



Using Digital Workflows to Enable Integrated Campaign Delivery: A Case of Ghana – National Malaria Elimination Programme (NMEP)

SMC/AMP CONFERENCE -UGANDA
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Outline

- Introduction
- Digitization Journey
- PMD/SMC Integration Strategy
- Digital Workflow Architecture
- Challenges
- Conclusion

Introduction

Rationale for Integration

- Point Mass Distribution (PMD) and Seasonal Malaria Chemoprevention (SMC) are both Community-based malaria control interventions
- The benefits of both interventions can reinforce each other
- The integration can save both cost and time
- Integration reduces stress on health workers

Guiding Principles for Integration

- Learn Lessons from previous integration efforts
- Integration is not just adding on
- Consultation of strategic leaders on why and how to integrate is important
- Stakeholders at the operational level must buy into importance of integration
- Integration was not going to be an easy task but worthwhile

Ghana Campaign Digitization Journey. 1/2

Pre 2018 Campaign

- Paper based HH registration and distribution

POINT DISTRIBUTION CAMPAIGN
LLINs COUPON
Serial 2570203

Name of Household Head: _____
Number of Persons in the Household: _____
Contact Number: _____
House No./ Location: _____

No of LLINs RECEIVED: _____
LLINs GIVEN: 3

JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH
USAID DELIVER PROJECT

2018 & 2021 Campaign

- Transition from paper based registration to digitized registration and distribution
- Program Supplied Mobile device



