

Promising Practices from HCE-sponsored Case Studies on Collaborative Campaign Planning 2021

Higher-level Promising Practice #1. Facilitate participatory decision-making by forming a coordinating body to oversee campaign integration and

Higher-level Promising Practice #2. Maximize campaign effectiveness by ensuring integrated campaign planning that responds to the health situation

Higher-level Promising Practice #3. Maximize the integrated campaign's potential for success by embracing the learnings of previously successful

Higher-level Promising Practice #4. Enable timely and context-specific campaign decisions by decentralizing decision making to enable flexibility to meet

Activity/Function 1 - Coordination and Macroplanning

Uttar Pradesh, India (NTD) (a)

Facilitate intersectoral collaboration to discuss and agree upon roles and responsibilities of personnel staffed in different government departments or agencies. When persons responsible for organizing and guiding integrated campaigns are working in across several divisions or agencies (e.g., Department of Health, Department of Sanitation, Department of Education), it is especially important to promote engagement and collaborative decision-making across all persons, divisions and/or agencies involved in the campaign.

Nigeria (Immunization)

Establish a coordination platform or workgroup to promote collaborative planning and shared decision-making. In Nigeria, the National Technical Coordinating Working Group (NTCWG) included key stakeholders from national, state, and local levels in the integrated campaign. The working group facilitated dialogue across technical and non-technical stakeholders who supported campaign processes and engaged in shared decision making. The government made all final implementation decisions for the campaign integration.

Gombe and Jigawa States, Nigeria
(Malaria)

Identify or form a workgroup to ensure coordination of campaign integration. In Nigeria, existing workgroups—composed of experts from government, implementing organizations, and stakeholders related to insecticide-treated nets (ITN) and seasonal malaria chemoprevention (SMC)—met monthly or biweekly and raised issues relating to campaigns. Meeting outputs were ratified by subcommittees related to Integrated Vector Management and Case Management.

Gombe and Jigawa States, Nigeria
(Malaria)

Integrate macroplanning activities, including developing and approving timelines of the integrated campaign, mapping states, budgeting and estimating needed commodities for both interventions. Failure to have commodities in-country when needed will hinder campaign integration.

Guinea (Immunization)

Leverage an existing campaign platform that is known and trusted by the community to increase acceptability and community participation in the integrated campaign.

Guinea (Immunization)

Decentralize decision-making during times of competing priorities and campaigns to allow areas most at risk of epidemics to carry out and implement their own campaigns.

Guinea (Immunization)

Establish a coordinating body, such as the Inter-Agency Coordination Committee (ICC) of the Expanded Program for Immunization, to work with other stakeholders to make decisions about the integrated vaccination campaign.

Guinea (Immunization)

Convene biweekly coordination meetings with stakeholders at the national, regional, health district, and local levels.

Ghana (Polio+Vit A)

Form an inter-sectoral planning and coordination committee at the national level to oversee campaign planning and coordination, implementation, and resource mobilization.

Ghana (Polio+Vit A)

Form working groups and subcommittees at the regional and local levels to coordinate and schedule activities associated with logistics, social mobilization, and data management.

Ghana (Polio+Vit A)

Establish an Emergency Operations Center to support real-time monitoring and response by preparing daily situational reports from review meetings, field reports and real time analysis of data. In Ghana, implementers were able to use the EOC reports to review their performance alongside their peers and develop strategies to address underperformance.

Uttar Pradesh, India (NTD) (b)	Embrace the practices and learnings from prior, highly successful campaigns. In India, the Pulse Polio campaign has been the biggest and most successful campaign of its time. The learnings of the Pulse Polio campaign have already been adopted into many other successful campaigns in the country, such as those for measles and Japanese encephalitis. An integrated campaign for lymphatic filariasis and soil transmitted helminthiasis will have more impact if it embraces the learnings from Pulse Polio.
Vaupés, Colombia (NTD)	Convene a working group with participants from the government, the Mayor's office, the Department of Health and Municipality Health Secretariats, the Vector-Borne Disease Program, public health and mental health programs, and leaders of the indigenous communities to guide campaign decisions.
HEAL Group Nepal (Vit A+NTD)	Form a campaign integration working group (CIWG) to provide technical support and guidance during all phases of campaign integration, including pre-planning and planning. In Nepal, the CIWG included directors and focal persons from the national Epidemiology & Disease Control Division and the Family Welfare Division, as well as the HEAL Group. The CIWG approved a project work plan and guidelines, and issued directives for completing implementation activities.

