PMI VECTORLINK

ITN CONTINUOUS DISTRIBUTION ASSESSMENT TOOLKIT
METHODS AND MATERIALS

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CONTENTS

ACRONYMS

AMP	Alliance for Malaria Prevention
ANC	Antenatal Care
CDC	United States Center for Disease Control and Prevention
CHW	Community Health Worker
DHIS	District Health Information System
EPI	Expanded Program on Immunization
GHSC-PSM	Global Health Supply Chain – Procurement Supply Management Project
ITN	Insecticide-Treated mosquito Net
KII	Key Informant Interview
LMIS	Logistics Management Information System
MOH	Ministry of Health
MIS	Malaria Indicator Survey
NMP	National Malaria Program
PMI	U.S. President's Malaria Initiative
PSI	Population Services International
RBM	Roll Back Malaria
TOR	Terms of Reference
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

In line with recent evidence showing that repeated campaigns lead to 'peaks and troughs' of insecticide-treated mosquito net (ITN) coverage,[1] a renewed focus on complementary channels of continuous distribution is well placed. ITNs undergo physical, chemical, and other types of deterioration and loss over time and new sleeping spaces are continuously generated through birth, marriage and population movement. Continuous distribution is recognized as a critical and cost-effective component of maintaining high ITN coverage.[1]

Health facility continuous distribution channels were found to be more cost-effective than mass campaigns for averting DALYs, deaths and cases of malaria[2]. A review of four types of continuous delivery systems (ANC, EPI, Schools and Community/health facility) in 6 countries showed that these strategies can continue to deliver nets at a comparable cost to mass distributions, especially from the perspective of the donor[3].

Distribution of ITNs via routine health services began more than twenty years ago, with the first documented pilots in Tanzania – the Ifakara and Swiss Tropical and Public Health Institute KINET project in 1996 and the Population Services International (PSI) Lea Mwana project in 1998 – delivering reduced price or free ITNs to pregnant women and children under five. Both projects showed promising results for implementation feasibility and increasing ITN ownership. Building on these experiences, Malawi implemented the first nationwide antenatal care (ANC) ITN delivery program in 2002, with preliminary 2010 Demographic and Health Survey results showing coverage increases to 67% of households in Malawi, with 85% of those nets delivered through ANC and under-five clinics and social marketing.[4]

Since then a number of countries have developed and implemented programs to deliver ITNs via ANC, Expanded Program on Immunization (EPI), and other routine health services. Research and pilot implementation by the U.S. President's Malaria Intiative (PMI) VectorWorks Project demonstrates that continuous distribution of ITN through schools in Ghana, Senegal and Tanzania as well as distribution through community-based channels in Madagascar, Nigeria, and South Sudan have proven both feasible and effective.

In spite of this extensive operational experience in implementing continuous ITN distribution across many countries, significant challenges remain in reaching intended beneficiaries, ensuring consistent ITN supply, and tracking ITNs delivered. While numerous evaluations of ITN mass campaigns have been conducted, relatively few continuous distribution implementation systems have been evaluated.

In 2018 and 2019, the PMI VectorLink project undertook assessments of ITN continuous distribution systems in Burkina Faso, Cameroon, Niger, and Senegal. The assessment design built on the global learning and successes of the Alliance for Malaria Prevention (AMP) and PMI VectorWorks. The assessments support the goal of strengthening systems and strategic approaches for future ITN distribution in endemic countries.

The purpose of this toolkit is to provide stakeholders with step-by-step guidance and materials to conduct similar ITN continuous distribution assessments. The purpose of the assessment is to support a comprehensive qualitative process evaluation of continuous ITN distribution and to provide the National Malaria Program

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[1] RBM Partnership to End Malaria, Vector Control Working Group, 13th Meeting Report; Hannah Koenker and Lena Lorenz, ITN Priorities Workstream Meeting Powerpoint presentation at VCWG 13th Annual Meeting.
[2] https://www.ncbi.nlm.nih.gov/pubmed/31669182
[3] www.ncbi.nlm.nih.gov/pmc/articles/PMC7055111/
[4] RBM Vector Control Working Group (VCWG) Continuous ITN Distribution Systems Work Stream. Accountable partnership. Lessons in Brief, Malawi's Keys to Success N° 1. Draft, June 2011.

