Pregnant Women

Figure 6 represents the proportion of Intermittent Preventive Treatment for Pregnant Women (IPTp) doses received during first Antenatal Care (ANC) visit for Q1 and Q2 2017.

- The proportion of women receiving IPTp1 (first dose of IPTp at first ANC visit) has remained steady averaging 81.1% in Q2, similar to Q1.
- The proportion of women receiving IPTp2 (second dose of IPTp at ANC visit) also remained steady with an average of 59.4% in Q2.

The consistently lower proportion of IPTp2 compared to IPTp1 is likely due to late commencement of antenatal care by pregnant women. It is also probable that some pregnant women in the same cohort are being missed for IPTp2.

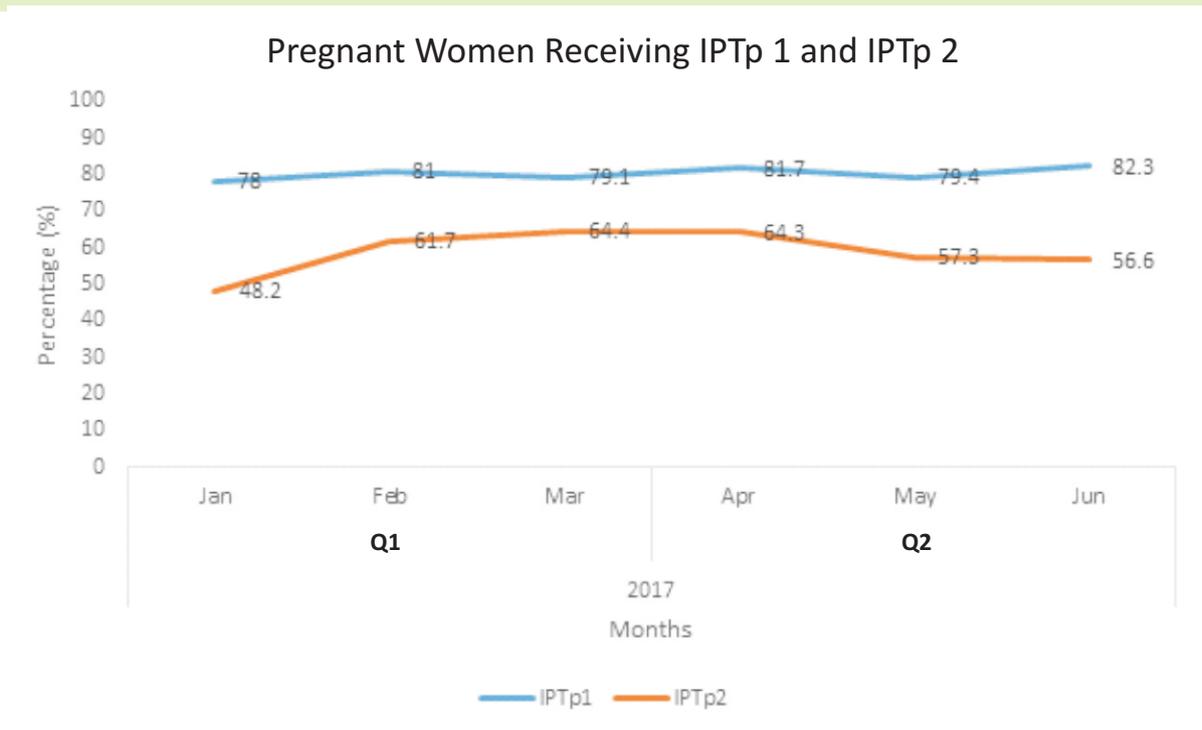


Figure 6. Pregnant women receiving IPTp1 and IPTp2 in Kano State, Q1 & Q2 2017

Long-Lasting Insecticidal Nets (LLINs)

Figure 7 represents the proportion of pregnant women and children under age 5 who received LLINs for Q1 and Q2 2017.

- The proportion of pregnant women who received LLINs significantly declined by 28% in Q2. This decline is largely due to a stock out of LLINs all through Q2.
- The proportion of children under age 5 who received LLINs shows a similar trend to pregnant women; an average of 13.8% in Q2 compared to 32% in Q1 (18.2% decline). Also, some children received LLINs at penta 3 instead of at measles vaccination and were not ultimately captured as those that received LLINs at completion of immunization. This misconception by health workers as to when a child has completed immunization is being continuously corrected. According to the state government, a child completes immunization on receipt of measles vaccine at 9 months of age.

The declining trend in LLIN coverage among pregnant women and children under age 5 is because of the inadequate quantity and interrupted supply of LLINs as well as lack of data capturing tools which may have contributed to data loss.

