Technical Working Group Meeting

Collaborative Action Strategy (CAS) Customization Finalization Workshop

October, 2024

Day 1 Agenda – Presentation of Nigerian CAS to high-level staff + Implementation plan development

Objectives

- Reflect on the CAS customisation work and showcase the final deliverable (i.e. Nigerian CAS)
- Discuss the Nigerian CAS adoption process and next steps for the Nigerian CAS document

Time	Topic	Modalities	Activities/Objectives
8:30 - 9:00	Registration		*Check in*
9:00 – 9:30	**Welcome & Intros**	Plenary	• Welcome ceremony, and introductions • Opening remarks
9:30 – 10:00	**Objectives & Progress Report**	Plenary	• Progress report on customisation work (e.g., what has been done so far, thanking of subgroup members) • Presentation of the objectives of the workshop and deliverables for the day
10:00 - 11:00	**Nigerian CAS Presentation**	Plenary	• Nigerian CAS walk-through • Presentation of each recommendation with a focus on tasks and stakeholders involved
11:00 - 11:15	Break		
11:15 - 12:15	**Government Priorities**	Plenary	• Presentation of MoH and NPHCDA priorities and how they align with CAS • Presentation of internal MoH and NPHCDA integration efforts – state of integration in NPHCDA
12:15 - 13:15	Lunch		
13:15 – 14:15	**Measures of Success**	Plenary	• Discussion on mid-term and long-term outcomes of the N-CAS and a Nigerian CAS Theory of Change
14:15 – 14:30	Break		
14:30 – 16:30	**Implementation Brainstorming Session**	Sub-group Breakout	• Ideation/Brainstorming activity (World Café format) about all tasks necessitated by the recommendations
16:30 - 16:50	**Day 1 Closing**	Plenary	• Key takeaways from Day 1 and overview of Day 2

Opening Remarks

Objectives and Progress Report

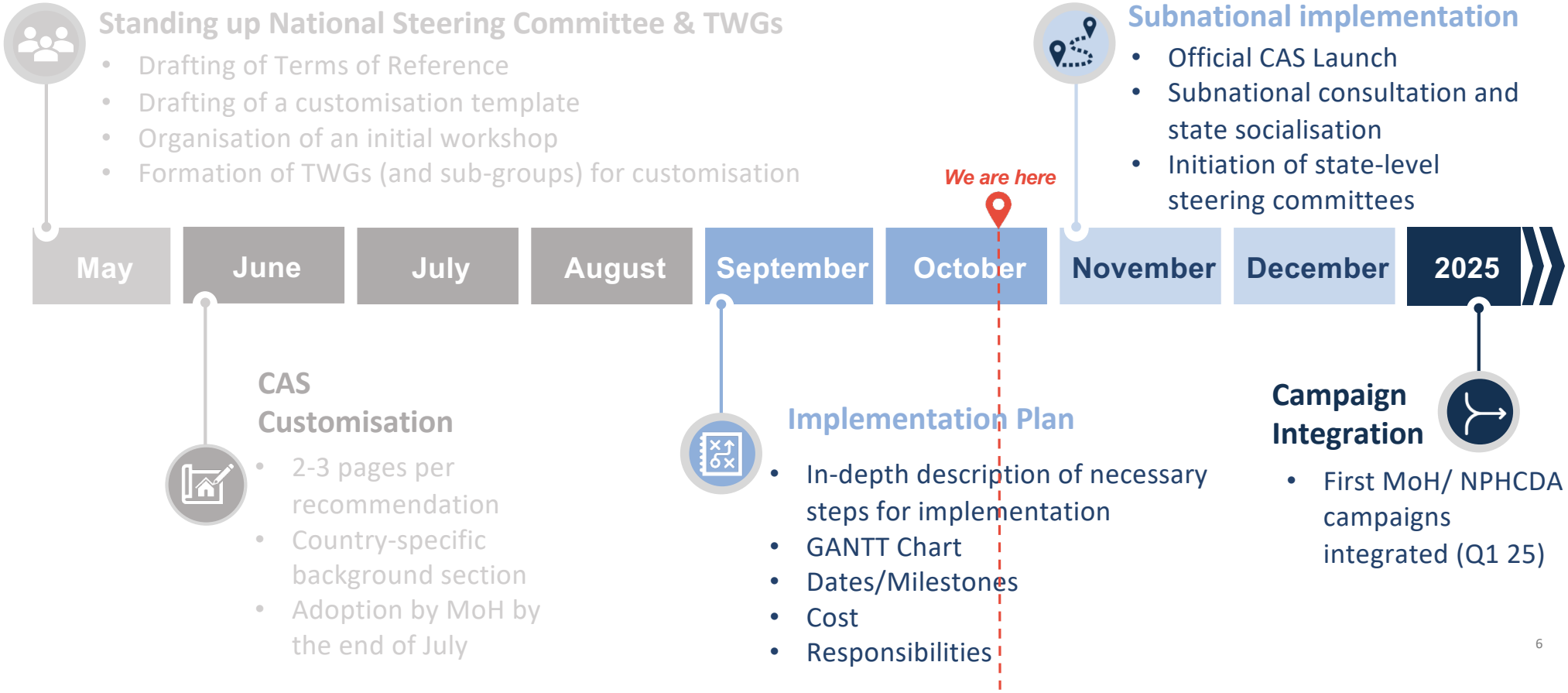
Facilitators: Zaiya Umar & HCE Coalition Program Office

Meeting Objectives

Present draft Nigerian CAS	• Reflect on the **CAS customisation work** and showcase the final deliverable (i.e. Nigerian CAS) • Discuss the **Nigerian CAS adoption** process and next steps for the Nigerian CAS document
Develop an Implementation Plan	• **Plan the uptake of CAS recommendations** and identify steps and needs for the implementation of the customized CAS • Showcase **responsibilities, milestones and resources** needed for the CAS
Initiate Near-term Tasks	• **Plan and start near-term next steps** and start implementing the CAS in Nigeria with a focus on low-hanging fruits

2024 Customisation & Implementation Progress

Initial next steps are bringing stakeholders together and building a common vision and workplan for CAS, before implementing it



Nigeria progress report

Progress to Date

- **Feasibility assessment** conducted and results discussed and approved for stakeholder dissemination
- **CAS customized to the Nigerian context** through virtual engagement of CAS TWG subgroups
- **Government priority areas (relevant departments in the Ministry and NPHCDA) and included in the CAS** through a workshop in July with key stakeholders across departments / domains (e.g., malaria, polio) and partners
- A firm engaged to conduct a finance and policy assessment that will inform a policy brief for campaign financing

Wins

- **Full government alignment on the customized CAS** and approval for the next steps towards implementation
- **CAS aligned strongly with government priorities for the health sector on health system strengthening**
  - Sector Wide Approach (SWAp)
  - NPHCDA priorities for effective campaigns
- CAS activities (customization and implementation plan development workshops, launch) fully funded by BMGF and Gavi into 2025
  - Gavi to fund TA support for CAS implementation in 2025

Next Steps

- **Develop campaign map** for Nigeria to guide decision making processes towards integration by October 2024
- **Develop the implementation plan** for CAS rollout by November 2024
- Leverage planned campaigns in October 2024 (e.g., measles, polio, YF) to **test NPHCDA-level integration**
- Co-delivery where possible on implementation for NTD Mass Drug Administration and Malaria (ITNs, SMC ACT) campaign

Nigerian CAS Presentation

Facilitators: ?

11 Customized Recommendations to Enhance Campaign Impact & Coordination in Nigeria

Planning & Implementation

Rec #1a
Establish a multi-sectoral, cross-campaign National Coordination Body to oversee CAS activities

Rec #1b
Identify campaigns for collaboration and integration (including plan to transitioning them to the PHC system)

Rec #1c
Develop a multi-year, cross-campaign workplan and schedule for campaigns

Rec #1d
Harmonize tools and operations (e.g., logistics, supply chain, microplanning) across campaigns

Rec #1e
Develop a coordinated and effective approach to enable active community engagement at all levels and phases

M&E/MERLA[1]

Rec #2a
Develop a coordinated and collaborative cross-campaign MERLA strategy in Nigeria

Rec #2b
Aligned with the coordinated country MERLA strategy, improve the ability of campaign implementers and partners to identify, measure, utilize and share data on campaign effectiveness

Rec #2c[2]
~~At the global level, develop a Learning Platform and a MERLA framework as a practical guidance to countries and global stakeholders~~

Campaign Financing

Rec #3a
Create a comprehensive view of campaign financing at the country level

Rec #3b
Take incremental steps toward harmonizing and aligning campaign financing

Rec #3c
Harmonize and align incentive payment modalities and rates across campaigns

Rec #3d
Advance government role in campaign financing – gradually transition campaigns into the PHC system

1. Monitoring, evaluation, research, leaning, and adaption
2. The coalition-wide CAS includes 12 recommendations, 11 of which aim to be customized to country contexts and one (recommendation 2c – "At the global level, develop a Learning Platform and a MERLA framework as a practical guidance to countries and global stakeholders") being addressed by the HCE Coalition itself

Planning & Implementation Recommendations Overview (1/2)

	1a **Establish a multi-sectoral, cross-campaign National Coordination Body to oversee CAS activities**	1b **Identify campaigns for collaboration and integration (including a plan to transitioning them to the PHC system)**	1c **Develop a multi-year, cross-campaign workplan and schedule for campaigns**
Overview	*A multisectoral and well-supported cross-campaign national coordinating and decision-making body, that includes national leadership (and subnational structures, where applicable and appropriate)*	*Identify the campaign domains that are best positioned for comprehensive, consolidated, and collaborative planning, including an assessment of opportunities for full integration ("co-delivery") and partial integration ("collaboration).*	*Develop a multi-year (a 3 year plan), comprehensive, integrated, and inclusive, cross-campaign plan and schedule for campaigns that is less reactive/more proactive, more dynamic, and better leverages opportunities for impactful collaboration and integration.*
Asks / Activities	• Identify and develop ToRs and inaugurate the Coordinating Body • Oversee all CAS recs, campaigns and cross-campaign integration • Manage strategies, budget, oversight • Develop a coms and advocacy plan	• Map all campaigns/collect information • Develop a template/platform for mapping • Develop criteria for integration • Identify opportunities missed • Identify campaigns for integration/transition into PHC system	• Each relevant department (responsible for their own workplan) would submit to the IGCO via a shared template. • These plans would then be harmonized into one common workplan
Stakeholders	• Relevant department heads (F-MoH, NPHCDA) • Key partners involved in P&I • Strong link with ICC & IGCO	• Campaign-related departments in F-MoH and NPHCDA: non-polio SIAs, Polio EOC, NPSIA, Dipthreria OBR, CHS, Family planning, NCDs, NTDs, Malaria • Partners (WHO, UNICEF, Carter Center, BMGF, CDC, NOTD-NGDO Coalition…)	• Coordination body (e.g. one focal person within MoH & NPHCDA assigned to monitor and update a shared calendar) • Subnational committees set-up at state level • Programme managers involved throughout the planning process

Planning & Implementation Recommendations Overview (2/2)

	1d **Harmonise tools and operations (e.g., logistics, supply chain, microplanning) across campaigns[1]**	1e **Develop a coordinated and effective approach to enable active community engagement at all levels and phases**
Overview	*Develop a detailed (integrated planning tool) plan for harmonising tools, logistics, data management, and supply chains across campaigns, using topic-specific cross-campaign TWGs.* *This will include (but not be limited to) harmonised daily data summary for call-in as well as integrated logistics, health commodities and Supply/Cold Chain plans.*	*Develop a cross-campaign coordinated approach that fosters purposeful engagement of communities at all levels through all stages and phases of campaign planning and implementation, integration, and post-campaign (e.g., learning, adaptation), that builds on existing approaches and increases credibility*
Asks / Activities	• Map out tools that currently exist and build a repository • Identify what tools and operations to prioritize • Develop harmonization teams based on focus area	• *Identify existing strategies within departments and partners* • *Develop a unified strategy and workplan for harmonisation* • *Harmonise and develop a sustainable coordination structure at federal level (MoH, NPHCDA) leveraging ACSM units*
Stakeholders	• NCB to identify critical organisations (FMoH/NPHCDA) departments and partners • Most likely: federal, state and LGA levels • Certain partners will be critical to include (e.g. UNICEF)	• *Health Promotion Department at Federal level to support in the development of SBC materials, engaging ACSM units* • *Build on existing community structures of the VDC, WDC and LGA health committees, faith-based communities, NTLC, STLC, CSOs (NNNGOs, AHOA), influential women groups (FOMWAN, NCWS etc) and professional bodies (NMA, PPMV, PSN, NAMN, NMS, NACHPN, PPSN, etc.)*

