amp | The Alliance for Malaria Prevention

ITN channel selection

Ensuring maximum impact on malaria control

AMP TA call

Details

Details

21 May 2026

ITN channel selection guidance

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

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

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

ITN channel selection guidance

With the objective of optimal distribution of ITNs to populations who need them, guidance has been developed for NMPs and partners to:

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

For more information
https://allianceformalariaprevention.com/resource-library/resource/insecticide-treated-nets-itn-distribution-best-practice-update/

ITN channel selection guidance

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Annexe: Summary of cost elements for each ITN distribution channel 28

Key cost elements are summarized for each channel but detailed guidance and templates on cost implications are not included.

Operational costs are an area where additional work is needed.

NMPs will need to assess channel costs locally, considering the contribution from different resources.

ITN channel selection guidance: Assessing performance

Guidance focuses on key illustrative considerations for how well each ITN channel currently in use contributes to achieving targets based on NSP including:

- **Target levels of access** as measured by the percentage of households receiving an ITN among households eligible to receive an ITN, by channel
- **Equity of access** across and within households, as measured by population access
- **Continuity of access** across years as measured by percentage of households with at least one ITN; percentage of population with access to an ITN each year
- **Cost-effectiveness**, as measured by cost per ITN distributed

Channel-specific practical and operational advantages or challenges and the resources required to support the current strategy should be considered.
Assessment learnings should focus on geographic areas and population groups expected to be targeted by future ITN channel mixes for relevance of findings.

ITN channel selection guidance: Key considerations

KEY CONSIDERATIONS – MASS CAMPAIGNS

Considerations	Recommendations
Access: Campaigns are a key channel for rapidly scaling up access to ITNs. Generally, mass campaigns achieve high and equitable access to ITNs across populations, even those with limited access to routine health services or low school enrolment, in a short period of time. This is true of campaigns that target only children under five, as well as campaigns targeting full population access. As mass campaigns are typically implemented every three years, the timeline may not be aligned to demonstrated ITN lifespans in the field, and thus ITN access should be carefully monitored and options to fill gaps identified to maintain access above NMSP target levels until the next campaign is implemented.	To maintain ITN coverage, NMPs are encouraged to align with WHO Malaria Guidelines as well as malaria donor recommendations; review operational and financial data; and consider the best distribution targets and strategies to maintain ITN access in various sub-national contexts and settings. Tailored strategies based on malaria epidemiological, entomological and human-behavioural data are important for prioritizing resources to optimize ITN access. For example, urban and peri-urban areas, which are often low burden, can use significant mass campaign resources and may divert resources from higher-burden rural areas. Continuous distribution channels may provide a more cost-effective approach to achieve access for the most vulnerable in those settings. Aligning ITN access targets to epidemiological data for sub-national areas may create resource efficiencies. Conducting mass campaigns every two years has been shown to require far more ITNs than adopting a continuous distribution strategy and is therefore not recommended[12].
The **target group** for campaigns may be the entire population in each area, with prioritized geographical areas defined based on malaria epidemiological data or priority populations by age (e.g. children under five) or other vulnerable groups (e.g. migrant, internally displaced persons [IDPs], refugees, etc.).	
Timing: ITN campaigns are typically planned with an interval of 30—36 months, with the objective of rapidly scaling up ITN access lost since the previous campaign. Campaigns may last several months, may continue over a year or more, or may be continuous (different areas targeted each year), straining health personnel and systems and putting at risk the achievement of broader malaria programme targets and efficient use of resources.	

KEY CONSIDERATIONS – SCHOOL-BASED DISTRIBUTION (SBD)

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

ITN channel selection toolkit

Menti Poll

Question
Long text response, multiple submissions allowed

- What is the biggest challenge malaria programme staff face in deciding which ITN channels to implement?

