N-CAS | State Campaign Integration Preparation Framework

A step-by-step process for every state. The *"what"* within each step needs to be tailored to the specific campaigns being integrated in your state.

PRE-CONDITION — INITIATED AT NATIONAL LEVEL

National alignment & formal letters

- National teams and N-CAS Task Team (TT) align on which states and campaigns are in scope
- Following that call, formal integration letters sent from FMoHSW / NPHCDA to each implicated state (~8 weeks before implementation) confirming which campaigns will be integrated, proposed timing, and requesting state focal points to be designated
- For NTD drugs: state + IP send letter to National NTD Coordinator to trigger commodity release
- State acknowledges letter and confirms participation

1 Advocacy & state entry

~8 to 6 weeks before implementation; timing can vary by state

- **Follow up on the integration letter**: confirm receipt and readiness to engage.
- **Identify and validate state focal points**: SIO, NTD coordinator, Malaria programme manager, SWAp desk officer.
- **Secure state leadership buy-in:** State leadership must be aware the campaign is happening, willing to integrate, and have named N-CAS focal point. The mode of engagement depends on the state.

HOW ADVOCACY HAPPENS – VARIES BY STATE

- **Dedicated advocacy visit:** needed ~2 months ahead of implementation where state leadership approval must be secured before planning can proceed (e.g., for first-time integration states or where buy-in is uncertain)
- **Phone or virtual call:** sufficient for states where relationships are established and state is familiar with integration

EXAMPLES OF ADDITIONAL ADVOCACY – VARIES FOR SPECIFIC PROGRAMMES & STATES

- School feeding programme liaison/State first lady/Ministry of Education engagement: if school-based integration (STH, MR + deworming) or where Praziquantel is being integrated (children must be fed before taking the drug)
- Security & local government engagement based on local context and security situation

> *There is no single advocacy model. What matters is that the right people of authority at state level are aware, have agreed, and have named a focal point before training and implementation begin.*

2 Integrated microplanning

~5–6 weeks before implementation

N-CAS Task Team supporting states to build this

- **All programmes share their LGA-level plans** including coverage areas, dates, target populations, delivery methods, and team structures side by side.
- **Reconcile and agree** to align dates, harmonised population denominators (one growth rate across all programmes), any timing shifts confirmed in writing.
- **Identify gaps and constraints** regarding commodity availability, human resource gaps, budget and funding gaps, security considerations, school calendars, seasonal factors.
- **N-CAS Task Team facilitates** by supporting reconciliation across programmes and flags constraints to national level.

TAILORED – BASED ON WHICH PROGRAMS ARE INTEGRATING AND YOUR STATE CONTEXT

- The microplan content, LGA coverage, and target populations differ because the campaigns integrated differ
- Contingency plans built for known local constraints (security, MNCH week timing, school calendars)

> *Lesson from 2025: Where states produced a jointly signed LGA micro plan, implementation was smoother, and teams were aligned for a more effective integration. Where it was rushed or siloed, confusion followed all the way through to campaign day.*

YOUR STATE NEXT STEPS *What does it look like in your state*

Action	Who leads	By when

Federal Ministry of Health & Social Welfare

HEALTH CAMPAIGN EFFECTIVENESS COALITION
Strengthen Systems. Maximize Impact.

swap

From microplanning, the following 6 integration components are developed in parallel.
Each has a standard structure, but the content is specific to the campaigns being integrated in your state. N-CAS Task Team supports each state to build these.

A 🎓 Training

Standard for all states:

- Integrated SToT + LGA training: all programme focal points together, same room, same time.
- Training is practical and built jointly across programmes: role plays, small groups, and hands-on exercises. Each worker receives a role card specific to their cadre (CDD, supervisor, vaccinator, data recorder) so they know exactly what to do in the field.

Tailored to your state:
Manual content, disease protocols, and field scenarios are specific to the campaigns being integrated in your state.

YOUR STATE NEXT STEPS *What does it look like in your state*

Action	Who leads	By when

B 🚚 Logistics & supply chain

Standard for all states:

- Integrated supply plan. Joint last-mile delivery explored.
- Commodities pre-positioned ≥48h before rollout.
- Reverse logistics plan agreed before campaign starts.

Tailored to your state:
Commodity types, storage needs, and delivery routes differ per programme mix. First time doing jointly: explore what is possible in your state.

YOUR STATE NEXT STEPS *What does it look like in your state*

Action	Who leads	By when

C 👥 Team composition & delivery

Standard for all states:

- One campaign team, not separate programme teams.
- Shared CDDs/CHWs where feasible. Harmonized Daily Implementation Plans.
- Operational window agreed across programmes.

Tailored to your state:
Team size, delivery model (house-to-house, fixed post, school-based), and cadre mix depend on which campaigns are integrated.

YOUR STATE NEXT STEPS *What does it look like in your state*

Action	Who leads	By when

D 📣 ACSM & community engagement

Standard for all states:

- One voice, one message. All materials reviewed by all programmes before printing.
- Name specific diseases — for instance, not just 'NTDs'.
- Community and religious leaders engaged before campaign where relevant.

Tailored to your state:
Jingles, posters, and messaging tailored to your state. E.g. PZQ needs school feeding messaging.

YOUR STATE NEXT STEPS *What does it look like in your state*

Action	Who leads	By when

E 💰 Budget & funding

Standard for all states:

- Consolidated budget framework filled by national and state teams.
- Allowances harmonized across cadres where possible.
- Funding gaps identified early and escalated.

