



GOVERNMENT OF SIERRA LEONE
Ministry of Health
National Malaria Control Programme



Optimizing ITN Distribution Channels

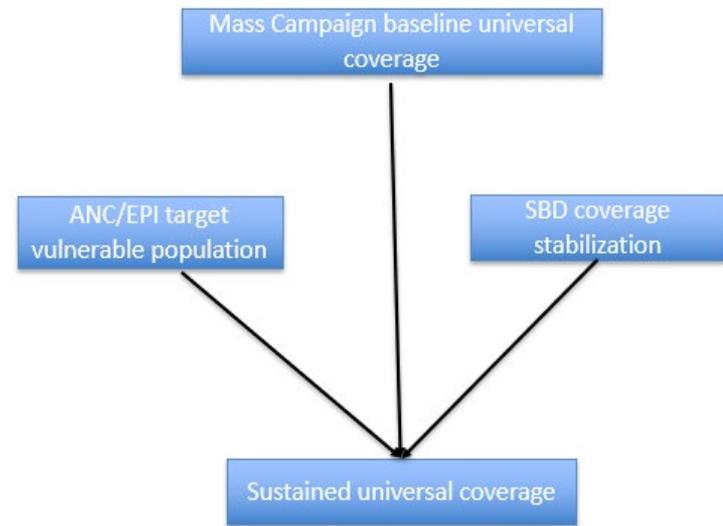
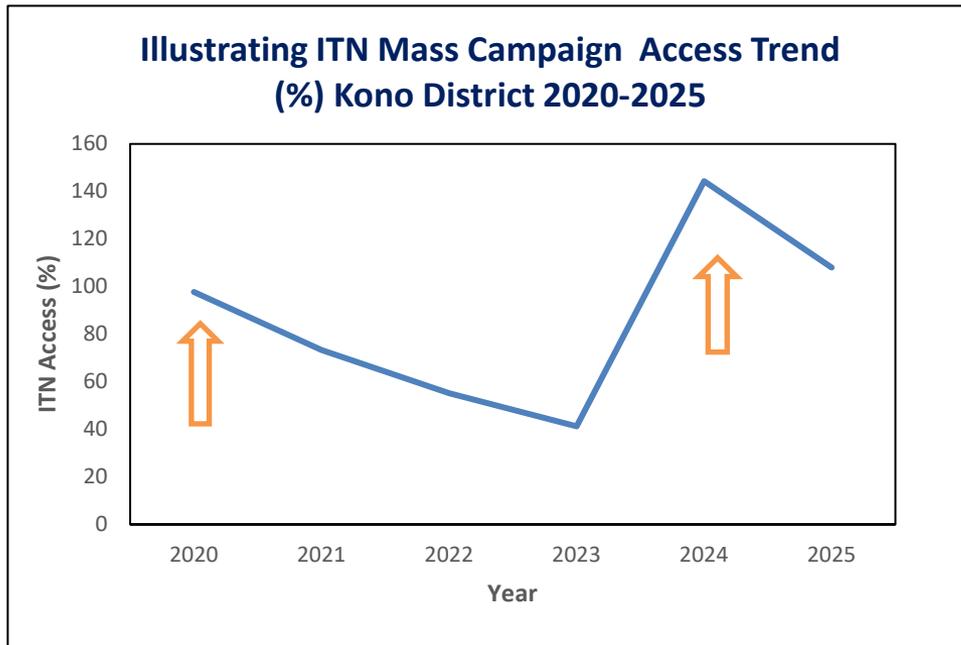
Evidence from Pilot and Scale-Up of School-Based Distribution in Sierra Leone

