FOURTH CALL FOR PROPOSALS

The Global Fund to fight ADIS, Tuberculosis and Malaria and issuing its Fourth Call for Proposals for grant funding. This Proposal Form should be used submit proposals to the global Fund. Please read the accompanying Guidelines for Proposals carefully before starting to fill out the Proposal Form.

Timetable: Fourth Round

Deadline for submission of proposals	*April 5, 2004*
Board consideration of recommended proposals	*June 28-30, 2004*

Resources available: Fourth Round

As of the date of the Fourth Call for Proposals, US$ 604 million is available for commitment for the Fourth Call for Proposals (pending any appeals to Third Round decisions). It is likely that more resources will become available before the Board consideration of proposals. The amount available will be updated regularly on the Global Fund's website.

Geneva, 10 January 2004

Notes:

How to use this form:

1. Please read ALL questions carefully. Specific instructions for answering the questions are provided.

2. Where appropriate, indications are given as to the approximate length of the answer to be provided. Please try, as much as possible, to respect these indications.

3. To avoid duplication of efforts, we urge you to make maximum use of existing information (e.g., from program documents written for other donors/funding agencies).

4. Proposals may be posted on the Global Fund web site and/or otherwise made public.

General Information

General Information

Proposal Title

Improving Case Management through Promotion and Distribution of Pre-packaged Artemisinin-based Combination Therapy (ACT) and Provider Training

Country/Countries

Nigeria

Please check one of the boxes, this will categorize your application type. For explanations of categories refer to Guidelines for Proposals section II paragraphs B1 to B4. Please note that Regional CM applications include also proposals from Small Island States.

Type of Application:

- (•) Country Coordinating Mechanism
- ( ) Sub-Country Coordinating Mechanism
- ( ) Regional Coordinating Mechanism (including Small Island States)
- ( ) Regional Organization
- ( ) Non-Country Coordinating Mechanism

Please check the box or all boxes your proposal targets; for explanations of components refer to Guidelines for Proposals section III paragraph A.

Proposal Components:

- [ ] HIV/AIDS
- [ ] Tuberculosis
- [x] Malaria
- [ ] HIV/TB
- [ ] Integrated

1. Eligibility

1.1.2 Poor or vulnerable populations

This proposal is eligible only if it demonstrates that it focuses on poor or vulnerable populations. Describe the poor or vulnerable populations targeted by this proposal (2–3 paragraphs).

Describe how these populations have been identified, and how they will be involved in planning and implementing the proposal (2–3 paragraphs).

2. Executive Summary

2. Executive Summary

Please note: The Executive Summary will be used to present an overview of the proposal to various members of the Secretariat, the Technical Review Panel and the Board of The Global Fund.

NOTE: THIS SECTION TO BE COMPLETED AFTER THE OTHER SECTIONS HAVE BEEN FILLED IN

2.1 Component and Funding Summary

Table 2.1-Total Funding Summary

Total funds requested in USD						
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
HIV/AIDS	$0	$0	$0	$0	$0	$0
Tuberculosis	$0	$0	$0	$0	$0	$0
Malaria	$6,886,000	$13,581,000	$20,115,000	$22,920,000	$22,620,000	$86,122,000
HIV/TB	$0	$0	$0	$0	$0	$0
Integrated	$0	$0	$0	$0	$0	$0
Total	$6,886,000	$13,581,000	$20,115,000	$22,920,000	$22,620,000	$86,122,000

2.2 Proposal Evaluation

Please specify how you would like your proposal to be evaluated:

- ○ The Proposal should be evaluated as a whole
- ◉ The Proposal should be evaluated as separate components

2.3 Proposal Summary

Please include quantitative information where possible (4-6 paragraphs total):

1. Describe the goals, objectives and key service delivery areas per component, including expected results and timeframe for achieving these results. Specify the beneficiaries of the proposal per component and the benefits expected to accrue to them (including target populations and their estimated number).

2. If there are several components, describe any synergies expected from the combination of different components (By synergies, we mean the added value the different components bring to each other, or how the combination of these components may have broader impact).

3. Indicate whether the proposal is to scale up existing efforts or initiate new activities. Explain how lessons learned and best practices have been reflected in this proposal and describe innovative aspects to the proposal.

MALARIA COMPONENT

Title: Improving malaria case management through promotion and distribution of pre-packaged Artemisinin based combination therapy (ACT) and training of health service providers.

Goal: Reduce morbidity and mortality from malaria

Objectives:
1. Increase informed demand for ACT within 24 hours of onset of symptoms
2. Improve access to effective malaria treatment within 24 hours of onset of fever
3. Improve compliance to ACT drug regimen
4. To expand and maintain systematic monitoring of performance in malaria case management and drug efficacy

Key Service Delivery Areas:
A. Home based management of malaria
B. Prompt effective antimalarial treatment
C. Monitoring of drug resistance

Target Population:
15% of children under five in selected states, totaling approximately 8.6 million children in year 5.

The Federal Ministry of Health (FMOH), Nigeria is in the process of determining a new drug policy, including how and where the new drugs should be made available to those in need targeting the vulnerable groups. It is planned that the vulnerable groups will have improved access to treatment using efficacious antimalaria drugs (ACT) to reduce morbidity and mortality. Nigeria RBM Partners propose to conduct a research study in 3 states in year one, which will measure and compare compliance levels to ACTs obtained through the pharmaceutical sector with ACTs obtained at health facilities. RBM Partners will provide ACTs at subsidized prices through all sectors licensed to distribute ACTs (pharmaceutical sector, public and private health facilities) in selected states. Health providers will be selected and trained to correctly dispense the drugs and provide correct information emphasizing the importance of compliance. In year one, a tracking study will be conducted quarterly in which several hundred customers from various pharmacies will be interviewed and followed up to assess their compliance. The same mechanism will be utilized in selected clinics to assess compliance with ACTs delivered through health facilities. The results will then be measured to determine if there is a significant difference in compliance between ACTs provided in health facilities versus the pharmaceutical sector. This information can then assist the FMOH in making a decision about appropriate delivery channel to be used to make ACTs more widely available.

In the course of implementing RBM case managemet strategy, the following lessons have been learned:
1.Resistance has developed for the first line drugs and therefore there is need to revise present drug policy to include ACT.
2.Pre-packaging was feasible for manufacturers and acceptable to consumers. There is need for private sector to take the lead in the distribution of pre-packaged antimalarial drugs. There is an existing framework for delivery of prepackaged drugs and ACT will utilize same
3.RBM Partnership is an essential element for successful program implementation.
4.Home based case management of malaria has been enhanced by the availability of pre-packaged antimalaria drugs
5.Need to build capacity to improve program management at all levels (e.g. train providers).
6.Community level participation necessary for program sustainability.
7.Necessity to create demand for health information, commodities, and services through multiple channels such as mass media and community-based organizations.

An innovative aspect of the year one study phase will be the information, education and communications component. The hypothesis to be tested is that improved IEC to both to consumers and providers will improve ACT compliance and acceptability, thereby improving access to ACT.

RBM Partners will conduct an intensive communications campaign with the following key objectives:
1. Increase prompt recognition of malaria symptoms by caretakers
2. Increase knowledge about correct and prompt treatment seeking behaviour within 24 hours of onset of symptoms
3. Increase awareness about where to seek treatment including health facilities and approved pharmacies
4. Increase compliance to the drug regimen

☐ 3. Type of Application National CCM

3.1 National CCM Section

Table 3.1-National CCM Basic Information

Name of National CCM	Date of Composition
CCM Nigeria	5/3/2002

3.1.1 Has the National CCM applied previously to the Global Fund?

- (•) Yes
- ( ) No

3.1.2 Has the National CCM composition changed since the last submission?

- ( ) Yes
- (•) No

3.1.4 Describe how the National CCM operates.

g., decision-making mechanisms, constituency consultation processes, structure of sub-committees, frequency of ..ieetings, implementation oversight, etc. (2 paragraphs).

Attachments

The organisational structure of the CCM includes a democratically elected Chairman, and a focal Secretary who operates the CCM Secretariat with a small support staff. The CCM has six sub-committees namely: Financial Management, Technical, Monitoring and Evaluation, Drug and Procurement Management, Constitution and Administration sub-committees (Attachments I). The CCM has 39 members drawn from all eight constituencies (government, NGOS,Civil Society, Academia,People Living with Diseases,Private Sector, ect) and operates standard and transparent procedures in its conduct of meetings and business; and maintains democratic channels for its decision-making processes on most matters of concern to the CCM, GFATM and Nigeria at large.
The CCM meets bi-monthly, or as emergent issues may dictate. Dates of meetings are set by consensus, usually during preceding meetings. The Functions and Responsibilities of the CCM is presented in Attachement (Attachment II) and Minutes of the CCM previous meetings are herewith attached (Attachments III-XII).
The CCM recognizes the need to improve partnership and participation by encouraging visible private sector roles to ensure that the operational framework is not misconstrued to be primarily government. A resource-mobilisation strategy is now being put in place by the Fund Raising sub-committee aimed at achieving two main objectives namely: enhanced publicity of CCM and stakeholder participation from the organized private sector and faith-based organizations. It also plans to raise funds complementary to the GFATM grant. The Private Sector will be mobilized to support the CCM rocess in-country by matching GF ATM grants to a reasonable degre depending on the financial standing of the organisation, e.g. Co-investment strategy. A proposed workplan which has been stiffiled of funding and also limited in its implementation, is attached (Attachment XIII). The funding process for CCM activities has been almost non-existent and disabling for its oversight function of PRs/SRs thereby making communicaton and linkages with the PRs unduly challenging. However CCM Nigeria has managed to source for funds for some of its actities and

organizations such as the Government of Nigeria, GTZ Germany and DFID UK have assisted and supported the CCMs .

