



**TROPICAL  
HEALTH**

# **A decision-making flowchart for ITN prioritization in urban areas**

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# Background



## Recommendations emerging from process evaluation in Kwara State

- **ITN prioritization should be integrated early and as fully as possible into existing campaign processes, including digitalization.** Digital ITN campaign tools should be modified to capture ITN prioritization decisions and outcomes, through the addition of new data capture screens and data elements as required, to maintain the full benefits of digitalization across the campaign.
- **Ensuring access to ITNs for pregnant women and children under five years of age through routine ITN distribution remains a priority.** Campaign planners should ensure that ITNs remain available at routine ITN distribution points (ANC and vaccination clinics) that are accessible to vulnerable populations living in areas that will not receive nets. This should be clearly communicated to the CMD teams so that they can direct vulnerable groups to appropriate points to receive an ITN if they are eligible.
- **Clear SBC messaging must be developed and shared with CMD teams.** Messaging around receiving nets should not be given in areas not receiving nets. If teams will still be visiting households in those areas, for example to deliver SMC as was the case in Kwara State, then teams should still deliver SBC messaging emphasizing caring for the nets that are already in the household, and other messaging such as prompt treatment seeking for fever and intermittent preventive treatment of malaria in pregnancy.
- **Clearly conveying the rationale for urban ITN prioritization and managing negative community responses are critical to ensure the safety and smooth deployment of the campaign and mitigate rumours.** CMD teams should be provided with the phone number for a senior member of staff (e.g. a member of the LGA health team) to whom community complaints can be escalated if required.
- **Adherence to the prioritization model or approach is vital for transparency and fairness.** Campaign teams should be provided with high quality maps that clearly and unambiguously delineate the boundaries of deprioritized areas, to aid accurate implementation.

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# Background



- Prioritization integrated early and as fully as possible into existing campaign processes
- Transparency and fairness are essential for the success of prioritization

→ How can we systematize the decision-making process for urbanization?

→ How does that decision-making fit within the wider planning process?

## Aim of flowchart

Be as precise with exclusion/inclusion criteria as is **feasible** and **necessary**, given available resources (nets, data and time).

Increase **transparency** and **consistency** in decision making.

