

Monitoring and evaluation of the SMC project



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Summary Results

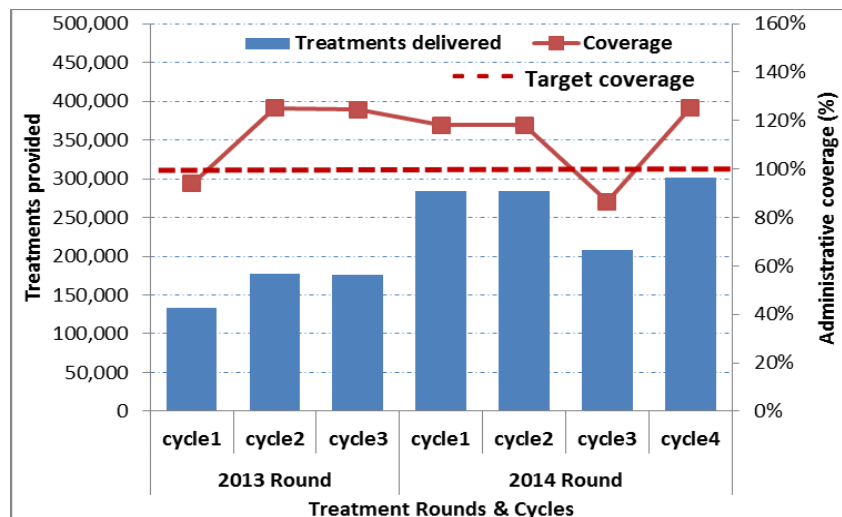
Monitoring and evaluation (M&E) of the Seasonal Malaria Chemoprevention (SMC) project was guided by a comprehensive M&E framework. This stipulated the methods, processes and data sources through which routine data would be collected as well as the evaluations to be conducted.

Routine monitoring

Routine monitoring data included SMC distribution data, extracted from SMC registers and selected routine health facility Health Management Information System (HMIS) data obtained from selected sentinel sites.

Routine SMC distribution data was extracted from community care givers (CCGs) at the end of each distribution cycle. This data was aggregated at settlement, ward and LGA levels and compared with the estimated eligible population totals to establish SMC coverage at each distribution cycle. SMC coverage, estimated from distribution data is highlighted in figure 1 below. A total of 487,353 treatment courses were delivered in two LGAs over three treatment cycles in the first round of SMC representing an average of 115% coverage over the three cycles. In 2014, a total of 1,078,440 treatments were provided across four LGAs over four cycles with an average of 115% administrative coverage.

Figure 1: SMC coverage for the 2013 and 2014 rounds*



*The 2013 round had three treatment cycles whereas 2014 round had four treatment cycles

HMIS data was collected from three selected sentinel sites in each of the LGAs in which SMC was to be implemented namely Baure, Mashi, Maiadua and Dutsi. Three sentinel sites were also selected from a comparison LGA which was not planned to receive SMC. HMIS data on total OPD attendance and malaria cases in children less than 5 years was collected for the three year period from 2012 through to 2014. Results from figure 2 below indicate that there was a substantial decline in the number of malaria cases in LGAs that received SMC in 2013 and 2014 rounds. These trends were not observed in LGAs that did not receive any SMC, in fact an increase in malaria cases was observed in 2014

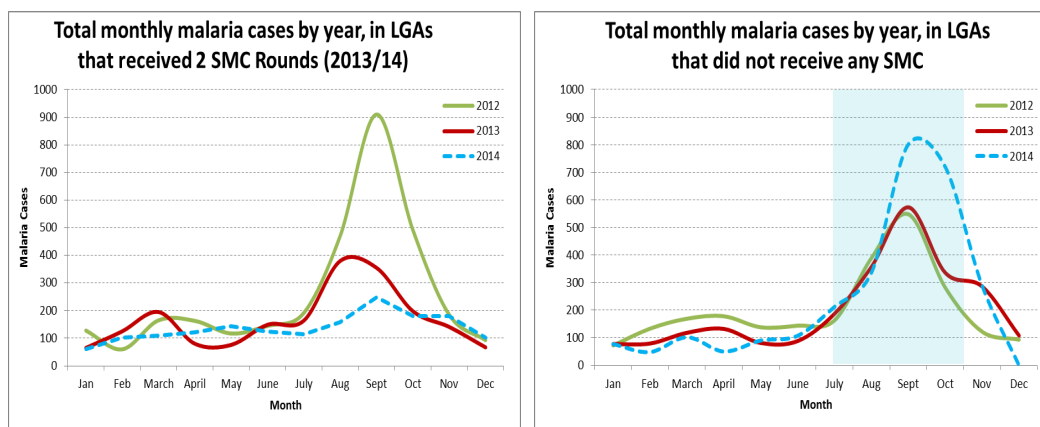


Figure 2: Comparison of total malaria cases by year in LGAs that received SMC to LGAs that didn't receive SMC

Evaluations

Project evaluations were conducted through community household surveys to assess changes in malaria prevalence in SMC areas but also to establish SMC coverage, acceptability and feasibility of the different delivery mechanisms. Two community surveys were conducted. One at baseline, before SMC implementation and one after one round of SMC implementation. Key results from the baseline and endline surveys are presented in table 1 below

Table 1: summary estimates from the baseline & endline surveys

Indicator	Baseline	Endline
Household protection from malaria		
% households that have at least one mosquito net	83.7	74.6
% children that slept inside a net the previous night		
Knowledge of Seasonal Malaria Chemoprevention		
% caregivers who have heard of SMC		91
% caregivers who mention community agent as source of information		50.3
Delivery mechanisms for SMC		
% received SMC from home		82.2
Duration of SMC receipt from home,(minutes)		21.9
Duration of SMC receipt at fixed point,(minutes)		47.1
SMC Coverage		
% children that received at least one SMC treatment course		83.9
% children that received at three SMC treatment courses		61.8%
Correct knowledge of SMC		
% caregivers who know SMC as composed of two drugs		86.1%
% caregivers who know duration of each treatment course		85.8%
Child health		
% children with high temperature at time of visit	21.9	6.8
% of children testing positive for malaria, using mRDT	76.9	47.8

