**ITN mass distribution campaign plan of action (PoA)**

V1. July 2022

The guidance in this document is intended for national malaria programmes starting their macroplanning for their upcoming mass ITN distribution campaign. Contexts will vary, and each programme should include information that is related to their particular situation. National malaria programmes should replace the suggested text with their own narrative.

**CAMPAIGN PLAN OF ACTION** (example of table of contents)

Title page – logos, date of draft (country specific)

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* List of tables
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All tables, figures, boxes, etc. to be numbered and referred to in narrative text (to introduce them/explain the content)

**1. Introduction and purpose of plan of action**

* Brief section (1—2 paragraphs) introducing the campaign and giving a brief summary: planned dates, whether national or sub-national, rolling, etc. Describe the ITN distribution strategy or strategies (e.g. door-to-door or fixed site or other model or hybrid, such as door-to-door in urban areas and fixed site in rural areas) and the duration of the ITN distribution. Describe major differences in strategy for urban and rural if applicable.
* Provide a table with a summary of the campaign, including scale, number of people targeted, number of ITNs planned for distribution and type of ITNs that will be distributed (see example)

**Table XX: Adapt to country context**

|  |  |
| --- | --- |
| Target population  |  |
| Scale of campaign (e.g. national in four phases) |  |
| Total number of ITNs and funding partner (e.g. Global Fund, United States President’s Malaria Initiative, Against Malaria Foundation, government, etc.) |  |
| Number of standard ITNs |  |
| Number of PBO ITNs |  |
| Number of other ITNs (specify) |  |
| Number of other ITNs (specify) |  |
| Dates planned for microplanning |  |
| Dates planned for household registration  |  |
| Dates planned for ITN distribution |  |

* Include a map of the country showing areas targeted and ITN types planned for distribution

Include one to two paragraphs describing the purpose of the plan of action that ensures that activities are carried out according to the principle of the “Three One’s”: One plan, One coordination and One monitoring and evaluation

* Note that this plan is an overarching document describing the normative guidance for the ITN distribution and a guide for all activities to ensure standardization across partners and levels of implementation

Brief section (1 paragraph) listing the materials accompanying the PoA:

* Logistics plan of action
* Social and behaviour change (SBC) plan of action (if it is not integrated in the overall PoA)
* Monitoring and evaluation (M&E) plan of action (if it is not integrated in the overall P0A)
* Digitalization plan of action (as applicable)
* Risk assessment and mitigation plan (including COVID-19 restrictions if relevant)
* Detailed timeline
* Detailed budget
* Any additional plans (such as security, procurement, training, payments, etc.) that have been developed
* Toolkit of all materials for the campaign for all technical areas

**2. Country context**

***(i) National health and development context***

Present a limited number of key indicators to provide contextual country information (for example, from the national statistics department or recent surveys, WHO country profiles or the Human Development Report).

**Table XX: Adapt to country context**

|  |  |
| --- | --- |
| Total fertility rate (births per woman) |  |
| Healthy life expectancy at birth (years) |  |
| Maternal mortality rate (per 100,000 live births) |  |
| Gross domestic product (GDP) per capita (USD) |  |
| Measles immunization coverage (% of one-year olds) |  |
| Under five mortality (per 1,000 live births) |  |
| Population living in urban areas (%) |  |
| Antenatal care (4+ visits) (%) |  |
| Births attended by skilled health personnel (%) |  |
| Households using improved source of drinking water (%) |  |
| Households using improved sanitation facilities (%) |  |
| Average household size (No.) |  |
| Population below age 15 (%) |  |
| Population living below the poverty line (%) |  |
| Population access to radio (%) |  |
| Population access to mobile phone (%) |  |
| Others as applicable (for example, social media use where this is part of the SBC strategy) |  |

***(ii) Malaria situation***

* Explain the malaria situation in the country and transmission patterns throughout the year (e.g. rainy/high transmission, dry/low transmission or alternative mix). Where available, provide a summary of relevant information from malaria stratification efforts
* Summarize broad goal of national strategic plan (insert link to full document)
* Summarize situation with vector resistance to insecticides, particularly for multi-product campaigns (include maps where possible)
* Using data from the most recent surveys, as well as maps or other graphics if available, provide the information as per the table below (if available) and, where possible, present data from previous surveys to show trends over time for key indicators
* Provide a summary of data for access to and utilization of ITNs (stratified by geographical area such as region or district, urban and rural, seasonality, wealth quintile and other relevant factors) using the ITN access:use report[[1]](#footnote-1)

**Table XX: Complete with national data**

| **Indicator** | MIS 2014 | DHS 2015 | MIS 2017 | Etc. |
| --- | --- | --- | --- | --- |
| % households with at least one ITN  |  |  |  |  |
| % households with at least one ITN for every two people  |  |  |  |  |
| % of population with access to an ITN |  |  |  |  |
| % children under five who slept under an ITN the previous night that had access to an ITN |  |  |  |  |
| % pregnant women who slept under an ITN the previous night that had access to an ITN |  |  |  |  |
| % of population that slept under an ITN the previous night that had access to an ITN |  |  |  |  |
| % households in targeted districts protected by IRS  |  |  |  |  |
| % children under five years old with fever in the last two weeks for whom advice or treatment was sought  |  |  |  |  |
| % children under five with fever in the last two weeks who had a finger or heel stick  |  |  |  |  |
| % children receiving an ACT among children under five years old with fever in the last two weeks who received any antimalarial drugs  |  |  |  |  |
| % women who received three or more doses of IPTp during their last pregnancy in the last two years  |  |  |  |  |

***(iii) National health system structure***

* Briefly describe the health system structure from the central to community levels, including where national malaria programme staff are located throughout the structure

***(iv) COVID-19 situation and, if relevant, national policies for infection prevention and control, including those for the ITN campaign (as applicable)***

* Describe the COVID-19 context, including differences throughout the country (e.g. areas more and less affected at time of writing)
* Describe the measures that have been put in place by the government to minimize the spread of infection from COVID-19
* Describe the measures in place for COVID-19 infection prevention and control (IPC) during the campaign for the different types of activities including:
	+ Personal protective equipment (PPE) that must be used by campaign personnel
	+ How meetings and trainings for coordination, macroplanning, microplanning and implementation of activities, including logistics and SBC, will be organized
	+ How door-to-door household registration and door-to-door or fixed distribution point activities will be implemented safely

AMP has developed considerations for adaptations and/or measures for COVID-19 IPC for different campaign phases, referred to in the appropriate section below and in Annex 2. The considerations must be adapted to the country context and aligned with the strategy adopted by the national malaria programme.