Provide statutes of the organization, organizational diagram, terms of reference as attachments.

3.1.5 Do you have plans to enhance the role and function of the National CCM?

- (•) Yes
- ( ) No

If yes please describe plans and ongoing activities, including plans to promote partnerships and broader participation as well as communicating with wider stakeholders, if required (1 paragraph).

The CCM plans to engage the full participation of the Nigeria Business Coalition Against AIDS (NIBUCAA) into the CCM for a broader participation of the private sector. It is also enhancing the roles of its media members for improved public visibility of the GFATM/CCM process through various print and electronic media.

3.1 National CCM Section

3.1.6 National CCM Membership Section

Table 3.1.6A – National CCM Leadership Information

	National CCM leadership details	
	Chairperson	**Vice Chairperson**
First Name	Abdulsalami	Tekena
Last Name	Nasidi	Harry
Title	Dr	Prof
Mailing address	Room 4A. 322, Floor 3; Federal Secretariat, Maitama, Abuja	Dept. of Microbiology, Univ. of Maiduguri Teaching Hospital, Maiduguri.
Telephone	+234-803-700-6849	+234-76-235668, +234-802-3724476
Fax	+234-9-5238363	+234-76-235668
Email address	nasidia@hotmail.com	tekenaharry@hotmail.com

Table 3.1.6B – National CCM Member Information

	Members Details 1
Agency/Organization	See Attachment XV- Members Profile/Proposal endorsement form
Type	Government
First Name	XXXX
Last Name	XXXX
Title	XXXX
Email Address	ccmnigeria@hotmail.com
Main role in National CCM and Proposal Development	See Attachment VX-members profile / proposal endor

☐ 3.1 National CCM Section

3.1.7 National CCM Endorsement of Proposal

Please note: When the proposal is complete, please print out the entire proposal form. A signature page will print, and CCM members must sign this page. The entire proposal, including the signature page, must be sent to the Global Fund Secretariat, arriving before the deadline for submitting proposals.
If insufficient consultation has occurred in the course of preparing a proposal, CCM members who have not been involved should not sign the proposal.
The minutes of the CCM meeting at which the proposal was endorsed must be attached as an Annex to this proposal.

PROPOSAL TITLE: **Improving Case Management through Promotion and Distribution of Pre-packaged Artemisinin-based Combination Therapy (ACT) and Provider Training**

"We the undersigned hereby certify that we have participated in the Country Coordinating Mechanism process and have had sufficient opportunities to influence the process and this application. We have reviewed the final proposal and support it. We further pledge to continue our involvement in the Country Coordinating Mechanism if the proposal is approved and during its implementation"

Table 3.1.7 – National CCM Endorsement

Agency/Organization	Name of representative	Title	Date	Signature
	Abdulsalami Nasidi	Dr		
	Tekena Harry	Prof		
See Attachment XV- Members Profile/Proposal endorsement form	XXXX XXXX	XXXX		

Attachments

4 Components Section

PLEASE NOTE THAT THIS SECTION AND THE NEXT SECTION NEED TO BE COMPLETED BY COMPONENT, so, for example, if the proposal targets three components sections 4 and 5 must be completed three times. The system will automatically generate separate sections for each component.

4.1 Identify the components addressed in your proposal

Malaria

4.1.1 Indicate the estimated start time and duration of the component

Please take note of the timing of proposal approval by Board of the Global Fund (listed on the cover of the Proposal Form), as well as the fact that funds typically will not be released for a minimum of 2 months after Board approval.

Table 4.1.1 – Proposal start time and duration

	From		To	
	Month	Year	Month	Year
Month and Year	January	2005	December	2009

4.2 Contact persons for questions regarding this component

Please provide full contact details for two persons – this is necessary to ensure fast and responsive communication. These persons need to be readily accessible for technical or administrative clarification purposes.

Table 4.2 – Component Contact Persons

Primary and secondary contacts	
First Name	Olayemi
Last Name	Sofola
Title	Dr
Organization	Nigeria Federal Ministry of Health (FMOH)
Mailing address	Department of Public Health FMOH Federal Secretariat Complex Maitama PMB 083, Garki
Telephone	+234 803 3051149
Fax	234 9 5231643
Email address	tosofola@yahoo.com

First Name	Benjamin
Last Name	Nwobi
Title	Mr
Organization	CCM Nigeria
Mailing address	Plot 1206, Idofian Close, Off Nairobi Street, Off Aminu Kano Crescent, Wuse II, Abuja. Nigeria.
Telephone	+234 803 7054008
Fax	+234 9 2220986
Email address	emekanwobi@hotmail.com

4.3.1 Disease burden

Please provide 1-2 paragraphs on each of the following:

4.3.1.1 Latest data on prevalence, incidence and other disease measurements, including data sources used

Malaria remains one of the leading causes of morbidity and mortality in the country with prevalence rate of 919/100,000. Malaria accounts for 40% of disease burden reported at the Out-patient Department (OPD). It accounts for 30% of all childhood deaths and is associated with 11% of maternal deaths. At least 50% of the population suffer from one episode of malaria per year. It s also estimated that children under the age of five have 2-4 attacks of malaria annually. (National Malaria Control Program Plan of Action, 2001- Annex I)

The economic burden due to malaria in Nigeria is substantial. Every year the nation loses over N132 billion Naira due to absenteeism from school, work, farm and cost of treatment of Malaria. Malaria poses a major challenge as it impedes development. It is both a cause and consequence of underdevelopment. (Country Strategic Plan doc. 2001- Annex II)

4.3.1.2 Stage and type of epidemic, and most affected population groups

Malaria is highly endemic in Nigeria. Transmission of malaria is stable and perennial in all parts of the country. In the northern part of the country transmission is highly intense during the short wet season as compared with the low transmission during the long dry season. In the southern part of the country, transmission is intense, stable and uniform throughout the year. It is perennial in the forest ecotype and sub-perennial in the dry savannah ecotype where transmission is relatively low during the dry season (November/December to April/March). (Country Strategic Plan doc. 2001- Annex II)

Particularly at risk are children under five years, pregnant women, and populations with little immunity.

4.3.2 Describe the political commitment in responding to the disease, including by reference to internationally agreed-to targets (e.g., the commitment by African Heads of State to increase health sector spending to 15% of public expenditure) (1–2 paragraphs)

RBM is a global movement geared towards bringing about a significant reduction of the malaria burden with special focus on the high transmission areas of Africa (Goodman C; Coleman, P and Mills A 2000). The RBM movement galvanized African leaders into action through constituting themselves into an African coalition to address the malaria problem. The President of Nigeria demonstrated his commitment by hosting the first ever African Summit in Abuja for Roll Back Malaria (RBM) in April 2000. This commitment has led to his pledge to provide free insecticide treated nets (ITNs) to every pregnant woman who has attended antenatal care and every child under five who has completed immunization schedules.

The African Heads of States' Summit on RBM spelt out specific targets for achievement which are now popularly called the 'Abuja Targets' which are to achieved by the year 2005:

- At least 60% of the population will have prompt access to appropriate and affordable treatment within 24-hours of symptom onset
- At least 60% of pregnant women and children under age five will use treated bed nets
- At least 60% of all pregnant women will have access to chemoprophylaxis or to intermittent presumptive treatment (IPT).

.3 List the national disease control strategies consulted in the preparation of the proposal, and describe how lessons learned from the implementation of these strategies have been incorporated in this proposal (2–3 paragraphs)

Following the launch of Roll Back Malaria in 1998, a five year Strategic plan for RBM was developed (2001 to 2005) with a cost of US$204.814m. The objectives of the strategic plan are as follows:
- To reduce malaria morbidity and mortality by 25% by the end of the year 2005.
- To reduce mortality due to malaria among pregnant women by 25% by the end of the year 2005
- To reduce malaria case fatality by 10% in pregnant women and children by the year 2005

The key elements of the strategic plans are:
- Case management including home treatment.
- Multiple preventive measures (intermittent preventive treatment, use of ITNs and environmental management).
- Information, education and communication and social mobilisation.
- Operational Research.
- Health systems development and strengthening.
- Partnership.

In the course of implementing the above strategy, the following lessons have been learned:
1. Resistance has developed for the first line drugs and therefore there is need to revise present drug policy to include ACT.
2. Pre-packaging was feasible for manufacturers and acceptable to consumers. There is need for private sector to take the lead in the distribution of pre-packaged antimalarial drugs. There is an existing framework for delivery of prepackaged drugs and ACT will utilize same
3. RBM Partnership is an essential element of successful program implementation.

4.Home based case management of malaria has been enhanced by the availability of pre-packaged antimalaria drugs
5.Need to build capacity to improve program management at all levels (e.g. train providers).
6.Community level participation necessary for program sustainability.
7.Necessity to create demand for health information, commodities, and services through multiple channels such as mass media and community-based organizations.

4.3.4 List any broader development initiatives (e.g., Poverty Reduction Strategy Papers, Highly-Indebted Poor Countries initiative) ongoing in <<country>>, and describe the links between this proposal and these initiatives (2–3 paragraphs)

1. Health Sector Reform
2. National Poverty Eradication Program
3. National Economic Empowerment Development Strategy
4. New Partnership for African Development (NEPAD)

Malaria disease burden causes socio-economic deprivation thereby making the poor poorer. It impedes both individual and national development. The initiatives mentioned above are aimed at national economic empowerment and development and this program is aimed atdisease burden reduction, poverty reduction and improvement in human development.

4.3.5 Describe how the proposal will contribute to broader efforts to reach the Millennium Development Goals (1–2 paragraphs)

Proposal will contribute towards reducing child morbidity and mortality due to malaria and combating malaria in the general populace
It is also expected to reduce the health costs of malaria prevention and treatment thereby reducing poverty levels especially among the vulnerable groups who are under five children and pregnant women.

