

HEALTH CAMPAIGN EFFECTIVENESS
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A program of

**THE TASK
FORCE**
FOR
GLOBAL HEALTH

A retrospective study of lessons learnt from the 2019/2020 implementation of Measles and MenA integrated campaigns in Northern Nigeria in the context of COVID



Project subtitle : Integrated Health Campaigns
Geographic focus, country : Kogi, Niger, Kwara – Nigeria.
Health Domains : Supplementary Immunization Activities – Vaccination Campaigns
Organization/Partners: Clinton Health Access Initiative
Project Lead: Kikelomo Lambo, Lead investigator Clinton Health Access Initiative
Project Team: Minkop Terna Richard, Co-investigator Clinton Health Access Initiative , Dr. Maimuna Hamisu Co- investigators, Head N-PSIA National Primary Health Care development Agency

In Collaboration with

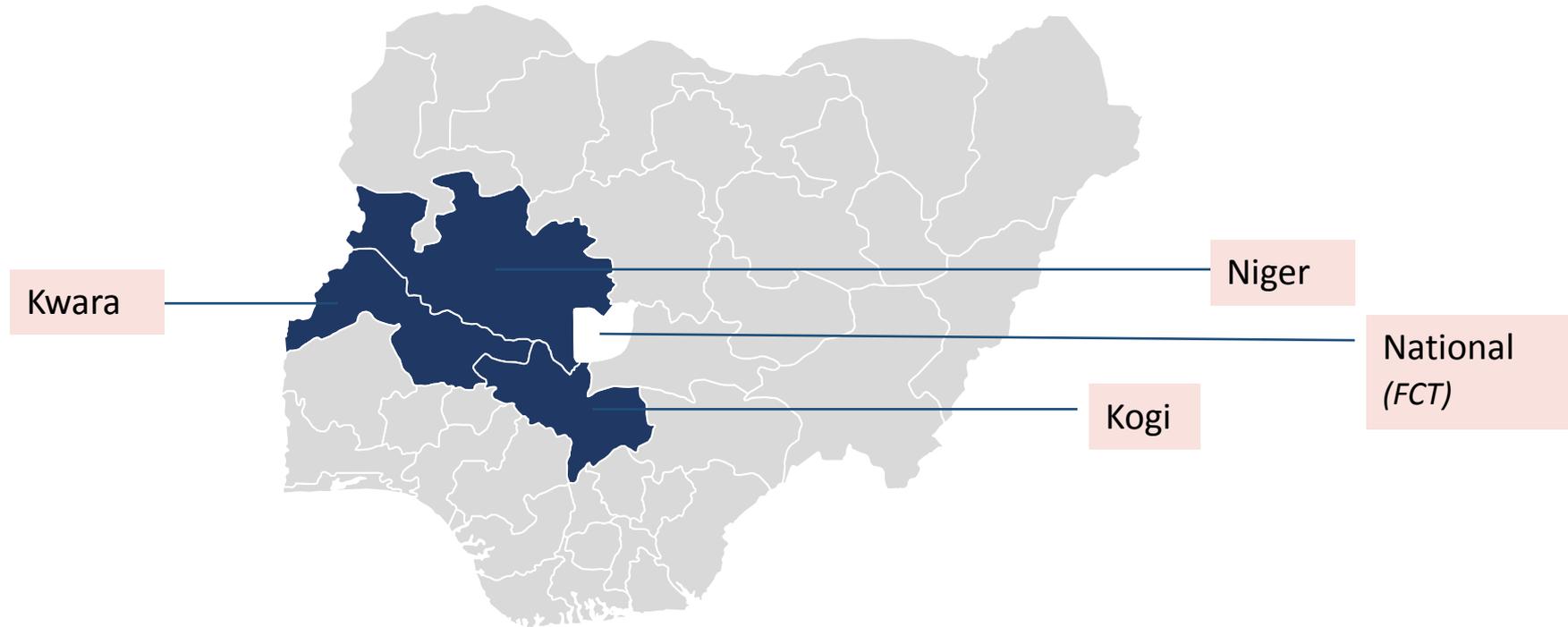


Context: Problems and Opportunities to be Addressed & Research Objectives



Problems and Opportunities	Research Objectives or Questions
<ul style="list-style-type: none">● Incidence Rate for measles: 33.6 per million, and 70% of confirmed cases were children < 5 years● In 2019, the National Primary Health Care Development Agency (NPHCDA) implemented the first simultaneously integrated campaign for more than one injectable vaccine – Measles, Yellow fever, and Meningitis A – in over 20 states.● The 2020 Integrated campaign planning and implementation took place during the COVID-19 pandemic, lessons can be learnt.	<ul style="list-style-type: none">❑ To identify and document lessons and methods of collaborative campaign planning from the implementation of integrated vaccinations campaigns in 3 states in Nigeria. Specifically, to:<ul style="list-style-type: none">● <i>Document the integrated health campaign preplanning and planning processes from Kwara, Kogi and Niger states, as well as factors that promote and/or limit effectiveness and document interoperability of the planning process.</i>❑ Research Question: What collaborative planning approaches were adopted for the integrated Measles and MenA campaign in Kogi, Niger and State and what are the lessons?

