### Contextual information required to guide planning of a continuous LLIN distribution strategy

| Information | Type of data | | | Explanation | Possible sources |
| --- | --- | --- | --- | --- | --- |
| Demographic Information | | | | | |
| Population size | Number | | | This information will be used along with that on current coverage to inform the calculation of annual LLIN needs.  Country targets may refer to people (e.g. a Universal Coverage target of one LLIN per two people), in which case population size and growth rate are the key points of information. Alternatively, targets may refer to sleeping places, in which case information on sleeping places, or a proxy for this such as a factor of HH size, will be key.  This demographic information will also be useful when considering the potential turnover of LLINs through different systems targeting specific population sub-groups. | Most recent census |
| Annual growth rate | Percentage | | | Most recent census |
| Number of households (HH) or  Average number of people per HH | Number | | | Census, LLIN campaign data |
| Proportion of population pregnant, <1y, <5y, <15y | Proportion | | | Most recent census |
| Proportion of population that is urban | Proportion | | | In order to consider sub-groups as specific populations that may need specific distribution efforts, estimates of the population size of these sub-groups are needed. The sub-groups mentioned here are worth considering separately from the national average. Countries will likely have other groups that may need special consideration and for which data are available.  For each of these sub-groups, values will need to be estimated for several pieces of information, as indicated below. | Most recent census, Demographic and Health Survey (DHS) |
| Proportion of the population living >10km from a health facility or mobile service | Proportion | | | DHS, Annual Health Sector Performance Reports |
| Proportion of people living on <$1.25 per day, or any other data on ability and willingness to pay for LLINs | Proportion or other | | | Most recent census, DHS |
| Current Coverage | | | | | |
| Proportion of HH that own any net | | | Proportion | Along with demographic information, all this information will be used to calculate the number of LLINs needed per year to attain and then maintain target coverage.  The most recent survey data on coverage will not reflect the current situation, as, unless the survey is extremely recent, more nets will have entered and will have been lost from households in the intervening period. NetCALC has a component to help estimate current coverage based on the most recent survey data and distributions since the survey. | DHS, Malaria Indicator Cluster Surveys (MICS), other national or local household surveys |
| Proportion of HH that own any ITN | | | Proportion |
| Average number of ITNs owned by ITN-owning HHs | | | Number |
| Proportion of ITNs that are LLINs (Further to this, a broad estimate of the proportions of different LLIN types in use, which may have different average life-spans, will help NetCALC produce an even more accurate prediction of replacement need.) | | | Proportion |
| Estimated proportion of bundled nets that are treated | | | Proportion |
| Number of all nets, ITNs, and LLINs sold or otherwise distributed since the date of the most recent coverage survey | | | Number | NMCP, Implementing partners, Donors, Commercial sector sales figures |
| Estimate in years of the durability of different types of nets in your setting (e.g. different types of LLINs or other nets) | | | Number | In NetCALC default estimates can be used, but local information will facilitate a more accurate calculation of the number of replacement LLINs needed in the country as others become old and unused. | Use default value in LLIN or local estimates from those with extensive local field experience |
| Channel Information | | | | | |
| Sources of currently owned ITNs | | Category | | This is not needed for NetCALC. Rather, it is useful information when considering the reach of existing channels. | Small-scale household net surveys, MIS, MICS, NetMark surveys (although will be pre-2009) |
| Current LLIN/ITN distribution mechanisms used in the country | | Category | | This gives information on current country experience and informs discussion of appropriate distribution mechanisms. | NMCP/stakeholder reports, most recent GFATM application, donor reports |
| Proportion of pregnant women who attend ANC at least once | | Proportion | | This is important to guide thinking on the appropriateness of ANC as a routine channel and the expected turnover if this channel is used. The information is used in NetCALC when entering an estimate of ‘utilization’ of ANC. | DHS, Annual Health Sector Performance Reports, MoH MCH department, WHO, UNICEF |