(NMP), PMI, and key partners with information to reinforce strategically planned and executed continuous distribution of ITNs, informed by global best practice.

Assessment design was guided by the continuous distribution guidance and tools which have been developed and compiled with support of PMI VectorWorks at www.continuousdistribution.org. Additionally, the design was guided by the extensive set of global resources developed through the Roll Back Malaria (RBM) AMP partnership, which serve as foundational resources to guide effective ITN distribution irrespective of channel. Two assessment teams conducted a series of semi-structured interviews with the support of a discussion guide with the Ministry of Health (MOH) and ITN stakeholders. Assessment sites were selected on the basis of health service usage, accessibility, and security.

Channels of focus include ANC and vaccination (through child health consultation) systems, as well as an exploration of other potential continuous distribution channels, including school- and community-based distribution, rural advanced strategies in which health center staff travel to provide ANC, vaccination, and other health services in remote locations where populations are farther away from facility-based services, and mobile strategies provided by district health teams.

The VectorLink team has shared the assessment approach, observations and recommendations across countries with global partners in order to contribute to global knowledge. A set of Assessment Tools for this toolkit is available at www.Continousdistribution.org, where there is also a link to the Vector LearningXchange site (https://www.vectorlearningxchange.com/) to support the planning, implementation and reporting of the ITN Continuous Distribution Assessment.

1. RATIONALE

1.1 MALARIA BURDEN

As highlighted by the RBM Partnership to End Malaria in a World Malaria Report 2019, "estimates show that in 2018, global efforts saved almost 600,000 lives per year and prevented almost 100 million malaria cases per year compared to 2000."[5] It is estimated that 68% of the 663 million **cases averted** since 2000 have been due to ITNs[6].

Alongside these impressive gains, the global malaria community is concerned that these results are plateauing, as reductions in the rate of malaria cases have dramatically declined.[7] Additionally, the 2019 report from the World Health Organziation (WHO) highlights remaining inequities for vulnerable populations. Notably:

- An estimated 11 million pregnant women in sub-Saharan Africa – 29% of all pregnancies – were infected with malaria in 2018, resulting in nearly 900,000 children in 38 African countries being born with a low birthweight.

- Although malaria deaths in children under five dropped in 2018, this group still accounted for two-thirds (67%) of all malaria deaths worldwide.[5]

1.2 ITN COVERAGE AND USE

Global efforts to reduce the burden of malaria include large-scale distribution of insecticide-treated mosquito nets (ITN) through mass campaigns (75% of ITNs) and continuous distribution (up to 25%).[8] The gains have been impressive, with 72% of households in sub-Saharan Africa with at least one ITN and some 40% of populations living in households with enough ITNs for all occupants. ITN use also increased dramatically, with 61% of people sleeping under an ITN the night before the survey in 2018 compared with 36% in 2010 for both pregnant women and children under 5 years - however, overall coverage for people in these regions has improved only marginally since 2015.[5]

Additionally, while distribution of ITNs to pregnant women through antenatal care (ANC) and children under one at regular vaccination visits is the most cost effective type of distribution, only 55% of pregnant women and only 34% of children actually receive a net at these routine health visits.[9]

1.3 ASSESSMENT PURPOSE AND OBJECTIVES

In line with global efforts to revitalize the momentum in maintaining and increasing coverage and use of ITNs, PMI VectorLink designed an approach that can be used across countries and partners to assess ITN continuous distribution, and identify concrete opportunities to increase ITN delivery through these channels.

The purpose of this assessment is to support a comprehensive qualitative assessment of continuous ITN

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[5] Partnership to End Malaria. Malaria increasingly a disease of poverty and inequity, World Malaria Report 2019 reveals, 4 December, 2019. https://endmalaria.org/news/malaria-increasingly-disease-poverty-and-inequity-reveals-world-malaria-report-2019
[6] www.ncbi.nlm.nih.gov/pmc/articles/PMC4820050/
[7] World malaria report 2019. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO.
[8] World malaria report 2017. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO.
[9] VectorWorks Insight Series, Issue #2: is switching to continuous distribution worth it? April 2019

distribution channels and to provide the National Malaria Program (NMP) and key health partners with information to achieve their ITN coverage goals, informed by global best practices. An assessment of this type should be commissioned in order to assess and provide recommendations for improving or expanding existing channels.

