

Funding Request Review and Recommendation Form

SECTION 1: Overview			
Country	Zambia	Currency	USD
Applicant Type	Full Review	Component	TB/HIV
Envisioned grant start date	January 2021	Envisioned grant end date	December 2023
Principal Recipient 1	Ministry of Health	Principal Recipient 2	Christian Health Association of Zambia

SECTION 2: Summary of applicant funding request		
2.1 Allocation funding request		
Total amount	US\$262,413,537	
2.2 Total prioritized above allocation request	US\$80,067,239	
2.3 Total matching funds by strategic priority request		
	Strategic priority	Applicant requested amount
HIV/AIDS	Adolescent girls and young women in high prevalence settings	US\$3,800,000
	Condom programming	US\$2,500,000
TB	Finding missing people with TB	US\$6,000,000

SECTION 3: Summary of TRP funding recommendation		
3.1 TRP funding recommendation on allocation and prioritized above allocation request and matching funds		
Funding request	TRP recommendation	TRP recommended amount
Allocation recommendation	Recommended for grant-making	US\$262,413,537
Prioritized above allocation recommendation	Fully Recommended	US\$80,067,239
Matching funds AGYW	Recommended for grant-making	US\$3,800,000
Matching funds Condom programming	Recommended for grant-making	US\$2,500,000
Matching funds missing people with TB	Recommended for grant-making	US\$6,000,000

SECTION 4: Rationale for the TRP funding recommendation**4.1 Overall assessment****Country context**

The population of Zambia is estimated to be 17.4 million in 2019, with 45% under the age of 15 years and 57% living in rural areas (2010 Population and Housing Census). In 2010, rural poverty was an estimated 77.9% compared to 27.5% for urban areas (GRZ, CSO 2011). From 21% Gross Domestic Product (GDP) in 2011, public debt increased to 91.6% GDP in 2019 (Ministry of Finance, Green Paper 2019-2021 Medium Term Expenditure Framework and 2020 Budget) while inflation increased to 9.8% in 2019 (African Development Bank Zambia Economic Outlook).

Zambia has a generalized HIV epidemic with an estimated 1,296,903 people living with HIV and 11.1% prevalence in 2018 (Spectrum 2019). The epidemic is exacerbated by harmful gender norms, cultural practices, and risky sexual behavior. Adolescent girls and young women are a particularly vulnerable group with high rates of early sexual debut and school dropout due to pregnancy coupled with low levels of comprehensive HIV knowledge. Zambia identifies female sex workers and their clients, men who have sex with men, people who inject drugs, transgender persons, and prisoners as key populations, although comprehensive data on antiretroviral therapy (ART) coverage among the key populations is not available. Overall, there has been progress towards the UNAIDS 90:90:90 goals, with 92% of people living with HIV knowing their HIV status, 87% of these on ART, and 76% of these are virally suppressed. Low coverage of viral load testing and significant loss to follow up among people living with HIV remain key challenges (HMIS, 2019).

In 2018, the estimated incidence of TB was 346/100,000 per year, with treatment coverage of 60% (WHO, 2019). The funding request reports that diagnosis of TB cases in children remains moderately low, ranging from 8.4% of total notified cases in 2011 to 6.2% in 2018. Of the estimated 3,090 drug resistant TB incident patients in 2018, only 627 (20%) were identified and put on treatment (WHO, 2019). Between 2016 and 2018, the treatment success rate improved from 87% to 90% for drug-susceptible TB; the move to all-oral regimens and nutritional support has helped improve the treatment success rate for multidrug-resistant TB (MDR-TB) from 34% in 2015 to 71% in 2018 (WHO, 2019). Due to political will to scale up TB preventive treatment (TPT) and better coordination between TB and HIV programs, there has been progress in increasing the number of contacts and people living with HIV starting TPT from 18,000 in 2018 to 110,000 in 2019 (funding request, page 14). The country intends to introduce TPT for drug-resistant TB (DR-TB) contacts using levofloxacin or delamanid, with both drugs procured using domestic funds.

