1. SMC Campaign objectives
2. Macro-planning & Micro-planning
	1. Planning parameters: personnel needed (by cadre), days needed for each activity (training, delivery, supervision, monitoring evation), number of events for each activity, etc
	2. Intervention zones
	3. Map of Selected Health Districts
	4. Mapping of facilities
	5. Inclusion criteria
3. Preparatory activities
	1. Preparatory meeting
	2. Collaboration and partnership
	3. Planning and tool review meeting
	4. Warehouse identification and assessment
	5. Selection of mobilizers and distributors
4. Procurement and supply management
	1. SPAQ storage condition at the CMS
	2. Commodity management at the CMS and health facilities
	3. Acquisition and distribution of all SMC tools and materials
	4. Proper use of stock management tools (PODs, ICC, distribution plans etc.)
	5. SPAQ procurement and lead times
	6. SPAQ in-country distribution
	7. Stock movement analysis
	8. Drug allocation on the distribution plan by cycles
	9. SPAQ reconciliation methods (administrative data and stock reconciliation data)
	10. End of cycle logistics report
5. Community engagement
	1. Program engagement with Local Authorities on SMC delivery in selected districts
	2. Advocacy visits
	3. Media engagement
	4. Community mobilization and SMC promotion activities
	5. Household mobilization
	6. State/Province campaign flag-off
6. Training
	1. Training of supervisors at central level
	2. Training of regional and health district supervisors
	3. Training of local supervisors
	4. Training of mobilizers and distributors
	5. Training of data entry staff and pharmacovigilance focal points
	6. Training of community criers
	7. Refresher training of community health workers
7. SPAQ administration
	1. SMC delivery methodology
	2. Adaptations to delivery methodology due to COVID 19
	3. Non-administration of SPAQ to eligible children
8. Case management and pharmacovigilance
	1. Management/referral of sick children
	2. Pharmacovigilance monitoring
9. Supervision
	1. Supervisors at central level
	2. Regional and health district supervisors
	3. Debriefing/reporting of supervision vists during SMC cycles
10. Monitoring and evaluation
	1. Administrative data collected during SMC cycles 1 to 4
	2. End-of-cycle surveys
	3. End-of-round coverage survey
	4. Health facilities surveys
	5. Household surveys

For each of the above provide the following: c[hoice of health districts and health areas for the surveys,](#_Toc58490237) s[ample size and accuracy,](#_Toc58490238) methods of data analysis (Data Input, Processing and Tabulation)

* 1. [Limitations of administrative data, surveys and study](#_Toc58490260) methods
1. Results
	1. [Health District performance during the campaign](#_Toc58490245)
	2. [Characteristics of the households and targeted children](#_Toc58490246)
	3. [Characteristics of the targeted children](#_Toc58490247)
	4. [Distribution of the treatment to the targeted children during the campaign](#_Toc58490248)
	5. [Children treated](#_Toc58490249)
	6. [Person in charge of administering the treatment to the treated children](#_Toc58490250)
	7. [Reasons for which children were not treated](#_Toc58490251)
	8. [Adverse effects after treating the children](#_Toc58490252)
	9. [Difficulties filling out the SMC cards or administering the drugs to the children](#_Toc58490253)
	10. [Knowledge, awareness-raising and appreciation for the campaign](#_Toc58490254)
2. Conclusions
	1. Achievements against work plan
	2. Adjustments to work plan
	3. Good practices
	4. Success Stories
	5. Debriefing meetings at health districts and regional levels
	6. Lessons learned
	7. Challenges and opportunities
	8. Recommendations