

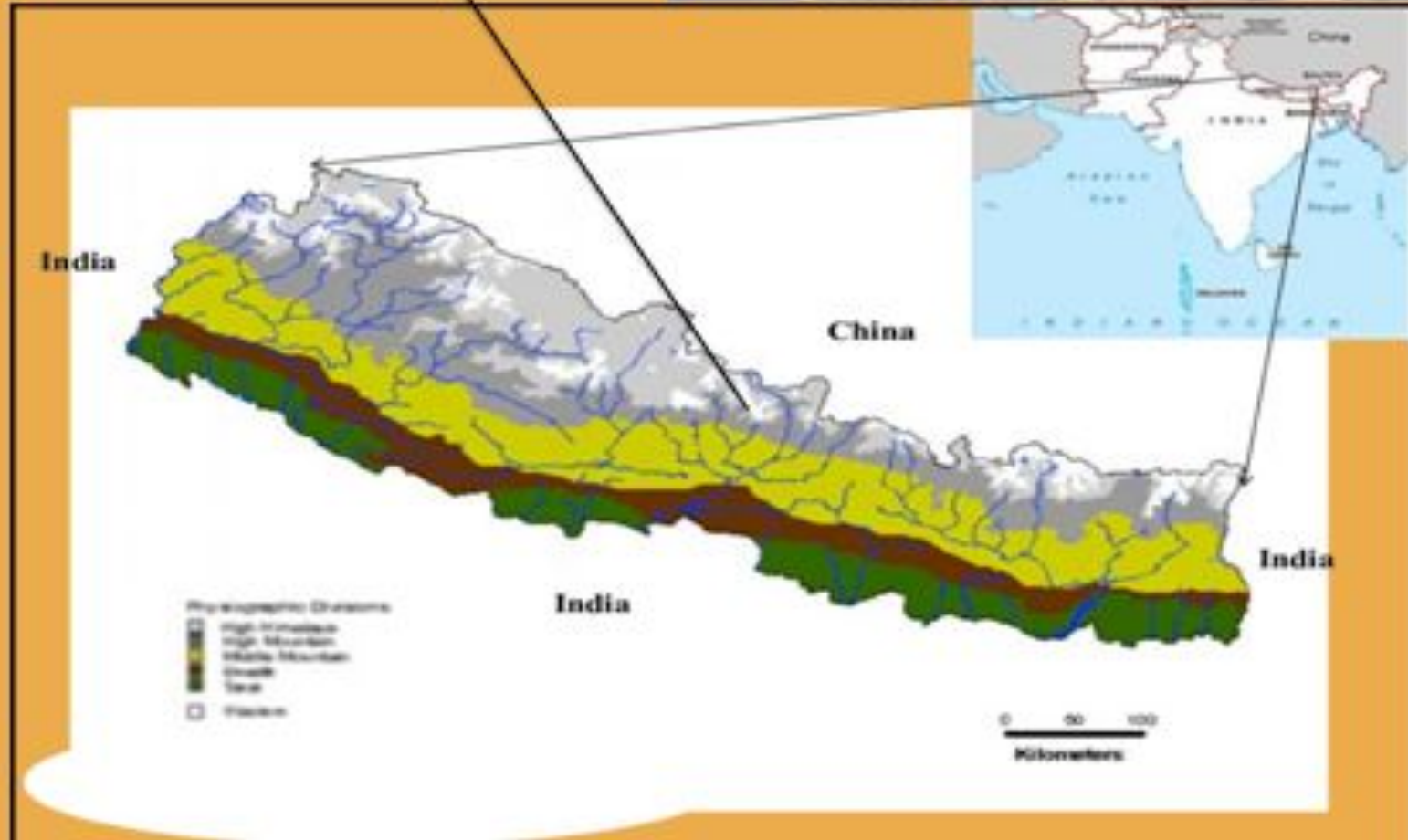
HEALTH CAMPAIGN EFFECTIVENESS
Strengthen Systems. Maximize Impact.

