

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Churches Health Association of Zambia** (the "Principal Recipient" or the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 9 January 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.

2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at <http://www.theglobalfund.org/GrantRegulations>). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.

3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of Zambia
3.2	Disease Component:	Malaria
3.3	Program Title:	Toward Malaria Elimination
3.4	Grant Name:	ZMB-M-CHAZ
3.5	GA Number:	1950
3.6	Grant Funds:	Up to the amount of USD 21,854,574 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2021 to 31 December 2023 (inclusive)
3.8	Principal Recipient:	Churches Health Association of Zambia CHAZ Complex Plot 2882/B/5/10 Mission Drive, Waterfalls P O Box 34511 10101 Lusaka Republic of Zambia

		Attention: Mrs. Karen Sichinga Executive Director Telephone: 260211229702 Facsimile: +260211250930 Email: ed@chaz.org.zm
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	PricewaterhouseCoopers Limited PWC Place, Stand No. 2374, Thabo Mbeki Road Lusaka Republic of Zambia Attention: Charity Mulenga Team Leader Telephone: +260977740834 Email: charity.mulenga@pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Linden Morrison Department Head Grant Management Division Telephone: +41587911700 Facsimile: +41445806820 Email: linden.morrison@theglobalfund.org

4. **Policies.** The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019 as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee, from time to time.

5. **Covenants.** The Global Fund and the Grantee further agree that:

5.1 Personal

Data

(1) Principles. The Principal Recipient, on behalf of the Grantee, acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"):

- (a) Information that could be used to identify a natural person ("Personal Data") will be:
- (i) processed lawfully, fairly and transparently;
 - (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes;
 - (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed;
 - (iv) accurate and, where necessary, kept up to date;
 - (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and
 - (vi) processed in a manner that ensures appropriate security of the Personal Data; and
- (b) Natural persons are afforded, where relevant, the right to information about Personal

Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles: (a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and (b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

5.2 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

5.3 In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the Grantee acknowledges and agrees that:

(1) the Host Country should progressively increase government expenditure on health to meet national universal health coverage goals; and increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the costs of key Program components as identified in consultation with the Global Fund. The Principal Recipient acknowledges that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Host Country fails to meet these requirements; and

(2) the commitment and disbursement of USD 9,769,674 (the "Co-Financing Incentive") is subject to the Global Fund's satisfaction with the Host Country's compliance with the requirements to access the 'co-financing incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The Global Fund may reduce all or part of the Co-Financing Incentive during the current or any subsequent Implementation Period, in the event that the Host Country fails to comply with the Co-Financing Incentive Requirements.

5.4 The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6. hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6. hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

5.5 (1) Grant Funds may be used to pay for the services of an external auditor retained by the Global Fund for the annual independent audit of the Program (the "External Auditor") and the Global Fund may disburse such Grant Funds directly to the External Auditor;

(2) the Principal Recipient consents to the relevant audit arrangements and to the terms of reference of the External Auditor and agrees that such terms of reference may be amended from time to time; and
(3) without limiting Section 7.5 of the Global Fund Grant Regulations (2014), the Principal Recipient shall cooperate fully with the External Auditor to allow the External Auditor to perform its services, including by providing all information and documents requested by the External Auditor or the Global Fund.

[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Grantee have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

**The Global Fund to Fight AIDS,
Tuberculosis and Malaria**

Churches Health Association of Zambia

By: _____

By: _____

Name: Mark Eldon-Edington

Name: Karen Sichinga

Title: Head, Grant Management Division

Title: Executive Director

Date:

Date:

Acknowledged by

By: _____

Name: Paul Mususu

Title: Chair Country Coordinating Mechanism of Republic of Zambia

Date:

By: _____

Name: Nathan Nhlane

Title: Civil Society Signatory Country Coordinating Mechanism of Republic of Zambia

Date:

Schedule I
Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

The current strategy to eliminate malaria in Zambia is guided by the National Malaria Elimination Strategic Plan 2017-2021 and is aligned to the WHO guidance document, "A Framework for Malaria Elimination, WHO, 2017". The malaria strategy in Zambia stratifies the country into five epidemiological levels defined by malaria transmission intensity. Specific sets of interventions are implemented at each level.

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.

The Program has made significant progress in recent years (MTR, p 37). Although not all targets in malaria burden reduction were met, malaria mortality has been reduced from a baseline of 15.2 per 100,000 population in 2015 to 7 per 100,000 population in 2019, (Zambia Malaria Essential Data Tables 2015-2019). This exceeded the target which was set at 9 per 100,000 (Zambia Malaria FR Performance Framework). The malaria incidence declined from 335 (per 1,000 population) in 2015 to 296 in 2019, short of the target of 191 (Zambia Malaria Essential Data Tables 2015-2019). At the end of 2019, 40% of Health Facility Catchment Areas (HFCAs) against a target of 50% for 2018 reported incidence of less than 50 per 1,000 population. The malaria prevalence in children under five reduced from 17% in 2015 to 9% in 2018 ([National Malaria Indicator Survey 2018 \[MIS\]](#)). The proportion of suspected malaria cases receiving parasitological diagnosis increased from 88% in 2015 to 98% in 2019 (Zambia Malaria Essential Data Tables 2015-2019). Please refer to Annex 4 for the results and targets for selected outcome and coverage indicators.

