amp | The Alliance for Malaria Prevention

EXPANDING THE OWNERSHIP AND USE OF MOSQUITO NETS

Evaluating the effectiveness of distance support for mass insecticide-treated mosquito nets (ITNs) campaigns in the context of the COVID-19 pandemic

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INTRODUCTION

The Alliance for Malaria Prevention (AMP) is a global partnership of over 40 organizations focused on scaling-up and maintaining universal coverage targets for malaria prevention with insecticide-treated nets (ITNs) through all available channels including mass distribution campaigns and continuous distribution. The International Federation of Red Cross and Red Crescent Societies (IFRC) has housed and chaired AMP since its start in 2004, leveraging its global convening authority and well-established networks at the global, national and community levels.

Building country capacity to conduct campaigns is fundamental to AMP's mission. AMP has developed and disseminated global recommendations and tools and provided technical assistance (TA) tailored to country settings to build skills of national staff and their in-country partners to conduct high-quality mass campaigns and achieve their ITN coverage and malaria reduction goals. A team of over 30 highly trained and experienced experts in all aspects of campaign planning, implementation and evaluation has been established with the support of global partners such as the Global Fund for HIV/AIDs, Tuberculosis and Malaria (Global Fund), the US President's Malaria Initiative (PMI) and the RBM Partnership to End Malaria (RBM).

In mid-2019 AMP's Core Group recommended conducting a review of AMP's technical assistance model to assess its effectiveness in building country capacity to conduct ITN campaigns[1]. The review identified three key approaches undertaken in supporting countries, often combined depending on the country:

- In-country missions, in which AMP sends trained TA providers to countries for missions of varying length to support specific campaign phases such as macroplanning, microplanning, logistics, implementation, social and behaviour change (SBC) and supervision, monitoring and evaluation. AMP provides technical assistance based on country requests and assigns TA providers based on specific terms of reference, seeking to match those requests with both technical expertise and previous experience in those countries or similar settings, as well as language skills.

- Distance-based support, with teleconference, e-mail and other modes of communication mostly conducted before and after missions to clarify terms of reference, finalize documents and tools and ensure follow-up on actions taking place in-country.

- Country-to-country exchanges, with AMP facilitating both teleconferences and field visits between national malaria programme campaign staff and partners in different countries.

The flexibility in combining different approaches demonstrates how AMP tailors its TA to country needs and capacity rather than applying a "one size fits all" strategy. Of note, the 2019 report made no overall

[1] See: AMP 360 degree evaluation. https://allianceformalariaprevention.com/amp-evaluations/

recommendation for transitioning countries from in-country missions to distance-based support; both were deemed important for high-quality technical support depending on the country. In particular, the TA providers interviewed highlighted in-country missions as being much more effective than distance support for capacity-building.

With the emergence of the COVID-19 pandemic, WHO's Global Malaria Programme recommended by April 2020 that countries "ensure continued access to and use of recommended insecticide-treated mosquito nets (ITNs), with distributions organized to avoid large gatherings of people, and permit physical distancing of distributors and beneficiaries while adhering to local safety protocols".[2] AMP quickly developed a series of global recommendations, tools and country case studies to help guide campaign adaptations in the COVID-19 context. All technical assistance was reoriented to distance-based support given travel restrictions and the need to protect the health of the TA providers and their country-based collaborators. Regular weekly online meetings between AMP leadership and a variety of global and national experts were conducted to align recommendations on implementing campaigns during the pandemic. There were also optional biweekly meetings with all TA providers that allowed technical and administrative updates.

Ultimately AMP TA providers conducted nearly 100 mostly distance-based missions to 26 countries in 2020 on ITN campaigns, including work to identify context-specific COVID-19 adaptations. The TA providers also supported a Global Fund grant application in Burkina Faso, campaign reporting in Congo-Brazzaville and planning for 2021 campaigns in Liberia and Madagascar. This tremendous volume of technical assistance reflects extraordinary efforts by AMP/IFRC, RBM, the Global Fund, PMI and other partners.

In August 2020 AMP surveyed TA providers to identify their own support needs from AMP leadership, both administratively and technically, as well as to understand how the TA team was managing their work at a distance and identify any problems with sharing of information. With distance-based support fully under way, teleconferences were held in both August and October 2020 to discuss the key findings on communication challenges, in-country follow-up actions to improve quality, ways to best support countries with less experience of campaigns or previous AMP TA, and the key role of implementing and financial partners in backing up AMP TA providers in their work with country teams. AMP, its partners and TA providers themselves felt it important to assess distance-based TA in the context of COVID-19 in more detail, both to identify ways to improve technical assistance during the pandemic and to inform AMP and partner strategies for distance-based TA in the long term. AMP therefore incorporated this evaluation activity into its Gates Foundation investment proposal funded in October 2020, under its Workstream 7 on COVID-19/Malaria Activities.

OBJECTIVES

The Gates Foundation investment document states: "Distance-based technical assistance for ITN campaigns during the COVID-19 pandemic will be evaluated in approximately 10—15 countries. To protect the health of TA providers, AMP and other organizations have switched from in-country to distance support. This analysis will explore whether or not distance support was successful in ensuring ITN campaigns roll out as per planning (e.g. macro and microplanning, communication approaches, tools

[2] Tailoring malaria interventions in the COVID-19 response. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO, p. viii.

development and the like), what the factors for success or lack of success were and will document lessons learned that are potentially applicable to other campaign platforms". Specific objectives elaborated separately are:

- Assess the effectiveness of distance support to countries and partners to ensure timely and operationally-sound ITN mass campaign distributions in the COVID-19 context
- Identify facilitators and barriers associated with conducting effective distance-based technical assistance to support ITN mass campaign distributions in the COVID-19 context
- Determine if information and advice provided through distance support is adequately being disseminated to critical users at the national, sub-national and community levels
- Recommend ways to improve current distance support approaches to implement effective technical assistance and help countries and partners reach their campaign coverage objectives, both in the COVID-19 context and longer term

METHODOLOGY

Distance-based technical assistance for ITN campaigns during the COVID-19 pandemic was evaluated in 14 countries through key informant or focus groups interviews with 17 TA providers, 25 in-country partners, 10 national malaria programme staff and three representatives of global partners. The evaluation team contracted by AMP included David Gittelman, MPH, AMP consultant and Core Group member at large; and Alyssa Broome, MPH candidate at the School of Public Health, University at Albany, State University of New York, USA. Both evaluators were independent consultants hired by IFRC/AMP, with one of them affiliated to AMP as a Core Group member since its inception. Thus the evaluators acknowledge the potential for inherent bias in the observations and recommendations. To avoid such bias, the evaluators made significant efforts to interview the widest range possible of country-level programme and partner staff and TA providers, reflecting different country settings and quality of experiences with AMP distance TA, and to document both successes and challenges from all perspectives.

