



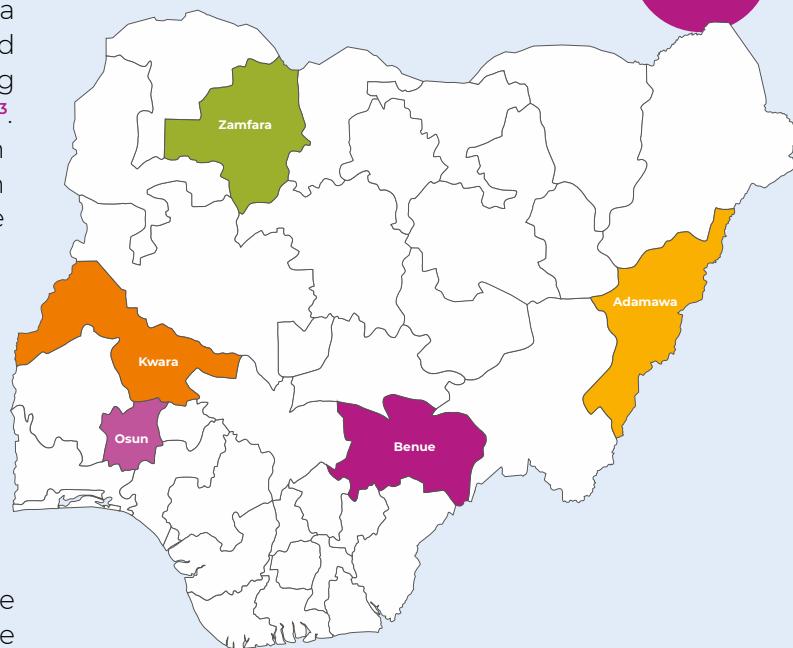
NIGERIA:

PROCESS EVALUATION OF 2020 ITN CAMPAIGNS CONDUCTED IN THE CONTEXT OF COVID-19¹

EXECUTIVE SUMMARY AND RECOMMENDATIONS

AUGUST 2022

From 2009 to 2021, Nigeria's National Malaria Elimination Programme (NMEP) has distributed over 212 million nets country wide, contributing to a decline in malaria morbidity and mortality^{2,3}. With the onset of the COVID-19 pandemic in March 2020, the World Health Organization (WHO) advised that countries should continue with planned insecticide-treated net (ITN) mass campaigns to avoid losing the gains made in previous years in the fight against malaria⁴. Eleven states were targeted in 2020 for a distribution of 31.5 million ITNs to cover a population of 56.7 million people. Five states implemented their campaign following the onset of the COVID-19 pandemic. Nigeria's NMEP, with support from the Alliance for Malaria Prevention (AMP), the Global Fund⁵, the United States President's Malaria Initiative (US-PMI)⁶ and other global and national implementing partners, came together to adapt strategies and activities from the 2019 ITN campaign implementation guidelines to the



COVID-19 context. State-specific characteristics of the 2020 ITN campaigns implemented during the COVID-19 pandemic are shown below.

State	Dates of campaign	Key partner	Integrated vs. vertical	Phases	Door-to-door or fixed distribution point	Single or multi-product campaign	Data collection modality	Complex operating environment
Zamfara	12 July – 12 Sept	PMI	Integrated (SMC/ITN)	Two	Fixed DP	Standard (LLINs)	Paper-based	Yes
Benue	04 Oct – 02 Nov	PMI	Vertical	Two	Fixed DP	Standard (LLINs)	Paper-based	No
Osun	13 Sept – 12 Dec	Global Fund-NNP	Vertical	One	Door-to-door	Multi-product (PBO, IG2)	Digital	Yes
Kwara	28 Oct – 18 Dec	Global Fund-NNP	Vertical	One	Door-to-door	Multi-product (PBO, IG2)	Digital	No
Adamawa	15 Sept – 13 Nov	Global Fund	Vertical	One	Door-to-door	Standard (PBO)	Digital	Yes

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. <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>
5. Global Fund states included Adamawa, Kwara, and Osun
6. PMI supported states included Benue and Zamfara

The 2019 ITN campaign implementation guidelines were amended to recommend a single-phase distribution strategy (door-to-door registration and ITN distribution simultaneously) or a double-phase strategy (door-to-door registration and issue of net cards followed by ITN distribution at a later date, preferably door-to-door to limit issues related to crowding at fixed distribution points). COVID-19 infection prevention measures⁷ for all activities of the campaign were described.