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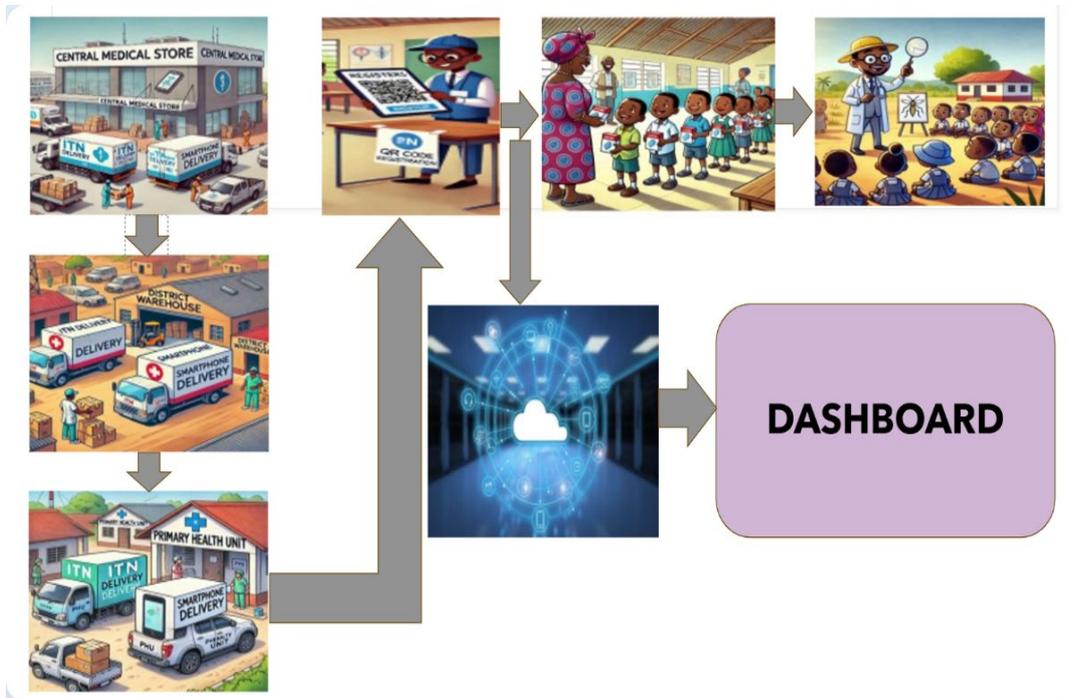
Why Optimize Distribution Channels?



- Mass campaign (**2020 & 2024**) is the primary channel to establish universal coverage; coverage and durability declines between cycle,
- Routine ANC/EPI reach limited populations
- Continuous distribution; School based distribution (SBD) is required to sustain coverage and to reach wider population

Universal coverage is achieved not by replacing campaigns, but by stabilizing them through complementary distribution channels

School Based ITN Distribution Strategy




National Malaria Control Programme

Maintaining Universal Coverage of ITN through
School-Based Distribution in Sierra Leone

School-Based ITN Distribution Strategy

November 2024

Criteria for selection of distribution channel: Large population, epidemiologic important, existing infrastructure, cost effective and scalable

School-Based ITN Distribution: High enrolment rates, regular contact with children, platform for health education direct household reach through pupils and has proven effectiveness in many countries

Criteria for targeting SBD: ITN Access, Burden, vector control intervention

SBD Pilot Implementation- Kono District

- Implemented March–April 2023
- 531 schools
- Classes 1, 3, and 5 targeted
- 88,605 pupils reached
- PBO ITNs distributed
- Social behaviour change campaign conducted
- Coverage achieved: **96.8% of target pupils**
- Demonstrated operational feasibility

Post Distribution Evaluation of Kono Pilot

- Survey 920 households' comparison two arms: Households with eligible children (intervention) vs non eligible children (control)
- Significant impact on household net ownership, population ITN access and ITN use between intervention and control households

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Malaria Journal

RESEARCH

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Overcoming practical challenges to pilot Sierra Leone's first school-based distribution of piperonyl butoxide-synergist ITNs: findings from a 2023 assessment in Kono district