Zambia's laws criminalize same-sex sexual relationships, sex work, and drug use, which exposes key populations to indignity, harassment and violence and hinders their access to health services. Stigma and negative attitudes towards key populations are prevalent in the health system, according to the Zambia Legal Environment Assessment for HIV, TB and Sexual and Reproductive Health and Rights (2019). Stigma and discrimination continue to be a harsh reality for people living with HIV, persons with TB, and other at-risk groups, while self-stigma in females remains high (Biemba et al 2019).

Zambia faces health worker staffing shortages with only 50% of approved posts filled in 2019 (126,000 vs 61,000; funding request page 15, table 3). However, the Government of Zambia has hired 8,000 health staff during the current grant cycle; increases in nurses and community health assistants (CHAs) have been particularly notable, with an additional 1000 nurses and 250 CHAs being deployed to rural areas during the current grant cycle (funding request page 70). An estimated 40,000 community volunteers, the entry level of paid front line health workers in Zambia, are supervised by over 2,000 CHAs and perform screening and support roles in the community (National Community Health Strategy 2019-2021).

Allocation funding request

Overall, the TRP considers the funding request to be technically sound and strategically focused as it presents epidemiological data based on triangulation of surveys and program data that is used to target interventions to populations and geographical locations at risk of new infections. The funding request sets ambitious targets to be reached, while acknowledging the need to address access, social, legal and human rights barriers that may affect the achievement of targets and progress towards epidemic control. The TRP recommends the funding request to proceed to grant-making with seven issues; six to be cleared by the Secretariat and one by the TRP as specified in Section 5 below.

Prioritized above allocation request

Overall, the TRP considers the **full PAAR of US\$80,067,239** to be quality demand as detailed in Annex 1 below. The TRP finds that the request compliments and expands the within allocation activities.

Matching funds

The TRP recommends the matching funds request of **US\$3,800,000** for adolescent girls and young women; **US\$2,500,000** for condom programming; and **US\$6,000,000** for finding the missing people with TB for grant-making. Please refer to Annex 2 for details.

4.2 Strengths of the funding request

- The TB/HIV epidemiology is well analyzed and data driven in order to provide a comprehensive analysis of the progress towards epidemic control by geographical location and population; the funding request prioritizes interventions based on the data for impact.
- Program weaknesses are identified through a comprehensive gap analysis and there are systems and structures in place to build on existing successes and scale up initiatives to address the gaps.
- Priorities for Global Fund support for HIV, TB, and RSSH were identified through a consultative, participatory process that engaged key populations, civil society, community representatives, and the public sector.
- Absorption of human resources for health costs previously financed by external partners, increased allocation to health products and procurement, and investment in infrastructure are laudable achievements of the applicant.
- There is a broad community health response program in place that is a good opportunity to build on for most of the community interventions proposed.
- There is a range of activities proposed for key populations, including size estimations, integrated biological and behavioral survey (IBBS), differentiated service delivery (DSD), finalizing the existing draft Key Populations Monitoring and Evaluation Framework and draft Consolidated HIV Prevention and Treatment and Care for Key Populations, creation of additional friendly facilities, engagement of peers, community-based monitoring, capacity building and empowerment of civil society organizations (CSOs), development of a Safety and Security Package for key population programs, and advocacy for policy change.
- The funding request clearly articulates plans for increasing yield in HIV testing, including wider use of self-testing; transition to a TLD regimen; expansion of pre-exposure prophylaxis (PrEP); and low barrier ART service delivery.
- The funding request includes program activities focusing on men for both the HIV and TB programs in areas where they are falling behind.

SECTION 5: Issues identified and recommendations requiring strategic action
Issue 1: Insufficient differentiation of services for adolescent girls and young women for impactful age-appropriate and risk-based intervention packages
Funding type: Allocation

Issue: The applicant proposes to provide HIV prevention services to adolescent girls and young women aged 10–24 years, along with their male partners, in high-risk localities. The TRP is however concerned that given the poor behavioral indicators including low condom use, early age at first sex with high risk partners, and lack of comprehensive knowledge of HIV, there is lack of information to allow for the TRP to assess the appropriateness of the interventions for impact. Specifically, the applicant does not: 1) provide risk data disaggregated by age band and geographical location or how the data will be used for individual level risk assessment and targeting of interventions to the most at-risk adolescent girls, young women and their male partners; 2) describe prevention interventions for the categories of adolescent girls in school to allow for the inclusion of sexuality education early in the risk cycle for adolescent girls and young women; and 3) identify acceptability and policy barriers for comprehensive sexuality education including condom promotion and lowering the age of consent for sexuality from 18 years.

