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The Aidspan Guide to Round 5 Applications to the Global Fund

**Second Edition
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by
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Preface

This Aidspan publication is one of six free Aidspan guides for applicants for and recipients of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund), as follows

- ***The Aidspan Guide to Round 5 Applications to the Global Fund*** – *this document*
(First edition 27 March 2005; Second edition 24 April 2005)
- ***The Aidspan Guide to Applying to the Global Fund*** – *this dealt with Round 4*
(First edition 7 March 2004; Second edition 21 March 2004.)
- ***The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance***
(First edition 11 January 2004.)
- ***The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)***
(First edition December 2004.)
- ***The Aidspan Guide to Effective Implementation of Global Fund Grants***
(Forthcoming, July 2005.)
- ***The Aidspan Guide to Developing Child-Oriented Global Fund Projects and Proposals*** (Provisional title)
(Forthcoming, second half 2005.)

Downloads

To download a copy of any of these guides, go to www.aidspan.org/guides. If you do not have access to the web but you do have access to email, send a request to guides@aidspan.org specifying which of the currently-available Guides you would like to receive as attachments to an email. Aidspan does not have the resources to produce or distribute printed copies of these guides.

Aidspan

Aidspan is a small US-based NGO that works to promote increased support for and effectiveness of the Global Fund. Aidspan also publishes the *Global Fund Observer (GFO)* newsletter, an independent email-based source of news, analysis, and commentary about the Global Fund. GFO is sent to 7,500 readers in 170 countries. To receive GFO at no charge, send an email to receive-gfo-newsletter@aidspan.org. The subject line and text area can be left blank.

Aidspan and the Global Fund maintain a positive working relationship, but have no formal connection, and Aidspan accepts no grants or fees from the Global Fund. *The board and staff of the Fund have no influence on, and bear no responsibility for, the content of this Guide or of any other Aidspan publication.*

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Readers are invited to email Bernard Rivers at rivers@aidspace.org with suggestions for improvements in the next edition of this Guide. Also, if you find this Guide useful, or if you have appreciated *Global Fund Observer* or any other Aidspace Guide, *please let us know*. Positive feedback will make it easier for us to get ongoing financial support from foundations.

Chapter 1: Introduction and Background

This chapter describes the purpose of the Guide, and contains information on the content of the Guide. It includes a note on terminology. The chapter also provides an overview of the Global Fund; outlines the eligibility criteria; and briefly describes the applications process and the steps following grant approval. Finally, the chapter defines some of the concepts used frequently on the Round 5 Proposal Form, and concludes with some advice about what applicants need to look out for as they complete the applications process.

Purpose of this Guide

The Aidsplan Guide to Round 5 Applications to the Global Fund is intended to be useful both to those who need *less* than is provided in the application guidelines provided by the Global Fund (because they just want to find out whether they should even consider applying), and to those who need *more*.

It discusses factors that lie behind some of the questions asked in the proposal form, and distils conclusions that can be drawn from a detailed analysis of the successful proposals that were submitted to the Global Fund in Rounds 3 and 4 (all of which are available at www.aidsplan.org/globalfund/grants and via www.theglobalfund.org).

The Guide is not intended to tell readers what they "should say" in their applications to the Fund. The objective is to de-mystify the application process and to provide a clearer feeling of what is expected. It is based on the premise that there is no single "correct" way of completing the proposal form. It encourages applicants to clearly describe their plans to tackle HIV, tuberculosis (TB), or malaria; and to make a convincing case that the plans are viable, capable of delivering the anticipated results, and something that the applicants are (a) committed to and (b) capable of implementing.

This Guide is rather long. We suggest that readers use whatever parts they need (or use the Guide as a reference tool) rather than try to read it all in one session. By dividing the Guide into chapters, we have attempted to make the text as accessible as possible.

Terminology Used in This Guide

Throughout this Guide, the term "proposal" is used to describe the application that is being submitted to the Global Fund, and the term "project" is used to describe the activities that will be implemented if the proposal is accepted for funding.

The term "NGO" refers to non-governmental organizations. NGOs are not-for-profit organizations that operate outside the government sphere. Community-based organizations are one type of NGO. For the purposes of this Guide, references to "NGOs" generally include community-based organizations.

References in this Guide to the "R5 Guidelines for Proposals" denote the "Guidelines for Proposals: Fifth Call for Proposals" issued by the Global Fund specifically for Round 5.

The Global Fund uses the term "indicative" fairly frequently (as in "indicative estimate" and "indicative budget"). The term means "rough" or "approximate." For example, in an indicative budget, the figures could be estimates as opposed to solid numbers.

Contents of This Guide

Chapter 2 of this *Aidspan Guide to Round 5 Applications to the Global Fund* provides some guidance on decisions and actions that are required before the applications process can begin. It includes sections on deciding whether to apply; designing a process for the period before filling out the proposal form; determining how to make the best use of the private sector and NGOs in the preparation of proposals; and deciding whether to consider a regional proposal, a Sub-National Country Coordinating Mechanism (CCM) proposal, or a non-CCM proposal.

Chapter 3 of the Guide contains an analysis of the most common strengths and weaknesses of proposals submitted to the Global Fund in Rounds 3 and 4. The information in Chapter 3 is based on comments made by the Technical Review Panel (TRP).

Chapter 4 consists of a step-by-step guide to filling out the Proposal Form.

Except where stated otherwise, this Guide assumes that the reader is representing a CCM that is considering applying to the Global Fund during Round 5.

Overview of the Global Fund

The effort of the Global Fund to mobilize and disburse new levels of resources against AIDS, TB, and malaria has captured the world's attention. Beyond its significant role in securing and channeling new funding commitments, the Global Fund also acts as a catalyst for improvements in the way that countries and the world fund and implement programs for public health.

The Global Fund is a multi-billion-dollar international financing mechanism intended to help advance the fight against AIDS, TB, and malaria by dramatically increasing the availability of funding for practical health initiatives. Funding is allocated to disease prevention, treatment, and care and support. Funded activities include both piloting of new and innovative programs and scaling up of existing interventions. The objective is to make it easier for affected countries to improve availability of health services, build national capacity, promote behavior change, conduct operational research, and gain access to critical health products, such as medicines to treat HIV, TB, and malaria.