2024 and beyond Campaign

- Campaign Integration
- No code cards

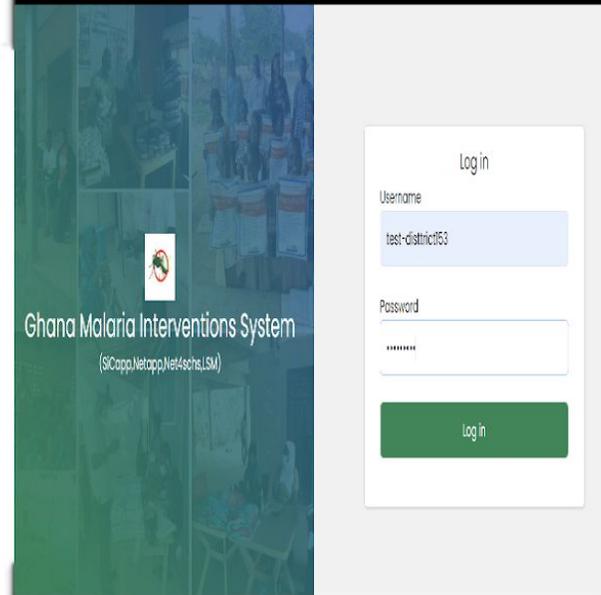


Digitization foundation Pillars. 2/2

TRAINING



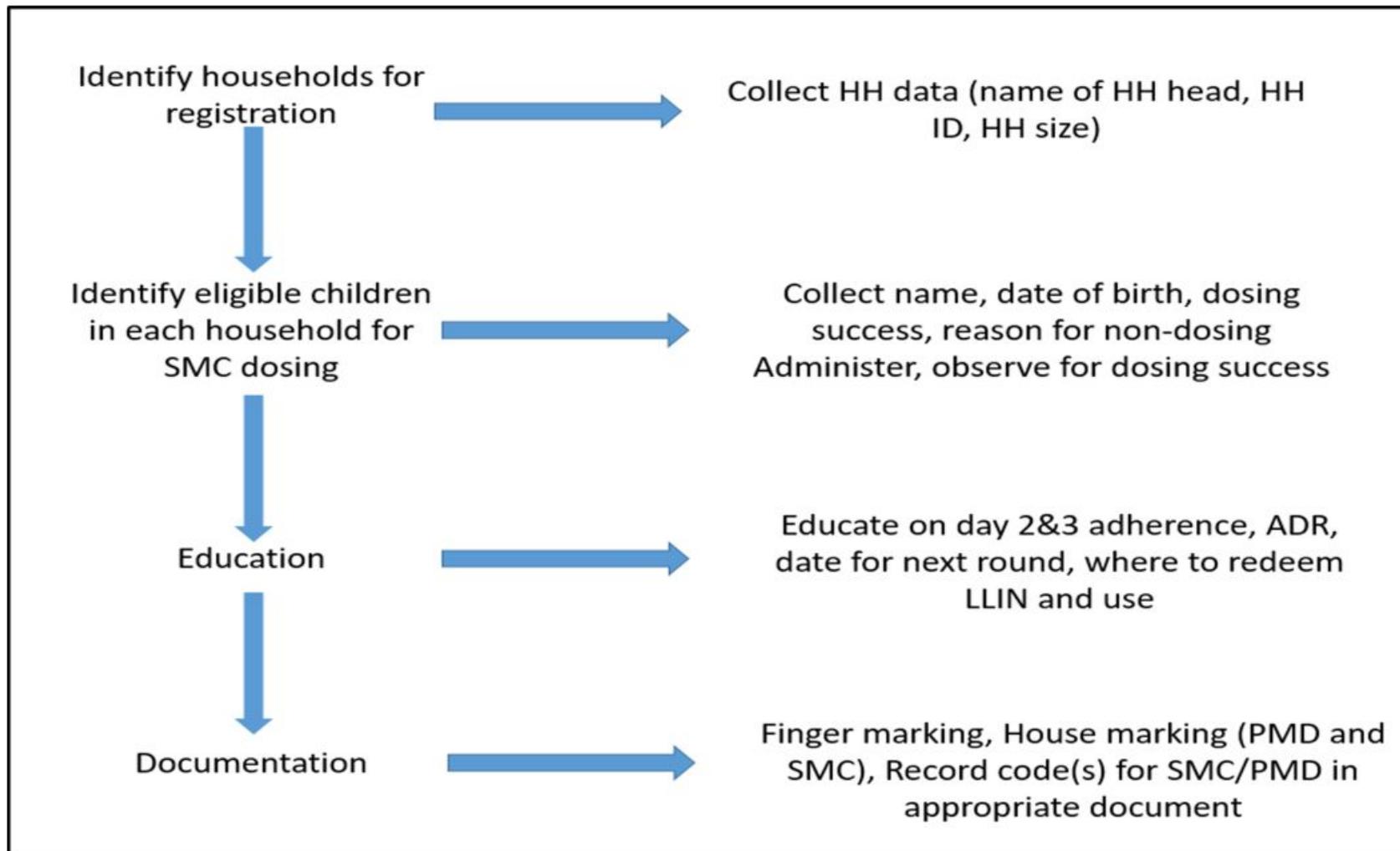
DIGITAL PLATFORM



SUPERVISION



Flowchart for SMC Dosing and PMD household registration



PMD & SMC Integration Areas

- Planning meetings at all levels
- Trainings (*Combined training for national, regional, district supervisors and volunteers*)