1. Cross campaign harmonization technical working groups established by national coordinating body / 1a

M&E/MERLA[1] Recommendations Overview

	2a	2b	2c
	Develop a coordinated and collaborative cross-campaign MERLA strategy in Nigeria	**Aligned with the coordinated country MERLA strategy, improve the ability of campaign implementers and partners to identify, measure, utilise, and share data on campaign effectiveness**	**At the global level, develop a Learning Platform and a MERLA framework as a practical guidance to countries and global stakeholders**
Overview	*Bring together different health campaigns, program implementation actors and stakeholders within Nigeria to develop a unified MERLA strategy. This will facilitate the sharing of resources, expertise and knowledge, enabling a more efficient and effective approach to Monitoring, Evaluation, Research, Learning and Adaptation*	*Aligned with the coordinated country MERLA strategy, improve the ability of campaign implementers and partners to identify, measure, utilise and share data on the effectiveness of campaigns.* *This will help to track progress and make informed decisions to improve the impact of campaigns in the country.*	*Develop a simplified, relevant, and adaptable guidance on parameters and indicators that can be used to sustainably measure campaign effectiveness to enable evidence-based programmatic learning and adaptation, with the aim to align expectations and M&E process across global funders and technical organizations and to foster effective and coordinated MERLA at the country level*
Asks/ Activities	• F-MoH to spearhead the development and implementation of the strategy (SWAp oversight) • NPHCDA and MoH to plan, coordinate, monitor and supervise the strategy • S-MoH, LGA & partners to collaborate, support, adapt and implement strategy in their context	• Harmonisation of M&E processes and tools • Regular evaluation of campaign effectiveness (collecting/analysing data and sharing with partners) • Collaboration with local communities and organisations to gather data on campaigns	• Share and maintain a **body of knowledge** on MERLA and campaign effectiveness in a **knowledge platform** • Formalize and publish that knowledge into **guidance on campaign effectiveness**
Stakeholders	• F-MOHSW • Other line ministries (e.g.,Agri., Edu., Fin.) • S-MoH and LGA • Implementing partners (e.g. WHO, Unicef, Gates Found., GAVI, CDC)	• F-MoH, NPHCDA • S-MoH, FCT H&HS, LGA • Campaign funders, implementers and technical partners (e.g. GPEI, GF, CDC, Unicef, USAID, WHO, CHAI)	• Dedicated working group for experience sharing and synthesizing learnings and guidance

1. Monitoring, evaluation, research, learning, and adaption

Campaign Financing Recommendations Overview

	3a **Create a comprehensive view of campaign financing at the country level**	3b **Take incremental steps toward harmonising and aligning campaign financing**	3c **Harmonize and align incentive payment modalities and rates across campaigns**	3d **Advance government role in campaign financing, gradually transition campaigns into PHC system**
Overview	*Map out the health campaign funding across all health programs as well as their funders to generate a comprehensive view of the funding landscape from the government and partners.*	*For campaigns to be integrated, identify funding streams, amounts available, gaps and duplications.* *Provide a framework for financial harmonisation (payment rates, accountability mechanisms)*	*Develop a harmonised system for payment across health programs and campaigns (i.e. immunisation, NTD, polio, NMEP, NTBLCP, etc.).*	*Develop a roadmap for eventual transition of campaigns into the PHC system, starting with increased integration among interventions*
Asks/ Activities	• Program managers and accounting units to share info on campaigns funded • NP&B to share info on funders and implementers • MoF to share info on government funding	• MoH and MoF to co-develop a financial harmonisation framework • MP&B, HSPCC and development partners to support the development and implementation of the framework • Governors Forum to endorse and supervise implementation	• F-MoH and S-MoH to lead discussions and determine fair rates and payment modalities for campaigns • NTD implementing partners to be engaged in discussions and adjust their fiscal year budgets	• Collect and analyse campaign financing data • Build an Investment Case to support domestic investment • Advocate for necessary resources and commitment
Stakeholders	• Government/MoH (NPHCDA, Dpt of PH) under the SWAp • Funders and implementing partners (e.g. GAVI, Gates, CDC, USAID, GF, WB, NTD-NGDO) • UN Partners (WHO, UNICEF)	• Ministry of Finance, Ministry of Health (NMEP, NTDs, NPHCDA, NCDC, NAFDAC), Min. of Planning & Budget • Dvlpt Partners group for Health • Governors Forum & State gvts	• Government (MoH, NPHCDA) • State governments • Campaign funders & implementers (GAVI, Gates, CDC, USAID, GF, WB…) • UN Agencies (WHO, UNICEF…)	• Government (MoH, NPHCDA, MoF, MBP) • Campaign funders (GAVI, Gates, CDC, USAID, GF, NTD-NGDO) • UN Agencies (WHO, UNICEF)

Government Priorities

Facilitators: XXXX

NPHCDA's Campaign-Related Priorities & the CAS

The CAS TWG met to respond to and include NPHCDA priority areas in the CAS through a dedicated process (i.e., workshop) with key stakeholders across departments / domains (e.g., malaria, polio) and partners.

1. Identify how CAS will lead to a **reduction in campaigns** & **transition to the PHC system**

   i.e., articulate how CAS will lead to reduction in the number of overall campaigns & transition to the PHC / RI

2. Identify & articulate how **CAS will strengthen the PHC system**

   e.g., how will CAS lead to increased bandwidth for the PHC system?

3. Identify the **challenges that campaigns create**

   i.e., what is their impact on the PHC system

4. Develop the **rationale for campaign delivery**

   i.e., why are interventions, products, or antigens delivered as campaigns

During the recent CAS TWG meeting, the group of cross-department (e.g., MoH, NPHCDA) and partners **identified where to add critical language to the CAS customisation document to highlight these NPHCDA priorities**, leveraging breakout discussions, the **CAS feasibility assessment**, and **global and national guidelines** (e.g., epidemiological profiles, criteria for transition)

NPHCDA Priorities: Strengthening the PHC System

*The **overall objective of the CAS is to eliminate and reduce disease burden through health campaigns with better coverage** (e.g. reducing the number of zero-dose children)**, effectiveness, and equity**. Any action contributing to that goal will free resources, build capacity, and ultimately strengthen the PHC system*

1 HR Bandwidth

Fewer and more efficient campaigns will **free up bandwidth for overburdened health workers** that frequently have to leave their posts to undertake campaigns.

2 Better Tools, Data, & Operations

Harmonizing tools, data, and operations, improving and digitizing data management and identifying and sharing best practices will **support PHC operations & health workers which will ultimately increase the PHC system's capacity**

3 More Capital for PHC

More efficient and harmonised funding will **allow for additional investment by partners and government (e.g., states) in PHC system strengthening**

NPHCDA Priority: Reducing campaigns & transitioning to the PHC

*The CAS will **directly contribute to a reduction in the number of campaigns through improved effectiveness, increased integration, and ultimate transition into the PHC system***

How will CAS help the NPHCDA reach its campaign reduction and transitioning priorities?

1 *Increased integration: The CAS will increase integration of campaigns (e.g., polio, malaria, NTDs) and their components thus, **reducing the number of overall campaigns***

How will CAS achieve this?

- By integrating campaigns (e.g., co-delivery) and / or elements of campaigns (e.g., microplanning), the CAS will reduce the overall number of campaigns on an annual basis

Relevant examples of CAS interventions

- Rec 1b & 1c: 3 year cross-campaign workplan and schedule for campaigns
- Rec 3b: Timely, harmonised funding processes and streams

2 *Increased Effectiveness: The CAS aims to improve the efficiency of campaigns, which will **decrease the overall need for campaigns and the campaign-related strain on the PHC system****

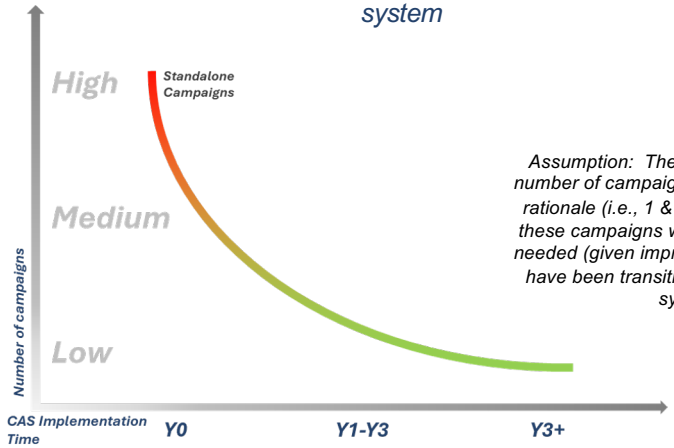
How will CAS achieve this?

- It will allow campaigns to meet their epidemiological thresholds & transition interventions to the PHC system

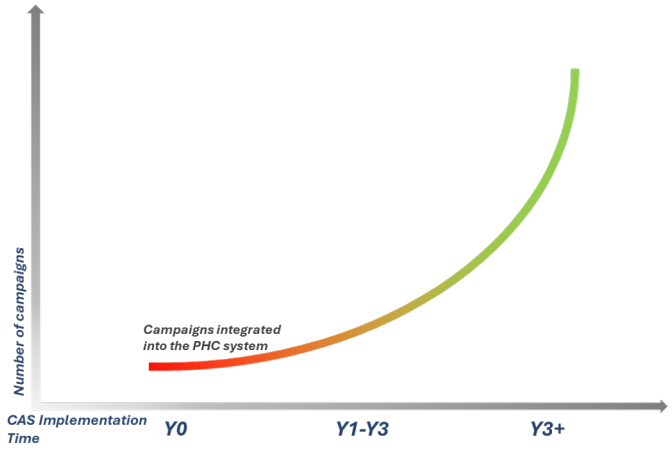
Relevant examples of CAS interventions

- Rec 1d: Highly coordinated and harmonised campaigns (and their logistics & tools)
- Rec 2a & 2b: Streamlined approaches to planning and MERLA

[Directional] Anticipated impact of the CAS on the # of Campaigns and on their integration into the PHC system



Assumption: The CAS will reduce the number of campaigns over time given the rationale (i.e., 1 & 2 on the left side), as these campaigns will either no longer be needed (given improved effectiveness) or have been transitioned to the RI / PHC system



* *The efficiency of campaigns will be measured in line with a renewed MERLA strategy. Existing targets (such as high coverage or decreasing the number of zero-dose children for immunisation activities) should remain ambitious and be achieved with a better use of resources.*

NPHCDA Priority: Challenges that campaigns create

Campaigns create 5 main challenges. *These challenges have been identified in the feasibility assessment and TWG working groups. CAS will directly contribute to partially solving all of them*

1. **Intervention & campaign fatigue**
   - A high number of campaigns leads to **fatigue from teams and the population**. Teams are burdened by additional work and reporting requirements, which can hinder quality (e.g., poor demand creation). Populations are also less accepting of new antigens & sceptical of additional interventions
2. **Suboptimal planning & related inefficiencies**
   - The vast number of campaigns leads to **inadequate planning**. This can **negatively impact campaign quality / effectiveness**
3. **Reduction of Human Resources within the PHC system**
   - Campaigns regularly involve the same teams and health workers for planning/implementation. This **negatively impacts the PHC system with health workers leaving their fixed posts**.
   - Resource fragmentation leads to the same areas being regular outbreak or low coverage sites.
4. **Capital intensive / Inefficient use of resources**
   - Campaigns are expensive to run. **Funding that is used for campaigns could be used for other MOH priorities** including strengthening the PHC system
5. **Limited accountability / Lack of available data**
   - **Poor data quality within campaigns is leading to waste and a lack of ownership and data-driven action from stakeholders**. Additionally, there is a **lack of a clear and enforced accountability framework** for all campaign implementing levels

NPHCDA Priority: Rationale for campaign delivery

While the ultimate objective is to reduce campaigns and transition them to the PHC system, ***campaigns are implemented for specific needs that the PHC often cannot fulfill****. Certain interventions (e.g., products, antigens) currently require campaign delivery given 1 or more of the reasons below:*

Reasons (i.e., rationale) that currently necessitate campaign delivery

1	Awareness raising / prevention	Campaigns are useful to **generate demand** specifically for new products (e.g. HPV vaccine) and to **raise awareness** for prevention purposes. After the first campaigns, these campaigns should be transitioned into the PHC system.
2	Speed/flexibility to respond to outbreaks	Campaigns are typically **faster to meet targets** and **more flexible** compared to the routine system for immunisation. They are therefore **useful in outbreak cases**. These campaigns will need to continue as long as the PHC system is unable to reach herd immunity for diseases.
3	Epidemiology needs	Some diseases have an **epidemiological profile** that mandates a **higher coverage** (e.g. 95% Measles coverage goal) or **specific interventions** (e.g., vector control interventions for malaria) that the PHC system struggles with. For these diseases, specific decisions to undertake campaigns will need to be taken on a case-by-case basis.
4	Hard to reach targets	Some groups are **hard to reach for the PHC system** (e.g., specific populations such as migrants; specific age groups outside of the routine schedule, given security challenges, distance). In order to create herd immunity, campaigns remain useful in these cases (until the PHC system is able to adequately reach them)