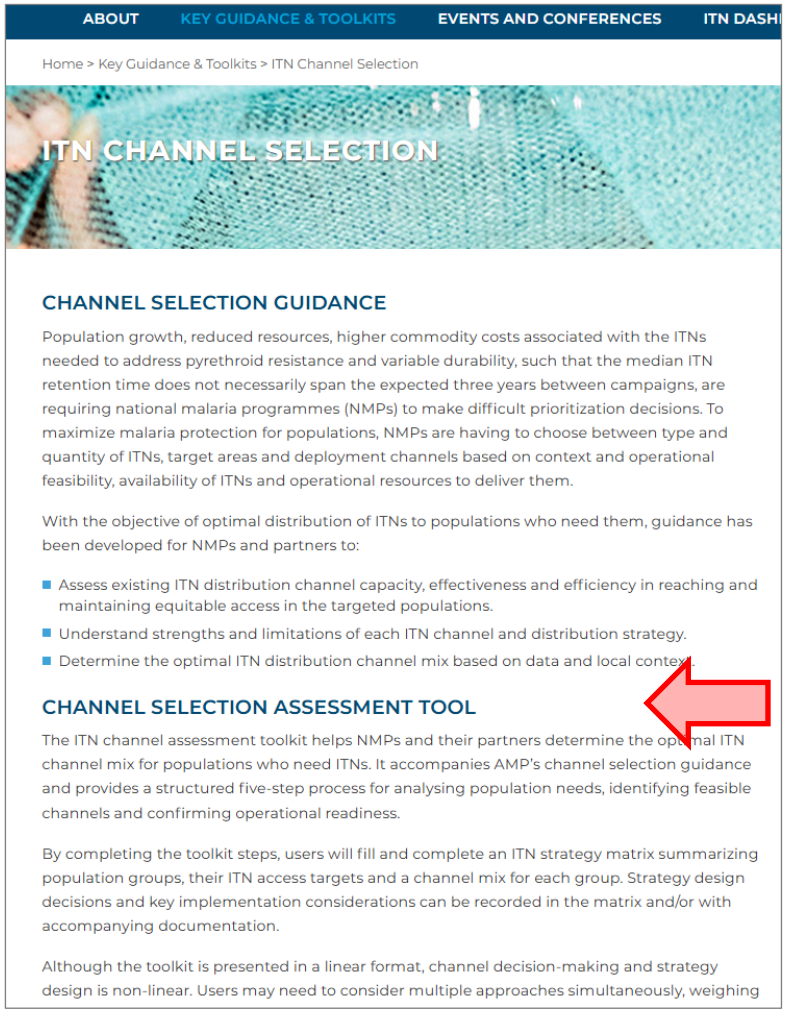
Oral prompts to get people started:
Getting required coverage, funding, logistics, coordination, reaching remote populations, monitoring progress

ITN channel selection toolkit

Introduction

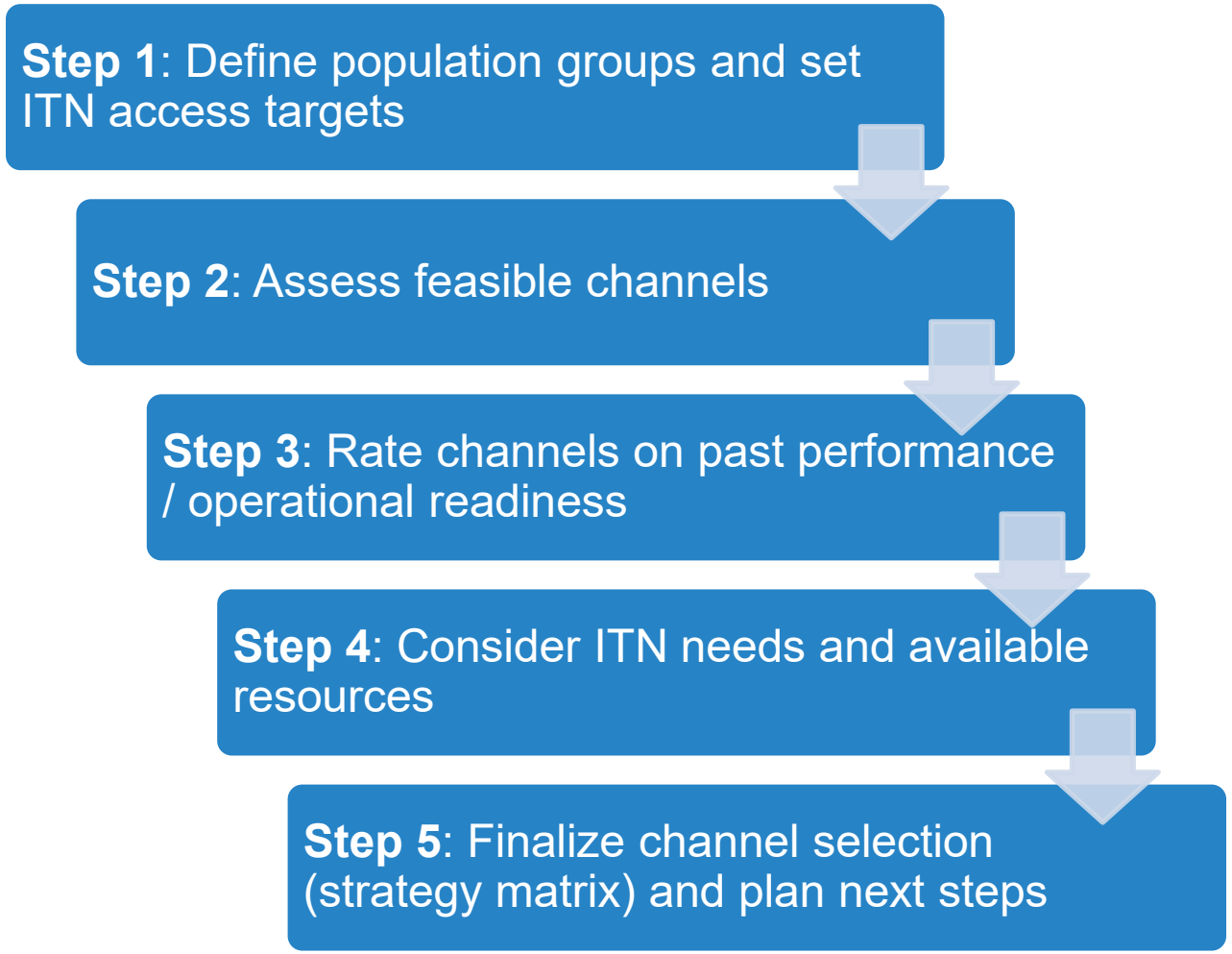
- No single ITN channel reaches everyone.
- Different sub-national areas and/or population groups have different ITN needs and these may require different channel choices.
- The ITN channel assessment toolkit helps NMPs and their partners determine the optimal ITN channel mix for populations who need ITNs.
- It accompanies AMP's channel selection guidance and provides a structured five-step process for analysing population needs, identifying feasible channels and confirming operational readiness.

