

Burkina Faso

Mass ITN distribution campaign, 2019

Process evaluation

Table 5 (Results) only

5. RESULTS OF THE EVALUATION OF THE CAMPAIGN PROCESSES

Table 5: Summary of observations and recommendations from the process evaluation

COMPONENTS	POSITIVE ELEMENTS	POINTS TO IMPROVE	RECOMMENDATIONS
<p>Coordination CMO (National) Local Organizing Committees (CLO):</p> <ul style="list-style-type: none"> • Regional (CRO) • Provincial (CPO) • Interdepartmental Unit (CIO) 	<ul style="list-style-type: none"> • Establishment of the Ministerial Organizing Committee (CMO) and its seven committees (Coordination unit, Secretariat, Technical, Press and Communication, Logistics and Transport, Finance and Security); Local Organizing Committees (CRO, CPO, CIO); resource persons at central level. • At least 15 meetings held by the CMO with minutes available from November 2018 to November 2019. • At least 5 meetings held by the CLOs and minutes available. • Good coordination between the CMO and the CLOs (security of the campaign, consensus on adjustment of allocation of ITNs to households given the large gap following registration). • Involvement of CLOs in identification of ITN warehouses. • Coordination via social networks (WhatsApp) at central level, in the regions and health and social promotion centres (CSPS). 	<ul style="list-style-type: none"> • Late establishment of the CMO (7 months before the campaign instead of 9 to 12 months as planned) • Allocation of an operating budget to the CMO and CLOs considered insufficient with regard to the coordination needs of the two phases which were necessary due to the delay in some ITN deliveries. • The multiple campaign delays caused an extension of the length of time committees needed to be operational, especially in the IG2 ITN regions. 	<ul style="list-style-type: none"> • Establish the CMO 9 to 12 months before the distribution to ensure good planning of the campaign. • Provide an adequate operating budget for the CMO and CLOs. • Plan and budget for review meetings for the CLOs. • In the event of postponement of the campaign, ensure that the timeline and budget are updated to maintain optimal coordination of the campaign.

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Implementation arrangements	<ul style="list-style-type: none"> • Definition of roles and responsibilities of the principal actors in the implementation plan and dissemination to campaign actors during training. • Contribution of the community to the organization of the campaign through the School Management Committee (COGES) (additional volunteers) and communes (warehouses). 	<ul style="list-style-type: none"> • Respect for/adherence to roles and responsibilities of each actor. 	<ul style="list-style-type: none"> • The NMCP must put in place tools to track and evaluate the contribution of communities to the campaign and the importance of maintaining this commitment in the future.
Macroplanning	<ul style="list-style-type: none"> • Elaboration of key campaign documents: <ul style="list-style-type: none"> ○ Implementation plan (February 2019) and various others including “Risk assessment and mitigation” and “Monitoring and evaluation”. ○ Logistics plan: (May 2019). ○ Communication plan (March 2019) ○ Timeline ○ Budget 	<ul style="list-style-type: none"> • The implementation of certain planned activities ran into difficulties which led to plans being revised several times during the campaign. • Certain planned activities, such as independent monitoring, reverse and lateral logistics and communication tools were not financed. 	<ul style="list-style-type: none"> • Order ITNs in good time to avoid delays in manufacture and delivery. Plan mitigation of risks at national level and share plans with the operational level to adapt to local contexts. • Advocacy for mobilization of domestic resources (state and local partners) to ensure effective financing of the campaign.
Timeline	<ul style="list-style-type: none"> • The timeline, taking into account the two phases of the campaign, was fully detailed 	<ul style="list-style-type: none"> • The timeline changed several times during implementation to take account of delays in ITN delivery (IG2). • The distribution period (September-October) was considered inappropriate by the actors on the ground and the targeted households, who want their ITNs in May-June (before the rainy season). 	<ul style="list-style-type: none"> • Respect the lead times for delivery of ITNs in the country. • Track ITN orders on a weekly basis so that the arrival dates of all types of ITNs match the campaign timeline. • Organize the campaign at the end of May at the latest to protect the population during the period of increased mosquito biting and high levels of malaria transmission.

