

Case Study: Togo - Distribution of long-lasting insecticidal nets during the COVID-19 Pandemic

I. Summary

The distribution campaign for long-lasting insecticidal nets (LLIN) in Togo, under the leadership of the Ministry of Health, Public Hygiene and Universal Access to Healthcare (MSHPAUS) and the National Malaria Control Programme (NMCP) allowed registration of 2,475,085 households and distribution of 5,421,189 mosquito nets across the population of Togo.

The principal factors which favoured implementation and assisted the conduct of the LLIN mass campaign during the COVID-19 pandemic.

- ⇒ **Recommendations of the World Health Organization (WHO)** asking countries to pursue, with suitably adapted strategies, the organization of mosquito net distribution campaigns in the context of COVID-19;
- ⇒ **Commitment of the Togolese Government** through the Ministry of Health, Public Hygiene and Universal Access to Healthcare (MSHPAUS) and the National Malaria Control Programme (NMCP) to complete the organization of the mosquito net distribution campaign despite the context and challenges posed by COVID-19;
- ⇒ **Technical support of the Alliance for Malaria Prevention (AMP)** on adapting the campaign strategies to the COVID-19 context;
- ⇒ **Revision of implementation documents** by the NMCP to take account of aspects related to COVID-19;
- ⇒ **Willingness and flexibility of partners**, notably the Global Fund (GF), the Against Malaria Foundation (AMF), UNICEF and the Malaria Consortium with regard to modification of campaign strategies, adaptation of the budget and reallocation of resources to take account of the costs generated by COVID-19 prevention and protection measures;
- ⇒ **Effective coordination** of the campaign at all levels: at central level, a National Organizing Committee (NOC) was put in place and this Committee was supported at local level by Local Organizing Committees (LOC); the coordination was also extended to the partners (GF, AMF) and the National Committee responsible for the response to COVID-19;
- ⇒ **Support from the Togolese Armed Forces**, firstly for transport and security of mosquito nets from the central level to the districts and from certain districts to villages/subdistricts and, secondly, security of mosquito nets in district stores;
- ⇒ **Strengthening of the communication campaign, thereby contributing to engagement of the population in support of the campaign**: adaptation of communication strategies, press conferences, radio spots and programmes on the campaign;
- ⇒ **Organization of virtual meetings** on the Zoom platform during implementation with all stakeholders (NOC, NMCP, partners, regions, districts) to discuss the campaign and how to conduct

it in different situations; these virtual meetings were organized to avoid large gatherings and to get all the actors together at the right time;

- ⇒ **Creation of WhatsApp groups** at all levels and bringing together the campaign workers to facilitate and maintain both communication and coordination; the use of WhatsApp groups facilitated the real-time transmission of instructions and guidance to the implementing workers and thus limited or even avoided certain gatherings of people in meetings;
- ⇒ **Digitalization of key stages of the campaign** (microplanning, registration of households and distribution of LLIN) through flexible mobile applications accessible on smartphone: digitalization allowed accessing data, carrying out analyses, communicating with the workers and monitoring implementation in real time; it avoided recourse to paper media during implementation, especially the data transfer cycle;
- ⇒ **Mobilization of smartphones at community level** for the campaign and acquisition of Power Bank to alleviate the problem of charging and discharging of smartphones;
- ⇒ **Organization of training in schools** to ensure physical distancing between participants;
- ⇒ **Development of audio-visual aids** to support and facilitate the assimilation of training: these consist of short audios and videos to be shared among participants after the training; thus, with these audio-visual aids, the length of training was short; similarly, aide-memoires were developed and distributed to the implementing workers;
- ⇒ **Off-line capture of census/distribution data** thus limiting the length of registration of households because they were not necessarily obliged to wait for the Internet connection to capture the data;
- ⇒ **Anticipation, rapid resolution of problems with implementation and monitoring of the COVID-19 situation throughout the campaign** to detect possible infections, increases in cases, potential households etc.

IV. Context

Vector control in Togo relies essentially on the use of long-lasting insecticidal nets (LLIN) by the entire population. For that purpose, in accordance with WHO recommendations, mass LLIN distribution campaigns are organized every three years.

Thus, in 2020, Togo organized a fourth national LLIN distribution campaign to maintain universal coverage. To do this, 6,445,650 LLIN, including 4,264,350 standard LLIN and 2,181,300 LLIN with piperonyl butoxide (PBO) were acquired by the Togolese State and its partners, notably the Global Fund and the Against Malaria Foundation (AMF).