Two facilitation questionnaires were developed to assess whether distance support was successful in ensuring ITN campaigns were conducted as planned, to identify the factors for or barriers to success, and to recommend improvements based on lessons learned to apply to distance support in future campaigns either during the pandemic or in the longer term. Interviews and focus groups were conducted in French or English and were recorded with permission of the interviewees for reference. The information obtained in the interviews was analysed using elements of a qualitative content analysis approach.

AMP technical leadership and the evaluation team consulted on the selection of countries to be targeted and TA providers to be interviewed. The goal was to have a range of countries included in terms of geographical size, malaria endemicity, those with different levels of campaign experience and prior engagement with AMP technical assistance, and multiple languages. The TA providers also varied in terms of years of experience with AMP, language proficiency and campaign skill area such as strategy, operations, monitoring and evaluation, logistics or SBC.

Thirty individual and group interviews were conducted over an eight-week period between November 2020 and January 2021. Countries covered and roles of staff interviewed were as follows:

Country	TA Providers	National Malaria Programme Staff	In-country Partners
Cameroon	✓		✓
Central African Republic (CAR)	✓	✓	✓
Chad	✓		✓
Haiti	✓		✓
Liberia	✓	✓	✓
Mauritania	✓		
Mozambique	✓		
Niger	✓	✓	✓
Nigeria	✓	✓	
Pakistan	✓	✓	✓
Sudan	✓	✓	✓
Togo	✓	✓	
Uganda	✓		✓
Zambia	✓	✓	

The global partners interviewed were those representing AMP/IFRC, RBM, PMI and the Global Fund. Country-based partners included those from Catholic Relief Services, Population Services International/VectorLink, UNICEF, the World Food Programme and World Vision.

RESULTS

Characteristics of AMP distance-based technical assistance

Three sources of funding cover TA provider contracts: RBM covers the bulk of contracts within the parameters set by the United Nations Office for Project Services (UNOPS), complemented by resources from IFRC and the New Nets Project under Population Services International (PSI). The RBM TA roster for ITN support currently has nearly 40 consultants. Under RBM, national malaria programmes request AMP TA using terms of reference (TOR) that RBM intends to be broad to allow flexibility. At the same time, it is understood that these TORs are still developed in detail in coordination with the senior AMP technical lead. The TORs become the basis for the country's TA request form, which the national malaria programme submits to RBM. Based on this request, RBM issues the "Annex A" which highlights the TA providers country-specific workplan with deliverables. Under RBM/UNOPS regulations, only national malaria programmes may request TA support or request to extend a TA provider's contract. The evaluators noted a lack of clarity among the partners and TA providers on the contracting guidelines, including the duration of contract extensions. This lack of clarity may have resulted in gaps in contracts for distance support that TA providers and national malaria programme staff cited in interviews.

AMP's technical and administrative team and Core Group have observed that the RBM procedures followed under UNOPS limit flexibility and create gaps in TA between contracts. They contrast these

procedures with those under which TA provider contracts are established under IFRC for select countries, valid for 80 to 100 days per year. The TA provider may use as many days as needed to complete the mission but cannot ask for an extension unless there are exceptional circumstances and funding is available. There is currently only one TA provider contracted under the New Nets Project. Countries are assigned technical support based on TA providers' stated availability for distance support, their technical areas of expertise and language skills, and often their previous experience in supporting countries. The senior AMP technical lead will reallocate countries if individual TA providers' workloads are overwhelming.

Of the 17 TA providers interviewed, 11 had served as AMP contractors for three or more years, some since AMP's beginning in 2004. A number of the longer-serving TA providers had mentored the newer assignees when they worked as campaign staff for national malaria programmes or implementing partners. Some had long-standing working relationships with countries that have received AMP support over time, such as Nigeria and Togo, while newer TA providers were assigned to country support based on technical expertise in specific components of ITN campaigns as well as language proficiency.

Staff from national malaria programmes and in-country partners were asked about their level of previous experience with TA providers and whether they were involved at all in the distance-based communications during COVID-19. Among those interviewed, 80 per cent of national malaria programme staff and 71 per cent of in-country partners had worked with TA providers before the pandemic. All national malaria programme staff and most (22 of 28) partners interviewed said they participated directly in the distance-based collaboration.

TA provider training and orientation to adapt to distance-based technical assistance

TA providers were asked whether they were trained or otherwise briefed on effective approaches for all distance-based TA. AMP did not conduct formal orientation but did hold calls three times weekly or later bi-weekly to discuss how best to support the campaigns in the COVID-19 context. The TA providers also shared their experiences via WhatsApp groups or e-mails amongst themselves and reached out to AMP technical leadership for guidance as needed. Most TA providers already had experience following up in-country missions with distance support prior to the pandemic. Otherwise, they "learned on the spot" (per one TA provider) to adapt to all distance-based support, reinforced by the TA team calls.

Implementation of distance-based technical assistance

Organization: Distance-based meetings were largely conducted via Zoom or a similar platform, often using the AMP TA providers' Zoom accounts which are free but time-limited. Most countries scheduled general meetings weekly on campaign progress between the TA providers, the national malaria programme, implementing partners and in some countries with representatives of donors such as the Global Fund. AMP technical leadership developed a workplan tool to help TA providers with distance-based TA. It was not, however, used consistently. Countries typically organized separate meetings for focused sub-committees such as technical/M&E, logistics and SBC, as well as *ad hoc* meetings to follow up on campaign document edits or training plans.

