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app | Alliance pour la Prévention du Paludisme

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Campaign Digitalization Meeting

Day 1 – 10 April 2025

Réunion sur la numérisation des campagnes

Jour 1 – 10 avril 2025

Meeting will begin shortly – la réunion va bientôt commencer

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Campaign Digitalization Meeting

Theme 1: Data for decision making

Réunion sur la numérisation des campagnes

Thème 1: Data pour la prise de décision

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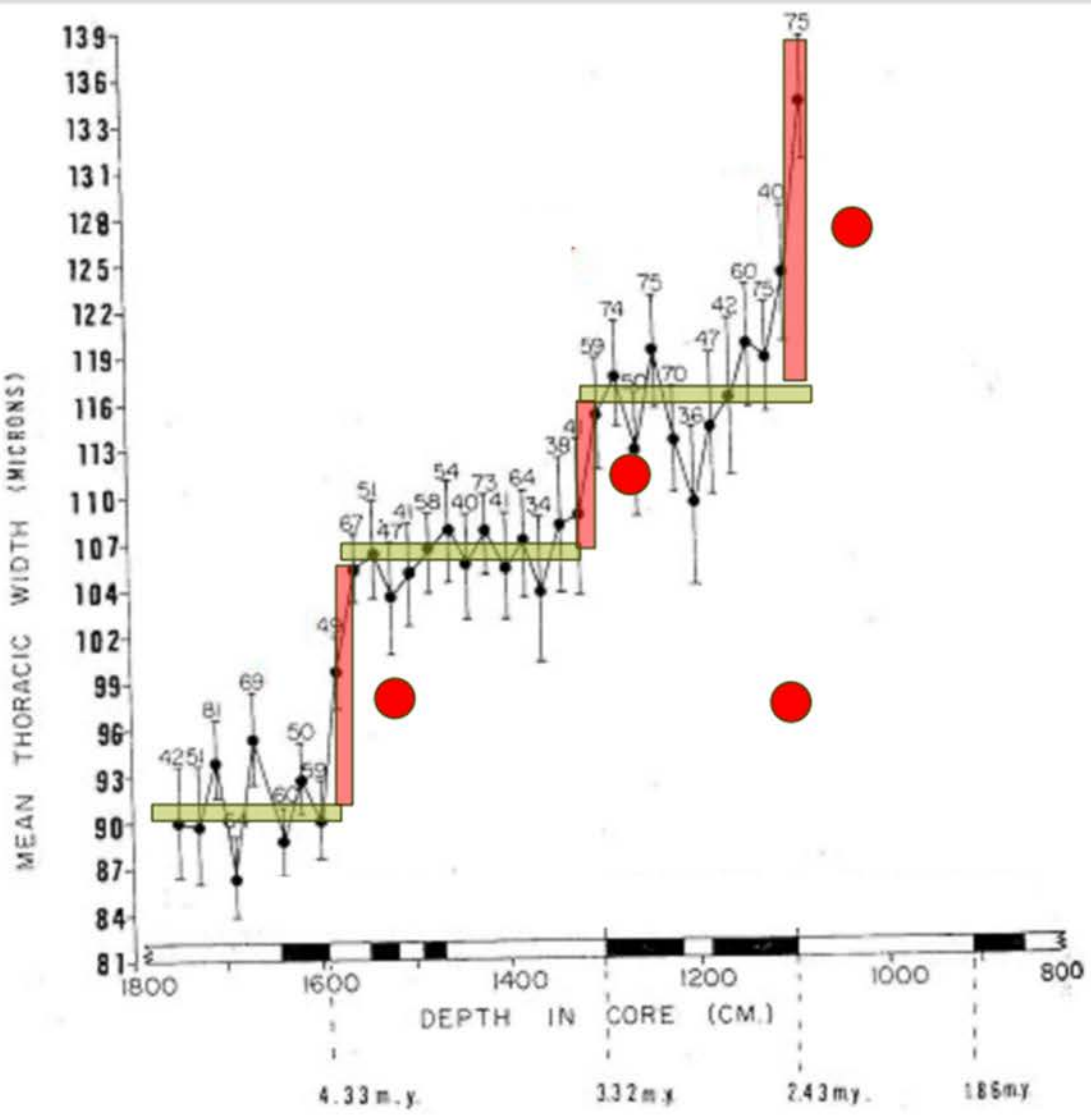
Meeting will begin shortly – la réunion va bientôt commencer

Digitalizing ITN Distribution: Shaping the Future Amid Resource Constraints

Opening Remarks, April 10 2025, AMP Digitalization Meeting

Sidharth Rupani
In-Country Supply Chain Team, Supply Operations
The Global Fund to fight AIDS, TB, and Malaria


MEAN THORACIC WIDTH (MICRONS)
139
136
133
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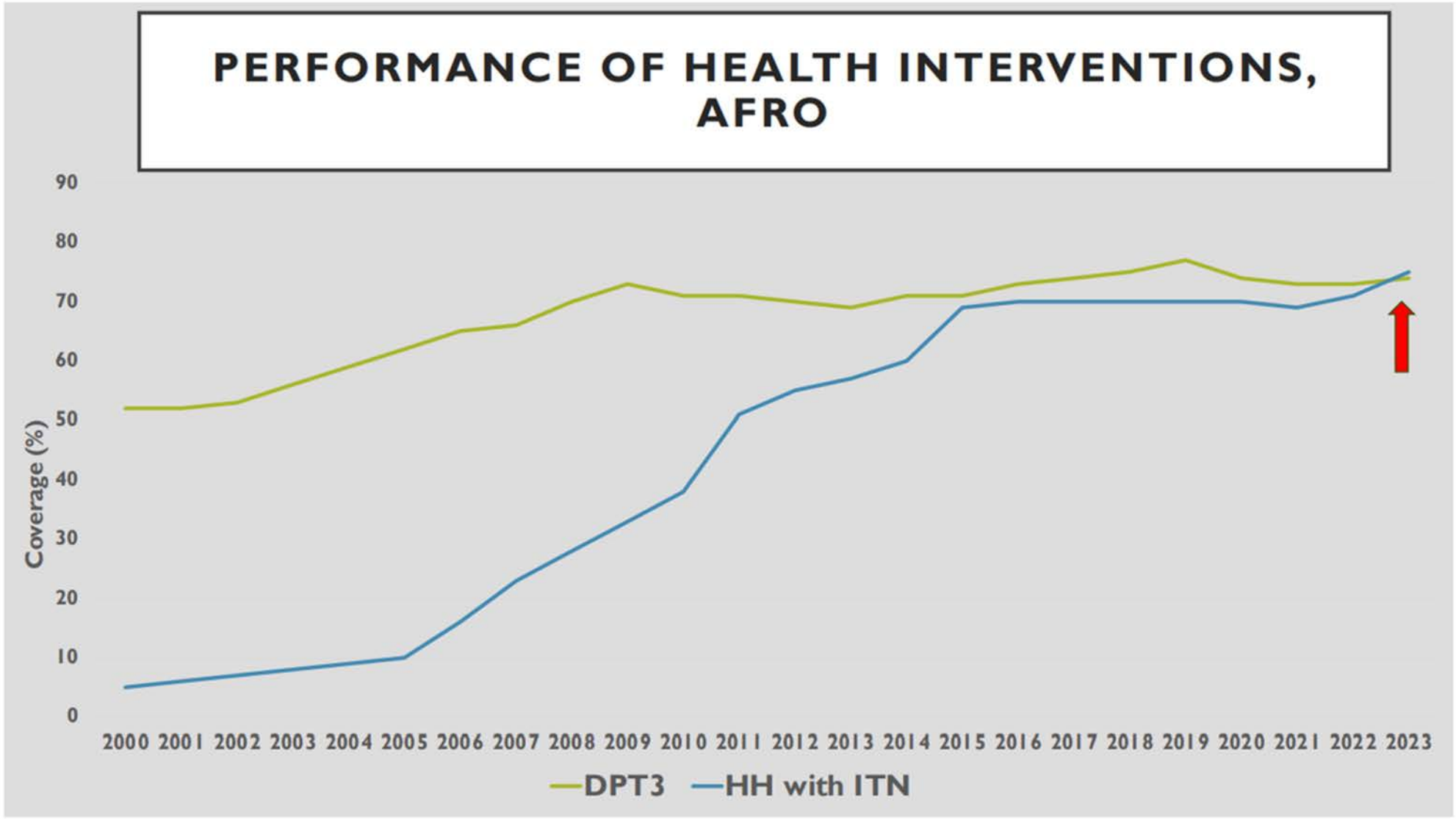
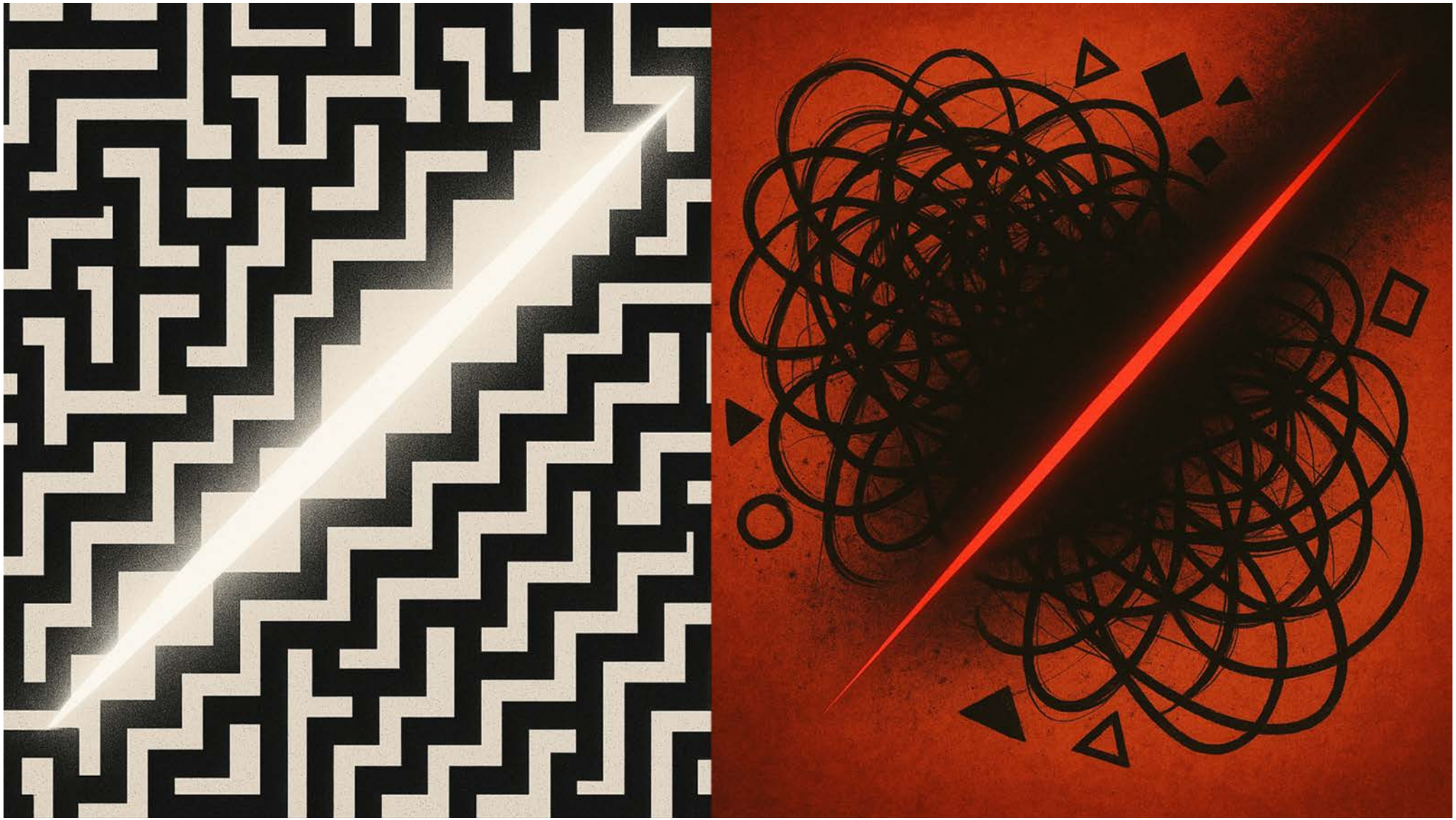
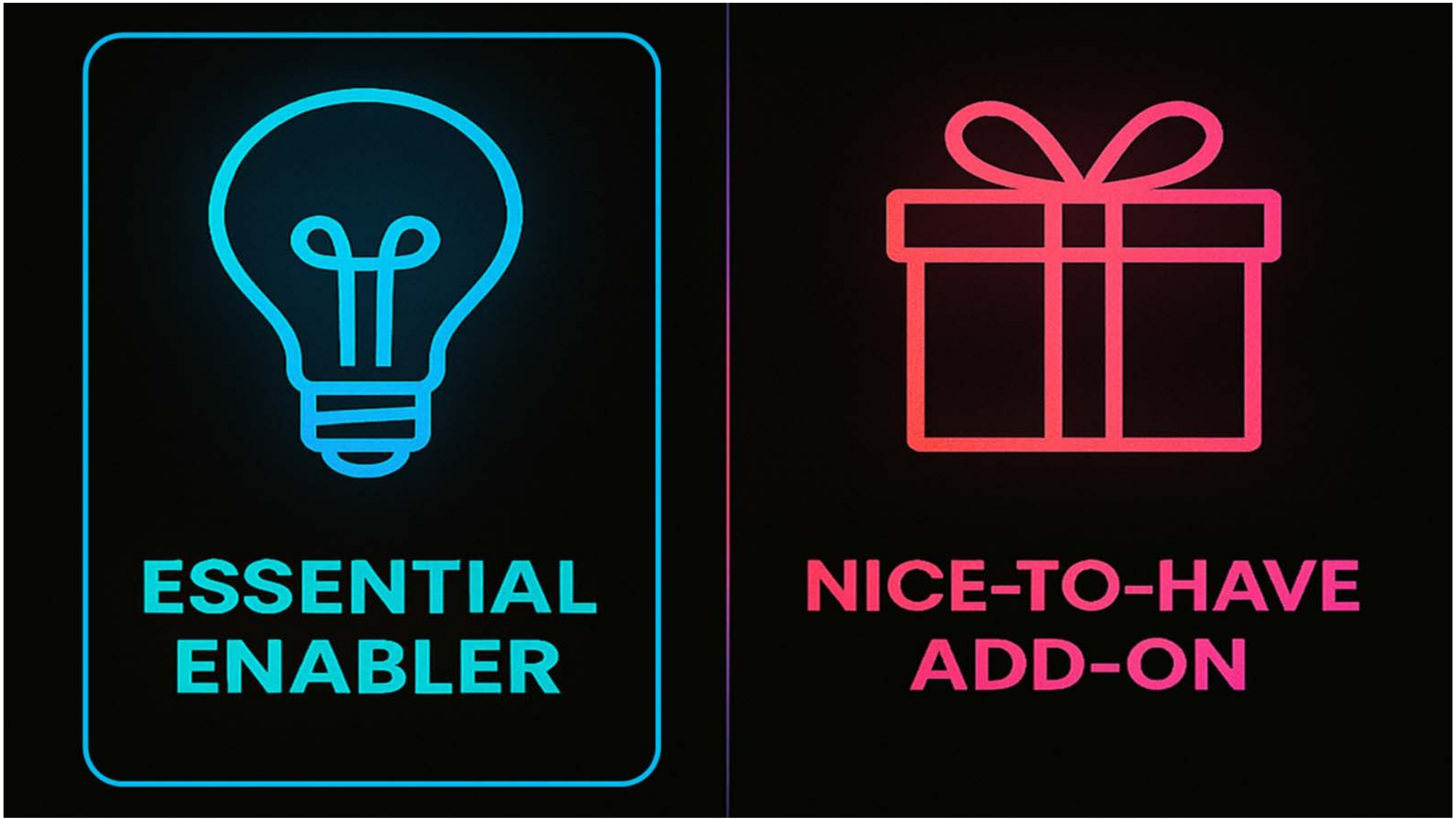
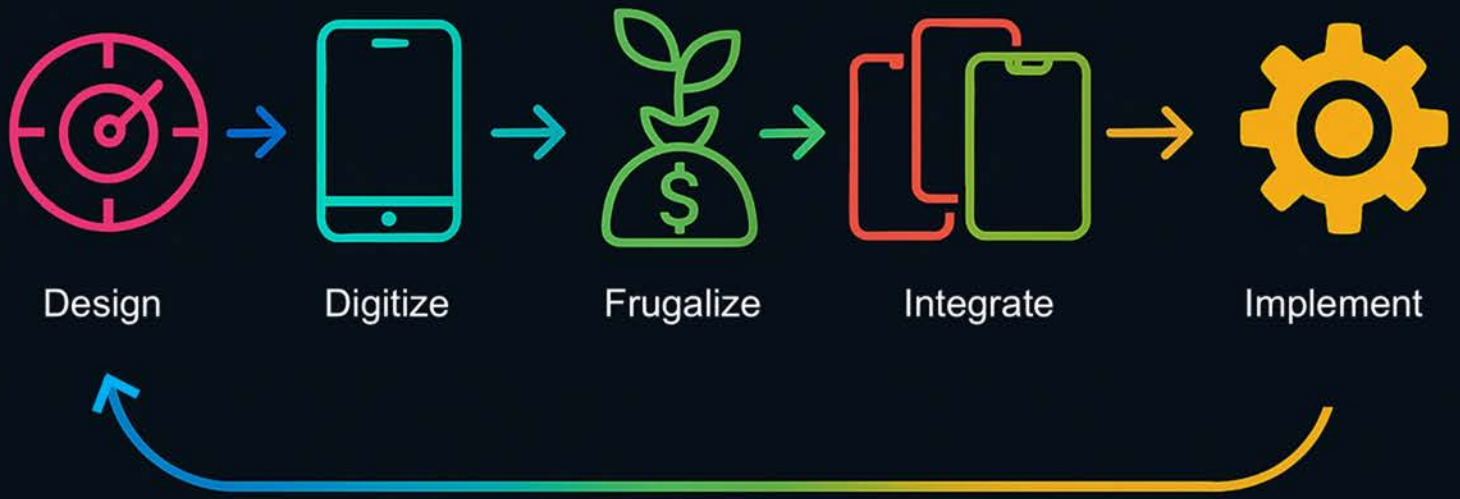
110
107
104
102
99
96
93
90
87
84
81
1800
1600
1400
1200
1000
800
DEPTH IN CORE (CM.)
4.33 m.y.
3.32 m.y.
2.43 my.
1.86 my.


PERFORMANCE OF HEALTH INTERVENTIONS, AFRO
Coverage (%)
90
80
70
60
50
40
30
20
10
0
2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023
DPT3
HH with ITN




ESSENTIAL
ENABLER
NICE-TO-HAVE
ADD-ON


Design
Digitize
Frugalize
Integrate
Implement

IMPROVISE
ADAPT
OVERCOME
PLANS CHANGE
DON'T CHANGE YOUR
VISION!

Deploying DIGIT HCM in Kebbi: How interactive dashboards and customised reports transformed data-informed decision-making and improved key SMC campaign processes

Dorcas Essien, Malaria Consortium Nigeria

Alliance for Malaria Prevention Campaign Digitalization Meeting 9–11 April 2025, Nairobi, Kenya

Contents

Section 1: Malaria Consortium

Section 2: Introduction — Background and context

Section 3: SMC campaign in Kebbi state, Nigeria, using DIGIT HCM application

Section 4: Achievements

Section 5: Challenges and lessons learnt

Section 6: Conclusion and recommendations

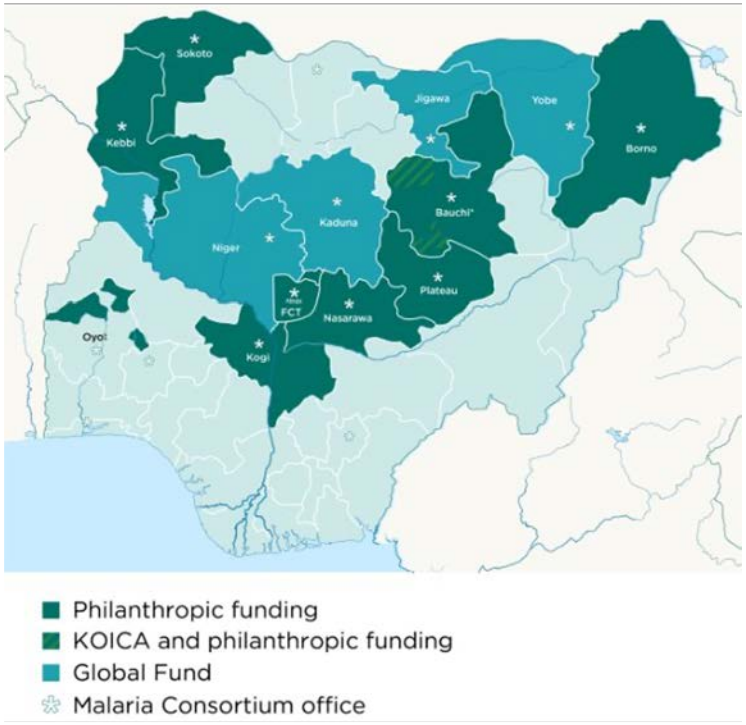
About Malaria Consortium

Malaria Consortium is one of the world's leading non-profit organisations specialising in the prevention, control and treatment of malaria and other communicable diseases among vulnerable populations.

