APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION

1. *The Applicant Self-Assessment is the mechanism by which applicants provide their rationale for continuation of existing Global Fund-supported grants to deliver on program objectives and highest impact with the available resources. As part of the assessment for Program Continuation, opportunities for programmatic adjustments should be identified for reprogramming as appropriate, taking into account that the revision of grants can take place at any time throughout the grant cycle to ensure that the program is on track to deliver results and achieve highest impact.*

Responses to each question should be brief and should clearly demonstrate how the current investments are in line with the country's need to maximize impact. Reference to supporting documents and evidence is strongly encouraged. This self-assessment must be submitted together with Annex 1 to confirm the inclusiveness of the process.

If the applicant confirms material change for any of the questions below, it is required to explain whether this change will have an immediate impact on the programming (i.e. require a Tailored or Full review) or can be addressed at a later stage (i.e. through reprogramming during grant implementation).

SUMMARY INFORMATION			
Applicant	CCM The Gambia		
Component(s)	Malaria	**Funding amount as per Program Split**	USD 13,895,813
Principal Recipient(s)	Ministry of Health and Catholic Relief Services		
Envisioned grant(s) start date	1st July 2018	**Envisioned grant(s) end date**	30th June 2021
Funding amount requested for Program Continuation	USD 13,895,813	**Prioritized above allocation request (PAAR)**	N/A[1] Will be submitted later

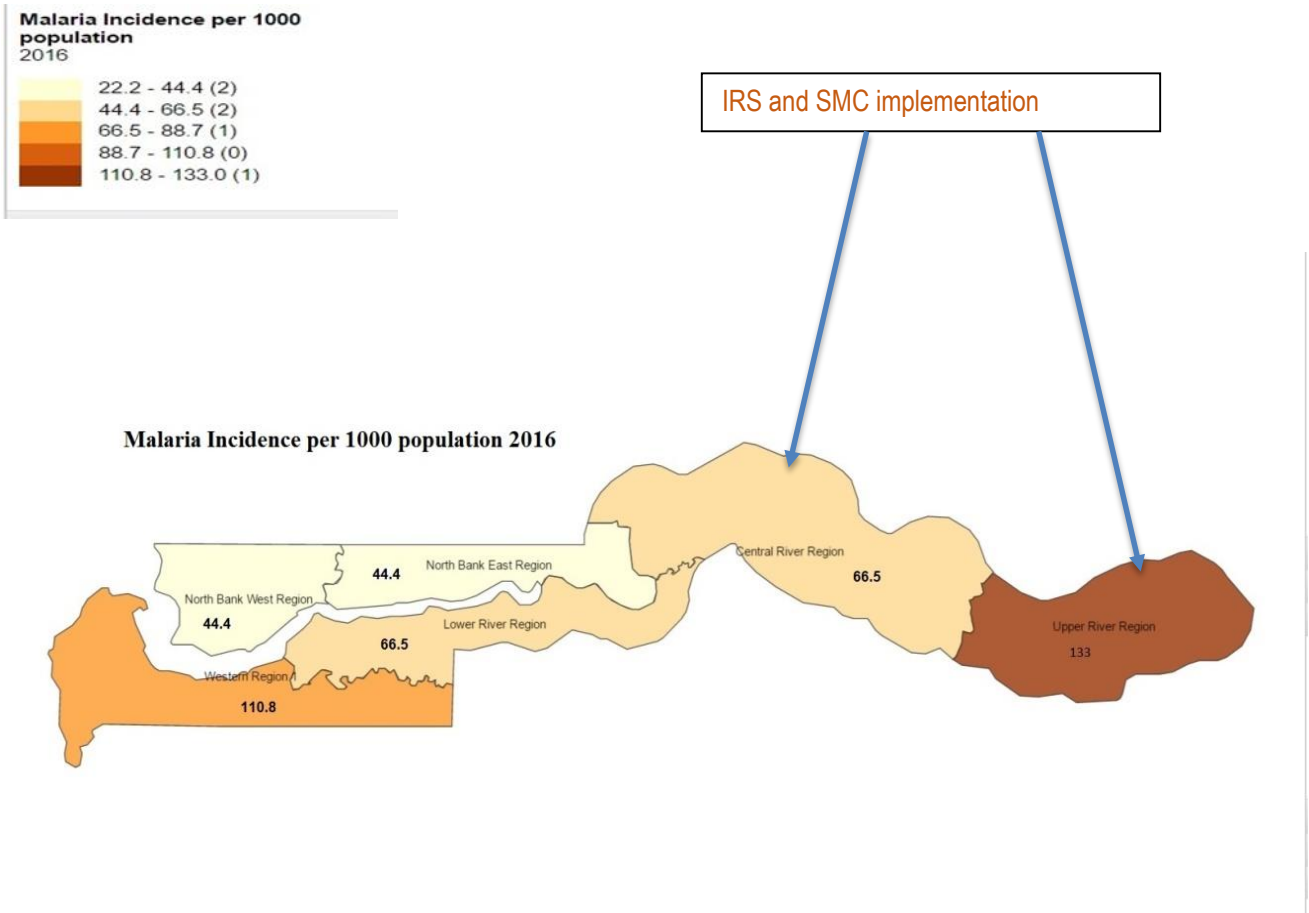
1. **Epidemiological contextual updates**	
Are there any relevant changes in the country's epidemiological context as compared to the previous funding request (e.g. important changes in trends in incidence/notification rates or prevalence, key drivers of the epidemics, emerging high risk behaviors, drug/insecticide resistance, or coverage of interventions in the general population or specific key and vulnerable populations based on the latest surveys or other data sources)?	☐ Yes ☒ No

