



## CASE STUDY

# Better Data Use Leads to Better Malaria Prevention

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A nurse records patient data in a health facility in Lagos State

In June 2011, Ibeju Lekki Local Government Area (LGA) began spraying the insides of dwellings in the area with insecticide. The process, called Indoor Residual Spraying (IRS) is a strategy to kill mosquitoes that spread malaria. Sulu Lutu Abiodun, a resident of Akodo town in Ibeju Lekki, didn't believe the exercise would actually take place at first, but now he is pleased. "My house was fumigated in February 2012. Actually we enjoyed the service. After it I observed that crawling insects like cockroaches and spiders are no where to be found in my house." Ibeju Lekki is one of the six LGAs that PATHS2 works in, in Lagos State.

The decision to include IRS as part of the malaria prevention strategy was based on data that were

reported from public and private health facilities in the LGA. The data, which were collected through the National Health Management Information System (NHMIS), showed a total of 1,110 reported cases of malaria in May 2011 alone. Recognising the urgency of the situation, Ibeju Lekki asked the state's Roll Back Malaria programme for help in using IRS to kill mosquitoes in the communities. The LGA used the NHMIS data as evidence of the high malaria prevalence. Strategies were then developed to begin treating homes with IRS.

Dr. Nurain Ayeola, the Medical Officer for Health in Ibeju Lekki, is confident when asked about the difference that IRS has made in the LGA. "What I did recently was ask the Roll Back Malaria manager to do the comparative analysis showing how many malaria cases we have had between January and June 2011, June and December 2011, January and June 2012. He did it, and I have gone through it and can tell you with all confidence that the indoor residual spraying is actually doing the magic. We started with (malaria) prevalence of about 70% for all the patients that come into the health centre, but now I think it is in the range of 35 to 40%."

The NHMIS data that started the process of reducing malaria in the area is the result of joint work between PATHS2 and the LGAs of Lagos State. Such data has

not always been available—in fact, one of the biggest challenges the health sector in Nigeria faces is lack of reliable information for making health planning decisions. In an assessment carried out by PATHS2 in 2010, data-reporting rates in Lagos State were found to be very low. The problem lay with the private health facilities: while 90% of public health facilities were complying with data-reporting standards as of December 2010, the same could be said of only 17% of private health facilities—which account for some 70% of health service delivery in the state.

To fill this data gap, the State Ministry of Health (SMoH) and LGAs worked with PATHS2 to adapt the NHMIS tools to do a better job of gathering data. PATHS2 also helped train about 1,002 health workers and relevant officers from public and private health facilities in the six focal LGAs it works in on how to use the updated tools.

In 2012, PATHS2 also supported the state to transition from paper-based HMIS reporting to electronic web-based reporting using the District Health Information System (DHIS) that PATHS2 had built. PATHS2 trained Monitoring and Evaluation and Health Management Information officers from the SMoH and its focal LGAs to use the DHIS. PATHS2 also provided laptop computers and internet facilities to the officers to help make the process of uploading data to the DHIS easier and faster.



Dr. Nurain Ayeola, Health Medical Officer and Dr. Atoyebi Chairman, Local Government Health Authority in Ibeju-Lekki

Thanks to these efforts, the availability of data has greatly improved. In June 2012, PATHS2 focal health facilities showed data reporting rates of 64%, with 33% for non-focal health facilities.

PATHS2 also supports quarterly and monthly meetings of various data and evaluation committees in the state. These meetings are used to review data, address challenges experienced during data collection, and discuss findings and how they relate to policy decisions.

Dr. Ayeola acknowledges that there is still a long way to go in eradicating malaria in the country. “But the point to draw from this is that if we hadn’t had anything as proof, there is no way we would have convinced the government that we need to take these efforts to the next level. We have PATHS2 to thank for that data.”

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**The Partnership for Transforming Health Systems Phase Two (PATHS2)** is a six-year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKAID from the Department for International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders to improve the planning, financing, and delivery of sustainable health services for those most in need. In addition to its work at the Federal level, the PATHS2 programme is implemented in the five states of Enugu, Jigawa, Kaduna, Kano, and Lagos. PATHS2 follows the successful PATHS programme, which was implemented from 2002 to 2008.

PATHS2 is managed by Abt Associates, in association with Options, Mannion Daniels, and the Axios Foundation.



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