

# MWI-C-2014 - Concept Note

## Integrated View

Language : ENGLISH

Generated : Mon Mar 09 08:20:20 GMT 2015

### A. Program details

Country / Applicant:	Malawi	Principal Recipients	Ministry of Health of Malawi Action Aid malawi	Total requested amount	
Component:	HIV/TB			Allocation	USD 295,868,733
Start Month/Year:	January 2015			Above	USD 148,231,405

Summary Budget by Module

Module	Allocated/Above	2015	2016	2017	Total
Prevention programs for general population	Allocation	8,508,167	11,724,822	0	20,232,989
	Above	6,613,932	18,677,618	4,488,386	29,779,936
Prevention programs for MSM and TGs	Allocation	124,629	154,042	0	278,671
	Above	106,942	141,352	96,439	344,733
Prevention programs for sex workers and their clients	Allocation	120,486	146,712	0	267,198
	Above	106,942	141,352	92,437	340,731
PMTCT	Allocation	1,787,252	2,640,344	0	4,427,596
	Above	2,308,025	2,440,944	2,059,046	6,808,015
Treatment, care and support	Allocation	115,053,366	123,839,826	6,371,955	245,265,147
	Above	0	0	72,735,994	72,735,994
TB care and prevention	Allocation	6,682,684	5,918,776	0	12,601,460
	Above	5,227,069	5,561,860	4,933,561	15,722,490
TB/HIV	Allocation	590,778	100,776	0	691,554
	Above	520,672	592,759	407,456	1,520,887
MDR-TB	Allocation	1,062,064	1,503,029	0	2,565,093
	Above	2,481,018	3,543,959	2,663,985	8,688,962
HSS-Procurement supply chain management (PSCM)	Allocation	0	0	0	0
	Above	1,316,000	643,738	0	1,959,738
HSS-Health and community workforce	Allocation	832,090	2,013,754	0	2,845,844
	Above	925,000	925,000	444,828	2,294,828
HSS-Service delivery	Allocation	21,581	0	0	21,581
	Above	250,000	250,000	125,000	625,000
Community systems strengthening	Allocation	1,454,851	1,088,125	0	2,542,976
	Above	3,305,708	3,068,278	1,036,105	7,410,091
Program management	Allocation	2,253,495	1,875,129	0	4,128,624
	Above	0	0	0	0
Total	Allocation	138,491,443	151,005,335	6,371,955	295,868,733
	Above	23,161,308	35,986,860	89,083,237	148,231,405

**Summary Budget by Principal Recipient**

Principal Recipient	Allocated/Above	2015	2016	2017	Total
Action Aid malawi	Allocation	3,170,073	2,260,159	0	5,430,232
	Above	8,097,175	8,192,188	3,806,727	20,096,090
Ministry of Health of Malawi	Allocation	135,321,370	148,745,176	6,371,955	290,438,501
	Above	15,064,133	27,794,672	85,276,510	128,135,315
Total	Allocation	138,491,443	151,005,335	6,371,955	295,868,733
	Above	23,161,308	35,986,860	89,083,237	148,231,405

**B. Program goals and impact indicators**

**Goals**

1	To prevent the further spread of HIV infection, promote access to treatment for PLHIV and mitigate the health, socio-economic and psychosocial impact of HIV and AIDS on individuals, families, communities and the nation
2	Reduction of Tuberculosis related morbidity, mortality by 75% by the end of 2025 compared to the 2014 baseline

Linked to goal(s) #	Impact indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1	HIV I-2: HIV incidence among 15-49 age group		0.54	2014	Reports, Surveys, Questionnaires, etc. (specify)	0.48	0.40	0.34	Based on Spectrum projections
1	HIV I-4: AIDS related mortality per 100,000 population		247	2014	Reports, Surveys, Questionnaires, etc. (specify)	218	190	159	Based on Spectrum projections
2	TB I-3: TB mortality rate (per 100,000 population)		9	2013	R&R TB system, yearly management report	8	7	6	Based on WHO projections
2	TB/HIV I-1: TB/HIV mortality rate, per 100,000 population		21	2011	Reports (specify)	20	18	16	Is based on WHO estimate using modeling. There is some degree of uncertainty of the estimate. Absence of vital registry system also contributes to the estimate

**C. Program objectives and outcome indicators**

Objectives:	
1	Reduction in new HIV infections and prevalence
2	Reduced HIV mortality and morbidity for adults and children
3	Reduced Stigma and Discrimination
4	Improved management and coordination of the HIV response in Malawi
5	Reduction of TB related mortality by 25% by the end of 2020 from the 2014 baseline
6	Reduction of TB burden (Prevalence) by 25% by the end of 2020 from the 2014 baseline

Linked to objective(s) #	Outcome Indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1	HIV O-3: Percentage of women and men aged 15-49 who had more than one partner in the past 12 months who used a condom during their last sexual intercourse		49.2	2010	DHS/DHS+ (Demographic and Health Survey)		49.4		The next round of the DHS will be conducted in 2015 and results are expected sometime before the end of 2016 hence reporting will be done in 2017.
2	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy		78	2014	Reports (specify)	79	80	81	Based on operational studies carried out in selected districts in Malawi, routine ART survival analyses (MOH program data) underestimate ART retention and survival by several % due to significant numbers of 'silent transfers'. ART patients who transfer between facilities without proper notification of their old site are misclassified as 'lost to follow-up'. This may lead to an overestimation of patients newly initiated and an underestimation of patients retained alive on ART. However, the absolute number of patients retained alive on ART is not affected by this bias.

6	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases			121	2013	R&R TB system, yearly management report	168	235	252	Expected number of TB cases was estimated based on prevalence estimate from the survey. Adjustment was made for age and EPTB in the process. Targets were set for each year as percentage of increase from baseline over the implementation period.
5	TB O-2b: Treatment success rate - bacteriologically confirmed new TB cases			85	2011	R&R TB system, yearly management report	86	88	90	Existing estimate is made only based of evaluation of cohorts of smear positive TB cases(new)
6	TB O-1b: Case notification rate per 100,000 population - bacteriologically confirmed, new and relapse cases			44	2011	R&R TB system, yearly management report	60	85	91	planned to maintain the current contribution of sputum smear positive TB cases. 36% among all notified caes
5	TB O-2a: Treatment success rate - all forms of TB			78	2012	R&R TB system, yearly management report	80	83	85	All forms includes smear negative and EPTB, other categories of re treatment cases with no confirmation which may affect treatment success .
5	TB O-3: Notification of RR-TB and/or MDR-TB cases - Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB? as a proportion of the estimated number of RR-TB and/or MDR-TB cases among notified TB cases			15	2013	R&R TB system, yearly management report	35	40	50	Denominator is based on estimated # of MDR TB TB cases . Targets for notification has been used to estimate expected MDR /RR DR cases during specific period . Achievement depends on performance in case finding in addition to strengthening PMDT service
5	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated			69	2013	R&R TB system, yearly management report	70	72	75	The reported TSR for RR/MDR cases may not reflect performance of this indicator. This should be considered when reviewing performance of this indicator.

## D. Modules

Module: Prevention programs for general population															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								
			N #	%	Year	Source	Total Targets	Year 1		Year 2		Year 3		N #	%
								N #	%	N #	%	N #	%		
D #					D #		D #		D #		D #		D #		

GP-5: Number of male circumcisions performed according to national standards	Ministry of Health of Malawi	150,000.0	2014	Reports (specify)	Allocation + Other Sources	184,883.0	120,093.0	62,664.0				
					Above+Allocation+Other sources	226,027.0	248,358.0	129,593.0				
Comments <sup>1</sup>	population in need based on coverage for 14 priority districts & male population of 10-34 years. Targets based on Malawi voluntary medical male circumcision strategy and national operations plan for scale up 2015-2020. Year 3 target is half the annual target.											
GP-1: Number of women and men aged 15+ who received an HIV test and know their results *	Ministry of Health of Malawi		2014	Reports (specify)	Allocation + Other Sources	2,390,583	2,410,894	1,603,095				
					Above+Allocation+Other sources	2,615,238	2,641,390	1,756,360				
Comments <sup>1</sup>	Data source for baseline and implementation period: HTC national program reports for all clients 15+ accessing HTC. Clients are only entered in HTC register (and counted in the HTC reports) if they have actually received their results. At baseline, 92% of all clients tested were 15+ years and the age-ratio is assumed to remain identical throughout the implementation period. Output targets are based on differentiated forecasts for testing modes and sub-populations. The most significant scale-up will occur in Year 1 (placement of new dedicated "HTC Diagnostic Assistants") and Year 3 (expansion of PITC and mop-up testing in high burden districts). Year 3 target is half the annual target.											
Module budget - Prevention programs for general population												
Allocated request for entire module	USD 20,232,989				Above allocated request for entire module				USD 29,779,936			
Intervention	Intervention budget (request to the Global Fund only)				Cost Assumptions <sup>3</sup>				Other funding <sup>4</sup>			
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Allocation	Above					
Blood safety	Ministry of Health of Malawi					358,241	544,593	408,597	318,521	0	Source of cost Assumption: Detailed HIV NSP costing Key Activities: Includes commodities for blood donation, collection and testing (Blood bags, disposable blood lancets, safety boxes, pipet tips, test kits); transportation, blood refrigerators, plasma freezers and centrifuges.	Other Funding received for this Activity: Approximately \$1,767,264 is available each year from other donors and the government of Malawi for this intervention in the course of the CN implementation
Description of Intervention <sup>2</sup>												
<p>"Within Allocation: \$766,837 Above allocation: \$1,699,663 Target Population and geographical scope: Ensure supply of safe blood products in all hospitals in Malawi. Implementation Approach: Within: The approach is to support to Malawi Blood Transfusion Services with consumables (diagnostics and specimen collection materials) to ensure all donated blood in the country is screened for markers of infectious diseases (HIV, Hepatitis B, Hep C, malaria and Syphilis) in a quality-assured manner. Above: Enable MBTS to increase the pool of voluntary non-remunerated (VNR) donors to meet 100% of the national need for blood products (from currently 60%). This will eliminate the need for supplementation of blood products with replacement donors recruited at individual hospitals. Additional blood safety commodities (blood bags, disposable blood lancets, pipet tips, safety box) for the July – Dec 2017 period "</p>												

Condoms as part of programs for general population	Ministry of Health of Malawi	Allocation		1,081,693	0	"Source of cost Assumption: Detailed STI section of the HIV NSP Costing Key Activities: Includes Procurement of STIs commodities (diagnostic and management); STI New HCW annual training on STI diagnosis, management and counselling; STI quarterly supervision visits; operational research "	Other Funding received for this Activity: Approximately \$1,700,555 available through government and other funders for the period of the CN
		Above	0	0	0		

Description of Intervention <sup>2</sup>

"Within: \$1,081,693 Above: \$0 Target Population and Geographic scope: Target all sexually active males and females (15-49) engaging in any risk sexual behaviour in all the regions of Malawi according to need, targeting high-HIV burden areas. Vulnerable populations, such as sexually active youth and mobile populations will be especially targeted. Implementation approach: Within only: Contribution to the national condom program ( % of female and male condom needs) to ensure universal availability at all potential access points including hot spots. This is enhanced through development and integration condom distribution strategy into MOH training programs. Total market approaches will be used to deliver choices for all population in condom programming. To enhance capacity of condom providers, trainings will also be conducted at workplaces in an attempt to reach employers and employees. "

Diagnosis and treatment of STIs as part of programs for general population	Ministry of Health of Malawi	Allocation	3,088,175	3,207,705	0	Source of cost Assumption: Detailed STI section of the HIV NSP Costing Key Activities: Includes Procurement of STIs commodities (diagnostic and management); STI New HCW annual training on STI diagnosis, management and counselling; STI quarterly supervision visits; operational research	USG/PEPFAR is contributing \$600,000 for targeted scale-up of HIV and STI services in prisons including 6-monthly PITC for HIV, standardized screening for TB and STI, and dissemination of specific educational materials.
		Above	1,138,123	1,313,552	1,444,636		

Description of Intervention <sup>2</sup>

"Within Allocation - \$6,295,880 Above Allocation - \$3,896,310 Target population and geographic scope: For both within and above, all males and females presenting at OPD, ANC, STI clinics, HIV clinics and in communities will be screened and treated for STIs. Specific STI prevention and treatment interventions will be directed at key and vulnerable populations including FSWs, MSM, sexually active adolescents and youth, prisoners and mobile populations. This will be a nationwide program covering all regions of Malawi. Implementation Approach: Within: The investment includes a contribution to the national STI program commodity needs (diagnostics and drugs) and capacity building for health workers on updated STI management guidelines. This will provide critical support for provision integrated STI services across different delivery points in public and private health facilities, including syphilis screening at ANC and among FSW, treatment of diagnosed cases, and promoting access of STI services through the YFHS program. Above: Training of STI peer-educators among key populations and youth groups to promote access to STI screening and management and to enhance partner referrals. Additional STI commodities for the July – Dec 2017 period "