The objectives of this campaign were i) to register 100% of households, ii) distribute LLIN to 100% of the registered households, and iii) to persuade 80% of the population to sleep under LLIN.

Considering the difficulties encountered in the management of data from the 2017 campaign, notably capture of registrations and filing, the country decided to digitalize the household registration data and distribution of LLIN on smartphones. This digitalization should allow timely reporting, instant access to data and at each level (central, regional, district and health centre). To that end, over 7,527 smartphones were mobilized at community level among registration/distribution workers.

The preparatory phase of the campaign was conducted successfully and consisted of the elaboration of framework documents, notably the campaign action plan, the logistics action plan, the communication plan, the monitoring/evaluation plan, the timetable, risk analysis and mitigation measures, and budget. This preparatory phase concluded at the end of January 2020 with the validation of these documents by the National Organizing Committee, thus opening the way to implementation proper. Unfortunately, the COVID-19 pandemic made its appearance and Togo recorded its first case on 4 March 2020.

Faced with this situation, and in accordance with the recommendations of the WHO which asked countries to continue the campaigns on universal use of LLIN while ensuring complete safety, Togo had to adapt its campaign strategies to the context of the pandemic.

In order to ensure the safety of campaign workers and the population, the approach adopted was to combine registration of households and distribution of LLIN. Accordingly, the decision was taken to conduct the campaign using the door-to-door strategy to avoid gatherings. In addition, the microplanning and various training strategies were reviewed and adapted to the health context of the COVID-19 pandemic.

V. Revised strategy

All the campaign strategies had to be adjusted to take account of the COVID-19 context in the implementation of the campaign activities. This means coordination, logistics, training, microplanning, communication, monitoring/supervision, budget, registration of households and distribution of mosquito nets.

a) Coordination

The coordination of the campaign had primarily to be done remotely. Thus, coordination meetings which would have been face-to-face had to be changed to virtual meetings. Such was the case of meetings of the NOC, and coordination meetings with all workers in the early days following the finding that a certain number of instructions had not been respected.

Nevertheless, face-to-face meetings were also organized, above all when the number of participants was small. That was the case of coordination at regional, district and even health centre level. In that case, respect for COVID-19 prevention measures, especially wearing of masks, social distancing of at least one metre, handwashing, use of hydroalcoholic gel was mandatory.



Coordination meetings of local organizing committee complying with barrier measures

b) Budget

The budget was adjusted to take account of the modification of strategies and especially the acquisition of personal protective equipment (PPE). In addition, a margin was also allowed in the budget for potential replacement of registration/distribution teams in the case of infection with COVID-19. The margin also allowed for the full support throughout the campaign period of teams that might be infected with COVID-19. This was to avoid someone suffering from symptoms linked to COVID-19 from concealing them in order to complete the campaign and obtain their full support.

c) Purchase of LLIN, PPE and other items

Additional LLIN were acquired by the partners, notably the AMF, to take account of the COVID-19 situation. Initially, the contract clauses concluded with the AMF envisaged acquisition of mosquito nets in two stages: an initial purchase corresponding to 90% of the estimated needs based on the macroplanning of the campaign, and the rest to be acquired following the registration of households which would provide for the actual needs of households for mosquito nets. Following the modification of the strategies, notably the linking of the registration of households with distribution of mosquito nets, the AMF agreed to acquire all the mosquito nets on the basis of an estimate agreed with the country but in two phases. Apart from the quantities estimated necessary to cover the needs of households, the AMF undertook to purchase additional mosquito nets for its area to allow for the health situation related to the COVID-19 context. Thus, each district was provided with an additional quantity of mosquito nets equivalent to 14% of its initial needs and intended to be used for people infected by COVID-19, and who had to be isolated, so that they could protect themselves from malaria.

PPE were also acquired for the campaign. These consisted of masks, gloves, hydroalcoholic gels and soap.

Pens were also acquired, and each campaign worker was provided with his own pen to avoid sharing writing implements.

d) Microplanning and tools

The duration of the microplanning was reduced to a few hours a day and the participants were distributed in sessions with a maximum of 30 persons, observing measures such as wearing of masks, social distancing, handwashing, use of hydroalcoholic gel and disinfecting of rooms between two sessions.

The participants were first trained on completing the microplanning template. They then went on to fill out the template, and the entered data were sent to the central server in real time.