Our mission is to save lives and improve health in Africa and Asia through evidence-based programmes that combat targeted diseases and promote universal health coverage.

Seasonal malaria chemoprevention (SMC)

- SMC is a community-based malaria prevention strategy for high-burden, seasonal areas, providing antimalarial medicines during peak transmission.
- Community distributors deliver SMC medicines door-to-door to children (3–59 months) in four or five cycles, spaced 28 days apart.
- SMC implementation relied on traditional paper-based data collection, causing accountability issues, reporting delays and poor data quality.
- Manual methods were labour intensive, error prone and slowed data analysis, impacting monitoring and decision-making.
- Malaria Consortium began the incremental rollout of campaign digitalisation across the states where we work in 2022.



Why digitalise SMC?

- Greater accountability — transparency on how data have been collected, where and by whom
- Reduced time between data collection and analysis, enabling effective use of data for decision-making to improve campaign management in real time
- Real-time stock monitoring to prevent drug shortages and reallocate excess
- Faster tracking of adverse medication effects to allow rapid follow-up
- Aggregated checklists for better supervision
- Improved data storage and flow from community to national level
- Optimisation of campaign investment — data reusable in future campaigns and other community health initiatives

DIGIT by eGov Foundation

DIGIT in Nigeria

SMC digitisation in Nigeria is not new — other platforms (including RedRose, DHIS2 and Reveal) have been used previously.

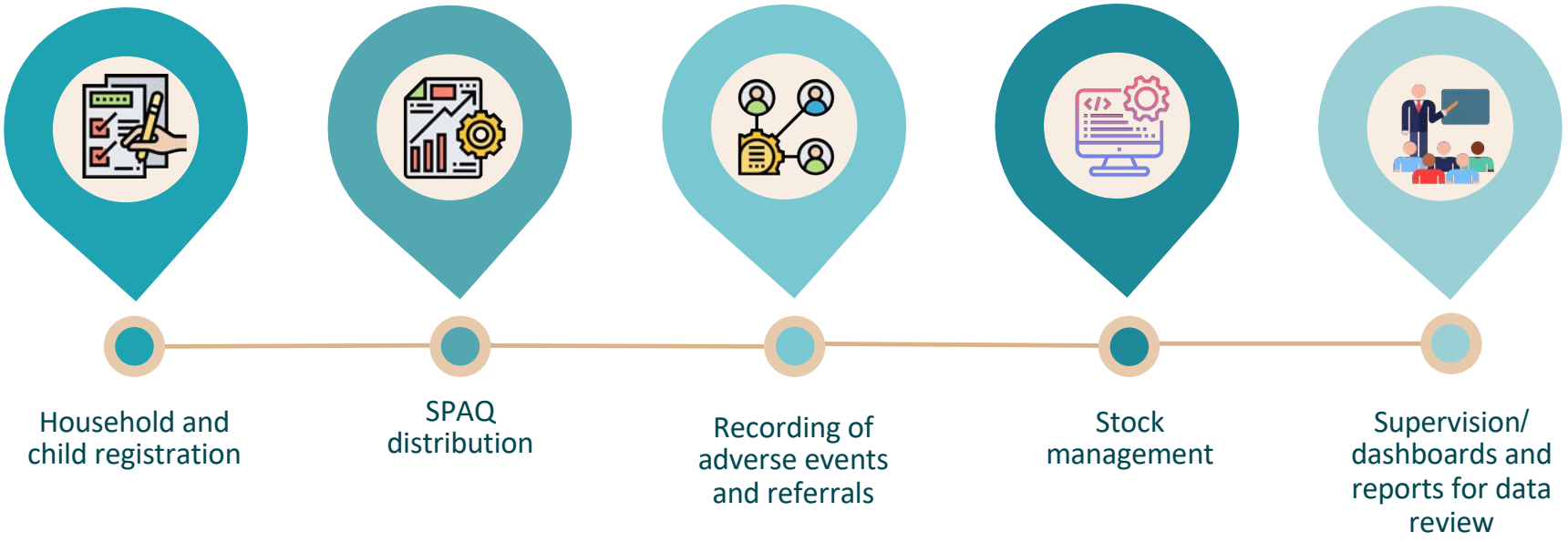
DIGIT HCM was successfully introduced during the fourth cycle of the 2024 SMC round in Kebbi, using a 'bring your own device' (BYOD) operating model across 21 local government areas (LGAs) in October 2024.

This was the first use of a digital solution to support SMC implementation in Kebbi state, with strong stakeholder engagement throughout — from national and state malaria programmes to key partners.

Introduction of the tool followed software development lifecycle (SDLC) phases — requirements, design, implementation, testing and deployment — to ensure reliability, scalability and user-centred outcomes.

Aims: Test the feasibility of using DIGIT in Nigeria using a BYOD model and gain learnings to inform future scale-up.

DIGIT for SMC — key components

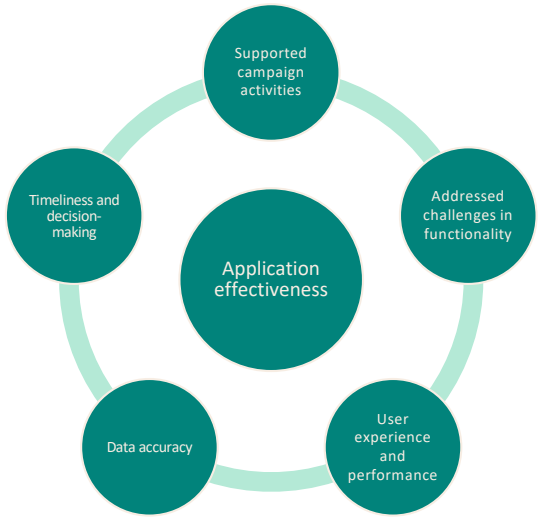


Post-campaign digitalisation evaluation

We conducted a performance evaluation to examine the DIGIT HCM application's deployment

The evaluation assessed key stakeholders' overall satisfaction with the application

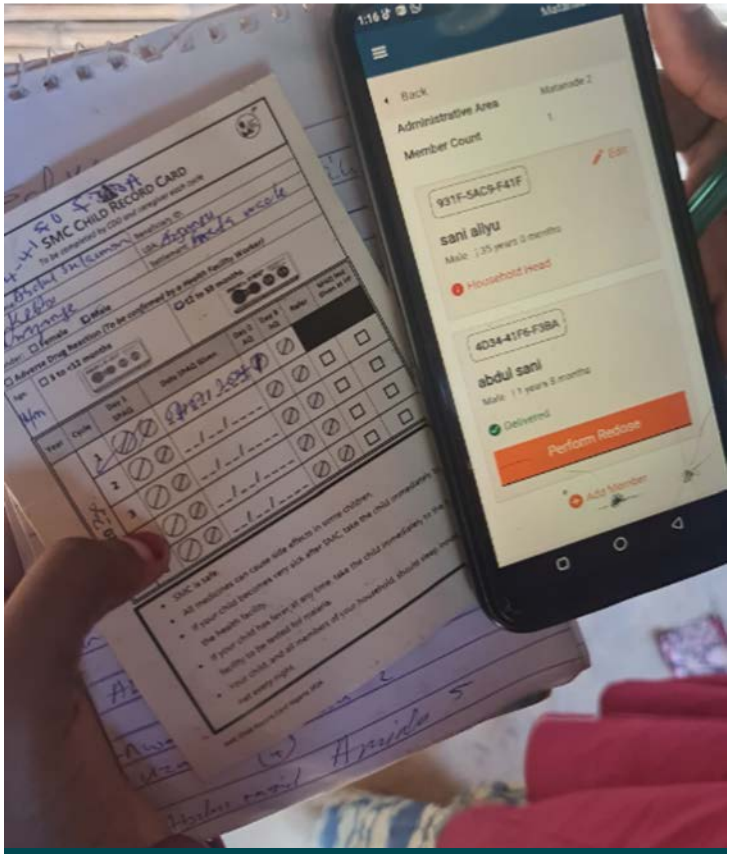
A key objective was to determine how effectively the application enhanced key campaign processes



The evaluation employed a mixed-methods approach, collecting data through structured surveys and user feedback from 460 respondents across five user groups: **community distributors**, **health facility workers**, **supervisors**, **logisticians** and **data managers.**

Highlights and key results

- **7,200 application users** trained across 21 LGAs
- **First implementation globally** of DIGIT HCM using BYOD operating model
- **User acceptance score of 95 percent**, based on feedback, indicating strong acceptability of the application
- **Users embraced fully digital approach** by day 2, with no option to revert to paper
- **Cross-organisational technical 'help desk'** established to troubleshoot technical issues during campaign implementation
- **Timely and available data** at all levels for reporting and informed decision-making during and after campaign
- **Campaign reached over 1.3 million children**
- **Achieved 91.1 percent administrative coverage**
- Shift to digital tools **improved reporting accuracy**, reducing reported coverage of SMC distribution from over 102 percent in cycles 1–3 to a more accurate 91 percent in cycle 4.



56 percent of community distributors and 98 percent of health workers reported having a good experience with the application and relying on it to improve the quality of their work (e.g. accuracy of records, speed of drug distribution)

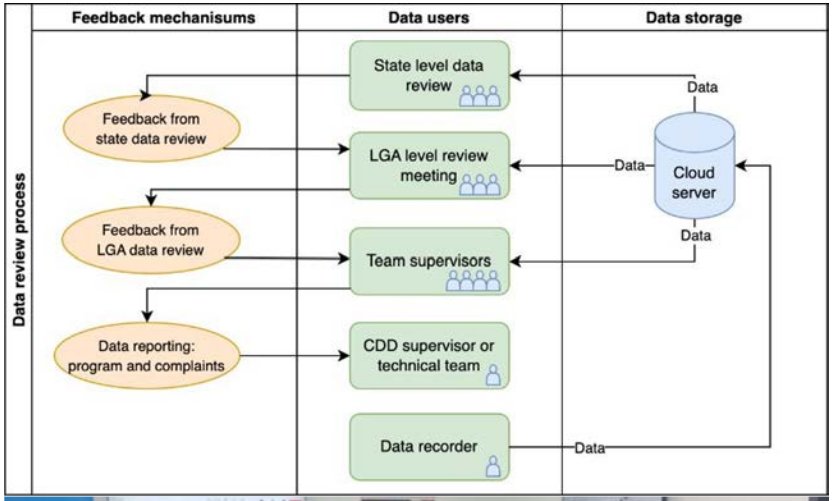
Strengthened data oversight improves response times

Team performance monitoring and supervision

- **Daily team performance tracked via key performance indicators on the dashboard:** children reached, commodities status, referrals, supervision and gaps requiring interventions
- **Issues reported via the complaint module:** technical, internet, user account, performance and data-related — routed to appropriate teams for action via central helpdesk.

Anomaly detection for data integrity

- **Proactive error identification:** Anomaly report flagged data collection inconsistencies, e.g. multiple registrations in a short timeframe and a high number of refusals on day 1, triggering immediate investigations
- **Efficient resolution:** Campaign data managers used dashboard insights to reroute anomalies to the right supervisors, ensuring same-day action/correction
- **Outcome:** Improved responsiveness to field issues and enhanced data accuracy through real-time performance tracking, structured issue resolution and timely correction of data anomalies.



User responses indicated that the application was effective in enhancing supervision, with high satisfaction reported across most groups — 98 percent of community distributors, 100 percent of health workers and logisticians, and 67 percent of data managers.

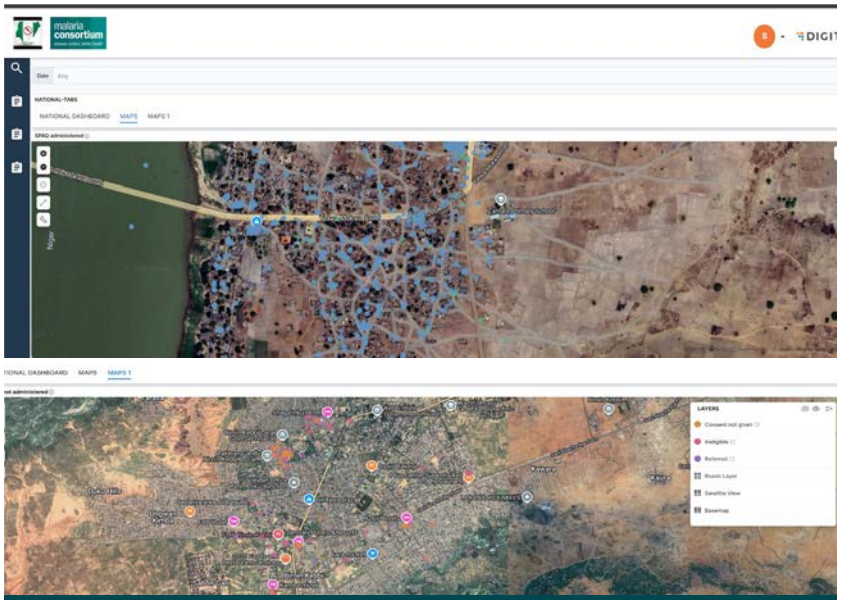
Insights and strategy changes: Geospatial maps for campaign monitoring

Use of geospatial maps for campaign monitoring

- Highlighted areas of low and high coverage by location for targeted follow-up
- Identified clusters of dense distribution, indicating possible mass administration in single locations
- Identified locations with high rates of refusal.

Targeted action: Improved data-driven decision-making enabled supervisors to pinpoint geographic trends, investigate anomalies and address issues such as high-refusal areas or clustered administration.

Impact: Targeted revisits improved household reach in previously missed areas, reduced refusal rates and ensured more balanced coverage across community.



Geospatial map analysis enabled supervisors to visually identify consent-related gaps across specific locations, guiding community distributors to revisit affected households and resolve issues efficiently.

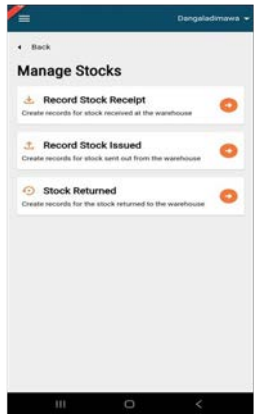
Real-time commodity management

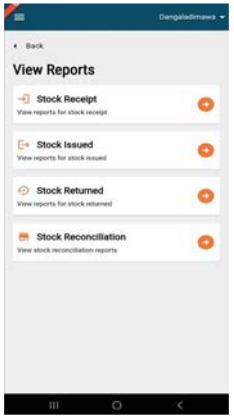
- Real-time commodity tracking on the dashboard provided visibility across supply chain indicators, such as quantity supplied, quantity issued and quantity used.
- Commodity reconciliation, such as wastage, excesses, losses and unused, was accounted for through the use of custom reports and dashboards at all levels.
- The platform provides end-to-end accountability of commodity management.

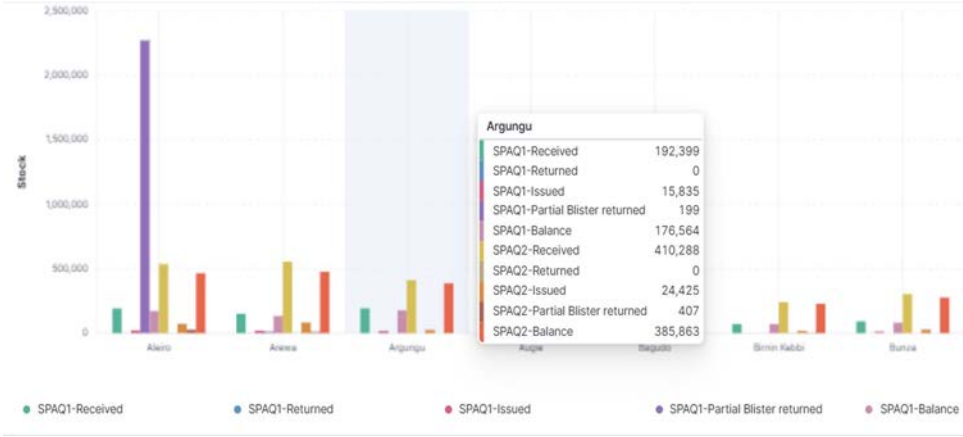
Targeted action: Logisticians leveraged real-time dashboard insights and custom reports to conduct commodity reconciliation, flag anomalies such as wastage or excesses, and implement timely stock adjustments to prevent service disruptions.

Impact: Real-time visibility via the dashboard enabled early detection of stock issues, ensuring consistent stock availability and improved supply chain efficiency.

"It helped for easy commodity data accountability "
Community distributor supervisor







Data use challenges

Data completeness: Many community distributors were reluctant to synchronise data on an ongoing basis (possibly trying to reduce their data usage). This impacted the completeness of data at various level for decision-making.

Reporting timeliness: Significant concerns regarding internet connectivity in some LGAs impacted on timely data synchronisation.

Underused dashboard and reports: Inconsistent use of the dashboard was noted in some locations, impacting informed decision-making during the campaign.

Key lessons learnt

Conduct network assessments: Perform detailed network availability assessments across all LGAs to optimise deployment strategies and plans for alternative methods, ensuring timely data synchronisation to drive timeliness and completeness of data for decision-making.

Enhance training programmes: Ensure all campaign implementers are trained in effective data use — covering dashboards, geospatial maps interpretation, custom report generation and data interpretation to drive data-informed decision-making.

Enhance feedback and communication mechanisms: Establish a structured system that ensures timely, consistent data sharing across all levels. This will improve issue reporting, promote data-driven responses and strengthen real-time decision-making during campaigns.

Continuous enhancements to DIGIT's capabilities: Empower programme teams to update KPIs and tailor dashboards to meet specific needs beyond default configurations by introducing low-code dashboard customisation.

Key recommendations

Strong leadership and government engagement is paramount and promotes **data ownership and efficient data use.**

Effective partnerships, coordination and communication between stakeholders is critical for: ensuring **shared vision on data access** at various levels; facilitating **effective collaboration on data use**; and timely escalation and **resolution of issues.**

Sustainable campaign digitalisation approaches require multi-stakeholder partnerships and collaborations.

Inclusive training is essential — all relevant stakeholders across the campaign chain should be trained to use the dashboard and reports to enable effective data-driven decision-making.

Structured data review meetings improve outcomes — having a clear format and focus during daily review meetings ensures coordination and attention to key campaign priorities.

