

The Alliance for Malaria Prevention

Microplanning guidelines

Additional material to accompany AMP Toolkit



October 2018

This publication was produced by the Alliance for Malaria Prevention (AMP).

All photographs: Maggie Hallahan (cover and back cover)

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Table of contents

Part 1: Microplanning	6
A. What is microplanning?	6
B. Timing for microplanning	6
C. Benefits of microplanning	7
D. How is microplanning carried out?	7
E. Planning and budgeting for microplanning	7
Part 2: Steps for microplanning: the process	10
1. Preparation at national level	10
1.1 Developing microplanning tools	10
1.2 Communication with the implementation level	12
1.3 Developing the microplanning roll-out plan	13
1.4 Selecting the central facilitation teams and developing their terms of reference (ToR)	13
1.5 Developing agendas for facilitator training (ToT) at central level, and field microplanning workshops	14
1.6 Sending microplanning workshop information packages to the field	15
1.7 Carrying out a national level ToT for the central facilitation team	15
2. Implementation at field level	17
2.1 Deploying facilitation teams to the field	17
2.2 Advocacy meetings with local leaders	17
2.3 Microplanning workshops	18
2.4 Filling out the warehouse assessment forms (if applicable)	20
3. Reviewing, cleaning and validating the microplans	20
3.1 Verifying the formulae and the unit costs	21
3.2 Consolidating the microplans and making required adjustments at central level	22
3.3 Validating the microplans and budgets	24
3.4 Communicating the validated microplans to the implementation level	24
4. Potential challenges with microplanning	25
5. Can microplans from the previous campaign be used?	26
6. Can microplans from EPI be used?	26
7. Next steps following microplanning	27

Resources

- Annex 1a:** Microplanning template (rural), Burundi (French)
- Annex 1b:** Microplanning template (urban), Burundi (French)
- Annex 2:** Microplanning template, Central African Republic (French)
- Annex 3:** Microplanning template, Ghana (English)
- Annex 4:** Microplanning template, Mozambique (Portuguese)
- Annex 5a:** Microplanning template for communication, Burundi (French)
- Annex 5b:** Microplanning template for communication, Uganda (English)
- Annex 6a:** List of information to collect for microplanning, Mozambique (English)
- Annex 6b:** List of information to collect for microplanning, Central African Republic (French)
- Annex 6c:** List of information to collect for microplanning, Burundi (French)
- Annex 7a:** Warehouse assessment form (English)
- Annex 7b:** Warehouse assessment form (French)
- Annex 8a:** Agenda for microplanning workshops (French)
- Annex 8b:** Agenda microplanning workshops (English)
- Annex 9a:** Terms of reference for central facilitators (French)
- Annex 9b:** Terms of reference for central facilitators (English)
- Annex 10a:** Example of basic microplanning hand-drawn map
- Annex 10b:** Hand-drawn map, rural
- Annex 10c:** Hand-drawn map, urban
- Annex 10d:** Hand-drawn map, rural island

Note that further resources will be added to the website as and when available.
(<http://allianceformalariaprevention.com>)

Part 1:

Microplanning

A. What is microplanning?

Microplanning is one of the most important activities for the success of a mass ITN distribution campaign. It is a bottom-up process to gather critical operational and financial information from the lowest possible levels. Whereas macroplanning is a top-down process carried out at national level and is based largely on assumptions and standard formulae and parameters, microplanning is carried out at the implementation level and uses more concrete, detailed and up-to-date information provided by local health facility staff and other relevant actors at community level (community health workers, local leaders, representatives from implementing partners, community and civil society organizations, etc.).

Microplanning has two main purposes:

1. To refine the macroplan into a detailed operational plan that reflects the local context and specific issues that may affect campaign activities at the implementation level.
2. To develop an operational budget for activities taking place at the implementation level and thus ensure sufficient resources for the campaign.

B. Timing for microplanning

Microplanning should take place early – four to six months before the planned ITN distribution dates – to allow the final budgets to be communicated to the donor(s) and other partners and stakeholders, and to ensure no delays in disbursement of operational costs. This will also allow for resource mobilization where gaps in ITNs or funds arise based on updated population figures, context-specific planning and matters that may have been overlooked at the national level during the macroplanning and budgeting.

In some countries, microplanning may be done closer to the time of the household registration. However, this can create bottlenecks if the timing for the two activities is too close. For example, the microplans for each district will provide the total number of household registration personnel required to reach all households, as well as the number required for each specific distribution point catchment area. These numbers are the basis for the identification and listing of the household registration personnel, tasks which are critical for the training and implementation of the registration itself, as well as for the planning for payments. If the number of people required is not known until late, there can be delays in starting household registration activities, as well as with the payment of the registration personnel, leading to delays in the overall timeline.

Early microplanning is important for countries where macroplanning relies on census figures that are five or more years old, and where there is a strong possibility that the number of ITNs procured will be insufficient to meet the actual population need. Having gaps identified early in the implementation of the campaign activities may allow for more possibilities for resource mobilization to procure additional ITNs (beyond the 10 per cent contingency stock added to procurement quantities in countries with a census older than five years) or fill funding gaps for specific activities. Early identification of gaps is also important for the household registration phase and communication planning. If it is not possible to secure additional ITNs to meet the increased need identified during microplanning, it may be necessary to change the way that ITNs will be allocated to households. This decision must be taken early to allow high-quality communication planning and development of correct messages. In addition to providing an operational plan and budget for implementation of the mass campaign, early microplanning also represents an opportunity to engage and advocate with local authorities and influential members of the community through the dissemination of information about the campaign. Information and advocacy meetings

can be organized in advance of the microplanning workshops to inform all stakeholders of the upcoming campaign, the importance of the microplanning, and to ensure that they understand the different phases of the campaign and how they can provide support.

C. Benefits of microplanning

Some of the main benefits of microplanning are as follows:

- The overall campaign budget is adjusted and finalized based on updated population and microplanning information which allows for timely advocacy to fill any gaps in ITNs or costs for campaign implementation. Where this type of resource mobilization is unlikely to be successful, microplanning provides early information that may necessitate changes to the ITN allocation strategy and the communication messaging.
- Hard-to-reach areas and/or areas with specific security concerns are identified and properly planned and budgeted.
- Local challenges, opportunities and resources that must be taken into account in communication planning are identified early.
- The storage and transportation of the ITNs at the “micro” level (i.e. from point of delivery in the district down to the pre-positioning sites and/or distribution points) can be planned in detail.
- The human resource and material requirements needed for all phases of the mass campaign, as well as existing assets (organizations, storage spaces, advocates, other resources) available in each district can be determined.
- Detailed maps that can be used as the basis for planning the movement of household registration teams, outreach and mobile distribution points, and supervision and monitoring teams are developed.

D. How is microplanning carried out?

For the sake of clarity, it is assumed in this brief that microplanning is done at “district” level or the country-specific equivalent of the “district”.

However, the microplanning will target and gather information from the levels below the district, such as the commune, the ward, the village, etc., as the operational areas of the campaign implementation within the district. Note that in many cases, there are too many districts to carry out one microplanning workshop in each; in these cases, district and community representatives are typically invited to the region or province level. This may require multiple microplanning workshops at the region or province level depending on the number of districts and the number of people participating per district.

