Integrated Microplanning

NTD Data Use Resource Hub

Acknowledgements

We extend our sincere appreciation to the **National NTD programs from seven countries (Benin, Burkina Faso, Ethiopia, Kenya, Nigeria, Senegal, and South Sudan)** for their unwavering cooperation, leadership, and commitment to public health.

We also thank our **in-country implementing partners** for their vital collaboration, operational expertise, and dedication to delivering impactful interventions on the ground. This work would simply not be possible without their collective support—each contribution has been essential to driving progress and improving lives across affected communities

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Lastly, we also acknowledge the **World Health Organization's ESPEN platform** for hosting these resources and making them accessible to the global health community, further strengthening transparency, coordination, and knowledge-sharing across regions.

1 NTD DATA USE RESOURCE HUB

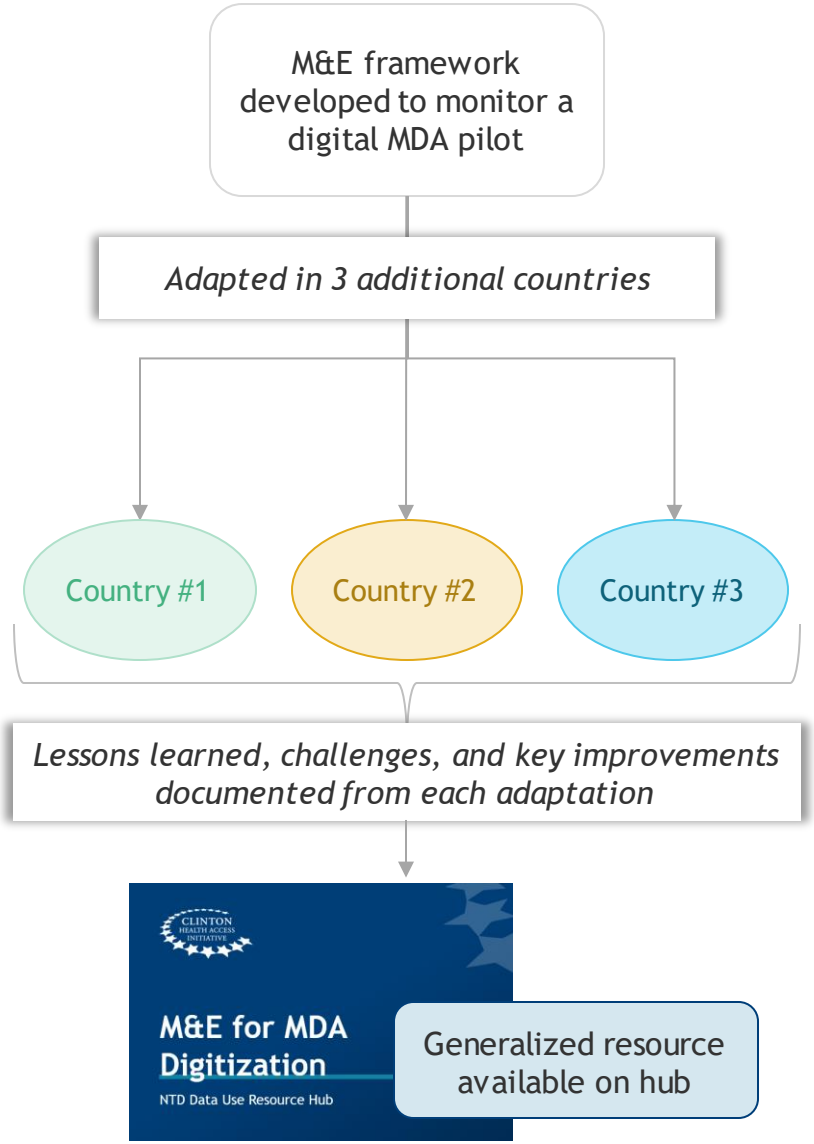
Background: Data use support provided to 6 NTD programs

- In **2021**, CHAI started providing support to **Kenya**, **Benin** and **Nigeria** (Kano) NTD program (2021-2024) with support from BMGF to accelerate elimination of PC-NTDs by:
  - Improving sustainable **access to timely and high-quality information** across relevant levels of the health system.
  - **Capacitating programs** to **routinely use data and generated analytics** such as modeling, integrating it within existing processes and structures.
- In **2022**, the support was expanded to all ARISE countries including **Burkina Faso**, **Ethiopia, Senegal, and South Sudan*** (2022-2025) with support from CIFF and BMGF.
- CHAI staff conducted in-depth country landscaping in 6 countries to identify the specific NTD program data use gaps that were undermining campaign and intervention effectiveness.
- Based on this work, CHAI staff worked in concert with NTD programs and key implementing partners to develop customized solutions to address these key challenges.

