



## **NIGERIA:**

# PROCESS EVALUATION OF 2020 ITN CAMPAIGNS CONDUCTED IN THE CONTEXT OF COVID-19<sup>1</sup>

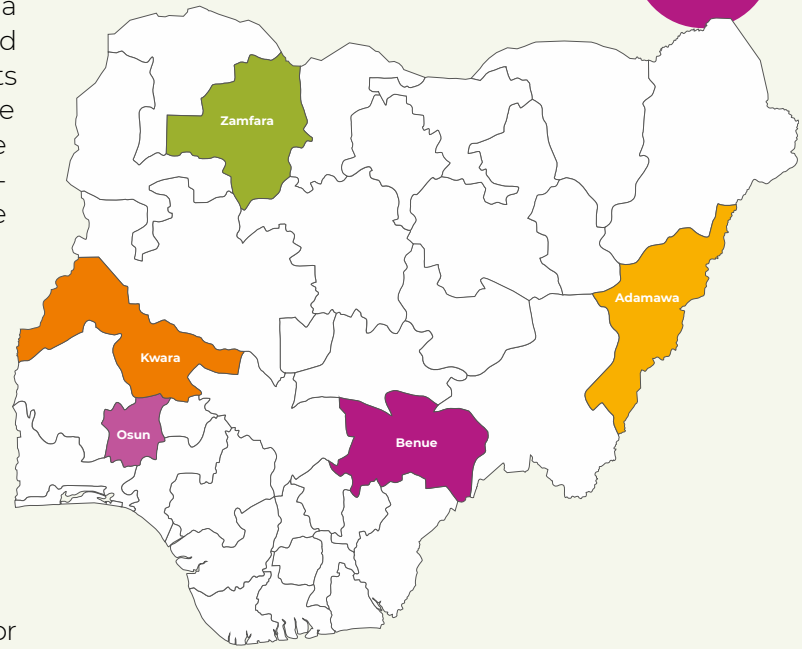
INTEGRATION OF INSECTICIDE-TREATED NET DISTRIBUTION WITH  
SEASONAL MALARIA CHEMOPREVENTION IN ZAMFARA STATE

AUGUST 2022



**amp** | The Alliance for  
Malaria Prevention

From 2009 to 2021, Nigeria's National Malaria Elimination Programme (NMEP) distributed over 212 million insecticide-treated nets (ITNs) country wide, contributing to a decline in malaria morbidity and mortality<sup>2,3</sup>. Five Nigerian states implemented their insecticide-treated net (ITN) campaign following the onset of the COVID-19 pandemic. NMEP, with support from the Alliance for Malaria Prevention (AMP), the Global Fund to fight Aids, Tuberculosis and Malaria (the Global Fund)<sup>4</sup>, the United States President's Malaria Initiative (US-PMI)<sup>5</sup> and other global and national implementing partners adapted strategies and activities from the 2019 ITN campaign implementation guidelines to the COVID-19 context.



Three different strategies were adopted for the 2020 campaigns implemented during the COVID-19 pandemic, depending on the funding partner. Global Fund-supported states adopted a single-phase strategy, while US-PMI-supported states remained with the more traditional approach of registration, issue of net cards and collection of ITNs by householders from fixed distribution points. In one state, Zamfara, an integrated policy was adopted, combining door-to-door registration for ITNs with the first round of administration of seasonal malaria chemoprevention (SMC) to children under the age of five years, followed by distribution of ITNs mostly from fixed distribution points.

The objective of SMC is to reduce Plasmodium parasites in the most vulnerable population, children under five years of age, during the peak malaria season, by administering a course of SPAQ<sup>6</sup> over four months. Initially, Zamfara had scheduled separate malaria prevention-related campaigns in 2020 with ITN distribution from April to June, and SMC from July to October. With the onset of the COVID-19 pandemic delaying the launch of the ITN campaign, the state and partners remained committed to maintaining both interventions by integrating the ITN and SMC campaigns. The

approach was seen as a way to achieve efficiencies through combining services – a key justification for considering any campaign integration – and in the COVID-19 context, to limit staff movement and physical contact with households and therefore reduce the potential for transmitting COVID-19. The state coordinated the joint campaign with technical and financial support from US-PMI and its implementing partners.

