Scaling Up Access to Preventive Malaria Intervention Through an Integrated Campaign Approach

A case study of potential seasonal malaria chemoprevention (SMC) and insecticide-treated nets (ITN) integration in two states of Nigeria, with the goal of scaling up malaria protection.

Photo: Key informant interview with state logistician, Jigawa
| Acknowledgments |

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Abstract

Background
Ibolda Health International, Ltd., in collaboration with Nigeria National Malaria Elimination Programme (NMEP), led a process evaluation to document collaborative planning for potential campaign integration of insecticide-treated net (ITN) distribution and mass drug administration of seasonal malaria chemoprevention (SMC) in Gombe and Jigawa States, where ITN and SMC campaigns were both planned to take place in 2021. The case study’s goal was to document the decision process and establish the feasibility of conducting integrated campaigns. The aim was to gather evidence that demonstrates potential areas of collaborative planning for ITN and SMC campaigns.

Methods
The study deployed a desk review of available campaign reports and lessons learned. A qualitative methodology of key informant interviews (KII) and focus group discussions (FGD) was utilized over 15 days in each state. A total of 91 KII were conducted at the following levels: national (n=7), state (n=14), local government area (LGA) (n=66), implementing partners (n=4). One FGD was conducted. The process evaluation was carried out on stand-alone campaign interventions in the study states. Themes based on a priori topics and emerging themes were extracted using ATLAS.ti v6.

Results
The study established the feasibility of a fully or partially integrated ITN and SMC campaign planning process in different settings. Collaborative planning approaches and structures were identified, as well as challenges. Overall, the integration of ITN and SMC was acceptable to and perceived to be effective by LGA, state, and national-level actors in malaria elimination during pre-planning and planning phases, and across key activities in the implementation phase.

Research participants highlighted potential areas and activities where ITN and SMC could be integrated throughout each planning phase. Pre-planning activities include macro quantification of commodities, placement of orders for ITNs & SMC medicine (SPAQ), warehouse assessment, state engagement, and high-level advocacy visits. During the planning phase, activities include microplanning, assessments including geo-coordinates of storage locations and health facility, and use of technology. Finally, co-implementation of ITN & SPAQ include training, mobilizing the community, door-to-door distribution of ITNs and SPAQ, monitoring and supervision. See the Appendix for a detailed breakdown.
Case Study on Health Campaign Integration

| Key Messages |

This case study revealed several themes related to integrating campaigns.

1. Effective resource management and deployment must be prioritized in the collaborative planning of the campaigns to maximize available funding and materials.

2. Study participants believed that beneficiaries of an integrated ITN and SMC campaign may receive ‘double protection’ against malaria, leading to the reduction in morbidity and mortality rates of children under five.

3. Integration holds the promise of not only surmounting the challenge of vertical implementation approaches, but also sustaining and accelerating progress towards universal coverage for malaria interventions.

4. Collaborative planning and implementation for integrated ITN and SMC campaigns are acceptable to and perceived to be effective by local, state and national-level actors in malaria elimination.

5. Findings from this study support the rationale for collaborative planning for integrated ITN and SMC campaigns in appropriate settings.

6. Training days and materials for ITN and SMC should be aligned to harmonize the campaigns and maximize human resources.

7. Campaign implementation duration may be extended to support the two interventions and reduce the number of personnel. For example, the duration of door-to-door registration and distribution of both commodities may be extended to ensure effective distribution.