- Direct support to 6 countries
- 15 staff embedded in country
- August 2021 – December 2025

**CHAI has no in-country presence in South Sudan. Support consisted of sharing cross-country lessons and deepening engagement through other in-country partners.*

The NTD Data Use Resource Hub: Customized solutions → generalized guidance



- While solutions were developed for the specific goals and challenges of individual NTD programs supported through the BMGF/CIFF investment, the work revealed **significant overlaps between countries in impactful solutions**.
- Throughout implementation, **CHAI teams actively shared and adapted guidance, templates, and best practices** – showcasing the transferability of learnings and resources across countries.
- To enable broader uptake beyond grant-supported countries, these resources were **standardized and paired with concise "how-to-use" guides** to facilitate adaptation by other NTD programs.
- The tools are designed to **complement existing resources** from the WHO and key NTD partners, with a focus on bridging the gap between technical tools and day-to-day program operations.
- **Emphasis is placed on practicality and usability**: organizing planning meetings, structuring data review discussions, and improving access to and use of routine data without overburdening NTD program staff.

Available resources and intended users

- These tools are designed for NTD program teams—**particularly program managers and M&E officers**—who want to strengthen data use to inform decision-making.
- These resources are designed to help programs **address existing challenges in how they organize, review and use data** for planning and decision-making.
- Each resource includes a brief usage guide to support customization and integration into existing workflows accompanied by generalized templates for adaptation.

Available resources in Hub

Creating data-driven, integrated work plans

Integrating microplanning ahead of MDA

Developing NTD data systems and repositories

Digitizing MDAs with standard XLS forms

Developing MDA digitization M&E plans

Implementing data quality support tools

Conducting effective data review meetings

Developing M&E frameworks for NTD Master Plans

The WHO's Roadmap M&E Framework outlines key best practices for managing NTD data. Resources included in the Hub are designed to help programs put those best practices into action.

Available resources in Hub

- Creating data-driven, integrated work plans
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- Developing MDA digitization M&E plans
- Implementing data quality support tools
- Conducting effective data review meetings
- Developing M&E frameworks for NTD Master Plans

Data collection	• Integrated and standardized disease-specific and cross-cutting indicators and data collection tools • Mainstreamed into health management information system/integrated disease surveillance and response • Disaggregated by age, gender and location • Recorded and reviewed on the same day that collected • Reported to the next level in a timely manner • Supervised collection of data • Digital health platform used for collection
Data storage and aggregation	• Mainstreamed into health management information system/integrated disease surveillance and response • Secured with defined users and access • Updated at regular intervals
Data validation	• Validated at multiple levels with feedback on data quality • Triangulated from various sources • Checked for internal and external consistency • Routine (e.g., during supportive supervision) and period exercises (e.g., coverage evaluation surveys, data quality audits) conducted
Data analysis	• Viewed through the lens of person, time, place to answer 4/5 Ws: "what, where, when, why and how?" • Analysed at multiple levels (community, health facility, district, national, regional, global) • Advanced analyses used to fill public health data gaps
Monitoring progress towards targets	• Progress measured with attention to geographical areas, population groups and trends over time • Progress analysed as to how and why targets are being achieved or not achieved to inform decisions

Source: Box 2, Best practices in NTD data process

2 OVERVIEW

Background: Introduction of a new microplanning process based on the principles outlined in WHO PC-NTD microplanning manual

- The resources in this guide were developed as part of a microplanning process and tool developed to address key limitations in a previous approach used by a regional NTD program. The updated approach introduces three overarching improvements to how microplanning is conducted.

Bottom Up

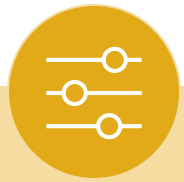
Old process: Relied solely on national-level population forecasts, with no input from local actors.

New process: Engaged community and subnational stakeholders to incorporate local population estimates, school lists, and community boundary information—improving accuracy and local ownership.

Integrated

Old process: Microplanning was conducted separately for each disease campaign, leading to duplication and inefficiencies.

New process: A unified microplanning process was used across campaigns—streamlining efforts, reducing costs, and improving data consistency.



Interactive Tool

Old process: Stakeholders had limited ability to test how changes to campaign parameters—like duration or target coverage—affected resource needs.

New process: An interactive tool enables users to adjust key inputs and immediately see the implications for human and financial resources, improving planning accuracy and flexibility.

