

GLOBAL FUND OBSERVER (GFO), an independent newsletter about the Global Fund provided by Aidspace to over 8,000 subscribers in 170 countries.

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The Global Fund Board has approved nine proposals in Wave 7 of the Rolling Continuation Channel (RCC) funding stream, representing costs of up to \$451 million over three years. Of the nine proposals, three were for HIV, four for TB and two for malaria.

[5. NEWS: Secretariat Issues FAQs on Implementing Recent Board Decisions](#)

The Global Fund has released a wide-ranging Frequently Asked Questions (FAQ) document on how to implement decisions made by the Board in November 2009 concerning cost-cutting measures and the new grant architecture. The document is of potential interest to CCM, PRs, LFAs and Global Fund partner organisations.

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Aidspace, publisher of GFO, plans to more than double its size, and now seeks applicants for four senior positions, to be based in Nairobi, Kenya.

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**1. NEWS: OIG Report Lists Numerous Problems in Grant Implementation**

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In every country audited by the Global Fund's Office of the Inspector General (OIG) since 2006, there were numerous instances of principal recipients (PRs) not complying with clauses in their grant agreements. The Global Fund does not have mechanisms in place to monitor and enforce compliance with these clauses.

These are among the findings of a report issued by the OIG in September 2009 on "*Lessons Learnt from the Country Audits and Reviews Undertaken.*"

The role of the OIG, which operates independently of the Global Fund Secretariat, is to provide the Global Fund Board with objective oversight to ensure that the Secretariat and grant recipients comply with Global Fund policies and procedures. The OIG prepared the report on lessons learned in order to identify common issues and their likely causes, and to make recommendations to strengthen grant processes.

Between 2006 and 2009, the OIG conducted audits or reviews in 12 countries (Bolivia, Chad, Kenya, India, Indonesia, Myanmar, Sierra Leone, Tanzania, Uganda, Ukraine, Zambia and Zimbabwe).

According to the report, the common areas of PR non-compliance with Global Fund grant agreement clauses were (a) not having external audit arrangements in place for sub-recipients (SRs); (b) failing to comply with established reporting dates; (c) failing to institute good management of SRs; and (d) failing to meet conditions that they were supposed to meet before being sent certain disbursements.

### **Other findings concerning PRs**

#### *Procurement*

The OIG said that the procurement and supply management of pharmaceutical products was often not executed in line with best practice and Global Fund guidelines. Specifically, the OIG said that there were instances where value for money was not obtained; and that the audited countries lacked adequate capacity to effectively forecast their medical needs (which resulted in expired drugs or stockouts).

In addition, the OIG said that although the Global Fund Secretariat approves the PR's procurement and supply management (PSM) plan, the Secretariat does not have a mechanism to verify whether the PR has complied with that plan.

The OIG further noted that although several PRs appointed procurement agents to enhance their procurement capacity, the Global Fund does not provide guidance on how PRs can contract and better manage these agents, nor on how the PR's procurement capacity can be strengthened so that the PR can eventually take over the procurement function.

#### *Salaries and allowances*

According to the report, the payment of salaries and allowances to PRs and SRs is one of the areas most prone to abuse at country level. The OIG said that in all the countries that were audited, the "top up" salaries and allowances being paid from Global Fund grants were excessive when compared to those that were being paid by other development partners; and that the Global Fund has not established a policy to define what is acceptable as payment.

#### *Financial management systems*

The OIG said that most audited PRs had weak financial management and internal control systems characterised by a lack of segregation of duties, insufficient policies and procedures, a lack of budgeting and budgetary control, weak controls over advances to SRs, inadequate documentation to support expenditures incurred by third parties, and inaccurate books of account. The OIG said that these bad practices make Global Fund grants susceptible to fraud; that the practices were either not identified by the PR assessments undertaken by LFAs or, if identified, had not been remedied at the time of the audit; and that the practices should have been (but were not) identified through the annual audit process.

#### *Monitoring and evaluation (M&E)*

According to the report, the M&E frameworks for Global Fund grants in Kenya, Sierra Leone, Bolivia, Zimbabwe, India and Uganda were not operating effectively. Specifically, the OIG said that (a) there were targets that were unattainable; (b) there was a lack of mechanisms for collecting and verifying financial and programmatic data at SR level; (c) there was a lack of approved M&E plans showing when, how and by whom monitoring should be undertaken; and (d) there was a lack of tools to assist

SRs in reporting results. The OIG said that these bad practices affected the accuracy and timeliness of the results reported to Global Fund.