- PMD registration and first cycle of SMC dosing
- Documentation and IT (*an integrated checklist for data collection and supervision developed for integration*)
- Monitoring and Supervision (*Rapid Assessment*)
- SBC for dosing and registration (*Combined messaging*)

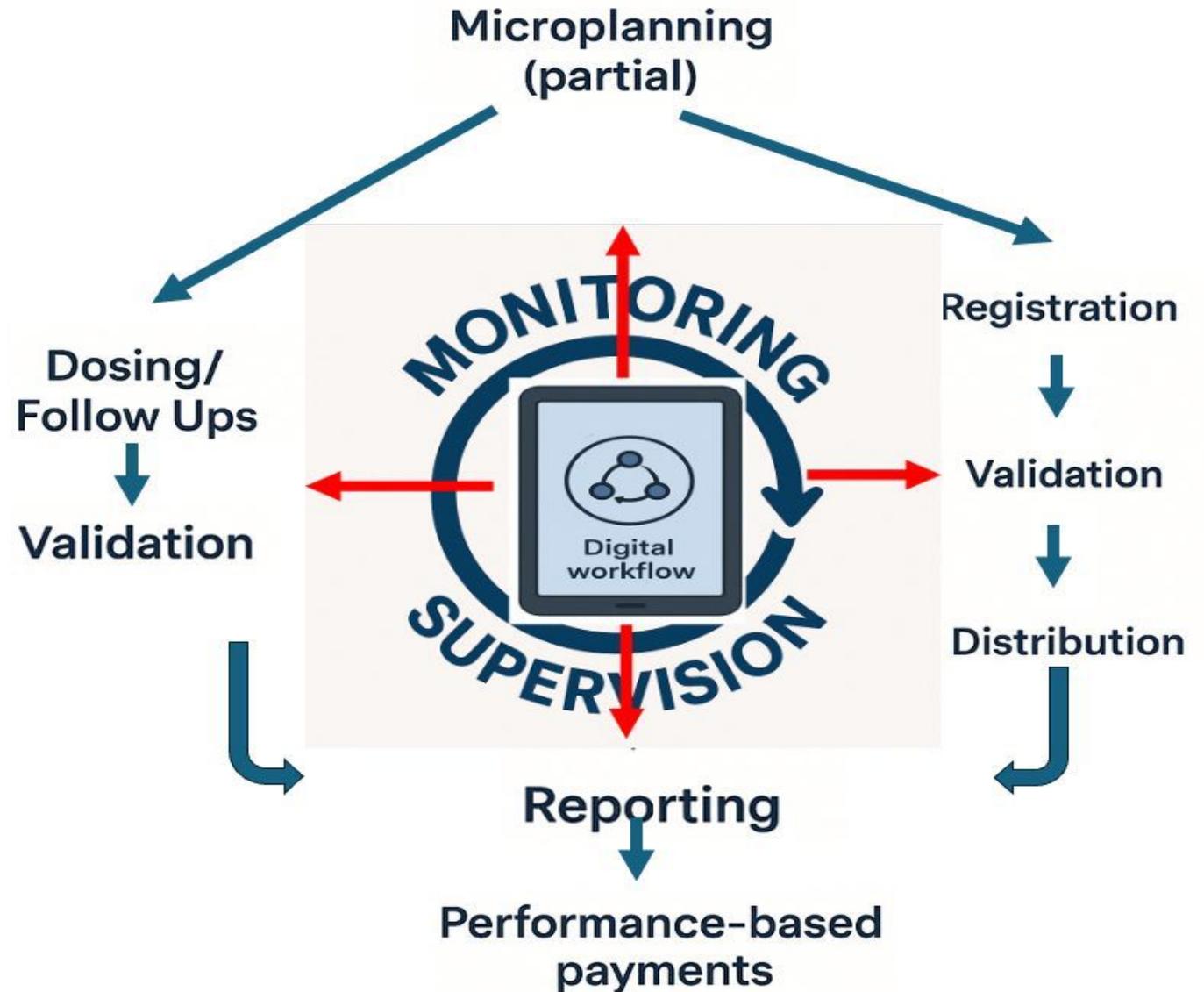
Map of Ghana showing areas of PMD and SMC interventions