E. Planning and budgeting for microplanning

Microplanning, done properly, is not an inexpensive exercise. It will, however, improve the implementation quality of the campaign, making it more likely that households in hard-to-reach areas will be registered and that distribution points will be accessible. It will also minimize the possibility of interruptions during the implementation of activities due to poor plans and budgets that are not aligned with the implementation context (for example, no plans or budgets in place to reach communities in island or riverine areas).

It is important to plan and budget for microplanning at the macroplanning stage. Key decisions that must be taken include:

- Where will microplanning workshops take place? If at the district level, how many districts are there and how many facilitation teams will be needed? If at the regional level, how many districts will participate in each workshop and how many workshops will be needed to complete all districts?
- Who will participate in the microplanning? Will health facility in-charges be invited to ensure that the local level context is well accounted for. This is the ideal situation, rather than only district health management teams participating. Will government or civil society representatives be invited to the microplanning?

- How long will the national level training of facilitators take? Will regional or provincial health staff participate in the national training? How many days will be planned for the microplanning workshops? Are there other activities (such as advocacy or engagement meetings, warehouse verification or discussions with transporters) planned and how long will be needed to complete these additional tasks?
- Where will the cleaning of the microplans take place? Who will be responsible for that activity and who will be involved?

- Who will validate the microplans and who will be involved?

Answers to these questions are important to ensure that there is sufficient time and budget for carrying out the microplanning workshops. For example, in a country with eight regions and ten districts per region, different decisions would have a different effect on budgeting:

Scenario	Number of facilitators	Number of participants	Number of days
Three nationally trained facilitators per microplanning workshop (one logistics, one communication and one M&E/operations)	$3 \times 80 = 240$ if microplanning workshops are done simultaneously.	$80 \times 30 = 2,400$ total and 30 per district	For participants, the number of days is 3 (plus days for travel).
Possible participants: - 5 District Health Management Team (DHMT) members per district - 1 health facility representative per health facility (in this scenario, there are 20 health facilities in each district) - 5 representatives of local government and community organizations	If phased by region (e.g. 3 facilitators work in a single region but do microplanning workshops in each specific district), $3 \times 8 = 24$	If no community representatives, $80 \times 25 = 2,000$ total and 25 per district If no health facility in-charges and no community representatives, $80 \times 5 = 400$ total and 5 per district	For facilitators, the number of days is: 3 (plus travel) if one workshop in one district 30 (plus travel) if one workshop in each of 10 districts in a region If the workshops group districts together at the regional level, the number of days will be dependent on the number of sessions, which in turn is dependent on the number of people invited per district.
Number of days for each microplanning workshop: 3	If phased by region and workshops are at the regional level (e.g. districts move to region), $3 \times 8 = 24$		

Ideally, planning and budgeting for the microplanning activity should include all of the actors listed in the table – health facility in-charges, local government and community representatives and members of the district health management team. In reality, budget will limit the number of people that can participate in the microplanning. The main issue to keep in mind is that the people closest to the implementation level, such as health facility in-charges, are best-placed to inform detailed planning and budgeting for local contexts. The district health management team is rarely in a position to provide the level of detail required for high-quality microplanning, leading

to numerous phone calls being made to facility in-charges to collect the needed information where this is possible, or to gaps in information in the microplans where the network does not allow people to communicate easily. Where only the district team will be participating at the microplanning workshops, it is critical that they are following up on the list of information to collect in advance of the microplanning workshops with the health facility in-charges and local government and community representatives to ensure that the objective of having final microplans and budgets for each district is achieved on time.

The time for cleaning and verifying the microplans should not be underestimated, particularly for districts that are complicated, with many hard-to-reach areas and poor infrastructure. In these cases, it may be necessary to manually change the microplanning templates to ensure that the local context is accounted for, which can take time to come to agreement on modified or adapted strategies and planning parameters. Typically, a period of three to five days should be dedicated to cleaning the microplans and getting them finalized for validation. During this period, any changes to budget or unit cost due to the local reality should be clearly noted to facilitate review at the district level when the final versions are sent back. The level for the cleaning and verification of the microplans is often the regional or national level, but this should be decided early and budgeted for accordingly.

Once the microplanning roll-out plan has been established, a detailed budget for the facilitators' deployment to the field, and for the microplanning workshops (including costs related to advocacy meetings and/or warehouse verifications, if applicable) must be developed. The central level must also ensure that all logistics aspects (travel, accommodation, payments) have been properly planned. Often the central teams supporting microplanning are a mix of national and regional health staff, so the term "central facilitation team" should be understood as a mixed team involving the upper levels of the Ministry of Health structure.



Part 2: Steps for microplanning: the process

Depending on the situation and experience of the country with previous microplanning exercises, some of the steps described below may already have taken place or documents may already exist (see sections below on reusing microplans or adapting microplans from the Expanded Programme for Immunization (EPI)).

Each step of the microplanning process is described in more detail below.

1. Preparation at national level

Microplanning takes place at the operational level but planning for the exercise begins nationally and involves the following:

1.1 Developing microplanning tools

Microplanning templates for data recording and processing (annexes 1a, 1b, 2, 3 and 4):

Microplanning templates are essentially Excel workbooks containing several worksheets linked together. One worksheet (which could be placed first or last in the workbook) should contain a budget that is linked to cells in the other worksheets. Ideally, this budget should be automatically generated and should not need any manual input, although specific situations may require manual adjustment to align the plan and budget with the local context. Other worksheets will contain guidelines on using the template, logistics parameters, unit costs, filled-out examples of rural and urban micro-positioning plans (MPPs), blank rural and urban MPPs (to be filled out during the microplanning workshops), support material and personnel necessary at all levels, etc.

Since urban and rural areas differ in many aspects in terms of operational approach for household registration (HHR) and distribution, the microplanning template will either have separate worksheets for the micro-positioning plan or there will be separate templates for urban and rural areas (see explanations in the “Info” sheet of annexes 1a or 1b (French) or the “Guidelines” sheet of annex 3 (English)). The decision on what constitutes an “urban” area must be taken early in the planning, and the strategy that will be adopted for the HHR and ITN distribution should be decided so it can be reflected in the microplanning tools and the information to be collected in advance. Both urban and rural microplanning will reflect hard-to-reach areas: in rural areas, these may be remote communities that are difficult to access and in urban areas, there may be shanty towns or areas where homeless people sleep at night. However, the urban microplanning worksheets will also reflect differences in the number of households to be reached per day, the number of people to be served per day during the distribution and the number of supervisors and monitors involved in each phase of activities. In general, unit costs have been agreed between the NMCP, implementing partners and funders, so these will remain standard across rural and urban areas unless exceptions have been agreed or the local information collected for the microplanning indicates a change in costs that needs to be verified and approved.

