



Factors influencing routine ITN distribution and lessons learnt

Annual Partners' Meeting of the Alliance for Malaria Prevention

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- ☐ Background
- ☐ Overview of the programmatic performance of ITN distribution in 2022-2024
- ☐ Factors negatively influencing continuous ITN distribution
- ☐ Factors positively influencing continuous ITN distribution
- ☐ Lessons learnt
- ☐ Q&A



Background



- □ UNDP is the Principal Recipient of the Global Fund country-specific grants in 24 countries and 3 multi-country grants, with the total of 30 grants under management at present.
- □ 9 of these grants are implementing malaria interventions in the GC7 funding cycle.
- ☐ The continuous ITN distribution a focus area since GC6 (due to its importance and numerous challenges).
- ☐ The 2023 Knowledge Exchange webinar.

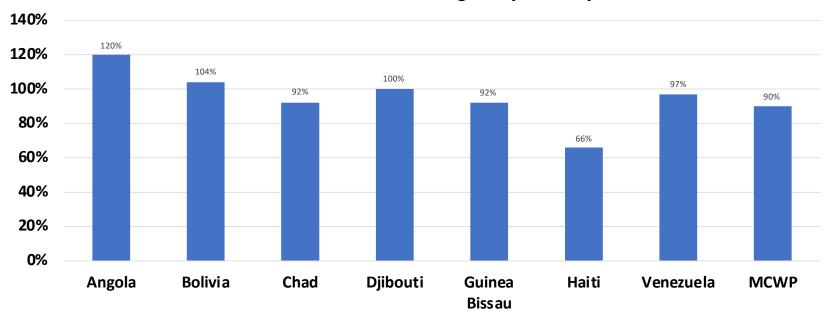


ITN distribution through mass campaigns in UNDP-GF grants in 2023



- In 2023, **14.9 million** ITNs were distributed through mass campaigns in 8 countries. 7 out of 8 countries have reported good or excellent, with an average of **95%** target achievement.
- Nearly 95% of the total result is attributable to ITN distribution in Chad (9.71 million),
 Angola (2.84 million), and Guinea-Bissau (1.36 million).

Achievement of 2023 targets by Country





Programmatic performance (achievement ratio) of <u>continuous ITN distribution</u> to targeted risk groups – in 2022, 2023 & 2024



GF Grant in:	S1_2022	S2_2022	S1_2023	S2_2023	S1_2024	S2_2024*
Afghanistan	116%	120%	88%	127%	78%	94%
Angola	15%	Not due for reporting		19%	22%**	91%
Burundi	78%	80%	90%	75%	77%	83%
Chad	20%	43%	54%	79%	69%**	94%
Guinea-Bissau	56%	54%	26%	45%	46%	75%
Haiti	25%	17%	24%	21%	17%	46%
Multi-country Western Pacific(MCWP)	Not due for reporting	77%	Not due for reporting	70%	Not due for reporting	100%
Venezuela	Not due for reporting	0%	Not due for reporting	36%	26%	120%

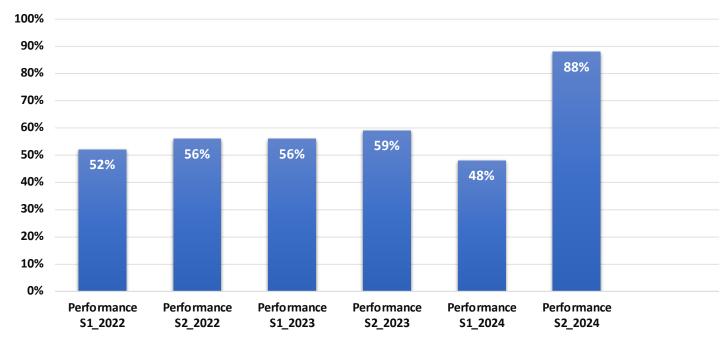
^{*} The 2024 performance calculation is based on the PR-reported data (subject to the GF verification).

^{**} Last GC6 period.



Continuous ITN distribution - average performance across the portfolio in 2022-2024







Factors negatively influencing continuous ITN distribution*



☐ Low coverage of ante-natal and immunization services	
☐ Gaps in data collection tools and data entry deficiencies	
☐ Sub-optimal stakeholder coordination and guidance to service providers	
☐ Shortages and stock-outs of ITNs	
☐ Fuel shortages (hampering the distribution, monitoring and supervision)	
☐ Ambitious target-setting (impact of mass distribution in some countries)	
☐ Differences in target beneficiaries between the program design and actual implementation	

 $^{^{}st}$ Based on the key challenges reported by the PRs of Global Fund grants.