Higher-level Promising Practice #5. Secure broad participation, commitment and buy-in early in the campaign planning process by engaging stakeholders at all levels (national, regional/district, local/community)

Higher-level Promising Practice #6. Identify populations that could be missed by traditional campaigns by using nuanced strategies to find them, such as comparing family registers with school attendance records and scheduling catch-up campaigns

Activity/Function 2 - Stakeholder/community engagement and change management

Uttar Pradesh, India (NTD) (a)	Engage community health workers to serve as links between their communities and the health care delivery system. In Uttar Pradesh, Accredited Social Health Activists (ASHA) played a key role in the success of health campaigns.
Uttar Pradesh, India (NTD) (a)	Leverage existing platforms or programs to educate the population about campaigns (e.g., DASTAK or Village Health Nutrition Days) as an opportunity to discuss mass drug administration (MDA) for lymphatic filariasis or other NTDs.
Nigeria (Immunization)	Involve community leaders and influencers in planning for campaign integration. In Nigeria, the involvement of community leaders and influencers during planning allowed for early commitment. Community leaders and influencers also created awareness among caregivers of children for the integrated intervention (i.e. dual vaccine).
Gombe and Jigawa States, Nigeria (Malaria)	Engage stakeholders early in the pre-planning and planning process to build support for campaign integration. In Nigeria, engaging with stakeholders can occur in the planning process at least 6 months ahead of the campaign among government, partners, key stakeholders, and the communities. This early effort facilitates effective micro-planning and resolves last-minute bottlenecks. For this study, early engagement took place via official communication by National Malaria Elimination Program (NMEP) to the states on the plans to implement campaigns in the coming year, and through warehouse assessments and advocacy visits to the states following the state engagement meeting. A forum was held where all states conducting mass campaigns were briefed on campaign processes and requirements from stakeholders.
Gombe and Jigawa States, Nigeria (Malaria)	Engage local leaders (e.g., town announcers, traditional rulers, influencers) to play a role in mobilizing community members, providing information about the campaign, and encouraging acceptance of both interventions.
Guinea (Immunization)	Maximize the impact of collaborative planning through identification and early inclusion of all stakeholders, thorough listening to all perspectives, collective and consensus-oriented decision-making, and advocating for better involvement of local authorities and communities. Collaborative planning and involvement of community leaders and actors at an early stage will improve the acceptability of an integrated campaign to the population.
Guinea (Immunization)	Leverage an existing campaign platform that is known and trusted by the community to increase acceptability and community participation in the integrated campaign.

Guinea (Immunization)	Use technology, such as videoconferencing and electronic dashboards, during campaign pre-planning, planning and preparation to facilitate collaboration. Where possible, providing equipment and technology support to stakeholders also demonstrates government and partner commitment to collaboration, such as was done in Guinea.
Guinea (Immunization)	Convene biweekly coordination meetings with stakeholders at the national, regional, health district, and local levels
Guinea (Immunization)	Involve community stakeholders in pre-planning and microplanning to improve the acceptability of the integrated campaign.
Ghana (Polio + Vitamin A)	Assess preparedness for campaign integration at the national, regional and district levels across thematic areas, such as planning, coordination and financing, training of supplemental immunization activities (SIAs), monitoring and supervision, vaccine, cold chain and logistics, and advocacy, social mobilization, and communication.
Ghana (Polio + Vitamin A)	Involve community leaders at an early stage to improve the process of pre-planning and collaborative planning, increase accountability during micro-planning, and strengthen community engagement.
Ghana (Polio + Vitamin A)	Involve stakeholders in the development of strategies to reduce the number of missed children. Strategies to consider are the use of community information services, engaging families/caregivers and other key community stakeholders, and providing health services in markets and other public places.
Uttar Pradesh, India (NTD) (b)	Identify campaigns to be integrated that campaign workers know well, in terms of processes for planning, implementation and post-implementation.
Vaupes, Colombia (NTD)	Involve community leaders throughout the microplanning process to ground the planned activities in the socio-cultural context.
Vaupes, Colombia (NTD)	Validate beliefs and ways of life of communities throughout the planning process.
Vaupes, Colombia (NTD)	Develop a logical framework and action plan, in collaboration with stakeholders, to guide campaign actions and decisions.
Vaupes, Colombia (NTD)	Make campaign decisions in a participatory manner and obtain endorsement by actors in the municipal and departmental health entities and authorities/leaders within the indigenous communities.
Nepal (Vitamin A + NTD)	Sensitize local health workers by engaging them in an exercise comparing key aspects of the two campaigns. In Nepal, an exercise involving health workers using an 'exercise sheet' adapted from the HCE Coalition decision tool. Health workers should also be engaged to express their views on integration.