As the NMEP's 2020 national guidance for ITN campaign COVID-19 adaptations did not cover the ITN-SMC integration process in Zamfara, a specific strategy was developed and implemented in the state for both integration and alignment to the security context. Teams of community drug distributors (CDD) and household mobilizers visited and registered households during the first SMC cycle, delivered net cards and administered the SPAQ doses. Teams informed household members of the dates and venues for obtaining ITNs, which would occur before the second SMC cycle. For the ITN distribution, the state adopted a hybrid strategy, distributing ITNs via fixed posts in 80 per cent of areas where physical distancing of crowds was feasible, and door-to-door in the

1. The full Process Evaluation, including details of the Key Informant Interviews and Online Questionnaire will be made available on the AMP website: <https://allianceformalariaprevention.com>
2. MEASURE Evaluation, National Malaria Elimination Programme and the President's Malaria Initiative. (2017). Coverage of malaria interventions in Nigeria: Secondary analysis of data from national surveys. Chapel Hill, North Carolina, USA: MEASURE Evaluation.
3. <https://www.severemalaria.org/countries/nigeria>.
4. Global Fund-supported states were Adamawa, Kwara and Osun.
5. PMI-supported states were Benue and Zamfara.
6. Sulfadoxine-pyrimethamine + amodiaquine (SPAQ).



other 20 per cent to prevent gatherings in more insecure areas.

To accommodate the combined services, the programme extended the duration of the first SMC cycle from four to nine days and reduced the target number of children expected to be reached each day from 90 to 60 for each three-person team. The remaining second, third and fourth SMC cycles excluded integration of ITN campaign activities.

COVID-19 adaptations were incorporated into plans for many aspects of the integrated campaign:

- Extending net distribution from five to ten days to reduce crowding at fixed posts
- Applying prevention measures such as physical distancing, face masks, temperature monitoring and hand hygiene in all meeting and training venues and ensuring adherence through supervision and monitoring
- Adapting campaign messaging for COVID-19 through town announcements and radio jingles in the Hausa language

- Conducting virtual training of trainers for state trainers and Local Government Area (LGA) coordinators
- Revising training materials and social and behaviour change messages to address the COVID-19 context
- Engaging the Zamfara Road Transport Agency authorities and the Hisbah religious commission to monitor physical distancing at ITN distribution sites
- Applying NMEP guidance for risk assessment and mitigation during campaigns in the COVID-19 context

In the 14 LGAs, 3,080,641 nets cards were issued during the household registration for a population of 5,799,883, thus exceeding the target of 5,370,013 population in the microplan, with 1,030,000 doses of SPAQ (94 per cent of target) administered over the four SMC cycles. The post-campaign report concluded that *“integration is more cost effective with reduction in the number of personnel and other logistics required”*<sup>7</sup>.

7. Report of the Mass Insecticide Treated Nets (ITNs) and Seasonal Malaria Chemoprevention (SMC) Distribution Campaign in Zamfara State, 12 July – 12 September 2020.

Five interviews<sup>8</sup> were held following the Zamfara integrated campaign to obtain additional

information on the outcome of the distributions as detailed below.

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## DECISION-MAKING AND NATIONAL-LEVEL SUPPORT

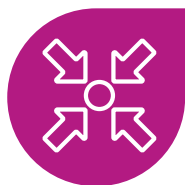


Integration could save time and costs, given the same implementing partner (US-PMI) supported both ITN distribution and SMC. Household mobilizers could register households for both SMC and ITN distribution, as the interventions can

“reinforce one another”. The challenge was combining two interventions with different delivery approaches: SMC in four cycles each separated by 28 days, and ITNs in two cycles (household registration and mobilization, followed by separate distribution). Both SMC and ITN distribution could be conducted door-to-door, though ultimately the programme opted for fixed-site ITN distribution in most sites.

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## COORDINATION



The State Malaria Elimination Programme team coordinated the campaign in conjunction with the State Emergency

Operations Centre, the state COVID-19 implementation team, the state-level Ministry of Health, the state epidemiologist and LGA officials.

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## PERSONNEL



In one LGA, two types of staff were recruited: persons with a minimum high school or college diploma served on the SMC/ITN net card distribution teams, while primary health care centre (PHC) staff distributed ITNs. Community

health volunteers marked houses, issued net cards and administered SPAQ. Using the database of persons trained to conduct previous ITN and SMC activities, the programme could identify adequate numbers of campaign staff. Criteria for recruitment in one LGA included access to an Android phone and good network access.

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## TRAINING



Different training approaches were utilized. One LGA conducted training for ITN distribution separately from that for the household mobilizer/CDD teams, with a limit of 30 persons per room in primary school classrooms.