4.3.6 Describe the links to international initiatives (e.g., the World Health Organization/UNAIDS "3-by-5" initiative to address the insufficient access to antiretroviral therapy, the Global Plan to Stop TB, and the Roll Back Malaria Partnership) (1–2 paragraphs)

The aim of this study is to improve access to malaria treatment in order to reduce the malaria disease burden (morbidity and mortality) which is also the aim of the RBM initiative. RBM aims to halve malaria disease burden by 2010.

4.3.7 Is there a sector-wide approach or other fund-pooling mechanism in place in the health sector?

- ○ Yes
- ◉ No

If yes, briefly describe how it operates and if you anticipate using it to administer part/all of the Global Fund grant (1–2 paragraphs)

4.3.8 Is there a World Bank Multi-Country HIV/AIDS Program in <<country>>?

- ○ Yes
- ◉ No

If yes, describe how interventions in this proposal complement those financed by the World Bank MAP (2–3 paragraphs)

Describe how the financial management approach of this proposal relates to that being used by the World Bank MAP (1–2 paragraphs)

4.3.9 Indicate names and types of key agencies providing technical assistance to the national response

Table 4.3.9 - Technical Partners in National Response

Name of Agency	Type of Agency	Main technical focus (e.g., prevention, care and support, treatment, etc.)
Federal Ministry of Health (FMOH)	Government	Prevention, Treatment
World Health Organization (WHO)	Multi-/bilateral development partners	Case Management, Drug Efficacy
USAID	Multi-/bilateral development partners	Case Management, Prevention
DfID	Multi-/bilateral development partners	Prevention
Center for Disease Control and Prevention (CDC)	Government	Drug Efficacy, Case Management
Population Services International/Society for Family Health (PSI/SFH)	Non-governmental and Community-Based Organizations	Case Management, Prevention
Pharmaceutical Manufacturers Group of Manufacturers (PMG-Man)	The Private sector	Case Management
UNICEF	Multi-/bilateral development partners	Prevention

4.3.10 Earmarked financial contributions to the national response to component.

List the financial contributions dedicated to the fight against this disease by all domestic and external sources.

Table 4.3.10- Financial Contributions to National Response

	Financial contributions in USD							
	2001	2002	2003	2004	2005	2006	2007	2008
Domestic	$1	$10	$10	$8	$8	$9	$10	$10
External		$8	$8	$8	$8	$10	$10	$10
Total resources available	$1	$18	$18	$16	$16	$19	$20	$20

4.3.11 Total resource needs

Describe the total resources needed to combat component.

Table 4.3.11 - Total resource needs

	In USD				
	2004	2005	2006	2007	2008
Total resources available	$16	$16	$19	$20	$20
Total need	$44	$41	$54	$70	$91
Unmet need	$28	$25	$35	$50	$71

Describe the source of the resource needs (e.g., costed national strategies), or, if they were estimated for the proposal, how the estimates were developed (1 paragraph)

2004 and 2005 figures were derived from the Country Strategic Plan for RBM in Nigeria, 2001(Annex II). These figures were increased by 30% due to changes in strategy (e.g. revision of malaria drug policy to include ACT as first line drug) and inflation (18% annual).

2006 – 2008 figures are based on an annual increase of 30% over the 2005 figure.

4.3.12 Describe plans to ensure that any Global Fund resources received would be additional to the existing and planned resources (2–3 paragraphs)

Global Fund financing should be additional to existing and planned resources in the fight against AIDS, tuberculosis and malaria, and so should not replace existing domestic or external resources

RBM partnership in Nigeria (Government,WHO, UNICEF, USAID, DFID and organised private sector) is actively growing with each partner taking the lead in the implementation of the intervention of their comparative advantage.E.g UNICEF supports ITN promotion, WHO supports case management/drug policy and capacity development, Govt allocation to health has consistently improved from 4% to12.5% in 2004 with Malaria control receiving high priority, Private sector has been actively mobilised to support implementation of RBM interventions in their areas of advantage and operation.

In October 2003 RBM Essential Action, Progress, Investment and Gaps (REAPING) mission was held involving all RBM partners. At the round table meeting partners committed themselves to carrying out the essential actions. Partners committment and pledges came to 20 million USD. They resolved to mount a rigorous advocacy and mobilisation campaign to fill the gap of 66.5 milion USD (REAPING mission report - Annex V)

It is proposed that the Global Fund will assist in filling the identified gaps.

4.3.13 Analysis of gaps in coverage of key service delivery areas

Please check any of the following service delivery areas that are included in national strategic plans but which are currently not available at all or not currently available at sufficiently wide scale

Prevention

- Information, education & communication (IEC)
- Indoor Residual Spraying
- Malaria in pregnancy
- Insecticide-treated nets (ITNs)

Treatment

- Home based management of malaria
- Monitoring of drug resistance
- Prompt effective antimalarial treatment

Supportive environment and cross-cutting aspects

- Health systems strengthening

☐ Malaria

4.3 National Context for this Component

4.3.14 Does this application focus primarily on scaling up existing interventions, introducing new interventions, or both?

- ○ Scaling up
- ◉ New
- ○ Both

4.3.14.5 Describe how the new interventions addressed in the proposal complement and build upon existing programs (2 – 3 paragraphs)

In 2002, six surveillance sites were established throughout Nigeria for drug efficacy studies. In 2004, four new sites were established and the role of the ten sites was expanded to include the following activities:
–Collection of drug use and availability data;
–Conduct studies on vector resistance to insecticides; and
–Collect malaria-specific mortality and morbidity data.

Drug trials have been conducted which show that 1st and 2nd line malaria drugs are failing. The proposed activities will provide additional information on the newly selected drug. The data generated will improve the database of the sentinel sites to provide information on how drug distribution and use expansion will be effected.

4.3.14.6 Describe how these interventions were identified (1–2 paragraphs)

new element of the proposed intervention is the distribution of pre-packaged ACT. Pre-packaging of CQ and SP began in 2003. The DTET conducted in 2002 showed significant resistance levels to CQ and SP throughout Nigeria. The RBM Partnership in Nigeria has identified the need for policy review based on the DTET results and hosted a technical team from WHO/AFRO to evaluate treatment options in February 2004. The final consensus is that the two ACTs of choice for Nigeria are artesunate + amodiaquine and artemether + lumefantrine (Coartem). Efficacy studies on these two options will be conducted in 2004 and drug policy will be revised to include the most viable option as first line drug, which will be used for proposed interventions.

4.3.14.7 Describe why these interventions were not previously in widespread use (1– 2 paragraphs)

As stated above, information on resistance to first and second line drugs has recently been available and has informed the proposed drug policy change.

In the past five to ten years, drug efficacy surveys recorded resistance to 1st and 2nd line drugs but clinical efficacy was still good and thereofre there was no need to change policy at that time. In the last two years, the limits of tolerability have been exceeded, necessitating a change in drug policy. (See table in 4.4.12)

4.3.14.8 Describe any innovative aspects to these interventions (2 – 3 paragraphs)

4 5.Does this application complement earlier grants from The Global Fund?

- ◉ Yes
- ○ No

4.3.15.1.Describe how this application complements earlier grants from the Global Fund (2 – 3 paragraphs)

Improved management of malaria cases especially in the circumstatnces of increasing CQ resistance and rising malaria-specific morbidity and mortality.

Guide to the Program Strategy Section

Goal, Objectives, Services to be delivered and Main Activity Areas

In this section, the component strategy is described by completing Table 4.4, as well as the questions which follow. For online applicants, follow the on screen instructions and guidelines for each field to be completed in Table 4.4.

Table 4.4 is designed to help applicants clearly summarize the strategy and logical rationale behind their proposal, and to show how expanded coverage of key services to be supported by the Global Fund relate to a broader national plan for the disease component. Applicants are asked to describe the program goal, objectives, services to be delivered and main activities, as well as key indicators to be used for measuring impact and coverage. Process level indicators are not required for inclusion in the application form. Instructions and examples for each data field appear on screen during the inputting process.

Applicants should include a detailed action plan for the first 12 months and an indicative action plan for

Attachments

GFATM MalariaNigeria-workplan2005.xls

4.4.1 Describe the quality and type of the training to be carried out (e.g., delivery of ART services according to national guidelines, or peer counseling in sexual and reproductive health, according to national youth mobilization guidelines).

Providers will be trained in home based malaria management with ACT focusing on compliance, recognition of danger signs and prompt referral of cases to the next level of care.
Training manuals will be adapted to include ACT use.

4.4.2 Describe the broad approach for human resources development, including how adequate human resource capacity will be developed to support program scale up (2–3 paragraphs)

National, State and Local Government RBM secretariat staff will be trained on program management (e.g. resource management, proposal writing, program planning and implementation, monitoring and evaluation).

RBM Partners will train approximately 20% of providers in selected states over the five year project period. Provider training will also be incorporated into pre-service and professional continuing education program curricula. Local network of trainers will be utilized to scale up training activities.

4.4.3 Describe the key risks and assumptions made in preparing this proposal (3–4 paragraphs)

Assumptions

1. ACT are found to be effective in Nigeria as confirmed by the drug efficacy testing
2. There will be an assured and sustainable supply of sufficient quantities of ACT
3. There will be supplementary commercial supply of ACT in non-project states

4.4.4 Describe gender inequities regarding access to the services to be delivered (1–2 paragraphs)

n/a

4.4.5 Describe how this proposal will contribute to minimizing these gender inequities (1–2 paragraphs)

n/a

4.4.6 Describe the populations that are particularly vulnerable to HIV/AIDS, tuberculosis, and malaria (1–2 paragraphs)

Children under five who constitute 20% of the population of Nigeria (24, 000, 000), and pregnant women who constitute 4% (4, 800, 000). About 65% reside in the rural areas and most live below poverty line.

