

Microplanning for a mass ITN distribution campaign in the COVID-19 context

V1. November 2020

Remember the COVID-19 infection prevention measures¹

- 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 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 and wash your hands
- If you have fever or respiratory symptoms, you should stay home and not continue to work
- Wear a fabric face mask if there is widespread community transmission, and especially where physical distancing cannot be maintained
- Correctly use and dispose of any COVID-19 infection prevention materials such as masks and gloves²
- Maintain all other measures described even when wearing protective equipment

NOTE: As the pandemic evolves, WHO updates the infection prevention measures based on new scientific findings. Check for any updates on <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>.

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

General considerations for safe ITN distribution during the COVID-19 pandemic:

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

Microplanning guidelines: <https://allianceformalariaprevention.com/amp-tools/tools-resources/>. This document gives very detailed guidance on the microplanning process pre-COVID-19. Most of the guidance is still very relevant in the COVID-19 context.

Adapt microplanning to revised ITN distribution strategies for COVID-19 transmission

Microplanning remains one of the most critical aspects of campaign planning to ensure a successful ITN distribution and is potentially more important in the context of the COVID-19 pandemic where local information about access, attitudes and perceptions and acceptability of interventions from outside should all inform operational plans and budgets.

¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>

² 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>

National malaria programmes and partners planning to distribute ITNs in the COVID-19 context will, during the macroplanning phase, determine the modifications required to ensure ITN distribution is as safe as possible for both campaign personnel and recipient households. The strategy (or strategies) adopted will need to be taken into account when selecting one of the microplanning approaches described below, as well as when making adjustments to the microplanning tools/templates.

Review the “normal” microplanning process³

The “normal” microplanning process begins with the central level developing the necessary microplanning materials: templates (usually Excel workbooks containing several worksheets linked together), training of trainers (ToT) and workshop agendas, microplanning roll-out plan (e.g. what levels microplanning will take place, participants, facilitators, duration of training of trainers (ToT) and workshops, etc.), associated timeline for planning purposes, budget, etc. A ToT is then conducted at central level for the facilitators who will, subsequently, conduct and oversee the microplanning workshops at the district level. 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.

In advance of the microplanning workshops, the central level sends a list of all information that needs to be collected, for example, list of health facilities and communities that they serve with population data, road infrastructure, communication network, storage and transport resources, etc. Microplanning workshops are then held at district level to map out the above information and develop district microplans, using the Excel microplanning templates. Microplans are then “cleaned”, verified and validated at central level, before being sent back to the districts to ensure that all campaign personnel from all levels are working from the same plan and budget.

The outputs of the microplanning workshop should be:

- Detailed mapping of each district
- Micro-positioning plan (identifying distribution points and communities in their catchment area)
- Preliminary household registration plans
- Preliminary SBC plans⁴
- Micro-transport plan (district level to distribution or pre-positioning sites)
- Local costings – price of local rental of trucks, boats, etc.
- Mobile telephone coverage and areas not reached
- Preliminary storage plans (at distribution or pre-positioning sites)
- Waste management options⁵
- List of local leaders/influencers with their contact details
- Payment plans (particularly important in the COVID-19 context where cash payments may be susceptible to COVID-19 transmission risk and where signatures should not be collected)
- District operational budget

³ See also AMP guidance: *Microplanning guidelines*. <https://allianceformalariaprevention.com/amp-tools/tools-resources/>

⁴ See AMP guidance: *Microplanning for SBC in the context of COVID-19 transmission*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

⁵ See AMP guidance: *Guidance on managing waste generated during mass insecticide-treated net (ITN) distribution campaigns in the COVID-19 context*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

Plan for microplanning at the macroplanning stage

At the macroplanning stage, a number of things need to be taken into account when determining the approach for microplanning, for example:

- ITN distribution strategy
- Decisions on last mile ITN transport arrangements (when applicable)
- Quality of previous microplans
- Quality of previous campaign data and level of detail in database (e.g. digital data with information to household level or summary data by community or sub-district level)
- Relationship with technical and financial partners and their level of flexibility
- Capacity at implementation level (literacy level, technical experience)
- Connectivity and resources (computer, mobile phone networks)
- COVID-19 restrictions (which may change between macroplanning and microplanning)
- Timelines

