



# SMC & ITN Campaign Integration in Nigeria

12<sup>th</sup> September 2024

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**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.**



# Outline



- ✓ Introduction
- ✓ Key objectives
- ✓ Implementation strategy
- ✓ Lessons learned from the integrated ITN/SMC campaign
- ✓ Conclusion



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# Introduction

- ✓ The SMC and ITN interventions in Nigeria are funded through the GF grant. Before 2023, the two interventions have been implemented separately
- ✓ Nigeria developed a protocol document for ITN/SMC integration which is continuously reviewed based on lessons learned
- ✓ To optimize processes and service delivery, a pilot was initiated in Kwara state in 2023 to fully integrate components of the two interventions for implementation using three different strategies, while the micro planning for the two interventions was co-implemented
- ✓ Based on lessons learned from Kwara in 2023, a fully integrated micro planning was piloted in Jigawa and Gombe in 2024.
- ✓ Then, both Gombe and Jigawa implemented ITN/SMC integrated using the double phase fixed point distribution.



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# Key Objectives of the Integrated Campaign

- ✓ To contribute to the efforts of NMEP to improve access and utilization of vector control interventions and provision of chemoprevention, diagnosis, and appropriate treatment.
- ✓ To document operational, programmatic, and financial efficiencies from the integration of SMC and ITN campaigns.
- ✓ To provide NMEP with some information/evidence that could guide any possible changes or revisions to implementation policies/guidelines/strategies

# Kwara State Pilot- Implementation Location, Processes, and Strategies

- ❖ The key processes that were integrated include:
    - ✓ Training (State, Local Government Areas [LGA] and ward level)
    - ✓ SBC activities – jingles, print, and media messages, town announcers, etc
    - ✓ SPAQ administration, household mobilization, and ITN distribution
    - ✓ Monitoring and supervision
    - ✓ State and community engagement
    - ✓ Personnel payment
  - ❖ Different strategies were deployed in Kwara State, they 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.
    - ✓ Fixed point distribution which involved household mobilization, issuance of net cards, and SPAQ administration, including redemption of ITNs by households at the distribution point in 1 LGA.
    - ✓ Urban malaria control strategy in 13 communities in one ward
- The overall success of the strategy was predicated on the intense engagement of various stakeholders at different levels.

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# Micro planning pilot – Gombe and Jigawa states

## The objective of the micro-planning

- ✓ Population data from different sources at the state level.
- ✓ A recently generated geospatial map of settlements and catchment areas showing potential distribution points, ward boundaries, Health facilities, and other important areas/points of interest (POIs).
- ✓ An adequate store for ITN storage at the LGA level.
- ✓ Report of the health facility stores assessment desk review for each LGA level.
- ✓ Identified training locations at the LGA level.

## Outputs from the micro planning

- ✓ State harmonized Integrated logistics template with the health facility and their catchment area as the lowest unit.
- ✓ Review and update of GIS maps by catchment area
- ✓ State harmonized SBC template and action planning template.
- ✓ State harmonized LGA warehouse and training locations assessment template.
- ✓ Preliminary storage and transport plan.
- ✓ Adapted SBC material (print and electronic)
- ✓ Used ward level GIS maps.
- ✓ State and LGA engagement meetings with all relevant stakeholders

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# ITN/SMC integrated campaign – Gombe and Jigawa states

**Strategy - Double-phase Household mobilization and SPAQ administration followed by ITN distribution at a fixed distribution point.**

The strategy is a double-phased door-to-door household mobilization with net cards, SPAQ administration to eligible children 3-59 months, and redemption of ITNs using net cards at a fixed distribution point.

## **The 1st phase involves:**

- ✓ Household mobilization and SPAQ administration to eligible children (3-59 months) by CMD teams.
- ✓ A CMD team comprises 2 people, a recorder and a dispenser.
- ✓ The recorder is responsible for registering eligible children and households using a mobile device, completing and issuing child record cards and net cards while the dispenser dispenses SPAQ and provides health talk on SMC and ITN.
- ✓ A CMD team is expected to administer 60 blisters of SPAQ on a ratio of 1:4, SPAQ 1 – 12 blisters: SPAQ 2 – 48, and issue 100 net cards daily for 5 days.