Key

- Required even w/ a strong PHC system
- Not required with an adequate PHC system

Key: Number corresponds to reasons for campaign delivery on slide 5 (1)

NPHCDA Priority: Rationale for Campaign Delivery

The following slides present the rationale for campaign style delivery for different interventions, as well as transition plans to the PHC system (if they exist)

Campaign Type		Rationale	Transition threshold and plan
New vaccines (e.g., HPV, MR)		(1) • To create **demand generation** and awareness	• Meant to transition after first campaign
Planned Campaigns	**Polio**	(2) (3) (4) • To **respond to the epidemiological profile** of disease in question (e.g., to reach as many people as possible to **create heard immunity)** • To include/**reach target group** (e.g., specific age group) that is outside of the routine schedule • To reach **hard-to-reach populations** (e.g., migrants) • To **respond to outbreaks**	• Nigeria's goal is to stop polio campaigns by the end of 2024 and transition to the PHC system. • Currently targeted polio campaigns are undertaken based on surveillance data
	Measles		• When the measles coverage goal (e.g., 95%) or herd immunity is met and no outbreaks are occurring, campaigns could be transitioned to the PHC system
	Yellow Fever		• Nigeria already has a transition plan for Yellow Fever to be treated through the PHC system

Key: Number corresponds to reasons for campaign delivery on slide 5 (1)

NPHCDA Priority: Rationale for Campaign Delivery

Campaign Type		Rationale	Transition threshold and plan
Malaria	**Insecticide Treated Nets (ITNs)**	(4) (5) • To **reach community targets** and provide **health education** for use of the nets. Campaigns occur every 3 years in line with the efficiency length of nets.	• It is expected that this intervention will continue as campaigns over the next few years • Transition will depend on lower incidence and on the capacity of routine services to target high risk populations
	Seasonal Malaria Chemoprevention (SMC)	(2) (3) (4) • Campaigns are undertaken in specific areas of high risk/burden of disease targeting children under 5 to **prevent mortality caused by cerebral malaria** • House-to-house campaigns are conducted during high-transmission rainy season for three days every 4-5 months.	• SMC campaigns are often combined with MNCH weeks conducted by the PHC system • There is a plan to integrate SMC campaigns with trachoma/zmax interventions • Integration/transition to PHC system is limited by funders requirements: states funded by Global Fund can sometimes integrate ITN and SMS campaigns, which is not the case for PMI or World Bank funded states
	Indoor Residual Spraying (IRS)	(3) (4) • Specific campaigns are conducted as part for **vector control** in high-risk areas, as outlined in the Malaria strategic plan	• Campaigns stop when disease burden is low & vector controlled (as per Malaria strategic plan)
NTDs	**Oncho (River blindness)**	(3) (4) • Mass-Drug Administration (MDA) campaigns are undertaken annually or bi-annually **where the disease is endemic** with an **elimination goal** • **MDA is needed for the whole community** whenever a case is identified	• Campaigns will stop after elimination of the disease. This threshold has been fully met in 2 states and transmission interrupted in 8 states (total: 10/22 states) • Post-transmission surveillance is conducted by the PHC structure (2 studies must be completed before states are qualified as “interrupted”) • After elimination is achieved, surveillance will transition to the PHC system.

NPHCDA Priority: Rationale for Campaign Delivery

Key: Number corresponds to reasons for campaign delivery on slide 5 (1)

Campaign Type		Rationale	Transition threshold and plan
NTDs	**Schisto**	• **MDA is required for the whole community** whenever a case is identified (3) (4) • Annual campaigns are conducted by community health workers and teachers in schools according to target groups (low, medium and very-high risk)	• There currently is no transition plan in place with surveys and impact assessments undertaken every 5 years • WASH and vector control interventions are integrated with these campaigns
	Trachoma	• MDA campaigns are undertaken in high endemic areas to **complement PHC** (3) (4)	• These campaigns are implemented alongside WASH interventions
	Lymphatic Filariasis	• LF campaigns are undertaken annually for **morbidity management and disability prevention** (MMDP), where the disease is endemic (3) (4) • **MDA campaigns for the whole community are needed** when a case is identified	• Transition to PHC system criteria are similar to Oncho and campaigns will stop with elimination • 19 states have already stopped the administration of LF medicine • The PHC system identifies and manages cases • Where Oncho and LF are endemic, campaigns are co-delivered
	STH	• Like other NTDs, campaigns are conducted annually or bi-annually **depending on the endemicity** (3) (4) • Campaigns are targeting children 5-14 years old and undertaken by community health workers and at schools	• Where the disease is co-endemic with Oncho and LF, campaigns can be co-delivered • Integration with WASH is to be strengthened. • Surveys to identify prevalence are needed to develop a transition plan
Nutrition	**RMNCAEH* +Nutrition**	• Campaigns are undertaken to **complement routine services** at PHC at community level (e.g. family planning uptake campaigns). (1)	• The plan is to integrate these interventions at the service delivery level, ensuring availability of commodities at health centers • MNCH week and ANC campaigns can be leveraged

** Reproductive, Maternal, Newborn, Child, Adolescent and Elderly*

Opportunities for CAS alignment with SWAp

Nigeria Summary: The CAS as a SWAp tool

Nigeria can build on its political momentum with the adoption of the Sector-Wide Approach (SWAp), which the CAS can serve

Nigeria is at a crossroads for health campaigns, and there are critical challenges to overcome

Political Commitment

There is clear commitment at all political levels and within partners in the country towards fewer campaigns, increased campaign efficiency, and integration into the PHC system.

Continuous commitment towards the CAS at the highest-level of government will be critical for its success.

Institutional Knowledge

Nigeria can leverage on its wide government infrastructure, history of improving government collaboration (e.g., PHC Under One Roof), and history of integration.

The country has already demonstrated its potential for campaign integration (e.g. MNCH week; 2022 COVID/Measles/Yellow Fever/Vitamin A/Birth registration campaign; 2024 Measles/Polio integrated campaign).

Near-Term Momentum

Intra- and inter-department norms are changing. A clear first step is to align with the SWAp and foster information sharing (specifically between MOH and NPHCDA).

Furthermore, CAS implementation will need to happen in three distinct phases:

1. Develop norms & anchor to the SWAp
2. Gather necessary insights
3. Systematize collaboration

Bandwidth Constraints

Teams are overburdened at all levels (national and subnational). Additional bandwidth must be freed by rationalising and leveraging existing structures in implementing CAS (e.g., merging working groups or limiting duplication).

The SWAp's Resource Mobilisation TWG work will help to provide additional bandwidth, but more will be needed.

Polio Integration

Polio represents almost half of all identified campaigns in 2019-2026.

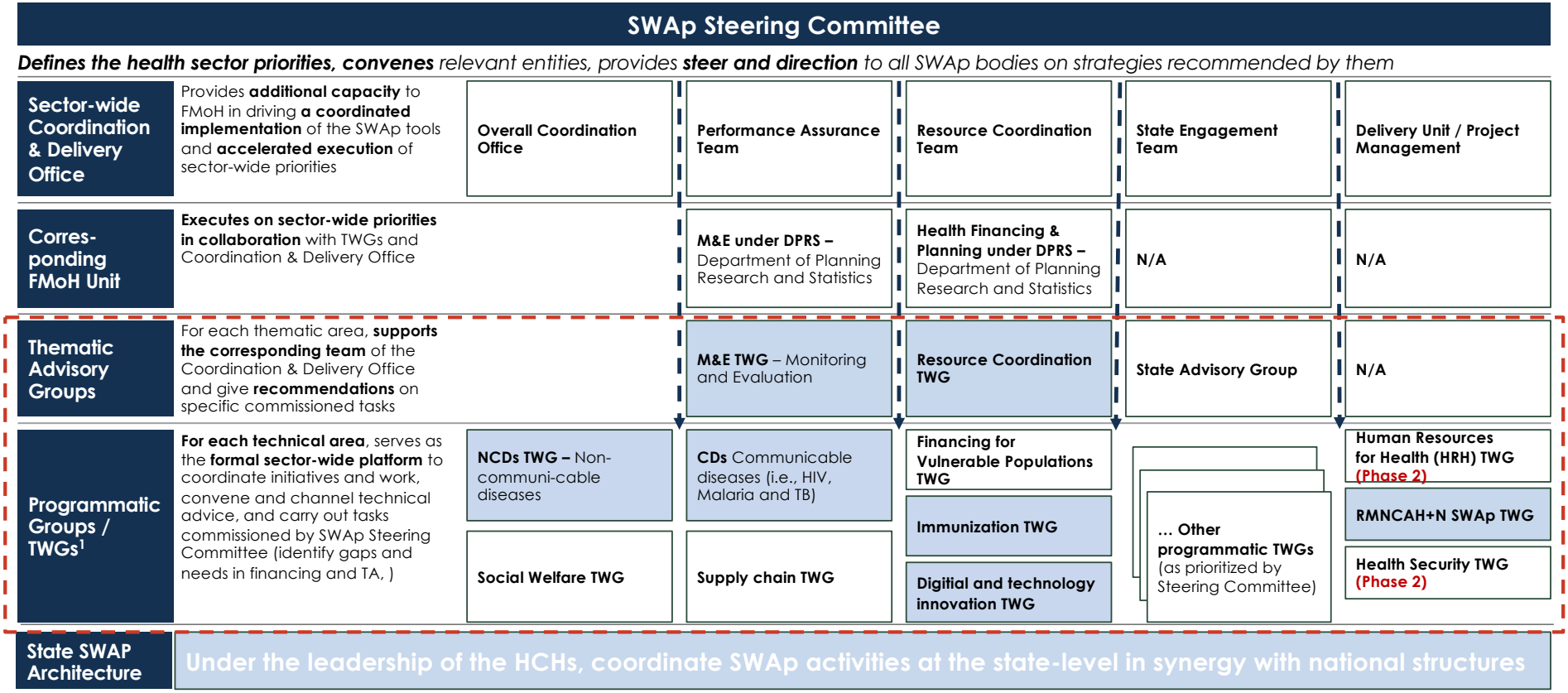
Integration efforts so far rarely included Polio because of different priorities, workforces, methods, etc.

Identifying ways of collaborating more with the Polio campaigns is critical to CAS success.

Collaboration Disincentives

While stakeholders at all levels state a clear fatigue towards the numerous campaigns, there are disincentives to collaboration and integration to overcome (e.g., siloed internal and external working structure; disparate per-diem practices; apprehension towards a perceived decrease in funding or efficiency).

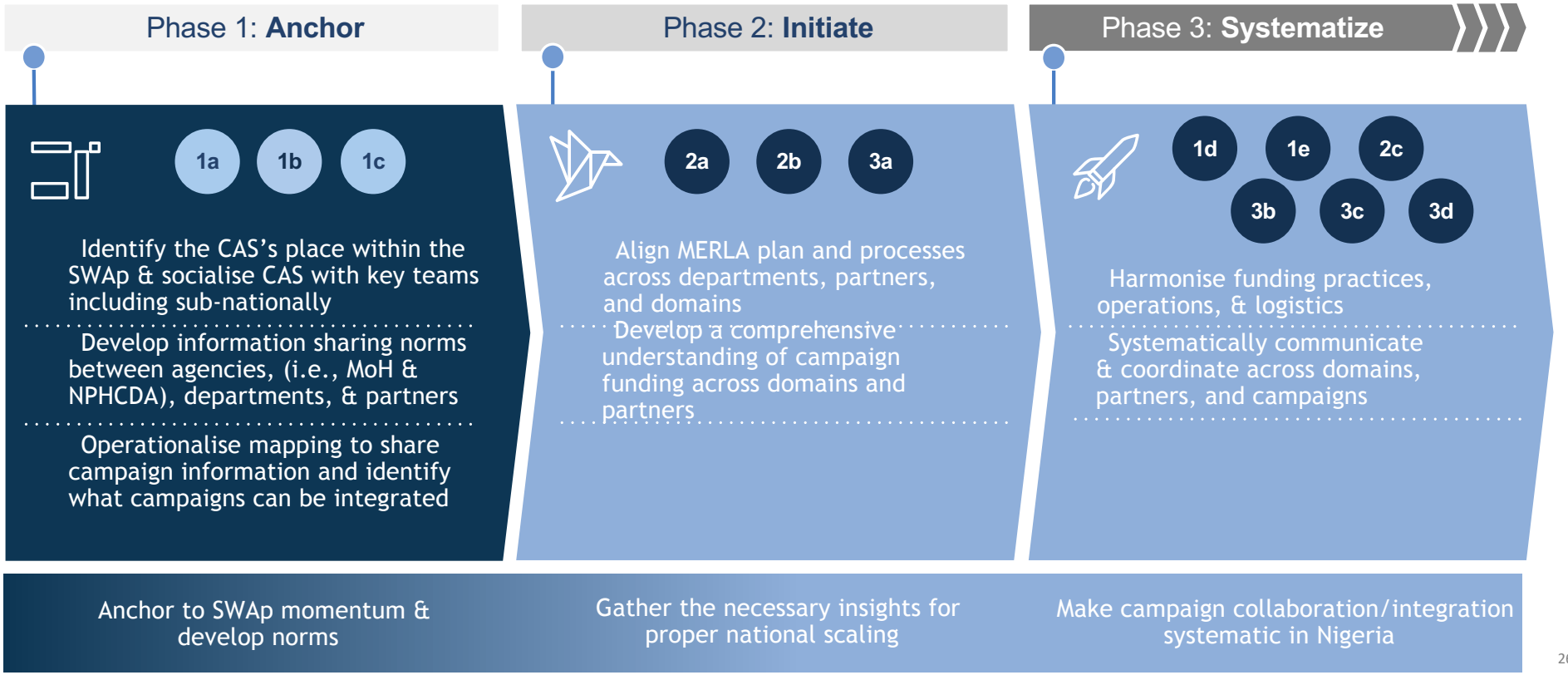
There are opportunities for CAS to be aligned within SWAp governance architecture



1. Thematic/Technical working group

Sequencing of CAS recommendations

In Nigeria, the implementation of the CAS recommendations will need to happen in three distinct phases: 1. Anchor to the SWAp; 2. Develop norms and gather necessary insights; 3. Systematize collaboration/integration in the country



*Anticipated timing to be tested with TWG

Integrating CAS into Nigeria's SWAp: *Key Considerations for Discussion*

- How can CAS be best positioned under the SWAp for it to serve as an Anchor?
- Where do you foresee areas of possible integration of CAS into ongoing SWAp implementation activities?
- What platforms do you see as best to begin socialization of the CAS at sub national level?