Summaries were generated on the central server to estimate the resources necessary for the campaign (LLIN, human, financial management aids and tools, etc.).

e) Social and behaviour change (SBC)

Local communication about the campaign was undertaken by town criers, registration/distribution agents. The media also contributed through radio and television broadcasts and audio spots.

The social networks also contributed. To facilitate communication during implementation, WhatsApp groups were created at various levels and were used to relay information, instructions and guidance on the campaign. An audio-video message explaining the rollout of the campaign, notably registration of households, distribution of LLIN and above all the measures adopted to prevent COVID-19 were disseminated via WhatsApp.

The campaign was launched in a very limited group in a household by the Minister of Health, Public Hygiene and Universal Access to Healthcare, the deputy Minister of Health, Public Hygiene and Universal Access to Healthcare, responsible for universal access and the Prefect of Agoè-Nyivé. On the eve of the launch, a press conference assembled only media professionals and these ministers.

f) Training

Training was provided observing the limit of 30 participants including facilitators, the number authorized by the country's authorities for various meetings in the framework of prevention of COVID-19. The training sessions were repeated in the light of this criterion.

In addition, social distancing, wearing of masks, routine handwashing, use of hydroalcoholic gel and disinfection of training rooms were the rule. Training premises must always have handwashing facilities.

To mitigate any shortcomings related to the COVID-19 restrictions on training, short videos were shared with the participants to correct or reinforce certain aspects of the campaign. Aide-memoires with emphasis on prevention of COVID-19 were also developed and issued to workers to remind them of what was basically expected of them.

g) Logistics

All the central and local stores were equipped with handwashing facilities to allow workers to routinely wash their hands before and after logistics operations. Working time in the stores was also limited.

Logistics workers, including the army, were issued with PPE to protect them against COVID-19. In addition, they were provided with personal pens to avoid sharing of objects between workers.



Distribution of mosquito nets by all possible means to reach all parts of the country

h) Registration of households and distribution of LLIN

To avoid groups of people having to come to distribution sites to receive the mosquito nets, the door-to-door strategy was adopted for the campaign. In addition, the registration of households was coupled with the distribution of mosquito nets. The workload was assigned to registration/distribution teams depending on the type of locality. Thus, each registration/distribution team covered 35 households a day in urban areas, 25 households in rural areas and 20 households in remote dwellings.

The data digitalization template was simplified. Thus, the registration/distribution teams spent less time in households. Initially, it was envisaged to check the number of beds to verify the veracity of the information provided by the households. In the COVID-19 context, the registration/distribution teams confined themselves to the household declarations with regard to the number of beds notified. However, in cases where the household notified a number which seemed excessive, the team asked questions to triangulate the answers and ascertain the exact number of beds. All the campaign workers were issued with PPE and maintained social distancing when carrying out their work. The use of gloves was reserved to registration/distribution teams and delivery workers during implementation in the strict sense.

i) Supervision and monitoring

Monitoring/supervision was also digitalized. Each worker used their own smartphone to capture the replies to the questionnaire prepared in the framework of monitoring/supervision. This avoided the exchange of objects among workers. The staff responsible for monitoring/supervision were equipped with PPE. Social distancing and limitation of the number of people in a vehicle, including the driver, to three, was observed.



Monitoring/supervision of the campaign observing barrier measures

j) Data collection

Digitalization avoided the use of paper passing through people's hands. It allowed having data in real time for better monitoring and decision-making. All the templates designed in the framework of the campaign were simplified and abridged. This facilitated their use without any problems.

k) Payments

Payments were made essentially via Mobile-money. This avoided gatherings above the number required by the framework of prevention of COVID-19 and also avoided exchange of objects.

l) Post distribution

Post-distribution activities, notably inventories and monitoring meetings took place in person but observing barrier measures and COVID-19 prevention measures.

II. Outcomes

- ⇒ The campaign registered 2,475,085 households and distributed 5,421,189 mosquito nets.
- ⇒ The training sessions at all stages of the campaign (microplanning, registration/distribution, training and briefing of other stakeholders) and the microplanning meetings themselves were held in observance of the rules and measures issued by the Togolese Government to avoid infection and propagation of COVID-19. The duration of the training sessions was limited to 3 or at most 5 hours a day according to the location and the workers to be trained. In addition, the development of a template for the microplanning considerably reduced the time required for microplanning and also facilitated the consolidation of the microplans centrally.



