11 Success Factors for Digital Malaria Campaigns

Overview
Catholic Relief Services (CRS) has successfully partnered with national government health agencies in several countries to improve the efficiency, quality, and coverage of community-based malaria interventions that support national malaria elimination strategies through scaled ICT applications. Since 2014, beginning in The Gambia, CRS has supported Ministries of Health with the implementation of digitized mass distributions of Insecticide-Treated Nets (ITNs) and seasonal malaria chemoprevention (SMC) campaigns to improve operational transparency, accountability, and impact. Nowadays, CRS has supported the Ministry of Health in implementing successful campaigns of this nature in Nigeria, Benin, and The Gambia.

Supported Activities
The ICT4D Team within CRS’ IT department supports a number of activities throughout these digital mass campaigns:

- **Micro-planning**: training site assessments/evaluations and detailing population information.
- **Training**: biometric tracking of training attendance.
- **Household mobilization**: digital household registration.
- **Demand creation**: SMS for social and behavior change communication.
- **Last-mile logistics**: commodity tracking at distribution points.
- **Distribution**: optimize site selection, digital redemption tracking, site/household-based distribution for reduced contact.
- **Monitoring & evaluation**: digital surveys, inform monitoring, enable real-time adjustments.
- **Payment**: integrated with financial service provider (country dependent).

The ICT4D Team also handles the campaign components listed above.
Success Factors
Knowledge gained from supporting these activities has enabled the ICT4D Team to collate a list of success factors to consider during pre-campaign, mid-campaign, and post-campaign.

Pre-Campaign
1. **Timeline**: A digital campaign requires a great deal of preparation. Procurement, HR, software configuration, development of training materials etc. will take a long time. Start at least 6 months prior to campaign start date.
2. **Staffing**: Staffing needs differ from traditional campaigns. Considering hiring individuals with not only software experience but broader project management experience and ability to manage dependencies, timelines, and stakeholder management.
3. **Procurement**: Process for purchasing phones needs to be efficient. CRS is developing processes for this.
4. **Platform Modification**: Use standard platforms to minimize time and customization needs, engaging early with key national stakeholders to align.

Mid-Campaign
1. **Device Logistics**: Phone distributions are a logistical challenge. Consider using training locations as distribution points. Rely on third party logistics/warehousing firms if available.
2. **Device retention**: Rely on mobile device management software and local leadership advocacy to support device retention.
3. **Connectivity**: Monitor device synchronization is monitored due to spotty networks and provide additional support to needed teams.
4. **Training**: Minimize cascade training and instead focuses on having a sufficient number of trainers to ensure quality.
5. **Support**: To support thousands of workers over several days, CRS has developed a tiered support structure with core and training teams on the ground.

Other Factors to Consider
1. **Data Transfer**: New, rich datasets from the digital campaigns are a highly valuable resource that the government can use for a variety of activities. How data will be transferred and what is needed for a successful transfer must be identified early.
2. **Capacity Transfer**: Sustainability is ensured by building government capacity throughout the campaign to conduct their own digital campaigns. It is best practice to develop and agree upon a digital capacity transfer plan at the onset of the project. Consider a phased approach with different aspects of the digital campaign being handed over (e.g., device management).

Looking Ahead
Digital malaria campaigns empower CRS to achieve its goal of 500,000 lives saved through malaria interventions by 2030. In the not so distant future, CRS hopes to: **scale up internal capacity** to run multiple digital mass campaigns in multiple countries at once; **provide technical assistance** to countries running their own campaigns; **develop a digital health strategy** that will present evidence supporting digital approaches; **use data analytics to add value** for micro-planning, workforce optimization, registration & distribution planning, and monitoring & evaluation; **extend digital coverage up the supply chain** for enhanced transparency; and **integrate digital social and behavior change communications** to the campaigns.

Questions? Contact:

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