



The Alliance for
Malaria Prevention

CDWG General Call December 15, 2025

Co-chairs: Prince Owusu, Christian Atta-Obeng

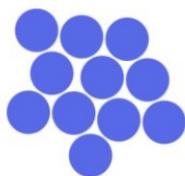


Welcome

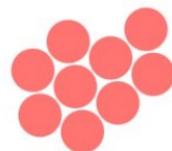
Which of the following resources to support CD are you aware of?



11 Channel selection guidance



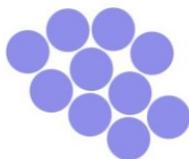
11 Channel selection assessment toolkit



9 www.continuousdistribution.org website



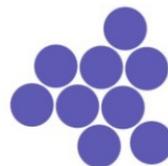
13 ITN quantification website



10 SBD toolkit



7 Planning and operational considerations for strengthening ITN distribution through routine health services



9 CD Assessment Toolkit (developed by PMI VectorLink)



Agenda

Welcome	Prince Owusu
Channel selection resources and experience	
Channel selection considerations	Robert Opoku
Channel selection assessment toolkit - an update	Steve Poyer
Nigeria's ITN CD guideline review and update	Fatima Ali
Channel-specific resources and experience	
SBD Toolkit	Christian Atta-Obeng
Strengthening ITN distribution through routine health services	Christian Atta-Obeng
Use of PMI Evolve Assessment Tool for Routine ITN Distribution	Prince Owusu
Qualitative assessment of Cameroon's routine health services distribution	Sophia Kaufman
Guided discussion of resources, coordination and decision-making Prince Owusu	

Channel selection considerations

Approach ITN distribution options from the perspective of access to drive impact, starting with channel selection

To achieve and maintain optimal coverage, countries should apply a combination of mass free net distribution through campaigns and continuous distribution through multiple channels, through ANC clinics and the EPI. Complementary continuous distribution channels are also required because coverage gaps can start to appear almost immediately post campaign due to net deterioration, loss of nets and population growth.

WHO Malaria Guidelines

Selection of both ITN type and the optimal mix of ITN distribution channels is critical to maximizing impact.

In all contexts, NMPs will need to foster a data-driven continuous improvement culture, where selected ITN channels can be reviewed and adjusted, added or dropped to meet overall ITN access goals.

Sufficient evidence exists for NMPs to consider a multi-channel approach to ITN distribution, with channel mixes determined based on disease burden, ITN durability and retention data, costs, operational feasibility and other factors to maintain consistent, optimal ITN access for populations in need.

Global Fund, GC7 Programmatic Reprioritization Approach, 2025⁷

- If universal coverage via mass campaigns is not possible, aim for as high coverage as possible in high and moderate areas by implementing lower coverage targeted campaigns or higher throughput CD channels such as annual school-based distribution.
- Ensure routine channels are functional in all at-risk areas to cover biologically vulnerable groups.
- Consider when alternative channels might be appropriate, given the local context and/or if the quantity of nets reduces so far as to make campaigns uneconomical. For example, annual school-based distributions are a strong alternative to campaigns as they can be adapted to the number of nets available, target children missed by ANC/EPI delivery and can channel nets to households between campaigns to address net attrition.

- Where there are insufficient resources to maintain ITN access for all at-risk populations, it may be necessary to prioritize the most vulnerable and to select the most appropriate channel(s) for reaching them.
- Channels that prioritize specific groups help maintain wide awareness of the vulnerability of these groups and ensure households within these groups have sufficient ITNs.
- The main purpose of any distribution channel is to ensure nets reach households to contribute to maintaining access to nets in the family, but there is no expectation that the specific group targeted by the channel will be the sole users.



Channel selection guidance

The main objective of channel selection is to provide guidance for NMPs and partners to

1. Assess existing distribution channel capacity, effectiveness and efficiency in reaching and maintaining equitable access in the targeted populations.
2. Understand strengths and limitations of each channel and distribution strategy.
3. Determine the optimal ITN distribution channel mix based on data and local context.

For more information

<https://allianceformalariaprevention.com/resource-library/resource/insecticide-treated-nets-itn-distribution-best-practice-update/>

GUIDANCE ON CHANNEL SELECTION FOR DISTRIBUTION OF INSECTICIDE-TREATED NETS



GUIDANCE ON CHANNEL SELECTION FOR
DISTRIBUTION OF INSECTICIDE-TREATED NETS

AUGUST 2025

amp | The Alliance for
Malaria Prevention
Expanding the ownership and use of mosquito nets

[English](#) | [Français](#) | [Português](#)

- **ITN access** at sub-national level (differentiate urban, rural, hard-to-reach, complex operating environments and other areas) and among priority populations for targeted areas.

For each channel in use, assess:

- ↘ Where were access objectives reached? Why? How?
- ↘ Where were access objectives not reached? Why?
- ↘ What is needed, for currently used channels, to reach access targets for ITN distribution?

After assessing each channel individually, NMPs should assess the channel combination being used to see if it is achieving the access targets established in the NMSP and consider the following:

- ↘ Can identified operational issues be addressed through adjusted ITN distribution strategies and/or operations **OR** through adjusting the channels for distribution **OR** a mix of both?

The same process is repeated – focused on the same questions – for ITN distribution operations and for operational costs

KEY CONSIDERATIONS – MASS CAMPAIGNS

 Considerations	 Recommendations
<p>Access: Campaigns are a key channel for rapidly scaling up access to ITNs. Generally, mass campaigns achieve high and equitable access to ITNs across populations, even those with limited access to routine health services or low school enrolment, in a short period of time. This is true of campaigns that target only children under five, as well as campaigns targeting full population access.</p> <p>As mass campaigns are typically implemented every three years, the timeline may not be aligned to demonstrated ITN lifespans in the field, and thus ITN access should be carefully monitored and options to fill gaps identified to maintain access above NMSP target levels until the next campaign is implemented.</p>	<p>To maintain ITN coverage, NMPs are encouraged to align with WHO Malaria Guidelines as well as malaria donor recommendations; review operational and financial data; and consider the best distribution targets and strategies to maintain ITN access in various sub-national contexts and settings.</p>
<p>The target group for campaigns may be the entire population in each area, with prioritized geographical areas defined based on malaria epidemiological data or priority populations by age (e.g. children under five) or other vulnerable groups (e.g. migrant, internally displaced persons [IDPs], refugees, etc.).</p>	<p>Tailored strategies based on malaria epidemiological, entomological and human-behavioural data are important for prioritizing resources to optimize ITN access. For example, urban and peri-urban areas, which are often low burden, can use significant mass campaign resources and may divert resources from higher-burden rural areas. Continuous distribution channels may provide a more cost-effective approach to achieve access for the most vulnerable in those settings. Aligning ITN access targets to epidemiological data for sub-national areas may create resource efficiencies.</p>
<p>Timing: ITN campaigns are typically planned with an interval of 30–36 months, with the objective of rapidly scaling up ITN access lost since the previous campaign. Campaigns may last several months, may continue over a year or more, or may be continuous (different areas targeted each year), straining health personnel and systems and putting at risk the achievement of broader malaria programme targets and efficient use of resources.</p>	<p>Conducting mass campaigns every two years has been shown to require far more ITNs than adopting a continuous distribution strategy and is therefore not recommended¹².</p>

KEY CONSIDERATIONS – SCHOOL-BASED DISTRIBUTION (SBD)

 Considerations	 Recommendations
<p>Access: ITN distribution is targeted to specific classes and age groups on an annual basis to provide sustained ITN access to households, either complementary to or as a replacement for mass campaign distribution.</p>	<p>Like ANC and EPI, SBD can be a useful continuous distribution channel using an established system and can ensure that some of the gaps in intra-household access observed in campaigns due to the ITN allocation approach can be filled.</p> <p>It is important to use data to assess the level of equity that can be achieved in different sub-national contexts through SBD, particularly if poor or marginalized populations do not attend schools but live in high burden areas. In areas with low school enrolment, consider community-based distribution as an alternative or complementary channel.</p>
<p>Target group: School-based distribution generally targets specific age groups (classes) of children based on an analysis of the target ITN access level that the NMP is trying to achieve, the number of school-aged children in each class and the number of ITNs available.</p> <p>Primary schoolchildren are often selected as enrolment rates are higher than in secondary schools. In some countries both primary and secondary classes are included to reach more households.</p>	<p>Each NMP should assess the options (mix of classes, frequency of distribution) and align the SBD strategy to the sub-national context using available data.</p> <p>The target group and the timing for ITN issuance should be based on achieving the objectives set in the NMSP, distribution within the school calendar, and avoiding overlap with exams or school holidays.</p>
<p>Timing: ITN SBD is often conducted annually.</p>	<p>While ITNs are distributed to schoolchildren, it is important to reinforce that the ITN is for the household.</p>

Channel selection resources and experience

Channel selection guide and toolkit

Revising CD guidelines: Nigeria's experience

ITN channel selection toolkit (Partner review)

Purpose

- Help NMP and their partners determine the optimal ITN channel mix for populations who need ITNs.
- Provide a structured process for analysing population needs, identifying feasible channels, and confirming operational readiness.