**3. ITN policy and progress to date**

Briefly describe:

* The national ITN policy (e.g. channels included for distribution)
* Situation for continuous distribution e.g. functional channels in place (routine, school-based, community-based, other), scale of system(s)
* The number of campaigns implemented to date by target (e.g. three campaigns targeting children under five and two campaigns to achieve universal coverage since 2006)
* Situation concerning insecticide resistance (by area) and policy on use of new types of nets
* Policy on durability and ITN repurposing

**4. Lessons learned from previous campaign(s) and recommendations for current campaign**

(This section could also be attached as an annex depending on the length. It should be used to inform improvements for the current campaign.)

Provide a summary in table format (see example below) of the lessons learned and recommendations from the previous campaign, including those from the local fund agent (LFA) spot checks and any assessment results from campaign monitoring (during or post distribution) implemented. Include a column for the current campaign to explain how the challenge or lesson learned will be addressed.

**Table XX: Complete with national information**

| **Campaign area** | **Challenge, lesson or recommendation** | **Specific detail related to challenge, lesson or recommendation** | **Plans for current campaign** |
| --- | --- | --- | --- |
| Finance and payments | Campaign payments to community level actors were significantly delayed, affecting other health programmes | Lists of personnel to be paid were received late and with insufficient detail to allow payments to be made. Transition to mobile money was more time-consuming than expected.  | Lists of personnel will be made available a minimum of two weeks prior to the planned training sessions. The training sessions will be used to verify the information provided, in particular the name and telephone number for mobile money transfers. The mobile money system has been strengthened since the previous campaign.  |
| Implementation – household registration | Inconsistency in the data collected by the household registration teams | The data forms were complicated, and the personnel selected at the implementation level did not always meet the minimum criteria expected. The training was not focused sufficiently on practical exercises to better understand the definition of a household and the allocation of ITNs.  | Data collection forms will be reviewed and simplified. Discussions will take place with Ministry of Health and community-level stakeholders about how the selection process for personnel can be improved. Training will be adjusted to ensure that at least 50 per cent of the agenda content is on practical exercises. Digital data collection will be piloted.  |

Add one or two paragraphs detailing any new campaign issues (such as the introduction of digital data collection or the distribution of multiple ITN types) or strategies (such as moving to community-led distribution) that will affect planning and budgeting for the campaign.

**5. Campaign goal and objectives**

* Provide the overall campaign goal and the specific objectives for each phase of activity
* Ensure that the objectives have quantified and measurable targets (e.g. 95 per cent of households are registered correctly and receive a voucher to redeem for ITNs)

Note: The campaign indicators, which should be included in a table in the PoA or the M&E PoA if it is a separate document, should align to the overall campaign goal and objectives, as well as specific goals and objectives set for technical campaign areas like logistics and SBC. See example in the annex to this document.

**6. Procurement of ITNs and PPE (as applicable)**

Briefly describe the ITN procurement process, including the types of ITNs, the funding partners and expected delivery timelines

* Describe the ITN delivery process (arrival and transport to initial delivery point)
* Summarize the different ITNs that were procured in a table as follows:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Shape*** | ***ITN size***  | ***Colour*** | ***Denier*** | ***ITN type*** | ***Packaging*** | ***Bale size*** | ***Quantity*** | ***Donor*** |
| Rectangular | Extra large 190 x 180 x 150cm | White | 100 | PBO | 50 nets per bale, no individual plastic packaging on nets | In m3 or length x width x height | 1,000,000 | PMI |
| Rectangular | Extra large 190 x 180 x 150cm | Blue | 125 | IG2 | 50 nets per bale, with individual plastic packaging  | In m3 | 250,000 | GF |

* Briefly describe the PPE procurement process, including the types of PPE that will be used for the campaign, the funding partners and expected delivery timelines
* Describe the PPE delivery process (arrival and transport to initial delivery point)
* Summarize the different PPE in a table

**7. Campaign coordination**

* Describe the coordination structure that will be established for the campaign at each level (e.g. national coordinating committee, regional coordinating committees) and the reporting structure (who reports to whom, how often and what form reports should take)
* Describe the composition and roles of the technical sub-committees; include the terms of reference (TOR) for each sub-committee in an annex to the PoA
* Describe whether any engagement meetings will take place to officially inaugurate the sub-national (particularly regional or province and district) coordination structures. Where engagement meetings will take place, describe the objectives, the participants and the expected outcomes, as well as materials that will be used
* Outline the frequency of meetings for the campaign coordination structures at all levels and how minutes will be produced and disseminated

**8. Partners, roles and responsibilities and implementation arrangements**

Describe the main campaign partners and their roles and responsibilities during the different phases of activity. Campaign partners working with the national malaria programme and decentralized Ministry of Health structures may include:

* Key stakeholders both in-country and outside the country (e.g. non-governmental Principal Recipients, national and international organizations, technical and financial partners such as the Global Fund, the United States President’s Malaria Initiative and WHO, the LFA and others etc.)
* Implementing partners or service providers
* Third party logistics companies
* Fiscal agents and/or mobile payment partners
* Community-based organizations or other implementation level partners
* Etc.

Specific roles and responsibilities at each level for each partner should be given in detail (note that a table may be a good option for summarizing these).

Implementation arrangements for the campaign should be described, including whether some activities will be contracted out (for example third party logistics for transport of ITNs or service providers for implementation of activities) and, where this is the case, the roles and responsibilities of each partner at all levels of the campaign structure (e.g. national, regional, district, health facility and community).

**9. Campaign strategy**

***a. Macroplanning and macro-quantification[[2]](#footnote-2)***

Macroplanning involves the development of the macroplanning package, which should be briefly described here.

* Macro-quantification should be described for ITNs, including the population base used for the ITN needs estimate and whether a contingency stock was procured (and the percentage if so). The quantification for ITNs should indicate whether one or more types of ITN is being procured and, if so, what types, why and where they will be targeted for distribution (use maps if available).
* If relevant in the COVID-19 context, include the national requirements for personal protective equipment (PPE), as well as those recommended by WHO. Quantification should be done early and discussions with financial partners should take place to ensure there are no gaps in PPE funding and procurement or misunderstandings regarding what can be procured and how (e.g. through which procurement mechanisms)
* Describe the strategy (e.g. single or double phase), how household registration and ITN distribution will be done (e.g. door-to-door, fixed distribution points, strategy for special populations) differentiated by urban and rural as applicable
* Explain the parameters used for the quantification (e.g. number of households per day for registration teams and number of ITNs or households per day for distribution teams)
* Briefly describe the waste management strategy for the campaign for ITN packaging, non-reusable PPE and other campaign material (further detail should be provided in Section [k] below and in the Logistics plan of action)

The macroplanning package should be accompanied by a macro-quantification Excel file that shows the quantification for all campaign human resources, tools, materials, etc. based on parameters established for the macroplanning.

