

TRP Review Form - Round 6

Proposal Name	Strengthening Tuberculosis control efforts by widening scope of DOTS to reach the marginalized and the vulnerable populations in Sri Lanka.			
Applicant Type	CCM	Country (ies)	Sri Lanka	
Applicant Name	National Country Coordinating Mechanism			
Component	Tuberculosis	Years included in Proposal	5	
WHO Region	SEARO	Global Fund Cluster	South & West Asia	
Applicant Funding Request *	Year 1	Year 2	Phase 1 Total *	Total over Proposal Term*
	\$ 2,273,055	\$ 2,917,586	\$ 5,190,641	\$ 14,291,187

* This amount represents the Applicant's maximum funding request for this disease component. The Phase 1 amount (and therefore the total upper ceiling for the Program) may be reduced as a result of the TRP clarification process and/or grant negotiations. Funding requested beyond Phase 1 is subject to the Global Fund's policy on continuation of grants beyond Phase 1 from time to time.

Country Disease & Income Level Contextual Information

- World Bank Classification: Low Income
- GDP: \$4,300 per capita (HDR 2005)
- HDI: rank 93 out of 177 countries (HDR 2005)
- Total population: 20,222,240 (World Fact Book)

	TB all forms	Smear positive TB
Notified	8,562 (42/100K)	4,302 (21/100K)
Estimate	12,445 (60/100K)	5,597 (27/100K)

Smear positive case detection rate is 77% with a success rate of 81% (11% defaulter). DOTS coverage is 88% (WHO Global TB report 2005). HIV sero prevalence among TB case is 0.4%. MDR rate is 1.7%

There is a Round 1 TB grant amounting to \$ 5,465,034, which started in March 2003. The grant is rated as B1 and has achieved 86% disbursement in phase 1. Phase 2 is expected to end in 2008. This Round 1 grant initially had 2 PRs, namely the Ministry of Health and an NGO (Lanka Jatika Sarvodaya Shramadana Sangamaya) and now has 1 (MoH) due to implementation problems between NGO PR and main SR. The delay in starting Round 1 was due to a lack of budget and work plan.

The Ministry of Health is the only Principal Recipient (PR) in this Round 6 proposal. There is Global TB Drug Facility grant until 2008, and a World Bank grant for infrastructure ending in 2008.

Brief description/summary of Component Proposal

This is a 5 year proposal the goal of which is to reduce the TB burden, transmission of TB and limit emergence of drug resistance. Main objectives are:

1. To improve the quality of DOTS, increase TB case detection and treatment success with expansion of culture and laboratory quality assurance; drug management and supply, PAL, HR, infrastructure
2. To manage MDR-TB (35-70 MDRTB cases per year) and establish TB/HIV activities
3. To engage all care providers (PPM)
4. To involve and empower communities in TB care including in the workplace and to establish advocacy communication and social mobilization approaches
5. To strengthen surveillance and monitoring electronic RR, prevalence survey , supervisory visits and meetings

This proposal has several strengths and is recommended for funding in Category 2B, due to some weaknesses which must be addressed, together with the clarifications, within the prescribed timeframes.

Strengths	Weaknesses
<ul style="list-style-type: none"> Political commitment demonstrated by increasing national budget in the next 5 years by >40%. Complementarities between R1 and R6 are explained with new SDAs (MDR, TB/HIV, PPM, Technical assistance) and additional SDAs (ACSM, laboratory quality assurance, supervision) Technically sound and feasible proposal with activities linked with objectives and goals. Technical leadership of the NTP (NPTCCD) is maintained with a clear link between SR and the NTP (itself also SR) 	<ul style="list-style-type: none"> Some activities are not clearly linked with the budget, especially on ACSM package. ACSM description on page 84 is difficult to match with breakdown by budget category and with the detailed yearly budget. High allocation of funds to the government with only between 3 and 14 % allocated to NGOs Excessive cost for car maintenance (yearly budget line 5.8 on vehicles fuel and maintenance), Excessive number of staff sent abroad (budget line 4.3) resulting in a higher cost than for in-country training with support from external TA Lack of detail for cost and activities on the prevalence survey There seems to be an excessive number of expected MDR cases given the current number of re-treatment failure (5 per year) Indicator on TB screening among PLWHA is inadequate since all PLWHA should be screened Low costs for 1st line drugs balanced by excessive number of cases Need for bi-monthly supervisory visit from central unit to district not justified (may be a transcription error)

Recommendation *(Insert Numerical digit in right hand column)*

Category 1: Recommended for approval without changes (no or minor clarifications)	
Category 2: Recommended for approval provided clarifications or adjustments are submitted within a limited timeframe	2B
Category 3: Not recommended for approval in its present form but encouraged to resubmit following major revision	
Category 4: Rejected	

Specific issues to be clarified or adjusted *(Category 1 and 2 only):*

1. Provide details of the ACSM budget (budget line 11.3 on advocacy meetings, 11.6.3 on IEC material, 11.7 on broadcasting IEC)
2. Reduce significantly the yearly budget line 5.8 on vehicles fuel and maintenance to 1/3 of the current cost,
3. Reduce significantly the yearly budget line 4.3 on the number of staff sent abroad to 1/2 of the current number and cost,
4. Clarify the need for upgrading the software package currently developed with WB support