Higher-level Promising Practice #7. Meet the information and knowledge needs of the integrated campaign by harmonizing tools, templates and guidance from standalone campaigns early in the campaign timeline

Activity/Function 3 - Microplanning (including household enumeration/census, estimating human and material resources); Data collection (including M&E)

Nigeria (Immunization)	Harmonize campaign tools, templates and guidance from stand-alone campaigns to support campaign integration. Pre-implementation data tools and readiness templates of the standalone campaigns were redesigned to capture information for the integrated campaign. This resulted in a more robust tool to aid adequate planning for simultaneous antigens, promote ease of use and reduce the burden of reporting and documentation for health workers
Nigeria (Immunization)	Assess the readiness of each state (region/province) within the country to implement the integrated campaign. In the months and weeks and even days leading up to the campaign, each state's readiness for implementation should be assessed related to integrated delivery of interventions on key topics such as: financing, planning, coordination, management, cold chain and logistics, social mobilization, adverse event surveillance, and monitoring.

Nigeria (Immunization)	Adapt logistics for vaccine storage and disposal. Locations may require alternative electrical power sources for vaccine storage to manage the higher volume of vaccines for integrated campaigns and maintain the cold chain; some states utilized solar freezers. States with inadequate or nonfunctional incinerators developed a memorandum of understanding with a private company to dispose of immunization in a timely manner.
Nigeria (Immunization)	Stagger the timing of campaigns to mitigate any perceived gaps in human and material resources. Early identification of gaps in human and material resources during pre-implementation can guide decisions on timing and the type of campaigns to be implemented.
Gombe and Jigawa States, Nigeria (Malaria)	Integrate some microplanning activities by coordinating storage locations, health facility assessments, population data gathering, mapping, and personnel selection. Harmonize demand creation materials and microplanning tools. During micro-planning 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.
Gombe and Jigawa States, Nigeria (Malaria)	Extend the duration of the integrated campaign 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.
Guinea (Immunization)	Involve community stakeholders in pre-planning and microplanning to improve the acceptability of the integrated campaign.
Ghana (Polio + Vitamin A)	Assess preparedness for campaign integration at the national, regional and district levels across thematic areas, such as planning, coordination and financing, training of supplemental immunization activities (SIAs), monitoring and supervision, vaccine, cold chain and logistics, and advocacy, social mobilization, and communication.
Ghana (Polio + Vitamin A)	Involve stakeholders in the development of strategies to reduce the number of missed children. Strategies to consider are the use of community information services, engaging families/caregivers and other key community stakeholders, and providing health services in markets and other public places.
Ghana (Polio + Vitamin A)	Involve stakeholders in the development of strategies to reduce the number of missed children. Strategies to consider are the use of community information services, engaging families/caregivers and other key community stakeholders, and providing health services in markets and other public places.
Ghana (Polio + Vitamin A)	Harmonize and align field tools to be used in an integrated campaign. Tally sheets and monitoring tools for the campaigns can be integrated and harmonized to capture essential information on the interventions.
Uttar Pradesh, India (NTD) (b)	Develop microplans for the integrated campaign that are similar in process and detail to microplans that have been used successfully for standalone campaigns. Planners should ensure that the process of microplanning is implemented for all campaigns, and an amalgamation of microplans developed for an integrated campaign.
Uttar Pradesh, India (NTD) (b)	Digitize the beneficiary list. Although this can initially be a time-consuming task, it will lessen the future workload of field workers.
Uttar Pradesh, India (NTD) (b)	Compare and merge family/household/population registers during the microplanning process. In this case study, family registers from the lymphatic filariasis (LF) campaign were compared with school attendance lists from soil transmitted helminthiasis (STH) campaigns so that students who were absent from school during the STH campaign could receive the STH intervention during the LF campaign home visit.
Vaupes, Colombia (NTD)	Conduct a health situation analysis to identify and prioritize issues and adapt interventions to local contexts.
Vaupes, Colombia (NTD)	Develop an integrated microplanning strategy document based on the situational analysis, with defined goals for changes in behavior, sanitation and treatment coverage.