Photo: SMC STOT training, focus group discussion, Gombe
<table>
<thead>
<tr>
<th>Acronyms</th>
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<tbody>
<tr>
<td>ACSM - Advocacy Community Social Mobilization</td>
<td>M&amp;S - Monitoring &amp; Supervision</td>
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<tr>
<td>CDDs - Community Drug Distributors</td>
<td>NDHS - Nigeria Demographic Health Survey</td>
</tr>
<tr>
<td>CM - Case Management</td>
<td>NGO - Non-Governmental Organization</td>
</tr>
<tr>
<td>CRS - Catholic Relief Services</td>
<td>NMEP - National Malaria Elimination Programme</td>
</tr>
<tr>
<td>CSO - Civil Society Organization</td>
<td>NMSP - National Malaria Strategic Plan</td>
</tr>
<tr>
<td>FGD - Focused Group Discussion</td>
<td>PHCC - Primary Health Care Coordinator</td>
</tr>
<tr>
<td>FMOH - Federal Ministry of Health</td>
<td>PPE - Personal Protection Equipment</td>
</tr>
<tr>
<td>HCE - Health Campaign Effectiveness</td>
<td>PM - Programme Manager/Management</td>
</tr>
<tr>
<td>ICT4D - Information Communication Technology for Development</td>
<td>PSM - Procurement Supply-chain Management</td>
</tr>
<tr>
<td>IEC - Information Education &amp; Communication</td>
<td>RBM - Roll Back Malaria</td>
</tr>
<tr>
<td>IP - Implementing Partner</td>
<td>SMC - Seasonal Malaria Chemoprevention</td>
</tr>
<tr>
<td>ITN - Insecticide Treated Net</td>
<td>SMEP - State Malaria Elimination Programme</td>
</tr>
<tr>
<td>IVM - Integrated Vector Management</td>
<td>SOP - Standard Operating Procedure</td>
</tr>
<tr>
<td>KII - Key Informant Interview</td>
<td>SPAQ - Sulfadoxine-PyrimethaSmine and Amodiaquine</td>
</tr>
<tr>
<td>LGA - Local Government Area</td>
<td>STOT - State Training of Trainer</td>
</tr>
<tr>
<td>LIO - Local Immunization Officer</td>
<td>TTAs - Training &amp; Technology Administrators</td>
</tr>
<tr>
<td>MFP - Malaria Focal Person</td>
<td>WMR - World Malaria Report</td>
</tr>
<tr>
<td>M&amp;E - Monitoring &amp; Evaluation</td>
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Background

- Background
- Context
- Objectives
Background

Malaria remains a major public health problem in Nigeria, despite being preventable, treatable, and curable. It is endemic throughout the country, with 97% of the population at risk. Nigeria accounts for about 25% of the global burden of malaria, with 229 million cases and approximately 100,000 deaths reported in 2019 (1). The populations most at risk of infection and disease are children under 5 years of age and pregnant women. ITN and SMC are two key preventive strategies deployed in Nigeria as per the National Malaria Strategic Plan (NMSP) 2021 – 2025 (2). As a result of these interventions, the national prevalence of malaria among children aged 6-59 months declined from 42% in 2010 to 23% in 2018, with an average decline of 2.3% annually (3).

Similarities between ITN and SMC campaigns

ITN and SMC campaigns share similarities in their planning, implementation, and monitoring. Therefore, an opportunity exists to identify possible integration points to maximize effectiveness and optimize resource allocation. Integration of SMC with vitamin A distribution in Dange Shunni LGA, Sokoto State, is one example of successful integration (4). Co-implementing ITN and SMC may contribute to reducing malaria morbidity and severity for children under 5 years by over 25%, with a similar proportion of reduction in severe cases such as anemia (targets based on WHO SMC policy recommendation, 2012) (5). Furthermore, SMC may serve as an opportunity not only to increase access to ITN, but also to reinforce ITN use and advocacy during monthly drug distribution. This may lead to an increase in the use of ITN among children under 5, which is currently 52% (NDHS, 2018).

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Improving cost and reducing duplicated efforts

In a resource-constrained environment with decreasing external donor support, effective resource management and deployment must be given high priority in the collaborative planning of integrated campaigns. NMEP leaders advocated to relevant stakeholders for the integration of ITN and SMC campaigns, where feasible, to improve cost efficiency and reduce duplication of efforts. The Federal Ministry of Health (FMOH) Heads of Integrated Vector Management (IVM) and Case Management (CM) Branches commenced discussions on potential areas of integration of both strategies, a step endorsed by the ITN expert group and SMC working group. The possibility for integration was also discussed with the Global Fund Country Team, stressing the need to first carry out a stand-alone process evaluation to identify areas of synergy across the campaigns. Programme managers of the State Malaria Elimination Programmes (SMEP) also advocated for ITN/SMC campaign integration, partly driven by challenges to campaign implementation presented by the COVID-19 pandemic in 2020.