***b. Microplanning[[3]](#footnote-3)***

* Describe the objectives of the microplanning and expected outputs
* Describe the microplanning process (e.g. central training of facilitators over XX days attended by central staff, followed by sub-national microplanning workshops over XX days attended by representatives from all campaign areas and all levels)
* Explain the different types of information that will be gathered in advance of microplanning workshops (e.g. health facilities and names and population of villages in their catchment area, etc.) as well as how much in advance the information to collect will be communicated to the implementation levels (e.g. district and sub-district)
* Describe any adaptations made for urban microplanning (including how “urban” is being defined for the purposes of the campaign)
* Identify special populations (e.g. households where there are people with disabilities, nomads, refugees, internally displaced persons, mining communities, people in communal settings, such as barracks or prisons, etc.) and how microplanning will capture information to ensure that they will be reached with ITNs
* Describe the steps that will be followed for the microplanning
* If relevant, describe the microplanning process and the adaptations that have been made to align with the COVID-19 infection prevention and control measures in place through the government
* Provide information on who will facilitate the microplanning training of trainers at the central level and microplanning workshops at the decentralized levels, as well as how many days each activity will take
* Describe the steps for cleaning and validating the microplans
* Describe any additional activities that will take place at the same time as the microplanning workshops at the decentralized levels (e.g. advocacy meetings, warehouse or storage assessments, pre-testing of SBC materials and messages, etc.)
* Describe waste management (PPE and ITN) microplanning at local level (identification of waste collection, storage and disposal sites or incinerators)
* Detail the immediate next steps following microplanning (e.g. identification of community level personnel that meet the criteria for selection for the household registration and/or ITN distribution to facilitate timely planning for payments)

***c. Social and behaviour change[[4]](#footnote-4)***

* If a separate SBC PoA has been developed[[5]](#footnote-5), a summary should be provided in this PoA regarding the main activities planned for advocacy, social mobilization and social and behaviour change communication (SBCC), as well as any others as per the planning established. A reference to the SBC PoA should be provided and the plan included as an annex to the overall campaign PoA
* If a separate SBC PoA has not been developed and SBC activities will be integrated in the campaign PoA, key data informing the decisions on communication strategies, activities and channels should be described, in addition to the specific objectives and expected outcomes of SBC for the campaign. Describe the activities linked to each phase of the campaign in that section of the PoA (e.g. describe activities for SBC related to the household registration phase in the section describing household registration) to ensure that the value-added of the SBC is clear
* Provide information about SBC during household registration and ITN distribution (see table below):
* SBC activities planned for before and during the household registration and before, during and after the ITN distribution (advocacy, social mobilization and SBCC), as well as the targeted audiences
* Key actors that will be involved in SBC before, during and after the campaign, as well as their roles and responsibilities
* Target audiences (primary, secondary) and channels that will be used to reach them
* Key messages that will be communicated through each channel
* If relevant, describe key adaptations to the planned SBC activities for the COVID-19 context (e.g. in previous campaigns, door-to-door social mobilization took place before the ITN distribution to inform people of dates and locations, but this has been modified to town criers[[6]](#footnote-6) or motorized street announcers[[7]](#footnote-7) with campaign personnel using megaphones or loudspeakers to pass information to minimize risk of COVID-19 exposure)

**Table XX: Examples of messages and channels (to be filled in with country-specific information)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Campaign phase** | **Themes of messages to be passed** | **Channels for dissemination** | **Timing** |
| Pre and during household registration and ITN distribution | The importance of household and community participation in the campaign to receive ITNs for malaria prevention.  | A multi-pronged strategy for disseminating messages is best, and should be based on the country context (literacy, reach of media, urban/rural, etc.):* Community drama (storytelling and songs)
* Mass media (e.g. radio)
* Social media
* Motorized street announcers
* Community-based organizations and volunteers
* Religious events and through faith-based organizations
* Community dialogue
* Discussion with caregivers
* Advocacy through community influencers
* Health education at health centres
* Pamphlets or print materials
* House-to-house visits
* Door-to-door household registration and/or ITN distribution teams
* Fixed site ITN distribution teams
 | e.g. Seven days before campaign and every day until after registration |
| The COVID-19 infection prevention and control measures that have been put in place and responsibilities of campaign workers and household representatives to respect them (as applicable). |
| The importance of cooperation with campaign personnel to ensure that the household will receive ITNs during the distribution.  |
| The dates when the household registration will take place. |
| The dates when the ITN distribution will take place and how households will receive ITNs (e.g. door-to-door or at fixed sites). |
| Pre, during and post ITN distribution | The importance of retaining, hanging, using and caring for the ITNs distributed.  | At distribution and XX days following |
| Throughout the campaign period and post ITN distribution | The benefits of ITN use by all members of the family, every night throughout the year.  | Throughout the campaign and post-distribution period |
|  |  |

**d. Training[[8]](#footnote-8)**

* Describe the preparatory steps that will take place in advance of all training sessions:
* Microplanning, as described above, to ensure sufficient personnel in line with the campaign human resources quantification and planning parameters
* Development of training-specific agendas, tools and materials to ensure that training is well-targeted to achieve desired outcomes for each activity
* Production of materials including where materials will be produced and how they will be bundled and transported to training levels
* Selection of personnel based on criteria established
* If relevant, COVID-19 infection prevention and control for training sessions
* Summarize the trainings that will take place at every level (e.g. central, regional, district, sub-district, health facility, community) in a table (see example below of central and local training)

**Table XX: Complete with campaign training plan**

| **Level** | **Type of training** | **Objective of training** | **Participants** | **Facilitators** | **Number of days** |
| --- | --- | --- | --- | --- | --- |
| Central | Training of trainers for implementation of all campaign activities (may be virtual depending on COVID-19 context) | Equip participants with the skills and knowledge for implementation of the campaign, including use of microplans for daily planning, logistics and SBC activities, data collection and management, supervision and monitoring, payments, reporting, etc.  | Three people from national malaria programme, three people from implementing partner 1 (IP1), three people from IP2, three people from EPI, two people from PMI, two people from UNICEF, two people from WHO | Chairs of the different sub-committees, with support from three additional national malaria programme staff (including one for finance and administration aspects) | Four |
| Health facility | Training of door-to-door teams – IN-PERSON (insufficient capacity for virtual training) | To ensure familiarity with data collection tools, SBC messages and route planning | Maximum of 20 people per session, majority of sessions will be held outdoors | Two facilitators | Two half-day sessions |

* Describe the training methodology, as well as key tools for implementation that will be introduced and used (e.g. standard operating procedures (SOPs), job aids, etc.). Explain how sessions will be organized that allow for practice with campaign tools and, if relevant, COVID-19 infection prevention measures
* Explain how evaluation of the training sessions will take place, both for the overall training organization and quality and for the assessment of the capacity of trainees at the end of the sessions
* Summarize any additional information (such as detailed objectives and outcomes of each training or criteria for selection for participants at different trainings) in a training plan annex to the PoA
* Explain where all training materials will be stored to ensure access by all partners (e.g. Google drive, Dropbox, etc.)