Interviewees mentioned that TA providers would often propose the agendas, noting follow-up actions from previous meetings and roles and responsibilities. In some countries with more campaign experience such as Nigeria or Uganda, the national malaria programme or a national consultant would draft the agenda and invite edits from the TA providers. Global Fund principal recipients (PRs) or other

partners sometimes set agendas as in Haiti. TA providers often used slides, based on those developed for the TA team calls and shared on the AMP TA Google drive, to review COVID-19 adaptations for campaign activities and their inclusion in documents and list action items and pending issues to address. Most TA providers edited documents between distance support calls, had AMP technical leadership provide feedback, then organized calls to discuss changes.

Duration: Duration of meetings varied widely, with weekly general team calls lasting one to two hours and focused sub-committee meetings lasting three or more hours—"sometimes well into the night," per one national malaria programme interviewee. Detailed point by point document review required lengthy meetings. In many countries campaign documents and tools were already in place when the pandemic arrived, thus TA would focus on the COVID-19 adaptations. For a country like Sudan that was newer to AMP support and without updated campaign documents to hand, meetings could last most of the day, such as 11:00 until curfew at 16:00, followed by quick Skype calls as needed until midnight. In Liberia, the scheduled hour-long weekly meetings and sub-committee meetings could continue longer as it took more time for participants to reach a consensus. WhatsApp groups facilitated communication between TA providers and in-county teams, especially for quick resolution of issues with budgets.

In Haiti and many other countries, distance meetings were observed to occur more frequently than they would have during in-person missions, involve more people and last longer, sometimes because of late arrival of in-country participants. Some TA providers and national malaria programme staff noted that distance meetings may not have been conducted *frequently enough* to complete work in a reasonable timeframe, something that would not be the case with a more focused activity in a fixed timeframe during in-country missions.

> *(National malaria programme observation): "Weekly general meetings are supposed to be an hour, but it can go longer if country partners aren't on board, there are new members to introduce and to be briefed, new things come up. People who have a memory of how things worked previously tend to delay consensus and prolong meetings."*

Participation: Participation of key in-country campaign staff varied among countries. National malaria programme staff and in-country partners appeared to make efforts to ensure good participation especially for the general weekly meetings. National programme managers and partners in Nigeria attended distance meetings regularly, or if key decision-makers were unavailable, they approved decisions by e-mail. Yet other programme duties, including assistance with the COVID-19 response and especially the time-consuming development of applications for Global Fund funding, sometimes pulled key national programme decision-makers away from meetings even when decisions on critical policies or issues were required. This at times significantly delayed official national programme agreement on strategies and guidelines, as observed in Chad, Haiti, Liberia and Niger. In Sudan, the SBC focal person with previous campaign experience was transferred to COVID-19 response, which complicated follow-up; interviewees felt that workarounds could have been identified more rapidly during in-person missions rather than at a distance. In contrast, a partner noted that Mozambique's Minister of Health understood the need to proceed with the campaign and excluded campaign staff from COVID-19 duties.

Partners in-country also took on different roles regarding distance support. In Niger, distance TA meetings involved the national malaria programme team alone, not implementing partners, while elsewhere the programmes and partners usually participated together especially for weekly full team meetings. COVID-19 adaptations created a high demand for creative thinking and dedicated time from

partners; one in-country partner found it challenging to support the government and TA providers with the campaign given other duties for non-malaria programmes.

Mechanics: The frequently cumbersome mechanics of distance-based TA impacted the quality of technical assistance in some countries. A TA provider observed that having too many participants on calls reduced productivity as compared to in-country missions; typically, only a few could speak up during calls. Difficult connectivity and family distractions for TA providers and in-country staff under lockdown during the pandemic made participation in virtual meetings from home especially challenging.

Follow-up: A key concern of TA providers with distance support was the follow-up to the scheduled teleconferences, especially with the inability to participate in person in trainings, follow-up meetings and field visits to monitor preparations. TA providers were not always confident that national malaria programme staff understood the key documents developed and required modifications for COVID-19, or how to use them to improve their work. "*TA providers were in a blind box once implementation started*," per one TA provider interviewed. In one country a TA provider could tell from the kinds of questions asked that key national malaria programme staff were not sharing information and tools with service providers at lower levels. Zambia's malaria programme ensured follow-up to distance TA calls through weekly or bi-weekly Zoom committee meetings with the provincial health staff, but these did not include the TA providers.

Capacity-building: Building the capacity of in-country programme staff and partners to plan and implement high-quality ITN distribution is fundamental to AMP's technical assistance. In the context of distance-based TA, building campaign technical skills appeared to be most challenging for countries newer to AMP technical assistance. Tensions between national malaria programmes and partners that TA providers normally could help diffuse in person made the task of building in-country skills even harder given the limitations of distance support. A number of countries such as Benin, Niger, Pakistan and Togo had already developed their campaign documents prior to COVID-19, thus TA providers and in-country teams had something in place to adapt to the pandemic setting. Interviewees in several countries newer to AMP TA felt TA providers may have underestimated their existing campaign experience. Yet one TA provider found that existing capacity did not reflect the level of operational experience needed for a quality campaign in the COVID-19 context.

Resources for distance TA: Interviewees were asked whether countries had received sufficient resources to enable effective participation in distance TA. Most mentioned that internet connectivity was covered in offices either by Ministries of Health, implementing partners or through donors such as the Global Fund and PMI. Otherwise, no other types of specific resources were noted. Access to reliable internet connection proved problematic for in-country staff, either because of remote participation from home or having to access stronger internet at hotels.

TA quality: Overall national malaria programmes and in-country partners gave high marks to the quality of TA support and to the good relations the TA providers maintained in the interactions.

> *(In-country partner): "AMP TA providers are skilled and experienced. They bring perspectives from other counties that help with the implementation of the campaign.*"

Some respondents in countries with less of a history of collaboration with AMP felt that TA providers assigned to support them needed to gain a better understanding of the country context and make more of an effort to build on existing guidance and tools rather than introducing others. As a result, it could

take longer to reach consensus on COVID-19 adaptations in countries such as in Niger, Sudan and Zambia, or more difficult to follow up on action points agreed during distance communications.