Use cases

- Strategy reviews and replanning
- National and subnational strategy development
- In response to changes in available resources

Channels

- Routine health services
- Mass campaigns
- School-based distribution
- Community-based distribution
- Commercial sector

Principles

- Practical, built on best practice from past tools, designed to fit available resources (remote / desk-based), informed by country data and evidence
- Integrated with existing AMP guidance and adaptable tools

ITN channel selection toolkit (Partner review)

STEP 1:

A. SET TARGET POPULATIONS / GEOGRAPHIES

A. CHANNEL MINIMUM REQUIREMENTS

A. CONSIDER RESOURCE ENVELOPE AND REVISE



STEP 2:

A. SCOPE OPERATIONAL READINESS

A. FINALISE DECISIONS AND NEXT STEPS

Step 1A

Population groups (by geography and / or group characteristics)	ITN access targets (in terms of population-level ITN access or narratively)	ITN Delivery Channels							Delivery Strategy Choices (Additional considerations can be recorded in this section based on discussions e.g. frequency of distribution, eligibility considerations)
		A	B	C	D	E	F	G	
		ANC	EPI	Mass campaign	School	Community	Commercial	Other	

Step 2A

Channel operational readiness

Discuss responses considering the usual or typical performance of the relevant health system. While performance outliers exist, assess the readiness or performance of a typical unit. What constitutes a 'unit' will vary by question and channel but will include, government staff roles and coordination structures, potential distribution points, existing systems, processes and tools.

Operational area and guiding questions	Channel One		Channel Two		Channel Three		Channel Four	
	Rating	Priority Actions	Rating	Priority Actions	Rating	Priority Actions	Rating	Priority Actions
Leadership, coordination and financing								
Is there clear ownership and oversight of the services provided by this channel within government structures (either under the Ministry of Health or another relevant Ministry)?								
Does this channel have an established coordination platform or working group at national and subnational levels?								
Are there national or subnational guidelines or SOPs that outline coordination and accountability arrangements for this channel?								
Are mechanisms in place for coordination between government and implementing partners (e.g. regular technical working group meetings, coordination committees)?								
Are financial, technical, and logistical partner contributions mapped and coordinated to avoid overlap or duplication?								
Are payment or incentive mechanisms for frontline staff functional and timely?								
Summary: In your opinion, could existing coordination and accountability mechanisms manage ITN delivery through this channel effectively with no more than minimal additional effort?								
Integration opportunities								
Do national and subnational teams have experience planning and implementing multi-intervention campaigns or integrated outreach?								

Step 1B

Community-based distribution

Situation analysis for population group	Value	Source	Year
<i>Relevant indicators</i>			
Minimum channel requirements			
Q13	Is there a functioning CHW network serving the population group or active in the target geography?	YES NO	Go to Q14 Go to Q15
Q14	Are there well-functioning and trusted community-based systems or networks in the target geography with good community links among the population group (e.g. religious groups, civil society organisations)?	YES NO	Go to Q15 Omit community-based distribution from the strategy. Go to Q18
Q15	How confident are you that CHWs and/or other community agents could manage ITN distribution and reporting activities in addition to their current activities (see note 1)?	CONFIDENT NOT CONFIDENT	Go to Q16 Omit community-based distribution from the strategy. Go to Q18
Q16	How confident are you that the health facility network and/or community-based networks could manage ITN logistics, issuing to CHWs or other community distribution agents (see note 2)?	CONFIDENT NOT CONFIDENT	Go to Q17 Omit community-based distribution from the strategy. Go to Q18
Q17	How confident are you that local health facility personal and district health supervisors could reliably oversee channel activities (see note 2)?	CONFIDENT NOT CONFIDENT NO	Go to Q18 Consider including community-based distribution in the strategy. Decisions will be required on: • Target geographies • Allocation strategies Omit community-based distribution from the strategy. Go to Q18 Consider including community-based distribution in the strategy with adapted operational approaches for COE environments.

Step 2B

- Coordination body validates results and endorses channel mix
- Work plans / Timelines
- Plans of action → Link to other AMP adaptable tools



NATIONAL MALARIA ELIMINATION PROGRAMME



ITN CONTINUOUS DISTRIBUTION GUIDELINE REVIEW AND UPDATE



Vision - a Malaria free Nigeria;

Goal – to achieve a parasite prevalence of less than 10% and reduce mortality attributable to malaria to less than 50 deaths per 1,000 live births by 2025



ITN CONTINUOUS DISTRIBUTION GUIDELINE REVIEW AND UPDATE



OBJECTIVE

Update Nigeria's 2013 Guidelines for Continuous Distribution (CD) of insecticide-treated nets (ITNs) in Nigeria



ACHIEVEMENTS TO DATE

Compiled available additional guidelines and operational materials for ITN CD channels used in Nigeria and in other countries and conducted a desk review.

Developed a summary review of ITN Continuous Distribution (CD) for Nigeria.

Developed a discussion guide and conducted nine key informant interviews with partners and state malaria elimination programmes (SMEP).

Developed a preliminary updated draft of ITN CD operational guidance for (a) ITN distribution through routine health services; (b) ITN school-based distribution; (c) ITN community-based distribution; and (d) ITN distribution through the commercial section, as well as (e) ITN waste management during ITN CD activities; and (f) ITN channel selection guidance.

Designed and facilitated a five-day workshop in Abuja, Nigeria June 30 to July 4, 2025, review the updated draft ITN CD Guidelines and provide feedback and inputs to strengthen the draft.



Workshop



Designed and facilitated a five-day workshop in Abuja, Nigeria June 30 to July 4, 2025

- 33 participants from the Federal Ministry of Health (FMOH), NMEP, and ITN stakeholders.
- In attendance were representatives from the various branches of National Malaria Elimination Programme (NMEP), Catholic Relief Services (CRS), Society for Family Health (SFH), Management Sciences for Health (MSH), Malaria Consortium (MC), Global Health Supply Chain- Procurement and Supply Management (GHSC-PSM), GRID3, Clinton Health Access Initiative (CHAI), and Solina.
- Through formation of four thematic groups, the updated draft ITN CD Guidelines were reviewed, with feedback and inputs from the ITN Experts group to strengthen the draft.
- Updates on commercial sector ITN distribution by John Ocholi, SFH
- Global response framework for Malaria in Urban areas by Dr. Maikore, WHO



Distribution approaches considered

- Routine distribution through ANC and EPI
- School-based distribution
- Community-directed distribution
- Commercial sector options where people can afford to buy ITNs



Steps to finalize the updated ITN CD Guidelines



- Completed
 - Draft chapters updated ITN CD guidance developed during the workshop, with ITN Expert Group inputs.
 - Drafts further updated by the consultant
 - Detailed agenda developed with the NMEP and IFRC for identifying and resolving remaining gaps
- Remaining gaps identified
 - Inclusion of updated HMIS, logistics and supply chain forms
 - Consensus regarding commercial sector distribution approaches, use of e-tokens and digital checklist tools



Planning



Following a workshop in July 2025 to gather perspectives and recommendations from stakeholders, review and contribute to the updated ITN CD Guidelines – the NMEP is organizing a follow-up workshop to review, finalize, and validate the updated ITN CD Guidelines.

This workshop will focus on updating ITN CD Guidelines tools and descriptions for ITN CD logistics and supply chain management, monitoring and evaluation (M&E), and social and behaviour change (SBC).