HIV testing and counseling as part of programs for general population	Ministry of Health of Malawi	Allocation Above	5,061,751 1,100,376	7,026,827 1,254,176	0 2,319,407	"Source of cost Assumption: Detailed HTC section of the HIV NSP costing Key Activities: Includes procurement of HTC kits, quality control; HTC QA Panel tests; HTC mentoring activities. "	Other Funding received for this Activity: Approximately \$9,512,731 (\$5,135,975 in year 1 and \$4,346,756 in year 2) is available from Government and its partners for commodities and related activities for ensure 90% of PLHIV know their HIV status
Description of Intervention <sup>2</sup>							
<p>"Within Allocation: \$12,088,578 Above allocation: \$4,673,960 Target Population and geographical scope: Malawi will re-focus its HTC program to meet the goal of having 90% of PLHIV know their status 2020. For within and above, all children, men and women in high risk / high prevalence settings (geographical and by service delivery) will be specifically targeted. Primary focus will be to enhance testing at health facilities where the highest yield of HIV-positives is realized. Geographical coverage includes all health facilities in the country with specific support for the 6 districts that account for 50% of all PLHIV not yet on ART (Blantyre, Lilongwe, Zomba, Machinga, Mangochi, Mulanje) . PITC will be targeted at ANC, maternity/post-natal clinics, U5 clinics, adult medical and paediatric wards and nutritional rehabilitation units, outpatient departments, EPI clinics and specific community settings, including OVC programs, to increase paediatric ART coverage. In addition, vulnerable populations, including prisoners, adolescent girls, youth, and mobile populations will be reached through targeted HTC activities. Implementation Approach: Within: The investment will provide uninterrupted supply of HIV rapid test kits for all 900 HTC service points in the country, with priority given to testing at health facilities where the HIV positive yield rate is high to advance our goal of ensuring 90% of PLHV know their HIV status. The approach includes a comprehensive set of quality assurance interventions (capacity building, annual re-certification, mentoring, proficiency testing, external quality control, provision of quality control testing materials at all sites). Above: Community based HTC activities scale-up, targeted HTC campaigns in geographical hotspots, development of a coordinated self-testing program. Additional HTC kits procurements for the July – Dec 2017 period. "</p>							
Male circumcision	Ministry of Health of Malawi	Allocation Above	0 3,099,965	0 14,500,375	0 0	"Source of cost Assumptions: Detailed HIV NSP costing Key activities: Procurement of VMMC kits, Demand generation, Training and service delivery"	Other funding received for this activity: Approximately \$18,376,619 (\$9,423,921 in year 1 & \$8,952,698 in year 2)
Description of Intervention <sup>2</sup>							
<p>"Within: \$0 Above: \$17,600,339 Target Population and Geographic scope: Adolescents and adults (10-34yrs) and neonates in priority districts (high incidence, low circumcision prevalence). Implementation approach: Above only: Target population will be reached through targeted demand generation, capacity building of health providers (existing and new sites) and subsequent provision of services. Adoption of different mix of methods for MC will also be considered. "</p>							
Description of Intervention <sup>2</sup>							
CSO activities supporting prevention	Action Aid malawi	Allocation Above	0 730,875	0 772,966	0 405,822	"Source of cost Assumptions: Detailed HIV NSP costing Key activities: Mobilise young women and young men to access health services"	Other funding received for this intervention would only potentially come from the government
Description of Intervention <sup>2</sup>							
<p>"Within: \$0 Above: \$1,909,662 Target Population and Geographic scope: Target all young men and women in all regions of Malawi Implementation approach: Above only: Community dialogue sessions in order to mobilise young women and young men to access health services (addressing limited health seeking behaviour, risk reduction and perception) "</p>							

## Programmatic Gap

Coverage Indicator : GP-1: Number of women and men aged 15+ who received an HIV test and know their results

Current National Coverage 1521330	Year	Source	Latest Results	
	2013	Reports (specify) HTC national program reports for all clients 15+ accessing HTC		
	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	CCM Comments
<b>Current Estimated Country Need</b>				
A. Total estimated population in need/at risk (from National Strategic Plan)	9'114'729	9'426'125	4'876'517	Estimated from Spectrum (Demoproj)
B. Country targets (from National Strategic Plan)	2'615'238 28.69 %	2'641'390 28.02 %	1'756'360 36.02 %	Output targets are based on differentiated forecasts for testing modes and sub-populations.
<b>Country Need Already Covered</b>				
C. Country need planned to be covered by domestic & other sources	1'351'403 14.83 %	1'112'704 11.80 %	739'879 15.17 %	Estimated from the proportion of the budget for this module accounted for by data from resource mapping adjusted downwards by 25% to address the mismatch between commitments and actual expenditures.
<b>Programmatic Gap</b>				
D. Expected annual gap in meeting the need <b>A-C</b>	7,763,326 85.17 %	8,313,421 88.20 %	4,136,638 84.83 %	
<b>Country need planned to be covered by domestic &amp; other sources</b>				
E. Targets to be financed by allocation amount	1'039'180 11.40 %	1'298'190 13.77 %	863'216 17.70 %	Estimated from the proportion of the budget for this module accounted for by the allocation amount.
F. Coverage from Allocation amount and other resources <b>C+E</b>	2,390,583 26.23 %	2,410,894 25.57 %	1,603,095 32.87 %	
G. Targets to be potentially financed by above allocation amount	224'655 2.46 %	230'496 2.45 %	153'265 3.14 %	
H. Total coverage (allocation amount, above allocation amount and other resources) <b>F+G</b>	2,615,238 28.69 %	2,641,390 28.02 %	1,756,360 36.01 %	Calculated from the proportion of the budget for this module accounted for by the above allocation amount.

Module: Prevention programs for MSM and TGs															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Total Targets	Targets							
			N #	%	Year	Source		Year 1		Year 2		Year 3		N #	%
								D #	%	D #	%	D #	%		
KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services	Action Aid malawi						Allocation + Other Sources	7,000.0	17.2	7,350.0	17.5	3,250.0	15.2		
			1,400.0	3.6	2014	Reports (specify)	40,612.0		41,947.0		21,317.0				
			38,734.0			Above+Allocation+Other sources	7,000.0	17.2	7,350.0	17.5	4,043.0	19.0			
							40,612.0		41,947.0		21,317.0				
Comments <sup>1</sup>	Baseline denominator estimated by taking 1.84% of the male population aged 20-49 years. Baseline numerator estimated from the preliminary MSM study. Target progression is modest given the need to set up systems for service delivery and develop capacity of organizations to implement prevention services for MSM. The baseline output refers to encounters / contacts as opposed to individuals reached. Year 3 target is half the annual target.														
Module budget - Prevention programs for MSM and TGs															
Allocated request for entire module	USD 278,671						Above allocated request for entire module						USD 344,733		
Intervention	Intervention budget (request to the Global Fund only)				Cost Assumptions <sup>3</sup>				Other funding <sup>4</sup>						
	Responsible Principal Recipient(s)		Total Targets	Year 1	Year 2	Year 3									
Condoms as part of programs for MSM and TGs	Action Aid malawi		Allocation	0	2,410	0	"Source of cost Assumptions: Detailed HIV NSP costing Key activities: Procurement, storage, testing, promotion of condoms for MSM"				"Condoms for the country's whole population are primarily purchased by UNFPA & USG/USAID. Requested CN funds will augment these supplies. USG/PEPFAR will supply all the lubricant for MSM & FSW condom promotion/distribution activities. USG/PEPFAR is providing \$2.15M annually in comprehensive MSM & SW key populations programming. "				
			Above			0									
Description of Intervention <sup>2</sup>															
"Within: \$2,410 Above: \$0 Target Population and Geographic scope: Target MSMs across all the regions of Malawi; estimated population in need/at risk approximately 41,000 as of 2015. National targets are for a portion of this population, with a portion of national targets to be covered by CN funding. Implementation approach: As part of packages for key populations, condom programming will be implemented across the priority areas or hot spots in Malawi not being reached with non-CN resources. Condoms will be procured for use with MSM condom promotion & other prevention activities, including CSO-implemented MSM prevention packages."															
HIV testing and counseling as part of programs for MSM and TGs	Action Aid malawi		Allocation	51,556	74,352	0	"Source of cost Assumptions: Detailed HIV NSP costing Key activities: Within: Training of peer educators as condom and lubes distributors; training of Peer Educators to promote male and female condoms, expert patients emolments Above: Additional peer educator trainings, produce targeted gender transformative and rights based IEC materials on condom and lubes education, leaflets and infor packs (20000 for MSM), promote community interaction and educational focus group discussions involving members of the key population; CSO MSM condom activities for last 6 months of grant period."				"SG/PEPFAR is providing \$2.15M annually in comprehensive MSM & SW key populations programming. "				
			Above	0	0	24,019									
Description of Intervention <sup>2</sup>															
"Within Allocation: \$125,907 Above Allocation: \$24,019 Target Population and geographic scope: HTC will be targeted to MSMs across all the regions of Malawi; estimated population in need/at risk approximately 41,000 as of 2015. National targets are for a portion of this population, with a portion of national targets to be covered by CN funding. Implementation approach: As part of packages for key populations, targeted HTC programming will be implemented across the priority areas or hot spots in Malawi, not being reached with non-CN resources. HTC commodities will support targeted public sector & CSO HTC programming activities for MSM. "															

CSO condom activities for MSM	Action Aid malawi	Allocation	45,552	48,175		"Source of cost Assumptions: Detailed HIV NSP costing Key activities: Within: Training of peer educators as condom and lubes distributors; training of Peer Educators to promote male and female condoms, expert patients emolmuments Above: Additional peer educator trainings, produce targeted gender transformative and rights based IEC materials on condom and lubes education, leaflets and infor packs (20000 for MSM), promote community interaction and educational focus group discussions involving members of the key population; CSO MSM condom activities for last 6 months of grant period."	"USG/PEPFAR/ USAID supports community condom distribution. USG/PEPFAR is providing \$2.15M annually in comprehensive MSM & SW key populations programming. "
		Above	80,518	99,281	56,234		
Description of Intervention <sup>2</sup>							
"Within: \$93,727 Above: \$236,033 Target Population and Geographic scope: Target MSMs across all the regions of Malawi; estimated population in need/at risk approximately 41,000 as of 2015. National targets are for a portion of this population, with a portion of national targets to be covered by CN funding. Implementation approach: CSO implemented activities involve training & use of peer educators and expert patients to promote use of condoms, as well as key population educational focus group discussions; within allocation funding will reach prioritized hot spots. Selected hot spots will augment those reached with non-CN resources. Above allocation funding will support roll out to additional hot spots across the nation with training and engagement of additional peer educators and expert patients, expand range of activities and IEC materials, and cover all HTC activities for the last six months of the funding period."							
CSO HTC activities for MSM	Action Aid malawi	Allocation	27,521	29,105	0	"Source of cost Assumptions: Detailed HIV NSP costing Key activities: Within: Training of Peer Educators to promote services HTC, STIs, refer HIV positive males to health facilities for further confirmatory testing ( include STI), expert patients emolmuments, peer educators emolmuments for Community Testing (73 hot spots) Above: Additional peer educator trainings, additional peer educators (225) emolmuments for Community Testing, additional peer educators (225), promote community interaction and focus group discussions involving members of the key population; HTC services for the last six months of the grant period "	"USG/PEPFAR is providing \$2.15M annually in comprehensive MSM & SW key populations programming. "
		Above	26,424	42,071	16,186		
Description of Intervention <sup>2</sup>							
"Within: \$56,626 Above: \$84,681 Target Population and geographic scope: As part of the prevention service package, HTC services will be targeted amongst MSM in priority hotspot areas across all the regions of Malawi. The estimated MSM population in need/at risk is approximately 41,000 as of 2015. National targets are for a portion of this population, with a portion of national targets to be covered by CN funding. Implementation approach: CSO implemented activities involve training of peer educators and expert patients to promote HTC, as well as MSM educational focus group discussions and referrals; priority hot spots will be targeted using within allocation funding. Above allocation funding will provide further roll out across the nation in additional hotspots not reached with non-CN resources, as well as HTC promotion and referral activities for the last six months of the grant period."							

## Programmatic Gap

Coverage Indicator : KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services

Current National Coverage 4%	Year	Source	Latest Results		CCM Comments
	2014	Reports (specify) Numerator: 1400 denominator: 38734			
07/2015 - 06/2016		07/2016 - 06/2017	07/2017 - 06/2018		
<b>Current Estimated Country Need</b>					
A. Total estimated population in need/at risk (from National Strategic Plan)	40'612	41'947	21'317		Based on 1.84% of the adult male population aged 20-39 (MSM population size estimation study) and increased annually by 2%
B. Country targets (from National Strategic Plan)	7'000 17.24 %	7'350 17.52 %	4'042 18.96 %		Based on USAID targets and an estimate of what is feasible over and above the USAID targets
<b>Country Need Already Covered</b>					
C. Country need planned to be covered by domestic & other sources	5'963 14.68 %	6'000 14.30 %	3'250 15.25 %		Based on USAID targets
<b>Programmatic Gap</b>					
D. Expected annual gap in meeting the need <b>A-C</b>	34,649 85.32 %	35,947 85.70 %	18,067 84.75 %		
<b>Country need planned to be covered by domestic &amp; other sources</b>					
E. Targets to be financed by allocation amount	1'037 2.55 %	1'350 3.22 %	0 0.00 %		Based on an estimate of what is feasible over and above the USAID targets given the number and capacity of implementing partners.
F. Coverage from Allocation amount and other resources <b>C+E</b>	7,000 17.23 %	7,350 17.52 %	3,250 15.25 %		
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	793 3.72 %		Based on an estimate of what is feasible over and above the USAID targets given the number and capacity of implementing partners. Year 3 target here is for 6 months only and is all above allocation
H. Total coverage (allocation amount, above allocation amount and other resources) <b>F+G</b>	7,000 17.23 %	7,350 17.52 %	4,043 18.97 %		

## Module: Prevention programs for sex workers and their clients

## Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline		Total Targets	Targets							
			N #	%		Year 1		Year 2		Year 3		N #	%
						Year	Source	N #	%	N #	%		
D #					D #		D #		D #		D #		
KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	Action Aid malawi				Allocation + Other Sources	8,776.0	15.6	9,500.0	16.6	4,250.0	14.6		
			7,700.0	14.0		56,100.0	16.1	57,222.0	17.5	29,183.0	18.0		
			55,000.0	2014		Reports (specify)	9,026.0	16.1	10,000.0	17.5	5,250.0	18.0	
							56,100.0		57,222.0		29,183.0		
Comments <sup>1</sup>	Baseline denominator estimated by taking 1.5% of the female population aged 15-49 years (Steven Moses), increased annually by 2% to reflect general population growth. Baseline numerator estimated from the service coverage data for services offered by PSI Malawi. Target progression is modest given the need to set up systems for service delivery and develop capacity of organizations to implement prevention services for FSW. The baseline output refers to encounters / contacts as opposed to individuals reached. Year 3 target is half the annual target.												