Microplanning for communication usually requires a separate template (see annexes 5a and 5b) that is built on the same principles as the main template (i.e. worksheets linked together and generating a budget). The communication template will contain lists of communication opportunities in each targeted area, including:

- Local political, religious, traditional or other leaders (with their contact numbers)
- Churches, mosques, temples or other religious gathering places
- Markets

- Local radio stations and their coverage, which will allow for modifying the intensity of interpersonal communication where radio penetration is low
- Local civil society and non-governmental organizations, women's and youth groups
- Type and number of communication materials needed (banners, posters etc.)

The purpose of the microplanning templates is to transpose the mapping data (see section 2.3.2) to a computerized format:

- Number of health facilities
- Number and names of villages and their associated population
- Number of distribution points (DPs) and their catchment areas (villages or communities associated with the DP)
- Number of mosques, churches and temples, or other religious gathering locations, that are opportunities for mobilization

The template will provide automatic calculation of district-specific microplanning elements, based on the updated population data and the fixed parameters, such as:

- Number of ITNs per DP
- Number of bales
- Number of HHR personnel needed
- Number of DP personnel needed
- Number of supervisors needed
- Transport and storage capacities required
- District budget, etc



Examples of well-designed microplanning templates are found in annexes 1a and 1b (used in Burundi in 2017), annex 2 (used in the Central African Republic in 2017), annex 3 (used in Ghana in 2018) and annex 4 (used in Mozambique in 2016-17). These templates will, however, need to be adjusted/adapted to each specific country, since there is no standard “universal” tool that can be used in all contexts.

In most of the examples, the first sheet called “Information” or “Guidelines” provides a detailed description, worksheet by worksheet, plus guidelines on how to use and fill out the tables. It is essential to review and understand all the information contained in this sheet before starting to use the template.

List of information to be collected at the implementation level (annexes 6a, 6b and 6c):

Data for microplanning must be collected from health facility in-charges, community representatives and local partners that are operational at the implementation levels. This is the most critical step for microplanning: the more detailed and complete the information used to populate the microplanning templates, the better the outcome will be in terms of having a detailed operational plan and budget that are aligned with the context. This is particularly true of the updating of the population figures, as where there are underestimations of the population, or where official population figures are provided by the government and not updated from the implementation levels, the number of personnel for the HHR and the number of distribution points may be underestimated, which will create later bottlenecks and implementation delays in accounting for these oversights.

Some of the information to be collected in advance of the microplanning workshops at the field level includes:

- Maps that are available from the district health team or from the health facility level. These may include topographical maps,

- infrastructure maps, microplanning mapping used for previous ITN distribution or for EPI planning, etc.
- List of health facilities in the targeted area (many of which will serve as distribution points), as well as the villages included in the catchment area of each facility and their population
 - Potential locations of distribution points or pre-positioning sites in addition to health facilities (or where health facilities will not be used as distribution points)
 - Distance from health facilities to villages in the catchment area, as well as the situation with infrastructure such as roads and bridges
 - List of villages that have difficulty accessing health facilities (geographic, social, economic barriers, etc.) and the reasons why, to include these in planning for logistics, operations and communication
 - Costing information, such as the price for rental of various sizes of trucks, for boats or for other transport means, as well as for warehousing and fuel
 - Mobile telephone coverage and which companies to use for both communication and payment planning, as well as data collection where mobile technology will be used during household registration and ITN distribution
 - List of banks and their locations, as well as any alternative payment structures (such as money transfer agents or local business people who can make money available at the implementation level to support payments)
 - List of civil society, faith-based, community-based and non-governmental organizations, as well as women's groups, youth groups or other groups, that are active in health generally or in malaria specifically
 - List of local influencers or leaders
 - List of community health workers where there is a community health structure in place
 - List of churches, mosques, temples, schools and other structures that can act as distribution points and/or where messages can be disseminated to groups of people who are a "captive audience"

- Other additional relevant information (such as from EPI) that could be used for estimating total population to allow for comparison with existing data (from population projections, from the health facility listing, from community leaders) to attempt to come to a realistic population figure for the targeted area

See annexes 6a, 6b and 6c for additional information.

Warehouse assessment forms (annexes 7a and 7b): If the identification and verification of district-level warehouses has not been done prior to the microplanning workshops, the facilitators will include a short session in the workshop agenda to review the warehouse selection requirements and explain the use of the standard warehouse assessment forms, so that identification and selection can be done shortly after microplanning. In some cases, the warehouses may have been identified by the district team in advance of the microplanning workshops and the workshop facilitators can undertake a verification of all or some of the spaces selected at the end of the workshop. These activities should be planned and budgeted to avoid taking time away from the microplanning workshops.

1.2 Communication with the implementation level

Four to six weeks prior to the microplanning workshops, the NMCP should either: (1) send an official communication to all districts or (2) organize engagement meetings with the regional and district health teams to introduce the campaign and the key activities that will need to take place to achieve the campaign objectives. The NMCP should explain that the first critical activity for campaign success is microplanning.

The district and regional health teams should be tasked with ensuring that complete and accurate data, particularly with regard to population, are collected in advance of the microplanning workshops. A package of materials must be printed

for each district containing a detailed list of the information that must be collected prior to attending the microplanning sessions (annexes 6a, 6b and 6c).

The packages of information to collect are often handed over to the field teams during the engagement meetings that normally take place approximately six weeks prior to the microplanning sessions.

The NMCP should follow up with the district health management team to ensure that the required information for microplanning is being collected and will be available for the microplanning workshops. Where the central facilitation teams have already been identified (see section 1.4), they should play a key role in following up on the collection of information as the quality of the information collected will have an effect on the workshops that they are facilitating and on the achievement of the microplanning objectives.

While it is possible to have the district teams fill out the microplanning template in advance of the microplanning workshops, this will usually lead to more manipulation of the files during the workshops themselves once decisions have been taken, based on the mapping and established parameters, as to locations of distribution points and the communities they will serve. In turn, this makes the cleaning and verification of all the formulae more complicated and prone to error if anything is missed. To avoid these problems, district teams are encouraged to bring an Excel file with the list of villages and updated population figures to allow easy copy and paste into the microplanning templates once the mapping is completed.



1.3 Developing the microplanning roll-out plan

A clear microplanning roll-out plan, in line with the campaign timeline, is essential for carrying out the exercise in the field. The plan should contain:

1. The list of the central facilitators and team composition.
2. The deployment schedule for the teams: locations for workshops (either in districts or grouping districts at a provincial or regional level), targeted districts for each workshop if grouping at higher level, travel time to and from workshop location for district participants and central facilitators.
3. The microplanning calendar: dates for advocacy meetings, and dates for microplanning workshops, as well as warehouse assessment or verification, if taking place. It is important that the central level planning takes into account any significant activities taking place in the field (vaccination campaign, specific crop harvesting, holidays, festivals, etc.) that could interfere with the microplanning exercise.

1.4 Selecting the central facilitation teams and developing their terms of reference (ToR) (annexes 8a and 8b)

The central level teams facilitating the microplanning workshops should consist of Ministry of Health and partner organization staff. Normally a team of three facilitators per microplanning workshop is identified. It should be multidisciplinary, consisting of logisticians, programme/monitoring and evaluation staff and communication experts. The number of central level teams determined in the roll-out plan must be sufficient to support and complete the microplanning within the period allocated in the campaign timeline.