*Note:* Internet connectivity may not facilitate virtual trainings past the national or regional level (mapping should be done during microplanning to assess where virtual trainings are possible if this information is not available already).

***e. Household registration (HHR)[[9]](#footnote-9)***

* Provide the objectives and expected outcomes of the household registration
* Describe the parameters that will be used for quantification in urban and rural areas (e.g. in urban environments teams of two people will visit 45 households a day over nine days, including two weekends for finding people at home, while teams of two people will visit 25 households a day over seven days in rural areas), including those for community supervisors (e.g. one supervisor for five household registration teams)
* Define “household”, “house” and “head of household”, including the operational definition for the campaign if applicable (e.g. polygamous households will be registered with each wife as a head of household and the husband assigned to one of the wives in an effort to ensure sufficient ITNs are available for everyone in the family; female-headed households will be registered with the female as head of household, etc.)
* Explain how ITNs will be allocated to households (e.g. one for every two persons or one per sleeping space). If the strategy is to set a maximum number of ITNs per household, explain whether the cap will be done at the time of macroplanning, after microplanning or “retroactively” (i.e. after registration when the total ITN need is established)
* Describe how households will be identified at the time of distribution if the registration is organized as a separate phase (e.g. whether or not vouchers will be used and, if so, whether vouchers will be distributed as one per household or one per ITN, etc.). If vouchers will be used, describe how they will be designed, procured and managed
* Describe how the special populations (e.g. households where there are people with disabilities, nomads, refugees, internally displaced persons, mining communities, people in communal settings, such as barracks or prisons, etc.) identified during the microplanning will be reached and registered
* Explain how the household registration will be implemented in rural and urban areas, including the roles and responsibilities of different local level actors such as community leaders, in ensuring successful outcomes (e.g. door-to-door based on route mapping with specific areas assigned to teams and follow-up on progress against targets assessed daily during review meetings where local leaders will be present to verify information collected)
* Describe the roles of the door-to-door team members for the household registration including for SBC (e.g. one member of the team will be the team lead and is responsible for the data collection and the second member of the team is responsible for the dissemination of key messages and responding to questions from the household)
* Explain how the planning will be done for the household registration to ensure that no households are missed, as well as procedures that will be followed for revisits if these are necessary (including use of revisit cards where applicable and quantification parameters – e.g. estimate of percentage of households that will require a revisit/revisit card)
* Describe any security considerations for the household registration
* Provide information on the tools with which household registration teams will be provided (e.g. data collection forms, standard operating procedures, job aids, etc.), including whether the data collection tools will be paper-based or digitalized
* Describe the steps involved in the household registration process, including the data collection and use of devices if digitalized
* Provide information on whether households will be marked for having been registered and, if so, what markings will be used
* Briefly describe how the data collected will be summarized each day and transmitted to data managers (details will be described in the data collection and management section)
* Briefly describe how the household registration teams will be supervised (e.g. ratio of teams to first level supervisors, upper-level supervisors and ratio to supervisees, etc.) (details will be described in the supervision section)
* Briefly describe how the household registration teams will be monitored (details will be described in the monitoring section)

***f. Logistics and supply chain management[[10]](#footnote-10)***

* A separate logistics plan of action (LPoA) must be developed[[11]](#footnote-11) and a summary should be provided in the PoA regarding the main activities planned for supply chain management of ITNs and PPE, waste management and reverse logistics
* Briefly describe the different levels of the supply chain (delivery levels) and how ITNs and other materials will be transported to the community level storage (community distribution point or for delivery to door-to-door distribution teams depending on the ITN distribution strategy and if there are adaptations for the COVID-19 context)
* Briefly describe the personnel that will be engaged in the supply chain operations and how they will be trained and supervised
* Describe how accountability for ITNs will be assured, including the tracking tools to be used
* Describe how all campaign materials will be reconciled, inventoried and returned at the end of the campaign period, as well as waste collection and disposal

***g. ITN distribution[[12]](#footnote-12)***

* Provide the objectives and expected outcomes of the ITN distribution
* Describe in detail the ITN distribution strategy or strategies (e.g. door-to-door or fixed site or other model or hybrid, such as door-to-door in urban areas and fixed site in rural areas) and the duration of the ITN distribution
* Describe the parameters that will be used for quantification for distribution points or pre-positioning sites in urban and rural areas (e.g. a distribution point will serve 100 households per day or a pre-positioning site will serve 10 door-to-door teams that are regularly resupplied with ITNs using appropriate transport means, etc.)
* Describe the team size and structure with roles and responsibilities of the distribution team members for the strategy or strategies adopted, including for rural and urban areas – see table below
* Explain how the ITN distribution will be implemented in rural and urban areas, including the roles and responsibilities of different local level actors such as community leaders, in ensuring successful outcomes (e.g. management of household arrival at distribution points according to an established plan)
* For fixed site ITN distribution, describe the different types of fixed sites that will be used (fixed, outreach and mobile), including where and why, If relevant, include a detailed plan for COVID-19 mitigation given risks with crowd control with this strategy, particularly in urban areas
* For door-to-door distribution, describe the ITN resupply mechanism (if not detailed in the logistics section) as well as the plan for ITN accountability given the risks of loss and theft with this strategy
* Describe the steps for the ITN distribution, including:
	+ Daily set up/organization
	+ Security and leakage prevention
	+ ITN distribution steps and procedures
	+ Data collection during the ITN distribution
	+ SBC during the ITN distribution
	+ Daily ITN reconciliation
	+ Waste management and collection for disposal
* If vouchers were included for household identification during the registration phase, describe how they will be managed during the ITN distribution
* Describe how ITNs will be distributed to special populations identified during the microplanning (see above for examples)
* Explain how the planning will be done for the ITN distribution to ensure that no households are missed, as well as procedures that will be followed for households that were not registered (including quantification parameters for estimated percentage of households)
* Briefly describe how the ITN distribution teams will be supervised (e.g. ratio of door-to-door teams or fixed sites to first level supervisors, upper-level supervisors and ratio to supervisees, etc.) (details will be described in the supervision section)
* Briefly describe how the data collected will be summarized each day, transmitted, shared and used for action during the ITN distribution, including how digitalization aspects (details will be described in the data collection and management section)
* Briefly describe how the ITN distribution teams will be monitored (details will be described in the monitoring section)