Measures of Success

Facilitators: Destiny Chukwu

What is a Theory of Change?

High-level **conceptual model**

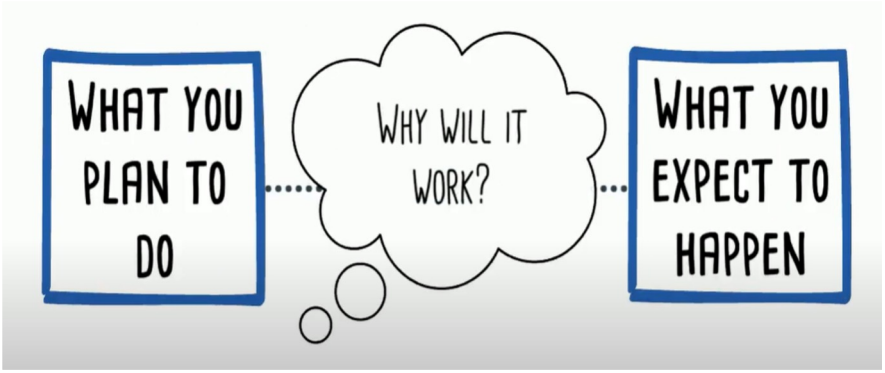
Connects the dots between **what you plan to do** and **what you expect to happen** as a result

Describes **why** the plan will lead to the expected results

Reveals **assumptions**

Modified over time, as needed

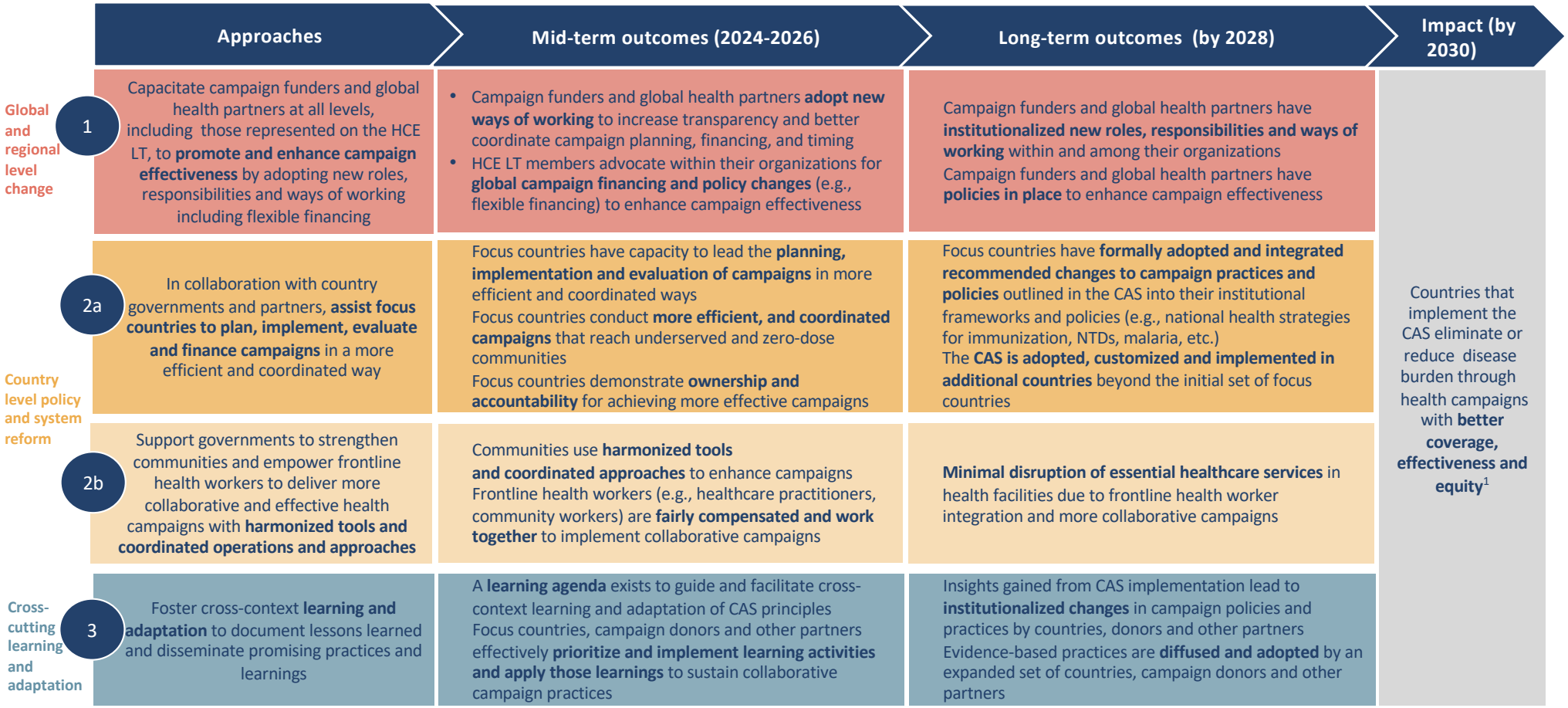
Each focus country will develop their own ToC as part of their CAS MERLA framework



HCE CAS Theory of Change

- Shows the HCE Coalition's expectations for change resulting from CAS implementation
- Highlights three broad approaches to driving change over a 5-year period
  - Global and regional-level change
  - Country-level policy and system reform
  - Cross-cutting learning and adaptation in the health campaign ecosystem
- Aligns mid- and long-term outcomes with each approach and describes overall impact

Collaborative Action Strategy: Theory of Change



[1] *Based on WHO guidance and agreed upon measures of campaign effectiveness (e.g., coverage, equity, sustainability, etc.)*

Country Level Approaches: HCE CAS Theory of Change

	Approaches	Mid-term outcomes (2024-2026)	Long-term outcomes (by 2028)	Impact (by 2030)
Country level policy and system reform 2a	In collaboration with country governments and partners, **assist focus countries to plan, implement, evaluate and finance campaigns** in a more efficient and coordinated way	Focus countries have capacity to lead the **planning, implementation and evaluation of campaigns** in more efficient and coordinated ways Focus countries conduct **more efficient, and coordinated campaigns** that reach underserved and zero-dose communities Focus countries demonstrate **ownership and accountability** for achieving more effective campaigns	Focus countries have **formally adopted and integrated recommended changes to campaign practices and policies** outlined in the CAS into their institutional frameworks and policies (e.g., national health strategies for immunization, NTDs, malaria, etc.) The **CAS is adopted, customized and implemented in additional countries** beyond the initial set of focus countries	Countries that implement the CAS eliminate or reduce disease burden through health campaigns with **better coverage, effectiveness and equity**[1]
2b	Support governments to strengthen communities and empower frontline health workers to deliver more collaborative and effective health campaigns with **harmonized tools and coordinated operations and approaches**	Communities use **harmonized tools and coordinated approaches** to enhance campaigns Frontline health workers (e.g., healthcare practitioners, community workers) are **fairly compensated and work together** to implement collaborative campaigns	**Minimal disruption of essential healthcare services** in health facilities due to frontline health worker integration and more collaborative campaigns	

Why Have a Theory of Change?

Design and Development

- Help plan activities
- Identify specific steps and resources needed to bring about change
- Support development of a logic model and CAS MERLA framework

Evaluation

- Predict the expected changes
- Identify what to measure
- Identify need for adaptation/change

Communication

- Provide visual image of the plan/approach and why it will achieve the desired impact
- Share with partners and others impacted by the plan/approach

Once developed, how could the Nigerian CAS theory of change be used?

How will we measure CAS success in Nigeria?

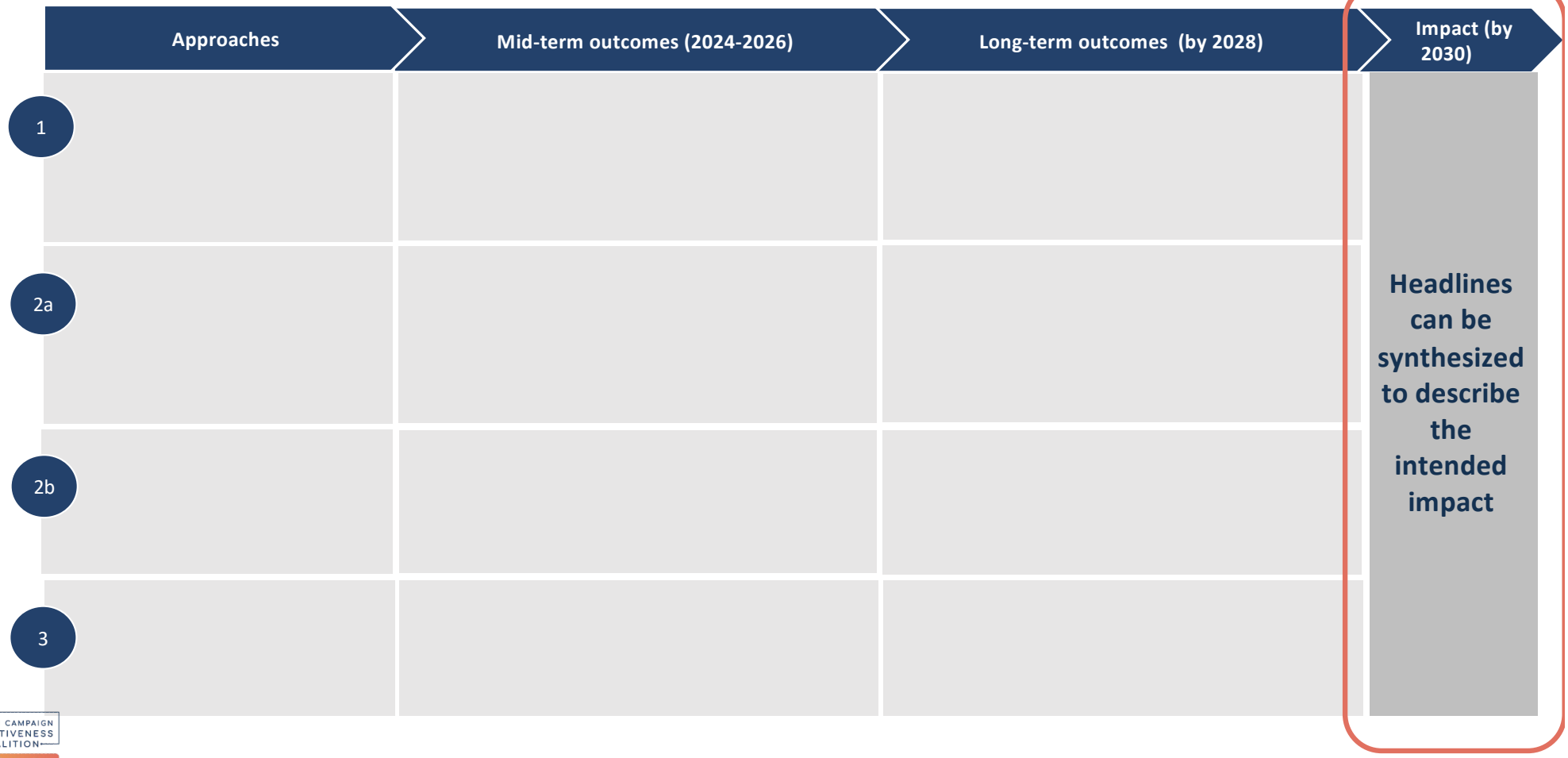
During the July meeting in Abuja, participants created “headlines” to describe the intended impact of the CAS in Nigeria