Objectives:

- Review and finalize five chapters of Nigeria's updated 2025 CD Guidelines
- Identify available tools for ITN CD supply chain management, HMIS, M&E, and SBC
- Develop tools (as needed) for logistics and supply chain management, SBC, training, supervision, M&E as needed.
- Finalize and validate the five chapters and tools needed for the updated 2025 CD Guidelines

Channel-specific resources and experience

School-based distribution (SBD) Toolkit

Strengthening ITN distribution through routine
health services

Cameroon's routine channel assessment

Update from Evolve

School-based distribution toolkit

Toolkit purpose and rationale

- The SBD Toolkit provides operational guidance focused on key activities, resources, country examples and tools to design, plan, budget and implement ITN school-based distribution programmes
- The Toolkit is designed for NMPs, their technical assistance partners and stakeholders supporting ITN distribution
- The Toolkit takes a step-by-step approach through decision-making, coordination and implementation of ITN distribution

SBD Toolkit website

The screenshot shows the AMP website interface. At the top left is the AMP logo and the text 'The Alliance for Malaria Prevention'. To the right is the tagline 'Expanding the ownership and use of mosquito nets'. A dark blue navigation bar contains the following menu items: 'ABOUT', 'KEY GUIDANCE & TOOLKITS' (highlighted with a red box), 'EVENTS AND CONFERENCES', 'ITN DASHBOARDS', and 'RESOURCES'. Below the navigation bar is a breadcrumb trail: 'Home > Key Guidance & Toolkits > AMP Toolkits'. The main content area features a large banner image of hands holding a mosquito net with the text 'AMP TOOLKITS'. Below the banner is a paragraph: 'When insecticide-treated net (ITN) distribution channel has been determined, national malaria programmes and implementing partners can use AMP toolkits which offer comprehensive operational guidance for the chosen channel.' There are two content cards below. The left card is titled 'MASS CAMPAIGN DISTRIBUTION' and includes an image of people distributing red mosquito nets. The right card is titled 'SCHOOL-BASED DISTRIBUTION (SBD)' and includes an image of children holding up mosquito nets; this card and its image are highlighted with a red box. Below the SBD title is a paragraph: 'Operational guidance for school-based ITN distribution, as well as a suite of adaptable tools and country resources that can be downloaded and adapted according to specific contexts.'

amp | The Alliance for Malaria Prevention

Expanding the ownership and use of mosquito nets

ABOUT **KEY GUIDANCE & TOOLKITS** EVENTS AND CONFERENCES ITN DASHBOARDS RESOURCES

Home > Key Guidance & Toolkits > AMP Toolkits

AMP TOOLKITS

When insecticide-treated net (ITN) distribution channel has been determined, national malaria programmes and implementing partners can use AMP toolkits which offer comprehensive operational guidance for the chosen channel.

MASS CAMPAIGN DISTRIBUTION

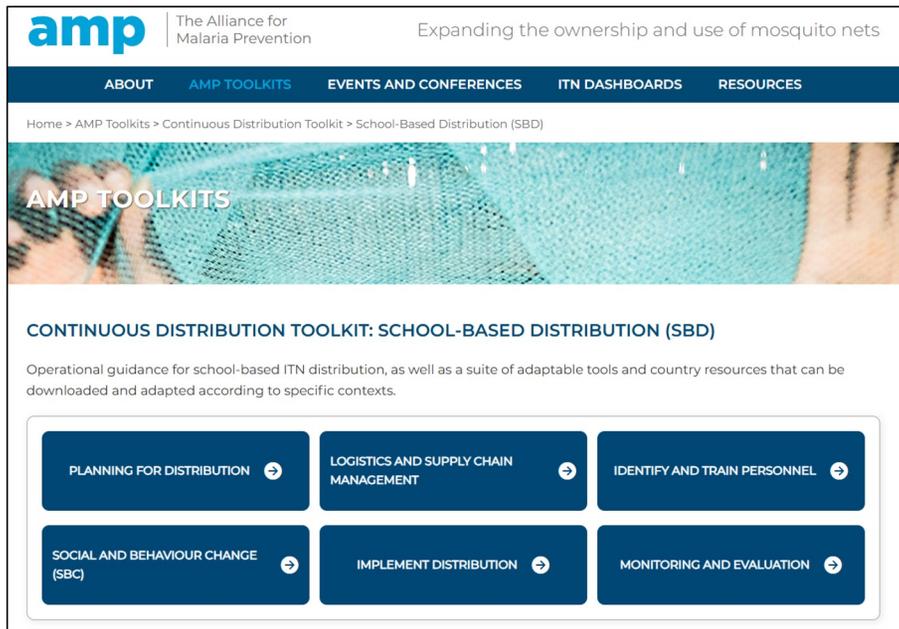
Operational guidance to support the mass distribution and use of insecticide-treated nets.

SCHOOL-BASED DISTRIBUTION (SBD)

Operational guidance for school-based ITN distribution, as well as a suite of adaptable tools and country resources that can be downloaded and adapted according to specific contexts.

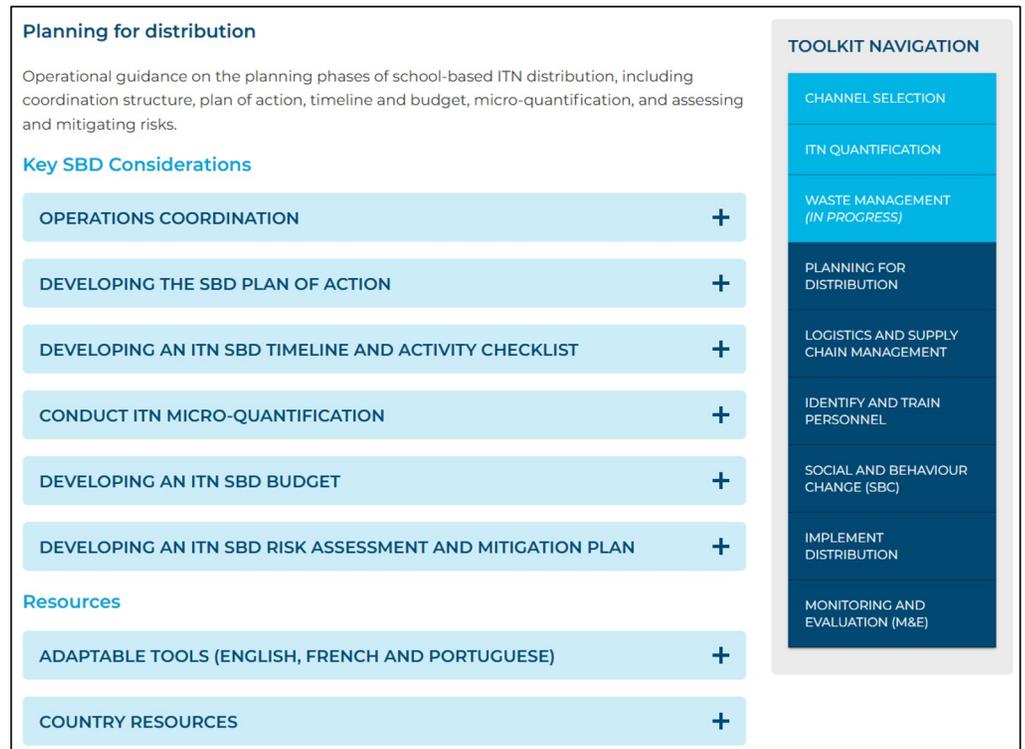
SBD Toolkit contents

Landing page for SBD toolkit



The screenshot shows the AMP SBD Toolkit landing page. At the top, the AMP logo is followed by the text 'The Alliance for Malaria Prevention' and the tagline 'Expanding the ownership and use of mosquito nets'. A navigation bar includes links for 'ABOUT', 'AMP TOOLKITS', 'EVENTS AND CONFERENCES', 'ITN DASHBOARDS', and 'RESOURCES'. Below this, a breadcrumb trail reads 'Home > AMP Toolkits > Continuous Distribution Toolkit > School-Based Distribution (SBD)'. A large image of a mosquito net is featured with the text 'AMP TOOLKITS'. The main heading is 'CONTINUOUS DISTRIBUTION TOOLKIT: SCHOOL-BASED DISTRIBUTION (SBD)'. A sub-heading describes the toolkit as 'Operational guidance for school-based ITN distribution, as well as a suite of adaptable tools and country resources that can be downloaded and adapted according to specific contexts.' Below this, a grid of six dark blue buttons with white text and right-pointing arrows provides access to: 'PLANNING FOR DISTRIBUTION', 'LOGISTICS AND SUPPLY CHAIN MANAGEMENT', 'IDENTIFY AND TRAIN PERSONNEL', 'SOCIAL AND BEHAVIOUR CHANGE (SBC)', 'IMPLEMENT DISTRIBUTION', and 'MONITORING AND EVALUATION'.

Example of Planning section: considerations and resources



The screenshot displays the 'Planning for distribution' section of the AMP SBD Toolkit. The main heading is 'Planning for distribution', followed by a paragraph: 'Operational guidance on the planning phases of school-based ITN distribution, including coordination structure, plan of action, timeline and budget, micro-quantification, and assessing and mitigating risks.' Below this is the sub-heading 'Key SBD Considerations', which lists eight items in light blue boxes with plus signs on the right: 'OPERATIONS COORDINATION', 'DEVELOPING THE SBD PLAN OF ACTION', 'DEVELOPING AN ITN SBD TIMELINE AND ACTIVITY CHECKLIST', 'CONDUCT ITN MICRO-QUANTIFICATION', 'DEVELOPING AN ITN SBD BUDGET', 'DEVELOPING AN ITN SBD RISK ASSESSMENT AND MITIGATION PLAN', 'ADAPTABLE TOOLS (ENGLISH, FRENCH AND PORTUGUESE)', and 'COUNTRY RESOURCES'. To the right of the main content is a vertical 'TOOLKIT NAVIGATION' sidebar with a dark blue background and white text. It lists the following sections: 'CHANNEL SELECTION', 'ITN QUANTIFICATION', 'WASTE MANAGEMENT (IN PROGRESS)', 'PLANNING FOR DISTRIBUTION' (highlighted in a darker blue), 'LOGISTICS AND SUPPLY CHAIN MANAGEMENT', 'IDENTIFY AND TRAIN PERSONNEL', 'SOCIAL AND BEHAVIOUR CHANGE (SBC)', 'IMPLEMENT DISTRIBUTION', and 'MONITORING AND EVALUATION (M&E)'.