Digital Workflow Architecture. 1/4

Instead of fragmented tools, Ghana implemented:

One connected campaign ecosystem powered by GMIS and supported by secure infrastructure.

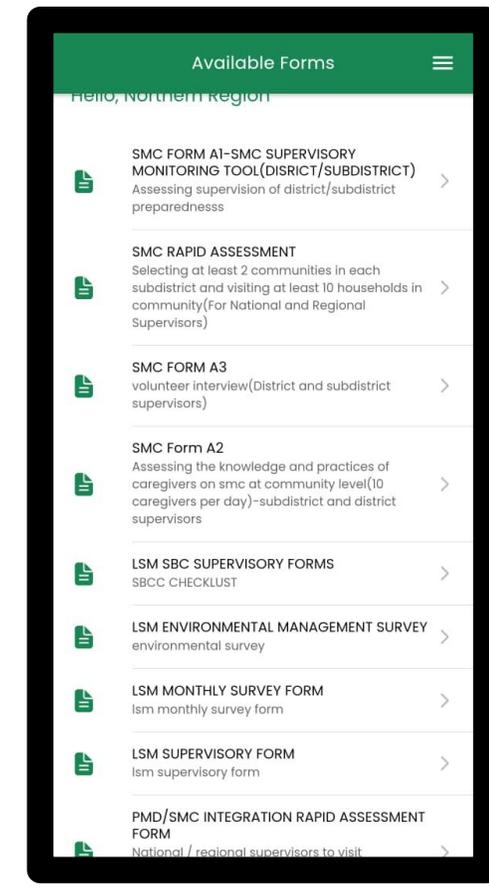
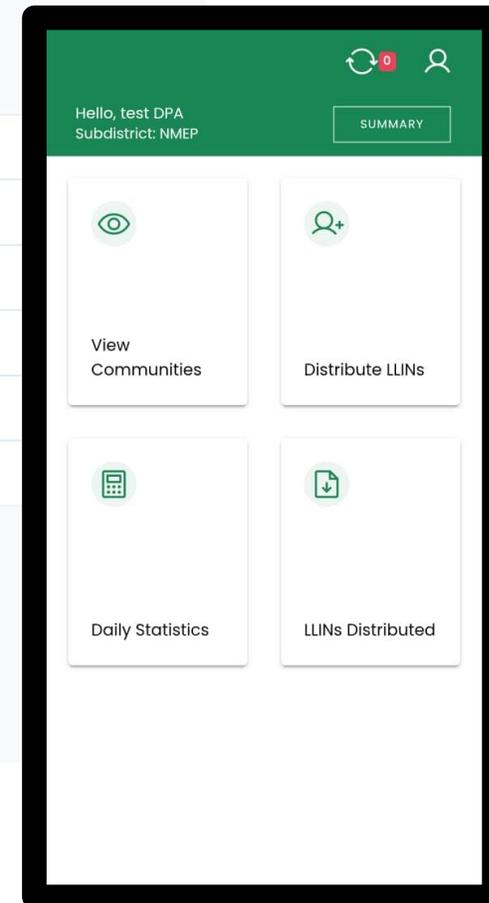
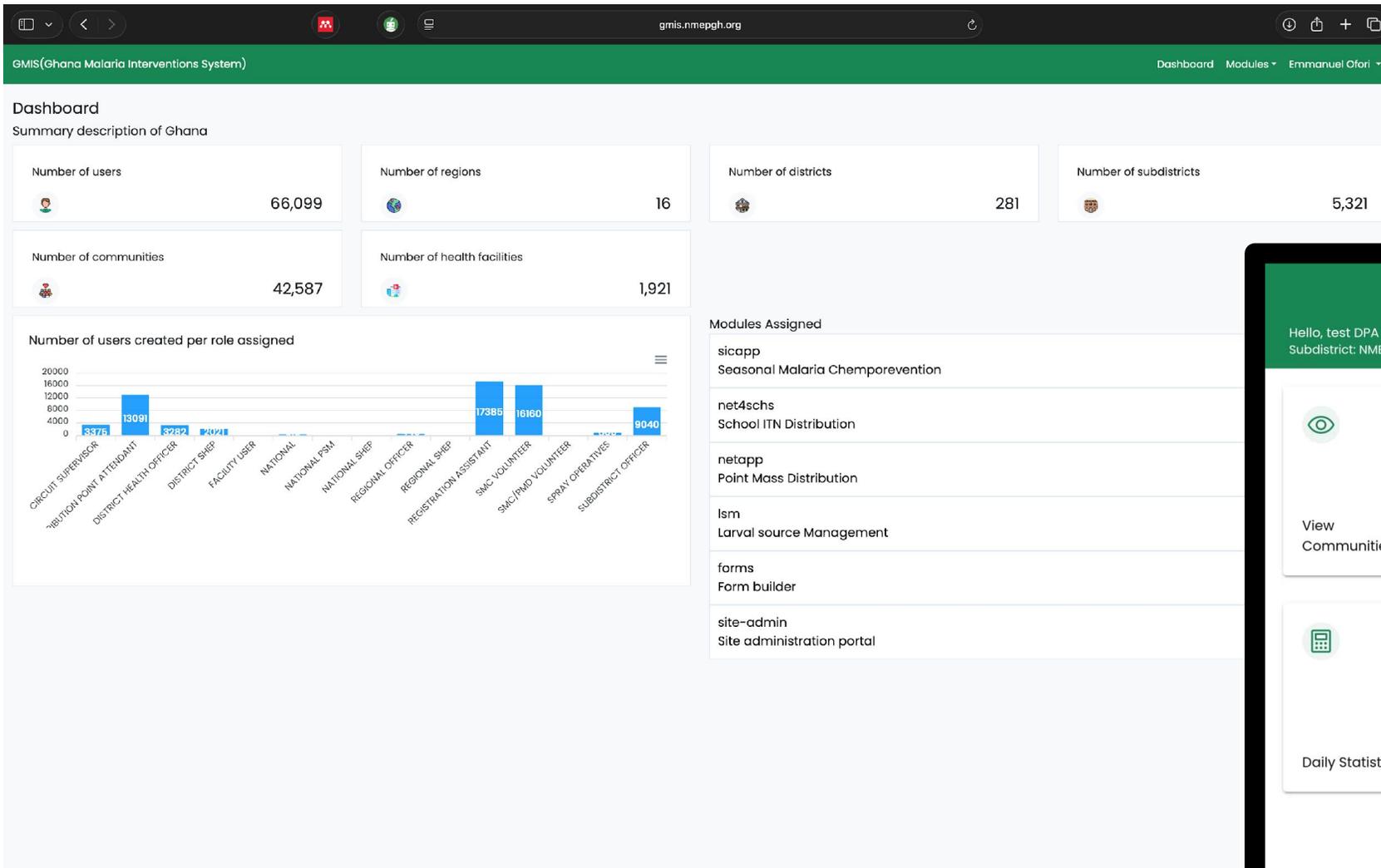


Infrastructure Support (Data and Application Hosting)

Behind the application layer:

- Secure centralized data storage
- Backup & disaster recovery
- High-performance dashboards
- National malaria data repository integration
- Data security compliance
- Digital campaigns require resilient infrastructure, not just mobile apps

Digital Workflow Architecture. 3/4



Figures showing Web and mobile interfaces

Digital Workflow Architecture. 4/4

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← Register Household

Select community

Did the household refuse the registration?