Data reuse: Continuing to reuse existing data registries for future campaigns will allow us to build on previous enumeration data, reducing data redundancy across multiple campaigns and providing robust data for informed decision-making.

malaria consortium
disease control, better health

DIGIT
by eGov Foundation

Thank you

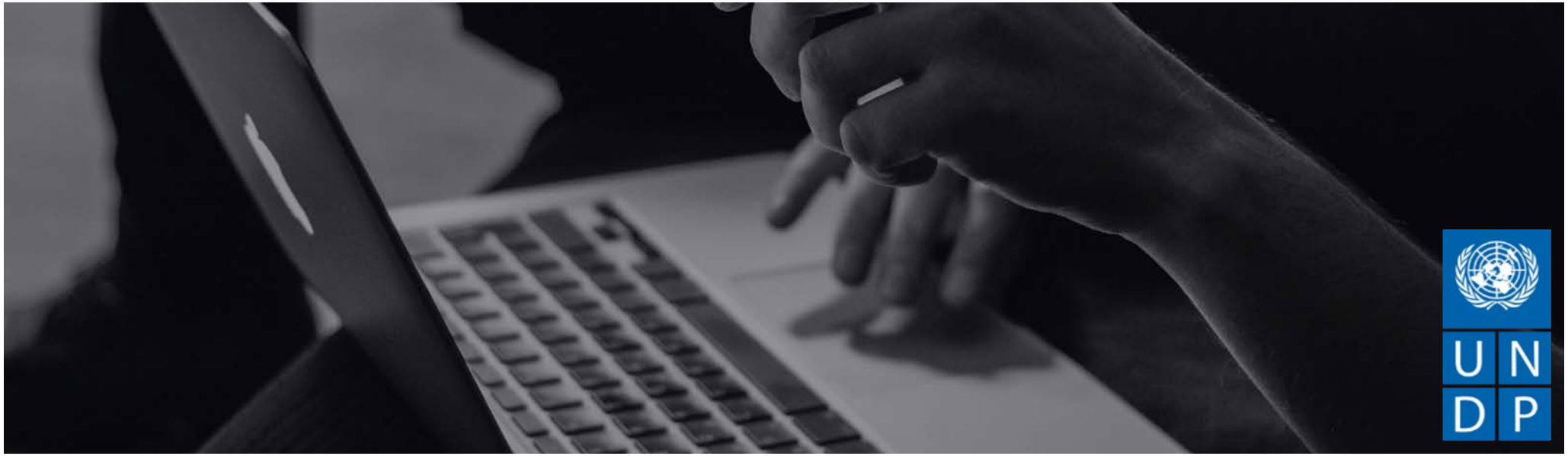
www.malariaconsortium.org

PROMOTING PEOPLE-CENTERED DIGITAL HEALTH TRANSFORMATION

UNDP WORK ON DIGITAL HEALTH

OVERVIEW

Dr Manish Pant
Policy Specialist, Digital Health
Angela Anna De Tommasi
Programme Advisor, GFPHST
Aicha Mohamed Ali, Head of Programme and M&E, UNDP Burundi
Angela Marques, Programmes Specialist, GFPHST



UNDP DIGITAL HEALTH FRAMEWORK

INTEGRATED WITHIN THE UNDP HIV AND HEALTH STRATEGY 2022-2025 WITH THREE INTERLINKED AND MUTUALLY REINFORCING ACTION AREAS

UNDP HIV AND HEALTH STRATEGY 2022-2025

Scaling up the use of digital health technologies and helping to reduce barriers and inequities to access them

DIGITAL HEALTH INTERVENTIONS

UNDP DIGITAL STRATEGY 2022-2025

Embedding digital across all UNDP programming

UNDP STRATEGIC PLAN 2022-2025

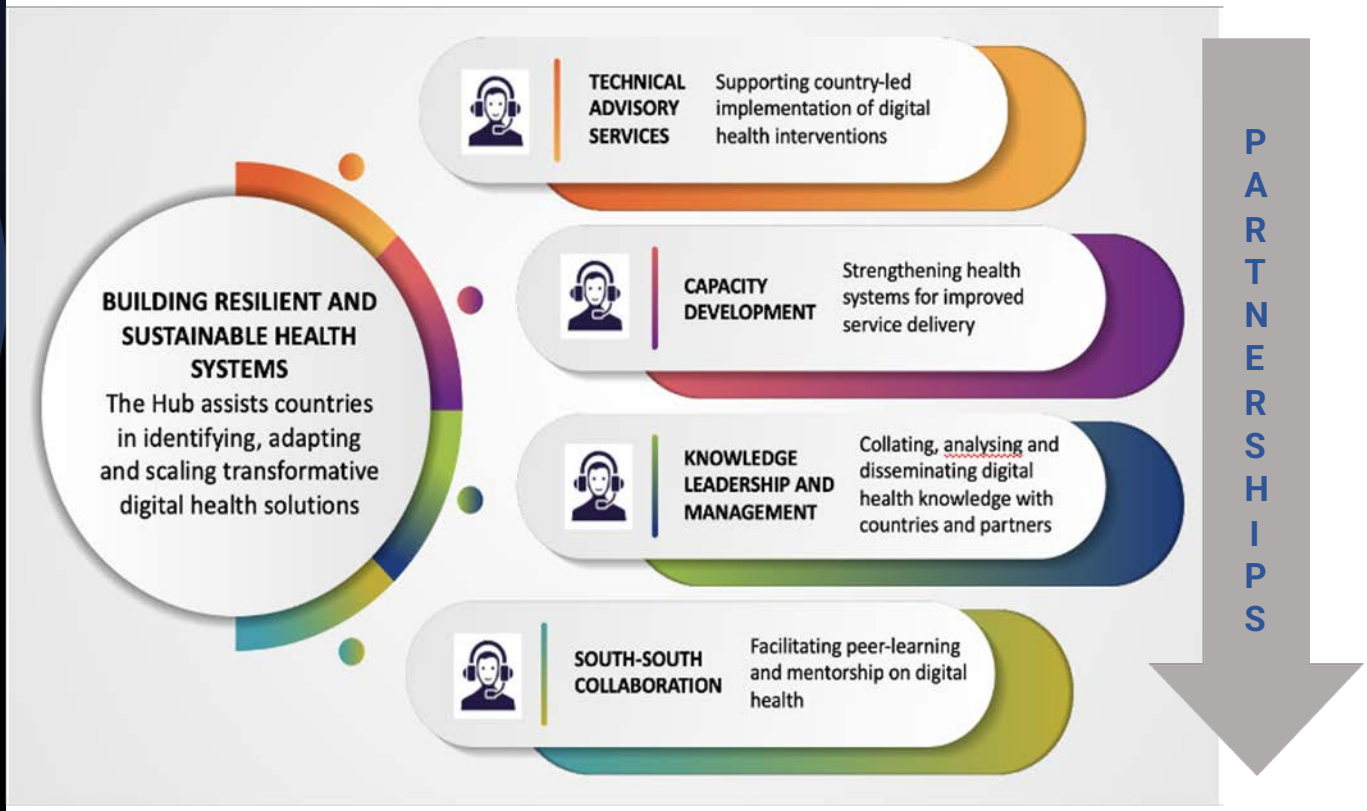
Building inclusive, ethical and sustainable digital societies

ACTION AREAS

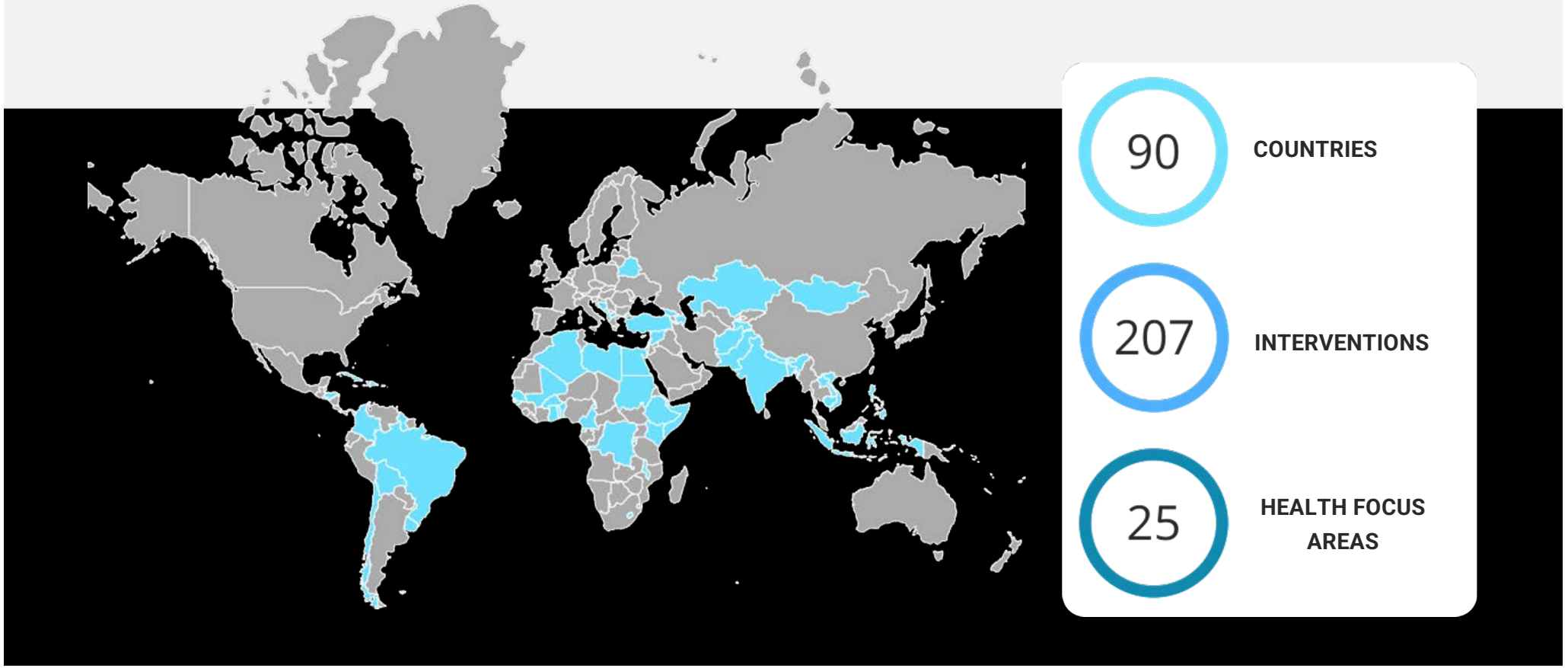
1. Reducing inequalities and exclusion that affect health and drive epidemics
2. Promoting effective and inclusive governance for health
3. Building resilient and sustainable systems for health

UNDP DIGITAL HEALTH FOR DEVELOPMENT HUB

What The Hub Does



Coverage of UNDP's Digital Health Interventions 2025



90 COUNTRIES

207 INTERVENTIONS

25 HEALTH FOCUS AREAS

UNDP Digital Health Offer

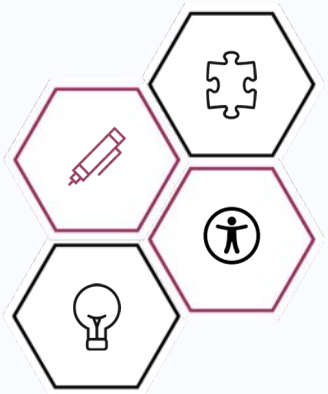
Key strategic directions that underpin Hub’s policy and program interventions

Digital Health Transformation

Integrate DH support as part of country's digital transformation through strengthened governance, capacity development and interoperable digital health solutions to be used across all national health programs.

Digital Foundations in Health

Work with open-source digital health solutions aligned to WHO standards, that can be offered as DPGs and DPIs across countries, facilitating sustainable local digital ecosystems.



Digital Innovations in Health

Promote innovative solutions in health like AI, digital wallets, virtual care, verifiable digital credentials etc, to strengthen systems at the nexus of climate, environment and health.

Inclusion and Human Rights

Support digital health technologies that protect human rights and address challenges of privacy, discrimination, ethics, gender and equity.

UNDP Digital Health Guiding Principles

Place human rights at the centre

Promote digital platforms and services that have a people-centred design, protect human rights and meet health needs

Leave no one behind

Advocate on inclusive and gender-sensitive approaches to digital transformation to reduce inequity and the digital divide

Contribute to shared global frameworks

Ensure alignment with principles for digital development, the UN Charter and the Universal declaration of human rights,

Promote open digital standards

Promote digital public goods for health that are based on open standards, open source, open data and interoperability

Strengthen local digital ecosystems

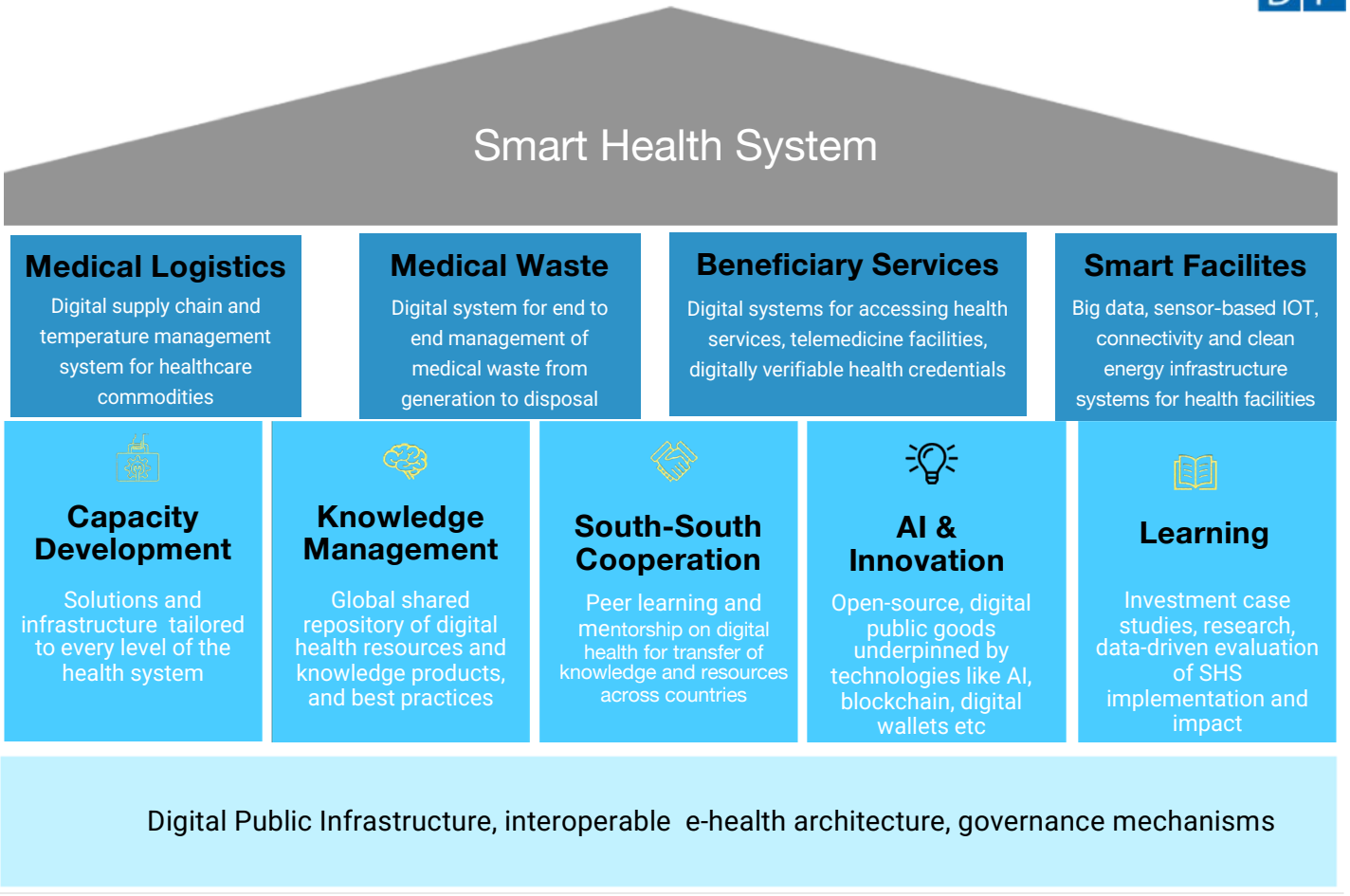
Develop solutions with local leaders, companies and innovators that refel local diversity and knowledge

Leverage strategic partnerships

Pursue partnerships with governments, communities of developers, academia, donors, private sector and UN agencies on digital solutions in health

Supporting National Digital Health Transformation

UNDP's Approach to Building Resilient Health Systems

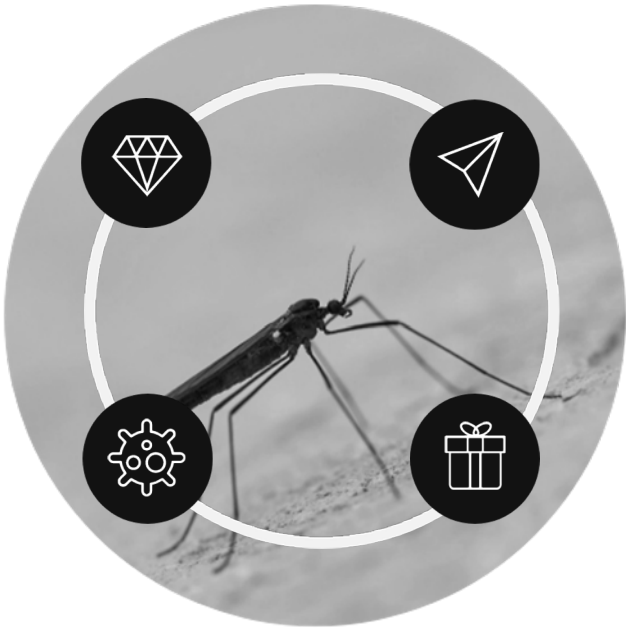


Addressing the Challenge of Malaria in Chad

UNDP partnered with Chad’s Ministry of Health on digitizing the campaign for mass distribution of long-lasting insecticidal mosquito nets (LLINs)

High Transmission Areas

Two-thirds of Chad's population live in high-risk zones with 1.7 million cases and 2,700 deaths in 2022.



Weak Health System

Fragile and vulnerable to epidemics and outbreaks

Paper-Based Limitations

LLIN distribution using paper forms compromised coverage tracking, stock management, and data quality.

Obstacles to Effective Response

Lost or damaged paper forms led to poor data quality, inability to review and analyse ground information.

Campaign Implementation Process

A systematic approach to digitizing LLIN distribution for enhanced efficiency and data accuracy

Process Optimization

Conversion of paper-based workflows into standardised digital procedures across all campaign phases

Capacity Building

Cascade training approach with simplified materials to effectively transfer knowledge from central teams to field personnel

Digital Platform Integration

KoboToolbox for offline household data collection with DHIS2 and PowerBI dashboards enabling real-time monitoring and decision-making

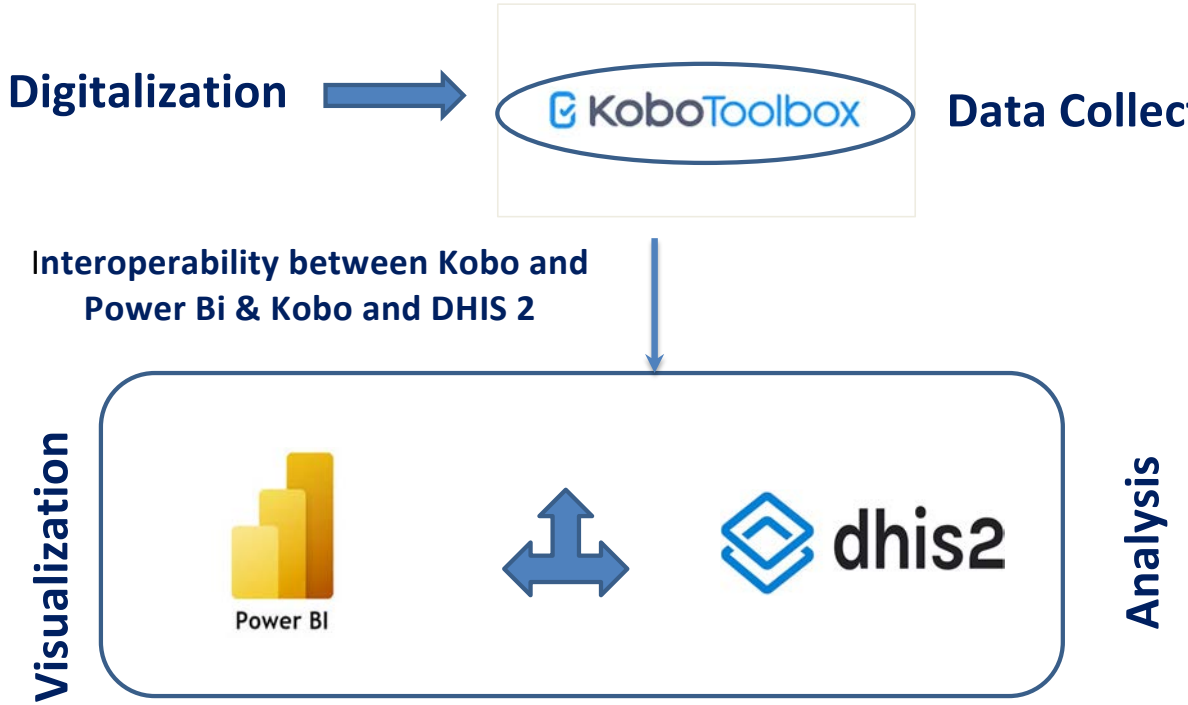
Pilot Testing

Targeted testing in one district (2,671 households) to evaluate collection methods before wider rollout

Interventions Scale-up

Province-by-province implementation with tracking of bednet distribution progress

Digitalization system implemented



- ❑ LLIN 2023 enumeration / distribution form
- ❑ LLIN stock form 2023
- ❑ 5% re-enumeration form
- ❑ Delivery receipt

- ❑ Final distribution summary
- ❑ Overview by team
- ❑ Summary by site

Implementation Challenges

LIMITED INTERNET CONNECTIVITY

Remote areas had poor internet access, which delayed data uploads.

