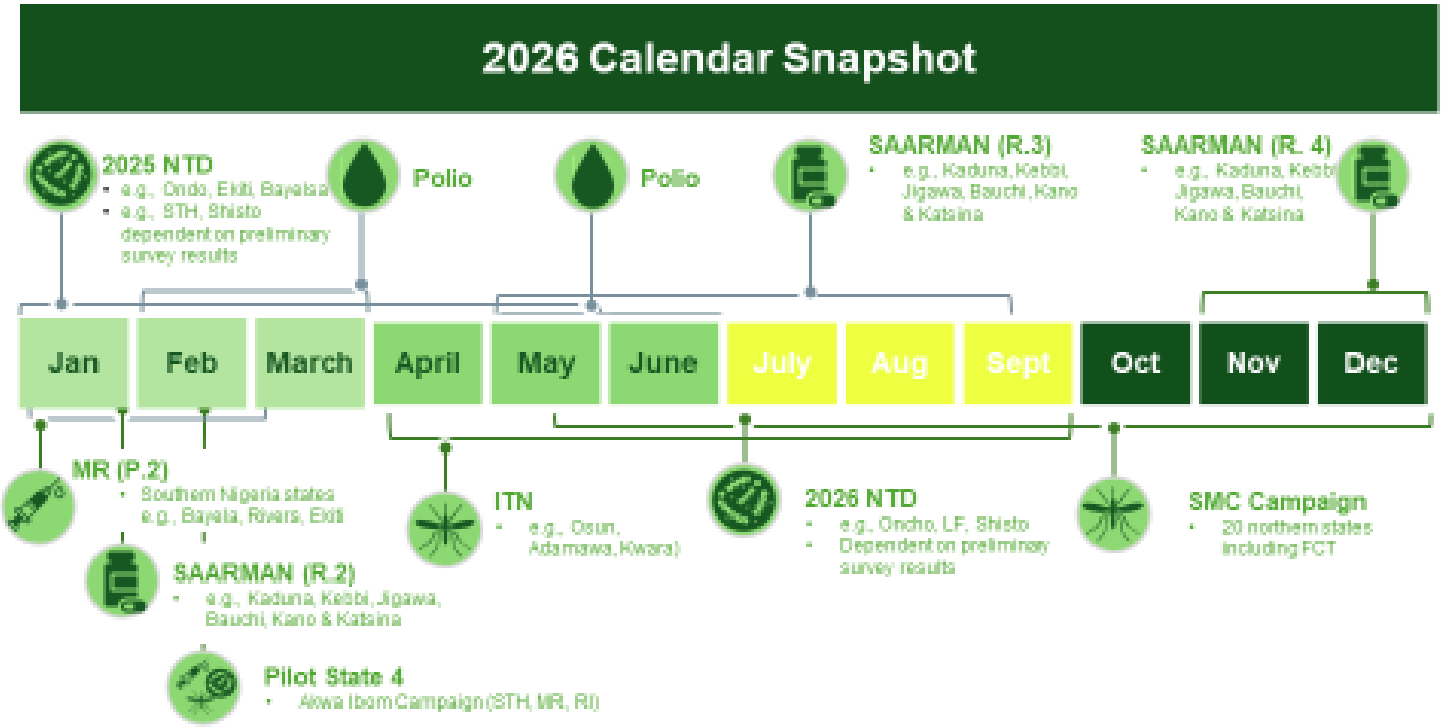
HEALTH CAMPAIGN EFFECTIVENESS COALITION
Strengthen Systems. Maximize Impact.