To ensure the success of the microplanning in the field, the facilitation teams need clear terms of reference (ToR) that must include the objectives and expected results of the microplanning sessions (as in the sample ToR in annexes 8a and 8b).

Once the central level facilitation teams have been identified and the areas that they will be supporting are known, these individuals should become part of the group that is working on finalizing all the planning for the microplanning workshops, as well as communicating with the district health teams to ensure that the information required is being collected. Involving the central facilitation team in the finalization of the documents will allow them to familiarize themselves with the tools and agenda in advance of the central level facilitator training and workshops.

1.5 Developing agendas for facilitator training (ToT) at central level, and field microplanning workshops (annexes 9a and 9b)

A three-day agenda should be developed for the training of the central level facilitators that will be overseeing the workshops in the districts (or regions/provinces). It should contain a general overview of campaign activities, including the campaign phases and ITN allocation, and the roles and responsibilities of the different actors at each level. The importance of the microplanning should be explained, the process introduced, and the tools should be reviewed.

The ToT for microplanning should focus on practical exercises, with at least 75 per cent of the time allocated to groupwork on mapping, filling out the templates and cleaning the microplans. For more regarding data entry in the templates and cleaning see sections 2.3.3. and 3 below. In certain cases, where central personnel are already familiar with the microplanning methodology and tools (rolling campaigns at provincial/regional level, for example) the facilitator training could be reduced to two days but should still keep a focus on groupwork and on building on experiences from the previous microplanning and campaign implementation to improve each round.

For the field workshops, a three or four-day agenda will contain the same campaign overview and microplanning introductory sessions as for the

training of facilitators but will include more time (a full additional day) for mapping and developing the microplans (adding up to 85 per cent of actual time for developing the microplans).

The number of days for the field microplanning workshops should be determined based on which additional activities, beyond microplanning, may be prioritized at this stage of the campaign. These may include:

- Validation of warehouses selected
- Development of a risk assessment and mitigation plan at the implementation level
- Review of campaign timeline and adaptation to include local events that may affect the campaign timelines
- Review and modification of communication messages to adapt to the local context

Microplanning itself – mapping, filling in the templates, developing the micro transport plans, cleaning the microplans – will require a minimum of three days and sometimes four if the campaign context is complex in terms of reaching populations for household registration or with ITNs. Urban areas may take a longer time given the large population, difficulty of mapping and amount of information to be entered into the microplanning template.

Examples of facilitator training and field workshop agendas are found in annexes 9a and 9b.

Simulation exercise on mapping

One of the most important elements in the training of the central facilitators is a practical exercise on mapping. This will require the ToT facilitation team to prepare in advance a simulation exercise to reflect as closely as possible the type of situation that will be encountered in the field during the actual microplanning workshops. At the time of the training of the facilitators, the areas that teams will be supporting should be known (this is advised), so those that will be working with districts that are primarily urban can work on a simulation that reflects the urban setting and vice versa for the facilitators supporting rural districts.

Two materials will need to be prepared:

1. A simple map (usually drawn by hand) that will represent a district (or portion of) and show only the basic features such as roads, communities (represented by dots), rivers, bridges and mountains, including a “hard to reach” area (see annex 10a (basic map)). Villages (communities) identified on the map must be named randomly with a letter (A, B, C ...). For the training of facilitators, it is important to have two maps, one for urban and one for rural. The urban map should reflect the urban structure in the country: if an urban area is sub-divided into districts or into quarters or arrondissements, the simulation should reflect this.
2. A list of the villages (from A to ...) in a separate Excel file that will give the population figures to be used for the simulation.

The simulation exercise using these two elements is described in 1.7 below.

1.6 Sending microplanning workshop information packages to the field

Two to three weeks prior to the microplanning workshops, the NMCP should send a communication to the districts as a follow-up to the earlier communication or engagement meetings. This communication should remind the districts of the upcoming microplanning workshops and the importance of ensuring that the required information is being collected.

The NMCP communication should specify the dates the microplanning workshop will take place for each district, as well as the workshop location. The participants attending the workshop must be clearly identified in the NMCP communication by their post (e.g. district monitoring and evaluation, communication and logistics staff) to avoid having people who cannot contribute

to the microplanning present at the workshops. Participants are typically representatives from the district health management team and partners, representatives from health facilities, implementing partners and community organizations, etc. It is important to stress that the workshops at the field level are not for training in microplanning, but for actually doing microplanning and producing realistic microplans and budgets.

In general, it is important that local level health education/promotion actors be involved during the microplanning process, because of their knowledge of the local situation and the lessons that have been learned from past social mobilization efforts. Health education/promotion actors can assist with identification of potential barriers in specific areas that could come up during HHR and/or ITN distribution (whether geographical or social/cultural). This allows adequate planning to ensure any barriers or misuse are addressed in communication messaging and through appropriate channels for dissemination.

The NMCP communication should also include the agenda for the microplanning workshops, the dates for advocacy meetings (which would have been agreed with the district or regional health authorities and implementing partners) if these are being organized at the same time, as well as NMCP and other relevant contact information (for example, the central facilitators supporting each district) in case the district team has questions or requires clarification.

1.7 Carrying out a national level ToT for the central facilitation team

The purpose of the ToT is to train the national and regional health personnel (central facilitation team) who will facilitate the microplanning exercise in the field.

The national level training should take two to three days (see 1.5), with the objective of ensuring that the teams supporting the microplanning at the field level have a clear understanding/ knowledge of the process, templates and tools¹. The training must be

implemented in such a way that all members of each team have a crosscutting understanding (i.e. communication representative understands logistics and vice versa) of the microplanning to ensure adequate support to the field personnel during the microplanning workshops.

Mapping is the most critical activity because filling in the templates is based on very detailed mapping that shows each community and how those communities are linked to one distribution point. Participants will need to do one rural and one urban area in simulation if the central teams have not yet been allocated to districts. Where central teams have been allocated to districts, they should focus on the scenario that best represents the districts participating in the microplanning workshops that they are facilitating.

The mapping process for the ToT includes:

- Preparing, in advance of the training, a simulation map (annex 10a) and an Excel file containing a list of villages with population figures (see 1.5 above)
- At the beginning, participants (divided into groups) will set up a legend that will be applied to all the maps that are drawn, so similar symbols are used for similar things (e.g. health posts). The legend will also include a distance scale to be applied. This will save time for group work and ensure uniformity in the maps produced.
- Each group will reproduce (copy) the simulation map and will then proceed to add all the additional detail required (this would include the location of the district headquarters and main warehouse, as well as health centres, health posts, schools, churches, mosques, temples, markets, hospitals, etc.).
- Based on the above information participants will then need to identify distribution points (and/or pre-positioning sites) and catchment areas, identifying the villages that will be attached to a single distribution point based on distance.

Note that in the actual microplanning workshops it will be necessary to decide, based on the size of the district, whether there can be one map for the district or whether there will be a need to split the district in two (or more) maps to ensure that the required level of detail can be captured (annexes 10b, 10c and 10d). For urban areas, it is often necessary to break the mapping into quarters, arrondissements or other administrative structures to facilitate the mapping exercise.