No

First name of Household head

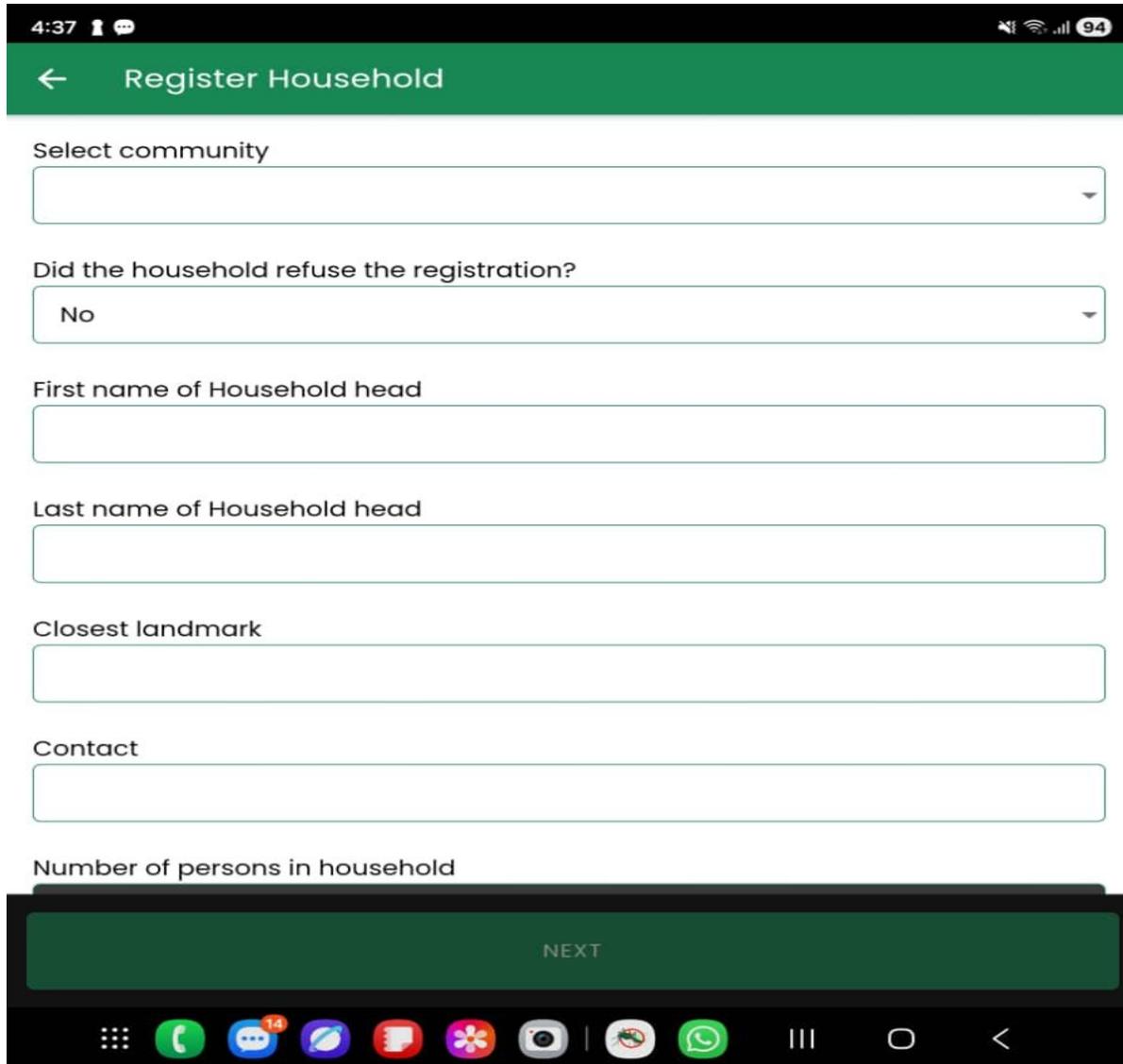
Last name of Household head

Closest landmark

Contact

Number of persons in household

NEXT



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← Register Household