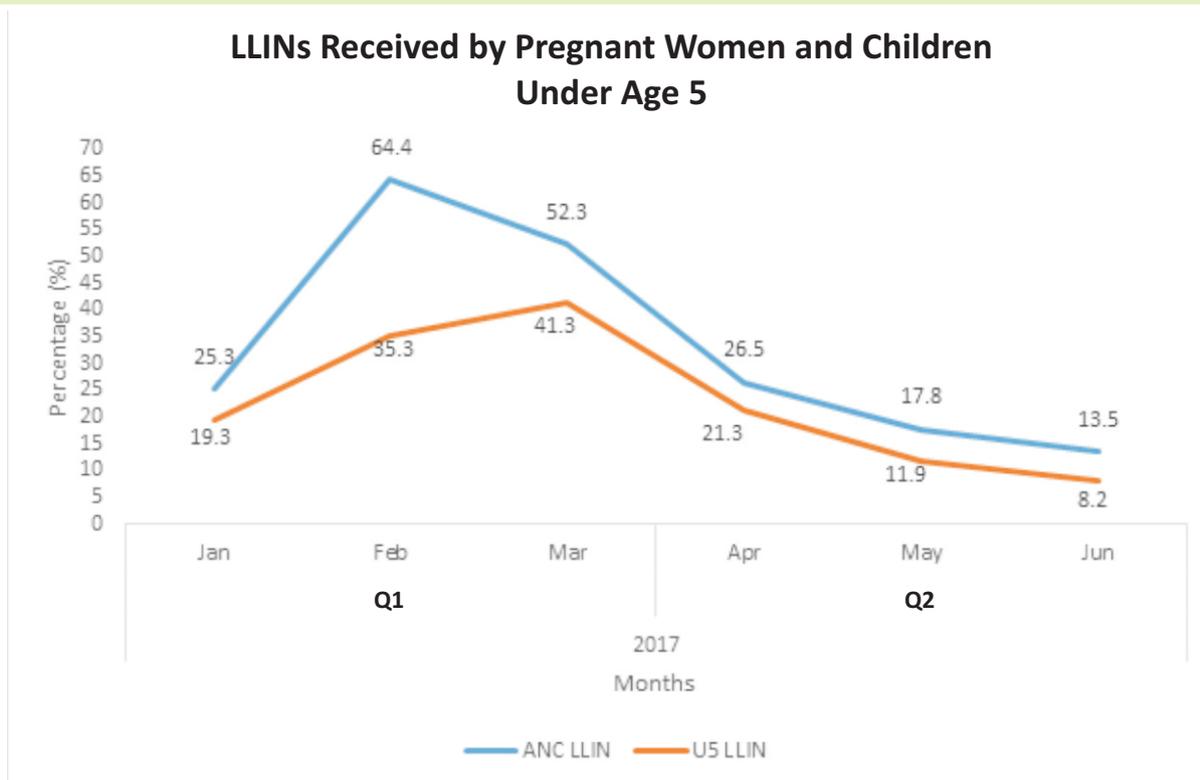


Figure 7. Pregnant women and children under five receiving LLIN in Kano State, Q1 & Q2 2017

Summary

Identified Problems

- Stock out of LLINs during this quarter.
- Some facilities and LGAs reported rates above 100% for confirmed uncomplicated malaria treated with ACT.
- Clinical diagnosis of malaria is still occurring despite the existence of the national algorithm on fever cases.
- LLIN coverage among pregnant women and children under age 5 is very low.
- IPTp2 coverage is still lower than the IPTp1.

Recommendations

- To help resolve the issue of rates above 100% in confirmed malaria cases treated with ACT, the attention of on-going review of data capturing tools for National Health Management Information System and District Health Information System should be drawn to the fact that confirmed malaria cases among pregnant women is not being captured as part of the denominator in overall confirmed cases.
- State Malaria Elimination Program (SMEP) should sensitize healthcare workers on adherence to national treatment guidelines to reduce the number of clinical malaria diagnosis.
- There is need to improve IPTp uptake, especially IPTp2, by demand creation to enable timely access to ANC services by pregnant women and uninterrupted availability of SPs.
- To address the gaps in LLIN coverage, the state government and partners should urgently increase the supply of LLINs.

Needed Support from State

- Supply of malaria commodities to non-donor (Global Fund) supported health facilities
- Increase and continue support for malaria activities in the state, especially supportive supervision
- Release of budgeted fund for malaria activities in the state
- Access fund allotted to malaria activities under the Saving One Million Lives Initiative

Malaria Frontline Project Updates

The goal of the Frontline Project is to enhance Nigeria's public health capacity to implement an effective malaria program and to respond to epidemics. The objectives of this project are (1) to strengthen malaria surveillance and the use of data for decision making; (2) use data to improve the distribution and availability of malaria commodities and access to key malaria interventions in Local Government Areas (LGAs) and; (3) measure the impact on malaria morbidity and mortality through routine health information systems. This project commenced in September 2016 and is implemented in both Zamfara and Kano States.