Campaign Calendar

Identifying Potential Opportunities

Identifying Potential Opportunities for Integration

- A consolidated campaign calendar allows programmes to see side by side campaigns that are normally planned in isolation
- Calendar overlap identifies a possible opportunity
- It does not determine that campaigns should be integrated



Integration Prioritization: Decision Making Criteria

Based on the cross-department campaign calendar, lessons learned in 2025 Pilot States, the following decision-making criteria was developed and used by all campaign departments and implementing partners to prioritize integrations in 2026

6 areas were considered in building the integrations plans for 2026

1 Tier Decision Making Criteria

Location Overlap	Timing Overlap
Overview: The location of the campaigns is fixed. Is there geographic overlap between 2 or more planned campaigns?	*Overview: The timing of the campaigns can be slightly flexible but is often fixed[1]. Therefor, is there timing overlap between 2 or more planned campaigns?*
Example: Polio and Trachoma campaigns with LGA overlap in Kano	*Example: Polio and Trachoma campaigns with LGA overlap in Kano in Sept*

2 Tier Decision Making Criteria

State Political Will & Readiness	Readiness of Implementing Partners / Department
Overview: Lessons learned in 2025 pilot states taught us that the political will of the state and relationship between the SPHCDA and SFOM are key	*Overview: Lessons learned pilot states showed that the willingness & readiness of the IP to integrate is key. Also, certain departments have more experience than others with integration*
Example: Yobe has strong political will for integration and relationships across department	*Example 1: Mitosath has proactively reached out asking to be part of integrations in 2026.* *Example 2: NTDs & MR / Polio integrated in 2025 outside their respective departments. Malaria did but within its dept.*

3 Tier Decision Making Criteria

Target Population	Method / Point of Delivery
Overview: While not a necessary criteria for integration, target population overlap makes efforts slightly less complicated	*Overview: While not a necessary criteria for integration, aligned points of delivery make co-delivery integration less complicated*
Example: Polio and STH campaigns target children	*Example: Polio and NTD (Oncho) traditionally deliver via house to house*

1. Some campaigns are dependent on weather (e.g., SMC) and have limited flexible to shift. This was considered wen developing the priority integrations in 2026

2026 Integrated Campaign Calendar

1st Tier Decision Making Criteria

	March	April	May	June	July
Malaria	Kebbi (ITN)	Kebbi (ITN-cont.)	Osun (ITN)	15 States (SMC), incl. Kogi, Benue, Kano, Kaduna, Jigawa, Kwara, Yobe, Niger, Taraba	21 States (SMC), incl. Adamawa, Bauchi, Kwara, Borno, Kebbi, Sokoto, Katsina, Zamfara
			Nasarawa (SMC)		
	Osun (ITN)		Kogi (SMC) / FCT (SMC)	Osun (ITN-cont.)	Bauchi (ITN)
	Kwara (ITN) / Adamawa (ITN)		Oyo (SMC) / Akwa Ibom (ITN)	Akwa Ibom (ITN-cont.)	Adamawa (ITN) / Kwara (ITN)
NTD	Benue (O/LF) / Lagos (LF) / Borno (SCH)	Borno (SCH/T) / Yobe (SCH) / Osun (OV) / CrossR (SCH/STH)	Bauchi (SCH) / Kano (STH)	Yobe (T) / Kogi (O)	Borno (O/LF)
	Cross R (O) / Ondo (O) / Zamfara (LF)	Kwara (SCH/STH) / Zamfara (SCH/STH) / Ekiti (O) / Sokoto (SCH)	Borno (T –cont.) / Osun (O)	Benue (O/LF)	
	Ekiti (O) / Oyo (O/LF) / Ogun (O/LF)	Kebbi (STH)) / Kaduna (SCH/STH) / Kogi (STH) / FCT (SCH)	Taraba (SCH/STH) / Lagos (LF)	Ondo (SCH/STH)	
	Kaduna (O/LF) / Kogi (O) / Kano & Yobe (SCH)	Lagos (STH) / Kano (SCH) / Benue (SCH/STH) / Ondo (O)	Niger (SCH/STH)	Ekiti (SCH/STH)	
RI	Bauchi / Borno / Edo	Bauchi / Borno / Katsina			
	Gombe / Imo / Jigawa	Gombe / Yobe / Jigawa			
	Kaduna / Kano / Katsina	Kaduna / Kano / Edo			
	Kebbi / Lagos / Yobe	Kebbi / Lagos / Imo			
Polio	Kebbi	Yobe / Bauchi / Borno	Bauchi / Adamawa	Niger / Kebbi	
	Sokoto	Gombe / Kano / Jigawa	Kano / Gombe	Yobe / Sokoto	
	Zamfara	Katsina / Kaduna / Kwara	Borno / Kaduna	Kwara / Katsina	
		Adamawa / Nasarawa	Jigawa	Zamfara	
SAARMAN		Adamawa	Bauchi	Kaduna	
		Gombe	Katsina	Jigawa	
		Zamfara	Yobe	Kano	
			Sokoto / Kebbi		
Nutrition			MNCH Week (all states)	MNCH Week (all states)	

