Promising Practices in Collaborative Planning for Integrated Health Campaigns

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Why focus on health campaign integration?

1. **COVID-19 delayed campaigns** and exacerbated low coverage of some interventions

2. Opportunities to **enhance efficiencies and community acceptability**

3. Growing **interest and momentum** (e.g. WHO NTD Roadmap, IA2030)

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**Health Campaign:**
A time-bound, intermittent activity deployed to address specific epidemiologic challenges, expediently fill delivery gaps, or provide surge coverage for health interventions.

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**Partial integration:** Collaboration
Collaboration or sharing of specific campaign activities or functions between vertical health programs **without** co-delivery.

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**Full integration:** Co-delivery
Coordination of most or all campaign activities or functions to provide two or more health interventions together at point of service.

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HCE Research and Learning Agenda
Technical briefs
Why focus on campaign pre-planning and planning?

• **Essential** to successful campaigns, and **critical** to integrated campaigns
  
  *A goal without a plan is just a wish.*

• Planning enables **action**
  
  *What gets planned, gets done.*

• Integrated campaigns may be **more complex and require more time for planning** than vertical campaigns

• **Little guidance** exists about how to conduct effective campaign pre-planning and planning
  
  ▪ Few documented examples of the process of starting integrated campaigns in immunization including polio, malaria, vitamin A supplementation and neglected tropical/infectious diseases.
Approach
HCE Objectives for Case Studies

Objectives

• **Support local institutions** to identify collaborative planning approaches for integrated health campaigns and **highlight promising practices** to improve campaign effectiveness

• **Enhance understanding of the factors that enable and hinder** collaborative campaign planning across immunizations including polio, malaria, vitamin A supplementation and NTDs.
Methods for Case Studies

Methods/Approach

1. Call for Case Studies disseminated by STAC/CIWG and other Coalition members
2. Eight of 15 proposals were funded
3. Awardees conducted mixed methods studies over 6 months assessing the diverse views of interested and involved parties at all levels
4. Awardees submitted case study on their country experiences in the HCE template; Case study was reviewed by HCE technical and communications teams & external reviewers (STAC/CIWG) and revised
5. Practical tools gathered from each awardee

https://camaigneffectiveness.org/case-studies-on-integrated-health-campaigns/

Credit: FOSAD-CEFORPAG Guinea
Steps in Synthesis

**Identified**
- 65 promising practices from 8 projects

**Organized**
- Promising practices fit into 4 Phases and 8 Activities/Functions (two coders) in Miro

**Vetted**
- Campaign Integration Working Group ‘Task Team’ offered feedback

**Developed**
- 10 high-level promising practices

**Promising Practice:** An action emerging from the case studies that campaign planners/implementers should consider doing and building into plans

Download on HCE website
Description of 8 Projects

6 countries

South America
Colombia (Vaupes) - Universidad de los Andes

Africa
Guinea - FOSAD
Ghana - UNICEF/Ghana HS
Nigeria - Ibelda Health Int’l; CHAI

South Asia
India (Uttar Pradesh) - PATH; Int’l Institute for Health Management and Research (IIHMR-Delhi)
Nepal - HEAL

Health Domains
4 projects ‘within domain’
4 projects across domains

Past, Planned and Potential Integration
2 past integrated campaigns
1 pilot study (concurrent)
2 about a planned 2022 campaign
3 about potential integration
Campaign Planning and Implementation Cycle

- **Pre-planning**: 60 to 9 months before campaign
- **Evaluation and Surveillance**: 2 weeks to ongoing post-campaign
- **Planning**: 9 to 6 months before campaign
- **Implementation, Supervision and Monitoring**: 2 months before to 2 weeks after campaign
- **Preparation**: 6 to 2 months before campaign
- **Learning and Adapting**
<table>
<thead>
<tr>
<th>Activity/Function</th>
<th>Phase*</th>
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<tbody>
<tr>
<td>1 Coordination and Macroplanning (including decision-making and negotiation,</td>
<td>Pre-Planning (60 to 9 months before campaign*)</td>
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<tr>
<td>budgeting, and advocacy, and establishing coordination mechanisms)</td>
<td>Planning (9 to 6 months before campaign)</td>
</tr>
<tr>
<td>2 Stakeholder/community engagement at all levels</td>
<td>Preparation (6 to 2 months before campaign)</td>
</tr>
<tr>
<td>3 Microplanning (including household enumeration/census, estimating human and</td>
<td>Implementation, Supervision and Monitoring (2 mo. before- 2 wks after)</td>
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<td>material resources)</td>
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<tr>
<td>4 Supply chain and logistics</td>
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<td>5 Social mobilization and communication (including change management)</td>
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<td>6 Training, engagement, recognition of campaign staff (including CHWs and other</td>
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<td>personnel)</td>
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<td>7 Supportive supervision</td>
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<tr>
<td>8 Data Collection (including monitoring and evaluation)</td>
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</tbody>
</table>