Guidance and resources

Planning for distribution: Developing the SBD plan of action

Narrative guidance and considerations

Downloadable adaptable tool

Planning for distribution

Operational guidance on the planning phases of school-based ITN distribution, including coordination structure, plan of action, timeline and budget, micro-quantification, and assessing and mitigating risks.

Key SBD Considerations

OPERATIONS COORDINATION
+

DEVELOPING THE SBD PLAN OF ACTION

-

To begin planning for ITN SBD, it is important to develop a plan of action (PoA). The ITN SBD PoA should align with the National Malaria Strategic Plan and ITN distribution guidelines already in place. As ITN SBD is typically conducted annually, establishing sustainable systems is essential for long-term effectiveness. ITN SBD requires sufficient time and human resources for planning and implementation. It is therefore important to support early planning and coordination led by the NMP and avoid overlap with implementation of other significant malaria or health campaigns (e.g. immunization, seasonal malaria chemoprevention).

Adaptable ITN SBD plan of action (PoA) [Word] [EN](#) | [ER](#) | [PT](#)

As a result of the coordination between the MoH (NMP) and the MoE, the ITN SBD plan should be developed. The table below shows how key activity sections of the PoA map to the upstream and downstream steps in the ITN toolkit.

POA Activity	Toolkit
Setting the ITN distribution goal and objectives	See Channel Selection
Quantifying ITNs needed and selecting school classes to receive ITNs to achieve ITN access targets	See ITN quantification
Managing ITN and ITN packaging waste	See Waste Management

TOOLKIT NAVIGATION

- CHANNEL SELECTION
- ITN QUANTIFICATION
- WASTE MANAGEMENT
(IN PROGRESS)
- PLANNING FOR DISTRIBUTION**
- LOGISTICS AND SUPPLY CHAIN MANAGEMENT
- IDENTIFY AND TRAIN PERSONNEL
- SOCIAL AND BEHAVIOUR CHANGE (SBC)
- IMPLEMENT DISTRIBUTION
- MONITORING AND EVALUATION (M&E)

Adaptable tools

- **MS Word** and **Excel** editable templates to support planning and implementation across the Toolkit steps.

- Tools are available in **English, French and Portuguese**.
- **13 priority tools** have been developed for the SBD Toolkit, to date.

Adaptable tool list for Planning step

Resources

ADAPTABLE TOOLS (ENGLISH, FRENCH AND PORTUGUESE)

- Adaptable ITN SBD terms of reference (TOR) [Word] [EN](#) | [FR](#) | [PT](#)
- ITN SBD plan of action (PoA) [Word] [EN](#) | [FR](#) | [PT](#)
- ITN SBD timeline [Excel] [EN](#) | [FR](#) | [PT](#)
- ITN SBD planning and budgeting checklist [Excel] [EN](#) | [FR](#) | [PT](#)
- ITN SBD risk assessment and mitigation plan [Excel] [EN](#) | [FR](#) | [PT](#) and guidance [Word] [EN](#) | [FR](#) | [PT](#)

COUNTRY RESOURCES

Adaptable SBD risk assessment and mitigation plan

SCHOOL-BASED DISTRIBUTION OF ITNs										
EXAMPLE RISK ASSESSMENT AND MITIGATION PLAN										
Adaptable tool										
Area	Risk	Risk category	Likelihood	Impact	Heat map	Early warning signs	Key controls / mitigation plan	Tools required	Risk owner	Timeline, relative to planned distribution
ITN quantification / procurement	Inaccurate needs estimation, due to outdated or inaccurate census or enrolment data.	Operational	Possible (2)	Significant (4)	Yellow	Unavailable or inaccurate enrolment data for quantification	- Conduct thorough macro- and microplanning with the latest school enrolment data and adjust forecasts as necessary at microplanning. - Include a buffer stock (e.g. +5-10%) to cover unexpected demand. - Plan a redistribution mechanism where surplus nets from low-uptake areas can be quickly transferred to higher-need areas.	Quantification tool, data collection tools	NMP	8-9 months prior
	Long lead times for ITN procurement from international suppliers (9-12 months), delaying distribution.	Operational	Possible (2)	Significant (4)	Yellow	Procurement timelines exceeding planned schedules	Engage suppliers early.	SBD POA	NMP	8-12 months prior
Planning	Unplanned school closures (strikes, political issues, natural or man-made disaster) or scheduling conflicts (exams, holidays) disrupt the distribution timeline.	Operational	Likely (3)	Significant (4)	Red	Political instability, major school calendar changes, or education funding shortfalls	Engage key stakeholders early and integrate contingency planning.	Risk assessment framework	MoH / NMP	Ongoing
	School closures due to health outbreaks (e.g. COVID, cholera), disrupting planned ITN distribution.	Operational	Likely (3)	Significant (4)	Red	Reports of rising cases in schools or communities	Develop alternative distribution methods, such as community-based distribution.	Contingency plan	MoH / NMP	Before and during distribution period
	Poor coordination among stakeholders leading to overlaps or gaps in distributions.	Strategic	Likely (3)	Moderate (2)	Yellow	Conflicting school distribution schedules, confusion over roles	Establish clear governance structure and hold regular coordination meetings.	Stakeholder matrix	SBD Working Group (WG) (or equivalent chair)	Monthly planning meetings, bi-weekly just before implementation
Logistics and supply chain	Limited ITN availability, restricting the number of participating districts and schools.	Operational	Possible (2)	Significant (4)	Yellow	Unconfirmed commitments from funding partners prior to campaign	Follow up closely with donors and partners to confirm commitments.		MoH	Confirm before procurement begins
	Third-party logistics (3PL) transporters delivering ITNs to higher administrative level rather than to individual schools, causing logistical delays	Operational	Possible (2)	Significant (4)	Yellow	Unconfirmed drop-off points at schools	- Verify and confirm storage and delivery logistics before last-mile delivery. - 3PL contracts should clearly state the final point of delivery.	SPL contracts and terms	MoH / SBD WG	One month prior to last mile delivery
	Failure to validate school enrolment and attendance data before	Operational	Possible (2)	Significant (4)	Yellow	Unvalidated school enrolment data with the individual schools	Validate school enrolment data from MoE and schools before allocation of the ITNs to the	Data validation tool	NMP/MoE	

List of SBD adaptable tools

SBD Toolkit Step	Adaptable Tool
4. Planning	<ul style="list-style-type: none"> • Terms of Reference NEW • Plan of Action NEW • Timeline NEW • Planning and budgeting checklist NEW • Risk assessment and mitigation plan NEW
5. Logistics and supply chain management	<ul style="list-style-type: none"> • Transport plan • Logistics tracking and reporting tools
6. Identify and train personnel	<ul style="list-style-type: none"> • Training plan UPDATED • Pre- and post-test assessment UPDATED
7. Social and behaviour change (SBC)	<ul style="list-style-type: none"> • Job aid for school teachers and school health educators
8. Implement distribution	<ul style="list-style-type: none"> • Supervision checklist NEW
9. M&E, data collection and management	<ul style="list-style-type: none"> • Routine monitoring forms (class, school, higher admin units) NEW • CD evaluation protocol and questionnaire

Key considerations for strengthening ITN distribution through routine health services

Strengthening ITN distribution through routine health services: Planning and operational considerations

- ITN distribution through routine health services commonly includes:
 - Distribution to pregnant women and young children through ANC, child health clinics and EPI services; at facility level or during outreach clinics to populations who lack access to facility-based services due to distance, physical or socio-economic barriers.
 - NMPs may also consider expanding the distribution criteria e.g. giving more than one ITN to ANC and EPI clients; giving ITNs to outpatients seeking other services; further extending ITN distribution as part of remote outreach services; giving an ITN to severe malaria patients on discharge.
- Provides guidance to strengthen ITN distribution through routine health services
- Intended for use by MoH and NMP, EPI, MCH and PHC departments; ITN distribution stakeholders and community leaders
- Complements other guidance and tools, such as the RBM Partnership to End Malaria (RBM) [Health Facility-Based Distribution of ITNs](#)

