amp | The Alliance for Malaria Prevention

Annual Partners' Meeting

Day 3 PM: ITN Continuous Distribution Technical working session

Wednesday, April 9th

Session Background

- Evidence from country experiences and modelling studies suggests that continuous distribution (CD) may, in some contexts, achieve and sustain higher levels of access than mass campaigns, with the same or fewer ITNs.

- However, CD channels remain relatively underused.

- Furthermore, in resource constrained settings, CD may provide additional approaches for optimal and efficient ITN distribution to reach the most vulnerable.

Learning Objectives

By the end of the working session, participants will:

- Have had the opportunity to share
  - Experiences and updates on current ITN distribution context, and
  - Feedback on identified gaps in ITN Continuous Distribution tools and examples shared during the technical working session, including their utility for supporting GC8 funding requests
- Know the guidance and tools which are available to support ITN distribution decision making, including for channel selection, ITN quantification, and ITN school-based distribution (SBD) operational planning
- Interact with and provide feedback on ITN Continuous Distribution guidance and tools

Agenda

Timing	Session Topic	Facilitators
14:00-14:10	ITN Continuous distribution	Ketty
14:10-14:30	Assessment of ITN channel decision-making during GC7 and preconditions for adopting CD models in GC8	Steve and Eleanore
14:30-15:00	Group work 1 - Channel decision-making	Group leads
15:00-15:30	Group work 2 - Channel decision-making	
15:30-16:00 Coffee / Tea break		
16:00-16:45	Country experiences with ITN CD • Zimbabwe • CAR • Tanzania	Ketty
16:45-17:15	Review of available information and tools to support channel selection and decision-making	Mary
17:15-17:30	The role of the CDWG and country priority support needs	Ketty

TROPICAL HEALTH

Assessment of ITN distribution channel decision-making from GC7 and implications for GC8

AMP Partners Meeting Day 3: CD Technical Working Session

Stephen Poyer, Senior Technical Advisor

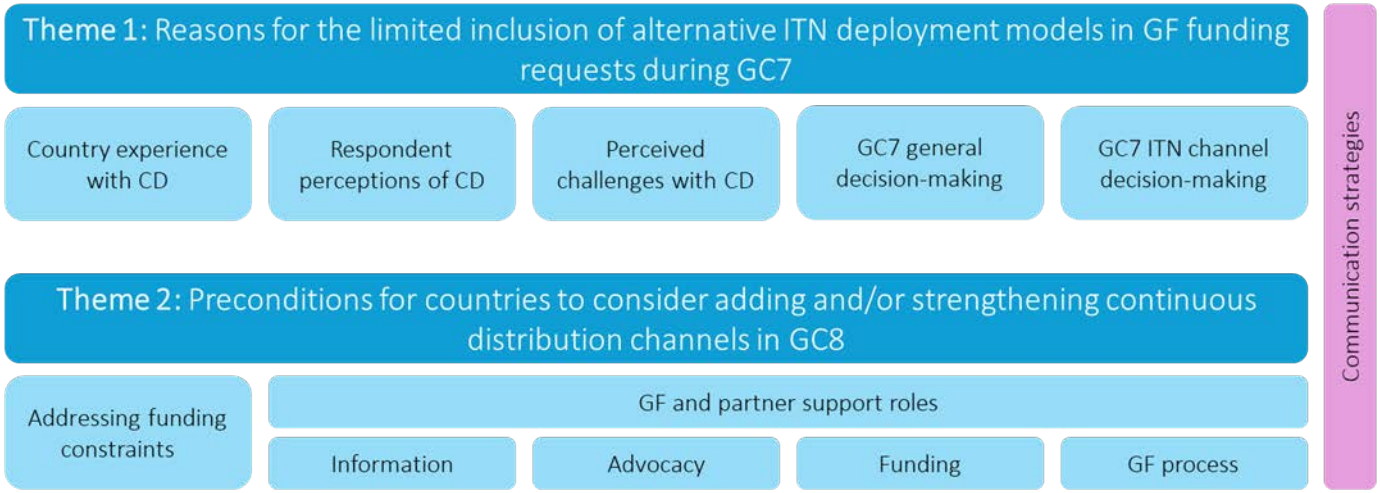
9th April 2025

Background

- Despite significant efforts via mass campaigns every three years and routine health facility distribution via ANC and EPI channels, ITN coverage has plateaued in recent years.
- The use of school-based distribution (SBD) and community-based distribution (CBD) may, in some contexts, be a cost-effective alternative to achieve and sustain high levels of ITN coverage.
- There were limited requests to fund CD channels in the Global Fund (GF) Grant Cycle 7 (GC7) funding requests. Most programmes proposed maintaining the status quo of 3-yearly mass campaigns and distribution through ANC and EPI.
- The Global Fund commissioned Tropical Health to assess ITN channel decision-making and to formulate recommendations ahead of GC8.

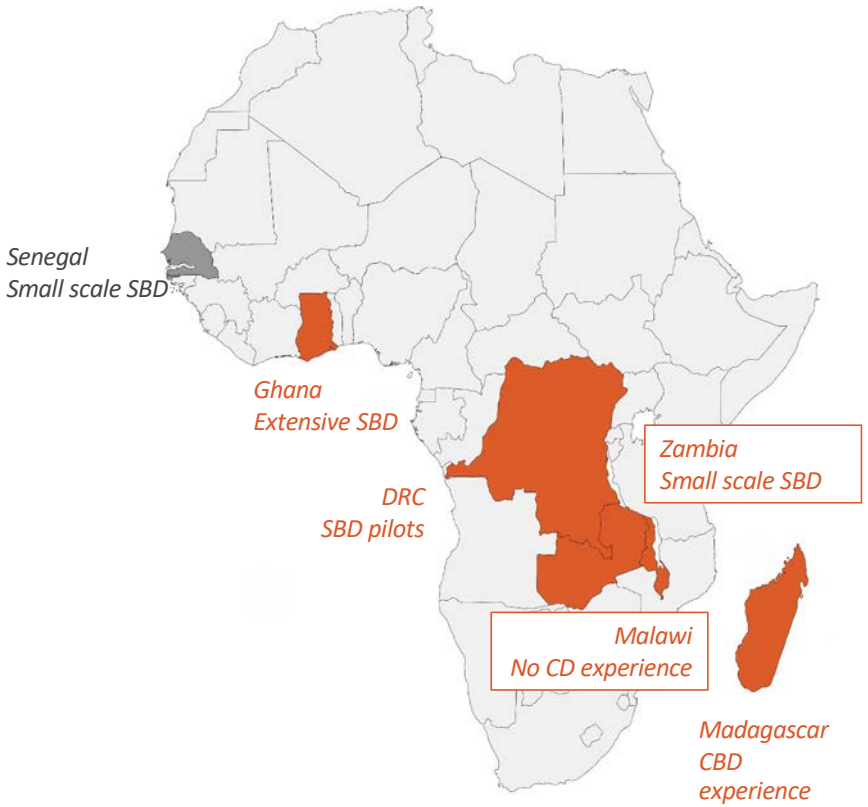
Assessment scope

- Focused on **CD through schools and community systems** as an alternative deployment model to mass campaigns every three years.
- Sought to understand two themes:
  - **Reasons for the limited inclusion of CD models** in GC7 funding requests.
  - **Preconditions for adopting and strengthening CD models** in GC8.



