

Nigeria's cross-cutting experiences in implementing ITN mass campaign in a funding-constrained environment

PRESENTED BY THE NIGERIA

NATIONAL MALARIA ELIMINATION PROGRAM (NMEP)

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Background

- Like many other countries in Africa, Nigeria is a malaria-endemic country, contributing about 27% of global malaria cases and 31% of global malaria deaths, according to WHO.
- According to the Alliance for Malaria Prevention (AMP) Net Mapping Project, over three billion insecticide-treated nets (ITNs) have been delivered to malaria-endemic countries between 2004 and 2025 as part of efforts to reduce malaria cases and associated mortality.
- In Nigeria, more than 320 million ITNs have been distributed between 2009 and 2025, accounting for about 10 percent of the total ITNs delivered to malaria-endemic countries.
- From the beginning of this year to date, the NMEP and partners has distributed over 22 million ITNs across five states and is expected to distribute an additional 10 million ITNs in four more states before the year ends.

Macro level changes

- During the Global Fund's cycle 7 grant-making process (GC7) for malaria interventions, funding limitations prompted the decision to procure only 70 percent of ITN needs, derived from the state's population estimates for Global Fund-supported states, to achieve optimal ITN access for all household members.
- To optimize the impact of the procured ITNs, the NMEP in collaboration with its partners, reevaluated its ITN mass distribution strategies by allocating ITNs based on malaria risk mapping indicators, including ITN ownership, access and use, thereby targeting the most vulnerable groups and populations most in need of the intervention. The goal was to optimize limited resources for ITN distribution by deprioritizing low-risk urban communities while ensuring continued access for high-risk populations.
- This led to the innovation of the "Urban reprioritization strategy" currently being implemented in the GF-supported states as part of the broader Sub National Tailoring (SNT) approach.

Macro level changes

- Following the COVID-19 era, the mass campaign strategy shifted from a double-phased approach with fixed-post distribution to a single-phase, door-to-door distribution approach.
- There was then a need to revert to the double phased fixed post distribution approach, post-COVID-19 era.
- This was largely due to the high micro-micro logistic cost associated with the door-to-door distribution.
- In 2024, the NMEP and partners implemented ITN campaigns in four states using the double-phase fixed-post distribution approach, at a cost between \$0.62 and \$1.16 per ITN (excluding macro and micro ITN logistics) for integrated SMC/ITN campaigns.
- With budgetary adjustments introduced in 2025, the campaign cost was reduced to between \$0.38 and \$0.48 per ITN, depending on the state of implementation.

Budget adjustments

- In planning for the 2025 campaigns in the Global Fund–supported states, it became necessary to identify efficiencies in mass distribution implementation, to reduce costs.
- The following major adjustments were made:

SN	CAMPAIGN ACTIVITIES/TARGET	PREVIOUS	CURRENT
1	Micro planning days	19	11
2	Mass campaign implementation days	45	28
3	NToT	2 days (in person)	2 days (virtual)
4	SToT	2 days (in person)	1 days (in person)
5	LGA level cascade training	2 days (in person)	1 days (in person)
6	Household mobilization (HHM) days	7	4
7	Community Mobilizers/Distributors (CMDs) target per day	65 children 60 households (HHs)	90 children (integrated) 100 HHs (standalone)

Budget adjustments

SN	CAMPAIGN ACTIVITIES/TARGET	PREVIOUS	CURRENT
	ITN distribution days	5	4
	ITN distribution target per DP	2000 per DP	3000/2500 per DP
	ITN distribution team members	5 (DP supervisor, ITN distributor, Recorder, Health educator, Crowd controller/Security)	3 (Supervisor, ITN distributor & Recorder)
	Campaign Monitoring Team (CMTs)	4 per LGA	2 per LGA
	Average number of teams per TTAs	35 CMD & 20 DP teams	50 CMD & 25 DP teams
	Device provisioning/mobilization & distribution preparation day	1 each	0 (Done after training or on the activity day)
	Data reconciliation/device synching days	2	1 (Where necessary, mop-up is also done the same days)
	Mop-up days	2	

Budget adjustments

SN	CAMPAIGN ACTIVITIES/TARGET		PREVIOUS	CURRENT
	CMD supervisor		1/5CMD teams	1/ward
	Town Announcers		5 per ward	2 per ward
	Radio shows		Funded by states	Funded by states
	CSOs		1 per LGA	Reduced scope & devolved to the state
	Campaign visibility material	Aprons	1 per CMD & ITN distribution team member	1 per CMD team & ITN distribution team
		T-shirts and caps	1 per Campaign Implementation Team (CIT) member	Devolved to the state

- There were other administrative level changes made to further cut down budget cost.

Key challenges faced

- Suboptimal participation in virtual trainings resulted in knowledge gaps and weakened the quality of cascade trainings.
- Suboptimal performance of campaign personnel due to knowledge gap (weak cascade trainings and poor comprehension).
- One example of sub-optimal performance was the practice of some CMDs merging multiple households within a family or compound and registering them as a single household. This resulted to poor household registration outcome and incorrect household registration data.
- Another instance of sub-optimal performance was the improper handling and use of devices, which resulted in delays and inefficiencies in household registration
- Inadequate SBC messaging coverage resulting from limited town announcers relative to the size of the wards

Key challenges faced

- Some CMDs skip health talks and Directly Observed Treatment (DOT) in an attempt to meet distribution targets, which compromises the quality-of-service delivery.
- Inadequate SBC messaging at the DPs, largely due to personnel being overburdened with multiple roles and workload as well as a shortage of visibility materials such as banners.
- With the introduction of Bring Your Own Device (BYOD) strategy, many participants particularly in rural areas presented mobile devices with sub-optimal specifications, making it difficult to install and effectively use the campaign application.
- Beyond specification challenges, many mobile devices also suffered from low battery capacity, with multiple applications running simultaneously further draining the battery.
- In addition, frequent phone call interruptions during household registration and ITN distribution led to delays and frustration among waiting households.

Recommendations

- Virtual training platform can be redesigned into an online, scheduled, self-paced learning format that allows for effective tracking of individual participation (with visual evidence), engagement, and performance.
- The household mobilization application should include automated prompts to remind mobilizers to register each household within a family or compound separately, including those headed by multiple wives or by women as independent household heads.
- There is a need to review certain campaign activities which includes State and LGA level training duration, device synchronization and data reconciliation schedules, as well as ITN distribution targets, in order to enhance the quality of campaign implementation.

Next steps

- For the 2026 campaigns, the NMEP and partners have begun planning a mixed-approach ITN distribution strategy that leverages data to determine the most suitable and efficient method for each state.
- Engagement of state-level (sub-national) actors to meet more of the funding gaps in the campaigns, i.e SBC or additional personnel.

**Thank you for your time and
attention!**