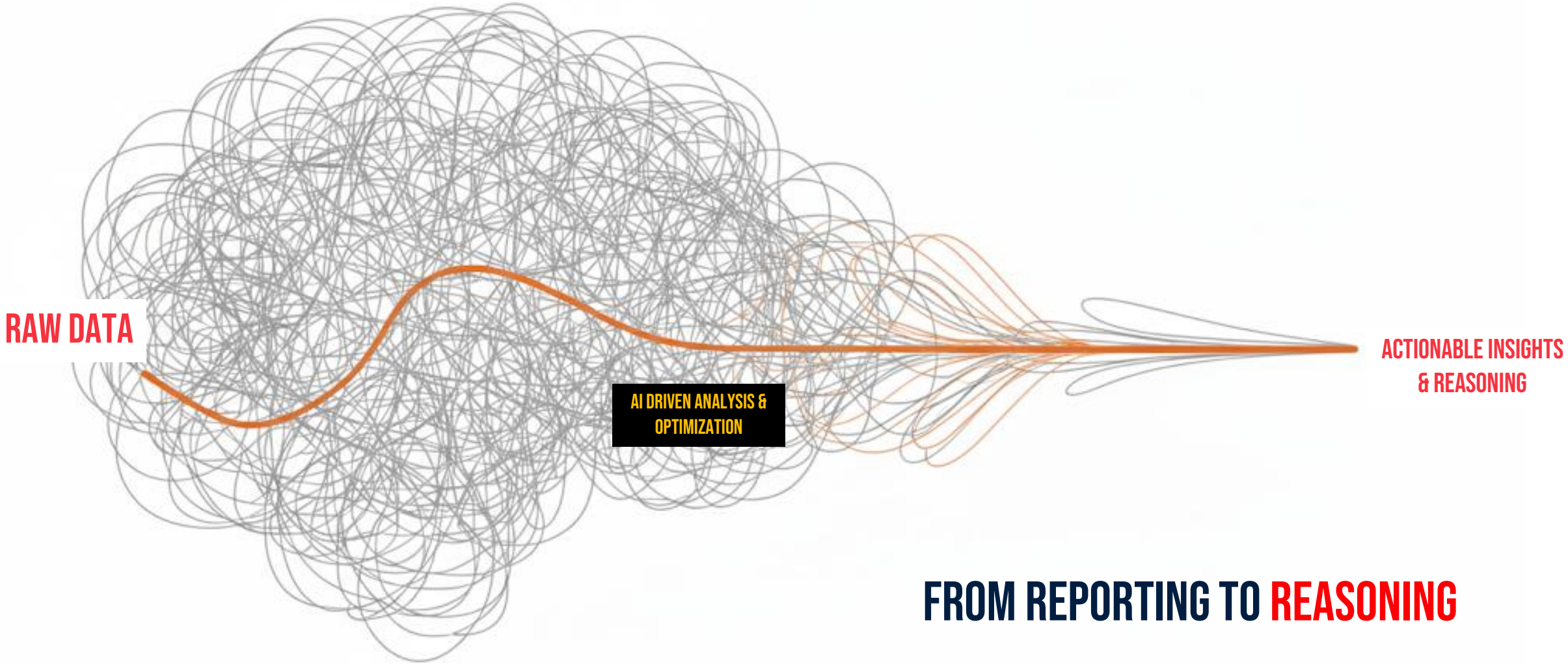
Annual Partners Meeting & Campaign Digitalization Meeting

26-27 FEB 2026

amp | The Alliance for Malaria Prevention

Meeting will begin shortly – la réunion va bientôt commencer - A reunião começará em breve

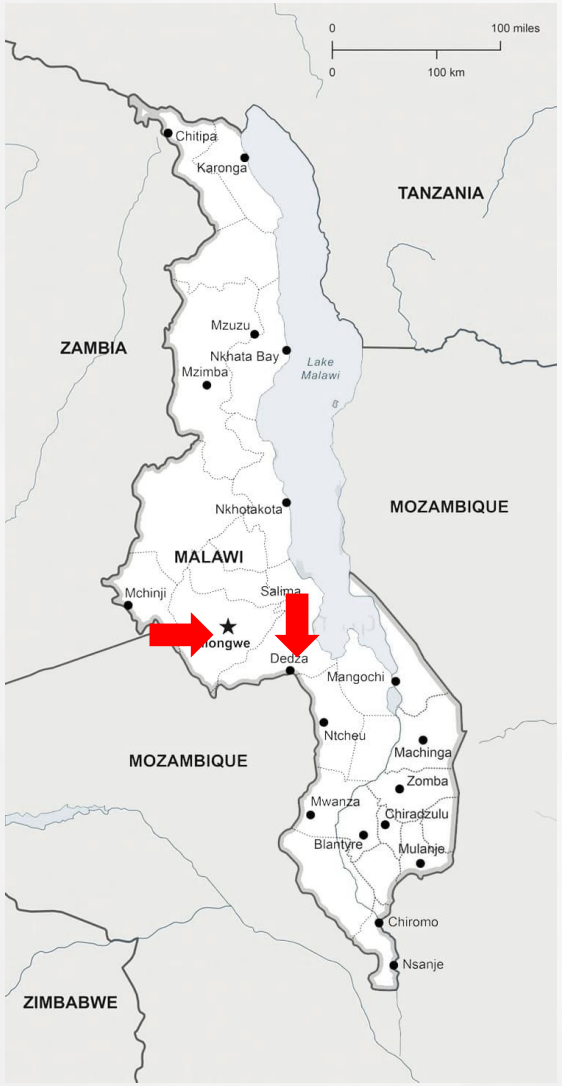
USING AI TO OPTIMIZE HEALTH SERVICE DELIVERY AND OPERATIONS



FROM REPORTING TO REASONING

WE HAVE THE DATA. WHY DON'T WE ALWAYS ACT ON IT IN TIME?

COVERAGE IS NOT IMPACT



THE METRICS
(SUCCESS ON PAPER)

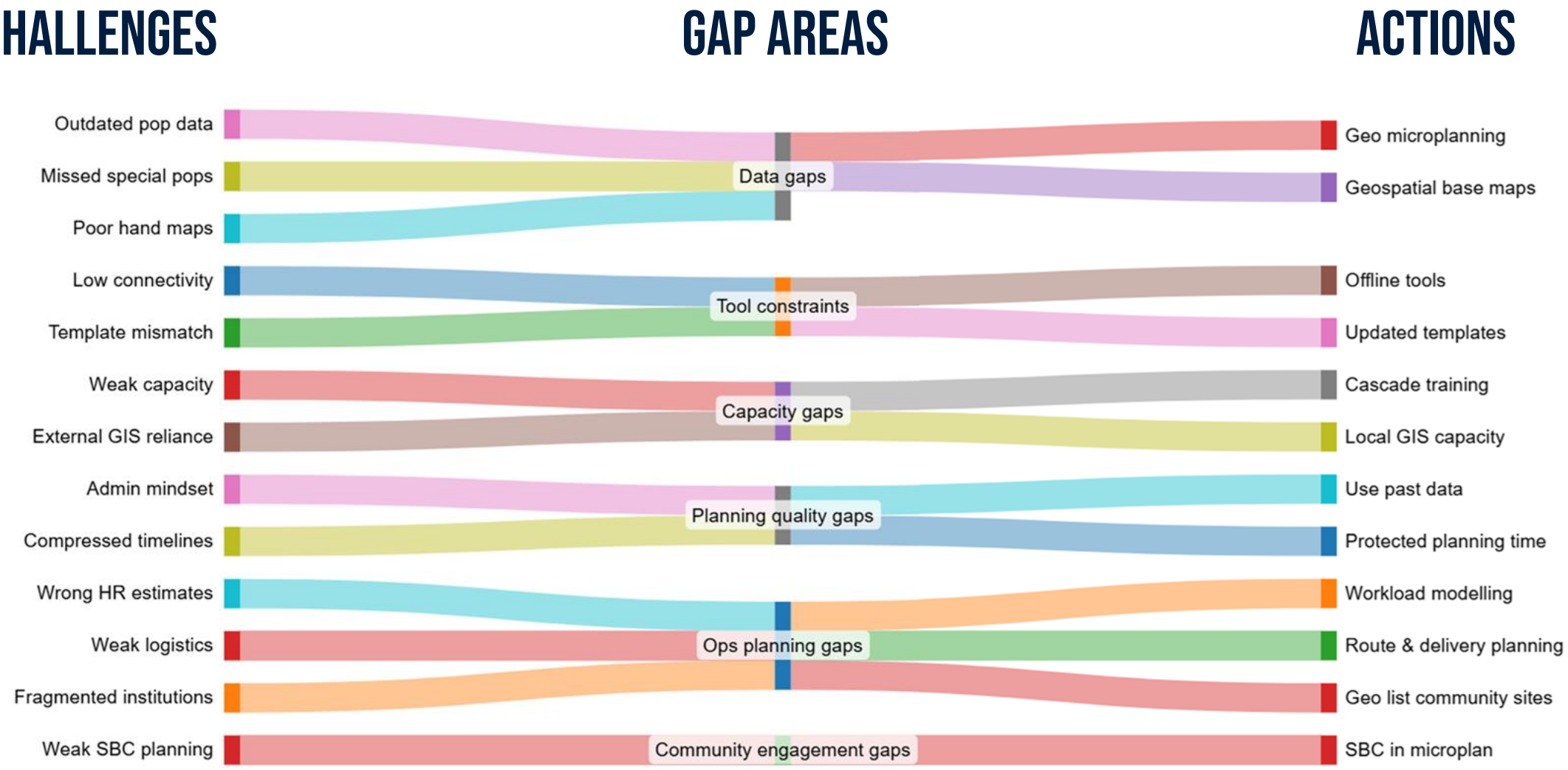
- ✓ NETS ARRIVED
- ✓ NETS DISTRIBUTED
- ✓ COVERAGE TARGETS MET

THE REALITY

- NETS USED FOR FISHING
- NETS USED TO ENCLOSE CHICKEN COOPS
- UNUSED DUE TO FERTILITY BELIEFS
- MYTHS: MALARIA COME FROM THE SUN
- MYTHS: MALARIA COMES FROM MANGOES

THE INTERVENTION WAS DELIVERED. BEHAVIOR DID NOT ALIGN

WHY COVERAGE DOESN'T ALWAYS BECOME IMPACT



WE DIGITALIZED. NOW WHAT?

DIGITALIZATION GAVE US FASTER REPORTING OF THE PAST. IT DID NOT GIVE US A VIEW OF THE FUTURE

TOO MANY CHARTS

TOO MANY FILTERS

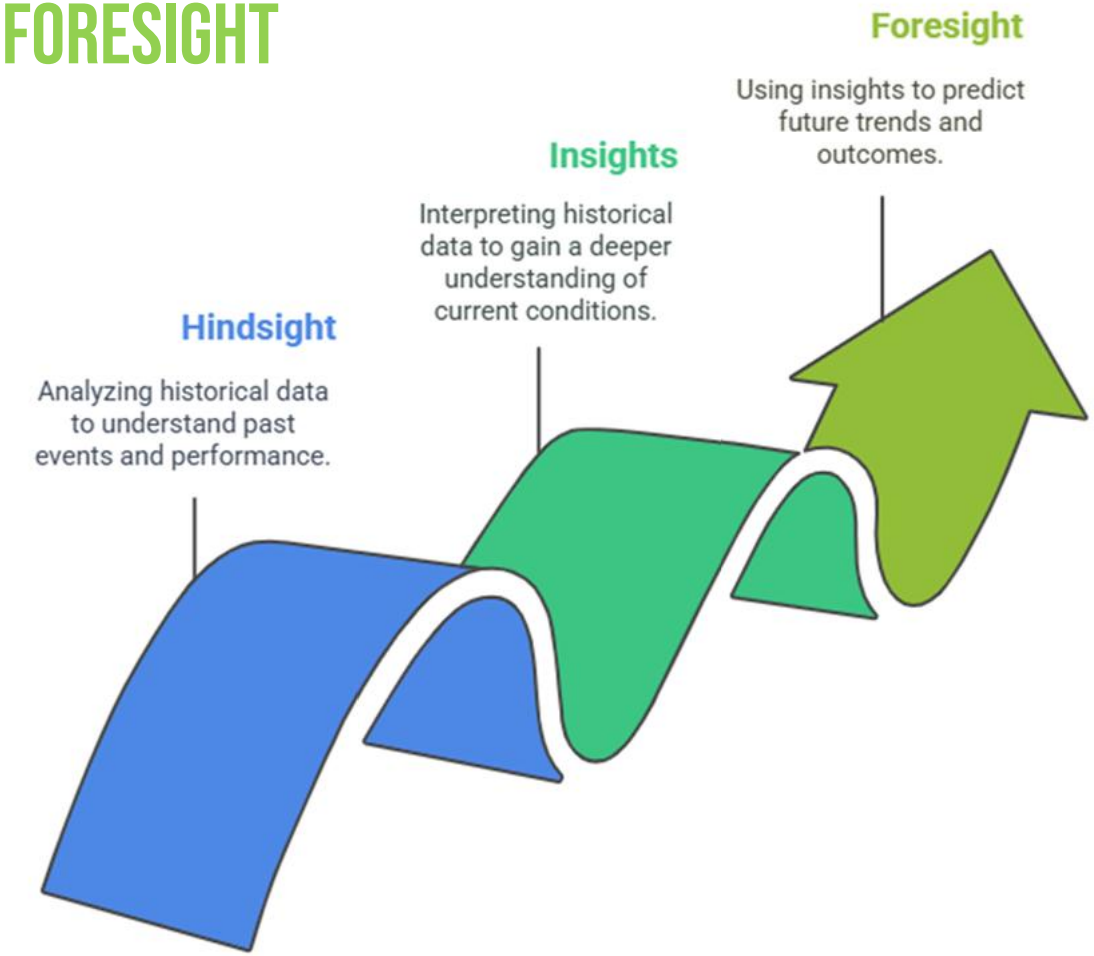
CAN I CALL SOMEONE?

BUT WHAT ARE WE SEEING?

WHERE SHOULD I BE PAYING ATTENTION RIGHT NOW?

THE DESIRED SHIFT

FROM HINDSIGHT ---→ FORESIGHT



Advancing Data Capabilities for Improved Decision Making

FROM REPORTING TO REASONING

AI AS A NAVIGATION SYSTEM FOR MALARIA CAMPAIGNS

OPERATIONAL EFFICIENCY & LOGISTICS

Real-Time Issue Flagging
Automatically identify low coverage, stock imbalances, and missed households as they occur.

Predictive Commodity Monitoring
Anticipate stock shortages and facilitate the reallocation of essential supplies during implementation.