Methods

- Qualitative approach using Key Informant Interviews between August and November 2024
- 13 stakeholders interviewed across 5 countries: Ghana, Zambia, Madagascar, Malawi, Democratic Republic of Congo
- Stakeholders: staff from National Malaria Programmes (NMP), PMI, CRSPC consultants, WHO
- Topics explored: decision-making processes, barriers to CD adoption, GF funding cycle



Findings: Experiences and perceptions of CD

- **Widespread optimism for CD** if resources, planning and collaboration are sufficient.
- Stakeholders widely supported CD as an **important complement to mass campaigns, rather than a replacement**, and viewed CD channels as effective for maintaining coverage between campaign cycles.
- Mass campaigns were *"distracting and exhausting"*
- Mix of perceptions on the most effective approach
- Supporting evidence from NetCALC workshops and Ghana and Tanzania implementations…
- …but questions on the level of country-specific evidence required by GF

"The campaign of the future is routine distribution, community-based distribution and SBD."

Findings: Perceived challenges with CD

Perceived SBD Challenges	Perceived CBD Challenges
Equity concerns – reaching everyone in need	Transport, logistics and storage
Need to strengthen routine distribution before adding new channels	Reach of CHW networks and burden on CHWs
Coordination with the Ministry of Education	

"When I'm thinking about the common challenges,
I kind of think in comparison with a mass campaign."

Findings: GC7 decision making

- Decisions driven by National Malaria Strategic Plans (NSPs), financial constraints, operational feasibility.
- **Mass campaigns prioritized** due to their immediate coverage impact and cost.
- **Strengthening ANC and EPI delivery prioritized next** over CD approaches.
- Some respondents felt there was a **lack of clear, updated guidance on planning and implementing CD approaches at scale**, which inhibited internal advocacy for CD.
- Decision-making processes described as **country-led and collaborative**.
- No recall of specific guidance or advice being shared on ITN CD channel selection during development of GC7 funding requests.

"It's not so much that people have a problem with these alternative channels, it's just the money only goes so far and you naturally tend to prioritize what's been well documented to be effective."

Findings: Preconditions for adoption of CD in GC8 requests

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Information, guidance and capacity building

Advocacy

Process

Funding and coordination

Findings: Preconditions for adoption of CD in GC8 requests

- Request for **more experience sharing, guidance and tools to support CD planning**
  - Quantification, forecasting, logistics and waste management
  - Clarity on GF's position on funding CD pilots and the level of evidence required
  - Practical, interactive approaches, like in-person consultations, south-south learning visits, and shared community of practice
  - Audiences include CRSPC consultants and WHO staff, in addition to NMP staff
- Integrate CD channels into **national strategic plans** and provide **support to develop robust implementation guidance** to unlock funding
- Considering the GF process, require **evidence-driven channel selection** like current evidence-based selection of ITN types (using insecticide resistance data)
- Flexible funding can support pilots before scaling in GC8 *(e.g. from PMI)*

Recommendations

- **Develop clear, actionable implementation guidance**
  - Develop guidance (as part of the Guidance Note) specific to selection of ITN channels, using inputs from the AMP CDWG and clarifying the necessary evidence required for CD inclusion in funding requests.
  - Share updated results and best practices from experienced countries to support operational planning.
- **Provide additional support to a CD community of practice**
  - Support peer-learning and exchange visits among countries experienced with CD and those interested in adoption ahead of GC8.
- **Enhance capacity building for technical partners**
  - Strengthen components of training and capacity-building directed to RBM TA providers and WHO staff.
  - Training can build skills and support advocacy efforts simultaneously, e.g. by focusing on quantification needs for CD and available resources.

Recommendations

- **Support the path from pilot to scale**
  - Engage with countries piloting CD through any funding source to understand long-term plans for ITN distribution and help define metrics and indicators of success to enable evidence-based decision-making for scale-up.
- **Promote channel selection discussions in country dialogues**
  - Increase dialogue and advocacy around distribution channel selection during country-level discussions, especially in sub-national tailoring processes.
  - Highlight gaps and opportunities for CD channels through international meetings and strategic reviews.
- **Use grant development process to nudge countries to question the status quo**
  - Encourage countries to justify their choices of ITN distribution channels in funding requests.
  - Require the Technical Review Panel (TRP) to actively assess and provide feedback on proposed ITN channel selections alongside ITN type selections.

Conclusions

- **Strong stakeholder support** for CD highlights significant potential to enhance ITN coverage.
- Critical need for clear **operational guidance, capacity-building initiatives, and robust evidence generation** to support broader adoption.
- Stakeholders recommend a **cautious yet deliberate move towards integrating CD** channels to avoid disruptions to malaria control gains.

"Ensure that whatever we do, we base it on evidence, and we show that we are not doing something that we will backfire... so that we don't get an upstage in malaria"

KIIs for this assessment were conducted between August and November 2024 and represent the funding situation at that time. While the findings hold, the recommendations will need to be considered and prioritized considering the reduced funding landscape for malaria control.

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Thank you!

Up to 5 minutes for clarifying questions before we start a group activity

www.trophealth.com

Group Work 1 – Reflections on the CD Assessment

- The group identifies a rapporteur to share a one-minute summary for short plenary read-out.
- In each group, get into pairs and take 3 minutes discussing your replies to each of the 3 questions. One person can note the replies, or you can note your own replies and thoughts.
- You will have 8 minutes to discuss the 3 questions in pairs.
- The facilitator then asks for a volunteer to share their reply with the first question. Anyone else in the group who has a similar reply can “snap” on that.
- Facilitator then continues to ask for a new input until everyone who wants to share has shared
- Facilitator and rapporteur captures notes in Miro of the inputs shared
- Facilitator then repeats that process for each remaining Q, one by one.

- Le groupe désigne un rapporteur chargé de partager un résumé d’une minute lors d’un court compte rendu en plénière.
- Dans chaque groupe, mettez-vous en binômes et prenez 3 minutes pour discuter de vos réponses à chacune des 3 questions. Une personne peut prendre note des réponses pour les deux, ou chacun peut noter ses propres réponses.
- Vous disposerez de 8 mins pour discuter des 3 questions.
- Le facilitateur demande ensuite un volontaire pour partager sa réponse à la première question. Toute autre personne du groupe ayant une réponse similaire peut « claquer des doigts » pour marquer son accord.
- Le facilitateur continue ensuite à demander de nouvelles contributions jusqu’à ce que toutes les personnes souhaitant partager aient eu l’occasion de le faire.
- Le facilitateur et le rapporteur prennent note des contributions partagées dans Miro.
- Le facilitateur répète ensuite ce processus pour chaque question restante, une par une.

Group Work 1 – Reflections on the CD Assessment

Questions / Questions de travail de groupe

1. Which findings from the assessment most resonated with you?

1. Which recommendations do you think should be prioritized?

1. What additional recommendations are there for actions that can be taken by country programs and/or by partners to support exploration and uptake of CD models?

1. Quelles conclusions de l'analyse ont le plus résonné avec vous ?

1. Quelles recommandations pensez-vous qu'il faudrait prioriser ?

1. Avez-vous d'autres recommandations d'actions qui pourraient être mises en œuvre par les programmes et/ou les partenaires pour soutenir l'exploration et l'adoption des modèles de distribution continue (DC) ?

Rapporteurs, please go to:
Rapporteurs, veuillez vous rendre à :

www.tinyurl.com/weloveCD

Group Work 2 - Channel Decision-Making

Stay in the same groups

- The group identifies a rapporteur to share a one-minute summary for short plenary read-out.
- Take 3 minutes for each group member to note their individual replies to each of the four questions.
- You will have about 8 minutes for this step.
- The facilitator then asks for a volunteer to share their reply with the first question. Anyone else in the group who has a similar reply can “snap” on that.
- Facilitator then continues to ask for a new input until everyone who wants to share has shared
- Facilitator and rapporteur captures notes in Google slides.
- Facilitator then repeats that process for each remaining Q, one by one.