The OIG's report also contained findings concerning CCMs, LFAs and risk management, as follows.

### **CCMs**

According to the report, CCMs were not executing their roles as defined in Global Fund guidelines. Specifically, the OIG said that (a) CCMs lacked mechanisms to oversee Global Fund programmes; (b) CCMs were engaging in "operational matters" at the expense of their oversight, policy-setting and strategic roles; (c) CCMs had failed to identify and rectify key issues that affected Global Fund programmes; and (d) CCMs lacked mechanisms to monitor and verify the performance results reported by the PRs. The OIG said that these bad practices resulted in poor and ineffective oversight of Global Fund programmes. [Note: "*The Aidspan Guide on the Roles and Responsibilities of CCMs in Grant Oversight*," available at [www.aidspan.org/guides](http://www.aidspan.org/guides), may be of value to CCMs concerned about these issues.]

The OIG noted that while most CCMs had documented conflict of interest policies that conformed to the Global Fund guidelines, there was no evidence that these policies were actually being enforced. Moreover, the OIG said, the Global Fund policy on conflict of interest does not address conflict of interest arising from PRs and SRs sitting on CCMs.

### **LFAs**

According to the report, the quality of the work done by LFAs has been negatively affected by LFAs lacking the right skill mix to execute their role, and by LFAs failing to execute that role. The OIG said that many of the critical issues raised in the OIG country audits were obvious and should have been picked up by the LFAs as part of their duties.

### **Risk management**

The OIG said that the risk management framework being developed by the Global Fund identifies and categorises risk by country, but does not go down to the level of individual grants. According to the OIG, identification of risks by grant would make it easier for fund portfolio managers (FPMs) to focus on helping the grant to succeed.

### **Recommendations**

The OIG report contains a number of recommendations to address the problems identified in the report.

The OIG noted that there is no formal process to ensure that audit recommendations from the OIG (both past and present) are implemented in a timely manner. According to the OIG, there has been "inadequate follow up of recommendations by country teams at the Secretariat, inadequate documentation to evidence implementation of recommendations and no alternative measures put in place to mitigate the identified risks for audit recommendations not implemented."

The OIG said that prior to 2008, it undertook five country audits and made 66 recommendations, but that only 32 of these recommendations had been fully implemented at the time of its report.

*The OIG's report on "Lessons Learnt from the Country Audits and Reviews Undertaken" is available in English only on the Global Fund website at [www.theglobalfund.org/en/oig/reports](http://www.theglobalfund.org/en/oig/reports).*

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## 2. ANNOUNCEMENT: Aidspan Releases Report on Strengths of Rounds 8 and 9 Proposals

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Aidspan, publisher of GFO, has released a new report on “*Key Strengths of Rounds 8 and 9 Proposals to the Global Fund.*” The purpose of this report, which is available in English, French, Spanish and Russian, is to provide information to Global Fund applicants on key attributes of a strong proposal.

The report is based on an analysis of the strengths of all approved Rounds 8 and 9 proposals, as identified by the Technical Review Panel (TRP) when it reviewed the proposals. The report is an updated version of “*Key Strengths of Round 8 Proposals to the Global Fund,*” which Aidspan released after Round 8 was completed. The new report includes examples of several Round 9 proposals that were praised by the TRP, as well as a revised list of the most important strengths that characterise a successful proposal. These key strengths, as compiled by GFO based on all the comments made by the TRP, are as follows:

**KEY STRENGTH 1 – Implementation Strategy.** The proposal presents a strong and coherent implementation strategy that flows throughout the proposal – including on the proposal form, in the Performance Framework, in the workplan and in the budget – and that includes timing and sequencing of activities, identification of who is responsible for implementing individual activities, and clear statements of planned outcomes.

**KEY STRENGTH 2 – Epidemiology.** The proposal contains a solid description of the current epidemiological situation.

**KEY STRENGTH 3 – Situational Analysis.** The proposal contains a solid analysis of the current response to the disease and the gaps in that response.

**KEY STRENGTH 4 – Capacity Building.** The proposal identifies capacity constraints among implementing agencies and contains solid strategies to address them.

