

Seasonal Malaria Chemoprevention (SMC) 2022 Campaign

Ghana

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Prepared for the 2023 SMC Alliance Meeting - Conakry, Guinea

Summary information for 2022 and plans for 2023 campaigns

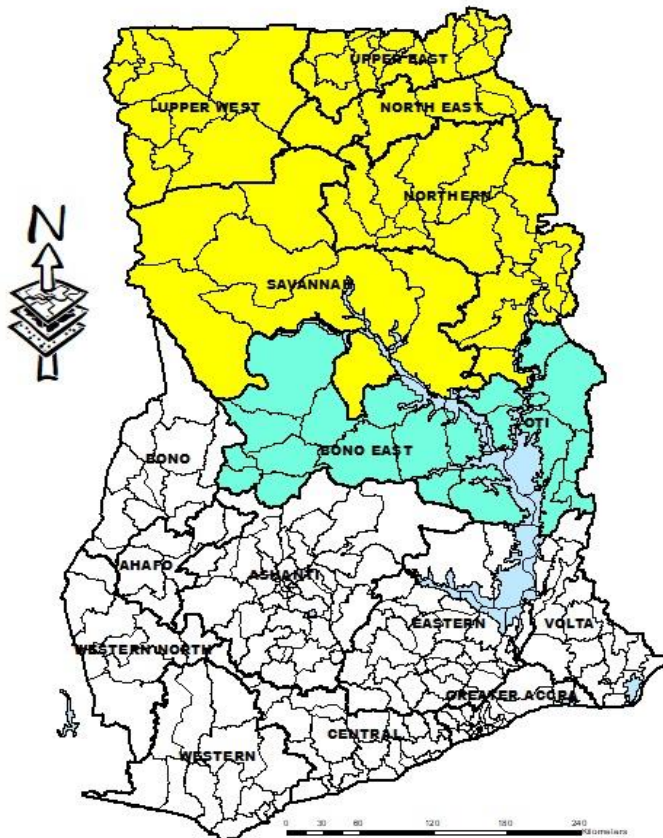


	2022	2023
Start and end dates	27 th June - 9 th October	26 th June – 8 th October
Number of cycles	4	4
Number of districts targeted	72	72
Number of children covered	1,446,282 reached (53,596 were 62 months by cycle 4)	1,425,694
Age ranges covered	3 – 59 months (53,596 were 62 months by cycle 4)	3 – 59 months
Coverage (% targeted children receiving all cycles)	89.8%	N/A
Any plans for campaign digitalization?	Started in 2019 (SiCapp)	To continue using the app
Any drug resistance testing or efficacy studies performed? (Y/N)	No	No

Country map showing SMC implementing districts

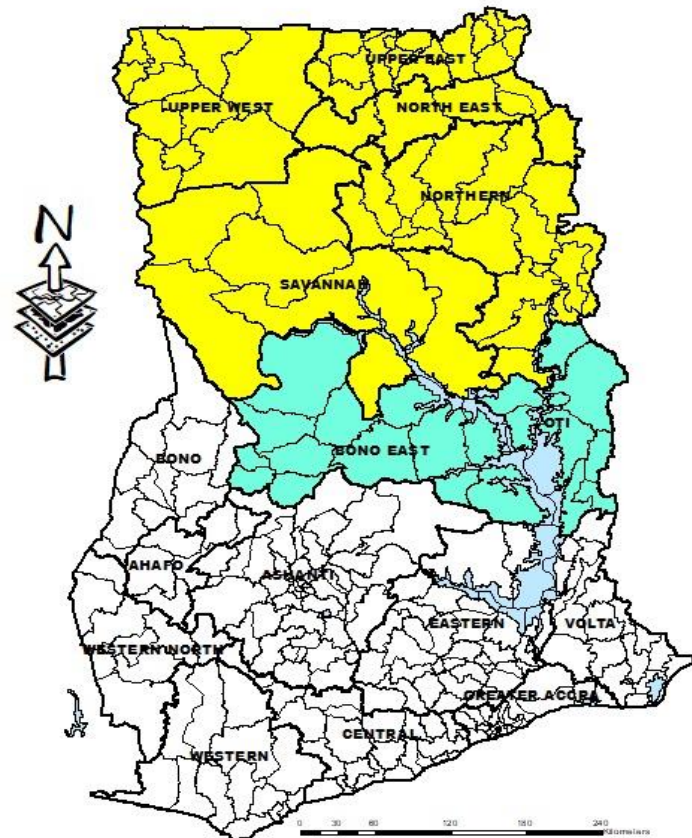
2022 map (covered)

Map of Ghana showing SMC Regions and Districts



2023 map (targets)

Map of Ghana showing SMC Regions and Districts



Focus Digitalization



What was the problem you were trying to solve? For example: Improved planning, implementation, M&E, cost saving?