4.4.7 Describe how these populations are involved in planning the program and how they will be involved in implementing and monitoring it (including, if appropriate, describe their role as service deliverers) (1–2 paragraphs)

All branded and generic communication materials will be pre-tested among pregnant women and mothers and caregivers of children under five.

ACT brands will be pre-tested among pregnant women and mothers and caregivers of children under five.

Pregnant women and caregivers of children under five will be part of consumers polled in the monitoring and evaluation of this program.

4.4.8 Describe how principles of equity will be ensured in the selection of patients to access services, particularly if the proposal includes services that will only reach a proportion of the population in need (e.g., some antiretroviral therapy programs) (1–2 paragraphs)

n/a

4.4.9 Describe how this proposal will contribute to reducing stigma and discrimination against people living with HIV/AIDS, tuberculosis, and malaria, and other types of stigma and discrimination, including gender-based, that facilitate the spread of these diseases (1–2 paragraphs)

n/a

4.4.10 Describe how the beneficiaries of this proposal (e.g., people living with HIV/AIDS, tuberculosis, and/or malaria) and/or affected communities are involved in planning the program and how they will be involved in implementing it (including, if appropriate, describe their role as service deliverers) (1–2 paragraphs)

At various stages of the preparation of this proposal opinion of the communities targetted were sought and members of such communities were made to contribute to the content of this proposal

All branded and generic communication materials will be pre-tested among pregnant women and mothers and caregivers of children under five.

ACT brands will be pre-tested among pregnant women and mothers and caregivers of children under five.

Pregnant women and caregivers of children under five will be part of consumers polled in the monitoring and evaluation of this program.

4.4.11 Describe how the communities involved in this proposal are involved in planning the program, and how they will be involved in implementing it (including, if appropriate, describe their role as service deliverers) (1–2 paragraphs)

As mentioned above, the communities fully participated in the planning of the strategies for project implementation and Community members of select associations (e.g. Association of Resident Doctors, Pharmaceutical Society of Nigeria (PSN), Association of General and Private Medical Practitioners of Nigeria) will be involved in identification of trainees, viding and monitoring training activities, and distribution of ACT.

4.4.12 If the proposal contains anti-malarial drugs or insecticides, include data on drug resistance and/or resistance of vectors in the country or in the target population/area (1–2 paragraphs)

The Anti-Malaria Drug Therapeutic Efficacy Test (DTET) Results:

The Adequate Clinical and Parasitological Response (ACPR) rates in Nigeria as found during the drug efficacy testing conducted in 2002 are as follows:
South East Zone: CQ – 3.7%, SP – 14.9%
South South: CQ – 9.1%, SP – 8.5%
South West: CQ – 40.9%, SP – 75.6%
North Central: CQ – 53.2%, SP - 82.7%
North East: CQ – 50.8%, SP – 64.8%
North West: CQ – 77.3%, SP – 94.2%
(DTET Nigeria final report 2002 - Annex IV)
ACPR rates of 75% and above is acceptable according to WHO standards.

☐Malaria

4.4 Program strategy

Goal	
1	Reduce morbidity and mortality from malaria

	Impact Indicators	Baseline	2-5 year targets	Year in which target will be reached
1	Reduced malaria specific mortality	30%	20%	2009

Table 4.4B: Objectives

Goal 1 Reduce morbidity and mortality from malaria		
Objectivejjjjj		
1	Increase informed demand for ACT within 24 hours of onset of symptoms	
	What percentage of the people reached by this objective will be women?	70
	What percentage of the people reached by this objective will be women?	10
	What percentage of the people reached by this objective will be in:	
	Rural areas	40
	Urban areas	60
	What percentage of the services in objective will be delivered by:	
	Government	40
	Non-governmental partners	30
	Private sector	30
	What percentage of people trained will be:	
	Health personnel	
	Non-health personnel	
	What percentage of people trained will be:	
	Government	
	Non-governmental partners	
	Private sector	

Describe, for each objective, which target groups are important beneficiaries of this objective (check all that apply)

- ☐ **Injecting drug users**
- ☐ **Men who have sex with men**
- ☐ **Mobile populations**
- ☐ **Orphans**
- ☐ **People living with HIV/AIDS**
- ☐ **Sex Workers**
- ☐ **Youth (in school)**
- ☐ **Youth (out of school)**
- ☑ **Other (please specify:)** children under five and pregnant women

Services to be delivered	
2	Home based management of malaria
	Develop and implement communications campaign

	Coverage Indicator	Baseline	Year 1 target	Year 2 target	Year 3 target	Year 4 target	Year 5 target
1	# of caretakers recognizing signs and symptoms of malaria	70%					90%
2	% of persons exhibiting health care seeking behaviour and use of appropriate antimalarials	60%					90%

	Main activities	Indicator	Implementing Partners
1	Communications campaign	number of IEC materials and messages produced	RBM Partners

Table 4.4B: Objectives

Goal 1	Reduce morbidity and mortality from malaria	
Objectivejjjj		
2	Improve access to effective malaria treatment within 24 hours of onset of fever	
	What percentage of the people reached by this objective will be women?	70
	What percentage of the people reached by this objective will be women?	10
	What percentage of the people reached by this objective will be in:	
	Rural areas	40
	Urban areas	60
	What percentage of the services in objective will be delivered by:	
	Government	40
	Non-governmental partners	30
	Private sector	30
	What percentage of people trained will be:	
	Health personnel	100
	Non-health personnel	0
	What percentage of people trained will be:	
	Government	45
	Non-governmental partners	10
	Private sector	45

Describe, for each objective, which target groups are important beneficiaries of this objective (check all that apply)

- ☐ **Injecting drug users**
- ☐ **Men who have sex with men**
- ☐ **Mobile populations**
- ☐ **Orphans**
- ☐ **People living with HIV/AIDS**
- ☐ **Sex Workers**
- ☐ **Youth (in school)**
- ☐ **Youth (out of school)**
- ☑ **Other (please specify:)** children under five and pregnant women

Services to be delivered	
1	Prompt effective antimalarial treatment
	Distribute ACT PPT

	Coverage Indicator	Baseline	Year 1 target	Year 2 target	Year 3 target	Year 4 target	Year 5 target
1	# of health facilities with no reported stockouts of antimalarial drugs	80%					50%

	Main activities	Indicator	Implementing Partners
1	Distribute ACT to seleted facilities and pharmacies	Cumulative sales of ACT PPT	RBM Partners

Table 4.4B: Objectives

Goal 1	Reduce morbidity and mortality from malaria	
Objectiveiiiii		
3	Improve compliance to ACT drug regimen	
	What percentage of the people reached by this objective will be women?	70
	What percentage of the people reached by this objective will be women?	10
	What percentage of the people reached by this objective will be in:	
	Rural areas	40
	Urban areas	60
	What percentage of the services in objective will be delivered by:	
	Government	40
	Non-governmental partners	30
	Private sector	30
	What percentage of people trained will be:	
	Health personnel	100
	Non-health personnel	1
	What percentage of people trained will be:	
	Government	45
	Non-governmental partners	10
	Private sector	45

Describe, for each objective, which target groups are important beneficiaries of this objective (check all that apply)

- ☐ **Injecting drug users**
- ☐ **Men who have sex with men**
- ☐ **Mobile populations**
- ☐ **Orphans**
- ☐ **People living with HIV/AIDS**
- ☐ **Sex Workers**
- ☐ **Youth (in school)**
- ☐ **Youth (out of school)**
- ☑ **Other (please specify:)** children under five and pregnant women

Services to be delivered	
1	Prompt effective antimalarial treatment
	Train providers in home based malaria case management

	Coverage Indicator	Baseline	Year 1 target	Year 2 target	Year 3 target	Year 4 target	Year 5 target
1	# of service deliverers trained	0					18,000

	Main activities	Indicator	Implementing Partners
1	Train providers in selected pharmacies and health facilities	number of trained providers	RBM Partners

Table 4.4B: Objectives

Goal 1	Reduce morbidity and mortality from malaria	
Objectivejjjj		
4	To expand and maintain systematic monitoring of performance in malaria case management and drug efficacy	
	What percentage of the people reached by this objective will be women?	70
	What percentage of the people reached by this objective will be women?	10
	What percentage of the people reached by this objective will be in:	
	Rural areas	40
	Urban areas	60
	What percentage of the services in objective will be delivered by:	
	Government	45
	Non-governmental partners	10
	Private sector	45
	What percentage of people trained will be:	
	Health personnel	
	Non-health personnel	
	What percentage of people trained will be:	
	Government	
	Non-governmental partners	
	Private sector	

Describe, for each objective, which target groups are important beneficiaries of this objective (check all that apply)

- ☐ **Injecting drug users**
- ☐ **Men who have sex with men**
- ☐ **Mobile populations**
- ☐ **Orphans**
- ☐ **People living with HIV/AIDS**
- ☐ **Sex Workers**
- ☐ **Youth (in school)**
- ☐ **Youth (out of school)**
- ☑ **Other (please specify:)** children under five and pregnant women

Services to be delivered	
1	Monitoring of drug resistance
	Expand and strengthen surveilance sites

	Coverage Indicator	Baseline	Year 1 target	Year 2 target	Year 3 target	Year 4 target	Year 5 target
1	# of sentinel sites established for monitoring antimalarial drug resistance	6	10				12

	Main activities	Indicator	Implementing Partners
1	Strengthen and expand surveillance sites		RBM Partners
2	Monitor and evaluate program activities		RBM Partners

4.5 Program and Financial Management

In this section, CCMs should describe their proposed implementation arrangements, including nominating Principal Recipient(s). See the Guidelines for Proposals, Section V.B.3 for more information.