All headlines summarized into these themes:

- Reduced disease burden and disease elimination
- Improved coverage and reach
- Improved health system
- Improved HW skills and reduced burden on HWs
- Reduced costs
- Optimized campaign planning and tool

Theory of Change: Bookend on the Right

What you expect to happen

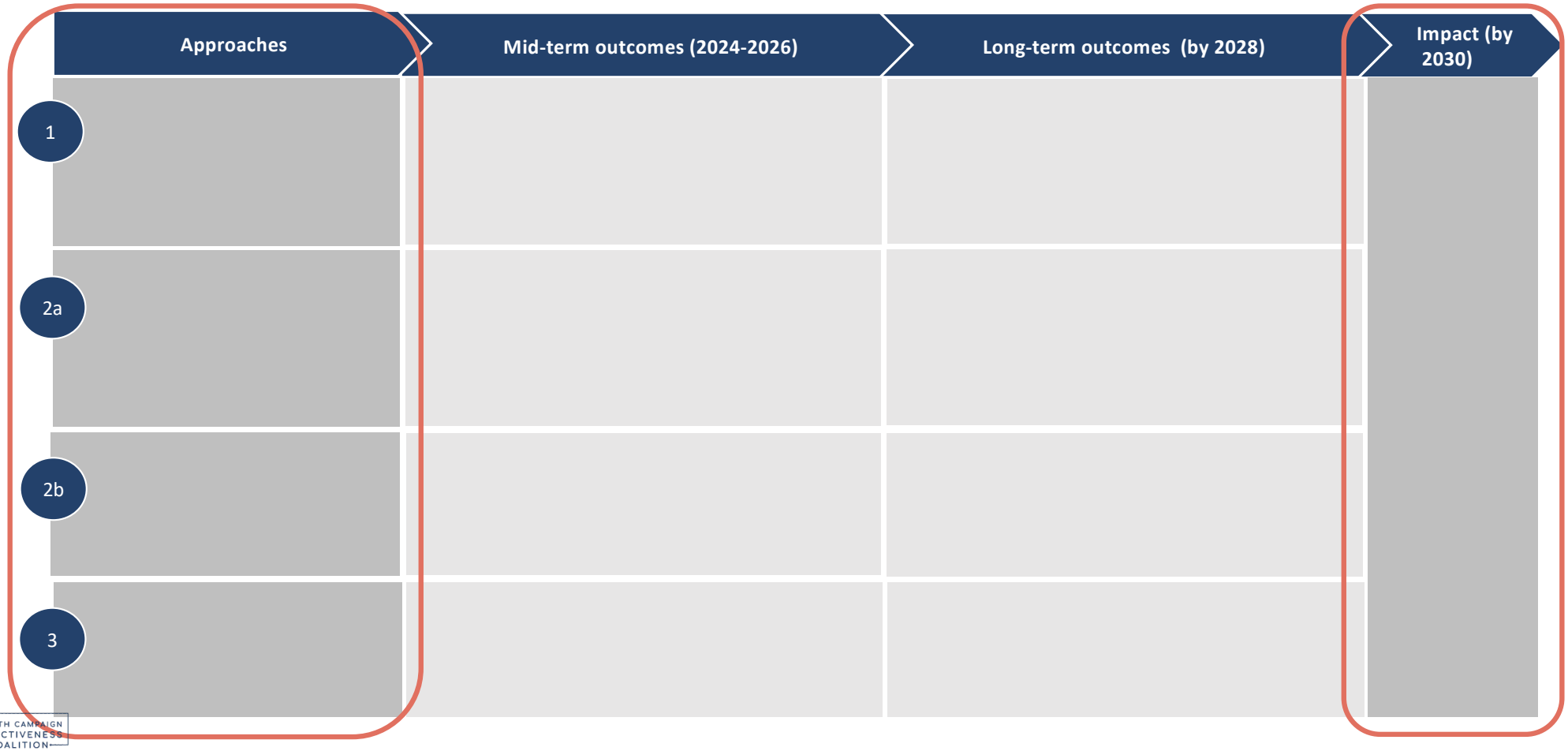


HEALTH CAMPAIGN EFFECTIVENESS COALITION
CAS.tools

Theory of Change: Adding Bookend on the Left

What you plan to do

What you expect to happen



HEALTH CAMPAIGN EFFECTIVENESS COALITION

CAS.tools

What approaches will be used to achieve the intended impact of the CAS in Nigeria?

For Further Consideration…

How can the country-level outcomes in the HCE CAS ToC help inform the mid- and long-term outcomes in the Nigerian CAS ToC?

How should the Nigerian CAS ToC be socialized? With which stakeholders and partners? How?

What are the next steps for developing and “stabilizing” a Nigerian CAS ToC?

Implementation brainstorming session

Facilitators: Sub-group co-leads and HCE Program Office support

Implementation plan drafting

The objective of this afternoon is to initiate the development of the Implementation plan with a comprehensive list of practical tasks.

Objective

Co-develop a **step-by-step implementation plan** for the customised recommendations outlining:

1. **Tasks**
2. **Responsibilities**
3. **Costs/source of funding**
4. **Dates and milestones**

Day 1

Activity 1
Brainstorming of implementation tasks

Tasks were pre-filled in an Excel template based on current N-CAS and co-leads work. If you are satisfied with these tasks, your group can move along to discussing the other topics

Activity 2
Selection/discussion of implementation tasks

Day 2

Activity 3
Content development

Implementation plan monitoring

Select the Date of Review: 29-Aug-24

	Recommendation	Recommendation Lead	Type of tasks	# of Tasks	Starting Date	Ending Date	Status	Progress (% of tasks completed)
BOW 1: Planning and Implementation	1a: Establish a multi-sectoral, cross-campaign National Coordination Body to over CAS activities	TBD	Analysis	2	6-Sep-24	7-Nov-24	Not Started	0%
			Execution	5	0-Jan-00	0-Jan-00		0%
	1b: Identify campaigns for collaboration and integration (including the plan to transitioning them to the PHC system)	To complete	Analysis	5	0-Jan-00	0-Jan-00		0%
			Execution	1	0-Jan-00	0-Jan-00		0%
	1c: Develop a multi-year, cross-campaign workplan and schedule for campaigns	To complete	Analysis	2	0-Jan-00	0-Jan-00		0%
			Execution	3	0-Jan-00	0-Jan-00		0%
	1d: Harmonise tools and operations (e.g., logistics, supply chain, microplanning) across campaigns	To complete	Analysis	3	0-Jan-00	0-Jan-00		0%
			Execution	3	0-Jan-00	0-Jan-00		0%
	1e: Develop a coordinated and effective approach to enable active community engagement at all levels and phases	To complete	Analysis	1	0-Jan-00	0-Jan-00		0%
			Execution	3	0-Jan-00	0-Jan-00		0%
BOW 2: Monitoring, Evaluation, Research, Learning and Adaptation	2a: Develop a coordinated and collaborative cross-campaign MERLA strategy in Nigeria	TBD	Analysis	3	0-Jan-00	0-Jan-00		0%
			Execution	10	20-Sep-24	31-Oct-24	Not Started	0%
	2b: Improve the ability to identify, measure, utilise and share data on campaign effectiveness	To complete	Analysis	3	0-Jan-00	0-Jan-00		0%
			Execution	4	0-Jan-00	0-Jan-00		0%
	2c: At the global level, develop a Learning Platform and a MERLA framework as a practical guidance to countries and global stakeholders	To complete	Analysis	0				
			Execution	0				
BOW 3: Financing and Policy	3a: Create a comprehensive view of campaign financing at the country level	To complete	Analysis	0				
			Execution	3	0-Jan-00	0-Jan-00		0%
	3b: Take incremental steps toward harmonising and aligning campaign financing	0	Analysis	1	0-Jan-00	0-Jan-00		0%
			Execution	2	0-Jan-00	0-Jan-00		0%
	3c: Harmonise and align incentive payment modalities and rates across campaigns	To complete	Analysis	1	0-Jan-00	0-Jan-00		0%
			Execution	5	0-Jan-00	0-Jan-00		0%
	3d: Advance government role in campaign financing - gradually transition campaigns into the PHC system	To complete	Analysis	2	0-Jan-00	0-Jan-00		0%
			Execution	3	0-Jan-00	0-Jan-00		0%

Completed
Ongoing
Stuck
At Risk

Implementation steps brainstorming

*For each recommendation your sub-group customised, can you outline **all the next practical steps** needed for proper implementation **(think without restriction)?***

Plan:

- *20 min* Individually write on post-its
- *5 min* Facilitators organise post-its
- *5 min* Presentation of key ideas
- *30 min* Discussion on the identified implementation tasks

Implementation tasks

*What is **practically needed to implement** CAS recommendations?*

Implementation plan monitoring

Select the Date of Review: 29-Aug-24

	Recommendation	Recommendation Lead	Type of tasks	# of Tasks	Starting Date	Ending Date	Status	Progress (% of task's completed)
BOW 1: Planning and Implementation	1a: Establish a multi-sectoral, cross-campaign National Coordination Body to over CAS activities	TBD	Analysis	2	6-Sep-24	7-Nov-24	Not Started	0%
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	1b: Identify campaigns for collaboration and integration (including the plan to transitioning them to the PHC system)	To complete	Analysis	5	0-Jan-00	0-Jan-00		0%
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			Execution	3	0-Jan-00	0-Jan-00		0%
	1d: Harmonise tools and operations (e.g., logistics, supply chain, microplanning) across campaigns	To complete	Analysis	3	0-Jan-00	0-Jan-00		0%
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			Execution	10	20-Sep-24	31-Oct-24	Not Started	0%
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			Execution	0				
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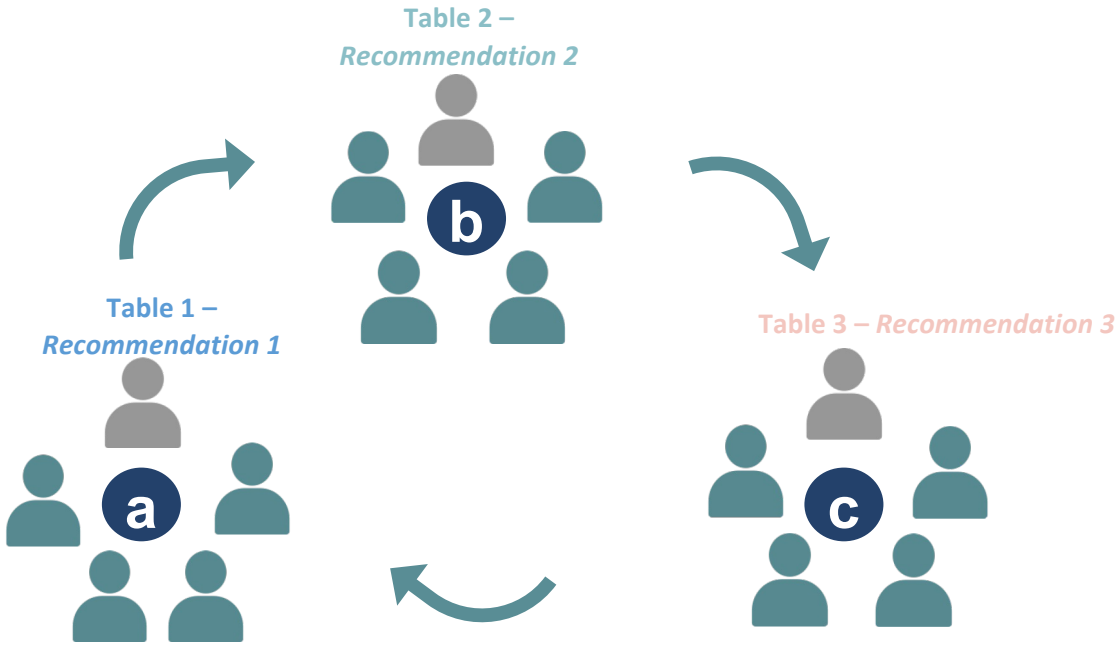
			Execution	2	0-Jan-00	0-Jan-00		0%
	3c: Harmonise and align incentive payment modalities and rates across campaigns	To complete	Analysis	1	0-Jan-00	0-Jan-00		0%
			Execution	5	0-Jan-00	0-Jan-00		0%
	3d: Advance government role in campaign financing - gradually transition campaigns into the PHC system	To complete	Analysis	2	0-Jan-00	0-Jan-00		0%
			Execution	3	0-Jan-00	0-Jan-00		0%

