



The Alliance for
Malaria Prevention

Trends and adaptations: A multi-country review of adaptations and potential cost drivers for COVID-19 adapted campaigns

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2020 ITN mass campaigns: trends and adaptations during the COVID-19

- AMP documented COVID-19 adaptations adopted by different countries, emphasizing similarities and differences in approach
- Information was collected from countries implementing a mass ITN distribution campaign at the beginning of the COVID-19 pandemic
- The identification of adaptations and trends focuses on the main areas of a campaign: coordination, procurement, macroplanning, microplanning, logistics, training, SBC, data collection, supervision and monitoring, household registration, ITN distribution, and post-distribution

Coordination

Trend: The majority of countries emphasized the importance of support and a flexible attitude towards their campaign at the highest levels (national government, but also from international and local partners, including donors and implementing partners)

“The successful campaign was the outcome of timely decision-making, the result of solid coordination and communication on the part of the NMCP, availability for teleconference meetings, exchange of e-mails, and meetings of technical committees including good cooperation with partners such as the Global Fund, WHO, RBM Partnership and AMP.”

Tchad



Procurement

Trend: Additional budget was required to procure commodities for PPE.

Many countries experienced delays in shipments due to movement restrictions and global supply chain disruptions.

Where local procurement was approved to ensure a timely distribution, product was often subject to inflated prices.

“There were major implications as none of the PPE was budgeted at the outset of the campaign. Masks were procured locally and inflated costs were noted from suppliers given a period of high demand and low supply.”

Benin

Macroplanning

Trend: Macroplanning generally completed prior to pandemic declaration.

Countries updated their main documents to reflect COVID-19 prevention measures.

“The macroplanning documents were reviewed. The plan of action included the COVID-19 context, PPE to be used, health screening of personnel during training required, reduction in the number of working days to minimize exposure of personnel, and formulation of key messages adapted to the COVID-19 context.”

CAR

Microplanning

Trend: Workshops were adapted, with fewer participants and more workshops.

In some cases, where reliable, data from previous microplanning activities were used. In others, data from other health interventions, such as IRS or measles campaigns, were used.

“The microplanning budget and additional costs related to COVID-19 – equipment, coordination activities at central level, management costs of partner NGOs and World Vision’s support costs in the framework of the zero cash policy (ZCP) approach – were presented to the Global Fund and approval obtained to cover all costs in view of the country’s fragility and financial context, as well as the burden of malaria and the need to ensure ITNs reached households.”

CAR

Logistics

Trend: Most countries had already received their ITNs. Logistics activities were adapted due to restrictions on movement and numbers allowed to gather (for example, for offloading bales), and the requirement to use PPE.

In many cases, the logistics operation was adjusted. For example, if the change was from fixed site to single phase door-to-door distribution of ITNs, the pre-positioning of the ITNs was adapted and the provision of last mile transport to door-to-door teams was included in the campaign budget.

“Another challenge related to the emergency measures was the restriction that no more than four people (daily workers) were allowed to unload the ITNs from containers. This was solved by extending warehouse working hours, including weekends, and allowing more shifts to make up for time lost.”

Guinea Bissau





Training

Trend: Training sessions were shortened with fewer participants but more sessions.

Content was adapted to include infection prevention measures, and the effect on campaign implementation and timelines. In almost all cases, participants were using PPE and maintaining physical distancing.

Many sessions were held outside. If inside, handwashing facilities were provided and the room was disinfected.

To counteract any shortfall in quality, additional supporting materials and SOPs were developed.

“Conducting multiple parallel training sessions (e.g. in schools) can help to reduce the number of days required to train large numbers of campaign actors but requires a greater number of trainers.”

Togo



Social Behaviour Change

Trend: All countries reported using integrated messaging, giving information on malaria, use of ITNs and prevention of COVID-19.

Messages also gave information on the adaptations and changes to the campaign.

Messages were disseminated via town criers, virtual advocacy meetings, megaphones, vehicles with loudspeakers, etc.

“SBC activities were modified to adapt to the COVID-19 context by discouraging gatherings of large crowds of people at marketplaces and road show events. The time taken to educate household members at distribution sites was also reduced. Joint social mobilization was conducted for IRS, ITNs and COVID-19 using town criers and local radio stations.”

Ethiopia

Data Collection

Trend: Data collection methods varied. Some countries continued using previous paper-based system, daily review meetings and validation of data.

A few reported that the planned change to digitization contributed to reducing the risk of infection via paper-based tools.

“One of the data collection challenges was shortage of funds for airtime coverage to collect data using text and voice messaging by campaign actors at the distribution sites and supervisors at all levels. Communication fees (airtime credit) were only made available for the national level campaign coordinators. Since this challenge could have a big impact on data collection activities and may affect the quality of the collected data, adequate funding should be allocated for airtime communications in future campaigns.”

Ethiopia

Supervision & Monitoring

Trend: Most countries reported a reduction in the amount of supervisory and monitoring activities that were possible.

Increasing the amount of local supervision and giving more responsibility to supervisory staff was necessary.

Remote supervision via telephone was also introduced.

“Strengthening supervision, especially local supervision, is one of the keys to success. Given the restrictive measures related to COVID-19, supervision from higher levels may not be fully effective. Reinforced local supervision overcomes these shortcomings.”

Togo





Registration & Distribution

Trend: To comply with policy, in most countries a door-to-door strategy was adopted, either with two visits (one for registration and one distribution), or just one (registration and distribution at the same time).

In some cases, the fixed site distribution remained but with infection prevention measures in place and enhanced crowd control measures.

“The budget was revised and amended to include the costs of acquisition of personal protective equipment and other health products, and to take account of the changes in registration and distribution activities to a single-phase door-to-door activity.”

Tchad

Post Distribution

Trend: Post-distribution activities were affected by the restrictions. Most countries held review meetings, but these were limited.

Post-distribution communication activities were limited.

Waste management planning was revised, especially with the need to manage used PPE.

“Post-distribution activities and home visits to confirm receipt and hanging of the ITNs were cancelled for budgetary reasons and subsequent lack of availability of personnel for the activity.”

Tchad

“The distribution team collected all waste generated daily, including waste from disposable PPE. The waste was transported back to the sub-county stores for proper disposal.”

Uganda

2020 Case Study Highlights

- **Most importantly** - countries adapted campaigns and distributed ITNs in challenging environments and are to be applauded!

Benin: 7,638,192 ITNs	Central African Republic: 213,919 ITNs	Ethiopia: Over 1.6 million ITNs	Guinea Bissau: 1,287,746 ITNs
South Sudan: 983,704 ITNs (1 state)	Tchad: 3,307,297 ITNs (in Phase 1 & 2)	Togo: 5,421,189 ITNs	Uganda: 9.4m ITNs (in waves 1 & 2)

- Only minor disruptions were observed due strong coordination and flexibility of national governments, donors and partners in adapting budgets and timelines and facilitating procurement of PPE and other commodities.
- Country specific costing is forthcoming in a number of countries.
- **Overall, 162,233,048 ITNs were distributed in 2020 accounting for 73.9% of planned ITNs.**

Thank you!
Merci!
Obrigada!

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