In its first four rounds of funding, the Global Fund approved 296 proposals from 128 countries and three territories, involving expenditures of US\$3.1 billion over two years.

A key distinguishing feature of the Fund is that it does not say, "We will give you a grant if you use it in the way that we instruct." Instead, the Fund in effect says, "What will you do if you receive a grant? What results will you achieve? If we believe that you can indeed achieve those results, if we believe that the results represent good value, and if we have enough money, we'll give you the grant."

The Global Fund is designed to work through existing or new multi-sectoral partnerships in developing countries – partnerships known as "Country Coordinating Mechanisms (CCMs)." The CCMs develop and submit grant proposals (called Country Coordinated Proposals) to the Global Fund. (With only a few exceptions, Global Fund grants are available only for proposals submitted by CCMs.) The proposals are reviewed by the TRP, which makes recommendations to the Global Fund Board. The final decisions as to which proposals are funded rests with the Board.

Once a grant is approved, the CCM oversees progress in the implementation of the programs financed by the grant. For each grant, the CCM nominates a public or private organization to serve as Principal Recipient (PR). (There can be more than one PR.) The PR is legally responsible for local implementation of the grant. The Global Fund Secretariat channels funding for the grant through the PR. The PR may disburse some of this funding through Sub-Recipients (SRs).

The PR works with the Global Fund Secretariat to develop a two-year Grant Agreement that identifies actions to be taken, costs to be incurred, and results to be achieved over time. Over the course of the Grant Agreement, the PR requests additional disbursements based on demonstrated progress towards these intended results. This performance-based system of grant-making is key to the Global Fund's commitment to results.

The Global Fund Secretariat also contracts with a Local Fund Agent (LFA) in each country. The role of the LFA is to serve as the Fund's "eyes and ears" within the country, evaluating the financial management and administrative capacity of the nominated PR(s).

Who is Eligible?

The Global Fund provides grants to help developing countries tackle HIV/AIDS, TB, and malaria. Organizations from countries classified by the World Bank as "low income," "lower-middle income," and "upper-middle income" are eligible to apply. Organizations from lower-middle income countries and upper-middle income countries have to meet certain conditions. These conditions are described in detail in the Global Fund's "Guidelines for Proposals: Fifth Call for Proposals," (hereinafter referred to as the "R5 Guidelines for Proposals"). We provide a summary of these conditions here. The full Guidelines are available at www.theglobalfund.org/en/apply/call

Proposals from lower-middle income countries must demonstrate counterpart financing of 10 percent of the project budget in Year 1, progressively increasing to 20 percent by the end of the project. ("Counterpart financing" means funding from domestic sources.) These proposals must also focus on poor or vulnerable populations.

Organizations from upper-middle income countries can apply only if the country is facing a very high current disease burden. A definition of "very high current disease burden" is contained in Section II.A of the R5 Guidelines for proposals, and also later in this Guide (see box on Page 10). Proposals from these countries must demonstrate counterpart financing of 20 percent of the project budget in Year 1, progressively increasing to 40 percent by the end of the project. These proposals must also focus on poor or vulnerable populations. For Round 5, the only upper-middle income countries eligible to apply are Botswana (for all three diseases) and Gabon (for malaria).

Organizations from high-income countries are not eligible to apply.

Section VII (Annex I) of the R5 Guidelines for Proposals contains a list of the countries that are eligible to apply. The list is broken down into the three classifications – low income, lower-middle income, and upper-middle income. The Aidspace website contains at www.aidspace.org/globalfund/grants a wealth of information on grants approved in the first four rounds of funding.

The Global Fund prefers that all applications come from CCMs – National CCMs or Sub-National CCMs – or Regional Coordinating Mechanisms (RCMs), but a few applications from entities other than CCMs and RCMs have been approved in the first four rounds of funding. See [Chapter 2](#) for a discussion of applications from Regional Organizations and Non-CCM organizations.

Description of the Applications Process and the Steps Following Grant Approval

For each round of funding, the Global Fund Secretariat announces a call for proposals. For Round 5, the call was made on 17 March 2005. Applicants have until 10 June 2005 to submit completed proposals. Proposals may be submitted in any of the six UN languages: Arabic, Chinese, English, French, Russian or Spanish. The Secretariat will arrange for all proposals submitted in languages other than English to be translated into English. However, to facilitate the work of the Secretariat and the Technical Review Panel (TRP) in reviewing proposals (the review will be conducted in English), the Global Fund encourages countries to submit proposals in English.

The Secretariat will review all proposals to ensure that they meet the eligibility criteria. Eligible proposals are passed on to the Technical Review Panel (TRP) for consideration. For Round 5, the TRP will review the proposals on 25 July to 5 August 2005 and will make recommendations to the Global Fund Board.

When the TRP members review the proposals, they do so in their personal capacities – they do not share the information with or accept any instructions from their employers or their national governments.

Once the TRP has assessed each proposal, it will assign it a rating in one of the following categories:

- **Recommended (Category 1):** Proposals recommended by the TRP for approval, for which the TRP seeks no clarifications or only minor ones.
- **Recommended (Category 2):** Proposals recommended by the TRP for approval subject to the applicant satisfactorily responding to a number of requests by the TRP for clarification. (Sometimes, Category 2 is divided into Categories 2A and 2B. A “2B” ranking means that the applicant must provide a large number of clarifications.)
- **Not Recommended (Category 3):** Proposals not recommended by the TRP in their present form, but regarding which applicants are encouraged to submit improved applications in future rounds.