Rapid Field Feedback
Generate instant feedback loops for supervisors and field teams to accelerate decision-making.

QUALITY CONTROL & TARGETED ACTION

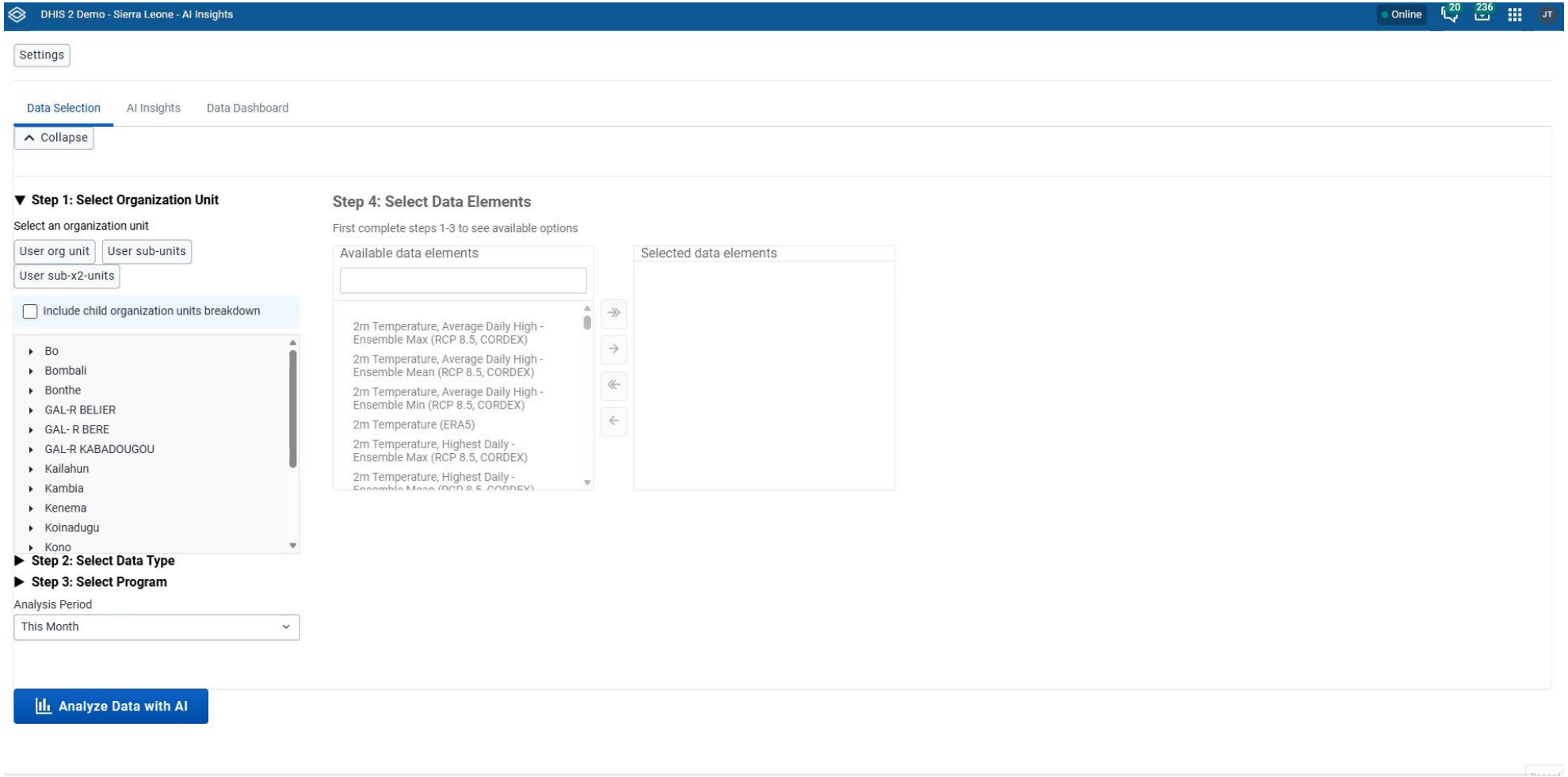
Automated Data Quality Checks
Instantly detect duplicates, inconsistencies, and outliers during the active campaign phase.

Prioritized Recommendations
Direct supervision and corrective actions specifically to underperforming areas using risk alerts.

Actionable Insights & High Coverage

If we think of campaigns as journeys, this AI layer becomes the navigation system by continuously recalculating priorities and guiding teams toward impact.

WHAT IF YOU COULD CHAT WITH YOUR DATA?



IFRC

AI INSIGHTS

dhis2

Download AI Insights App for DHIS2

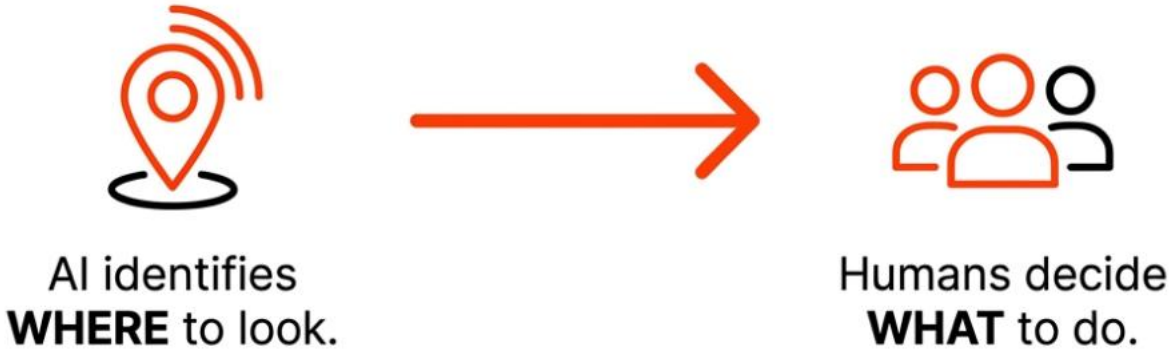
Click here to watch the demo from the DHIS2 website.

CAN WE PUSH IT FURTHER?

Go to Disasters.aidstack

FACILITY DATA + CLIMATE DATA + CONFLICT DATA | MAPPED

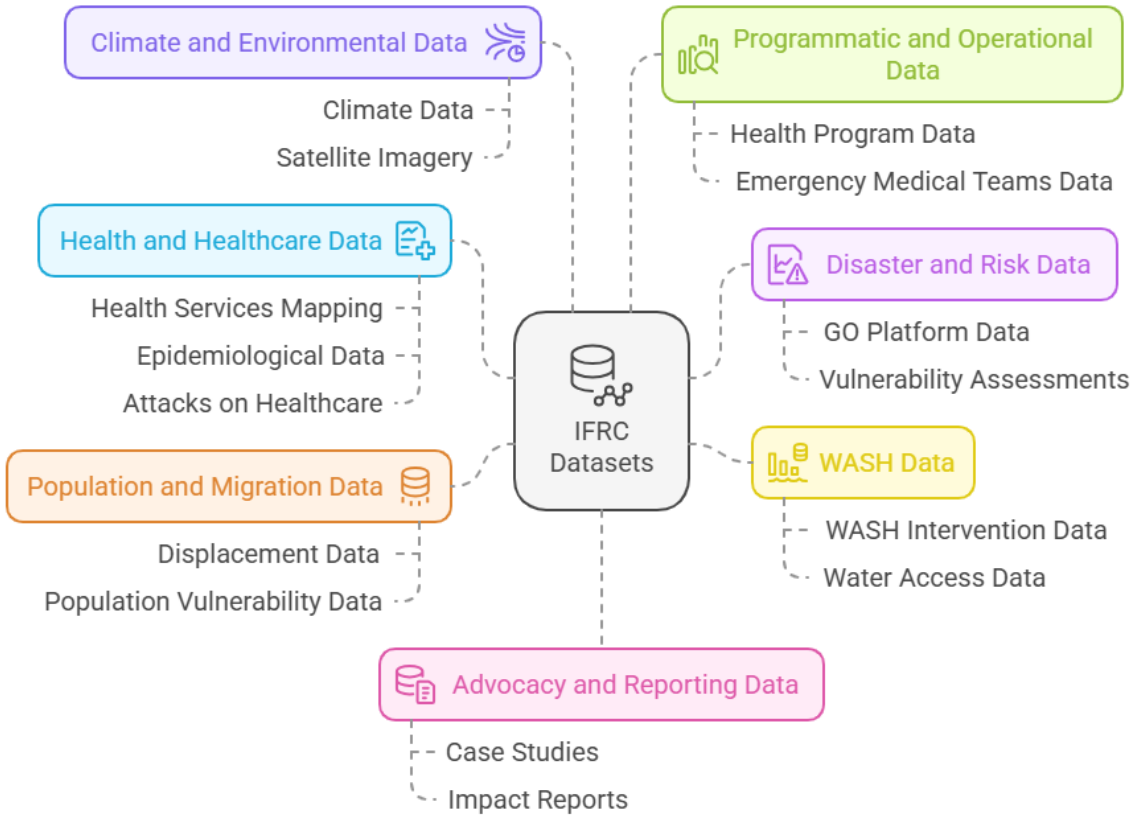
WHAT THIS MEANS IN PRACTICE?

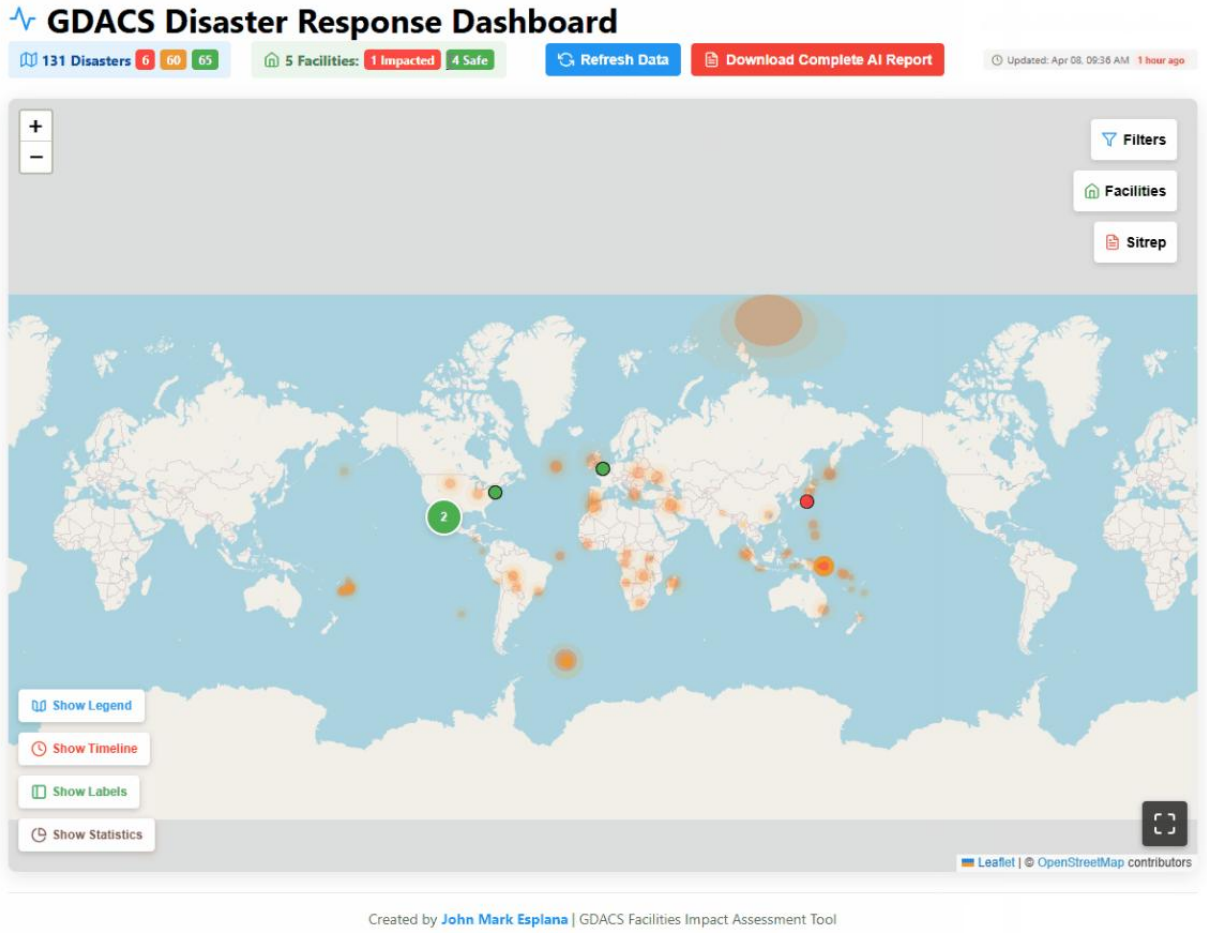


YOU ALREADY KNOW THE KEY DRIVERS.

THE VALUE IS KNOWING EXACTLY WHERE AND WHEN TO APPLY THEM.

IFRC Datasets





Path forward – Digital Health

A FEW LAST POINTS

AI **IS NOT** THE STRATEGY

MALARIA ELIMINATION IS THE STRATEGY

BUT AI HELPS US GET THERE FASTER


THANK YOU
LAKERS
UGANDA RED CROSS SOCIETY

amp | The Alliance for Malaria Prevention

SMC Alliance

Discussion - Questions & Answers

Discussion - Questions et réponses

Discussão – Perguntas e respostas

Panel discussion: Data protection, consent and ethics in data sharing

Digitalization to improve planning and operational efficiency

Federal Republic of Somalia
Ministry of Health & Human Services

amp | The Alliance for Malaria Prevention

SMC Alliance

Implementing campaign digitalization amid insecurity and displacement

Adaptations from Somalia's 2025 ITN campaign

Presented By
National Malaria Control Program (NMCP), Somalia

Context

Why this matters

Fragile Context

Somalia delivers malaria interventions in a **fragile and dynamic context**.

Insecurity, displacement, and severe access constraints make traditional campaign planning and real-time oversight extremely difficult.

Digitalization Supports:

Better planning
Facilitates rapid microplanning updates in shifting contexts

Real-time operational visibility
Monitoring progress as it happens on the ground

Faster reporting & decision-making
Reducing lag between data collection and action

Stronger accountability
Improving overall data quality and trust

Program Overview

Somalia malaria program context

Operational Context

Long-standing malaria program operations evolving through the country's rebuilding stages, adapting to a dynamic environment.