**KEY STRENGTH 5 – Drivers of the Epidemic.** The proposal includes clear strategies to address the more challenging drivers of the epidemic in ways that will have a meaningful impact on preventing further infections.

**KEY STRENGTH 6 – Multiple Sectors in Service Delivery.** The proposal includes the use of multiple sectors and partners to deliver services, so as to scale up more quickly towards universal access.

**KEY STRENGTH 7 – Monitoring and Evaluation.** The proposal has a clear plan for monitoring activities and evaluating the impact of interventions.

**KEY STRENGTH 8 – Detailed Budget.** The proposal includes a budget with sufficient detail and assumptions to allow for the costs of activities to be fully assessed.

**KEY STRENGTH 9 – Coordination and Management.** The proposal features a strong coordination and management plan.

**KEY STRENGTH 10 – Complementarity and Additionality.** The proposal complements and adds to other initiatives, including previous Global Fund grants, programmes funded by other donors, and government initiatives.

**KEY STRENGTH 11 – Alignment.** The proposal is clearly aligned with national development strategies, and national policies and plans for the disease.

**KEY STRENGTH 12 – Gender.** The proposal includes a solid gender analysis as well as programmes to address gender inequalities.

KEY STRENGTH 13 – **Proposal Development.** The proposal was developed through a broad consultative process.

There is a separate section of the report on each of the 13 strengths. In each section, Aidspace identifies a limited number of proposals that exemplify the strength in question. For each such proposal, the report cites the comments made the TRP, identifies the specific parts of the proposal relevant to the strength in question, and provides links to those parts of the proposal (as well as to the entire completed proposal form.)

In all, 49 proposals are cited in the report. While most of the proposals mentioned are disease-specific, some health systems strengthening (HSS) components are also included.

*“Key Strengths of Rounds 8 and 9 Proposals to the Global Fund” is available, in four languages, at [www.aidspace.org/aidspacepublications](http://www.aidspace.org/aidspacepublications).*

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### **3. EXCERPTS: Three Excerpts from Aidspace’s Report on Strengths of Rounds 8 and 9 Proposals**

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This article contains three excerpts from the Aidspace report on *“Key Strengths of Rounds 8 and 9 Proposals”* (see previous article).

#### **Excerpt # 1: Key Strength 6 – Multiple Sectors in Service Delivery**

##### **Nigeria Malaria (Round 8, Category 2B)**

*TRP Comment: The implementation of the proposal intends to involve a wide range of partners such as line ministries and other sectors, including the private sector, NGOs and the communities.*

The involvement of the private sector is described in Section 4.6.3(a) of the proposal form. Section 4.6.3(b) provides information on the financial contribution of the private sector to the programme included in the proposal. As well, a private sector consortium is one of the three nominated PRs; this PR is described in Section 4.9.1 of the proposal form. Finally, several private sector organisations will serve as SRs; this is described in Section 4.9.3 of the proposal form. Some of these organisations are foundations.

The involvement of the NGO sector is reflected in the choice of two nominated NGO PRs, described in Section 4.9.1 of the proposal form; and in the use of several NGO SRs, described in Section 4.9.3 of the proposal form.

- The text of Section 4.6.3 of the Nigeria malaria proposal form, in PDF format, is available at [www.aidspace.org/documents/globalfund/trp/round\\_8/Nigeria-Malaria-4.6.3.pdf](http://www.aidspace.org/documents/globalfund/trp/round_8/Nigeria-Malaria-4.6.3.pdf).
- The text of all of Section 4.9 of the Nigeria malaria proposal, in PDF format, is available at [www.aidspace.org/documents/globalfund/trp/round\\_8/Nigeria-Malaria-4.9.pdf](http://www.aidspace.org/documents/globalfund/trp/round_8/Nigeria-Malaria-4.9.pdf).
- The text of the full Nigeria malaria proposal form, in PDF format, is available at [www.theglobalfund.org/programs/grant/?compid=1730&lang=en&CountryId=NGA](http://www.theglobalfund.org/programs/grant/?compid=1730&lang=en&CountryId=NGA).

