



**TROPICAL
HEALTH**

Evaluating the operational feasibility and impact of ITN deprioritization in urban areas in Kwara State

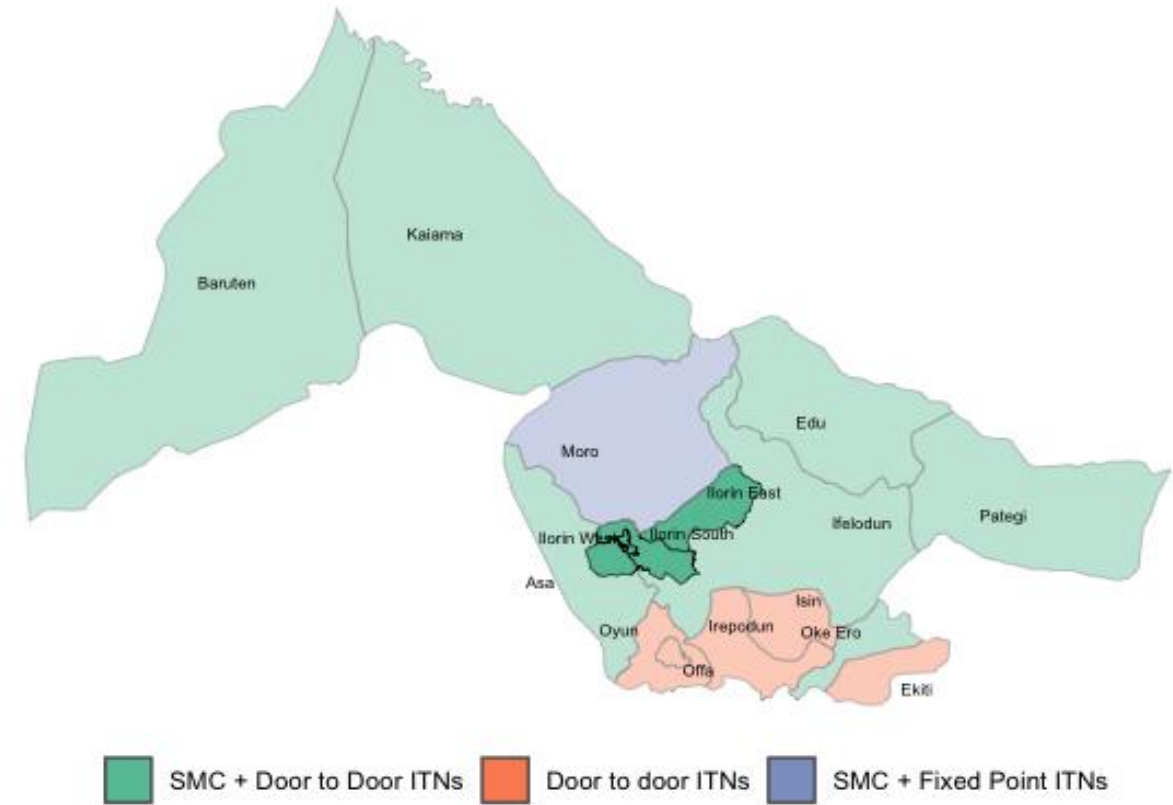
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Background

- Pilot ITN deprioritization during Oct 2023 integrated SMC/ITN campaign in Ilorin Metropolis, Kwara State.
- Selection of settlements for deprioritization covered in previous presentation.
- Evaluate operational feasibility and ITN and SMC coverage outcomes.

Kwara State, Nigeria



Protocol for assessing operational feasibility and impact on malaria case incidence of deprioritizing ITNs in low-risk portions of Ilorin Metropolis of Kwara State, Nigeria

- Observations during campaign in deprioritized settlements
 - Planning, training, distribution, and after-action review meeting
- Household survey in deprioritized and similar nearby settlements
 - ITN access and use and SMC coverage

Background

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Update training materials																
Observation during campaign																
LGA cascade training																
Orientation of town announcers and announcer activities																
CMD team training																
Observation team embedded with CMD teams for distribution																
After action review meeting																
Household survey																
Data collector training																
Community mobilization and engagement meeting																
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- Explanation of the deprioritization, why it was happening, and which areas were affected
- Reminder to account for deprioritized settlements in daily targets for ITN distribution
- Highlight elements of household visit that would not be conducted in the deprioritized areas
- Separate marking code to be used for households in the deprioritized settlements