The following activities have been implemented by the SMEP with the support of the Malaria Frontline Project during this second quarter:

- Conducted 16 supportive supervisory visits to health facilities (HFs) per month in all 20 implementation LGAs by NSTOP Malaria Frontline Project LGA Officers.
- Conducted monthly Data Validation Exercises across 20 implementation LGAs by leveraging on monthly RI meetings and an innovation of conducting monthly ward level data validation with support of LGA senior supervisors' in Dawakin-Tofa LGA.
- Supported Catholic Relief Services (CRS) to conduct data validation exercise in June.
- Provision of Malaria wall charts to both public and private health facilities in all 44 LGAs of the State as well as training of SMEP, LGA team and health workers on its use.
- Provision and distribution of malaria in pregnancy algorithm to public health facilities in the 20 implementing LGAs
- Supported the distribution of MNCH2 donated data collection tools.
- Continuous technical support for MIP has sustained the administration of SP as DOTS to pregnant women during ANC.
- Integrated supportive supervision with SMEP to health facilities.
- Participated in the development of Kano State 2017-2021 Strategic Health Plan.
- Actively participated in the World Malaria Day celebration.
- Advocacy and supervisory visit to state, LGAs and health facilities by delegates from Malaria branch of the Centers for Disease Prevention and Control, Atlanta, USA led by Dr. Kwame Asamoah.
- Commenced the conduct of health facilities service assessment including geo-mapping
- Production and dissemination of 2016 annual malaria bulletin and first quarter of 2017 bulletin
- Participated in malaria sub-committee of Saving One Million Lives (SOML).
- Participated in the technical working groups of Child Health Memorandum of Understanding.
- Participated in the state health data consultative committee meeting.
- Participated as management support team during IPDs in all 20 implementation

LGAs and state level. Ungogo LGA malaria frontline project NSLO received commendation from the Incident Manager Kano Emergency Operation Centre for resolving a difficult chronic non-compliance among the Shiite community.

- Provided technical support at state and LGA level during cerebro-spinal meningitis and Lassa fever outbreaks.
- Participated at the stakeholders' consultative meeting on surveillance, monitoring and evaluation.
- Attended series of meetings with partners and all malaria intervention stakeholders at the national, state and LGA levels.
 - Meeting with CDC technical support on the project's progress in Abuja.
 - Meetings with CRS on need to collaborate and work at the state level especially reviewing monthly data validation exercise.
 - Meeting with United States President's Malaria Initiative and Global Fund team on malaria interventions.

This bulletin was produced by the Malaria Frontline Project of NSTOP/AFENET Nigeria in collaboration with the State Malaria Elimination Program.

Acknowledgment:

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Indicator Definitions

S/N	Category	Indicator name (%)	Numerator	Denominator
1.	HMIS reporting rates	Completeness of reporting	Number of monthly reports received from health facilities within stipulated time period	Number of health facility reports expected
2.		Timeliness of reporting	Number of monthly reports received from health facilities within stipulated time period	Number of health facility reports expected
3.	Malaria cases	Confirmed uncomplicated malaria	Total confirmed uncomplicated malaria (by mRDT or microscopy)	Total fever cases tested (by RDT or microscopy)
4.		Clinically diagnosed malaria	Total number of people with clinically diagnosed malaria (without laboratory confirmation)	Total number of fever cases
5.	Malaria diagnosis	Fever cases tested with microscopy	Total number of fever cases tested using microscopy	Total number of fever cases
6.		Fever cases tested with RDT	Total number of fever cases tested using malaria RDT	Total number of fever cases
7.	Malaria Test Positivity Rate	Fever cases tested positive with microscopy	Total number of malaria positive tests by microscopy	Total number of malaria tests done by microscopy
8.		Fever cases tested positive with RDT	Total number of malaria positive tests by Rapid Diagnostic Tests (RDT)	Total number of malaria tests done by Rapid Diagnostic Tests (RDT)
9.	Malaria treatment	Confirmed uncomplicated malaria given ACT	Total number of cases with confirmed uncomplicated malaria who received ACT	Total number of cases with confirmed uncomplicated malaria
10.		Clinically diagnosed malaria given ACT	Total number of cases with clinically diagnosed malaria who received ACT	Total number of malaria cases clinically diagnosed
11.	Malaria in pregnancy	IPTp1	Total number of pregnant women who received the first dose of Intermittent Preventive Treatment (IPT1)	Total number of pregnant mothers attending their first antenatal visit
12.		IPTp2	Total number of pregnant women who received the second dose of Intermittent Preventive Treatment (IPT2)	Total number of pregnant mothers attending their first antenatal visit
13.	Malaria in pregnancy	Malaria in pregnancy	Total number of confirmed malaria cases in pregnant women	Total number of pregnant mothers attending their first antenatal visit
1.				
2.		Antenatal 1 st visits receiving LLINs	Total number of pregnant women attending their first antenatal visit who received LLINs	Total number of pregnant women attending their first antenatal visit
3.	Long-Lasting Insecticidal Nets (LLINs)	Children under age 5 receiving LLINs	Total number of children under the age of 5 years with completed Routine Immunization (RI) schedule who received LLINs	Total number of children under the age of 5 years with completed Routine Immunization (RI) schedule