Planning from the preparation to implementation stages aids the progressive implementation of campaigns. The coordination and cooperation of national, state, and LGA teams, as well as community leaders and volunteers, further reinforces the achievement of these campaigns. Collaborative planning is needed as both interventions are domiciled in NMEP at the national and sub-national levels, and personnel could easily interface. In addition, the donor and implementing partners in states conducting ITN and SMC are largely the same for both interventions, which further facilitates planning.
Prior to the study in Jigawa and Gombe, Zamfara State presented a conducive setting for an integrated ITN and SMC campaign. In 2020, Nigeria's Zamfara State administered SPAQ (medicine used for seasonal prevention) to 1M+ children under the age of 5, and insecticide- treated nets (ITN) to 3M+ households, the result of a successful integrated campaign that coordinated the resources of the State, USAID, and implementing partners.

Commodities were all in-country, initially facilitating the decision to integrate aspects of the campaign. Planning activities commenced in November 2019 with state engagement and microplanning for the ITN campaign. Implementation plans commenced virtually in March 2020, and physical implementation began in July 2020. Key activities included targeted state entry activities, orientation and training of campaign personnel from state to community levels, administration of SPAQ for SMC to eligible children, household mobilization for the issuance of ITN cards, and development of the ITN positioning plan. Demand creation activities such as mass media engagement and community mobilization were conducted.

**Engaging stakeholders early**

In Zamfara State, early engagement meetings with key stakeholders further aided the decision to integrate the campaigns. The state saw the need to lead implementation of the campaigns, enabling ITN and SPAQ to reach beneficiaries quickly and efficiently throughout the process. The state contributed further by funding and managing last-mile distribution for both commodities. Town announcers and traditional rulers played an active role in the integrated campaign planning by mobilizing community members and encouraging acceptance of both interventions at the community level. They served as one of the most effective sources for information, which aided acceptance by beneficiaries.

The key factors for successful campaign integration were:

1. Buy-in and ownership by state government, relevant agencies, and implementing partners during the planning process. If key stakeholders at the state, LGA, ward, and community levels do not understand the gains for integrated campaign planning, successful implementation may not be achieved.

2. Planning for availability or early arrival of both commodities. Failure to have commodities in-country when needed would hinder campaign integration.

3. Availability of adequate funding to ensure planning for integration takes place.
Specific objectives for the case study

- Document the decision-making process used to establish the feasibility of conducting fully or partially integrated ITN/SMC campaigns in different settings through a study of potential integration in Gombe and Jigawa states.
- Identify relevant structures required that could facilitate the implementation of integrated ITN/SMC campaign planning processes.
- Identify possible challenges to successful implementation.
- Identify, support, and document collaborative planning approaches.
- Make recommendations towards an effective planning process for integrated campaigns.

Broad objectives for ITN and SMC integration

- Build capacity of staff in the states, LGAs, communities, and implementing partners to understand the benefits of combining ITN and SMC interventions; identify efficient joint distribution approaches; and maximize the combined effective use of ITNs and SMC medicines to reduce malaria morbidity and mortality.
- Provide government and partners an opportunity for increased insight into campaign integration for ITN and SMC; and provide evidence-based decisions to integrate ITN and SMC interventions.
- Achieve 100% household ownership of ITN (eligible households having at least 1 ITN for every 2 people), and at least 80% utilization of ITN (people at risk of malaria in a household use available ITN).
- Develop an ITN ‘use culture’ among households (households using nets during both rainy and dry seasons) through strong advocacy and community mobilization.
- Ensure chemoprevention coverage of 80% of targeted children aged 3 – 59 months that have received all SMC cycles.
- Contribute to malaria efforts of the NMEP through annual administration of SPAQ to eligible children and triennial ITN distribution to replace worn nets (NMSP 2014 – 2020).
Methods

- Approach to Campaign Integration
- Case Study Methods
| Approach to Campaign Integration |

Criteria used to identify campaigns suitable for Integration
- Both campaigns use mass commodity distribution for the same disease (malaria).
- Both campaigns are funded by the Global Fund and coordinated by the NMEP.
- Both campaigns use similar staff to implement at the sub-national level.
- Planning and implementation strategies for campaigns are similar, i.e., macro and microplanning, state engagement activities, training, monitoring and supervision (M&S), and door-to-door implementation.