MITIGATION

Used offline data collection and set up sync points in areas with better connections.

END-USER SKILL GAPS

Health workers had trouble using tablets and district health teams were less engaged.

MITIGATION

Provided focused training, simple guides, and used district technicians as mentors.

DATA QUALITY PROBLEMS

Multiple form updates caused version confusion. Data in paper registers and tablets didn't always match.

MITIGATION

Set up central checking systems and improved workflow process

Main Achievements For The 2023 Campaign

17 provinces

Supported with the distribution of mosquito bed nets

3.9 million

Households counted and geolocated for the campaign.

9.4 million

Bed nets distributed.

150 thousand

Additional bed nets provided to refugees from Sudan

SUPPLY CHAIN MANAGEMENT

LLIN stock data at all levels allowed staff to anticipate potential shortages and quickly respond with stock replenishments.

REAL-TIME DASHBOARDS

Allowed program monitoring and data-driven decision making.

PROGRAM MANAGEMENT

Effective supervision of staff engaged in enumeration and distribution activities.

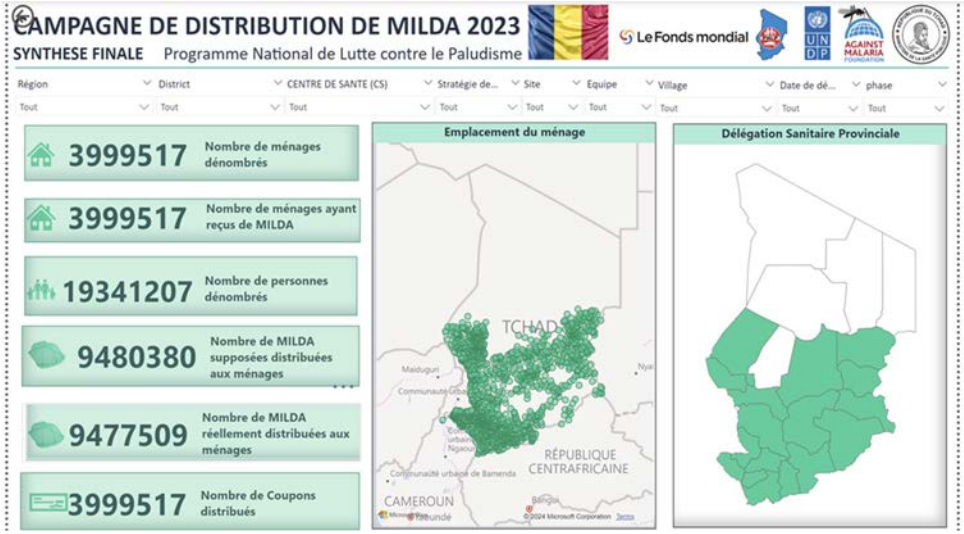
Data visualization (1)

Results by province by data source Tablet via register

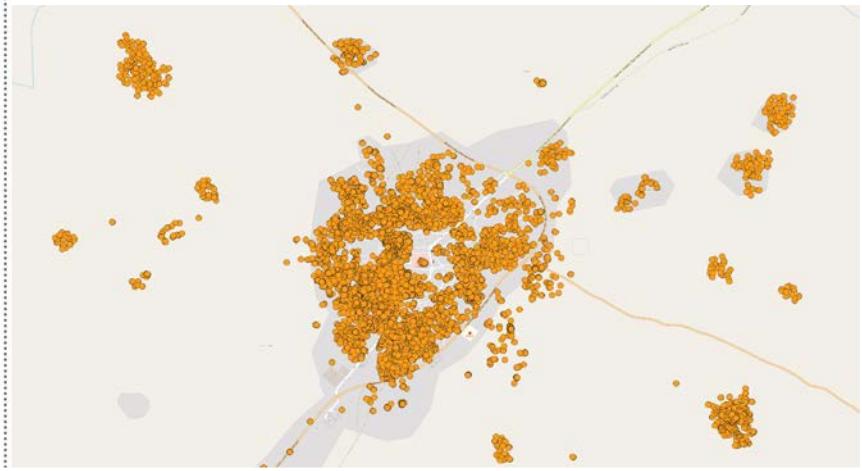
Phase	Provinces	Données registres			Données tablettes		
		Ménages (#)	MILDA (#)	Personnes dénombrées (#)	Ménages (#)	MILDA (#)	Personnes dénombrées (#)
1	HADJER-LAMIS	271,126	629,270	1,265,928	259,820	623,487	1,266,350
1	MANDOUL	287,034	655,260	1,238,343	277,763	642,212	1,240,470
1	MOYEN-CHARI	243,829	556,517	1,109,060	239,738	555,754	1,118,624
1	SALAMAT	113,950	266,554	521,953	112,631	267,161	543,731
2	LOGONE OCCIDENTAL	318,620	754,982	1,515,160	320,755	756,760	1,539,960
2	LOGONE ORIENTAL	370,102	866,621	1,763,618	359,276	862,913	1,766,304
2	TANDJILE	271,782	606,951	1,189,772	260,116	596,339	1,185,121
3	CHARI-BAGUIRMI	236,474	554,994	1,121,693	233,544	552,566	1,135,625
3	MAYO-KEBBI EST	301,224	696,770	1,349,187	295,752	692,341	1,421,349
3	MAYO-KEBBI OUEST	213,637	515,569	1,063,519	217,280	524,670	1,109,603
4	BATHA	193,369	457,713	987,809	195,628	468,225	977,615
4	GUERA	231,415	539,003	1,083,625	226,256	531,876	1,079,008
4	KANEM	132,049	304,871	599,313	133,412	311,174	610,803
4	LAC	226,706	530,477	1,093,327	224,274	535,206	1,104,477
5	OUADDAI	357,357	848,306	1,729,367	329,742	787,824	1,647,120
5	SILA	176,636	437,135	888,617	160,280	398,926	837,875
5	WADI FIRA	211,909	492,832	908,073	153,250	370,075	757,172
	Total	4,157,219	9,713,825	19,428,364	3,999,517	9,477,509	19,341,207

Provinces	Couverture Ménages (Registre)	Couverture MILDA (Registre)	Couverture Population (Registre)	Couverture Ménages (Tab)	Couverture MILDA (Tab)	Couverture population (Tab)
HADJER-LAMIS	99%	95%	95%	95%	94%	95%
MANDOUL	105%	101%	94%	102%	99%	95%
MOYEN-CHARI	106%	100%	99%	104%	100%	100%
SALAMAT	102%	100%	98%	101%	100%	102%
LOGONE OCCIDENTAL	102%	101%	100%	103%	102%	102%
LOGONE ORIENTAL	110%	107%	109%	107%	107%	109%
TANDJILE	102%	95%	93%	98%	94%	92%
CHARI-BAGUIRMI	109%	106%	107%	108%	106%	109%
MAYO-KEBBI EST	113%	108%	105%	111%	108%	110%
MAYO-KEBBI OUEST	106%	107%	110%	108%	109%	115%
BATHA	111%	110%	116%	112%	113%	115%
GUERA	98%	124%	134%	96%	122%	133%
KANEM	82%	79%	77%	83%	80%	79%
LAC	110%	107%	110%	109%	108%	112%
OUADDAI	153%	136%	154%	141%	126%	147%
SILA	147%	88%	153%	133%	80%	144%
WADI FIRA	108%	101%	96%	78%	76%	80%
TOTAL	109%	104%	107%	105%	102%	107%

Coverage data for the three key indicators in number and percentage

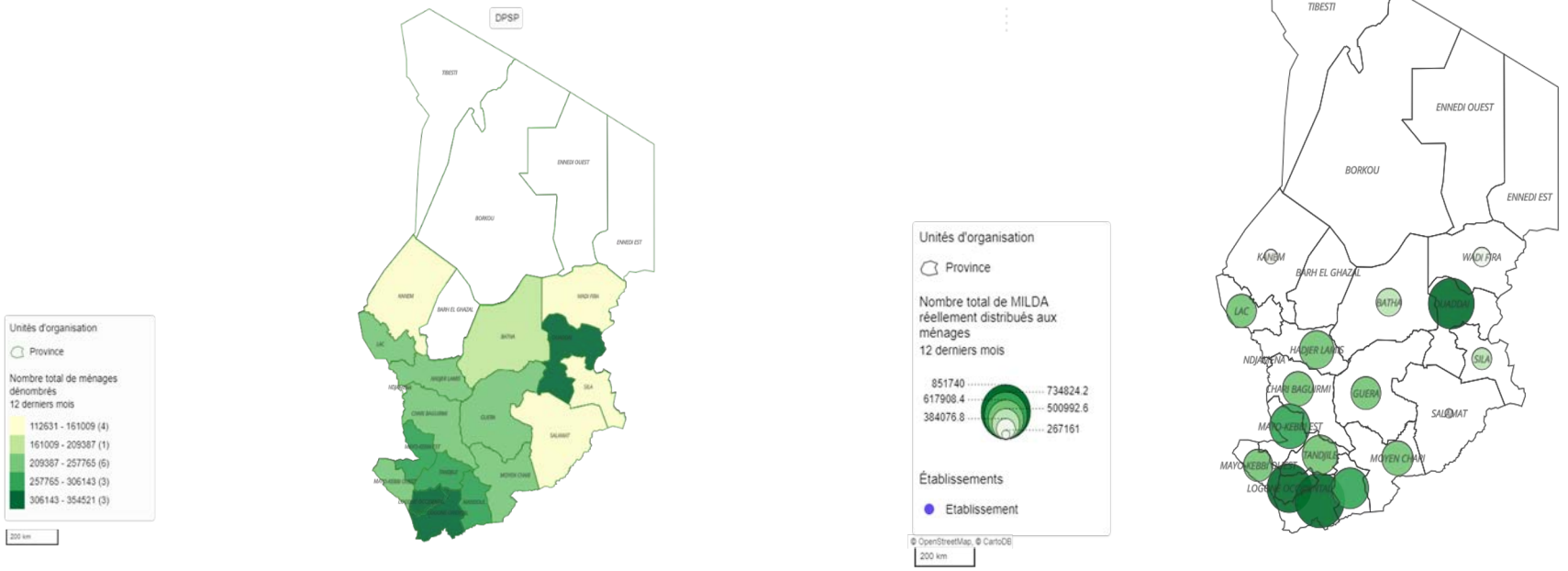


Dashbord Power BI data 5 phases



Overall view of households having received LLINs CS example Massakory1 and 2

Data visualization (2)



Source: DHIS2 of the MSPP

Overall view of households having received LLINs in the 17 provinces of the CDM

Key Learnings From Our Experience

1

Program Workflows And SOPs are Essential

Clear workflows help ensure collective understanding of roles for all involved.

Finalize digital solutions only after the program SOPs are well defined.

2

Leverage Existing Digital Solutions For Last Mile

Deploy offline-capable solutions and cloud-based dashboards for real-time monitoring

Ensure that digital solutions are interoperable.

3

Local Technical Support Is Needed

On-site technical assistance improves field team efficiency, especially in connectivity-challenged areas.

Deploy technical experts locally with offline problem-solving capabilities.

4

Multiple Support Methods Work Better Than One

Technology adoption improves with diversified learning approaches for the end-user.

Implement tiered training, learning guides, mentorship models.

5

Stakeholder Ownership Drives Success

Local leadership has better knowledge of their issues and challenges.

Collaborate with all partners, prioritizing field workers.

Future SMART Partnership(s)

Building on the key learnings and to address identified main challenges - UNDP's HIV and Health Group, through its Digital Health for Development Hub (DH4DH) and Global Fund Partnership and Health Systems Team (GFPHST), established a global partnership agreement with the eGovernments Foundation. The HIV and Health Community of Practice hosted an information session to provide details about the global partnership and eGov's digital health service offer.

Currently **Burundi** is running the pilot for digitalization of their 2025 Malaria mass campaign with Guinea-Bissau starting to plan theirs planned for 2026. Through Country Office to Country Office engagement, both countries promote peer exchanges (virtual and in-country missions) to learn and adapt faster towards a successful implementation. A webinar will be organized in next months for other countries to enroll in the **Digital Journey**.

Next-generation partnerships:

Country Enablement:

Strengthening our corporate offer to support countries in being future ready aligned with next UNDP Strategy

Building opportunities with optimized resources, reskilling, developing a sustainable data infrastructure for increased transparency, traceability and accountability.

Flagship Initiatives:

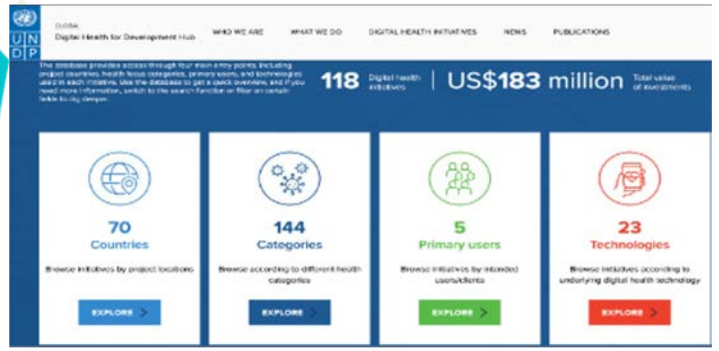
Establishing Global Agreements that can be use immediately without further procurement processes for adaptation to the new world context, stepping up for implementation readiness while preserving quality and compliance.

Identifying flexible mechanisms to engage the (local and cloud management) partners to promote a healthy flow on the cascade implementation.

THANK YOU

For more information

https://digitalhealthfordevelopment.undp.org/



The Hub serves as a one-stop shop with an inventory of curated tools, guides and best practice documents that facilitate countries to learn from one another.

amp | The Alliance for Malaria Prevention

app | Alliance pour la Prévention du Paludisme

Discussion
Questions & Answers

Discussion
Questions et réponses

Remote participants:
Kindly use the Zoom Q&A feature to submit comments and ask questions, specifying the name of the speaker to whom the question is directed.

Participants à distance :
Nous vous prions d'utiliser la fonction Q&A sur Zoom pour soumettre vos commentaires et poser vos questions, en précisant le nom de l'orateur à qui la question est adressée.

For technical difficulties / Pour les problèmes techniques: please use the Zoom Chat and/or email info@tiseh.com

amp | The Alliance for Malaria Prevention

app | Alliance pour la Prévention du Paludisme

Coffee Break

Pause café

We will return shortly!

A tout de suite!

© Muchiri Frames / Vestergaard, Kenya

For technical difficulties / Pour les problèmes techniques: please use the Zoom Chat and/or email info@tiseh.com

MINISTRY OF HEALTH

REPUBLIC OF KENYA

From Data to impact: how real-time Insights improve health campaigns.”

James Kiarie,

SMEOR, NMCP, Kenya

Outline

- Process of mass net data collection before digitization
  - Use of paper-based registers and summaries
  - Uploading of ward summaries into DHIS
  - Inefficiencies in the manual system
- Current Mass Net campaign
  - The components of the campaign digitized
  - Benefits of the digitization

Process of mass net data collection before digitization

During Household Registration

- The Community team undertaking household registration would populate the household register manually as they walked from house to house.

- The household register was summarized into a Sublocation summary which inturn summarized into a Ward summary.

- The Ward summary was uploaded into DHIS with minimal visibility of data at lower hierarchies.

Process of mass net data collection before digitization

During ITNs Distribution

- Distribution of Nets was done through fixed distribution posts. The household registers were merged to form the Post Register for Nets issuance
- Household heads would queue at fixed posts collect nets and sign against their details in the register
- Posts data would aggregate to fill out a daily Post distribution summary which would be submitted to the ward level for aggregation and at sub county would populate the Ward summaries for distribution in each Ward.
- The sub county team would upload distribution summaries for each ward

Household Net Register

MOH HOUSEHOLD NET REGISTER

County: _____

Sub-county: _____ Ward: _____ Name of Post: _____

Location: _____ Sub-location: _____ Village: _____ Form 1a

Community Health Volunteer: _____ Phone number: _____ of

Village Elder: _____ Phone number: _____ Sheet number: _____

Date: __/__/____ Day of campaign

No.	Name of household head (a)	National ID number of the household head (b)	Mobile Phone number of HH (c)	Number of people in the household (d)	Registration: Number of nets required (e)	Registration: Voucher (f)	TO BE FILLED AT DISTRIBUTION POINT: Number of nets issued (g)	Collected by (name) (h)	ID number (i)	Sign (j)	Day of campaign not collected
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
Total											

Cross 1: Distribution point

Cross 2: Ward

Cross 3: Sub-location

During Distribution

Area chief name: _____

Date: _____

Sign and stamp: _____

Populated Register

MOH HOUSEHOLD NET REGISTER

Sub-county: Nakuru East
Location: Karetina East
Community Health Volunteer: Emanuel Kabel
Village Elder: Samuel Mwaka
County: Nakuru
Ward: Menengai
Sub-location: Karetina East
Phone number: 0735680442
Phone number: 0727439287
Name of Post: Karetina Hospital.
Village: Karetina West
Sheet number:
Date: 1/1/2015
Day of campaign: 1 2 3 4 5 6 7 8 9 10

No.	Name of household head (a)		National ID number of the household head (b)	Mobile Phone number of HH (c)	Number of people in the household (d)	Number of nets required (e)	Voucher (f)	Number of nets issued (g)	Collected by (name) (h)	ID number (i)	Sign (j)
1	OMGri	Nyakio	24977958	0711537[illegible]	5	3					
2	Edna	Tanui	11080183	0722734[illegible]	11	2					
3	Emily	Moseke	20854083	0716376[illegible]	6	3					
4	Eric	Kiprop	11462967	0722[illegible]	5	3					
5	Peter	Mwangi	9262816	0722[illegible]	6	3					
6	Abdi	Sara	22662395	0722[illegible]	5	3					
7	Andrew	Wambui	19187745	0723[illegible]	5	2					
8	John	Sirm	6205[illegible]	0771[illegible]	3	4					
9	Leah	John	23124[illegible]	0721[illegible]	7						
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
	Total				45	26					

Copy 1 Distribution point
Copy 2 Ward
Copy 3 Sub-location

During Distribution
Area chief name
Date
Sign and stamp

Ward Summary

nple

MOH HOUSEHOLD NET REGISTER - Villages Household Registration summary

County: _KIRINYAGA_ Sub-county : _MWEA EAST_ Ward : _KITINE_

Location: _MAGUTA_ Sub-Location: _THURAKU_ Date : 24 / OCT / 2020

Name of PHO : _MOSES SUBUKI_ Phone number: _0724 11XY23_

Sheet number: 1 of 1

Form R1

No.	Name of Ward (a)	Name of Village (b)	Number of households Registered (d)	Population reached (e)	Number of nets required to serve households registered (f)		~~Number of Posts~~ name of distribution post where the
1	KITINE	Village A	40	217	114		Post X
2	KITINE	Village A	22	131	69		Post Y
3	KITINE	Village A	36	144	75		Post Z
4	KITINE	Village B	60	271	141		Post F
5	KITINE	Village C	40	189	96		Post T
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
Total			198	952	495		