Restez dans les mêmes groupes

- Prenez 3 minutes pour que chaque membre du groupe note individuellement ses réponses aux 4 questions.
- Vous disposerez d’environ 8 minutes pour cette étape.
- Le groupe désigne un rapporteur chargé de partager un résumé d’une minute lors d’un court compte rendu en plénière.
- Le facilitateur demande ensuite un volontaire pour partager sa réponse à la première question. Toute autre personne du groupe ayant une réponse similaire peut « claquer des doigts » pour marquer son accord.
- Le facilitateur continue ensuite à demander de nouvelles contributions jusqu’à ce que toutes les personnes souhaitant partager aient eu l’occasion de le faire.
- Le facilitateur et le rapporteur prennent note des contributions partagées dans les diapos Google.
- Le facilitateur répète ensuite ce processus pour chaque question restante, une par une.

Group Work 2 - Channel Decision-Making

Group Work Questions for Each Group

1. *What channels are in your country's current channel mix?*
2. *How were these channels decided? Have you used / which resources have you used to assess potential channels prior to adding them?*
3. *Given the current context:*
   a. *How might you further incorporate ITN Continuous Distribution to reach vulnerable groups and increase ITN access in future in your country?*
   b. *Which tools/types of resources will be most useful to plan for and implement ITN distribution through an updated set of ITN channels?*

Questions de travail de groupe pour chaque groupe

1. *Quels canaux sont actuellement utilisés dans votre pays ?*
2. *Comment ces canaux ont-ils été choisis ? Avez-vous utilisé/quels ressources avez-vous utilisées pour évaluer les canaux potentiels avant de les ajouter ?*
3. *Compte tenu du contexte actuel:*
   a. *Comment pourriez-vous intégrer davantage la distribution continue de MII pour atteindre les groupes vulnérables et accroître l'accès aux MII à l'avenir dans votre pays ?*
   b. *Quels outils/types de ressources seront les plus utiles pour planifier et mettre en œuvre la distribution de MII via un ensemble actualisé de canaux de distribution de MII ?*

Tea / Coffee Break

Pause-café

Country experiences with continuous distribution

Expériences des pays en matière de distribution continue

Assessment and selection of channels for ITN distribution in Zimbabwe

W. Chauke
National Malaria Control Program, Zimbabwe

2022: Assessment of ITN distribution channels

- Zimbabwe conducts community distribution in the years between mass campaigns, to offset the loss of nets post-campaign, including creation of new sleeping atrangements
- Quantification for community was calculated for 2020-2023 to replace 8% of nets in the 1st year post-campaign, 20% of nets in the 2nd year, and 50% of nets in the 3rd year.
- This is the typical loss rate of nets post-campaign but is different from recommendations for continuous distribution.

RBM CRSPC Guidance

- In November 2022, RBM CRSPC issued guidance for countries (*CRSPC Guidance Note on malaria gap analysis tools*).
- Mass campaigns – no change in guidance:
  - Population in target area for the campaign /1.8
  - Consider including a 10% buffer if the census is more than 5 years old or use previous campaign data to justify a buffer.
- Continuous distribution

- "For community distribution between campaigns, quantification recommendations are available at the same link above, in the Scenario 3 section." pp 4

Minimum quantifier (population x quantifier, annually) to sustain ITN access at or above specified target level							
		Scenario 2 (full continuous distribution strategy)			Scenario 3 (continuous distribution between mass campaigns)		
		Targeted ITN access level:					
Country Code	Retention time (years)	70%	80%	90%	70%	80%	90%
DJI	1.0	29%	36%	43%	27%	34%	37%
LBR	1.0	28%	36%	46%	27%	35%	39%
SSD	1.0	29%	37%	44%	28%	35%	38%
TCD	1.0	29%	36%	44%	27%	35%	38%
AGO	1.1	27%	35%	45%	25%	32%	39%
BEN	1.1	28%	36%	43%	26%	33%	40%
MRT	1.1	23%	42%	46%	21%	27%	38%
BDI	1.3	25%	32%	41%	19%	26%	36%
ETH	1.3	25%	32%	38%	19%	26%	27%
MWI	1.3	24%	32%	41%	19%	26%	35%
MOZ	1.3	24%	31%	40%	18%	26%	35%
ZMB	1.3	24%	32%	41%	19%	26%	35%
COD	1.4	24%	30%	37%	17%	24%	25%
GNB	1.4	20%	33%	40%	13%	19%	34%
SEN	1.4	20%	34%	41%	14%	20%	35%
GIN	1.5	20%	30%	38%	11%	16%	31%
SLE	1.5	23%	30%	36%	16%	22%	24%
BFA	1.6	22%	28%	34%	14%	20%	21%
GMB	1.6	17%	27%	37%	8%	14%	28%
MDG	1.6	23%	27%	36%	12%	19%	26%
RWA	1.6	24%	28%	37%	13%	20%	28%

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Zimbabwe-specific quantification guidance from CRSPC

- Given CD is done between campaigns in Zimbabwe, we look at Scenario 3 here
- Assuming the target is 80% ITN access, the quantification factor for CD is population x 5% in each year between campaigns.

Minimum quantifier (population x quantifier, annually) to sustain ITN access at or above specified target level

		Scenario 2 (full continuous distribution strategy)			Scenario 3 (continuous distribution between mass campaigns)		
		Targeted ITN access level:					
Country Code	Retention time (years)	70%	80%	90%	70%	80%	90%
ZWE	2.8	10%	16%	22%	0%	5%	12%

District X	2023	2024	2025	2026	2027
Population	400k	412k	425k	437k	450k
Quantification approach	Pop / 1.8 (campaign)	Pop * 5% (CD)	Pop * 5% (CD)	Pop / 1.8 (campaign)	Pop * 5% (CD)
ITNs for CD/mass	222,220	20,600	21,250	242,780	22,500

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2024-2026 ITN quantification based on new RBM recommendations

Unit	Community Channel	2024	2025	2026	Total
Population	Population targeted for mass campaign : use 51% of the projected endemic population (A)	6,145,591	6,207047	6,269,117	18,621,755
ITNs	ITNs quantified for NFM4 Funding Request for community channel: multiply the population (A) by 5%	307,280	310,352	313,456	**931,088**
	EPI	208,950	211,040	213,150	**633,140**
	ANC	235,069	237,420	239,794	**712,282**
	Total	**751,299**	**758,812**	**766,400**	**2,276,510**

