

TRP Program Continuation Validation Form

Section 1: Applicant Information			
Applicant	Zambia	Currency	USD
Component(s)	Malaria		
Envisioned grant(s) start date	1 January 2021	Envisioned grant(s) end date	31 December 2023
Principal Recipient 1	Ministry of Health of Zambia	Principal Recipient 2	Churches Health Association of Zambia

Section 2: Summary of applicant program continuation request	
Total amount requested for Program Continuation	US\$ 65,131,160
Total amount requested for Prioritized Above Allocation Request (PAAR)	US\$ 39,041,991

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\$ 65,131,160
Prioritized above allocation recommendation	Fully Recommended	US\$ 39,041,991

4.1 Overall assessment

Zambia is a lower middle-income country in Southern Africa with an estimated population of 17.9 million. It is divided into ten provinces and 116 districts. The macroeconomic situation is challenging as economic performance deteriorated again in 2019 because of drought and a slowdown in mining activity. Zambia is also experiencing the consequences of Covid-19, both directly through reduced productive activity and indirectly through a slowing of global demand for copper, one of Zambia's main exports. In addition, Zambia has a high debt to GDP ratio of more than 80% (African Development Bank Zambia Economic Outlook, <https://www.afdb.org/en/countries-southern-africa-zambia/zambia-economic-outlook>) and rising, and 30% of revenue is devoted to debt servicing. The value of Zambia's currency, the kwacha, has fallen against the US dollar. Inflation is moderately high at 7-9% per year.

While malaria is endemic and perennial throughout Zambia with the entire population being at risk, there is marked geographical heterogeneity in burden. The most recent malaria indicator survey (2018) reported parasitemia in children under five ranging from less than 0.1% in Southern and Lusaka provinces to 30% in Luapula province in the northern part of the country [Zambia MIS, 2018]. The National Malaria Elimination Program (NMEP) has categorized the country into five epidemiological levels (no local transmission; very low (incidence < 50/1000 population); low (incidence 50 - <200/1000 population); low to moderate (incidence 200 - <500/1000 population) and high (incidence 500 +/1000 population). Interventions are tailored to these epidemiological zones defined geographically at the level of Health Facility Catchment Area (HFCA). Currently 40% of the population live in very low transmission HFCAs while 12% are in high transmission HFCAs. No HFCAs have attained malaria-free status.

The NMEP has, in recent years, made impressive gains in increasing coverage of core prevention and case management interventions and reducing mortality. However, progress falls short of the goal in the current strategic plan of elimination by 2021 (NMSEP 2017-2021). The coverage of Indoor Residual Spray (IRS), the primary vector control intervention, increased from 55% of eligible structures in 2018 to 84% in 2019, corresponding to an increase in population coverage of over 4 million (from 7,451,289 to 11,767,404 people covered). Both IRS and insecticide treated nets (ITNs) are used for vector control, based on suitability of structure for spraying and the burden of disease. Pyrethroid and carbamate resistance have been reported in some areas.

The proportion of suspected malaria cases that received a parasitological test in the public sector increased from 87.5% in 2016 to 98% in 2019, while in 2018, 96% of children who received an antimalarial received Artemisinin Combination Therapy (ACT). Correspondingly, malaria mortality reduced from 15.2 per 100,000 population in 2015 to 7 per 100,000 population in 2019, reported incidence reduced from 335 to 296 per 1000 population over the same period, and prevalence from 17% in 2015 to 9% in 2018. While the mortality reduction surpassed the NMSEP target, incidence reduction fell well short of the 191 per 1000 target and prevalence remains high in several provinces (>10% in Western, North-Western, Northern, Muchinga and Luapula). Less success was achieved in attaining adequate use of insecticide treated nets (ITNs) with only 45% of the population with access to ITNs actually using them [MIS 2018]. A low coverage of intermittent preventive treatment in pregnancy (IPTp), with only 39% of pregnant women receiving at least 3 doses in 2019, was partly attributed to stock-out of sulphadoxine-pyrimethamine (SP) due to failure of the Government of Zambia to meet its co-financing obligation to procure this commodity.

