

## Type of Review: Annual Review

**Project Title: Support National Malaria Programme**

**Date started: 1<sup>st</sup> April 2008**

**Date review undertaken: 5<sup>th</sup> – 16<sup>th</sup> August 2013**

### ***Instructions to help complete this template:***

*Before commencing the annual review you should have to hand:*

- *the Business Case or earlier project documentation.*
- *the Logframe*
- *the detailed guidance (How to Note)- Reviewing and Scoring Projects*
- *the most recent annual review (where appropriate) and other related monitoring reports*
- *key data from ARIES, including the risk rating*
- *the separate project scoring calculation sheet (pending access to ARIES)*

*You should assess and rate the individual outputs using the following rating scale and description. ARIES and the separate project scoring calculation sheet will calculate the overall output score taking account of the weightings and individual outputs scores:*

<b>Description</b>	<b>Scale</b>
Outputs substantially exceeded expectation	A++
Outputs moderately exceeded expectation	A+
Outputs met expectation	A
Outputs moderately did not meet expectation	B
Outputs substantially did not meet expectation	C

## Introduction and Context

### What support is the UK providing?

The SUNMAP programme was originally approved by Ministers in 2008 with the UK providing £50 million to support the management, coordination and delivery of malaria control services in six Nigerian States. It subsequently expanded to a further four States covering a total population of around 60 million. The support is through the provision of long and short term technical assistance for systems development and training through 6 project outputs:

1. Output 1: Capacity development
2. Output 2: Harmonization
3. Output 3: Prevention
4. Output 4: Treatment
5. Output 5: Demand creation
6. Output 6: Operational research

The project is supporting implementation in the six original States (Anambra, Kano and Lagos Niger, Katsina and Ogun) with a further four states (Jigawa, Enugu, Kaduna and Yobe) added in 2012.

A parallel activity, implemented by the Crown Agents procures malaria commodities (Long lasting impregnated nets, anti-malarial drugs etc) for distribution in SUNMAP supported States.

A costed extension to the project has recently been agreed by Ministers. This will increase the programme funding from £50 million to £89 million, and extend the programme by an additional two years from 2008 – 2013 to 2008 – 2015.

### What are the expected results?

**Goal/Impact** - To achieve progress towards the health Millennium Development Goals in Nigeria –

**Indicator:** All cause under-five mortality Baseline – baseline (2007) 157/1,000  
- Goal (2015) 80/1,000

**Purpose/Outcome** – To strengthen delivery of Nigeria's National Malaria Control Effort in supported states

**Indicators:**

- Percentage of all children Under 5 in supported states that slept under a ITN the night before the interview in programme supported states  
– Baseline (2007) 3%  
- end of programme target – 6 original states 60% & 4 new states 55%
- Proportion of all women with birth in last 2 years in supported states who received at least two doses of IPT in programme supported states  
– Baseline (2007) 2%  
- end of programme target – 6 original states 30% & 4 new states 25%
- Proportion of children age under 5 with a fever episode in last two weeks in supported states who received treatment with ACT in programme supported states  
– Baseline (2007) 3%  
- end of programme target – 6 original states 20% & 4 new states 15%.

## What is the context in which UK support is provided?

The support is being provided in the country that accounts for 26 % of global deaths due to malaria<sup>1</sup> and where most health indicators are poor. The national under 5 mortality rate is 157 per 1000 and the infant mortality rate is estimated at 75 per 1000 live births. There is also wide regional disparity for infant mortality within the country, from the southern (South West, Nigeria; 89 per 1000 live births) to the northern parts of the country (North East; 219 per 1000 live births). Infant mortality rates in urban centres are better in urban (121 per 1000) than in rural (191 per 1000 live births) settings<sup>2</sup>.

It is estimated that up to 30% of under 5 mortality in Nigeria is attributable to fevers presumed to be malaria and national surveys indicate malaria prevalence among children under 5 at 42 % during peak transmission<sup>3</sup> season. The predominant species of the parasite in the country is Plasmodium Falciparum (95% of malaria infections).

The country has been classified globally as a fragile democracy with some areas of relative instability. The security situation within Nigeria has become more of a concern over the past 2 years.

Prevailing weaknesses in the health systems in some areas severely limit access to service delivery for effective malaria treatment and prevention. Whilst a thriving private sector may increase access, there are problems with the quality of products and services.