Remedial actions/measures taken or planned to address key challenges



☐ Addressing the low coverage of ante-natal and immunization services:

Deploy strategies for boosting ANC and immunization attendance:

- community mobilization through radio communication campaigns and
- solutions to involve traditional healers.
- **☐** Addressing ambitious target-setting:
- Critically review the target setting assumptions and identify room for improvement.
- Initiate discussions with the donor based on the analysis of trends.
- ☐ Ensuring alignment between targeted beneficiaries and actual beneficiaries



Remedial actions/measures taken or planned to address key challenges



- ☐ Addressing the Gaps in data collection tools and data entry deficiencies
- Enhancing data analysis and quality support activities at various levels of implementing partners.
- Conducting quarterly or biannual formative supervision on data quality.
- Printing and disseminating tools for reporting ITNs distribution data for all target populations (e.g. children under one year old).

Country example (Guinea-Bissau):

Issue: Continuous ITN distribution has historically shown low performance, particularly among children.

Diagnosis: In Semester 2 2024, the PMU, jointly with the National Malaria Program (NMCP), identified data gaps in DHIS2 compared to the monthly reports of the DRS (regional health directions).

Solution: a "data catch-up" (updating) process was initiated during regional monthly meetings in Q4 2024 and Q1 2025, and data updated in DHIS2.

Outcome: Data completeness improved, leading to an improved indicator performance.



Remedial actions/measures taken or planned to address key challenges



☐ Other remedial actions:

- Routine and joint supervision activities.
- Quarterly distributions of ITNs from the main warehouse to health facilities.
- Seeking funds reallocation to enhance district-level supervision and problem resolution for distribution activities.







- Good coordination between PR, NMCP (PNLP), SRs, and WHO ("One team" approach). The approach includes engaging a Primary Health Care Provider as an implementer and ITN distribution through midwives (Afghanistan).
- Support a **stronger collaboration** between NMCP (PNLP) and the Immunization Program, as well as the Maternal and Child Health Program (Guinea-Bissau).
- ☐ Engage stakeholders at all levels using modern technologies. Setting up WhatsApp groups at different levels (1) connecting central level with provincial malaria focal points and (2) district-level groups linking up Health Facility managers.
- ☐ **Timely reporting** (Monthly technical and consumption report) by health facilities combined with **regular data analysis** and **follow-up** both at provincial and central level (comparing set targets and ANC visits) (Afghanistan).
- ☐ Clear guidelines on the target groups, and specific instructions and forms on distribution and recording (multiple grants).

^{*} Based on successful experiences reported by the UNDP PRs.



Country examples



☐ Clear guidelines on the target groups, and specifics of distribution and recording.

Country example (Chad):

Issue: Continuous ITN distribution continuous had weak performance.

Diagnosis of one of the root causes: The ITN distribution was not systematically done during the first contact with the target populations at the health facilities.

Solution: Special circular was issued by the Secretary-General of the MoH in mid-2023 with a clear explanation of the issue, its impact and concrete quidance

Outcome: The S2 2023 performance on this indicator went up from 54% to 79%

Note: The improved outcome is attributable to a number of corrective measures implemented in response to detected obstacles.









Involvement of the key actors in the process of programming and throughout implementation is essential.
 Investment in developing / revising data collection and reporting forms usually pays off!
 Regular data analysis and follow-up helps diagnose bottlenecks and catalyse improvements.
 Monitoring of ITN availability and distribution practices provides useful inputs to enhance implementation and to shape future programming.
 Monitoring longer-term epidemiological trends helps prioritizing the target groups and geographies in the context of limited resources.
 Reviewing and re-validating target-setting assumptions is encouraged.







- □ UNDP Afghanistan Dr Ahmadwalid Sediqi, Malaria Programme Officer and Dr Sayeddaoud Mahmoodi, Monitoring & Evaluation (M&E) Associate
- ☐ UNDP Chad Ms Aicha Mohamed Ali, M&E Specialist and Mr Ole Bagamla, M&E Analyst
- ☐ UNDP Guinea Bissau Ms Ghislaine Grasser, M&E Specialist







- Q&A
- Feedback and suggestions