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Communication	<ul style="list-style-type: none"> • Availability of a communication plan to inform and encourage the engagement of all actors. • Considerations taken into account related to the multi-product aspect of the campaign, as well as the management of potential rumours with the establishment of a crisis management committee in the CMO and CLOs. • Official launch of the distribution of ITNs in Bobo Dioulasso (national) and in certain regions of the country such as Boucle du Mouhoun by local initiative. • Utilization of SMS for the dissemination of awareness-raising messages to the population. 	<ul style="list-style-type: none"> • The inadequacy of financial resources allocated to communication affected the visibility of the campaign (lack of campaign posters at all levels). • The post-campaign communication aspects were included in the communication plan but not financed. 	<ul style="list-style-type: none"> • Provide for an adequate communication budget before, during and after the campaign at all levels. • Be sure to elaborate and reproduce awareness-raising posters and make them available at distribution sites. • Continue the dissemination of awareness-raising messages for the utilization of ITNs received by all members of the family, every night and all year round. • Strengthen the visibility of community health workers (ASBC) and volunteers (posters, badges, t-shirts or bibs).
Microplanning	<ul style="list-style-type: none"> • Existence of bottom-up microplanning with participation of actors from the implementation level. 	<ul style="list-style-type: none"> • Late inclusion of the activity in the macro budget already approved by the Ministry of Finance. • Shortage of trained personnel to lead the microplanning workshops at decentralized levels (data managers). • Inadequate technical support from central level to the districts for the elaboration of microplans. • Insufficient time allocated for training of trainers for microplanning (2 days instead of the 5 days recommended). • Insufficient resources allocated for the implementation of the results of the microplans. 	<ul style="list-style-type: none"> • Maintain the bottom-up and participative approach. • Ensure perfect understanding of the microplanning tools at all levels through quality training of actors. • Start the development of microplans well in advance of the planned campaign (6 months). • Provide technical support to districts for the development of microplans. • Ensure flexibility in the macro-budget to facilitate the allocation of sufficient resources for the

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			<p>implementation of the results of the microplans.</p> <ul style="list-style-type: none"> • Include mapping of incinerators if individual packages will be procured for the ITNs.
<p>Logistics: transport, storage and tracking</p>	<ul style="list-style-type: none"> • Availability of a logistics plan of action shared with all the supply chain actors and used during training. • Direct delivery of ITNs from supplier to health districts. • Training of logisticians and warehouse managers in remote areas before the arrival of the ITNs. • Provision of warehouses for IG2 ITNs by local authorities in health districts. • Availability of stock management tools in storage locations and for transport before the arrival of the ITNs. • Development of a reverse logistics plan and associated budget in the logistics plan of action which allowed the transport of remaining stocks of ITNs at distribution points and pre-positioning sites to the health district warehouses. • Existence of instructions for the transition to the utilization of the new ITNs in routine distribution. 	<ul style="list-style-type: none"> • The movement (strike action) by health personnel precluded having logistics data in real time. • Financing planned but not allocated to health districts for reverse logistics (health district to CSPS). • No monitoring/supervision of the logistics activities planned and budgeted for the logistics sub-committee. 	<ul style="list-style-type: none"> • Provide health districts with adequate resources for: <ul style="list-style-type: none"> ○ Reverse logistics ○ Inventories before and after distribution. • The NMCP could also plan the delivery of 80% of ITNs ordered to the districts and hold the remaining 20% back at central or regional level to deploy according to the registration results, in order to avoid lateral logistics. • Before the arrival of the ITNs, require manufacturers to provide the NMCP with clear and detailed information on the required transport, storage, maintenance and utilization conditions, especially for new ITN types.

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	<ul style="list-style-type: none"> • Availability of new ITN types for routine distribution in district warehouses before the start of the campaign. 		
Training	<ul style="list-style-type: none"> • Capacity-building of the principal actors (trainers, supervisors, logisticians and volunteers) cascaded through all levels of the health system. • Financial support by PMI to strengthen logistics capacities. 	<ul style="list-style-type: none"> • Insufficient assimilation of training by teams working on household registration and distribution. 	<ul style="list-style-type: none"> • Ensure supervision of training organized at community level by the district health management team. • Emphasize practical exercises and role-plays during training.
Security	<ul style="list-style-type: none"> • Establishment of a special security committee in the CMO with contacts at regional level. • Escort of ITN transport, as well as registration teams, in very insecure zones. • Involvement of community leaders in the registration and ITN distribution process. • Presence of security officers at distribution sites. 	<ul style="list-style-type: none"> • Difficult to access and implement the campaign in certain zones. • Lack of a security management plan. 	<ul style="list-style-type: none"> • Develop a security management plan with clear instructions for the operational level.

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Registration and issuing of vouchers	<ul style="list-style-type: none"> • The registration and issuing of vouchers were well planned with an increased duration of the registration period from 6 to 10 days (including a weekend) compared with previous campaigns. • Good mapping of registration areas taking into account the specific characteristics of urban zones (Ouaga and Bobo). • Strong involvement of all actors (local authorities, health personnel, volunteers, population, etc.) in the registration process. • One voucher per household gave flexibility to adjust the allocation of ITNs to distribute the maximum number of ITNs to all households registered regardless of their size (e.g. no pre-set capping that would penalize large households). 	<ul style="list-style-type: none"> • The long delay between the registration and distribution activities led to loss of vouchers. • The inadequate management of vouchers caused false stock ruptures in certain health districts which led to photocopies being made and registration being implemented by concession (grouping several households). • The strategies for IDPs and special groups were not clearly defined during planning and not sufficiently taken into account during implementation. 	<ul style="list-style-type: none"> • Ensure sufficient financial and logistics resources for proper and complete supervision of the registration process. • Draw up instructions to be communicated to health districts and health and social promotion centres on monitoring and rational management of vouchers and what to do in the event of ruptures. • Clearly define plans and strategies for distribution of ITNs to IDPs and special groups. • Await the arrival of ITNs in the country before starting training and implementation of the registration to minimize the delay between activities and the risk of loss of vouchers.
Urban/rural strategy	<ul style="list-style-type: none"> • Urban zone: registration of 30 households/day for 10 days; 6 volunteers/health district. • Rural zone: registration of 25 households/day for 10 days; 4 volunteers/health district. 	<ul style="list-style-type: none"> • The aspects relating to communication around absence of household members from the house and refusals in urban areas were not sufficiently developed and implemented. 	<ul style="list-style-type: none"> • Take account of the specific characteristics of urban and rural zones in terms of communication for the success of the registration.