# ITN/SMC integrated campaign – Gombe and Jigawa states

## The 2<sup>nd</sup> phase involves:

- ✓ Redemption of nets at designated distribution points by the households
- ✓ Each DP is expected to distribute 400 ITNs daily for 5 days.
- ✓ The distribution point team comprises 5 personnel namely 1 DP supervisor, 1 recorder, 1 ITN distributor, 1 health educator/crowd controller, and 1 security/waste manager.
- ✓ Macro and micro-positioning of ITNs will be from the state warehouse to LGA stores and from LGA stores to the various distribution points respectively. Additionally, LMDs for SPAQ will be from State CMS to the health facilities.
- ✓ Following the completion of ITN redemption at the distribution point, there will be a first-level reversal of leftover ITNs from the DPs to LGA stores by the DP supervisors while the 4PL will be responsible for the second-level reversal from LGA stores to the state warehouse.
- ✓ Unused SPAQ will be reversed from the health facility to the LGA store while the LGA logistician will reverse from LGA stores to the state CMS at the end of each cycle.

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# ITN/SMC integrated campaign – House marking

## House marking 1: SMC|24|1|3/3|C – ITN|C

- This will be used when the CMDs have completed SPAQ administration and the ITN card issued to a household.

## House marking 2: SMC|24|1|3/0|R – ITN|R.

- This will be used when neither SPAQ nor ITN card was administered or issued in the households and the CMDs will be required to revisit the household.

## House marking 3: SMC|24|1|3/3|R|C – ITN|C

- This will be used when a household is revisited by the CMDs and the SPAQ administration/ITN card has been issued.

## House marking 4 : SMC|24|1|0/0|E – ITN|C.

- This will be used when there is no eligible child for SPAQ in a household, but an ITN card has been issued.

## House marking 3: SMC|24|1|3/3|R|C – ITN|N

- This will be used when a household is revisited by the CMDs and the SPAQ administration/ITN card is not issued.

# ITN/SMC integrated campaign – Data management

## Data collection

- ✓ The recorder will be equipped with an Android device configured with NMEP OneApp for both ITN and SMC and will serve as the primary data collection tool during the campaign
- ✓ During the campaign period, the recorder will record the distribution activities in real time using the NMEP OneApp. This includes capturing the date, time, location, and beneficiary details of the distributed net cards.
- ✓ The NMEP OneApp will utilize QR code scanning functionality to efficiently record the distribution and redemption of net cards. Assigning the QR code on the net cards to the Household, while generating the beneficiary identity number to assign the beneficiary details will aid cohort tracking in the case of SMC.
- ✓ The NMEP OneApp will have the capability to synchronise the collected data in real time with a centralised cloud database.

## Data storage

- ✓ During implementation, the collected data is stored temporarily on the centralised database setup for the campaign. The NMDR is used to permanently store aggregated campaign data
- ✓ To ensure data accessibility, scalability, and disaster recovery, the NMDR data is stored using cloud storage services.
- ✓ Cloud storage provides a reliable and flexible solution for storing large volumes of data securely. The data storage infrastructure will have appropriate security measures in place to protect against unauthorised access, data breaches, and data loss

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# ITN/SMC integrated campaign – Data management

## Data analysis

- ✓ The collected data undergo an automated pre-processing stage to identify and store data in the right data tables to provide a comprehensive overview and summary of the campaign data.
- ✓ This background automated analysis performed by the centralised database for the campaign may include calculating basic statistics, such as the total number of distributed net cards and SPAQ administered, distribution coverage rates, and demographic information of the target population.
- ✓ This analysis helps identify areas of success and areas that require improvement
- ✓ the analysis results, data-driven recommendations should be formulated to improve the efficiency, effectiveness, and impact of future ITN/SMC campaign integration