Another LGA limited classroom size to 25 to 30 persons and expanded training from two to four days to add COVID-19 related instruction. A third LGA conducted much of the training via Zoom without expanding the duration. The PHC centre staff were trained in person on ITN distribution in groups of five to six persons separately from the SMC/ITN net card teams.

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8. One staff member each from NMEP and US-PMI from national level and one US-PMI implementing partner and two LGA-level monitors.

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## ADVOCACY AND DEMAND CREATION



Breakthrough Action-Nigeria coordinated demand creation (social and behaviour change – SBC) efforts addressing ITNs, SMC and COVID-19. Key stakeholders were engaged from traditional and religious institutions, with social and

behaviour change communication messages disseminated by community and religious leaders, town announcers and traditional birth attendants. After the first integrated cycle, messaging focused on SMC and COVID-19 only for subsequent SMC rounds and on ITN distribution and COVID-19 for the ITN campaign.

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## DATA COLLECTION ADAPTATIONS

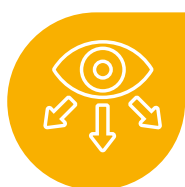


Separate data collection tools were used for ITN and SMC activities. LGA monitoring and evaluation officers collected SMC data from health facility workers, while the LGA team and ward focal persons collected data on ITNs. Having data responsibilities

assigned to different people avoided quality problems. The rapid decision to integrate SMC and ITN distribution once the pandemic was announced resulted in inadequate time to develop, budget for, pilot and train workers on integrated data collection tools. Having a single repository for managing data would be possible for both SMC and the ITN campaign, especially if the two campaigns are digitalized.

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## SUPERVISION AND MONITORING



The programme implemented a single supervisory and monitoring system with an integrated checklist during the first integrated cycle. Daily

post-monitoring meetings covered progress with both SMC and ITN distribution. After the first cycle, supervision and monitoring tools were specific to either the SMC or the ITN campaign.

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## COVID-19 ADAPTATIONS



The NMEP interviewee observed that COVID-19 adaptations were implemented well given the challenging circumstances, although crowd control was

difficult at fixed points and handwashing more difficult to monitor and implement. The state-level programme mandated that mobilization/CDD teams use personal protective equipment (PPE) when distributing net cards and SPAQ.

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## QUALITY AND EFFICIENCY



To encourage household members to agree to SMC, mobilization/CDD teams provided netcards before administering SPAQ. Interviewees did not

observe problems with inadequate quantities or delayed supplies of SPAQ or net cards, therefore causing no delay for either campaign during this phase of activities.

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## INTEGRATION SUCCESSES IN THE COVID-19 CONTEXT



SMC-ITN integration – even outside of the COVID-19 context – should be considered as it reduces the burden

on staff of conducting separate activities especially when both campaigns are scheduled in the same year.

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## INTEGRATION PROBLEMS AND SOLUTIONS



The programme could not pilot the integrated approach before implementing at scale due to the COVID-19 lockdown. If feasible, a pilot

could benefit future campaigns. In addition, there may have been a missed opportunity to engage the NMEP earlier in the planning phase to advise on adapted tools and materials.

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## RECOMMENDATIONS INCLUDE

- Consider testing the operational efficiency, quality of COVID-19 prevention, and coverage outcomes of different models of integrated ITN-SMC campaigns in other states in the context of COVID-19, such as comparing distribution by single versus double phase strategies and door-to-door versus fixed distribution point approaches.
- Assess community perceptions of ITN-SMC integrated campaigns, including their understanding of complex health programme messaging about ITNs, SMC and COVID-19, and whether providing ITNs acts as an incentive for accepting SMC (or vice versa).
- Engage the NMEP and all key stakeholders from the beginning of planning an integrated campaign; ensure early planning to avoid missed opportunities.
- Allocate time for piloting the integrated approach before implementing at scale.





## AMP CONTACTS

To join the weekly AMP conference call each Wednesday at 10:00 AM Eastern time (16.00 PM CET) use the following Zoom meeting line:

<https://us06web.zoom.us/j/2367777867?pwd=a1lhZk9kQmcxMXNaWnRaN1JCUTQ3dz09>

You can find your local number to join the weekly call:

<https://zoom.us/j/2367777867>

To be added to the AMP mailing list visit:

<https://allianceformalariaprevention.com/weekly-conference-call/signup-for-our-mailing-list/>

To contact AMP or join an AMP working group please e-mail:

[allianceformalariaprevention@gmail.com](mailto:allianceformalariaprevention@gmail.com)

For further information please go to the AMP website:

<https://allianceformalariaprevention.com>

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