#### **Excerpt #2: Key Strength 12 – Gender**

##### **Bosnia and Herzegovina HIV (Round 9, Category 2)**

*TRP Comment: The proposal addresses gender discrimination and proposes activities to reduce gender inequality.*

In Section 4.5.4, the Bosnia and Herzegovina CCM provides a clear and succinct description of how its proposal will address gender inequalities. The proposed activities include ensuring that gender-

disaggregated data is obtained in surveillance programmes, ensuring that gender is integrated into the National AIDS Strategy, and providing training to improve competency on gender issues. As well, a review of policies and legislation will be undertaken with a view to addressing rights and protection for all vulnerable and marginalised populations.

Section 4.5.1 contains a number of gender-related activities, including plans to increase the capacities and leadership abilities of women in senior positions in the Ministry of Health; and plans to provide capacity building on gender programming for community-based organisations.

- The text of Section 4.5.4 of the Bosnia and Herzegovina HIV proposal form, in PDF format, is available at [www.aidspace.org/documents/globalfund/trp/round\\_9/Bosnia-HIV-4.5.4.pdf](http://www.aidspace.org/documents/globalfund/trp/round_9/Bosnia-HIV-4.5.4.pdf).
- The text of Section 4.5.1 of the Bosnia and Herzegovina HIV proposal form, in PDF format, is available at [www.aidspace.org/documents/globalfund/trp/round\\_9/Bosnia-HIV-4.5.1.pdf](http://www.aidspace.org/documents/globalfund/trp/round_9/Bosnia-HIV-4.5.1.pdf).
- The text of the full Bosnia HIV proposal form, in PDF format, is available at [www.theglobalfund.org/programs/grant/?compid=1802&lang=en&CountryId=BIH](http://www.theglobalfund.org/programs/grant/?compid=1802&lang=en&CountryId=BIH).

### **Excerpt #3: Key Strength 13 – Proposal Development**

#### **Cote d'Ivoire HIV and TB (Round 9, Category 2)**

*TRP Comment: Wide consultation and participation of many local and international stakeholders in the preparation of the proposal.*

In Section 2.2.2(a), the Cote d'Ivoire CCM provides a thorough description of the process used to invite submissions. The process included a 12-day proposal development workshop and a call for mini-proposals. Section 2.2.2(b) outlines the process used to review the mini-proposals, including a brief description of the criteria used for the review. In Section 2.2.2(c), the CCM summarises the process used to involve people from outside the CCM.

- The text of Section 2.2.2 of the Cote d'Ivoire HIV and TB proposal forms, in PDF format, is available at [www.aidspace.org/documents/globalfund/trp/round\\_9/CI-HIV-2.2.2.pdf](http://www.aidspace.org/documents/globalfund/trp/round_9/CI-HIV-2.2.2.pdf).
- The text of the full Cote d'Ivoire HIV proposal form, in PDF format, is available at [www.theglobalfund.org/programs/grant/?compid=1826&lang=en&CountryId=CIV](http://www.theglobalfund.org/programs/grant/?compid=1826&lang=en&CountryId=CIV). The text of the full Cote d'Ivoire TB proposal form is available at [www.theglobalfund.org/programs/grant/?compid=1827&lang=en&CountryId=CIV](http://www.theglobalfund.org/programs/grant/?compid=1827&lang=en&CountryId=CIV).

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#### **4. NEWS: Global Fund Board Approves Wave 7 RCC Proposals**

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In December 2009, the Global Fund Board approved nine proposals in Wave 7 of the rolling continuation channel (RCC) funding stream, representing costs of up to \$451 million over three years. Of the nine proposals, three were for HIV, four for TB and two for malaria. All approvals are conditional on the applicant responding satisfactorily to clarifications requested by the Technical Review Panel (TRP).

The RCC is a separate channel of funding set up to allow applicants with strongly performing grants to apply for continuing funding for up to an additional six years beyond the original proposal term. Applications are by invitation only (the invitations are sent out by the Global Fund Secretariat).

As is its custom, the Board approved the TRP funding recommendations in block – i.e., without debating the merits of individual proposals. As a result of cost-cutting measures adopted at the November 2009 Board meeting, the Board formally approved funding only for the first two years of each proposal; funding for the third year will be approved later if there are sufficient funds available. The costs for the first two years of all approved proposals is \$257 million.

The TRP reviewed 17 proposals in all, which means that the success rate was 53 percent, which is a little lower than the average success rate for the six previous waves. (This includes both new proposals and re-submitted proposals; the success rate for new proposals was 57 percent in Wave 7, which is a little higher than the results of earlier waves.)

