



Independent observer
of the Global Fund

NFM Funding for Nigeria Will Support Mass Distribution of LLINs

A mass distribution of long-lasting insecticide-treated bednets (LLINs) is planned for nine Nigerian states.

As reported in a previous [GFO article](#), Nigeria was awarded funding of \$167.0 million as an interim applicant under the new funding model (NFM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The funds will be used to top up existing Round 8 malaria grants implemented by the Society for Family Health (SFH) and the National Malaria Control Programme (NMCP). SFH will receive \$73.7 million while the NMCP will get \$93.3 million.

The majority of the funding request (\$153 million) will be used to procure and distribute LLINs to sustain gains achieved in nine states – Plateau, Kaduna, Kano, Katsina, Kebbi, Akwa Ibom, Rivers, Niger and Ekiti. These are states where LLINs were distributed in 2009–2010, and where coverage is now in danger of falling to a critically low point, despite the fact that significant numbers of LLINs were being delivered through routine systems. Funding from technical partners and the government will support procuring and distributing LLINs in another seven states where coverage is falling off significantly. (Nigeria has 36 states and the federal capital, Abuja.)

The remainder of the request (\$14 million) will be used to procure 3.1 million courses of artemisinin combination therapy (ACT) and 9.4 million rapid diagnostic test kits (RDTs).

The Grant Approvals Committee (GAC) noted that the LLIN strategy is part of a major partnership effort in the country to invest more strategically for rapid impact. The strategy is based on what is called “spatial targeting,” whereby LLINs are distributed to the highest-risk states where universal coverage can be achieved. The strategy is the result of lessons learned from spreading nets too thin.

When the Technical Review Panel (TRP) reviewed the interim request, it found it to be technically sound

and strategically focused. However, the TRP identified several issues that it said needed to be addressed in final grant-making and implementation. These included the need to (a) revise the performance framework to better reflect the work plan and budget; (b) finalise the plan for RDT scale-up; (c) revise some budget items and PSM costs; and (d) better integrate LLIN distribution with other community-based activities.

The TRP also recommended that the CCM clarify (a) what policies and structures are in place to handle cases where a fever is tested using a rapid diagnostic test but the results show it is not malaria; (b) how lessons learned from previous deployment of LLINs, ACTs and RDTs will be incorporated; and (c) how linkages between routine and mass distribution of LLINs will be made.

Information for this article was taken from Board Decision GF-B29-EDP3 and from B29-ER-02, the Report of Secretariat Funding Recommendations for July 2013. These documents are not available on the Global Fund website.

[Read More](#)
