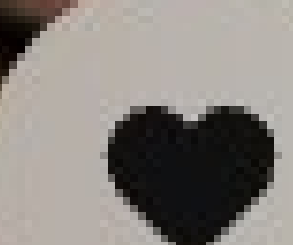


amp | The Alliance for
Malaria Prevention

ITN campaign planning in a resource constrained context



ITN allocation



ITN allocation

- ITN allocation should be aligned to your targets (which may need to change in the context of limited resources)
- If there are not sufficient nets for 1:2, you can adjust the allocation to align with the nets available
- ITN allocation may vary throughout the country – for example:
 - Peri-urban areas – fixed at 2 nets per HH
 - Rural low burden areas – 1 net to 3 people
 - Rural high burden areas – 1 net to 2 people rounding down
- Allocation decisions should be taken within the context of maximizing impact on malaria with available ITNs

ITN allocation by people

Advantages

- Will come closer to achieving intra-household access if strictly applied (no caps)
- System that people are used to
- Can be adjusted from 1 to 2
 - 1 to 3?
 - 1 to 4?
 - At some point, becomes one per HH and better to consider fixed per HH

Challenges

- Caps are typically set (3 or 4 per HH) that mean intra-household access is not achieved; caps often set for entire target area without considering average HH size data
- Errors in allocation, particularly with paper-based systems
- Inflation of household size to receive more nets
- Splitting of households to receive more nets

What challenges do you envisage with an ITN allocation different than what you are already doing (e.g. 1 net to 2 people, rounding up)?

h will not understand the changes

Low adherence to the campaign

HH will not necessarily understand the change strategy

Not attaining universal coverage

Couverture universelle OMS

Acceptance of lesser ITNs by communities

Communication

More households will be served

What challenges do you envisage with an ITN allocation different than what you are already doing (e.g. 1 net to 2 people, rounding up)?

Insufficient nets may affect other health interventions i.e. rejection

attending universal coverage

Reduction in malaria burden

Communication

Optimization of an ITM campaign

People familiar with allocation will feel cheated

Requiring households to chose who uses a net (social and cultural issues)

household complain

What challenges do you envisage with an ITN allocation different than what you are already doing (e.g. 1 net to 2 people, rounding up)?

Non Respect de la clé
de répartition

Des rumeurs à gérer sur
le changement

Changing strategies
while also cutting SBC

Might be difficult to
attain full coverage

Households may feel
cheated by the
distributors

Communication du
changement

High refusal

Post-distribution follow-
up

What challenges do you envisage with an ITN allocation different than what you are already doing (e.g. 1 net to 2 people, rounding up)?

Community Acceptance and Perception

Minimiser les pertes et gaspillages de MII pendant la distribution, Sensibiliser la population sur l'importance de l'utilisation des MII pour la prévention du Paludisme

The challenges with serving 1 net to 2 people comes when the distribution is done at a fix site in the rural location where household heads have to walk distances to collect their net.

ITN allocation by sleeping spaces

Advantages

- Will come closer to achieving intra-household access if strictly applied
- Reflects actual sleeping patterns in a HH

Challenges

- Standardizing definitions of sleeping spaces
- Over allocation to HHs in the least poor quintile (more sleeping spaces)
- May require more nets

ITN allocation by household

Advantages

- Reduces time for registration if all HHs receive same number of nets → reduced data collection needs
- Where vouchers are used, can be simple (don't need to be linked to HH data to see how many nets the voucher represents, no scanning)
- Less potential for errors in the allocation

Challenges

- Will not achieve intra-household coverage in most HHs
- Will over/under supply to HH – need to use/triangulate data to decide on number of ITNs per HH

Special populations

Advantages

- Typically allocated at one net per person/sleeping space
- Ensure all at-risk groups are covered

Challenges

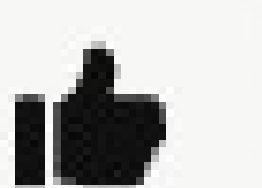
- Requires significant quantities of nets in some cases depending on groups included as “special populations”

Are there other options for ITN allocation that we have not included here that should be included?