Partnership Model

Implementation relies heavily on strategic partnerships to ensure coverage:

- Collaboration with local and international NGOs
- Technical partners for specialized support

Federal System Shapes Delivery

Federal NMCP

Responsible for high-level governance:

Policy | Coordination | Guidance | Grant Oversight (Malaria + RSSH)

Federal Member States

Operational execution and supervision:

Implement Routine Activities | Supervise Delivery

Strategy

LLIN delivery channels in Somalia

Routine LLIN

Ongoing Distribution

Delivered continuously through fixed health services and facilities.

Reported via DHIS2

Data flows directly into the national health information system.

NMCP Support

Managed directly by NMCP at both national and state levels.

VS

Mass ITN Campaign

Periodic Implementation

Executed once per campaign cycle (or during emergencies).

NGO Support

Heavily supported by local NGO partners for last-mile delivery.

Legacy Systems

Previously relied on manual registers and fragmented ODK elements.

Pre-Digitalization

Before 2025: Main Limitations

Manual + ODK

The previous system relied on **physical registers** supplemented by basic ODK data collection.

This hybrid approach created significant data silos and operational delays.

Operational Pain Points

Fragmented reporting

Slow consolidation of data from disparate sources prevented a unified view.

Limited real-time visibility

Supervisors lacked immediate insight into campaign progress and coverage gaps.

Difficult data quality checks

Harder to run daily consistency checks at scale across manual records.

Intensive reconciliation

Significantly more effort required for final reporting and data cleaning.

2025: What Changed

The Big Shift

Full Digitalization via DHIS2

In 2025, Somalia moved from fragmented manual systems to a unified digital approach for the mass ITN campaign.

2025

Implementation & Goals

Mass ITN Campaign on DHIS2

Campaign reporting was successfully migrated to the national DHIS2 platform.

Technical Support

Implementation supported by **HISP Tanzania** to ensure robust configuration.

Strategic Alignment

Goal: Move campaign reporting into the **same national platform** used for routine LLIN distribution.

Key Metrics

2025 Campaign Scale

ITNs Distributed / Planned

3.14M

(3,139,621 Nets)

Successful mass distribution across targeted areas using DHIS2 platform

Geographic Coverage

15
Regions

32
Districts

Reporting Frequency

Daily
Reporting cycle

**Site consistency varied based on field capacity*

Data Quality & Integrity

75%
Completeness

- **Daily Consistency Checks:** Routine verification of incoming data streams.
- **Duplicate Reduction:** Focused ongoing review to correct inconsistencies.

Technical Setup

What exactly was configured in DHIS2

Data Capture Scope

Focus on minimum critical data to ensure speed and accuracy in the field.

Demographic Information
Household head, location details

Distribution Data
Number of nets distributed per household

DHIS2 System Modules

Tracker App
Mobile data collection for individual records

Aggregate
Summary data reporting and compilation

Events
Capturing single-point distribution events

Datasets
Structured data definitions for standardized reporting

Dashboards
Real-time visualization for decision making

Process

End-to-end workflow

Registration
Capture household data

Validation
Verify eligibility

Distribution
Issue ITNs

Supervision
Monitor & Support

Reporting
Sync to DHIS2

Dashboard
Daily Decisions

Field Operations

Data is entered directly at distribution sites using mobile devices. Registration and validation happen instantly before nets are handed over.

Quality Control

Supervisors verify entries on-site, escalate issues immediately, and ensure errors are corrected quickly before end-of-day sync.

Decision Making

National and state teams review dashboards daily to identify gaps, track stock, and issue course corrections for the next day.

Governance

Governance and accountability

National Level

NMCP Federal Team

Policy & Overall Coordination

State Level

State Ministries (MOH)

Regional Supervision & Support

Dedicated Data Review Teams

Daily Review

Teams review data submissions every evening to ensure completeness and accuracy.

- Verify consistency across sites
- Identify reporting gaps early

Field Support

Provide active support to field teams at every distribution site.

- Remote & on-site coaching
- Guidance on device usage

Troubleshooting

Coordinate corrections and technical troubleshooting during implementation.

- Fix data entry errors
- Resolve sync issues

Process

Data quality process

How errors were handled: Daily Routine & Correction Cycle

09:00 AM

Operations Start

Daily distribution begins at sites

During Day

Real-time Checks

Discrepancies addressed immediately during operations

05:00 PM

End-of-Day Review

National & State teams conduct final quality checks

Rapid Correction Strategy

By addressing discrepancies immediately during or right after daily operations, the campaign avoided the backlog of errors that typically accumulates until the end of a campaign. This supported faster correction cycles.

Designated Review Teams

Specific national and state data teams were assigned solely to monitor incoming data streams, identify duplicates, and communicate with field supervisors for immediate resolution.

Infrastructure

Connectivity and offline strategy

DHIS2 Android Capture

The campaign utilized a hybrid data entry model. Devices store data locally during field operations and automatically synchronize with the national server once internet connectivity is available.

What Worked

Resilience to Connectivity Gaps

Offline capture capability significantly reduced operational disruption in remote areas where internet access was intermittent or non-existent. Teams could continue working without pauses.

Key Challenge

Virtual Training Limitations

Security constraints forced a shift to virtual training (Zoom/Teams). This limited hands-on practice, affecting device readiness and user confidence in some sites compared to in-person sessions.

Implementation

Partner coordination model

One Reporting Standard

All partners aligned on common DHIS2 tools and reporting expectations. National and state review teams provided support based on each partner's site capacity.

New Ways
Local NGO Partner

WARDI
Local NGO Partner

HIRDA
Himilo Relief & Dev.

Havoyoco
Horn of Africa Youth

ISDP
Integrated Services

Standardized Tools

All NGOs utilized the exact same DHIS2 configuration, data elements, and dashboard views, ensuring data comparability across all 15 regions.

Tailored Support

National and state review teams adapted their supervision intensity based on each partner's specific capacity and local challenges.

Field Adaptations

Security and displacement adaptations

Dynamic Operational Context

Campaign implementation required constant flexibility to navigate insecurity and population movement.

Agile Distribution Points

Distribution locations were adjusted in real-time when security access changed. Teams rapidly relocated to safer, accessible zones to ensure continuity without compromising safety.

IDP Integration

Specific integration of Internally Displaced People (IDP) sites into distribution planning. Microplans explicitly accounted for temporary settlements to ensure vulnerable displaced families were not missed.

Rapid Microplanning Updates

Microplans were treated as living documents, updated rapidly as populations moved. This ensured that nets and teams followed the people, rather than sticking to outdated census data.

Digital Operational Visibility

Digital reporting provided quick visibility on site status. Supervisors could instantly see which sites paused due to security or resumed operations, allowing for faster resource reallocation.

Lessons Learned

Challenges and mitigation

Key Challenges

Connectivity Interruptions

Intermittent internet access in remote districts prevented real-time data submission.

Variable Partner Capacity

Differences in technical skills and resources across the 5 NGO partners and 32 districts.

Training Constraints

Security risks limited in-person training opportunities, affecting device readiness.

Insecurity & Access

Unpredictable security situation requiring rapid operational adjustments.

Mitigation Strategy

Offline-First Architecture

Enabled local data capture on devices with automatic synchronization when connectivity was restored.

Daily Support Teams

National and state teams assigned to specific sites to provide daily review and targeted troubleshooting.

Virtual + Coaching Model

Implemented virtual training sessions supplemented by intensive ongoing coaching during implementation.

Data-Driven Agility

Dashboards used for daily decision-making to pause, resume, or relocate distribution activities safely.

Results

What improved (key gains)

Operational Visibility

Improved real-time oversight at both **national** and **state** levels, allowing for immediate situational awareness.

Faster Detection

Daily reporting cycles enabled quicker identification of problems, facilitating rapid response even with varying site capacities.

Systemic Advancements

Standardized Reporting

Unified data collection across **15 regions** and **32 districts**, eliminating fragmentation.

Enhanced Data Quality

Ongoing review processes steadily increased data completeness and consistency throughout the campaign.

Platform Alignment

Campaign data now aligns seamlessly with the national platform used for routine LLIN reporting (DHIS2).

Lessons Learned

What we would do differently

Refining the Model

Honest reflection on the 2025 campaign reveals critical areas for **optimization** in future cycles.

Addressing these early can significantly reduce friction during implementation and improve partner readiness.

Key Adjustments:

Earlier device planning
Secure allocation and readiness well in advance

Simplify initial forms
Focus on minimum critical variables first to reduce load

More onsite mentoring
Increase field-based coaching alongside virtual training

Stronger pretesting
Pilot in diverse settings before full rollout

Earlier partner assessment
Tailor support based on specific partner capacity

Future Planning

Sustainability and Next Steps

Institutionalization

Strengthen Capacity
Build national and state capability to maintain and adapt DHIS2 campaign configurations independently.

Standardize Training
Institutionalize digital training packages and supervision SOPs for consistent future rollout.

Data Quality & Expansion

Improve Completeness
Target >75% data completeness through better device readiness and stronger field mentoring.

Enhance Dashboards
Refine visualizations for faster decision-making and real-time performance monitoring.

Future Application
Apply this digital model to future campaign cycles and emergency response scenarios.

Conclusion

Closing thoughts

Digitalization is feasible even in fragile settings

The 2025 Somalia ITN campaign demonstrates that with the right adaptations, digital tools can enhance visibility and accountability in the most challenging environments.

Thank you.

National Malaria Control Program

Federal Ministry of Health & Human Services, Somalia

Critical Success Factors

Clear Governance

Defined national and state roles ensure accountability at every level of the campaign.

Offline Reality Planning

Systems designed for disconnection ensure continuity when infrastructure fails.

Partner Alignment

All implementing partners unified under one reporting standard and platform.

Daily Data Review

Data isn't just collected; it is reviewed daily to drive immediate operational decisions.

MALAWI USE OF iCHIS TO OPTIMIZE LIMITED OPERATIONAL RESOURCES FOR ITN MASS DISTRIBUTION CAMPAIGN

At

Speke Munyonyo Hotel, Kampala, Uganda

26-02-2026

Presented by:

Austin Albert Gumbo

Surveillance, Monitoring and Evaluation Specialist

Head of Surveillance, Monitoring & Evaluation and Operational Research

Ministry of Health – NMCP

Community Health Services Unit

Lilongwe, Malawi

AGENDA

- Background of iCHIS
- Overview of Digitalized ITN HHR and Distribution Campaign
- Success Stories
- Strategic Lessons
- Strategic Planning & Sustainability
- How Reusing iCHIS Data Reduces Recurrent ITN Campaign Costs
- Moving forward

Background of iCHIS

Ministry of Health

National Community Health Strategy 2017-2022

National Community Health Strategies

ICT objectives

1. Harmonize community health data through a Community Health Information System

2. Implement integrated mHealth solutions for community health workers

Development of the Community Health Indicator handbook was the first step for both objectives