Malaria elimination is a high priority for the Government of Zambia and there is increasing domestic private sector support, along with funding from external sources including the Global Fund, US PMI, and PATH/MACEPA. In 2019 an End Malaria Council and Fund were established to facilitate high-level advocacy and resource mobilization, particularly targeting domestic sources.

The funding request focuses on maintaining high levels of coverage of core interventions and scaling up to universal coverage by the end of 2020, whilst expanding special prevention interventions such as mass drug administration (not requested for in this funding request). Vector control will transition in 2023 to universal ITN use, including the introduction of piperonyl butoxide (PBO) nets in areas with recorded pyrethroid resistance. Case management access is being expanded through extension of iCCM, including the recruitment and training of new community health workers. The two previous Global Fund grant Principal Recipients, MOH and Churches Health Association for Zambia (CHAZ), will continue as PRs in the new grant period.

Allocation funding request

Overall, the TRP considers the funding request to be technically sound and strategically focused as it is based on scale-up of high-impact interventions tailored to epidemiological context building on previous success and addressing existing gaps. The TRP recommends the program continuation request to proceed to grant-making with some issues to be cleared by the TRP and the Secretariat as specified in Section 6 below.

Prioritized above allocation request (Refer to Annex 1 for details)

Overall, the TRP considers the full PAAR of US\$ 39,041,991 to be quality demand as detailed in Annex 1 below.

Section 5: Rationale for the TRP funding recommendation	
5.1 Assessment of program continuation	
Criteria 1: Validation of continued relevance (appropriateness and effectiveness) of the interventions being implemented in existing programs given the overall epidemiological and programmatic context.	
Based on the overall epidemiological context, national policies and program goals, strategic objectives and key interventions, investments continue to be relevant and positioned to maximize impact, and the program explores new programmatic directions in line with normative guidance, as appropriate.	TRP Assessment: fulfills expectations
The funding request proposes to expand the delivery of core interventions aligned to normative guidance. Although the NMSEP goal of country-wide malaria elimination by 2021 is unlikely to be achieved, the funding request is generally well positioned to build on previous successes.	
Criteria 2: Validation of actions taken to address issues raised by TRP in its review of the Funding Request in the 2017-2019 allocation cycle (based on information provided by the Secretariat).	
TRP issues raised during review of 2014 – 2016 Funding Request were <i>addressed, implemented or are in progress within current programs.</i>	TRP Assessment: major concerns
The majority of issues have been resolved or are on track to being addressed. However, the issues related to quality assurance of malaria diagnostics, transition to government pay-roll of CHWs and targeting children and adults living on the streets with appropriate interventions (reiterated below in issue 2) require more focus to ensure full implementation. The TRP remains concerned about the achievability of the country's elimination targets and timelines which was highlighted in the 2017-2019 cycle and again in issue 4 below.	
Criteria 3: Validation of good programmatic results and performance, and progress of existing program.	
Overall, implementation arrangements still appropriate, and effective measures to address key risks have been considered to ensure the program is on track to achieve the anticipated results and impact.	TRP Assessment: fulfills expectations
Implementation arrangements are being maintained and are still appropriate, and key risks and mitigation measures have been considered.	
Criteria 4: Validation of appropriate focus on interventions to build Resilient and Sustainable Systems for Health (RSSH)	
The investment includes an appropriate focus on addressing issues related to resilient and sustainable systems for health, including measures to strengthen integration across the diseases and other health programs	TRP Assessment: minor concerns
The funding request acknowledges stock-outs of SP for IPTp and has made adjustments by requesting three years of funding from the Global Fund rather than from domestic sources. Partners are assisting the government to improve procurement and supply management (PSM), which has shown some improvements. The applicant outlines efforts that will continue during this new funding cycle to further strengthen the PSM while continuing to	