Once the mapping exercise is complete, the participants should use the Excel file with the list of villages (A to ...) and their population to fill in the microplanning templates. In the template, the villages should be listed according to the distribution point with which they are associated. During this part of the exercise, participants have to be aware of the population exceeding the established parameters and when and how to sub-divide a catchment area into two

distribution points. They also need to be aware of when a DP catchment area population is so small that maintaining the DP as a “fixed site” over a multi-day period is not a good use of resources. In this case, the participants need to know how to modify the planning for outreach and mobile sites to account for hard-to-reach and sparsely populated areas. This emphasizes the importance of access, planning parameters and adaptation to context when making decisions that will affect

1. Note that the number of days indicated here is specific to microplanning. If additional activities require training at the same time – for example, logistics – then these days must be added to the total number of days required for the ToT.

implementation quality. Participants should be reminded that many districts will have special populations – such as miners, seasonal workers, nomadic people, internally displaced populations, shanty towns, orphanages, prisons – that may require a specific approach and manual adjustment to the microplanning templates.

The mapping process and familiarity with the tools are the key elements for the success of the microplanning workshops, as is an ability to manipulate the tools to ensure that all areas are planned and budgeted to be reached during the registration and distribution phases. Therefore, facilitators must be well informed on these aspects of the microplanning process.

The training of facilitators will also include sessions on how the links from the microplanning data to the budget worksheet function, where errors can occur and how modifications can be made to parameters without affecting the structure of the template, as well as on cleaning the microplans and verifying the information they contain (see agendas – annexes 8a and 8b).

In the end, the ToT must ensure that participants will understand:

- The macro-planning parameters (e.g. number of households per day for household mobilization or number of people that can be served per day from a distribution point, number of supervisors for household registration and ITN distribution, etc.) and how these parameters may need to be modified during microplanning to reflect the actual context
- The importance of the development of detailed hand-drawn maps
- How to use the hand-drawn maps to define distribution points (or pre-positioning areas) and catchment populations that can be served from either of those sites
- How to correctly transcribe the information from the hand-drawn maps into the

microplanning template(s) and make modifications to, for example, the number of distribution points or registration/distribution teams or supervisors based on access, population, planning parameters and operational reality

- How to verify and “clean” the microplans and key problems to look for
- How to review and adjust (if needed) the operational budget (generated by the template) based on the final microplans

2. Implementation at field level

Once all the above preparation activities have been completed, the implementation of the microplanning workshops will take place in the field according to the pre-established roll-out plan. As described above, this will typically be either at district level (where there are not too many districts) or at regional or provincial level, grouping districts together in a number of sessions. Typically, health teams from the national and regional level will participate in all the microplanning sessions. As described above, regional level health staff may be included as part of the central team, and therefore trained during the training of facilitators, where this is logistically feasible.

2.1 Deploying facilitation teams to the field

Once the central level team members have been trained, they will travel to the field according to the established plan (see 1.3 above) and will first meet with representatives of the regional and district health team to ensure that all arrangements have been made for meetings with the local leaders and for the microplanning workshops.

2.2 Advocacy meetings with local leaders

The microplanning constitutes the first field-based activity (unless it is centralized due to unavoidable reasons) and the first opportunity for creating awareness of the campaign at the

regional and district levels. Prior to the start of the microplanning workshops, advocacy meetings should be organized with local leadership to explain the ITN distribution and the planning that is required. The meeting should focus on the importance of the support of local leadership to ensure that the entire population targeted is able to benefit from the free ITNs available to prevent malaria. See Chapter 6, Communication² and Brief 7, [Development of advocacy events and materials.](#))

2.3 Microplanning workshops

The microplanning workshops that will bring together the trained facilitators and the participants from the districts and regions should last for a minimum of three days, with ideally an entire fourth day spent on developing micro transport plans, which are time-consuming to develop correctly and often are incomplete at the end of a three-day workshop. Where a fourth day is added, the communication and M&E teams can focus on finalizing the microplans, adapting the communication messages, updating the timeline and identifying the next steps for ensuring that the campaign stays on track. One of the most important points to discuss will be the payment plans and what information is required from the district level, and when, to ensure that payments for campaign actors can be made in a timely manner to avoid problems during implementation. In some countries, part of the fourth day may also be allocated to district-level risk assessment and mitigation planning. Where it is planned to undertake a verification of the warehouses that have been identified by the district teams, a number of days (depending on circuit and distance) required should be included in the plan, particularly where distribution point level storage will be included in the verification.

Over the three to four days of the microplanning workshops, participants are expected to produce

detailed maps of their targeted areas, fill in the microplanning templates, and identify the next steps in implementing campaign activities in their districts.

2.3.1 Introductory sessions

Before the participants start working on the microplans, it will be necessary for them to have a general understanding of the campaign, of the roles and responsibilities of the actors at various levels (including theirs) and specifically of the microplanning exercise (the importance of mapping, and how to use the templates). While these introductory sessions are important to the success of the microplanning, they must be kept short and informative. Time should be allowed for participants to ask questions for any clarification needed.

2.3.2 Mapping

Mapping is the starting point of microplanning. It is a crucial first step to producing quality microplans.

Maps are extremely important to help in the process of selecting DPs and their “catchment area”, identifying hard-to-reach areas, and illustrating any key feature that must be taken into account in planning/implementing operational level activities. In addition, detailed maps will be very useful in planning micro transport to pre-positioning and/or distribution points, as well as household registration, supervision and monitoring.

Maps do not need to be fancy nor drawn to scale (see examples in annexes 10b, 10c and 10d). District teams must draw by hand on “flipchart paper” a map of the district (or a portion of the district, such as a commune or other administrative area if a district is large, is significantly different from one area to another or has areas that will be treated as urban and rural during implementation) showing the road network, rivers, bridges, location of district headquarters, warehouse, villages, health facilities, as well as providing distances between headquarters/warehouse and health facilities/villages, hard-to-

2. <http://allianceformalariaprevention.com/amp-tools/amp-toolkit/>.

reach areas (such as riverine or mountainous areas), and any other relevant features.

Maps should also illustrate all key landmarks, such as health structures (outposts, private dispensaries, religious clinics) and other buildings where ITN distribution points could be located, such as schools, community centres or religious institutions, as well as any population groups that have specific known barriers to uptake of health services. The final map should show all planned distribution points and their catchment areas, as well as the additional features listed above.

Unless a district team has saved their map from their previous campaign or has a recent hand-drawn map from an EPI campaign, it is unlikely that there will be an existing map that will contain all of the information relevant to an ITN distribution campaign. In most cases, existing maps are outdated in terms of infrastructure (for example more roads have been built or roads no longer exist, bridges were broken and are now repaired or bridges previously functional are now broken). In addition, published urban maps rarely keep up with urban growth, nor do published rural maps keep up with village movement aligned with economic or other opportunity, drought or other hardship. The hand-drawn maps, building on people's knowledge of their own area, will be most useful for detailed planning for the ITN campaign, including the movement of household registration personnel.