The Nigerian government has developed a poverty reduction strategic plan (PRSP) called Vision 2020, a National Health Development Plan and also a National Malaria Strategic Plan (2009 – 2013). These document the government's commitment to poverty reduction, health reform and reduction in the burden of malaria respectively. This strategic plan has recently been reviewed and the process to develop the new National Malaria Strategic Plan (2014 – 2020) has started.

The original Programme Memorandum recognizes the scale of the development challenge and the need for urgent action; hence the project is nationwide in scope with support to the Federal Ministry of Health's National Malaria Control Programme and, originally six, now expanded to ten States. Although it was not possible to cover all states with the limited resources available to DFID, the Federal Government of Nigeria (FGN), the World Bank and the Principal Recipients of Global Fund Malaria funding in Nigeria and other donors have all followed DFID's lead in rolling out key malaria control approaches nationwide using additional resources (including, for FGN, resources freed up by debt relief). Key amongst these parallel initiatives are the following;

- a. World Bank Booster Project: Working at Federal level and in seven states (\$280 million USD for 5 years- due to complete in 2013)
- b. Global Fund Round 8: Working in all 36 states, with varying levels of support (about \$500 million USD for 5 years)
- c. Malaria Action programme of US Presidential Malaria Initiative in seven states (\$85 million USD for 5 years) (MAPS).

<sup>1</sup> World Health Organisation's Global Burden of Disease: 2004 update (2008).

<sup>2</sup> Nigeria demographic and health survey 2008 (NDHS) report

<sup>3</sup> Nigeria Malaria Indicator Survey 2010 (NMIS)

## Section A: Detailed Output Scoring

### Output 1: National, State, and LGA capacity for policy development, planning and coordination are improved

#### Output 1 score and performance description: A

The programme has achieved, or largely achieved, its milestones for all three Output 1 indicators.

#### Progress against expected results:

Indicator	Baseline 2007/08	Milestone 2013	latest values	Source and date	Performance
NMCP and SMCP annual operational planning process and review mechanism in place	0	Annual Operational Plan developed and endorsed by key partners at NMCP and 9 programme States	Annual Operational Plan developed and endorsed by key partners at NMCP and 9 programme States	NMCP, SMCP documents, Annual Review Meeting Reports	Milestone largely achieved with endorsed plans in 8 out of 9 states
NMCP and SMCP coordination mechanism in place	Very irregular meetings taking place	NMCP and SMCP branch heads, partners forum and sub-committees meeting taking place regularly at NMCP and in 9 programme states	Partners forum and sub-committees meetings taking place regularly. These are taking place nationally at NMCP and in 9 programme states. Meetings of NMCP and its branch heads also taking place.	Coordination framework, Minutes of meeting of partners, Coordination Framework Review reports and sub-committees meetings	Milestone achieved
Number of programme management frameworks for priority malaria control systems at state level are operationalized	0	2 frameworks each in 6 states	1 framework (planning cycle) operational in all 9 partner states. 1 framework (ISS) operational in 3 partner states. 1 framework (SCMF) operational in 3 partner states	SMCP documents, SMTWC minutes, Framework review reports, State review meeting reports	Milestone achieved

SuNMap has made considerable progress in Output 1 activities. It is widely recognised that the coordination at both national and (partner) state levels are much improved. At State level the operational planning processes have been successful in integrating the contributions of stakeholders into a single annual malaria operational plan.

#### Recommendations:

SUNMAPs work in supporting the development of annual operating plans at Federal and State levels as well as in coordinating the various government and donor partners working in the malaria area is well appreciated and should continue.

**Impact Weighting (%): 20%**

**Revised since last Annual Review? No**

**Risk: Medium**

**Revised since last Annual Review? No**

## Output 2: All agencies' support for the malaria sub-sector at federal, state and local levels are effectively harmonized

### Output 2 score and performance description: A

One Output 2 Indicator Milestone exceeded the second only partially achieved.

### Progress against expected results:

Indicator	Baseline 2007/08	Milestone 2013	latest values	Source and date	Performance
Cumulative number of strategic areas for which harmonized methodologies and tools are developed and used by partners	0	6	8	Annual NMCP review meeting reports	Milestone exceeded
Mechanism in place for public-private partnership coordination	0	Forum for interaction between NMCP, RBM partners and private sector partners meetings taking place regularly	Forum for consultation on the development of private ACT market, in place however meeting are not regular. No forum for LLIN commercial partners	Private sector forum meeting minutes	Milestone partially achieved.

