



2024 Alliance for Malaria Prevention's (AMP) Partners Meeting

Implementation of multiple strategies to optimize delivery of ITNs and SMC: Kwara State, Nigeria

February, 2024

Our Vision - a malaria free Nigeria; Our goal - To reduce morbidity to less than 10% parasite prevalence and mortality attributable to malaria to less than 50 deaths per 1,000 livebirths by 2025.



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Introduction

- ❖ The SMC and ITN interventions in Kwara state were funded through the GF grant.
- ❖ SMC implementation in Kwara started in 2021 while ITN campaign has been on from 2011
- ❖ Prior to 2023, the two interventions have been implemented separately
- ❖ To optimize processes and service delivery, a pilot was initiated to integrate components of the two interventions
- ❖ NMEP and CRS are the PRs, with Kwara State SMEP and Society for Family Health (SFH) as SRs for SMC and ITN campaign implementation respectively.

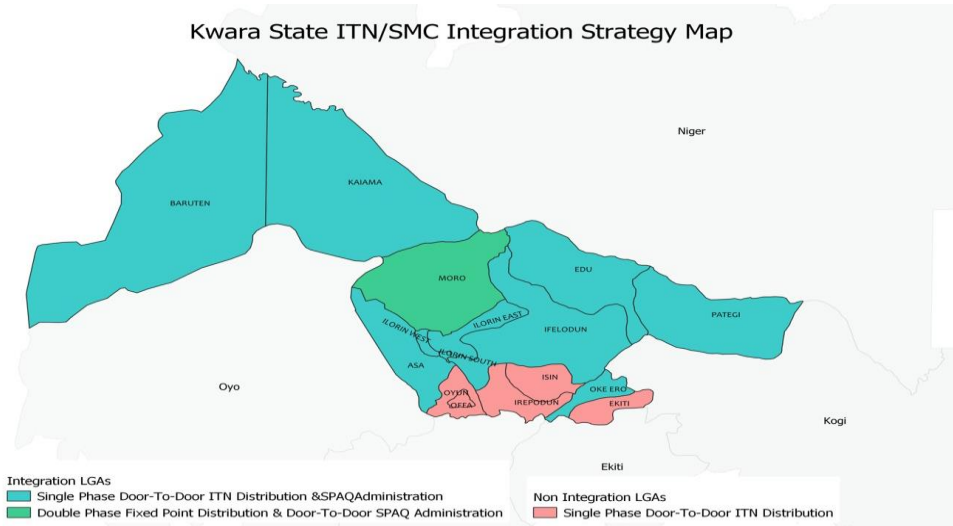


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Key Objectives of the Integrated Campaign

- ❖ To achieve value for money in the implementation of SMC and ITN campaigns through cost reductions, improved access to critical interventions, and focusing on combined impact of the 2 interventions.
- ❖ To contribute on the efforts of NMEP to improve access and utilization of vector control interventions and provision of chemoprevention, diagnosis, and appropriate treatment.
- ❖ To document operational and programmatic efficiencies from the pilot integration of SMC and ITN campaigns in Kwara State.
- ❖ To provide NMEP with some information/evidence that could guide any possible changes or revisions to implementation policies/guidelines/strategies.

Implementation Location, Processes and Strategies



❖ The key processes that were integrated include:

- ✓ Training (State, Local Government Areas [LGA] and ward level)
- ✓ SBC activities
- ✓ SPAQ administration, household mobilization and ITN distribution
- ✓ Monitoring and supervision
- ✓ Personnel payment

❖ Different strategies were deployed in Kwara State to inform decisions for GC7 implementation. And these include:

- ✓ Single phase door-to-door household mobilization, ITN distribution and SPAQ administration in 10 LGAs
- ✓ Single phase door-to-door household mobilization and ITN distribution without SPAQ in 5 LGAs.
- ✓ Double phase door-to-door HH mobilization, SPAQ administration and ITN redemption at fixed point by households in 1 LGA.
- ✓ Single phase door-to-door ITN distribution & SMC administration + Urban malaria control strategy in 13 communities in one ward

The overall success of the strategy was predicated on intense engagement of various stakeholders at different levels.