* The more darkly shaded cell indicates the main phase in which the activity/function falls; yet, most activities/functions span more than one phase. Time periods of Phases were informed by WHO SIA guide, Alliance for Malaria prevention toolkit and other campaign guidance, and informed by the data from 8 countries and the CIWG advisors on this portfolio.
# Framework for Promising Practices in Campaign Activities/Functions, by Phase

<table>
<thead>
<tr>
<th>Activity/Function</th>
<th>Pre-Planning (60 to 9 months before campaign*)</th>
<th>Planning (9 to 6 months before campaign)</th>
<th>Preparation (6 to 2 months before campaign)</th>
<th>Implementation, Supervision and Monitoring (2 mo. before- 2 wks after)</th>
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</thead>
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<td>2 Stakeholder/community engagement at all levels</td>
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<td>3 Microplanning (including household enumeration/census, estimating human and material resources)</td>
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<tr>
<td>6 Training, engagement, recognition of campaign staff (including CHWs and other personnel)</td>
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Findings
Promising Practices on Collaborative Planning for Campaign Integration

1. Facilitate participatory decision-making by forming a coordinating body to oversee campaign integration and collaborate with regional/local coordinating bodies

   Example: GHANA (Polio & Vitamin A)
   Photo credit: UNICEF Ghana

2. Maximize campaign effectiveness by ensuring integrated campaign planning that responds to the health situation of the community and assessing readiness for campaign integration

   Example: Nigeria (Immunization)
   Photo credit: Clinton Health Access Initiative (CHAI)
Example Tool for Assessing Readiness for Implementation of an Integrated Campaign

<table>
<thead>
<tr>
<th>Category</th>
<th>State-Level Activities (Examples - Enter your own)</th>
<th>Evidence of Activity (examples - Enter your own)</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COORDINATION</strong></td>
<td>Establishment of coordinating committee 1. List of committee members</td>
<td>Due</td>
<td></td>
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<tr>
<td></td>
<td>Regular meeting of committee 2. Minutes of meeting for inauguration of committee members</td>
<td>Due</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Engaging local stakeholders 1. 1. List of local stakeholders (ex. professional groups, religious leaders)</td>
<td>Due</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Minutes of sensitization / coordination meetings</td>
<td>Due</td>
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<tr>
<td><strong>PLANNING</strong></td>
<td>Microplanning training-of-trainers conducted 1. Training meeting report with list of participants</td>
<td>Due</td>
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<tr>
<td></td>
<td>Validation of microplans from district/block levels 1. Check list or summary of microplan validation</td>
<td>Due</td>
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<td></td>
<td>2. Completed microplan</td>
<td>Due</td>
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<td></td>
<td>Submission of microplan to national/headquarters 1. State microplan summary</td>
<td>Due</td>
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</table>

### CAMPAIGN IMPLEMENTATION READINESS DASHBOARD

<table>
<thead>
<tr>
<th>State</th>
<th>Weeks to Implementation Reported</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
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<tbody>
<tr>
<td></td>
<td>WEEKS TO IMPLEMENTATION REPORTED:</td>
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<td></td>
<td>THEMATIC AREA SCORES</td>
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<tr>
<td></td>
<td>PLANNING &amp; COORDINATION</td>
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<td>MICRO-PLANNING</td>
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<td>FINANCING</td>
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<td>LOGISTICS &amp; COLD CHAIN</td>
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<td></td>
<td>WASTE MANAGEMENT</td>
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<tr>
<td></td>
<td>COMMUNICATION &amp; SOCIAL MOBILIZATION</td>
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<td></td>
<td>ADVERSE EVENTS/SURVEILLANCE</td>
<td>0.0%</td>
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</tbody>
</table>

**READINESS SCORE:**

- Achievement: 0% 0% 0% 0% 0% 0% 0%

**READINESS TARGET SCORE:**

- Target: 98% 98% 98% 98% 98% 98% 98%

Source: CHAI
3. Maximize the integrated campaign's potential for success by embracing the learnings of previously successful platforms and approaches and build acceptance of the integrated campaign by pairing the campaign with another familiar and popular campaign.

   Example: India: Uttar Pradesh (NTDs)
   Photo credit: PATH India

4. Enable timely and context-specific campaign decisions by decentralizing decision making, as appropriate, to enable flexibility to meet unusual conditions.