The programme management frameworks developed by the project have been used in both SuNMaP supported as well as other states.

Preparatory meetings for an ACT market forum were held.

The forum for consultation on LLIN is not operational. Mistrust exists between the public and private sector players as a result of the public sector provision of free to the end user LLINs thereby reducing demand for commercially sold LLINs.

### Recommendations:

SUNMAP work on the development of harmonised tools and methodologies is well appreciated, with the programme outputs are used by many partners in their work in the States. This work should continue.

The SUNMAP work on developing mechanisms for public-private partnership coordination have not been as successful. There has been some success in the development of public-private sector partnerships for the commercial distribution of ACTs and RDTs. There has been only limited success for commercial partners in LLIN distribution.

**Impact Weighting (%): 15%**

**Revised since last Annual Review? No**

**Risk: Medium**

**Revised since last Annual Review? No**

## Output 3: Population coverage of effective measures for the prevention of malaria is increased

### Output 3 score and performance description: B

One milestone exceeded, two milestones achieved and two milestones not achieved.

### Progress against expected results:

Indicator	Baseline 2007/08	Milestone 2013	latest values	Source and date	Performance
Proportion of households in supported states with at least one ITN	7%	70% / 65%	49.3% / 46.3%	MICs 2011	Milestone partially achieved on the basis of available data
Proportion of nets received from the distribution campaign still in possession of the household 4-6 months after distribution	N/A	90%	Amambra 98.4%, Kano 91.7%, Katsina 99.4%, Lagos 88.2%, Niger 88%, Ogun 52.2% <sup>4</sup>	Net retention surveys in each of the states.	Milestone largely Achieved
Cumulative number of LLIN procured and distributed through campaign with DFID funds	N/A	2,540,000	2,540,000	LLIN campaign reports	Milestone Achieved
Cumulative number of LLIN procured and distributed through non-commercial continuous channels with DFID funds	N/A	4,060,000	2,867,892	Programme reports	Milestone 2/3rds achieved
Cumulative number of SP doses distributed in supported states in supported health facilities	N/A	6,500,000	4,764,779	NMCP distribution and SMOH consumption reports	Milestone 2/3rds achieved
Cumulative number of LLIN sold through retail channels by programme partners with DFID support	N/A	1,000,000	1,187,878	Programme Report	Milestone exceeded

The campaign distribution of LLINs was successful in raising the proportion of households with at least one net to 50% by 2011. There have been no more recent national survey results number to demonstrate any changes since then.

The proportion of households in supported States with at least one ITN apparently fell between 2010 (Malaria Indicator Survey) and 2011 (Multi-Indicator Cluster survey). There could be many reasons for this including methodological differences between the two surveys.

In all but one State supported with the campaign distribution of LLINs, a very high proportion of households had retained the nets for some time after the distribution.

Procurement delays, outside of SUNMAPs control, hampered implementation of prevention of malaria in pregnancy using SP.

The commercial sector programme was successful in collaborating with retailers to distribute over 1 million LLIN.

### Recommendations:

Continue work on developing the existing channels for the continuous distribution of LLINs and SP.  
Conduct further research in to the reasons for the apparent fall in net ownership.

**Impact Weighting (%): 25%**

**Revised since last Annual Review?** No

**Risk: Medium**

**Revised since last Annual Review?** No

<sup>4</sup> Proportion of nets received from the distribution campaign still in possession of the household 4-6 months after distribution in Anambra, Kano, Katsina, Lagos, Niger and Ogun states respectively

## Output 4: Access of the population to effective treatment for malaria is improved

### Output 4 score and performance description: B

One milestone exceeded, two milestones not achieved and no information available on fourth milestone.