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Summary Coverage Data – ITN

Strategy	No of persons reached	No. of ITNs positioned	No. of ITNs distributed	% distributed
Single phase door-to-door HH/ITN distribution/SPAQ administration in 10 LGAs	3,662,385	1,840,450	1,839,174	99.9%
Single phase door-to-door ITN distribution in 5 LGAs	806,759	432,100	432,101	100%
Double phase door-to-door HH mobilization, SPAQ administration and ITN redemption at fixed point in 1 LGA.	220,656	114,270	105,067	92%
Total	4,689,800	2,386,800	2,376,342	99.5%

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Summary Coverage Data Cont'd. – SPAQ (Cycle 4)

Strategy	No. of U5 reached	No. of SPAQ positioned	No. of SPAQ administered	Administrative coverage (%)
Single phase door-to-door HH/ITN distribution/SPAQ administration in 10 LGAs	535,665	606,667	535,665	88.3%
Double phase door-to-door HH mobilization, SPAQ administration and ITN redemption at fixed point in 1 LGA.	38,176	42,135	38,176	90.6%
Total	573,841	648,802	573,841	88.4%

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Key Benefits from Integrated Campaign

- ❖ Improved coverage and wide acceptance for both interventions.
- ❖ Increased access to both ITNs and SPAQ in the communities.
- ❖ Synergy in the household - same personnel can register households, distribute ITNs and administer SPAQ to eligible children.
- ❖ Beneficiaries' acceptance of both interventions - eager to receive both ITNs and SPAQ to strengthen their protection against malaria.
- ❖ Efficiency - cost savings of over N83million (\$203,411).
- ❖ Integration does not significantly affect ITN distribution and redemption rates.



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Lessons learned

Area	Lessons Learned
State Engagement	<ul style="list-style-type: none"> ▪ Adequate engagement with the state on integration created shared understanding on the importance of integration ▪ The team was able to map out processes involved across the two interventions and agree on what could be integrated and plan adequately for the integration
Microplanning	<ul style="list-style-type: none"> ▪ Both interventions were co-implemented, and this helped to generate adequate data that was used for planning. ▪ The lowest level of reporting for ITN was ward level while for SMC the health facility is the lowest level of reporting.
Personnel	<ul style="list-style-type: none"> ▪ Some communities were grossly underestimated during microplanning which resulted in underestimation of the number of Community Mobilizers and Distributors (CMDs) needed ▪ Same personnel were deployed to distribute ITNs and administer SPAQ to eligible children
Daily targets	<ul style="list-style-type: none"> ▪ The use of number of households to be covered daily as targets for team is more efficient than using the daily targets of 200 ITNs and 70 SPAQ

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Lessons learned Cont'd.

Area	Lessons Learned
Monitoring and supervision	<ul style="list-style-type: none">▪ The use of geospatial data helped to improve targeted monitoring▪ The use of same personnel for monitoring and supervision across the various levels demonstrated more efficiencies from integration
Household mobilization, ITN distribution and SPAQ administration	<ul style="list-style-type: none">▪ Working with 3 persons in a team created clear roles for integration process.▪ It is best to administer SPAQ to eligible children before issuing ITNs to households
Budget	<ul style="list-style-type: none">▪ Realigned & harmonized budgets for the campaigns facilitated unification of allowances paid.

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Plans for Future Integration

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Plans for Future Integration

Area	Process	Plans for Integration
Macroplanning	Coordination, planning, high-level advocacy, and timeline development	Yes
Microplanning	Data tools, advocacy visits and adaptation of SBC materials, data collection and harmonization, GIS	Yes
Implementation	ICT4D platform, trainings, personnel, state and LGA flag offs, household mobilization/SPAQ administration, SBC activities, monitoring and supervision, end-process assessment/end of cycle/end of round assessment	Yes

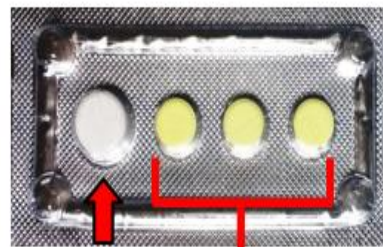
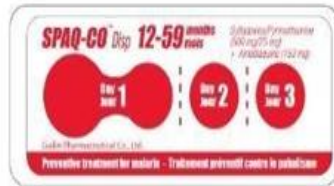
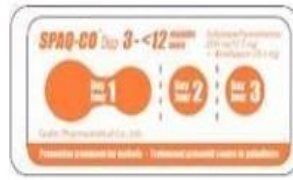
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Conclusion

- ❖ Adequate planning, coordination and synergy among the stakeholders was exemplary and a cornerstone for the documented successes.
- ❖ With sufficient training and supervision, same personnel can distribute ITNs to households and administer SPAQ to eligible children.
- ❖ Delivery of both interventions is best achieved using the double phase door-to-door strategy.
- ❖ Savings analysis at the outset showed an identified cost efficiency of over N83million (\$203,411) pre and post campaign savings analysis
- ❖ Monitoring and supervision is key to strengthening implementation of future integrated campaigns.



Thank you for your time and attention!



SP AQ



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