Approach used to identify suitable integration campaigns
- Identify the campaign programme area which needs to be integrated.
- Identify facilitators and barriers to determine if an integrated campaign will address identified challenges.
- Evaluate state structure and level of buy-in from key stakeholders for the campaigns.
- Evaluate the method of delivery for campaigns.
- Review lead time for availability of commodities required to facilitate campaigns.

Key informant interview with Roll Back Malaria Funakaye LGA, Gombe

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Approach to Campaign Integration

Current Collaborative Planning Approach Deployed

Integrated macro-planning
• Mapping of states and orders placed for commodities arriving at the same time

Microplanning
• Geo-coordinating storage locations, health facility assessment, population data gathering, mapping, and personnel selection can be done together; demand creation tools and microplanning tools can be harmonized.

Training days
• Adjusted to harmonize the two campaigns.

Campaign implementation
• Duration extended to harmonize the two interventions and reduce the number of personnel. For example, the duration of door-to-door registration and distribution of both commodities may be extended to ensure effective distribution.

Completion of the ITN distribution
• Continuous demand creation for net usage will be carried out during the remaining months of SMC drug distribution.

Stakeholder groups including community members, community health workers, donors, the FMOH, campaign program managers, NGOs, etc., were included in the pre-planning, negotiation, and planning phases. Engagement was initiated and sustained through high-level advocacy visits, engagement meetings and orientations, and planning meetings.

Planning meetings were led by NMEP in collaboration with the state. Ibolda Health facilitated the process evaluation.

The key decision-makers for campaign integration in the pre-planning and planning phase are primarily NMEP, SMEP, and implementing partners.
Case Study Methods

The work for this process integration was desk-based and field-based. Desk work involved a review of reports (ITN and SMC campaigns, lessons learned), secondary data from existing documents from NMEP, implementing partners (IPs) and relevant partners, and analysis of existing quantitative data from ITN and SMC campaign distributions. The initial desk-based review informed field-based primary data collection.

Qualitative and quantitative data were collected at federal, state, LGA, health facility, and community levels; analyzed; and triangulated to inform findings and recommendations. Primary data collection methods included KIIs and observations of SMC and Cycle 1 SPAQ administration over a 3-day period in Jigawa State.

While some information and data were gathered and analyzed to inform general findings applicable at the national level, the process integration evaluation on ITN and SMC focused on two states: Gombe and Jigawa. The ITN campaign in Gombe commenced with microplanning in February 2021 and Jigawa in March 2021. Ethical approval was obtained from the National Health Research Ethics Committee (NHREC) of the FMOH.

Key informant interview with health educator, Roni LGA, Jigawa
Results

- Results Summary
- Challenges and Mitigation
- Lessons Learned
Results Summary

The following are the results from the exploratory process evaluation on potential opportunities for campaign integration:

- The study established the potential of fully or partially integrated ITN/SMC campaign planning processes in different settings.

- Relevant structures that could facilitate implementation were identified.

- Collaborative planning approaches were identified, supported, and documented.

- Previously, there was minimal collaborative planning between the IVM and CM components of the malaria elimination programme; however, observations were made during the process evaluation on standalone but overlapping activities during pre-planning of ITN and SMC planning and training.

- During microplanning for both ITN distribution and SMC, communities were mapped with the support of ward development committees and health facilities. Route access/travel distances and stores/warehouses were assessed, and population sizes estimated. Independent network providers and available food vendors were identified. Criteria for campaign personnel selection and the required number to be engaged were established. Subsequent advocacy visits were made to the State and LGA stakeholders (political, traditional, and religious leaders, media houses, line ministries, security agencies).