Key objectives of the assessment are:

- Support a qualitative review of continuous ITN distribution;

- Provide information to the NMP and other stakeholders to better understand continuous ITN distribution and to make informed decisions to improve on-going continuous distribution;

- Standardize continuous ITN distribution assessments based on best practices;

- Inform national planning and provide evidence regarding gaps to maintain ITN coverage;

- Identify and prioritize efficiency improvements in continuous ITN distribution; and

- Identify areas of collaboration and coordination with malaria prevention and vector control partners.

Note: The assessment is conducted as a review of existing distribution systems in place, as it focuses on document review and key informant interviews with health personnel and community partners involved in ITN distribution. As such, the Discussion Guide for key informant interviews in the Assessment Tools at Continuousdistribution.org (Tool 9) was developed and primarily used for assessment of ITN distribution through routine health services. Additional questions were included regarding the feasibility of adding other channels of ITN distribution through schools, community structures, or other channels. Where other continuous ITN channels were already in place in each country, additional questions were included to gather inputs specific to those channels.

1.4   TOOLKIT PURPOSE AND OBJECTIVES

The **purpose** of this toolkit is to provide stakeholders with step-by-step guidance and materials to conduct similar ITN continuous distribution assessments.

The objectives of the toolkit are to:

- Walk users through the rationale for an assessment of existing continuous distribution channels

- Describe the planning steps required, and

- Share sample tools in English and French. Identify areas of collaboration and coordination with malaria prevention and vector control partners.

2. METHODS AND MATERIALS

2.1 ASSESSMENT QUESTIONS

Two primary questions guide the assessment:

- To what extent is continuous ITN distribution implemented according to existing international[10] and national guidelines and plans across all levels and components (e.g. coordination, beneficiary registration, quantification, personnel, etc.)?

- Among each component, what improvements can be identified to deliver efficiency gains in continuous ITN distribution in support of ITN access?

2.2 ASSESSMENT DESIGN

To conduct the assessment, NMPs and the assessment implementing partner use qualitative methods, including record and document review, and a series of semi-structured interviews with support of a discussion guide. The example discussion guide (Tool 9) was developed with MOH and ITN stakeholders.

Distribution channels of focus include ANC and vaccination (through child health consultation) systems as well as an exploration of other potential continuous distribution channels, including school- and community-based distribution, rural advanced strategies in which health center staff travel to provide ANC, vaccination, and other health services to remote locations where populations are farther away from facility-based services, and mobile strategies provided by district health teams.

2.2.1 ASSESSMENT TOOLS

There are 14 tools to use throughout this process, as outlined in the table below.

TOOL	NAME
1	EXAMPLE ASSESSMENT TERMS OF REFERENCE (TOR)
2	ASSESSMENT PLANNING TIMELINE AND CHECKLIST
3	POWERPOINT SUMMARY OF THE ASSESSMENT TOR (OBJECTIVES, METHODS, AND PLANNING STEPS) (ENGLISH AND FRENCH)
4	SAMPLE KEY INFORMANT INTERVIEW PLANNING TABLE
5	SAMPLE MOH/NMP LETTER INVITING KEY STAKEHOLDERS TO PARTICIPATE
6	ASSESSMENT TEAM ROLES AND RESPONSIBILITIES (FROM TOR)
7	SAMPLE ASSESSMENT TEAM LEVEL OF EFFORT TABLE (FROM TOR)
8	AGENDA, INTRODUCTORY STAKEHOLDER MEETING
9	ASSESSMENT DISCUSSION GUIDE, EXCEL
10	EXAMPLE OF OBSERVATION AND RESULTS SYNTHESIS TABLES BY HEALTH LEVEL
11	EXAMPLE POWERPOINT PRESENTATION, GENERIC
12	POWERPOINT PRESENTED DURING 2019 VECTOR LEARNINGXCHANGE WEBINARS
13	EXAMPLE ASSESSMENT REPORT, OUTLINE