Training sessions conducted in observance of COVID-19 prevention measures

- ⇒ Over 21,442 workers were used to implement the campaign, but no case of COVID-19 was recorded among these workers during implementation. Likewise, after the campaign, none of these workers was among the positive cases recorded in the country.
- ⇒ The door-to-door strategy made it possible to avoid gatherings which would have occurred in the case of distribution at fixed and mobile sites.
- ⇒ Although delivery of the personal protective equipment was delayed by one or two days, its use by the workers was able to limit infection. Each worker in the campaign was provided with masks, hydroalcoholic gel and soap to protect themselves against COVID-19. Registration/distribution workers were also equipped with gloves.
- ⇒ The coupling of registration of households with the distribution of mosquito nets allowed limiting of contact between campaign workers and the population.

- ⇒ Digitalization also facilitated the task of the campaign workers who spent very little time on registration/distribution and preparation of reports. This limited the time spent and especially the exchange of materials between workers.
- ⇒ Each worker had their own tools and aids for the campaign. Thus exchanges and contacts were limited.
- ⇒ The campaign enjoyed the commitment of the country's highest authorities. The official launch, observing barrier measures, took place with the Minister of Health, Public Hygiene and Universal Access to Healthcare, the deputy Minister of Health, Public Hygiene and Universal Access to Healthcare, responsible for universal access and the Prefect of Agoè-Nyivé.



Counting of beds and issue of mosquito nets to households observing COVID-19 prevention measures

III. Lessons learned and recommendations

- ⇒ **Meticulous planning** is necessary for a distribution campaign in the context of COVID-19
 - based on the door-to-door strategy to determine whether the number of registration/distribution days will be sufficient to cover the whole population;
 - where the registration has not preceded distribution, also to determine the number of mosquito nets required for the population.
- ⇒ **It is necessary to put in place measures to mitigate any interruptions reported on the ground.** These provisions may be either redeployments within or between districts or availability at district level or even regional level, if possible, of buffer stocks.
- ⇒ **Compliance with instructions** is vital both to ensure successful prevention of COVID-19 and the success of the campaign itself. To achieve this, the issue of personal protective equipment to campaign workers is essential to prevent and combat COVID-19. The aide-memoires also served as information and guidance tools for campaign workers (registration/distribution teams, suppliers) on what they must do to avoid COVID-19 and on the campaign activities. In addition, permanent monitoring must be carried out to identify departures and correct them as soon as possible.
- ⇒ **It is important to define the criteria for the choice of operational actors** based on willingness, capacity to deliver, knowledge of localities to be counted and especially the willingness to observe the COVID-19 prevention measures.
- ⇒ The allocation of a sufficient quantity of personal protective equipment to workers for the entire duration of the campaign, and especially the registration/distribution teams, is crucial for prevention of COVID-19. This allocation may be made once-for-all for the duration of the campaign.
- ⇒ **Strengthening of supervision, especially local, is one of the keys to success.** Bearing in mind the restrictive measures related to COVID-19, supervision at higher levels may not be fully effective.

Strengthened local supervision combined with the creation of WhatsApp groups mitigates these shortcomings.

- ⇒ **The door-to-door strategy requires the registration/distribution teams to be well equipped with strong and spacious bags which can hold quantities of mosquito nets to cover several households.**



Deployment of registration/distribution teams on the ground

- ⇒ The coupling of registration of households with distribution of mosquito nets based on the door-to-door strategy limits contact between the various people involved. This is also a factor in the prevention of COVID-19.
- ⇒ As the registration of households was not made in advance, one of the difficulties was planning the duration of registration/distribution and the quantity of mosquito nets needed for households. As one approach to the solution, at the end of the campaign, a one-week slot was granted to the implementing workers to organize a final sweep and allow everyone to benefit from the mosquito nets.
- ⇒ **The local communication** through town criers allowed communities to be informed about the campaign.
- ⇒ **Digitalization, when well done, has the benefit of having timely data.** It also limits the time spent by registration/distribution workers in households, thus contributing to the prevention of COVID-19.
- ⇒ **Regular supply of registration/distribution teams** (by suppliers) is essential to avoid interruptions to stocks at the team level.
- ⇒ **The management of personal protective equipment must be included in waste management.** Likewise, its destruction must be well prepared with clear instructions.
- ⇒ The availability and speed of the Internet connection are factors which must not be overlooked. In addition, a specially dedicated person must be available to manage any problems and thus prevent any holdups in the implementation of the activities. The creation of regional databases may be a solution to the burden on the national database.