In view of the unpredictability of the COVID-19 situation, it may happen that the first campaign plan of action, “Plan A”, can no longer be implemented. A “Plan B” (and possibly a “Plan C”) is essential. If, for example, the COVID-19 situation in the country worsens, there may need to be a rapid adaptation to a different distribution strategy, such as from fixed site to door-to-door distribution. Or it may be the case that certain areas will require a strategy change because of high community transmission of COVID-19, whereas other areas can remain with Plan A. Urban and rural areas may need different strategies. Whatever the distribution strategy, how to undertake microplanning is an essential consideration.

Given potential COVID-19 restrictions on movement and people gathering together, the normal method of microplanning may not be feasible. There is, however, no one size fits all solution. Some national malaria programmes have more experience and resources as regards microplanning than others and therefore the microplanning process should be specific to the country in terms of what is most feasible to achieve the required microplanning outputs. Approaches will depend on the quality of any previous microplanning (whether for ITNs or other health programmes), connectivity for virtual meetings and/or sending and receiving information, and national and local restrictions related to COVID-19 infection prevention and control.

If needed, scale back microplanning activities to focus on critical areas

If COVID-19 infection prevention measures require avoiding bringing large groups of people together, planners and implementers will need to work remotely and/or in smaller groups at decentralized levels than would have been the case pre-COVID-19. This creates challenges in terms of ensuring the data collected during microplanning are sufficient and accurate, particularly when the microplanning will be used for pre-positioning (such as with a single-phase approach combining household registration and ITN distribution where the actual number of ITNs needed will not be determined in advance through a separate registration phase).

With the need to adapt activities to minimize risk of COVID-19 transmission, microplanning may need to be scaled back to focus on critical areas:

1. Population size updates for all communities in the catchment area of a health facility or pre-positioning site, depending on strategy (from community health workers [CHWs] or community development committees, health facility staff or other reliable sources)
2. Identification of special populations and groups at higher risk for malaria with less access to facilities (internally displaced persons [IDPs], refugees, communities that are marginalized geographically or socially, etc.)
3. Planning for the ITN transport to reach all targeted areas and ensure ITNs are available as close to the communities and households as possible

4. Planning for SBC on the basis of context-specific information about community leaders, radio access and reach, mobile phone networks available and used, communities or neighbourhoods with barriers to uptake and/or use of health services, etc⁶.

The population updates and identification of special populations and groups at higher risk for malaria, as well as information for SBC planning, can be sent electronically or communicated by phone. The national malaria programme will need to determine the template or format in which data should be presented and compiled.

For ITN transport, the main items needed, in addition to the quantity of ITNs based on population and delivery points, are maps of the area and information on route conditions and transport options. For developing the micro transport plans, extensive communication will be needed between the district logistics personnel, those in charge of health facilities and the national level. If done by telephone or electronically, budgets should account for increased costs for communication (e.g. air time and internet access). If not possible virtually, then a face-to-face meeting at district level is likely to be required. The participation of the district logistician and those in charge of health facilities will be essential in the face-to-face meeting, but for districts with many health facilities, it is likely impossible to have all the health facility representatives present in one meeting because of potential COVID-19 restrictions on number of people gathering together. In order to limit the number of participants at any given time, the district logistician may be able to break down the transport into “delivery routes” and organize meetings with those in charge of the health facilities belonging to one (or more) delivery route(s) at a time.

Consider implementing different microplanning approaches in different areas

It may be necessary or possible to implement different microplanning approaches in different areas (e.g. urban and rural) and it is important to consider multiple options to be able to respond to changing scenarios when defining the microplanning roll-out plan.