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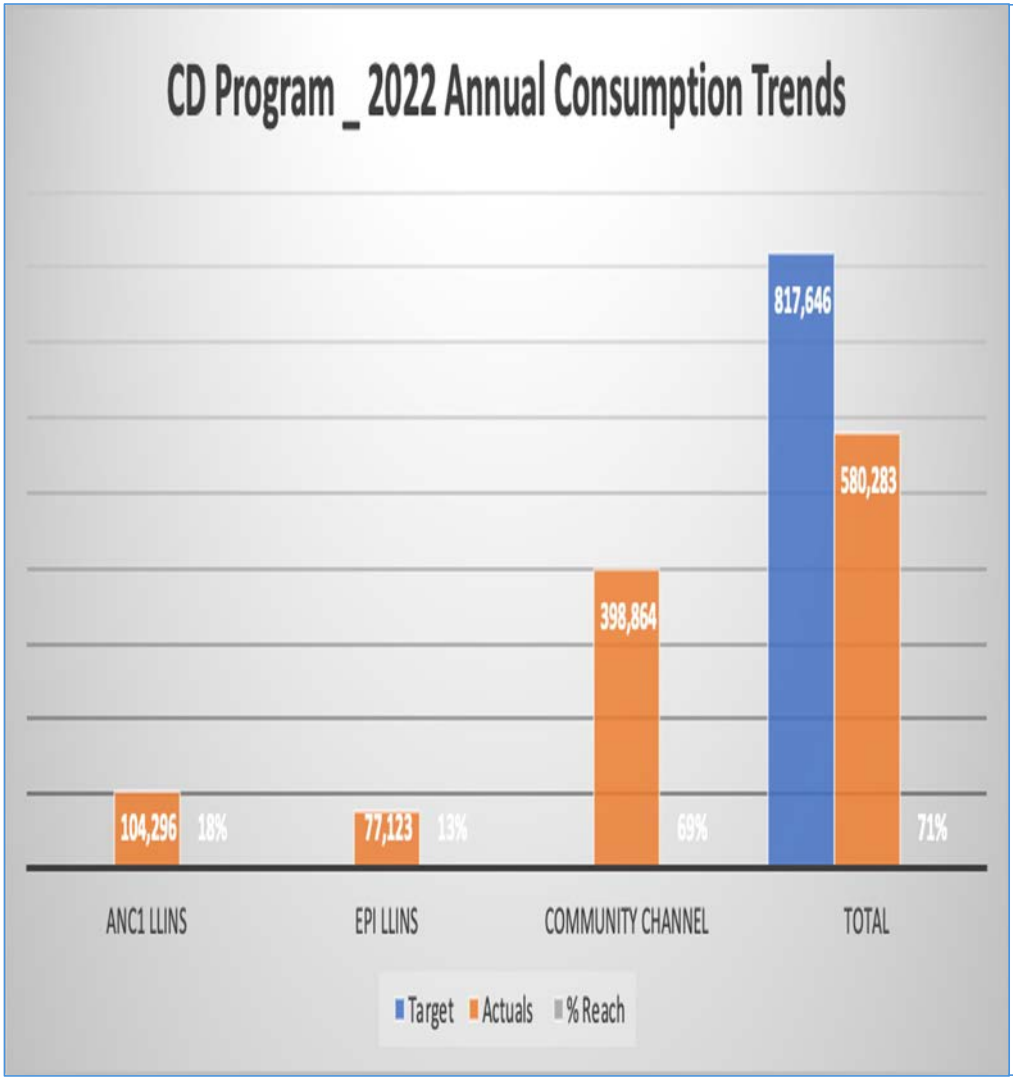


Findings from 2022 field assessment

- Overall, Zim distributed 71% of LLINs targetd for 2022.
- More LLINs (69%) were issued through the community channel as compared to ANC1+EPI which together count for 31%.

Questions

- Low coverage on ANC1 + EPI?
  - *Missed out? - YES, no formal column for ITNs in ANC register leading to poor records*
  - *Data quality? – YES (recording omissions)*
  - *LLIN stockouts? – YES, at times due to delays in requesting or deliveries*
  - *Quantifications? – NO*
- More LLINs through community channels
  - *Mass campaign missed out? - NO*
  - *Loose coupon redemption criteria? - NO*
  - *Data issue? Etc. – NO (more community [91.5%] than targeted 1st ANC and EPI = 8.5%)*

Impact of improved quantification and appropriate selection of channels

Year	Jan-June (peak season)	Jul-Dec
2021	43%	23%
2022	61%	67%
2023	63%	61%
2024	77%	33%

- 2022 saw an increase in CD coverage, a jump from 43% to 61%
- A steady increase was noted from 2022 through 2024 during peak transmission, from 61% to 77%
- The country had a countrywide shortage of ITNs in 2024 (July to October)

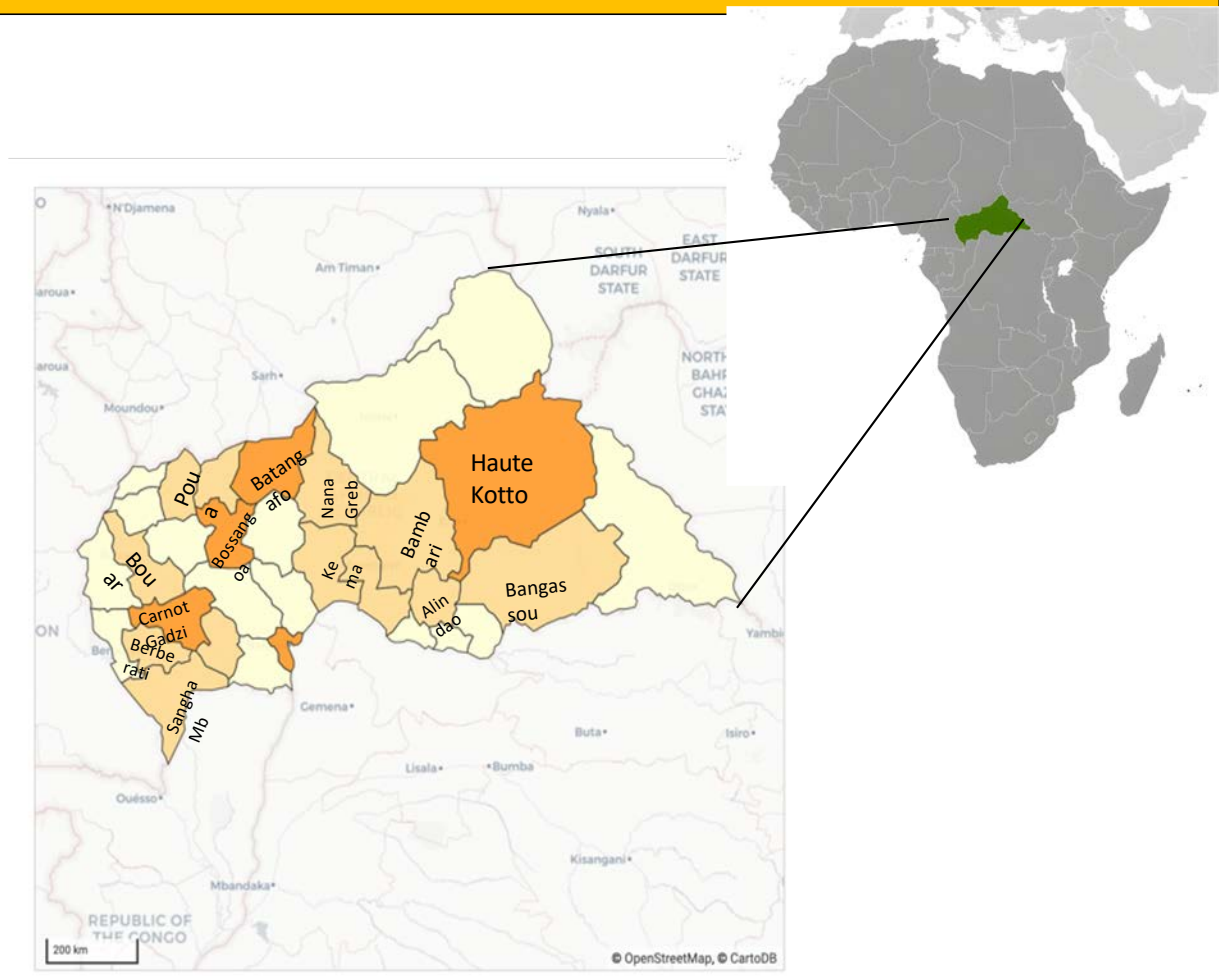
END!

