

## Planning for safe ITN distribution in the context of COVID-19 transmission

July 2020, V1

### Remember the COVID-19 infection prevention measures<sup>1</sup>

- Maintain physical distance of at least one metre from all others, except immediate members of the family or people with whom you share accommodation
- Regularly and thoroughly clean your hands with an alcohol-based sanitizer or wash them with soap and water. WHO recommends washing hands often with soap and water for at least 20 seconds. If soap or hand sanitizer are not available, rub hands vigorously with wood ashes
- Avoid going to crowded places
- Avoid touching your eyes, nose and mouth
- Practise respiratory hygiene by coughing or sneezing into a bent elbow or tissue and then immediately dispose of the tissue<sup>2</sup> and wash your hands
- If you have fever or respiratory symptoms, you should stay home and not go to work
- Correctly use and dispose of any COVID-19 infection prevention materials provided. Follow national government guidance for disposal
- Maintain all other measures described even when wearing protective equipment
- Keep up to date with the latest guidance and regulations put in place by WHO and the national government

Core AMP document: *Key guidance for distribution of insecticide-treated nets (ITNs) during COVID-19 transmission*

<https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

### Ensure safety of health workers and household members

Maintaining the health and welfare of campaign workers and recipients of ITNs is of primary importance. Ensure that campaign workers understand the COVID-19 infection prevention measures that have been put in place and reinforce the importance of not touching or physically greeting people (handshakes, elbow, head or fist bumps, kisses), not entering households and not using utensils or materials (cups for drinking water, etc.) from households even if wearing masks or gloves. Ensure that household members involved in the registration and/or distribution of ITNs are asked to wash their hands after interacting with the campaign teams.

<sup>1</sup> <https://www.WHO.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

<sup>2</sup> Follow WHO and national guidance on waste disposal. Waste should be disposed of appropriately where it will not be in the environment risking contaminating others. See also: <https://www.who.int/publications/i/item/water-sanitation-hygiene-and-waste-management-for-the-covid-19-virus-interim-guidance>



Keeping a safe distance. National Malaria Control Programme, Sierra Leone

### **Recognize that a “one size fits all” approach is unlikely – adopt and adapt strategies to context**

Flexibility will be key. Areas targeted for ITN distribution are not homogenous – there will be a range of contexts from urban or densely populated to rural, remote and sparsely populated, each with its own COVID-19 transmission situation and malaria burden. While door-to-door distribution in urban areas may be optimal for avoiding crowding at fixed distribution points, this approach may not be so useful for remote and sparsely populated areas where fixed distribution sites and crowd control can be managed. It may be possible to organize households to be provided with ITNs by groups (e.g. one neighbourhood or cluster of households at a time on a defined schedule) using social and behaviour change (SBC) that reinforces the importance of following the measures in place for COVID-19 infection prevention and reassures targeted households that the ITNs available are sufficient for everyone. Security and personnel requirements will vary based on the different contexts and strategies adopted but should be planned and budgeted for.

### **Involve the COVID-19 emergency task force in all decisions about mass ITN campaign distribution**

It is critical that the COVID-19 emergency task force is informed of and involved in the decision-making about the ITN distribution. Their role should include advising the national malaria programme about potential risks and mitigation for strategies presented, what to do in case of campaign workers showing signs of illness, and what messages should be integrated into the ITN distribution, if any. Given the campaign’s large scale, typically targeting all households in a country, region or state, there may be options for the COVID-19 emergency task force to leverage on the door-to-door visits. For example, the campaign workers can be asked to report any clusters of illness that they encounter during their work each day for follow-up by trained health workers. The COVID-19 emergency task force may also advise on not integrating messages about malaria and COVID-19 due to risks of rejection of ITNs or campaign personnel, or due to concerns about incorrect and inconsistent messages being passed with limited training time to ensure knowledge and accuracy of messaging. The national malaria programme must follow the national and WHO COVID-19 infection

prevention measures that have been put in place and must understand what to do in the case of campaign workers showing symptoms of COVID-19 while implementing activities. Training of supervisors at all levels should include information on the appropriate response to take for people with suspected COVID-19 as per national and WHO guidelines<sup>3</sup>.



Physical distancing. National Malaria Control Programme, Sierra Leone

### **Involve decentralized Ministry of Health (MoH) personnel in decision-making about strategies**

A successful ITN distribution will rely on the implementation level personnel – such as health facility, district health management teams, regional health departments – having ownership of the strategies selected and confidence that they can be implemented with limited risk to households and to health workers. The possible strategies for the distribution should be outlined in the adapted plan and discussion should take place with decentralized MoH personnel to understand which ones are best adapted to their context and the risks and mitigation measures that can be put in place to achieve success.