All of the proposals were from CCMs. Three of the 17 proposals were re-submissions of unsuccessful proposals from Wave 5; only one of these was approved. The two re-submitted proposals that were not approved were HIV proposals from Jamaica and Rwanda. The TRP rated both proposals Category 3B, which means that the applicants are strongly encouraged to re-submit their proposals through the rounds-based channel, but only after major revisions.

Eight of the 14 new proposals were approved. Five of the six new proposals not recommended for funding were rated Category 3A by the TRP, meaning that the applicants are strongly encouraged to re-submit these proposals in the next available wave of the RCC, taking into account the issues raised by the TRP. The TRP found that a sixth new proposal was “materially different” from the grant that the applicant was seeking to extend and, therefore, did not qualify as an RCC proposal. The TRP rated this proposal Category 4, which means that the applicant is not encouraged to re-work and re-submit the same proposal.

Table 1 summarises the results for the first seven waves of funding. Table 2 provides the results for Wave 7, by country.

**Table 1: RCC applications and results – Waves 1-7**

Wave	Number of expiring grants eligible for consideration	OF WHICH: Number and % invited to apply	OF WHICH: Number of new proposals submitted	Board decision date	Number of proposals approved	Total budget, Years 1-3	Total budget, Years 1-6
1	51	11 (22%)	10	Nov 2007	5: (1 HIV, 1 TB, 3 malaria)	\$130 m.	\$207 m.
2	31	11 (36%)	10 <sup>1</sup>	Apr 2008	6: (3 HIV, 1 TB, 2 malaria)	\$365 m.	\$737 m.
3	18	8 (45%)	7	July 2008	3+5 <sup>2</sup> : (4 HIV, 1 TB, 3 malaria)	\$513 m.	\$1,033 m.
4	22	8 (36%)	8	Oct 2008	3+2 <sup>3</sup> : (2 HIV, 2 TB, 1 malaria)	\$229 m.	\$509 m.
5	17	8 (47%)	6	Mar 2009	3+3 <sup>4</sup> : (2 HIV, 2 TB, 2 malaria)	\$322 m.	\$705 m.
6	24	10 (42%)	10 <sup>1</sup>	May 2009	5+4 <sup>5</sup> : (5 HIV, 3 TB, 1 malaria)	\$263 m.	\$522 m.
7	37	15 (41%)	14	Dec 2009	8+1 <sup>6</sup> : (4 HIV, 3 TB, 2 malaria)	\$451 m.	\$1,126 m.
<b>Total</b>	<b>200</b>	<b>71 (36%)</b>	<b>65</b>		<b>48: (21 HIV, 13 TB, 14 malaria)</b>	<b>\$2,273 m.</b>	<b>\$4,839 m.</b>

<sup>1</sup> This represents nine countries; one applicant submitted a proposal containing two disease elements (which counts as two proposals in the table).

<sup>2</sup> Three of the new applications and five Wave 1 re-submissions.

<sup>3</sup> Three of the new applications and two Wave 2 re-submissions.

<sup>4</sup> Three of the new applications and three Wave 3 re-submissions.

<sup>5</sup> Five of the new applications and four Wave 4 re-submissions.

<sup>6</sup> Eight of the new applications and one Wave 5 re-submission.

**Table 2: Wave 7 RCC results by country**

Country	Component	Board Decision	Upper ceiling budget: First 3 Years	Upper ceiling budget: Up to 6 Years
China	TB	Approved: Cat. 2	\$143,632,040	\$404,818,780
Georgia	TB	Approved: Cat. 2	\$5,458,583	\$7,950,954
India	HIV	Approved: Cat. 2	\$151,916,071	\$390,464,765
Jamaica**	HIV	Not approved: Cat. 3B	\$9,816,596	\$17,763,312
Lao PDR	HIV	Not approved: Cat. 3A	\$6,622,722	\$13,262,789
Lao PDR	Malaria	Not approved: Cat. 4	\$8,080,727	\$13,679,351
Mongolia	TB	Approved: Cat. 2	\$2,968,117	\$8,540,561
Namibia	HIV	Approved: Cat. 2	\$109,055,595	\$211,803,061
Namibia	TB	Approved: Cat. 2	\$835,204	\$1,776,976
Namibia	Malaria	Approved: Cat. 2	\$2,867,671	\$17,363,920
Rwanda**	HIV	Not approved: Cat. 3B	\$76,691,579	\$187,028,220
Sao Tome e Principe	Malaria	Not approved: Cat. 3A	\$2,144,540	\$4,316,083
Suriname	Malaria	Not approved: Cat. 3A	\$1,968,850	\$2,849,300
Tanzania	HIV	Approved: Cat. 2	\$20,846,911	\$56,466,474
The Gambia*	Malaria	Approved: Cat. 2	\$13,162,021	\$26,450,793
Togo	HIV	Not approved: Cat. 3A	\$26,976,985	\$57,902,414
Uzbekistan	HIV	Not approved: Cat. 3A	\$23,713,193	\$51,570,489