[1] The Applicant will be invited to present Prioritized above Allocation Request (PAAR) during the grant making process.

Malaria is meso-endemic, with marked seasonal variation and 90% of cases occurring in the 4 months of the rainy season. Malaria affects the entire population and is a leading cause of morbidity and mortality, especially among children under 5 years. Although there are no major epidemiological changes in the malaria situation, significant gains have been achieved over the years. Malaria parasite prevalence among children declined from 4.0% in 2010 to 0.2% in 2014 (GMIS 2014, p.14).

Since 2004, there has been continuous decline in malaria incidence (NSP 2014-2020, p.13-14). Annual malaria case incidence declined by 50% across all regions over the past six years from 149.1 to 74 per 1000 population in 2011 and 2016 respectively (HMIS). Persisting high incidence of malaria in Upper River Region is attributed to flooding and rice cultivation practices in the region and the common practice of staying outdoors for long hours at night because of the hot and humid conditions believed to make rooms uncomfortable at night. To address this issue, formative research will be undertaken to identify appropriate evidence-informed behavioral change strategy and public health action.

Figure 1: Malaria Incidence per 1000 population (HMIS 2016]



A joint study with MRC in 2014 showed cure rates of Artemether-lumefantrine and Dihydroartemisinin Piperaquine for uncomplicated P. falciparum malaria to be 98.4% and 100% respectively (TES report 2014). Vector susceptibility study in 2014 showed DDT resistance nationwide and informed the introduction of a Carbamate insecticide for IRS (IRM report 2015). Insecticide resistance has been reported in Senegal which may lead to similar resistance in the country. Consequently, a study is ongoing in collaboration with MRC (current NFM grant) to determine the current status of vector susceptibility in the country.

2. National policies and strategies revisions and updates

Are there new approaches adopted within the national policy or strategy for the disease program as compared to the previous funding request (e.g. "treat all" guidelines for HIV, short-term regimens for MDR-TB, shift in interventions from malaria control to pre-elimination, expanded role of the private sector)?	☐ Yes ☒ No

No new approaches have been adopted in the national policy or strategy for malaria control in The Gambia. The National Malaria Strategic Plan 2014-2020 continues to provide the strategic guidance for malaria control. The NSP builds on investments by The Gambia, the Global Fund and partners towards the elimination of malaria. It was informed by consultation with a diverse group of stakeholders, and is consistent with the Global Technical Strategy for Malaria 2016-2030, the National Health Strategy Plan (2014-2020) and the National Malaria Policy.