The TRP

The TRP is an independent group of 26 experts. Membership as of mid-March 2005 was Martin S. Alilio (Tanzania); Mark Amexo (Ghana); Andrei Beljaev (Russia); Jonathan Broomberg (South Africa) (Chairman); David Burrows (Australia); John Chimumbwa (Zambia); Malcolm Clark (UK); Joseph Decosas (Germany); Lucica Ditiu (Romania); Kaarle O. Elo (Finland); Peter Godfrey-Faussett (UK); Hakima Himmich (Morocco); David Hoos (US); Lee-Nah Hsu (US); Jacob Kumaresan (India); Giancarlo Majori (Italy); Andrew McKenzie (South Africa); Pierre-Yves Norval (France); David H. Peters (Canada); Antonio Pio (Argentina); Glenn Post (US); Godfrey Sikipa (Zimbabwe); Papa Salif Sow (Senegal); Stephanie Simmonds (UK); Michael J. Toole (Australia); Stefano Vella (Italy).

- Not Recommended (Category 4): Proposals not recommended by the TRP for funding, and regarding which the TRP provides no encouragement with respect to re-applying in future rounds.

In allocating each proposal to one of the above categories, the TRP takes into consideration only technical factors, such as whether the project described in the proposal is technically sound, whether it is one that the specified organization(s) are capable of implementing, and whether it represents good use of the money. The TRP is required to ignore the question of whether it believes the Global Fund has enough money to pay for all of the proposals that it is recommending. If the TRP recommends more proposals than the Fund has money to finance, it is for the Board to deal with the problem.

Table 1 shows that in the first four rounds of funding, 38 percent of eligible proposals were recommended by the TRP for approval (i.e., were classified as Category 1 or 2).

Table 1 – Recommendation Rates in Rounds 1-4

Round		No. of eligible proposals	% Recommended
1	Submitted	204	28%
	Recommended for approval	58	
2	Submitted	229	43%
	Recommended for approval	98	
3	Submitted	180	39%
	Recommended for approval	71	
4	Submitted	173	39%
	Recommended for approval	69	
Total	Submitted	786	38%
	Recommended for approval	296	

The Global Fund Board then makes the final decision. The Board approves grants based on two factors: (a) the technical merits of the proposal, and (b) the availability of funds. For Round 5, the Board will review the TRP recommendations and make decisions at its 28-30 September 2005 meeting.

As of 17 March 2005, the date of the Fifth Call for Proposals, the Fund estimated that only US\$300 million was available to cover the costs of Round 5. Clearly, additional pledges will be received before the board has to approve proposals at the end of September 2005. But the Fund estimates that the cost of Years 1-2 of Round 5 proposals that the TRP will recommend for approval will be about \$1,000 m. (The cost for Round 4 was \$1,038 m.) This means that the Fund needs to receive \$700 m. in additional pledges *for 2005* by the end of September. In our opinion, it is very unlikely that this will happen. However, some observers – including Aidspan – have urged that the Fund soften its financial policies, which currently require that the Fund not sign a grant agreement unless the entire cost has been deposited in the Fund's bank account.

In the first four rounds of funding, the Board established the impressive precedent of approving all Category 1 and 2 proposals without going through them on a proposal-by-proposal basis. Clearly, there were some Category 1 or 2 proposals that some board members did not like, or that came from countries with governments that some board members did not like. But the Board de-politicized the process – and thus avoided potentially endless arguing – by following the advice of the TRP.

In Rounds 1 and 2, this process was rendered easier by the fact that the Fund had plenty of "start-up" funds available. However, in Rounds 3 and 4 there was only just enough money

available. In Rounds 5 and 6 it is far from certain that there will be enough money available to pay for all Category 1 and 2 proposals.

In 2004, the Global Fund Board adopted a policy concerning how to proceed in a situation where there is not enough money available to cover costs for the first two years of all proposals recommended by the TRP. See the box for a description of this policy.

Global Fund Policy on How to Proceed When Insufficient Financing Is Available

At its meeting on 18-19 March 2004, the Global Fund board adopted a policy that will be applied in situations where the money available is not sufficient to finance the first two years of all grants recommended for approval by the TRP. (Note that paying for Years 3-5 of existing grants – i.e., grant renewals – will take priority over paying for Years 1-2 of new grants. Thus, there is an increased chance of insufficient funds being available to finance new grants now that, starting in 2005, extensive grant renewals are taking place.) When insufficient financing is available, the board will proceed as follows:

- If possible, finance all proposals in TRP Category 1, then all proposals in Category 2A, then all proposals in Category 2B.
- If there is not enough money to finance all proposals in a particular category, assign all proposals in that category a score from 1-8 based on the country's disease burden and poverty level. Proposals from countries with a "very high" disease burden (defined below) get four points, and those from any other eligible country get one point. And proposals from countries defined as "low income" by the World Bank get four points, proposals from "lower middle income" countries two points, and proposals from "upper middle income" countries zero points. Thus, each proposal gets either four points or one point based on disease burden; plus four, two or zero points based on poverty level. Total possible points are 8, 6, 5, 4, 3, or 1.
- If possible, finance all those proposals that have eight points. Then, if possible, finance all those that have six points. Then, all those that have five points. And so on, until there is a score which cannot be fully financed.
- In Round 5 and later there may be points awarded for repeated instances in previous rounds of proposals not having been approved, or for not having previously applied.
- The definition of "very high" disease burden is as follows: For HIV/AIDS: if the country's ratio of adult HIV seroprevalence (as reported by UNAIDS, multiplied by 1000) to Gross National Income per capita (Atlas method, as reported by the World Bank) exceeds five. For TB: if the country is included on the WHO list of 22 high burden countries, or on the WHO list of the 36 countries that account for 95 percent of all new TB cases attributable to HIV/AIDS. For malaria: if the country experiences more than one death due to malaria per 1000 people per year.
- Grants recommended by the TRP for which financing is not available may be handled in one of two possible ways. One option is that they are simply not approved – meaning, the only chance for these proposals is if they are resubmitted in future rounds, where they will be competing against proposals newly generated in that round. The other option is that they are held for eventual approval until the start of the following year, when additional money might be available.

There is an Internal Appeal Mechanism that allows applicants whose proposals were rejected in two consecutive rounds to appeal the second decision.