### Progress against expected results:

Indicator	Baseline 2007/08	Milestone 2013	latest values	Source and date	Performance
Cumulative number of ACTs / RDTs procured and distributed through routine channels with DFID funds	0	1,650,000 (ACT) / 1,650,000 (RDT)	440,890 (ACT)/ 398,860 (RDT)	Programme reports	Milestone not achieved
Ratio between number of malaria tests done and the number of malaria treatments in selected health facilities (secondary / primary).	N/A	>0.7 / >0.2	n.a	Awaiting results from Malaria Area Survey	Milestone performance not known
Cumulative number of service delivery points with health workers trained on capacity building service delivery modules in programme states	N/A	6,500	8,766	SMCP documents, SMTWC minutes, Framework review reports, State review meeting reports	Milestone exceeded
Cumulative number of subsidised ACTs and RDTs sold through retail channels by programme partners with DFID support	0	500,000 ACT / 200,000 RDT	502,283ACTs sold by July 2013. Information on RDTs not yet available.	Programme reports	Milestone for ACT achieved. Milestone for RDT not known

SUNMAP training programmes have gone well in all states with training in:

- Malaria Case Management
- Microscopy
- Use of RDTs
- Malaria Commodities Logistics System

Procurement delays, outside of SUNMAPs control, reduced numbers of ACT/RDT available for distribution through routine channels. These delays did not affect the retail sector which was able to distribute just in excess of the target numbers of ACTs. The number of RDTs distributed by the retail sector is not yet available.

Information on the ratio between the number of cases of malaria cases diagnosed using RDT or microscopy is awaiting the findings of the Malaria Area Survey.

### Recommendations:

Continuing efforts required in the distribution of ACTs/RDTs, in supportive supervision to health staff and in information to beneficiaries to ensure Nigerian protocols for the diagnosis and treatment are adhered to.

**Impact Weighting (%): 20%**

**Revised since last Annual Review?** No

**Risk:** Medium

**Revised since last Annual Review?** No

**Output 5:** Community awareness and demand for effective malaria treatment and prevention are improved

**Output 5 score and performance description: B**

Two milestones achieved, three milestones not achieved and no information available on one milestone.

Progress against expected results:

Indicator	Baseline 2007/08	Milestone 2013	latest values	Source and date	Performance
Proportion of women in child bearing age in supported states who know the preventive benefits of LLIN	0	80%	80%	Omnibus Survey 2012	Milestone achieved
Proportion of nets received from the distribution campaigns and retained by the household that were used by any household member the night before the survey	NA	80%	Anambra 70.5%, Kano 74.1%, Katsina 51%, Niger 80%, Ogun 52.2%	Programme post campaign net retention and use surveys	Milestone largely achieved in 3 out of 5 States
Proportion of people with access to LLIN within the household compared to proportion of people using it last night (use gap)	Gap 36%-points	Gap<10%-points	Gap 20%-points	Monitoring Area Survey (2012)	Milestone not achieved
Proportion of women in child bearing age in supported states who know the preventive benefits of IPT	29%	80%	58%	Omnibus Survey 2012	Milestone not achieved
Proportion of care givers in supported states who recognize need for treatment of malaria within 24 hours	86%	90%	91%	Omnibus Survey 2012	Milestone achieved
Proportion of children under 5 with fever in the past 2 weeks whose care givers sought treatment within 24hrs (same day)	48%	70%	Na.	Monitoring Area Survey (data not yet available)	No data

Knowledge about malaria in the supported states is good in relation to knowing the benefits of using LLINs and recognising the need for speedy treatment, although knowledge amongst women about the benefits of IPT are not as high.

This knowledge was translated into high levels of net use in 3 out of the 5 states surveyed, although not all who have access to a net use them.

It is not yet known how the knowledge of the need for speedy treatment for malaria is translating into actually seeking that treatment within 24 hours.

**Recommendations:**

There is evidence to suggest the population has a reasonable knowledge about the benefits of using LLINs and IPT as well as the need for speedy treatment for children with malaria. However this knowledge has not yet been translated into action. Continued efforts to be addressed towards understanding reasons for not use and changing behaviour.

Impact Weighting (%): 15%

Revised since last Annual Review? *No*

Risk: Low

Revised since last Annual Review? *No*

## Output 6: Operational research into key areas of prevention and treatment provides the evidence base for more effective strategies

### Output 6 score and performance description: B

One Milestone achieved, one milestone not achieved

### Progress against expected results:

Indicator	Baseline 2007/08	Milestone 2013	latest values	Source and date	Performance
Cumulative number of OR questions answered and disseminated	0	10	1	OR REPORTS	Milestone not achieved
Proportion of OR questions answered by research supported by SuNMaP cited or that inform current malaria strategies and practices or contributed to changes in malaria strategies or practices	0	50%	100%	PROGRAM REPORTS	The one completed research output to date has contributed to a change in malaria strategy. However based on just one research output it is unrealistic to assess the Milestone achievement.

