

TRP Review Form - Round 8

Proposal Name	Elimination of <i>P. falciparum</i> Malaria from Non-Conflict Districts and Transitional Districts and the Elimination of <i>P. Vivax</i> Malaria from 75% of the above areas and the Strengthening of Malaria Control in the Conflict Affected Districts of Sri Lanka			
Applicant Type	CCM	Country (ies)	Sri Lanka	
Applicant Name	National CCM			
Component	Malaria	Years included in Proposal	5 years	
WHO Region	SEARO	Global Fund Region	South and West Asia	
Maximum upper ceiling of Applicant Funding Request **	Year 1**	Year 2 **	Phase 1 Total **	Proposal Term**
	US\$ 14,570,493	US\$ 9,469,951	US\$ 24,040,444	US\$ 40,915,151

** This amount represents the Applicant's maximum funding request for this 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 Income Level Contextual Information:

- Income level: Lower-middle income
- Human Development Index: 99 out of 177

TRP brief overview of proposal strategy and linkages to existing funding:

Overall Goal of the current proposal:

Elimination of *P.falciparum* from all non-conflict and transitional districts, elimination of *P.vivax* from 75 percent of the districts in non-conflict and transitional areas and intensification of malaria control in conflict-affected districts :

1. Elimination of *P. falciparum* malaria by 2012 in non-conflict and transitional areas of the country and elimination of *P. vivax* malaria in 75% of non-conflict and transitional areas of the country by 2013.
2. Intensify malaria control activities in conflict affected areas to reduce the Annual Parasite Incidence (API) by 2013 to 75 percent of that reported in 2007 in these areas.
3. Strengthening programme management and capacity building to maintain zero mortality due to malaria in Sri Lanka, to reduce poverty associated with malaria due to a decreased disease burden and increased agricultural productivity and to achieve Millennium Development Goals 4 and 5 relating to reduction in child and maternal mortality.
4. Strengthening surveillance (both morbidity and vector) in the transitional districts and Jaffna district.
5. Augmenting malaria elimination and strengthening malaria control through the implementation of selected activities, awareness raising and advocacy related activities. This will be focused in all areas and will include provision of at least one long lasting insecticide treated net (LLIN) to each vulnerable family in conflict-affected and bordering areas and provision of LLINs to households with pregnant women and children under five years of age.

Service Delivery Areas (SDA) include:

1. Treatment :
 - i. Early diagnosis
 - ii. Prompt and effective anti malarial treatment ensuring radical cure
2. Prevention :
 - i. Prevention and containment of outbreaks
 - ii. Indoor residual spraying (IRS) and other vector control methods
 - iii. ITN/LLIN
 - iv. Behavioral change communication (BCC) Media
3. Health System Strengthening (HSS) :
 - i. Health workforce
 - ii. Information system and operations research
 - iii. Programme management and capacity building
4. Supportive Environment :
 - i. Coordination and partnership development (national, community, public-private)
 - ii. Quality control and quality assurance of services and products
 - iii. Monitoring drug resistance
 - iv. Monitoring insecticide resistances
 - v. Human resources

Key strengths of proposal	Weaknesses / Types of changes that need to be made to strengthen the proposal resubmission
<ul style="list-style-type: none"> • Strategies for malaria control are tailored to the epidemiology and political realities of Sri Lanka. • The usefulness of mobile clinics as a primary strategy has been documented with the support of the existing Round 4 grant. • Well documented success in reducing malaria transmission in Sri Lanka. • The proposal is sufficiently detailed and the interventions proposed are technically sound. • The grant will consolidate Rounds 4 and 1 achievements and complement government and other partner resources. • The proposal objectives are consistent with the national malaria strategic plan and WHO guidelines for malaria elimination. • High commitment by the government to the malaria elimination strategy. • Involvement of the private sector, 	<ul style="list-style-type: none"> • The proposal does not describe the vectors in Sri Lanka, including information on breeding sites. • Documentation for the effectiveness of larval control using fish and larvicides are not provided, nor is it regarding the contribution of gem pits to the vector population. • Creation of the project secretariat (hire of staff and office space) for implementation of the proposal strategy seems to be duplicating the role of the malaria program. • IRS and provision of LLIN to vulnerable population, pregnant women and children under five are not clearly described. • Only one Sub-Recipient has been identified. There is no presentation of the capacity of this Sub-Recipient and no description of how other Sub-Recipients will be identified, and the time frame. • The discussion of coordination between implementers (s.4.9.5) is far

<p>(community based organizations) CBOs and security forces to strengthen malaria control in the conflict northern province.</p> <ul style="list-style-type: none">• Experience of eliminating leprosy and poliomyelitis with the ongoing conflict.	<p>too limited for such a complex program.</p> <ul style="list-style-type: none">• There is no discussion of strengthening implementation capacity (s. 4.9.6). Current needs and proposed approach need to be presented.
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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 3¹: Not recommended for approval in its present form but encouraged to resubmit following major revision	
Category 4: Rejected	

For recommended category 1 or 2 proposals only, specific issues to be clarified or adjusted to obtain final Global Fund approval of the proposal for funding:

1. Address the weaknesses identified above.
2. Provide the evidence base for larval control activities. If an evidence basis for the efficacy is not available, please provide a detailed plan for measuring the impact of larval control on larval and adult vector populations as an operational research question, or reduce the budget accordingly.
3. Add activities pertaining to Communication in SDA 1.5 as these are missing.
4. In addition, revise or justify the following budget-related issues:
 - i. 1.3.11/1.3.12 - Fully justify the overseas training of staff or reduce the budget accordingly.
 - ii. 1.5.2 - Procurement of vehicles is proposed in years 1 and 3. Either fully justify or remove procurement in year 3.
 - iii. 1.9.2 - Procurement of lorry - it seems inappropriate to procure a lorry for this project alone. Please provide justification or reduce the budget accordingly.
 - iv. 1.10.1.3/2.8.2/5.10.2 - "Clearance of nets" appears to be payment of customs duties (since transportation is also budgeted separately). Given that under the Global Fund's grant agreement the Principal Recipient is strongly encouraged to ensure that the purchase of any goods or service using grant funds by the Principal Recipient and any Sub-recipients are free from taxes and duties, please provide justification or remove these costs, adjusting the overall budget accordingly.
 - v. In addition to direct hiring of new staff, there are numerous payments to existing staff (for example 3.2.4; 3.2.5; 3.2.6). Please justify these within the context of a national policy/plan or remove, adjusting the overall budget accordingly.
 - vi. There are large costs for sub-district, district and Colombo offices (4.5.1; 4.5.2; 4.5.3). Consider whether the Ministry of Health (the one of the Principal Recipients) could be providing these facilities. Please reduce or eliminate these costs accordingly.

¹ Applicants whose initial proposal receives a Category 3 recommendation may resubmit a revised version of the same proposal in the next Round for consideration by the TRP in time for the Board to make a decision at its next Board meeting. When the TRP reviews this revised proposal, the whole proposal will be reviewed for technical merit and this may result in additional weaknesses or issues being raised.