Module budget - Prevention programs for sex workers and their clients

Allocated request for entire module		USD 267,198			Above allocated request for entire module			USD 340,731		
Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)			Cost Assumptions <sup>3</sup>			Other funding <sup>4</sup>		
		Total Targets	Year 1	Year 2	Year 3					
Condoms as part of programs for sex workers and their clients	Action Aid malawi			Allocation			3,396	0	"Source of cost Assumptions: Detailed HIV NSP costing Key activities: Procurement, storage, testing, promotion of condoms for FSW"	"Condoms for the country's whole population are primarily purchased by UNFPA & USG/USAID. Requested CN funds will augment these supplies. USG/PEPFAR will supply all the lubricant for MSM & FSW condom promotion/distribution activities. UNFPA is providing \$300,000-350,000 in FSW targeted program support. MSF Belgium & NORAD are funding comprehensive FSW programming USG/PEPFAR is providing \$2.15M annually in comprehensive MSM & SW key populations programming."
				Above	0	0	0	0		
Description of Intervention <sup>2</sup>										
"Within Allocation: \$3,396 Above Allocation: \$0 Target Population and geographic scope: These condom services target FSWs in priority hotspots across all the regions of Malawi. The estimated FSW population in need/at risk is approximately, approximately 56,000 as of 2015. National targets are for a portion of this population, with a portion of national targets to be covered by CN Implementation approach: As part of packages for key populations, condom programming for these groups will be implemented across the priority areas or hot spots in Malawi not being served by non-Concept Note resources "										
HIV testing and counseling as part of programs for sex workers and their clients	Action Aid malawi			Allocation	47,413		66,036	0	"Source of cost Assumptions: Detailed HIV NSP costing Key activities: Mobile testing for FSW Source of cost Assumptions: Detailed HIV NSP costing Key activities: Within: Includes procurement of HTC kits Above: HTC commodities for last 6 months of grant period "	"USG/PEPFAR is providing \$2.15M annually in comprehensive MSM & SW key populations programming. UNFPA is providing \$300,000-350,000 in FSW targeted program support. MSF Belgium & NORAD are funding comprehensive FSW programming USG/PEPFAR is providing \$2.15M annually in comprehensive MSM & SW key populations programming. UNFPA is providing \$300,000-350,000 in FSW targeted program support. MSF Belgium & NORAD are funding comprehensive FSW programming"
				Above	0	0	20,017	0		
Description of Intervention <sup>2</sup>										
"Within Allocation: \$8,355 Above Allocation: \$0 Target Population and geographic scope: These HTC services are targeted to FSWs in priority hotspots across all the regions of Malawi. The estimated FSW population in need/at risk is approximately, approximately 56,000 as of 2015. National targets are for a portion of this population, with a portion of national targets to be covered by CN funding. Implementation approach: As part of packages for FSW, mobile HTC will be implemented across the priority areas or hot spots in Malawi. These funds will cover allowance and fuel costs for targeted mobile testing. Within Allocation: \$105,094 Above Allocation: \$20,017 Target Population and geographic scope: The estimated FSW population in need/at risk is approximately, approximately 56,000 as of 2015. National targets are for a portion of this population, with a portion of national targets to be covered by CN funding. Implementation approach: As part of packages for key populations, HTC commodities will support targeted HTC for FSWs in priority hotspots across all the regions of Malawi not served with non-Concept Note resources. Above allocation funding will cover HTC commodities for the last 6 months of the grant period."										
CSO condom activities for FSW	Action Aid malawi			Allocation	45,552		48,175	0	"Source of cost Assumptions: Detailed HIV NSP costing Key activities: Source of cost Assumptions: Detailed HIV NSP costing Key activities: Within: Training of peer educators as condom and lubes distributors; training of Peer Educators to promote male and female condoms, expert patients emolmuments Above: Additional FSW reached; additional peer educator trainings, produce targeted gender transformative and rights based IEC materials on condom and lubes education, leaflets and info packs (30000 for FSW), promote community interaction and educational focus group discussions involving members of the key population; CSO FSW condom activities for last 6 months of grant perio"	"Condoms for the country's whole population are primarily purchased by UNFPA & USG/USAID. Requested CN funds will augment these supplies. USG/PEPFAR will supply all the lubricant for MSM & FSW condom promotion/distribution activities. USG/PEPFAR is providing \$2.15M annually in comprehensive MSM & SW key populations programming."
				Above	80,518	99,281	56,234	0		
Description of Intervention <sup>2</sup>										

Within Allocation: \$93,727 Above Allocation: \$236,033 Target Population and geographic scope: These services are targeted to HTC amongst all known sex workers in the three regions of Malawi. Estimated population size is 20,000 Implementation approach: As part of packages for key populations, condom programming, HTC for these groups will be implemented across the priority areas or hot spots in Malawi.

CSO HTC activities for FSW	Action Aid malawi	Allocation	27,521	29,105	0	"Source of cost Assumptions: Detailed HIV NSP costing Key activities: Within: Training of Peer Educators to promote services HTC, STIs, refer HIV positive SW to health facilities for further confirmatory testing ( include STI), expert patients emolmuments, peer educators emolmuments for Community Testing (73 hot spots) Above: Additional peer educator trainings, additional peer educators (225) emolmuments for Community Testing, additional peer educators (225), promote community interaction and focus group discussions involving members of the key population; HTC services for the last six months of the grant period "	"USG/PEPFAR is providing \$2.15M annually in comprehensive MSM & SW key populations programming. UNFPA is providing \$300,000-350,000 in FSW targeted program support. MSF Belgium & NORAD are funding comprehensive FSW programming"
		Above	26,424	42,071	16,186		

Description of Intervention <sup>2</sup>

"Within Allocation: \$56,626 Above Allocation: \$84,681 Target Population and geographic scope: As part of the prevention service package, HTC services will be targeted amongst FSW in priority hotspot areas across all the regions of Malawi. The estimated FSW population in need/at risk is approximately 56,000 as of 2015. National targets are for a portion of this population, with a portion of national targets to be covered by CN funding. Implementation approach: CSO implemented activities involve training of peer educators and expert patients to promote HTC, as well as FSW educational focus group discussions and referrals; priority hot spots will be targeted using within allocation funding. Above allocation funding will reach additional FSWs, provide further roll out across the nation in additional hotspots not reached with non-CN resources, as well as HTC promotion and referral activities for the last six months of the grant period. "

## Programmatic Gap

Coverage Indicator : KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services

Current National Coverage 14%	Year	Source	Latest Results		CCM Comments
	2013	Reports (specify) Numerator:7700 Denominator: 53195			
07/2015 - 06/2016		07/2016 - 06/2017	07/2017 - 06/2018		
<b>Current Estimated Country Need</b>					
A. Total estimated population in need/at risk (from National Strategic Plan)	56'100	57'222	29'183		Baseline population of sex workers estimated at 1.5% of female population aged 15-49 years (based on several international FSW population size estimation studies), increased annually by 2%.
B. Country targets (from National Strategic Plan)	9'026 16.09 %	10'000 17.48 %	5'250 17.99 %		Targets estimated by increasing the baseline of 7700 coverage by 5 percentage points annually
<b>Country Need Already Covered</b>					
C. Country need planned to be covered by domestic & other sources	7'776 13.86 %	8'000 13.98 %	4'250 14.56 %		Based on USAID targets
<b>Programmatic Gap</b>					
D. Expected annual gap in meeting the need <span style="color:red">A-C</span>	48,324 86.14 %	49,222 86.02 %	24,933 85.44 %		
<b>Country need planned to be covered by domestic &amp; other sources</b>					
E. Targets to be financed by allocation amount	1'000 1.78 %	1'500 2.62 %	0 0.00 %		Based on what the country can achieve over and above USAID targets given the number and capacity of implementing partners
F. Coverage from Allocation amount and other resources <span style="color:red">C+E</span>	8,776 15.64 %	9,500 16.60 %	4,250 14.56 %		
G. Targets to be potentially financed by above allocation amount	250 0.45 %	500 0.87 %	1'000 3.43 %		Additional above allocation targets based on what the country can achieve over and above USAID targets given the number and capacity of implementing partners. Year 3 target is for 6 months only and is all above allocation
H. Total coverage (allocation amount, above allocation amount and other resources) <span style="color:red">F+G</span>	9,026 16.09 %	10,000 17.47 %	5,250 17.99 %		

## Module: PMTCT

## Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Targets														
			Baseline				Total Targets	Year 1		Year 2		Year 3					
			N #	%	Year	Source		N #	%	N #	%	N #	%	N #	%		
																D #	D #

PMTCT-1: Percentage of pregnant women who know their HIV status	Ministry of Health of Malawi	79.1	2013	Reports (specify)	Allocation + Other Sources	577,800.0	90.0	588,600.0	90.0	599,400.0	90.0			
						642,000.0		654,000.0						
					Above+Allocation+Other sources	577,800.0	90.0	588,600.0	90.0					666,000.0
						642,000.0		654,000.0						
<b>Comments <sup>1</sup></b> National program data from HIV ascertainment at ANC. Estimates for number of pregnant women in the population from 2014 Spectrum model. Targets based on continuation of routine, opt-out HTC policy at ANC and introduction of routine repeat testing at maternity from 2015. Year 3 are full year targets.														
PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	Ministry of Health of Malawi	78.3	2013	Reports (specify)	Allocation + Other Sources	35,950.0	65.4	35,137.0	66.3	19,889.0	78.0			
						55,000.0		53,000.0						
					Above+Allocation+Other sources	45,650.0	83.0	45,050.0	85.0	22,185.0	87.0			
						55,000.0		53,000.0		25,500.0				
<b>Comments <sup>1</sup></b> Population estimate for women in need of PMTCT from 2014 Spectrum model. Coverage targets based on HIV ascertainment rates maintained at 90%, improved sensitivity of testing due to secondment of dedicated HIV Diagnostic Assistants for PITC and gradual increase in ART uptake due to improved public and patient. Year 3 figures education and roll-out of peer-support groups. Year 3 figures represent 50% of the annual target and estimated population in need.														
Module budget - PMTCT														
Allocated request for entire module	USD 4,427,596					Above allocated request for entire module					USD 6,808,015			
Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions <sup>3</sup>				Other funding <sup>4</sup>				
		Total Targets	Year 1	Year 2	Year 3									
HTC commodities	Ministry of Health of Malawi	Allocation	1,602,866	2,455,457	0	Source of cost Assumption: Detailed HIV NSP costing Key Activities: Testing commodities for HTC amongst pregnant women				Other Funding received for this Activity: Available funding stated				
		Above	0	0	696,124									
Description of Intervention <sup>2</sup>														
"Within Allocation: \$369,272 Above Allocation: \$81,378 Target Population and geographic scope: Provide nevirapine prophylaxis for all HIV exposed infants. A new focus is on identification new HIV infections in pregnancy and during breastfeeding as these are responsible for the majority of vertical transmissions in the era of Option B+. Implementation approach: Within: Cover 100% of nevirapine needs for all HIV exposed infants Above: Additional commodities to cover the July – Dec 2017 period "														
CSO PMTCT activities	Action Aid malawi	Allocation			0	N/A				N/A				
		Above	2,308,025	2,440,944	1,281,544									
Description of Intervention <sup>2</sup>														
"Within allocation: \$4,058,323 Above allocation: \$696,124 Target Population and geographic scope: Target all pregnant women in ANC and Maternity Ward in all health facilities in the country Implementation approach: Within: Provision of uninterrupted HTC services at all level of care to pregnant women, particularly in ANC and Maternity wards Above: Additional HTC kits procurements for the July – Dec 2017 period "														
Prong 2: Preventing unintended pregnancies among women living with HIV	Ministry of Health of Malawi	Allocation	184,386	184,887	0	Source of cost Assumption: Detailed HIV NSP costing Key Activities: Procurement of HTC kits, HTC dedicated cadre to ensure testing of exposed infants, pregnant & breastfeeding mothers in ANC, Maternity, postnatal & EPI settings etc				Other Funding received for this Activity: Approximately \$18,410,521 (\$10,058,460 in year 1 and \$8,352,061 in year 2) is available through GoM and its Partners.				
		Above	0	0	81,378									
Description of Intervention <sup>2</sup>														
"Within allocation: \$0 Above allocation: \$6,030,513 Target Population and geographic scope: Nationwide in Malawi women of childbearing age Implementation approach: Above only: Carry out targeted community sensitization activities (focus group discussions, peer education) to increase by 20-30% uptake of HIV testing and ART initiation and retention in low performing districts. Promote male involvement in PMTCT. "														

## Programmatic Gap

Coverage Indicator : PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission

Current National Coverage 78%	Year	Source	Latest Results		CCM Comments
	2013	Other (specify) From 2014 Spectrum AIM model			
	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018		
<b>Current Estimated Country Need</b>					
A. Total estimated population in need/at risk (from National Strategic Plan)	55'000	53'000	25'500		Estimated from Spectrum. Year 3 shows estimated population in need for 6 months
B. Country targets (from National Strategic Plan)	45'650 83.00 %	45'050 85.00 %	22'185 87.00 %		Coverage targets based on HIV ascertainment rates maintained at 90%, improved sensitivity of testing due to secondment of dedicated HIV Diagnostic Assistants for PITC and gradual increase in ART uptake due to improved public and patient education and roll-out of peer-support groups
<b>Country Need Already Covered</b>					
C. Country need planned to be covered by domestic & other sources	28'439 51.71 %	24'414 46.06 %	13'819 54.19 %		Estimated from the proportion of the budget for this module accounted for by data from resource mapping adjusted downwards by 25% to address the mismatch between commitments and actual expenditures.
<b>Programmatic Gap</b>					
D. Expected annual gap in meeting the need <b>A-C</b>	26,561 48.29 %	28,586 53.94 %	11,681 45.81 %		
<b>Country need planned to be covered by domestic &amp; other sources</b>					
E. Targets to be financed by allocation amount	7'511 13.66 %	10'723 20.23 %	6'070 23.80 %		Estimated from the proportion of the budget for this module accounted for by the allocation amount.
F. Coverage from Allocation amount and other resources <b>C+E</b>	35,950 65.37 %	35,137 66.29 %	19,889 77.99 %		
G. Targets to be potentially financed by above allocation amount	9'700 17.64 %	9'913 18.70 %	2'296 9.00 %		
H. Total coverage (allocation amount, above allocation amount and other resources) <b>F+G</b>	45,650 83.01 %	45,050 84.99 %	22,185 86.99 %		

## Module: Treatment, care and support

## Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline		Targets												
			N #	%	Year	Source	Total Targets	Year 1		Year 2		Year 3		N #		%	
								D #	D #	%	D #	%	D #	%	D #	%	
																	D #
TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Ministry of Health of Malawi		505,123.0	50.5	2014	Reports (specify)	Allocation + Other Sources	656,343.0	62.3	719,202.0	68.5	0.0	0.0				
			1,000,000.0				Above+Allocation+Other sources	656,343.0	62.3	719,202.0	68.5	745,839.0	71.1				
								1,052,924.0		1,050,274.0		1,048,628.0					
Comments <sup>1</sup>	Targets based on extrapolation of current initiation and attrition rates, assuming maintaining adequate number of new diagnoses through re-focussed HTC program. HIV population estimates from 2014 Spectrum model. Service data collected and verified during quarterly supportive site supervision. Transition to universal ART eligibility from 2016 will lead to significant simplification of service delivery but will have only moderate impact on net enrollment into care and workload as almost all PLHIV with known status currently enroll in pre-ART or ART. Although funding is not requested within allocation in year 3, 745,839 patients would still be reached by Dec 2017 with the stock available in country. The above allocation request in year 3 is requested to cover the 9 month buffer stock.																

Module budget - Treatment, care and support									
Allocated request for entire module		USD 245,265,147			Above allocated request for entire module			USD 72,735,994	
Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions <sup>3</sup>		Other funding <sup>4</sup>	
		Total Targets	Year 1	Year 2	Year 3				
Antiretroviral Therapy (ART)	Ministry of Health of Malawi	Allocation	98,364,045	104,661,085	6,371,955	Other Funding received for this Activity: Approximately \$40,145,821 (\$20,507,498 in year 1 & \$19,638,323 in year 2) is available from the government of Malawi and its partners		Other Funding received for this Activity: Approximately \$40,145,821 (\$20,507,498 in year 1 & \$19,638,323 in year 2) is available from the government of Malawi and its partners	
		Above	0	0	63,041,232				
Description of Intervention <sup>2</sup>									
"Within Allocation: \$209,397,086 Above Allocation: \$63,041,232 Target population and geographic Scope: Scale-up of the national integrated PMTCT/ART program, in all 700 facilities providing these services to cover about 73% of adults and 60% of all children living with HIV by the end of the implementation period. Implementation Approach: Within: Provision of ART to all patients in need of treatment in the country through existing ART sites Above: Buffer ARV, and EID commodities for the July – Dec 2017 period "									
CSO activities to support treatment	Action Aid malawi	Allocation	43,275	45,768	0	N/A		N/A	
		Above	0	0	24,029				
Description of Intervention <sup>2</sup>									
"Within allocation: \$89,043 Above Allocation: \$24,029 Target Population and Geographic scope: Engagement of 180 expert patients at hot spots Implementation Approach: Within: Engagement of expert patients to do patient referrals Above: Additional expert patients emoluments to the July – Dec 2017 period "									
Prevention, diagnosis and treatment of opportunistic infections	Ministry of Health of Malawi	Allocation	8,287,763	10,377,021	0	Source of cost Assumption: Detailed HIV NSP costing Key Activities: Major cost driver is procurement, storage and distribution of commodities for prevention, diagnosis and treatment of opportunistic infections (OIs)		Other Funding received for this Activity: Approximately \$9,885,117 (\$5,035,136 in year 1 & \$4,849,981) is current commitments for this intervention for the two years.	
		Above	0	0	5,168,691				
Description of Intervention <sup>2</sup>									
"Within Allocation: \$18,664,785 Above Allocation: \$5,168,691 Target population and geographic scope: All HIV patients in care nationwide. Implementation approach: Within: Provision of 100% of Cotrimoxazole for CPT and about 30% contribution to OI drugs for in-patient and outpatient management. Above: Additional OI drugs for the July – Dec 2017 period"									
Treatment monitoring	Ministry of Health of Malawi	Allocation	8,358,283	8,755,952	0	Source of cost Assumption: Detailed HIV NSP costing Key Activities: Procurement, storage and distribution of VL testing commodities. Source of cost Assumption: Detailed HIV NSP costing Key Activities: Includes procurement and distribution of commodities for laboratory tests associated with monitoring patients on ART e.g. biochemistry, haematology etc.		Other Funding received for this Activity: Available funding from GoM and its partners totals \$5,118,944 (\$2,998,760 in year 1 & \$2,120,184) Other Funding received for this Activity: Estimated co-funding for this intervention is \$10,396,450 (\$5,330,846 in year 1 and \$5,065,605 in year 2). Funders include GoM and its Partners	
		Above	0	0	4,502,042				
Description of Intervention <sup>2</sup>									
"Within Allocation: \$12,202,391 Above allocation: \$3,006,411 Target population and geographic scope: Target all people on ART to undergo routine viral load monitoring in all ART sites in the country Within Allocation: \$12,202,391 Above allocation: \$3,006,411 Target population and geographic scope: Target all people on ART to undergo routine viral load monitoring in all ART sites in the country Implementation approach: Within: Provide VL commodities for all ART sites in the country. Above: Viral load testing commodities for the July – Dec 2017 period Implementation approach: Within: Provide VL commodities for all ART sites in the country. Above: Viral load testing commodities for the July – Dec 2017 period " Above Allocation: \$1,495,631 Target Population and Geographic scope: Target population include all PLHIV patients who are clinically indicated for biochemistry, haematology, etc. at ART sites Implementation Approach: Provision of all related biochemistry, haematology tests related to management and monitoring ART amongst PLHIV in ART sites.									

## Programmatic Gap

Coverage Indicator : TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV

Current National Coverage 51%	Year	Source		Latest Results	CCM Comments
	2014	Reports (specify) Coverage for children is 40%			
	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018		
<b>Current Estimated Country Need</b>					
A. Total estimated population in need/at risk (from National Strategic Plan)	1'052'924	1'050'274	1'048'628		Estimated PLHIV population
B. Country targets (from National Strategic Plan)	656'343 62.34 %	719'202 68.48 %	745'839 71.13 %		From NSP 2015-2020. Targets for children on ART yrs 1-3: 53703, 61141 & 67, 244
<b>Country Need Already Covered</b>					
C. Country need planned to be covered by domestic & other sources	90'953 8.64 %	95'721 9.11 %	0 0.00 %		Estimated from the proportion of the budget for this module accounted for by data from resource mapping adjusted downwards by 25% to address the mismatch between commitments and actual expenditures.
<b>Programmatic Gap</b>					
D. Expected annual gap in meeting the need <b>A-C</b>	961,971 91.36 %	954,553 90.89 %	1,048,628 100.00 %		
<b>Country need planned to be covered by domestic &amp; other sources</b>					
E. Targets to be financed by allocation amount	565'390 53.70 %	623'481 59.36 %	0 0.00 %		Estimated from the proportion of the budget for this module accounted for by the allocation amount.
F. Coverage from Allocation amount and other resources <b>C+E</b>	656,343 62.34 %	719,202 68.47 %	0 0.00 %		These numbers represent 53700, 61100 and 3100 children in year 1, 2 and 3, respectively.
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	745'839 71.13 %		Estimated from modular budget
H. Total coverage (allocation amount, above allocation amount and other resources) <b>F+G</b>	656,343 62.34 %	719,202 68.47 %	745,839 71.13 %		These numbers represent 53700, 61100 and 33600 children in year 1, 2 and 3, respectively.

## Module: TB care and prevention

## Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline		Total Targets	Targets						
			N #	%		Year 1		Year 2		Year 3		
						D #	Year	N #	%	N #	%	N #
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Ministry of Health of Malawi		1,959	2013	Reports (specify)	Allocation + Other Sources		23,173	29,879	8,015		
						Above+Allocation+Other sources		28,966	41,471	23,118		
Comments <sup>1</sup>	Expected number of TB cases was esitimated based on prevalence estimate from the survey. Adjustment was made for age and EPTB in theprocess. Targets were set for each year as percentage of increase from baseline over the implementation period.Year 3 target is half the annual target.											

Module budget - TB care and prevention

Allocated request for entire module		USD 12,601,460			Above allocated request for entire module			USD 15,722,490	
Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)			Cost Assumptions <sup>3</sup>			Other funding <sup>4</sup>	
		Total Targets	Year 1	Year 2	Year 3				
Case detection and diagnosis	Ministry of Health of Malawi			Allocation	2,709,759	2,673,171	0	"1. TB NSP detail costing 2. Key Activities are: Procure and install GeneXpert and digital X-ray machines, procure and distribute I LED FM microscopes to new registration sites and existing sites that needs replacement, update policy, develop SOPs for quality assured active and pasive case finding stratges and services , procurem of of Mobil vans, fied with degital X-Ray and GeneXpert palt forms, implement systematic screaming among all OPD attenuates, train health care workers 3. With the above allocation more TB cases will be identified and registered for treatment. "	Nearly USD 2.0 million is available for two years from USG and WHO (in the form of TA support) to support diagnostic capacity building
				Above	1,841,654	1,478,493	1,583,803		
Description of Intervention <sup>2</sup>									
<p>"Within allocaiotr: 5,382,929.00 Above allocation: 4,903,949.00 Target Population and Geographic scope: The target population for streanghtening the passive case finding and intervention will be the general population in all 28 districts of the Countrygh and volume and hotspot districts for the sytematic TB screeing and expansion of geneXpert Implementation approach: interventions. strengthening and scale up microscopy network including QMS; expanding GeneXpert to accommodate high volume OPD/ART services; improved clinical diagnosis of smear negative and extra pulmonary TB in adult and children with implementation of phase based task shifting to nurses and clinical officers at health centers and expansion of FNA and radiology services (CXR) at selected high burden sites. Geographic prioritization informed the program that most cases are missed in urban areas and selected 12 high burden districts. Mobile vanes fitted with digital X - Ray and GeneXpert plat forms will be arranged to visit periodically the high risk groups among pre urban and urban poor residents, congregate settings including prisoners, older age groups and working men reside in selected high burden districts in order to reach more missed cases in the community. CSOs working in the priority areas will be involved through facilitation of the community outreach screening, awareness creation, strengthen school health programs and provide patient sport for effective linkage with the routine health service and treatment adherence. Above allocation: \$3, 338, 548 resources are being requested for use in year 1 and year 2 of the grant towards procurement of an additional 14 GeneXpert platforms for high volume facilities and 5 units of X-ray machines. The GeneXpert platforms will improve TB case finding in high risk populations and improve detection of MDR-TB. Ta An additional above allocation amount of \$1,583,803 is being requested by PR for case detection and diagnosis activities for extended period of grant implementation July-December 2017. "</p>									
Community TB care delivery	Action Aid malawi			Allocation	253,826	30,872	0	"1. NSP detail costing 2. Key Activities are: Improve patient follow up and linkage Media campaign to create demand for early diagnosis and treatment Train and monitor CBS and CSO to standardize the package of delivered service by CSOs Train more voluntaries for septum collection Procure and provide push bickers for sputum collection "	TB Care II, Dignitas, MSF conduct sputum collection related activites in selected districts
				Above	1,538,683	1,627,296	870,351		
Description of Intervention <sup>2</sup>									
<p>"Within Allocation: 284,698.00 Above Allocation: 4,036,330.00 Target population: CSO, HIV-CSOs and the population living in high risk areas Implementation approach: The focus will be on the review, printing and dissemination of guidelines for Community TB Care along with tools for monitoring, supervision and reporting. The NTP at Zonal and District levels will provide TOT training and oversight to umbrella CSOs. These organizations in turn, will train and oversee implementation of interventions by community based organizations to deliver a package of services that include increasing community awareness of TB and TB/HIV, decrease stigma and discrimination, creating demand for services and treatment adherence. Systems will be put in place to ensure linkages between CSOs, health facilities and community networks to support patients and their families to mitigate the impact of TB and TB/HIV. The NTP will support them to establish system to monitor the community TB interventions. \$3,165,979 above allocation has been dedicated to the 2 years of grant implementation while an additional \$870,351 has been allotted for the period July-December 2017. "</p>									
Key affected populations	Ministry of Health of Malawi			Allocation	1,009,262	297,715	0	"1. TB NSP detail costing 2. Key Activities are: Procure mobile X-Ray machines and vans in oder to implement active cases finding in urban poor dwellers, children under 5, diabetes clinics. Train health care workers strengthen the clinical diagnose of TB in children. Establish HWC surveillance system "	"Health Package" and infrustructure provided to prisons from PEPFAR, MSF, Dignitas, EU
				Above	1,001,183	1,513,220	382,217		
Description of Intervention <sup>2</sup>									