## Data use

- ✓ Track daily submission rate and synchronization counts which will be monitored to mitigate against data loss as a result of damaged or missing devices.
- ✓ Generate summary reports or dashboards to visualize and communicate in process monitoring findings and initiate corrective actions based on the insights gained from the data analysis.
- ✓ Analyse and track the progress of daily coverage.
- ✓ Monitor and track dense administration of SPAQ and ITN distribution.
- ✓ Track real time reporting of ADR.
- ✓ Cohort Tracking

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# ITN/SMC integrated campaign – SBC

- ✓ Integrated SBC materials (print and electronic) adapted for states
- ✓ SBC action planning tool developed for each LGA
- ✓ CSOs were engaged for each LGA
- ✓ 5 town announcers per ward
- ✓ Sensitization of LGA women Development officers through the support of Hon. Commissioner Women Affairs
- ✓ Radio Jingles on the ITN/SMC integrated campaign were aired
- ✓ Sensitization meetings were conducted across different religious institutions led by the state
- ✓ Live radio Phone in Program at Radio the interventions were extensively discussed
- ✓ Advocacy/sensitization of ALGON Chairman and LGA Council – Issues relating to integrated campaign
- ✓ Sensitization of political appointees and other relevant stakeholders.
- ✓ Roll out of SBC intervention for implementation (Airing of campaign jingles; Phone programs; community engagement meetings; State/LGA flag-off

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# Lessons learned from the Integrated Campaign

- ✓ Initial push back on integration from partners of the SMC and ITN interventions.
- ✓ Following the success, both government stakeholders and malaria partners now believe integration is achievable
- ✓ Beneficiaries were eager to receive both ITNs and SPAQ to strengthen their protection against malaria
- ✓ Notable increased access to both ITNs and SPAQ in areas not previously reached
- ✓ There were noted testimonials regarding receipt of ITN and SPAQ for the first time during the integrated campaign



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# Lessons learned

Area	Preliminary Lessons Learned
<b>State Engagement</b>	<ul style="list-style-type: none"><li>▪ Adequate engagement with the state on integration created shared understanding on the importance of integration</li><li>▪ The team was able to map out processes involved across the two interventions and plan adequately for the integration</li></ul>
<b>Microplanning</b>	<ul style="list-style-type: none"><li>▪ Both interventions were fully integrated, and this helped to generate adequate data that was used for planning implementation.</li><li>▪ In Kwara, the lowest level of reporting for ITN was ward level while for SMC the health facility is the lowest level of reporting, full integration of the micro planning template for Jigawa and Gombe, with the health facility as the lowest level allowed for more efficient planning</li></ul>
<b>Personnel</b>	<ul style="list-style-type: none"><li>▪ The same personnel were that deployed to distribute ITNs and administer SPAQ to eligible children, will be maintained for subsequent cycles of SMC, this prevents causing disruption to the SMC established personnel system.</li></ul>
<b>Daily targets</b>	<ul style="list-style-type: none"><li>▪ 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</li></ul>

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# Lessons learned Cont'd.

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

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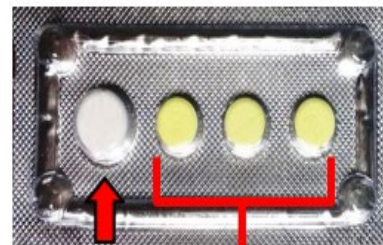
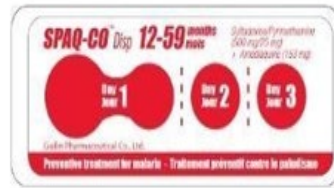
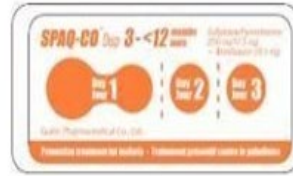
# Conclusion

- ✓ Coordination and synergy among the stakeholders was exemplary and a cornerstone for the documented success
- ✓ With adequate 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, however, post campaign savings analysis is currently ongoing to ascertain the exact cost savings from the integration.
- ✓ Monitoring and supervision are key to strengthening the implementation of future integrated campaigns.





# Thank you for your time and attention!



SP AQ



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