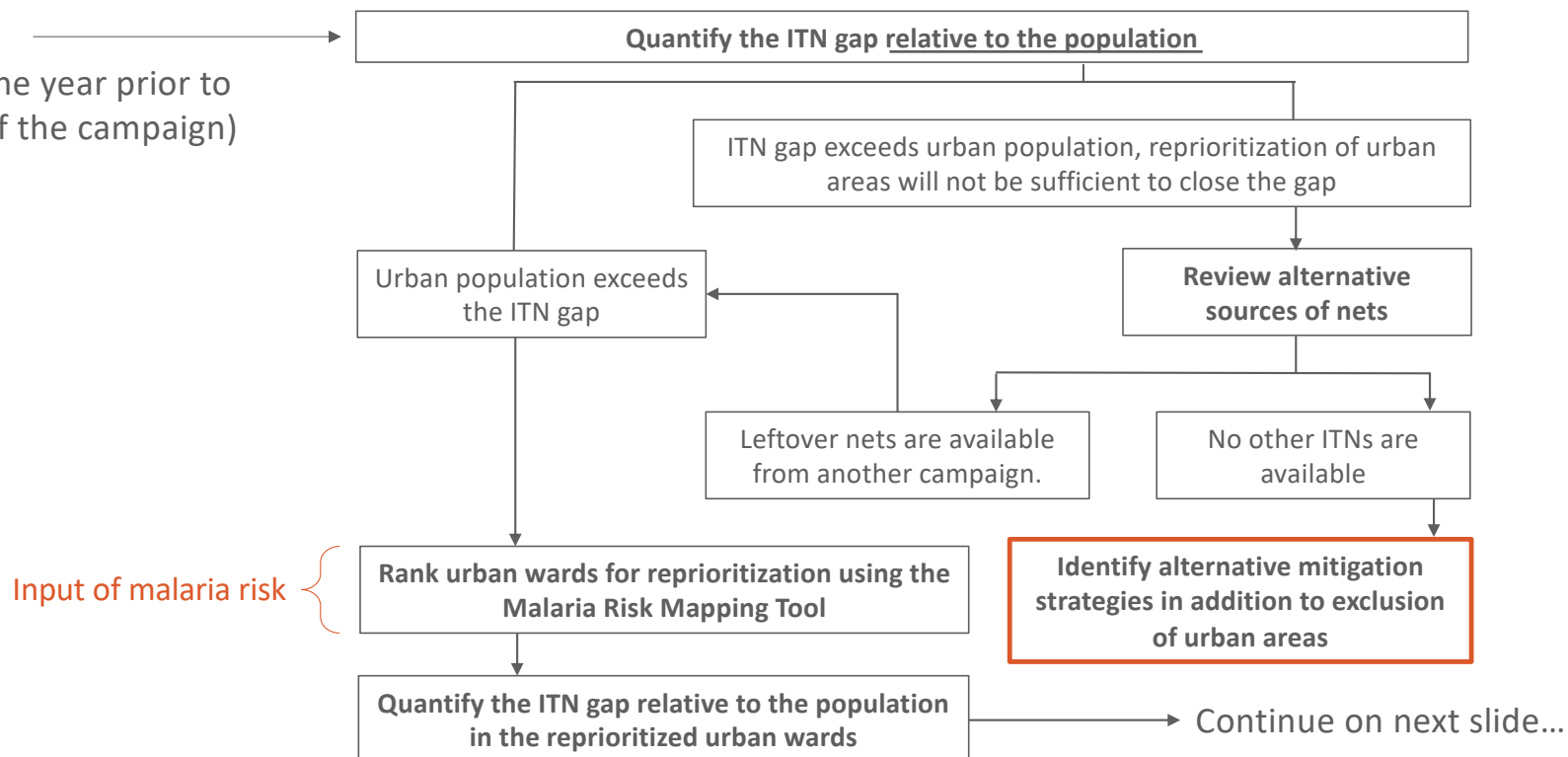
# Assumptions



- There is always an ITN gap – in other words, some fraction of the population will not receive ITNs through mass distribution because there are not enough nets available.
- Operational considerations are not yet included in the decision process but will likely also inform the granularity of decision making.

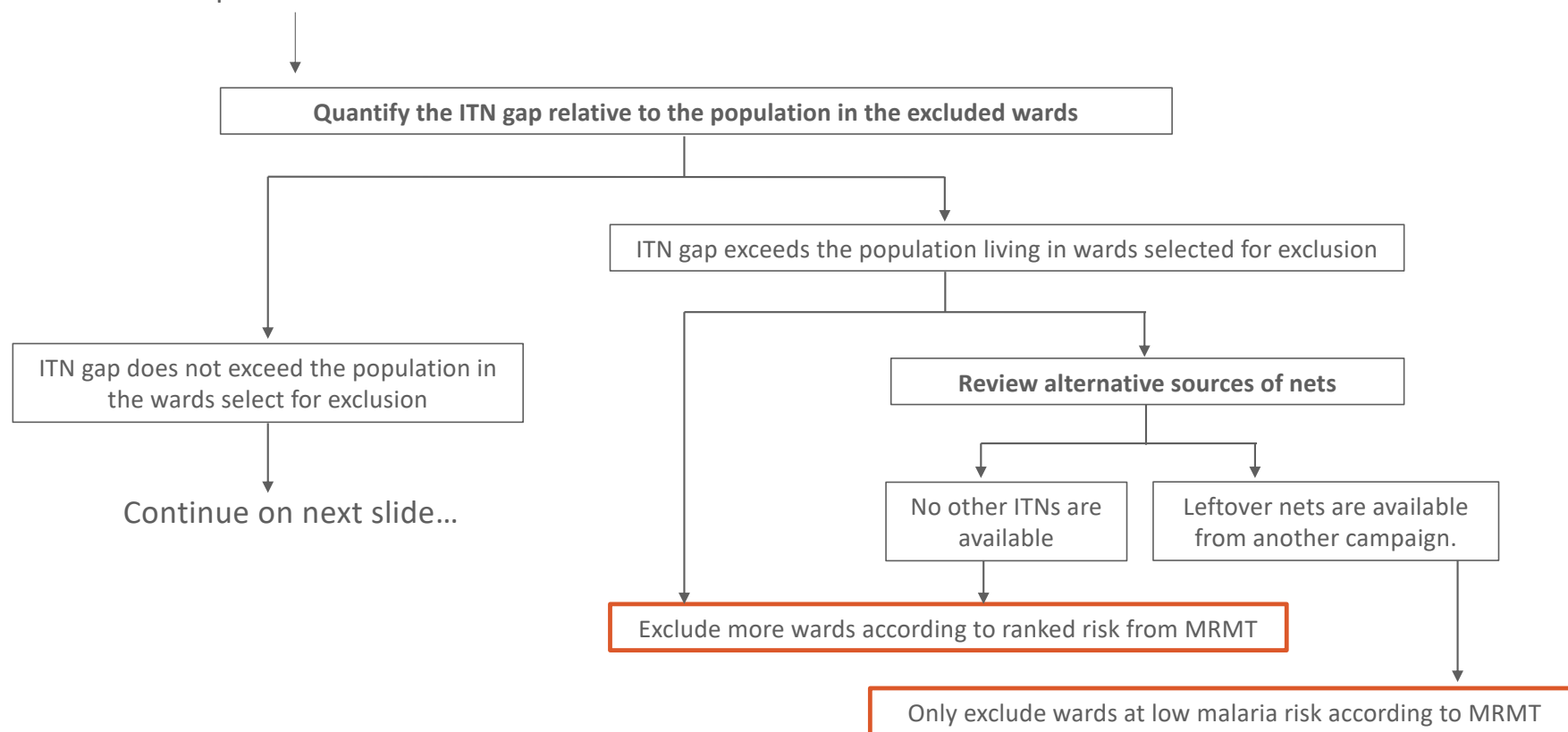
# Are there enough nets to cover some urban areas?