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[10] continuousdistribution.org

TOOL	NAME
14	*ASSESSMENT BUDGET TEMPLATE WITH INDICATIVE COSTINGS*

A **terms of reference (TOR)** guides assessment planning and implementation. In the Assessment Tools, available at Continuousdistribution.org an example of an assessment TOR is included (Assessment Tools, Tool 1).

TOOL	NAME
1	*EXAMPLE ASSESSMENT TERMS OF REFERENCE (TOR)*

2.3 ASSESSMENT PLANNING

Planning for the implementation of the assessment includes a number of key steps to ensure NMP leadership involvement and buy-in from key malaria stakeholders. This is important to reinforce effective and timely implementation of the assessment itself, as well as understanding of and agreement with the assessment team's observations in order to inform action plans and concrete next steps to address findings of the assessment. This toolkit outlines **ten steps** to planning, implementing, and reporting on ITN continuous distribution assessments. A Gantt chart, Tool 2 shows the planning timeline and check-list presenting each of the below steps and estimated timetable is included in Assessment Tools, Tool 2, available at Continuousdistribution.org.

2.3.1 STEP ONE: COORDINATE

Efficient and effective distribution of ITNs involves many technical, financial, logistical, health service, and community partners. Including these partners in the planning, implementation, and reporting components of the assessment is critical for compiling context-specific information, ensuring broad participation in the assessment, and consensus for actions to be taken to implement recommendations from the assessment.

STEP 1.1 MEET WITH THE MINISTRY OF HEALTH, NATIONAL MALARIA PROGRAM

- Present the objectives, methods and planning steps using the Gantt chart (Tool 2) for the assessment

- Respond to questions and concerns from the NMP

- Incorporate NMP recommendations in the assessment plan (Gantt)

- Confirm NMP interest, availability for, and approval to conduct the assessment in their country

- Identify key stakeholders whom the NMP would like to include in the assessment

  – Key stakeholders include: MOH/NMP, Reproductive Health, Expanded Program on Immunization (EPI) staff; financial and technical partners including World Health Organization (WHO), UNICEF; ITN distribution partners, research and M&E partners

- Review key elements of the Planning checklist tool

- Establish a timeframe for conducting the assessment and key milestones to achieve planning steps

STEP 1.2 ESTABLISH A COORDINATION APPROACH

The NMP may choose to manage coordination directly through regular check-in meetings and e-mail or through a steering committee led by MOH/NMP to support the assessment planning steps outlined below.

STEP 1.3 IDENTIFY KEY INFORMANTS AND ESTABLISH INTERVIEW CALENDAR

The assessment approach includes a robust set of key informant interviews (KII) at national, regional, district, and facility levels. To ensure completion of all KIIs, the assessment team should work closely with the NMP to develop a detailed schedule for meetings with key informants, by organization and individual.

Key actions include:

- Develop a list with NMP and PMI inputs to include specific contact information for each organization as well as the individual representatives to be met. (Table 1).

- Draft letter with the NMP's designated assessment focal point to be sent through official MOH channels. The contents of the letter summarize the objectives, approach, and timeframe for the assessment and request the collaboration of designated staff members from each organization who can participate in the KII for the recommended timeslot (i.e., approx. 30-60 minutes for KII at national level; 90 minutes at regional/district and health facility levels).

- Coordinate with the MOH to confirm attendance to meetings and interviews.