The malaria grants for the period 2021-2023 in Zambia will be implemented as Program Continuation. The grants will continue to be implemented by two PRs: the Ministry of Health will work at national level with the Medical Stores Limited; and the Churches Health Association of Zambia (CHAZ) which is a national NGO working with almost 175 SRs, Faith-Based Organizations and Community Services Organizations, focusing on interventions at community level.

2. Goals, Strategies and Activities

Goals:

- To eliminate local malaria infection and disease in Zambia by 2021
- To maintain malaria-free status and prevent reintroduction and importation of malaria into areas where the disease has been eliminated

Strategies:

- Increase the implementation rate of interventions from 36% in 2015 to 95% by 2021;
- Reduce malaria incidence from 336 cases per 1,000 population in 2015 to less than 5 cases per 1,000 population by 2021;
- Increase the malaria-free health facility catchment areas (HFCAs) from 0.5% in 2015 to 100% in 2021; and

- Reduce malaria deaths from 15.2 deaths per 100,000 in 2015 to less than 5 deaths per 100,000 population by 2021.

Planned Activities:

The Program activities include supporting vector control (LLINs for continuous and mass distribution channels, IRS and entomologic monitoring); case management (diagnostics such as microscopy and RDTs; first-line antimalarial drugs such as ACTs, and iCCM); and health systems strengthening related to M&E, community systems strengthening, Human Resources for Health, and Financial management.

Module	Activities	PR
Vector Control	<ul style="list-style-type: none"> • Procurement of LLINs and distribution costs to support 2023 mass campaign 	MOH
	<ul style="list-style-type: none"> • Procurement of LLINs and distribution costs to support Continuous Distribution in targeted areas to vulnerable groups (infants and pregnant women through ANC and EPI). 	CHAZ
	<ul style="list-style-type: none"> • Procurement of insecticide for IRS campaigns 	MOH
	<ul style="list-style-type: none"> • Support for IRS campaigns such as procurement of equipment, transportation, trainings, waste disposal 	MOH
	<ul style="list-style-type: none"> • Entomological monitoring for insecticide resistance. 	MOH
Case management	<ul style="list-style-type: none"> • Procurement of ACTs and RDTs 	MOH CHAZ
	<ul style="list-style-type: none"> • Procurement of Artesunate 	MOH
	<ul style="list-style-type: none"> • Procurement of microscopy reagents, materials and consumables 	MOH
	<ul style="list-style-type: none"> • Procurement of microscopes 	CHAZ
	<ul style="list-style-type: none"> • Generation of proficiency diagnostic testing materials and training 	MOH CHAZ
	<ul style="list-style-type: none"> • Supervision and quality assurance activities 	MOH CHAZ
	<ul style="list-style-type: none"> • ICCM trainings and support visits 	MOH CHAZ
	<ul style="list-style-type: none"> • Support around quantification and consumption of malaria commodities 	MOH CHAZ
Specific prevention interventions (SPI)	<ul style="list-style-type: none"> • Procurement of Sulfadoxine Pyrimethamin (SP) 	MOH
RSSH: Health management information systems and M&E	<ul style="list-style-type: none"> • Program and data quality interventions such as trainings, data quality audits 	MOH CHAZ
	<ul style="list-style-type: none"> • Malaria Indicator Survey (MIS) 	MOH
	<ul style="list-style-type: none"> • Therapeutic efficacy study 	MOH
	<ul style="list-style-type: none"> • Building linkages with various stakeholders such as parliamentarians, speaker of National 	MOH

	Assembly, religious bodies, members of House of Chiefs.	
RSSH: Community systems strengthening	• Hold meeting to validate and finalize malaria elimination communication campaign materials	MOH CHAZ
	• Workshops to develop SBCC messages and materials; and field testing	MOH
	• Commemoration of Annual Malaria Events - Electronic Products and promotional materials	MOH CHAZ
RSSH: Human resources for health, including community health workers	• Salary and gratuity for Community Health Assistants	MOH
RSSH: Financial management systems	<ul style="list-style-type: none"> • Capacity building and trainings • Support to governance systems • Technical Assistance • Financial Sub Recipients supervision, mentorship and reviews 	MoH CHAZ

3. Target Group/Beneficiaries

- General Population
- Pregnant women
- Children

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.