Key messages for deprioritized households

- Emphasize importance of IPTp and prompt treatment seeking for fever
- Net care messages
- Pregnant women and fully vaccinated children under age five still eligible to receive an ITN at their nearest health facility

Potential concerns

- Campaign teams not adhering to the protocols and giving ITNs anyway
- Households refusing SPAQ because they were not receiving ITNs
- Households passed over for SMC because ITNs are not being given

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Observation during campaign

- Team of three campaign observers
- Daily observation form
 - What was communicated about ITN deprioritization?
 - How the information about deprioritization was received?
 - What challenges, confusion, frustration (if any) were expressed and by whom?
 - What successes related to deprioritization were observed?
- Household observation form
 - Household characteristics and assets
 - Did household have children eligible for SMC?
 - Did household receive ITNs and/or SPAQ?
 - What SBC messaging were delivered?
 - Reactions to deprioritization from the household

Observation during preparation and trainings

- Information about deprioritization well received
- Supervisors had good grasp of deprioritization
- **Concerns:**
 - Communities may be frustrated by deprioritization, particularly vulnerable groups
 - Potential crossover of campaign teams in settlements on the border
- **Mitigation strategies:**
 - Clarify that ITNs would still be available through routine distribution
 - Work directly with ward supervisors to prevent the spread of rumors
 - Assign town announcer with previous SMC experience to deprioritized settlements and instruct them to make SMC-only announcements
 - Emphasize interpersonal communication skills to manage any agitation
 - Member of LGA team available by phone to refer agitated individuals

Observation during campaign

- Observed approaches to **441 households** across all 13 ITN deprioritized settlements
- Made observations on household construction and characteristics for all households
- Entered **88 households** (20%)
- Reasons for not entering households:
 - Nobody home
 - No SMC-eligible children
 - Household refused



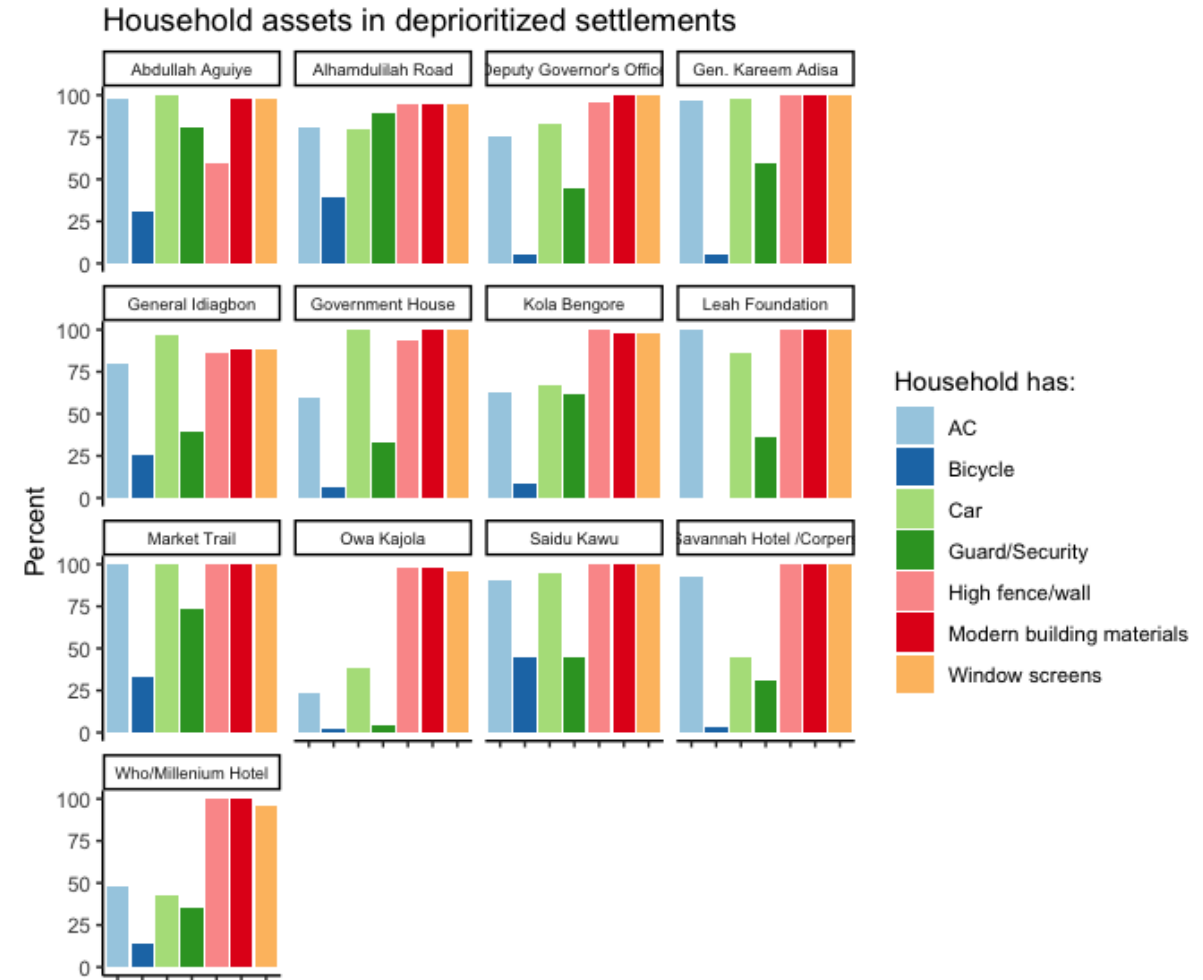
Campaign team marks a household in the deprioritized Kola Belgore Area settlement