4.5.1 Will implementation be managed through a single Principal Recipient or multiple PRs?

- (•) Single
- ( ) Multiple

Every component of your proposal can have one or several Principal Recipients. In table 4.5.1 below, you must nominate the Principal Recipient(s).

Table 4.5.1 - Implementation Responsibility

Responsibility for implementation

First name	HIV	TB	MLR	HIV/TB	INT
Yakubu Gowon Centre for National Unity and International Cooperation.	☐	☐	☑	☐	☐

First name	Yakubu; General Dr.
Last name	Gowon
Address	
Phone	
Fax	
E-mail	

4.5.3 Describe the relevant technical, managerial and financial capabilities for each nominated Principal Recipient

Please also discuss any anticipated shortcomings these arrangements might have and how they will be addressed (i.e. capacity building, staffing and training requirements, etc.).

Capacity building in the areas of Financial management and others

4.5.4 Has the nominated PR(s) previously administered a Global Fund grant?

- (•) Yes
- ( ) No

4.5.5 Describe the performance of the nominated PR in administering previous Global Fund grants (1–2 paragraphs)

Good

4.5.6 Describe other relevant previous experience(s) that the nominated PR has had:

Please describe in broad terms the relevant programs, and their objectives, key implementation challenges and results (2–3 paragraphs)

To be filled by Nwobi

4.5.2 Describe the process by which the CCM nominated the Principal Recipient(s).

Minutes of the CCM meeting at which the Principal Recipient was nominated should be included as an Annex to the proposal

CCM process as earlier described and this is based on the decision of CCM (see attached minutes)

4.5.7 Describe the proposed management approach.

Outline management arrangements, roles and responsibilities between partners, the nominated Principal Recipient(s) and the CCM (1–2 paragraphs).

The Management of the project will be based on the GFATM guidelines with the project being generally cooridnated by the FMOH. The CMM will have the general oversight on the implementation of the project and will work closely with the Principal Recipient to ensure adherance to the guidelines of the GFATM

Project managemet unit to manage the project wil be estableshed and the SR will work closely with the PR and report reguarly on its activities to the PR and the CCM. The PR will on the other hand subject itself to the scrutiny of the LFA and it will make periodic report to the CCM. An organizational chart and clear job description for each of the partners and staff will be prepared jointly and strictly adhered to.. The project, with the assistance of the various partners will utilise modern management and disease tracking softwares in the process of implementation of the project. Quarterly will be held by the partners to review the progress of the project.

4.5.8 Explain the rationale behind the proposed arrangements

e.g., explain why you have opted for that particular management arrangement (1 paragraph)

Functional experience from previous project and lessons learnt and it will be in line with rules and regulations of GFATM. It will also be based on simplified method for monitoring and evaluation of the progress of the project.

4.5.9 Are sub-recipients expected to play a role in the project?

- (•) Yes
- ( ) No

4.5.10 Have the sub-recipients already been identified?

- (•) Yes
- ( ) No

4.5.11 Describe the process by which sub-recipients were selected (e.g., open bid, restricted tender, etc.) (2–3 paragraphs)

Sub-recipients (RBM partners) were selected on the basis of their areas of core competence related to program objectives and activities under the following criteria:

1. Human resources capacity to implement
2. Previous experience in similar technical areas
3. Financial Management and reporting system

.5.12 Describe the relevant technical, managerial and financial capabilities of the sub-recipients.

Describe anticipated shortcomings or challenges faced by sub-recipients and how they will be addressed (i.e. capacity building, staffing and training requirements, etc.).

The RBM partners including the FMOH have known managerial and financial capabilities which they had actually demonstrated from the past programme implementation. All the partners have a full complement of capable technical staff and financial and logisitic support for field activities. They are known to have a good outreach facilities.

Coordination and capacity building might pose some diificulties at the beginning of the implementation of the project. However, this will be addressed by regualr meetings and training of both managerail and technical staff on regualar basis. Provission of modern communication equipment shall also go along way in improving coordination of project implementation.

4.6 Monitoring and Evaluation (ME)

In this section of the proposal form, applicants should describe the main elements of the program's monitoring and evaluation plan. This is done primarily through completion of Table 4.6.

This table is closely linked to Table 4.4 above; fields marked "4.4" below should be copied from Table 4.4

Complete Table 4.6A for all goals and impact indicators.

Table 4.6 - Monitoring and Evaluation Table

Behavioral and disease impact			
Impact Indicator	**Technical Partners involved in measurment**	**Data source**	**Frequency of data collection**
Reduce morbidity and mortality from malaria			
Reduced malaria specific mortality	FMOH, WHO, UNICEF	Monitoring and Evaluation Survey	Yearly

4.6 Monitoring and Evaluation (ME)

In this section of the proposal form, applicants should describe the main elements of the program's monitoring and evaluation plan. This is done primarily through completion of Table 4.6.

This table is closely linked to Table 4.4 above; fields marked "4.4" below should be copied from Table 4.4

Complete Table 4.6B for each objective, adding additional service delivery areas to each table as appropriate.

Table 4.6B - Monitoring and Evaluation Table

	Coverage Indicator	Data source	Frequency of data collection
	Reduce morbidity and mortality from malaria Increase informed demand for ACT within 24 hours of onset of symptoms Home based management of malaria		
2	% of persons exhibiting health care seeking behaviour and use of appropriate antimalarials	Nigerbus Survey (national omnibus survey)	Yearly
	Reduce morbidity and mortality from malaria Increase informed demand for ACT within 24 hours of onset of symptoms Home based management of malaria		
1	# of caretakers recognizing signs and symptoms of malaria	Nigerbus Survey (national omnibus survey)	Yearly
	Reduce morbidity and mortality from malaria Improve access to effective malaria treatment within 24 hours of onset of fever Prompt effective antimalarial treatment		
1	# of health facilities with no reported stockouts of antimalarial drugs	FMOH Monitoring and Evaluation Health Facilities Survey	Yearly
	Reduce morbidity and mortality from malaria Improve compliance to ACT drug regimen Prompt effective antimalarial treatment		
1	# of service deliverers trained	Service Reports of RBM Partners	Quarterly
	Reduce morbidity and mortality from malaria To expand and maintain systematic monitoring of performance in malaria case management and drug efficacy Monitoring of drug resistance		
1	# of sentinel sites established for monitoring antimalarial drug resistance	Service Reports of RBM Partners	Yearly

4.6 Monitoring and Evaluation (ME)

The Global Fund encourages the development of nationally owned monitoring and evaluation plans and ME systems, and the use of these systems to report on grant program results. By answering the questions below, applicants should clarify how and in what way the ME plan for the grant application relates to existing data collection efforts, and summarize any capacity development needs, to enable applicants to carry out the ME plan described in Table 7.

4.6.1 Describe how the plan complements or contributes towards existing efforts in that country to strengthen ME plans and/or relevant health information systems.

The Health Management Information Services (HMIS) is the current system used to collect regular routine data from health facilities in Nigeria. The RBM Secretariat has also established composite database to monitor and evaluate RBM specific indicators. The data to be generated from the proposed plan will complement the HMIS and provide additional data for the RBM database.

In 2001, six sentinel sites were established in Nigeria to monitor drug resistance. In 2004, the existing six sites will be strengthend and four new sites added. The proposed plan will contribute to the stregthening of the sentinal sites and expand the roles of the sites to include data collection regarding RBM indicators.

4.6.2 Describe any capacity building that might be required to implement the ME plan. (2–3 paragraphs)

In order to implement the FMOH Monitoring and Evaluation Health Facilities Surveys in selected project states, the RBM Sectretariat Monitoring and Evaluation staff needs to be scaled up, as well as trained in areas of data collection and analysis.

The RBM implementing partners at state and local government level will also need training in order to monitor and evaluate their respective project activities and report on activities as required.

S/No.	Objectives/Major Activities	Time Schedule 2005												Responsible
1	**Increase informed demand for ACT within 24 hours of onset of symptoms**													
1.1	**Identify, appoint and contract 'Advertising and Communication Agents' by public bidding to develop, produce IEC materials and implement activities**													
1.1.1	Draft the bidding document	x												FMOH
1.1.2	Publish the call for tender	x												FMOH
1.1.3	Evaluate the various offers		x											FMOH
1.1.4	Select suitable Advertising Agents		x											FMOH
1.1.5	Formulate MoU with the selected Agents for advertising and awareness creation			x										FMOH
1.1.6	Award the contract with the selected agents for development and implementation of IEC activities			x										FMOH
1.1.7	Assess the quality and relevance of IEC material developed by the contracted agents			x										FMOH
1.1.8	Organise a joint meeting to review developed IEC materials with RBM partners				x									FMOH / RBM Partners
1.1.9	Approve the finalised IEC material developed by the Agents for production					x								FMOH
1.1.10	Obtain the finalised schedule of IEC activities from the advertising agents					x								FMOH
1.1.11	Monitor the performance of the advertising agents to ensure compliance with the contracts						x	x	x	x	x	x	x	FMOH
2	**Improve access to effective malaria treatment within 24 hours of onset of fever**													
2.1	**Identify Procurement & Distribution (P&D) agents and appointment by public bidding**													
2.1.1	Draft the bidding document	x												Principal Recipient
2.1.2	Publication of the call for tender	x												Principal Recipient
2.1.3	Evaluation of the various offers		x											Principal Recipient
2.1.4	Selection P&D Agencies including visits to the factories		x											Principal Recipient
2.1.5	Formulation of MoU with the selected Agents for the procurement of PPT (ACT)			x										Principal Recipient
2.1.6	Award of the contract with the selected P&D agencies			x										Principal Recipient
2.1.7	Monitor the procurement activities of the P&D Agents for PPT (ACT)					x	x	x	x	x	x	x	x	Principal Recipient