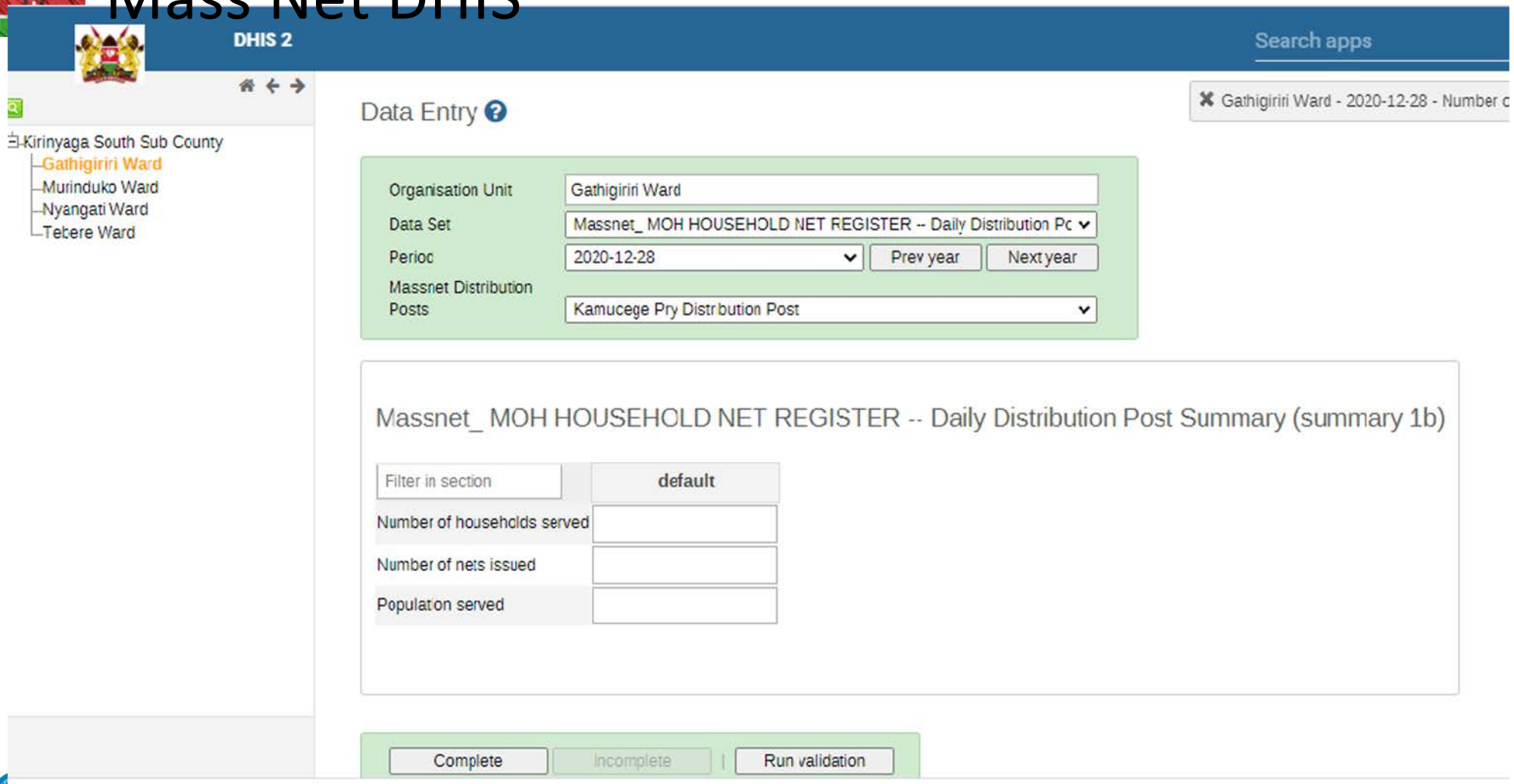
Ward PHO / _MOSES SUBUKIA_ Phone number: _____

Date 24TH OCT 2020

Sign and stamp _____

Copy 1 Sublocation
Copy 2 Ward
Copy 3 Sub-county

Mass Net DHIS



Inefficiencies in the manual process

During Household Registration

- Too much paperwork and too many summaries before uploading into DHIS
- Lack of visibility of household registration data at lower hierarchies.
- Time lag of upto a week from the completion of household registration to the submission and uploading of the ward household registration summaries
- Arithmetic errors due to voluminous pages for aggregation

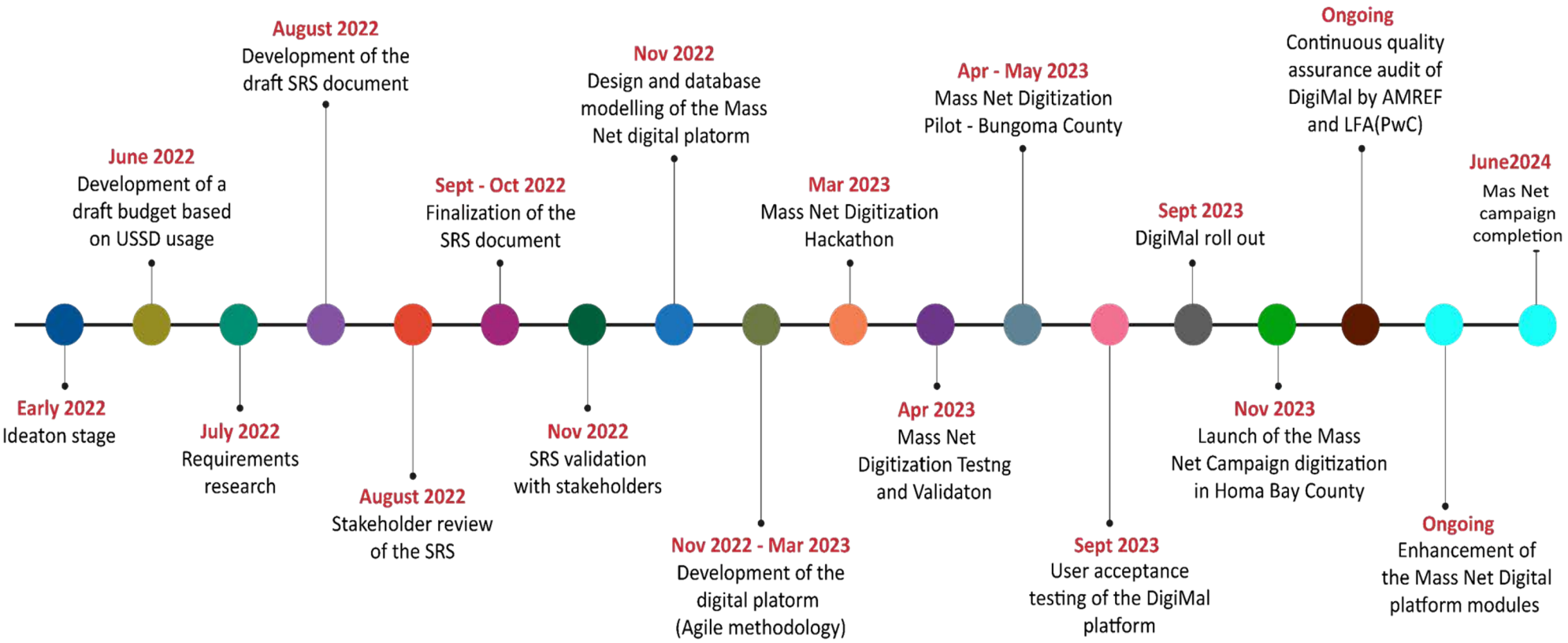
Inefficiencies in the manual process

During ITNs Distribution

- Difficult to determine the actual ITNs need for each distribution post resulting in interpost post transfer of ITNs to serve the population registered.
- Too much paperwork for distributed nets summary data.
- Time lag between completion of registration and tabulation of summaries and uploading in DHIS
- Logistical challenges of determining the quantity of ITNs to be allocated to each distribution Post especially if quantity determined at macro planning differed from quantity after registration.
- The inadequate ITNs led to capping resulting in high remainder of ITNs after distribution period in some Posts.

Current Mass Net campaign - Digitized campaign

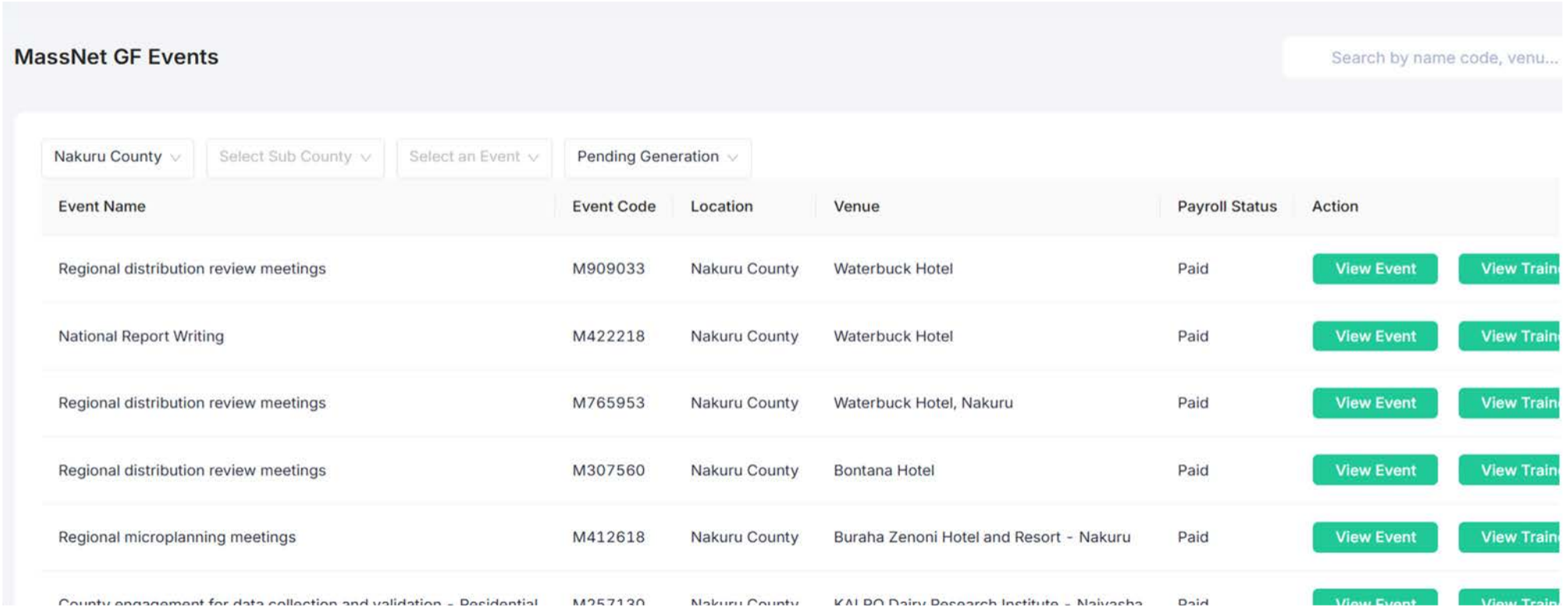
The Digitization of mass net process



The components of the campaign digitized

1. Masterlist management
1. Events and Activities management
1. Household Registration and Distribution of Nets data
1. Inventory management
1. Payroll management

Events and Activities management



Masterlist management

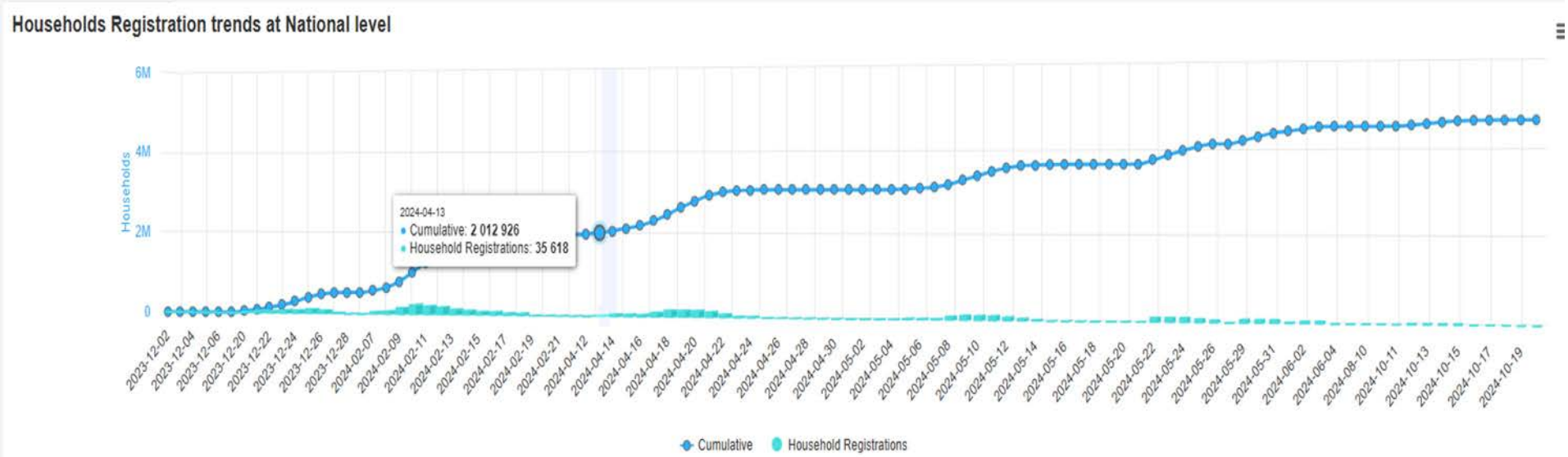
- List of all names of persons (those likely to be involved in the campaign);
- Organization categorization (MOH, CHMT, NGAO) ;
- Campaign role; Phone number (Mpesa registered) and
- User Level (National, County, SubCounty)
- Participants validated Job Groups
    - Ability to incorporate new users during campaign implementation
    - Mapping roles to specific campaign tasks