Intégration de la prise en charge du paludisme dans les écoles

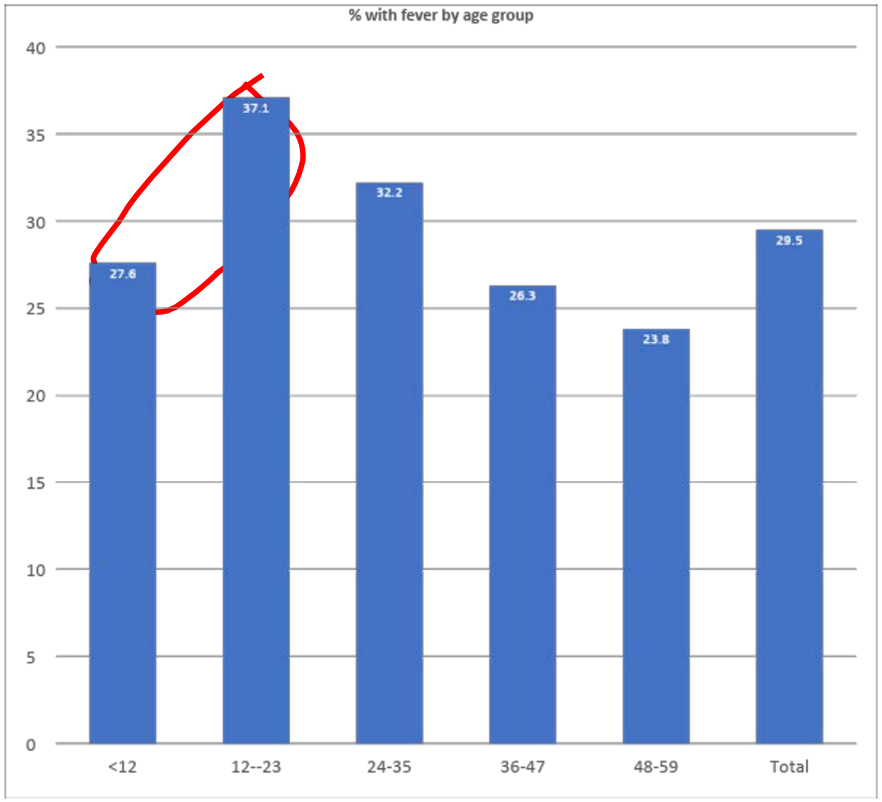
Dr Pascal BAKAMBA, Cooronnateur PNLP
Dr Marcel LAMA, Assistant Technique
Mattieu AWI, World Vision International
Dr Patrick BONGO, Croix Rouge Francaise

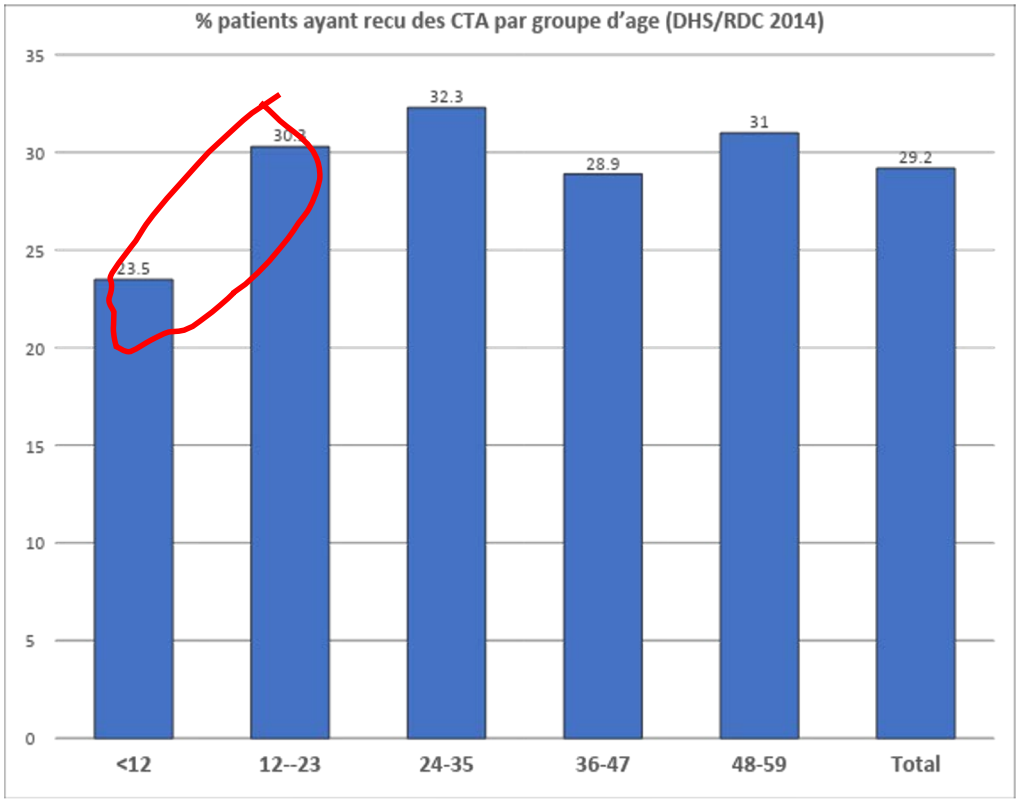
Plan de présentation

- Contexte
- Objectifs
- Mise en oeuvre
- Extension

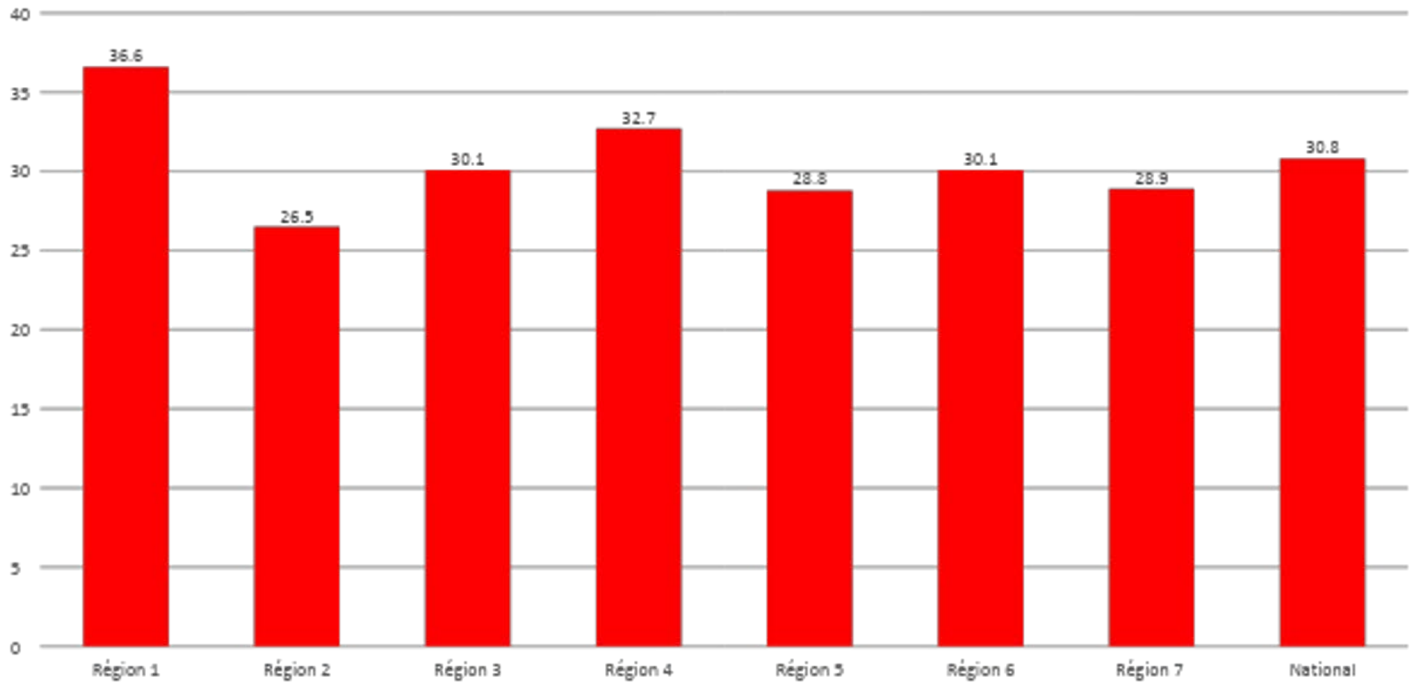


Prise en charge du paludisme (DHS/RDC 2014, MICS 2018)