Table 1: Example, ITN Distribution Assessment Meetings Summary, Burkina Faso

Sites		**Centre Sud and Centre Regions** **Kombissini and Boulmiougou Health Districts**
Team		Ardjouma Pagabelem/NMP, Mary Kante/PMI VectorLink, Jean Eric Ouedraogo/PMI VectorLink consultant
Interviews	**Central**	Introduction meeting led by Dr Yacouba Savadogo (NMP) Interviews (11) with: Directorate for the Protection of the Health of the Population (DPSP), Directorate of Family Health (DSF), Directorate of Prevention by Vaccination (DPV), Direction of the Promotion of Health Education (DPES), NMP, Centrale d'Achat des Médicaments Essentiels Génériques et des Consommables Médicaux (CAMEG), World Health Organization (WHO), Global Health Supply Chain – Procurement Supply Management (GHSC-PSM), Jhpiego/Improving Malaria Care (IMC), Project to Support Health Development (PADS), Progettomondo
	Region / District	Interviews (5) with: - Director, Regional Health Direction (DRS) - Vaccination and Reproductive Health leads for the Centre Sud region - Fight against diseases service (SLM) for the Centre region - District health team for the Kombissiri Health District - District health team for the Boulmiougou Health Disrict
	Facility level	Interviews with the health center director (ICP) and health center teams in Doulougou, Gana, et Masgo; and with the President of the health management committee (COGES) and the community health worker (CHW) in Masgo (Kombissiri) Interviews with the ICP of Sandogo and the ICP of Sector 19 (Boulmiougou)

2.3.2 STEP TWO: IDENTIFY ASSESSMENT TEAM

This evaluation uses a **team approach**, with two teams conducting field visits and KIIs. Team members will comprise of available staff from the NMP and partners and examples are given below:

- Two team leads, for example , ITN distribution specialist and research manager, or other staff from other partner organizations to jointly lead assessment development, and oversee field work (in two teams) and report writing.

- In-country field support, e.g., two research assistants to accompany field work and provide support for note-taking and daily compilation of notes and organization of meetings for review and analysis.

- Research advisor to back-stop quality assurance of the evaluation approach and a senior epidemiologist with experience in ITN evaluations for reporting.

- NMP representatives, to accompany and oversee the field work; provide oversight and inputs during key steps of the process.

2.3.3 STEP THREE: DESK REVIEW

The assessment team leads ensure that all team members have access to and review relevant background documents. Each team member can be tasked to review one or more of the documents and to develop summary notes that can be shared via e-mail or a shared on-line drive with other members of the team. As part of planning meetings, team leads can organize a process for each team member to block time to review key contextual information to inform the assessment and preparation. This includes:

- Review key elements of the Planning checklist tool. Historic and contemporary information available on ITN distribution and coverage through mass and continuous distribution in the study regions, including the use: access ratio and seasonal variation in ITN use;

- Structural and perceived factors associated with country-wide access to ITNs through continuous distribution, including pregnant women's access to ANC and health facilities, levels of vaccination coverage, the existence of community delivery channels (e.g. Community Health Workers), educational attendance levels and coverage, and coverage of vulnerable populations including people living with HIV, internally displaced persons and refugees (as appropriate) and the economically vulnerable; and

- Availability, completeness and quality of local written procedures and guidelines for continuous ITN systems, and define standards against which insights from subsequent KIIs will be graded **(for example, at which ANC and EPI visit are ITNs distributed, are ITNs delivered to children via any other health services).**

LIST OF DOCUMENTS TO COLLECT AT NATIONAL LEVEL

- Current National malaria strategic plan

- Country integrated vector control plan

- PMI Malaria Operational Plan

- Global Fund Malaria grant application

- Meeting notes from malaria and/or ITN technical working group

- NMP SBCC strategy (when available)

- DHS, MIS and DHIS2 reports, including data for ITN access and use rates

- Formative research reports regarding determinants of ITN ownership and use

- Malaria program review, other evaluation reports

- NMP Gap Analysis for ITN commodities (quantities of nets required and funding available)

- MOH Documents
  - Mother and Child Health Card
  - Health and / or malaria supervision checklists, examples
  - Health commodity logistics systems manuals, SOPs
  - Health commodity tools (e.g., Warehouse stock tracking cards, Bills of lading, Stock transfer forms, ITN tracking tools, monthly report forms)

GLOBAL DESK REVIEW DOCUMENTS

- RBM VCWG *Health Facility-Based Distributions of ITNs, A Short Guide Based on Recent Country Experience* [11]

- RBM VCWG Continuous ITN Distributions: A Guide to Concepts and Planning [12]

- PMI VectorWorks *ITN Access: Use Report* [13]

2.3.4 STEP FOUR: SITE SELECTION

The two health districts may be selected on the basis of health service usage, accessibility and security, as well as selection criteria determined by the NMP, in line with each country's Demographic and Health Survey, Malaria Indicator Survey, District Health Information Service, and other data In one country, for example, sites were selected to ensure cultural and socio-economic diversity, taking into account a study on the determinants of use planned in other regions to avoid geographic overlap.