Completed
Ongoing
Stuck
At Risk

World Café overview

One 20-minute round per recommendation



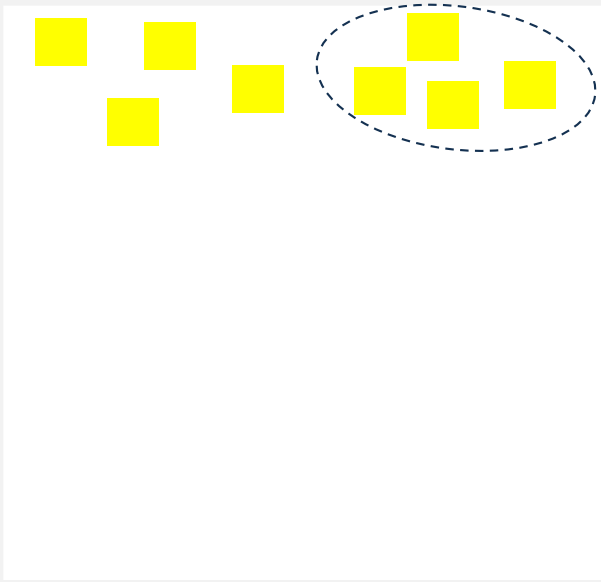
Overview	• **Progressive rounds of discussion** with each round addressing one recommendation • At the end of each round, participants are **invited to move to a different table and continue the process** • Rapporteurs bring **key takeaways** from World Café tables back to full group

Implementation steps selection

Based on your brainstorming exercise, select and prioritise the steps that need to be included in the implementation plan and further developed

Potential implementation tasks

*What is **practically needed to implement** CAS recommendations?*



Implementation tasks to develop

*What steps should be **included in the implementation plan**?*

Share-Out

Facilitators: Sub-group Co-leads

Plenary share-out

1. Each group, can you present the key takeaways from your working sessions preparing the implementation plan? — ***10 min***
2. Other groups, do you have any specific remarks/questions following this presentation? — ***10 min***

Day 2 Agenda – Implementation plan development

Objectives

- Plan the uptake of CAS recommendations and identify tasks and needs for the implementation of the customised CAS
- Showcase responsibilities, milestones and resources needed for the CAS

Time	Topic	Modalities	Activities/Objectives
9:00 – 9:30	**Day 2 presentation**	Plenary	• Description of the activities and objectives of the day
9:30 – 11:00	**Responsibilities**	Sub-group Breakout	• Preliminary identification of funders and stakeholders responsible for the execution of implementation steps as well as of engagement processes
11:00 – 11:15	Break		
11:15 – 12:15	**Dates and Milestones**	Sub-group Breakout	• For each prioritized implementation step, discussion on how long it should take and how it should be approached • Identification of milestones • Discussion on target dates (ideally and realistically)
12:15 – 13:15	Lunch		
13:15 – 15:00	**Costs and Financing**	Sub-group Breakout	• For each prioritised implementation step, discussion on overall cost, available resources, gaps and approaches to solve them • Discussion on ballpark cost estimate (ideally and realistically)
15:00 – 15:15	Break		
15:15 – 16:15	**Implementation plan review**	Plenary	• Share-out of developed elements for each recommendation • Plenary discussion about responsibilities and milestones
16:15 – 16:30	**Day 2 Closing**	Plenary	• Key takeaways from Day 3 and next steps

Implementation Responsibilities

Facilitators: Sub-group Co-leads

Implementation responsibilities

90 mins

For each implementation step, identify key stakeholders/individuals that will be in charge of undertaking and ensuring success

Focus of the session

	Responsibilities	Target dates & Milestones	Cost and source of funding
Task 1: *TBC*			
Task 2: *TBC*			
Task 3: *TBC*			
Task 4: *TBC*			
…			

Prompt

1. What organisations/ individuals should be involved?
2. Who should lead the step?

Dates and Milestones

Facilitators: Sub-group Co-leads

Target dates and Milestones

For each implementation step, identify target start and end dates and key milestones

Focus of the activity

	Responsibilities	Target dates & Milestones	Cost and source of funding
Task 1: *TBC*			
Task 2: *TBC*			
Task 3: *TBC*			
Task 4: *TBC*			
…			

60 mins

Prompt

1. When should each step occur?
2. What are the key milestones in its implementation?

Implementation Costs

Facilitators: Sub-group Co-leads

Implementation costs

For each implementation step, identify costs and potential sources of funding to mobilise

Focus of the session

	Responsibilities	Target dates & Milestones	Cost and source of funding
Task 1: *TBC*			
Task 2: *TBC*			
Task 3: *TBC*			
Task 4: *TBC*			
…			

90 mins

Prompt

1. How would estimate the cost of the step?
2. What sources of funding can be mobilized for it?
3. What funding do you already have? What are the gaps?

Implementation Plan Review

Facilitators: Sub-group Co-leads

Plenary share-out

1. Each group, can you present the key takeaways from your working sessions preparing the implementation plan? — ***10 min /group***
2. Other groups, do you have any specific remarks/questions following this presentation? — ***10 min /group***

Day 3 Agenda – CAS implementation initiation

Objectives

- Plan and start near-term next steps
- Start implementing the CAS in Nigeria with a focus on low-hanging fruit

Time	Topic	Modalities	Activities/Objectives
9:00 – 9:30	**Day 3 Overview**	Plenary	• Description of the activities and objectives of the day
9:30 – 11:00	**P&I activity : Campaign mapping**	Sub-group Breakout	• Initiation of implementation work for:1b (Identify campaign and domains for collaboration and integration): Get familiar with campaign mapping (silent work and discussion)
	MERLA Activity		• Initiation of implementation work for:2a (Cross-campaign MERLA strategy): review of existing MERLA practices
	Financing activity: Info sharing		• Initiation of implementation work for 3a (Comprehensive view of campaign financing) • Sub-group discussion on financial information sharing
11:00 – 11:15	Break		
11:15 – 12:15	**P&I activity : Integration experience**	Sub-group Breakout	• Sub-group discussion on integration experience
	MERLA Activity		
	Financing activity: Info sharing		• Sub-group discussion on financial information sharing
12:15 – 13:45	Lunch		
13:45 – 16:00	**P&I activity : Integration factors**	Sub-group Breakout	• Sub-group discussion on integration criteria and what can and cannot be integrated
	MERLA Activity		
	Financing activity: Integration spectrum		• Sub-group discussion on the financial integration spectrum and financial integration possibilities in Nigeria
16:00 – 16:15	**Day 3 Closing**	Plenary	• Key takeaways from Day 3 and next steps • Closing remarks

Day 3 P&I activities

Get familiar with the campaign map

Review the campaign map for each program to see how the data are represented

90 mins

Go to the following link and answer the prompts on the right:
https://app.powerbi.com/view?r=eyJrIjoiMDY0NTg2NWEtZTcxNy00MTZiLWJmY2ItMGMzNzk0MTM5ZmI4IiwidCI6IjA4ZGE1OTU4LTc4OTAtNDg0Yy1iOTJjLWJhNDk1YjQyMThiZCIsImMiOjZ9

Prompt

1. Does your data appear **as expected** in the campaign map?
2. Would you change anything about **how** your data is displayed?
3. **How often** is your data **updated**? When can we expect campaign plans or forecast for future years, if not available?

Meeting Integration Needs - Reflection on past integration

In order to identify campaign/domain for integration, lessons can be found in past experience

1. Based on your experience, **how has integration happened so far**? Can you describe the process (identification, scope, leaders, impact etc.)? ***60 min***

2. **What factors are most critical** for you to know to approach integration discussions with other programs? (*please complete next slide*) ***90 min***

3. What **facilitated/limited** collaboration and integration for your program? (e.g. funding mechanisms, supply chain, seasonality…) ***30 min***

Discussion support: Integration opportunity matrix

	Immunisation	Malaria	NTDs	Nutrition	NCD screenings
Target pop.					
Geography					
Frequency					
Seasonality					
Point of delivery					
Mode of delivery					
Pharmaceuticals					
Supplies/logistics					
Team composition					
Training					
Job aids					
Census/registration					
Communication					
Supervision					
Data collection/ Monitoring					
Transportation					
Stakeholders					
Funding					
Microplanning					

Day 3 MERLA Activities

Overview

For today's MERLA subgroup session, we aim to achieve the following:

Workshop Objectives

1. Map out existing MERLA initiatives across campaigns.
2. Identify gaps in MERLA practices.
3. Explore opportunities for collaboration.
4. Develop a shared action plan for addressing gaps and enhancing MERLA collaboration.

Agenda

- Document Review and Sharing *(1 hour)*
- MERLA Mapping Exercise *(1.5 hours)*
- Gaps and Opportunities Discussion *(1 hour)*
- Action Plan Development *(1 hour)*
- Next Steps *(30 min)*

Desired Outcomes

- Comprehensive mapping of existing MERLA initiatives.
- A clear understanding of gaps and opportunities.
- Actionable steps to enhance collaboration across campaigns.

Document Review and Individual Reflection

For today's MERLA subgroup session, we aim to achieve the following:

Level	MERLA Tools	MERLA Systems	MERLA Processes
National			
State			
LGA			
HF/ Community			

To be completed during the workshop

Instructions

- *Review existing MERLA documents (brought to the workshop)*
- *Identify the key MERLA tools, systems, or processes used at each level of governance in your program (national, state, LGA, facility/community).*
- *Prepare for Mapping: Write your information on sticky notes. Each sticky note should include:*
  - *The level of governance (e.g., national, state).*
  - *The type of tool, system, or process being used (e.g., DHIS2 for monitoring).*
  - *Any additional context or comments (e.g., frequency of use, data challenges).*

Mapping the Tools, Systems and Processes

For today's MERLA subgroup session, we aim to achieve the following:

Instructions

- ***Mapping Structure***
  - *On a large board/Wall: 3 Categories (Tools, Systems and Processes)*
  - *Each level has its own colour (eg: National, State, LGA, HF/Community)*
- ***Mapping Facilitation***
  - *Participants to come up, one by one, and place their sticky notes under the appropriate level and category.*
  - *Briefly explain the tool, system, or process you are adding:*
    - *How is this tool/system/processes being used?*
    - *What are the strengths and weaknesses of this tool?*
    - *Who is responsible for managing this process at this level?*

Identifying Overlaps, Gaps, and Opportunities

Review of the completed map

Discussion Questions

- **Overlaps**: Where are the same or similar tools/systems being used across levels or campaigns? (e.g., DHIS2 might be used at both the national and LGA levels).

- **Gaps**: Where are MERLA tools, systems, or processes missing? Are there certain levels (e.g., health facilities) where there are no standardized tools or processes?

- **Inefficiencies**: Are there redundant systems or processes? Are there ways to streamline the data collection or reporting systems to avoid duplication?

- **Opportunities**: Where could campaigns collaborate on using the same tools, systems, or processes? How can learnings from one campaign be applied to others?

Instructions

Document the Gaps and Inefficiencies: Use a flip chart to list the key gaps or inefficiencies identified during the group discussion.

Highlight Collaboration Opportunities: Capture opportunities where campaigns or programs could share tools, systems, or learning processes to improve MERLA.

Set Priorities: Vote or rank the most critical gaps or opportunities for collaboration. This will help prioritize the next steps in the action plan

Action Plan Development

For today's MERLA subgroup session, we aim to achieve the following:

Gap/Opportunity	Proposed Action	Responsible Party	Cost Required	Timeline	Deliverable	Follow-Up Mechanism
What is the gap or opportunity to be addressed?	What is the specific action to be taken?	Who is responsible for implementing the action?	What resources (funds, tools, expertise) are needed to carry out the action?	What is the deadline for completing this action?	How will success be measured? What outcome or result will indicate that the action was successful?	How will progress be tracked? How often will follow-ups occur?

To be completed during the workshop

Instructions

- **Form Small Groups:** Divide participants into smaller groups. Grouped administrative level (e.g., national, state, LGA, facility/community) to ensure a variety of perspectives.
- **Provide Action Plan Template**: Give each group an action plan template to fill out
- Each group should focus on one or two key gaps or opportunities and draft actions that are specific, measurable, and time-bound.