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Distribution	<ul style="list-style-type: none"> • Distribution of ITNs • Adjustment to allocation of ITNs after the registration was a positive element in terms of a more or less adequate and rational allocation of ITNs to all households without penalizing the larger households of which there are many in the country. • Communication to inform the population on the time, place, order of attendance of households by district/village. • Raising awareness and demonstration of the hanging of ITNs at distribution points. • Establishment of instructions for management of particular cases (loss of voucher and households not counted). Implementation by health districts according to the instructions provided after the registration. 	<ul style="list-style-type: none"> • Distribution of ITNs in 2 stages (standard LLINs and PBO, IG2). • Adjustments in numbers of ITNs after the registration were judged inappropriate by the actors on the ground and households and might lead to certain households inflating their needs for ITNs during subsequent campaigns. • The personnel strike precluded having the registration data in time for decision-making. • The distribution period for phase 2 (October-November) was considered poorly timed by households and distribution teams as it was after the high transmission season. • Lack of publicity posters on the use and care of ITNs at distribution points. 	<ul style="list-style-type: none"> • Avoid, as far as possible, changing numbers of ITNs in future campaigns (i.e. put the number of people without the number of ITNs and inform that the number of ITNs to be issued will be communicated at the distribution site). • Organize the distribution before the period of high transmission and increase of mosquito populations. • Check the accuracy of the information on the ITN packages on delivery. • Order all types of ITNs without individual packaging to avoid confusion among users.
Supervision, monitoring and evaluation	<ul style="list-style-type: none"> • Good planning of supervision by both the Regional Health Management (DRS), District Health Management Team and Head Nurse (ICP) of CSPS. • Implementation of supervision at all levels. • Holding of daily review sessions in the health districts and regions. • Utilization of standardized tools for supervision. • Provision for campaign reports at all levels before the drafting of the final report. 	<ul style="list-style-type: none"> • Insufficient logistical resources and times allocated to supervision of the different phases (6 days of supervision for 10 days of registration and 4 days of supervision for 5 days of distribution). • Lack of independent monitoring of the registration activity to ensure its quality and coverage, as well as to identify and resolve problems in real time. 	<ul style="list-style-type: none"> • Provide a budget and sufficient time for the supervision of the different phases of the campaign. • Organize independent monitoring of the registration to ensure its quality and coverage and that supervisors and registration teams correct shortcomings or problems encountered in real time.

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	<ul style="list-style-type: none"> Provision for post-campaign evaluation. 		
Data management	<ul style="list-style-type: none"> Database and data management tools available with a well-defined transmission circuit to facilitate the upload and compilation of data in real time. 	<ul style="list-style-type: none"> The personnel strike precluded having distribution data. 	<ul style="list-style-type: none"> Ensure that data are reconciled and consistent at all levels during the various stages of the campaign.
Financial management	<ul style="list-style-type: none"> Payment of actors at operational level by mobile telephone (Orange Money). 	<ul style="list-style-type: none"> Delay in payment of community personnel. Inadequate communication and monitoring of payments by the Principal Recipient (PR). 	<ul style="list-style-type: none"> In the implementation plan, refer to the campaign financial management and procedures manual. Carry out an evaluation of the payment mechanism for community personnel by mobile telephone to identify bottlenecks and challenges, propose appropriate solutions and take the necessary actions before the next campaigns.

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			<ul style="list-style-type: none"> • Include monitoring of electronic payments in the roles and responsibilities of the regional finance focal person(s) • Put in place a procedure and helpline for claims.
Waste management	<ul style="list-style-type: none"> • Availability of a logistics plan of action that included the estimation of volumes and management of campaign waste. 	<ul style="list-style-type: none"> • Inadequate management of campaign waste in some CSPS. • Lack of financing for transport of waste from CSPS that do not have incinerators or functional incinerators. 	<ul style="list-style-type: none"> • Provide resources for management of waste generated by the campaign.
Utilization of ITNs	<ul style="list-style-type: none"> • All households visited at random (4) by the evaluation team had been registered, received the correct number of ITNs in the campaign and said that they had slept under the ITNs the previous night. • All the households interviewed said that they had received information on airing before hanging, care and use of the ITNs. 	<ul style="list-style-type: none"> • No instructions given to households on management of worn-out ITNs. 	<ul style="list-style-type: none"> • Involve community-based organizations, community health workers and community radios in continuous awareness raising of the effective use of ITNs. • Continue reflection on the management of worn-out ITNs so as to define a national policy for all partners in the prevention of malaria.