

Indicator description	<b>Number of insecticide treated bed-nets (ITNs) distributed with DFID support</b>
Type of Indicator	Cumulative
Overview	<p>This indicator provides detail on the quantity of ITNs procured and distributed using DFID support to a population.</p> <p>The distribution of ITNs is an internationally recognised output indicator monitored by National Malaria Control Programmes, the World Health Organisation, Global Fund, UNITAID and G8 countries.</p> <p>It provides detail on the quantity of ITNs distributed to a population and can be used to calculate coverage rates of ITNs if there is accurate population/denominator data available. It does not provide information on usage i.e. whether a child is sleeping under an ITN.</p>
Technical Definition Summary	<p>The term 'insecticide treated bed-nets' includes long-lasting insecticidal nets, which are considered to have a useful lifespan of 3 years and other insecticide treated bednets which are considered to have an average lifespan of 1 year. Re-treatment of bednets is not included.</p> <p>The term 'distributed' refers to physical distribution of an ITN to an individual through routine channels like antenatal care and to households through mass distribution campaigns.</p>
Rationale	The distribution of ITNs is an internationally recognised output indicator monitored by National Malaria Control Programmes, the World Health Organisation, UNICEF, the World Bank, Global Fund, UNITAID, G8 countries and for MDG 6c progress reviews.
Data calculation and guidance	<p>100% of ITNs are included where DFID has directly supported the procured and distributions of ITNs. ITNs that are procured and distributed by a multilateral partner (such as UNICEF) but through DFID Country Office bilateral funding should be included.</p> <p>% share attribution relative to UK funding levels for ITNs procured and distributed through sector and general budget support. This calculation will be done by country</p>

	<p>offices.</p> <p>DFID also provides support to UNITAID, GFATM and the World Bank. They report ITNs procured and distributed. The % share attributed to UK funding will be calculated centrally by DFID and reported separately. This data is also required for the quality assurance process to ensure that ITNs distributed through country sector or budget support does not include an estimate of ITNs procured and distributed through UNITAID and multilateral sources at a country level.</p> <p>The main source of error would be through double counting ITNs procured by a multilateral agency and those that are attributed based on DFID health sector and budget support. As such, this is a focus of review in the quality assurance process.</p>
Data sources	<p>Data sources vary according to the funding channel and mode of distribution.</p> <p>Data sources for direct malaria support include project reports, programme annual reviews, procurement reports.</p> <p>Sources of data where support for the procurement and distribution of ITNs is through sector or general budget support include National Health Information Management Systems for ITNs distributed through routine distribution and campaign reports for ITNs distributed through Ministry of Health led distribution campaigns.</p> <p>Data sources for multilateral sources (Global Fund to Fight AIDS, TB and malaria( GFATM); UNITAID and the World Bank) include annual reports and for the GFATM the Price and Quality Reporting tool.</p>
Reporting Roles	<p>DFID Country Offices and multilaterals (GFATM, UNITAID and World Bank) select the most relevant data and calculations and submit these to the DFID HQ. The final numbers and calculations are then quality assured by the DFID HQ.</p>
Worked examples	<p>No examples required as data calculation explains simple attribution.</p>
Baseline data	<p>At the aggregate level, 8.8 million ITNs</p>

	procured and distributed in 2009/10 through DFID's bilateral support.
Return format	Number of insecticide treated bed-nets procured and distributed with DFID support, along with a record of workings. In addition, the following should be clearly highlighted: any deviations from the standard methodology described in this note; any specific concerns about the quality of the data; any major risks to achievement; and an explanation for any major changes from results or forecasts provided previously.
Data dis-aggregation	<p>It will not be possible to provide meaningful disaggregated data by sex or age on an annual basis because the proposed indicator reflects ITNs distributed rather than people sleeping under nets.</p> <p>To complement this indicator, the results of country level Demographic Health Surveys (DHS), Multiple Indicator Cluster (MICS) Surveys and Malaria Indicator Surveys (MIS), which are done on a periodic basis by the MoH and partners, will be used to give additional commentary on the extent to which different groups are likely to be reached through DFID support. A large number of MICS/DHS and MIS are being done in 2014 and 2015 to contribute to MDG monitoring processes enabling this analysis to be done for the 2014/15 and 2015/16 annual reports.</p> <p>However, it is not possible to do data disaggregation at the aggregate level.</p>
Data availability	Data is available on an annual basis.
Time period/lag	<p>Overall, there is a 6-12 month time lag.</p> <p>Where ITNs are directly procured and distributed through DFID programmes real-time data are often available thereby reducing the time-lag between activities and reporting.</p> <p>Where ITNs are calculated based on share of sector or general budget support there may be time lags in availability of the data to inform the calculation (e.g. on budgetary outturns) – this varies by country depending on timeliness and availability of appropriate Government budget and expenditure data.</p>

	The time lag for ITNs procured and distributed through multilateral channels varies but is approximately 3-6 months.
Quality assurance measures	<p>There are three layers of quality assurance (QA) in place, not including any processes put in place by partners or implementers.</p> <ol style="list-style-type: none"> <li>1. Country Offices comment on the quality of the data and provide a link to the calculations spreadsheet, in their return.</li> <li>2. Policy Division (HDD) check the return, and the calculations, and record any issues in a QA log.</li> <li>3. FCPD review the QA log to ensure resolution of issues.</li> </ol>
Interpretation of results	This indicator provides detail on the quantity of ITNs procured and distributed using DFID support to a population and can be used to calculate coverage rates of ITNs if there is accurate population/denominator data available. It does not provide data on usage - as these data are collected through survey techniques (malaria indicator surveys, demographic and health surveys and multiple indicator cluster surveys). These are generally done periodically and we are not able to report annually on bednet use either at a country or aggregate level.
Additional comments	
Variations from the standard methodology	DFID Nigeria partly follows the DRF methodology. Nets are distributed in Nigeria through two methods - campaigns and routine distribution through clinics. Data are based on program information. Supplied information is number of bednets distributed to state stores. Nets are subsequently distributed from stores to facilities where they are provided to beneficiaries. Around half of the nets are delivered through mass distribution campaigns, and have final distribution figures to beneficiaries recorded. However, incomplete data recording at clinic level (which use government health information systems) and the inability to distinguish between DFID-provided nets and those from other sources (e.g government or other donor) distributed at clinics means that state store level data is the most appropriate data for the purpose of DRF reporting.

	<p>DFID is supporting a number of programmes that aim to strengthen government health information systems and systems are in place that would pick up discrepancies between distribution from state stores and facility level data.</p>
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