Nepal (Vitamin A + NTD)

Devise a plan to do outreach to migrants and mobile populations and to conduct catch-up campaigns. In Nepal, there is a need for a supplementary program to reach people missed in the scheduled campaigns in sites where travel is high, especially for populations traveling during festival seasons and migrant workers.

Higher-level Promising Practice #8. Facilitate supply chain and logistics management, coordination meetings, trainings, and real-time monitoring of campaigns by using technology and digital tools (e.g., video conferencing, SMS messaging, electronic dashboards, health information management systems, digitized beneficiary lists)]

Activity/Function 4 - Supply Chain and Logistics

Nigeria (Immunization)

Assess the readiness of each state (region/province) within the country to implement the integrated campaign. In the months and weeks and even days leading up to the campaign, each state's readiness for implementation should be assessed related to integrated delivery of interventions on key topics such as: financing, planning, coordination, waste management, cold chain and logistics, social mobilization, adverse event surveillance, and monitoring.

Nigeria (Immunization)

Adapt logistics for vaccine storage and waste disposal. Locations may require alternative electrical power sources for vaccine storage to manage the higher volume of vaccines for integrated campaigns and maintain the cold chain; some states utilized solar freezers. States with inadequate or nonfunctional incinerators developed a memorandum of understanding with a private company to dispose of immunization waste in a timely manner.

Nigeria (Immunization)

Stagger the timing of campaigns to mitigate any perceived gaps in human and material resources. Early identification of gaps in human and material resources during pre-implementation can guide decisions on timing and the type of campaigns to be implemented.

Gombe and Jigawa States, Nigeria (Malaria)

Develop shared digital tools (e.g., dashboards) 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). Reviewed daily by program implementers, the dashboard informs the monitoring to be done the following day. IT experts help develop the dashboards, configure the devices with the updated tools, and oversee daily data coming in and summarizing daily data in charts.

Gombe and Jigawa States, Nigeria (Malaria)

Integrate macroplanning activities, including developing and approving timelines of the integrated campaign, mapping states, budgeting and estimating needed commodities for both interventions. Failure to have commodities in-country when needed will hinder campaign integration.

Gombe and Jigawa States, Nigeria (Malaria)

Develop shared digital tools (e.g., dashboards) to monitor campaign progress. In Nigeria, 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). Reviewed daily by program implementers, the dashboard informs the monitoring to be done the following day. IT experts help develop the dashboards, configure the devices with the updated tools, and oversee daily data coming in and summarizing daily data in charts.

Gombe and Jigawa States, Nigeria (Malaria)

Integrate macroplanning activities, including developing and approving timelines of the integrated campaign, mapping states, budgeting and estimating needed commodities for both interventions. Failure to have commodities in-country when needed will hinder campaign integration.

Gombe and Jigawa States, Nigeria (Malaria)	Integrate some microplanning activities by coordinating storage locations, health facility assessments, population data gathering, mapping, and personnel selection. Harmonize demand creation materials and microplanning tools. During micro-planning 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.
Guinea (Immunization)	Convene biweekly coordination meetings with stakeholders at the national, regional, health district, and local levels.
Ghana (Polio + Vitamin A)	Assess preparedness for campaign integration at the national, regional and district levels across thematic areas, such as planning, coordination and financing, training of supplemental immunization activities (SIAs), monitoring and supervision, vaccine, cold chain and logistics, and advocacy, social mobilization, and communication.

Higher-level Promising Practice #9. Increase community acceptance of integrated campaigns that involve more than a single medication by allowing the community to observe actions of trusted leaders (e.g., community leaders/influencers demonstrate taking medications)