Example microplanning process: Key steps and objectives

1. **Compile and review existing information:** Understand what data already exist and in what form
2. **Assess gaps and uncertainties in existing data:** Identify where information is missing, outdated, or unreliable and needs to be verified or collected
3. **Collect additional information as needed:** Fill essential data gaps through appropriate methods based on local context, resources, and campaign timelines
4. **Populate microplan:** Bring together validated information into a practical planning tool for implementation
5. **Validate microplan with community stakeholders:** Confirm plans are accurate and feasible and build community buy-in
6. **Develop logistics and training plans:** Plan how resources will be distributed and ensure teams are prepared to implement the campaign
7. **Continuous monitoring and evaluation:** Track progress and adapt plans based on real-time information and feedback from the field

Example microplanning process: Implementation

1. Compile and review existing information used for planning
    1. Gather existing information, e.g., campaign microplans, planning documents, lists of targets, and maps
    2. Extract relevant information (e.g., community names, health facility catchment areas, estimated population, number of households, accessibility, etc.)
    3. Identify campaign stakeholders and local champions
2. Assess gaps and uncertainties present in existing data
    1. Cross-reference data across different sources to identify areas of uncertainty that require further data collection or triangulation
    2. Engage with stakeholders, including facility in-charges, healthcare providers, community leaders, and volunteers, to validate the data and gain insights
3. Collect additional information needed
    1. Conduct field activities or utilize census data to validate population data
    2. Conduct field activities to verify geographic information, including identifying new settlements/communities, changes in names of community leaders, changes in community landmarks, update on school enrollment data, influx/migration of communities, and geographic changes due to disasters/outbreaks, etc.
    3. Review disease epidemiology data from assessments and surveys on endemicity by implementation units
4. Populate microplan
    1. Enter validated information into the microplanning tool
    2. Generate microplan and review with campaign planning stakeholders
5. Validate microplan with community stakeholders
    1. Engage identified community stakeholders and leaders to develop and communicate MDA implementation plan including preferred distribution days/time, distribution posts if applicable, and sensitization of schoolteachers
6. Develop a logistics plan detailing drug allocation, CDD requirement and distribution and create a training plan
7. Continuous monitoring and evaluation
    1. Update the microplan based on ongoing data collection and feedback from the field
    2. Implement a robust monitoring and evaluation system to assess the effectiveness of the microplan

Who should be involved in the microplanning process?

- National and subnational campaign staff
- Representatives from relevant ministries outside of MoH
- Local government representatives
- Facility in-charges
- Community Drug Distributor (CDD) supervisors
- Community leaders
- Representatives from schools and/or other fixed points where campaigns will be conducted
- Implementing partners
- Epidemiological team

Key data sources required

Data point *(Key data points needed to build out comprehensive microplan)*	**Gold standard source** *(Designate the data source that will serve as the source of truth for this data point, especially if there are multiple available sources)*	**Owner** *(List the owner of the source of data that will be used as source of truth)*
List of administrative 1 areas	*Populate for your context*	*Populate for your context*
List of administrative 2 areas	(e.g., national master list of administrative areas)	MoH
List of administrative 3 areas		
Settlement list		
Health facility list		
Age-disaggregated population per settlement		
Number of households per settlement		
School list		
Informal school list		
Total enrollment per school		
Points of interest		
Urban / rural designations		
Hard-to-reach designations		
List of nomadic settlements / areas		
Disease endemicity by administrative 3 area		
Catchment area boundaries		
Settlement leader contact list		
Health facility in-charge contact list		

Populating the data: View the example microplan tool developed for this process

Step 1: Enable Macros

This tool uses macros to automate some functions. Macros must be enabled when opening the file.

1. Click on File → More → Options
2. Go to the Trust Center tab → click Trust Center Settings
3. Click on Macro Settings
4. Select "Enable all macros" → click OK

Step 2: Populate the Master List of Settlements (MLoS) Sheet

1. Fill in the required fields from columns A to R in the MLoS sheet.
   - By this stage, you should already have:
     - Verified settlement names and codes (from WHO or local sources)
     - Endemicity status by settlement
     - Facility catchment areas
     - Community names for each settlement
2. Enter all missing or updated information in the sheet. Before proceeding, review the MLoS data for:
   - Completeness (all settlements and attributes included)
   - Accuracy (no errors in names, endemicity, or locations)
   - Program alignment (data matches the latest national and sub-national guidance)

Step 3: Populate MDA Parameters

1. Navigate to the MDA Parameters sheet and enter or confirm values for:
   - Target population by age group
   - Target setting by endemicity
   - Drug quantification assumptions
   - CDD requirements (e.g., 1 CDD per 100 people)
   - Campaign duration (days)
     - Note: These values vary by disease, e.g.,
       - Onchocerciasis: Target 80% of the population aged 5+ in all endemic IUs