Key messages

- Distribution of ITNs through routine health services is long-standing and widely used distribution channel and is important for reaching the most biologically vulnerable populations
- Variable experience in consistency of distribution through the channel is documented; there are important opportunities to strengthen it
- Opportunities exist to use routine (health facility based) distribution in different ways, e.g.:
 - Issuing nets to patients discharged from hospital after severe malaria
 - Providing two nets to children in areas where campaigns or SBD (large throughput ITN distribution) are no longer taking place

Topics considered

- Evaluation of current services
- Planning and coordination
- Eligibility instructions
- ITN logistics
- Training
- Communication
- Supervision
- Data management

Example from routine considerations document

ELIGIBILITY INSTRUCTIONS

Recommendations	Rationale	Resource needs
<p>Develop and disseminate clear information on eligibility criteria and ITN allocation/distribution through routine health services.</p> <p>Standard operating procedures (SOPs) should include specifics for the people eligible as well as the routine visit during which they are eligible. Guidelines/SOPs should be regularly reviewed and their use emphasized during supervisory review meetings with staff. Health registers and patient health cards can be updated and used to track eligibility.</p> <p>Ongoing monitoring of epidemiological trends informs selection of target groups and geographies.</p>	<p>As noted above, guidelines for distribution of ITNs through routine health services are often not widely shared with MoH teams at regional, district and health facility levels. These gaps may generate conflicting opinions regarding eligibility criteria and may in turn hinder or block effective decision-making and proactive actions to reinforce the supply of ITNs to health facilities and/or distribution of ITNs.</p> <p>For example, despite general awareness that pregnant women and young children should receive ITNs, staff often lack specific instructions. This leads to uncertainty regarding the provision of ITNs at first or later ANC visits and/or at facility-based birth, for example. In some cases, ITNs have been withheld until the fourth ANC visit (ANC4) to improve ANC4 indicator results – thus reducing protection of vulnerable pregnant women for a significant portion of their pregnancy. Furthermore, eligibility criteria of young children are often not sufficiently specific, leading to health workers not systematically issuing ITNs to caregivers during EPI visits. In other cases, health registers as well as maternal and child health or other patient health cards do not clearly indicate and reinforce national guidelines for eligibility and receipt of ITNs. This may cause uncertainty for MoH staff regarding when they are allowed to provide ITNs and how to appropriately record ITN distribution and receipt.</p>	Low-Medium

Use of PMI Evolve Assessment Tool For Routine ITN Distribution

Overview of PMI Evolve CD Assessment Tool



- Developed under VectorLink
- Used to assess CD activities in Zambia, Sierra Leone, Burkina Faso, Cameroon, Senegal and Niger. Mini assessments in Cote d'Ivoire and Liberia
- Accesses all CD channels
- Desk Review
- Qualitative assessment

Assessment Design

Purpose

Identify, describe, and prioritize improvements for strengthening continuous distribution systems.

Evaluation questions

To what extent is continuous ITN distribution implemented according to existing international best practice and national guidelines?

What improvements could deliver immediate, mid-term and long-term efficiencies?

Methods

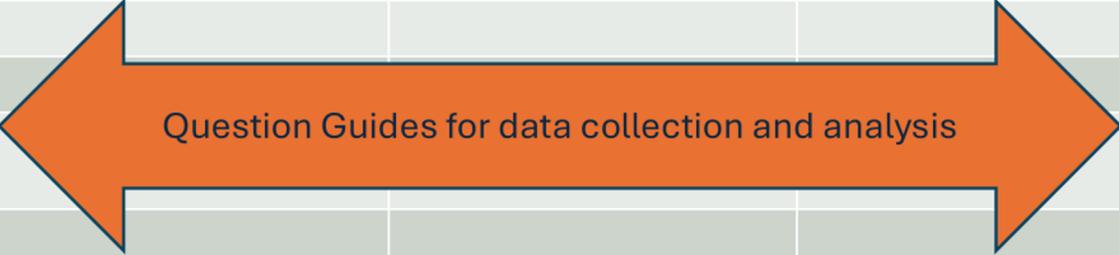
Desk review to inform development of discussion guide

Country document review

Teamwork approach for data collection and analysis

Key informant interviews across functions and levels

Approach

ITN Continuous Distribution Assessment Framework			
	Central level	Region / District	Health facility
Exploration of all potential continuous distribution channels			
Planning and coordination			
Beneficiary identification			
Quantification	 <p>Question Guides for data collection and analysis</p>		
Transport and stock management			
Distribution			
Personnel			
Training			
Supervision			
Data management			
Communication			



Insights from an LLIN Routine Distribution Assessment in Cameroon

PNLP, Cameroun

CHAI

At the NMCP's request, CHAI engaged stakeholders across national, subnational, and facility levels earlier this year to map gaps and identify solutions to strengthen routine net delivery

WHY this work?

In the context of present funding constraints and uncertainty, routine distribution is cost-efficient, targets vulnerable groups, and integrates with primary care, making it a sustainable channel to deliver bed nets

HOW can we use this work?

To support and enhance the NMCP's efforts



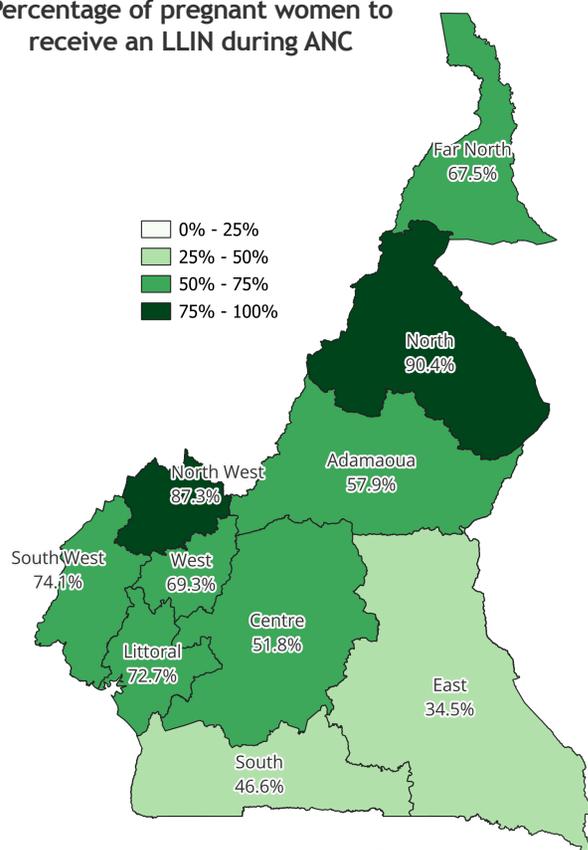
Prioritize strengthening routine distribution to better direct nets to those at greatest risk of dying from malaria



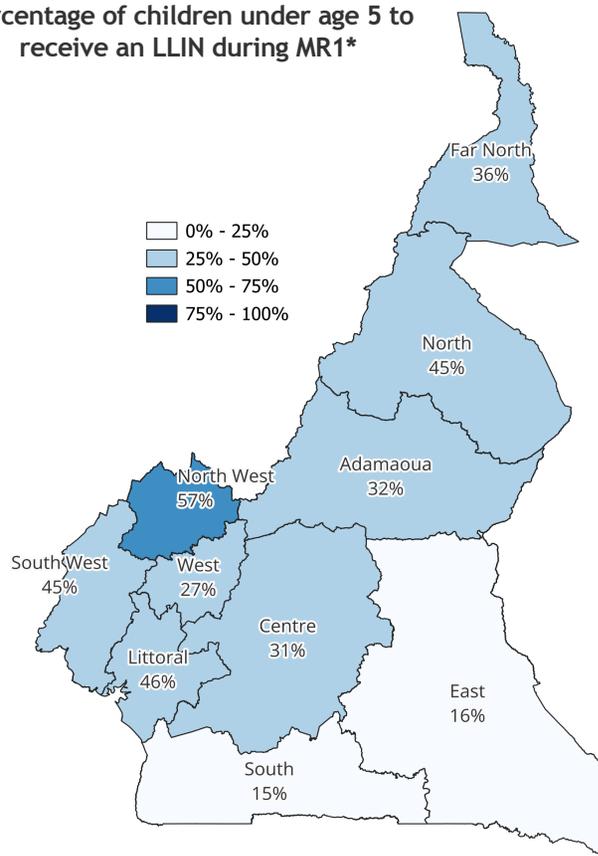
Guide strategic, evidence-based resource allocation, including leveraging the next funding cycle to build resilience

Only one-third to one-half of those seeking routine care through ANC and EPI receive a net during their visit, suggesting there may be opportunities to strengthen protection of vulnerable populations