To be cleared by: Secretariat

Action: Given the high incidence of HIV in adolescent girls and young women in Zambia, an age-appropriate targeted approach will give the best value for money in preventing new HIV infections in this subpopulation. The TRP requests the applicant to provide a succinct proposal outlining its differentiated HIV prevention approach for adolescent girls and young women that articulates the following:

Timeline: Within 12 months of grant implementation

- Age and geographically disaggregated data profiling the risk of adolescent girls and young women. Data triangulated may include but should not be limited to pregnancy rates, antenatal HIV prevalence in young women, school completion rates, age at first sex, gender-based violence rates, multiple sexual partnerships and reported condom use.

<p>Data triangulation should include a characterization of male partners of the adolescent girls and young women.</p> <ul style="list-style-type: none"> • An integrated implementation approach to address potential barriers, taking into account the finer age disaggregation and targeting the most vulnerable adolescent girls and young women and their male partners. Approaches should be in-line with the decision-making tool entitled <i>Decision-making Aide for Investments into HIV Prevention Programs among Adolescent Girls and Young Women</i> from March 2020 (Global HIV Prevention Coalition). • Alignment of comprehensive sexuality education in schools to epidemiological data to ensure that age appropriate risk avoidance interventions are initiated at the right time for impact; • Approach to engage relevant stakeholders to remove policy barriers that deter the implementation of age appropriate interventions - such as lowering the age of consent - for HIV prevention services. 	
<p>Issue 2: Insufficient detail on differentiated and comprehensive delivery of the package of services for key populations</p>	<p>Funding Type: Allocation</p>
<p>Issue: The funding request presents a plan to increase the coverage of prevention services for key populations including the delivery of a <i>Minimum Package of Services for Key Populations</i> developed in 2019. However, the TRP does not find sufficient information in the plans to assess impact of the implementation approach. Specifically, the TRP notes a lack of information on: 1) how the minimum package and delivery approaches will be differentiated to take into account the unique needs of female sex workers distinct from those of men who have sex with men; 2) the current scope and scale up plans for methadone and needle and syringes services for people who inject drugs; and 3) a package of services for prisoners; and 4) a package of services for transgender people.</p> <p>Action: The TRP requests the applicant to prepare a succinct costed activity and resource mobilization plan with key timelines and targets outlining :</p> <ul style="list-style-type: none"> • The minimum package and differentiated delivery approaches for female and other (transgender and male) sex workers and • men who have sex with men. The differentiated approach should take into account the unique age disaggregated needs of both female sex workers and men who have sex with men; • The current status of methadone and needle and syringes services for people who inject drugs, and what approaches the applicant will use to scale up comprehensive services for them as outlined in <i>Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs</i> (WHO, 2017); • Population size estimates for prisoners and what approaches the applicant will use to scale up comprehensive services for prisoners as outlined in <i>HIV/AIDS Prevention, Care, Treatment and Support in Prison Settings A Framework for an Effective National Response</i> (WHO, 2006); • Prioritize population size estimate for transgender people and develop the services for transgender people as outlined in the <i>Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations</i> (WHO, 2016). • Mobilize additional resources to support the achievement of the targets while ensuring continued engagement with other partners including UNAIDS and PEPFAR who have significant investments in key populations. 	<p>To be cleared by: TRP</p> <p>Timeline: Within the first 3 months of grant implementation</p>