The current grant is implementing an integrated approach to malaria control including treatment with ACTs after parasitological confirmation (with RDTs or microscopy); MIP services including IPTp; universal access to LLINs, targeted Indoor Residual Spraying (IRS), Advocacy Social Mobilization and Behavioral Change Communication and Seasonal Malaria Chemoprevention (SMC). SMC is currently implemented in 2 regions with the highest prevalence, and will be scaled up to all regions with availability of funds. LLINs are being distributed routinely to children under five years and pregnant women through RCH clinics and also to the general population through mass campaign. IRS is being implemented in 2 out of 7 health regions as insecticide resistance management strategy (NSP 2014-2020, p.40).

As part of malaria control activities in the border communities, NMCP Senegal and NMCP, The Gambia are collaborating to synchronize activities and sharing data between the two programs. Initial meeting has been conducted and a cross border committee was established. Additionally, the Imperial College London and MRC with support from GF has developed a malaria elimination scenarios which will be helpful in guiding the cross border activities.

These intervention strategies will be maintained in this application to ensure program continuity. There are plans to conduct a mid-term review of the current strategic plan in 2017 to measure progress towards the program set targets.

3. Investing to maximize impact towards ending the epidemics

Referring to available evidence and inputs from technical partners and key stakeholders, does the current program continue to be relevant, and is it progressing and generally on track to achieve results and impact? Please provide rationale for the appropriateness of continuation of the goals, strategic objectives and key interventions. As relevant, explain the most important challenges being faced and any mitigation measures that have been put in place.	☒ Yes ☐ No

The current program continues to be relevant, is generally on track and is progressing. Data from the 2014 MIS shows that overall, 69% of households, 81% of pregnant women and 77% of children under 5 years slept under an ITN the previous night whilst percentage who slept under ITN or in dwellings sprayed with IRS in the past 12 months was 82.5% during the same period (GMIS 2014, p.33). In addition, 72.6% of pregnant women received two doses of IPTp during ANC visits in their last pregnancy. IRS will continue to be implemented to mitigate the effects of vector resistance to insecticides in two regions. SMC implementation commenced in 2014 with support from UNICEF in 2 high burden regions and continued in 2015 and 2016 with support from UNITAID. Overall, in 2015 and 2016 coverage of 86 % and 81% respectively was registered. . The scaling up of SMC to Western Region which has the second highest incidence is prioritized for reprogramming and listed as PAAR. Malaria case management remains a key component under the current grant with focus on parasitological diagnosis, prompt and effective treatment and community case management and it will be continued in this application. Routine data show that ACTs and RDTs are available in all health facilities with no stock out reported.

Support from GF and The Gambia Government has contributed in improving the HMIS running on DHIS2 with 92% completeness and accuracy 64% timeliness (HMIS 2016). The low level of timeliness of reports is due mainly to poor internet connectivity at regional level. However, current GF HSS grant is addressing this challenge by procurement of ICT hardware, software and training for personnel.

In the current grant, NMCP in collaboration with MRC is piloting a mobile data collection services to adequately capture the current heterogeneity of malaria transmission in the Gambia. This pilot study is being conducted in two health facilities per region for a period of six months. This will provide much needed information on effectiveness and implementation feasibility to inform scale-up. Funding for scale-up will be prioritized for PAAR or reprogramming.