Tailored to your state:
Budget lines, IP funding streams, and allowance structures differ per programme mix in each state.

YOUR STATE NEXT STEPS *What does it look like in your state*

Action	Who leads	By when

F 📊 Data & MERLA

Standard for all states:

- Integrated reporting template. Single supervision checklist.
- Harmonized population denominators.
- Daily evening review meetings with all programmes represented.

Tailored to your state:
Data tools, registers, and indicators differ per programme. ODK and dashboard updated to include all campaigns integrated in your state.

YOUR STATE NEXT STEPS *What does it look like in your state*

Action	Who leads	By when

3 Readiness check

~1 week before

- **People:**
  - ☐ training completed,
  - ☐ team lists finalised,
  - ☐ supervisors deployed and briefed.
- **Commodities:**
  - ☐ all pre-positioned at LGA level ≥48h before rollout
  - ☐ Any gap? → escalate immediately.
- **Community:**
  - ☐ ACSM materials distributed,
  - ☐ jingles broadcasting,
  - ☐ community leaders briefed.
- **Data:**
  - ☐ tools tested and working,
  - ☐ daily review schedule shared with all teams,
  - ☐ lead confirmed for each session.

4 Implementation

Campaign days

- **One integrated campaign**: team structure follows the delivery model agreed in microplanning (e.g. one house-to-house team, or a house-to-house team alongside a fixed post team). Regardless of model, teams coordinate together, support each other, and operate under a shared campaign identity, not as separate programme teams.
- **Daily evening review**: all programmes represented. Coverage data reviewed, bottlenecks resolved, next-day actions agreed.
- **Single dashboard** updated daily. Mop-up triggered if coverage below 80% in any LGA.
- **Daily commodity issuance and return**: ward focal persons issue daily and receive back with data same day.

5 Post-campaign review & learning

Within 14 days

- **Close-out meeting** with state team and all IPs. Final coverage data, supervision findings, key achievements.
- **Integration scored** against the 10 N-CAS standards. Score submitted to N-CAS PMU within 14 days.
- **Lessons documented and shared** across programmes nationally — not kept within the state.
- **Reverse logistics completed**; unused commodities reconciled and reported.

State and Partner Commitments Charter

Sign before implementation: *This Charter is the sign-off layer for both partners and the state government within this state collaboration framework and the Terms of Collaboration. It records what each partner and the state government commit to for this integrated campaign and links to the N-CAS SoP Accountability Framework (Appendix G). Confirming each party's role through the Charter at the planning stage gives everyone an early, shared understanding of how the campaign will be delivered.*

State		**Campaign / integration**	
Window / dates		**State N-CAS focal point**	

State Government Commitments

Completed and signed by the State relevant representatives (SIO, SNO, SPHCDA, Malaria), with the SWAp focal point

Counterpart funding committed + release date *e.g., NGN 2.4m for LGA supervision and top-ups; released by 12 Aug*

Required state approvals / sign-offs + timing *e.g., Commissioner endorsement by 28 Jul; SPHCDA Board clearance by 4 Aug*

Named state focal point(s) + commitment to consistent participation in coordination meetings
e.g., SIO/SNO/SPHCDA/Malaria/SWAp focal points name; attends all weekly coordination calls

Adherence to the agreed integrated calendar and dates, including reviewing integration opportunities with the Task Team before initiating any standalone campaign *e.g., agreed window 26-30 Aug; notify Task Team before any standalone campaign*

Security, logistics, and facility enablement ***e.g., security escort for 3 border LGAs; cold storage; 2 supervision vehicles***

Data validation and timely sign-off *e.g., SIO signs off coverage/reconciliation within 5 days of close*

Signature + date of all relevant parties

Counterpart & arrears check: Any payments owed to frontline workers / CDDs from prior campaigns in this state? No / Yes → amount, owed by, resolution date: _____

Declaration. *By signing, each party (partner or state) confirms these commitments are accurate and that progress will be reviewed at the N-CAS Task Team, with support and, where needed, guidance from the TWG co-chairs, keeping the partner's funder appropriately informed.*

Partner commitment record

Print one copy of this page for each participating partner. One partner per sheet.

Partner (implementing partner / department) *e.g., HANDS (implementing partner) or the State Malaria Programme*

Components it WILL co-deliver *e.g., SCH/STH MDA delivered alongside the MR campaign*

Components explicitly OUT of scope *e.g., NTD case management — not part of this campaign*

Funding committed + release date *e.g., NGN 5,000/CDD x 5 days; released by 12 Aug*

Named focal point (consistent) *e.g., focal point's name, same person at every meeting*

Payment responsibility (rate + timing) *e.g., partner pays CDD stipends within 5 days of close*

Data / supervision / commodity obligations *e.g., shares ODK data daily; joint supervision; returns unused PZQ*

Known risks / constraints flagged early (funding, timing, capacity) *e.g., SCH funding not yet confirmed; flagged now, not at integration*

Signature + date

Counterpart & arrears check: Any payments owed to frontline workers / CDDs from prior campaigns in this state? No / Yes → amount, owed by, resolution date: _____

Declaration. *By signing, each party (partner or state) confirms these commitments are accurate and that progress will be reviewed at the N-CAS Task Team, with support and, where needed, guidance from the TWG co-chairs, keeping the partner's funder appropriately informed.*