- Training for both ITN distribution and SMC within the microplanning stage included, but was not limited to, state training of trainers (STOT). This comprised the state team, state technical assistants, and the national team. The training was cascaded at the local government level where the LGA team, health facilities, ward focal persons, and chairpersons of ward development committees were guided through the data collection and harmonization processes. Participants at this level included the LGA team (Primary Health Care Coordinator (PHCC), Malaria Focal Person (MFP), Health Educator, Logistician, Local Immunization Office (LIO), and M&E), ward focal person and chair of the ward development committee. This process also applied to the SMC microplanning.

- See the Appendix for detailed tables that show activities of each planning phase and areas of integration for each phase.
Collaborative planning for campaign implementation was reported by study participants to bring about overall efficiency in the management and utilization of resources in terms of personnel, finance, and materials.

Responses from KII and FGD indicated that collaborative planning for most key campaign elements is possible as they are performed by the same personnel from national (IVM & case management) and state (SMEP team) levels. These elements include microplanning (e.g., assessment of storage facilities, community route mapping, and identification of availability of network provider, vendors, selection and engagement of personnel); advocacy, community and social mobilization (information education communication (IEC) materials, campaign messages, and advocacy visits); and supportive supervision (harmonized supervision tools).

Some aspects of logistics, especially movements of commodities and storage, might need to stand alone as a result of the sensitivity of SMC drugs (SPAQ). In all cases, the transportation and storage of drugs must follow national standards set for pharmaceutical storage.

Factors that could facilitate a successful collaborative planning process are the availability of resources, clear coordination roles for government and its partner agencies (i.e., developing and harmonizing policies, guidelines, and standard operating procedures (SOP)), the deployment and adoption of digital technology (ICT4D), and effective monitoring and supervision of key campaign activities by national, state and other stakeholders using the approved integrated checklist at every stage of the campaign.

“**The idea to integrate ITN and SMC campaigns is a welcome development as it presents an opportunity to optimize the resources available...It’s exciting to see what the outcomes will be...**”

-Head, IVM Branch
National Malaria Elimination Programme
Challenges and Mitigation

Despite the favorable attitudes towards integrating ITN and SMC, several challenges were identified with strategies to mitigate them.

Challenges

**Other health campaigns or interventions** happening at the same time and using the same pool of personnel at the sub-national level may affect the quality of the campaign (e.g., immunization plus days).

**Different target groups for the interventions.** ITN protect the entire household, while SMC is targeted for children under 5 years.

**Remuneration for campaign personnel and level of effort** (number of days worked) differ across campaigns. For example, ITN distribution lasts for 14 days and SMC distribution for 4 days.

**‘Micro-micro’ logistics of commodities.** Moving ITN door-to-door is more challenging than small packages of medicine.

Mitigation

These challenges can be mitigated by the following:

- Sensitization of all key players in campaigns on the benefits of integration.
- High-level advocacy visit to political leaders at all levels for their buy-in, counterpart fund and fund releases for key campaign activities.
- Early development and approved campaign timelines at the sub-national level.
- Notification of relevant security agents on campaign and alignment of personnel renumeration and campaign days.
- Development of integrated national campaign guidelines
- Secure ownership of the integration process by the SMOH (state ministry of health)
| Lessons Learned |

- Integration of SMC and ITN campaigns was widely believed by study participants to be possible and can be seamlessly achieved following successful collaborative pre-planning and planning activities.

- Collaborative planning can ensure effective utilization of resources (material, financial, and personnel).

- Integration creates a psychological sense of ‘double benefit’ to communities receiving both commodities at the same time. Therefore, collaborative planning can bring about an increase in collective demand for both ITN and SMC campaign commodities.

- Early engagement by all government entities and implementing partners will facilitate effectiveness in microplanning and resolve last-minute bottlenecks.

- The process may lead to improved outcomes for ITN and SMC coverage as a result of collaborative planning and effective utilization of resources (material, financial, and personnel).

Key informant interview with state logistician, Jigawa
Promising Practices

- Promising Practices
- Resources to be Developed
- Applications for Future Campaigns
- Conclusion
1. Engage stakeholders early in the process to build support for campaign integration. Engaging with stakeholders can occur in the planning process at least 6 months ahead, facilitating effective microplanning and resolving last-minute bottlenecks.

