Geneva, March 2003

For the use of the Global Fund Secretariat:

Date Received:

ID No:

PROPOSAL FORM

Before starting to fill out this proposal form, please read the Guidelines for Proposals carefully. When completing each question in the proposal form, please note the reference given to the corresponding section of the guidelines.

This form is divided into 4 main parts:

SECTION I is an executive summary of the proposal and should be filled out only AFTER the rest of the form has been completed.

SECTION II asks for information on the applicant.

SECTION III seeks summary information on the country setting.

SECTIONS IV to VIII seeks details on the content of the proposal for each component.

How to use this form:

- 1. **Please read ALL questions carefully**. Specific instructions for answering the questions are provided.
- 2. Where appropriate, indications are given as to the approximate **length of the answer** to be provided. Please try, as much as possible, to respect these indications.
- 3. All answers, unless specified otherwise, should be provided in the form. If submitting additional pages, please mark clearly on the pages which section and numbered question this relates to.
- 4. To avoid duplication of efforts, we urge you to **make maximum use of existing information** (e.g., from programme documents written for other donors/funding agencies).
- 5. When **using tables**, all cells are automatically expanded as you write in them.
 - Should you wish to add a new row, place the cursor on the outside of the cell at the bottom right-hand corner of the table and press ENTER.

- **To copy tables**, select all cells in the table and press CTRL+C. Place cursor where you would like the new table to begin and press CTRL+V.
- 6. Please DO NOT fill in shaded cells.

SECTION I: Executive summary of Proposal

It is recognised that the country of Liberia is in a state of complex emergency. The objectives and activities set out in this document respond to the situation, aiming to bring the most effective malaria control and prevention to the community.

The first way to achieve this effective malaria control is by introducing new efficacious therapies, which are in line with international best practices and recommendations for a situation such as Liberia. Recognising the drug resistance problems, this proposal puts forward a solution which takes on a two-tiered approach, making available combination therapies to trained health staff, while assessing the full gravity of resistance in order to inform policy in the longer term. Secondly, the role of Community level Health Workers will be reinforced, providing them with medications at the grass root level in an effort to resolve the ongoing accessibility and security problems, which have an inevitable effect on attendance and referral at peripheral levels.

The second strategic approach is to make available preventive measures, which have not previously been available over a large area in Liberia. In this respect, the aim is to target vulnerable groups such as pregnant women and children under five.

Each of these approaches will be supported by standardised Health Education and constant and consistent monitoring and evaluation, which is especially important with the introduction of such new approaches to malaria control and prevention in Liberia.

Partners have come together to develop this proposal. The system of implementation for the activities laid out below is one of integrated approach between all partners with coordination, monitoring and evaluation carried out by technical agencies supporting the Malaria Control Division. Thus, at the highest level the Ministry is supported by the World Health Organisation and the European Union in terms of policy, implementing NGO partners in implementation and technical agencies such as MENTOR in monitoring and evaluation.

With this approach the absorptive capacity of the Liberian Coordinating Mechanism is enhanced, while ownership and capacity development of the Ministry of Health is reinforced.

The period of the proposal is for 24 months beginning January 2004.

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

TO BE COMPLETED AFTER THE OTHER SECTIONS HAVE BEEN FILLED OUT

General information:

Table I.a

Proposal title (Title should reflect scope of proposal): Country or region	Bringing malaria treatment and prevention to the community Republic of Liberia						
covered:							
Name of applicant:	Liberian Coordinating Mechanism						
Constituencies	Government – Health	4	UN/Multilateral agency				
(write the number of members from each	6 ministry 5 Government – Other ministries	1	Bilateral agency				
Category):	NGO/Community-based organisations	1	Academic/Educational Organisations				
	Private Sector	2	Religious/Faith groups				
	People living with HIV/TB/Malaria*	3	Other (please specify): Bureau of budget and planning				
If the proposal is							
NOT submitted through a CCM,							
briefly state why:							

Specify which component(s) this proposal is targeting and the amount requested from the Global Fund**:

Table I.b

			Amount requested from the GF (USD thousands)			
			Year 1	Year 2	Year 3	Total
Component(s)		HIV/AIDS	-	-	Year 4	-
(mark with X):		Tuberculosis	-	-	Year 5	-
	X	Malaria			-	
		HIV/TB	-	-		
		Total	6,282	5,863	-	12,145
Total funds from other sources for activities related to proposal		2,260	1,298	-	3,558	

Please specify how you would like your proposal to be evaluated*** (mark with X):

The Proposal should be evaluated as a whole							
The Proposal should be evaluated as separate components	X						

Brief proposal summary (1 page) (please include quantitative information where possible):

Describe the overall goals, objectives and main activities per component, including expected results and timeframe for achieving these results:

According to national epidemiological profile/characteristics

If the proposal is fully integrated, whereby one component cannot be separated from another, and where splitting budgets would not be realistic or feasible, only fill the "Total" row.