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 the single-phase strategy, while US-PMI-supported states remained with the more traditional approach of registration, issuance of net cards and collection of ITNs from fixed distribution points. In one state, Zamfara, an integrated strategy was adopted, combining door-to-door registration with the first round of seasonal malaria chemoprevention (SMC) to children under the age of five years, followed by distribution of ITNs mostly from fixed distribution points. Zamfara integrated these interventions given the need to postpone the ITN campaign to the period overlapping with SMC following the initial COVID-19 outbreak. Other differences, unrelated to measures around the pandemic, included multi-product ITN campaigns in two of the three Global Fund-supported states and collection of data via digital technology in all three, while US-PMI-supported states used a paper-based data collection system and distributed a single type of ITN. In three of the five states implementing campaigns, special COVID-19 adaptations, such as virtual communication rather than in-person, were needed in some local government areas (LGAs) considered to be complex operating environments (COE) due to insecurity, banditry and/or civil unrest. In addition to messages on the campaign implementation, social and behaviour change (SBC) messages included COVID-19 prevention measures.

7. Adaptations included physical distancing, use of hand sanitizers and personal protective equipment (PPE), disinfection of training sites, virtual meetings, use of town announcers, use of distribution hubs for door-to-door ITN distribution, collecting PPE waste and reducing post-distribution household sampling



The process evaluation set out to qualitatively assess mass ITN distribution strategies in the context of COVID-19, covering all activities from microplanning through to implementation and post distribution. The goal was to identify strengths, challenges and outcomes of different approaches/models and to develop recommendations for future activities. For the Zamfara campaign specifically, the goal was to document experiences and campaign outcomes for the integration of ITN distribution with SMC. The process evaluation report is part of a broader assessment of the Nigeria ITN campaigns implemented in 2020 during the COVID-19 pandemic that also includes a quantitative analysis of end process monitoring data and costing of COVID-19 adaptations.

Gathering information from as many different perspectives as possible was the main strategy used to inform the process evaluation. To that end, key informant interviews (KIIs) were planned with key informants selected from national, state and LGA levels and from different

partners, including civil society and community organizations, and technical, financial and implementing partners. In addition, an online questionnaire (OQ) was developed to complement the KIIs, targeting campaign actors from as many different levels as possible.

KIIs focused on the COVID-19 adaptations planned and implemented via standardized and pre-tested questionnaires covering SBC, training, data collection, supervision and monitoring. The OQ covered COVID-19 adaptations related to macroplanning, microplanning, demand creation, logistics, training, payments, household mobilization and ITN distribution strategies, supervision and monitoring, and data management.

Between the KIIs and the OQ, 76 responses were collected. For the OQ, 39 complete responses were analysed and responses added to the KII findings where applicable. Areas relating to COVID-19 and related adaptations were extracted as a priority.

Analysis of the data collected was used to answer five key questions:

Q 1

Which key factors were considered during decision-making when adapting strategies to the COVID-19 context?

Q 2

How were decisions taken, who was involved and how were strategies adapted to the local context during implementation?

Q 3

How were changes in campaign implementation documented and communicated to the different partners involved?

Q 4

How were changes communicated to households, in particular measures to do with COVID-19 infection prevention?

Q 5

Was implementation successful in preventing COVID-19 transmission while achieving public health intervention goals?

RECOMMENDATIONS

Implementing multiple ITN mass campaigns each the size of national campaigns in many countries during a global pandemic with adaptations to mitigate COVID-19 spread was an exceptional public health challenge. Of particular importance among the recommendations are the need to recognize digital technology for data collection as a clear COVID-19 adaptation, to adopt a single-phase distribution strategy to minimize potential COVID-19 transmission

through multiple household contacts with campaign workers, to strengthen SBC around COVID-19 prevention and to involve campaign actors at the LGA and ward levels in the state-wide planning process as early as possible.

Based on the responses and documents reviewed, the following key recommendations are highlighted for future campaigns in Nigeria and campaigns in similar settings:

COVID-19 decision-making

- Engage state-level decision-makers in national-level decision-making on further adaptations to COVID-19. Their field-level experience will be critical for determining the most successful approaches to inform future guidance development and decision-making.
- Involve all key government decision-makers and partners from the start of the campaign to ensure strategies adopted by individual states align with national guidance and reflect previous implementation experience.
- Consider exploring different types of COVID-19 adaptations for urban versus rural areas, given that urban areas are likely to have higher COVID-19 transmission and more challenges implementing physical distancing.