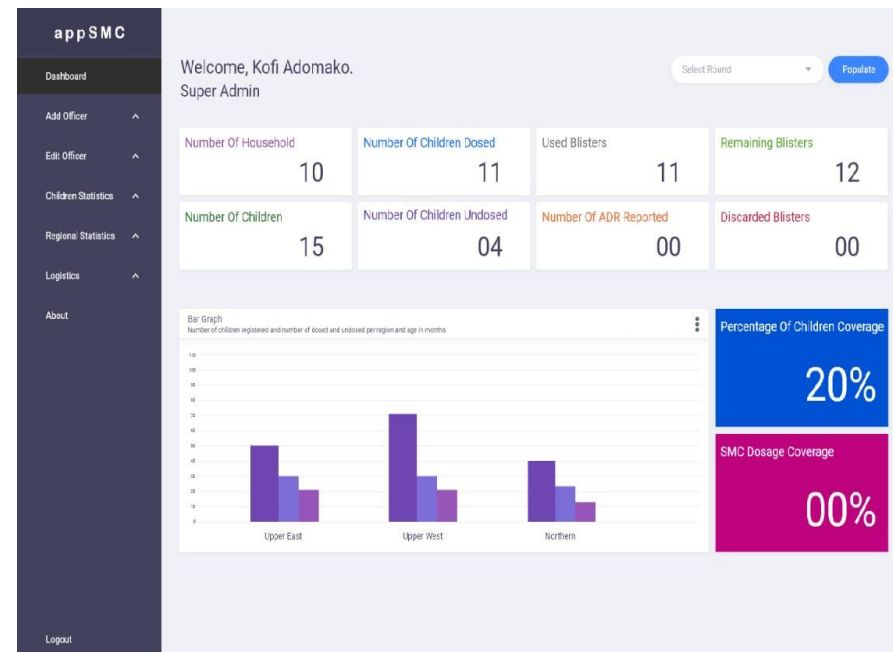
- More time needed in the registration of households and dosing
- Stressful data compilation and Validation
- Logistics management difficulties
- No real-time data for monitoring performance
- Data loss due to torn and lost registers

SMG Round 1 [] Round 2 [] Round 3 [] Round 4 []		Background								SERVICES							
BACKGROUND INFORMATION		TOTAL POPULATION 2017	Target Pop 3-59 mths	Number of Households Visited	Number of Children 3-59 mths Seen				Number of Children given SMAC Medicine				Number of Children <u>Not</u> given SMAC Medicine				
No.	Districts				3-11 mths		12-59 mths		3-11 mths		12-59 mths		3-11 mths		12-59 mths		
					Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
1		0															
2		0															
3		0															
4		0															
5		0															
6		0															
7		0															
8		0															
9		0															
10		0															
11		0															
12		0															
13		0															
14		0															
15		0															
Total		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Summary																	
SPAQ (0-11 months)		SPAQ (12-59 months)															
Number of Blizans received		Number of Blizans received															
Number of Blizans given to children		0	Number of Blizans given to children 0														
Number of Blizans discarded		Number of Blizans discarded															
Number of Blizans remaining		Number of Blizans remaining 0															