S/No.	Objectives/Major Activities	2005												Responsible
2.1.8	Ensure Secretariat receives relevant and documented informaton on the distribution channels of P&D Agents					x								Principal Recipient

S/No.	Objectives/Major Activities	2005												Responsible
2.1.9	Stimulate (by stakeholders meetings) the pharmaceutical sector for pre-packaged drugs (ACT) through private/public sector partnership	x												RBM Partners
2.1.10	Verify the performance of the distribution channels run by the P&D agencies in compliance with the contracts					x							x	Principal Recipient
2.1.11	Develop format and logistics for supplies, replenishment and sales records.				x									Principal Recipient
2.1.12	Establish drug quality control procedures				x									Principal Recipient
3	**Improve compliance to ACT drug regimen**													
3.1	**Train providers in malaria case management with ACT**													
3.1.1	Identify health providers in selected states and assess training needs	x	x											RBM Partners
3.1.2	Update Training Manuals and trainers guides	x	x	x										RBM Partners
3.1.3	Print updated training manuals and trainers guides				x									RBM Partners
3.1.4	Develop training workplans				x									RBM Partners
3.1.5	Implement training plans in selected states					x	x	x	x					RBM Partners
3.1.6	Institute supervisory/follow up plans									x	x	x	x	RBM Partners
4	**Expand and maintain systematic monitoring of performance in malaria case management and drug efficacy**													
4.1	**Strengthen the existing Health Information System for data dissemination to and data treatment by the RBM-Secretariat**													
4.1.1	Procure appropriate equipment and supplies according to identified needs (computer, printers, photocopier, etc.)	x	x											Principal Recipient
4.1.2	Liaise with HMIS staff to adapt the HMIS to meet the needs of the RBM Programme and link to RBM database	x	x	x										Principal Recipient
4.2	**Monitoring and Evaluation**													
4.2.1	Conduct tracking report on a quarterly basis in each state			x			x			x			x	FMOH
4.2.2	Consultant for M&E program indicators			x			x			x			x	FMOH

RBM Nigeria
c/o Nigeria CCM

Objective/ Activity. No (See workplan)	Objectives/Activities	YEAR 1 - 2005			YEAR 2 - 2006		
		Quantity/ frequency	Unit cost US$	Total Cost Year 1 US$	Quantity/ frequency	Unit cost US$	Total Cost Year 2 US$
1	**Increase informed demand for ACT within 24 hours of onset of symptoms**						
1.1	**Identify, appoint and contract 'Advertising and Communication Agents' by public bidding to develop, produce IEC materials and implement activities**						
1.1.1	Draft the bidding document (2 meetings @ 2,500/meeting)	2	2,500	5,000	2	2,500	5,000
1.1.2	Publish the call for tender	1	10,000	10,000	1	10,000	10,000
1.1.3	Evaluate the various offers	1	2,500.0	2,500	1	2,500.0	2,500
1.1.4	Select suitable Advertising Agents	-	-	-	-	-	-
1.1.5	Formulate MoU with the selected Agents for advertising and awareness creation (2 meetings @ 2,500/meeting)	2	2,500	5,000	2	2,500	5,000
1.1.6	Award the contract with the selected agents for development and implementation of IEC activities (150,000 per state/year)	3	150,000	450,000	6	150,000	900,000
1.1.7	Assess the quality and relevance of IEC material developed by the contracted agents	1	2,500	2,500	1	2,500	2,500
1.1.8	Organise a joint meeting to review developed IEC materials with RBM partners	1	3,500	3,500	1	3,500	3,500
1.1.9	Approve the finalised IEC material developed by the Agents for production	-	-	-	-	-	-
1.1.10	Obtain the finalised schedule of IEC activities from the advertising agents	-	-	-	-	-	-
1.1.11	Monitor the performance of the advertising agents to ensure compliance with the contracts (1 survey per 3 states @ 20,000 per survey)	3	20,000	60,000	6	20,000	120,000
	Total Objective 1			**539,500**			**1,048,500**
2	**Improve access to effective malaria treatment within 24 hours of onset of fever**						
2.1	**Distribute ACT PPT**						
2.1.1	Draft the bidding document	2	2,500	5,000	2	2,500	5,000
2.1.2	Publication of the call for tender	1	2,500	2,500	1	2,500	2,500
2.1.3	Evaluation of the various offers	1	2,500	2,500	1	2,500	2,500
2.1.4	Selection P&D Agencies including visits to the factories	3	2,500	7,500	3	2,500	7,500
2.1.5	Formulation of MoU with the selected Agents for the procurement of PPT (ACT)	2	2,500	5,000	2	2,500	5,000
2.1.6	Award of the contract with the selected P&D agencies (2 million USD per state/year)	3	2,000,000	6,000,000	6	2,000,000	12,000,000
2.1.7	Monitor the procurement activities of the P&D Agents for PPT (ACT) (survey per state @ 10,000 each)	3	10,000	30,000	6	10,000	60,000
2.1.8	Ensure Secretariat receives relevant and documented informaton on the distribution channels of P&D Agents (communication and transportation costs @ 1,000/month/state)	12	3,000	36,000	12	6,000	72,000

Objective/ Activity. No (See workplan)	Objectives/Activities	Quantity/ frequency	Unit cost US$	Total Cost Year 1 US$	Quantity/ frequency	Unit cost US$	Total Cost Year 2 US$
2.1.9	Stimulate (by stakeholders meetings) the pharmaceutical sector for pre-packaged drugs (ACT) through private/public sector partnership	-	-	-	-	-	-
2.1.10	Verify the performance of the distribution channels run by the P&D agencies in compliance with the contracts (distribution surveys @ 10,000/state)	3	10,000	30,000	6	10,000	60,000
2.1.9	Develop format and logistics for supplies, replenishment and sales records. (PR responsibility)	-	-	-	-	-	-
2.1.10	Establish drug quality control procedures	-	-	-	-	-	-
	Total Objective 2			**6,118,500**			**12,214,500**
3	**Improve compliance to ACT drug regimen**						
3.1	**Train providers**						
3.1.1	Identify health providers in selected states and assess training needs (inventory per state @ 5,000/state)	3	5,000	15,000	3	5,000	15,000
3.1.2	Update training manuals and trainers guides (3 meetings at 2,500/meeting)	3	2,500	7,500	-	-	-
3.1.3	Print updated training manuals and trainers guides (10,000 manuals @ 1.50)	10,000	1.75	17,500	10,000	2	17,500
3.1.4	Develop training workplans (1 meeting at 2,500/meeting)	1	2,500	2,500	1	2,500	2,500
3.1.5	Implement training plans in selected states (one workshop per state @ 5,000/workshop)	3	5,000	15,000	3	5,000	15,000
3.1.6	Institute supervisory/follow up plans (supervision per state @ 8,000/state)	3	8,000	24,000	6	8,000	48,000
	Total Objective 3			**81,500**			**98,000**
4	**Expand and maintain systematic monitoring of performance in malaria case management and drug efficacy**						
4.1	**Strengthen existing sentinel sites**						
4.1.1	Procure appropriate equipment and supplies according to identified needs (microscopes, computers and accessories.)	1	20,000	20,000	1	20,000	20,000
4.1.2	Liaise with HMIS staff to adapt the HMIS to meet the needs of the RBM Programme and link to RBM database (3 meetings at 2,500/meeting)	3	2,500	7,500	-	-	-
	Sub-total			**27,500**			**20,000**
4.2	**Monitoring and Evaluation**						
4.2.1	Conduct tracking report on a quarterly basis in each state (tracking survey per state @ 20,000/state)	3	20,000	60,000	-	-	-
4.2.2	Consultant for M&E program indicators	3	20,000	60,000	6	20,000	120,000
	Sub-Total			**120,000**			**120,000**
	Total Objective 4			**147,500**			**140,000**
	Grand Total			**6,347,500**			**12,352,500**

SUMMARY OF FUNDS REQUESTED FROM THE GLOBAL FUND

	2005	2006	2007	2008	2009	TOTAL	
Human resources	60,000	120,000	126,000			306,000	1%
Infastructure and equipment	20,000	20,000				40,000	0%
Training	57,500	50,000				107,500	1%
Commodities and products						-	0%
Drugs	6,000,000	12,000,000				18,000,000	88%
Planning and Administration	544,500	1,023,000				1,567,500	8%
M&E	204,000	288,000				492,000	2%
Total	**6,886,000**	**13,501,000**	**126,000**	-	-	**20,513,000**	100%

5 Component Budget Section

Please remember that this section is to be completed for each component. Throughout "year" refers to the year of proposal implementation. For example, if Table 4.1.1 indicates that the proposal starts in June, year 1 would cover the period from June to the following May.

5.1 Full and detailed Budget as an attachment to the Proposal Form

By way of supporting information for the Summary Budget in Table 5.2, a detailed budget should be provided as an attachment to the Proposal Form. It should reflect and be consistent with the broad budget categories mentioned in Table 5.2 and preferably also reflect the activities of the component. The detailed budget should include assumptions and formulas used to estimate major budget items. It should cover the first and second year of the Proposal and in respect of the first year may be broken down by quarters.

Please note that a detailed one-year action plan and an indicative action plan for the second year need to be provided with the detailed budget.

Attachments

GFATM MalariaNigeria-yr1&2 Budget.xls

5.2 Budget Summary

In Table 5.2, summarize the funds requested from the Global Fund. The budget should be by year and budget category.