Facilitators must be very active during the mapping process to ensure that it is done correctly. If the district team is divided into smaller groups, each producing a map of their own area, facilitators will need to make sure that a common legend is used, and that the whole district is actually covered by the various maps (i.e. that there are no forgotten areas or communities).

Where payments are planned to be made using mobile phones, it will be important to show areas without network coverage on the maps and in the templates to allow for a second payment option to be considered.

2.3.3 Filling out the microplanning templates

Once the mapping is completed, the district teams will need to fill out the microplanning template(s). Most of the information required in the template is already contained in the map(s), so the task is to transpose this information into the electronic format. Facilitators will need to be particularly vigilant and constantly monitoring the data entry in the template(s). The data entry is time-consuming and requires focus and attention to detail. District teams will need to proceed methodically and closely follow all the instructions provided in the template (many of which are included as "comments" in data-entry cells and title-row cells).

The first step in filling out the templates is to fill in the selected distribution points and then the villages that will be served from those distribution points and their populations. The population is the basis for much of the automatic calculation in the template, such as for the number of household registration personnel or the number of community supervisors. However, population alone cannot be used for microplanning.

The second step is to review the information for each distribution point and make necessary modifications to allow for detailed planning and budgeting for the "non-normal" situations (e.g. extremely remote or nomadic communities, island populations, etc.). If these situations are not captured during microplanning, they will create bottlenecks during implementation that will be difficult to solve (as they have not been budgeted for correctly, if at all). During the review of information for each distribution point, the teams should verify whether distribution points are fixed, outreach or mobile, based on the number of people to be served during the distribution period. The teams should also ensure that they create additional distribution points where the population in the mapped catchment area of a DP exceeds what can be managed while still ensuring accountability for ITNs and security of teams.

It is important that the computer being used by the district team has the appropriate software for the microplanning templates that will be used. Incompatibility between versions of Excel can lead to formula problems with links, as well as loss of information. Where possible, identify the person in the team who is strongest with Excel to input information and avoid having multiple people working on the template to limit the possibility of errors. During the microplanning workshops, the template should be saved often and, where possible, to two different locations (such as the computer and an external hard drive or USB key).

2.4 Filling out the warehouse assessment forms (if applicable)

The verification of field warehouses often requires a joint visit to the premises by the district team and the logistics experts from the facilitator team, following which the assessment forms will be filled out. See AMP Toolkit, revised Chapter 5, Brief 7: [Warehouse assessment and stacking practices](#).

3. Reviewing, cleaning and validating the microplans

The process of reviewing and cleaning the microplans prior to their submission for validation is time-consuming and requires significant attention to detail. It must be remembered that while the template is an excellent tool that can automatically generate an operational budget based on the information that is entered into it, it is unable to think: any modifications need to be carefully made to ensure that the plan and budget align to the context in each district.

The process typically includes:

- The microplans and budgets, including the micro-positioning plans, will be finalized by the district team during the microplanning workshops.

- The microplans and budgets will be submitted to the facilitators of the workshops for their review and to “clean” them.
- The facilitators of the workshops will review and “clean” the microplans and develop a list of questions or points for clarification, as well as changes made, for discussion with the district team. Where possible this will happen at the district level, but where the number of days is insufficient to finalize their review, the facilitators will need to do this at the regional or central level.
- The microplanning facilitation team will make any adjustments or add comments to explain changes to the microplan based on the district team response.
- The “final” microplans from each district will be taken by the facilitation team to the regional and national level for compilation and validation if the cleaning did not take place at this level.



The microplans cannot be validated at the field level by the facilitators as they must be compiled first to ensure that the available budget, as well as the available ITNs, are sufficient. If not, modifications may need to be made prior to validating the microplans. This is particularly true in countries where there are significant changes to the population figures between macroplanning and microplanning. If there is a need to change the ITN allocation strategy, leave out entire districts, change the ITN quantities per district, adjust the registration or distribution parameters to work within the budget, etc., these decisions must be taken at national level prior to validation of the

microplans and budgets that will be sent to the districts as final.

In many countries, the reviewing and cleaning of the microplans and their consolidation is done in a multiple day (often five-day) workshop and includes all the people who have facilitated the microplanning sessions in the field. The workshop may also include finance staff to allow them to review the budgets, get responses to any questions and therefore speed the process of financial approvals. The workshop approach allows the team to work offsite, completely focused on the detailed task of the microplanning review and consolidation. It also allows the facilitation teams from different districts and regions to share issues and problems and arrive at acceptable solutions.

Facilitators must scrutinize every sheet of every microplan, making sure that the right data have been entered in the right place and that formulae have not been overwritten or modified. Links between worksheets must be verified, as must the totals that are transferred to the summary sheets

Examples of aspects to look at during the review and cleaning of the microplans include:

- Ensuring that the number of household registration personnel for each distribution point catchment area is correct. Where the household registration will be done in pairs, it may be necessary to round up the total number of people so it can be divided by two.
- Verifying the number of ITNs or people per distribution point is correct. In some cases, while a distribution point will be well-located on a map, its catchment population may be too large to serve effectively. In these cases, a second distribution point may be needed or a second team may be needed at the distribution point to separate the expected population into two groups. In other cases, the population to be served from a distribution point may be very small for the

number of planned days and the distribution point should be changed from fixed to outreach or mobile.

These kinds of issues must be captured and adjusted at the time of the microplanning and not during implementation of key campaign activities as they have budget implications that will be difficult to address at the last minute.

3.1 Verifying the formulae and the unit costs

In addition to verifying that the microplans are aligned with the technical parameters that have been set, it is important to ensure that the microplanning template itself is coherent. At times, lines may have been added in the microplanning template for additional DPs that are not included in the totals (formula modification) or lines may have been deleted in the microplanning template that create problems with the links between cells (reference errors).

Once all of the microplanning worksheets have been reviewed and cleaned, it is important to look at two key elements in the operational budget that are generated in the template: (1) the formulae, to ensure that everything is linked and adding up correctly and (2) the unit costs.

It is important to verify that there have been no modifications to the budget template that have changed the formulae that were originally inserted, as well as to check that the linkages between the microplanning templates and the budget figures are correct. If very large and very small numbers appear in the budget that do not seem to be correct, it will be necessary to trace back (through the formulae) to the source item/activity and verify whether the formula is correct or has been modified intentionally (see below). Where the formula is incorrect or has not been intentionally modified, it will be necessary to correct it. The final budget should provide a cost per ITN for each implementation area. This cost can be compared with the macro level cost per ITN and where it is significantly higher or lower, it may be necessary

to see why and ensure that there are no formula problems. Where a budget is high for reasons unrelated to formulae but simply due to higher unit costs, this should be explained in the comments. It is also important to check for too low and/or too high unit costs vis-à-vis the unit costs agreed during the development of the microplanning templates (which are typically based on the unit costs used for the macro budget). Often, a worksheet with the unit costs is included and the amounts are linked in the microplanning budget. Sometimes, a district will modify the costs (either because they did not understand that the unit costs were fixed/linked, as described above, or because the cost is incorrect in the district) and these situations need to be highlighted to verify the reason for the change with the district team. In some countries, costs for things such as vehicle/motorcycle/boat rental, fuel and rental of storage space may differ significantly across targeted areas, which should be accounted for in the operational microplan and budget. Where there are variations within a district – for example, the cost of a motorcycle rental within a supervisor’s area versus cost for transporting ITNs to hard-to-reach areas – comments should be added in the cells to explain why there are different costs for the same item in the microplanning worksheets. As described above, the final budget should provide a cost per ITN for each implementation area and significant differences should be explained in the comments to avoid back and forth communication to ask and answer questions, which will delay the microplan finalization.