No additional overlap other than noted states

Key

	Timing / Geo Overlap
Oyo	Integration feasible if timing shifts 1 month
O	Oncho
T	Trachoma
Sch	Shisto
STH	Soil-Transmitted Helminthiasis
LF	Lymphatic Filariasis

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Campaign IP Mapping

Key: Oyo — Prioritized State — Previous integration experience

2nd Tier Decision Making Criteria

		Primary Implementing Partner		
#	State	NTDs	Malaria	SAARMAN
1	**Abia**	The Carter Center	-	-
2	**Adamawa**	Helen Keller International	Management Science of Health, SFH	Malaria Consortium
3	**Akwa Ibom**	Helen Keller International	GHSC	-
4	**Anambra**	The Carter Center	-	-
5	**Bauchi**	MITOSATH, UNICEF	Malaria Consortium, GHSC	MITOSATH
6	**Bayelsa**	Christoffel Blinden Mission, UNICEF	-	-
7	**Benue**	Sightsavers, UNICEF	-	-
8	**Borno**	Helen Keller International	Malaria Consortium	-
9	**Cross River**	UNICEF, RTI	-	-
10	**Delta**	The Carter Center	-	-
11	**Ebonyi**	The Carter Center	-	-
12	**Edo**	The Carter Center	-	-
13	**Ekiti**	UNICEF, MITOSATH	-	-
14	**Enugu**	The Carter Center	-	-
15	**FCT**	CBM Global Disability Inclusion, HANDS	Malaria Consortium	-
16	**Gombe**	Amen Health Care and Empowerment Foundation, UNICEF	SMEP	Malaria Consortium
17	**Imo**	The Carter Center	-	-
18	**Jigawa**	CBM International, CBM Global Disability Inclusion, HANDS	Malaria Consortium	Malaria Consortium
19	**Kaduna**	Sightsavers; CBM International, HANDS	Malaria Consortium	Malaria Consortium
20	**Kano**	CBM / Sightsavers	Society for Family Health (SFH)	SCIDaR
21	**Katsina**	Helen Keller International	Management Science of Health (MSH)	AFENET
22	**Kebbi**	Sightsavers	GHSC, Malaria Consortium	Malaria Consortium
23	**Kogi**	Sightsavers	Malaria Consortium	-
24	**Kwara**	Sightsavers	SMEP	-
25	**Lagos**	MITOSATH, Evidence Action	-	-
26	**Nasarawa**	The Carter Center	Malaria Consortium, GHSC	-
27	**Niger**	MITOSATH, UNICEF	Malaria Consortium	-