FACILITATORS AND BARRIERS TO AMP DISTANCE-BASED TECHNICAL ASSISTANCE

Based on interviews and review of select campaign documents, the following facilitators and barriers to successful distance-based technical assistance were identified.

Facilitators:

Significant previous experience with AMP TA: Countries' previous collaboration with AMP TA providers appeared to influence the level of receptivity to assistance along with its quality. For example, the TA providers to Nigeria, Togo and Cameroon had years of experience supporting their ITN campaigns, understood the country context well, and had gained the trust of the national malaria programme staff through previous in-country missions.

Availability of AMP technical leadership: All campaign players – TA providers, national malaria programmes and partners – noted having access to AMP senior technical expertise as needed was extremely helpful. Throughout the entire distance support process, that expertise was available to provide mentorship, which helped facilitate the transition from in-country TA support to distance-based TA support.

Timelines and action plans: The development of timelines and action plans, with clear roles and responsibilities for all partners (AMP, national malaria programme, other in-country partners), was highlighted as an effective tool to maintain communication and facilitate the distance-based technical assistance process.

Ability to engage key donors to help with in-country follow up: Respondents observed that having access to Global Fund, PMI or WHO representatives to facilitate strategic discussions and ensure follow-up in-country was frequently key to the success of distance support.

Sharing of campaign experiences of other countries: TA provider efforts to share campaign experiences of other countries convinced national malaria programmes and partners of the feasibility of proceeding with campaigns in the COVID-19 context. The guidelines, tools and standard operating procedures/job aids also served as models for adapting country strategies and documents quickly. One partner noted how discussion of Benin's campaign helped the national malaria programme to understand how door-to-door distribution could be conducted effectively in the COVID-19 context. Pakistan's monitoring and evaluation plan was shared with Zambia's national malaria programme.

Use of PowerPoint slides to highlight key points during calls: National malaria programme staff and in-country partners noted that the use of slides listing agenda items, actions, responsibilities and key document adaptations and follow-up required was particularly helpful to understand key points.

Strategic use of new communications technology: One national malaria programme staff member noted that the COVID-19 pandemic actually improved communication for campaign planning and follow-up, as it introduced options like Zoom meetings and WhatsApp groups for quick discussions even beyond office hours. In Nigeria, the national malaria programme established its own WhatsApp networks between federal and state-level campaign staff.

Presence of national consultants in country: AMP has encouraged countries to engage national campaign consultants since WHO adopted universal coverage goals, recognizing the enormous burden of work for planning and implementing a campaign when national malaria programme staff are also required to perform other tasks beyond the campaign as part of their jobs. A number of interviewees indicated that national consultants were hired to support campaigns, though the terms of reference were not shared with the evaluators. Funding of national consultants came from Global Fund, AMP via RBM and/or PMI, depending on the country. Many international consultants hired by partners as ITN campaign experts had been mentored when they were national consultants supporting ITN campaigns. In this way, engaging national consultants as in-country "proxies" for AMP TA providers during distance support can also help build a long-term cadre of campaign experts to support countries. AMP, through RBM, applied a similar model in the Central African Republic by hiring a national expert as an in-country TA provider; that person proved critical in adapting campaign documents to a complex operating environment.

The national consultants helped with campaign documents and followed up action points from distance TA meetings and e-mails. Interviewees generally felt having someone embedded at the national malaria programme as a "liaison" between the TA providers giving distance-based support and the in-country team and partners increased the effectiveness of TA and improved capacity-building. This is especially helpful in complex emergency settings, as one partner noted. That said, several TA providers raised concerns about an "additional layer" being put in place that could prove inefficient depending on the national consultant selected. Another concern raised is that national programmes could in effect delegate all campaign obligations to the AMP TA provider and national consultant rather than engage fully as they should.

Barriers:

Technology access and internet connectivity: Technology access and internet connectivity were consistent barriers that was discussed among all partners and AMP providers. These issues impeded the TA providers' ability to provide high quality and efficient TA support with effective follow-up. Lockdowns as in Sudan exacerbated the often significant problems with connectivity at peoples' homes. While TA providers for Zambia helped develop training materials, Zoom challenges prevented them from participating in the central-level training of trainers (TOT) workshop. The national malaria programme and partners in the Central African Republic experienced the same limits of TA provider inputs to TOT workshops via distance support.

> *(Global partner): "Distance support is not working when there is poor connectivity to reach NMCP. Also, NMCP has other business to do. We can send a document multiple times and feedback is not happening because NMCP has other priorities. When in-country, this follow-up is easier."*

Language barriers: In some countries, language barriers in distance support between TA providers, in-country partners and the national malaria programme could impede progress with technical assistance. Lack of Portuguese proficiency in the AMP TA team complicated and prolonged distance-based discussions in Mozambique compared with in-person missions. Likewise, the TA providers supporting Sudan lacked proficiency in Arabic, which made it challenging to receive feedback on document revisions. According to one interviewee, this challenge could have been managed better during an in-

person mission.

Country context and communication**:** TA providers mentioned that certain countries may hesitate to deviate from their existing strategies which can make technical assistance challenging. With that said, some national malaria programme staff and partners interviewed noted misunderstandings of local context among TA providers new to the countries they supported, and distance-based TA only exacerbated the problem. They noted miscommunication on the timeliness of tasks to complete and follow up, and at times the lack of acknowledgment of the national malaria programme's previous campaign experience and ability to make decisions. Partners in one country observed how lack of in-person presence and inability to "read" facial expressions may have caused misunderstandings; TA providers may have misinterpreted national malaria programme reactions as "fighting" rather than a normal exchange of views. Several national malaria programme and partner staff also mentioned that TA providers must accommodate existing country documentation as they propose technical updates and COVID-19 related adaptations.