3.2 Consolidating the microplans and making required adjustments at central level

Once the microplans and budgets from each district have been reviewed and cleaned, they will need to be compiled by region/province and then put into a consolidated national plan and budget. A table should be developed to summarize the key information for each district and region:

- Population
- Number of households
- Personnel requirements (HHR personnel, DP team members, supervisors at all levels)
- Number of DPs (and/or pre-positioning sites)
- Number of ITNs required
- Budget

Each of these pieces of information should be compared with the estimates that were made during the macroplanning and discrepancies (more than 10 per cent for any of the pieces of information) should be flagged. The total ITNs needed from the microplanning should be compared with the ITNs available and the operational budget should be compared with the budget available. Where the operational plan and budget are aligned with what is available, the microplans may be sent on for validation.

More often, there are discrepancies between identified needs from the microplanning and what had been planned at the macro level. These discrepancies are linked to poor base population estimates used for procurement, as well as to planning based on operational reality versus parameters.

In some situations, the microplan results show that although the number of ITNs and budget are sufficient for the entire campaign, the district level figures used are incorrect. It is possible that there has been population movement, which has led to more people being in some districts than expected and fewer people being in others (e.g. a population increase is not seen across all districts and there is more population variation). This is, on paper, easy to correct and the microplans can quickly be adjusted and submitted for validation. However, in reality, this may have a larger impact on the logistics operation as planned, as well as the budget. Where an overall adjustment of the quantities allocated to each district is required, it must be done at the national level and the changes highlighted in the final microplans. Where ITNs have already been delivered to decentralized levels, this may also involve communication with districts

to move quantities of stock to other districts, which can be politically challenging. Where ITNs have been delivered to decentralized levels, it will also be necessary to plan and budget for lateral ITN transport between districts to adjust quantities in line with the microplanning. District health teams should be notified as early as possible of the change in the numbers of ITNs they will receive (if it is possible to communicate to the supplier or freight forwarder and change quantities by destination), or that ITNs will be removed or added to the initial quantity that was communicated, to allow for appropriate storage planning.

In other situations, the discrepancies in numbers following the microplanning will mean that either there are not enough ITNs to meet the need and/or the budget is insufficient to implement the campaign as planned. Addressing these issues may mean:

- Changing the ITN allocation strategy. Where the ITNs available are insufficient to meet the total needs, it may be necessary to set a maximum number of ITNs per household or to reduce the planned maximum number further (e.g. from four to three). This is an important decision to take early to allow for strong communication planning.
- Changing the geographical scale of the distribution. Where the ITNs are significantly insufficient to meet the total needs, it may be necessary to leave out an entire district while waiting for additional ITNs to be financed and procured to fill the identified gap. This also requires strong communication, particularly where engagement meetings have taken place in advance of the microplanning workshops.
- Changing the ITN quantities per district. In addition to what is described above regarding population movement leading to significant differences between macroplanning and microplanning population and ITN needs by district, it is also possible that changing the ITN allocation strategy, if done, will change the required quantities per district. In this case,

the same challenges described above should be considered.

- Changing the parameters for the HHR or the ITN distribution. Where it is necessary to cut the budget significantly, one of the first places to look is the number of people required for the HHR or the ITN distribution. Increasing the number of households per day or ITNs to be distributed per day in the microplanning template parameters will decrease the number of people required, with a subsequent effect on the budget. Similarly, changing from household registration being done by teams to being done by individuals will significantly reduce the number of people, and therefore budget, required. Where these changes are made, they must be clearly noted for the district.

Once any necessary changes have been made to align the operational plans and budgets with the available resources, the microplans and budgets are ready for validation. Where more extensive changes are proposed due to insufficient ITNs, such as removing an entire district from the campaign target area, these should be written into an accompanying microplanning report and recommendations, submitted at the same time as the compiled microplans and budgets. If a district has proposed a change to the timelines of the campaign for any reason, this should also be highlighted and explained in the microplanning report.

Note that in some situations, prior to the microplanning, the teams are provided with the population and the ITNs available and told to work within those parameters (e.g. the population to be used is the macro population, based on projections, and cannot be adjusted or updated during the microplanning or it will not be accepted; the number of ITNs per district is provided and adjustments are made to the allocation strategy in line with ITNs available; etc.). This approach is not considered true microplanning as it ignores the actual need in favour of working with what is available. This

is the reason, in some countries, for very poor coverage (entire areas are missed as the number of people and days for the HHR is unrelated to the population to be reached) and for late allocation changes when stock ruptures become imminent before the end of the distribution period (e.g. fixing a maximum number of ITNs per household in the middle of the distribution, thus risking creation of rumours and anger due to differential treatment of households).

Where it is known or strongly suspected that population figures significantly underrepresent the actual population, applying an adjustment factor should be considered. For example, if the microplanning figures from districts are significantly lower than the macroplanning numbers projected from the census and this cannot be explained (there has been no known population movement or other event that has reduced the population), the population should be adjusted to the macroplanning figure or a slightly higher figure and the microplanning should be reviewed to try to identify if entire areas have been missed, which will affect achievement of the campaign objectives. This should also be considered where the microplanning figures are compared with the previous campaign's household registration and are notably lower.

3.3 Validating the microplans and budgets

There are typically two levels of validation for the microplans and budgets: national and external. Where a campaign is entirely funded by the national government, there would be no need for the external validation.

The first step for the validation is that the final operational plans and budgets are submitted to the National Coordinating Committee (NCC) members. After having time to review, often an NCC meeting will be convened for any inputs or discussion prior to the validation. Typically, there will not be a great deal of feedback at this level if the work of reviewing, cleaning, consolidating and reporting has been well done. However, where there are significant changes or major

recommendations based on large gaps in ITNs and/or funding, a longer time may be needed to arrive at solutions and achieve consensus.

Once the national validation has taken place, the plans and budgets will be submitted to the donor(s) for review and approval. This external review process can take anywhere from days to weeks, so the time for the finalization of the microplans in the campaign timeline should accurately reflect this review period.

If there are additional modifications to be made following the external review, these should be made quickly to avoid any delays in the campaign implementation timeline.

3.4 Communicating the validated microplans to the implementation level

After review and approval from the donor(s), the final operational plans and budgets will be sent back to the field (including to local partners and service providers, to ensure that all campaign actors are working from the same base plan) as their operational guideline for all activities. It is good practice to ensure that any changes that have been made are highlighted and also summarized in a supporting communication. Where significant changes have been made (e.g. a district will receive fewer ITNs than originally planned), the reasons for these changes should be clear to ensure open and transparent communication from the outset and to facilitate strong coordination between the central and implementation levels.