The number of research questions answered should increase markedly later in 2013. Data collection on the study on SP was completed in 2012/3 with analysis now being carried out. Post intervention field work was also carried out in 2012/3 on the study on the effectiveness of the capacity building approach in improving malaria case management.

Indicator 2 has formally been achieved in that the one research question that has so far been answered and the results of this contributed to a change in malaria strategy, however the delays to answering other research questions means that their policy relevance cannot really be assessed.

### Recommendations:

Complete Operations Research Studies.

**Impact Weighting (%): 5%**

**Revised since last Annual Review? No**

**Risk: Low**

**Revised since last Annual Review? No**

## Section B: Results and Value for Money.

### 1. Progress and results

#### 1.1 Has the logframe been updated since last review? No

#### 1.2 Overall Output Score and Description: B: Outputs moderately did not meet expectation

#### 1.3 Direct feedback from beneficiaries

Review had no contact with ultimate beneficiaries.

Contacts with intermediate beneficiaries / partners in project (e.g. NMCP, USAID, MAPS, PATHS2, PRRINN etc) were highly complementary, acknowledging the work carried out by SUNMAP to support the NMCP in coordinating partner efforts and supporting a coherent planning approach.

#### 1.4 Summary of overall progress

The SUNMAP project has been particularly successful in achieving its Milestones in Outputs 1 & 2, relating to coordination and harmonisation. This is borne out by all relevant stakeholders that were interviewed by the Review Team who confirmed the benefits of SUNMAPs work in support of the NMCP and in the development of harmonisation tools.

It has been slightly less successful in achieving its Milestones in the other three Outputs (although a full assessment of outputs 4 & 5 is not possible without further data).

Thus to a large extent the SUNMAP work plan has been successfully implemented and has achieved the outputs desired in the log frame.

#### 1.5 Key challenges

A key challenge that has emerged in the most recent years has been the emergence of considerable insecurity, particularly in Nigeria's northern States. A State of Emergency is currently in operation in one of the programme's new states, Yobe, which has prevented all but initial contacts in preparation for programme activities taking place there.

Nigeria will be holding elections for Federal, State and Local Governments in most states in 2015, at the end of the project extension period. This is likely to result in a significant distraction for both politicians and senior civil servants as attention increasingly shifts to the polls.

## 1.6 Annual Outcome Assessment

Despite largely achieving the desired outputs, the success of SUNMAP in achieving the project Purpose is less clear. Some success has been demonstrated in one purpose indicator, while for a second there was some initial improvement which has stalled and for the third, there is no data to demonstrate any progress after an initial improvement

There is, as yet, no evidence available to demonstrate any progress in achieving the ultimate goal, a reduction in childhood mortality.

The results of the 2013 National Demographic and Health Survey are expected shortly. This will provide more up to date information on project performance against purposes and goal and may result in the need to change the project strategy.

The incorporation of three new states into the project resulted in loss of efficiency and lower project performance. Lower achievement of outcomes in the areas of prevention and case management may also have been as a result of delays in procurement.

## 2. Costs and timescale

### 2.1 Is the project on-track against financial forecasts: Yes

(Including no cost extension period approved in March 2013)

### 2.2 Key cost drivers

- Long Term Technical Assistance (LTTA)
- Short Term Technical Assistance (STTA)
- Workshops and meetings
- Commercial Sector Support through M4P
- Demand creation media activities and contracts

### 2.3 Is the project on-track against original timescale: No

Project was originally scheduled to be completed by March 31<sup>st</sup> 2013.

Approval was granted for a no cost extension of the project until 31<sup>st</sup> August 2013.

Approval has also now been given for a costed extension for a further two years of support.

### **3. Evidence and Evaluation**

#### **3.1 Assess any changes in evidence and implications for the project**

The results of the 2013 National Demographic and Health Survey are expected shortly. This will provide more up to date information on project performance against purposes and goal and confirm whether the generally successful achievement of project outputs is being translated into successes for the project purpose and goal.

#### **3.2 Where an evaluation is planned what progress has been made?**

No evaluation is planned.