Table 5.2a –Fund Request from the Global Fund

	Funds requested from The Global Fund (in USD)					
	Year1	Year2	Year3	Year4	Year5	Total
Human Resources	$60,000.00	$0.00	$0.00	$0.00	$0.00	$60,000.00
Infrastructure and Equipment	$20,000.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$60,000.00
Training	$57,500.00	$98,000.00	$95,000.00	$100,000.00	$100,000.00	$450,500.00
Commodities and Products	$0.00	$10,000.00	$10,000.00	$10,000.00	$10,000.00	$40,000.00
Drugs	$6,000,000.00	$12,000,000.00	$18,000,000.00	$21,000,000.00	$21,000,000.00	$78,000,000.00
Planning and Administration	$544,500.00	$1,463,000.00	$2,000,000.00	$1,800,000.00	$1,500,000.00	$7,307,500.00
Other M&E	$204,000.00	$0.00	$0.00	$0.00	$0.00	$204,000.00
Total funds requested from the Global Fund	$6,886,000.00	$13,581,000.00	$20,115,000.00	$22,920,000.00	$22,620,000.00	$86,122,000.00

Table 5.2b –Fund Request from the Global Fund

	Funds requested from The Global Fund (in %)					
	Year1	Year2	Year3	Year4	Year5	Total
Human Resources	0.87	0.00	0.00	0.00	0.00	0.07
Infrastructure and Equipment	0.29	0.07	0.05	0.04	0.04	0.07
Training	0.84	0.72	0.47	0.44	0.44	0.52
Commodities and Products	0.00	0.07	0.05	0.04	0.04	0.05
Drugs	87.13	88.36	89.49	91.62	92.84	90.57
Planning and Administration	7.91	10.77	9.94	7.85	6.63	8.49
Other M&E	2.96	0.00	0.00	0.00	0.00	0.24

Total funds requested from the Global Fund	100.00	100.00	100.00	100.00	100.00	100.00

5.3 Funds requested for functional areas

Provide the budgets for each of the following three functional areas. In each case, these costs should have already been included in Table 5.2, so the below tables should be subsets of the budget in Table 5.2, not additional to it. For example, the costs for monitoring and evaluation will be included in various of the line items above (e.g., Human Resources, Infrastructure and Equipment, Training, etc.).

Monitoring and evaluation:
This includes: data collection, analysis, travel, field supervision visits, systems and software, consultant and human resources costs and any other costs associated with monitoring and evaluation.

Table 5.3a – Costs for monitoring and evaluation

	Funds requested from the Global Fund for monitoring and evaluation (in USD)					
	Year1	Year2	Year3	Year4	Year5	Total
Monitoring and evaluation	$204,000.00	$288,000.00	$300,000.00	$350,000.00	$350,000.00	$1,492,000.00

urement and supply management:
This includes: consultant and human resources costs (including any technical assistance required for the development of the Procurement Plan), warehouse and office facilities, transportation and other logistics requirements, legal expertise, costs for quality assurance including laboratory testing of samples, and any other costs associated getting sufficient health products of assured quality, procured at the lowest price and in accordance with national laws and international agreements to the end user in a reliable and timely fashion; do not include drug costs.

Table 5.3b – Costs for procurement and supply management

	Funds requested from the Global Fund for procurement and supply management (in USD)					
	Year1	Year2	Year3	Year4	Year5	Total
Procurement and supply management	$22,500.00	$22,500.00	$0.00	$0.00	$0.00	$45,000.00

Technical assistance:
This includes: costs of consultant and other human resources that provide technical assistance on any part of the proposal, from the development of initial plans through the course of implementation. This should include technical assistance costs related to planning, technical aspects of implementation, management, monitoring and evaluation, and procurement and supply management

Table 5.3c – Costs for technical assistance

	Funds requested from the Global Fund for technical assistance (in USD)					
	Year1	Year2	Year3	Year4	Year5	Total
Technical assistance	$60,000.00	$0.00	$0.00	$0.00	$0.00	$60,000.00

5.4 Partner Allocations

Indicate in table 5.4 below how the requested resources in Table 5.2a will, in percentage terms, be allocated amongst the implementing partners:

Table 5.4 – Partner Allocations

	Fund allocation to implementing partners (in %)					
	Year1	Year2	Year3	Year4	Year5	Total
Academic/Educational Sector	0.00	0.00	0.00	0.00	0.00	0.00
Government	0.20	0.20	0.20	0.20	0.20	1.00
Non-governmental and Communi	0.40	0.40	0.40	0.40	0.40	2.00
People living with HIV/AIDS, tube	0.00	0.00	0.00	0.00	0.00	0.00
The Private sector	0.20	0.20	0.20	0.20	0.20	1.00
Religious/faith-based organizatio	0.00	0.00	0.00	0.00	0.00	0.00
Multi-/bilateral development partn	0.20	0.20	0.20	0.20	0.20	1.00
Others (please specify)	0.00	0.00	0.00	0.00	0.00	0.00
T[illegible]	1.00	1.00	1.00	1.00	1.00	5.00

If there is only one partner, please explain why (1 paragraph).

There is more than one partner

5.5 Key Budget Assumptions for Requests from the Global Fund

5.5.1 Specify in the tables below the Drugs and Commodities Products unit costs, volumes and total costs, for the FIRST AND SECOND YEARS ONLY. Unit prices for pharmaceutical products should be the lowest of: prices currently available locally; public offers from manufacturers; or price information for public information sources. (For example: Sources and Prices of Selected Drugs and Diagnostics for People Living With HIV/AIDS. Copenhagen/Geneva, UNAIDS/UNICEF/WHO-HTP/MSF, 3rd edition, May 2002 (http://www.who.int/medicines/library/par/hivrelateddocs/prices-eng.pdf); Market News Service, Pharmaceutical starting materials and essential drugs, WTO/UNCTAD/International Trade Centre and WHO (http://www.intracen.org/mns/pharma.html); International Drug Price Indicator Guide on finished products of essential drugs, Management Sciences for Health in collaboration with WHO (published annually) (http://www.msh.org); First-line tuberculosis drugs, formulations and prices currently supplied/to be supplied by Global Drug Facility (http://www.stoptb.org/GDF/drugsupply/drugs.available.html)) If prices from sources other than those specified above are used, a rationale must be included.

Table 5.5.1.A – Drugs, Year 1

Year 1			
Treatment category	Average cost (based on delivery duty unpaid) per person-year or treatment course (in USD)	Number of person-years or treatment courses procured	Total cost (in USD)
Artemisinin-based combination therapy: other	**$3.00**	**$1,500,000.00**	**$4,500,000.00**

Explanation for using prices from sources other than those specified above:

N/A

Table 5.5.1.A – Drugs, Year 2

Year 2			
Treatment category	Average cost (based on delivery duty unpaid) per person-year or treatment course (in USD)	Number of person-years or treatment courses procured	Total cost (in USD)
Artemisinin-based combination therapy: other	**$3.00**	**$3,000,000.00**	**$9,000,000.00**

Explanation for using prices from sources other than those specified above:

N/A

Table 5.5.1B –Commodities Products Year 1

Year 1				
Commodities and products categories	Unit (e.g., one mosquito net, one gross of condoms)	Unit cost (in USD)	Quantity	Total cost (in USD)

Table 5.5.1B –Commodities Products Year 2

Year 2				
Commodities and products categories	Unit (e.g., one mosquito net, one gross of condoms)	Unit cost (in USD)	Quantity	Total cost (in USD)

5.5.2 Justification for Drugs and Commodities and Products

Provide the rationale (e.g., assumptions or formulas used) for the volumes of drugs and commodity/products listed in Table 5.5.1. (2–3 paragraphs)

The project targets 15% of children under five in three selected states in the first year and this will be increasing each by three additional states until the fourth year, assuming three episodes per year of malaria. On average, there are 800,000 children under five per state. Fifteen percent target group totals 120,000, multiplied by 3 episodes per year totals 360,000.

Drugs requested in year one total 1,500,000, providing 500,000 units per state.

5.5.3 Human Resources costs

In cases where Human Resources is an important share of the budget, explain how these amounts have been budgeted in respect of the first two years, to what extent Human Resources spending will strengthen health systems capacity at the patient/target population level, and how these salaries will be sustained after the proposal period is over (1 paragraph).

Salaries of implementing will be paid by the Government and partners and therefore no specific request is made in this proposal

5.5.4 Other key expenditure items

With respect to other expenditure categories (e.g., Infrastructure and equipment), which form an important share of the budget, explain how these amounts have been budgeted for the first two years.