strengthen integrated community case management (iCCM) by increasing the number of community health workers (CHWs) as well as their capacity building and supportive supervision arrangements. This funding request continues the integrated approach for logistics management information systems (LMIS); laboratory services; and community health management information system (HMIS).	
Criteria 5: Validation of appropriate focus on interventions to Promote and Protect Human Rights and Gender Equality.	
The investment addresses human rights and gender-related barriers, and ensures appropriate focus on interventions that respond to key and vulnerable populations – including if there is need for intensifying or modifying efforts	TRP Assessment: Major concerns
<p>The funding request does identify vulnerable populations, notably young children aged 0-5 years, pregnant women and children under 5, security personnel deployed to field stations, and in flood prone areas, people living in hard to reach rural areas, in lower altitudes and/or living close to water bodies, mobile populations such as the military and police personnel, farmers, fishermen who seasonally shift from their usual places of residence, people with disabilities, prisoners and children living on the streets. The TRP appreciates the applicant's identification of these vulnerable populations and acknowledges its importance.</p> <p>The 2017 TRP review recommended the applicant develop and implement plans to reach and cover these populations. Unfortunately, this funding request does not adequately demonstrate evidence of such a plan nor the expected implementation.</p> <p>The Applicant acknowledges that gender dynamics, including pregnant women's net utilization, impact women's vulnerability to malaria. The TRP considers this an important step forward. However, the applicant does not elaborate on gender-specific vulnerabilities, no gender assessments have been conducted (see issue 3 below), and there are no plans to address gender-specific vulnerabilities.</p>	
Criteria 6: Funding Landscape, Co-Financing, and Sustainability.	
The request includes efforts to strengthen sustainability of the program, and/or provides clear information of the extent to which co-financing commitments for the current implementation period have been realized, and clear information on overall domestic co-financing for the next implementation period	TRP Assessment: minor concerns
<p>Zambia has been progressively covering most of the salary and certain commodities costs. The coverage of these costs through domestic resources moves Zambia toward greater sustainability. The country has met the co-financing requirements when reviewed from its combined investment for all three diseases. However, it has not met agreed co-financing requirements for malaria. In this funding request, the applicant has laid out credible plans to meet its malaria co-financing requirement. Despite the commitment, there is a major funding gap for the planned 2023 ITN campaign – a major “hole” in the program and its ambition to achieve elimination.</p>	

SECTION 6: Issues identified and recommendations requiring strategic action	
Issues to be addressed	
Issue 1: Insufficient funds for vector control; inefficiencies in case management	Funding Type: Allocation and PAAR
<p>Issue: This funding request plans to transition from broad IRS use to universal ITN coverage as the primary means of vector control to reduce overall costs. While this proposed approach could increase cost efficiency, the TRP cautions that for the transition to be effective, the applicant requires vigilance in monitoring and requisite robust epidemiological and entomological data to ensure the most effective and efficient choice of interventions. In addition, it is critical to establish operational readiness to avoid a resurgence and loss of gains from IRS. Such information and safeguards are absent in this funding request. Furthermore, much of the cost for the 2023 ITN mass campaign is in the PAAR, presenting a risk to maintaining vector control coverage.</p>	To be cleared by: Secretariat
	<p>Timeline:</p> <ol style="list-style-type: none"> 1. Within the first six-months of grant implementation 2. Within 12-month of grant implementation