**Table XX: Roles and responsibilities of distribution team members (examples – adapt to country context)**

|  |  |
| --- | --- |
| **Team member** | **Terms of Reference** |
| ITN delivery for door-to-door teams  | * Work with the community supervisor and the stock manager at the pre-positioning site to establish the workplan for the teams for each day
* Resupply teams as quickly as possible once stocks have been used
* Ensure high accountability for the ITNs by filling in the log for pick-ups and deliveries and initialling against the stock sheet
* Participate in the daily review meetings with the teams, the stock manager and the team supervisor each day to discuss problems and challenges for resolution
* Provide a daily summary of stock received and delivered, as well as stock balances (if any) to the team supervisor/stock manager
* Report to the team supervisor, particularly any major problems arising
 |
| Door-to-door team member responsible for SBC and registration during single-phase registration/ITN distribution  | * Review the daily workplan with the team supervisor and the stock manager
* Greet the household representative and explain the purpose of the team’s visit
* Collect the data in the data collection form and determine how many ITNs the household should receive based on the allocation key
* Provide health education to household representatives regarding benefits of ITNs and how to properly hang and care for them
* Summarize the daily registration data
* Work with the ITN distributor to compare the registration data and ITN allocation with the ITN tally sheet and ensure coherence
* Work with the ITN distributor, the team supervisor and the stock manager to investigate any discrepancies between received and distributed ITNs (physical count of ITNs remaining)
* Sign off on daily data with ITN distributor
* Participate in daily review meetings
 |
| Door-to-door team member responsible for ITN distribution during single-phase registration/ITN distribution  | * Review the daily workplan with the team supervisor and the stock manager
* Distribute the required number of ITNs to the household after the SBC/registration team member has done the allocation
* Mark the tally sheet for each ITN distributed
* Summarize daily ITN distribution data: number of ITNs received for distribution, number of ITNs distributed, number of ITNs remaining at the end of the day and returned to the pre-positioning site
* Work with the SBC/registration team member to compare the registration data and ITN allocation with the ITN tally sheet and ensure coherence
* Work with the SBC/registration team member, the team supervisor and the stock manager to investigate any discrepancies between received and distributed ITNs (physical count of ITNs remaining)
* Describe any discrepancies remaining between ITNs received and ITNs distributed on the ITN tally sheet at the end of the verification process
* Sign off on daily data with SBC/registration team member
* Participate in daily review meetings
 |

***h. Data collection and management***

* Describe the roles and responsibilities of data managers at all levels (note that the training for data management should have been included in the training section)
* Describe whether data will be collected on paper or through digital data collection or a hybrid model. **NOTE**: adapt sections above and below based on the system being used
* Describe which data will be collected during the campaign for household registration, ITN distribution, supervision and monitoring, including for SBC (note that logistics data are described separately in the logistics plan of action, other than for the point at which the programme and logistics data merge during the ITN distribution to households)
* Describe who is responsible for collection of data at each level (see example table below)
* Describe the data transmission circuit and how data are validated at each level before transmission (see example table below). Describe how data will move from one level to the next and what the expected submission timelines are
* If retroactive capping is being applied, describe the procedures that will be followed and the minimum threshold of ITNs per household that will be set and why
* Describe the data analysis procedures and the management of the database (what levels, who is responsible, etc.)
* Describe the feedback system that will be put in place to ensure data-driven decision-making during the campaign
* Describe how data from supervision checklists will inform decision-making about quality of implementation of activities, including data collection, and how it can be improved
* Describe the conduct of the daily review meetings
* Describe how programmatic and logistics data will be triangulated during and post ITN distribution
* Describe how the campaign will be closed (e.g. which data are required to ensure that all reporting requirements for the campaign are met before ITNs remaining are redeployed for distribution through routine or continuous distribution channels or for storage at a higher level of the supply chain)

**Table XX: Data collection and management during the campaign (examples – adapt to country context)**

| **Level** | **Data process** | **Data collection tool(s)** | **Data verification** | **Data sent to** |
| --- | --- | --- | --- | --- |
| Household / community  | Data are collected by door-to-door teams during the combined registration and ITN distribution process:* Name of household head
* Telephone number (if available)
* Number of people in the household
* Number of ITNs allocated to the household
* Number of ITNs distributed to the household

At the end of each day’s work, each team member and each team will summarize the data regarding number of households reached, number of people registered, number of ITNs allocated, number of ITNs distributed and number of ITNs remaining in their possession, identify any inconsistencies and note those on the daily summary form | Household registration formITN distribution tally sheetDaily summary forms | Community supervisors, working with the teams under their responsibility and with the stock manager at the pre-positioning sites, will undertake a data verification process for the daily data for all teams working in the catchment area of the pre-positioning site, as well as the stock movement at the PPS, during the daily review meeting  | Once all data have been verified, the community supervisor will fill in their daily summary form, which they will take to the health facility for the daily review meeting  |
| Health facility | Data summaries from all community supervisors are compiled at the health facility into a single daily summary for the entire catchment area At the end of each day’s work, the health facility supervisor will summarize the data regarding number of teams working in the catchment area, number of households reached, number of people registered, number of ITNs allocated, number of ITNs distributed and number of ITNs remaining at pre-positioning sites | Daily summary formsRunning tally summary form Stock sheets or other tracking tools for last mile logistics | Health facility supervisors, working with the community supervisors under their responsibility, will undertake a data verification process for the daily data for all teams working in the health facility catchment area, as well as the summary data and the stock remaining in the pre-positioning sites (reported versus expected)  | Once all data have been verified, the health facility supervisor will fill in the summary form for the health facility catchment area. The data will be communicated through any means possible (e.g. telephone, SMS, WhatsApp, email, etc.) where the health facility supervisor is not able to participate in the daily review meetings at the district level |

***i. Supervision[[13]](#footnote-13)***

* Describe the objectives of supervision; ensure clear differentiation between supervisors and monitors
* Describe the supervision structure that will be put in place, starting with community level supervision, including the number of supervisors at each level and the ratio of supervisors to supervisees
* Describe the roles and responsibilities of supervisors at all levels for all activities, including for technical/M&E, logistics, digitalization, training, waste management, SBC elements, financial management, etc.
* Describe the tools that will be used for supervision (SOPs, checklists, etc.)
* Describe how supervisors will participate in the daily review meetings, give and receive feedback
* Describe how information collected during supervision will be used to improve the implementation quality of the campaign
* If relevant, describe modifications to supervision that will be put in place in line with COVID-19 infection prevention measures and any modifications to the tools (e.g. remote supervision, collecting information on correct and consistent use of masks by door-to-door teams or other campaign personnel). Include key areas related to COVID-19 infection prevention that will be under supervisory responsibility (e.g. availability of PPE, daily health checks, adherence to COVID-19 measures such as physical distancing and handwashing, etc.)