> *(National malaria programme representative): "There's no one size fits all for countries. TA providers must understand that and not push, and [should] be more open to [our country]." [When TA providers suggested registration and ITN distribution together], "we put our foot down and said no. The TA providers need to be open minded, [our country] did campaigns before and that needs to be taken into account."*

Dedicated training or orientation on distance-based approaches: AMP group learning and technical training focused more on sharing programme and technical updates on operationalizing COVID-19 adaptations than on comprehensively orienting TA providers on distance TA best practices. The focus was understandable: the pandemic forced an abrupt shift to all distance-based support, and guidance on implementing TA on health campaigns via virtual platforms had not yet been developed to inform training. Most TA providers had some level of experience with distance TA combined with in-country missions, but not in conducting the full range of campaign support virtually. A number of the TA providers believe they would have benefited from more formal training or orientation on implementing distance-based TA support, covering lessons learned for communication strategies with country programme managers and partners, tips on using virtual technology platforms, and developing and using online training programmes effectively.

Terms of reference and country expectations for TA providers**:** A frequent problem identified by national malaria programmes and TA providers was what they perceived to be a lack of clear terms of reference for TA providers. This tension on roles and responsibilities of the TA providers vis-à-vis the national malaria programme and in-country partners pre-dated the pandemic, but the transition to all distance-based TA may have made it even more difficult to address. National malaria programmes often expected that AMP TA providers, as consultants, should do more of the "heavy lifting" in preparing documents rather than simply "advising" the programme. The AMP TA providers, while helping with writing and editing, still expected national malaria programme staff and their implementing partners to do the bulk of document preparation given the need for country-level ownership of the different campaign processes and activities. The extent to which TA providers reviewed the proposed terms of reference in advance may not be clear, but the issue may also be more related to the "translation" of the TOR into an actual workplan defining roles and responsibilities and misunderstandings at that time.

> *(TA provider) "They see the [AMP TA] consultant as a person to do something for them. They do not see the importance of skill transfer as a task. They are in a hurry to complete tasks to comply."*
>
> *(Global partner): "We need to understand very well the operation of our consultants. If a country requests for support, we need to understand who the best person is to send to that country. They [TA providers] need to understand where they are working and what the problems of the country are. This includes [national malaria programme] understanding the consultant expertise and where does their capacity lie."*

Contracts for TA providers reflect country requests in an Annex A that stipulate the deliverables including the documents to be completed. AMP provided TA providers with a workplan template to help them negotiate the roles and responsibilities with in-country staff for developing campaign documents, but TA providers did not complete the workplans consistently nor review them in detail with the national malaria programme and in-country partners, rather seeing them as an internal AMP working tool rather than a tool to align on who was responsible for what. Ultimately TA providers felt they lack the ultimate authority to assign tasks and follow up actions; per one TA provider, national malaria programme staff "respond to higher-level authorities, not TA providers".

TA provider contract flexibility**:** As noted, the established RBM contracts appeared to offer less flexibility than the IFRC contracting option in adjusting to the COVID-19 and distance-support context, especially given a lack of clarity in extension procedures. As a result, there was significant time pressure for TA providers, national malaria programmes and their partners to complete tasks within given timeframes. Yet distance support was cited consistently as a longer process for follow-up and producing tangible results. In addition, some TA providers were assisting multiple countries at once, so their time was divided and (as observed in Zambia) the meeting agendas could be somewhat rushed. IFRC and the New Nets Project contracts were seen to be more flexible with challenges such as the COVID-19 pandemic.

> *(In-country partner): "AMP consultants are victims of their own success, constrained for time and stretched with other countries [responsibilities]."*
>
> *(National malaria programme staff): "AMP providers seemed to be in very high demand and*

seemed to be constrained in time. They were handling quite a number of countries at the same time."

Limited or no previous experience in-country with AMP technical assistance**:** National malaria programme staff in countries with little previous experience with AMP TA found that some TA providers misunderstood the local context and did not adequately acknowledge existing campaign expertise and guidance. Ministry of Health turnover in Sudan further complicated distance-based TA. If AMP TA providers were new to a country and/or without an in-person understanding of the country context, distance TA meetings could be unfocused, repetitive and time-consuming before consensus on adaptations to COVID-19 could be reached. These situations increased the backstopping needs from AMP technical leadership and affected the quality of the TA providers' deliverables.

Variable commitment by national malaria programme staff and in-country partners to distance support process, compared with in-country TA: The time commitment from national staff to virtual communication appeared to vary by individual as they focused on other programme priorities beyond the ITN campaign. Significantly, in-country teams were often preoccupied in 2020 with both Global Fund applications and COVID-19-related programme adjustments. As a result, the national programme staff who did participate in distance meetings did not always have timely high-level back-up for making decisions. A number of interviewees contrasted this with the provision of in-country support:

(National malaria programme staff): "Decision-making is a problem when programme managers aren't available on calls [unlike with in-person missions], it causes lots of back and forth. Some prioritize other activities. If they're in person, we can have a drink or coffee and resolve problems. You can't do that with distance support. TA providers have tasks to perform, people on the ground must commit, if they're too busy it causes problems. And then the TA provider contract ends."

(Global partner): "I'm not a great fan of distance TA as a norm. In-person problem-solving is a different environment. Private discussions, lunch or a drink, you lack that kind of direct conversation. It's hard to have a frank discussion, as you're cramming into a one-hour call what usually you address over a few days."

(TA provider): "When we are in the mission, we can find the individuals to link with. Via distance, we rely on other individuals to respond to our request to make links and receive follow-up."

(TA provider): "It was different because when we are in-country, by the time we leave the country, the action plan and timelines are completed. After, we can focus with specific people to accomplish a task. Because of COVID, it was hard to coordinate and complete the action plan in a timely manner. It was harder to engage individuals and often involved multiple stakeholders."

Non-optimal timing of distance TA: Support not provided right from the start of the campaign process proved problematic in some cases. In Niger, the national malaria programme requested AMP technical assistance after learning about Benin's experience with COVID-19 adaptations. By that time, the country had established its campaign timeline and had completed its documents and tools. A partner in another country observed that the national malaria programme was reluctant to change things at the last minute and found AMP TA not as helpful. AMP also faced challenges with short timelines for receiving

TA requests given UNOPS rules.