Household assets

- Nearly all households were made with modern building materials (98%), had window screens (94%) and high walls (94%)
- In 6 of the 13 settlements, at least 90% of households had a visible air conditioning unit
- Household ownership of cars was 80% or higher in 9 out of 13 settlements

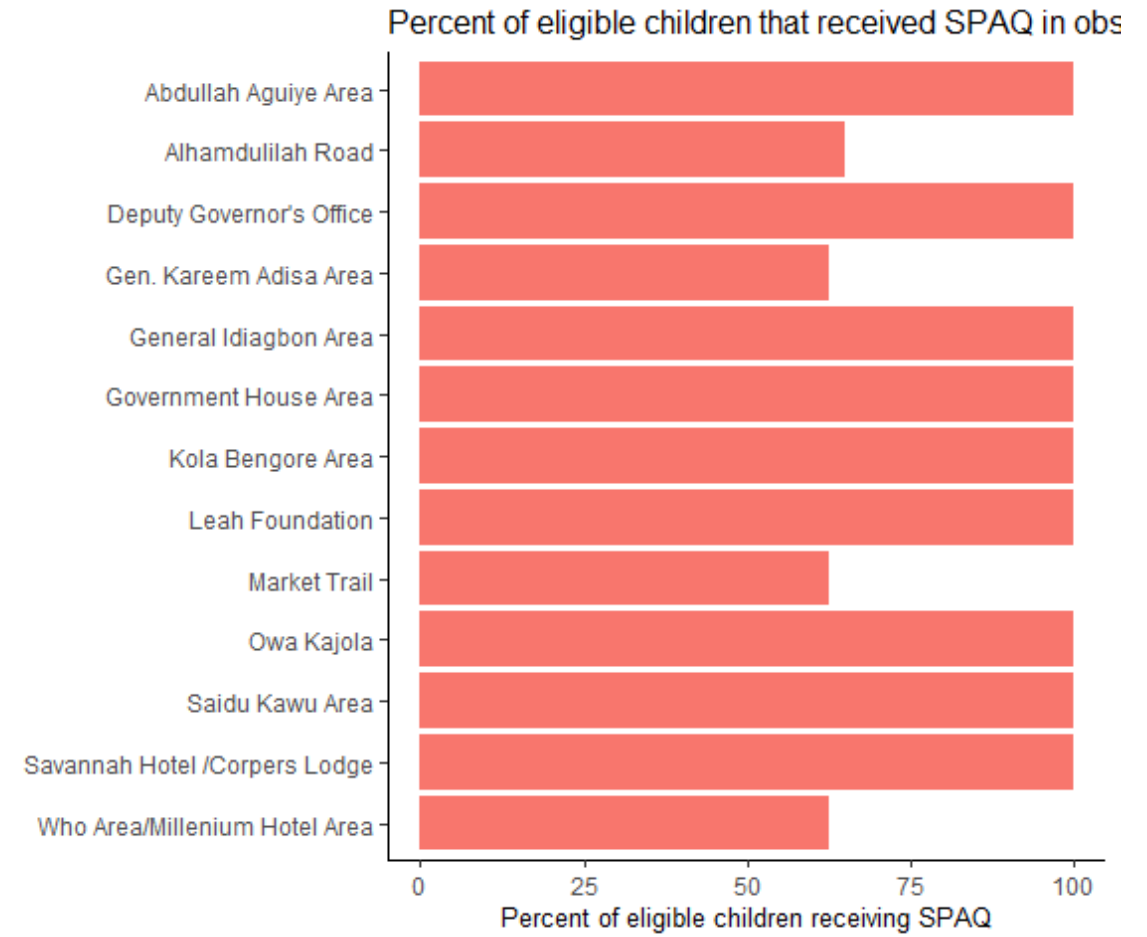


Examples of house construction in deprioritized settlements



SMC-eligible children receiving SPAQ