Last name of Household head

Closest landmark

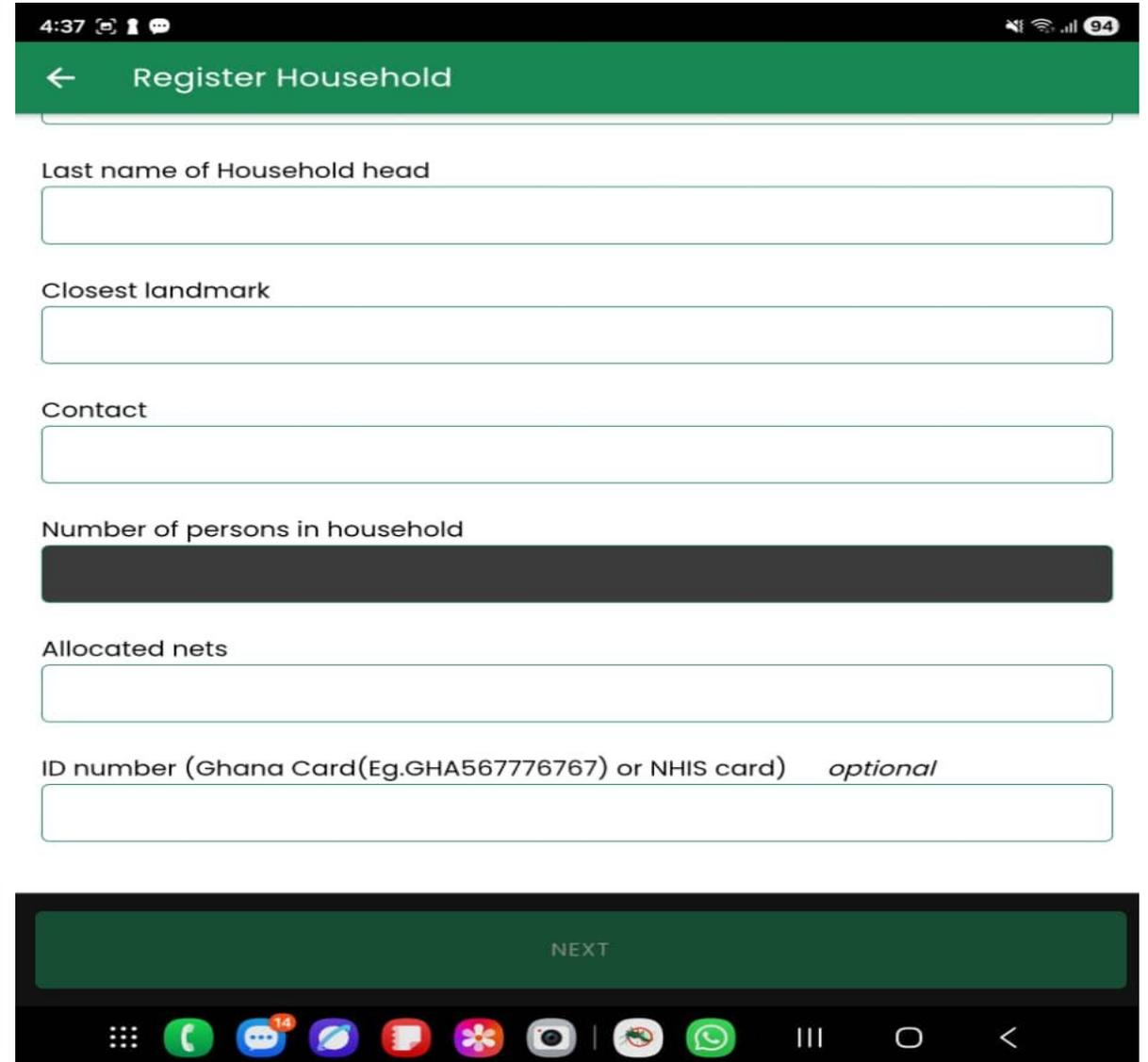
Contact

Number of persons in household

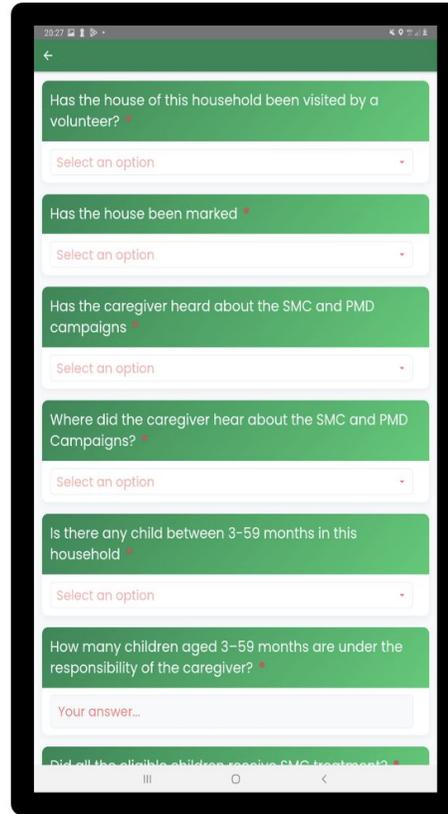
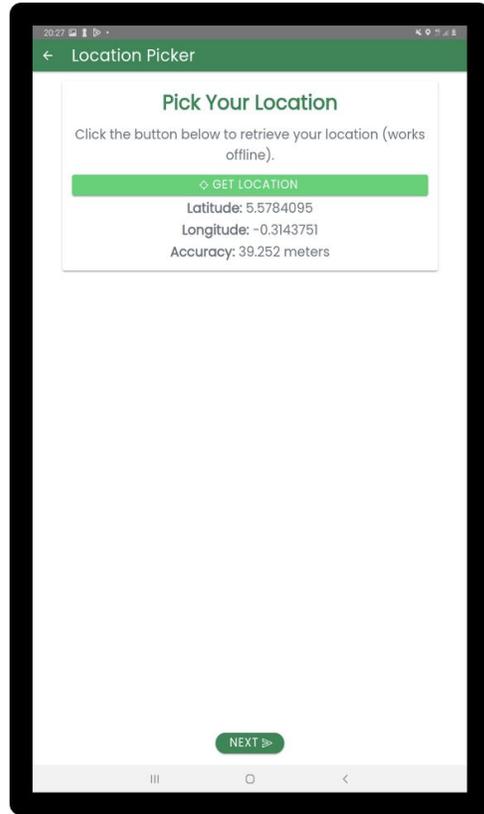
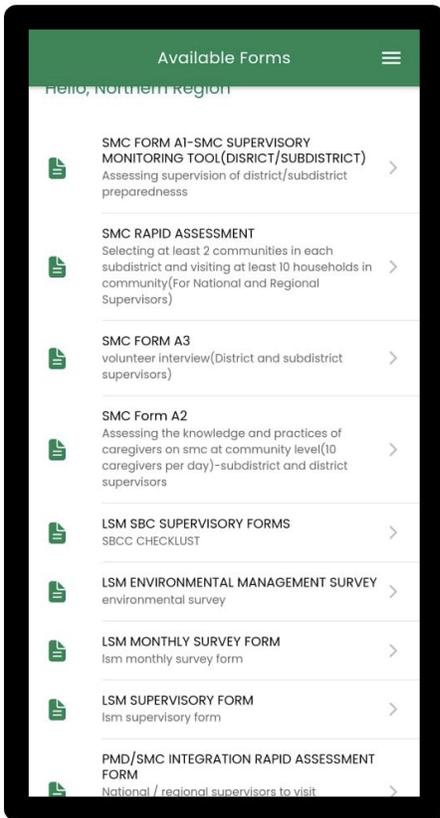
Allocated nets