   Example: Guinea (Immunizations)
   Photo credit: FOSAD-CEFORPAG
Promising Practices on Collaborative Planning for Campaign Integration

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)

Example: Colombia (NTDs)
Photo credit: Universidad de los Andes

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

Example: Nepal (LF & Vitamin A)
Example Tool for Gathering Community Input on an Integrated Campaign

PLANNING AND PILOTING AN INTEGRATED HEALTH CAMPAIGN IN UTTAR PRADESH

Focus group discussion guide for ASHA/Anganwadi workers

<table>
<thead>
<tr>
<th>Data of Discussion</th>
<th></th>
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<tbody>
<tr>
<td>District</td>
<td></td>
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</tbody>
</table>

| Number of respondents |  |

| Profile | Age, Designation, Number of years of service. |

Informed consent

I am ........................................, a member of the IIHM, Delhi team conducting the study, “Planning and Pilotng an integrated health campaign in Uttar Pradesh”. This is my colleague ........who is also a member of the study team. This study aims to explore ways to integrate two or more health campaigns to maximise benefits to the health system. You are requested to share your experiences on being part of the planning and implementation of health campaigns campaigns in Uttar Pradesh. We have developed a set of questions which we will ask you to understand your perspectives regarding integration of health campaigns in your local settings. We request you to help us if we can modify the questions and capture the information in a better manner, if you feel so. We request all of you to participate in the discussions freely and share your opinions.

The interview may take 60 – 120 minutes, depending on the discussions we will have. The information you share will be confidential and will be used only for preparing the study report and related publications. Your views will be utilised to design the study report but your name will not be mentioned and your views will also not be attributed to you specifically anywhere in the report.

Your participation is as per your decision but we request you to take part in the study since your inputs will be valuable in helping us find ways for improving the efficiency and

Source: IIHM
Meet the information and knowledge needs of the integrated campaign by harmonizing tools, templates and guidance from standalone campaigns early in the campaign timeline.

Example: Nigeria (Malaria)
Photo credit: Iboida Health International Ltd

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).

Example: Ghana (Polio & Vitamin A)
Photo credit: UNICEF Ghana
9. Increase community acceptance of integrated campaigns by using timely, transparent, and tailored communication and enlisting the support of community leaders / influencers (e.g., demonstrate taking medications)

Example: Nepal (LF and Vitamin A)
Photo credit: Health, Education, Agriculture, and Logistics (HEAL)

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

Example: India: Uttar Pradesh (NTDs)
Photo credit: PATH India
Example Tool for Supportive Supervision of Integrated Polio and VAS Campaigns

Source: UNICEF

Guidelines for Vaccination Team Supervisors of Integrated Campaigns

This example provides instructions for an integrated mOPV2 and Vitamin A supplementation campaign. You can update these guidelines to meet the specifications of your integrated campaign.

Team supervisors should:

- Identify the vaccination teams they are supervising
- Accompany teams they will be supervising during training
- Assist teams to develop sketch maps that identify buildings and landmarks
- Allocate teams using maps and show them their boundaries
- Ensure necessary logistics (mOPV2 & Vitamin A capsules) are available to the teams and carry extra supplies during campaign implementation to prevent shortages.
- Provide support to vaccination teams
- Ensure regular contact with the teams (e.g., 4 contacts per day in the field). To document contacts, supervisors should endorse the back of tally sheets with time, date and key findings.
- District, regional and national supervisors should endorse the back of tally sheets of every team they supervise and indicate key findings.
- Use the checklist for team supervision to monitor team performance. Pay attention to quality of service delivery.

For effective supervision, note the following:

- Supervision should be at all levels
- On average, one supervisor oversees five teams per day. This can be revised in special situations:
  - 1 supervisor to 3 teams in sparsely populated or hard-to-reach-areas
  - 1 supervisor to 5 teams in densely populated areas
- Identify required means of transport for supervision as early as possible. Where means of transport are not available, supervisors should be given funds for transportation to ensure mobility
- Use supervisory tools. These are the supervisory checklist for team supervisors and the rapid convenient monitoring forms for district, regional and national supervisors
- Use standard checklist to cover all elements: planning, training, social mobilization, cold chain, logistics etc
- Make use of maps to guide supervision. Any change in movement of a team should be communicated to the sub-district coordinator
- Identify and concentrate supervision in
Conclusion
Conclusion

- Novel effort to **document** promising practices in campaign integration planning
- Grounded in a collection of eight case studies across **five health domains and three regions**
- Based on **stakeholder views** at multiple levels, including at the community level
- Enabled creation of a **framework** to organize promising practices based on phases and activities/functions
- HCE webpage will serve as a **repository** for case studies, in-depth reports, tools and other resources
- This is a start… vision is to **continue expanding the collection and dissemination of promising practices** with the goal of enhancing campaign effectiveness
THANK YOU