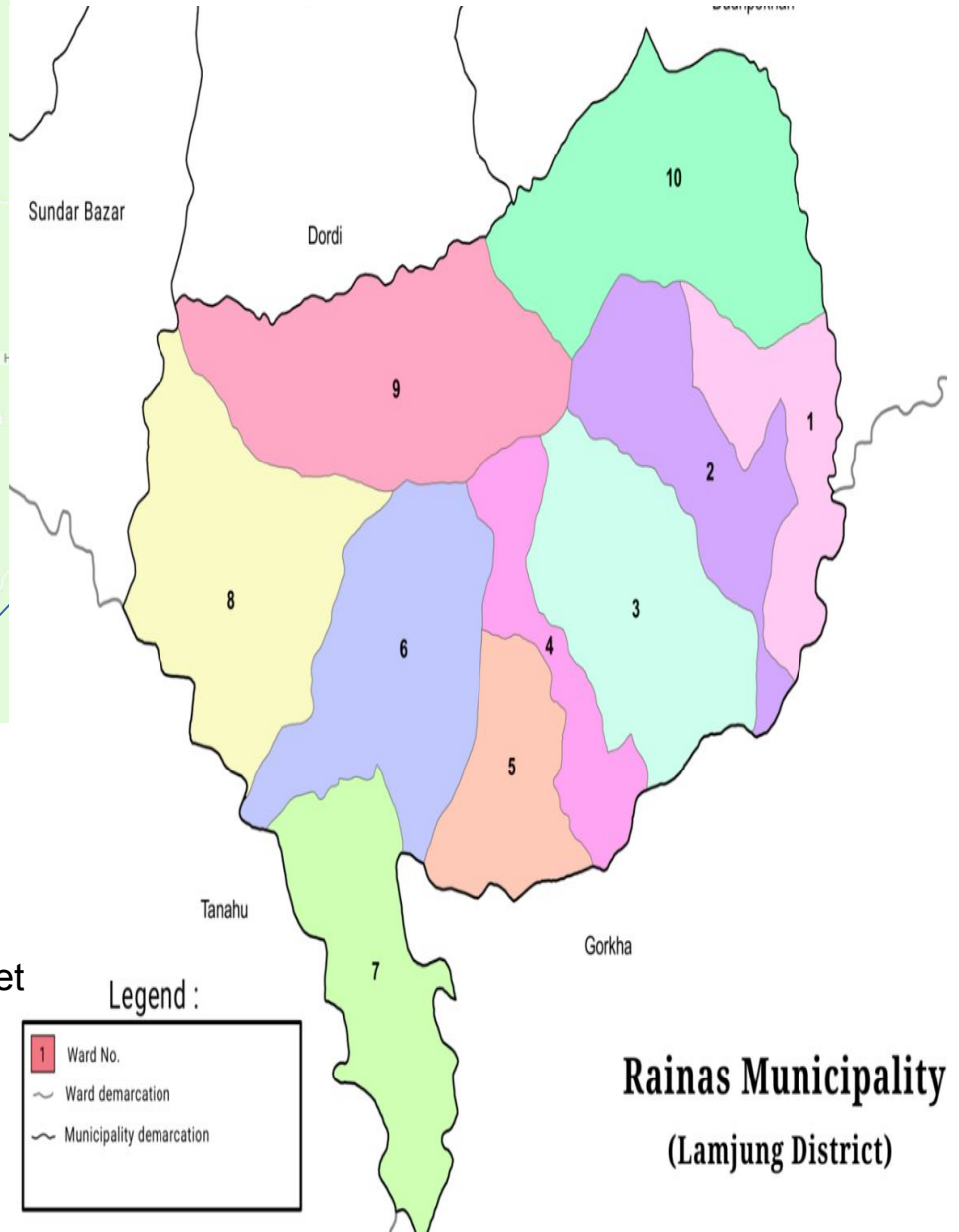
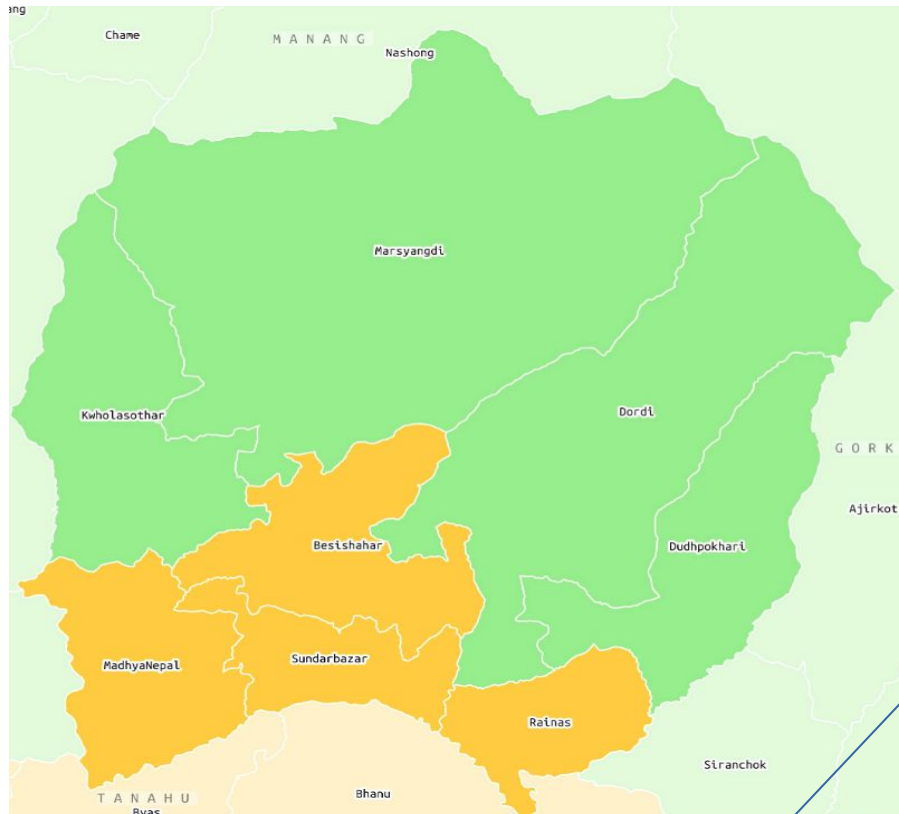
A program of
**THE TASK
FORCE**
FOR
GLOBAL HEALTH