ID number (Ghana Card(Eg.GHA567776767) or NHIS card) *optional*

NEXT



Digital Workflow support for integration supervision



Supervisor



Volunteer/RA



Supervisor

Images of unified checklist and rapid assessment form

Digital Workflow Architecture achievements

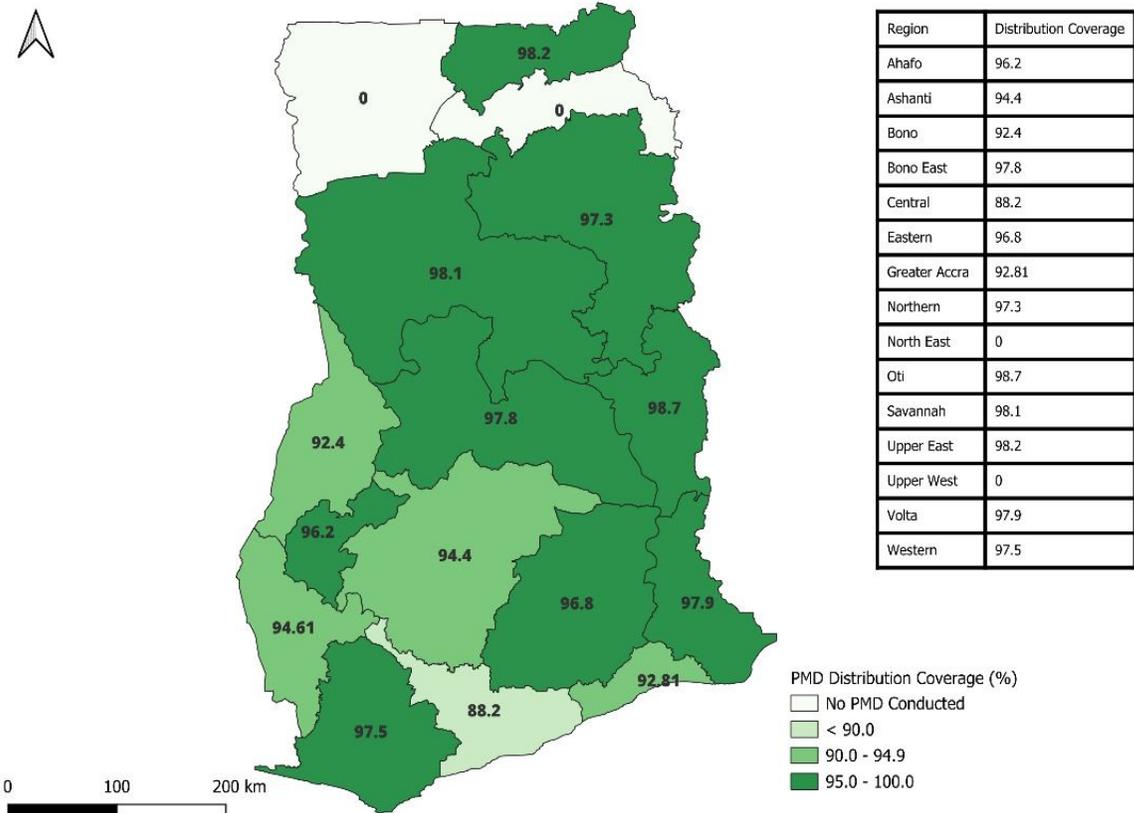
GMIS enabled:

- Data reuse for next campaign
- Household-level registration/Distribution/Child dosing
- Real-time data sync
- Built-in validation logic
- GPS tagging
- Supervisor dashboards
- Automated aggregated reports
- Interoperable with DHIS2