Nets Distribution Process

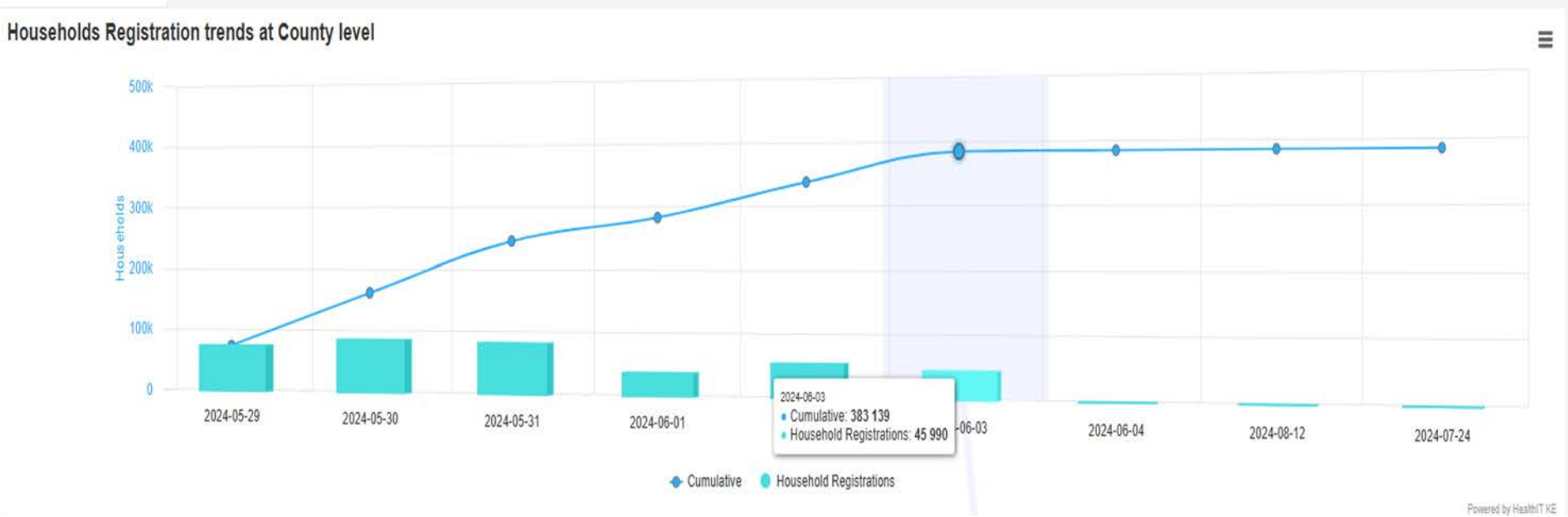
Nets Distribution Process

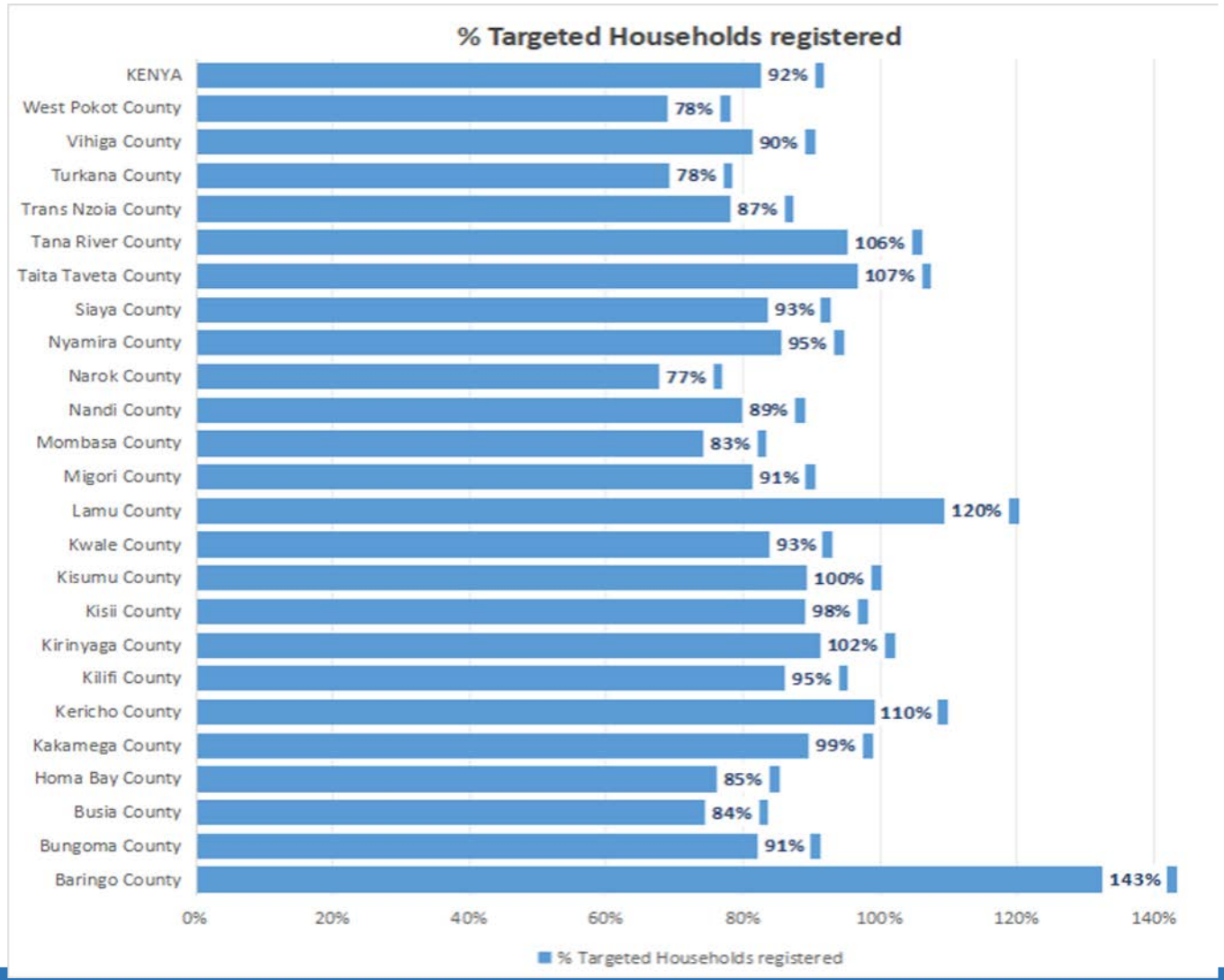
Data Summaries

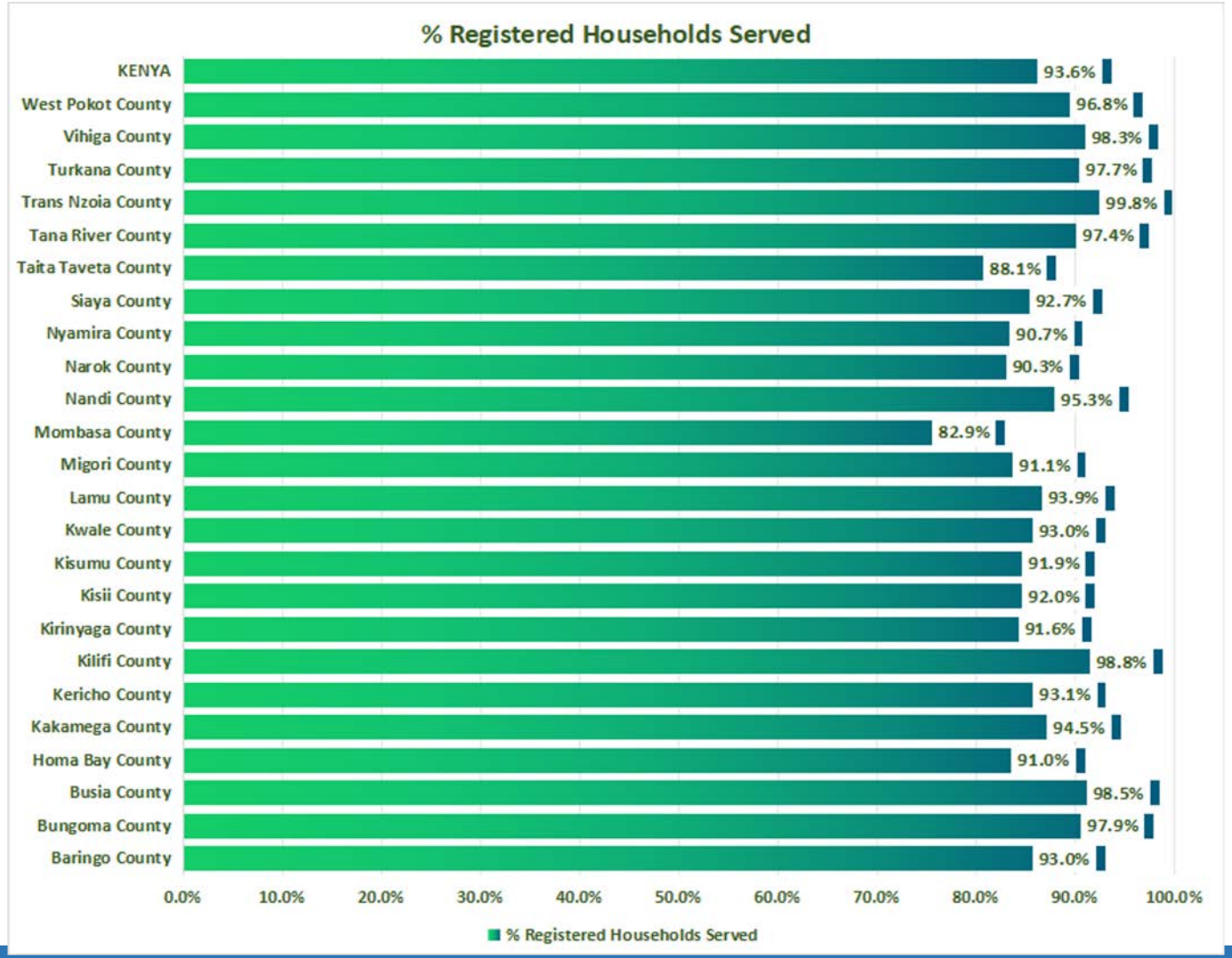
Household Registration summary



Household Registration Summary




% Targeted Households registered
KENYA 92%
West Pokot County 78%
Vihiga County 90%
Turkana County 78%
Trans Nzoia County 87%
Tana River County 106%
Taita Taveta County 107%
Siaya County 93%
Nyamira County 95%
Narok County 77%
Nandi County 89%
Mombasa County 83%
Migori County 91%
Lamu County 120%
Kwale County 93%
Kisumu County 100%
Kisii County 98%
Kirinyaga County 102%
Kilifi County 95%
Kericho County 110%
Kakamega County 99%
Homa Bay County 85%
Busia County 84%
Bungoma County 91%
Baringo County 143%
0% 20% 40% 60% 80% 100% 120% 140%
% Targeted Households registered


% Registered Households Served
KENYA 93.6%
West Pokot County 96.8%
Vihiga County 98.3%
Turkana County 97.7%
Trans Nzoia County 99.8%
Tana River County 97.4%
Taita Taveta County 88.1%
Siaya County 92.7%
Nyamira County 90.7%
Narok County 90.3%
Nandi County 95.3%
Mombasa County 82.9%
Migori County 91.1%
Lamu County 93.9%
Kwale County 93.0%
Kisumu County 91.9%
Kisii County 92.0%
Kirinyaga County 91.6%
Kilifi County 98.8%
Kericho County 93.1%
Kakamega County 94.5%
Homa Bay County 91.0%
Busia County 98.5%
Bungoma County 97.9%
Baringo County 93.0%
0.0% 10.0% 20.0% 30.0% 40.0% 50.0% 60.0% 70.0% 80.0% 90.0% 100.0%
% Registered Households Served

Challenges and proposed Solutions

Tedious tasks in the build up to campaign masterlist generation

Simplify the masterlist generation and process of onboarding new users

Internet and mobile network disruptions (low network coverage)

Deployed the Android Digimal App with offline data capture; synchronized data later

Digital Literacy gaps among Village Elders and CHPs

Customized easy to comprehend short videos for key Digimal tasks

Households without requisite registration documents (ID cards)

Allowed for merger of households (validated Households data after registration)

Benefits of the digitization

Digimal accessed through a multiple platforms

- Web — Useful for better graphical visualization and platform navigation
- Mobile android App — Useful in places with limited Network / Internet coverage because of offline capabilities
- USSD — Critical campaign components undertaken using basic phones (HH Registration; User Registration; Event registration; Nets Distribution)

Benefits of the digitization

Realtime data available to data consumers

- Registration of Households data
- Order management of ITNs
- ITNs Issuance data (to fixed distribution Posts; to Household heads)

Minimized the lag between household registration and distribution

Eliminated capping of Nets - Allocation based on registration need

Appreciation

PMI U.S. PRESIDENT'S MALARIA INITIATIVE

USAID CDC

HARAMBEE

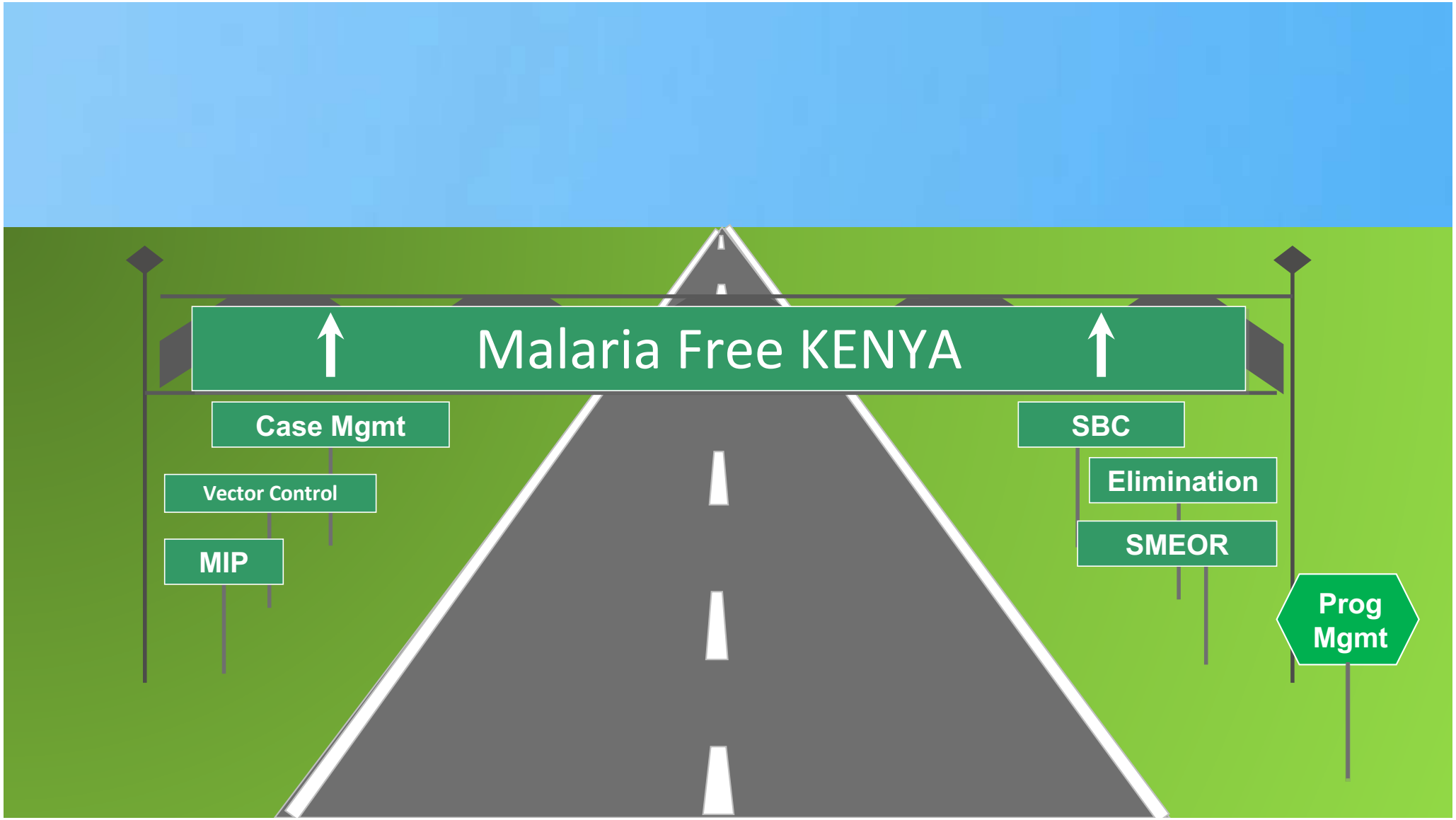
DIVISION OF NATIONAL MALARIA PROGRAMME MINISTRY OF HEALTH, KENYA

HealthIT sustaining health information system

USAID FROM THE AMERICAN PEOPLE Afya Ugavi

MEDS

PMI Kinga Malaria


Malaria Free KENYA
Case Mgmt
Vector Control
MIP
SBC
Elimination
SMEOR
Prog Mgmt

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MINISTRY OF HEALTH

REAL TIME DATA VALIDATION AND ANALYSIS IN UGANDA'S DECENTRALISED MALARIA IRS CAMPAIGN LEVERAGING ODK AND DHIS2 FOR IMPROVED DECISION MAKING

10-APRIL-2025

TAREMWA ARNOLD
MOH UGANDA

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

Introduction

- Uganda contributes the world's third highest global burden of malaria cases (4.8%) and is the tenth leading contributor to the global malaria deaths (2.7%).
- As a result,the GOU together with various implementation partners is implementing Indoor Residual Spraying (IRS).

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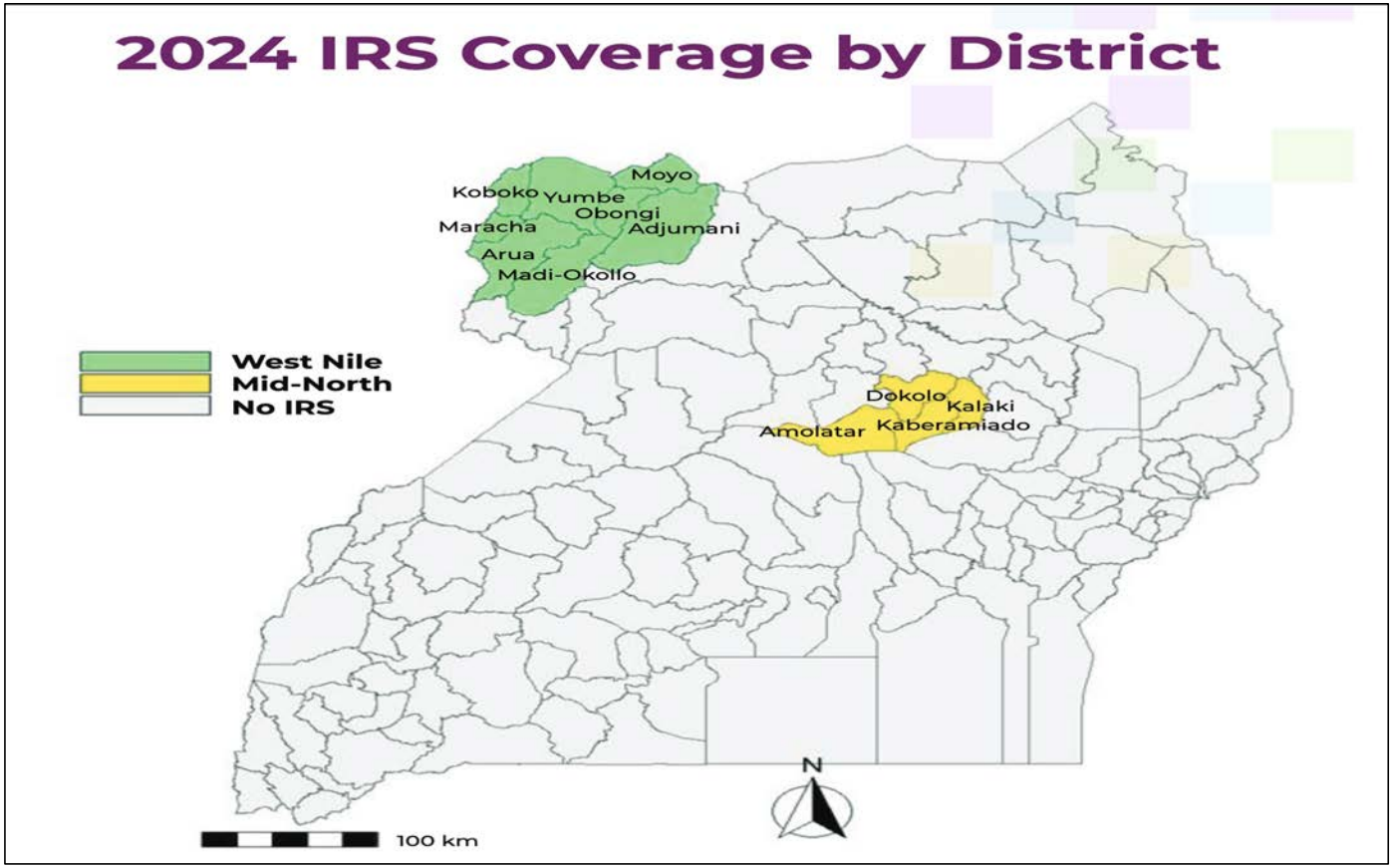
MINISTRY OF HEALTH

IRS Coverage(West Nile & Mid North) in Uganda



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MINISTRY OF HEALTH

Goal And Main Objective of IRS

Goal

To contribute to the reduction of morbidity and mortality due to malaria in Uganda

Main Objective

To reduce, and ultimately interrupt malaria transmission by reducing vector survivorship, density, and human–vector contact, in a manner that is safe for human health and the environment in targeted populations

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MINISTRY OF HEALTH

Challenges of Paper Based Approach of IRS

❖ Earlier on hard copies of IRS spray cards were being used and verification by MOH representatives was only conducted physically at the respective district health offices.The key challenges associated with this paper based approach included;

Delayed Data Transmission

Data Entry Errors

Cumbersome Data Management

Limited Real-Time Oversight

Poor Data Quality Assurance

Low Accountability

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MINISTRY OF HEALTH

Approach of IRS Data Collection

❖IRS data is collected for each sprayed house by the spray operator and captured on IRS spray cards. The data on the spray cards includes key indicators such as:

Number of structures found

Structures sprayed

Structures not sprayed (with reasons)

Population protected

❖As part of digitalisation,the process of data verification of the IRS has been moved into ODK and DHIS2.

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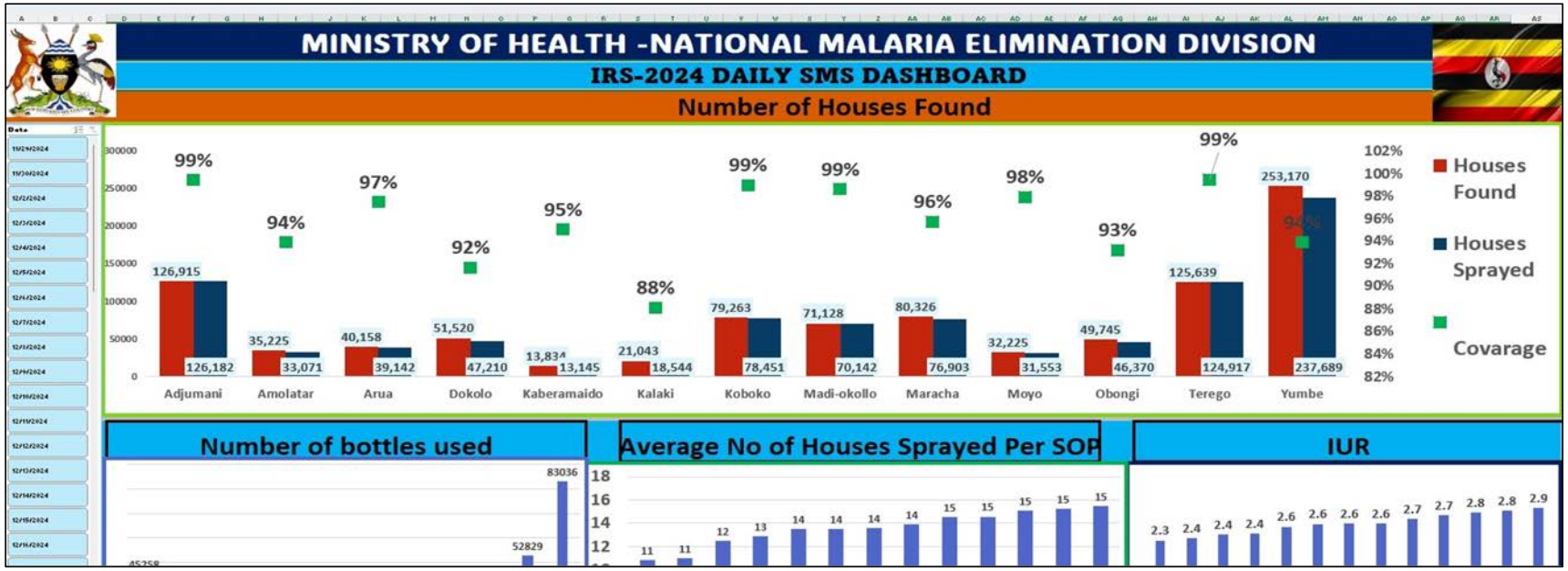
IRS Data Digitalisation At Sub County Level

- The spray cards are compiled at the end of each spray day and the site supervisor at the sub county level makes a summary of the key IRS indicators from all the forms at his or her sub county daily (in form of a short message service/SMS) to ODK that is then viewed by the district biostatistician on an SMS dashboard as shown below.



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Insights into Action

What Happens

The SMS Dashboards display graphs, charts and maps of;

- geographical coverage
- spray status trends
- population protected
- refusal rates

Decision Making Impact

- ❖ Enables identification of areas lagging and deployment of more resources or conducting of targeted community sensitization.
- ❖ Helps compare sub-county performance and identify systemic issues like low acceptance rates.

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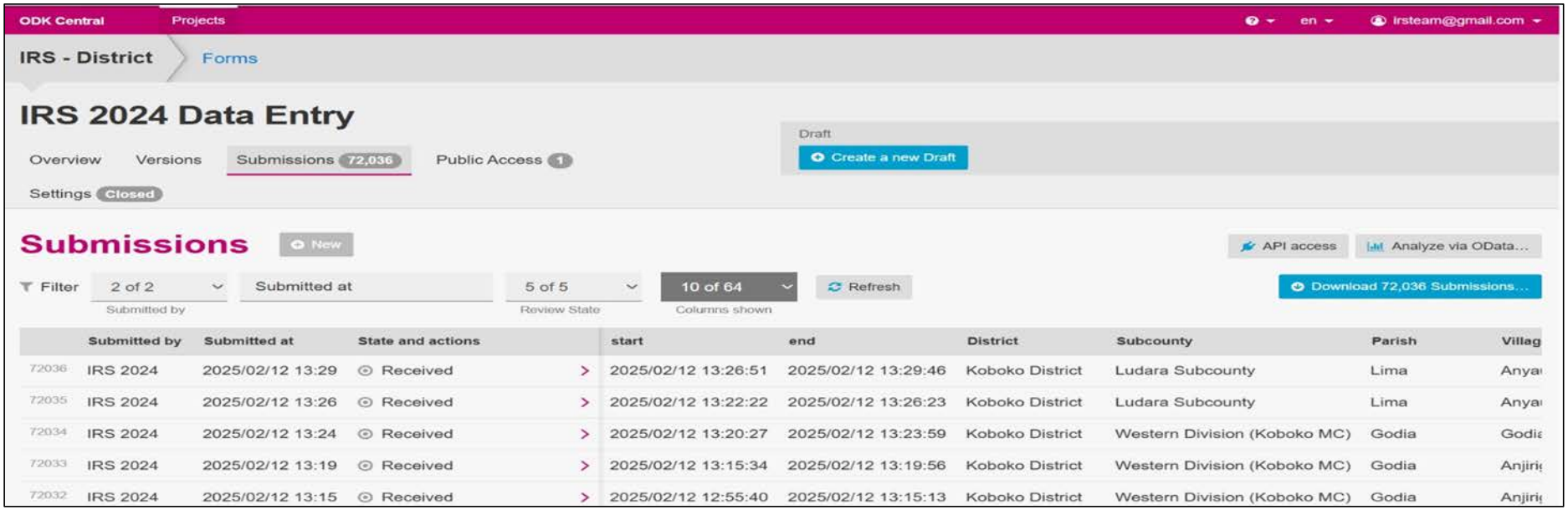
IRS Data Digitalisation at District Level

- The spray cards/forms are on that next day taken to the district by the site supervisor and entered directly into the computer by the data entry clerks.The district biostatistician validates the entered data daily.
- This data is then accessible through an Open Data Kit (ODK) platform where cleaning is done before being synchronized into DHIS2 on a daily basis.