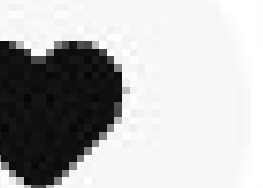
Oui

Yes

Modified version of household allocation to avoid over and under supply. Allocating with household size rule



1



3



Microplanning

Microplanning – From existing guidance

- One of the most important activities for the success of a mass ITN distribution campaign
- Bottom-up process to gather critical operational and financial information from the lowest possible levels
- Carried out at the implementation level and uses more concrete, detailed and up-to-date information provided by local health facility staff and other relevant actors at community level
- Two main objectives:
 1. To refine the macroplan into a detailed operational plan that reflects the local context and specific issues that may affect campaign activities at the implementation level.
 2. To develop an operational budget for activities taking place at the implementation level and thus ensure sufficient resources for the campaign.
- Microplanning should take place early – four to six months before the planned ITN distribution dates
 - Allows the final budgets to be communicated to the donor(s) and other partners and stakeholders, and to ensure no delays in disbursement of operational costs
 - Allows for resource mobilization where gaps in ITNs or funds arise based on updated population figures, context-specific planning and matters that may have been overlooked at the national level during the macroplanning and budgeting

Microplanning

- Current approach for ITNs is based on EPI's approach with modifications
- Little to no reuse of previous data or information for three-year campaign cycle
- Limited use of geospatial maps, establishment of geo-repositories
- Limited coordination with other health programmes (EPI, NTDs) that may have information that could support more efficient microplanning
- Limited use of CHW systems and data
- Efficiencies could be gained

Simplified microplanning process

- Microplanning is generally bottom-up, but the outputs can be highly variable across target areas and make it difficult to take decisions and rationally determine what is “right”
 - Sensitivities on adjustment to context but also alignment with budget
 - Forgotten settlements, poor estimates of distances
 - Population and agreeing on denominators can be difficult, but drives much of the campaign quantification (HR, materials, etc.)
- Transitioning to a simplified and more top-down process is possible now that so much data are available to back up decisions, but will require:
 - More work at the central level to prepare for the microplanning
 - Formal engagement with statistics/census departments (and/or other partners with data to support a granular top-down process)
 - Consensus among partners on the numbers to present for population and their justification
 - Alignment on processes for adjustments to speak with one voice to sub-national levels

Microplanning – Not the same starting point

- Countries are not all on the same starting line regarding microplanning – some countries have more experience/resources to leverage than others – nor are they working in the same contexts
 - Microplanning may look different in different parts of a country based on areas targeted
- Most countries are doing independent/standalone microplanning for each campaign intervention without reusing data and with limited coordination (e.g. ITN campaign and SMC campaign and EPI campaign)
 - Lost opportunity for reducing resource requirements for microplanning
- Need options/scenarios depending on country-specific context (status of previous MP, connectivity, data availability, etc.)

Adapting microplanning to reduced resources

- Central level develops microplanning materials: MP templates, ToT and workshops agendas, MP roll-out plan, etc.
 - Simplify templates to “need” versus “nice” to have (all options), adjust to strategy decided on for campaign
 - Develop package of materials, prioritize SOPs in line with limited oversight (training, supervision)
 - **Option:** Pre-populate the templates with existing data (previous HHR data, census projections, EPI/SMC/other campaign data, etc.), provide parameters and justification for adjusting population data
 - **Option:** Print maps for updating at sub-national levels (or send electronically for printing at district level)