2. Involve community leaders and influencers to promote community acceptance of the integrated campaign.

3. Form a workgroup to ensure coordination of campaign integration. In this case study, existing workgroups—composed of experts from government, implementing organizations, and stakeholders related to insecticide-treated nets (ITN) and seasonal malaria chemoprevention (SMC)—met regularly and raised issues relating to campaigns.

4. Develop shared digital tools to monitor campaign progress. In this study, stakeholders accessed a dashboard for the campaigns across several key data elements of the campaign phases/lifecycle, including GIS data and spatial analysis. The dashboard provides information on training conducted, level of personnel, number of trainees, information on warehouse location, and real-time information on community mobilization and intervention distribution (i.e., ITNs).

5. Align training days and materials to harmonize campaigns and maximize human resources. Training for both ITN distribution and SMC within the microplanning stage involved a state training of trainers (STOT) workshop. This comprised the state team, state technical assistants, and the national team. The training was cascaded at the local government level where the LGA team, health facilities, ward focal persons, and chairpersons of ward development committees were guided through the data collection and harmonization processes.

6. Extend the duration of the integrated campaign to support the two interventions. For example, the duration of door-to-door registration and distribution of both commodities may be extended to ensure effective distribution.

| Promising Practices |

The study team identified the following promising practices that should be consistently applied to collaborative approaches to campaign integration.
| Resources to be Developed |

The evaluation led to many ideas for strengthening the collaborative planning processes between the campaigns.

Resources and structures to be developed and strengthened from the collaborative planning include:

- Strengthen collaboration with NMEP-IVM, CM, and SMEP, including the ITN expert group and the SMC working group.
- Set up an integrated campaign working group at both national and state levels.
- Develop a national integrated campaign guideline, SOP, and timeline on ITN and SMC integration (should implementation of the two integrated campaigns prove successful).
- Develop a generic notification letter regarding campaign integration to State Ministry of Health.
- Harmonize overall microplanning processes on ITN and SMC campaign templates (assessment, budget, tools, materials, demand creation advocacy kits, messages, hand-held guides, post-campaign social and behavior change, and M&S checklist); align training agendas, modules, manuals, presentations, and materials.
- Harmonize ITN & SMC reporting templates, including ICT4D.

“We would have more impact when we have SMC and the nets given together. I feel that the 75% that is already a documented fact for SMC in terms of prevention of morbidity and mortality would even be higher when we combine these two [interventions]...”

- Head, Case Management
  National Malaria Elimination Programme
| Application to Future Campaigns |

**Dissemination to relevant stakeholders and leaders**
The information in this case study could be used to promote the idea of campaign integration and improve the quality of future campaigns through dissemination of advocacy briefs for federal and state government and agencies, ITN expert groups, SMC working groups, partners, and donors.

Governments and relevant partners can adapt the results of this case study by reviewing their policies and guidelines on currently planned vertical campaign approaches.

Findings from the evaluation study will guide governments, donor agencies, and implementing partners who desire to boost the efficiency of their health campaigns through integration. In addition, it will facilitate the buy-in and ownership of the campaign integration process by the state.

The evaluation study can serve as a guide to implementing partners who are expected to provide technical support towards effective campaign integration in line with national guidelines.

**Integrating ITN and SMC at different planning phases**
IVM and Case Management branches can actively participate through the ITN expert group and SMC working group in coordinating, monitoring, and supervising at national and sub-national levels.

Coordinate timely placement of orders for ITN and SMC drugs.

Macro-planning: Integrate high-level advocacy visit on ITN & SMC campaigns, whenever ITN distribution falls in the same year with SMC.

Microplanning: Integrate state-level engagements and warehouse assessments.

Harmonize and develop integrated microplanning and budgets.

Integrate overall microplanning processes, such as training on integrated microplanning templates, tools and assessments (health facility, storage, etc.)

**Implications for other health campaigns**
Entrenching integration in public health interventions could lead to more efficient utilization of resources (personnel, financial, and materials).

Different health programs can be encouraged to explore more areas of integration at the implementation levels and there may be a need to revise program tools to address integration needs.