EVALUATION LIMITATIONS

The evaluators faced a number of limitations. The demands of operating in the context of the COVID-19 pandemic, security problems, staff changes and internet-related challenges, all affected the availability of targeted staff for interviews. This was particularly the case for reaching national malaria programme staff. The questionnaire used to facilitate the interviews proved to take longer than the original 45 minutes allocated, leaving some issues unaddressed during certain discussions.

RECOMMENDATIONS

Most recommendations below apply both to distance-based TA in the COVID-19 context and more longer-term TA post-COVID-19, and reflect suggestions made by interviewees along with those of the evaluators.

Improving access to and use of technology for distance-based TA:

- Orient AMP TA providers and in-country colleagues to virtual meeting technologies. Some orientation by AMP leadership or by more technologically knowledgeable TA providers on the use of these virtual platforms could be helpful for those with lower technological skills. Existing resources on online training or virtual technical assistance can be referenced as part of this orientation, including those available through academic institutions. Given the demands of distance-based support and its likely continuation in some form in the long term, previous successful experience with communicating via virtual platforms can be a skill set considered in recruiting future TA provider candidates.

- Invest as needed to improve connectivity. With online distance communications often exceeding one to two hours at a time, national malaria programmes and donors can invest in adequate internet connectivity in the programmes' offices (if meetings are implemented with COVID-19 precautions), rather than relying on unpredictable service in hotels or connectivity in individual homes. RBM requested that WIFI access be provided to individuals in Sudan forced to work from home using their personal cell phones during the lockdown; however, in-country partners could not identify a reliable mechanism to ensure accountability for funds transferred to individuals.

- Structure virtual meetings to reduce "Zoom fatigue". Establishing strict time limits according to a structured agenda, sharing of minutes with action points and scheduling of periodic breaks would help ensure full participation and increase productivity.

Clarifying TA provider terms of reference, contractual arrangements and expectations to improve distance support:

- Clarify understanding among key partners on the contracting procedures and modifications to identify the causes of reported gaps in service by TA providers and propose solutions to avoid them**.** Many respondents suggested that AMP and its partners find ways to streamline transitions between contracts to avoid disrupting TA provider support. They also mentioned reducing the number of

countries assigned to TA providers to allow them to focus their attention. Possible approaches are to avoid multi-country missions where campaign phases overlap (e.g. microplanning scheduled for the same time periods) and having TA providers available to support full campaigns (rather than specific phases) depending on the country need. Time allocations to countries could be tailored more carefully, especially for those needing more technical assistance.

- Ensure clarity in and understanding of TA provider terms of reference by all parties**.** The terms of reference must be explicit about the TA providers' roles and responsibilities, and how this meshes with national malaria programme and in-country partner expectations. AMP could consider establishing or revisiting minimum performance expectations that can be reflected in all TA providers' terms of reference. TA providers should have a clear understanding of the terms of reference proposed by national malaria programmes before beginning their assistance. AMP should collaborate closely with national malaria programmes requesting TA to carefully tailor TORs and objectives of support to the actual country capacity, level of experience and availability of existing campaign guidelines and tools; there is no one size fits all. For example, one West African country would have preferred TA providers with more previous experience with distribution in areas of insecurity. The country already had experience with door-to-door ITN distribution in insecure regions, and the national malaria programme felt the TA providers should have given more equal attention to adaptations both to COVID-19 and the insecurity. One national malaria programme interviewee observed:

  > *"At the beginning, we thought we would be told what was to be done but found that [the TORs] were more open. TA providers must clearly state what they will do and the areas they will concentrate on from the start."*

  That said, national malaria programmes must also ensure they and their in-country partners understand clearly the TA support defined in the terms of reference and the roles and responsibilities negotiated in the workplans completed to implement those TORs (see below). It must be clear that TA providers complement and do not replace existing national programme staff.

- Strongly encourage completion of weekly workplans to help define roles and responsibilities. Using the existing or a modified template will make objectives and challenges more transparent for AMP technical leadership, national malaria programmes (including focal points) and in-country partners while conducting distance support. A jointly developed and agreed workplan that shows the roles and responsibilities of the AMP TA provider, the national malaria programme and in-country partners for achieving the expected outcomes of the TA support can also help avoid misunderstandings of the TA providers' terms of reference.

- At the start of TA missions, gain agreement on use of virtual communications modalities. TA providers, national malaria programmes and in-country partners should identify the most reliable virtual platforms based on connectivity, understanding of technology, users' familiarity with those platforms, training or orientation needs for using the platforms and who will be responsible for ensuring access. Both IFRC/AMP and RBM require TA providers to obtain an account as part of their own consultant business expenses, not to be provided separately by AMP. Free accounts with time

limits disrupt the continuity of distance communications and should be avoided. This should be specified clearly in TA provider contracts and noted when recruiting consultants.

- Ensure that TA providers assigned to countries with complex operating environments (COE) have the requisite experience in emergency settings**.** Particularly for distance support, understanding of limitations due to conflict or natural disaster is critical especially in the campaign planning phase.

Improving TA provider and in-country team capacity with distance-based TA*:*

- Conduct training on distance-based TA**.** For TA providers allocate time during ongoing TA provider technical sessions to focus on best practices for distance-based TA. Training can include strategies on effective negotiation and communication skills when using a virtual platform. Separate structured orientation could be organized, especially for newer TA providers. In addition, explore effective options for orienting in-country teams, whether trained by the TA providers or organized in-country by the national malaria programme and its implementing partners. If needed, AMP can consider collaborating with an outside contractor familiar with AMP and ITN campaigns to help it organize such training.

- Develop a brief guidance document on procedures and best practices for distance-based TA**.** Such guidance for TA providers and those they support in-country could cover AMP procedures for conducting distance support, tips on the mechanics of virtual TA, and establishing country-specific roles and expectations of all parties involved. AMP can establish an *ad hoc* team of its staff, TA providers, national malaria programme and in-country partner representatives to develop such guidance. The guidance should highlight the best practices and lessons learned on training via virtual platforms. As above, AMP can access help as needed from an outside contractor familiar with supporting ITN campaigns to help develop the document.