Approche de mise en oeuvre: Episodes fièvre par RS



(MICS RCA 2019)

Objectifs de la distribution dans les écoles

But: Réduire la morbidité et la mortalité du paludisme

Objectifs:

- Prendre précocement les cas de paludisme dans les écoles
- Réduire l'absentéisme scolaire
- Mutualiser les ressources pour la lutte contre le paludisme

Mobilisation de ressources:

- Révision du Plan Stratégique et documents normatifs
- Plaidoyer sur la base des évidences pour inclusion dans la Note Conceptuelle du GC7
- Approbation du CCM pour mise en œuvre
- Approbation du Technical Review Panel (TRP) comme une approche innovante
- Plaidoyer auprès de l'UNICEF pour appui en Valises médicales pour les « Points Palu »
- Plaidoyer avec le Ministère de l'Education avec focus sur le Fondamental 1

Lancement de la mise en place des “Points Palu”

- Lancement des **« Points Palu »** et **« Maitre Palu »** dans les écoles
- Remise de valises médicales aux enseignants des écoles de Bimbo par le Chef de l’Etat

Cadre de mise en oeuvre

Déficit important en Ressources humaines

- Ratio: 7 agents de santé pour 10000 habitants (OMS: 23/10000)

- **2024:**
  - Adoption de la Politique Nationale de l'Engagement communautaire
  - Formation des Agents de Santé Communautaire (ASC)
  - Expérience pilote dans la Région Sanitaire 7
  - Prise en charge du paludisme: Porte d'entrée dans l'Engagement communautaire
  - Debut d'extension dans RS1 (DS Mbaiki et Boda)
  - Adjonction progressive des autres maladies (diarrhée, IRA, etc.)

- **2025:**
  - Extension dans la Région Sanitaire 2 (Berberati)

Mise en place “Points Palu”

- **Activités 2024:**
  - 3191 Directeurs et enseignants formés sur la prise en charge paludisme simple
  - Dotation par **UNICEF** de 471 sacs comme Valises Médicales pour les **« Maitres Palu »** de la RS1

- **Activités 2025:**
  - formation de 2500 Directeurs et enseignants prévue
  - Dotation de valises médicales aux enseignants « Maitre Palu »
- **Monitoring système:**
  - Utilisation du système de reportage **Rapid Pro** de l’UNICEF
  - Interopérabilité avec le DHIS2
- **Indicateurs clés:**
  - Enfant ayant dormi sous MII dans la semaine
  - Enfants ayant eu la fièvre, testés et traités ou référés

Conclusions

Les écoles, dans le cadre de l'engagement communautaire, peuvent aider à contrôler les insuffisances quantitatives en ressources humaines du système de santé et rapprocher les interventions de lutte contre le paludisme des bénéficiaires, surtout les zones difficiles d'accès ou les FOSA sont inexistantes ou difficiles d'accès.

Nous espérons vous faire le point sur les résultats de l'expérience de la prise en charge du paludisme dans les écoles à une de nos prochaines rencontres.


Obrigado
감사합니다
Gracias
Hello


SINGUILA
MERCI
de votre attention!
Danke

SCHOOL-BASED ITNs DISTRIBUTION IN TANZANIA

AMP ANNUAL PARTNER MEETING

09 APRIL 2025
NAIROBI KENYA

Presentation outline

- Background
- ITNs- Strategic Approach
- Distribution channels
  i. Health Facility ITNs Distribution (HFs)
  ii. School-Based ITNs Distribution (SNP)
  iii. Target Mass Campaign (TMC)
  iv. Commercial distribution
- Way forward

Background

- Malaria disease is endemic and still a major public health issue in Sub-Saharan Africa.
- ITN is the widespread intervention that contributed to the reduction of malaria incidences by 40% and averted 663 (542– 753 credible interval) million cases since 2000 and by far the most significant contributor (68% of cases averted)
- There is a slight increase in malaria cases (244 million) to (249 million) however a decrease in deaths from 610,000 to 608,000 was estimated globally in the years 2021 and 2022 respectively, (WHO-report 2023).
- Africa has the highest malaria prevalence and accounts for over 95.4% of all deaths, with children under five years of age and pregnant women the most vulnerable

ITN Strategic Approach

Goal:

- Deploy vector control interventions (ITNs) aimed at contributing towards reduction of malaria disease burden (NMCP 2021-2025)

Strategy:

- Ensure universal access (>80%) ITNs according to malaria transmission settings

Aim:

- Reduce prevalence of malaria from 8.1% (TDHS 2022) to <3.5% by 2025
- Eliminate malaria by 2030

ITN distribution channels according to stratification

Tanzania has the following distribution channels;

i. Routine Health facilities distribution to PW and Infants through ANC and EPI (all malaria epi. strata).

ii. **School net programme** (SNP)-primary school pupils (moderate & high malaria epi. strata).

iii. Mass campaign or targeted mass campaign (high malaria epi. Strata).

iv. Commercial sector distribution-

v. Special/innovative ITNs distribution channel-(Elderly 60 and above years, <5 children-severe malaria & PLHIV-CTC)

School-Based ITNs Distribution (SBD)

A continuous ITNs distribution channels, designed to maintain high coverage and access (>80%)

Started 2013 in Southern regions and now rolling out to all regions according to Malaria strata

Annual ITNs distribution- integrated gov. structures

Pupils- used as a conduit to deliver nets to households

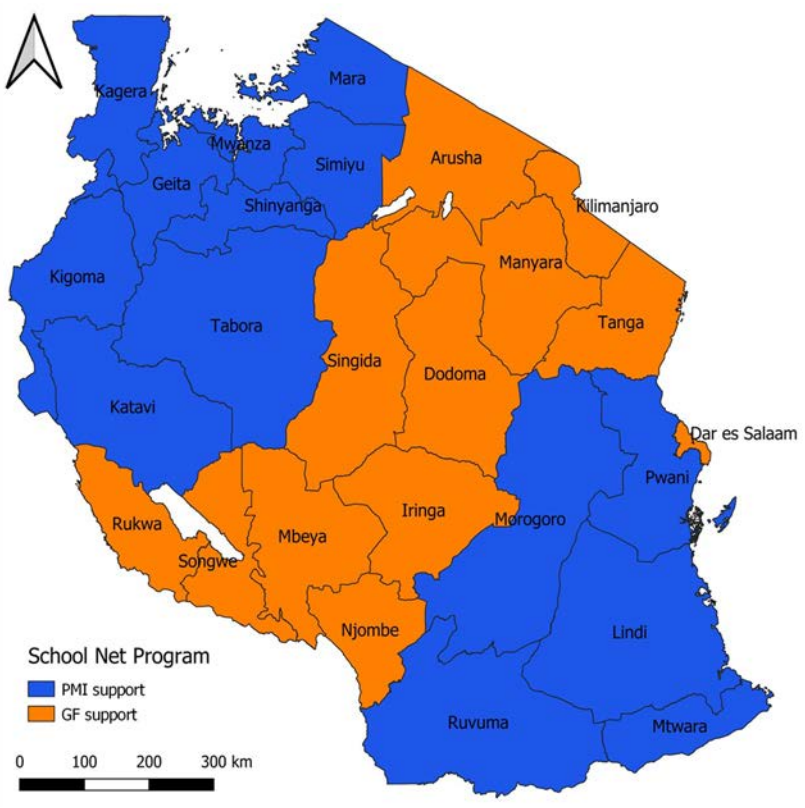
Pupils in classes between 1 and 7 are eligible for ITNs

School Information System (SIS) is the tool for reporting and accountability of ITNs up to the school level

School-Based ITNs Distribution (SBD)...