Challenges for CH Reporting

Ministry of Health

CH System Indicators

GAP

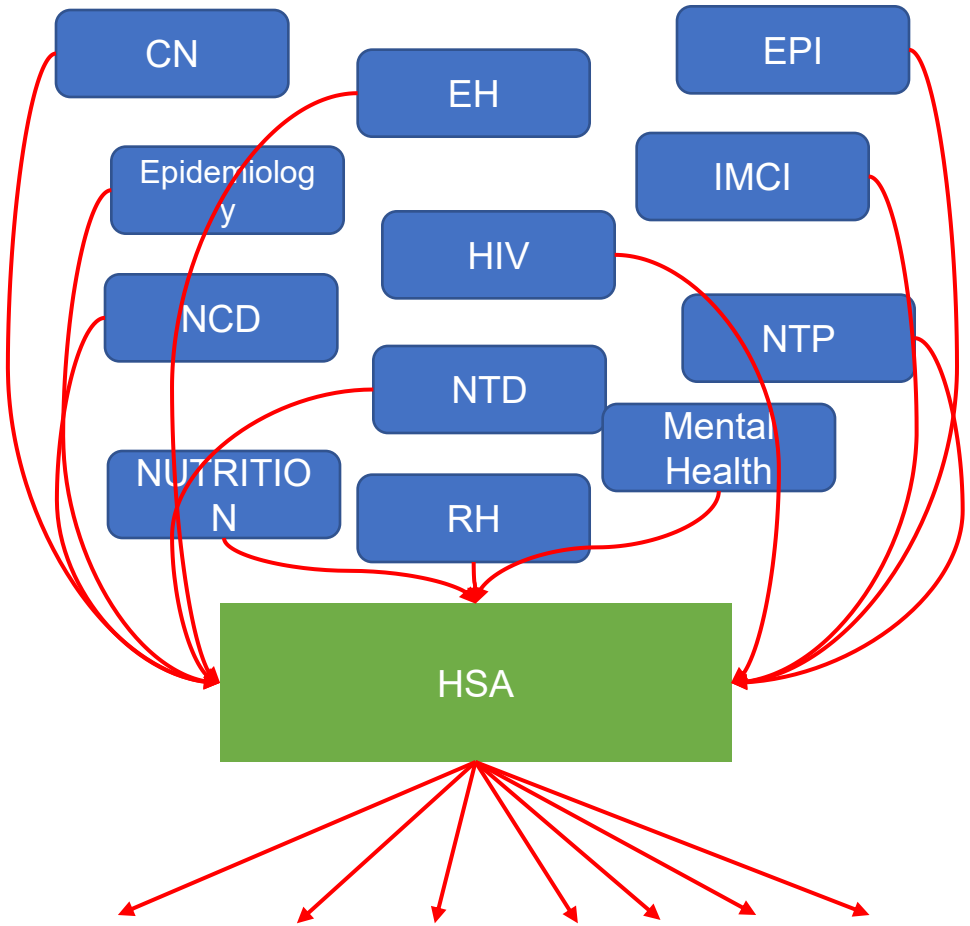
CHSS

HR

HTSS

Infrastructure

Program Indicators at Community Level

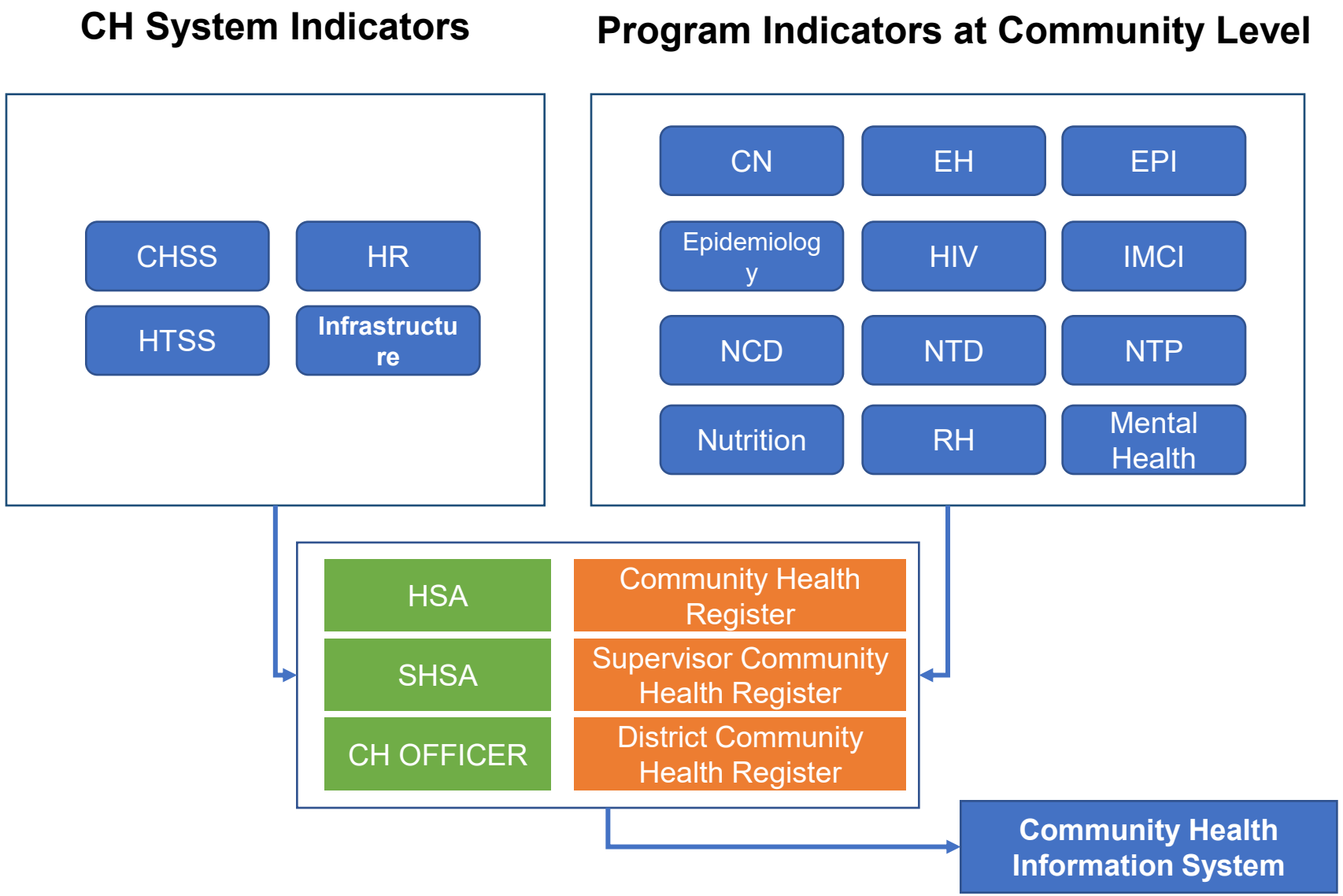


FRAGMENTED

- Fragmentation of data collection: Programs using different data collection tools and processes
- HSA responsible for more than 40 data collection processes
- After data is collected by HSA it is fed into several different systems
- Gap in data for community health system indicators

What has been done

Ministry of Health

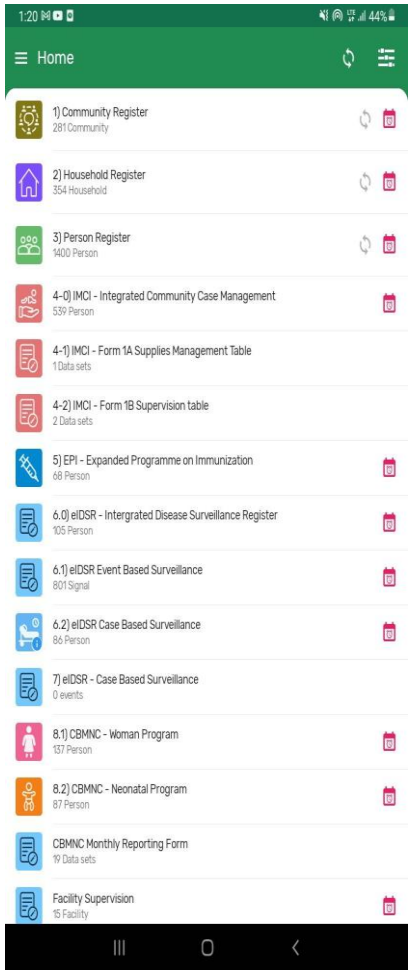


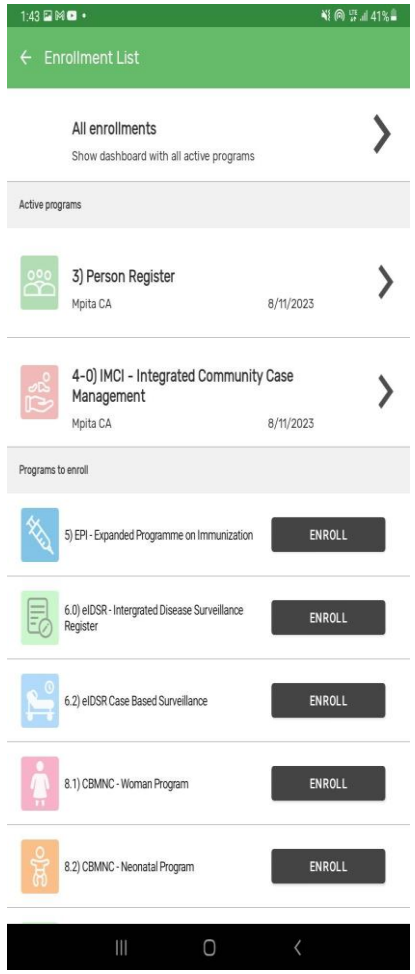
- CH System indicators now collected
- **VERTICAL REPORTING TOOLS REPLACED BY INTEGRATED DATA COLLECTION TOOL**
- Integrated Community Health Register tool for key CH cadres feeds CHIS
- Reporting designed around person collecting information to improve quality and reduce burden

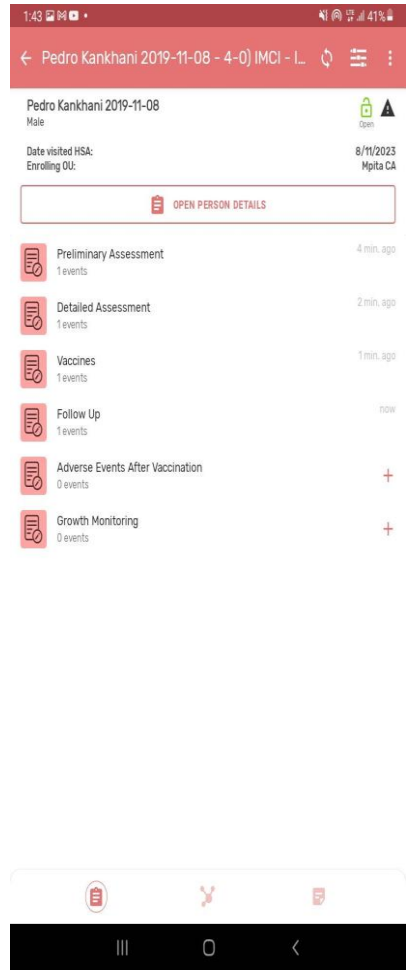
About iCHIS

What is iCHIS?

The Integrated Community Health Information System) (iCHIS), is a point of care application (built on DHIS2 Tracker) that strengthens community health service delivery in Malawi. The







Why iCHIS?

- ➔ Government owned digital system that support CHWs service delivery and reporting at Community level.
- ➔ Built to Integrate with other existing MoH systems
- ➔ Interfaces with DHIS2 for national reporting
- ➔ Enables offline data capture with synchronized uploads
- ➔ Uses role-based access and analytics dashboards
- ➔ It informs decision-making and action at the point of care and across all levels of service provision.

Phases of iCHIS Development

2018-2019

01

Situational Assessment

MoH conducts a landscape of current digital solutions and sets iCHIS governance

2019-2020

02

Systems Requirement Gathering

MoH finalizes business requirements and selects DHIS2 application for the HSA program

2020-2021

03

Design Phase

Module design begins. Prototype deployed across 3 districts with 3 completed modules. Pilot Kasungu First implementation Balaka, Machinga and Salima

2021-2024

04

Development & Testing

MoH establishes the technical committee. Partners begin development of iCHIS modules

2024 & Beyond

05

National Scale

iCHIS is being scaled across the HSA program

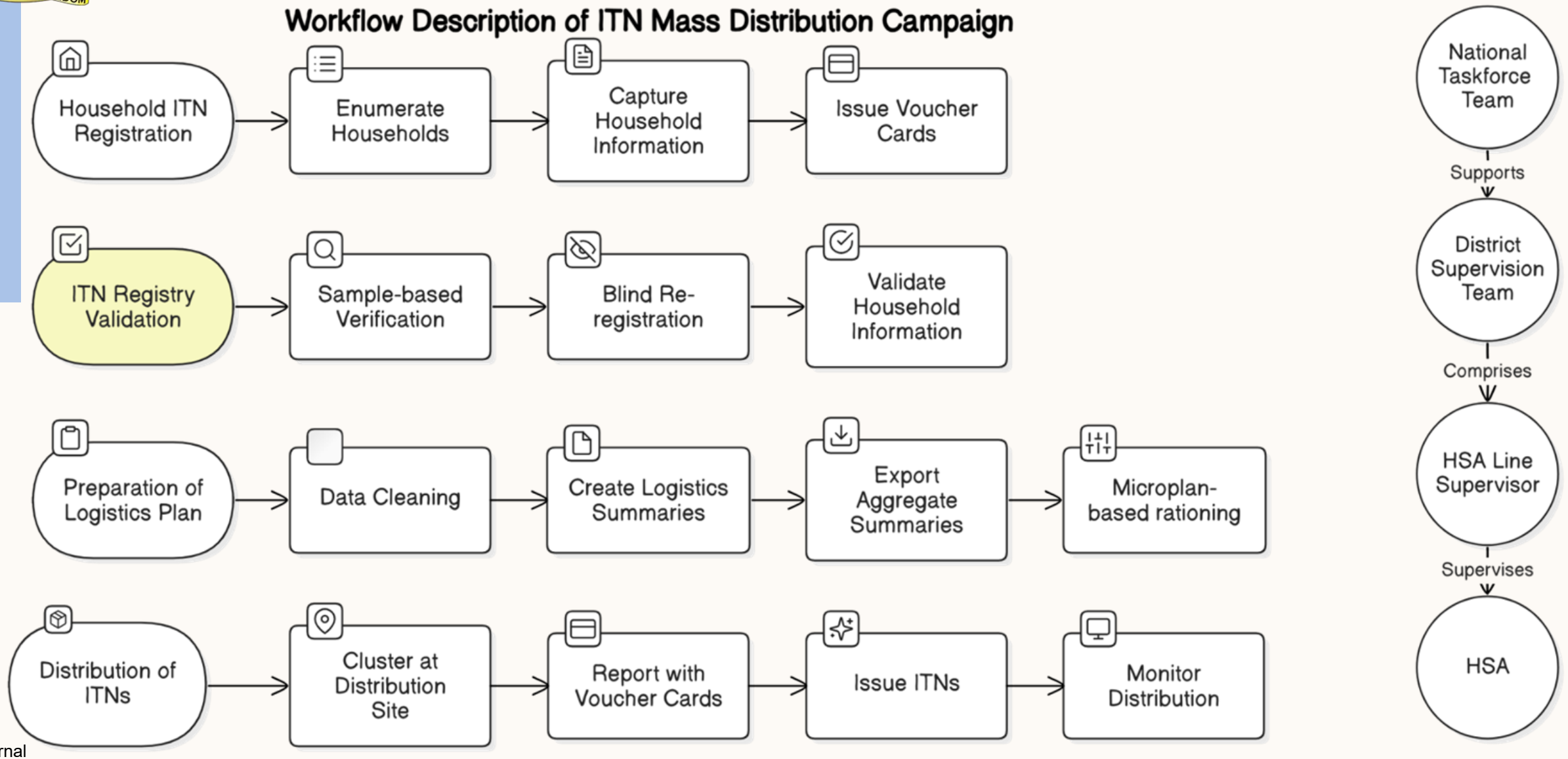
OVERVIEW OF THE CAMPAIGN

- Triennial mass ITN distribution campaigns are a core malaria prevention strategy in Malawi
- Recurrent ITN campaigns require: Accurate targeting, Efficient logistics, Strong accountability, Real-time monitoring
- Paper-based systems created operational inefficiencies, data delays, and higher recurrent costs
- Strategic response: Transition from paper-based ITN campaigns to digitalized delivery using iCHIS
- To improve efficiency, accountability, and data timeliness, NMCP Malawi digitalized the 2024 ITN campaign using iCHIS (Integrated Community Health Information System)
- Technical leadership provided by HISP Malawi (UNIMA)
- Implemented jointly with NMCP and development partners, including USAID President's Malaria Initiative

EVOLUTION OF ITN CAMPAIGNS IN MALAWI

Paper-Based ITN Campaign	Digitalized ITN Campaign
Manual household registration	Digital HH registration via iCHIS
Physical reconciliation of registers	Automated allocation rules
Delayed data availability	Real-time data – dashboards
Limited real-time supervision	Electronic validation & supervision
High logistical burden	Reduced operational waste

DIGITALIZED ITN MASS DISTRIBUTION WORKFLOW



PILOT-TO-SCALE LEARNING: STRENGTHENING MALAWI'S DIGITAL ITN CAMPAIGN

Pilot Phase (Mwanza & Machinga – Sept 2024)

Purpose: De-risk national rollout and stress-test iCHIS at scale

Key Challenges Identified

- Frequent server downtime
- Data synchronization bottlenecks (simultaneous CHW syncing)
- 10,000+ village option sets causing system strain (suspended)
- Manual typing of HH unique IDs slowed distribution
- Limited digital support teams
- Weak tracking tools for operational oversight

Corrective Actions Before Mass Rollout

- Server optimization → significantly reduced downtime
- Suspension of large option sets pending reconfiguration
- Expanded digital support teams (on-site troubleshooting)
- Introduced tracking dashboards for HHR & distribution
- Encouraged back-data-entry via voucher cards
- Proposed QR/barcode-enabled printable vouchers for future cycles

ROLLOUT PERFORMANCE & INSIGHTS

Coverage & Targeting

- HHR reached **121%** (Southern Region)
  - Evidence that micro-planning underestimated actual HH numbers
- National ITN distribution coverage: **78%**
- District disparities:
  - Neno: **100%**
  - Kasungu: almost 100% **(99.68%)**
  - Blantyre: **11%** (refusal to distribute via iCHIS)
  - Data accuracy – **97%**