***j. Monitoring[[14]](#footnote-14)***

* Describe the objectives of monitoring: ensure clear differentiation between supervisors and monitors
* Describe the monitoring structure that will be put in place, including whether there will be both internal monitoring (e.g. through regional or national staff) and external or independent monitoring
* Describe the roles and responsibilities of monitors at all levels for all activities
* Describe the tools that will be used for monitoring
* Describe if and how monitors (internal and independent) will participate in the daily review meetings, give and receive feedback
* Describe how information collected during monitoring will be used to improve implementation quality of the campaign
* If relevant, describe modifications to monitoring that will be put in place in line with COVID-19 infection prevention measures (e.g. sampling of phone numbers from participant lists to verify attendance and achievement of specified activity objectives). Include key areas related to COVID-19 infection prevention that will be monitored (e.g. availability of PPE, adherence to COVID-19 measures such as physical distancing and handwashing, etc.)
* Annex any protocols, questionnaires and other tools for internal and independent monitoring if available

***k. Waste management[[15]](#footnote-15)***

* Describe the plan for collection of waste from the distribution point or pre-positioning site, its storage and how, when and where it will be transported for disposal (note that while the details of the waste management strategy are found in the logistics plans of action, a brief summary should be provided here with reference to the section where details can be found)

***l. Security and incident management***

* Describe security measures that will be put in place during the household registration and/or ITN distribution phases of activities
* Describe security measures that will be put in place to prevent ITN loss during transport and storage
* Briefly explain how incidents arising during implementation will be reported on and managed (see the SBC PoA for further information on crisis communication)

***m. Post-distribution activities***

Describe any post-distribution activities, including:

* Final data reconciliation and validation through review meetings (describe what levels will have review meetings, who will participate, key expected outcomes and number of days at each level)
* Reverse logistics, including the time during which the operation should be complete and where leftover ITNs will be transported (note that this information should be taken directly from the logistics plan of action)
* Digitalization equipment management, as described in the digitalization plan of action (DPoA) (as applicable)
* Post-campaign survey (if being implemented) – describe the objectives, methodology, tools, etc, as well as how results will be used to improve any indicators that have not been achieved
* Social and behaviour change communication activities to ensure continuous promotion of nightly, correct ITN use, as well as appropriate maintenance, care and repair of ITNs
* Commodity management assessment[[16]](#footnote-16) (CMA) to look at the robustness of the supply chain management and ITN accountability system established
* Durability monitoring, where this is planned to take place

**10. Risk assessment and mitigation** (from the Risk assessment and mitigation plan)

* Provide a brief summary of the key risks based on the campaign strategy and mitigation measures planned.

NOTE: the risk assessment and mitigation plan is a living document as risks will change over the period that the campaign is planned and implemented. The plan should be developed in Excel or Word as an Annex to the PoA to allow it to be regularly updated. It should not be included as a table or figure in the PoA as the plan will constantly evolve.

**11. Campaign strategy alternatives in case of change in COVID-19 context**

Briefly describe the alternative strategies (e.g. planning for the campaign to be fixed site distribution under current COVID-19 context, but would move to hybrid door-to-door urban and fixed site rural in case of changes in the transmission context, etc.)

* Define the key adaptations from Plan A, as well as an indication of where the major cost drivers will be if the change(s) is (are) required (e.g. campaign launches at all levels are transitioned to media briefings by key leaders; training sessions at central and regional level are transitioned from in-person to virtual, etc.)

Note that even with some restrictions lifted, national malaria programmes should take a precautionary approach to planning and implementing mass ITN campaigns that involve contact between individuals.

If the COVID-19 situation has to be considered, follow the WHO guidelines[[17]](#footnote-17) for infection prevention and control and ensure that all campaign actors do the same:

* Get vaccinated as soon as it is your turn and follow local guidance on vaccination.
* Keep physical distance of at least one metre from others, even if they do not appear to be sick. Avoid crowds and close contact.
* Wear a properly fitted mask when physical distancing is not possible and in poorly ventilated settings.
* Clean your hands frequently with alcohol-based hand rub or soap and water.
* Cover your mouth and nose with a bent elbow or tissue when you cough or sneeze. Dispose of used tissues immediately and clean hands regularly.
* If you develop symptoms or test positive for COVID-19, self-isolate until you recover.

**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>.

**12. Documentation and dissemination of campaign results**

* Describe how information will be collected to inform the final report, for example:
* Reports from various campaign personnel at all levels, e.g. supervisors, monitors, data managers, etc. and for different activities (e.g. microplanning, advocacy meetings, training, etc.)
* Summary data on household registration and ITN distribution
* Summary data and reports on logistics operation and CMA
* Collection of information from decentralized campaign personnel through online questionnaires, key informant interviews, focus group discussions or other methods
* Collection and preparation of audio-visual supports, such as photographs and videos, to support the final report and to act as potential advocacy materials or learning examples in future campaigns
* Lessons learned and recommendations for future campaigns
* Describe the timeline for production of final reports from all sub-committees, as well as the final global campaign report
* Describe how the final campaign report will be developed, validated and disseminated, including to whom, as well as how lessons learned will be used

**13. Conclusion**

* In 1—2 paragraphs, summarize any critical points within the PoA that are important to highlight
* Highlight the important of political will and commitment from the highest levels to ensure campaign success

**Annexes**

Annexes may include:

* Logistics plan of action
* SBC plan of action
* Digitalization plan of action
* Monitoring and evaluation plan
* Table of campaign indicators
* Risk assessment and mitigation plan
* Any additional plans (such as security, procurement, training, payments, waste management, etc.) that have been developed
* Lessons learned from previous campaign
* A macro quantification file that shows resource (personnel and material) needs for all levels (national, regional, district, sub-district, community) and for all activities based on parameters established during the strategy discussions
* Terms of reference for all committees and sub-committees
* Timeline
* Budget
* Protocols and questionnaires for internal and/or external monitoring

**Annex: Example of campaign indicators table**

The indicators selected should be core to the campaign planning and implementation and they must be able to be measured.