For more information
https://allianceformalariaprevention.com/key-guidance-toolkits/channel-selection/



Toolkit overview

Five step process



Channels included

- Routine health services: ANC, EPI, other eligible groups
- Mass campaigns
- Schools
- Community
- Commercial sector

Toolkit includes **instructions** and **adaptable tools** in Word and Excel to complete each step and document decision making.

Toolkit overview

Guidance and instructions

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

Adaptable tools

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	

Strategy matrix

Step 1
Define population groups by characteristics and/or geography, based on malaria burden/risk. Set an access target for each group.

Step 2
Indicate which channels are potentially feasible for serving each population group by working through the ITN channel selection questions.

Step 3
Update or prioritize channel options based on an assessment of operational readiness for each population group.

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

Step 4
Consider macrolevel ITN needs for the target population group and compare ITN needs and channel costs with available resources. Finalize channel selection.

The final strategy matrix will identify which delivery channels will be implemented for each population group and outline key choices for delivery strategy.

Step 1: Define populations and set ITN access targets

Key points

- Define population groups based on malaria risk, geography and vulnerability
- Set realistic and achievable ITN access targets for each group
- Balance between overly generalized national approaches and overly granular groups

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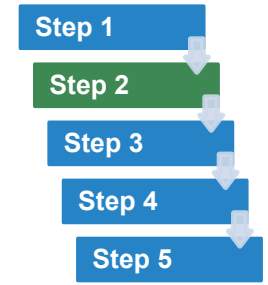
Population groups (by geography and/or group characteristics)	**ITN access targets** (as quantitative indicators or operational allocation rules)
All high, medium and low rural and urban areas, excluding regional capitals and internally displaced persons (IDP) camps	*70% population-level ITN access*
IDPs living in stable camps in Northern region	*Two ITNs per permanent shelter*
Regional capitals (including capital city)	*Each household with a child under age five and/or a pregnant woman has at least one ITN*

Groups should be **mutually exclusive**.

Targets can differ between groups and be defined as population access or operationally.

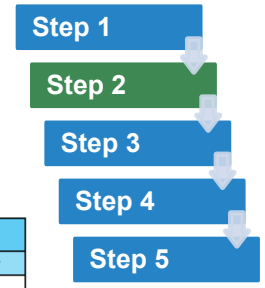
Step 2: Assess minimally feasible channels



Key points

- Identify the channels that meet the basic operational requirements for each population group; dismiss channel options that are not current feasible.
- Record key indicator values as part of a situation analysis prior to answering the questions on minimal requirements
- Complete the question tables to classify channels as feasible or not

Step 2: Assess minimally feasible channels



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Situation analysis: Key indicators for population group				
Summary population indicators		**Value**	**Source**	**Year**
SA1	Target group population (number)			
SA2	Average (mean) household size (number)			
SA3	Population living in urban areas (%)			
Estimates of ITN use and access		**Value**	**Source**	**Year**
SA4	Population-level ITN access (%)			
SA5	Population-level ITN use (%)			
SA6	Ratio of ITN use:access			
SA7	ITN use among pregnant women (%)			
SA8	Percentage of pregnant women who slept under an ITN the previous night among pregnant women in households with at least one ITN (%)			
SA9	ITN use among children under five (%)			
SA10	Percentage of children under five who slept under an ITN the previous night among children under five in households with at least one ITN (%)			