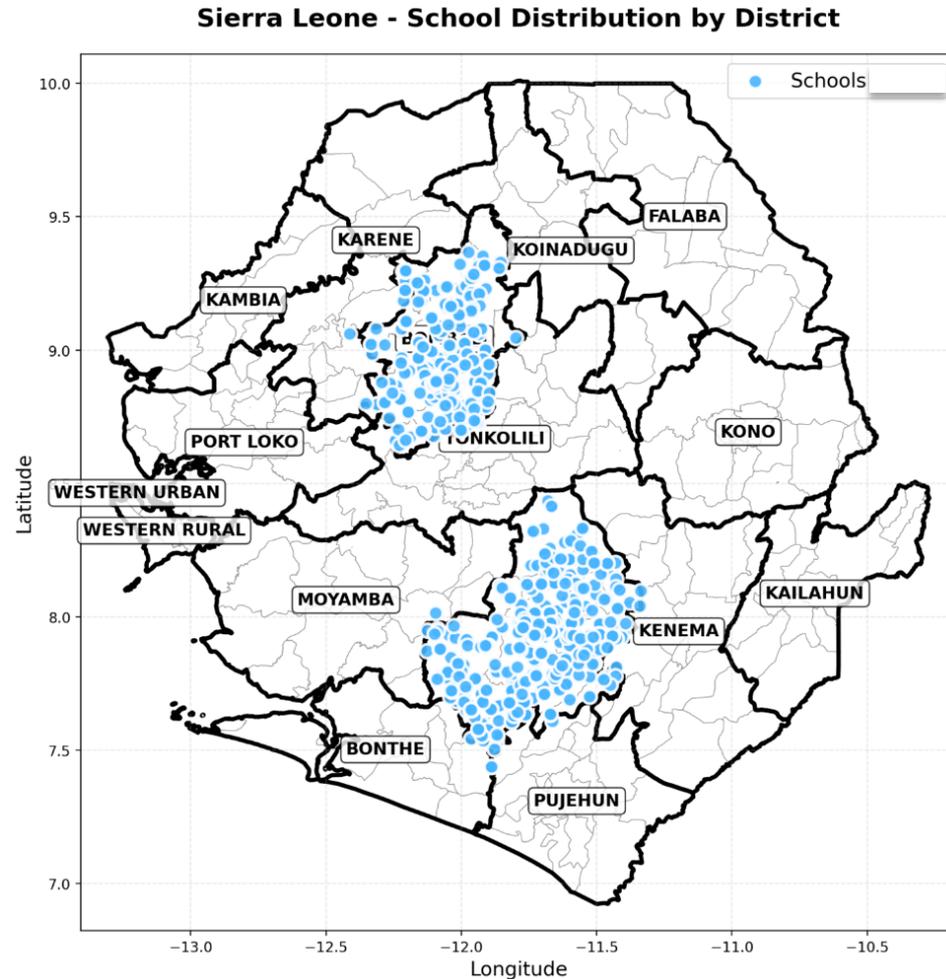
Keith Esch^{1*}, Fredrick Yamba², Kevin Opondo³, Musa Sillah-Kanu², David Schnabel⁴, Prince Owusu⁵, Raymond Sudoi⁶, Malia Skjefte⁷, Wani Lahai², Mohamed G. Sheku⁸, Mariama Kabba Jibatteh⁸, Augustine Ngegbe⁹, Jenny Carlson¹⁰, Temitayo Labor⁴, Djenam Jacob¹¹, Charlene Youseff¹², Elisabeth Tyler¹, Prince Nallo¹², Dennis Marke² and Stephen Poyer¹³