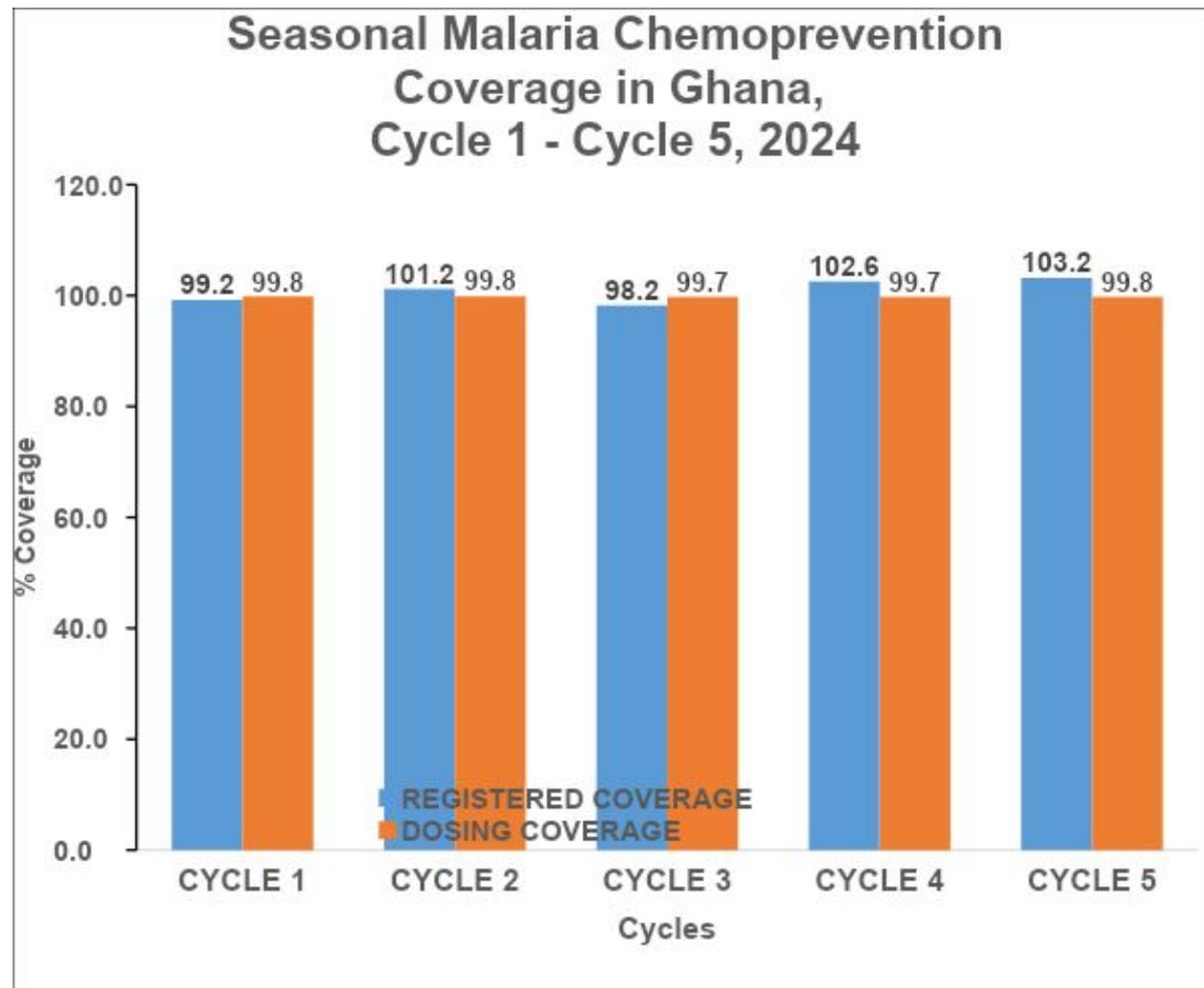
Digital workflows reduced duplication and improved real-time decision-making.

Campaign Achievement

PMD 2024 Coverage



SMC 2024 Coverage



General Integration Challenges

- Relatively longer hours for training sessions
 - A day's training session for each cluster; districts from far had to commute back at late hours
- Volunteers complaining of volume of work though number of days was extended
- Some volunteers confused about the modality and key messages to give to beneficiaries/caregivers. This was however, solved through on the job coaching and supportive supervision and monitoring
- A few volunteers did not have the android operating system which works for the GMIS App

Conclusion

- Now more than ever, we need to optimize health campaign eg. SMC and PMD to achieve impact with limited resource
- Extensive stakeholder engagement prior to implementation is crucial
- Digitization provides that platform for optimization
- The success of a digitized campaign is a robust digital infrastructure, training and supervision

Acknowledgement

- Regional and District Health Directorates
- Global Fund
- USAID/PMI
- AMP
- SMC Alliance



THANK YOU

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