"Within Allocation: 1,306,977.00 Above Allocation: 2,896,619.00 Target population & geographic scope: Vulnerable and high risk populations for TB include: PLHIV, Urban poor including persons >55 years; Children at risk; inmates and prison staff, Health care workers, mine workers and diabetic patients. Urban poor residents and selected 12 districts found in the south and central regions of the country are priority districts for selected intervention for active case finding strategies in the community Implementation approach: Different outreach approaches will be used in urban/peri-urban and rural settings. Urban slums and hot spots: campaigns and mobile community outreach screening. Rural areas: expansion of community sputum collection points. Within allocation: This funding will help to procure 2 mobile vans fitted with onboard digital radiography and mini laboratory comprising GeneXpert and microscope. Active case finding strategy will be undertaken by deploying mobile teams to areas or settings where there is high TB burden (urban and high risk population) as informed by TB prevalence survey and epi-assessment. Sputum collection points will be established in urban and high risk areas. Prior to the mobile screening, there will be intensive social mobilization including house to house interfaces in order to improve participation. The above allocation total amount of \$3,001,168 will support active case finding: An additional 5 mobile fitted with digital radiography and a mini laboratory (microscopy and GeneXpert) will be procured and deployed to each of the five Zones to sustain regular outreach screening services. Zonal level meetings will be conducted to train Champion HCW on expansion of Wellness Centers (Care for caregiver's clinics) that include services for TB and HIV Above allocation amount of \$2, 596,914 is for the 2 years of grant implementation while \$404,254 is for the period July-December 2017 . "

Program management	Ministry of Health of Malawi	Allocation	1,010,070	757,073	0	"1. TB NSP detail costing 2. Key Activities are: Design and implement patient based electronic reporting and recoding system Train health M&E officers and health care workers Conduct operational researches and DRS Improve coordination capacity "	Fund for Integrated supervision, sputum sample transportation within the districts will be covered by PEPFAR partners in line with the HIV programme activities.
		Above	502,632	215,279	473,394		

**Description of Intervention <sup>2</sup>**

"Within Allocation: 1,767,143.00 Above Allocation: 1,191,305.00 Target population & geographic scope: Central, Zonal and District levels management team, monitoring and evaluation including high priority operational researches and surveys. Implementation approach: The focus will be on strengthening NTP leadership of the NTP to provide strategic guidance, more efficient and effective partner coordination, ensuring adequate supplies of quality assured medicines, improving information systems, generation of new evidence and measurement of progress through operational research. Almost 80% of this intervention supports 4 key activities; Coordination of public and private sector partners at all levels, including improved linkages with communities (23%); Monitoring and evaluation (31%) including regular monitoring meetings, establishment of a case based electronic surveillance data base and implementation of a second Drug Resistance Survey (DRS); Supply chain management (19%) ensuring adequate quality-assured medicines, laboratory and other supplies and materials Above allocation: The total above allocation funding of \$1,224,904 includes \$748,956, to be used in the 2 years of grant implementation an additional \$475,948 above allocation for the extended grant implementation period of July-December 2017. "

Prevention	Ministry of Health of Malawi	Allocation	261,383	296,153	0	"1. TB NSP detail costing 2. Key Activities are: Contact tracing of all house hold contacts Procure Motorbikes Procure INH, Masks, respirators and distribute Update policy Refurbished Isolation rooms in district hospitals Train HCWs "	TB Care II and PEPFAR provide trainings related to infection control
		Above	10,675	28,342	163,027		

**Description of Intervention <sup>2</sup>**

"Within Allocation: 557,536.00 Above Allocation: 202,044.00 Target population & geographic scope: The target population is all children under 5 years, prisoners, health care workers and house hold contacts with known infectious TB cases. Implementation approach: Intervention and Rationale - TB IC will be assessed in all health facilities, presence of Infection Control Plans and implementation frameworks. Based on the assessment, action points will be revised and health care workers will benefit from integration of TB IC into Infection Prevention (IP). Isoniazid preventive therapy will be provided to contacts of PTB patients who are eligible for IPT as per guidelines. Contact investigation of pulmonary TB cases will be strengthened to ensure early detection and treatment initiation. Personal protective will be procured and be available for health workers. The above allocation funding will be used to support facilities expand further contact tracing activities such as contact investigation, procurement of PPEs, Of the total above allocation \$39, 017 will be used for prevention activities within the first 2 years of grant implementation and \$163,027 will be used for the extended period of grant implementation July-December 2017. "

Treatment	Ministry of Health of Malawi	Allocation	1,438,384	1,863,792	0	"1. TB NSP detail costing 2. Key Activities are: Procure and distribute first line Anti TB drugs Expand registration sites to 450 including high volume ART sites Train health care workers.Update policies and SOPs and task shift the clinical diagnosis and treatment initiation of smear negative and EPT at Health center level. "	25% of drugs funded by the Government of Malawi
		Above	332,242	699,230	1,460,769		

**Description of Intervention <sup>2</sup>**

"Within Allocation: 3,302,176.00 Above Allocation: 2,492,241.00 Target population & geographic scope: New and previously treated TB patients with susceptible TB for first line treatment, including children. Implementation approach: The within allocation funding will support two key activities. 1) Procurement of quality assured anti-TB drugs and; 2) Facility upgrades for the establishment of new TB registration sites. NTP will continue to decentralize TB registration sites aiming to achieve a density of 1 registration site per 35,000 – 40,000 general population in order to improve access to treatment services for improved outcomes. Based on the assessment results, the facilities will be capacitated to undertake functions of a TB registration site. With the above allocation amount of \$1,031, 472 for year 1 and 2 grant implementation, 53,052 TB patients are expected to be initiated on treatment achieving treatment success rate of 85% or above. An additional amount of \$1,460,769 above allocation amount is being requested by PR for treatment activities for the extended period of grant implementation; July-December 2017."

## Programmatic Gap

Coverage Indicator : DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses

Current National Coverage 19359	Year	Source	Latest Results		CCM Comments
	2013	Reports (specify) Programme reports			
	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018		
<b>Current Estimated Country Need</b>					
A. Total estimated population in need/at risk (from National Strategic Plan)	57'933	59'758	61'650		These figures are based on provisional results (286/100000 population , all age ) of the nationwide TB prevalence survey conducted in 2013-2014 , on top of it , adjustment was also made to include EPTB . The numbers will be adjusted once the incidence estimates are provided based on the new TB prevalence survey .
B. Country targets (from National Strategic Plan)	28'968 50.00 %	41'831 70.00 %	46'237 75.00 %		Targets based on expectation for Improved and expanded infrastructure for case detection, according to absorptive capacity of the country. "By the end of the NFM interventions , 90% treatment success rate for bacteriological confirmed TB cases and , 85% for all forms of TB cases will be achieved respectively
<b>Country Need Already Covered</b>					
C. Country need planned to be covered by domestic & other sources	7'531 13.00 %	7'769 13.00 %	8'015 13.00 %		"Domestic resources are expected to be increased ( with increased number of patients) "
<b>Programmatic Gap</b>					
D. Expected annual gap in meeting the need <b>A-C</b>	50,402 87.00 %	51,989 87.00 %	53,635 87.00 %		
<b>Country need planned to be covered by domestic &amp; other sources</b>					
E. Targets to be financed by allocation amount	15'642 27.00 %	22'110 37.00 %	0 0.00 %		The allocation amount will cover 27% in 2015 rising to 41% by 2017 of the total population at risk
F. Coverage from Allocation amount and other resources <b>C+E</b>	23,173 40.00 %	29,879 50.00 %	8,015 13.00 %		
G. Targets to be potentially financed by above allocation amount	5'793 10.00 %	11'592 19.40 %	15'103 24.50 %		Above allocation estimates are based on expected increase in TB notification. During the first year the above allocation will contribute to 10 % increase in case detection. The subsequent years the expected increase reaches to 20 % .
H. Total coverage (allocation amount, above allocation amount and other resources) <b>F+G</b>	28,966 50.00 %	41,471 69.40 %	23,118 37.50 %		

## Module: TB/HIV

## Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline		Targets								
					Total Targets	Year 1		Year 2		Year 3			
			N #	%		N #	%	N #	%	N #	%	N #	%
			D #	Year		Source	D #	%	D #	%	D #	%	D #

TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	Ministry of Health of Malawi	92	Reports (specify)	Allocation + Other Sources	27,000	93	39,669	95	11,661	50			
					28,966		41,830		23,119				
				Above+Allocation+Other sources	27,000	93	39,669	95	22,425	97			
					28,966		41,830		23,119				
<b>Comments <sup>1</sup></b> The target intends to sustain and increase current performance. The source of data is TB unit register. The denominator is all newly registered TB cases. # of tested cases also depends on Performance in TB case finding All is expected to be covered within the allocation amount. Year 3 target is half the annual target.													
TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Ministry of Health of Malawi	88	2014	TB patient register	Allocation + Other Sources	14,364	95	21,103	95	0	0		
						15,120		22,114		12,558			
					Above+Allocation+Other sources	14,364	95	21,103	95	11,930	95		
						15,120		22,114		12,558			
<b>Comments <sup>1</sup></b> Assumption is made based on current performance.Achievement depends on TB notification, HIV prevalence .This should be considered when reviewing performance of this indicator. Year 3 target is half the annual target.													
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	Ministry of Health of Malawi	98	2013	Reports, Surveys, Questionnaires, etc. (specify)	Allocation + Other Sources	641,573	98	694,284	98	98,957	26		
						654,666		708,453		380,604			
					Above+Allocation+Other sources	641,573	98	694,284	98	372,991	98		
						654,666		708,453		380,604			
<b>Comments <sup>1</sup></b> "1) Maintenance of the current coverage for Intensified Case Finding in ART clinics assuming targeted ART scale-up. 5) Quarterly ART program data collected and verified during supportive site supervision from all approx. 700 sites." Year 3 target is half the annual target.													
Module budget - TB/HIV													
Allocated request for entire module	USD 691,554				Above allocated request for entire module				USD 1,520,887				
Intervention	Intervention budget (request to the Global Fund only)			Cost Assumptions <sup>3</sup>				Other funding <sup>4</sup>					
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3								
TB/HIV collaborative interventions	Ministry of Health of Malawi	Allocation	590,778	100,776	0	"1. Detail HIV and TB NSP 2. Key Activities are: Procurement and distribution of Rifabutin for co infected patients on second line ART, develop specimen collection guidelines, IPT, screening for TB in HIV clients"		Joint M&E and clinical mentoring will be supported through PEPFAR					
		Above	520,672	592,759	407,456								
Description of Intervention <sup>2</sup>													
"Within Allocation: 691,351 Above allocation: 1,520,887 Target population & geographic scope: all district hospitals and high volume clinic staff, supervisors, TB and HIV co infected patients. Implementation approach: Within: Mechanisms of coordination of TB and HIV will be established in all Zones and Districts, facilitating joint planning and oversight with partners. Integrated service delivery will be scaled up. Curricula will be revised as well monitoring tools to support Joint TB/HIV training and refresher training as well as joint TB/HIV monitoring, supervision and clinical mentorship. All presumptive TB cases will be offered PICT. IPT will be provided to eligible PLHIV – either through TB contact investigation or through Pre-ART services. Above: Clinical mentoring will include TB services, thus screening for TB in all HIV reactive clients will be done every time they attend HIV Care and ART/PMTCT clinics"													

## Programmatic Gap

Coverage Indicator : TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register

Current National Coverage 56%	Year	Source	Latest Results	CCM Comments
	2014	Reports (specify) TB register		
	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	
<b>Current Estimated Country Need</b>				
A. Total estimated population in need/at risk (from National Strategic Plan)	28'966	41'830	46'237	These are based on TB prevalence survey findings.
B. Country targets (from National Strategic Plan)	27'000 93.21 %	39'668 94.83 %	44'850 97.00 %	The assumption is that the number of TB cases diagnosed per year using improved facilities will yield the expected cases
<b>Country Need Already Covered</b>				
C. Country need planned to be covered by domestic & other sources	5'793 20.00 %	10'458 25.00 %	11'661 25.22 %	
<b>Programmatic Gap</b>				
D. Expected annual gap in meeting the need <b>A-C</b>	23,173 80.00 %	31,372 75.00 %	34,576 74.78 %	
<b>Country need planned to be covered by domestic &amp; other sources</b>				
E. Targets to be financed by allocation amount	21'207 73.21 %	29'211 69.83 %	0 0.00 %	
F. Coverage from Allocation amount and other resources <b>C+E</b>	27,000 93.21 %	39,669 94.83 %	11,661 25.22 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	10'764 23.28 %	
H. Total coverage (allocation amount, above allocation amount and other resources) <b>F+G</b>	27,000 93.21 %	39,669 94.83 %	22,425 48.50 %	

Coverage Indicator : TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment

Current National Coverage 88%	Year	Source	Latest Results	
	2014	Reports (specify) TB Register		
	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	CCM Comments
<b>Current Estimated Country Need</b>				
A. Total estimated population in need/at risk (from National Strategic Plan)	15'120	22'114	25'116	"This is based on the target for HIV testing and coinfection rate during the specified period. The coinfection rate was estimated using 2013 national data. (56%) "
B. Country targets (from National Strategic Plan)	14'364 95.00 %	21'103 95.43 %	23'860 95.00 %	
<b>Country Need Already Covered</b>				
C. Country need planned to be covered by domestic & other sources	7'864 52.01 %	9'367 42.36 %	0 0.00 %	
<b>Programmatic Gap</b>				
D. Expected annual gap in meeting the need <span style="color: red;">A-C</span>	7,256 47.99 %	12,747 57.64 %	25,116 100.00 %	
<b>Country need planned to be covered by domestic &amp; other sources</b>				
E. Targets to be financed by allocation amount	6'500 42.99 %	11'736 53.07 %	0 0.00 %	
F. Coverage from Allocation amount and other resources <span style="color: red;">C+E</span>	14,364 95.00 %	21,103 95.43 %	0 0.00 %	"all target is intended to be covered using domestic and within allocation resources "
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	11'930 47.50 %	Above allocation request is made for first 6 months of Year 3.
H. Total coverage (allocation amount, above allocation amount and other resources) <span style="color: red;">F+G</span>	14,364 95.00 %	21,103 95.43 %	11,930 47.50 %	