<p>The TRP suggests finding operational efficiencies, including shifting the current allocation of expanding microscopy diagnosis in case management to PAAR. While noting the Applicant's rationale of switching to microscopic diagnosis due to concern about an ongoing international shortage of rapid diagnostic tests (RDTs), assurance of accurate microscopy diagnostics can be costly and would cause delays in establishment. This proposed diagnostic substitution is also difficult to realize at clinic-level as a replacement for RDTs or in expanding services to rural areas.</p> <p>Action: The TRP recommends the applicant to</p> <ol style="list-style-type: none"> 1) Undertake a cost-effectiveness analysis comparing the continued use of IRS, Pyrethroid long lasting insecticidal nets (LLINS) or non-pyrethroid LLINS (as appropriate based on resistance profiles) in high-burden areas targeted for transition. 2) Develop a comprehensive costed IRS exit plan for locations where transition is deemed appropriate. Such exit plan shall describe the epidemiological and entomological criteria for transition; procedure for assessing & ensuring non-inferiority of LLIN effectiveness; and a corresponding SBCC package specifically aimed at optimal LLIN uptake. 3) Prioritize funding allocation for the 2023 vector control interventions through identification of potential efficiency gains from other interventions. This should include a re-examination of diagnostic needs to ensure the most efficient and effective mix or approaches to case management, including an emphasis on RDT use outside of large facility settings. 	<p>3. During grant-making</p>
<p>Issue 2: Inadequate information on prevention and treatment strategies & actions to reach street children</p>	<p>Funding Type: Allocation</p>
<p>Issue: The applicant identifies street children as a particularly vulnerable population. The TRP notes that the previous funding request also identified street children as vulnerable and in the last TRP review (30 June 2017), the TRP requested the applicant clarify how street children will be reached. In this funding request, the applicant reports that targeted interventions for street children have not yet been implemented, but there is a plan to reach street children through NGOs including targeted communication and provision of LLINs and IRS at street children shelters. The TRP is in agreement with the plan, however, it is not clear to the TRP how the applicant intends to reach street children who are not in shelters.</p> <p>Action: The TRP requests the applicant to provide a 3-page action plan with annual targets to plan the outreach to street children for malaria prevention. The plan should include documenting malaria incidence rates and identifying and addressing street children's malaria-specific vulnerabilities, as well as malaria prevention strategies for out-of-shelter street children. The applicant is requested to implement the plan during the lifetime of the grant.</p>	<p>To be cleared by: TRP: Actions 1, 2 & 4 Secretariat: Actions 3 & 5</p> <p>Timeline: Within 3 months of grant implementation</p>
<p>Issue 3: Lack of a gender-specific strategy to improve pregnant women's ITN utilization</p>	<p>Funding Type: Allocation</p>
<p>Issue: The funding request indicated that 45% of pregnant women living in homes with a net did not sleep under it the night before a survey. It further stated prevailing "paternalistic tendencies due to imbalance of power attributed to gender roles at household level" as a possible contributor to this discrepancy between net availability and pregnant women's net utilisation. However, there is no information on an analysis of the gender dynamics attributable for the low net utilization among pregnant women, neither is there a strategy to address such gender-specific issues.</p> <p>Action: The TRP requests the Applicant as follows:</p> <ol style="list-style-type: none"> 1. Conduct a gender analysis to identify the specific reasons for low net utilization by pregnant women in net-available households 	<p>To be cleared by: Secretariat</p> <p>Timeline: Within 10-months of grant implementation</p>

<p>2. Utilize the gender-analysis findings to formulate and implement an action plan addressing the possible barriers to increase pregnant women's net utilization. The Malaria Matchbox Toolkit may be referenced to guide this analysis.</p>	
<p>Issue 4: Lagging progress towards achieving proposed targets reflecting an unrealistic elimination strategy</p>	<p>Funding Type: Allocation</p>
<p>Issue: Despite the progress made in coverage and utilization of malaria prevention and treatment services (e.g. 84% of population protected by IRS or ITN in 2018) there is limited progress in the overall reduction of incidence (12% from 2015 to 2019), and the total number of confirmed cases from 2017 to 2019 is rather stable at around 5 million per year.</p> <p>The applicant recognizes that the malaria trend in high burden areas is plateauing and suggests that this may be attributable to insufficient scale-up of intervention packages. The TRP considers that there may be additional factors contributing to this stagnating situation in the most endemic areas, including for instance emerging behavioural resistance of vectors.</p> <p>Action: The TRP requests the applicant to undertake the following actions:</p> <ol style="list-style-type: none"> 1) Investigate factors that hinder progress, particularly in high burden areas, to better identify and address them with tailored interventions. This should build on the ongoing assessment of the Q1 2020 upsurge; 2) Assess carefully the program achievements, constraints and the epidemiological situation during the End Term Review of the current elimination strategy scheduled in 2021. Based on these results, adjust targets and timelines as appropriate. 	<p>To be cleared by: Secretariat</p> <p>Timeline: Within the first 15 months of grant implementation</p>
<p>Issue 5: Weak financing climate threatens program achievements and future success</p>	<p>Funding type: Allocation</p>
<p>Issue: The health financing context in Zambia is complex. The applicant has increasingly covered a greater share of program costs over time. There is a Health Financing Strategic Plan 2017-2027 that contains strategies to mobilize domestic resources for health. However, the applicant failed to meet co-financing requirements for malaria in the current grant implementation period (although it did meet the commitment once all three diseases were accounted for). Furthermore, available domestic funds were not disbursed on time, contributing to a stock-out of IPTp medication which in turn contributed to a reduction of coverage for</p>	<p>To be cleared by: Secretariat</p>

pregnant women from 53% in 2018 down to 38% in 2019. Critically, the funding request highlights a major funding gap in the mass LLIN distribution campaign planned for 2023 that is essential to continued program success. In addition, the operationalization of a National Health Insurance (NHI) program is just beginning and although it is unlikely to provide much financing in the immediate future, it is crucial that basic malaria prevention and treatment services are included in the program from the start.