Percentage of pregnant women to receive an LLIN during ANC

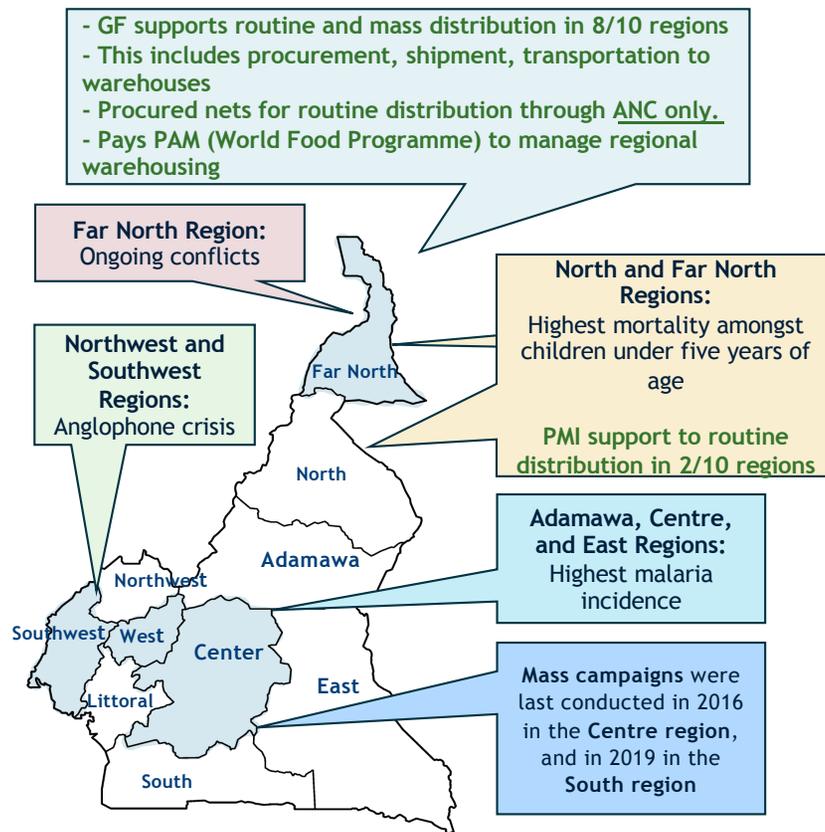


Percentage of children under age 5 to receive an LLIN during MR1*



Sources: Cameroon Malaria Indicator Survey (MIS), 2022; [Gavi, the Vaccine Alliance, Cameroon Country Information, gavi.org](https://www.gavi.org/country/country-information/cameroon) (accessed June 2025); MOH and DHIS2 data (2024)

Cameroon is a complex country with diverse geography, resource support, and multiple political events unfolding at the same time



Four regions with distinct language, accessibility, epidemiology, and vector control access were selected for stakeholder interviews

Regions covered	EPI coverage	ANC coverage	Conflict area
Far North	36%	67.5%	Y
Centre	31%	51.8%	N
West	27%	69.3%	N
Southwest	45%	74.1%	Y

Cameroon Sentinel Sites, 2023

- No routine nets were delivered in country in 2024
- Nets used for RD in 2024 were leftover from prior years

Supply chain and transportation constraints, combined with limited distribution funding, affect stock availability

Financing + Procurement

- Procurement is handled nationally, but transport and distribution costs are often unfunded, creating a major bottleneck.
- Distribution planning and approvals require significant time and sign-off steps

Storage

- Nets rationed or smaller quantities of LLINs picked up due to limited storage
- ANC/EPI nets often mixed together
- District involvement varies across settings and storage is limited
- LLINs are often stored together with other commodities in HFs
- **2/14** facilities stored nets according to national guidelines

Transport

- Transport from district warehouse to facilities is not donor-funded; facilities or districts must pay
- **Last-mile** transport is underfunded

Stockouts were frequent across all regions, linked to procurement delays, under-quantified nets, and unfunded transport costs

Quantification

- A centralized, push-based system with regional coordination and limited facility input
- **Supply and demand don't always match**
 - Sometimes due to population changes (e.g., IDPs) or estimation challenges.
 - Estimates can be less accurate in areas with displacement or high fertility.

Stockouts + Redeployment

- **Frequent Stockouts and prolonged net shortages** across the country
- **Redistribution of stock is limited:** No formal system to move surplus to facilities with shortages.
- Transport and multiple approval steps can delay redeployments.

Net Distribution Practices

- Facility approaches to distribution vary
- Some follow strict 1st ANC visit policies, even for transfers.
- ANC and EPI "catch-up" policies vary
- Distribution often depends on daily intake
- Guidelines and practices are interpreted differently across facilities and regions

Cameroon's complex data management system highlights both strengths and bottlenecks



Data Management

- EPI registers often lack LLIN columns, making child distribution hard to track
- The 'forms of distribution' and "stock cards" are not always present/available, especially for EPI; when they are present they did are not always filled out
- Reliance on **WhatsApp/paper** for alerts and feedback
- Staff turnover, poor connectivity, and limited data training cause errors/ delays
- Reporting practices and data completeness vary widely across facilities
- Data review and feedback processes differ by region
- **Paper-to-DHIS2 data entry causes discrepancies**
- **Multiple types of paper forms** are in use (Including ANC and EPI registers, distribution forms and discharge sheets, stock monitoring cards) for stock and service data → making consistent record-keeping and data management more complex.
- Data collection and paper record-keeping tools are used in different ways to manage and keep track of stock or distribution across facilities



Training and Supervision

- Little structured training on routine ITN distribution
- **Training sessions are often integrated** and do not contain specific RD training
- Knowledge is often passed informally through briefings or from mass campaign training

45

Strengthening service integration and emergency strategies ensures resources reach vulnerable populations effectively

Community Engagement

- Community health workers (CHWs) are often involved in sensitization efforts, outreach, catch up
- CHWs sometimes monitor net usage and collect related indicators during home visits. **CHWs submit monthly reports** but reporting is irregular and feedback loops can be strengthened
- CHWs receive pre-distribution training, guidelines, and field manuals, but formal LLIN distribution training is lacking
- Where supported, CHWs receive a fixed stipend plus performance-based bonuses; elsewhere, outreach is limited by lack of funding

Integration with Health Services

- RD integration with other services varies by facility and staffing.
- Integration can include training, supervision, community outreach, transport, and data management.
- Some facilities still run services separately, without formal integration.
- In areas with malaria vaccine, higher EPI attendance may indirectly support LLIN uptake.

Emergency Contexts

- **No targeted strategy or guidelines for IDPs or emergency contexts; IDPs** receive nets if they attend ANC or EPI services
- Facilities don't routinely track or adjust distribution for population shifts.
- Hard-to-reach communities and those not visiting facilities are often missed.
- No consistent catch-up for children over 9 months.

Differences in regional logistics capacity influence stock availability and point to areas for targeted support and coordination.

Storage

- **North / Far North:** Reliance on partner-funded rented storage; limited capacity
- **West / Centre:** Severe storage constraints driven by theft risk, security concerns, and overcrowding

Transport & Access

- **Far North:** Rainy-season inaccessibility and security checkpoints regularly block deliveries
- **Far North:** PMI withdrawal, transport gaps, slowing redistribution
- **West:** Ongoing security barriers disrupt routine transport
- **Centre / Littoral:** Fewer access constraints relative to northern regions

Supervision

- **Far North & West:** Supervision is irregular and inconsistent
- **Other regions:** More regular oversight