### **Ensure support of recognized community members<sup>4</sup>**

Community health workers and other community volunteers, as well as community leaders and influencers (including religious, traditional, teachers, etc.) who are known and recognized should be engaged early in the process to ensure their support for the activity and willingness to troubleshoot in case of problems, as well as to facilitate reporting to district or other health authorities for both issues arising and data from the distribution. Problems arising during the ITN campaign are going to be identified first at the local level and should be addressed, as much as possible, through local actors. Recognized community members provide a good channel for monitoring the information about the campaign – including mis- or disinformation – and ensuring that any rumours arising and requiring a response are both addressed and communicated to higher level Ministry of Health structures. Community leaders should be engaged early in the campaign planning and should provide support for the identification of the personnel that will implement activities in their communities.

<sup>3</sup> <https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19>

<sup>4</sup> See also: *Engagement of community leaders in ITN campaigns in the context of COVID-19 transmission.*  
<https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

### **Engage community members to distribute ITNs**

It is important to ensure that people involved in the ITN distribution live in the communities where they are working. More fear of COVID-19 transmission is likely where contact with unknown people is involved. Respect for criteria for selection of personnel will be a key aspect of ensuring a successful ITN distribution and acceptance and use of the ITNs by households. Community leaders should be engaged to ensure that selection criteria are adhered to. National malaria programmes should decide if criteria for selection should specify exclusion of people with underlying conditions that may make them more susceptible to COVID-19 infection to ensure their safety. Criteria for selection should be clear and specific to what is needed for each position to ensure success (e.g. ownership of a smartphone where technology will be used for data collection to demonstrate familiarity with using technology on a normal basis).

Local trained community health workers or other local personnel are in a trusted position and should be able to communicate clearly how the ITN distribution will take place and, where an adapted fixed site distribution is selected, how distribution by groups of households will be organized.

Leveraging on existing structures for delivering health services at community level may have the added advantages of not having to create campaign-specific lists of personnel and of facilitating payments to campaign workers where a database is already in place for Mobile Money transfers.

One potential challenge is that accountability and data requirements for ITNs may need to be adapted (and potentially simplified) to the strategy and the personnel involved. Similarly the training and supervision approaches may need to be adapted.

### **Budget for hygiene and personal protection materials (PPE) to minimize COVID-19 transmission and exposure**

For all ITN distribution, regardless of the strategy or strategies adopted, budgeting should account for the quantity of materials necessary in order to respect the national hygiene recommendations for reducing transmission of COVID-19, including what is required for daily health checks. All campaign personnel, including community leaders, supervisors, transporters, storage point workers, security personnel and others potentially transiently involved in campaign work must be equipped with the appropriate materials based on the national policies in place. Where fixed site distribution is chosen, it will be necessary to ensure that there are handwashing stations at the entry and exit of all distribution points for recipients as well as workers.

Many countries mandate use of masks in public places, and even where this is not the case, the COVID-19 emergency task force or Ministry of Health may mandate masks for campaign personnel to ensure effective infection prevention. The type of mask should take into account the possibility for physical distancing as there is no need during an ITN distribution for people to be within less than one metre of each other for any period of time. A number of countries have opted for fabric or cloth masks to help protect campaign workers while minimizing the waste generated through the use of non-reusable masks. In addition, some countries also ensure the limited supplies of medical masks are reserved for health personnel who are not able to perform their functions with physical

distancing and/or have contact with patients. Quantification of masks should be based on the type being procured and on guidance from the COVID-19 emergency task force and WHO<sup>5,6,7</sup>.

Provision of hand sanitizer, soap and handwashing stations should be prioritized for hygiene and infection prevention during ITN distribution. Gloves need not be procured for COVID-19 prevention during ITN campaigns<sup>8</sup>, although in some countries, gloves are routinely procured for the people that will be handling ITNs, particularly where the ITNs are not individually packaged.

Any venues used for meetings, orientations, trainings or other purposes will need to be disinfected before and after use<sup>9</sup>. Ensure that the proper materials are budgeted and procured, and that staffing costs have been budgeted into the planning for infection prevention at these sites, including ensuring that water and soap are available at the handwashing areas and that the area is kept clean<sup>10</sup>.