	Submitted by	Submitted at	State and actions	start	end	District	Subcounty	Parish	Villag
72036	IRS 2024	2025/02/12 13:29	Received	2025/02/12 13:26:51	2025/02/12 13:29:46	Koboko District	Ludara Subcounty	Lima	Anya
72035	IRS 2024	2025/02/12 13:26	Received	2025/02/12 13:22:22	2025/02/12 13:26:23	Koboko District	Ludara Subcounty	Lima	Anya
72034	IRS 2024	2025/02/12 13:24	Received	2025/02/12 13:20:27	2025/02/12 13:23:59	Koboko District	Western Division (Koboko MC)	Godia	Godia
72033	IRS 2024	2025/02/12 13:19	Received	2025/02/12 13:15:34	2025/02/12 13:19:56	Koboko District	Western Division (Koboko MC)	Godia	Anjiri
72032	IRS 2024	2025/02/12 13:15	Received	2025/02/12 12:55:40	2025/02/12 13:15:13	Koboko District	Western Division (Koboko MC)	Godia	Anjiri

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MINISTRY OF HEALTH

Timely Data Corrections for Enhanced Accuracy

- Since data from each sprayed structure is entered into mobile devices using ODK.Supervisors and district biostatisticians are able to flag errors or inconsistencies (e.g., inflated structure counts or duplicate entries).

Decision-making Impact

- This enables instant feedback to spray teams to correct mistakes before they escalate.
- For example, if a site reports more structures sprayed than found, the system can flag this anomaly, prompting district teams to investigate on the same day.

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IRS Data Digitalisation at National Level

- All IRS data is housed in DHIS2 and directly managed and owned by the Ministry of Health's Division of Health Information.

District	Houses Found	Houses Sprayed DHIS2	IUR	Acceptance rate	Insecticide Bottles Used-DHIS2	Allocated Bottles	Target (Houses)	Progress	Houses Sprayed SMS	Progress SMS	Gap
Adjumani District	125,789	125,325	2.7	99.6%	45,810	54,441	132,187	95%	126,182	95%	1%
Amolatar District	34,879	32,129	2.7	93.3%	11,969	21,517	35,440	91%	33,071	93%	3%
Arua District	33,727	32,753	2.3	98.0%	14,274	17,199	37,997	86%	39,142	103%	17%
Dokolo District	55,184	47,889	2.6	87.7%	18,559	24,954	41,100	117%	47,210	115%	-2%
Kaberamaido District	15,379	13,993	2.5	91.9%	5,513	8,441	15,393	91%	13,145	85%	-6%
Kalaki District	21,179	18,500	2.7	89.0%	6,938	12,480	21,308	87%	18,544	87%	0%
Koboko District	74,509	73,788	2.2	99.1%	34,053	29,512	81,500	91%	78,451	96%	6%
Madi-okollo District	61,830	61,464	2.3	99.5%	26,881	29,305	70,124	88%	70,142	100%	12%
Maracha District	70,008	67,204	2.4	96.5%	28,349	27,783	71,358	94%	76,903	108%	14%
Moyo District	32,119	31,551	2.4	98.5%	12,976	12,675	35,524	89%	31,553	89%	0%
Obongi District	49,723	46,712	2.9	94.4%	16,329	17,536	49,101	95%	46,370	94%	-1%
Terego District	112,095	111,678	2.2	99.5%	50,577	53,496	112,459	99%	124,917	111%	12%
Yumbe District	266,629	254,450	2.7	96.2%	93,621	91,546	265,482	96%	237,689	90%	-6%
Grand Total	953,050	917,436	2.5	96.9%	365,849	400,885	968,973	95%	943,319	97%	3%

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Leveraging Digital Tools for Instant Insights and Decision-Making

- Digitalisation of the IRS campaign using tools like ODK (Open Data Kit) and DHIS2 has fundamentally shifted how data is captured, validated, analyzed, and visualized.
- Unlike the paper-based system that caused long delays in identifying issues, digital tools now allow for real-time validation and visualization, enabling rapid, evidence-based decision-making at sub-county, district, and national levels.

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Before Vs After IRS Digitalisation

Aspect	Paper Based System	Digital System(ODK+DHIS 2)
Data Transmission	7-10 days	24-48 hours
Error Detection	Post Campaign	Real Time
Data Use	Delayed reports	Daily Decision making
Visualisation	Manual Summaries	Live dashboards,charts and maps
Accountability	Hard to trace errors	Traceable by user and time

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Key Benefits from Data Digitalisation of IRS

This entire digitalisation creates a multi-layered data architecture that is:

- **Timely:** Data moves from the household to national dashboards within 24hours .
- **Responsive:** Managers can act immediately on data to correct campaign weaknesses.
- **Integrated:** The final data resides in DHIS2, contributing to national health intelligence.
- **Sustainable:** Full MOH ownership reduces dependency on parallel systems or donor-specific tools.

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Conclusion – Real-Time Data as a Game Changer

- Digitalisation of the IRS campaign and the integration of real-time validation and visualization tools like ODK and DHIS2 have transformed decision-making from reactive to proactive.
- From managing spray operator performance to reallocating resources and informing national policy, these tools empower health managers to respond faster, smarter, and more effectively in the fight against malaria.

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To Fight AIDS, Tuberculosis and Malaria

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Discussion
Questions & Answers

Discussion
Questions et réponses

Remote participants:
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Campaign Digitalization Meeting

Theme 2: Outcomes and evidence of digitalization

Réunion sur la numérisation des campagnes

Thème 2: Résultats et justicatifs de la digitalisation

Meeting will begin shortly – la réunion va bientôt commencer

Le rôle de la digitalisation dans l'amélioration de la qualité des données pour les campagnes de distribution de MILD au Mali

Boubacar Sidiki Maiga, CRS Mali

Réunion annuelle des partenaires de l'APP 2025
10 – 11 avril 2025 Nairobi | Kenya

Contexte et Historique

- De 2011 à 2020, le Mali a organisé des campagnes de distribution de masse de moustiquaires imprégnées d'insecticide (MII) pour atteindre une couverture universelle
- Ces campagnes ont permis une distribution récurrente dans toutes les régions du pays, avec un passage moyen tous les trois ans
- Toutefois, l'utilisation des données de la campagne notamment du dénombrement pour assurer une distribution de efficace demeure un défi.

Défis rencontrés avant la digitalisation

01

Qualité des données

Collecte manuelle entraînant des erreurs et des incohérences.

02

Gestion des stocks

Difficulté à suivre en temps réel la disponibilité et la distribution des MII.

03

Délais d'attente

Processus long pour l'enregistrement

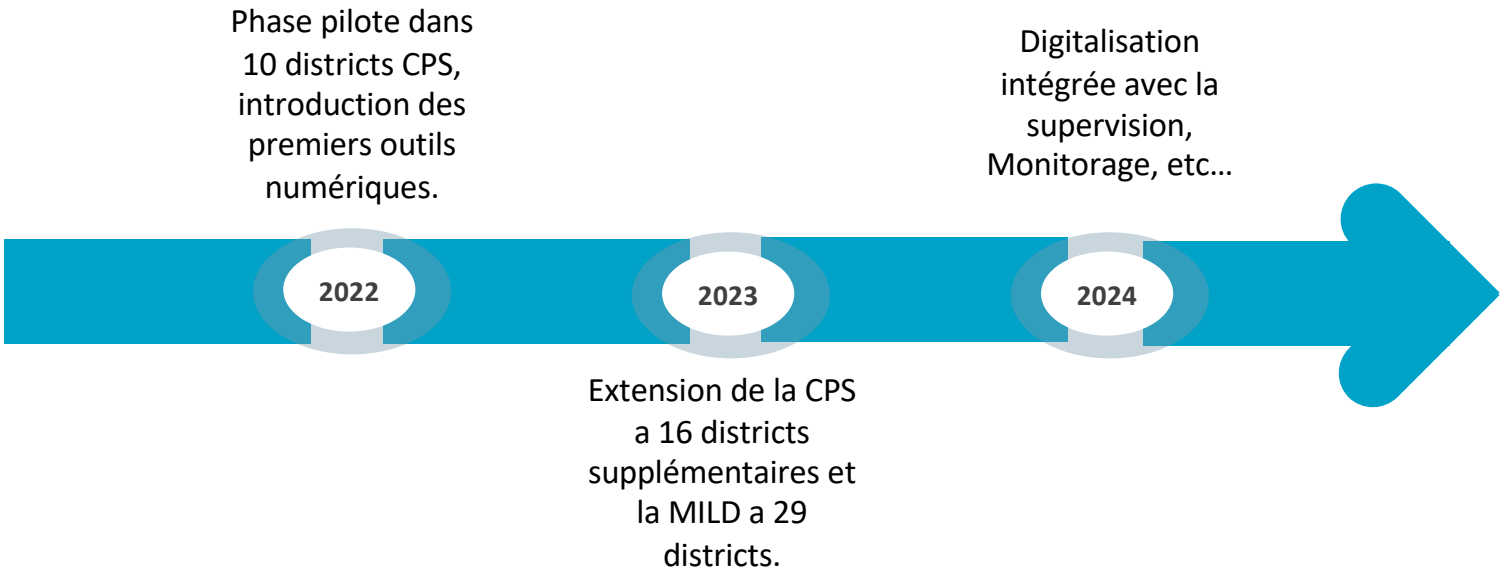
04

Remontée des données

Zones inaccessibles

Ce qui a motivé le PNLP avec l'expertise de CRS de passer à la digitalisation de la CDM 2023

Experience dans la digitalisation



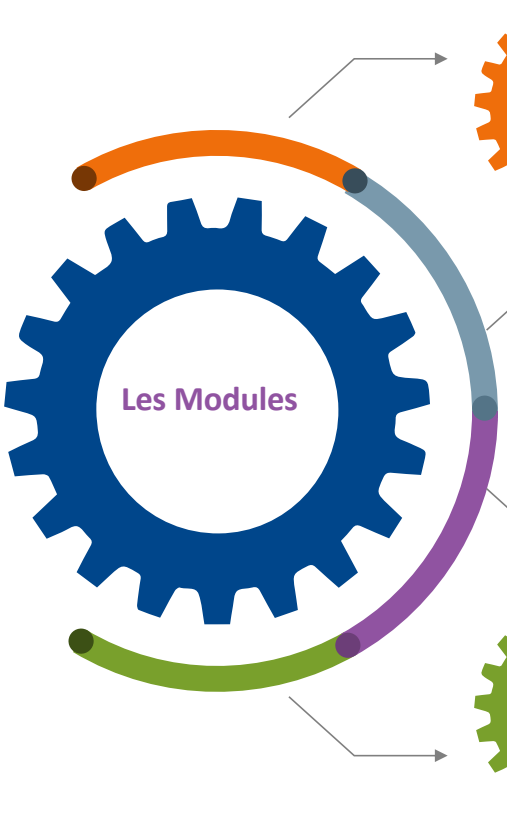
2022-2024 : Utilisation des infrastructures de **Bluesquare** pour la collecte et l'analyse des données.
2025 : Transition vers **DHIS2 national**, assurant une meilleure intégration avec le système de santé existant

Plateforme et Application

- Dénombrements des ménages
- Distribution des MII
- Gestion de la performance des équipes et binômes

- Logistique - Reception
- Logistique - Transfert
- Logistique – Inventaire – suivi du stock

Les Modules



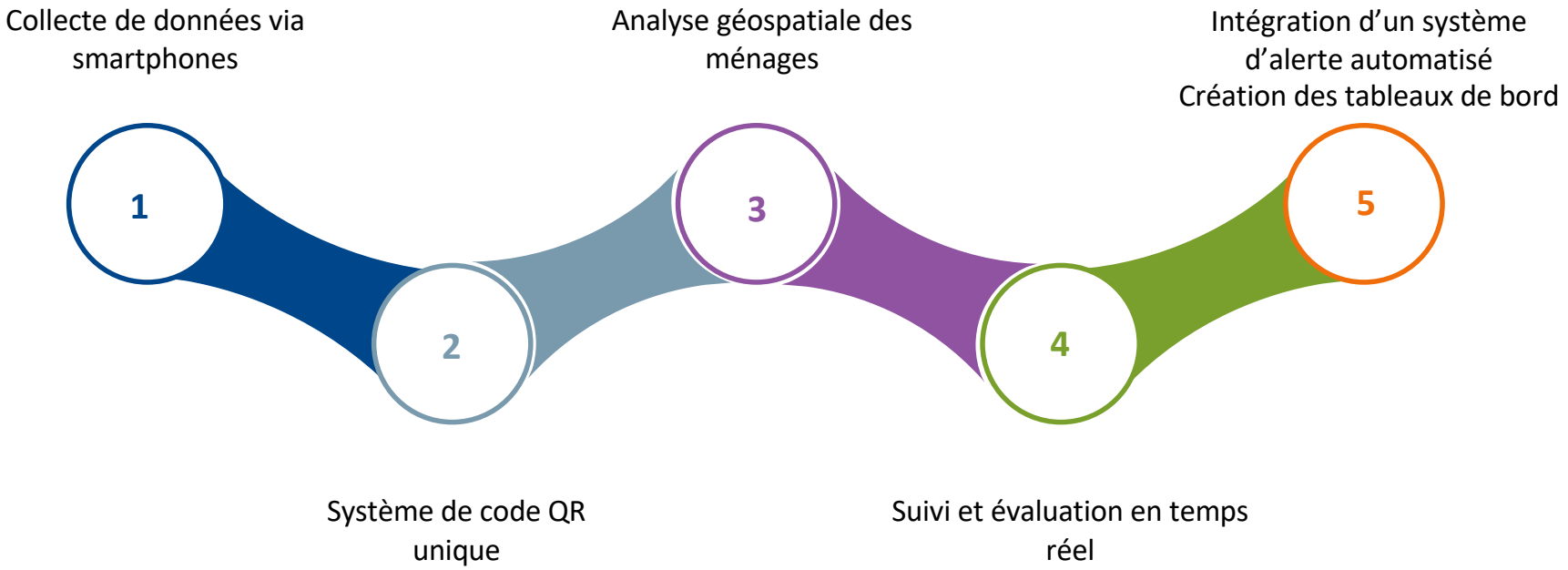
Les modules de formations (fiches et Vidéos de démostration)

Les modules d’évaluation des participants

Les manuels d’utilisateur et d’administrateur des applications

Modèle d’assistance

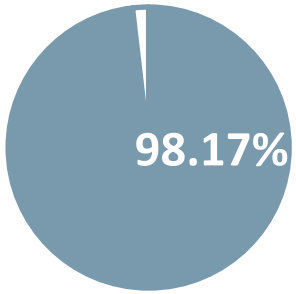
Approches innovante mises en place dans la digitalisation



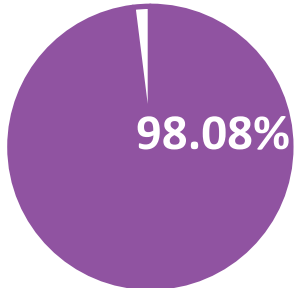
Les résultats clés

Les résultats clés

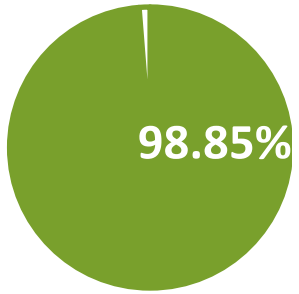
Taux de couverture en ménage



Taux de couverture en Population



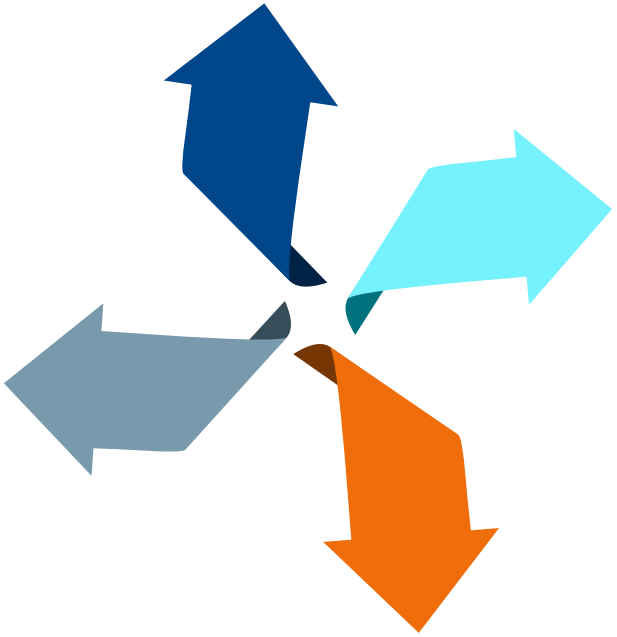
Taux de distribution



Leçons apprises

L’optimisation des outils

La phase test des outils avant la campagne a permis d’améliorer sa performance et d’anticiper sur certaines difficultés que les équipes pouvaient rencontrer



La supervision mixte (digitale et physique)

Priorisation des participants ayant eu des difficultés lors de la formation et sur la base des données de couverture a permis d’assurer une supervision ciblée et efficace

La formation continue

Un programme de formation progressif et adapté a été indispensable pour maximiser l’impact de la digitalisation.

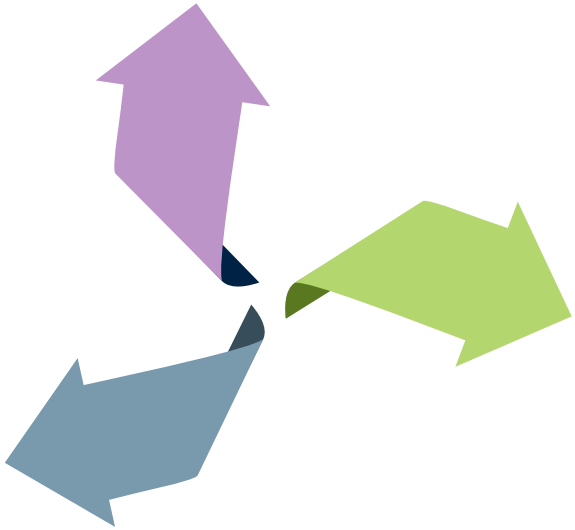
Un renforcement des capacités locales

L'implication des acteurs locaux dans chaque district favorise une meilleure appropriation de la digitalisation et garantit une assistance technique plus réactive

Leçons apprises

La transparence et la qualité des données

Grâce à la digitalisation, les rapports en temps réel améliorent la réactivité des équipes terrain.



Amelioration continue - Solution alternative

Génération et attribution des codes ménages en cas de perte de coupon pour la distribution

La standardisation des processus

Une harmonisation des procédures de collecte et de gestion des données permet un déploiement plus rapide et efficace dans de nouveaux districts.

Défis dans la digitalisation

Indisponibilité des réseaux téléphoniques et Internet

Souvegarde des coupons pour la distribution des MILD

Collecte des données en mode hors connexion et gestion des TEI (Tracked Entity Instances)

Limitations liées à DHIS2 et performances des serveurs

Inaccessibilité de certaines zones en raison des inondations

Recommandations

Poursuivre la digitalisation avec les leçons apprises notamment l'évaluation du processus réalisée

Créer des extensions spécifiques pour DHIS2 afin de répondre aux besoins, augmenter la capacité des serveurs

Améliorer l'application pour stocker plus efficacement les données et les synchroniser automatiquement dès qu'une connexion est disponible.

Merci !