Action: The applicant is requested to take the following actions to step up its commitment to malaria program financing both to ensure sustainability of the gains achieved and to secure future success:

(1) Plan for and meet co-financing requirements for the 2021-2023 malaria program, including a regular schedule of reporting to the Secretariat to monitor the co-financing mobilized and disbursed throughout the grant;

(2) Ensure timely disbursement of committed domestic funds for critical malaria commodities to avoid stockouts;

(3) Prepare a financing strategy to address the malaria funding gap with a particular focus on the resource needs for the 2023 LLIN campaign. In developing this strategy, it would be important to explore all possible options for domestic resource mobilization including additional contributions from private firms, such as those involved in mining and large-scale agriculture mentioned in the National Malaria Elimination Business Plan;

(4) Advocate for the inclusion of malaria service coverage in the national health insurance program drawing on technical assistance as necessary.

Timeline: During grant implementation

TRP Recommendation on PAAR

The TRP considers the full PAAR of **US\$ 39,041,991** to be quality demand. The TRP notes that, for the most part, the PAAR complements the allocation, is aligned with the outstanding gaps not covered in the program and is appropriately prioritized, with the exception of item 3, concerning RDTs for reactive case detection by CHWs. The TRP considers that RDTs for reactive case detection are needed only when transmission is much lower and they have low sensitivity to non-symptomatic low-density infections; thus, while some areas of Zambia may be moving towards pre-elimination, this request would be more germane and a higher priority when core interventions for burden reduction elsewhere are fully funded.

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)	Malaria
Funding request this request relates to	FR852-ZMB-M
Currency	USD
Total Above Allocation Request (Allocation Currency)	39041991.00
TRP amount approved (USD)	39041991.00

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 Program has had to make difficult decisions to prioritize interventions within allocation because of the reduction in the budget allocation to this Funding Request (FR) as well as Zambia's constrained domestic fiscal space.

Vector Control – Mass Campaign Long Lasting Insecticidal Nets (LLINs) & Entomological Monitoring

The Program aims to maintain high levels of coverage across all interventions. With current support from GF and other partners, the Program expects to achieve universal coverage of vector control by the end of 2020. To protect gains, in 2021 and 2022 IRS will need to be repeated at similar level, whereas from 2023, the Program aims to deploy LLINs (through mass campaign and routine distribution) as the primary vector control intervention and scale back IRS to be deployed in hot spots.

To implement the mass LLIN campaign in 2023, the Program will need to procure and distribute 13,312,149 LLINs for mass campaign distribution, at a total cost of \$73,216,814.00. The projected commitments are \$11,550,000 and \$37,589,078 from PMI and GRZ, respectively. This leaves a gap of \$24,127,736, the entirety of which is proposed to be covered in this FR, broken down as follows:

- An amount of \$2,208,300.00 is requested within Allocation for the procurement and distribution of one million standard LLINs. These nets will be distributed in the high burden provinces of Luapula, Muchinga and Northern which will have received standard LLINs in the 2020 mass campaign. The Program would have preferred PBO nets, which are known to be more impactful, but is requesting standard LLINs due to budget constraints.

- The balance of \$21,919,436.00 is requested in PAAR for the procurement of PBO nets for distribution in the rest of the provinces.

The quantification for LLINs in the 2023 campaign is based on transitioning of HFCAs from IRS to LLINs as the malaria burden reduces (see Annex 11 in the FR Narrative). In the coming two years, the Program will explore resource mobilization from domestic and international sources in hopes of covering the extra costs of PBO nets for 2023.