### **Train all personnel on appropriate use, management and disposal of hygiene materials and PPE**

Where campaign personnel are provided with PPE, ensure that they are trained/briefed in the correct use of the PPE, and the fact that they should maintain all other protective measures, in particular physical distancing and regular handwashing. Campaign personnel, including those using gloves such as loaders/offloaders, should be trained on handwashing frequency, as well as on what to do at the end of the day with materials that cannot be reused and/or how to clean materials that can be reused. Waste disposal of all COVID-19 infection prevention materials must be part of training at all levels<sup>10</sup>.

### **Avoid community misperceptions when using PPE and ensure that all COVID-19 prevention measures are maintained even where PPE is used**

Careful consideration should be given to the protective equipment that ITN distributors and other campaign personnel will be using in an effort to limit negative perceptions by the targeted population. Where protective equipment will be used, it will be important to ensure that clear communication is in place across different channels to limit misperceptions (for example, that people in masks and gloves are going to identify and remove suspected cases of COVID-19 from the community, or that people in masks and gloves are carriers of the virus). This may become particularly important in countries where COVID-19 restrictions are eased but where campaigns are still organized with a precautionary approach to minimize any potential link of COVID-19 transmission with the distribution of ITNs.

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<sup>5</sup> See: <https://apps.who.int/iris/handle/10665/332293> for WHO's guidance on face masks. Interim guidance June 2020.

<sup>6</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>  
[https://allianceformalariaprevention.com/wp-content/uploads/2020/04/Cloth-mask-guidance\\_IFRC\\_Covid.pdf](https://allianceformalariaprevention.com/wp-content/uploads/2020/04/Cloth-mask-guidance_IFRC_Covid.pdf)

<sup>7</sup> [https://www.who.int/publications/i/item/WHO-2019-nCoV-Comm\\_health\\_care-2020.1](https://www.who.int/publications/i/item/WHO-2019-nCoV-Comm_health_care-2020.1)

<sup>8</sup> [https://www.who.int/gpsc/5may/Glove\\_Use\\_Information\\_Leaflet.pdf?ua=1](https://www.who.int/gpsc/5may/Glove_Use_Information_Leaflet.pdf?ua=1)

<sup>9</sup> <https://www.who.int/publications/i/item/cleaning-and-disinfection-of-environmental-surfaces-in-the-context-of-covid-19>

<sup>10</sup> <https://www.who.int/publications/i/item/water-sanitation-hygiene-and-waste-management-for-the-covid-19-virus-interim-guidance>





Safe handover. National Malaria Control Programme, Sierra Leone.

### **Undertake health checks of campaign workers every day before starting activities**

Campaign workers, whether for door-to-door or fixed site activities or for logistics, SBC or any other aspect of the campaign, must not work if they have any signs or symptoms of COVID-19 infection. The national malaria programme should work with the COVID-19 emergency task force to define a protocol for daily health checks including:

- Which campaign workers should be checked daily and who is responsible for the health check, as well as where it will take place each day
- What the daily health check should involve. There should be a standard checklist that can be included in the training sessions for any personnel that will be responsible for administering health checks
- What to do in case of people showing signs or symptoms of COVID-19, both for the individual affected, but also for other campaign workers and potential contacts

The protocol should be developed early in the planning period to ensure that timely procurement of needed commodities, such as infrared thermometers, can take place. The protocol should contain guidance on:

- Remuneration of sick personnel
- How people self-reporting illness will need to verify that they are sick with COVID-19
- How verification can be done in areas with no or limited testing capacity

The different steps for the daily health checks, as well as the checklist, should be included in the standard operating procedures for each level of supervisor.

### **Decide on procedures and/or remuneration for sick campaign workers**

Early in the planning process, it will be important to decide on the procedures that should be taken for campaign workers who are suspected or confirmed to be infected with COVID-19. The emphasis should be on campaign workers reporting illness to their supervisors as part of their responsibility for keeping the members of their community safe. A challenge, however, will be that, given the economic difficulties that many households face, which may have been exacerbated by the COVID-19 pandemic, the income from the campaign may be critical and thus people may not be motivated to report signs of illness.

In an effort to incentivize self-reporting of signs of illness with COVID-19, the national malaria programme should consider remunerating people for the number of campaign days that the worker has not been able to work due to illness. Careful thought should be given to how self-reported cases should be confirmed (or if that is even possible in the areas where the campaign is taking place) and the procedures made clear to all personnel during the training. Any expenses related to confirmation of illness, such as going to a health facility for a COVID-19 test, should be included in the campaign budget to avoid people not reporting illness if they will bear the burden of expenditure to provide proof.