Stockouts

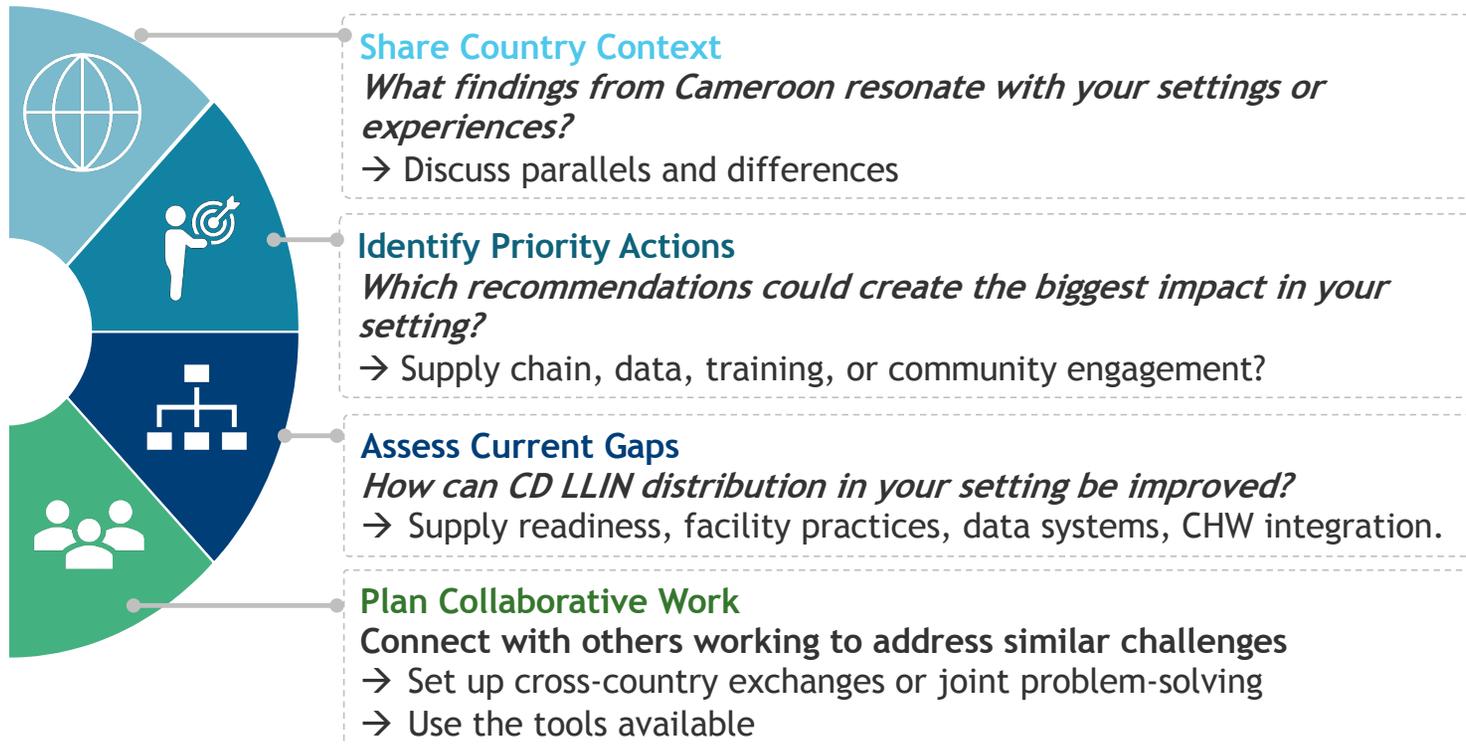
- **Centre:** Widespread stockouts during 2024-25
- **Far North:** Stockouts exacerbated by rainy-season road closures, checkpoints, and quantity gaps
- **West:** Sustained shortages; heavy reliance on NGOs (2/3 facilities visited in West were stocked out)
- **Littoral / North:** Fewer and shorter stockout periods

Recommendations were workshopped and iterated upon with regional, central and subnational partners

<p>Supply Chain, Storage, Transport</p>	<ul style="list-style-type: none"> • Create or expand on a planning distribution tool for LLIN distribution after procurement in country • Finance district warehouses or support smaller storage upgrades at facility level • Provide funding for last-mile transport to HFs • Establish a dedicated, funded line for net redeployment within the annual operational plan
<p>Training</p>	<ul style="list-style-type: none"> • Develop national guidance on catch-up eligibility (children >9 months, women post-delivery), increase relevant training + add simple SOP/flyer or manual in HF to improve routine distribution • Strengthen supportive supervision to improve feedback loops btw national ↔ district ↔ facility levels • Increase training especially for EPI distribution and on data management • Develop <u>E-learning modules</u> for LLIN management, integrated into national digital training • Introduce regular review meetings for adjusting allocations based on data trends
<p>Data Management</p>	<ul style="list-style-type: none"> • Invest in user-friendly, digitized tools for stock and distribution tracking, DHIS2 enhancements • <u>Simplifying paper stock cards</u>; reducing duplicative forms • Add LLIN columns to EPI registers to standardize reporting and streamline stock-card system • Support hybrid quantification models combining DHIS2 consumption, service data, and local facility input
<p>Community Initiatives</p>	<ul style="list-style-type: none"> • Pilot CHW RD policy for small catch-up stocks for hard-to-reach areas/emergencies at regional level • Finance mobile/ outreach clinics in insecure/remote areas. • Leverage CHWs' census and referral data for better quantification of ITN needs +increased CHW training • Ensure performance-based incentives (ie: airtime or transport stipends)

Looking ahead, with thoughtful planning and strategic considerations, CD can offer a sustainable path forward for targeted impact

Let's continue the conversation





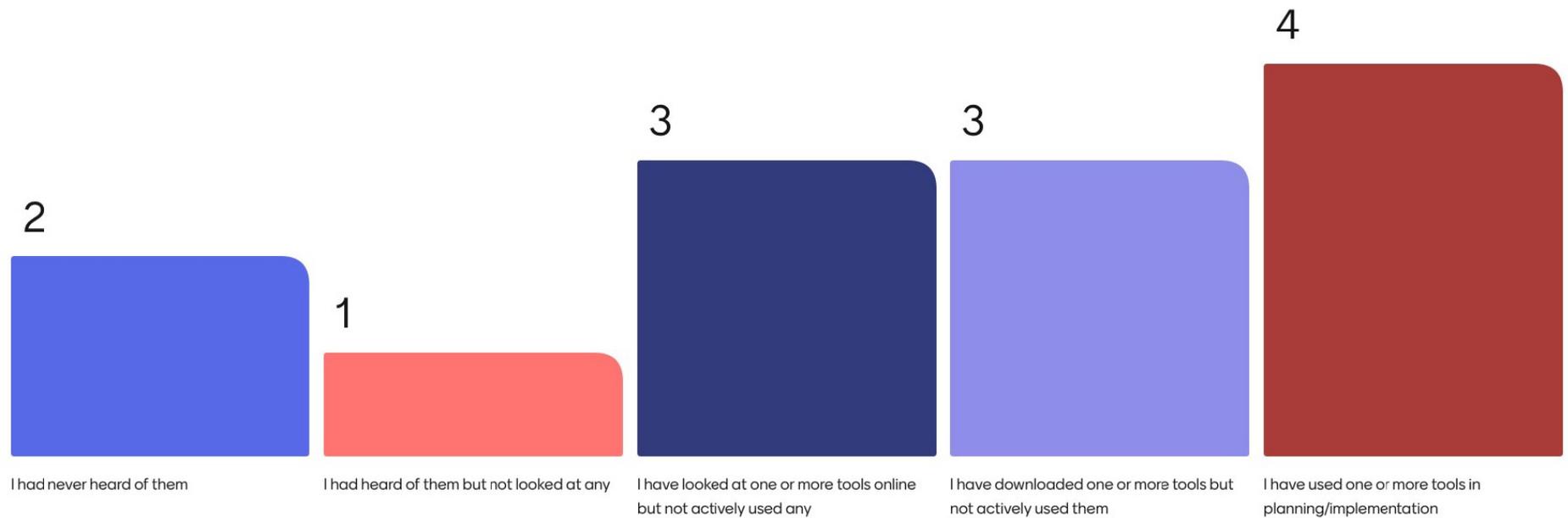
Thank you for your
attention!

Discussion

Awareness and use of resources by Programmes

Role for AMP in promoting resources and supporting their use

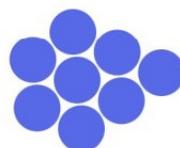
Before today, how familiar were you with resources to support CD planning and implementation?



How have you used the resources (if you have...)?