Issue 3: Limited indicators for crucial RSSH components of the Performance Framework	Funding Type: Allocation
<p>Issue: Although 75% of the proposed budget can be directly linked to targets for HIV/TB set in the Performance Framework, RSSH targets are selected only for health management information systems and monitoring and evaluation. There are no direct targets or tracking measures linked to the other RSSH modules such as investments into health products management systems, human resources for health, laboratory systems, community systems strengthening, or integrated service delivery and quality improvement, despite the content of the detailed budget containing more than 200 individual line items for RSSH.</p> <p>Action: The TRP recommends that the applicant work with the Global Fund Country Team to identify priority RSSH components and chose relevant indicators and workplan tracking measures from the Performance Framework Guidelines by which to monitor progress in the RSSH activities mentioned in the budget.</p>	<p>To be cleared by: Secretariat</p> <p>Timeline: During grant making</p>
Issue 4: Numerous cadres of community level workers with inconsistent job profiles and poor overarching coordination by community organizations and committees	Funding Type: Allocation
<p>Issue: The 40,000 community-based volunteers (CHV) have different titles, receive training and supervision by different agencies, and are often tasked with a single objective in support of a specific vertical program. Community Health Assistants, hired and trained to oversee CHV work, also report to numerous community bodies as well as upwards into the DHIS2 system. The National Community Health Strategy (NCHS) recognizes the issue of fragmentation and lack of coordination of CHVs, and calls for actions to strengthen this cadre of health worker. The TRP concurs with the conclusions and shares the concerns of the NCHS; additionally, there is a lack of detail on next steps to provide additional oversight and coordination of this vital provision of services in the community</p> <p>Action: The TRP supports the goals of the Strategy document and requests the applicant to frame a comprehensive plan that outlines the specific activities to be undertaken to implement the NCHS, including:</p> <ul style="list-style-type: none"> • Development of an inventory of CHVs (including gender, age, education); • Defining tasks for the program categories listed; • Defining the roles of community organizations, how they will be coordinated to work together, and the lines of accountability and coordination; • Preparation of standardized training guidelines and materials; • Development of supportive supervision guidance. 	<p>To be cleared by: Secretariat</p> <p>Timeline: During first 6 months of grant implementation</p>
Issue 5: Lack of financial sustainability of HIV and TB programs	Funding type: Allocation
<p>Issue: The TRP recognizes that HIV and TB programs in Zambia are highly dependent on donor assistance and anticipated funding for the HIV response in the 2021-2023 program cycle includes 90.2% of external funding. HIV and TB financing is also affected by high inflation (16%); the devaluation of the Zambian Kwacha (24% so far in 2020); high debt as a ratio of GDP and fiscal account balance; and most recently, COVID-19, which has adversely affected Zambian micro-financial outlook. In recent years, both government expenditure for health and public contributions to the TB and HIV programs has declined from US\$40.7 million in 2018 and US\$24.9 million in 2020 for HIV and is expected to decline for TB from US\$11.4 million for 2018-2020 to US\$5.9 million for 2021-2023. Moreover, critical program commodities like TB drugs are not domestically funded. Considering the challenging environment and the impact of the COVID-19 pandemic on global economy, the future of donor assistance is uncertain. Therefore, overdependence of donor funding for the HIV and TB programs puts them in danger; if donor funding is reduced or withdrawn, the important gains</p>	<p>To be cleared by: Secretariat</p> <p>Timeline: During grant implementation</p>

<p>made in the two programs could see reversal trends if there are no domestic resources to step in.</p> <p>Actions: The TRP requests the applicant to provide a succinct financial sustainability plan which can be based on the existing Health Financing Strategy to ensure financial resources are mobilized at national and sub-national level and will support program implementation beyond the Global Fund grant. The sustainability plan should specify:</p> <ul style="list-style-type: none"> • The priority funding needs to secure domestic finances for essential commodities including antiretroviral drugs and TB drugs; • The mechanisms that will be in place by the end of the grant period, including innovative resource mobilization options or strategies, to increase public and private contributions to disease programs (e.g. National Health Insurance scheme, social investment bonds, and others). <p>The TRP recommends that the applicant leverage technical support from partners to enhance identification, assessment, and implementation of possible innovative financing mechanisms to ensure longer-term sustainability.</p>	
<p>Issue 6: Limited attention to gender, stigma and human rights in the TB program</p>	<p>Funding Type: Allocation</p>
<p>Issue: TB service provision is not evaluated through the lens of human rights, gender, and stigma:</p> <ul style="list-style-type: none"> • The applicant presents only limited information about TB gender-related barriers; • Information about access to TB diagnosis, treatment, and treatment adherence for women is lacking; • Gender-responsive interventions are very limited; • An analysis of TB stigma and resulting discrimination is not presented, rendering it impossible to assess the technical soundness of the few interventions proposed to address TB stigma. <p>Action: The applicant is requested to give priority to conducting an integrated, participatory identification and prioritization of barriers related to gender and stigma/discrimination. This assessment should result in a costed action plan to address the identified barriers to TB services across age and gender spectra.</p>	<p>To be cleared by: Secretariat</p> <p>Timeline: During grant implementation</p>
<p>Issue 7: Lack of analysis and unclear interventions for TB key populations</p>	<p>Funding Type: Allocation</p>
<p>Issue: the funding request presents insufficient analysis of the barriers for some of the TB key populations:</p> <ul style="list-style-type: none"> • Concrete barriers faced by mobile populations, particularly traders and marketeers, are not explained and there is insufficient information about the related interventions; • Barriers encountered by health care workers and related mitigating interventions are not specified; • There is no analysis of the TB-relevant barriers of people who inject drugs and sex workers, referred to as TB key populations in the "Consolidated guidelines on HIV prevention, treatment and care for key populations," and these key populations are not covered by the TB interventions; <p>Interventions for people deprived of liberty (screening at entry and exit, routine screening and a yearly campaign) lack explanation if and how people deprived of liberty will be engaged, including TB awareness raising; participation in active case finding; provision of treatment support/case management; and follow up of released persons still on TB treatment. Finally, there is no information about plans for community-based monitoring and how TB affected communities may be involved.</p> <p>Action: As part of the integrated assessment and costed action plan requested in Issue 6, the TRP recommends the applicant conducts a participatory prioritization of the TB key populations. Detailed information should be provided about activities that are supported by other donors, services and activities that</p>	<p>To be cleared by: Secretariat</p> <p>Timeline: During grant implementation</p>