A case study on Collaborative Planning of the Lymphatic Filariasis campaign and the Vitamin A Supplementation campaign in Nepal: Prospects and Challenges for Integration

Dr Sumitra Devi Shrestha
Technical Lead







Study site:

[Lamjung district representative to the LF distribution in the country (385-5,800 feet above sea level, Nepal)]

Rationale and Background to Collaborative Campaign Planning

Rational:

- ❖ INTEGRATION guided by the National Health Policy (2020).
- ❖ National target of LF elimination by (2020) not achieved.
- ❖ Campaign model used over 27 yrs & 17 yrs (Vitamin A Suppl., 1993 and LF campaign in 2003).

Why collaborative planning (CP):

- Lymphatic Filariasis elimination and Vitamin A Supplementation campaigns
- To maximize LF campaign's impact by improving efficiency & effectiveness.
- Purpose: Identify, support & document approaches of collaborative campaign planning

Research Questions Addressed

Questions

[What are factors that enable and hinder Collaborative Planning]
[First question addressed]

Enabler: Policy directives guided INTEGRATION .

Enabler: Comparable strategy as both program mobilize FCHVs.

Barrier: Established programs that vertically run by two different division of the DoHS.

What is the Stakeholders perspective on the potential benefits or challenges of an integrated campaign
[Second question addressed]

Potential of increasing LF coverage

Local level Health workers & FCHVs could be mobilized by incorporating short orientation about the integrated –package and support.

Logistic management to be complex .

When and how collaborative microplanning will be utilized in an integrated campaign
[Third question addressed]

In the Implementation phase.

During Interaction session with the health workers & FCHVs.

Identifying ways to improve coverage,.

Stakeholder Analysis

[Health Programs]

- Epidemiology and Disease Control Division
- Family Welfare Division
- Logistic Management Division

[Government Levels]

- Federal
- Province
- Municipality

[Implementing Partners]

- Health workers
- Female Community health volunteers

[Other Stakeholders: COMMUNITY]

- As consumer (Target population by program)
- Socio-economically disadvantaged population such as minority castes (potter, fisher, Muslims and Dalits).

Anticipated Enabling and Hindering Factors of Collaboration

Enabling Factors

- Factor 1: Conducive Policy as guided INTEGRATION.
- Factor 2: Potentially increment LF coverage & no-disadvantage to the Vitamin A suppl. campaign.
- Factor 3: Both campaign mobilizes FCHVs to reach target population.

Hindering Factors

- Factor 1: Two different program Divisions running campaign vertically over years.
- Factor 2: Differences in the target population.
- Factor 3: Complex logistic management.

Approaches to foster collaboration, build from enablers and address challenges

Doing jointly :

- [Approach 1 Microplanning: In the one day interaction session and Micro-planning will focus on increasing coverage of both programs.
- [Approach 2 Communication: Local level implementers' jointly: sharing information, distributing IEC materials, follow-up of medicine intake & side-effects, for those missed LF medication, reinforcing for going health facility for taking medicine.
- [Approach 3 Monitoring and evaluation: stakeholders assessing both campaign activity. In evaluation, comparing coverage of both programs with the base line coverage.

Telling the story

- Idea #1: Content will be presented by using template provided by HCE.
- Idea #2: To create interest, will incorporate map and photographs
- Idea #3: to maximize engagement presentation by the Power-point.



THANK YOU