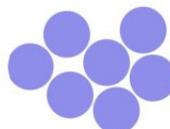
1 Have not used any yet



8 Reviewed tools (to understand purpose, content, etc)



4 To inform national planning



0 As part of quantification

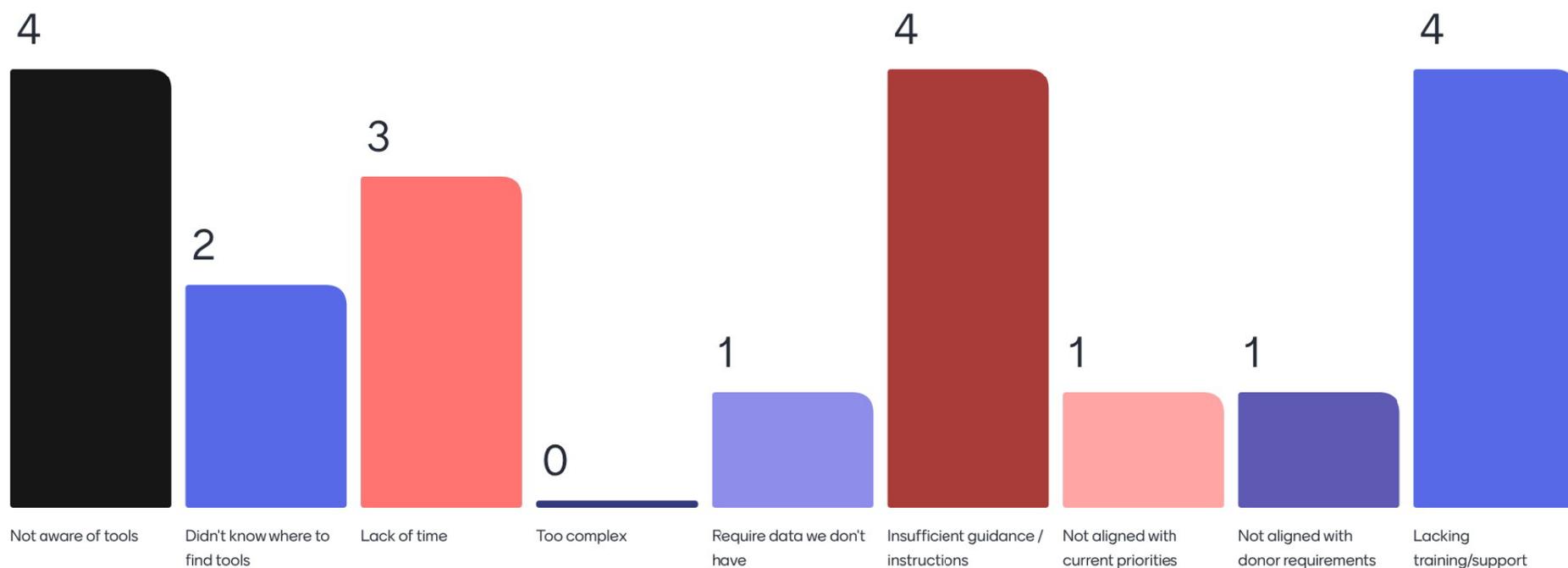
7 To plan / refine a specific channel



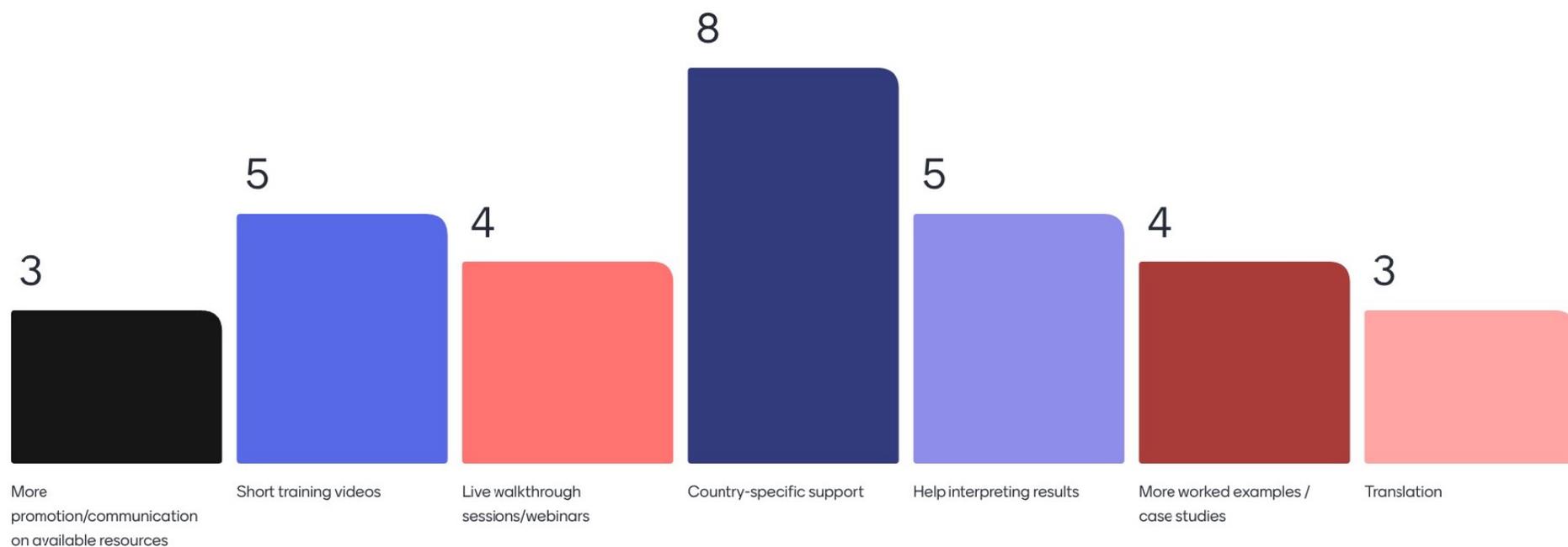
7 In discussions with partners / donors



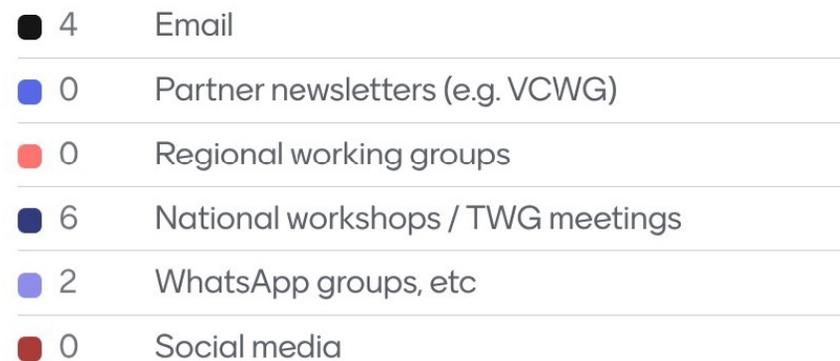
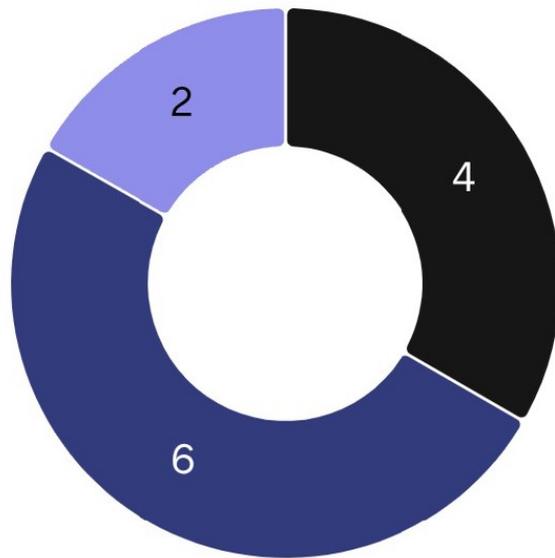
If you have not used any of these resources, which reasons apply?



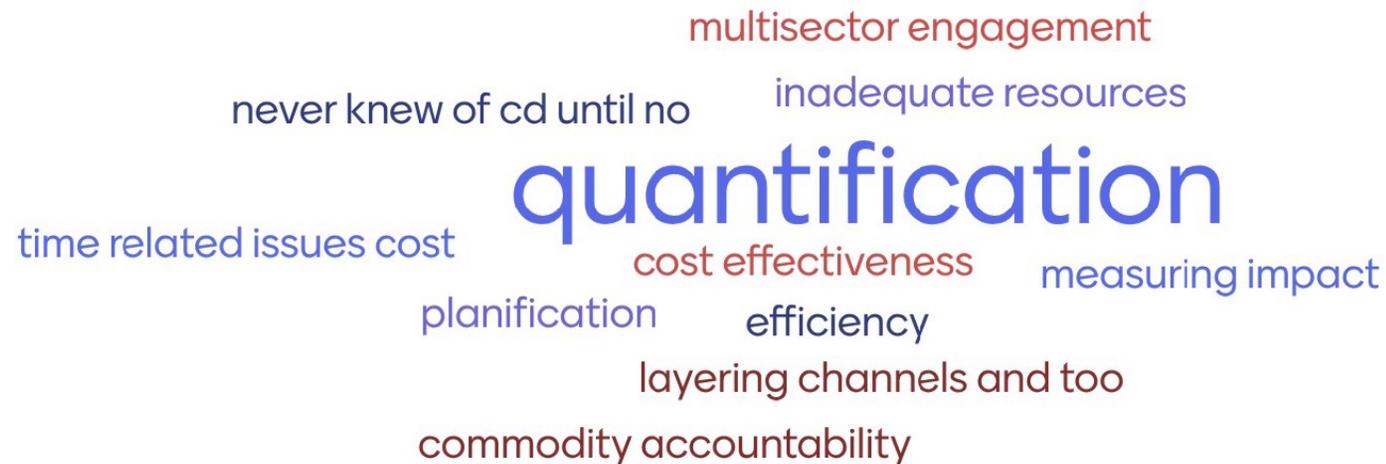
How can AMP help programmes discover and use resources for CD decision-making?



What is the most effective way for AMP to reach malaria programme teams with new tools and updates?



What are the biggest knowledge or skills gaps your programme faces when considering continuous distribution?





Thank you

Expanding the ownership and use of mosquito nets