Coverage Indicator : TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings

Current National Coverage 98%		Year	Source	Latest Results			CCM Comments
		2014	TB patient register				
		07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018			
<b>Current Estimated Country Need</b>							
A. Total estimated population in need/at risk (from National Strategic Plan)		654'666	708'453	761'208		"Estimate was made Based on the target for ART coverage during the specified periods. "	
B. Country targets (from National Strategic Plan)		641'573 98.00 %	694'284 98.00 %	754'983 99.18 %		"The coverage will be sustained with more emphasis on quality of screening to increase the yield "	
<b>Country Need Already Covered</b>							
C. Country need planned to be covered by domestic & other sources		85'107 13.00 %	92'099 13.00 %	98'957 13.00 %			
<b>Programmatic Gap</b>							
D. Expected annual gap in meeting the need <span style="color: red;">A-C</span>		569,559 87.00 %	616,354 87.00 %	662,251 87.00 %			
<b>Country need planned to be covered by domestic &amp; other sources</b>							
E. Targets to be financed by allocation amount		566'466 86.53 %	602'185 85.00 %	0 0.00 %			
F. Coverage from Allocation amount and other resources <span style="color: red;">C+E</span>		651,573 99.53 %	694,284 98.00 %	98,957 13.00 %			
G. Targets to be potentially financed by above allocation amount		0 0.00 %	0 0.00 %	274'034 36.00 %		"All the request is in the above allocation for Year 3. And there is no request for above allocation during Year I and Year II of NFM implementation "	
H. Total coverage (allocation amount, above allocation amount and other resources) <span style="color: red;">F+G</span>		651,573 99.53 %	694,284 98.00 %	372,991 49.00 %			

Module: MDR-TB															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								
			N #	%	Year	Source	Total Targets	Year 1		Year 2		Year 3		N #	%
								N #	%	N #	%	N #	%		
D #					D #	%	D #	%	D #	%	D #	%	D #	%	

MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	Ministry of Health of Malawi					Allocation + Other Sources	76	112	56		
			28	2013	Reports (specify)	Above+Allocation+Other sources	95	156	107		
Comments <sup>1</sup>	Assumption is based on DRS result (new TB=0.48 %and MDR among retreatment cases=4.8%) . Among notified TB cases, 12% are expected to be retreatment cases. Of these, 60% are expected to access DST. The diagnosis of MDR TB among new TB patients is based on the sentinel surveillance. Among anticipated cases, 50 % are designated to be identified using the aforementioned intervention. Contribution of above allocation is merely a reflection anticipated increase in CNR through the above allocation funding for case detection and key population interventions. The year 3 targets are 50% of the annual target.										
MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Ministry of Health of Malawi					Allocation + Other Sources	76	112	68		
			18	2013	Reports (specify)	Above+Allocation+Other sources	95	155	107		
Comments <sup>1</sup>	Estimation is based on anticipated MDR TB that will be notified in Malawi. Year 3 target is half the annual target.										
Module budget - MDR-TB											
Allocated request for entire module	USD 2,565,093					Above allocated request for entire module				USD 8,688,962	
Intervention			Intervention budget (request to the Global Fund only)								
	Responsible Principal Recipient(s)		Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>			Other funding <sup>4</sup>	

Case detection and diagnosis: MDR-TB	Ministry of Health of Malawi	Allocation	251,700	608,329	0	"1. TB NSP detail costing 2. Key Activities are: Strengthen culture and molecular diagnostic capacity (procure MIGI and LPA consumables) Establish sentinel surveillance system to monitor DR among new pulmonary TB cases Strengthen GeneXpert utilization through networking. Procure TA service Strengthen the work with supra national laboratory "	In planning stage of engaging Challenge TB in surveillance system and MDR case detection activities
		Above	1,321,078	1,953,103	1,175,018		
Description of Intervention <sup>2</sup>							
"Within Allocation: 860,029.00 Above Allocation: 4,449,200.00 Target population & geographic scope: MDR TB patients in all over the country Implementation approach: Capacity building of HCW: the PMDT training module will continue to be part of overall TB prevention and control training to improve awareness and knowledge of HCW. This will ensure fast tracking of those at risk of MDR TB for further diagnostic services. In-service training and refresher training will sensitize HCW to improve the utilization of GeneXpert. Sufficient supplies of GeneXpert cartridges will also be ensured through this allocation. Laboratory strengthening: The capacity of the Central Reference Laboratory (CRL) will be strengthened to confirm MDR-TB with rapid molecular tests (LPA & MGIT). Surveillance of retreatment cases: all retreatment cases will have access to GeneXpert, culture and DST. Central Reference and regional laboratories: In addition to further expansion of Quality Management Systems for diagnostics, first line DST will be strengthened and second line DST will be introduced. For the above allocation, main activities include procurement of LPA machines for the CRL and one reference laboratory; Sentinel surveillance of new smear positive cases will be established in selected high volume sites where ± 50% of current Pulmonary TB notifications occur. This will require additional genotypic and phenotypic assays (additional MDR TB cases detected are ±20). If above allocation is approved for case detection, it is expected to have an additional 750 TB cases that will be tested for MDR TB. The total above allocation amount includes \$3,274, 182 for the 2 years grant implementation period and an additional \$1,175, 018 for the extended implementation period July-December 2017. "							
Prevention for MDR-TB	Ministry of Health of Malawi	Allocation	123,698	135,537	0	"1. TB NSP detail costing 2. Key Activities are: Procure respirators and other PPDs, UV lamps for all MDRTB wards Ensure early diagnosis and treatment of MDR TB cases Provide Surgical masks for all MDR patient throughout the intensive phase of treatment "	No other funding
		Above	50,573	75,576	102,629		
Description of Intervention <sup>2</sup>							
"Within Allocation: 259,235.00 Above Allocation: 228,778.00 Target population & geographic scope: Training of MDR TB teams in each MDR TB referral hospitals; expanded modified training for health facilities receiving patients after discharge; Health facilities and health workers in three referral centers and all isolation rooms in 10 hospital facilities Implementation approaches :Interruption of transmission of TB and MDR TB is essential and the main activities will focus on implementing the FAST (Finding TB cases, Actively, Separating safely, and treating effectively) approach in health care settings. In addition all health facilities providing care and treatment follow-up to MDR TB cases will update and implement TB infection control plans. Infrastructure improvements and renovations will be supported in the three MDR referral centers. Personal protective equipment will be procured and distributed Eight district hospitals will be supported to create and maintain one isolation room for each facility. The total above allocation amount of \$228,778 includes \$126,149 the initial 2 years of the grant and an additional \$102, 629 for the extended implementation period July-December 2017. "							
Treatment: MDR-TB	Ministry of Health of Malawi	Allocation	686,666	759,163	0	"1. TB NSP detail costing 2. Key Activities are: Procure second line MDR TB drugs including alternative drugs. Procure TA service Expand clinical training of MDR cases management Rein ovate Ward to in 3 referral centers to admit MDR patients Revise PMDT guideline "	Long term TA on MDR TB program management and clinical capacity building will be supported by TBCARE and challenge TB partners
		Above	1,109,367	1,515,280	1,386,338		
Description of Intervention <sup>2</sup>							
"Within Allocation: 1,445,828.00 Above Allocation : 4,010,984.00 Target population: MDR TB patients in all over the country Implementation Approach: To ensure uninterrupted supply of second line anti-TB drugs, drugs will be procured for all MDR TB cases through this mechanism. Training will target HCW in all MDR TB treatment facilities, and members of the District Health Teams to ensure coordinated and efficient approaches to PMDT services. Patients who are unstable or with underlying medical condition will be admitted for short duration to ensure they are stabilized. The existing community based MDR TB management will be strengthened. Community service delivery points will be supervised and supported by referral hospitals. Patients will also have regular visits to referral hospitals for clinical, biochemical and bacteriological evaluation. The above allocation funds will be used for case detection of TB and MDR TB then these additional MDR patients will need to be treated. The total above allocation amount of \$4,010,984 includes \$2,624,647 for the 2 years grant implementation period and an additional \$1,386,338 for the extended implementation period of July-December 2017. "							

## Programmatic Gap

Coverage Indicator : MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified

Current National Coverage 28	Year	Source	Latest Results		CCM Comments	
	2013	Reports (specify) National TB Control Annual Data report 2014	07/2015 - 06/2016	07/2016 - 06/2017		07/2017 - 06/2018
<b>Current Estimated Country Need</b>						
A. Total estimated population in need/at risk (from National Strategic Plan)	269	388			429	Assumption is based on DRS result (new TB=0.48 %and MDR among retreatment cases=4.8%) . Among notified TB cases, 12% are expected to be retreatment cases. The diagnosis of MDR TB among new TB patients is based on the sentinel surveillance. Among anticipated cases, 50 % are designated to be identified using the aforementioned intervention. Contribution of above allocation is merely a reflection anticipated increase in CNR through the above allocation funding for case detection and key population interventions.
B. Country targets (from National Strategic Plan)	95 35.32 %	155 39.95 %			214 49.88 %	
<b>Country Need Already Covered</b>						
C. Country need planned to be covered by domestic & other sources	30 11.15 %	50 12.89 %			56 13.05 %	Almost all GenXept machines in the country are supported by partners and the GoM contribution is for HRH and infrastructure of HFs and Laboratories at all level
<b>Programmatic Gap</b>						
D. Expected annual gap in meeting the need <b>A-C</b>	239 88.85 %	338 87.11 %			373 86.95 %	
<b>Country need planned to be covered by domestic &amp; other sources</b>						
E. Targets to be financed by allocation amount	46 17.10 %	62 15.98 %			0 0.00 %	
F. Coverage from Allocation amount and other resources <b>C+E</b>	76 28.25 %	112 28.87 %			56 13.05 %	
G. Targets to be potentially financed by above allocation amount	19 7.06 %	44 11.34 %			52 12.12 %	These additional targets are estimated based on targets set for above allocation in TB detection
H. Total coverage (allocation amount, above allocation amount and other resources) <b>F+G</b>	95 35.31 %	156 40.21 %			108 25.17 %	

Coverage Indicator : MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment

Current National Coverage 18	Year	Source	Latest Results	CCM Comments
	2014	Reports (specify) TB Control Programme reports		
	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	
<b>Current Estimated Country Need</b>				
A. Total estimated population in need/at risk (from National Strategic Plan)	95	155	214	All confirmed MDR TB Cases will receive secondline treatment
B. Country targets (from National Strategic Plan)	95 100.00 %	155 100.00 %	214 100.00 %	All confirmed MDR TB Cases will receive secondline treatment
<b>Country Need Already Covered</b>				
C. Country need planned to be covered by domestic & other sources	30 31.58 %	50 32.26 %	68 31.78 %	Estimation is based on projections using resource mapping .
<b>Programmatic Gap</b>				
D. Expected annual gap in meeting the need <b>A-C</b>	65 68.42 %	105 67.74 %	146 68.22 %	
<b>Country need planned to be covered by domestic &amp; other sources</b>				
E. Targets to be financed by allocation amount	46 48.42 %	61 39.35 %	0 0.00 %	Includes resources that are made available using commitment from within allocation funding and others contribution
F. Coverage from Allocation amount and other resources <b>C+E</b>	76 80.00 %	111 71.61 %	68 31.78 %	
G. Targets to be potentially financed by above allocation amount	19 20.00 %	44 28.39 %	39 18.22 %	This is projected based on expected increase of TB notification with additional efforts using above allocation funding
H. Total coverage (allocation amount, above allocation amount and other resources) <b>F+G</b>	95 100.00 %	155 100.00 %	107 50.00 %	

Module: HSS-Procurement supply chain management (PSCM)															
Measurement framework for module															
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline		Total Targets	Targets						N #	%		
			N #	Year		Year 1		Year 2		Year 3				N #	%
						D #	%	N #	%	N #	%				
Percentage of health facilities with no stock-out of the preferred first line ARV (Tenofovir/Lamivudine/Efivarenc) on the day of quarterly supervision visit.	Ministry of Health of Malawi				Reports (specify)	Allocation + Other Sources	345	48	701	96					
			689	98		2014	718		730						
			700				690	96	701	96	712	96			
					Above+Allocation+Other sources	718		730		742					
<b>Comments <sup>1</sup></b>															
Module budget - HSS-Procurement supply chain management (PSCM)															