Operational Challenges During Rollout

- Net shortages → rationing required
- Delayed payments → HSA reluctance/non-compliance
- ~35% of HSAs lacked adequate digital literacy
- Voucher collection due to long queues & slow on-spot entry
- In extreme cases (Blantyre), distribution reverted to voucher-only approach
- Long intervals between HHR and distribution due to in availability of resources i.e. no funds in our account.
- Network challenges in some areas

SUCCESS STORIES

- 29 / 29 districts (100%) successfully implemented digital ITN distribution (more than 11 million ITNs)
- 5 PMI-supported districts fully integrated into the national digital platform
- Nationwide rollout completed within one campaign cycle, with reverting to paper systems
- Seventy eighty percent of data synced into iCHIS
- Reduced malaria cases by 43% and malaria deaths by 27% from 2024 cases
- Ninety seven percent data accuracy – Data verification

STRATEGIC LESSONS

1. Digital transformation requires change management and workforce support, not just software
2. Server architecture must anticipate peak synchronization loads
3. Large option sets require performance-aware configuration in DHIS2
4. Digital literacy investment is as important as hardware
5. QR/barcode voucher systems can significantly improve timeliness
6. Investments in digital platforms create reusable assets for multiple malaria and community health interventions
7. Payment systems directly influence digital compliance

STRATEGIC PLANNING & SUSTAINABILITY

- ITN modules embedded in **national iCHIS**
- Reuse of devices across programmes
- Reduced recurrent costs in subsequent campaigns
- Strengthened interoperability with DHIS2
- Local technical capacity via UNIMA

HOW REUSING iCHIS DATA REDUCES RECURRENT ITN CAMPAIGN COSTS

1. Household Registration

- No full re-registration every 3 years
- Use existing iCHIS household master list
- Conduct targeted updates only (new households, migration, demographic changes)

2. Results

- Reduced temporary workforce costs
- Minimal printing and paper tools
- Shorter registration period
- No large post-campaign data entry burden

1. ITN Distribution

- Preloaded verified household data in iCHIS
- Automated net allocation rules
- Real-time dashboards for tracking and reconciliation
- Potential QR/barcode voucher verification

2. Results

- Faster distribution
- Reduced supervision and reconciliation costs
- Lower leakage and duplication risk
- Improved accountability

MOVING FORWARD, MALAWI WILL:

- Strengthen server resilience and system performance
- Enhance digital literacy among HSAs
- Integrate QR/barcode-enabled voucher solutions
- Improve coordination between logistics, payments, and digital compliance

Malawi's experience affirms that iCHIS can optimize limited operational resources while strengthening accountability and equity in malaria prevention delivery.

THANK YOU

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Acknowledgements

HOW REAL-TIME DASHBOARDS STRENGTHENED ITN CAMPAIGN COVERAGE AND ACCOUNTABILITY IN PAKISTAN

JOINT ANNUAL MEETINGS OF THE SMC ALLIANCE AND THE ALLIANCE FOR MALARIA PREVENTION

Kampala, Uganda
24-27 Feb 2026

Pakistan

- **Background**
  - –Severely affected due to climate changes
  - –Up to seven folds increase in malaria cases
  - –Substantial influx of refugees
  - –Complex operating environments due to security situation particularly in Merged Areas of Khyber Pakhtunkhwa and some districts in Balochistan

Population of more than 252 million

Moderate malaria endemic country

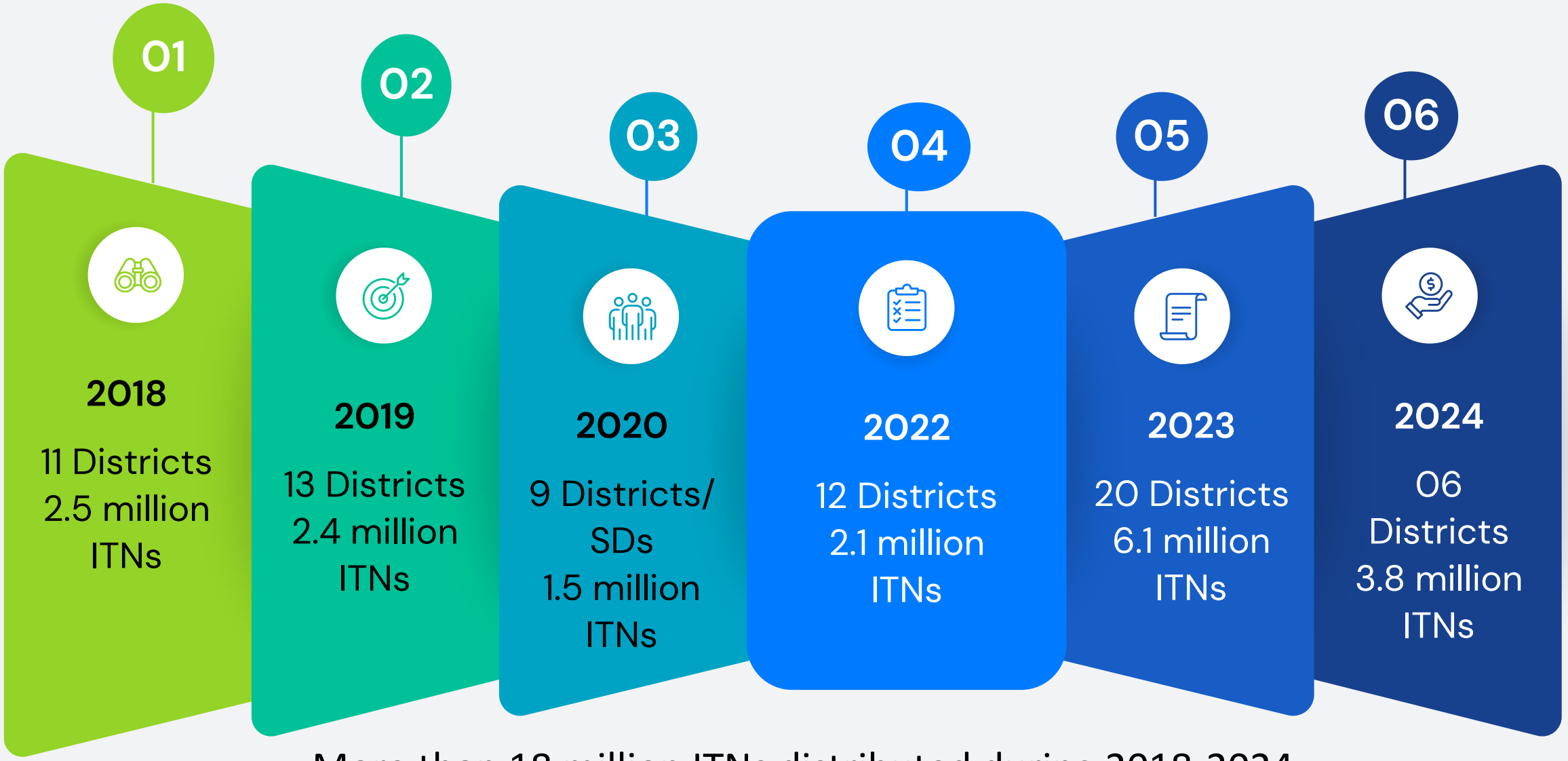
During 2025

1.7 Million Malaria Cases

P. Vivax 64%,

P. falciparum 32% & Mix 4%

ITNs Mass Campaigns in Pakistan



More than 18 million ITNs distributed during 2018-2024

Problem Statement

- **Before dashboards: we couldn’t see problems early enough to act**
- Microplanning in Excel → version control issues and manual errors
- Major variations in microplanning estimates (denominator) vs household registration (HHR)
- District Health Departments had lesser ownerships (different secondary data sources)
- Missing areas / villages (because of manual record)
- At least two weeks required for cleaning and sharing with national level
- Dependency on external vendors for providing services → delays and higher costs

Consequences

- **Operational impact: delays, limited visibility, and slow issue resolution**
  - Variations between microplanning estimation and actual needs based on household registration (HHR)
  - Campaign timing slipped beyond peak season (see planned vs actual)
  - Limited provincial/central visibility → late escalation
  - ITNs coverage issues due to missing areas/villages
  - Slow resolution of bottlenecks

Year	Planned	Actual
2018	June-July	Oct
2019	June-July	Nov
2020	June-July	Dec
2022	June-July	Oct-Nov
2023	June-July	Dec-Jan

How it worked

- **What we built in DHIS2 (in-house)**
  - 3 modules:
    - Microplanning (hallmark as was first time)
    - household registration/enrolment, coupon (with QR codes) for HHR
    - ITN distribution
  - Offline capture +
    - later sync for low-connectivity areas
  - Automated aggregation and validation checks
  - Real-time dashboards for daily performance and accountability

2024 delivery improvements enabled by DHIS2 dashboards

- Developed modules were piloted, and rolled out in 6 targeted districts
- Offline data entry enabled continuity in low-connectivity areas
- Improved data quality + strengthened local digital capacity
- Variations in microplanning estimates vs HHR reduced significantly (less than 10%)
- Only few complaints about missing areas/villages
- First time campaign implemented on time (August 2024) before the peak malaria season

2024-05-03
Bar Safary
Village
(Open)

Report date *

2024-05-03

Due date

yyyy-MM-dd

Micropositioning

Village Name served by the DP	A
Population	57
Distribution team	2
Is there a mosque in the village? (yes/no)	Yes / No
Does the mosque have a loudspeaker? (Yes / No)	Yes / No
Is the village covered by radio? (yes/No)	Yes / No
Name of radio station (channel & frequency)	FM 87
The language used by the radio for broadcasting	Urdu

Complete

Delete

Print form

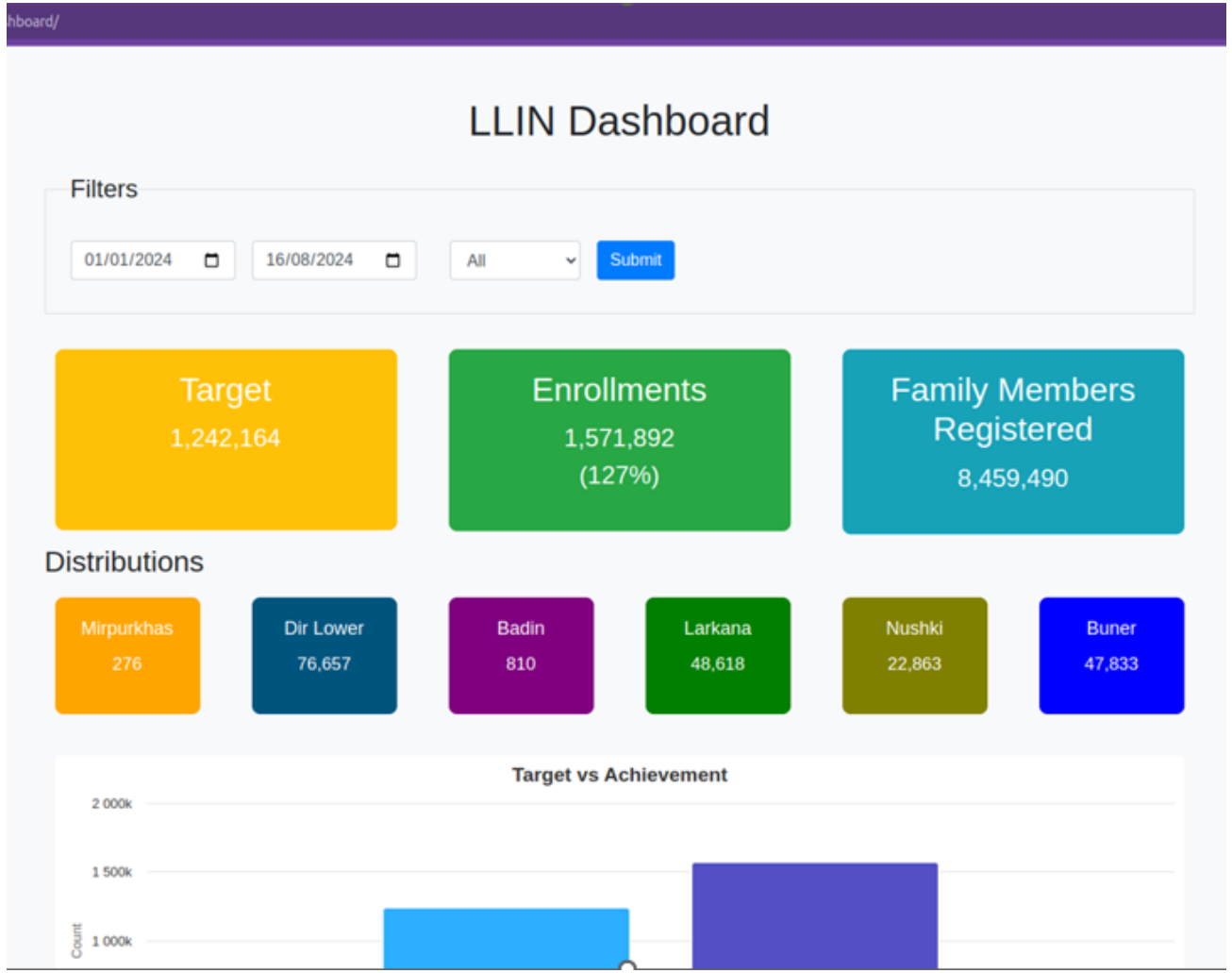
BACK TO STANDARD REPORTS LIST

PAKISTAN ITN CAMPAIGN 2024 - MICRO PLANNING REPORT - Abbottabad

Download Data Into Excel

Micropositioning Plan											
Distribution site (DP)	Address Of Dp	Village Name served by the DP	Population Rural	Population Urban	Total Population	Number of Households	Storage warehouse(District / Nearest Fixed DP)	Distance between district warehouse and Fixed DP (KM)	# of ITNs for this DP	# of bales of ITNs of 50 for this DP	Area (in S meter)DP ITNs Store(Hei = 2m)
Test D	ABC	Azeeem	300	0	300	43	Random	3.0	167	4	1
Test D		1	300	0	300	43	Random	3.0	167	4	1
Junaid	ABC	Test	400	0	400	58	Market	5.0	834	17	2
		Test	500	0	500	72					
		Test4	600	0	600	86					
Junaid		3	1500	0	1500	215	Market	5.0	834	17	2
BHU Gaggra	Daggar Road,	Mali Khel	1500	0	1500	215	Warehouse Daggar	15.0	8334	167	12
		Rega	800	0	800	115					

ITN Campaign Dashboard



What we monitored daily (and who acted)

- **Daily:** target vs achieved, enrolment progress, distribution by district
- **Users:** district teams, provincial leads, national coordination cell
- **Cadence:** daily check-ins + weekly review with action owners

Outcomes

Results: faster action + fewer errors

- Overall achievement: 93%
- Reporting time reduced from 14 days to 8-12 hours (automation + live dashboard)
- Data errors reduced (duplicates/invalid codes) after validation rules + monitoring
- Escalation speed improved: issues identified and assigned within few hours

Challenges using DHIS-2

- Invalid codes
- Duplicate QR Codes
- Duplicate CNICs
- Errors in printing of coupon
- Hosting of data
- Internet connectivity

Next priorities

1. Digitize logistics and warehouse management (stock visibility + distribution reconciliation)
2. Digitize micro-budgeting and volunteer payments (timeliness + audit trail)
3. Upgrade dashboards: clearer visuals, automated alerts, role-based views
4. Institutionalize in-house expertise for future campaigns

Recommendations

Digitalization as a Driver of ITN Campaign Success

- **One Integrated Digital Platform** should be used covering microplanning, household registration, logistics, distribution, and reporting to improve coordination and accountability.
- **Digital Microplanning** is helpful in accurate estimation of ITN needs and select distribution points.
- **Strengthen in-house expertise, capacities & strengths** – Upgrade and optimize current digital platforms to reduce costs, simplify implementation, and ensure sustainability.
- **Real-time dashboards** should be deployed to quickly identify gaps and take corrective action during implementation.