- Promote the practice of building on existing campaign capacity to facilitate successful distance support**.** The TA providers can be trained, oriented and/or reminded to ensure they acknowledge and build on existing campaign capacity, including campaign documents and tools already in place, as a framework for COVID-19 or any other technical modifications. Fostering and maintaining AMP TA provider credibility with in-country programme staff and partners is exceptionally difficult without in-person contact, and especially where AMP TA providers have not established direct working relationships. It is also essential to campaign success, to capacity-building at a distance and to providing AMP technical assistance to those countries in the future as needed. TA providers must also recognize that national malaria programme staff have other non-campaign duties and strategize with them so that campaign objectives and timelines are met despite the limitations of distance support. At the same time, recipients of AMP TA must understand and appreciate the time and resource constraints under which TA providers must try to operate under COVID-19.

- Carefully match TA provider skills and experience with country needs in assigning missions. Options include pairing newer and more experienced TA providers together, ensuring (as feasible) at least one has already had substantial field-based experience with the country being supported, targeting special country situations (e.g. COE, previous campaign experience), and limiting future recruitment to those with the virtual communications skills required.

Streamlining distance-based TA meetings:

- Ensure engagement of key decision-makers during distance meetings. From the outset, TA providers, national malaria programme and partner staff must agree on how to ensure availability of high-level staff to approve of key strategy decisions in a timely manner, and to ensure authority is delegated as needed so that campaign planning can proceed efficiently. Country teams and TA providers can designate certain meetings when key decision-makers should be present to approve policies and strategies quickly. In addition, designating a national programme focal point with the authority to take decisions could be helpful.

- Establish agendas with key objectives prior to distance-based meetings**.** Agendas should be developed by the national malaria programme, but TA providers or in-country partners can help facilitate the process. PowerPoint presentations may be useful during the meetings for structure to ensure all information and objectives are met. Minutes, with key points and follow-up should be discussed at the beginning of each virtual session.

Accessing outside resources to strengthen distance-based TA:

- Promote hiring and training of national consultants to facilitate campaign planning and implementation in-country**.** Such individuals in-country can support national malaria programme staff with competing priorities and facilitate communication and follow up on advice from TA providers. Linking national consultants with TA providers early in the campaign planning process and having AMP TA providers orient or train them could update and reinforce their technical engagement, clarify expectations and solidify working relationships. Establishing mentorship relationships between more experienced international consultants and their national counterparts can help build their technical capacity. The national consultants could require additional resources to ensure reliable connectivity as well as orientation in using virtual platforms so this should be included in the budget for their recruitment.

  National consultants are most effective if national malaria programmes and in-country partners provide them adequate leeway to serve as a focal point for the campaign. At the same time, agreements should specify that national consultants serve as surge support; they *complement, not replace*, the critical engagement of national malaria programme and in-country partner staff in planning and implementing campaigns. Funding arrangements for these consultants may need to be clarified in some countries, especially if neither national malaria programmes nor local partners can receive funds to hire them. Having an outside partner such as the African Leaders Malaria Alliance to receive funding and recruit individuals may be a good work-around. To promote engagement of national consultants, consider developing case studies on how other countries have used these consultants to improve their campaign, especially in the context of distance support.

- Explore the strategic and careful use of partners to help keep distance-based support on track. National malaria programmes may neglect ITN campaign preparations given COVID-19, Global Fund grant proposals and grant-making, natural disasters and other emergencies. Partners such as the Global Fund, PMI and WHO can be called upon strategically to help keep communication and follow-up on track. This must be done diplomatically and constructively so that confidence-building

between AMP TA providers and national malaria programme and in-country partner teams is not compromised. The role of global partners must be limited in scope, and they cannot replace the AMP TA providers' functions.

- Encourage virtual country-to-country exchange of experience on COVID-19 adaptations. AMP supported successful campaign learning missions prior to the pandemic, for example between Togo and Chad and between Nigeria and Sierra Leone. AMP also facilitated a virtual exchange between the national malaria programmes, partners and TA providers for the Central African Republic and Haiti to focus on campaign adaptations in insecure areas. To complement sharing of country guidelines and tools on COVID-19 adaptations, country representatives can be invited to join virtual meetings to address specific technical and operational issues requested by the host country.

- Consider establishing a "pool" of TA providers with specific expertise (e.g. SBC, logistics) for national malaria programmes and their in-country partners and other TA providers to access for distance support**.** Both AMP leadership and a global partner suggested establishing an expert "pool" to complement those assigned as TA providers to support a country. These experts can provide time-limited advice on more challenging technical or operational issues as needed, or review specific parts of country plans and documents. They would also relieve some of the burden on AMP technical leadership for quality control of plans and documents produced.

Addressing urgent, exceptional country needs*:*

- Consider time-limited in-person missions to complement distance-based TA for urgent country needs*.* If conditions allow for safety of consultants and country teams, countries less experienced with campaigns or AMP TA could be prioritized for urgent, time-limited in-person missions focused on addressing specific training or technical needs. Participation in-person in training of trainers workshops—which can be difficult or impossible to be done virtually—could contribute enormously to campaign quality and building of rapport between AMP TA providers and their host country national malaria programmes and partners.

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ANNEX 1:

Evaluating the effectiveness of distance support for ITN mass distribution campaigns

Focus Group Questions (TA Providers)

Date:
Interviewees:
Countries covered:

1. *[Interviewers introduce themselves.] We are interviewing you as part of an evaluation of AMP's distance-based technical assistance during the COVID-19 pandemic. AMP has already conducted some informal discussions on distance support in past months, so the questions will be more focused to understand the process and concerns more in detail. The interview will take between 45—60 minutes. For the evaluation to be effective please respond as honestly as you can. Your responses will remain confidential in that we will not attribute them to you personally.*
    a. *To ensure that we captured your responses correctly, may we have your permission to record sessions? Recordings will remain strictly confidential.*
    b. *Provide specific country examples whenever possible.*
    c. *Please make sure you focus on answering the question itself rather than providing too much background or unrelated information.*
    d. *Do you have any questions?*

