Insecticide-treated net (ITN) distribution channel selection toolkit

Step 1: Define population groups and set ITN access targets

Objective

- Identify population groups which need ITNs based on malaria risk and burden, per sub-national tailoring outputs and/or their characteristics or geography and set ITN access targets for each group.

Guidance

- Planning should avoid both overly generalized national approaches and overly granular group designs. In the first instance, groups should be defined according to sub-national tailoring outputs where available. As time and resources allow, larger groups can be split into sub-groups as necessary for more detailed consideration.
- Many contextual factors that inform channel selection will vary sub-nationally and/or between population groups. For example, populations in different geographic regions will likely have different average household sizes and compositions. Vulnerable populations (e.g. IDPs, refugees, migrant/mobile populations) often differ in access to service delivery channels and ITNs compared with more stable population groups. Past and current ITN distribution activities will likely differ by geography. Differences in contextual factors may be related to geographical area, urban and rural settings, gender, vulnerability or other characteristics specific to the country.
- Discuss which population groups and/or geographic areas should be considered separately when planning the ITN channel mix(es) and enter them in the first column of the strategy matrix. Use one row per group. Population groups should be mutually exclusive where possible to avoid duplication.
- Set realistic and achievable ITN access targets for each group, considering epidemiological need and operational feasibility. Enter targets in the second column of the strategy matrix. Targets may be expressed as population-level ITN access (e.g. 80%) or specific distribution allocation strategies (e.g. one ITN per household with children under five years).
    - Examples of targets include:
        - Population ITN access of 60%
        - All households in the area receive two ITNs
        - Population ITN access of 80% in high and moderate burden areas
        - One ITN distributed to each pregnant woman in the target households
        - One ITN distributed to each child under five in the target households

Expected outputs

- Strategy matrix with “Population groups” and “ITN access targets” columns completed
- Accompanying documentation on the data used and discussions held during Step 1

ITN strategy matrix worked example

The table below presents a worked example of the strategy matrix after completing Steps 1-5 for a hypothetical country. The population groups defined in the first column are mutually exclusive and each group has an ITN access target. Final ITN channel mixes for each population group are shown by the tick symbols and summary design choices are noted in the final column.

Note that while the strategy matrix summarizes the toolkit outcome, it will be accompanied by documentation describing the data used, channels considered, discussions held and rationale for the final channel mixes. These elements are excluded from this example.

Population groups (by geography and/or group characteristics)	**ITN access targets** (as quantitative indicators or operational allocation rules)	**ITN delivery channels**								**Delivery strategy choices** Additional considerations can be recorded in this section based on discussions
		A	B	C	D	E	F	G	H	
		ANC	EPI	Other routine	Mass campaign	School	Community	Commercial	Other	e.g. frequency of distribution, eligibility considerations
All high, medium and low rural and urban areas, excluding regional capitals and internally displaced persons (IDP) camps	*70% population-level ITN access*	✓	✓			✓				*ANC and EPI through all public and private health facilities on a continuous basis. School-based distribution targets classes 1, 3 and 5 every year.*
IDPs living in stable camps in Northern region	*Two ITNs per permanent shelter*	✓	✓		✓					*ANC and EPI provided through humanitarian-run clinics within camps. Mass campaigns every three years quantified on two ITNs per shelter.*
Regional capitals (including capital city)	*Each household with a child under age five and/or a pregnant woman has at least one ITN*	✓	✓				✓			*ANC and EPI through all public and private health facilities in cities. Community-based (CBD) channel operationalized through urban civil society organizations (CSOs) using a pull system to provide one ITN per child under five or pregnant woman, with replacement ITNs distributed no more frequently than every two years.*

Blank ITN strategy matrix

Population groups (by geography and/or group characteristics)	**ITN access targets** (as quantitative indicators or operational allocation rules)	**ITN delivery channels**							**Delivery strategy choices** Additional considerations can be recorded in this section based on discussions e.g. frequency of distribution, eligibility considerations
		A ANC	B EPI	C Other routine	D Mass campaign	E School	F Community	G Commercial	H Other	