will be supported by the grant, targets to be achieved, and how quality of services will be monitored with the participation of the community.	
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Annex 1: TRP Recommendation on the Prioritized Above Allocation Request (PAAR)

TRP Recommendation on PAAR

The TRP considers the full PAAR of **US\$ 80,067,239** to be quality demand. The TRP notes that the PAAR complements the allocation and is aligned with outstanding gaps not covered in allocation. Some items are considered essential and the TRP recommends the applicant find savings from efficiencies during grant making process to include these critical elements within allocation. These are:

Line 41- funds to procure first line TB drugs for patients not covered by allocation;

Line 42- funds to procure second line TB drugs for patients not covered by allocation.

The TRP recommends the Applicant include the procurement of all anti-TB drugs in the main allocation to ensure timely access to treatment for all TB patients throughout the grant cycle.

PRIORITIZED ABOVE ALLOCATION REQUEST (PAAR)

English: Select the language below (line B10)
 Français: Veuillez choisir la langue ci-dessous (rangée B10)
 Español: Seleccione el idioma abajo (fila B10)

Language	English
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SUMMARY INFORMATION	
Country or Group of Countries	Zambia
Component(s)	HIV/AIDS, Tuberculosis
Funding request this request relates to	FR786-ZMB-C
Currency	USD
Total Above Allocation Request (Allocation Currency)	80067239,00
TRP amount approved (USD)	76803239,00

CONTEXTUAL INFORMATION

Provide contextual information relevant to the prioritized above allocation request, explaining why the key modules proposed are prioritized for additional funding. The response may include for example:

- any highlights of the epidemiological context
- outstanding programmatic gaps that need to be addressed
- any considerations or data that informed the request
- explanations clarifying linkages to the allocation funding

For additional space, the applicant can expand the row height for a bigger box to include rationale

The selection of the modules and interventions in the PAAR follows the same principles and criteria outlined in the funding request. Interventions in the PAAR aim at scaling up coverage of programmes and services; enhancing the programme quality; address gaps in provision of key commodities as well as strengthening health and community systems. The PAAR activities selected are linked to those in "within allocation" and are aligned to national strategies and guidelines.

PRIORITIZED ABOVE ALLOCATION REQUEST (PAAR)

Provide in the table below a prioritized above allocation request which, if deemed technically sound and strategically focused by the TRP, could be funded using savings or efficiencies identified during grant-making, or put on the Register of Unfunded Quality Demand to be financed should additional resources become available from the Global Fund or other funding actors (e.g. private donors and approved public mechanisms such as UNITAID and Debt2Health). This above allocation request should present a coherent investment approach with a limited number of interventions intended to achieve high impact and include a clear and detailed rationale and should be aligned with the programming of the allocation. The applicant should indicate a relative priority order for funding each intervention or set of interventions requested (i.e. high, medium or low priority), if additional resources become available. In line with the Global Fund's Strategy to maximize impact and end the epidemics, the prioritized above allocation request should be ambitious (for example, representing at least 30-50 percent of the allocation amount).