At the time of planning and budgeting, a percentage of personnel should be estimated as potentially not continuing to work on the campaign due to COVID-19 illness to ensure that sufficient resources exist for remuneration of those that are ill and those that replace them. National malaria programmes should set a threshold for replacement of workers (e.g. a point when the replacement will incur significant additional costs for retraining) and then assess options for extending the number of days with fewer people or organizing additional training and suspending activities until sufficient personnel are available.

**If using modified or adapted fixed site distribution, plan carefully**

Prior to making a decision about using fixed site distribution<sup>11</sup>, assess whether or not people are prepared to take the risk of attending the distribution point through discussions (phone or other means) with district health management team staff, local leaders and community health workers. Determine whether or not it will be possible to ensure the physical distancing regulations in place, as well as those for the number of people allowed to gather in a group, based on population density, previous campaign experience and knowledge of the targeted areas.

Where fixed site distribution is the chosen option, considerations may include:

- Increase the number of distribution points in an effort to limit movement of people for long distances and to reduce the number of people to be served per distribution point to avoid groups of people gathering.
- Establish a system to control the flow of people to the distribution point (for example, organizing household representative attendance at distribution points by serial numbers on vouchers where these have been used or by neighbourhoods or clusters of households where vouchers have not been used).
- Set up a triage area away from the distribution point itself to ensure that people are attending the correct distribution point, are not showing signs or symptoms of COVID-19 infection (this may include simple questions to assess health status or temperature checks where this is decided by the COVID-19 emergency task force) and that they have washed their hands prior to entering the distribution area. Ensure that distribution point roles and responsibilities include oversight and cleanliness of the handwashing areas and consistent availability of soap and water.
- Recognize that in many cases, SBC alone will not be sufficient to ensure that people adhere to information on when they can pick up their ITNs as well as information on the physical distancing measures in place, so plans should be clear on how groups of people will be avoided.

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<sup>11</sup> See: *Key guidance for distribution of insecticide-treated nets (ITNs) during COVID-19 transmission*.  
<https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

- Ensure that SBC messaging in advance of the distribution provides information about what is expected of people attending distribution points, including whether or not they must wear a mask, the importance of only one person per household coming to the distribution point, the procedures that will be followed at the distribution points for COVID-19 infection prevention and what to do if people in the household cannot come to the distribution point to collect their ITNs because one or more household members have signs and symptoms or have tested positive for COVID-19.
- Ensure that team members and supervisors are trained on beginning and end of day cleaning and disinfection procedures and proper waste disposal and ensure supervisors verify availability of these materials, as well as cleanliness and supply of water and soap at handwashing stations, as part of their visits to distribution points.



Physical distancing at a fixed site. National Malaria Control Programme, South Sudan

### **Use the risk assessment and mitigation plan to ensure that all potential problems have been considered**

Risk assessment and mitigation is more important than ever for implementing high-quality ITN distribution in the context of COVID-19 transmission. Detailed risk assessment and mitigation plans will ensure that all potential problems have been considered and the best ways to avoid, mitigate or de-escalate them have been identified. Activities where there may be significant risks include:

- Training
- Procurement procedures, including procurement of PPE, transport (including last mile transport), printing of SBC and implementation materials such as data collection tools
- Planning, implementation, accountability and insurance for last mile transport
- Rumours<sup>12</sup>
- Security of teams
- Data collection and verification<sup>13</sup>
- Supervision and monitoring<sup>14</sup>
- Inventory control of PPE and waste management

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<sup>12</sup> See also *COVID-19 considerations for the development of rumour management plans related to ITN distribution*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

<sup>13</sup> See AMP guidance: *Data collection during the COVID-19 pandemic*. URL to follow.

<sup>14</sup> See AMP guidance: *Supervision and monitoring during the COVID-19 pandemic*. URL to follow.



- Transmission of COVID-19 among campaign personnel and ITN recipients
- Access to households for door-to-door distribution or participation of households in fixed site distribution

Ensure the risk assessment and mitigation plan<sup>15</sup> covers the likelihood and impact of the COVID-19 pandemic if community transmission increases rapidly or if restrictions put in place are eased.