Acknowledgements

Ministry of National Health Services, Regulations & Coordination Pakistan

Provincial Malaria Control Programs &

Indus Hospital & Health Network

Alliance for Malaria Prevention (AMP)

(Marcy, Miko, Robert, Hammond, Godwin, Terry)

Roll Back Malaria (RBM) Partnership

The Global Fund & University of Oslo

Special thanks to the Common Management Unit (CMU), M/o NHSRC and Indus Hospital & Health Network teams and AMP TA providers who worked and developed DHIS-2 modules for microplanning, HHR and distribution.

THANKS

amp | The Alliance for Malaria Prevention

SMC Alliance

Discussion - Questions & Answers

Discussion - Questions et réponses

Discussão – Perguntas e respostas

For technical difficulties: Please use Zoom chat or contact the supplier at info@plbe.info

Use of digital tools and social media to achieve SBC objectives

Experiences of Cambodia in Using Social Media to Increase ITN Use

Khorn Linna, Communication and SBC Manager, CRS

February 26, 2026

Photo by Eduardo Lovo/CRS

Progress and Challenges Towards Malaria Elimination in Cambodia

Under leadership and strategic efforts of the National Malaria Control Program (CNM), donors and partners, Cambodia made significant progress towards malaria elimination:

- Zero malaria deaths since 2018. Cambodia Malaria Elimination Action Framework (2021–2025) guides national commitment to eliminate malaria by 2025[1].
- Malaria cases dropped by 70%, from 355 (2024) to 107 (2025)[3].
- 75% of Pv eligible patients received G6PD tests in 2023[1].

Nevertheless, challenges remain, including:

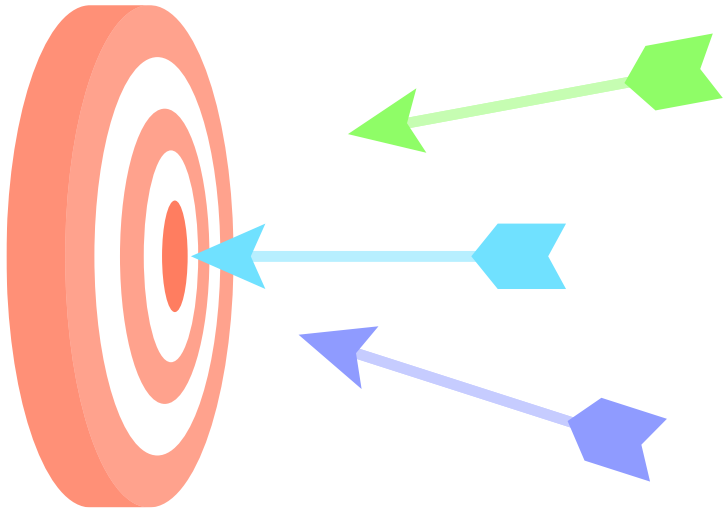
- Suboptimal use of ITNs among high-risk populations: ITN use is high (94.7%), but 32% of individuals will start sleeping under their nets after 7pm, increasing the opportunity for malaria transmission[1].
- Only 21% of people in endemic areas use mosquito repellent[2].
- Men, mobile populations, forest workers, forest goers, campers, and visitors from endemic countries have limited malaria knowledge[1].
- Some private providers do not fully comply with MoH guidance that does not allow them to test and treat malaria cases[1].

Sources:
[1]CNM's 2023 report and planning for 2024
[2]SBC Rapid Assessment in Five Cambodian Provinces, Cambodia Malaria Elimination Project 2 (CMEP2), 2023
[3]Malaraia Information System (MIS), CNM

Background to Using Social Media for Malaria in Cambodia

- Under the Global Fund's Regional Artemisinin-resistance Initiative 4 Elimination (RAI4E) project, CRS supports the CNM in 4 provinces to accelerate the elimination of all forms of malaria, maintaining zero mortality, and prevention of re-establishment (POR) of malaria.
- According to CNM's National Strategy, Social and Behavior Change (SBC) is a core component in the effort to eliminate malaria and prevent its reintroduction.
- CRS Cambodia has been supporting CNM to implement national malaria SBCC Facebook campaigns to:
  - Target high-risk populations, private health providers, international travelers who associate with imported cases.
  - Raise awareness of malaria and help target groups to adopt healthier behaviors on:
    - ITN and repellent use
    - Pv radical treatment compliance
    - Seeking malaria services at the public health facility or village/mobile malaria workers
    - Reinforce roles of private health providers in malaria elimination interventions

Communications Goals of the Campaigns



- To enhance knowledge on malaria risk prior to getting under an ITN and importance of getting under an ITN early, ideally before 7pm.
- To promote mosquito repellent acceptability, knowledge of where to get it, and correct repellent usage.
- To increase knowledge on importance of G6PD test, encourage uptake of G6PD test and Pv radical cure treatment at the health facility.
- To reinforce roles of private healthcare providers (PHP) in malaria intervention among PHPs, visitors and at-risk population. Promoting malaria services at the public health facility.

Behavior Change Goals

1

Increase percentage of target population who get into ITN early, ideally from/before 7pm from 68% to 70% between November 2025 to the end of March 2026.

2

Increase number of topical repellents distributed in 25 Operational Districts (ODs) by 40% compared between distributed number in November 2025 and ending months of the campaign in March 2026.

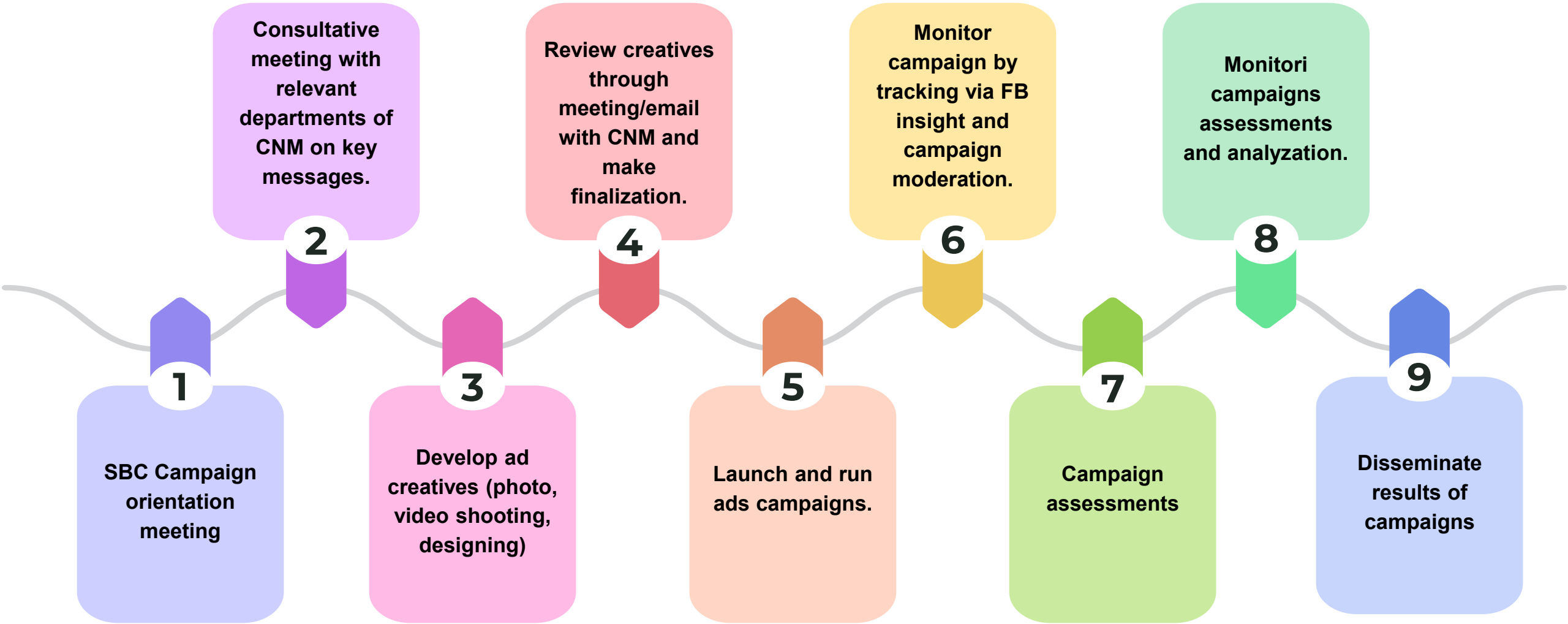
3

Increase number of Pv eligible individuals receiving G6PD test at the Health Center (HC) from 75% to 90% in 25 ODs between November 2025 to the end of March 2026.

4

PHPs, visitors and at-risk people understand PHP's role to refer suspected malaria patients to public health facility and not to test and treat malaria and malaria services available only at the public health facility.

Process of Campaigns Implementation

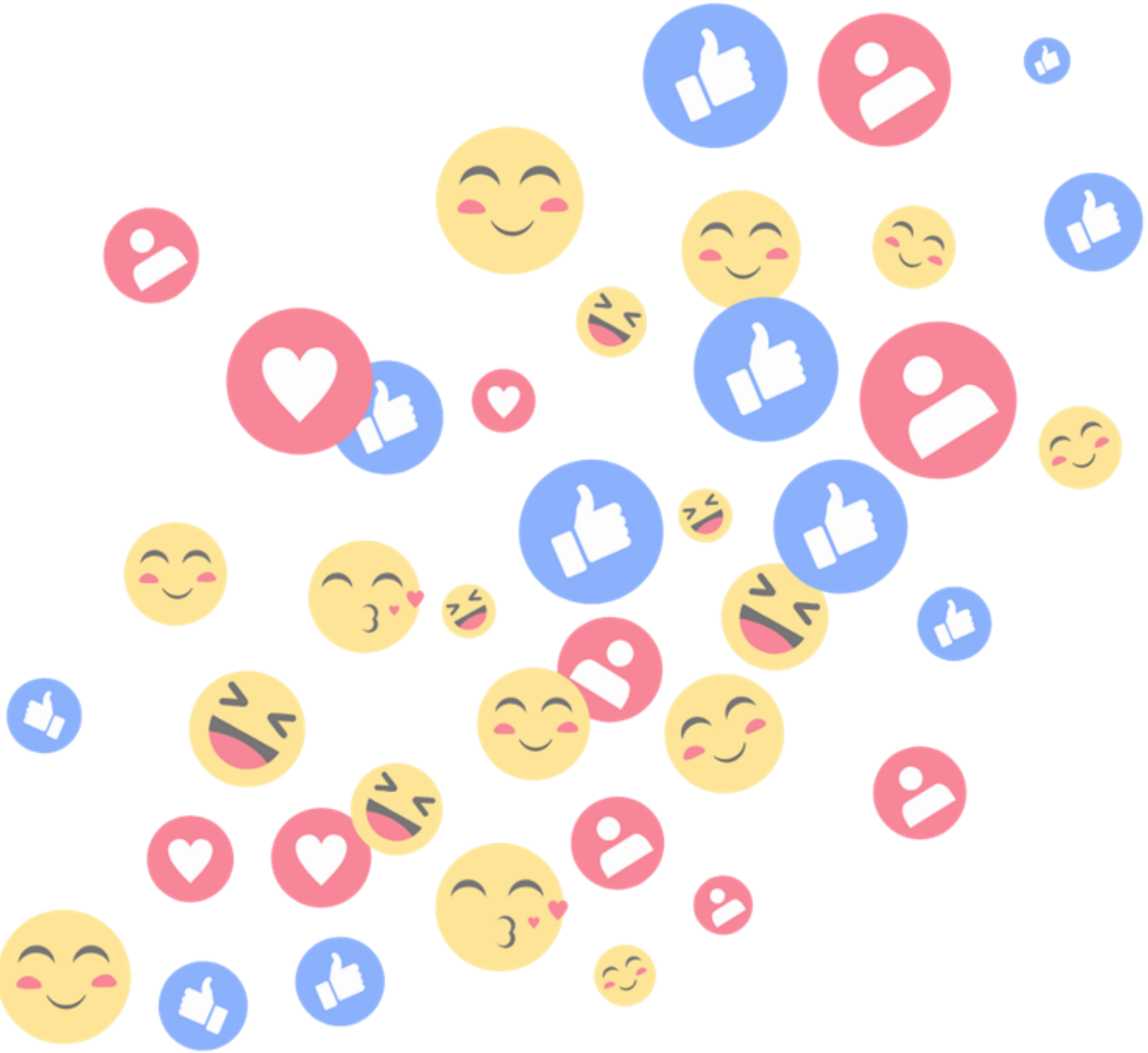


Campaign for Private Health Providers and International Travelers

- **Age range:** 18-49
- **Gender:** Women and men.
- **Geography:** 25 capital cities, 25 provinces, Cambodia.
- **Timeline:** 5 months
- **Budget:** USD 16,000

Campaign for High-Risk Populations

- **Age range:** 18-49
- **Gender:** Women and men
- **Geography:** 28 districts, 17 provinces
- **Timeline:** 5 months
- **Budget:** USD 20,000