\* Not approved in Wave 5, but approved upon re-submission in Wave 7

\*\* Not approved in Wave 5, and not approved again upon re-submission in Wave 7

The amounts shown in Table 2 for India and Tanzania are after budget reductions recommended by the TRP.

In Wave 7, two countries – China and India – submitted consolidated proposals, which means that their budgets included not only incremental funding, but also funding already approved for existing grants. The amounts shown for these countries in Table 2 represent only the incremental funding.

The Namibia HIV proposal, which was approved, includes some cross-cutting health systems strengthening activities.

At its November 2009 meeting, as part of the changes to the new funding architecture, the Global Fund Board decided that the RCC would be abolished. However, the decision was not effective immediately. Countries that had already been invited to apply for the RCC at the time of the Board meeting were able to submit proposals for Wave 8, the last wave for new proposals. The deadline for new proposals was 4 January 2010; for re-submissions from Wave 6, the deadline was 10 February 2010. Unsuccessful applicants from Wave 7 were also able to re-submit by the 10 February 2010 deadline.

Five countries were invited to submit new proposals for Wave 8: Burundi (HIV), Guatemala (malaria), South Africa (HIV), Sudan (malaria) and Tanzania (HIV).

Finally, there were be one final “catch all” RCC window later in 2010 for re-submissions from Waves 7 and 8.



The "Report of the Technical Review Panel and the Secretariat on Funding Recommendations for Wave 7 Rolling Continuation Channel Proposals" is available (in English only) at [www.theglobalfund.org/en/trp/reports](http://www.theglobalfund.org/en/trp/reports).

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## **5. NEWS: Secretariat Issues FAQs on Implementing Recent Board Decisions**

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The Global Fund recently released a wide-ranging Frequently Asked Questions (FAQ) document on how to implement decisions made by the Global Fund Board in November 2009 concerning cost-cutting measures and the new grant architecture. The document is entitled "Grant Signing Frequently Asked Questions," though in fact it covers many issues beyond those related to grant signing. It is of potential interest to CCM, PRs, LFAs and Global Fund partner organisations.

With respect to cost-cutting, the FAQ document describes what measures were adopted and why they were necessary. With respect to the grant architecture, the FAQ document describes the changes made to the architecture, what the benefits of the new architecture are, and what the options are for consolidating grants into a single stream of funding.

The FAQ document also provides information on Independent Budget Reviews (IBRs). The TRP requested IBRs for some Round 9 proposals – i.e., wherever it had significant concerns in one or more areas of the budget. In addition, the FAQ document provides information on the clarifications and grant signing processes for approved national strategy applications (NSAs) and Affordable Medicines Facility for malaria (AMFm) proposals.

Finally, the FAQ document provides information on grants not yet signed and "efficiency gains" (Global Fund terminology for cost cutting). Highlights from these parts of the FAQ document are presented below.

### **Grants not yet signed**

With respect to Round 8, as of 22 December 2009, 38 grants remained to be signed, out of a total of 147. Grants must be signed within 12 months of when the Board approved the proposal. (Actual approval dates varied, according to when the needed funds became available.) The Global Fund says that

Donors are very concerned with the late signing of grants for approved proposals. Late signing leads to funds being held in the Trustee's account for extended periods. It also leads to questioning of the quality of proposals and the capacity of countries and PRs to absorb and implement more grants. This may affect donor contributions to the Global Fund in the future and the ability of the Global Fund to launch further calls for proposals.