2.3.5 ASSESSMENT PLANNING TOOLS

TOOL	NAME
2	*ASSESSMENT PLANNING TIMELINE AND CHECKLIST*
3	*POWERPOINT SUMMARY OF THE ASSESSMENT TOR (OBJECTIVES, METHODS, AND PLANNING STEPS) (ENGLISH AND FRENCH)*
4	*SAMPLE KEY INFORMANT INTERVIEW PLANNING TABLE*
5	*SAMPLE MOH/NMP LETTER INVITING KEY STAKEHOLDERS TO PARTICIPATE*
6	*ASSESSMENT TEAM ROLES AND RESPONSIBILITIES (FROM TOR)*
7	*SAMPLE ASSESSMENT TEAM LEVEL OF EFFORT TABLE (FROM TOR)*

2.4 ASSESSMENT IMPLEMENTATION

2.4.1 STEP FIVE: CONDUCT STAKEHOLDER MEETINGS

In-briefing meetings. Prior to arrival in country, the assessment team should arrange for in-briefing meetings on days one or two in country with:

- NMP Coordinator or her/his designate

- PMI health, malaria, and/or supply chain focal points

- Other donor or technical agencies, outside of the key informant interview schedule

Introductory stakeholder meetings. Prior to arrival, the assessment team and NMP organize an introductory meeting with malaria stakeholders to present the assessment overview. This meeting is convened and chaired by the NMP, with presentations by NMP and assessment team members. The NMP presentation may include a summary of national vector control and ITN priorities and the justification for the assessment, or other priority information as determined by the NMP Coordinator. The assessment team may present assessment objectives, methods, KII, and calendar. The assessment team will also field and respond to questions and concerns and may revise the assessment approach as needed to align with context and feedback from stakeholders. Tool 8 is a suggested agenda for the Introductory Stakeholder Meeting.

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[11] Available at: https://www.continuousdistribution.org/wp-content/uploads/2017/02/Health-Facility-based-LLIN-Distributions_Guide.pdf
[12] Available at: https://www.continuousdistribution.org/wp-content/uploads/2016/12/Guide-to-continuous-distribution-of-LLINs_concepts-and-planning.pdf
[13] Available at: https://breakthroughactionandresearch.org/resources/itn-use-and-access-report/

2.4.2 STEP SIX: CONDUCT KEY INFORMANT INTERVIEWS

The assessment uses a combination of key informant interviews, record and document review, and observations. Data collection is mainly driven by the KIIs, through the semi-structured discussion guide (Tool 9).

The assessment team conducts interviews at central, regional, district, facility, and community levels. For each assessment site, the assessment team is generally comprised of an NMP lead, assessment focal point, and/or research assistant. In undertaking the key informant interviews, the assessment lead will initially lead the interviews with the research assistant taking notes on a laptop. After 2-3 KIIs, roles are alternated to maintain a balance of tasks, and energy levels for the team members. Immediately following each KII, the team members review the interview notes, fill in any gaps, and respond to any questions before moving to the next interview.

An Excel-based discussion guide is included in the Assessment Tools, (Tool 9). The Excel template is used to capture key informant inputs at each level of the health system for an established set of ITN delivery process components, as outlined below. The content of the discussion guide was informed by the country-specific information and documents listed above in the Global Desk Review list. A comprehensive discussion guide example is included as Tool 9 and can be updated or modified by the NMP and Partners (Section 2.3.3).

Data are collected, analyzed and discussed through the ITN Continuous Distribution Framework (Table 2 below) that examines key functions of a continuous distribution system across the different levels of the health system.