Key Findings

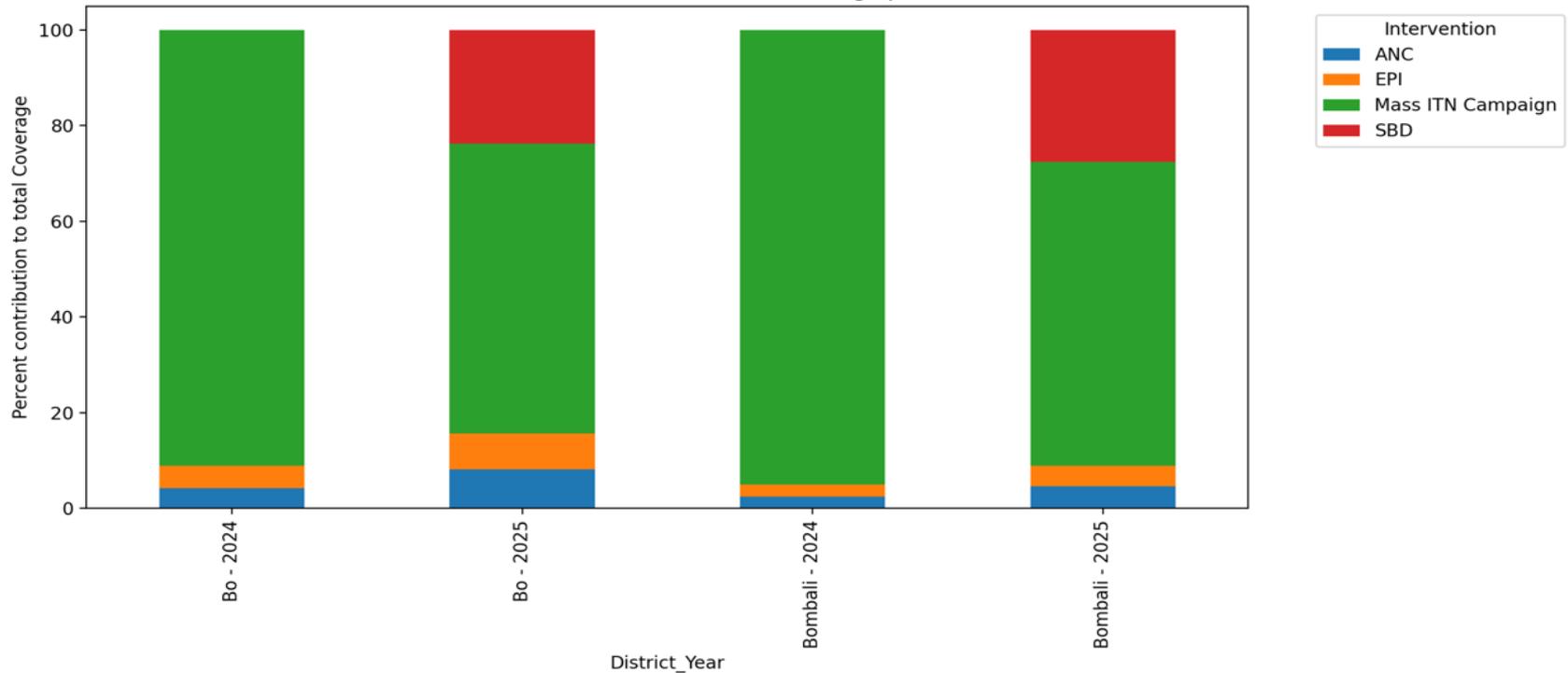
Indicators	Intervention	Control	P-value
Household owns at least one ITN	93%	69%	<0.001
Household owns at least one ITN per two people	42%	24%	<0.001
Population ITN access	69%	46%	<0.001
ITN use (previous night)	71%	49%	<0.001

Expansion of SBD — Bo and Bombali Districts 2025

- Implemented May-June 2025
- 1173 schools
- Classes 1,2, 3, 4 and 5 targeted
- 1,161 schools reached
- 225,330 ITNs distributed
- 93% student coverage
- Nearly half a million people protected