Distribution through mass campaigns				
Situation analysis			**Value**	**Source**	**Year**
MC1	Percentage of target households with ≥1 ITNs from the last mass campaign (%) *Can be derived by secondary analysis of DHS, MIS or other household survey data that captured appropriate data on ITNs*				
MC2	Percentage of the population in hard-to-reach or insecure locations (%)				
MC3	Percentage of the population living in urban areas (%)				
Minimum channel requirements					
Q6	Are the target populations large and cohesive enough to justify a mass campaign-style operation (e.g. target populations cover entire regions or districts, cover entire refugee settlements)?	YES			Go to Q7
		NO			Go to Q7
Q7	Is it operationally feasible to reach most households within a defined campaign period, considering accessibility, population mobility and security?	YES			Go to Q8
		NO	Omit mass campaigns from the strategy and consider alternative channels.		Go to next channel
Q8	Does evidence from previous campaigns indicate that coverage and equity targets were achieved for similar population groups and/or contexts?	YES			Go to Q9
		NO	Review the campaign lessons learned and assess the likelihood that a future campaign could mitigate or overcome past challenges.		Go to Q9
Q9	Are there opportunities to integrate ITN distribution with other interventions that target the same population group (e.g. SMC, malaria vaccination or other health campaigns)?	YES	Explore integration options if mass campaigns are included as a channel.		Go to Q10
		NO	Maintain standalone mass campaigns in the strategy.		Go to Q10
Q10	Would the target populations be more efficiently reached through continuous channels (routine, school, community-based or commercial) than through a periodic campaign?	YES	Explore the readiness for all feasible channels (including mass campaigns) to inform a final decision on channel mix.		Go to Q11
		NO	Consider including mass campaigns in the strategy.		Go to Q11
Q11	Are the target populations or parts of the target geography affected by armed insecurity, population displacement or seasonal inaccessibility that would limit the feasibility of a mass campaign?	YES	In the context of the above guidance, consider including mass campaigns in the strategy with adapted operational approaches for COE environments and implementation outside the seasons that create bottlenecks.		
		NO	In the context of the above guidance, consider including mass campaigns in the strategy. Decisions will be required on: • Target geographies • Eligibility criteria • Allocation strategy		

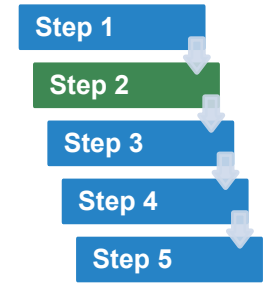
Step 2: Assess minimally feasible channels (example)

Step 1
Step 2
Step 3
Step 4
Step 5

Community-based distribution					
Situation analysis				**Value**	**Source**	**Year**
CB1	Estimated number of community health workers (CHW) serving the target populations (or active in the target geographies)			0	-	-
CB2	Percentage of communities with active CHWs (%)			0	-	-
CB3	Ratio of CHWs to households *Ratio of CHWs to population can be used if the number of households is not known or difficult to estimate for this population group.*			n/a	-	-
CB4	Reach of civil society organizations (CSOs) *Indicator will vary depending on availability of data on CSO operations. The purpose is to record a measure of the coverage and/or strength of implementation of CSOs or other community structures that could potentially support community-based distribution.*			80% pilot urban areas have one or more active health CSOs	Pilot Program records	2025
CB5	Percentage of target households with ≥1 ITNs from community-based distribution (%)			23%	Annual LQAS survey	2025
CB6	Administrative coverage (%, from routine reporting data)			79%	HMIS	2025
Minimum channel requirements						
Q16	Is there a functioning CHW network serving the populations or active in the target geographies?	YES				**Go to Q17**
		NO				**Go to Q17**
Q17	Are there well-functioning and trusted community-based systems or networks in the target geographies with good community links among the population groups (e.g. religious groups, civil society organizations)?	YES				**Go to CHECK**
		NO				**Go to CHECK**
CHECK	Is a functioning CHW network **OR** a community-based system present? (If Q16 = YES **OR** Q17 = YES)	YES	This is a minimum requirement for CBD.			**Go to Q18**
		NO	Omit community-based distribution from the strategy.			**Go to next channel**
Q18	How confident are you that CHWs and/or other community agents could manage ITN distribution and reporting activities in addition to their current activities *(see note 1)*?	CONFIDENT				**Go to Q19**
		NOT CONFIDENT	Omit community-based distribution from the strategy.			**Go to next channel**
Q19	How confident are you that the health facility network and/or community-based networks could manage ITN logistics, issuing to CHWs or other community distribution agents *(see note 2)*?	CONFIDENT				**Go to Q20**
		NOT CONFIDENT	Omit community-based distribution from the strategy.			**Go to next channel**
Q20	How confident are you that local health facility personal and district health supervisors could reliably oversee community-based distribution activities *(see note 2)*?	CONFIDENT	Consider including community-based distribution in the strategy. Decisions will be required on: • Target geographies • Allocation strategies			**Go to Q21**
		NOT CONFIDENT	Omit community-based distribution from the strategy.			**Go to next channel**
Note 1: ITN distribution and reporting activities Community-based distribution designs can be highly flexible to fit the context in which they operate. For example, distribution could be via e-token and referral to a fixed redemption point or by direct delivery to households. CHWs or community agents could take on a range of activities depending on their existing responsibilities. At a minimum, they would be expected to confirm eligibility, distribute coupons/alternatives and/or ITNs, and perform simple reporting. Staff capacity and workload should be assessed to consider implications of ITN reporting and distribution activities. **Note 2: Logistics and supervision activities** Sufficient capacity should exist within the routine health system and/or among local administrative, commercial or community-based networks to play a supporting role by acting as ITN redemption points, providing transport and conducting supervision of community-based agents. The answers to questions 16 and 17 are likely to be positive if community outreach services are already provided from health centres or health posts to the community, or civil society organizations are already active in promoting, delivering and/or monitoring health or development activities (these do not need to be related to malaria).						
Q21	Are CHWs and/or other community agents able to operate safely and maintain communication during armed conflict, insecurity, population displacement and other complex operating situations?	YES	Consider including community-based distribution in the strategy. Review relevant channel adaptations to COEs as outlined in AMP's *Operational guidance for ITN distribution in COEs*.			
		NO	Consider channel adaptations to COEs as outlined in AMP's *Operational guidance for ITN distribution in COEs*. If safety cannot be assured based on the guidance, omit community-based distribution from the strategy.			