Analysis is conducted at several points in the process:

- After each interview the Assessment Team reviews notes and ensures completeness and capture of all information
- At the end of each day of interviews, the Assessment Team reviews all notes and begins to identify trends emerging
- After completing interviews for each level of the health system, the information is summarized, trends are captured and a preliminary list of recommendations is drawn up for the NMP/PMI partner presentation based on the country context

Table 2: ITN Continuous Distribution Assessment Framework

ITN Continuous Distribution Assessment Framework

	Central	Region / District	Health Facility
Exploration of all potential continuous distribution channels			
Planning and coordination			
Beneficiary identification			
Quantification and ITN supply			
Storage, transport and stock management			
ITN Distribution			

Personnel and coapacity strengthening			
Supervision			
Data management			
Communication			

The key functions of a continuous distribution system included in the assessment guide are:

- **Coordination.** Report on number and frequency of ITN distribution planning and coordination meetings at central, regional and district levels; mechanisms for sharing timely information pertinent to the efficient delivery of ITNs; mechanisms for sharing operational lessons learned; review monitoring system and data flow associated with continuous ITN delivery, and describe mechanisms for ensuring accountability for taking corrective actions.

- **Registering beneficiaries.** Review and summarize tools used to record beneficiary receipt of an ITN at health facility level and reminders to beneficiaries; indicate which information is collected and shared (instructions, method of recording ITN receipt, reminders, other health information captured); collect samples/photos of tools as they are used by staff and beneficiaries in the field.

- **ITN Quantification.** Summarize process for forecasting ITN needs and ensuring continuous stock; describe push/pull mechanisms in place and how these work in practice; highlight any recent examples of important under/over estimations and the contributing factors.

- **Personnel.** Map personnel who are involved in continuous ITN distribution; review terms of reference, job descriptions and other materials available (and collect samples/photos); highlight critical gaps in personnel that pose risks for efficient continuous ITN delivery.

- **Supply chain management, transport, and storage.** Review recent tracking tool summaries, storage conditions and security; supply chain reporting; transport systems used at each level; highlight any problems or barriers to on-time and complete delivery and/or causes of stockouts at the facility level.

- **Distribution.** Review standard operating procedures and distribution reports; observe distribution activities (where feasible); summarize problems or barriers to effective and complete distribution of nets to beneficiaries.

- **Training.** Review continuous ITN delivery training and the training curricula (stand-alone and as included in other malaria or health training); completeness and timeliness of recently planned training; quality of training provided.

- **Supervision and reporting.** Review supervision checklists and system for providing supervision to ITN distribution staff and operations; review system for sharing best practice and insights gathered during supervision activities.

- **Communication (National strategy).** Review quality of national ITN communication strategy and its implementation (overall focus on priority issues, target groups, level of coverage); review materials produced, the standardization and harmonization of messages and materials, and availability and use of appropriate & effective materials; gauge comprehension/exposure of key messages via interviews, reports and third party media monitor if available.

- **Communication (Distribution locations).** Review exposure to messages (e.g., in health facility waiting rooms during ANC/EPI services, via community leaders and community health worker); review materials available to health workers to support message delivery; collect samples and photos from the field.

It should be noted that these activities may be carried out concurrently or may overlap.

2.4.3 ASSESSMENT IMPLEMENTATION TOOLS

TOOL	NAME
8	*AGENDA, INTRODUCTORY STAKEHOLDER MEETING*
9	*ASSESSMENT DISCUSSION GUIDE, EXCEL*

2.5 ASSESSMENT REPORTING

Data collection and key informant interviews provide robust inputs, captured in the Excel Discussion Guide template (Tool 9).

2.5.1 STEP SEVEN: SYNTHESIZE OBSERVATIONS

As key informant interviews are completed, it is important for the assessment team to review the body of information collected and pull out key trends that emerge at each level for each of the functional areas. This can be done through individual review and group discussion among the assessment team members. A separate table in Word can be a useful tool for recording summary synthesized observations. An example of a table used to compile and synthesize assessment observations and results is included in the Assessment Tools, located at Continuousdistribution.org (Tool 10).