Allocated request for entire module		USD 0		Above allocated request for entire module				USD 1,959,738		
Intervention	Responsible Principal Recipient(s)		Intervention budget (request to the Global Fund only)				Cost Assumptions <sup>3</sup>		Other funding <sup>4</sup>	
	Total Targets	Year 1	Year 2	Year 3						
Strengthening of laboratory commodity management	Ministry of Health of Malawi		Allocation	0	0	0	The cost drivers for this intervention will include workshops for district based personnel, monitoring and supervision activities and a nation wide training of all lab personnel on the developed logistics management SOPs	This intervention has also received partial funding from USAID		
			Above	456,000	300,000	0				
Description of Intervention <sup>2</sup>										
Strengthen laboratory commodity management: Within Allocation - Above Allocation - \$756,000 Target population and geographic scope: This intervention will aim to improve management of laboratory supplies for the management of HIV, TB and Malaria patients. It will support the programs efforts to target vulnerable and key populations while catering to the needs of the general population of people suffering from AIDS TB and Malaria across the country. Implementation Approach: Laboratory personnel at service delivery points will be trained on logistics management of laboratory supplies, tracking and reporting of consumption										
Electronic management system for medicines and supplies	Ministry of Health of Malawi		Allocation	0	0	0	This intervention will require consensus building workshops to look at possible solutions that could improve stock management in central hospitals	Partial support for this intervention is coming from the RMNCH Trust.		
			Above	36,000	36,000	0				
Description of Intervention <sup>2</sup>										
Implement an electronic stock management system for medicines and supplies at Central Hospitals: Within Allocation - Above Allocation - \$72,000 Target population and geographic scope: Deployment of a stock management application to central hospitals will improve stock management of HIV, TB and Malaria commodities, thereby making commodities available to populations suffering from HIV, TB and Malaria. Implementation Approach: To improve stock management in central hospitals, this intervention will support a consensus building workshop to select a stock management application for deployment to central hospitals.										
Strengthen district level medicine management	Ministry of Health of Malawi		Allocation	0	0	0	Costs for this intervention are majorly associated with supervision activities, perdiems and fuel costs. Workshops towards the development of the supervision strategy.	This intervention is receiving partial support from UNICEF with the provision of motorcycles to facilitate supervision activities		
			Above	224,000	20,000	0				
Description of Intervention <sup>2</sup>										
Above Allocation - \$244,000 Target population and geographic scope: This intervention will support capacity building efforts through On the Job Training for personnel during supervision visits to support the programs efforts to target vulnerable and key populations while catering to the needs of the general population of people suffering from AIDS TB and Malaria across the country. Implementation Approach: District Pharmacists will be supported to make supervision rounds to facilities in their district and monitor medicines management practices while building capacity in drug store clerks on logistics management of medicines and medical supplies.										
PSM infrastructure and development of tools	Ministry of Health of Malawi		Allocation	0	0	0	Source of cost Assumption: Facility Storage Assessment draft report supported by USAID, TB and HIV NSPs, Pharmaceutical Strategic Plan draft and the HSSP Key Activities: Deployment of pre-fabricated storage units to facilities, training of laboratory personnel on logistics management of laboratory supplies, strengthening supervision activities at district level.	Other Funding received for this Activities: Approximately \$3,000,000 in partner support are already in the funding pipeline for these activities.		
			Above	600,000	287,738	0				
Description of Intervention <sup>2</sup>										
Within Allocation - \$0 Above Allocation - \$887,738 Target population and geographic scope: Interventions under PSM aim to support the availability of medicines and medical supplies for management of HIV and TB patients. It will support the programs efforts to target vulnerable and key populations while catering to the needs of the general population of people living with AIDS and TB across the country. Implementation Approach: The approach will be to combat storage challenges at facility level so that medicines and medical supplies can be secure and properly managed in inventory. There are efforts to support the LMIS to facilitate the reporting of logistics data for decision making. The laboratory system will also receive support in terms of logistics system design and deployment for laboratory supplies. The laboratory system will also receive support in the form of capacity building in logistics management of laboratory supplies.										

Module: HSS-Health and community workforce													
Measurement framework for module													
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Total Targets	Targets					
			N #	%	Year	Source		Year 1		Year 2		Year 3	
								N #	%	N #	%	N #	%
D #				D #	%	D #	%	D #	%	D #	%		

Number of health care workers who received in-service training	Ministry of Health of Malawi		5,000	2014	Reports (specify)	Allocation + Other Sources	2,500	5,000		
						Above+Allocation+Other sources	2,500	5,000	2,500	
Comments <sup>1</sup>	The target is cumulative. HIV Department estimates that 5000 are trained annually. Some of these staff are not providing HIV/TB services. Therefore the proposal in this request is to train 5000 healthcare workers over 2 years(2500 per year trained). Refresher courses will be conducted every 2 years.									
Number of health care workers graduated from pre-service training	Ministry of Health of Malawi		2,000	2014	Reports (specify)	Allocation + Other Sources		2,224	2,050	
						Above+Allocation+Other sources	2,000	2,448	2,100	
Comments <sup>1</sup>	Other partners sponsor on average 2000 students per annum. Proposed targets for this grant are an addition to the annual recruitment.									
Module budget - HSS-Health and community workforce										
Allocated request for entire module	USD 2,845,844					Above allocated request for entire module				USD 2,294,828
Intervention			Intervention budget (request to the Global Fund only)							
	Responsible Principal Recipient(s)		Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>			Other funding <sup>4</sup>

Health and community workers capacity building	Ministry of Health of Malawi	Allocation	621,025	2,013,754	0	The key activity is District clinical review meeting for improved TB/HIV integration and collaboration. These will be costs for quarterly meetings. The PR will use the standard rates for accommodation and per diem in guidance for donor funded projects. Estimate is based on current rates.	Other funding is available from PEPFAR for training of health care workers in revised TB/HIV guidelines
		Above	0	0	344,828		

Description of Intervention <sup>2</sup>

"Within Allocation - \$2,634,778 Above Allocation - \$344,828 Target population & geographic scope: This intervention will be conducted to ensure improved joint HIV and TB in-service trainings; quality improvement interventions; joint monitoring, supportive supervision and clinical mentoring. Clinicians and nurses will be targeted by this activity. The target population that will be impacted by the intervention is the the general population of people living with HIV/AIDS and TB. Interventions will be implemented across the country at key facilities that will yield maximum impact to the HIV and TB program. This is a within allocation request. The training will be conducted by Ministry of Health on annual basis for health workers that have been newly recruited on national TB and HIV prevention, care and treatment guidelines and job aids. Previously trained health care workers Annual new HCW training, semi-annual refresher training, printing manuals, job aids, guidelines). This is a within allocation request. Above allocation portion is to cover July - Dec 2017. "

Scale up pre-service and retention of health care workers	Ministry of Health of Malawi	Allocation	211,065	0	0	The key activities are provision of additional bursaries to 274 students in training colleges and renovate rural health facilities and staff houses to improve HCW motivation and retention. The cost of training a health worker through CHAM is estimated at \$2000 per year for 2 years. Only Clinical Officer training is for 3 years. Upgrading course for Clinical Officers to Bachelor's degree is for 2 years at University of Malawi, College of Medicine (for deployment to urban health centers and district hospitals). \$10,000 per health facility will be spent towards renovations of 50 rural sites that have a high burden of TB and HIV cases. Extensive renovations may require in excess of \$20,000 per site based on USG implementing partners experience working in districts (MSH and EGPAF) This is an above allocation request only. This is an above allocation cost only. US Government and CHAI are also providing scholarships mostly to Nurses and therefore Nurses are not included in this request.	\$2.5 million from Government of Malawi under Willingness to Pay. \$16 million additional resources for new HCW training from USG and CHAI. \$3.2 million from USG for major renovations of laboratories, plumbing, electrical works and painting for health centers. The USG is also planning to construct 2 HIV clinics at ART high burden sites between 2015 and 2017.
		Above	925,000	925,000	100,000		

Description of Intervention <sup>2</sup>

Within Allocation: \$0 Above Allocation: \$ 1,950,000 A well performing health workforce for the HIV program requires sufficient numbers and skills mix for service delivery and program management. Malawi has a chronic shortage of skilled health care personnel. Training of 100 Medical Assistants, 50 Clinical officers, 24 upgrading clinical officers to Bachelor's degree, 50 Pharmacy assistants, 50 Laboratory assistants. Interventions from Malawi Government will target improving learning systems and capacity in health institutions, provision of bursaries for new students, library and IT infrastructure and building capacity of instructors to train in line with current professional standards. Additionally Health workers in rural and hard to staff facilities will be targeted by this intervention. Installation of utilities (water and electricity) in rural hard to reach health facilities and renovations of staff housing to improve HCW motivation and retention. The Ministry of Health will identify the health sites that have a high burden of TB and HIV cases using data from HIV and TB program reports the Service Provision Assessment (SPA) and integrated Human Resources Information System that is currently being rolled out in all districts. The above request allocation is for increasing the number of bursaries for students in training colleges and renovations of health facilities and staff houses to complement existing efforts by Government of Malawi and other donors.

Module: HSS-Service delivery

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Targets														
			Baseline				Total Targets	Year 1		Year 2		Year 3					
			N #	%	Year	Source		N #	%	N #	%	N #	%	N #	%		
			D #					D #		D #		D #		D #			

Percentage of medical equipment maintained under a service contract	Ministry of Health of Malawi					Allocation + Other Sources	0.0		0.0				
		87.0	58.8	2014	Reports (specify)		0.0		0.0				
		148.0				Above+Allocation+Other sources	100.0	67.6	112.0	75.7	119.0	80.4	
							148.0		148.0		148.0		
<b>Comments <sup>1</sup></b>		The following equipment is prioritized (from the most important to the least) for service maintenance contracts: 1. EID and Viral Load; 2. GeneXpert machines, 3. CD4 machines (includes PIMA, BD FACs and Partec Cyflow); 4. Chemistry equipment 5. Haematology equipment The HTSS – PAM department within the Ministry of Health will establish service contracts with global fund monies for the maintenance of identified priority equipment. Servicing contracts are on an annual basis.											

**Module budget - HSS-Service delivery**

Allocated request for entire module	USD 21,581	Above allocated request for entire module	USD 625,000
-------------------------------------	------------	---	-------------

Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>
		Total Targets	Year 1	Year 2	Year 3		
Improving laboratory systems	Ministry of Health of Malawi					1) Costs based on current service contracts for USG laboratory implementing partners (e.g. EID/Viral load machine 18,000USD pa, CD4 ~4,000USD pa) 2) Improving lab infrastructure by ensuring all lab equipment are regularly serviced e.g CD4 count, PIMA, GeneXpert and other equipment.3) all above allocation as 250k per year allocated under WTP expenditure by the Government.	USG for purchase of CD4,PIMA, GeneXpert ,Chemistry and Hematology Analysers and service contracts

**Description of Intervention <sup>2</sup>**

Within allocation: 0 Above allocation: USD \$625,000 Target population & geographic scope: all facilities across the country as needed. Implementation approach: A recent assessment of the state of medical equipment in Malawi (November/December 2014, report to be finalised) provided a snapshot of current medical equipment in Malawi, where it was located, if it was functional and if it was on a service contract or not. Several partners (e.g. USAID) are currently financing service contracts but all will not support service contracts in the future. Priority for a service contract will be given to more valued equipment, those machines with a high throughput and those that are currently working but giving poor quality results (high false positive/negative results). The following equipment is prioritized (from the most important to the least) for service maintenance contracts: 1. EID and Viral Load; 2. GeneXpert machines, 3. CD4 machines (includes PIMA, BD FACs and Partec Cyflow); 4. Chemistry equipment 5. Haematology equipment The HTSS – PAM department within the Ministry of Health will establish service contracts with global fund monies for the maintenance of identified priority equipment. Servicing contracts are on an annual basis.

Health strategies, legislation and policies	Ministry of Health of Malawi					The costs will be for meetings that will be held in line with government rates for accommodation and per diems	Government of Malawi will finance the revisions of other sections of the Act

**Description of Intervention <sup>2</sup>**

Within allocation: 0 Above allocation: USD \$21,581 Update Public Health Act on infectious diseases

**Module: Community systems strengthening**

**Measurement framework for module**

Coverage/Output indicator	Responsible PR(s)	Tied to	Targets												
			Baseline				Total Targets	Year 1		Year 2		Year 3		N #	%
			N #	%	Year	Source		N #	%	N #	%	N #	%		
			D #					D #		D #		D #			
Number of community-based HIV and TB service organizations and/or CSO with referral protocols in place that monitor completed referrals according to national guidelines	Action Aid malawi						Allocation + Other Sources	10	9	29	26				
			8		7	2014	Reports (specify)	112		112					
			112				Above+Allocation+Other sources	84	75	112	100				
								112		112					

**Comments <sup>1</sup>** Target is cumulative. Four Service organizations/NGOs will be supported to work with Community Based Organizations in each of the 28 districts in Malawi. A phased approach will be followed with 75% of the districts where the need is greatest covered in year 1 and the remaining districts covered in year 2. The 8 service organizations/NGOs currently working with CBOS will be re-oriented and supported to increase coverage in their focus districts.