CCM

Framework Plan for 2 Years Draft

No	Objectives	Major Activities	Time Schedule								Milestones
			1st year				2nd year				
1	CCM management structure operational	1.1 Structure and complete CCM programme management framework									Detailed description of CCM' structure and procediures is documented at the end of the first six month
		11.2 Establish CCM secretariate									CCM management/secretariate and PR operational
		1.3 Finalize agreements between GF and CCM									Agreement signed at the end of the first month
		1.4 Establish rules and procedures for collaboration between CCM secretariat, PR and sub-recipients									A procedure guide is elaborated at the end of the first 3 months and regularly revised
		1.5 Establish team building process									At the end of 2nd months all staff know the individual tasks and agreed upon
		1.6 Positioning of CCM and carry out fundraising activities									CCM is covering it's costs progressively (10% in 1st year, 30% in 2nd year, 60% 3rd year, 80% 4th year, 100% 5th year)
											The CCM workplan is revised on a monthly basis
2	Planning and monitoring of project implementation processes ensured	2.1 Carry out overall planning and support project planning processes									A monitoring plan is developed at the end of the first month after start of individual projects
		2.2 Establish project related procedures to monitore implementation processes									The IT-based monitrong system of CCM Secretariat is linked with the one of the PR and permitts continous relevant information on project implementation prossesses by the end of the 1st six month
		2.3 Establish and ensure effective M&E system for CCM secretariat									At least 6 CCM meetings held per year
3	Participatory processes ensured	3.1 Carry out regular CCM meetings									The CCM secretariat's documentation and filing system gives access to all relevant and documented communication processes between GFATM, LFA, CCM, PR and sub-recipients
		2.4.2 Monitor communication between all partners (CCM secretariat, PR, Subrecipient, LFA and GFATM Geneva)									At least 10 review meetings between CCM Secretariat and PR held and documented per year
		3.3 Organise programme review meetings									

Detailed budget of CCM secretariat and CCM for the first year

Objectives	Major activities	Subactivities	Description of costs	Quantity/ Frequency	Unit cost (US$)	Total cost for First Year (US$)
1. CCM management structure operational	1.1 Structure and complete CCM programme management framework	1.1.1 Review draft proposals and prepare workplans	Cost implication to be determined			0
		1.1.2 Clarify the roles, tasks and responsibilities (CCM, CCM-Secr.-PR)	Cost implication to be determined			0
		1.1.3 Agree on secretariate structure with CCM members (call-group meeting) and complete programme management framework	group meeting	1	12000	12000
	Total Major Activity 1.1					12000
	1.2 Establish CCM secretariate	1.2.1 Appoint personnel to complete staffing (CCM Secretary, programme officers, secretary, driver, cleaner)	Salaries CCM Secretary	12	3000	36000
			Salaries Administrative Asssistant (1)	12	1000	12000
			Salaries Programme Officers (3)	36	2000	72000
			Salaries Driver (3)	36	600	21600
			Salaries Cleaner (1)	12	400	4800
			Other positions to be determined			
		1.2.2 Carry out needs assessement, allocation and acquisition of infrastructure	Rent of office space	1	20,000	20000
		1.2.3 Furnishing office and procure goods and equipment	Work stations	6	5,000	30,000
			LCD Projector	1	3,000	3,000
			Audiovisual equipment (meetings, workshops), lumpsum	1	1,500	1,500
			4x4 Car	4	50,000	200,000
		1.2.4 Assure office running	office running costs	lumpsum	6,000	6,000
			communication	lumpsum	10,000	10,000
			Car Maintenance	lumpsum (20% of purchase price)	40,000	40,000

		1.2.5 Establish Web-Site and Internet Connections and Internal IT facilities	consultant	lumpsum	2,000	2,000
	Sub-total major activity 1.2					458,900
	1.3 Finalize agreements between GF and CCM	1.3.1 Conclude process of agreement on PR	Cost implication to be determined			0
		1.3.2 Elaborate and sign draft agreement between CCM and GF Secretariate	Cost implication to be determined			0
	Sub-total major activity 1.3					0
	1.4 Establish rules and procedures for collaboration between CCM secretariat, PR and sub-recipients	1.4.1 Contract a consultant	Contract of consultant by DFID	lumpsum	30,000	30,000
	Sub-total major activity 1.4					30,000
	1.5 Establish team building process	1.5.1 Prepare job descriptions	Cost implication to be determined			0
		1.5.2 Carry out team building measures	Cost implication to be determined			0
	Sub-total major activity 1.5					0
	1.6 Positioning of CCM and carry out fundraising activities	1.6.1 Create advocay for CCM support (Donor agencies, Government, private companies, NGOs)	Cost implication to be determined			0
		1.6.2 Create a board with honorables, reprsent. of important institutions				0
		1.6.3 Conduct Presidential Private Sector Summit (Mr. President as convener)				0
	Sub-total major activity 1.6					0
	Total Objective 1					500,900
2. Planning monitoring of project implementation processes ensured	2.1 Carry out overall planning and support programme planning processes	2.1.1 Handle call for proposals, support proposal development process.	consultants	2	50000	100000
		2.1.2 . Define preselection criteria for project proposals	consultants	0	0	0
		2.1.3 Provide training on proposal development	consultants	0	0	0
		2.1.4 Select project proposals	Consultants	0	0	0
		2.1.5 Support and guide workplan development	Consultants	0	0	0

		2.1.6 Establish short term technical assistance expert pool	Cost implication to be determined			0
	Sub-total major activity 2.1					100000
	2.2 Establish programme related procedures to monitore implementation processes	2.2.1 Support set up of decentralized & centralised communication & decision making structures & mechanisms	Cost implication to be determined			0
		2.2.2 Carry out programme coordinating and management procedures (CCM-Sub-recipients and CCM-PR)	Cost implication to be determined			0
		2.2.3 Guide and coordinate programme implementers in close collaboration with PR	Cost implication to be determined			0
		2.2.4 provide capacity building measures (e.g. proposal development)	Cost implication to be determined			0
	Sub-total major activity 2.2					0
	2.3 Establish and ensure effective M&E system for CCM secretariat	2.3.1 Support and guide programme M&E development by PR	Cost implication to be determined			0
		2.3.2 Support M&E system at all levels	International travels (Ticket & DSA)	6	5000	30000
			Local travel DSA ($80 X 300 days),	300	80	24000
			Local Teravel-air tickets (25 trips X $80)	25	80	2000
		2.3.3 Establish documentary system in close coordination with PR	no additional cost implication			0
		2.3.4 Organise together with PR internal annual programme evaluation	Cost implication to be determined			0
		2.3.5 Organise and prepare for external mid-term review in collaboration with PR	Cost implication to be determined			0
	Sub-total major activity 2.3					56000
	Total 2nd objective					156000
3. Participatory processes ensured	3.1 Carry out regular CCM meetings (6 per year)		CCM meeting	6	12000	72000
	Sub-total major activity 3.1					72000

	3.2 Monitor communication between all partners (CCM secretariat, PR, Subrecipient, LFA and GFATM Geneva)		Cost implication to be determined			0
	Sub-total major activity 3.2					0
	3.3 Organise programme review meetings in collaboration with PR		Cost implication to be determined	12		0
	Sub-total major activity 3.3					72000
	Total 3rd objective					723,900
	Grand Total Budget 1st year					

S/No.	Objectives/Major Activities	Time Schedule 2005												Responsible
1	Increase informed demand for ACT within 24 hours of onset of symptoms													
1.1	Identify, appoint and contract 'Advertising and Communication Agents' by public bidding to develop, produce IEC materials and implement activities													
1.1.1	Draft the bidding document	x												FMOH
1.1.2	Publish the call for tender	x												FMOH
1.1.3	Evaluate the various offers		x											FMOH
1.1.4	Select suitable Advertising Agents		x											FMOH
1.1.5	Formulate MoU with the selected Agents for advertising and awareness creation			x										FMOH
1.1.6	Award the contract with the selected agents for development and implementation of IEC activities			x										FMOH
1.1.7	Assess the quality and relevance of IEC material developed by the contracted agents			x										FMOH
1.1.8	Organise a joint meeting to review developed IEC materials with RBM partners				x									FMOH / RBM Partners
1.1.9	Approve the finalised IEC material developed by the Agents for production					x								FMOH
1.1.10	Obtain the finalised schedule of IEC activities from the advertising agents					x								FMOH
1.1.11	Monitor the performance of the advertising agents to ensure compliance with the contracts						x	x	x	x	x	x	x	FMOH
2	Improve access to effective malaria treatment within 24 hours of onset of fever													
2.1	Identify Procurement & Distribution (P&D) agents and appointment by public bidding													
2.1.1	Draft the bidding document	x												Principal Recipient
2.1.2	Publication of the call for tender	x												Principal Recipient
2.1.3	Evaluation of the various offers		x											Principal Recipient
2.1.4	Selection P&D Agencies including visits to the factories		x											Principal Recipient
2.1.5	Formulation of MoU with the selected Agents for the procurement of PPT (ACT)			x										Principal Recipient
2.1.6	Award of the contract with the selected P&D agencies			x										Principal Recipient
2.1.7	Monitor the procurement activities of the P&D Agents for PPT (ACT)					x	x	x	x	x	x	x	x	Principal Recipient
2.1.8	Ensure Secretariat receives relevant and documented informaton on the distribution channels of P&D Agents					x								Principal Recipient

ANNEX III

S/No.	Objectives/Major Activities	2005												Responsible
2.1.9	Stimulate (by stakeholders meetings) the pharmaceutical sector for pre-packaged drugs (ACT) through private/public sector partnership	x												RBM Partners
2.1.10	Verify the performance of the distribution channels run by the P&D agencies in compliance with the contracts					x							x	Principal Recipient
2.1.11	Develop format and logistics for supplies, replenishment and sales records.				x									Principal Recipient
2.1.12	Establish drug quality control procedures				x									Principal Recipient
3	**Improve compliance to ACT drug regimen**													
3.1	**Train providers in malaria case management with ACT**													
3.1.1	Identify health providers in selected states and assess training needs	x	x											RBM Partners
3.1.2	Update Training Manuals and trainers guides	x	x	x										RBM Partners
3.1.3	Print updated training manuals and trainers guides				x									RBM Partners
3.1.4	Develop training workplans				x									RBM Partners
3.1.5	Implement training plans in selected states					x	x	x	x					RBM Partners
3.1.6	Institute supervisory/follow up plans									x	x	x	x	RBM Partners
4	**Expand and maintain systematic monitoring of performance in malaria case management and drug efficacy**													
4.1	**Strengthen the existing Health Information System for data dissemination to and data treatment by the RBM-Secretariat**													
4.1.1	Procure appropriate equipment and supplies according to identified needs (computer, printers, photocopier, etc.)	x	x											Principal Recipient
4.1.2	Liaise with HMIS staff to adapt the HMIS to meet the needs of the RBM Programme and link to RBM database	x	x	x										Principal Recipient
4.2	**Monitoring and Evaluation**													
4.2.1	Conduct tracking report on a quarterly basis in each state			x			x			x			x	FMOH