Potential Integrations in 2026

3rd Tier Decision Making Criteria

	RI	SAARMAN	OPV	Trachoma	STH	Schisto	LF	Oncho	Malaria ITN	Malaria SMC
Target Population	**Infants / children** per schedule[2]	**Infants** (1 to 11 months)	**Children** under 49 months	**Community wide** / MDA	**Children** (preschool and school age)[1]	**Children** (preschool and school age)[1]	**Community wide** / MDA	**Community wide** / MDA	**Households**	**Children** 3 to 59 months
Point of Delivery	**Fixed** (health facility) plus temporary outreach sessions	**House-to-house** and / or temporary posts (MDA style)	**House-to-house** plus temporary posts	**Temporary posts (often schools)** and / or house-to-house	**Schools** (plus community or temporary posts for out of school or preschool delivery)	**Schools** and / or community distribution (often temporary posts)	**House-to-house** and / or temporary posts (MDA style)	**House-to-house** / and or temporary posts (MDA style)	**Temporary distribution points** (can use house-to-house)	**House-to-house** (can also use fixed points)
Type of Intervention	**Injectable** (primarily)	**Oral**	**Oral**	**Oral** (azithromycin MDA)	**Oral** (albendazole or mebendazole)	**Oral** (praziquantel)	**Oral**	**Oral** (ivermectin)	**NA** (commodity, nets)	**Oral** (SP plus AQ)
Additional Considerations	Not a campaign but an intensification	Can not be delivered within 2 weeks of SMC								Must happen in 4 rounds, 28 days apart

Takeaways

Target Population:

- **RI, SAARMAN, OPV, STH, Shisto, and SMC** have **overlapping target populations**
- **Trachoma, LF, and Oncho** have **overlapping target populations**

