An exploratory process evaluation of potential areas of collaborative planning of malaria interventions through insecticide treated net and seasonal malaria chemoprevention campaigns in Gombe and Jigawa States in Nigeria

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Context: Problems and Opportunities to be Addressed & Research Questions

Problems and Opportunities

● Malaria remains a major public health problem in Nigeria despite being preventable and treatable. It is endemic throughout Nigeria with 97% of the population being at risk. Insecticide treated nets (ITNs) and seasonal malaria chemoprevention (SMC) campaigns are two key preventive strategies deployed in Nigeria as one of its strategies for malaria elimination in the National Malaria Strategy Plan (NMSP) 2021 - 2025.

● Both ITN & SMC campaigns are being considered for integration due to some similarities observed in the planning, implementation and post campaign phases for cost efficiency and avoidance of duplication of efforts.

Research Questions

Primary questions:
1. When do we place order for the commodities, the lead time for the expected time arrival commodities and how do we track the progress in manufacturing and shipment of commodities from origin of manufacture to last destination?
2. What are the facilitators for a successful campaign integration?
3. What are the structures in place to facilitate the integration of campaign processes/phases?

Secondary questions:
1. What are the changes to be made on the tools, messaging, what components will remain as standalone?
2. Who are the key players to avoid duplication of roles?
3. What are key cost-saving points in the entire process?
Research Methods and Approaches

**Methods**
- Desk based review of reports, lesson learned
- Secondary data analysis of existing quantitative data from ITN and SMC campaign distributions
- Field-based qualitative data collection at federal, state, LGA, health facility and community levels

**Approaches**
- Reviewed ITN and SMC campaign timelines (engagement meetings, microplanning and distribution)
- Early consensus building meeting with all relevant stakeholders
- Conducted key informant interviews, observation of key activities using guide and checklist
- Analyzed KII and FGD including SMC coverage data to inform findings and recommendations
Engaging Key Stakeholders

**National Malaria Elimination Programme (NMEP)**: Provided letter of support to Ibolda Health, participated in qualitative data collection as respondents on KII, facilitated entry to Gombe & Jigawa ministries of health and local government health officials, reviewed draft case study report.

**State Ministry of Health, LGA Health Authority, i/c Health Facilities and Communities**: KII and FGD respondents

**Implementing partners (Malaria Consortium and Catholic Relief Services)**: KII respondents
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Key Informant Interview with Head, Case Management

SPAQ Administration by CDD to children under-five years in Kawuya community, Buji LGA, Jigawa State

Key Informant Interview with Head, Integrated Vector Management

SPAQ Administration by CDD to children under-five years in Yayaw Tuku community, Dutse LGA, Jigawa State
Key Findings

- Integration is possible and can be seamlessly implemented/achieved having successfully carried out a good collaborative pre-planning and planning activities.

- The process may lead to strong or improved outcomes for ITN and SMC coverage and use following integration in collaborative planning and effective utilization of resources (material, human and finance).

- Collaborative planning can bring about an increased in collective demand for both ITN and SMC campaign commodities. This is due to the fact that the integration creates a psychological feel for double benefits having to receive both commodities at the same time.

- Early engagement will facilitate effectiveness in micro-planning and resolve last minute bottlenecks.
## Challenges: Expected and Unexpected

<table>
<thead>
<tr>
<th>Challenges Faced</th>
<th>Mitigation</th>
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<tbody>
<tr>
<td>● Confusion over the concept of integration</td>
<td>● Sensitization of all key players in campaigns on the benefits of integration</td>
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<td>● Inadequate federal, state and LGA government funding, leading to over-dependence of donor and donor fatigue</td>
<td>● High level advocacy visit to political leaders at all levels for their buy-in, counterpart fund and fund releases for key campaign activities</td>
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<td>● Health interventions happening same time using same pool of personnel at the sub-national level, may affect the quality of the campaign, e.g. immunization plus days,</td>
<td>● Early development and approved campaign timelines at the sub-national level</td>
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<td>● Insecurity and communal clashes across regions in Nigeria</td>
<td>● Notification of relevant security agents on campaign</td>
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<td>● Uncertainty of shipping/QA duration for ITNs</td>
<td>● Alignment of personnel renumeration and campaign days</td>
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<td>● Rigid SPAQ administration schedule as against allowance of flexibility for ITN distribution</td>
<td>● Development of integrated national campaign guideline</td>
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<td>● Different target groups for the interventions, leading to longer time spent in the household and remuneration</td>
<td>● Secure ownership of the integration process by the SMOH</td>
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Promising Practices

- Early engagement among government, partners, key stakeholders and the communities.
- Effective coordination support to integration through ITN experts and SMC working groups.
- Use of technology by sharing digital tools, dashboard for use (or re-used) on ITN and SMC campaign across several key elements of the campaign phase/lifecycle and includes GIS data and spatial analysis.
- Leveraging on lessons learned from previous campaigns.
Map of Nigeria showing the study/evaluation Location.
THANK YOU