Significant progress has been made in the program, however, there remains important challenges which are being addressed in the current grant notably:

- Reliable and accurate consumption data for quantification and forecasting of health products In adequate storage capacity at the central (NPS) and regional level (RHTs). To address this challenge, regional and central stores will be expanded and upgraded through the RSSH.
- Lack of an LMIS unit at the NPS to ensure that the right decisions are taken and corrective measure taken to prevent un-foreseen challenges. This will be addressed by ensuring that an LMIS unit headed by qualified personnel is established to support and oversee all LMIS issues at the NPS.
- In adequate racking to support the weight of the medicine at NPS. These will be addressed by ensuring that the NPS central store is provided with proper and adequate racking to support the weight of the medicines.
- Lack of a supply chain strategy to ensure that programs reach targets developed in NSP. To address this, a PSM strategy will be developed to guide the programmes in reaching its targets.
- Lack of supply chain management SOPs and in adequate coaching and supervision to improve performance. It is envisaged that PSM SOPs will be developed to guide PSM issues and also management will strengthen supervision and coaching at all levels to improve performance.
- Weak surveillance system related to data quality, management and reporting – To address this challenge, data entry clerks have been recruited and trained and computers have been procured to support data management. Additionally, monitoring and supervision have been strengthened at regional level through support for monthly in-service meetings, supervisory visits by RHTs and quarterly feedback meeting at community level between the RHTs, CHNs, Community Health Workers and representatives of community members.
- Weak and un-functional pharmaco-vigilance system related to ADR reporting and unavailability of guidelines – To address this challenge in the current grant, a focal persons have been identified both at central and regional level, health staff has been trained and data collection tools produced to ensure proper reporting. Additionally, guidelines and protocols on pharmaco-vigilance will be developed.

4. Alignment with 2017 – 2022 Global Fund Strategy Objectives 2 and 3

Objective 2 to Build Resilient and Sustainable Systems for Health

Does the current grant include an appropriate focus on investments in Resilient and Sustainable Systems for Health (RSSH)? If changes in RSSH investments are needed (in order to maximize reproductive maternal neonatal and child health or other areas) please explain how and when these changes should be addressed.	☒ Yes ☐ No

The current RSSH component is hosted in the TB grant under the Ministry of Health and it includes an appropriate focus on investments in resilient and sustainable systems for health. It covers cross-cutting areas as outlined below:

- Enhancement of storage conditions for health commodities through the provision of solar equipment, refurbishment of medical stores and procurement equipment to facilitate warehousing and distribution
- Strengthening of the inventory management system by maintaining and using an effective software capable of tracking batches and expiry dates of all medicines and other health products to RMS WR1 and NPHL stores, while CHANNEL inventory software is used for the rest of the RMS, Hospitals and Major health facility stores.
- Improvement of IT infrastructure to support LMIS is ongoing with planned purchase of more computers and provision of internet services among others.
- Strengthening and maintaining the LMIS by recruiting and supporting the staff
- Strengthening service delivery and supply chain management through capacity building.
- Ensuring timely distribution of health products and pharmaceuticals including redistribution of any overstocks between low and high incidence areas within the country.

The country has registered major improvements in the RSSH intervention areas mentioned above. However, there are still challenges such as unreliable electricity and internet connectivity, inadequate storage and distribution capacity, skilled health workforce, data management and supervision, weak pharmaco-vigilance system related to ADR reporting and unavailability of guidelines and high staff attrition rate.

- Remedial actions taken to address these challenges include solarisation of central and regional medical stores, contracting a service provider to maintain the infrastructure needed for the LMIS, capacity building, procurement of the required equipment, assessment and upgrading of the storage capacity at the Central Medical Stores, strengthening of Quality Assurance Systems, pharmacovigilance and data quality audit.

Changes in the RSSH investments are not anticipated moving into the next funding cycle. The RSSH will continue to focus investments in the intervention areas highlighted above with a view to addressing the related challenges.

Objective 3 to Promote and Protect Human Rights and Gender Equality

Is there a need for intensifying or modifying efforts to address human rights and gender-related barriers to services and to ensure appropriate focus on interventions that respond to key and vulnerable populations? If changes are needed, please explain how and when they should be best addressed.	☐ Yes ☒ No

The geopolitical situation experienced in the previous government created human right violations resulting to political rivalry and mistrust between supporters of various political parties. However, this situation has not affected malaria prevention and control services. With improved political climate, it is observed that a significant number of Gambians from the diaspora may be coming home from non-malarious areas and may be susceptible to malaria, therefore are being targeted with BCC messages and services and this will be factored during forecasting and quantification of health and health related products.