Activity/Function 5 - Social mobilization and communication

Uttar Pradesh, India (NTD) (a)	Involve community leaders and local government in implementation and ‘social modeling’ of campaigns to instill confidence and motivate the population. In Uttar Pradesh, leaders and government officials consumed anti filarial drugs in full public view during the MDA campaign to dispell some concerns regarding the drugs.
Nigeria (Immunization)	Use a variety of targeted social mobilization methods , including dissemination of information through social media, translation of information, education, and communication (IEC) materials, house-to-house mobilization, tracking eligible beneficiaries, and production of jingles in local languages. Social mobilization messages that resonate with communities may include the benefit of both antigens, reduction of wait times, and eliminating the need for multiple health facility visits. Decentralization and producing IEC materials at the regional level can be a more effective way of reaching caregivers at the community level.
Guinea (Immunization)	Maximize the impact of collaborative planning through identification and early inclusion of all stakeholders , thorough listening to all perspectives, collective and consensus-oriented decision-making, and advocating for better involvement of local authorities and communities. Collaborative planning and involvement of community leaders and actors at an early stage will improve the acceptability of an integrated campaign to the population.
Guinea (Immunization)	Leverage an existing campaign platform that is known and trusted by the community to increase acceptability and community participation in the integrated campaign.
Guinea (Immunization)	Convene biweekly coordination meetings with stakeholders at the national, regional, health district, and local levels.
Ghana (Polio + Vitamin A)	Assess preparedness for campaign integration at the national, regional and district levels across thematic areas, such as planning, coordination and financing, training of supplemental immunization activities (SIAs),
Ghana (Polio + Vitamin A)	Form working groups and subcommittees at the regional and local levels to coordinate and schedule activities associated with logistics, social mobilization, and data management.
Ghana (Polio + Vitamin A)	Integrate communication tools and messages early in the planning process; place equal emphasis on messages for all interventions
Ghana (Polio + Vitamin A)	Use bulk SMS and WhatsApp to regularly share campaign messages with communities and enable teams to interact and address emerging challenges in real time, and post daily progress to regularly share campaign messages with communities.
Uttar Pradesh, India (NTD) (b)	Develop and implement a communication strategy that addresses both diseases/interventions , uses one platform to communicate about the integrated campaign, and amplifies information, education and communication (IEC) and behavior change communication (BCC) to reach more beneficiaries.

Vaupes, Colombia (NTD)	Make campaign decisions in a participatory manner and obtain endorsement by actors in the municipal and departmental health entities and authorities/leaders within the indigenous communities.
Nepal (Vitamin A + NTD)	Interact with communities to understand viewpoints, opportunities, and barriers to implementation, and mobilize local community groups (e.g., women, school children) to participate in public information campaigns.
Nepal (Vitamin A + NTD)	Devise a plan to do outreach to migrants and mobile populations and to conduct catch-up campaigns. In Nepal, there is a need for a supplementary program to reach people missed in the scheduled campaigns in sites where travel is high, especially for populations traveling during festival seasons and migrant workers.
Nepal (Vitamin A + NTD)	Develop information, education and communication (IEC) materials that are tailored to the needs and concerns of the community. In Nepal, one of the underlying issues was a misconception in the community that taking lymphatic filariasis medication along with medication for hypertension and diabetes could be risky, so culturally sensitive IEC material was developed to address this point.
Higher-level Promising Practice #10. Set campaign workers up for success by providing appropriate training, supportive supervision, incentives and recognition, and promoting the transparency and accountability needed for timely remuneration	
Activity/Function 6 - Training, recognition and engagement of campaign staff (including CHWs and other personnel)	
Uttar Pradesh, India (NTD) (a)	Provide appropriate training, supportive supervision and incentives to community health workers. In Uttar Pradesh, a day of recognition for community health workers called ASHA day is celebrated every year when the best workers are recognized and given awards.
Uttar Pradesh, India (NTD) (a)	Provide a single training manual in the local language to write out the details of the integrated campaign activities and provide it to all community health workers engaged to promote a systematic and unified process of campaign delivery.
Gombe and Jigawa States, Nigeria (Malaria)	Align training days and materials for dual intervention (i.e ITN and SMC) to harmonize the campaigns and maximize human resources. Training for both ITN distribution and SMC within the micro-planning 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.
Guinea (Immunization)	Establish administrative and financial procedures that promote transparency and accountability and reduce delays in remuneration to health workers.
Uttar Pradesh, India (NTD) (b)	Identify campaigns to be integrated that campaign workers know well , in terms of processes for planning, implementation and post-implementation.
Uttar Pradesh, India (NTD) (b)	Develop an integrated training module for the integrated campaign that can be delivered during one single or multi-day training session to reduce the number of sessions required for each worker.
Vaupes, Colombia (NTD)	Use a health information management system (HIMS) to improve real-time monitoring, and train local health workers to use the system.
Nepal (Vitamin A + NTD)	Sensitize local health workers by engaging them in an exercise comparing key aspects of the two campaigns. The 'exercise sheet' used in this case study was adapted from the HCE Coalition decision tool. Health workers should also be engaged to get their views on integration.
Nepal (Vitamin A + NTD)	Develop a complementary monitoring and supervision (CMS) approach to identify people missed by the campaign and train health workers in CMS. The approach comprised six steps: giving both campaigns' information to community members, asking community members whether they had taken lymphatic filariasis (LF) medication when health volunteers (FCHVs) in the prior campaign when volunteers went to homes for the vitamin A campaign a week later, identifying and educating community members who had been missed by the LF campaign, referring people who had been missed by the LF campaign to a nearby health facility (HF) to take the LF medication, and reporting information to the respective health facility.