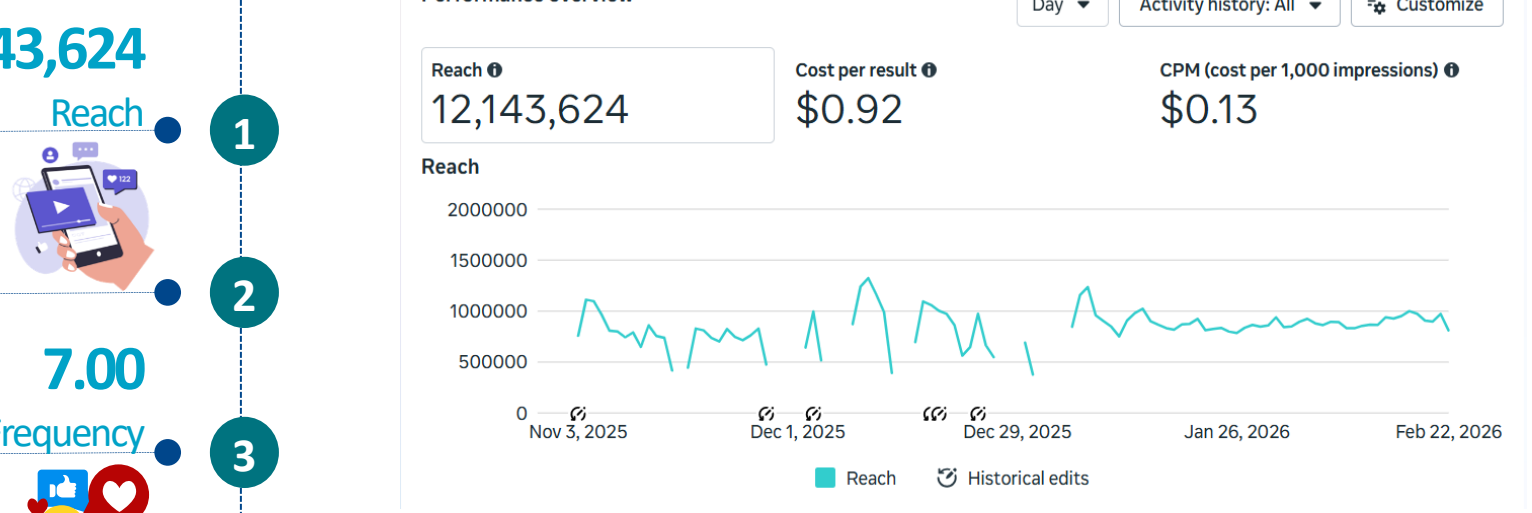
Progress To Date

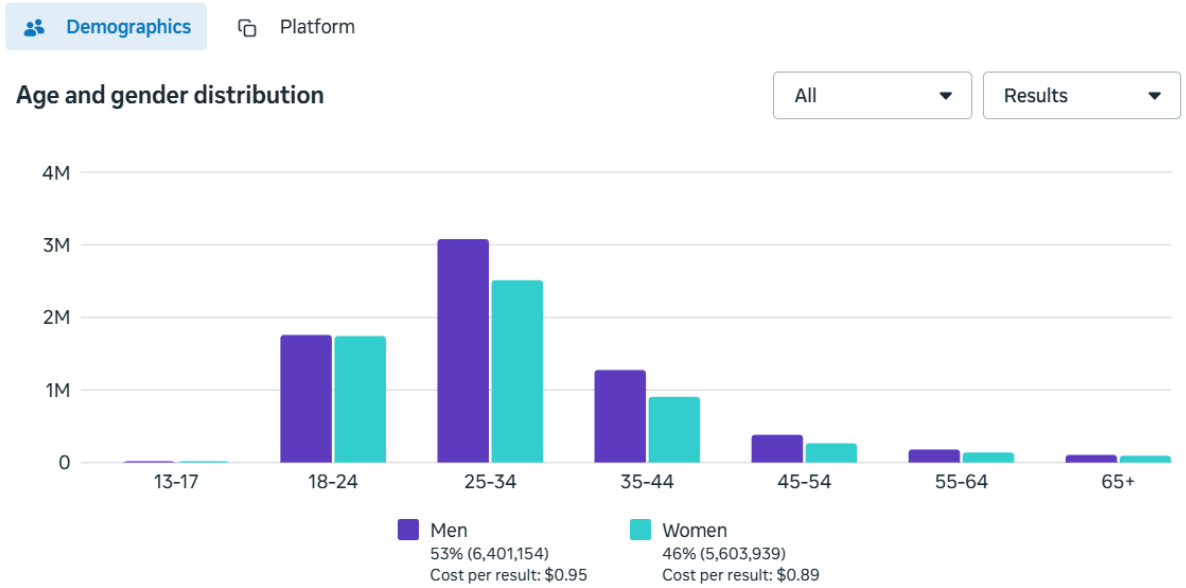
November 03, 2025-February 22, 2026

Results of the Campaigns

Campaign for private health providers and international travelers

1. **12,143,624** Reach
2. **84,998,455** Impressions
3. **7.00** Frequency
4. **50,287** Post Reactions
5. **109** Post Comments
6. **1,216** Post Shares
7. **11,132.96** Budget Spent

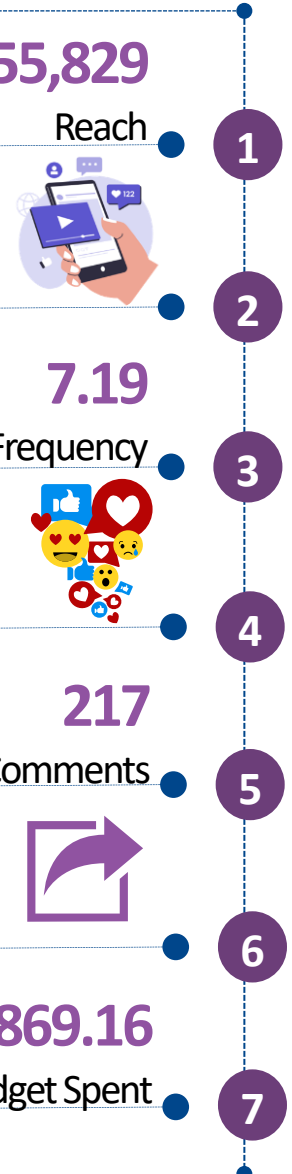




Results of the Campaigns (Cont.)

Campaign for high-risk populations

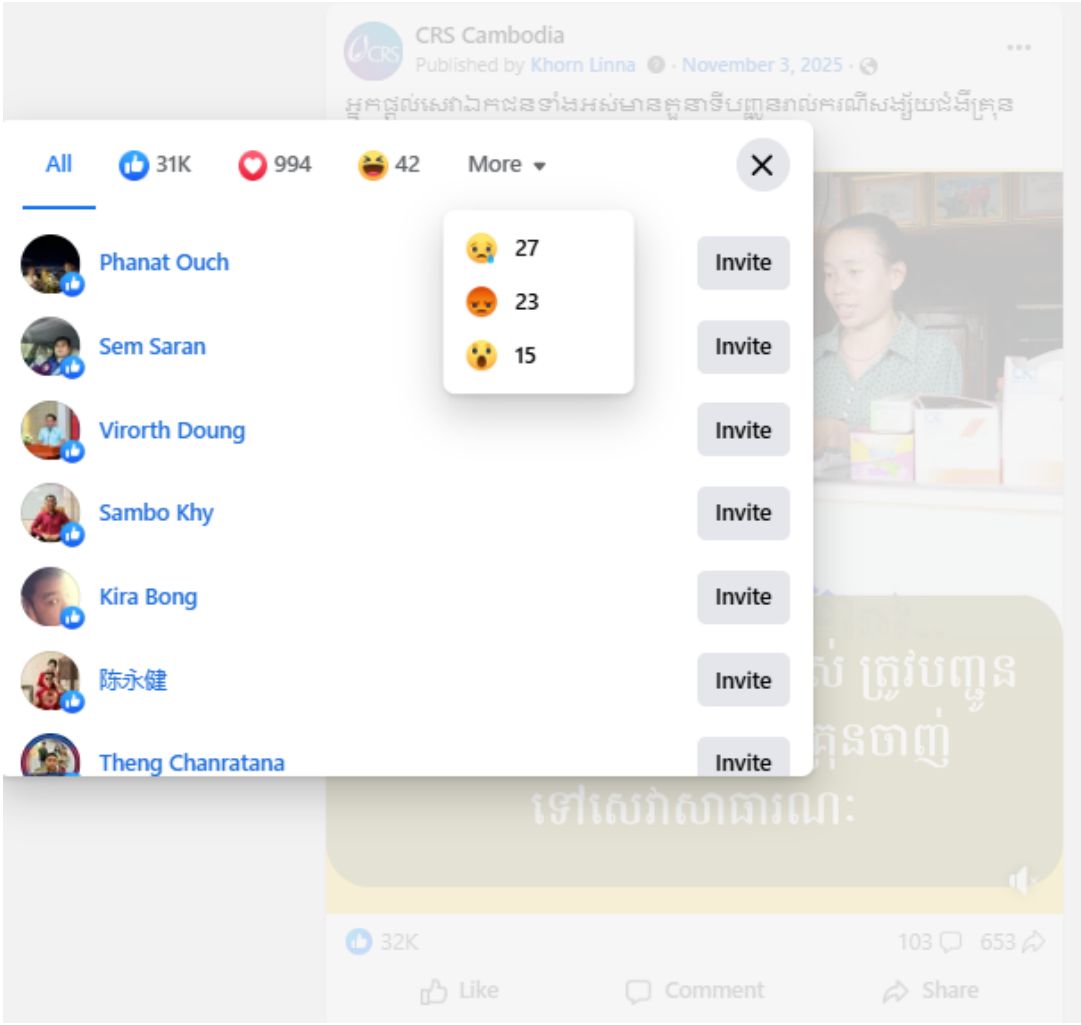
1. **12,655,829** Reach
2. **90,973,944** Impressions
3. **7.19** Frequency
4. **70,881** Post Reactions
5. **217** Post Comments
6. **1,286** Post Shares
7. **13,869.16** Budget Spent



Top Ad of Campaign for Private Health Providers and International Travelers

Post's Caption

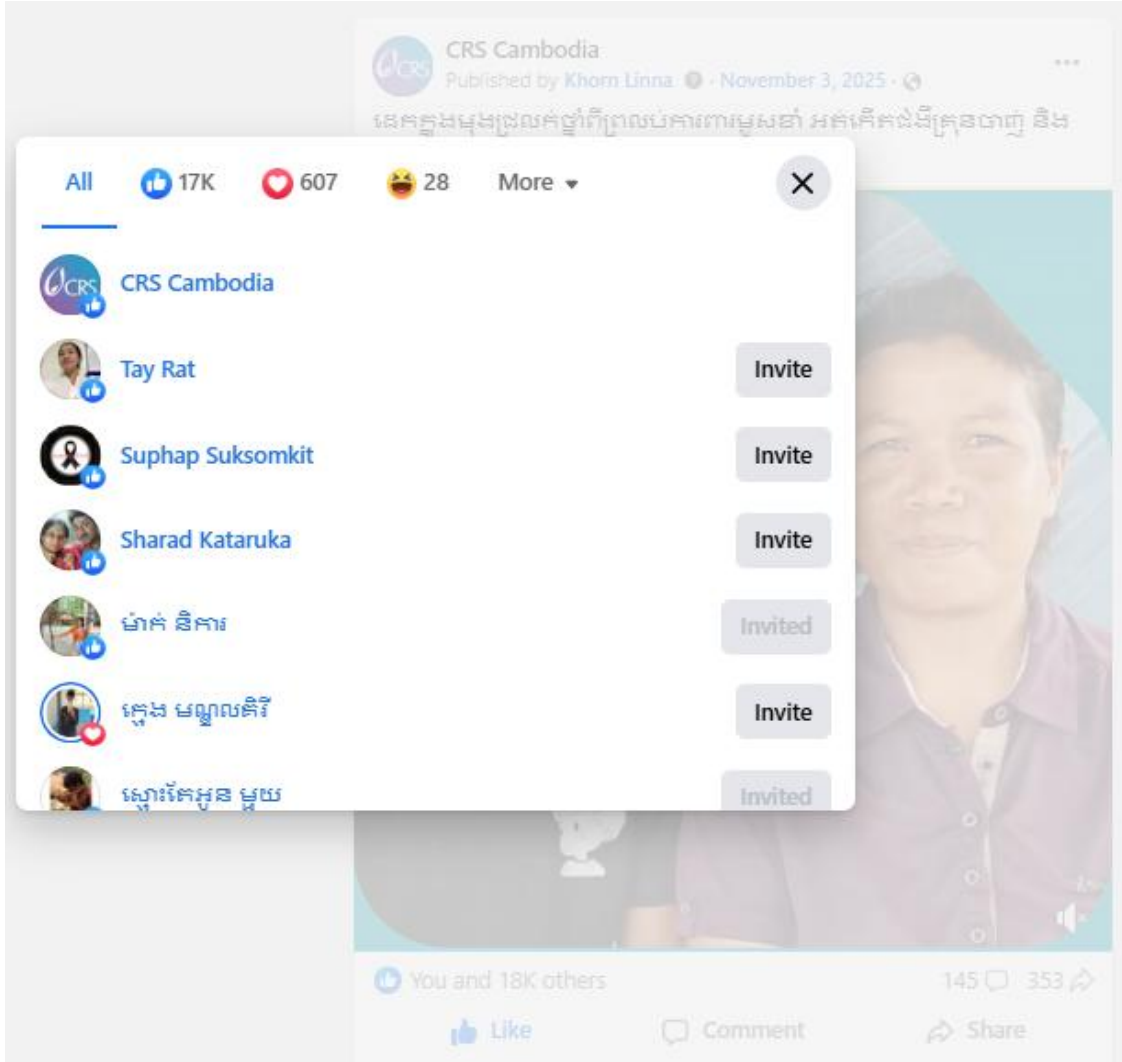
"All private health providers must refer all suspected malaria patients to public health facility!"



Top Ad Campaign for High-Risk Populations

Post's Caption

"Sleep under ITN, ideally, before 7pm protects mosquito bites, prevents malaria and be healthy"



Assessment of Private Health Providers (PHPs) and International Travelers Campaign

- Respondents as of Feb 22: 276
- Assessment locations: 7 cities, 7 provinces
- Sample size: PHPs: 184 and people live in cities: 184
- Data collection tool: Microsoft form poll

1

189 (68%)
respondents have seen the ads

2

Respondents applied preventive and treatment measures that they have seen in Facebook Ads:

- **107 (39%)** sleep under ITNs and use repellents regularly.
- **13 (5%)** sleep under conventional nets regularly.
- **100 (37%)** refer suspected patients to get test and treatment at the public health facility.

3

198 (72%)
respondents use ITN and repellent when they travel to malaria countries

4

268 (97%)
respondents seek malaria test and treatment at public health facility if they have malaria signs after returning from malaria countries.

5

255 (92%)
Respondents say PHPs must refer suspected malaria patients to public health facility if they suspect any patients.