Lessons Learnt/ Innovations

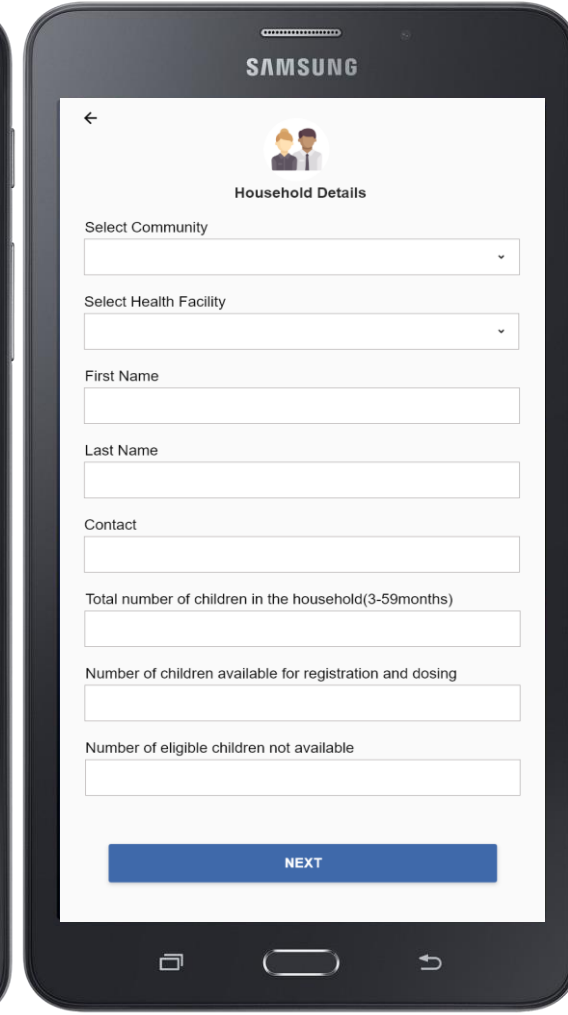
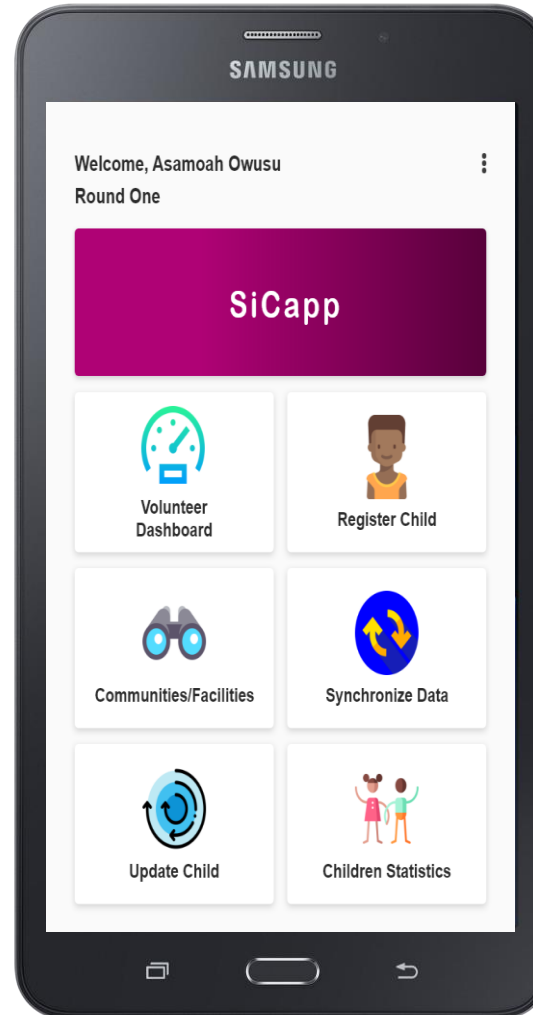
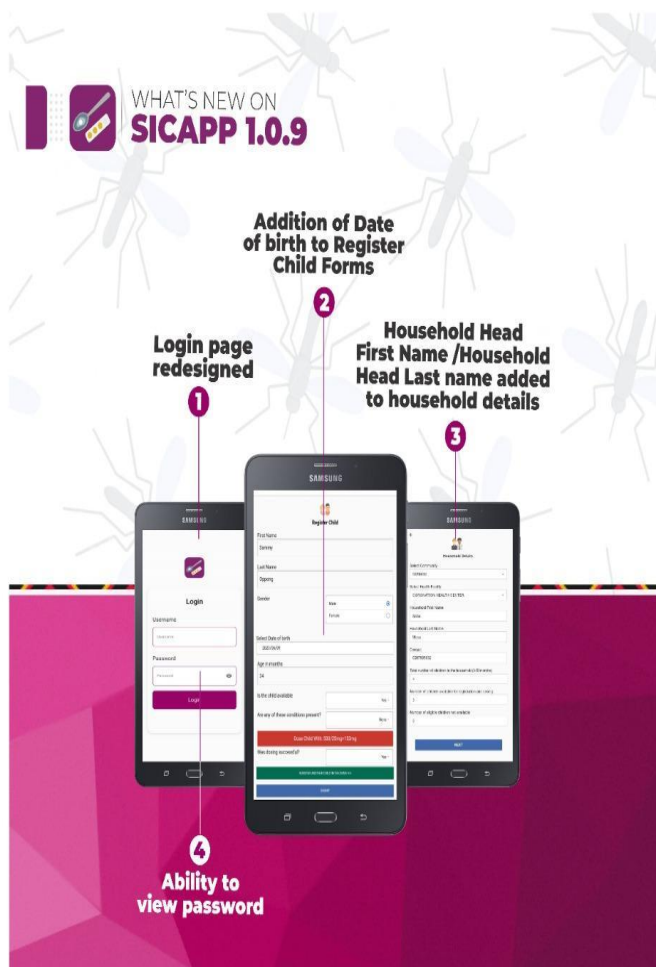
Digitalization produces

- Quick dosing process, easy data compilation, and data validation
- Easy monitoring of the quality of the dosing process
- Timely monitoring of coverage and performance
- Improved district coverage and performance
- Good quality and real-time data for decision making
- Improved data security
- No cost for the printing of registers and summary sheets every year



Key lessons learnt / innovation in 2022: Focus Digitalization

What was the design of the digitalization?