Higher-level Promising Practice #10. Set campaign workers up for success by providing appropriate training, supportive supervision, incentives and recognition, and promoting the transparency and accountability needed for timely remuneration

Activity/Function 7 - Supportive Supervision

Uttar Pradesh, India (NTD) (a)	Provide appropriate training, supportive supervision and incentives to community health workers. In Uttar Pradesh, a day of recognition for community health workers called ASHA day is celebrated every year when the best workers are recognized and given awards.
Guinea (Immunization)	Establish administrative and financial procedures that promote transparency and accountability and reduce delays in remuneration to health workers.
Nepal (Vitamin A + NTD)	Conduct observations during campaigns to understand challenges in field implementation (such as difficulty in swallowing a medicine (albendazole).
Nepal (Vitamin A + NTD)	Develop a complementary monitoring and supervision (CMS) approach to identify people missed by the campaign and train health workers in CMS. The approach comprised six steps: giving both campaigns' information to community members, asking community members whether they had taken lymphatic filariasis (LF) medication when health volunteers (FCHVs) in the prior campaign when volunteers went to homes for the vitamin A campaign a week later, identifying and educating community members who had been missed by the LF campaign, referring people who had been missed by the LF campaign to a nearby health facility (HF) to take the LF medication, and reporting information to the respective health facility.

Higher-level Promising Practice #8. [Relevant to Supply Chain and Data Collection]: Facilitate supply chain and logistics management, coordination meetings, trainings, and real-time monitoring of campaigns by using technology and digital tools (e.g., video conferencing, SMS messaging, electronic dashboards, health information management systems, digitized beneficiary lists)\]

Activity/Function 8 - Data Collection (including monitoring and evaluation)

Uttar Pradesh, India (NTD) (a)	Use Zoom or similar platforms to conduct virtual monitoring and review meetings to increase stakeholder engagement, supervisory support and real-time course correction. In Uttar Pradesh, local officials used technology to conduct real-time monitoring and promptly shared information with ASHAs to support problem solving at the community level.
Nigeria (Immunization)	Assess the readiness of each state (region/province) within the country to implement the integrated campaign. In the months and weeks and even days leading up to the campaign, each state's readiness for implementation should be assessed related to integrated delivery of interventions on key topics such as: financing, planning, coordination, waste management, cold chain and logistics, social mobilization, adverse event surveillance, and monitoring.
Gombe and Jigawa States, Nigeria (Malaria)	Develop shared digital tools (e.g., dashboards) 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). Reviewed daily by program implementers, the dashboard informs the monitoring to be done the following day. IT experts help develop the dashboards, configure the devices with the updated tools, and oversee daily data coming in and summarizing daily data in charts.
Ghana (Polio + Vitamin A)	Use bulk SMS and WhatsApp to regularly share campaign messages with communities and enable teams to interact and address emerging challenges in real time, and post daily progress to regularly share campaign messages with communities.
Ghana (Polio + Vitamin A)	Establish an Emergency Operations Center to support real-time monitoring and response by preparing daily situational reports from review meetings, field reports and real time analysis of data. In Ghana, implementers were able to use the EOC reports to review their performance alongside their peers and develop strategies to address underperformance.

Ghana (Polio + Vitamin A)

Harmonize and align field tools to be used in an integrated campaign. Tally sheets and monitoring tools for the campaigns can be integrated and harmonized to capture essential information on the interventions.

Uttar Pradesh, India (NTD) (b)

Develop a single monitoring tool for the integrated campaign that harmonizes key aspects of the monitoring tools used in the standalone campaigns and train personnel in its use.

Vaupes, Colombia (NTD)

Conduct a health situation analysis to identify and prioritize issues and adapt interventions to local contexts.

Vaupes, Colombia (NTD)

Use a health information management system (HIMS) to improve real-time monitoring, and train local authorities in the HIMS to build capacity for its future use.