Vector Control – Entomological Monitoring

Insecticide resistance 2010-2019

Zambia has a National Insecticide Resistance Management and Monitoring Plan 2014– 2017 (IMMR), revised in 2018 (IMMR 2018), which guides the resistance monitoring of insecticides for periodic, evidence-based, scheduled rotation of insecticides for the IRS program, to mitigate vector resistance. Given the documented pyrethroid resistance (see Annex 5 in the FR narrative showing insecticide resistance profile from 2010 to 2019), especially in Anopheles gambiae, Zambia's policy is to use non-pyrethroid pesticides in IRS and implement a mosaic that includes clothianidin, DDT, clothianidin-deltamethrin, among others and with regards to LLINs, switch to PBO nets. The Program expanded entomological sentinel sites (see Annex 6) for entomological monitoring and surveillance from 12 in 2017 to 22 in 2019 and plans to expand to 39 sites.

To inform effective monitoring and evaluation of vector control interventions, the Program plans to expand entomologic sentinel sites from the current 22 to 39. The total need for entomological monitoring and surveillance for 2021-2023 is \$5,063,092.00, broken down as follows, \$1,671,164.00, \$1,680,964.00 and \$1,710,964.00 in 2021, 2022 and 2023 respectively. The commitments are \$552,220.00, \$534,365.00 and \$510,000.00 for 2021, 2022 and 2023 (a total of \$1,596,585.00). The gap is \$3,365,652.65. The Program is requesting \$786,960.86 within allocation and the balance of \$2,679,546.14 in PAAR.

Case Management – Integrated Community Case Management

To further improve access, the Program is expanding community case management through training and deployment of CHWs. The Program will need to train and deploy for case management 4,500, 6,000 and 4,317 CHWs in 2021, 2022 and 2023 respectively (a total of 14,817 CHWs for the three years) translating into a financing need of \$7,114,500, \$9,486,000 and \$6,825,177 in 2021, 2022 and 2023 respectively (at a unit cost of \$1,581 per CHW). The commitments are \$5,007,027, \$5,007,027 and \$5,005,446 in 2021, 2022 and 2023. The gap is \$1,791,911, \$1,581,000 and \$1,581,000 respectively and the Program is requesting for all the three years (\$4,953,991) within Allocation and \$3,663,177 in PAAR to train and deploy 2,317 CHWs.

To improve surveillance at community level, the Program needs to train and deploy 1,350 CHWs annually from 2021-2023 (4,051 CHWs for three years) at a cost of \$527 per year (\$2,134,877 for three years). This is requested for in PAAR (see Table 2 in the FR narrative).

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	Vector control	Long-lasting insecticidal nets (LLIN) - Mass campaign - Universal	21,919,436	21,919,436	For the 2021-23 Grant Period, the Program aims to maintain high levels of coverage across all interventions. With current support from GF and other partners, the Program expects to achieve universal coverage of vector control by the end of 2020. To protect gains, in 2021 and 2022 IRS will need to be repeated at similar level, whereas from 2023, the Program aims to deploy LLINs as the primary vector control intervention and scale back IRS to be deployed in hot spots. (For more details refer to Annex 1: Operationalization of the Vector Control Targeting Strategy in Zambia). In 2023, the Program will need to procure 13,312,149 LLINs for mass campaign distribution, which translates into \$73,216,814. The commitment is \$11,550,000 and \$37,589,078 from PMI and GRZ. The gap is \$24,127,736 and the Program is requesting \$2,208,300.00 for the procurement and distribution of KK standard LLINs within allocation. These nets will be distributed in the high burden provinces of Luapula, Muchinga and Northern which will have received standard LLINs in the 2020 mass campaign. The balance of \$21,919,436 is requested in PAAR for the procurement and distribution of standard in the rest of the provinces. The quantification for LLINs in 2023 is based on transitioning of HFCAs from IRS to LLINs as the malaria burden reduces (see Annex). The Program would have preferred PBOs but requesting standard LLINs due to constraints.		High	21,919,436	The TRP recognizes the importance of LLIN coverage when shifting from IRS in 2023, thus recommends this high priority PAAR item be elevated to allocation, as much as it is feasible from potential operational efficiencies identified.