COVID-19 planning adaptations

- Increase involvement of campaign implementers at the LGA and ward levels in the state-wide macro and microplanning process, including community and religious leaders and LGA and ward supervisors, to ensure that COVID-19 adaptations match specific community needs.
- Ensure the availability of recommended personal protective equipment (PPE) supplies in sufficient quantity at the start of all planning meetings and in-person training sessions.
- Document more closely the effectiveness of virtual (versus in-person) training in leading to quality campaign operations, and revise planning and budgeting documents accordingly in future campaigns.
- Provide a wide range of options, based on previous campaign experience, for ensuring proper physical distancing in all in-person training venues, such as staggered training schedules.
- Ensure that state and LGA-level waste management protocols reflect national guidelines, and that authorities are equipped with adequate resources to accommodate PPE and ITN-related waste.

Implementing COVID-19 adaptations⁸

Training in the COVID-19 context:

- Establish clear guidelines and allocate appropriate budgets to states so that LGA campaign personnel can (1) reduce the number of people in training venues either by increasing the number of trainers or training sessions, and (2) select training venues with adequate space to allow for physical distancing.
- Plan and budget for the same COVID-19 prevention measures and materials at training sessions for all levels. This should include testing all participants for fever before entering training venues and providing face masks, handwashing stations and appropriate material to clean surfaces.
- Ensure instructors know how to use the training materials and implement COVID-19 prevention measures during training and monitor training sessions to verify compliance.
- Complete detailed inventory of existing materials and supplies related to COVID-19 during microplanning to determine what already exists locally (such as leftover posters, handwashing stations, etc.) and what additional materials remain to be procured (such as infrared thermometers and hand sanitizer).

8. From the guideline for both the sporadic and cluster cases, the recommended single-phase door-to-door strategy was implemented with strong emphasis on the dissemination and sensitization of the preventive measures. Within the period of implementation in each state, there was no situation where strategy adaptations were needed, Kwara state inclusive. Preventive measures were also included through distribution of PPEs (face masks, sanitizers, etc.) at training venues and for field teams.

Campaign flag-off (launch):

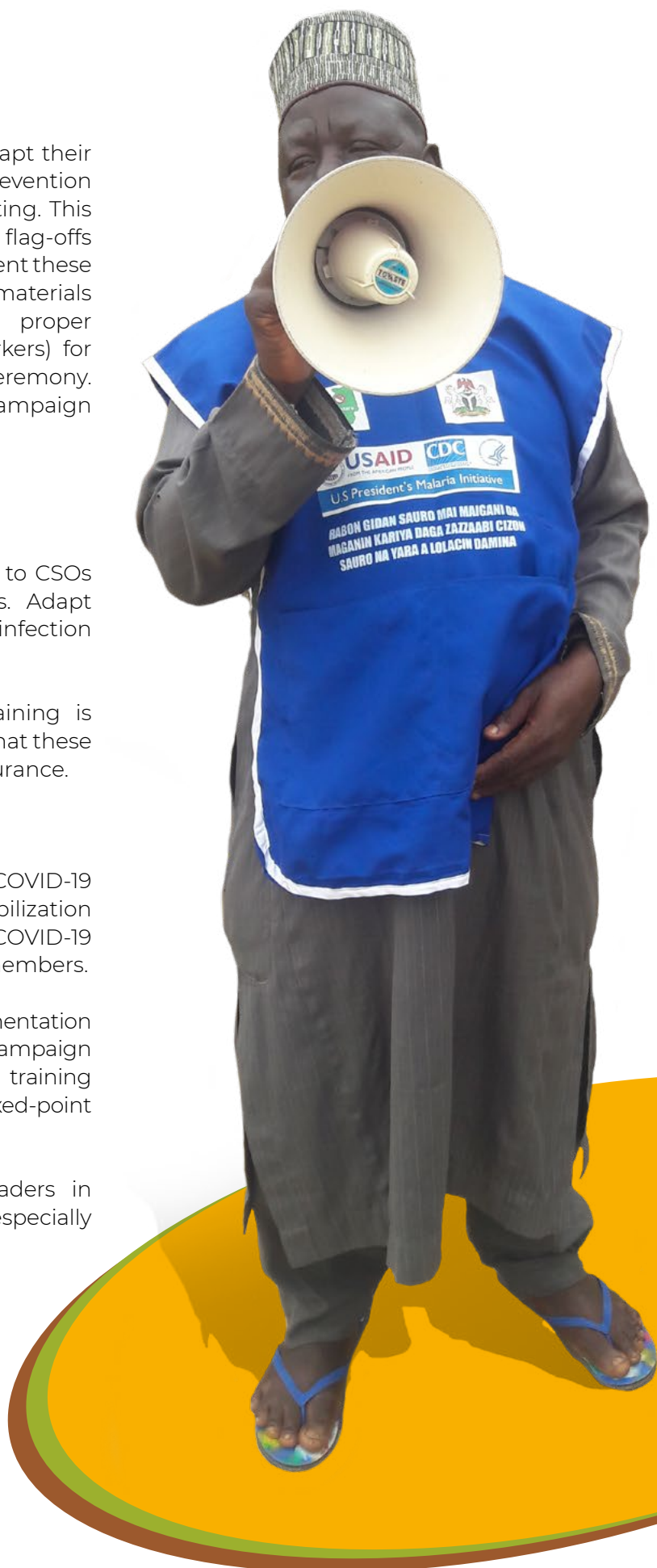
- Provide LGAs with the resources to adapt their campaign flag-offs to ensure proper prevention measures in a COVID-19 or similar setting. This should include various options on safe flag-offs and clear guidelines on how to implement these flag-offs, including essential tools and materials such as handwashing stations and proper masks (as defined for campaign workers) for community members attending the ceremony. Virtual or hybrid in-person/virtual campaign flag-offs are another option.