**Module budget - Community systems strengthening**

Allocated request for entire module		USD 2,542,976			Above allocated request for entire module			USD 7,410,091	
Intervention	Intervention budget (request to the Global Fund only)								
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions <sup>3</sup>		Other funding <sup>4</sup>	
Advocacy for social accountability	Action Aid malawi		Allocation	58,662	58,534	0	Sources of cost assumptions: Detailed section of the HIV NSP Costing, NAC annual workplan calculations Key activities: Zonal advocacy meetings on human rights for MSM, sex workers and women, zonal meetings on social accountability with decision makers and service providers, national meeting on laws and policies that negatively impact key pops	Other funding received for this intervention would only potentially come from the government	
			Above	185,484	191,310	5,874			
Description of Intervention <sup>2</sup>									
Within Allocation - \$117,196 Above Allocation - \$382,668 Target population and geographic scope: Within - Population and scope include nationwide national, district, and community advocacy events Implementation Approach: Within - Conduct advocacy meetings on different topics at different levels (zonal and national)									
Community-based monitoring for accountability	Action Aid malawi		Allocation	117,882	124,671	0	Sources of cost assumptions: Detailed section of the HIV NSP Costing, NAC annual workplan calculations Key activities: Within - Accountability community score card training, M&E field visits Above - Training in M&E and research for gender, human rights, CSS for TB/HIV, and trainings on HIV/TB reporting	Other funding received for this intervention would only potentially come from the government	
			Above	41,673	44,073	65,455			
Description of Intervention <sup>2</sup>									
Within Allocation - \$242,552 Above Allocation - \$151,200 Target population and geographic scope: Within - Targeting volunteers nationwide through score card training, nationwide/selected areas for field visits by researchers Above - Targeting reporters nationwide and community systems nationwide for training in M and E and research for gender Implementation Approach: Within - Zonal trainings for volunteers and visits to programs nationwide and data collection to track TB/HIV spending through consultancy Above -conduct nationwide zonal training meetings									
Institutional capacity building, planning and leadership development	Action Aid malawi		Allocation	577,803	255,717	0	Sources of cost assumptions: Detailed section of the HIV NSP Costing, NAC annual workplan calculations Key activities: Within - Training of community workers to deliver community-based/outreach testing services, training clinic navigators/expert patients/peer educators to conduct healthcare referrals, training and supporting mother groups in TB/HIV, disseminating evidence and good practices on TB/HIV, dissemination meetings on gender transformative and rights based guidelines Above - Training for care givers, health workers, CSOs on gender sensitive and rights based TB/HIV care and rights based and gender transformative approaches; development of TB HIV action plans, gender transformative guidelines,	Other funding received for this intervention would only potentially come from the government	
			Above	1,084,878	735,156	267,870			
Description of Intervention <sup>2</sup>									
Within Allocation - \$833,519 Above Allocation - \$2,087,903 Target population and geographic scope: Within/above - Target population includes CSOs, health care workers and police Implementation Approach: Within/Above - Roll out training programs for CSOs, HCW, police to strengthen institutional human resources; develop strong guidelines and action plans to serve as basis for advocacy and specific programs; conduct meetings with key government decision makers to gain support									

Social mobilization, building community linkages, collaboration and coordination	Action Aid malawi	Allocation	700,504	649,203	0	Sources of cost assumptions: Detailed section of the HIV NSP Costing, NAC annual workplan calculations Key activities: Within - Interface meetings on availability and access to condoms and lubricants, community dialogues with local leaders, focus group discussions Above - Targeted community dialogues to access TB services for women, training for prison personnel regarding the HIV prevention and risks, radio programs for publicity, support mobilization/creation/coordination of community structures/actors to implement TB/HIV interventions	Other funding received for this intervention would only potentially come from the government
		Above	1,993,673	2,097,739	696,906		

**Description of Intervention <sup>2</sup>**

Within Allocation - \$1,349,708 Above Allocation - \$4,788,318 Target population and geographic scope: Within - Nationwide peer educators, village health committees, community health care workers, community and faith leaders Above - Nationwide health care workers, faith and community leaders and communities Implementation Approach: Within - Zonal trainings and community meetings involving local leaders and peer educators Above - Focus group discussions, citizen engagement on

**Module: Program management**

**Module budget - Program management**

Allocated request for entire module	USD 4,128,624	Above allocated request for entire module	USD 0
-------------------------------------	---------------	---	-------

Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions <sup>3</sup>	Other funding <sup>4</sup>
		Total Targets	Year 1	Year 2	Year 3		
Grant management	Action Aid malawi	Allocation	1,173,006	794,640	0		
		Above	0	0	0		
	Ministry of Health of Malawi	Allocation	1,080,489	1,080,489	0		
		Above	0	0	0		

**Description of Intervention <sup>2</sup>**

Within Allocation: \$ 528,667: The costs for organization leadership costs of PMU and costs on planning and coordination meetings Within Allocation: \$ 2,190,594: The costs include technical program support and communication and publication costs Within Allocation: \$ 686,807: The costs include equipment for program delivery and office supplies. Travel and Transport cost for PMU staff during program coordination and capacity building activities Within Allocation: \$ 722,555: Monitoring and evaluation visits to district, communities, planning and review meetings, coordination and mentoring activities

### E. Financial Gap Analysis and Counterpart Financing

Country: Malawi	Currency: USD
Component: HIV/AIDS	Cycle: July - June
Year of CN Submission: 2015	

Current and previous				Estimated					
Part One: National Strategic Plan Funding Needs and Resources									
Total Funding Needs									Data Sources/Comments
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
Total Funding needs for the National Strategic Plan (provide annual amounts)			402,929,116	244,095,711	276,266,000				2014/15 is from the 2011-2016 NSP as submitted in the interim application. 2015/16 and 2016/17 are from revised NSP and reflects a 12 month shift in ART commodity need to account for procurement lead times, therefore different from revised NSP figures
LINE A: Total Funding needs for the National Strategic Plan	402,929,116			520,361,711					
Domestic Resources									Data Sources/Comments
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
Total Resources									
Domestic source B1: Loans	3,680,000	4,080,000	4,080,000	4,080,000	4,080,000				RM, WB PAD credit
Domestic source B2: Debt relief									
Domestic source B3: Government revenues	6,877,083	8,933,063	7,953,767	7,995,811	8,234,254				
Domestic source B4: Social health insurance									
Domestic source B5: Private sector contributions national									
LINE B: Domestic Resources	10,557,083	13,013,063	12,033,767	12,075,811	12,314,254	0	0	0	
External Resources									Data Sources/Comments
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
Other	13,921,144	6,577,255	5,394,207	13,793,476	12,184,699				UNICEF, Norway, Johnson & Johnson, ViiV Healthcare, UNDP, Germany, Red Cross, Christian Aid, PIH, WHO and 41 Others

Other	538,157	726,479	894,662	996,394	841,209			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Other	0	780,000	780,000	780,000	780,000			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Other	545,621	828,682	688,402	688,402	516,302			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Sweden	1,596,000	1,016,736	986,842	442,840	0			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Joint United Nations Programme on HIV/AIDS (UNAIDS)	1,200,128	2,116,031	2,151,154	1,718,000	1,343,000			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Other	3,626,886	2,354,794	2,474,799	2,474,799	2,474,799			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Medicins Sans Frontiers (MSF)	6,626,975	7,306,350	9,586,514	7,116,807	4,006,805			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Clinton Foundation	8,834,866	8,697,737	6,066,046	2,478,985	1,204,493			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)

United States Government (USG)	64,385,672	61,724,781	81,228,364	77,557,145	77,557,145				Ministry of Health Resource Mapping 2013 (for 2012-13 data), MoH Resource Mapping 2014 (for 2013-14), MoH Resource Mapping 2014 CDC HIV funding plus indicative PEPFAR COP 14 (for 2014-15), PEPFAR COP 14 (for 2015-17)	
World Bank (WB)	15,083,025	6,120,000	6,120,000	6,120,000	6,120,000				Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)	
United Kingdom	9,309,415	9,030,234	6,886,909	6,582,848	6,277,122				Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)	
<b>LINE C: External Resources</b>	<b>125,667,889</b>	<b>107,279,079</b>	<b>123,257,899</b>	<b>120,749,696</b>	<b>113,305,574</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>Global Fund Resources</b>									<b>Data Sources/Comments</b>	
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020		
<b>LINE D: Global Fund Resources</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>Total Request</b>										
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020		
Total anticipated resources (annual amounts)	136,224,972	120,292,142	135,291,666	132,825,507	125,619,828	0	0	0		
LINE E : Total anticipated resources (Line B+C+D)	391,808,780			258,445,335						
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)	0	0	267,637,450	111,270,204	150,646,172	0	0	0		
LINE F: Total anticipated funding gap (Line A - E)	11,120,336			261,916,376						
LINE G: Total Funding Request to the Global Fund	72,559,597			157,294,515	128,568,890	43,833,972				
LINE H: Funding request within the Allocated Amount	65,130,599			136,683,149	74,738,528	3,185,978				
LINE I: Funding request above the Allocated Amount	7,428,998			20,611,366	53,830,363	40,647,995				

Part Two: Overall Health Sector - Government Health Spending									
Government Health Spending									Data Sources/Comments
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
Domestic source J1: Loans									
Domestic source J2: Debt Relief									
Domestic source J3: Government funding resources									
<b>Total government health</b>	0	0	0	0	0	0	0	0	

Part Three: Counterpart Financing									
Low income = 5% low income, lower lower-middle income = 20%, upper lower-middle income (high level) = 40%, upper-middle income = 60%									
Counterpart Financing									
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
<b>Total government resources</b>	10,557,083	13,013,063	12,033,767						
<b>Average of government resources</b>	11,867,971								
<b>Average of request within allocated</b>				69,934,563					
<b>Counterpart financing based on existing commitments</b>								14.51%	
<b>Average of total request</b>				100,564,244					
<b>Counterpart financing based on total funding request</b>								10.56%	

Country: Malawi					Currency: USD				
Component: Tuberculosis					Cycle: July - June				
Year of CN Submission: 2015									
Current and previous			Estimated						
Part One: National Strategic Plan Funding Needs and Resources									
Total Funding Needs									Data Sources/Comments
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
<b>Total Funding needs for the National Strategic Plan (provide annual amounts)</b>			12,000,000	18,932,311	20,046,355				Old TB NSP for 2014/15 cost (1.8bn Kwacha, exchange rate of 1:150 as of 2011); 2015/16 and 2016/17 are from revised TB NSP
<b>LINE A: Total Funding needs for the National Strategic Plan</b>	12,000,000			38,978,666					

Domestic Resources									Data Sources/Comments
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
<b>Total Resources</b>									
Domestic source B1: Loans									
Domestic source B2: Debt relief									
Domestic source B3: Government revenues	342,174	780,745	1,953,558	935,161	1,107,290				Treasury for 2012-13 to 2013-14, budget from DPPD for 2014-14 onward. 47% of funding in MOH pool in 2012-13 was from treasury, 89% of funding in MOH pool in 2013-14 was from treasury. Expect this proportion to continue as donors have left the pool.
Domestic source B4: Social health insurance									
Domestic source B5: Private sector contributions national									
<b>LINE B: Domestic Resources</b>	<b>342,174</b>	<b>780,745</b>	<b>1,953,558</b>	<b>935,161</b>	<b>1,107,290</b>	<b>0</b>	<b>0</b>	<b>0</b>	

External Resources									Data Sources/Comments
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
Other	1,023,771	32,897	36,186	39,805	43,785				Partners in Hope
Other	0	2,273	2,273	2,273	2,273				Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Other	0	2,651	3,181	3,817	4,581				Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)

Other	3,593	4,362	4,362	4,362	4,362			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
The United Nations Children's Fund (UNICEF)	1,523	6,391	6,391	6,391	6,391			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Other	0	7,178	8,040	8,111	8,183			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Other	0	8,435	0	0	0			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Medicins Sans Frontiers (MSF)	0	30,643	30,643	10,544	10,544			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
World Food Programme (WFP)	0	11,664	11,664	11,664	11,664			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
United States Government (USG)	2,531,253	3,368,791	1,753,272	889,616	867,116			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
Norway	857,256	627,690	627,690	627,690	627,690			Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)

World Health Organization (WHO)	135,500	135,500	135,500	135,500	135,500				Ministry of Health Resource Mapping 2013 (for 2012-13 data) and 2014 (for 2013-14 to 2016-17 data)
LINE C: External Resources	4,552,896	4,238,475	2,619,202	1,739,773	1,722,089	0	0	0	

Global Fund Resources									Data Sources/Comments
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
LINE D: Global Fund Resources	0	0	0	0	0	0	0	0	

Total Request									
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
Total anticipated resources (annual amounts)	4,895,070	5,019,220	4,572,760	2,674,934	2,829,379	0	0	0	
LINE E : Total anticipated resources (Line B+C+D)	14,487,050			5,504,313					
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)	0	0	7,427,240	16,257,377	17,216,976	0	0	0	
LINE F: Total anticipated funding gap (Line A - E)	-2,487,050			33,474,353					
LINE G: Total Funding Request to the Global Fund				8,266,778	17,027,957	12,654,803	3,893,624		
LINE H: Funding request within the Allocated Amount				4,115,122	8,065,240	3,950,117	0		
LINE I: Funding request above the Allocated Amount				4,151,656	8,962,718	8,704,686	3,893,624		

Part Two: Overall Health Sector - Government Health Spending									
Government Health Spending									Data Sources/Comments
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
Domestic source J1: Loans									
Domestic source J2: Debt Relief									
Domestic source J3: Government funding resources									
Total government health	0	0	0	0	0	0	0	0	

Part Three: Counterpart Financing									
Low income = 5% low income, lower lower-middle income = 20%, upper lower-middle income (high level) = 40%, upper-middle income = 60%									
Counterpart Financing									
	07/2012 - 06/2013	07/2013 - 06/2014	07/2014 - 06/2015	07/2015 - 06/2016	07/2016 - 06/2017	07/2017 - 06/2018	07/2018 - 06/2019	07/2019 - 06/2020	
Total government resources	342,174	780,745	1,953,558						
Average of government resources	1,025,492								
Average of request within allocated				4,032,620					
Counterpart financing based on existing commitments								20.27%	
Average of total request				10,460,791					
Counterpart financing based on total funding request								8.93%	

## Footnotes

### 1 - Target Assumptions :

Please describe:

- 1) overall assumptions used in calculating targets,
- 2) anticipated rate of scale-up,
- 3) population size estimates,
- 4) description of indicator/package of services,
- 5) data source,
- 6) other relevant information

### 2 - Description of Intervention :

Please describe:

- 1) rationale for Global Fund support,
- 2) linkages to national strategic plan,
- 3) target population and geographic scope,
- 4) implementation approach, and
- 5) other relevant information.

Please differentiate between scope of allocated and above allocated request

### 3 - Cost Assumptions for the request of the Global Fund

Please describe:

- 1) cost assumptions and data sources,
- 2) key activities,
- 3) other relevant information.

Please differentiate between allocated and above allocated

### 4 - Other funding received for this intervention (including scope of activities funded)