## 4. Risk

### 4.1 Output Risk Rating: Medium

### 4.2 Assessment of the risk level

The project costed extension included a risk that had not been included in the original programme risks - ***Increased insecurity affects ability to implement the project.***

Given the seriously heightened security concerns that now apply in many parts of Nigeria, this seems a highly relevant concern which has already significantly affected project operations in Yobe State. There is every indication that SUNMAP will need to maintain an active risk-mitigation strategy to try to counter this.

Secondly, Nigeria will be facing Presidential, State and Local Government elections in 2015. These are likely to have a detrimental effect on SUNMAP progress as, increasingly, senior government officials are distracted, by the elections, from their core responsibilities.

### 4.3 Risk of funds not being used as intended

Low – DFID is involved in the major decision-making and updated in a timely manner of risks and mitigation strategies.

Two external audit reports identified – from Inception to March 2010 and from April 2010 – December 2011. Both reports identify a number of management weaknesses that have, reportedly, been addressed by the project.

### 4.4 Climate and Environment Risk

The business case for the project extension did not anticipate any immediate impact on climate change but made some suggestions to mitigate against the possibility of minor risks to the environment.

- The packaging for the distributed LLINs is removed by the distributor prior to being given to the beneficiary. Instructions for the proper disposal of the packaging are provided as part of distributor training.
- Distributors are instructed to give education to LLIN recipients on the proper use and disposal of LLINs which are not retrieved from the community at the end of their life.

## 5. Value for Money

### 5.1 Performance on VfM measures

There were no VFM measures given in the 2007 appraisal case or Programme Memorandum. The Business Case for the project extension (Sept 2013 – August 2015) anticipated the following:

- DALYs averted April 2008 – Aug 2013 1.5 million at £33 (\$52) per DALY averted
- DALYs averted Sept. 2013 - Aug 2015 2.9 million at £13 (\$20) per DALY averted
- DALYs averted Total 1.5 million: 4.4 million at £20 (\$30) per DALY averted

The cost per DALY averted in Year 5 of the SuNMaP project was estimated to be £29 (US\$46) and for Year 5+3 months £22 (US\$34).

Cost per DALY averted and Lives saved can be considered as cost effective using the World Bank benchmark of \$ 150 per DALY as well as the WHO benchmark per GNI per capita, which in Nigeria was \$1,430 for 2012 (using the Atlas method).

The unit costs for STTA were reduced by 6% from £320 per day in Year 4 to £302 in Year 5.

The unit costs for LTTA marginally increased from £27,888 in Year 5 to £28,637 in Year 5.

Most of benchmarked unit costs for programme activities are comparable to best estimates of supranational organizations.

### 5.2 Commercial Improvement and Value for Money

*Major contracts for the procurement of malaria commodities are managed by Crown Agents using accepted international procurement best practices.*

*Procurement of ACTs was carried out through the AMFm facility resulting in a significant reduction in the price paid for these commodities.*

### 5.3 Role of project partners

SUNMAP continues to work closely with the project partners including major partners such as the National Malaria Control Programme and State Malaria Control Programmes. The programme also works closely with its project implementation partners in Nigeria.

### 5.4 Does the project still represent Value for Money : Yes

### 5.5 If not, what action will you take?

## 6. Conditionality

## 6.1 Update on specific conditions

Not Applicable

## 7. Conclusions and actions

*SUNMAP continues to perform well against its output targets. More recent data will shortly become available (NDHS 2013) to demonstrate whether the programmes' success in achieving the desired outputs will be translated into progress towards achieving its purpose and Goals.*

*The National Malaria Control Strategy, having recently been reviewed, is currently being updated. SUNMAP should continue to actively support this process learning lessons from the results of its own performance. This may result in a change in emphasis for the NMCP which will need to be reflected in SUNMAP's own strategy for its final two years of operation.*

## 8. Review Process

*Review carried out by a team of three external consultants:*

- Garth Singleton*
- Carmen Maroto Camino*
- Joanna Buckley*

*The review was undertaken, in Nigeria over the period 5<sup>th</sup> – 16<sup>th</sup> August 2013 through a secondary analysis of programme and other documents, supplemented by a wide range of key stakeholder interviews in Abuja and in three of the programme supported States (Lagos, Enugu and Anambra). The review team consulted widely both with SUNMAP and amongst SUNMAP's partners in Government, other donors and component implementers both in Abuja and three of the supported States.*

*The review team examined a large number of documents and reports relating primarily to the SUNMAP programme but also documents related to the Nigerian National Malaria control programme.*