Once a proposal is approved (Category 1 or 2), the Secretariat enters into a lengthy and complex process of: (a) ensuring that the applicant answers, to the satisfaction of the TRP, any questions that the TRP asked regarding the proposal; (b) assessing the ability of the proposed PR to perform the role that the proposal assigns to it; and (c) negotiating grant agreement(s) with the PR. It is only after this multi-month process that the first cash disbursement is sent. Thus, although proposals have to be submitted by 10 June 2005, it is unlikely that funding will be sent for a successful proposal and the project started before the beginning of 2006.

It should be noted that occasionally, proposals have become "un-approved" when the TRP has concluded that its queries were not responded to adequately or in time.

To assess the ability of the PR, the Fund contracts with a Local Fund Agent (LFA) in the country in question. The LFA certifies the financial management and administrative capacity of the nominated PR. Based on the LFA assessment, the Fund may decide that the PR requires technical assistance to strengthen capacities.

The Secretariat and the PR then negotiate a grant agreement, which identifies specific measurable results to be tracked using a set of key indicators. (If the LFA assessment identified that capacity building of the PR is required, then the grant agreement may specify that funds will not be disbursed until the capacity building is done.)

Each successful proposal is approved in principle for up to five years, but funding is only assigned for the first two years. Funding for Years 3-5 will be approved – or not – during the second year of project implementation. (This is known as the "Phase 2 renewal process.") Whether or not renewal funding is approved will depend on performance in implementing the first two years of the grant.

After the grant agreement is signed, the Secretariat will ask the World Bank (the Global Fund's banker) to make an initial disbursement to the PR. The PR then makes disbursement to SRs for implementation of the project, as called for in the proposal. Once disbursements have commenced, programs and services can begin.

Some Key Concepts to be Used in all Proposals

The Global Fund application form makes extensive use of terms such as "goal," "objectives," "service delivery areas," "activities," "indicators (impact and coverage)," "baseline data," and "targets." Most of these terms are described in Section V.B.2 of the R5 Guidelines for Proposals. Some of them are also included in the "Glossary" of Annex A of the Proposal Form. Here is a summary of what the Global Fund means when it uses these terms:

- A goal is a broad achievement, often at a national level, that you want to happen as a result of the project for which funding is being sought and, often, as a result of other projects as well – e.g. "Reduced HIV-related mortality."
- Objectives are more specific things, linked to the goal, that you want this particular project to achieve – e.g. "Improved survival rates in people with advanced HIV infection in four provinces."
- Service delivery areas are the broad services that will be delivered to achieve the objectives – e.g. "antiretroviral therapy."
- Activities are the more specific things that will be done as part of each service delivery area – e.g. "Developing an adherence support program for people taking antiretroviral therapy."

- Indicators are things that you can measure to show the extent to which services or activities are being delivered, or goals or objectives achieved. Impact indicators measure the extent to which benefits result among the people to whom the services are being delivered; coverage indicators measure how many people the services are reaching.
- Baseline levels are values that indicators have before the project starts.
- Target levels are values that you anticipate indicators reaching at different times in the future as a result of the project.

Some Warnings

Warning 1: The application form is long and complex.

The Word version of the Round 5 Proposal Form is 31 pages long, not including the informational annexes. The length of the PDF version is similar. It's true that no single applicant has to complete all parts of the form. But still, both the length and the complexity are daunting. It is considerably harder to fill in the form than it would be to complete a fairly sophisticated tax return, even in cases where the data is available, which often it will not be.

Warning 2: Application form questions are occasionally ambiguous.

A few of the questions and requirements in the application form are ambiguous, though the Round 5 form is a significant improvement over the forms used for earlier rounds in this respect. The Global Fund's Call for Proposals for Round 5 says that queries should be addressed to the Fund's Secretariat at +41 22 791-1700. The R5 Guidelines for Proposals say that queries may also be sent via email to proposals@theglobalfund.org. As well, the Global Fund plans to provide answers to Frequently Asked Questions (FAQ) on its website via www.theglobalfund.org.

Warning 3: The PDF version of the Proposal Form is not particularly user-friendly.

We have reservations about whether applicants should use the PDF version in preference to the Word version. This issue is discussed in detail at the start of Chapter 4.

Chapter 2: Getting Ready to Apply

This chapter discusses some decisions and actions that are required before the applications process can begin. It includes sections on deciding whether to apply; designing a process for the period before filling out the proposal form; and determining how to make the best use of the private sector and NGOs in the preparation of proposals. Except where noted otherwise, the text in this chapter assumes that the application is coming from a National CCM. However, this chapter also includes sections on deciding whether to consider a regional proposal, a Sub-National CCM proposal, or a non-CCM proposal.

Deciding Whether to Apply

Generally, potential applicants will receive several months notice of the launch of a new round of funding. This notice will either come from the Global fund itself, or from organizations such as Aidsplan (through its *Global Fund Observer* newsletter). Ideally, you should decide during the notice period whether you want to submit an application (as opposed to waiting for the formal call for proposals).

Your decision should be based on one or more of the following considerations:

- If you had a proposal that was submitted in a previous round of funding but not approved, this may be the appropriate time to resurrect the proposal and correct the weaknesses identified by the TRP.
- If you have identified gaps in your current programs for HIV/AIDS, TB, or malaria, you may want to submit an application to address these gaps.
- If you have a Global Fund-financed project that will soon be completed, you may want to develop a new proposal that will continue or advance the work of this project. In some instances, this may involve scaling up what was initially a pilot project.

Special Note: *Potential applicants should note that resources from the Global Fund can be used to support systems development that is directly linked to the fight against one or more of the three diseases. This includes human resources and health infrastructure development. This means that proposals to the Global Fund can seek funding to pay for the salaries of health care workers.*

You will also need to determine whether your CCM meets all of the new mandatory requirements established by the Global Fund. See the box below for more details.

As well, we suggest that you read carefully Section III and Section V.B of the R5 Guidelines for Proposals which outline what the Global Funds expects to see covered in any proposal.