Note: The modules/interventions of the request should be ranked in order of decreasing importance (with priority level 'high' meaning highest priority/importance). In order to align with the Global Fund modules and interventions, please select them from each drop-down.

Table guidance for the applicant:

- Select ONLY the standardised Global Fund modules and interventions from the dropdown
- For additional space, the applicant can expand the width and height of each cell for a bigger box to include rationale
- For additional modules (in case there is insufficient space), please insert additional rows.
- If there is insufficient space under the Brief Rationale section, the applicant can use the second tab, "Add Info-Info Supp-Info Ad" and follow the given instructions.

Applicant Priority Rating	Module	Intervention	Amount Requested (Allocation Currency)	Amount Requested (USD)	Brief Rationale, including expected outcomes and impact (explain how the request builds on the allocation). Indicate the relevant population for HIV modules.	Brief Rationale (translated)	TRP priority rating	TRP amount approved (USD)	TRP Notes
High	Treatment, care and support	Differentiated ART service delivery and HIV care	7,000,000	7,000,000	Support for the procurement of ARVs is required to meet the projected gap in year year 3. This is targeting all persons infected with HIV		High	7,000,000	Funding for ARVs is a critical program requirement and should be prioritized for inclusion in allocation should efficiencies be found
High	Treatment, care and support	Differentiated ART service delivery and HIV care	10,000,000	10,000,000	Additional funds are requested to procure Viral Load reagents, Opportunistic Infections medicines, RCT-Syphilis to improve the quality of the HIV treatment services. This is targeting all persons infected with HIV		High	10,000,000	
Medium	Treatment, care and support	Prevention and management of co-infections and co-morbidities (Treatment, care and support)	2,000,000	2,000,000	Additional funds are requested to strengthen the capacity for delivery of cervical cancer services focusing in enhancing support supervision; improving pathology services through training laboratory scientists and technicians, and development and roll out of pathology specimen referral guidelines and orientation of staff at LEEP clinics. Funds will also be used to transition to HPV Test based cervical cancer screening. The management of the cervical cancer programs will also be improved through provision of required equipment. This is targeting women who are will be screened for Ca Cx		High	2,000,000	It is not clear from the rationale if the funding is requested for women living with HIV. If so then these activities should be prioritized for inclusion in allocation should efficiencies be found,
Medium	Treatment, care and support	Treatment monitoring - Viral load	41,157	41,157	Additional funds are requested to engage civil society to conduct a community U=U campaign to raise awareness on VL monitoring among PLHIV countrywide. This will increase demand for VL monitoring services and treatment literacy. This is targeted at		High	41,157	Awareness raising campaigns for VL testing among PLHIV is a high priority activity and should be prioritized for inclusion within allocation should efficiencies be found
Medium	Prevention	Comprehensive sexuality education	1,710,135	1,710,135	Additional funds are requested to scale up the roll out of digital CSE in an additional 500 schools. This is targeting in-school youths in 10 000 primary and secondary schools in 116 districts of Zambia, and out of school youths from the current 36 supported districts to 59 districts		High	1,710,135	Comprehensive sexual education for in school and out of school youths is an essential activity and should be prioritized for inclusion in allocation should efficiencies be found,