Community-based distribution table completed for populations in regional capitals, following a pilot implementation in 2025.

Step 2: Assess minimally feasible channels (example)

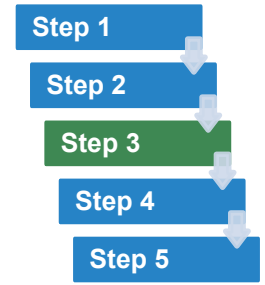


Example

- Consider including community-based distribution in the strategy
- Strategy matrix is updated to include this potential channel

Population groups (by geography and/or group characteristics)	**ITN access targets** (as quantitative indicators or operational allocation rules)	**ITN delivery channels**							
		A	B	C	D	E	F	G	H
		ANC	EPI	Other routine	Mass campaign	School	Community	Commercial	Other
Regional capitals (including capital city)	*Each household with a child under age five and/or a pregnant woman has at least one ITN*	✓	✓				✓		

Step 3: Rate past performance / operational readiness



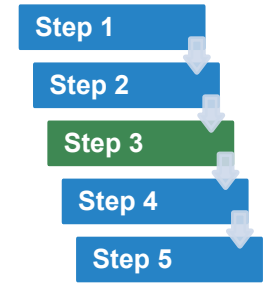
Key points

- Rate past performance (where relevant) and operational readiness of feasible channels
- Desk-based activity with partner inputs
- Identify actions required to improve rating
- Prioritize channels that can operate with minimal additional investment
- Operational areas covered:
  - Leadership, coordination and financing
  - Integration opportunities
  - Logistics
  - Training
  - Supervision
  - Social and behaviour change (SBC)
  - Routine reporting and data management

Guidance on ratings

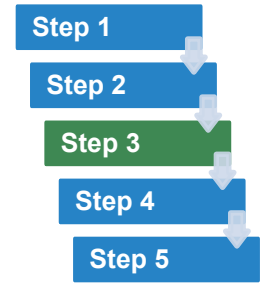
Rating	Meaning	Guidance for scoring
Green	**Ready** Systems are in place and functional with only minor or routine improvements needed.	- Processes are already operating for similar interventions. - Staff have the required skills or training can be done through existing mechanisms. - Data systems and supervision structures are functioning and can incorporate ITN distribution requirements with minimal adaptation. - No significant additional costs or new structures required, and maintenance costs for systems are assured.
Yellow	**Partially ready/moderate gaps** Core elements exist but need strengthening or some additional resources before implementation.	- Processes like those required exist but are inconsistently applied or under-resourced. - Substantial additional training, supervision and/or logistics support would be required before roll-out. - Channel could be implemented if these moderate gaps are addressed within available resources and timelines. - Financial resources needed are moderate and primarily one-off.
Red	**Not ready/major gaps** Key systems or capacities do not exist or are non-functional. Major new resources or reforms would be needed.	- No established processes or mechanisms exist. - Required staff cadres are not consistently available at the required coverage. - Reporting and accountability systems would need to be built to cover ITN distribution or existing systems would require major redesign. - Costs or time exceed available resources.

Step 3: Rate past performance / operational readiness



Channel operational readiness								
Discuss responses considering the usual or typical performance of the health system. While performance outliers exist, assess the readiness or performance of a typical unit. What constitutes a "unit" will vary by question and channel but will include government staff roles and coordination structures, potential distribution points, existing systems, processes and tools.								
Operational area and guiding questions	**ANC**		**EPI**		**Community**		Channel Four	
	Rating	**Priority Actions**	**Rating**	**Priority Actions**	**Rating**	**Priority Actions**	**Rating**	**Priority Actions**
Leadership, coordination and financing								
Are there clear ownership and oversight of the services provided through this channel within government structures (either under the Ministry of Health or another relevant Ministry)?								
Does this channel have an established coordination platform or working group at the national level?								
Does this channel have an established coordination platform or working group at sub-national levels?								
Are there national guidelines or standard operating procedures (SOPs) that outline coordination and accountability arrangements for this channel?								
Are mechanisms in place for coordination between government and partners/stakeholders (e.g. regular technical working group meetings, coordination committees)?								
Are financial, technical and implementing partner/stakeholder contributions mapped and coordinated to avoid overlap or duplication?								
Are payment or incentive mechanisms for frontline staff functional and timely?								
Summary: In your opinion, could existing coordination and accountability mechanisms manage ITN delivery through this channel effectively with no more than minimal additional effort?								
Integration opportunities								
Do national and/or sub-national teams have experience planning and implementing multi-intervention campaigns?								
Do national and/or sub-national teams have experience planning and implementing integrated outreach activities?								
Consider for school-based and community-based channels: Are there existing [health/education/community] programmes that could serve as delivery points for ITNs?								
Are mechanisms in place to plan joint activities across programmes (e.g. between malaria and other health areas, or between MoH and other Ministries)?								