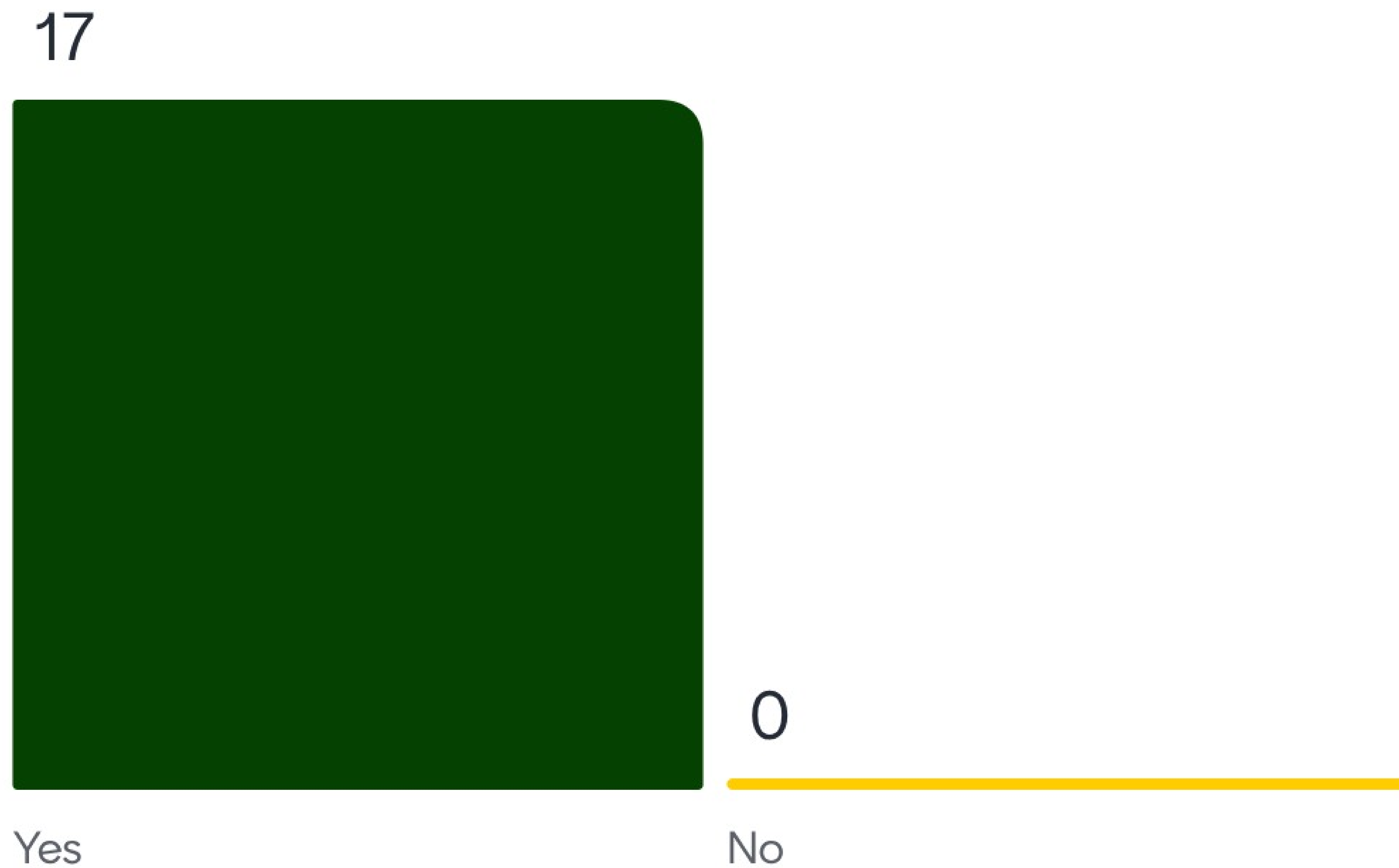
Adapting microplanning to reduced resources - 2

- Put focus on role of district and sub-district actors for filling in templates and updating or developing maps
 - Districts will need to ensure data will be provided from the lowest level possible
 - Focus on:
 - Population updates (review of proposed or filling in template depending on options above)
 - Identification of special populations/groups at higher risk and less access to facilities
 - Transport planning to reach all targeted areas
- Organize virtual introduction and follow up sessions in line with timing for completing the microplans
 - Central level conducts ToT for microplanning (if needed) and/or organizes working sessions to follow up on progress and resolve bottlenecks

Adapting microplanning to reduced resources – 3

- District level pre-validates microplans and submits to central level → one month in advance of planned starting dates
- Central validates microplans and returns to districts as final version → minimum two weeks in advance of planned starting dates
- District level starts recruitment of campaign actors based on validated microplans
 - Virtual follow up from central level to ensure completed minimum one week before planned starting dates
- Central level (or appropriate level) starts transport of ITNs based on validated microplans to pre-positioning sites (PPS) or distribution points
 - Must be completed minimum 48 hours before planned starting dates

Is it possible to implement more “centralized” microplanning as presented?



What are the key considerations (advantages, challenges) if we transition to a more “hands off” approach for microplanning?

les ecarts de la realite
du terrain

Données
populationnelles

Faster

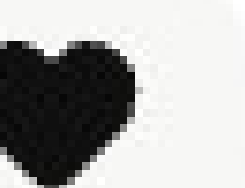
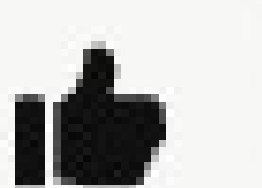
Gestion des filles d'attente:
Organiser les filles d'attente de
maniere efficace pour
minimiser les temps d'attente et
assurer la securite de tous

réunion de réconciliation
avec les spécialistes
centraux des districts
spécifiques/provinces

Identifier les groupes
vulnerables (femmes
enceintes ,enfants de moins
de cinq ans) qui necessite
une attention particuliere

Potential more accurate and
less costly, needs more
triangulation between previous
campaign and other sources
especially via eCHIS the
analytics may give us more
information. Work in progress

No risk if they work with
the cantral level



What are the key risks with this approach to microplanning?

Reduced Oversight and
Quality Control

Adapting microplanning to reduced resources: COE contexts

- Need a simple tool to collect the very basic data, ie: identification of PPS, with list of villages in the catchment area, along with their population. This tool likely to be paper-based and will need somehow to be transmitted upwards where the data could be entered (centrally) into a simplified Excel MP template to generate the microplans.
- Where significant population movement has taken place or is likely during the campaign planning and implementation period, consider combining the microplanning and registration/distribution