Study locations included Kogi, Niger, Kwara States respectively and the National level



Research Methods and Approaches



Cross-sectional mixed-methods

- Desk review of past campaign planning documents,
- Conduct of 7 focus group discussion and,
- 10 Key informant interviews

Key Informant Interview

- Administered to 3 Technical Partners (WHO, UNICEF & AFENET)
- Administered to Government National Level SIA Lead
- Administered to High Level EPI managers across Kogi, Kwara and Niger
- Administered to Health Care Workers in 3 states.

Desk Review

- Review of all pre-planning and planning Tools
- Review of Guidance Documents
- Review of Harmonized Data Tools

Focus Group Discussion

- Conducted with SIA Leads at the National Level
- Conducted with SIA Leads at state level (Kogi, Kwara and Niger)
- Conducted with SIA Implementers at HF Level

Key Findings



- **Government Leadership & Multi-Stakeholders collaboration** – Early Advocacy and inclusion of all stakeholders enabled buy-in, integration of resources and effective mobilization. Government Leadership played the strongest role.

- **Supply and cold chain infrastructure** - This must be ascertained to be sufficient to accommodate the volume of vaccines for the integrated campaigns.

- **Technical Skills** - The integrated planning process can be complex, thus during planning the areas requiring strong technical skills such as data management, tool modifications, implementation re-design etc. must be identified and a clear means of filling any gaps.

- **Funding** - with the tight fiscal space, financing an integrated campaign can be challenging and could threaten the ability to successfully integrate campaign planning especially funds for operational cost. **Early forecast of operational cost needs** must be done in time to ensure this is incorporated into the necessary budget (National, State or Immunization annual budget) followed by strong advocacy for fund release.

Challenges: Expected and Unexpected

Challenges Faced	Mitigation
<ul style="list-style-type: none">● Conflicting activities for Interviewees (With Covid 19 campaign vaccination ongoing)	<ul style="list-style-type: none">● Researchers allowed the Interviewees to select the time most convenient for interviews● Some interviews were conducted over Zoom
<ul style="list-style-type: none">● Ethical Approval process took longer than planned	<ul style="list-style-type: none">● Worked closely with the NPHCDA to expedite approval process from the IRB.

Promising Practices



Cost effective digital methods for Meetings and Trainings – In the context of COVID, most coordination meeting and Pre-Planning trainings were done virtually – which was efficient and cost effective. Planning must commence **at least 6 months to implementation** to ensure readiness is achieved.

Harmonization of Integrated campaign plans, tools, Guidance documents and Systems – Harmonization gives room for seamless implementation and integration of processes across other PHC programs.

Shared Accountability between National, State and District Level – NPHCDA promoted shared accountability, where all levels were jointly responsible for planning and implementation. This created a sense of program ownership across all stakeholders

Increased access by eliminating key structural barriers – transportation, hours and **identification of zero dose populations**. This strengthens the routine immunization program as zero-dose within the RI age group and referred back into the RI program.

Early Budgeting and Funds Release – Operational cost for implementation is important to campaign success. Early budgeting and release aids go/no-go decisions.

Photos



Focus Group discussion with MVC & MenA vaccination team Gwari road Health facility – Niger state



Key informant interview with Officer in Charge Gwari road Health facility – Niger state

THANK YOU

Engaging Key Stakeholders

**Ministry of
Health/National
Primary Healthcare
Development Agency.**

Ethical approval was sought from the MoH, while approval to conduct the study was obtained from the NPHCDA. The NPHCDA who lead and direct the Immunization program was carried along throughout the study life through the Head of the Non-Polio SIA Program. All planned study activities was agreed upon collaboratively. This was documented

**State Primary Healthcare
Development Agency**

Collaboration between the NPHCDA and SPHCDA is strong, thus with buy-in from the NPHCDA, the SPHCDA Team participated in the KIIs, and FDGs documented throughout the process.

**Technical Partners (WHO,
UNICEF & AFENET)**

The Technical partners are members of the Non-Polio SIA Technical team, under the leadership of the NPHCDA through the Head, NPSIA. The head NPSIA advocated to the technical partners to support and participate in the study.