Step 3: Rate past performance / operational readiness



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Operational area and guiding questions	**ANC**		**EPI**		**Community**		Channel Four	
	Rating 🔴🟡🟢	**Priority Actions**	**Rating** 🔴🟡🟢	**Priority Actions**	**Rating** 🔴🟡🟢	**Priority Actions**	**Rating** 🔴🟡🟢	**Priority Actions**
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Does this channel have an established coordination platform or working group at the national level?								
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Are there national guidelines or standard operating procedures (SOPs) that outline coordination and accountability arrangements for this channel?								
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Are mechanisms in place to plan joint activities across programmes (e.g. between malaria and other health areas, or between MoH and other Ministries)?								

Document actions required to improve ratings towards green

Channel assessment

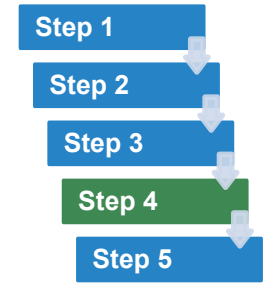
Mostly **green** → Likely ready for inclusion

Mostly **yellow** → Okay if affordable actions can close gaps

Mostly **red** → Usually excluded or deferred

Once all channels have been considered, update the strategy matrix to prioritize feasible channels based on their level of operational readiness.

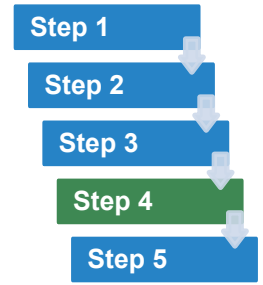
Step 4: Consider ITN needs and available resources



Key points

- Estimate ITN needs to achieve the ITN access targets for each population group
- Compare costs and operational implications of different channel choices
- Propose channel mix for each group that meets available resources

Step 4: Consider ITN needs and available resources



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- Propose channel mix for each group that meets available resources

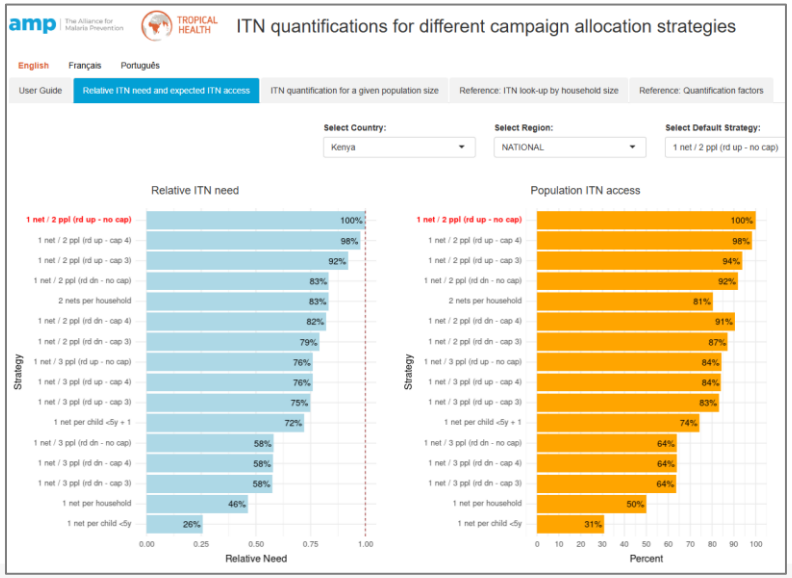
ITN quantification site
https://allianceformalariaprevention.com/itn-quantification/

Population Quantifiers - Kenya

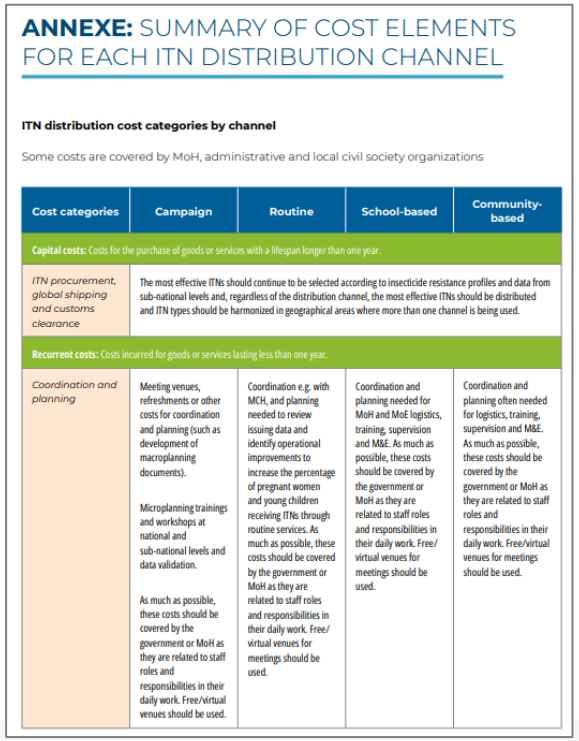
	Estimated ITN Lifespan (Years)						
Quantifiers CD	**1**	**1.5**	**2**	**2.3***	**2.5**	**3**	**3.5**
CD only (no mass campaigns)							
70	32	23	17	**15**	14	11	9
80	40	29	22	**20**	18	15	12
90	48	35	27	**24**	22	18	16
CD between 3-year mass campaigns							
70	31	18	8	**5**	2	0	0
80	40	25	14	**10**	7	2	0
90	48	32	21	**16**	13	7	3