### **Procure additional materials for door-to-door distribution as needed**

When planning for door-to-door distribution, ensure that the different materials needed, such as large bags with handles to carry the ITNs where these will be used, have been included in the budget and that early procurement takes place given the quantity that will be required. If ITNs do not have individual packages and gloves were previously used for fixed site distribution, gloves should also be procured for the door-to-door distribution. The quantification for non-reusable gloves should be at least two pairs per person per day for people that will be handling the ITNs. Where gloves are provided, training should emphasize the continued importance of hand hygiene with sanitizer and/or soap and proper disposal of the gloves at the end of the day

### **Ensure a waste management plan has been developed and sufficient resources are available**

It is important to identify how waste (non-reusable PPE, other plastic waste, ITN packaging, etc.) will be managed and include these activities in the budget. Discussions should take place early with the Ministry of the Environment (or equivalent) to identify the possible options in each area where the campaign will take place. A costed waste management plan should be developed that gives detailed information on the management of each kind of waste, in particular ITN packaging, which will be contaminated with insecticide. Possible options are incineration (at high temperature), recycling or burial away from water sources. The plan should give information on the transportation arrangements of the waste, if any, to where it will be properly managed.

### **Provide adequate security for distribution teams**

Regardless of the approach(es) selected for the context, considerations for security should be made for the door-to-door teams since they are moving with ITNs, as well as at distribution points both for the ITNs and for ensuring people respect the COVID-19 infection prevention measures that have been put in place. Security risk mapping should be included as part of the microplanning information to be collected from the decentralized levels. Where a two-phase door-to-door approach (i.e. household registration followed by distribution door-to-door) is proposed, ensuring that all households are registered in the first phase will be critical to the safety and security of the teams moving with ITNs in the second phase since people not registered may become aggressive with teams in order to receive ITNs. Security and crowd control personnel should be increased at modified or adapted fixed sites to enforce the COVID-19 preventive measures, including physical distancing.

Security for door-to-door teams should be determined based on the risk mapping from the microplans. In most cases, it will be possible to have one security person covering a number of door-

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<sup>15</sup> See AMP Toolkit, Chapter 5, Brief 3: *Risk mitigation planning*. <https://allianceformalariaprevention.com/amp-tools/amp-toolkit/>

to-door teams in a defined geographical area rather than an additional team member focused on only on security. Consideration can be given to combining security and ITN resupply roles to limit the number of people per team. Where security and resupply will be the responsibilities of a single team member, ensure that the criteria for selection are clear for their recruitment, prioritizing the skills which require the highest proficiency (e.g. filling out any tools for ITN accountability during resupply). Community leaders and influencers will be key in supporting the safety of campaign personnel<sup>16</sup>.



Last mile transport. National Malaria Control Division, Uganda

### **Strengthen and reinforce routine ITN distribution**

Ensure that routine ITN delivery is fully operational, including pre-positioning extra stocks in case of transport disruptions in-country. If, owing to the situation (e.g. lack of security, regulations around COVID-19), door-to-door distribution, community-led distribution, modified or adapted fixed site distribution are not possible, it is critical to ensure that ITN distribution continues through health facility and (if applicable) community channels. Where campaign distribution is not possible and routine distribution is still feasible, consider adapting and expanding the criteria for routine distribution (e.g. one ITN for each person attending a health facility with suspected symptoms of COVID-19 or one ITN for each case of severe malaria) to ensure as many people as possible have access to ITNs. This is particularly important for those most vulnerable to COVID-19 and/or malaria infection.

### **Allocate at least two persons per distribution team**

Regardless of the strategy adopted – door-to-door, community, modified or adapted fixed site distribution – each team must have a minimum of two people and more may be required, particularly for security, triage at fixed sites, ITN resupply, etc. Ensure that sufficient human resources have been quantified to achieve the distribution targets in the time period planned and with a view to ensuring the safety and security of everyone involved in the ITN distribution.

### **Make timely payments**

Ensure that payment or compensation of people supporting the ITN distribution has been organized well in advance. Funds must be transferred or managed so that payments are received in a timely manner in order to reduce frustration and stress among people implementing activities. Where Mobile Money payments will be used, ensure that the lists of people to be paid and their phone

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<sup>16</sup> See: *Engagement of community leaders in ITN campaigns in the context of COVID-19 transmission*. URL to follow.

numbers have been received in advance of training and ensure that verification of the numbers takes place to avoid later problems.



Picking up nets while physical distancing. National Malaria Control Programme, South Sudan

**Identify new ways to supply ITNs where campaign distribution is not possible due to COVID-19 transmission or restrictions**

Consider innovative approaches, such as supplying ITNs to small kiosks, shops or pharmacies in communities where people access food or medicine and allowing household representatives to pick up the ITNs, based on the agreed ITN allocation, when they buy other goods. Determine the reporting requirements for this type of distribution and provide standard operating procedures for personnel that will be involved. This type of distribution may be a challenge for ITN accountability, so testing it on a limited scale may be important. Consider what remuneration would be required to ensure safe storage and correct distribution of the ITNs.