- No (0%) households were observed receiving ITNs, in accordance with the deprioritization policy
- 130 out of 159 (82%) SMC-eligible children were observed receiving SPAQ
- In most cases, SPAQ was given as directly-observed therapy (DOT) and houses were marked for revisit if eligible children were not home

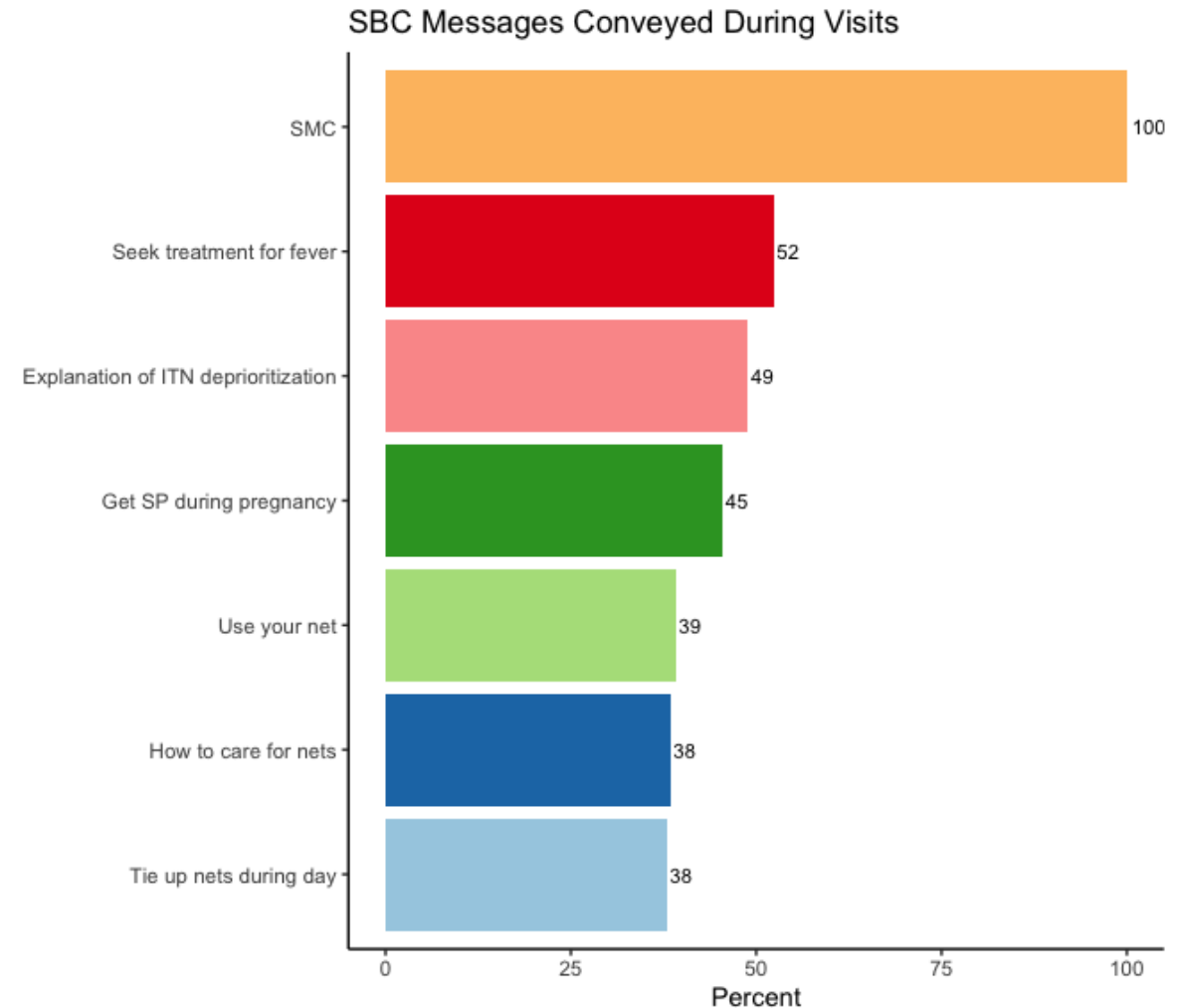


SBC messaging

- All households (100%) received messaging around SMC
- Around half of households (49%) received an explanation of the ITN deprioritization