In many campaigns, this step of feeding back the final version to the district is forgotten. This often creates enormous confusion during the campaign implementation, as the district will be working from their own "final" microplan. This, however, may have undergone major changes during the validation to align with identified needs and existing resources. If the district does not have the final validated microplan, too many or too few people may be recruited with the subsequent problems of having to redo the listing in some areas where the number of people recruited is

insufficient or managing the communication with people who were selected but will not be participating. It is for this reason that recruitment of personnel for the household registration should not begin until the validated numbers are known. This, in turn, emphasizes the importance of timely microplanning to avoid implementation delays related to late listing of actors for training, implementation and payment.

4. Potential challenges with microplanning

There are a number of potential challenges to be aware of with microplanning. Some of these include:

- Increased population. In the majority of cases where population figures are updated with information from the health facility level, there will be an increase in the population in comparison with the official population projections. The increase may be more marked in urban and peri-urban areas. In specific cases, especially in areas of natural disaster, migration or conflict, the population in some of the areas may have decreased, often in association with an increase in surrounding areas. Whether the population increases or decreases, there will be an effect on the budget and the ITN need since the majority of the parameters, such as number of people required for household registration or number of distribution points, are based on the population.
- Urban microplanning. Urban areas are unique, with many different features and complexities in a single geographic area. The population is often dynamic and difficult to estimate, even using health facility data, as there are different types of clinics, as well as private sector health care. In many cases, even people who live and work in the urban area do not master how it is sub-divided (administratively or in the health system), where the boundaries between the administrative areas actually are and details of the features in each area for the purposes of mapping. It is important to carefully consider who the participants should be for the urban microplanning to get as in-depth knowledge as possible. It is also important to see if detailed urban maps are available that could be used as a base to facilitate the mapping exercise. Where maps are not available, the number of days for the microplanning should be reviewed to ensure sufficient time for the mapping and the filling in of the templates.
- Population numbers are equal to macro population numbers used. In this case, the work has not been done to bring updated population information to the workshops or there are official figures that cannot be changed and are used for all planning purposes. It is not possible that the number of people in each community and district is the same as the population projection, so it is important for the central, regional and district teams to discuss how they would like to approach this situation. Ideally, a decision should be taken to apply a percentage increase in all districts to ensure that sufficient people are available for the HHR to reach everyone targeted and there are sufficient DPs to allow all targeted households to have access.

Countries will have previous experiences and challenges with microplanning and should include lessons learned in their planning for this activity.

5. Can microplans from the previous campaign be used?

Where a country did very detailed and comprehensive microplanning for their previous campaign, it may be possible to do an update of the microplans that were developed, but it will not be possible to skip the microplanning phase entirely and base planning on information that was collected during the previous campaign.

The templates developed for the microplanning can be modified based on recommendations made during the microplanning for the previous campaigns and used again. The list of villages/quartiers can be maintained in the microplanning templates for each district, but the following would need to be done during the microplanning workshops at the district (or other) level:

- Mapping and infrastructure update. It is unlikely that the hand-drawn maps would still be available, but even if they were, an update would be required to show changes in infrastructure in the three years since the previous distribution, as well as the presence of community-based and civil society organizations, new health facilities or schools, etc.
- List of villages/quartiers. The list from the previous campaign should be reviewed and updated. It is possible that villages/quartiers will have moved, split, appeared and disappeared during the period between the campaigns, so updating the list is one of the most important steps to ensure, above all, that any new areas are not forgotten. This is important in urban areas, where shanty towns and informal housing structures and neighbourhoods continue to be established.
- Population update. In the years since the previous campaign, the population will have changed. This is particularly true for urban areas, complex operating environments (for example, where there has been population movement due to natural disaster or conflict) and where a population census has not taken place since the previous campaign.

- Communication information update. There may be new communication opportunities since the previous campaign, especially with the growing access to information technology around the world. In urban areas, it is likely that television, electronic and social media will become as much or more influential than radio and print channels and it is important for planning to take these shifts, and their associated benefits and challenges, into account in the planning for each district.

The above are some examples, but each country should determine the most important aspects to be updated and ensure that the microplanning training and workshop agendas are targeted to these areas.

Where a country has changed its overall strategy for the household registration and ITN distribution – for example, changing from door-to-door distribution to fixed site distribution – microplanning templates would need to be adjusted and modified, so it would not be possible to only update what was developed in the previous campaign.

Therefore, while it may be possible to build on previously developed microplans, this stage cannot be skipped given its importance to the success of the campaign. Where a country is largely updating microplans rather than starting new, the number of days for the microplanning workshops may be reduced (e.g. from four to two or three), but the activity must still take place at the decentralized levels to ensure detailed planning for a successful mass ITN campaign distribution.

6. Can microplans from EPI be used?

The EPI microplans are very useful for planning for a mass ITN distribution but, as above, there are differences that must be taken into account and therefore detailed microplanning cannot be avoided as a step for the campaign. The type of EPI campaign is important to take into account: a yellow fever vaccination targeting the total

population will have much more to use as a base for a universal coverage campaign, particularly updated population by village, than a polio campaign targeting children 6–59 months, where the total population by village would need to be extrapolated from the estimated target population and then a margin of error applied.

The type of campaign approach is also important. Where EPI is using a door-to-door vaccination strategy, the mapping and information collected will be very useful for the door-to-door registration (or distribution, where this is the adopted approach). Where EPI is using a fixed site vaccination strategy, including outreach and mobile sites, this will be very useful for ITN campaigns using the same strategy in terms of locations of sites and catchment areas that they include, particularly as the population is familiar with these sites.

One of the major differences between EPI and ITN campaigns is the logistics: while EPI is typically concerned with small volumes but needs cold chain functionality, ITN campaigns are concerned with large volumes for transport and storage.

7. Next steps following microplanning

After the microplanning exercise is complete and the validated microplans have been returned to the district level, there are activities that need to take place at all levels.

At the district level, this includes ensuring the identification and listing, with all necessary information, of the personnel to be involved in the campaign for each phase. A high importance

should be placed on ensuring that the lists for the HHR and the logistics personnel, as well as supervisors and monitors for HHR, are available as quickly as possible while also ensuring adherence to the established criteria for selection of personnel. Once the final microplans are available, the district should also work on a training plan, including locations, dates and number of participants to begin the operational planning in line with the campaign timeline. Often, it is following the microplanning that the district coordination structure should be established. If procurement of materials and supplies for the campaign is taking place at the district level, this must be started immediately. (Note that ideally, an initial call for tenders would have been issued based on the macroplanning numbers so that only adjustments to quantities are required before signing contracts.)

At the regional and central levels, the most important aspects will be procurement of the supplies and materials for the campaign that are done from their levels and follow up on the district-level activities to ensure that these are taking place and there are no bottlenecks. As above, an initial call for tenders should have already been issued and only require adjustments to quantities.

One critical aspect to be finalized after the microplanning is the planning for payments. Data collected from each district about mobile phone ownership and network coverage, as well as bank and payment agent availability and access, should be compiled and decisions taken on the payment modalities, information required from the districts during the listing, timing and methods for payment and communication messaging related to payments that will be included in all training sessions.



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