High	Prevention	Behavior change interventions	2,467,932	2,467,932	Funds are requested to support the scale up of behaviour change interventions for out-of-school youth to all districts in the country. Within allocation, SBC interventions cover 39 districts (except AL which has 20 districts within allocation and 20 districts above allocation). Funds will support capacity building, IEC materials, use of media platforms and awareness raising and HIV risk education activities targeting out of school youth in 59 high incidence districts	High	2,467,932	
High	Prevention	Social protection interventions	5,716,886	5,716,886	Funds will be utilised to support 16,500 girls under the Keeping Girls in Schools in Schools (KGS) project to be retained in schools in 27 districts; relocation of 1660 girls in 317 schools to safe weekly boarding facilities; and vocational training of out of school youths.	High	5,716,886	
High	Prevention	Gender-based violence prevention and post violence care	401,554	401,554	This request will support the establishment of an additional One Stop Service Centres for GBV survivors in 20 high burden districts in addition to the 10 centres established using within allocation funding. This will increase access to healthcare and justice services.	High	401,554	
Medium	Prevention	Sexual and reproductive health services, including STIs	1,897,435	1,897,435	Above allocation request will support establishment of an additional 5 caravans for outreach integrated SRH/HIV services and refurbishment of additional non-traditional health delivery spaces to increase access to adolescent girls and boys using the DREAMS approach in the 59 districts	High	1,897,435	The TRP feels that integrated SRH/HIV services to increase access to adolescent girls and boys is high priority and should be included in allocation should efficiencies be found
Medium	TB care and prevention	Case detection and diagnosis (TB care and prevention)	1,692,790	1,692,790	(Procurement of TB lab reagents) Support is requested to enhance TB diagnosis in all 3 culture laboratories and peripheral laboratories in all the 10 provinces. Given that what is planned within allocation is not sufficient to cover the needs for the three years	High	1,692,790	The TRP feels that procurement of TB lab reagents is an essential activity and is moved from medium to high and should be prioritized for inclusion in allocation should efficiencies be found
High	Differentiated HIV Testing Services	Facility-based testing	13,039,267	13,039,267	Procurement of HIV testing kits. This will enable the programme implement retest in pregnant and breast feeding mothers	High	13,039,267	
Medium	Prevention	Condom and lubricant programming	4,093,622	4,093,622	Additional funds are requested to scale up the condom programme through support for establishment of condom storage facilities in 57 districts to attain national coverage and 50% of the 73,000 condom dispensers also to be placed in 57 districts to attain national coverage. Support will also be provided to enhance demand creation interventions such as (Procurement of First Line drugs). Support requested to contribute to the availability of commodities to all the patients that will be diagnosed with DS-TB. This will cover the gap of 35,436 patients not covered within allocation.	Medium	4,093,622	
High	TB care and prevention	Treatment (TB care and prevention)	2,234,732	2,234,732	(Procurement of First Line drugs). Support requested to contribute to the availability of commodities to all the patients that will be diagnosed with DS-TB. This will cover the gap of 35,436 patients not covered within allocation.	High	2,234,732	The amount requested appears high per regimen. Efficiencies should be found to fund critical first line TB drugs from allocation as the top most priority
High	MDR-TB	Treatment (MDR-TB)	2,800,000	2,800,000	(Procurement of second line TB drugs). Support requested to contribute to the availability of commodities to all the patients that will be diagnosed with DR-TB. This will cover the gap 3,600 patients not covered within allocation.	High	2,800,000	Procurement of DR-TB drugs for all patients should be top most priority and moved to allocation
High	Prevention	Voluntary Medical Male Circumcision	607,710	607,710	Additional funds are requested to set up VMMC services as the country moves towards VMMC sustainability phase; to improve quality of VMMC through acquiring better technologies such as Shang Ring device; engage community based volunteers to increase demand; increase VMMC centres of excellence; support VMMC supply chain standardisation and procure additional VMMC commodities and consumables. This is targeting 175,000 infants in 5 years, and 9,000 boys and men.	High	607,710	
High	Prevention	Interventions for young key populations	637,069	637,069	This intervention is to support HIV prevention among men 30-49 years. This being a newly established intervention, funds are requested to strengthen coordination through the respective TWGs and coordination meetings; improve community engagement through faith based and civil society organisations and support behaviour change activities for men. Funds will also be used to scale up engagement of male champions and provision of HTS for men in social places.	High	637,069	
Medium	Prevention	Pre-exposure prophylaxis	278,141	278,141	Additional support is requested to establish PEP programme strategy to guide all implementers; and to increase demand through community dialogue. Some funds will also go strengthening the PEP data management system.	Medium	278,141	