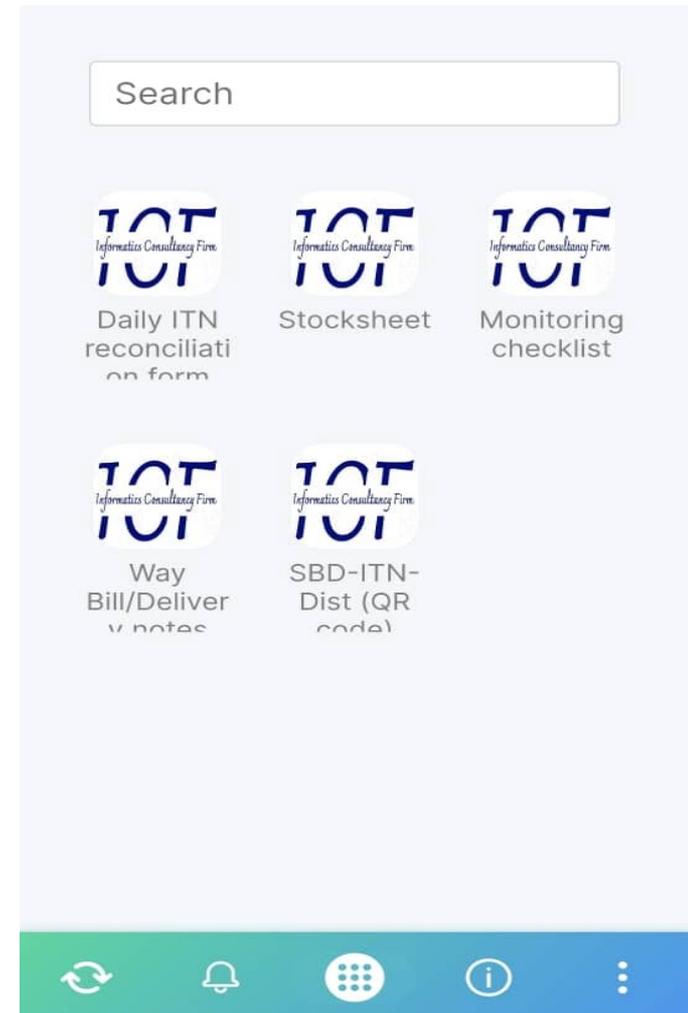
Intervention Contribution to ITN Access



- Mass ITN Campaign is the dominant contributor to ITN access in every District-
- Routine health service channels (ANC and EPI) provide smaller but meaningful steady contributions
- School-based distribution (SBD) provides an intermediate contribution that supplements the gap left by routine channels

Operational and Coordination Mechanisms Enabling SBD

- Partner coordination-led by NMCP
- Education-health sector collaboration: both involved in microplanning
- Use of Digital monitoring tools:
 - Mobile data collection tools
 - QR-coded school registration
 - Real-time monitoring dashboard
 - GPS tracking of distribution
- Integrated behaviour change communication :
ITN use and care messaging



Key Implementation Factors Identified During Pilot and Scale-Up

- Strong coordination essential
- Minimum 12 weeks planning required
- Validate school enrolment early
- Align distribution with school calendar
- Digital monitoring strengthens programme management
- Targeted SBCC
- RE-channelling leftover nets to ANC/EPI
- Waste management and recycling systems

Reliable SBD requires structured coordination and monitoring mechanisms to maintain coverage gains

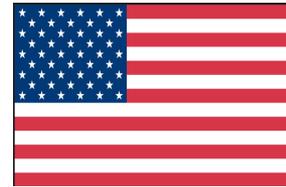
Recommendations for Future SBD

- Incorporate and adopt SBD as part of continuous distribution
- Integrate monitoring into national systems
- Strengthen financing and logistics
- Maintain good collaboration between Health and education sector
- Enhance communication strategies
- Conduct long-term impact evaluation

Conclusion

- Multi-channel delivery is required for universal coverage
- SBD is an effective continuous distribution channel
- SBD stabilizes coverage between campaigns, Improves household ownership and ITN access
- Supports replacement of damaged nets
- Essential for sustaining malaria prevention gains

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ACKNOWLEDGEMENT



The Alliance for
Malaria Prevention

