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Improving Vitamin A Coverage through integration with Seasonal Malaria Chemoprevention delivery: An Implementation Research in rural and urban settings in Nigeria

Location: **Nigeria, Bauchi State**

Health Domains: **Malaria, Vitamin A Supplementation**

Theme: **Campaign Integration**

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Background and Problem to be Addressed

Background

- 190 million children U5 are affected by vitamin A deficiency (VAD) globally.
- Prevalence is 30% in Nigeria
- VAD is a major risk factor for child survival, children with clinical signs of vitamin A deficiency are 3-12 times more likely to die than those non-deficient
- High-dose vitamin A supplementation (VAS) delivered twice per year is a proven low-cost intervention which can reduce all-cause mortality in children by 24%.
- WHO recommends bi-annual high-dose VAS given every 4-6 months to children aged 6-59 months who are at risk of VAD

Problem or Gap

- VAS campaigns in place in Nigeria have largely been ineffective.
- A UNICEF assessment revealed poor implementation of the MNCH Week strategy and no evidence was found that the Week significantly contributed to coverage of essential MNCH interventions
- In 2018, VAS coverage in Nigeria was 45% with wide variations sub-nationally, ranging from 6 to 86% – suggesting inequity in coverage.
- The number of states meeting the effective coverage threshold of 70% has been on the decline since 2014.
- Addressing the poor coverage of VAS among this vulnerable group is key for child survival in Nigeria and critical for universal health coverage.
- Based on WHO's recommendation to integrate community interventions for multiple diseases to increase coverage and improving health outcomes, SMC provides an existing viable and promising platform within which VAS could be fully integrated to achieve higher coverage

Purpose and Intended Application of Findings

Purpose

- To provide a body of evidence to support policy makers' decision-making regarding full integration of VAS with SMC campaigns at scale and in diverse settings using a mixed methods study design

Expected Outcomes

Intermediate Outcome 1: Demonstrated high coverage of Vitamin A delivered through integration with SMC campaigns at scale

Intermediate Outcome 2: Policy decision-making facilitated through availability of a body of evidence on integrating VAS into SMC delivery platforms.

Objectives:

1. Design and implement in collaboration with key stakeholders, an integrated SMC plus VAS campaign at scale and in diverse settings (rural and urban) in Bauchi state as part of the existing SMC program.
2. Assess the feasibility (including **effectiveness, equity, safety and cost**) and acceptability of integrating VAS with SMC among caregivers, CDDs and health workers as well as policy makers.
3. Develop and implement a research uptake plan
4. Provide policy makers and stakeholders with a body of evidence to inform decision about integrated SMC and VAS in Nigeria

The availability of a validated body of evidence will enable policy makers to decide on adopting integrated VAS rather than stand-alone campaigns, which are less effective

Research Questions Addressed

Primary Research Question: What is the effect of full integration of SMC with VAS at scale on vitamin A coverage, SMC coverage, safety, equity and cost?

Secondary Research Questions:

1. What is the acceptability of integrating vitamin A with SMC from the perspective of community health workers and caregivers?
2. What are caregivers' & community health workers' perceptions of feasibility of integrating SMC with VAS?

Design

- An implementation research study using a convergent mixed methods approach to test the integration of VAS with an SMC program on a larger scale, that will provide information to fill knowledge gaps and pragmatic evidence that can be used to inform policy adoption and subsequent scale-up or expansion.

Qualitative – to assess acceptability and feasibility

- Focus Group Discussions (FGDs) targeting CDDs, their supervisors delivering the intervention and caregivers of children who will receive the integrated package
- Key informant interviews (KIIs) targeting program managers at policy level, LGA and health facility level, State, and technical partners

Quantitative – to assess effectiveness, safety and cost

- Baseline and endline household surveys before and after the distribution of vitamin A via SMC in the study sites
- Cost analysis - secondary cost data to be provided by the SMC program finance unit to ascertain financial and economic cost of the integrated campaign

Anticipated Project Timeline

May – June 2021,
integrated SMC+VAS
Campaign designed in
consultation with key
stakeholders; research
uptake plan developed
Ethical approval

Nov – December, 2021,
Data collection for
endline survey; Costing
data collection;
qualitative data collection

July – October 2021
Baseline assessment;
Revision of
SMC+VAS integrated
tools; Training;
Implementation of
integrated SMC+VAS

**January 2021 – June
2022, :**
Research findings
disseminated and
lessons learnt
shared with key
stakeholders

Challenge in next 6 months

The Challenge(s)

- For a successful collaboration on design, implementation, evaluation, stakeholders with capacity and knowledge on research implementation must be available at National, State, and LGA levels, and willing to participate
- Delay in ethical clearance can be a risk in meeting project timelines.

Strategy for Mitigation

- Plan for early engagement with stakeholders at the national, state and LGA levels leveraging on previous/existing relationships and involvement of other implementing partners e.g. President's Malaria Initiative (PMI), World Health Organization, who can further enhance collaboration/engagement efforts.
- Early submission of the protocol and our previous experience with the NHREC will help us mitigate this risk.



Thank you