Civil society organizations (CSOs) and community mobilization:

- Provide more robust training sessions to CSOs rather than just orientation sessions. Adapt these sessions to ensure COVID-19 infection prevention measures are in place.
- Mandate that CSOs ensure that training is cascaded down to field level staff and that these trainings are monitored for quality assurance.

COVID-19 messaging:

- Strengthen messaging around COVID-19 prevention during community mobilization activities to improve adherence to COVID-19 prevention measures by community members.
- Ensure sufficient PPE at the implementation level, including hand sanitizers for campaign workers and handwashing stations at training venues, community meetings and fixed-point distribution sites.
- Promote the use of community leaders in facilitating demand creation activities, especially in COEs.



Door-to-door distribution vs. fixed-point distribution:

- Adopt a single-phase, door-to-door distribution methodology for future campaigns operating under the same or a similar context. Most of the challenges noted with door-to-door distribution (such as the inconsistent use of PPE or delivery of health talks) can be corrected with additional stringent training and monitoring, which includes hands-on practice.
- If states wish to maintain fixed-site distribution, increase the number of fixed distribution points to reduce the number of households that each needs to serve; strengthen the scope of community mobilization activities that can be safely implemented during COVID-19 (e.g. radio messages, town announcers, etc.) to alert households to the risks associated with overcrowding and the COVID-19 prevention measures that will be enforced at distribution points.

Monitoring and evaluation:

- Fully digitalize supervision and monitoring activities to allow for real time monitoring, feedback and corrective measures.
- Extend digitalization to the field level wherever possible by building technical and staffing capacity at the ward level; allocate funding to purchase data collection devices and ensure reliable connectivity where feasible.

Data collection strategies

- Recognize digital technology for data collection as a clear COVID-19 adaptation, and facilitate planning, budgeting and procurement, training and implementation of digitalization in states still relying on paper-based data collection.
- Document comprehensively the COVID-19 adaptations that data collection forms, such as tally and inventory sheets and supervisory checklists, actually contain, and identify any gaps or missed opportunities to improve approaches to data collection and use.

New ITN types and multi-product distribution

- Provide clear national guidelines on whether and how to inform communities about any new ITN types being distributed, especially in the context of the COVID-19 pandemic.
- Assess in more depth the quality of rumour mitigation plans designed and implemented at each level to better document and plan for addressing potential associations between different ITN types and multi-product distribution in states, as well as COVID-19.

Complex operating environments

- Provide an update and/or undertake mapping of COE areas in states to determine areas of instability and the need for modifying approaches to training and implementing COVID-19 adaptations in the distribution of ITNs. Updated information should be regularly reviewed to assess alignment of strategies and context given that the situation will likely remain fluid.
- Build on the successful engagement of security agencies and community members in communicating with vigilante groups by ensuring that the training of these agencies and community members incorporates COVID-19 mitigation; monitor and report on implementation of COVID-19 prevention measures and maintain established security partnerships between campaigns.

Integration of ITN distribution and SMC

- 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.
- Engage all key stakeholders from the beginning of planning an integrated campaign and begin planning early.
- 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)





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/u/acyOjklJ4>

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:

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For further information please go to the AMP website:

<https://allianceformalariaprevention.com>

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