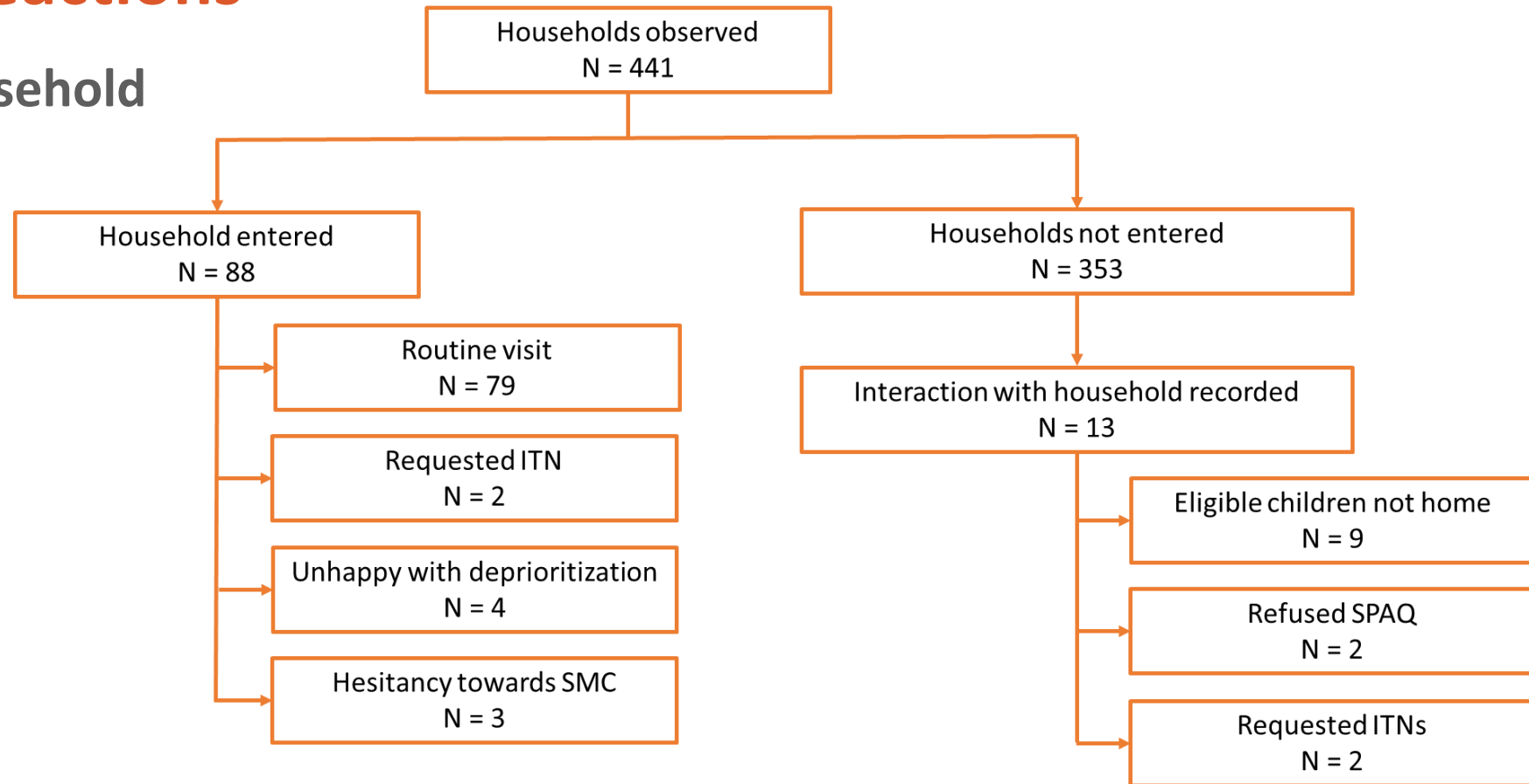


CMD team speaking about deprioritization to household in Alhamdulillah/Savanah Hotel area



Household reactions

Overview of household observations



“The head of household seriously expressed dissatisfaction for being exempted from ITN. He said it’s not fair to exclude the area. That there are lots of mosquitoes in the neighbourhood. They alleged that rural areas would sell the nets, while the urban are more likely to sleep inside the nets after collection. The CMD team were able to explain that the household can get the nets via routine channels at the nearby health facilities (police service training clinic) after the campaign.”