CRS
CATHOLIC RELIEF SERVICES

GOVERNMENT OF SIERRA LEONE

Ministry of Health

National Malaria Control Program

OUTCOMES AND EVIDENCE OF DIGITIZATION FROM SIERRA LEONE'S 2023/24 ITN DIGITALIZATION MASS CAMPAIGN

A DATA-DRIVEN APPROACH TO MALARIA PREVENTION

Introduction

Malaria is endemic in Sierra Leone, with stable and perennial transmission in every part of the country.

In 2022, 3,151 people were reported to have died of malaria in Sierra Leone.

The NMCP saw the need to be more innovative and efficient in the delivery of its core malarial prevention intervention and began planning for its first ITN digitalization mass campaign.

ITNs represent one of the most effective malaria prevention tools due to it's demonstrated effect on malaria vector.

Between 2006 t0 2024, 21,128,790 ITNs has so far been distributed.

Mass campaigns remain the best method for rapid scale-up of ITN coverage and it is implemented every 3 years.

In 2023, the Global Fund (GF) and USAID/PMI funded the distribution of 5,345,236 ITNs (PBO & Dual A.I.) nationwide.

The campaign was in two-phases: Door-to-door household registration followed by fixed/outreach/mobile-point distribution, to deliver 1 net to every 2 persons using digital technology.

The ITN digitalization mass campaign was implemented by the National Malaria Control Program (NMCP) in collaboration with CRS, UNICEF, WHO, HEP and support from AMP, RBM/CRSPC, Breakthrough Action and other partners.

CHALLENGES OF PAPER-BASED APPROACH

- ✅ **Fraudulent mobilization and distribution by some of the campaign personnel**
- ✅ **Errors in data collection**
- ✅ **Delays in data reporting and analysis**
- ✅ **Transparency and accountability issues**
- ✅ **Lack of clarity and misunderstanding of the campaign process by campaign personnel and stakeholders**
- ✅ **Untidy ITN logistics process**

WHY DIGITALIZATION?

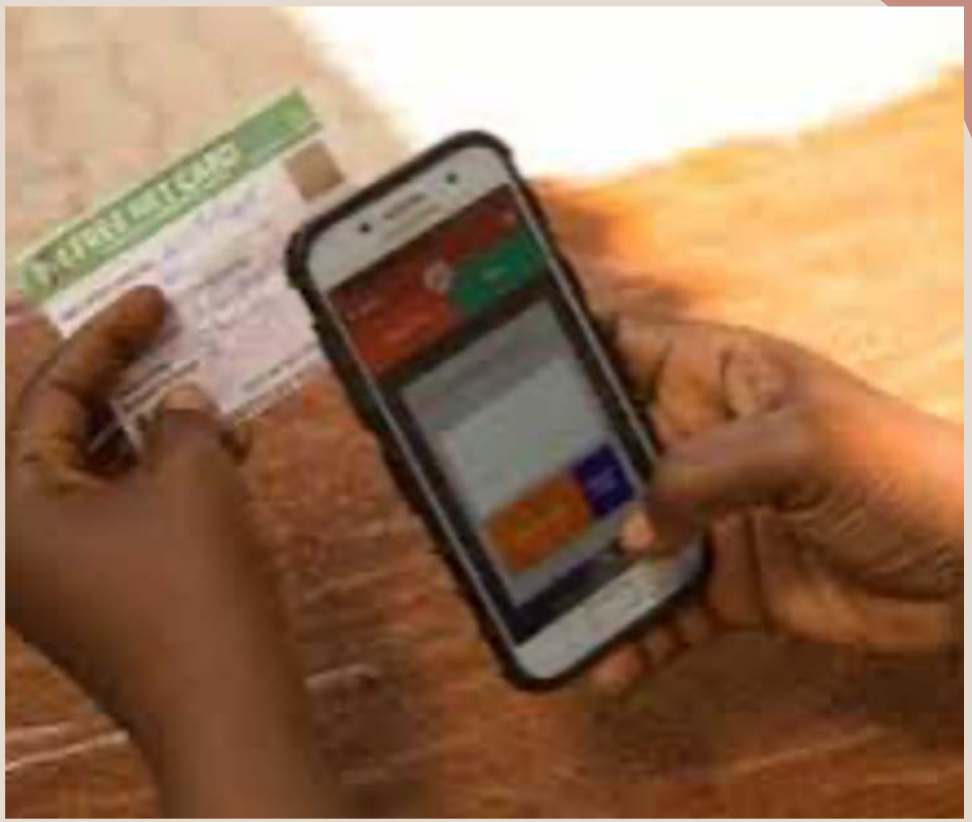
To enhance innovation and efficiency in delivering its core malaria prevention intervention, the NMCP implemented its first digitalized ITN mass campaign.

✅ **To improve efficiency, accuracy, and accountability in ITN distribution**

✅ **To allocate and manage campaign personnel and resources better**

✅ **For effective and real-time communication and access to campaign personnel and swift data access for analysis.**

By the end of February 2024, over 4.8 million ITNs were distributed across the country tracked digitally.



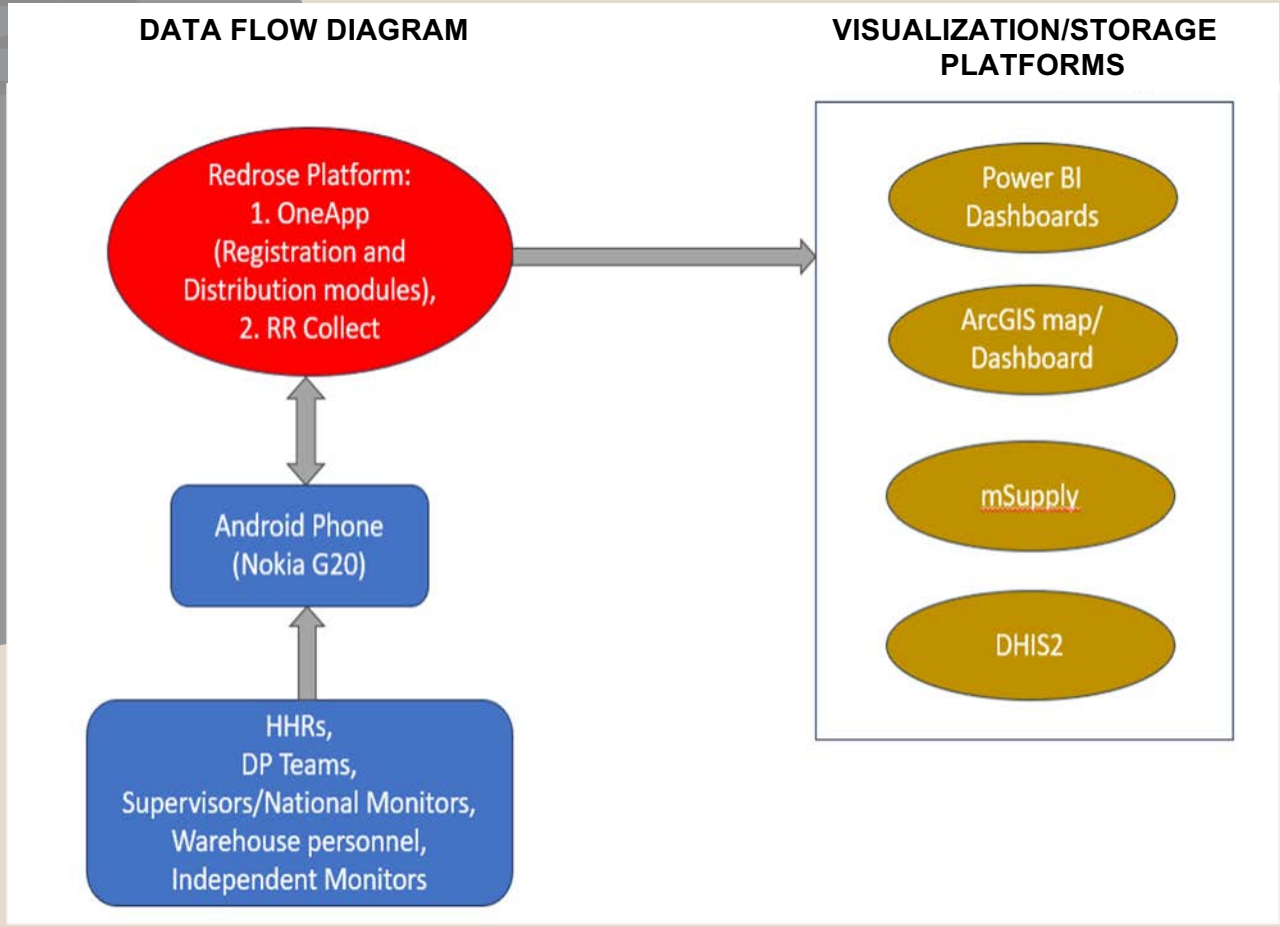
DIGITALIZATION PROCESS FLOW

The NMCP in collaboration with CRS its co-PR, partnered with Redrose to provide the digitalization solution for the ITN campaign.

A digitalization solution platform was developed and customized for SL ITN mass campaign.

The platform hosted the One App, and the RR collect digital forms which were installed in an android device procured for the campaign implementation process.

The platform was also link to some visualization and country managed storage platforms.



UNBOXING OF DIGITALIZATION TOOLS & DEVICES

Unboxing & configuration of the campaign devices

Capacity building for ICT4D consultants to support the digitization of the ITN campaign

WHAT WAS DIGITALIZED?

The campaign activities that were digitalized includes:

✅ Some components of the microplanning **– training venue and warehouse assessment.**

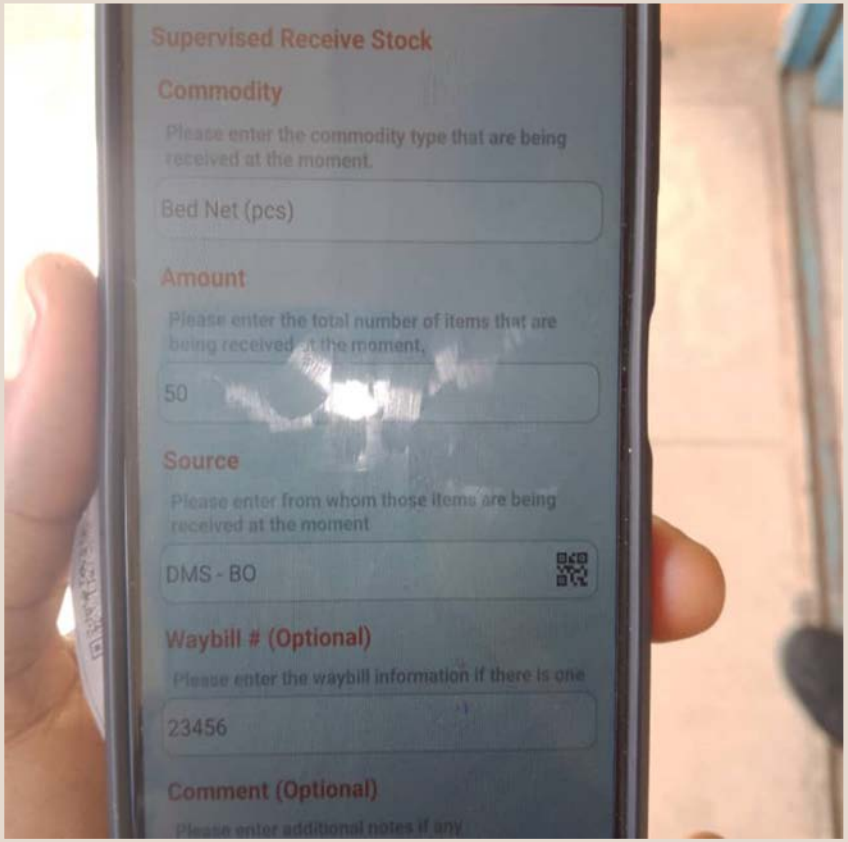
✅ **Training attendance tracking –** Ensured accountability and verification of personnel including GPS locator tracking of training venue

✅ **Household registration –** Ensured household registration process was strictly followed owing to the device prompt's commands and a time delay for SBC messaging to be delivered.

✅ **ITN distribution –** Ensured accountability in the issuance to ITNs to household's recipients owing to the device prompt’s command.

✅ **ITN movement –** Ensured ITN accountability and tracking across all storage location down to the last mile.

✅ **Monitoring and supervision –** Ensured real-time data output for monitoring and supervision leading to spot-on troubleshooting during in-process monitoring.



KEY OUTCOME & BENEFITS

✅ **Digitalization enabled real-time monitoring of the entire campaign process from anywhere in the world through the various digital visualization dashboards.**

✅ **It eliminated fraudulent mobilization and distribution, a common challenge with the paper-based system.**

✅ **Resources optimization backed by data informed ITN pre-positioning of ITN at distribution points.**

✅ **Coverage visibility was significantly enhanced, with real-time data and dashboards enabling efficient tracking and verification of areas yet to be reached or covered.**

✅ **Monitoring and supervision were data-driven, allowing for the identification of underperforming or inactive campaign personnel, who were easily tracked and provided with additional support (e.g. 6329 HH registrars trained and deployed but 6299 were active as seen on the dashboard) this couldn't have been detected by paper-based approach.**

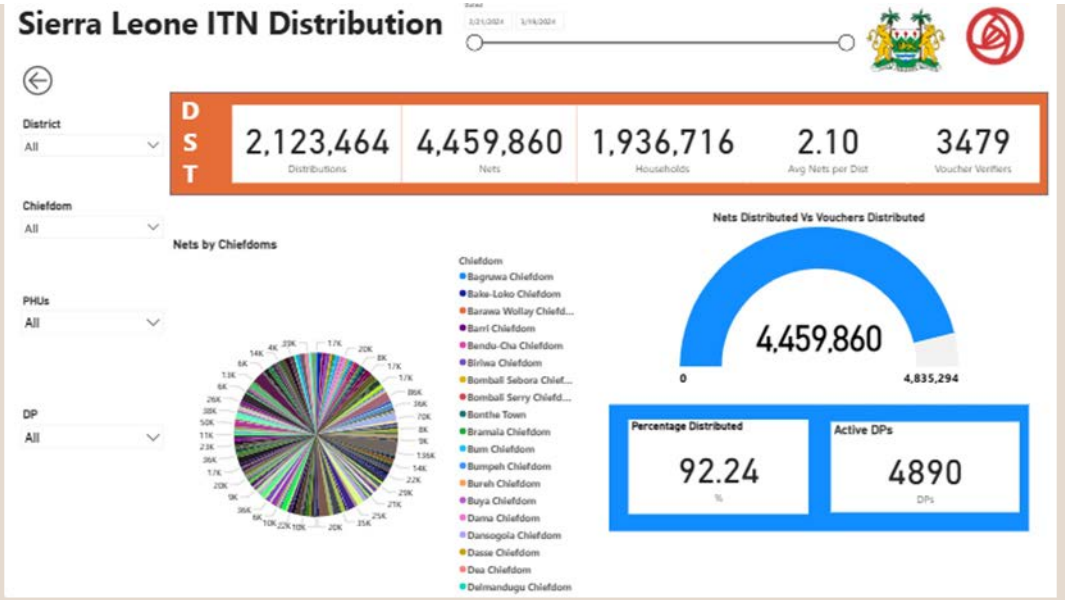
KEY OUTCOME & BENEFITS

✅ **The need for mop up day(s) was targeted and data driven against the blanket mop-up practice of the paper-based approach.**

✅ **Errors of inconsistencies were minimized with digitalization, while data storage and call-up for future planning is made easier.**

✅ **Enabling faster decision-making and quick issue resolution due to real-time data collection and analysis.**

✅ **17,400 local capacity built on campaign digitalization and health system optimization.**



Distributions by DP

District	Distributions	Nets	Households	Avg Nets per Dist	Recorders	Distributors
Bombali	145,720	301,629	132,895	2.07	227	231
Bonthe	76,083	145,523	66,137	1.91	179	188
Falaba	68,557	130,813	56,403	1.91	112	120
Kailahun	186,372	378,357	168,700	2.03	250	253
Kambia	110,995	243,228	104,159	2.19	186	193
Karene	90,452	198,073	83,064	2.19	157	158
Kenema	211,255	441,027	193,840	2.09	356	367
Koinadugu	70,133	140,682	63,711	2.01	129	130
Kono	158,103	349,755	145,812	2.21	283	297
Moyamba	108,110	224,285	100,147	2.07	215	219
Port Loko	185,394	384,922	170,141	2.08	319	340
Pujehun	106,162	218,509	94,026	2.06	230	235
Tonkolili	167,695	355,025	154,231	2.12	232	248
WAR	161,254	339,265	144,998	2.10	218	233
WAU	277,179	608,767	258,452	2.20	386	395
Total	**2,123,464**	**4,459,860**	**1,936,716**	**2.10**	**3479**	**3607**

EVIDENCE OF IMPACT

📸 **Campaign visibility** enabled by the digital dashboards and coverage maps

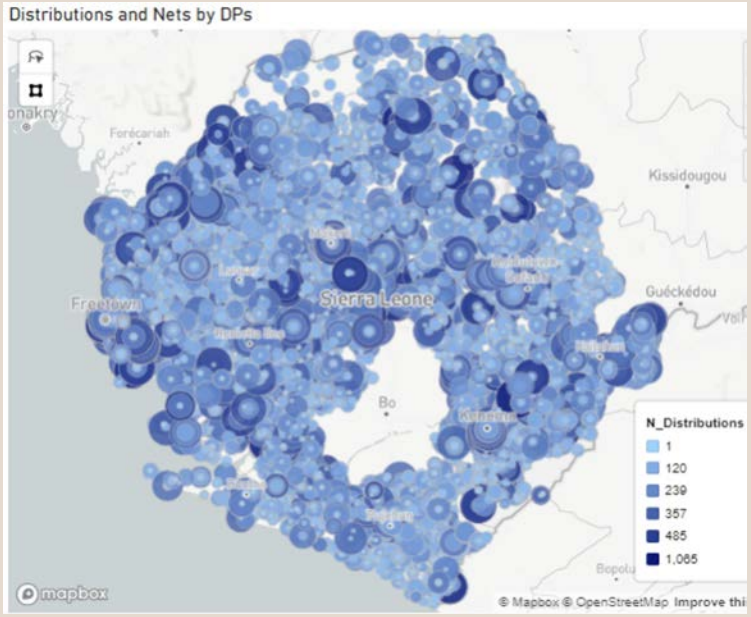
📈 **Increased Coverage & Efficiency** leading to an optimized household registration and ITN distribution processes as is evidently seen from the visual coverage maps and distribution dashboard.

🎯 **Data-Driven Decision-Making** informed by real-time insights and data collection

💰 **Long term cost efficiency** by the reduction of operational expenses from paper, printing, logistics)

🔄 **Sustainability** for future ITN campaigns through the digitalization solutions and the ease of data access

📊 **Digitalization Perception Survey** back by an end-process survey revealed that 93% of all respondents agreed that digitalization is the way forward for health interventions.



LESSONS LEARNED & FUTURE RECOMMENDATIONS

✅ **Strengthened and innovative training and capacity-building efforts with the use of digital job aid and tutorial videos.**

✅ **Data transmission via device synchronization in limited network coverage areas was challenging as such data synch spots were identified in some chiefdoms, while buffer devices were required for device swap to be carried out in some other chiefdoms with no network coverage for data synchronization to be done to enable data-driven decision making and supervision.**

✅ **Mobile network providers had a challenge subscribing data into procured SIM cards as such campaign personnel had to use their personal devices to hotspot the campaign devices to facilitate the device synchronization for real-time data upload. Involving entities such as mobile network providers in the National Task Force would enable them understand the nature and gravity of their services as stakeholders in the campaign process.**

✅ **Tracking and reconciliation of waybills used for prepositioning of ITNs are cumbersome and sometimes incomplete, hence a need to digitize waybills since the ITN movement process is digitally tracked.**

✅ **Complete integration of the digital solution with the in country digital health system (DHIS and m-supply) is important for a sustainable and strengthened health system delivery.**

Digitization transformed ITN distribution in Sierra Leone

It enable visualization of the campaign process and a profound sense of appreciation of the intervention by all stakeholders especially the MoH.

Evidence shows higher efficiency, better accountability, and improved coverage

Continued investment in digital solutions will enhance malaria prevention efforts

THANK YOU!
TENKI!

COMMENTS, CONTRIBUTIONS & QUESTIONS

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Discussion
Questions & Answers

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Campaign Digitalization Meeting – Friday Afternoon Workshops

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Campaign Digitalization Meeting

Réunion sur la numérisation des campagnes

Lunch Break

Pause-déjeuner

We will return shortly

A tout à l'heure

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