2.5.2 STEP EIGHT: REVIEW OBSERVATIONS AND IDENTIFY PRELIMINARY RECOMMENDATIONS

After the KII are completed at all levels, and synthesized observations noted in the Word tables, the assessment team then compiles and reviews the highlighted observations across all levels of the health system, to identify trends and priorities. From this analysis, the assessment team develops a preliminary set of proposed recommendations to address the identified challenges, leverage successes, and draws on learning in place.

The assessment team then summarizes the compiled observations and proposed recommendations in a PowerPoint format to prepare for presentation to stakeholders. (Assessment Tools, Tool 11)

2.5.3 STEP NINE: PRESENT ASSESSMENT OBSERVATIONS AND PRELIMINARY RECOMMENDATIONS TO STAKEHOLDERS

STEP 9.1. PRESENT OBSERVATIONS, RECOMMENDATIONS TO IN-COUNTRY TEAMS.

As a first step in reporting to stakeholders, the assessment team presents results to the in-country donor team and NMP during a joint meeting.

Following these meetings, the assessment team finalizes the PowerPoint presentation of the observations and recommendations, and with the NMP, organizes a dissemination workshop. The purpose of the workshop is to support the NMP to analyze, compile and present assessment results to ITN distribution partners. During the workshop, the assessment team reviews and jointly develops recommendations to guide the national strategy for continuous ITN distribution. The assessment team also identifies technical assistance needs to reinforce the functioning of existing systems and introduction/piloting of distribution through new continuous channels where appropriate.

STEP 9.2 PRESENT TRENDS ACROSS ASSESSMENTS TO GLOBAL PARTNERS

After incorporating the inputs from the NMP and malaria stakeholders, it is possible to analyze trends across countries and share findings with global ITN distribution colleagues. The PowerPoint presentations developed for two global webinars to present results of this assessment approach in three countries are included in the Assessment Tools (Tool 12).

Using this assessment approach, the PMI VectorLink team developed a comprehensive analysis across three countries (Burkina Faso, Cameroon, and Niger) and presented these at two webinars, in French and English in mid-2019.

2.5.4 STEP TEN: REPORTING ON AND IMPLEMENTING ASSESSMENT RECOMMENDATIONS

STEP 10.1 DEVELOP ASSESSMENT REPORT

Following oral presentations, the assessment team captures the operational components, key observations and priority recommendations from the assessment in an overall assessment report. An example assessment report outline is shown in the tools folder (Assessment Tools, Tool 13). This includes an executive summary, presentation of assessment methods, key observations, recommendations, and conclusions.

STEP 10.2 UPDATE OR DEVELOP NATIONAL ITN GUIDANCE

Following the reporting process, NMPs may decide to develop or update national ITN distribution guidance and to include information, policy updates, and other actions to respond to assessment key findings. Through this process, national MOH and health stakeholders are informed of the key priorities and brought in to a consultative process to move forward with planning, design guidance, and develop an actionable implementation plan of priority interventions to improve continuous distribution.

2.5.5 ASSESSMENT REPORTING TOOLS

TOOL	NAME
10	*EXAMPLE OF OBSERVATION AND RESULTS SYNTHESIS TABLES BY HEALTH LEVEL*
11	*EXAMPLE POWERPOINT PRESENTATION, OUTLINE WITH SUMMARY OF OBSERVATIONS AND RECOMMENDATIONS*
12	*POWERPOINT PRESENTED DURING 2019 VECTOR LEARNINGXCHANGE WEBINARS*
13	*EXAMPLE ASSESSMENT REPORT, OUTLINE*

3. ASSESSMENT BUDGET

The cost of conducting this assessment was between $30,000-50,000 across four countries in 2018-2019. Key cost factors are transport and per diem for field work and travel for international technical assistance. A budget template with detailed indicative costings is provided in Assessment Tools, Tool 14.

3.1.1 ASSESSMENT BUDGET TOOL

TOOL	NAME
14	ASSESSMENT BUDGET TEMPLATE WITH INDICATIVE COSTINGS