Consequently, the Global Fund is encouraging PRs and CCMs to commit to signing grants no later than eight months after Board approval. The Global Fund Secretariat will consult with CCMs, PRs, LFAs and partner organisations to discuss and plan a signing timeline for each grant. If a CCM and PR decide to consolidate into a single stream of funding through a Round 9 grant, an additional six months is provided for grant signing (i.e., 18 months instead of 12), but the Fund is encouraging the parties to sign within 14 months.

### **Efficiency gains**

The Global Fund Secretariat has sent a letter to all CCMs and PRs to explain the need for "efficiency gains" for Round 9 grants, and the process for achieving them.

The Secretariat has asked all CCMs and nominated PRs to review their proposal budgets and identify efficiency gains of at least 10%, ideally with no target reductions. This requirement applies to all budgets of all Round 9 grants. Any budget reductions resulting from TRP clarifications will count towards the efficiency gains.

PRs have been asked to submit their proposed revised budgets to the Global Fund Secretariat “as soon as possible,” and to submit documentation demonstrating that the CCM has endorsed the changes. In addition, PRs are required to submit an explanation of the method they have followed to identify savings, and the impact these savings have on the programmes. The Secretariat has provided PRs with a template for this purpose. The template is included in an annex to the FAQ document.

The revised budgets will be used as the starting point for grant agreement negotiations with the Secretariat, and may be reduced further during the negotiations.

“Grant Signing Frequently Asked Questions,” is available in English only and can be downloaded from [www.theglobalfund.org/en/applicantsimplementers](http://www.theglobalfund.org/en/applicantsimplementers).

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## 6. ANNOUNCEMENT: Aidspan Seeks Applicants for Four Senior Positions

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Aidspan, publisher of *Global Fund Observer* (GFO), plans to more than double its size, and now seeks applicants for four senior positions, as follows:

- **Senior Programme Manager.** Responsibilities: Lead Aidspan's largest programme team in gathering, analyzing and writing about Global Fund-related information; developing and implementing a new communications strategy; and recruiting and supervising relevant programme officers. Eventually take over as Editor of GFO. Applicants must have several years of experience dealing with Global Fund issues; superb analytical, writing, editing and verbal communication skills; significant international experience; and outstanding references.
- **Programme Manager.** Responsibilities: Lead Aidspan's two-person "Facilitate Discussion" team in organising Round Tables and in-country workshops; designing and then hosting web-based discussion forums and CCM websites; and mentoring local watchdogs.
- **Senior M&E Officer.** Responsibilities: Oversee the implementation of Aidspan's M&E Framework; perform M&E regarding Aidspan's own growth and internal effectiveness; and serve as Aidspan's resident expert regarding how to access and interpret Global Fund data.
- **Senior Systems Officer.** Responsibilities: Steadily take over the role of supporting and enhancing Aidspan's database-driven website ([www.aidspan.org](http://www.aidspan.org)); and research, plan, code, test and deploy new web projects.

For further details regarding these positions, see [www.aidspan.org/jobs](http://www.aidspan.org/jobs). Staff will be based in Nairobi, Kenya. Competitive staff salaries and benefits are provided. Payment of relocation costs from outside Kenya will in certain cases be possible. Applicants from the Global Fund will be welcome. All applications will be treated as confidential. The deadline for applications is 1 March 2010.

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END OF NEWSLETTER

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This is an issue of the GLOBAL FUND OBSERVER (GFO) Newsletter.

GFO is an independent source of news, analysis and commentary about the Global Fund to Fight AIDS, TB and Malaria ([www.theglobalfund.org](http://www.theglobalfund.org)). GFO is emailed to over 8,000 subscribers in 170 countries at least twelve times per year.

GFO is a free service of Aidspace ([www.aidspace.org](http://www.aidspace.org)), a Kenya-based NGO that serves as an independent watchdog of the Global Fund, and that provides services that can benefit all countries wishing to obtain and make effective use of Global Fund financing. Aidspace finances its work primarily through grants from foundations.

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GFO is currently provided in English only. It is hoped to provide it later in additional languages.

GFO Editor and Aidspace Executive Director: Bernard Rivers ([rivers@aidspan.org](mailto:rivers@aidspan.org), +254-20-445-4321)

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People interested in writing articles for GFO are invited to email the editor, above.

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