Possible microplanning approaches:

1. National malaria programmes in countries that have good overall phone and internet connectivity and that did microplanning for the previous campaign with updated tools may decide to stick as much as possible to the “normal” process, with adaptations to the COVID-19 context.
2. National malaria programmes in countries that did microplanning for the last campaign and where microplans have been or can be updated with reliable household registration data (such as from electronic data collection containing information to household level or sub-district level) may decide to use those microplans and previous campaign data as the basis for the current microplanning.
3. National malaria programmes in countries with challenging operating environments where previous microplanning cannot be relied on, and where connectivity and technology in the field is poor/weak are likely to need a modified process with simplified tools.

Note though that, for any of the approaches adopted, microplans from previous campaigns will be in most cases for fixed site distribution and may need to be adapted to the strategy chosen for distribution⁷ (such as single-phase door-to-door).

⁶ See AMP guidance: *Microplanning for social and behaviour change in the COVID-19 context*.

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

⁷ For further information on different strategies that may be adopted, see: *Key guidance for distribution of insecticide-treated nets (ITNs) during COVID-19 transmission*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

For all approaches, microplanning workshops may be held in one of three ways:

1. Support for microplanning field work from central level may be done remotely. This may mean participating in plenary sessions for technical presentations and then reconvening with decentralized teams each evening to be updated on progress, challenges and the proposed agenda for the following day. Remote support will also involve being available by email, phone, WhatsApp or other virtual platform to rapidly respond to questions or troubleshoot issues arising with the microplanning template, for example.
2. Support for microplanning field work from central level may be in-person or a mix of in-person and remote (a hybrid). In some countries, it may be possible to do urban microplanning virtually, while all or some rural parts of the country will present a significant challenge in terms of achieving the results required. In these cases, some areas may be identified for in-person workshops (see below) and others for virtual workshops.
3. Support may be in-person, following the normal pre-COVID-19 microplanning workshop procedures. If so, adherence to any national COVID-19 infection prevention measures must be strictly maintained.

Where microplanning workshops do not take place in-person, it is expected that the regional/provincial level (or even district) will have an internet connection to support sending the completed templates to the central team. Where this is not the case, alternatives should be sought (such as sending the filled in paper templates or a USB key with the electronic versions with a public transporter, governmental or non-governmental staff member travelling, or other alternative to get it to the central team). Budgets should reflect the needs for ensuring timely transfer of filled in microplanning templates for rapid validation.

Process approach 1: Adapt the “normal” process to the COVID-19 context

National malaria programmes in countries that have good overall connectivity and microplanning experience from recent mass campaigns may decide to select this approach. Good connectivity and campaign staff with technical know-how can support virtual meetings and trainings, all the way down to field level, as well as exchange documents and data electronically. These countries, which used updated microplanning tools for the most recent campaign, have experience using microplanning templates that can be easily adapted to a different distribution strategy (such as door-to-door from fixed site). See the accompanying resources for examples of adapted microplanning templates.

At the central level, materials will be adapted to be country-specific in terms of the COVID-19 restrictions in place. For example, microplanning templates will be modified for door-to-door distribution (if that is the strategy) and the roll-out plan detailing how facilitators will be deployed to the field, will be adjusted according to the context. Training of trainers will be virtual or a hybrid model (e.g. with some participants physically present and others joining a virtual platform) and shorter, with content reviewed and simplified, including the development and sharing of standard operating procedures (SOPs) to guide the field work. SOPs must clearly define who is responsible and how data will be collected, who will do the mapping, who will fill out the microplanning template and how, how data will be verified, etc.

Process approach 2: Fast track the microplanning process using previous microplans and household registration data

National malaria programmes in countries that have previous microplans deemed to be reliable may decide to use them as the basis for the current microplanning process. They will need good overall connectivity and campaign staff with good technology skills in order to support virtual meetings and trainings, and the timely submission of information and completed microplanning templates. This process would consist of updating the previous microplans at central level (possibly during the

central ToT), adding population growth factors to previous household registration data, which would be used as the base population for the microplan update. Microplans would then be sent to the districts with a request to update any required data, particularly communities missed during the last campaign (if known), new settlements due to population movement, camps for IDPs or refugees, special population groups, etc. For example, the microplanning template could be adjusted for door-to-door distribution and data coming back from the field could be added at central level. See the Resources for an example of an adapted template for door-to-door distribution.