Human rights and gender related barriers to malaria prevention and control services are given priority in both the National Malaria Strategic Plan and the Ministry of Health Policy. Although children under 5 years and pregnant women are the most vulnerable group, everybody in the country is at risk of malaria. Hence, the reason the malaria strategy focuses on universal and equitable access to malaria services to all irrespective of socioeconomic status, gender, age and location (rural or urban) of individuals or groups. The program has significant investment to ensure that malaria services are available to pregnant women. This resulted to high access to IPTp (92%) and LLINs coverage (87%). LLINs and malaria treatment service is being provided free to People Living with HIV and prisoners. Government also supports IRS in the prisons. Malaria services are also provided to all those crossing the border through RCH services. To address gender imbalances among health workers, qualified females are now encouraged to apply. Additionally, the education sector is encouraging girls to choose carers in allied health sciences. This program continuation request will continue to provide the required malaria services to address human rights and gender issues and also to increase access to services for disadvantaged and vulnerable populations.

5. Effectiveness of implementation approaches

Are the current implementation arrangements effective to deliver on the program objectives and anticipated impact (including the PR and the main SRs)? If major changes to the implementation arrangements are needed, please explain how and when they should be best addressed.	☒ Yes ☐ No

The Ministry of Health and Catholic Relief Services are PRs in the current grant and the implementation of the previous and current grants have been very satisfactory. As of the last performance ratings, 27th January 2016 for PR1 (MOH) was B1 and PR2 (CRS) was rated A1. Therefore, the current implementation arrangements will be maintained to ensure continuity of programs and observance of dual tracking for government and civil society participation in grant implementation. For MOH, implementation of grant activities is done by the Regional Health Teams, Health Facility staff, community volunteers and village health workers across the country. As for CRS, implementation is done by 4 SRs (NGOs) distributed across the country. There is quarterly coordination and review meetings between the 2 PRs, SRs and other malaria key stakeholders such as CRS, HePDO, Bill Clinton Foundation, Nyaama, ADWAC, NSGA, CaDO etc. to review progress, discuss challenges, share best practices and way forward for program improvement. Both PRs are on track to fully expend the current grant budget for expected impact.

6. Sustainability, Transition, and Co-Financing

Are there changes in domestic or international financing (e.g. due to withdrawal of a major donor or significant increase in domestic allocation/funding), resulting in material impact on funding availability for programmatic interventions and sustainability? If yes, describe how these changes impact the country's ability to meet co-financing (previously referred as 'willingness to pay') commitments for the current grant implementation period and if these changes will impact the country's ability to make and realize future co-financing requirements in the next implementation phase.	☐ Yes ☒ No

There have been no changes in domestic or international financing that may result in immediate material impact on funding availability for programmatic interventions and sustainability. However, the goodwill attracted by the recent change in national Government is likely to result in improvement in external assistance with potential to positively impact on financing of malaria and health system interventions in the medium and long term. The Malaria Program is currently supported under the Global Fund NFM grant which will end in June 2018. The fund supports malaria case management (which includes the provision of anti-malaria medicines, capacity building); IPTp for pregnant women, Universal access for LLINs as well targeting pregnant women and children less than one year, IRS and SMC in 2 regions; surveillance and research. The government financial support will continue to be available to support human resource, rehabilitation and maintenance of health facilities including laboratory services, routine program management and maintenance of equipment.