Note: The starred value is the estimated ITN lifespan from Bertozzi-Villa et al (2021), derived from national household survey data and ITN Mapping Project.

ITN allocation strategies
https://allianceformalariaprevention.com/key-guidance-toolkits/itn-allocation-strategies/



Costing Annexe
ITN channel selection guidance



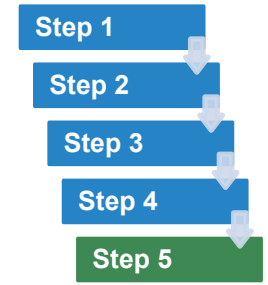
ANNEXE: SUMMARY OF COST ELEMENTS FOR EACH ITN DISTRIBUTION CHANNEL

ITN distribution cost categories by channel

Some costs are covered by MoH, administrative and local civil society organizations

Cost categories	Campaign	Routine	School-based	Community-based
Capital costs: Costs for the purchase of goods or services with a lifespan longer than one year.				
ITN procurement, global shipping and customs clearance	The most effective ITNs should continue to be selected according to insecticide resistance profiles and data from sub-national levels and, regardless of the distribution channel, the most effective ITNs should be distributed and ITN types should be harmonized in geographical areas where more than one channel is being used.			
Recurrent costs: Costs incurred for goods or services lasting less than one year.				
Coordination and planning	Meeting venues, refreshments or other costs for coordination and planning (such as development of macroplanning documents). Microplanning trainings and workshops at national and sub-national levels and data validation. As much as possible, these costs should be covered by the government or MoH as they are related to staff roles and responsibilities in their daily work. Free/virtual venues should be used.	Coordination e.g. with MCH, and planning needed to review issuing data and identify operational improvements to increase the percentage of pregnant women and young children receiving ITNs through routine services. As much as possible, these costs should be covered by the government or MoH as they are related to staff roles and responsibilities in their daily work. Free/ virtual venues for meetings should be used.	Coordination and planning needed for MoH and MoE logistics, training, supervision and M&E. As much as possible, these costs should be covered by the government or MoH as they are related to staff roles and responsibilities in their daily work. Free/ virtual venues for meetings should be used.	Coordination and planning often needed for logistics, training, supervision and M&E. As much as possible, these costs should be covered by the government or MoH as they are related to staff roles and responsibilities in their daily work. Free/virtual venues for meetings should be used.

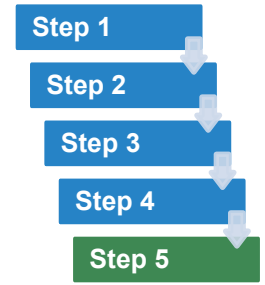
Step 5: Finalize strategy matrix and agree next steps



Key points

- Agree the final channel mix for each population group
- Document rationale and operational decisions
- Assign responsibilities for developing channel plans of action
- The coordination body should confirm that:
  - At least one continuous distribution channel is included for all populations
  - The proposed mix is affordable within available budgets or projected funding, considering the strategy design for each channel
  - The selected combination of delivery channels minimizes the risk of any malaria at-risk group being left unreached, given available funding

Step 5: Finalize strategy matrix and agree next steps



Example

- Final summary strategy matrix (supporting documentation not shown)

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

Menti Poll

Question
Single response from multiple options

- In your experience, which of the following most strongly drives the final channel selection in practice?
  1. Resource envelope/costs
  2. Equity considerations
  3. Political feasibility
  4. Fit with existing systems/channels
  5. Coverage potential
  6. Operational readiness

Key messages

The channel selection toolkit supports structured discussion and consensus-building around optimal channel mixes.