Process approach 3: Simplify microplanning

National malaria programmes in countries with challenging operating environments are less likely to have reliable microplanning data from previous campaigns. This may be because of major context changes, such as population movement, or because the earlier microplanning data were very poor for a number of reasons, including insufficient budgets and/or security concerns for the implementation of microplanning at district level with involvement of participants from the health facility level. If connectivity and computer availability and networks are also poor or even non-existent, it will not be possible to use computerized tools. Sending data collected from districts to central level will be a challenge. National malaria programmes in these countries will need a simple tool to collect very basic data, i.e. identification of pre-positioning sites, with lists of settlements in the catchment area and their population, access, communities with security issues, etc. The tool will necessarily be paper-based and will need to be sent to the level (e.g. regional/provincial) at which the data can be entered into a simplified Excel microplanning template (adjusted to the distribution strategy) to generate the microplans.

Consider options for the collection of information for microplanning from the lowest levels

No matter what approach is selected, it will be necessary to ensure data will be provided from the lowest level possible, with a focus on population updates and identification of special populations/groups, access, etc.

Options for data collection for microplanning from the lowest level include:

- Data review meetings (virtual or in-person) for routine data quality checks, during which the templates or list of information to be collected can be presented with a timeline for completion and then follow-up done in subsequent virtual or in-person meetings
- Supervision visits by district level staff can be used to inform health facilities what is needed (templates or list of information to be collected) and by when
- Development of a comprehensive checklist that lists the information needed, potential sources of data and with target dates for completion. This can be followed up on a regular basis, either virtually or in-person, and progress assessed against targets
- National staff can be assigned to oversee data collection and ensure that district level staff have their contact information and are mandated to give regular progress reports

Ensuring that information is available for populating the microplans is critical, regardless of approach to the microplanning, so if information is not being provided in a timely manner, the national malaria programme and partners should identify a reinforced strategy to ensure that the information collection takes place.

Modify tools for microplanning according to distribution strategy

The tools used for microplanning pre-COVID⁸ may need to be adjusted according to modified distribution strategies adopted by national malaria programmes. This may mean development of

⁸ These are (1) the Logistics/M&E microplanning template, and (2) the SBC microplanning template.

separate tools for urban and rural areas if the strategies are not the same. Modifications required for the recommended tools are relatively simple, but nevertheless important in order to develop microplans that will provide the information required to implement the distribution strategy adopted at high quality and with limited delays.

The “normal” microplanning tools are Excel templates usually designed for fixed site distribution. In general, these templates use two specific criteria to create/establish a distribution point:

1. Maximum distance of five kilometres between distribution point and the communities in the catchment area
2. Total population in the catchment area not to exceed 6,500⁹

In addition, the templates use certain parameters (number of days for household registration, number of households to be visited per day and per team, number of days for distribution, and number of ITNs to be distributed per day - or alternatively, number of people to be served per day at the distribution point). These parameters will then allow the number of household registration personnel required to be calculated, as well as the number of distribution teams needed. Note that the template will also calculate the number of ITNs required for each distribution point, but will not give the number for each community in the catchment area.

These “normal” templates will/may need the following adjustments depending on the strategy adopted:

1. Two phases: door-to-door registration followed by fixed site distribution:
Some countries may decide not to change the “normal” strategy. In such a case, the microplanning template would not need any modifications. However, in order to avoid crowding as much as possible, these countries may decide to establish more and smaller distribution points by diminishing the catchment area population criteria. This would increase the number of distribution teams and, consequently, it would increase cost.
2. One phase door-to-door registration followed by immediate fixed site distribution:
Given the fixed site distribution approach, the microplanning template would not need any modifications. Establishing more and smaller distribution points (as above) could also apply here. In this scenario, the household registration data would not be available in advance of the distribution period, so adjustments can be made in the template to the contingency stock for the different distribution or pre-positioning sites.
3. Community-based distribution (either with door-to-door registration or self-registration):
This option would require the microplanning template to break down the number of ITNs needed for each community in the catchment area. This is easily done by adding a column to calculate ITNs based on each community’s population. As household registration data may not be available in advance, adjustments to the contingency stock (as described above) may be necessary.
4. Single or two-phase door-to-door registration and door-to-door distribution:
This would require (as above) breakdown of ITNs needed per community, but also would need to calculate the number of door-to-door teams needed based on adjusted parameters:
 - Number of days for household registration and number of days for distribution, or number of days for combined household registration/distribution
 - Number of households to be covered per day and per door-to-door team (whether in single or two-phase approach and for urban and rural areas)