Finally, you will need to decide whether you will be ready in time to submit a solid application. For Round 5, you will have about 12 weeks between the formal call for proposals (the point at which the application forms become available) and when your application has to be submitted. (See "[Description of the Applications Process](#)" in Chapter 1.) Aidsplan believes that – in an ideal world – you would need most or all of this time to fill out the Proposal Form and obtain the necessary signatures; that you should *not* be using this time to design your project; and, in fact, that your project should be designed *before* the application forms become available.

Logically speaking, things should happen in the following order:

- (a) A country determines its national *strategy* for tackling HIV/AIDS, TB, or malaria.
- (b) The country then designs one or more *projects* designed to implement that strategy.
- (c) The country then submits *proposals* (to places such as the Global Fund) seeking financial support for one of those projects.

New Global Fund Requirements for CCMs

At its November 2004 meeting, the Global Fund Board resolved that for all proposals submitted for Round 5, and for all Phase 2 renewals as of June 2005, CCMs must follow some key new requirements. Because these are requirements rather than just recommendations, the Round 5 application form asks for proof that these requirements have been implemented. The requirements are:

- (a) "All CCMs are required to show evidence of membership of people living with and/or affected by the diseases."
- (b) "CCM members representing the non-government sectors must be selected by their own sector(s) based on a documented, transparent process, developed within each sector."
(Note: It was made clear at the board meeting that "non-government sectors" means all sectors that are not part of the national government.)
- (c) "CCMs are required to put in place and maintain a transparent, documented process to:
 - solicit and review submissions for possible integration into the proposal;
 - nominate the Principal Recipient(s) and oversee program implementation; and
 - ensure the input of a broad range of stakeholders, including CCM members and non-members, in the proposal development and grant oversight process."

Many CCMs will find it difficult to show documentary proof that requirements #b and #c have already been put in place.

Here is a possible path forward:

1. The CCM could set up a Special Working Group (SWG) to examine which of the above requirements have not yet been implemented, and to recommend back to the CCM how to proceed in each case.
2. The CCM could adopt the SWG's recommendations (amended as necessary), recording this in the minutes.
3. If the above two steps *have* been completed by June 2005, the CCM could include in its Round 5 application(s), and/or in its requests for Phase 2 approval, a copy of the relevant minutes, and a copy of the accompanying documentation required for items #b and #c above. (Note that the documentation required in #b is not just documentation of CCM procedures, but documentation of procedures developed within the various sectors.)
4. But if the above two steps *have not* been completed by June 2005, the CCM could submit minutes that very clearly state that it is the CCM's intention to do these things, that the process is under way, and that the process will be completed prior to board approval of Round 5 proposals in late September.

(Certainly there are other options. Each CCM will need to form its own judgment as to the best approach.)

Thus, when you write a proposal to the Global Fund, you should, in theory, be in a position to describe a national strategy and a project, both of which have already been designed. If the main elements of your project are already developed by the time the application forms become available, writing your proposal becomes much easier.

But all too often, what actually happens is that applicants use the Proposal Form and the applications process to design their project – and in some cases to design the national strategy. We think that this is a case of the “tail wagging the dog,” and that it often results in inferior proposals.

If you have been asked to write a proposal to the Global Fund on behalf of your CCM, but minimal thinking has been carried out regarding the national strategy or regarding the project for which funding is being sought, you should consider carefully whether it is worth the effort you are about to undertake. The TRP, which will review your proposal, will quickly detect if there is excessive tail-wagging-the-dog. (Having said that, we should add that a moderate amount of tail-wagging-the-dog seems to be taking place on a widespread basis and appears to be acceptable.)

In summary, then, if at the time of the call for proposals you have not already developed an agreed design for your project, you should evaluate whether you have time to submit a good proposal in Round 5.

At a more practical level, other things should be in place before you apply:

- You need to have access to the people who can help you answer some of the more complex questions in the proposal form.
- In the course of your work, you need to be able to show a draft outline of your proposal to at least a few key members of the CCM, to ensure that you are on the right track.
- It would be good to have access to advisors (domestic and/or international) who can comment on whether the draft needs further editing.
- You need to have enough time for the whole exercise – time enough to ensure that the national strategy and project design are clear, to write the proposal, to get the proposal endorsed by the CCM as a whole, and to get it signed by individual CCM members.
- You should start by printing and reading the R5 Guidelines for Proposals and by printing and keeping for reference the "Proposal Form: Fifth Call for Proposals." These are accessible for download, in multiple languages at www.theglobalfund.org/en/apply/call.

Designing a Process for the Period Before Starting to Fill Out the Proposal Form

As we indicated in the previous section, we believe that you should have designed your project before the application forms become available. At the very least, you should have identified the project's goals, objectives, services, and activities, as well as the indicators that you will use to monitor the coverage and impact of the project.

Ideally, you will have come up with and implemented a process for the period prior to 17 March 2005 (when the application forms became available) that will have enabled you to design your project. If not, then you need to do so urgently.

*The Aidsplan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*¹ outlined two options for the development of proposals. These options can also be used for designing projects prior to filling out the applications form. Under Option A, the CCM establishes a strong proposal-writing team with a clear sense of national priorities, or at least of the priorities articulated within the CCM, and then asks the proposal-writing team to prepare the proposal to the Global Fund. The proposal-writing team then consults widely with interested stakeholders.

Under Option B, The CCM issues a call for “mini-proposals” to stakeholders within the country; establishes a transparent and documented process to review the mini-proposals received; and works with the best mini-proposals to turn them into a proposal to the Global Fund.

The Aidsplan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM) recommends that CCMs use an approach that combines options A and B.

Determining How CCMs Can Make the Best Use of the Private Sector

Even if the private sector is represented on a CCM, that does not necessarily mean that it will automatically play a significant role in the preparation of proposals to the Global Fund. So, how can the private sector become involved?

In some cases, of course, the private sector can provide much-needed funding. But there are also other ways in which it can participate including, for example, by providing expertise in areas such as project development and budgeting. Private sector companies may also be able to make important in-kind contributions, such as by lending people to assist with the development of proposals.