Funding approaches should be changed to support integration, rather than being tied to a disease program/intervention.

Interview with PHC manager, Roni LGA, Jigawa
Conclusion

Integration of ITN and SMC campaigns can not only help surmount the challenge of vertical implementation approaches, but also sustain and accelerate progress towards universal coverage for malaria interventions.

The perception of double benefits derived from co-implementation could increase uptake of both commodities at the household level. In addition, when resources are pooled together and channeled towards a particular endeavor, the resulting effects were perceived in study to be positive. Therefore, collaborative planning of ITN and SMC campaigns and more effective resource management should be prioritized.


Appendix

Campaign Planning Phases:
Detailed tables show activities of each planning phase and areas of integration.
## Results: Campaign Integration Phases

The following tables (A, B, C) show activities for each planning phase and the areas of integration.

### A. Macro/Pre-Planning Phase

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>POSSIBILITY OF INTEGRATION</th>
<th>RATIONALE FOR INTEGRATION/FACILITATORS</th>
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</thead>
<tbody>
<tr>
<td>Macro quantification for health commodities</td>
<td>✓</td>
<td>The processes for both interventions are the same</td>
</tr>
<tr>
<td>Placement of order for health commodities (ITN &amp; SPAQ, etc.) based on lead times</td>
<td>✓</td>
<td>This will facilitate or ensure the receipts of both commodities needed for the campaign at the same time. Both commodities are from the same funding source, i.e, the Global Fund, and well-coordinated by NMEP.</td>
</tr>
<tr>
<td>Letter of notification of integrated campaign to States</td>
<td>✓</td>
<td>Only one letter of notification to states on the integrated campaign will suffice.</td>
</tr>
<tr>
<td>Warehouse assessment (Joint PSM, CM &amp; IVM)</td>
<td>✓</td>
<td>The processes involved in both the ITN and SMC warehouse assessment are similar.</td>
</tr>
<tr>
<td>Development and harmonization of timelines for ITN and SMC campaign process</td>
<td>✓</td>
<td>The processes for ITN and SMC are similar.</td>
</tr>
<tr>
<td>High-level advocacy visit</td>
<td>✓</td>
<td>The processes for ITN and SMC are similar.</td>
</tr>
</tbody>
</table>
## Results: Campaign Integration Phases

### B. Planning Phase

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>POSSIBILITY OF INTEGRATION</th>
<th>RATIONALE FOR INTEGRATION / FACILITATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Micro planning and assessments</td>
<td>✓</td>
<td>The processes for both interventions are the same.</td>
</tr>
<tr>
<td>Training on microplanning templates at LGA &amp; ward levels</td>
<td>✓</td>
<td>The processes are the same and can be conveniently integrated.</td>
</tr>
<tr>
<td>Geo-coordinates of storage locations and health facility assessment</td>
<td>✓</td>
<td>Capturing of geo-coordinates for the two interventions can be done at the same time.</td>
</tr>
<tr>
<td>Training location assessments</td>
<td>✓</td>
<td>Training location assessment is being done as part of ITN programming. SMC will benefit from leveraging the existing platform.</td>
</tr>
<tr>
<td>Development of transport plan based on mapping and engagement of vendors</td>
<td>✓</td>
<td>The processes are the same and can be done seamlessly.</td>
</tr>
<tr>
<td>Scoping on availability of network providers for information communication technology for development (ICT4D). The technology deployed during the procedure for executing a campaign should improve accountability, efficiency, and fraud mitigation.</td>
<td>✓</td>
<td>Information on the availability of network providers for ICT4D can be obtained from the same source simultaneously.</td>
</tr>
<tr>
<td>Adaptation process for demand creation tools</td>
<td>✓</td>
<td>The approaches used for messaging are similar to generate awareness and increase utilization through strong advocacy, community mobilization, town announcers, media (radio &amp; TV), and interpersonal communication (IPC).</td>
</tr>
<tr>
<td>Campaign personnel selection (based on specific criteria), disaggregation of personnel to the different interventions to increase the capacity at the ward/community levels</td>
<td>✓</td>
<td>Personnel selection process can be combined for increased efficiency to avoid duplication across the two interventions, even though the two interventions may require different staff to implement them.</td>
</tr>
<tr>
<td>Procurement of materials and tools, including personal protective equipment (PPE)</td>
<td>✓</td>
<td>Placement of orders for materials, tools, and PPE is better made at the same time to reduce duplication of efforts.</td>
</tr>
<tr>
<td>Due diligence on vendors (catering, car hire, hotel, accommodation, etc.)</td>
<td>✓</td>
<td>The same process is involved in both interventions.</td>
</tr>
</tbody>
</table>
## Results: Campaign Integration Phases