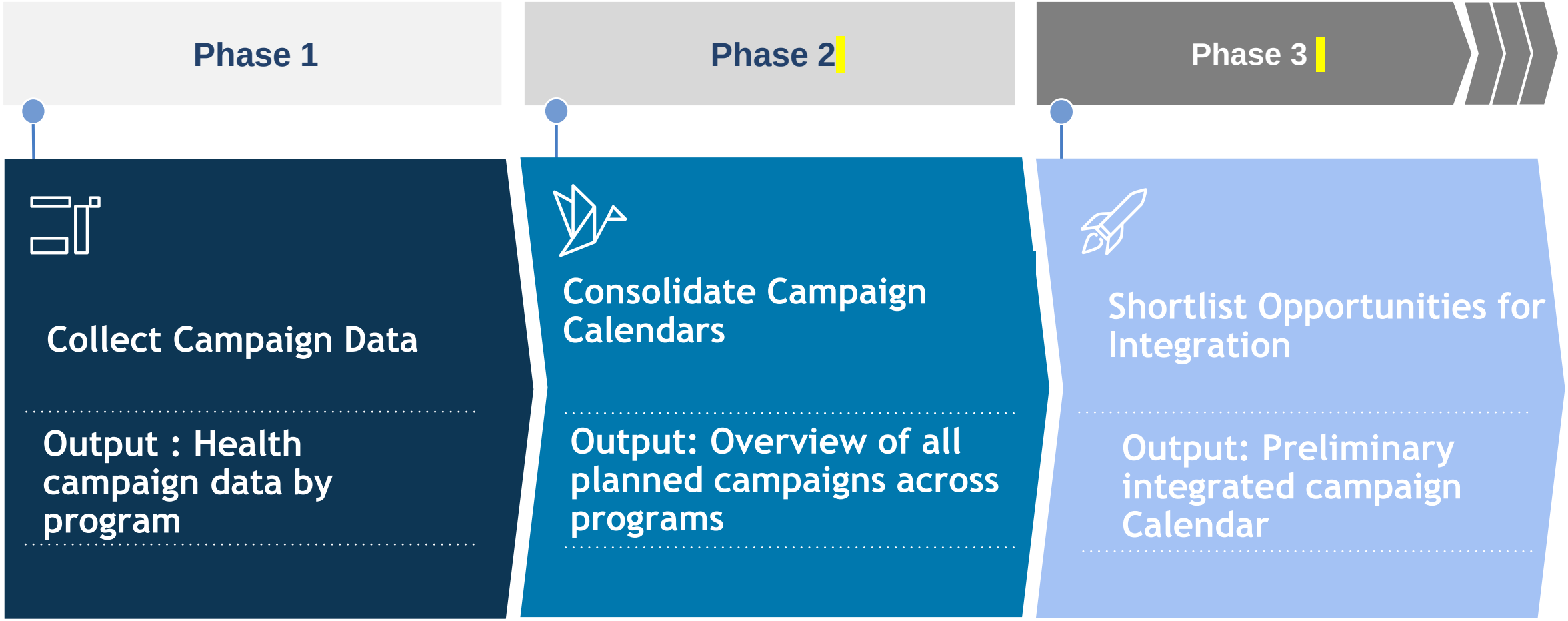
Point of Delivery

- **SAARMAN, Polio, Trachoma, LF, Oncho, and Malaria SMC's** primary point of delivery is **house-to-house**
- **Trachoma, STH and Shisto** have strong **delivery method overlap,** with **additional temp fixed post overlap** likely with **ITN, RI (and non-Polio SIAs)**

1. Sometimes includes other at risk groups via guidance
2. Could include other scheduled cohorts depending on antigen

From Program Data to an Integrated Campaign Calendar

The information collected follow three steps: Campaign Data Collection, Consolidation into a shared calendar, and selection of the best integration opportunities



The objective is to not only identify all campaigns but also to develop a prioritized integrated calendar

Proposed 2026 Integrations By Month *(Example)*

April

1 State	Campaigns / Intensifications	Relevant IPs	Departments	Additional Consideration
Yobe	• NTDs (STH, Trachoma) • RI • Polio, • SAARMAN	• NTD: CBM / HANDS • SAARMAN: AFNET	• FMOH NTDs • NPHCDA RI • NPHCDA Polio	Need to move SAARMAN to April (from May)

May

2 State	Campaigns / Intensifications	Relevant IPs	Departments	Additional Consideration
Kano	• NTDs (Schisto, STH) • Polio • RI	• NTD: CBM / HANDS	• FMOH NTDs • NPHCDA Polio • NPHCDA RI	• Need to move Schisto, Polio, and RI to May (from April)

3 State	Campaigns / Intensifications	Relevant IPs	Departments	Additional Consideration
Bauchi	• NTDs (Schisto) • Polio	• NTD: Mitosath	• FMOH NTDs • NPHCDA Polio	• NA

4 State	Campaigns / Intensifications	Relevant IPs	Departments	Additional Consideration
Borno	• NTDs (Trachoma) • Polio	• NTD: HKI	• FMOH NTDs • NPHCDA Polio	• Need to move Trachoma to May (from April)

June

5 State	Campaigns / Intensifications	Relevant IPs	Departments	Additional Consideration
Kogi	• NTDs (Oncho) • SMC	• NTD: Sight Saver • SMC: MC-PF	• FMOH NTDs • NMEP	• NA

6 State	Campaigns / Intensifications	Relevant IPs	Departments	Additional Consideration
Benue	• NTDs (Oncho, LF) • SMC	• NTD: Sight Saver • SMC: PMI- ReacH	• FMOH NTDs • NMEP	• NA

7 State	Campaigns / Intensifications	Relevant IPs	Departments	Additional Consideration
Yobe	• NTDs (Trachoma) • SMC • Polio	• NTD: CBM / HANDS • SMC: MC-GF	• FMOH NTDs • NMEP • NPHCDA Polio	• NA

8 State	Campaigns / Intensifications	Relevant IPs	Departments	Additional Consideration
Niger	• NTDs (Schisto, STH) • SMC • Polio	• NTD: Mitosath • SMC: MC-GF	• FMOH NTDs • NMEP • NPHCDA Polio	• Move SCH / STH to June (from May)

9 State	Campaigns / Intensifications	Relevant IPs	Departments	Additional Consideration
Taraba	• NTDs (Schisto, STH) • SMC	• NTD: Mitosath • SMC: MSH	• FMOH NTDs • NMEP • NPHCDA Polio	• Move SCH / STH to June (from May)

July

10 State	Campaigns / Intensifications	Relevant IPs	Departments	Additional Consideration
Borno	• NTDs (Oncho, LF) • SMC	• NTD: HKI • SMC: MC-PF	• FMOH NTDs • NMEP	• NA

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