Another possibility is co-investments (or joint projects). Co-investments may be an option in some countries where prevalence rates are high and where private sector companies recognize that they have a significant role to play in providing treatments and conducting prevention campaigns. Here is one possible scenario:

Company X has a large number of employees in Country Y, of whom 35 percent are HIV-positive. The consequences for the company of this high rate of infection are enormous. Company X has agreed to provide free treatment to its employees. However, it cannot afford to treat family members or others in the company towns where its workers reside. Having only some people in the company towns being treated is obviously not a good situation. There is a danger that company employees will share their pills with others with the result that no one is being properly treated. It is in everyone's interest to ensure that all those who need treatment in the company towns receive it.

One way to do this would be to put together a joint proposal to the Global Fund whereby:

- Company X provides funds and in-kind contributions for the segment of the project that involves providing treatment to its employees;
- the Global Fund is asked to fund another segment of the project that involves providing treatment to family members and others in the company towns;

¹ Copies of the Guide can be obtained on the Aidsplan website at www.aidsplan.org/guides.

- optionally, the government of Country Y agrees to fund another segment of the project; and
- optionally, a final segment of the project, funded jointly by Company X and the Global Fund, involves providing additional services, such as prevention and treatment counseling, for all of the people who will receive treatment under the project.

The above is all very conceptual. If the concept were to be implemented, a number of practical issues would have to be resolved, such as: Would there be just one PR? Or would it be possible to have several PRs, one of which would be Company X? And could an existing organization be found that would make a suitable PR for this type of project?

Determining How CCMs Can Make the Best Use of NGOs

NGOs are an integral part of the response to HIV/AIDS, TB, and malaria. Therefore, CCMs should make the good use of NGOs in the applications process. Exactly how the NGOs should be involved in the preparation of proposals will depend on the process that the CCM has established for the development of proposals.

Earlier in this chapter, we discussed two options for the design of projects and the development of proposals. If the CCM decides to establish a proposal-writing team, it should ensure (a) that NGOs are well represented on the proposal writing team, and (b) that NGOs are included in the consultations process.

If instead the CCM issues a call for “mini-proposals,” it should ensure (a) that NGOs are included in the call, (b) that NGOs are involved in the process of reviewing the mini-proposals, and (c) that NGOs participate in the drafting of the Global Fund proposal itself. (As we indicated earlier, *The Aidsplan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)* recommends that CCMs use an approach that combines the two options.)

In some circumstances, it may make sense for the CCM to ask a particular NGO to write a proposal or one component of a proposal. It will be much easier to involve NGOs in the applications process if they are already playing an active role on the CCM itself.

Frequently, NGOs can make a valuable contribution as PRs and SRs. Decisions about who will be nominated as PRs and (sometimes) as SRs are made during the preparation of the proposal. The CCM should therefore keep NGOs in mind for these roles as the proposal is being drafted.

Deciding Whether to Consider Submitting a Non-CCM Proposal

Note: This sub-section is primarily directed at NGOs.

The Global Fund prefers that all applications come from CCMs, and strongly discourages applications from NGOs. One of the reasons for this is that the Global Fund wants to promote partnerships among the stakeholders. Another reason is that the Fund does not want to be swamped with multiple applications from one country, with objectives pointing in different directions. But some proposals from NGOs have been funded in the first four rounds, and there may be circumstances where NGOs should consider submitting a non-CCM proposal in Round 5.

What the Global Fund guidelines say

The R5 Guidelines for Proposals state that organizations from countries in which a CCM does not exist may apply directly, but must provide evidence that the proposal is consistent with and complements national policies and strategies.

For countries where there is a CCM, the Guidelines state that proposals from organizations other than CCMs are not eligible unless they satisfactorily explain that they originate from one of the following:

- countries without legitimate governments (such as governments not recognized by the United Nations);
- countries in conflict, facing natural disasters, or in complex emergency situations; or
- countries that suppress or have not established partnerships with civil society and NGOs.

The Guidelines state that a non-CCM proposal must demonstrate clearly why it could not be considered under the CCM process, and provide documentation of these reasons. The Guidelines further state that if a non-CCM proposal was provided to a CCM for its consideration, but the CCM either did not review it in a timely fashion or refused to endorse it, the steps taken to obtain CCM approval should be described; and arguments in support of the CCM endorsement, as well as documentary evidence of the attempts to obtain CCM approval, should be provided.

Experience of the early rounds of funding

For the most part, in the first four rounds of funding, proposals from NGOs have been funded only in very limited circumstances – i.e., either there was no CCM in existence in the country; and/or the country or the region was torn apart by war.

In Rounds 3 and 4, the Global Fund approved proposals from NGOs in Somalia and Côte d'Ivoire, two war-torn countries. (The NGO for the Somalia proposal was an International NGO.) In Round 3, the Fund approved a proposal from an NGO in Russia where, at the time, there was no CCM in existence. In Round 2, two proposals were approved from NGOs in Madagascar where, again, there was no CCM in existence. However, because a CCM was being formed in Madagascar at the time the proposals were submitted, the Global Fund stipulated in its grant agreements for these projects that once the CCM was formed, the CCM must oversee the implementation of the projects.

There has only been one instance of a proposal from an NGO being funded outside the circumstances described above. It was a proposal to provide prevention services to injection drug users in Thailand, and it was funded in Round 3. Several factors made this situation unique:

- The government was not funding prevention activities targeting injection drug users.
- A military and police crackdown on drug traffickers and individual drug users was underway.
- The NGO submitting the proposal said that it had been informed that some members of the CCM would not support any proposal that included prevention programs for injection drug users.

These were the only proposals from NGOs approved in Rounds 2-4. In Round 1, when many CCMs were still being formed, the Global Fund approved four proposals from NGOs.

The bottom line

For Round 5, therefore, we suggest that NGOs consider submitting a non-CCM proposal only:

- if there is no CCM in the country (which now is only very rarely the case);
- if they are working in country or region severely affected by war or natural disasters; or
- where services are not being provided to a particular vulnerable group, and the existing CCM has indicated that it is not prepared to submit a proposal that addresses this population.