Day 3 Financing Activities

Campaign priorities of the main funders

Campaign funding is scattered between different disease domains, with only a few overarching actors funding multiple domains

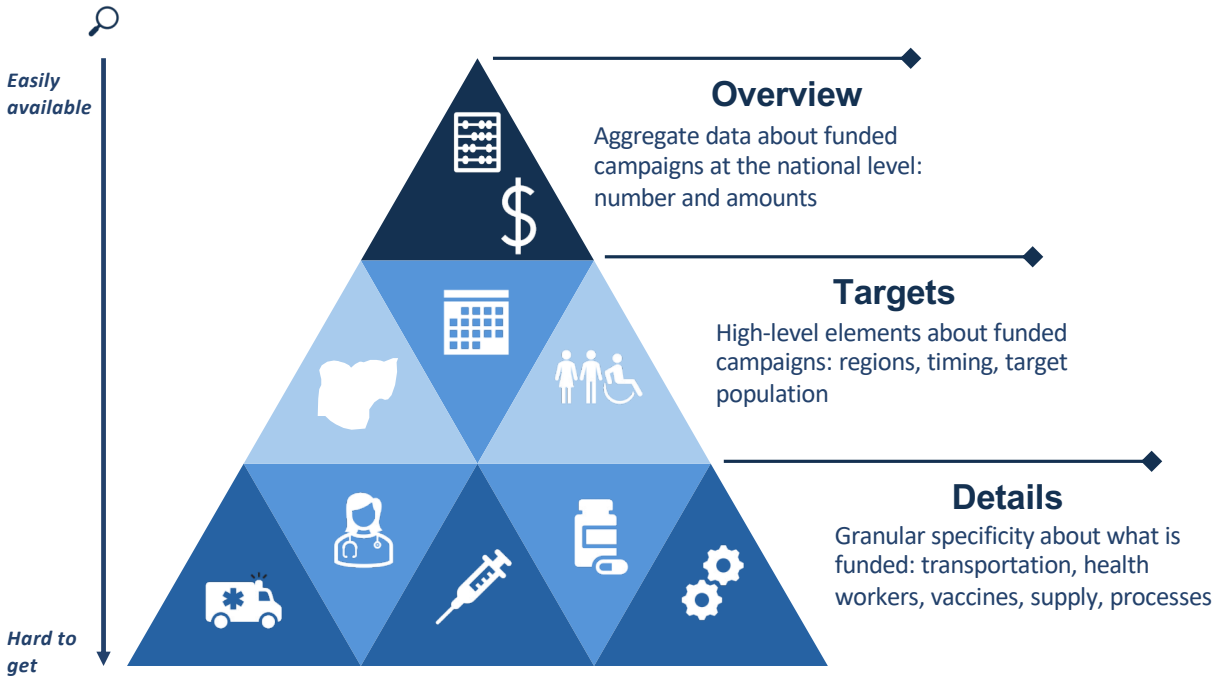
- Among the main funders of campaigns in Nigeria, **only 5 fund more than one campaign domain** (Nigerian and state governments; UNICEF; BMFG and HKI)
- **Polio campaigns are only funded by GPEI.**

	Immunisation	Polio	Nutrition	Malaria	NTDs
Nigerian Gvt	■		■		■
States Gvts	■		■		■
WHO	■				
UNICEF	■		■		■
GAVI	■				
CDC	■				
GPEI		■			
BMGF	■			■	
Global Fund				■	
HKI	■		■		■
Act to End NTDs					■
Sightsavers					■
CDC	■				
USAID				■	
FCDO				■	
PMI				■	
World Bank				■	

Financial Information sharing (1/3)

30 mins

We have been able to identify the main funders for each type of campaigns. However, funding information remains scarce, and gaps need to be filled in order to push for more collaboration between campaigns.



Prompt

1. What information is easy for you to supply?
2. What do you need to know from others to facilitate co-financing/collaboration?

Financial Information sharing (2/3)

60 mins

Today is an opportunity for us to close the knowledge gap and improve the mapping of current and future budgets and financing of campaigns in Nigeria

Domain	Type	# of campaigns	$ Amount	Proportion of funding allocated to Digital health platforms(e.g DHIS2)	Region	Timeline (for the past 5 years)	Target population
Polio							
Immunization	Measles						
	Diphteria; Tetanus						
	...						
Malaria							
NTDs	Schisto						
	STH						
	...						
Nutrition							

To be completed during the workshop

Prompt

1. Do you have **existing organizational policies** guiding your funding of health campaign activities?
2. What campaigns are you **funding currently**? And which do you **plan** to fund?
3. What **knowledge gaps** can you fill? *(now or within the next month)*

Financial Information sharing (3/3)

60 mins

We have the chance to bridge the information gap and enhance the mapping of HCW payments for campaigns in Nigeria today.

Domain	Campaign Type	# of HCWs involved	Amount/HCW	Timeline (for the past 5 years)	Payment method/mechanism	Performance Based?
Polio						
Immunization	Measles					
	Diphteria;Tetanus					
	…					
Malaria						
NTDs	Schisto					
	STH					
	…					
Nutrition						

To be completed during the workshop

Prompt

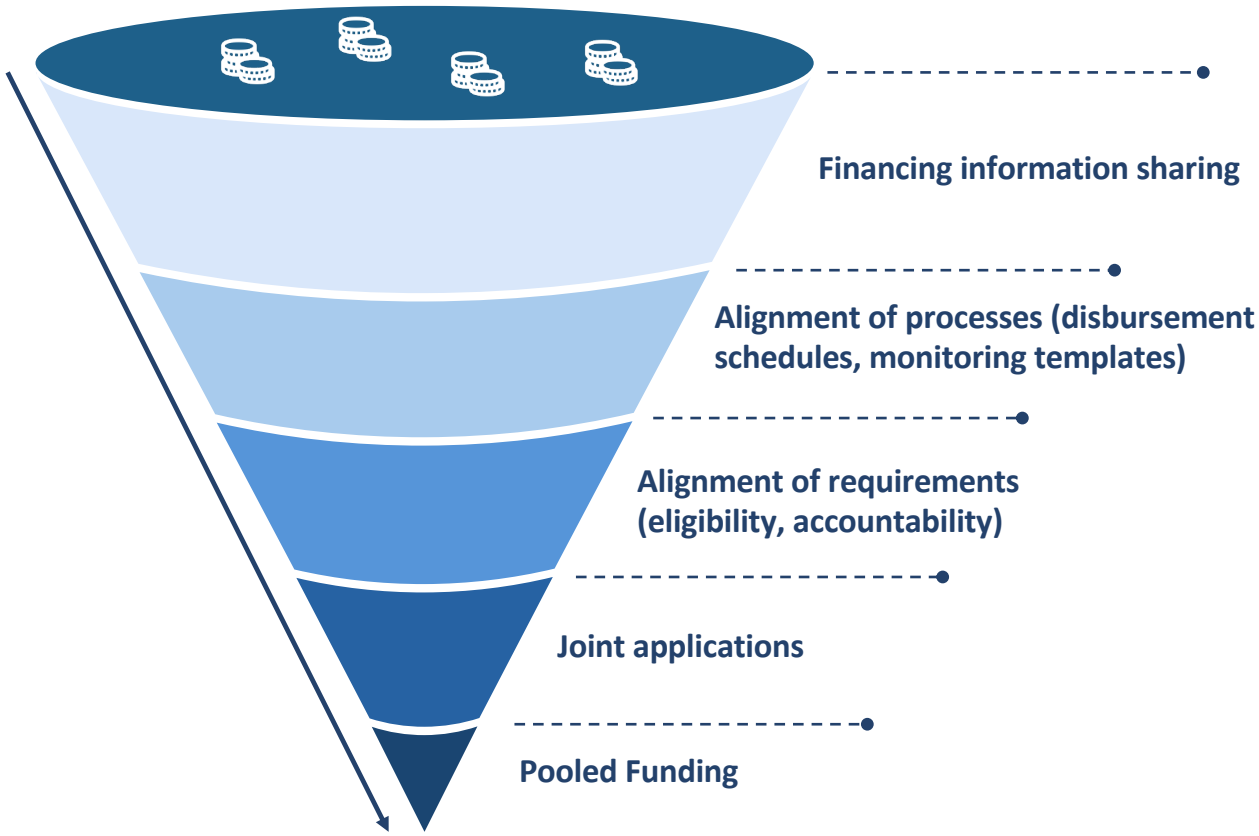
1. Does your organization have **policies regarding payments** to HCWs during health campaigns (e.g., salaries, per diems, stipends)?
2. What factors influence the **variability of payments** (e.g., location, experience, gender)?
3. What do you think should be considered when determining a **fair payment rate** for campaign workers to deliver more integrated campaigns?

Afternoon

Financing Integration spectrum (1/4)

30 mins

Financial integration is multi-dimensional with multiple collaborative solutions open to campaign funders, adapted to different contexts



Prompt

1. Would you **change** this spectrum?
2. Where do you think it is **realistic to aim** for in terms of financial integration?
3. What are your views on the use of **pooled or integrated** funding mechanisms in Nigeria?

Financing Integration spectrum (2/4)

30 mins

Financial integration is multi-dimensional with multiple collaborative solutions open to campaign funders, adapted to different contexts

Level of Government	Mechanism of collaboration[1]	Presence of defined collaboration structure	Nature of financing and resource sharing[2]	Mode of progress reporting and communication

To be completed during the workshop

1: e.g..Joint planning and strategy sessions, Co-financing or cost-sharing of campaign activities, Technical assistance or advisory roles, Capacity building for government staff, Others

2. e.g Co-financing of campaigns, Direct funding to government agencies, Provision of grants or subsidies, Others

Prompt

1. Do you **collaborate with national and subnational government agencies** to carry out health campaign interventions?

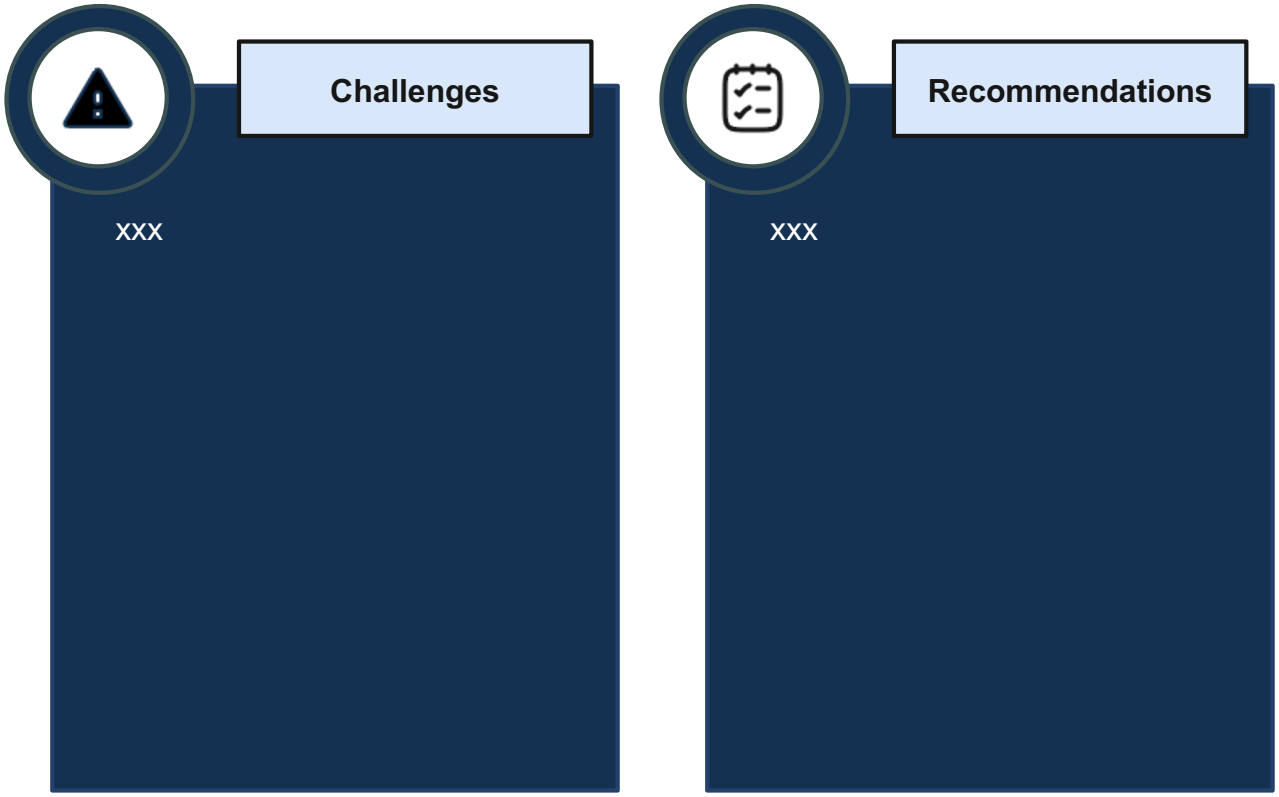
2. Does your organization have **mechanisms in place to ensure accountability** for the funds disbursed for health campaigns in Nigeria?

   If yes, what are they and how are they used?

Financing Integration spectrum (3/4)

30 mins

Financial integration is multi-dimensional with multiple collaborative solutions open to campaign funders, adapted to different contexts



Prompt

1 What are some of the **challenges** you think could potentially be encountered across the different dimensions of the spectrum?

Financing Integration spectrum (4/4)

30 mins

Financial integration is multi-dimensional with multiple collaborative solutions open to campaign funders, adapted to different contexts

Domain	Campaign Type	Funder	Period of campaign	Effectiveness of campaign (On a scale of 1 – 5)
Polio				
Immunization	Measles			
	Diphteria;Tetanus			
	…			
Malaria				
NTDs	Schisto			
	STH			
	…			
Nutrition				

To be completed during the workshop

Prompt

1. Is there any instance in which **pooled or integrated funding** is currently being used, or has been used, for health campaign financing?