The Gambia`s expected commitment for the NFM period for malaria was $ 3,867,554. However the actual government expenditure for the same NFM time period was $4,681,193 which represents 21% increment. Government has therefore fulfilled the co-financing commitment for the NFM grant period.. The national budget commitment (2015–2018) finances the health system requirements which mainly include, human resource, infrastructure, drugs, transportation, logistics, operational cost and monitoring and evaluation. The government contribution is slightly increasing over the planned period, resources have been leveraged from other partners in meeting additional programmatic needs and further reducing identified gaps. The positive political climate currently prevailing in the country expected to increase Government revenue through grants and encourage contribution of more partners to malaria control.

Is your country's 2017-2019 Global Fund allocation for the disease component significantly lower as compared to the current grants' spending level[2]? If yes, please provide an explanation on how the scope of the program will be maintained/increased and what are the alternative sources of funding to maintain/increase the current level of coverage.	☐ Yes ☒ No

Comparatively, using the average of yearly expenditure in The Gambia Malaria GF malaria grant in 2014-2016 (US $6,089,263) as the benchmark for annually spending, the GF allocation for program continuation ($15,293,792) is approximately 84% of the estimated three years expenditure in the current NFM grant. This indicates that although The Gambia malaria program continuation allocation is relatively lower than the previous grant this does not amount to significant under-allocation, and therefore will not affect the scope, scale and impact of the interventions prioritized for implementation in the new programme continuation grant.

Grant	Time period	Amount (USD)	Amount RSSH USD	Totals for disease components
New Funding Model	2 years (1st July 2016 to 30th June 2018	16,497,877	1,062,966	17,560,843
Program Continuation	3 years (1st July 2018 to 30th June 2021	13,895,813	1,397,979	15,253,881

The program continuation grant will provide for all the needs in the following prioritized, high impact interventions and those targeting vulnerable groups viz. Case management (RDTs, lab supplies, ACTs, Artesunate injections, QA/QC), LLINs for both mass campaign and routine distribution for pregnant women and infants, IPTp and SMC in two regions due to inadequate funding. Also, support for SME&OR, IEC/BCC and

[2] 2017 – 2019 allocation amount stands for 70% or less of the current grants' expenditure level over the last three years calculated by using the last year expenditures multiplied by three.

programme management activities will fully be provided from the allocation fund within the scope and scale of the current GF grant.

To sustain universal access to LLIN, routine LLIN distribution will continue through RCH clinics. Mass LLIN distribution campaign will be conducted in 2020 to sustain protection of the whole population with effective LLINs.

IRS will continue to be implemented in the same two (URR and CRR) mainly s an insecticide resistance management strategy and the insecticide will be rotated depending on the susceptibility of vectors.

As in the current grant, IPTp country-wide and SMC in two health regions will continue to be implemented in the programme continuation.

Community case management of malaria will continue as in the current NFM grant while the MoH works in partnership with UNICEF to actualize the plan to integrate this intervention into iCCM within the Primary Health Care Programme. The Gambia plans to reprogram funds that may become available from efficiency savings in the GF malaria programme continuation grant to contribute to the iCCM scale-up in 2019 in addition to support from UNICEF and other partners.

The plan to expand malaria sentinel surveillance sites, scale up seasonal malaria chemoprevention (SMC) and roll-out mobile data collection services will also be prioritized for PAAR in this grant application.

The Gambia and Senegal NMCPs have jointly agreed to synchronize strategies for malaria control & elimination in the border areas of the two countries. To this effect, key areas have been Identified for alignment of malaria control and these include: Universal coverage for LLINs campaign and free distribution of LLINs to pregnant women and children under five during RCH clinics; IRS in targeted areas, entomological monitoring, strengthening surveillance, IEC/BCC, develop a system of collecting real time data (such as the use of mobile technology in Gambia) to capture cases and identification of hotspots.

Projected need for a material change leading to a grant reprogramming

Please indicate key timing for program and NSP evaluations/reviews, surveys outcomes, or any other relevant information that may inform the potential need for a material reprogramming[3] from now until the expected end of the new grant(s):

Documents, evaluations, surveys and other relevant information	**Expected availability (month/year)**	**Foresee a need of material reprogramming at that time? (Y)**
MIS 2017	March 2018	Reprogramming will depend on the results of the 2017 MIS
NSP Mid-term review	October, 2017	This may lead to strategic re-direction and inclusion of new interventions.
Drug and Insecticide Resistance Study	October 2017	Drug resistance will result to policy change in the treatment of malaria whilst insecticide resistance would lead to the reduction of the 2 year rotational period to 1 year.