In all other cases, NGOs are best advised to work through the CCM. As indicated in the previous section, exactly how NGOs become involved in the applications process will depend on the process that the CCM uses to prepare proposals. It may also depend on the degree of satisfaction that NGOs have with this process. If NGOs are unhappy with the process, one option they might consider is to prepare a proposal and then attempt to get the CCM to adopt it as its own proposal.

Special Note: *The R5 Guidelines for Proposals leave open the possibility that proposals will also be accepted from NGOs working in countries that either suppress or have not established partnerships with civil society. To the best of our knowledge, to date no proposals have been accepted based on this criterion.*

With respect to the process for developing a non-CCM proposal, experience with such proposals in the first four rounds of funding is extremely limited. No single recommended model has emerged from this experience. Therefore, we suggest that, where possible, you follow our guidance on developing proposals from National CCMs (see “Designing a Process” above). Where this is not possible, we suggest that you apply the basic principles embodied in our guidance – i.e., use available expertise, involve all stakeholders, and consult widely.

Deciding Whether to Consider a Regional Proposal

In the first few rounds of funding, only a handful of regional proposals were approved.

What the Global Fund guidelines say

Section II.C.6 of the R5 Guidelines for Proposals state that regional proposals may be submitted to address common issues among countries, including cross-border interventions. The Guidelines also state that regional proposals should demonstrate:

- how the planned activities complement the national plans of each country involved;
- how they are able to achieve outcomes that would not be possible with only national approaches; and
- how they are coordinated with the planned activities of the respective National CCMs (where there are National CCMs).

The Guidelines stipulate that key stakeholders from all the countries involved should participate in developing the regional proposal.

According to the Guidelines, regional proposals can be generated either by an RCM or by a Regional Organization. The RCM can take one of two forms: (a) multiple countries (with their own CCMs) form an RCM; or (b) Small Island Developing States form an RCM instead of forming separate National CCMs. Examples of Regional Organizations include inter-governmental organizations and international NGOs.

For proposals that involve countries where there are existing CCMs – whether the proposals are from Regional Organizations or RCMs – the Guidelines state that the CCM of every country involved should agree to the proposals. Minutes of the CCM meetings where the proposal was approved are sufficient to demonstrate CCM approval.

Although Section II.C.6 of the Guidelines state that proposals from Regional Organizations must be endorsed by the CCMs of each country involved, past experience and other provisions in the Guidelines suggest that a Regional Organization can also submit a proposal without endorsements from the CCMs in cases where it believes (a) that the CCMs in the region in question are not operating effectively; (b) that the CCMs in the countries involved have no control over the region in question; or (c) that the region in question is being ignored by the countries involved.

Experience of the early rounds of funding

In the second, third and fourth rounds of funding, seven regional proposals were approved for funding, four of which were submitted by regional organizations and three by RCMs. Of the seven proposals, four covered regions made up of Small Island States; the other three focused on cross-border issues. See Table 2 for a list of the proposals.

Table 2 – Regional Proposals Funded in Rounds 2, 3, and 4

Sponsor	Title	Countries Involved
Caribbean Regional Network of People Living with HIV/AIDS (CRN+)	Strengthening the community of PLWHA and those affected by HIV/AIDS in the Caribbean – a community-based initiative	Antigua and Barbuda; Dominican Republic; Grenada; Guyana; Haiti; Jamaica; St. Kitts and Nevis; St. Lucia; Suriname; Trinidad and Tobago; St. Vincent and the Grenadines
RCM	Mesoamerican Project in integral care for mobile populations: reducing vulnerability of mobile populations in Central America to HIV/AIDS	Costa Rica; Guatemala; Honduras; Nicaragua; Panama; El Salvador
CARICOM	Scaling up the regional response to HIV/AIDS through the Pan Caribbean Partnership Against HIV/AIDS	16 Caribbean nations
Organismo Andino de Salud	Malaria control in the cross-border regions of the Andean: a community-based approach	Columbia, Ecuador, Peru and Venezuela
RCM	Scaling up prevention, care and treatment to combat the HIV/AIDS pandemic in the Organisation of Eastern Caribbean States (OECS) Sub-Region	Nine Eastern Caribbean nations
Regional Malaria Commission	Malaria Control in the Lubombo Spatial Development Initiative Area	South Africa, Mozambique, Swaziland

RCM	Pacific Islands Regional Coordinated Country Project on HIV/AIDS, TB and Malaria (PIRCCP)	Cook Islands, Federated States of Micronesia, Fiji, Kribati, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu
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Note: Of the regions covered by the projects in Table 2: (a) the ones in Africa, and in Central and South America, had National CCMs in the countries involved; (b) the ones in the Caribbean had National CCMs only in some countries; and (c) the one in the Pacific Islands region had no National CCMs.

Strengths and weaknesses of past regional proposals

An analysis of regional projects submitted in Rounds 3 and 4 that were approved for funding reveals that the TRP found that all of them represented significant added value. The following are extracts from the TRP comments on this point:

- Provides real regional value (as it would be difficult and expensive to conduct separate programs to improve the skills of PLHA activists in the 11 countries).
- Clear added value of a multi-country proposal, because it may homogenize activities and policies.
- This proposal describes activities that have a clear added value on a regional basis, given the small size of a number of these island states.
- There is strategic justification for the regional approach.
- Regional approach is convincing with a history of formal and organized cooperation in a wide range of political, economic, and social areas.

Other strengths identified by the TRP for the approved regional projects included the following:

- Multi-sectoral program focused on high-risk / difficult-to-reach mobile populations; builds on previous experiences with mobile populations.
- Proven involvement and commitment of all countries; backed by bi-national agreements and Memorandum of Understanding signed by Ministers of Health.
- Good regional rationale for training centers and lab infrastructure/support.
- The border areas that this proposal addresses are under-served by central governments, and armed conflict contributes to poverty and disruption.
- Project will use existing regional and national institutions.
- Governments will assume full responsibility by the end of Year 5.

With respect to the regional projects that were rejected by the Global Fund, the most common weakness listed by the TRP was that the proposal added no value to what could be achieved by National CCMs working independently. Often, the TRP found that the proposals duplicated work that was being done nationally or overlapped with such work. Weaknesses that were identified less frequently included the following:

- Too ambitious for a regional collaborative network.
- Failed to show CCM endorsement or participation.
- Other partner participation not demonstrated.