Day 4 Agenda – CAS implementation initiation and workshop closing

Objectives

- Plan and start near-term next steps and start implementing the CAS in Nigeria with a focus on low-hanging fruits

Time	Topic	Modalities	Activities/Objectives
9:00 – 9:30	**Day 4 Overview**	Plenary	• Description of the activities and objectives of the day
9:30 – 11:00	**P&I Activity – Integration opportunities**	Sub-group Breakout	• Collective thinking on 2025 integration opportunities and next steps to seize them
	MERLA Activity – TBD		• Sub-group discussion on an expanded definition of campaign effectiveness in Nigeria, measurement challenges and strategies
	Financing Activity - Accountability		• Sub-group discussion on Monitoring and accountability
11:00 – 11:15	Break		
11:15 – 12:45	**Plenary share-out**	Plenary	• Share-out of Days 3 and 4 sub-group work to the whole group (30 minutes per group)
12:45 – 13:00	**Day 4 Closing**	Plenary	• Key takeaways from Day 4 and next steps • Closing remarks (including post-workshop survey)
13:00 – 14:00	Lunch		
14:00 – 15:00	**Pause & Reflect session**	Co-leads and MoH/NPHCDA CAS focal points only	• Individual reflection on CAS implementation followed by a roundtable discussion

Day 4 P&I activities

Identify opportunities for integration (1/2)

Based on the criteria discussed before, let's explore the opportunities for 2025 .

Activity: *On post-its, please write the name of the programs you could see integrated (and in parenthesis what could be integrated) and the ones that are incompatible (with the reasons in parenthesis)?*

Plan:

- *30 min* Individually write on post-its
- *5 min* Facilitators organise post-its
- *5 min* Presentation of key ideas
- *30 min* Discussion on the identified integration opportunities

Color Key:

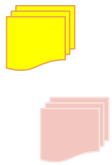
- **Yellow:** Integration opportunity
- **Pink :** Incompatibility - impossibility

Integration opportunities

*What programs **do you see integrating?** In **what dimensions?***

Incompatibilities

*What programs do you see as **impossible to integrate?***



Identify opportunities for integration (2/2)

In order to identify campaign/domain for integration, lessons can be found in past experience

1. What **additional information do you need** to know from other programs to inform preliminary collaboration and integration discussions? — ***10 min***

2. What **barriers do you have** to collaboration and integration for your program? Why did you identify specific programs as incompatible? — ***10 min***

3. What **low-hanging fruits/easy next steps** do you see to seize the opportunities identified today? — ***10 min***

Day 4 MERLA Activities

Overview

For today's MERLA subgroup session, we aim to achieve the following:

Workshop Objectives

Identify and Discuss Current Measurement Challenges

1. To identify key challenges the team faces in measuring campaign effectiveness.

   To examine specific scenarios where these challenges impacted campaign outcomes.

Explore Effective Measurement Strategies

2. To review traditional and expanded definitions of campaign effectiveness and discuss how they apply to current and upcoming campaigns.

   To explore potential measurement strategies that could be implemented to overcome identified challenges for upcoming campaigns.

3. **Evaluate Trade-offs in Campaign Effectiveness Measurement Strategies**

Agenda (90 mins)

- Defining Campaign Effectiveness
- Current Measurement Challenges
- Scenario Discussion
- Group Activity

Expanded Definition of Campaign Effectiveness

CAS proposes a list of parameters and indicators as a guidance to expand the definition of campaign effectiveness, traditionally measured through coverage

Parameter	Examples of suggested measures
	Traditional definition of campaign effectiveness
Coverage	• Target pop. • Detection/diagnosis • Results/ outcomes • Prevention • Treatment
	Expanded definition of campaign effectiveness
Efficiency	• Budget/cost • Human Resources • Timing
Equity	• Socioeconomic factors
Availability	• Products available • Budget available
Access	• Mean distance • Perceived quality • Eligible population
Service quality	• Timeliness • Safety measures • Defects in products
Clinical outcomes	• Disease prevalence • Mortality • Side effects
Resilience & responsiveness	• Supply chain indicators • Emergency response plan
Community awareness	• Share of pop. informed about campaigns • Share of pop. trusting campaigns
Community engagement	• Share of pop. opposing campaigns • Share of pop. involved in implementing campaigns

Prompt

1. Under the highlighted parameters, what are examples of measures for the Nigerian context?
2. How do we measure them?

Current Measurement Challenges

Case Example: Measuring Coverage for NTDs in Rural Nigeria

In rural regions of Nigeria, a Schistosomiasis control campaign initially reported a 90% medication distribution rate among the targeted population. However, a post-campaign survey designed to validate these figures revealed that the actual medication uptake was around 70%. Key challenges identified included:

- **Logistical Challenges:** Difficulties in accessing remote areas during the rainy season hindered effective medication distribution and reliable data collection.
- **Data Recording Errors:** Discrepancies in local health worker reports and central data records due to manual data handling and lack of training.
- **Community Mistrust:** Skepticism towards healthcare providers and misunderstanding of treatment benefits.

Prompt

1. Can anyone share a similar challenge they've faced in measuring post campaign coverage in their health domain? How did you address these issues?
2. Are there lessons from other health campaigns, that could be applied to NTD campaigns to improve coverage measurement?

Scenario Discussion (Group 1)

Scenario 1: Efficiency, Access, and Clinical Outcomes in a Malaria Eradication Campaign

In an ambitious malaria eradication campaign, the Nigerian Ministry of Health targets the distribution of over two million doses of artemisinin-based combination therapies (ACTs) and one million rapid diagnostic tests (RDTs) across high-burden Local Government Areas (LGAs) in Borno State, including Maiduguri, Jere, and Konduga. These areas are known for their challenging logistics due to ongoing conflict, poor infrastructure, and frequent displacement of populations. Concurrently, a nutrition supplementation (VAS) program for children is being rolled out, which can either complement or complicate the malaria campaign depending on the coordination between the two initiatives. Previous efforts have been hampered by delays in supply chain logistics, mismatches in resource allocation, and significant data collection challenges impacting the evaluation of treatment efficacy and overall health outcomes.

Efficiency: What evaluation strategies can be utilized to measure the efficiency (transport delays, stock outs) of supply chain management in the distribution of VAS, RDTs, and ACTs?

Access Monitoring: What adaptive monitoring strategies are necessary to account for the dynamic population movements within these LGAs?

Clinical Outcomes: What collaborative data collection strategies can be employed across the malaria and nutrition programs to enhance the reliability of health outcome(reduction in malaria incidence, treatment efficacy, etc)

Scenario Discussion (Group 2)

Scenario 2: Equity and Service Quality in a Measles Immunization Campaign

The Lagos State Health Ministry is launching a measles immunization campaign targeting children under five in high-burden LGAs such as Alimosho, Ajeromi-Ifelodun, and Kosofe. These areas have recorded high measles incidence rates and display significant variations in socioeconomic conditions, which historically have influenced immunization uptake. The campaign is set to run alongside ongoing polio eradication efforts, requiring careful coordination to maximize resource utilization and minimize service disruption. Challenges include ensuring equitable access to vaccines, maintaining high service quality amidst high patient volumes, and overcoming cultural resistance in diverse communities.

Efficiency: What evaluation strategies can be utilized to measure the efficiency (transport delays, stock outs) of supply chain management in the distribution of VAS, RDTs, and ACTs?

Access Monitoring: What adaptive monitoring strategies are necessary to account for the dynamic population movements within these LGAs?

Clinical Outcomes: What collaborative data collection strategies can be employed across the malaria and nutrition programs to enhance the reliability of health outcome(reduction in malaria incidence, treatment efficacy, etc)

Exercise to review Global MERLA Indicators to be vetted by participants (placeholder)

Day 4 Financing Activities

Monitoring and accountability(1/2)

60 mins

For each of the questions highlighted below, kindly answer 'yes' or 'no'

Category	Checklist Item	Response
A. Addressing public health priorities and vulnerable populations	Does the campaign align with identified priority public health needs in Nigeria?	
	Has a needs assessment been conducted to identify the most pressing health challenges?	
	Are interventions designed to address specific gaps in public health services?	
	Does the campaign specifically target vulnerable or underserved populations?	
	Are there criteria to define and prioritize vulnerable groups?	
	Is there a mechanism to assess whether the campaign effectively reaches these populations?	
	Does the campaign's M&E framework include indicators to assess geographical coverage?	
	Are baseline data collected and compared with post-campaign results to evaluate improvement?	
B. Financing efficiency and impact	Are campaign budgets clearly defined, with specific allocations to each intervention?	
	Is there a system in place to track how funds are allocated and used?	
	Are mechanisms in place to monitor the cost-effectiveness of campaign activities?	
	Does the campaign use financial reporting and auditing to ensure funds are not mismanaged?	
	Are there benchmarks for measuring financial efficiency?	
	Does the M&E framework assess the cost-effectiveness of interventions?	
	Are there provisions for regular financial audits or reviews?	
	Are funding discrepancies or inefficiencies addressed promptly?	

Monitoring and accountability(2/2)

60 mins

For each of the questions highlighted below, kindly answer 'yes' or 'no'

Category	Checklist Item	Response
C. Accountability and transparency	Are regular financial and programmatic reports shared with stakeholders?	
	Is there transparency in how funds are distributed and used?	
	Are campaign results and financial reports accessible to the public?	
	Does the campaign have a feedback mechanism for the community to raise concerns?	
	Does the M&E system include mechanisms for identifying and correcting issues?	
	Are lessons learned from past campaigns incorporated into future planning?	
	Are there clear goals and outcomes defined for the health campaign?	
	Does the M&E framework include outcome indicators linked to financial inputs?	
D. Campaign Impact	Is the acceptability of the campaign interventions monitored?	
	Are impacts of the campaign on health outcomes regularly assessed?	
	Are regular reviews of campaign financing and performance conducted?	
E. Recommendations for Improvement	Is data from M&E used to inform future budget allocations?	
	Are best practices and lessons learned documented and shared?	
	Are successful strategies scaled up or replicated in other health campaigns?	
	Are resources allocated efficiently based on identified needs?	

Questions to be answered

Questions	Respondent
1 How much investment has your organization made in health campaigns in Nigeria over the past five years? Are there specific geographical areas of focus? *Provide relevant documents to support analysis*	Funder
2 How much money has been disbursed to your organization to implement health campaigns in Nigeria over the past five years? Are there specific geographical areas of focus? *Provide relevant documents to support analysis*	Partner
3 Do you have organizational plans for transitioning out of campaigns? If yes, how do you execute them? What are the barriers and enablers of the plan?	Funder/Partner
4 How does your organization ensure that funds contributed to health campaigns are used efficiently and achieve the desired outcomes?	Funder/Partner

Plenary Share-Out

Facilitators: Sub-group Co-leads

Plenary share-out

1. Each group, can you present the key takeaways from your working sessions of Days 3 and 4? — ***15 min /group***
2. Other groups, do you have any specific remarks/questions following this presentation? — ***15 min /group***

Pause & Reflect Session

Facilitators: Destiny Chukwu / Abdu Adamu

Individual reflection on CAS implementation

50 mins

CAS was initiated in early 2024 in Nigeria and we can already gather constructive feedback about its process, from inception through customization to implementation planning

Activity: *On post-it notes (or reflection forms), please write your thoughts on what went well (or less well) in the CAS process so far and answer the prompt on the right.*

Plan:

- *20 min* Individually write on post-its
- *5 min* Facilitators organise post-its
- *5 min* Presentation of key ideas
- *20 min* Discussion on key lessons

Key lessons on CAS implementation

Prompt

1. How do you **assess the past 4 days?**
2. Looking back, what are the **key successes** and **challenges** for CAS/campaign integration process?
3. How do you **envision the implementation of CAS in Nigeria** in coming months?

Open floor

1. Any not addressed **additional feedback?**

2. What key **points of interest** should the learning team focus on?

PARKING LOT (resource slides)

Funding of CAS activities

60 mins

Going beyond CAS Customisation will necessitate mobilisation of teams at all levels and specific funding.

GAVI is the only identified funder with available resources

	Activities	Amount	Funding sources
Initiation	• *Stand up TWG and sub-groups* • *Conduct kick-off meeting*	*Already paid*	*GAVI*
CAS Customisation	• Conduct CAS Customisation workshop • Review the Nigeria CAS	**₦ 70.5M** **$ 45.7k**	GAVI
Implementation planning	• Draft CAS Implementation plan • Launch CAS at National level • Launch CAS at Subnational level	**₦ 102.7M** **$ 66.5k**	TBD
CAS Implementation	• Develop an integrated Health Campaign Supervisory Checklist • Deploy supervisors to support integrated measles/MAM campaigns • Develop post-CAS implementation evaluation questionnaire • Conduct CAS post-implementation evaluation at national, state and LGA level and document lessons learned • Disseminate lessons learned	**₦ 83.5M** **$ 54k** ***+ TBD based on impl. plan***	TBD

Prompt

1. Do you have financial resources available for any activities?
2. What information do you need to be able to fund?