| **No.** | **Description** | **Definition** | **Means of verification** | **Responsible** | **Timing** |
| --- | --- | --- | --- | --- | --- |
| **COORDINATION** |
| 1 | Proportion of National Coordinating Committee (NCC) meetings with minutes and clear action points | Numerator: Number of NCC meetings that took place and can be documented through minutes and action pointsDenominator: Number of NCC meetings planned | Minutes from NCC meetings | National malaria programme | Continuous through end of campaign |
| 2 | Proportion of sub-national (country specific levels) coordination meetings with minutes and clear action points  | Numerator: Number of sub-national coordination meetings that took place and can be documented through minutes and action pointsDenominator: Number of sub-national coordination meetings planned | Minutes from sub-national coordination meetings | Ministry of health sub-national structures | Continuous through end of campaign |
| **ADVOCACY AND SENSITIZATION** |
| 3 | Proportion of planned campaign advocacy and sensitization sessions conducted (national, regional, district, community) | Numerator: Number of campaign advocacy and sensitization sessions conducted as scheduled Denominator: Number of advocacy and sensitization sessions planned | List of participants, advocacy meeting reports | National malaria programme and/or Ministry of health sub-national structures depending on level | As per campaign timeline |
| 4 | Proportion of planned media briefing sessions conducted  | Numerator: Number of media briefing sessions conductedDenominator: Number of media briefing sessions planned | List of participants, media briefing reports  | National malaria programme and/or Ministry of health sub-national structures depending on level | As per campaign timeline |
| **MICROPLANNING** |
| 5 | Proportion of microplanning workshops conducted | Numerator: Number of microplanning sessions conductedDenominator: Number of microplanning sessions planned  | List of participants, microplanning workshop reports | National malaria programme and/or Ministry of Health sub-national structures depending on level | As per campaign timeline |
| 6 | Proportion of districts with completed microplans available at time of implementation | Numerator: Number of districts with complete microplans at time of implementationDenominator: Number of districts included in campaign | Finalized microplans and budgets for each district | National malaria programme and/or Ministry of Health sub-national structures depending on level | As per campaign timeline |
| **TRAINING** |
| 7 | Proportion of trainings held with training manuals and tools (such as logistics tracking tools, key SBC job aids for household registration, etc.) available during trainings | Numerator: Number of trainings with manuals and tools available during the sessions Denominator: Total number of training sessions held for the campaign | Training reportsORTraining evaluations | National malaria programme and/or Ministry of Health sub-national structures depending on levelORImplementing partner | As per campaign timeline |
| 8 | Number of campaign actors trained on the use of ICT4D | Numerator: Number of campaign actors trained on the use of ICT4D Denominator: Total number of campaign actors planned for training on use of ICT4D | Training post-tests using technology | National malaria programme and/or Ministry of health sub-national structures depending on levelORImplementing partner | As per campaign timeline |
| **HOUSEHOLD REGISTRATION** |
| 9 | Proportion of households visited and registered during the campaign  | Numerator: Number of households visited and registered  Denominator: Number of households planned to be registered based on microplanning | Campaign database | National malaria programme and/or Ministry of Health sub-national structures depending on levelORImplementing partner | During and at the end of household registration |
| 10 | Proportion of vouchers issued to households during the registration phase | Numerator: Number of vouchers issued to households during the registration phaseDenominator: Number of vouchers planned to be issued based on microplanning data | Campaign databaseORLogistics tracking system for vouchers | National malaria programme and/or Ministry of health sub-national structures depending on levelORImplementing partner | During and at the end of household registration  |
| 11 | Proportion of household registration/ITN distribution personnel with campaign job aids (key messages, definition of household, etc.) | Numerator: Number of household registration/ITN distribution personnel observed during supervision or monitoring who have campaign job aids Denominator: Number of household registration/ITN distribution personnel observed during supervision or monitoring | Supervision and monitoring reports  | Supervisors and monitors at all levels | During and at the end of each activity phase |
| 12 | Proportion of household registration teams uploading data to the database each day | Numerator: Number of household registration teams that upload data to the database each day Denominator: Number of household registration teams  | Campaign database | National malaria programme and/or Ministry of Health sub-national structures depending on levelOR Implementing partner | During and at the end of household registration |
| **COMMUNICATION** |
| 13 | Proportion of planned radio and/or television spots broadcast | Numerator: Number of radio and/or television spots broadcast Denominator: Number of radio and/or television spots planned for broadcast | Reports from radio and television stations under contract, reports from supervisors and monitors at all levels | Supervisors and monitors at all levels | Pre-, during and post-campaign activities as per planning  |
| **SUPERVISION** |
| 14 | Proportion of campaign actors (e.g. registration personnel, distribution teams, etc.) supervised during the campaign | Numerator: Number of campaign actors that received at least one supervision visit from a superior level during the campaign  Denominator: Number of campaign actors | Supervision reports | Supervisors at all levels | During implementation of each phase of activities |
| 15 | Proportion of supervision reports received  | Numerator: Number of supervisory reports received  Denominator: Number of supervisory reports expected  | Campaign database  | National malaria programme and/or Ministry of Health sub-national structures depending on levelOR Implementing partner | During implementation of each phase of activities |
| **LOGISTICS** |
| 16 | Proportion of identified pre-positioning sites assessed | Numerator: Number of identified pre-positioning sites assessed  Denominator: Number of identified pre-positioning sites for ITN storage | Stores verification checklist and report | National malaria programme and/or Ministry of Health sub-national structures depending on levelOR Implementing partner | Prior to ITN transport to pre-positioning sites |
| 17 | Proportion of logistics training sessions implemented | Numerator: Number of logistics training sessions that took place Denominator: Number of logistics training sessions planned | Training reportsORTraining post-tests | National malaria programme and/or Ministry of health sub-national structures depending on levelOR Implementing partner | Prior to ITN arrival in each storage location |
| 18 | Proportion of pre-positioning sites with the required number of ITNs after household registration | Numerator: Number of pre-positioning sites with the required number of ITNs after household registration Denominator: Number of pre-positioning sites | Database (number of ITNs required per pre-positioning site) and logistics tracking tools (waybills indicating ITNs delivered to each pre-positioning site) | National malaria programme and/or Ministry of health sub-national structures depending on levelOR Implementing partner | Immediately following delivery of ITNs to pre-positioning sites |
| 19 | Proportion of pre-positioning sites with ITN stocks correctly accounted for | Numerator: Number of pre-positioning sites with ITN stocks correctly accounted for Denominator: Number of pre-positioning sites visited during supervision | Supervision reports | Supervisors at all levels | During implementation of the logistics operation for each phase of the campaign |
| 20 | Proportion pre-positioning sites using stock sheets for control of entries and exits of ITNs  | Numerator: Number of pre-positioning sites using stock sheets for ITN movement control Denominator: Number of pre-positioning sites visited | Supervision reports  | Supervisors at all levels | During implementation of the logistics operation for each phase of the campaign |
| **DISTRIBUTION POINTS** |
| 21 | Proportion of distribution sites properly equipped with staff and supplies  | Numerator: Number of distribution sites observed during supervision that have adequate quantities of supplies and trained staff Denominator: Number of distribution sites observed during supervision | Supervision reports | Supervisors at all levels | During the ITN distribution for each phase of the campaign |
| 22 | Proportion of vouchers redeemed for ITNs during the distribution  | Numerator: Number of vouchers redeemed during distribution Denominator: Number of vouchers expected for redemption based on household registration data  | Campaign database | National malaria programme and/or Ministry of health sub-national structures depending on levelOR Implementing partner | During and at the end of the ITN distribution for each phase of the campaign |