### C. Implementation Phase

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>POSSIBILITY OF INTEGRATION</th>
<th>RATIONALE FOR INTEGRATION FACILITATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>State training of trainers by workstream:</td>
<td>✓</td>
<td>Once training modules are harmonized, training across the workstream can conveniently take place at the same time.</td>
</tr>
<tr>
<td>logistics, technical, and demand creation (same for ITN &amp; SMC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technical: training, technology deployment &amp; physical support by training &amp; technology admin (TTAs)</td>
<td>✓</td>
<td>The processes involved are the same for both ITN distribution and SMC programs</td>
</tr>
<tr>
<td>Logistics: training of logisticians, storekeepers, filling of tools, storage assessment, and planning for prepositioning of ITN and SPAQ</td>
<td>✓</td>
<td>All the processes are the same.</td>
</tr>
<tr>
<td>Movement of commodities</td>
<td>✓</td>
<td>Movements of SMC drugs (SPAQ) in open vehicles along with ITN commodities may expose it to the elements that would likely affect its quality.</td>
</tr>
<tr>
<td>Demand creation: Civil society organization (CSO) &amp; media orientation, training of health educators, town announcers, radio and television jingles and advocacies, etc.</td>
<td>✓</td>
<td>The same process applies to both interventions.</td>
</tr>
<tr>
<td>Training at LGA and ward</td>
<td>✓</td>
<td>The same process applies to both interventions. Lack of integration would amount to duplication of time, training personnel, and use of training venues.</td>
</tr>
<tr>
<td>Mobilizer/Health educator</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Recorder/Distributor also handles the device</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Community Drug Distributors - Recorder and Dispenser</td>
<td>✓</td>
<td>Teams could be reconstituted to conduct ITN and SMC community distribution based on the Zamfara state experience.</td>
</tr>
<tr>
<td>Security/Waste Officer</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
## Results: Campaign Integration Phases

### C. Implementation, continued

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>POSSIBILITY OF INTEGRATION</th>
<th>RATIONALE FOR INTEGRATION FACILITATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flag-off: The flag-off marks the beginning of the distribution of nets and is intended to mobilize the population to participate and build community confidence in the campaign. The flag-off will take place at the state and LGA levels with broad media coverage and extensive publicity. Key public figures speak at the flag-off to reinforce messages around their participation and benefits of the campaign.</td>
<td>✔</td>
<td>This is dependent on fully synchronizing the campaign in such a way that distribution exercises start at the same time.</td>
</tr>
<tr>
<td>Door-to-door distribution of ITN and SPAQ</td>
<td>✔</td>
<td>ITN and SPAQ can be given out at the same time during campaigns when the cycles align; SMC could be administered as a stand-alone during other cycles. For ITN, the conveyors are assigned to carry nets, while community drug distributors (CDD) carry SPAQ door-to-door.</td>
</tr>
<tr>
<td>Monitoring and supervision</td>
<td>✔</td>
<td>The same supervisors and monitors are used.</td>
</tr>
<tr>
<td>End process /End of Round evaluation</td>
<td>✔</td>
<td>Both campaigns already have an end-of-activity evaluation process that can be integrated. Evaluations would ascertain which households were visited, received ITN/SPAQ, and the minimum package of malaria prevention information.</td>
</tr>
</tbody>
</table>
Photos and tables in this report are courtesy of Ibolda Health International Ltd.

For more resources and case studies on integrated campaign planning, visit campaigneffectiveness.org