Medium	TB/HIV	Prevention (TB/HIV)	1,500,000	1,500,000	This will contribute to the availability of commodities for all patients on TB preventive therapy	High	1,500,000	TB prevention in HIV patients is an essential activity given high mortality among co-infected patients. The TRP recommends this be moved to allocations should savings be identified.
Medium	TB care and prevention	Case detection and diagnosis (TB care and prevention)	1,761,210	1,761,210	(Procurement of Tuberculin Skin Test (TST) Support requested to enhance diagnosis of childhood TB and TPT completion. This will provide additional motivation to completion of TPT. For PLHIV and under five (05), LTBi is not a pre-requisite, TST or IGRA will be used as screening tools particularly in contacts of TB patients including among children and drug resistant TB.	High	1,761,210	TST is an important additive test for TB diagnosis in children and can be used for LTBi diagnosis in other children and other TB contacts. The TRP considers its TST procurement a high priority.
Medium	RSSH Health management information systems and MGE	Surveys	162,162	162,162	Cover existing information gaps through surveys- Routine data collection, and National Baseline and Endline surveys	Medium	162,162	
High	TB care and prevention	Case detection and diagnosis (TB care and prevention)	1,500,000	1,500,000	(Procurement of IGRA) Support requested to enhance diagnosis of childhood TB and TPT completion. This will provide additional motivation to completion of TPT. For PLHIV and under five (05), LTBi is not a pre-requisite. There are certain PLHIV with severe immunosuppression who will need IGRA. Other patients and contacts may prefer IGRA to TST. IGRA will be used as screening tools particularly in contacts of TB patients and drug resistant TB.	High	1,500,000	
Medium	TB care and prevention	Case detection and diagnosis (TB care and prevention)	300,000	300,000	(renovation of 20 integrated TB/HIV clinics). Support requested to enhance patient centred care for TB/HIV co-infection.	Medium	300,000	
High	TB care and prevention	Case detection and diagnosis (TB care and prevention)	3,626,994	3,626,994	Additional support is requested to further intensify TB case finding and expand diagnostics capacity both for children and adults. Funds are requested to procure additional 50 Xpert machines, support maintenance of the Xpert machines and procure 50 hybrid solar power back-ups to improve Xpert utilisation; procure 20 x-ray machines and support supervisions and mentorship. Funds will also be used to conduct intensive 30 days mass testing campaigns prioritising key populations as well as the activities of the Clinical Expert Committees at all levels.	High	3,626,994	
Medium	TB care and prevention	Community TB care delivery	7,783,784	7,783,784	Additional funds are requested to support 5000 CHWs to conduct contact tracing and intensified case finding in communities.	High	7,783,784	Payment to support CHWs to conduct contact tracing and ICF in communities is an essential TB program activity and should be prioritized as high. The TRP requests the Secretariat to carefully examine the details of this activity, especially in view of the fact that most CBVs - community workers- are not generally paid.
Medium	TB care and prevention	Treatment (TB care and prevention)	6,658,768	6,658,768	Additional funds are requested to improve treatment adherence through roll out of e-DOT; payment of stipend for 5000 community volunteers, conducting drug quality assessments and improvement of TB logistics system to ensure drug availability in facilities.	High	6,658,768	Treatment adherence measures, drug quality assessments and improvement of TB logistics system should also be prioritized as high. The TRP requests the Secretariat to carefully scrutinize and disaggregate the proposed activities under this line item which range from DOTs, to HMS to drug supply and quality improvement to incentives for CH workers. While justified, the TRP is presently unable to make recommendations on the specific proposed activities and amounts proposed for funding.
Medium	MDR-TB	Case detection and diagnosis (MDR-TB)	155,891	155,891	Support is requested to strengthen MDR-TB treatment through purchase of ECG machines. This will promote patient safety as it will enable the programme proactively diagnose adverse events in patients on MDR-TB treatment. The ECG machines will further support the decentralization on MDR TB management. The ECG machines will support the monitoring of the 5700 patients (largely expected to be diagnosed with RRMDR-TB over the next 3 years	High	155,891	ECG machines are required for aDSM among patients on some second line TB drugs. Procurement of ECG machines should be high priority.

Annex 2: TRP Recommendation on Matching Funds

TRP Recommendation on Matching Funds

Overall, the TRP recommends the matching funds request be recommended for grant making. The TRP considers the matching funds of **US\$ 3,800,000** for adolescent girls and young women; **US\$ 2,500,000** for condom programming; and **US\$ 6,000,000** for finding the missing people with TB prioritizes data driven, high impact interventions that target some of the most relevant programmatic priorities. The requests meet the matching funds conditions specified in the Guidance Note on Matching Funds.