- SBD – 11 regions GF, 14 regions PMI
- Quantification using NetCalc has been replaced by the ITN population quantifiers method.
- Done annually- a year before the implementation of SBD
- Quantification of annual school net distributions using “population times 15%” in addition to RCH (reaching 7%) ITN delivery channel to meet the targets of 80% ITN access

School net distribution by funder



School-Based ITNs Distribution (SBD)...

- Use the annual data from the SIS to review and improve for the subsequent SBD implementation.
- SBD being assessed via; National surveys, i.e. SMPS, DHS, and mobile phone survey
- Use of the annually available data from the SIS to plan, organize, and document lessons learned, for better implementation of the subsequent SBD
- Some of the observed outcomes and impacts;
  - Pupil attendance rises during the implementation of SBD
  - Increased net coverage
  - Net usage rates
  - Malaria trends before/after

Operational challenges

- Mass campaign disruption
- Inadequate number of ITNs for SBD according to the malaria epidemiological strata between campaigns (Moderate and high strata)
- Late enrolment data validation from the sub-national levels, may delay the SBD implementation.

Way forward

- Continue with SBD annually between campaigns, especially in moderate and high malaria epidemiological strata, and also in urban operational strata.
- Continue with Health facility ITN distribution via ANC and EPI to biologically vulnerable groups.

Acknowledgement

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GLOBAL FUND

PMI-VectorLink

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MoH, MSD

PORALG, RHMTs and CHMTs

NMCP Team:

Research institutions:

KCMUCo, IHI, NIMR, and MUHAS.

Public Private Partnerships

WHO, ALMA, RBM Partnership,

Other Implementing Partners:

Thank you presenters!
Merci!

Q & A

Review of available information and tools to support channel selection and decision-making

Revue des informations et outils disponibles pour appuyer le choix des canaux et la prise de décision

Review of available information and tools to support channel selection

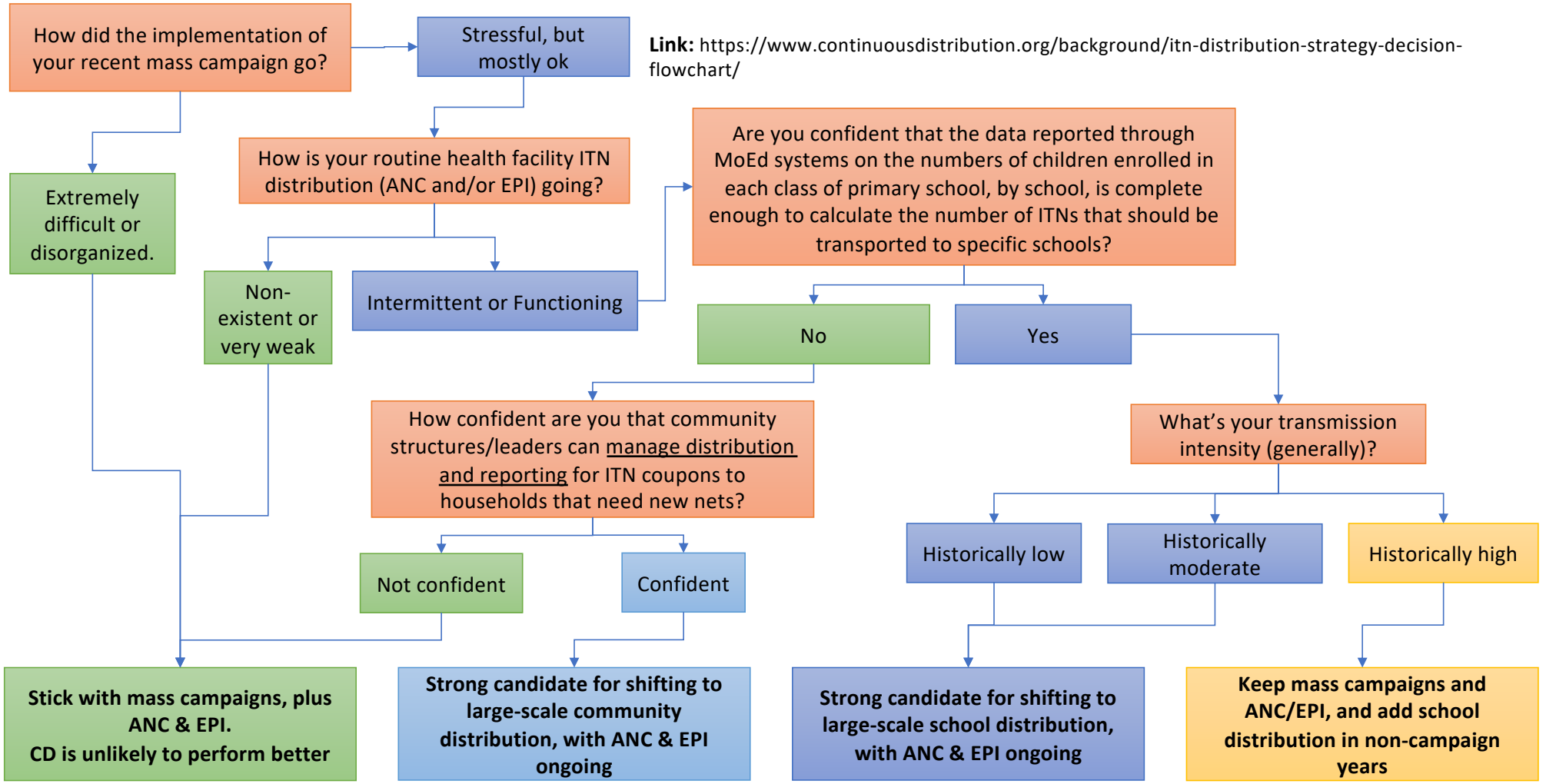
- **Information and tools to support channel selection decisions**
  - PMI VectorWorks ITN Distribution Strategy Decision Tree
  - Question table to guide choice of distribution approaches

- **Toolkits and Guides for assessing the readiness and feasibility of channels**
  - VL ITN CD Toolkit Methods and Materials - adapted/simplified Discussion Guide
  - VW Assessment Interview Guide

- **Question**: Are there other tools we should be aware of, share with others?