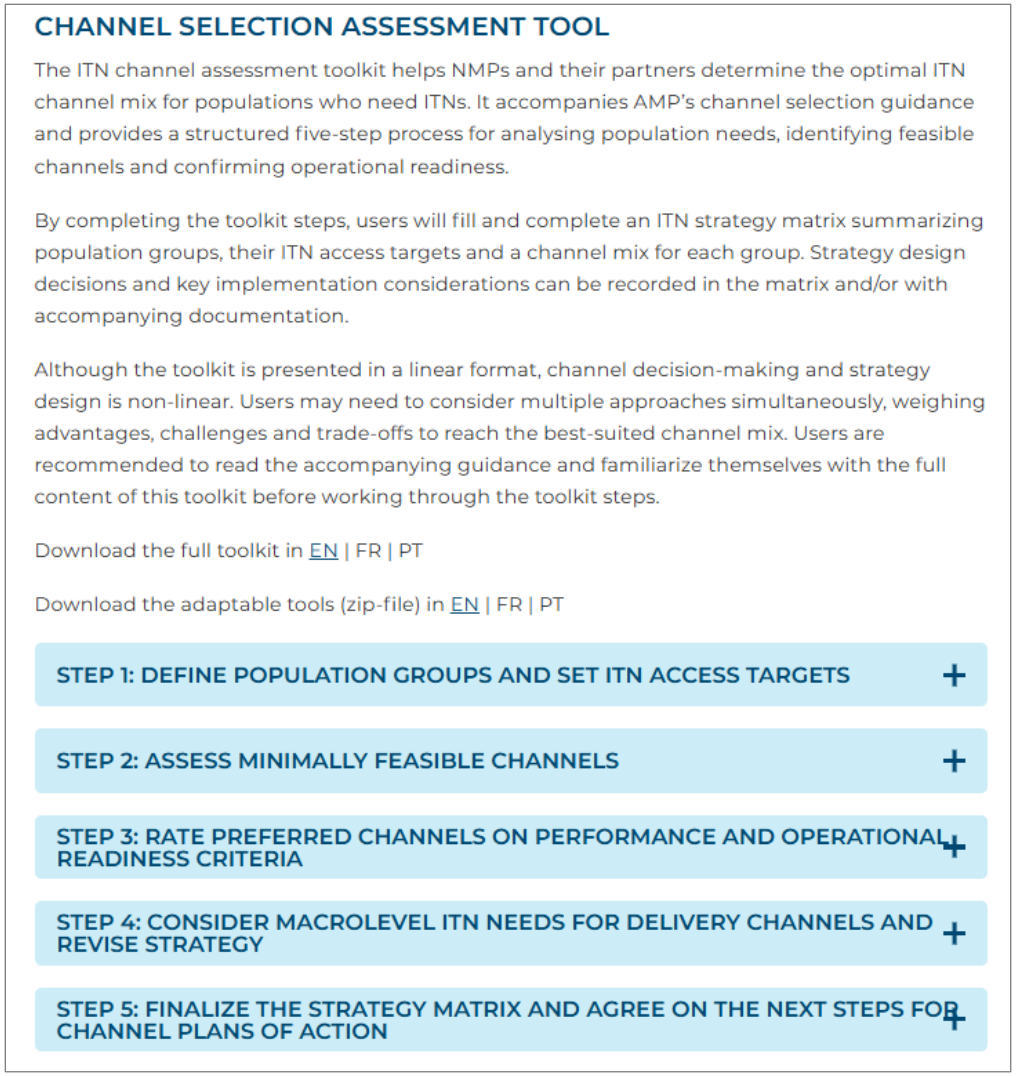
It helps:

- Define target populations and targets
- Compare channels consistently
- Document decisions transparently
- Align strategy (NSP) with operational reality

Key messages

Our request to you:

- Visit https://allianceformalariaprevention.com/key-guidance-toolkits/channel-selection/ to access all channel selection resources
- **Download**, **read**, make plans to **use**, and **reach out** to AMP for support
- Please **share feedback** and reach out with questions.



CHANNEL SELECTION ASSESSMENT TOOL

The ITN channel assessment toolkit helps NMPs and their partners determine the optimal ITN channel mix for populations who need ITNs. It accompanies AMP's channel selection guidance and provides a structured five-step process for analysing population needs, identifying feasible channels and confirming operational readiness.

By completing the toolkit steps, users will fill and complete an ITN strategy matrix summarizing population groups, their ITN access targets and a channel mix for each group. Strategy design decisions and key implementation considerations can be recorded in the matrix and/or with accompanying documentation.

Although the toolkit is presented in a linear format, channel decision-making and strategy design is non-linear. Users may need to consider multiple approaches simultaneously, weighing advantages, challenges and trade-offs to reach the best-suited channel mix. Users are recommended to read the accompanying guidance and familiarize themselves with the full content of this toolkit before working through the toolkit steps.

Download the full toolkit in EN | FR | PT

Download the adaptable tools (zip-file) in EN | FR | PT

STEP 1: DEFINE POPULATION GROUPS AND SET ITN ACCESS TARGETS +

STEP 2: ASSESS MINIMALLY FEASIBLE CHANNELS +

STEP 3: RATE PREFERRED CHANNELS ON PERFORMANCE AND OPERATIONAL READINESS CRITERIA +

STEP 4: CONSIDER MACROLEVEL ITN NEEDS FOR DELIVERY CHANNELS AND REVISE STRATEGY +

STEP 5: FINALIZE THE STRATEGY MATRIX AND AGREE ON THE NEXT STEPS FOR CHANNEL PLANS OF ACTION +

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