2. Briefly, how were you trained or oriented to conduct distance-based technical assistance during COVID-19?

3. How were distance support meetings typically organized and carried out for each country supported? *Prompts:*
    a. *How often did you meet?*
    b. *How long did meetings last?*
    c. *How did you and in-country staff prepare for the meetings?*
    d. *Did you typically meet the objectives of each meeting? Why or why not?*
    e. *How did the COVID-19 context affect the way distance support was carried out (e.g. duration, access to staff, increased time needed for modifications, etc.)*

4. How were action items from distance support meetings typically followed up? *Prompts:*
    a. *Were action items and responsible individuals clearly identified at the end of each meeting?*
    b. *Was follow-up done by further calls or e-mail; if so, who was contacted (e.g. national malaria programme campaign planners, implementing partners, others)?*
    c. *How did COVID-19 impact follow-up in country?*
    d. *What were facilitators and barriers to ensure effective follow-up?*

5. For each country, what were the factors for and barriers to successful skills transfer and quality control for distance-based technical assistance in the COVID-19 context? *Prompts:*
    a. *How did the country's level of past experience with ITN campaigns and history of working with AMP impact the ability to provide effective TA? How did you adjust your distance support accordingly? What worked or didn't work well?*

   b. *What were each country's capacities and challenges in working with the internet platform? How did you adjust distance support to accommodate it?*
   c. *How did the level of country commitment to the distance support approach impact the quality of campaign planning and implementation?*
   d. *Based on your distance-based meetings and country reports, did guidance and recommendations from distance support get appropriately implemented at the national, sub-national and community levels? If so, how was this accomplished?*
   e. *Has country reliance on AMP TA providers "doing the work" changed from in-country to distance-based support, and how?*

6. How did AMP, in-country staff, global partners and other AMP TA providers facilitate or impede your role in providing distance-based technical assistance to each country in the COVID-19 context?
   a. *[Secondary question]: What resources do you believe you lacked to provide efficient and adequate distance support?*

7. [Optional]. What improvements would you recommend to distance support both in the COVID-19 context and long term?

8. [Optional]. From the distance-based experience in the COVID-19 context, do you see any advantages to distance support compared to in-country support in the longer term?

9. [Optional}: For countries where distance support doesn't appear to work well, can you recommend any alternatives to distance-based support in the COVID-19 context?

10. *[Wrap up]: Thanks very much for your participation.*
    a. *Could you share names and contact information of key individuals in these countries who we should interview for this evaluation, including national malaria programme, in-country and global partners, other stakeholders?*
    b. *Any other comments and suggestions—what questions <u>didn't</u> we ask that you'd like to answer?*

Annex 2:

Evaluating the effectiveness of distance support for ITN mass distribution campaigns

Focus Group Questions (National Malaria Programme and In-Country Partners)

Date:
Interviewees (names and titles):
Countries covered:
Dates of ITN campaign:

1. *[Interviewers introduce themselves.] We are interviewing you as part of an evaluation of AMP's distance-based technical assistance during the COVID-19 pandemic. AMP has already conducted some informal discussions on distance support in past months, so the questions will be more focused to understand the process and concerns more in detail. The interview will take between 45—60 minutes. For the evaluation to be effective please respond as honestly as you can. Your responses will remain confidential in that we will not attribute them to you personally.*
    a. *To ensure that we captured your responses correctly, may we have your permission to record sessions? Recordings will remain strictly confidential.*
    b. *Provide specific country examples whenever possible.*
    c. *Please make sure you focus on answering the question itself rather than providing too much background or unrelated information.*
    d. *Do you have any questions?*

2. Briefly describe your experience working with AMP TA providers. Prompt questions:
    a. *Have you worked with TA providers before COVID-19? If so, in what context?*
    b. *How have you participated in distance-support communications with AMP on the latest campaign? (Regular and/or ad hoc meetings, e-mail or other communications)*

3. Describe a typical meeting. How were distance support meetings typically organized and carried out? Prompts:
    a. *How often did you meet?*
    b. *How long did meetings last?*
    c. *Who chaired it?*
    d. *Who created the agenda?*
    e. *Who took minutes?*
    f. *Were the objectives of each meeting typically met? Why or why not?*
    g. *Were you satisfied with the outcome of the meetings? Why or why not?*
    h. *Were there problems with availability? Were you able to accommodate time to receive distant support for the ITN distribution campaign within the COVID context?*

4. How were action items from distance support meetings typically followed up? *Prompts:*
    a. *Were action items and responsible individuals clearly identified at the end of each meeting?*
    b. *Was follow-up done by further distance meetings or e-mail; if so, who was involved (e.g. national malaria programme campaign planners, implementing partners, others)?*
    c. *How were follow-up actions verified at the sub-national and community levels?*
    d. *Was distance-based TA effective in maintaining campaign timelines?*
    e. *How did COVID-19 impact the timeliness and quality of follow-up in-country?*
    f. *What were the facilitators and barriers to ensure effective follow-up?*

g. *Did the national malaria programme and/or in-country partners show their commitment in time and follow-up actions to distance-based TA? Please explain.*

5. **What specific issues, concerns or problems have you noticed with distant-based technical assistance?**
    a. *What are the problems?*
    b. *What were your country's capacities and challenges in working with the internet platform?*
    c. *What resources do you believe you lacked to receive efficient and adequate distance support?*
    d. *Have funds been made available to help with the distant support process?*
    e. *Can AMP TA providers improve their relationship with national malaria programme or in-country partners? If so, how?*

6. AMP values the ability to train, mentor and transfer IT and campaign skills to its colleagues in-country. Do you believe that the right individuals within the national malaria programme and in-country partners are receiving the support they need through distance support?
    a. *How can AMP identify individuals in the national malaria programme and implementing partners that need additional assistance in the context of distance-based support and COVID-19?*

7. What improvements would you recommend to distance support both in the COVID-19 context and long term?
    a. *Do you have any suggestions on a better way to implement distance-based technical support in the context of COVID-19?*

8. [Optional]. From the distance-based experience in the COVID-19 context, do you see any advantages to distance support compared to in-country support in the longer term?

9. *[Wrap up]: Thanks very much for your participation. Any other comments and suggestions—what questions <u>didn't</u> we ask that you'd like to answer?*