Start here  
(At least one year prior to  
the start of the campaign)



# Does an initial round of exclusion close the gap?

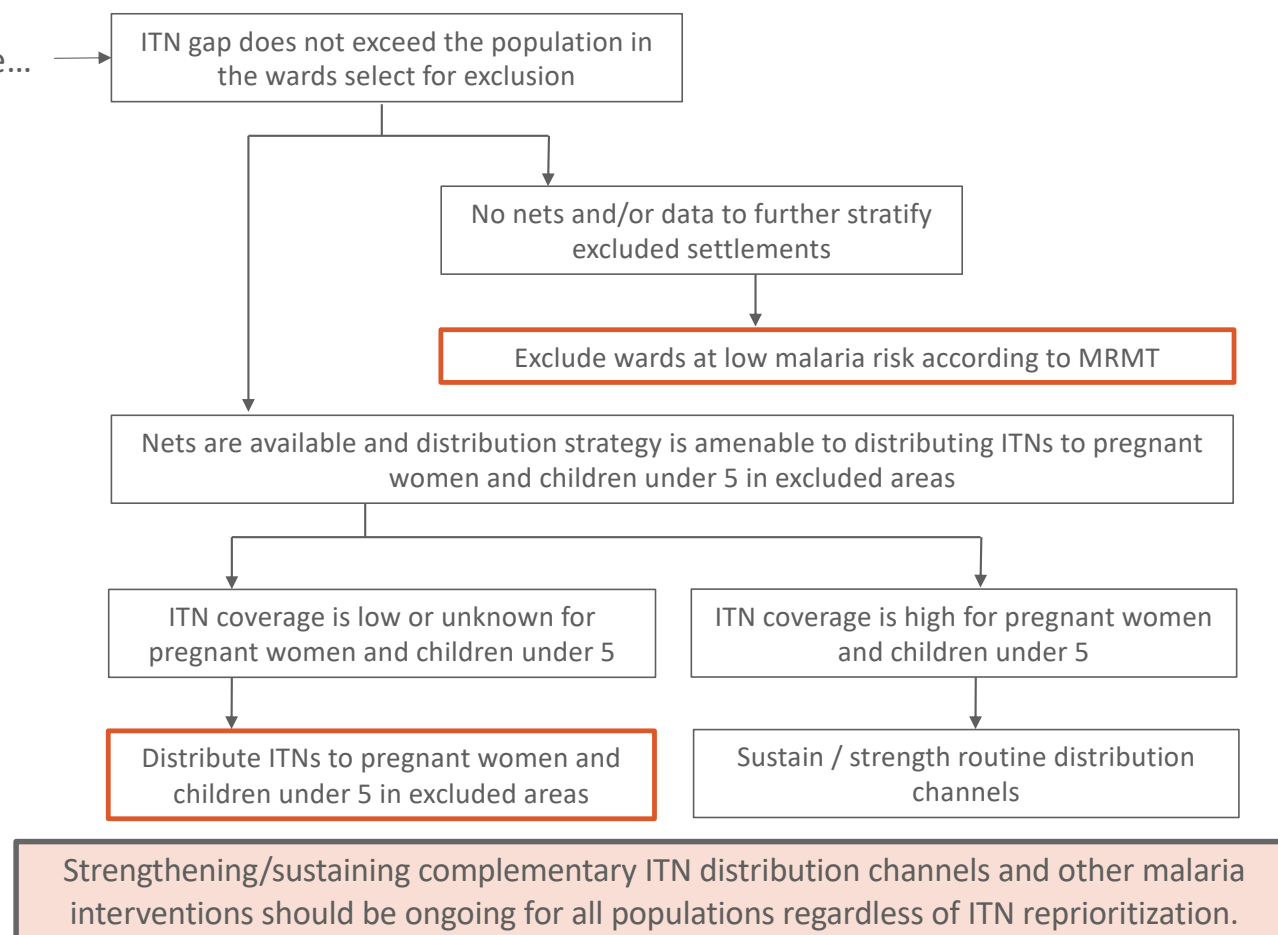
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## Are there further opportunities for stratification within excluded urban areas?

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## Takeaway points

- Decision-making around inclusion/exclusion of urban areas described as an **iterative process**, based on the size of the ITN gap and the resources available to support prioritization.
- Starting with quantifying the ITN gap serves to flag situations where reprioritization will not be sufficient to close the ITN gap. This should be done early in planning, so that alternative options can be explored.
- If reprioritization alone is unlikely to close the ITN gap, then alternative sources of nets could be explored (context dependent).
- If no other nets are available for distribution, then mitigation strategies should be considered, such as: revising the household cap on number of ITNs during microplanning or after household registration, focusing on other interventions, strengthening alternative distribution channels, and strengthening SBC for prompt treatment seeking.



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**Thank you!**

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