Key lessons learnt / innovation in 2022: Focus Digitalization

What challenges did you face?

- Difficulty in getting CHVs who can use the mobile device (Hard-To-Reach Communities)
- Unreliable electricity or power supply in some communities
- Poor internet connectivity for data synchronization
- Missing/damaged android tablets and chargers



Key lessons learnt / innovation in 2022: Focus Digitalization



What would you do differently in the future?

- Continue to upgrade the SMC data collecting tool (SiCapp) to be more user friendly
- Complete interoperability with the DHIS 2
- Add all monitoring tools eg. supervisors checklist
- Improve the geo-codes to help us track CHV movement
- Improving visibility of registration and dosing using Arc-GIS – spot maps
- Procure more mobile tablets to minimize the movement of tablets from one region to another
- Procure power banks to support CHVs in hard-to-reach areas
- Public-private partnership to improve internet connectivity

Thank you



**Focus Hard-to-Reach
Populations**



Key lessons learnt / innovation in 2022: Reaching hard-to-reach populations

What was a problem you were trying to solve? For example: Improved planning, implementation, M&E, cost saving?

- Meeting caregivers on their farms to dose eligible children
- CHVs visit caregivers at night to dose children
- Providing life jackets to CHVs and supervisors aided in reaching the hard-to-reach areas (wider area coverage)
- Motivational Packages for CHVs - Hiding coupons (mystery coupons) in hard-to-reach communities for CHVs to retrieve, enhanced the quality of work and performance; sponsorship packages



Key lessons learnt / innovation in 2022: Reaching hard-to-reach populations

What was the design of the innovation?

- Introduced motivational packages (mystery coupons) for CHVs
- Established camping sites for CHVs and supervisors in island communities
- Inclusion of Nomadic Focal Persons in social mobilization
- Volunteers were encouraged to visit households early in the morning and late in the evenings
- Procured more life jackets for CHVs and supervisors
- Allocated additional funds to aid access to hard-to-reach areas (boat/canoe rentals, cost of fuel)




Key lessons learnt / innovation in 2022: Reaching hard-to-reach populations

What **challenges** did you face?

- Difficulty in reaching some communities due to flooding
- Farming activities interfering in dosing exercise
- Bad road network
- High cost of fuel
- Funds for hard-to-reach areas not adequate (island communities)
- Supervisors not provided with raincoats and boots



Key lessons learnt / innovation in 2022: Reaching hard-to-reach populations



What would you do differently in the future?

- Procure more life jackets, raincoats and boots for CHVs and supervisors
- Increase CHVs allowance
- Improve funding allocations for hard-to-reach areas (island communities)
- Support CHVs and supervisors with rechargeable lamps/touch lights
- Engage early with stakeholders, especially traditional/opinion leaders (key to a successful campaign implementation)

**Focus SMC
Sustainability**

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Key lessons learnt / innovation in 2022: SMC sustainability



What was a problem you were trying to solve? For example: Improved planning, implementation, M&E, cost saving?

- Improve SMC acceptance among caregivers through continuous community engagement
- Improve CHVs motivation, especially in hard-to-reach communities
- Increase local funding and support for SMC
- Advocate for expansion of SMC cycles and target age group (calls from community members)

Key lessons learnt / innovation in 2022: SMC sustainability



What was the design of the innovation?

- Early stakeholder engagement at all levels (especially traditional/opinion leaders) is key to a successful campaign implementation
- Use of CHVs to inform households of upcoming SMC during other public health campaigns has improved awareness and acceptance of SMC
- Improve motivational package for CHVs to always be available during SMC Campaigns
- Adequate local funding and support for SMC

Key lessons learnt / innovation in 2022: SMC sustainability



What challenges did you face?

- Inadequate funding from local organizations
- High SMC operational cost especially in hard-to-reach communities
- Farming activities interfering in the SMC campaign

What would you do differently in the future?

- Use of volunteers to inform households of upcoming SMC during other public health campaigns has improved awareness and acceptance of SMC
- Engagement with politicians (District Chief Executives, MPs) of the respective SMC districts to support the campaign
- Mobilize local funding and support for SMC
- Advocate for SMC expansion – number of cycles, age group, and geographical area
- Intensify community engagement and improve SBCC

Thank you