– Recorded by observation team at household in Savannah hotel/Corpers lodge settlement

For the 88 households entered by the observation team:

- Interactions were routine for 79 of 88 households (90%)
- 4 households expressed dissatisfaction with the deprioritization
- 2 households requested ITNs without reference to the deprioritization

→ Despite concerns around frustration in deprioritized community, negative reactions were rarely recorded by the observation team

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- Team of 10 data collectors and 1 supervisor
- Data collection in 40 clusters in Magaji Are II ward, Ilorin East LGA
 - 20 clusters in ITN deprioritized settlements (SMC only)
 - 20 clusters in similar settlements that received ITN (ITN and SMC)
 - 15 households per cluster
 - Interview an adult member of the household
- Primary indicators:
 - Percentage of SMC-eligible children that received SPAQ
 - Percentage of population with access to an ITN within their household

Preliminary household survey results

Household survey data collector completing filling out questionnaire on a tablet



	Sample size assumptions	ITN deprioritized	Standard
Number of households interviewed	600 (300 by group)	300	300
Mean household size (95% CI)	4.2	4.2 (3.9, 4.5)	4.6 (4.2, 5.0)
Mean number of SMC-eligible children per household (95% CI)	0.8	0.4 (0.3, 0.5)	0.3 (0.3, 0.4)
Number of SMC-eligible children	500 (250 by group)	129	107

- Achieved target number of household interviews
- Household size close to the expected mean of 4.2 people
- Households had fewer SMC-eligible children than anticipated

Preliminary household survey results

	ITN deprioritized	Standard area
Households in which respondents say they were visited by CMD Team	40.3%	73.7%
Percentage of children eligible for SMC who received SMC, among households visited by the CMD Team	96.3%	89.0%

- Lower percentage of households reporting visit from CMD team in deprioritized area
- High percentage of SMC-eligible children receiving SPAQ regardless of ITN deprioritization

Preliminary household survey results

Data collector observing a household's ITN during the household survey



	ITN deprioritized	Standard area
Total number of nets audited	272	492
Mean number of nets per household (95% CI)	0.9 (0.6, 1.2)	1.6 (1.4, 1.9)
Population access to ITNs among all households	36.7%	59.7%
Households that reported receiving one or more ITN from the CMD Team, among visited households	33.1%	88.7%
Population access to ITNs among households reportedly visited by the CMD Team	49.1%	71.6%

- Fewer nets in households in deprioritized area
- Some households in deprioritized area still reported receiving nets from CMD team

Evidence summary

Concern: Campaign teams not adhering to the protocols and giving ITNs anyway

Result: No observed instances of CMD team giving ITNs in deprioritized area, but 33% of households in the deprioritized area still reported receiving ITNs from CMD teams possibly indicating some nonadherence.

Concern: Households refusing or being passed over for SPAQ in deprioritized area.

Result: No observed instances where households did not receive/accept SMC due to deprioritization. High percentage of SMC-eligible children had received SPAQ in both ITN deprioritized and standard settlements.

Concern: Frustration or anger from households in deprioritized area

Result: Deprioritization was widely accepted observed population, with only a few observed instances where households expressed negative reaction to deprioritization.

Concern: Potential crossover of campaign teams in settlements on the boarder

Result: Feedback that teams were not always clear where they should start or stop ITN activities near the edges of the deprioritized settlements. High quality, detailed maps that delineate boundaries of deprioritized areas required to operationalize deprioritization rules accurately and fairly

Protocol for assessing operational feasibility and impact on malaria case incidence of deprioritizing ITNs in low-risk portions of Ilorin Metropolis of Kwara State, Nigeria

- ✓ Observations during campaign in deprioritized settlements
- ✓ Household survey in deprioritized and similar nearby settlements

Planned for 2024:

- ☐ Malaria case incidence trends through passive case detection, in deprioritized settlements and similar settlements



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Thank you!

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