| Functionality of the ANC system, e.g. outreach/mobile services? | | Description | | A short description of the functionality of the ANC system guides thinking about (i) appropriateness of ANC as a key channel; (ii) potential efficacy of this channel (e.g. supply chain may be known in advance to be a problem);.a value representing this will be entered in NetCALC; and (iii) thinking concerning support needs. | Annual Health Sector Performance Reports, MoH MCH department, RH or HSS implementing partners |
| Proportion of infants fully vaccinated/receiving DPT3 or other specific vaccine | | Proportion | | This is important to guide thinking on the appropriateness of EPI as a routine channel and the expected turnover if this channel is used. The plans for distribution of LLINs through EPI will likely link the free LLIN to a specific vaccination—e.g. measles as the final infant vaccine or DPT3, to promote DPT vaccine completion. The turnover to be expected through this channel will be linked to uptake of the specific vaccine chosen. This information will be used in NetCALC when entering an estimate of ‘utilization’ of EPI. | DHS, Annual Health Sector Performance Reports, MoH MCH department, MCH or HSS implementing partners, WHO, UNICEF |
| Functionality of the EPI system, e.g. plans for catch-up or extended routine | | Description | | A short description of the functionality of the EPI system guides thinking about (i) appropriateness of this as a key channel; (ii) potential efficacy of this channel (e.g. supply chain may be known in advance to be a problem); a value representing this will be entered in NetCALC); (iii) thinking through support needs. | Annual Health Sector Performance Reports, MoH MCH department, MCH or HSS implementing partners |
| School enrolment at primary, secondary levels | | Proportion | | This is important to guide thinking on the appropriateness of schools as a routine channel and the expected turnover if this channel is used. | DHS, MoE, implementing partners in education |
| Presence and functionality of community networks:  *Health* (VHTs, CDI networks, e.g. those used for NTDs, home-based HIV care, etc.)  *Non-health* (community groups for agriculture, women’s support groups, youth groups, religious groups, etc.) | | Description/ category | | This information is important to inform thinking concerning possible community-based distribution mechanisms. In some parts of the country, good community-based networks may already exist and can be leveraged for LLIN distributions. This situation will likely vary considerably across the country. It will also be important to consider the actual functionality of existing community networks rather than plans and policy. For example, a MoH may have plans for village health teams (VHT) nationwide, but using these nationwide may not be feasible until roll-out is completed—often a lengthy process. | MoH, implementing partners in health, MoA, Implementing partners in agriculture, World Food Programme (WFP), UNHCR, church leaders |
| Reach of the commercial net sector | | Description | | This information is important to guide thinking about the role of the commercial sector as a component of an overall continuous distribution strategy. In most countries some households will access LLINs through this channel; this can be taken into account when planning needs for distribution through non-commercial channels.  The information also will guide plans for use of the commercial sector in hybrid mechanisms such as voucher systems.  The reach of non-net distributors can feed into discussions about possibilities to support expansion of the commercial net sector. | Net surveys, NMCP, LLIN manufacturers and distributors |
| Reach of other commercial networkssuch as Coca-Cola/soda/ bottled water distributors; plastics distributors (e.g. of jerry cans). | | Description | | LLIN manufacturers and distributors, representative product distributors,  social marketing groups |
| Availability of LLINs, ITNs in the commercial sector | | Description | | Commercial-sector representatives, NetMark reports (although will be pre-2009) |
| Existing methods for identification of the poorest of the poor or most vulnerable (e.g. food distribution programmes, non-food item distribution programmes, community-led groups) | | Description | | This information will inform thinking about distribution mechanisms to reach the poorest groups. | MoH, UNHCR, WFP, implementing partners |
| Operating Environment | | | | | |
| Status of the transport network. Accessibility of different parts of the country at different times of year. | Description | | | To help guide plans for more remote areas—for example, systems requiring monthly or quarterly supply may not be possible if transport access is not good. | Stakeholder consultation |
| Status of taxes and tariffs on nets/ ITNs/LLINs | Category | | | This information will guide thinking on other steps that may be needed to create an enabling environment for continuous LLIN distributions in the country. | National ITN guidelines and standards, NMCP, MoF |