⁹ A population of 6,500 in a distribution point catchment area allows the distribution to be completed in five days. If the number of days for distribution is increased, the catchment area population can be increased as well.

Finally, for all above options, the microplanning templates should calculate the COVID-specific materials and equipment needed (personal protective equipment [PPE], soap, hand sanitizer, handwashing stations, etc.).

Plan appropriately for in-person workshops

It is likely to be impossible to conduct microplanning workshops without compromising physical distancing, as typically a group of people are responsible for developing a map or inputting data into the Excel template.

Where in-person workshops are needed, it will be important to:

- Identify the right people (e.g. district health management team (DHMT) members, health facility representatives, representation from local community organizations, representation from local government or community groups, etc.) to ensure that the information is accurate and as detailed as possible (i.e. no communities are left out)
- Limit the number of facilitators to one or two per workshop from the central or regional levels
- Ensure adherence to COVID-19 infection prevention measures, which may involve splitting participants into smaller groups with specific tasks (e.g. mapping of different parts of the district separately or some people working on the M&E and logistics templates while others work on the SBC templates, etc.)
- Maximize workshop duration by ensuring sufficient time is provided for collection of information in advance of the workshops and that regular follow-up is done to ensure that the information is available

During microplanning remember “last mile” logistics

The majority of countries will choose to adopt a modified distribution strategy due to COVID-19. Many of them will use door-to-door distribution which requires a plan for “last mile” logistics (i.e. the transport of the ITNs from the last storage site in the supply chain to the individual households). For further detail on last mile logistics, see AMP guidance: *Accountability and ITN tracking for last mile logistics in the COVID-19 context*. <https://allianceformalariaprevention.com/about/amp-guidelines-and-statements/>

Microplanning for urban areas

Microplanning for urban areas requires different consideration from rural areas to account for size, population density, information access, etc. Over-crowding and crowd control at distribution points have always been a concern in urban settings, and these issues remain the most important factors in defining a safe distribution strategy in the COVID-19 context. As with rural areas, many national malaria programmes are opting for door-to-door distribution in urban settings to avoid people gathering at fixed distribution points. Others will prefer a “modified” fixed distribution point strategy with a large number of small distribution points to limit crowding/respect physical distancing, or may decide for a “neighbourhood” distribution to avoid external personnel taking part in activities. Microplanning templates will therefore need to be tailored to the specific distribution approach adopted.

When defining the urban microplanning approach, it will be critical to define what levels workshops should take place to ensure sufficient level of detail in the microplans developed. This is particularly true where the distribution strategy does not involve a separate phase of registration to identify actual needs for ITNs. While rural areas may be more easily divided into health facility catchment areas, this approach may not work in urban areas where a significant proportion of health care is not delivered through the public sector and therefore population estimates from health facility in-charges may be inaccurate. For urban areas, national malaria programmes should consider how they

will be subdivided (e.g. into zones or wards or arrondissements, etc.) and then determine the structure required to ensure sufficient human resources to oversee the microplanning workshops and ensure high quality outputs. This may include organizing a step-down ToT (whether virtual, hybrid or in-person) to train members of the DHMT who will, in turn, facilitate the workshops at the decentralized levels. Consideration should be given to the participants for urban microplanning workshops and people with good knowledge of the population (such as local councillors) should be included. The time for urban microplanning workshops should also be reviewed as it typically takes longer to map and fill in templates than in rural areas.