ITN Distribution Strategy Decision Chart

Link: https://www.continuousdistribution.org/background/itn-distribution-strategy-decision-flowchart/



Review of available information and tools to support channel selection

Question table to guide choice of distribution options

No.	Question	Answer	Guidance
1	Is health facility access fair to good in some or most areas of the country?	YES	Consider including a health facility-based channel in the strategy. **Go to Question 2**
		NO	Consider omitting health facility-based distribution from the strategy. **Go to Question 4**
2	Is ANC uptake fair or good in some areas of the country? Or, if not, might uptake increase with the availability of free LLINs?	YES	Consider including ANC distribution in the strategy. Check "ANC" in the strategy matrix against the country areas or population sub-groups that would be able to access this channel. **Go to Question 3**
		NO	Consider omitting ANC distribution from the strategy. **Go to Question 3**
3	Is EPI uptake fair or good in some areas of the country? Or, if not, might uptake increase with the availability of free LLINs?	YES	Consider EPI linked distribution as an option for inclusion in the strategy. Check "EPI" in the strategy matrix against the country areas or population sub-groups that you think will be able to access this channel. **Go to Question 4**
		NO	**Go to Question 5**
4	Would it be practical for health facilities or community groups to conduct LLIN distribution as outreach activities? (Consider logistics and experience with running outreaches: Has it been possible to maintain	YES	Consider including outreach distribution in the strategy. Check "Outreach" in the strategy matrix against the country areas or population sub-groups that would be able to access this channel. **Go to Question 5**
		NO	Consider omitting outreach activities from the strategy. **Go to Question 5**

Link: https://www.continuousdistribution.org/choosing-a-cd-channel/stakeholder-workshop-with-netcalc/

Assessing the readiness and feasibility of channels

PMI VectorLink ITN CD Toolkit Methods and Materials

2.2.1 Assessment Tools

There are 14 tools to use throughout this process, as outlined in the table below.

Tool	Name
1	Example Assessment Terms of Reference (TOR)
2	Assessment Planning Timeline and Checklist
3	PowerPoint summary of the Assessment TOR (Objectives, Methods, and Planning steps) (English and French)
4	Sample Key Informant Interview Planning Table
5	Sample MOH/NMP letter Inviting Key Stakeholders to Participate
6	Assessment team roles and responsibilities (from TOR)
7	Sample Assessment team Level of Effort table (from TOR)
8	Agenda, Introductory stakeholder meeting
9	Assessment Discussion Guide, Excel
10	Example of Observation and Results Synthesis tables by health level
11	Example PowerPoint Presentation, Generic
12	PowerPoint presented during 2019 Vector LearningXchange Webinars
13	Example Assessment ReporT, Outline

QUESTION	REPONSES
GENERAL	
En pensant à la façon dont les MILDAs sont actuellement distribuées par les services CPN et PEV, que pensez-vous qui fonctionne bien avec ce système? Et quelles sont les principales opportunités pour améliorer les systèmes ?	
En plus des canaux actuellement utilisés pour la distribution continue (à travers des services PEV et CPN), quels sont d'autres canaux qui pourraient être considérés d'avoir du potentiel ou intérêt pour explorer d'avantage pour soutenir les objectifs du PSN d'augmenter à 90% le taux d'utilisation des MILDA pour la population, et à 100% pour les groupes vulnérables (FE et enfants de moins de 5 ans) (e.g., écoles, communauté, straégie avancée, autre ?)	
1)⊠CIRCUIT de la Réception et Distribution des MILDAS	
Imaginer qu'un lot des MILDAs arrive aujourd'hui au CSPS. Pouvons nous tracer le circuit du réception à la distribution de ces MILDAs?	
Pour la quantité réçu - comment êtes vous informer de la quantité que sera envoyé?	
Est-ce que ces MILDAs vont normalement venir avant ou après que vous constatez une rupture des stock?	
GESTION DE LA CHAÎNE D'APPROVISIONNEMENT, TRANSPORT DE MILDA ET STOCKAGE.	
D'ou vient les MILDAs envoyés? Quel est le système de décharge et réception des MILDAs ? Quels sont les outils à soutenir ce système? Quel est le système en place pour maintenir les stocks des MILDAs : - le système « push/pull » - système de requisition - les fiches de stock	
Les MILDAs pour la distribution de routine via les services CPN et PEV sont-elles actuellement en stock ? Où sont-elles stockées? *Visiter l'entrepôt pour voir le lieu de stockage, et voir les fiches de stock remplis*	
Quels sont les mesures mises en place pour assurer un stockage sécurisé (par exemple, contre le vol, les éléments naturels, les rongeurs) et réduire les fuites de l'entrepôt central aux installations.	

Link: https://www.continuousdistribution.org/wp-content/uploads/2022/03/ITN-CD-Assessment-Toolkit.pdf

Assessing the readiness and feasibility of channels

PMI VectorWorks Assessment Interview Guide

HEALTH FACILITY & COMMUNITY-BASED DISTRIBUTION (HEALTH SECTOR)

Coordination & oversight – National (National Malaria Control Program (NMCP), Implementing Partners); Province (Provincial Medical Director)

- Who are the implementing partners/authorities for health at provincial level?
- What are the roles and responsibilities for each partner?
- Are all implementing partners/authorities usually involved in planning and implementation of health activities? How often do authorities meet at provincial level to discuss and update on health issues?
- Could you comment on your directorate's collaboration with structures at the lower operational levels (district, health facilities (HF))? What are the bottlenecks in your opinion?
- In your view, does the current Ministry of Health organizational structure ensure ownership of implementation of health services from each operational level?
- Could you tell us about the directorate's general monitoring and evaluation system for health service delivery? What are the current challenges? Does the data flow and management enable the provincial level to identify health issues and plan accordingly?
- For provincial level - Please comment on strengths and weaknesses of the province's coordination process with other governmental organizations, private and non-governmental organizations at the provincial level. What would be your recommendations to improve the coordination mechanism?

Discussion

Questions

- Which tools, or elements of tools seem most useful?
- Are there other tools and approaches we should include in this list?
- What are the updates needed for the tools to be most useful for upcoming needs?

Questions

- Quels outils ou éléments d'outils semblent les plus utiles ?
- Y a-t-il d'autres outils et approches à inclure dans cette liste ?
- Quelles sont les mises à jour nécessaires pour que les outils soient plus adaptés aux besoins futurs ?

Role of the CDWG and country priority support needs

Rôle du CDWG et besoins prioritaires de soutien des pays

The role of the CDWG and country priority support needs

- The Continuous Distribution Working Group (CDWG) is focused on operational issues arising during planning and implementation of ITN continuous distribution.
- It reflects on strategies for operationalizing key learning from continuous distribution pilots and programmes to date to strengthen country implementation.

- Le Groupe de travail sur la distribution continue (CDWG) se concentre sur les questions opérationnelles qui se posent lors de la planification et de la mise en œuvre de la distribution continue des MII.
- Il réfléchit aux stratégies permettant de mettre en œuvre les principaux enseignements tirés des projets pilotes et des programmes de distribution continue à ce jour, afin de renforcer la mise en œuvre par les pays.

Discussion

Questions

- How can we improve coordination and information sharing?
- What are the most effective methods for gathering and incorporating feedback from diverse country teams to improve coordination?
- What are the other ways to support countries as we move into GC8?
- Beyond financial assistance, what technical expertise and capacity-building resources do countries require to successfully transition into GC8?

Questions

- Comment pouvons-nous améliorer la coordination et le partage d'informations ?
- Quelles sont les méthodes les plus efficaces pour recueillir et intégrer les retours d'équipes pays diverses afin d'améliorer la coordination ?
- Quelles sont les autres façons de soutenir les pays à l'approche du cycle de subventions GC8 ?
- Au-delà de l'assistance financière, quelles expertises techniques et ressources de renforcement des capacités les pays nécessitent-ils pour réussir leur transition vers GC8 ?

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Thank you!


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