**Annex 2: Reference documents**

Guidance documents on many aspects of ITN distribution can be found on:

<https://allianceformalariaprevention.com/resources/resource-library/>

See documents under the following headings:

AMP Toolkit

Complex operating environments

Continuous distribution

Improving ITN campaign efficiency through use of digital tools

Multi-product ITN distribution

Examples of adaptations and measures for COVID-19 IPC can be found in AMP guidance documents on:

<https://allianceformalariaprevention.com/resources/resource-library/?_sfm_res_focus_area=ITN%20distribution%20during%20COVID-19>

but these must be adapted to the country context and aligned with the campaign strategy adopted by the national malaria programme. Note that most of these documents are applicable even when COVID-19 is not an issue.

Core documents

* ***Key guidance for distribution of insecticide-treated nets (ITNs) during COVID-19 transmission***
* ***Planning for safe ITN distribution in the context of COVID-19 transmission***

See also documents in the Focus Areas and the Campaign Components.

<https://allianceformalariaprevention.com/resources/resource-library/>

Logistics

Macroplanning

Microplanning

Planning and coordination

Procurement

Social and behaviour change

Supervision, monitoring and evaluation

Training

1. https://www.vector-works.org/resources/itn-access-and-use/ [↑](#footnote-ref-1)
2. For macroplanning in the COVID-19 context, see guidance documents under the Macroplanning tab on the AMP website: <https://allianceformalariaprevention.com/resources/resource-library/?_sfm_res_campaign_component=Macroplanning> [↑](#footnote-ref-2)
3. See AMP guidance: *Microplanning guidelines*: [https://allianceformalariaprevention.com/tools-guidance/amp-toolkit/microplanninghttps://allianceformalariaprevention.com/resources/resource-library/?\_sfm\_res\_campaign\_component=Microplanning](https://allianceformalariaprevention.com/tools-guidance/amp-toolkit/microplanning/). [↑](#footnote-ref-3)
4. For SBC, see AMP guidance under the **Social and Behaviour Change** heading on the AMP website: <https://allianceformalariaprevention.com/resources/resource-library/?_sfm_res_campaign_component=Social%20%26%20Behavior%20Change> [↑](#footnote-ref-4)
5. See AMP guidance: *Social and behaviour change plan of action*. <https://allianceformalariaprevention.com/wp-content/uploads/2023/02/Generic_SBC_POA_ITN_distribution_campaign_27072022.docx> [↑](#footnote-ref-5)
6. See AMP guidance: ***Standard operating procedures for town criers during a mass insecticide-treated net campaign in the context of COVID-19*.** <https://allianceformalariaprevention.com/wp-content/uploads/2022/05/SOPs_Town_Criers_ITN_campaign_COVID_EN.pdf> [↑](#footnote-ref-6)
7. See AMP guidance: ***Standard operating procedures for motorized street announcers during a mass insecticide-treated net campaign in the context of COVID-19.*** [*https://allianceformalariaprevention.com/wp-content/uploads/2022/05/SOP\_Motorized\_Street\_Announcers\_ITN-campaign\_COVID\_ENG.pdf*](https://allianceformalariaprevention.com/wp-content/uploads/2022/05/SOP_Motorized_Street_Announcers_ITN-campaign_COVID_ENG.pdf) [↑](#footnote-ref-7)
8. See AMP guidance: *Training for implementation of ITN mass distribution campaigns.* [*https://allianceformalariaprevention.com/wp-content/uploads/2022/06/Training\_ITN\_Campaign\_Considerations\_for\_Training\_032021\_EN.pdf*](https://allianceformalariaprevention.com/wp-content/uploads/2022/06/Training_ITN_Campaign_Considerations_for_Training_032021_EN.pdf) [↑](#footnote-ref-8)
9. *For household registration in the COVID-19 context,* see AMP guidance under the “**Macroplanning**” headings on the AMP website: https://allianceformalariaprevention.com/resources/resource-library/?\_sfm\_res\_campaign\_component=Macroplanning [↑](#footnote-ref-9)
10. See AMP guidance under the **Logistics** tab: <https://allianceformalariaprevention.com/resources/resource-library/?_sfm_res_campaign_component=Logistics> [↑](#footnote-ref-10)
11. See AMP guidance: Logistics plan of action. <https://allianceformalariaprevention.com/wp-content/uploads/2023/02/Generic_LogPoA_ITN_Mass_Campaign_072022.docx> [↑](#footnote-ref-11)
12. See AMP guidance under the **Macroplanning** headings on the AMP website: <https://allianceformalariaprevention.com/resources/resource-library/?_sfm_res_campaign_component=Macroplanning> [↑](#footnote-ref-12)
13. For supervision, see AMP guidance: *Supervision in the context of COVID-19 transmission*. <https://allianceformalariaprevention.com/resources/resource-library/?_sfm_res_campaign_component=Supervision%2C%20Monitoring%20%26%20Evaluation> [↑](#footnote-ref-13)
14. See also AMP guidance on Process evaluation. and its accompanying Resources. <https://allianceformalariaprevention.com/wp-content/uploads/2022/06/Guidance_Process_evaluation_main_guidelines_15122020_EN.pdf> [↑](#footnote-ref-14)
15. For waste management, see AMP guidance: *Waste management in the context of COVID-19 transmission*. <https://allianceformalariaprevention.com/wp-content/uploads/2022/05/Waste-Management-EN.pdf> [↑](#footnote-ref-15)
16. See AMP guidance: *Commodity Management Audit*: <https://allianceformalariaprevention.com/wp-content/uploads/2021/03/AMP-Toolkit-report-2015_Chapter5_EN_LR-1.pdf> [↑](#footnote-ref-16)
17. **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>. [↑](#footnote-ref-17)