Ensure payments can be made efficiently

Many countries are moving to digital payments (e.g. mobile money) but have faced challenges such as incorrect or invalid bank accounts, leaving many campaign personnel not receiving their allowances as planned. Based on the strategy adopted by the campaign, it is important to ensure that any information required to facilitate remuneration of campaign actors and partners is obtained well before microplanning workshops. If microplanning workshop participants will be provided with transport allowance or daily subsistence allowance via bank transfer, it will be important that all participants are asked to provide details of their valid bank account on the first day of the workshop, to ensure that payment can be made directly at the end of the workshop.

Validating the microplans

The process of validating the microplans remains vital to the proper implementation of field activities and the success of the ITN distribution. However, the procedures for reviewing, “cleaning” and validating may vary depending on the microplanning option selected. In most cases the whole process will need to be done at central level. Once microplans have been checked for entry, formulae and linkages errors, data may need to be verified against previous campaign data, and/or may have to be triangulated across other health programme data to ensure as much accuracy as possible. Once cleaned and verified, microplans (including micro-budgets) will need to be consolidated to make sure that ITNs and financial resources will be sufficient.

Collect lessons learned from the COVID-19 adaptations

It must be clear that planning for mass ITN distribution in the COVID-19 context is a new experience for everyone. Whatever approach national malaria programmes choose for microplanning, lessons will be learned. It is important, therefore, to collect these lessons in as much detail as possible (what went well, what was not so good and why) so that any guidance provided by AMP can be adapted and refined for future campaigns.

Microplanning for social and behaviour change (SBC) activities

See separate document specifically covering microplanning for SBC, *Microplanning for social and behaviour change activities in the COVID-19 context*

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

Resources

Microplanning template example (Excel)

Standard operating procedures for how to use and fill out the microplanning template

Annex: Example of a microplanning template adapted for door-to-door distribution

See the Resources for the Excel microplanning templates and SOPs for filling them in

Plan					Logistics Plan						
					Last mile logistics (from HFs to D2D)						
Population	Number of Households	# of CBVs	# of ITNs per village, and total for the DP	# of bales of ITNs	# of bales to be distributed per village / day	# of bales to be distributed per CBV / day	Distance from HF (or CH) to village (kms)	Hard to reach area (Y/N)	Access/transport mode from HF (or CH) to village (Truck/Boat/Other)	Capacity (# of bales) per transport mode	Number of trips needed per day
											n/a
0	0	0	0	0.0	0	#DIV/0!					
											n/a
0	0	0	0	0.0	0	#DIV/0!					
											n/a

Micro-planning-Template-Zambia-30aug20.xlsx - Microsoft Excel

Micro-positioning Plan

Household Registration and D2D Distribution													
Distance (kms) from district store to HF (or CH)	Transport mode from district store to HF (Truck/Pickup/Other) + Give rental cost / day	Capacity (# of bales) per transport mode	Number of trips needed	# of CBVs	# of D2D teams	# of Supervisors	# of HH registers	# of HHR Team Job Aids	# of Daily HHR summary forms	# of HHR compilation forms (Form B)	# of masks (HHR + D2D)	# of hand sanitizers (bottles of 100ml)	# of pens (HHR + D2D)
Please note that the information regarding the transport of the ITNs from district store to HFs/CHs will not be required.			#DIV/0!	0	0	0.00	0	0	0	0	0	0	0
Please note that the information regarding the transport of the ITNs from district store to HFs/CHs will not be required.			#DIV/0!	0	0	0.00	0	0	0	0	0	0	0

1. Directives 2. Baseline 3. Unit Costs Corrections 4. Micro-positioning Plan 5. Budget

Micro-planning-Template-Zambia-30aug20.xlsx - Microsoft Excel

Micro-positioning Plan

Household Registration and D2D Distribution											Comments
# of HHR Team Job Aids	# of Daily HHR summary forms	# of HHR compilation forms (Form B)	# of masks (HHR + D2D)	# of hand sanitizers (bottles of 100ml)	# of pens (HHR + D2D)	# of distribution tally sheets	# of D2D Team Job Aids	# of chalk boxes (box of 12)	# of Daily D2D distribution summary forms	# of D2D distribution compilation forms	
0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	
0	0	0	0	0	0	0	0	0	0	0	

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