[3] Please refer to the Global Fund Operational Policy Note on Reprogramming during Grant Implementation

Note: *All funding requests and resulting grants must comply with and follow the application focus*[4] *and co-financing requirements set forth in the Sustainability, Transition and Co-financing Policy.*[5]

Please complete Annex 1 below to confirm the inclusiveness of engagement with key and vulnerable populations in the process of developing Program Continuation request.

[4] Including ensuring interventions that respond to key and vulnerable populations, human rights and gender-related barriers and vulnerabilities for all countries, regardless of income level.
[5] Sustainability, Transition and Co-Financing Policy, GF/B35/04

ANNEX 1: INCLUSIVENESS OF ENGAGEMENT WITH KEY AND VULNERABLE POPULATIONS[6]

Inclusiveness of engagement with key and vulnerable population in the process of developing the Program Continuation Request (for malaria programs see footnote[7])	
Has the process for developing this request been inclusive, including the views of representatives of key and vulnerable populations, particularly those who are the focus of the program?	☒ Yes ☐ No
Were representatives of key and vulnerable populations informed of the amount of allocation available?	☒ Yes ☐ No
In cases of changes in the implementation contexts (i.e. question 1, 2 and 5 above) or increase/decrease in allocation, were representatives of key and vulnerable populations consulted on how risks on the program quality and sustainability can be mitigated?	☒ Yes ☐ No
Was feedback from representatives of key and vulnerable populations on the quality, content and delivery of the current program taken into account during the assessment process?	☒ Yes ☐ No

As part of the proposal development process and to ensure all-inclusiveness of key malaria stakeholders such as CRS, HePDO, Bill Clinton Foundation, Nyaama, ADWAC, NSGA, CaDO, youth groups, mother's caregivers, opinion leaders, people affected by the diseases, civil society organizations, UN system and CCM a day-consultative meeting was organized at the NMCP. The main objective of the meeting was to sensitize and representatives of children under 5 year and pregnant women and internally displaced persons about the Program Continuation and its objectives. They were informed that this new proposal will focus more on sustaining gains made thus far and continuing to ensure universal access to services, rather than addressing glaring gaps in the current landscape. Key populations, gender and other demographic indicators will continue to be monitored to ensure vulnerable populations maintain adequate access to services and gaps do not arise in implementation.

The meeting took the form of presentations by NMCP, CRS CCM and other key partners. An update on the malaria situation in the Gambia was also presented by the NMCP so as to provide the most up-to-date information to stakeholders. In addition, the objectives of the Program Continuation were clearly explained to stakeholders with translation to local languages to ensure a thorough understanding of community members. In addition, the total amount allocated to the program was also shared with stakeholders so as to enable them understand the funds allocated to the Gambia is sufficient compared to the NFM. The presentations were preceded with questions and answers. At the end if the meeting stakeholders greed that because of the inadequacy of funds, the current intervention strategies and implementation arrangements should be maintained.

[6] The Global Fund defines key populations as groups that experience both increased impact from one of the diseases and decreased access to services. It also includes groups that are criminalized or otherwise marginalized. For example, in the context of HIV, key populations include: men who have sex with men, transgender people, sex workers, people who inject drugs, and people living with HIV. The Global Fund also recognizes vulnerable populations, who are those who have increased vulnerabilities in a particular context, i.e. adolescent/women and girls, miners and people with disabilities. For a complete definition, refer to the following link to the Global Fund website.

[7] Malaria programs where malaria-focused civil society and/or community organizations are not represented in the CCM are requested to indicate if civil society and community organizations engaged in responding to malaria have been informed and consulted under the "Applicant rationale" section.