Assessment of High-Risk Populations Campaign

- Respondents as of Feb 22: 241
- Assessment locations: 7 districts, 7 provinces
- Sample size: 216
- Data collection tool: Microsoft form poll

1

192 (80%) respondents have seen the ads

2

Respondents applied preventive and treatment measures that they have seen in Facebook Ads:

- **166 (75%)** sleep under ITNs and use repellents regularly.
- **14 (6%)** sleep under conventional nets.
- **14 (6%)** take anti-malaria medication as prescribed by health staff.

3

184 (76%) respondents slept under ITN last night.

4

202 (84%) respondents, using repellent properly is so important for malaria prevention.

5

224 (93%) respondents, taking anti-malaria correctly as prescribed is so important for Pv radical cure.

Thank You

art.kirby@crs.org

Faith knows no bounds®

CRS®

THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

USE OF SOCIAL MEDIA IN UGANDA

Lessons and Recommendations

SMC/AMP MEETING
FEBRUARY 2026

Rukia Nakamatte
BEHAVIOR CHANGE COMMUNICATION SPECIALIST

Strategic Context

Background

- The Health Sector prioritized digital engagement in the Health Sector Strategic Plan 2015 (HSSP, 2015)
- Swift change: Emphasis on SBC to trigger behavioral change especially in SRH, HIV, Malaria and NCDs
- Digital platforms proved critical during public health emergencies:
  - COVID-19
  - Ebola
- Now institutionalized within MOH Communication and Health Promotion Strategic Plan
- Key Shift: From publicity → to behavior influence → to real-time public engagement and crisis response.

Chase Malaria to Zero

Uganda's Digital Landscape

- Phones and mobile gadgets are the primary gateway for connectivity.
- 2024/2025:
  - 10 -11.7 million active social media users representing 24% of the population
  - Conservative users 2.4%
  - Digital platforms offer scalable reach but must complement offline engagement for equity.

Platform	No. of Users
WhatsApp:	**10 million users**
TikTok:	9.3 million users.
Facebook	**3.2 million users**
YouTube	**6.3**
LinkedIn:	1.8
X (formerly Twitter)	**700,000 - 789,000**

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Demographics and Trends in Uganda

- Over **70% of internet users** are aged between 15 and 35.
- **Urban concentration** (cities and municipalities)
- **Gender Gap**
  - 62.4% male users
  - 37.6% female users.
- **Strategic Insight:** Social media is a powerful entry point for youth-focused prevention and early adoption behaviors.

Chase Malaria to Zero

Social Media in Malaria Strategic Planning

- **Social media** is embedded within the National Malaria Elimination Division (NMED) strategy.
- **Digital objectives support:**
  - Increased ITN utilization
  - Uptake of malaria vaccine
  - IRS coverage
  - Early care-seeking
  - IPTp uptake among pregnant women

- **Approach:**
  - Define SMART Objectives: Set goals (e.g., increase net use in 6 months, increase vaccine uptake by 10% in 6 months, increase coverage of IRS, Encourage Early Treatment, Increase uptake of IPTp).
  - **Audience Segmentation**
  - **Channel selection based on behavioral data**
  - **Dedicated content creation team**

Operational model

- **Content development – produce engaging Content:**
  - Use a mix of visually appealing assets
  - Infographics, posters, flyers
  - Short videos
  - Testimonies
- **Credibility and Trust**
  - Partner with trusted subject matter experts
  - Religious leaders
  - Cultural leaders
  - Community leaders
  - Reknown social media influencers
- **Engagement**
  - Active response teams
  - Live Q&A sessions
  - Structured rumor tracking and response

Platform Specific Strategy

- **TikTok & Instagram** *https://vt.tiktok.com/ZSmqJUpa9/*

- Youth-centered advocacy
- Use of hashtags (#ChaseMalariaToZero, #UnderTheNet)
- Influencer-led campaigns
- **Use of Government Citizen Interaction Center** – GCIC - Complemented by information from Government officials for credibility. Aligned Team with Government Media Center

- **WhatsApp**

- District health coordination
- Community groups
- Thematic technical groups
- Rapid information dissemination

- **X (Twitter)**

- Real-time updates
- Distribution logistics
- Myth-busting threads
- Crisis communication

Social Media Campaigns

Mosquito net distribution Campaigns

- Net distribution Campaigns
- Announcing the commencement of the Campaign
- Registration of Households according to the waving plans
- Distribution and net use campaigns

Complementary Model

- **Digital platforms complement:**
  - Mass media (radio, TV)
  - Community dialogues
  - Home-to-home visits
  - Health facility engagement
  - Religious and cultural institutions
- **Digital is an amplifier; not a replacement.**

Crisis Communication Function

- **Digital platforms have been instrumental in addressing:**
  - Alleged sudden malaria deaths
  - ITN chemical safety concerns
  - Distribution delays
  - Vaccine safety (EFIs)
- **Outcome:** Faster rumor containment and improved transparency.

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Cost & Investment Reality

- **Social Media is Not "Free"**

  Effective digital engagement requires:

  - Professional content development
  - Paid amplification
  - Influencer partnerships
  - 24/7 monitoring capacity
  - Dedicated technical staff

- **Strategic investment is required to maintain credibility and reach.**

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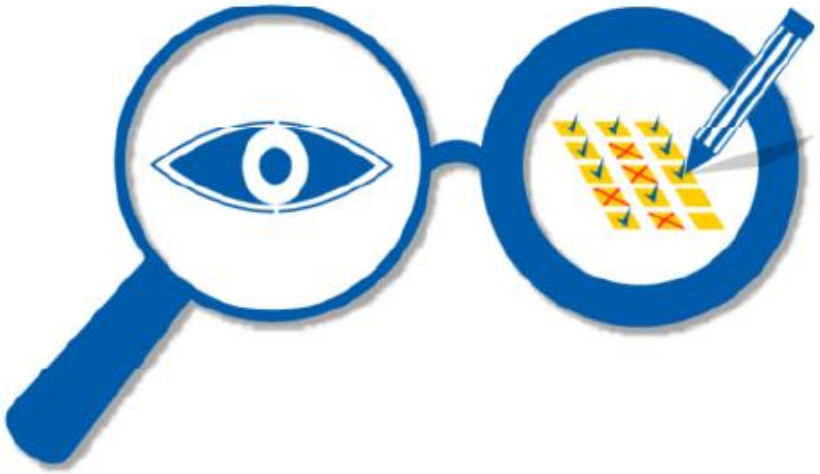
M&E



- **Measuring Performance**

  We monitor across three levels:

1. **Engagement Indicators**

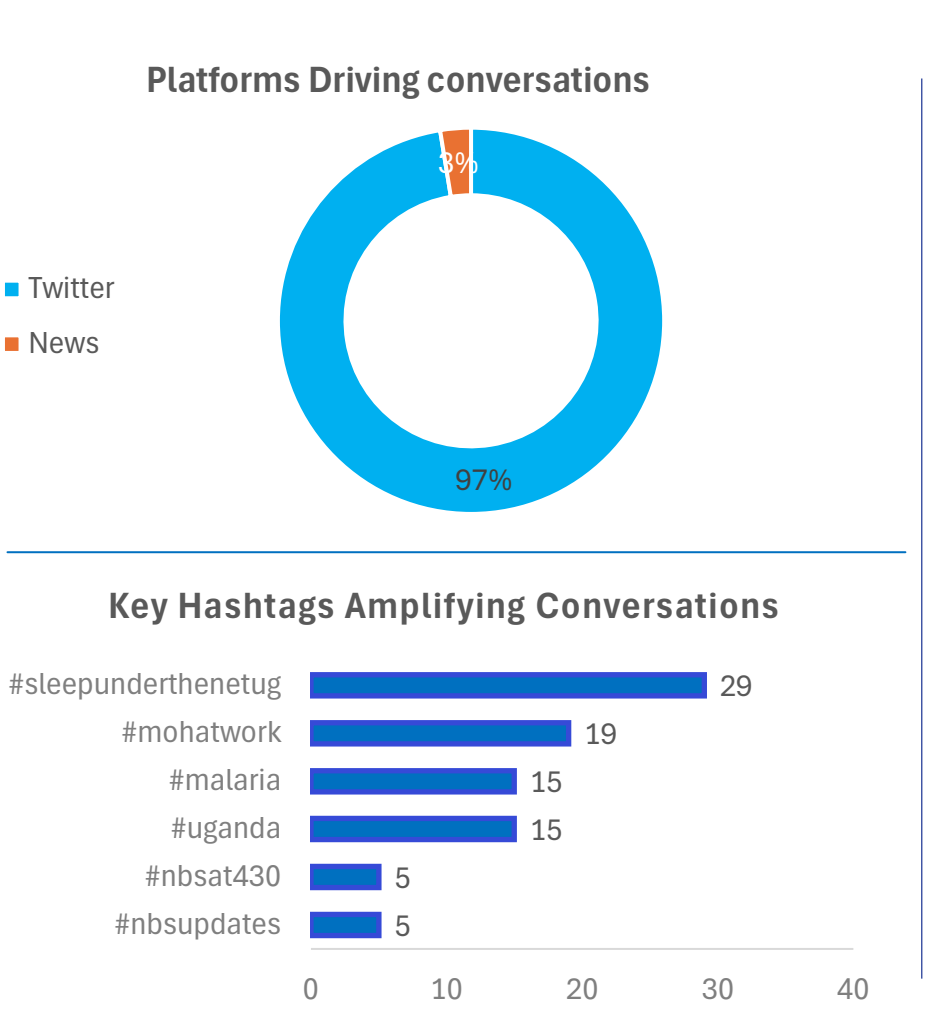
   Likes, shares, comments, reposts

2. **Reach & Exposure**
   - Impressions
   - Video view duration
   - Audience demographics

3. **Behavioral Outcomes**
   - Increased service uptake
   - Facility attendance
   - Screening rates
   - Campaign participation

- **The goal: Move from visibility to verifiable health outcomes.**

CONVERSATIONS WERE PRIMARILY ON TWITTER, MAINLY DUE TO THE SHARING OF NEWS. THE TOP HASHTAGS WERE RELEVANT TO THE MESSAGE. ACROSS THE DISCUSSIONS, THE MOST FREQUENTLY MENTIONED WORDS WERE PRIMARILY KEY CAMPAIGN-RELATED TERMS SUCH AS 'MOSQUITO', 'TREATED', 'SECRETARY', 'MALARIA', AND OTHERS.



Dr Solomon:I would like to express my gratitude to everyone who has joined this campaign in the fight against malaria. As the theme suggests, we aim to eradicate malaria from households. #SleepUnderTheNetUg

In presence are; officials from @MinofHealthUG health partners @WHOUganda | @PMIgov | @GlobalFund and royals fromTooro Kingdom, not forgetting VHTs and community members from North Division of Fortportal city. #SleepUnderTheNetUG

#MOHatWork Dr @henrymwebesa the director of general health services, @MinofHealthUG joined the LG officials, under secretary, malaria control programme manager @opigojimmy & partners from @GlobalFund to launch the mosquito net distribution in Tooro Region. #SleepUnderTheNetUG

The National Mosquito Net Distribution Campaign 2023 has been launched in Tooro sub-Region. The focus will be on optimizing logistics and reinforcing community engagement to ensure maximum coverage and utilization of mosquito nets in the ongoing fight against #Malaria in #Uganda

While at the launch of the regional mosquito net distribution , the Director General of Health Services at the Ministry of Health, Dr Henry Mwebesa highlighted the nation's progress in combating malaria, emphasizing the importance of swift action in the ongoing third wave.

Base: 78 posts and 3,494,471 potential reach related to Under The Net Campaign in Uganda between 1st to 30 November 2023. Source – Ipsos Synthesio.

THE INFLUENTIAL AUTHORS BEHIND THE MESSAGE PUSH/AMPLIFICATION IN RELATION TO "UNDER THE NET" CAMPAIGN WERE PRIMARILY DIGITAL ONLINE USERS, MEDIA AND ENTITIES. THE CONTENT REVOLVING AROUND THESE AUTHORS WAS LARGELY FOCUSED ON THE WAVE 3 OF THE NET DISTRIBUTION CAMPAIGN.

Top 21 Influencers (Name)	Username	Influencer Rank	Total Mentions	Potential Reach	Potential Impressions	Total Interactions
Government of Uganda	@GovUganda	#1	3	430,276	1,290,828	105
Lukanga Samuel	@LukangaSamuel1	#2	2	2,483	4,966	4
#TheAccurateNewsFirst	@TheAccurateNew1	#3	2	643	1,286	2
Bumba Jimex	@BumbaJimex	#4	2	6,540	13,080	-
Sandra Nejj♡	@sandranejj	#5	1	3,889	3,889	-
Natasha Mariam	@Natashaoduka	#6	2	1,397	2,794	-
Boaz Namanya	@namanyaboaz	#7	1	3,960	3,960	-
?Nick SPARTAN	@nickspartan01	#8	1	24,552	24,552	-
????? ??????? ??????	@AgabaClintonDan	#9	1	6,501	6,501	-
Musinguzi Goodluck R #KigeziNews #Mohdelivers	@2008gomu	#10	2	3,140	6,280	-
Uganda Media Centre	@UgandaMediaCent	#11	2	554,036	1,108,072	-
ChimpReports	@ChimpReports	#12	1	144,290	144,290	-
NBS Television	@nbstv	#13	1	1,812,617	1,812,617	72
woira michael	@woira_Michael	#14	2	8,480	16,960	-
Alanz Mwesigwa Munnakyalo	@AlansMwesigwa	#15	1	610	610	-
Ministry of Health- Uganda	@MinofHealthUG	#16	1	617,439	617,439	91
Biyinzika Raymond	@biyinzika14	#17	2	433	866	-
Nuwamanya Isaac - Parody	@nuwamanyaisaac	#18	1	7,816	7,816	-
Jimmy Ssenyonga	@jimmylyrical	#19	1	169	169	-
MOH CALLCENTER-UG	@MOHCallcenterUg	#20	4	78	312	-
?The Dragon Lord ?™ ??	@De_Dragon_Lord	#21	1	3,314	3,314	-

Influential twitter profiles that have been discussed within Under The Net Campaign conversations – 1st – 30th November 2023.

Implementation Challenges

- Internet affordability
- Coverage gaps
- Gender digital divide
- Policy and regulatory limitations
- Mistrust and misinformation ecosystems

Digital Platforms Are No Longer Optional

They are:

- A frontline risk communication tool
- A youth engagement platform
- A crisis response mechanism
- A behavior influence channel
- A governance transparency instrument

The question is no longer whether to use digital, but how strategically and sustainably we invest in it.

Chase Malaria to Zero


Thank
You

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SMC Alliance

Discussion - Questions & Answers

Discussion - Questions et réponses

Discussão – Perguntas e respostas

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