This will ensure the proposal is evaluated in the same spirit as it was written. If evaluated as a whole, all components will be considered as parts of an integrated proposal. If evaluated as separate components, each component will be considered as a stand-alone component.

As Liberia is in a state of complex emergency and accessibility to the population is a problem, the rationale behind the proposal is that activities bring as fully as possible malaria treatment and prevention close to the community bearing in mind the situation.

The overall goal of malaria control in Liberia is to reduce morbidity and mortality due to malaria by 50% by 2010

The objectives are:

- 1. To increase access to adequate and efficacious drugs and treatment at health facility and community levels including camps for displaced populations.
 - a. Train health facility and community level health workers (including care-givers) in malaria case management
 - b. Procure and distribute drugs and supplies
 - c. Train for laboratory diagnosis
 - d. Undertake quality assurance of medications
- 2. Increase the use of IPT among pregnant women
 - a. Train Health workers in the use of IPT
 - b. Procure and distribute SP
- 3. Increase coverage and use of personal protective measures including Indoor Residual Spraying.
 - a. Procure and distribute ITMs and IRS insecticide and equipment
 - b. Train staff in IRS
- 4. Increase awareness and practice of malaria control and prevention in the community
 - a. Develop and distribute IEC materials
 - b. Carry-out community education with IEC materials
- 5. Increase in effective and efficient coordination and capacity to undertake monitoring and evaluation
 - a. Carry-out extensive monitoring and evaluation of malaria control activities specifically case management and control interventions
 - b. Carry-out effective coordination of partner activities

This document was developed by all partners to determine the most feasible and best approaches to malaria control in the Liberian context.

The activities outlined will be implemented through collaboration among the partners including Government, Non-Government, training institutions, faith-based organisations and private sectors. Activities will be coordinated at the central level through the malaria steering committee and at the county level through the malaria working groups. The malaria working groups comprise of all partners working at county level and are responsible for involvement and participation of the community through partners.

• Specify the beneficiaries of the proposal per component and the benefits expected to accrue to them (including target populations and their estimated number):

The population of Liberia is 3 million. For the purpose of this proposal the target population is that in counties which have been accessible to partners within the previous 6 months as of May 2003 and in which partners have project funding for primary health care or education programmes will be targeted during the first year. The second year will see activities being extending to the remaining counties.

While the case management component of the project targets all of the 3 million population (assuming that half the population will become ill and visit either a health facility or community level health worker) specified above, the preventive side targets pregnant women and children less than 5 years of age. Thus the target group for the preventive side is 510000 children (17%) and approximately 37500 women per annum (5%).

The whole population will benefit from improved case management of malaria at health facilities, especially those where staff are trained and using combination therapies. In encouraging and undertaking Intermittent Preventive Treatment for pregnant women, the benefit for those attending antenatal clinics will be a substantial decrease in the risk of complicated pregnancy and an increase in child birth weight, thus improving the chances of that child surviving its first year of life.

In targeting families with young children for subsidized mosquito nets, the aim is to reduce clinical disease in those children at their most vulnerable age.

• If there are several components, describe the synergies, if any, expected from the combination of different components (By synergies, we mean the added value the different components bring to each other, or how the combination of these components may have effects beyond the effects of each component taken)

Although this proposal only involves malaria, there will be as much integration as possible with other, previously accepted, proposals for HIV/AIDS and TB on a practical day-to-day basis. Where there are the means to combine efforts, such as with training of Community Health Workers or transport of materials this will be done to reduce duplication and effectively maximise resources. All efforts have been made to compliment the previously submitted HIV/AIDS and TB components of the funds.

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

The proposal is scaling up its existing efforts, while introducing new innovative approaches to make malaria control more feasible in the Liberian context. Careful consideration has been given to the overall problems of the country, and how those practical and workable solutions can be brought to those problems. At the same time, partners have taken a step towards international best practices and will apply these under new policies and protocols to their current activities.

The proposal aims to integrate malaria to current primary health care programmes being implemented by partners. Already, some partners have implemented the use of new treatments specified in the policy and careful note is being taken of their experience with these.

Monitoring and evaluation will be a strong component, aided by the presence of a technical support agency in malaria (MENTOR).