The bottom line

Past experience shows that the bar is high when it comes to regional proposals. To have a chance of being funded, regional proposals:

- must demonstrate significant added value;
- should demonstrate (whenever possible) that the governments of all of the countries involved are supportive of the proposal; and
- should contain letters of support from as many partners and key stakeholders as possible.

We also suggest that regional proposals be kept simple because it is usually harder to do work at a regional level than at a national level. Finally, we believe that you will need to allow more time to develop a regional proposal because of the need (in most cases) to obtain formal approval from the CCMs in each country involved.

Composition of the RCM

The Global Fund has issued only minimal guidance concerning the composition of RCMs. In Section II.C.3 of the R5 Guidelines for Proposals, the Global Fund suggest that RCMs covering a number of Small island Development States should include at least one government representative and one civil society representative from each state covered.

We suggest that if there are few or no National CCMs in the area covered by the RCM, the composition of the RCM be similar to the composition of National CCMs. Please consult *The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)* for guidance on the composition of CCMs.

If there are National CCMs in the area covered by the RCM, then a small RCM will probably suffice. It may be sufficient for the RCM to be composed solely of one person from each of the CCMs. This person could be the chair of their CCM, but it could also be someone else. Whoever represents the CCM on the RCM has to keep in mind the interests and concerns of all constituencies on the CCM, not just his or her own.

However, we think that the RCM would be strengthened by the addition of representatives of a few large regional organizations. These representatives could speak for the non-government sector; this would be particularly helpful where all or a majority of the representatives of the National CCMs are from the government sector. Alternatively, one or two civil society representatives from the National CCMs could be added to represent that sector.

With respect to the process for developing a regional proposal, experience with such proposals in the first four rounds of funding has been somewhat limited. As well, different types of regional proposals (for example, a proposal coming from an RCM vs. a proposal from a regional organization) require different processes. As a result, no one recommended model has emerged. Therefore, we suggest that, where possible, you follow our guidance on developing proposals from National CCMs (see “Designing a Process” above). Where this is not possible, we suggest that you apply the basic principles embodied in our guidance – i.e., use available expertise, involve all stakeholders, and consult widely.

Deciding Whether to Consider a Sub-National CCM Proposal

For large countries, it may make sense for Sub-National CCMs to be established and for the Sub-National CCMs to submit proposals directly to the Global Fund.

In Section II.C.2 of the R5 Guidelines for Proposals, the Global Fund says that Sub-National CCMs can be formed by a state or province (or similar administrative divisions), or by a group of the states, provinces, or divisions acting together.

If you go this route, you should make sure that the relationship between the Sub-National CCM and the National CCM is very clearly defined.

Chapter 3: Lessons Learned from the Third and Fourth Rounds of Funding

This chapter contains information on the most common strengths and weaknesses of proposals submitted to the Global Fund for the third and fourth rounds of funding. The information is based on comments made by the TRP. People who are planning to submit applications to the Global Fund should review the strengths described in this section in order to get a sense of what constitutes a solid proposal. And, of course, they should examine the weaknesses to ensure that they know what problems to avoid when preparing their applications.

This chapter is divided into two sections, one on the strengths and the other on the weaknesses. The section on strengths starts with a list of the most common strengths that were identified in Rounds 3 and 4. This is followed by a detailed discussion of each strength. Many examples of the TRP observations for specific countries are listed; usually, these examples have been paraphrased – i.e., they are not direct quotes. Next, the section provides a list of some of the less frequently identified strengths. The section concludes with a brief discussion of strengths that started to emerge in Round 4 TRP comments. Throughout the section on Strengths, hyperlinks are provided to take the reader directly to relevant documents. All the documents linked to are in English unless otherwise stated.

The section on weaknesses is organized in a similar fashion, except that the names of the countries have not been included in the examples shown.

Strengths

The strengths identified most often in the TRP comments on the proposals submitted during the third and fourth rounds of funding were as follows:

1. The proposal was clear and well-documented; the strategy was sound.
2. There was good involvement of partners (including NGOs and other sectors) in the implementation plan.
3. There was a strong political commitment to implement the project.

Other strengths identified fairly frequently were as follows:

4. The project targeted high-risk groups and vulnerable populations.
5. The proposal demonstrated complementarity – i.e., it built on existing activities.
6. The proposal demonstrated sustainability – i.e., national budgets were identified to help sustain the activities once Global Fund support terminated.
7. The goals, objectives, activities, outcomes, and budgets were well aligned.
8. The monitoring and evaluation (M&E) plan was solid.
9. The budget was well detailed.
10. There was good collaboration among programs addressing the three diseases.
11. The project was realistic and achievable.
12. The proposal contained a good situational analysis.
13. The proposal reflected comments made by the TRP during earlier rounds of funding.
14. The proposal built on the national strategic plan or other existing programs.

15. The CCM was strong and had wide sectoral representation.
16. The proposal demonstrated good co-funding.
17. The PR is a strong organization, with experience managing similar programs.
18. The proposal contained innovative strategies, some of which could lead to best practices.
19. The proposal built on lessons learned and best practices.
20. The proposal built on earlier projects financed by the Global Fund.

The observations of the TRP concerning each of these strengths are further described below.

Strengths Identified Most Often

1. Strength: The proposal was clear and well documented; the strategy was sound

The reviewers commented very favorably on proposals that were well thought out and reflected a solid strategic approach; that were well structured; that were clearly written; and that contained a detailed workplan with clear objectives. They also praised proposals where each section was complete and all necessary documentation was provided.

FOR EXAMPLE:

- ⇒ See particularly the proposals from Guinea-Bissau – Malaria ([proposal in English](#), [proposal in French](#), [TRP comments](#)), Guyana – HIV/AIDS ([proposal](#), [TRP comments](#)), Liberia – Malaria ([proposal](#), [TRP comments](#)), Madagascar – Malaria ([proposal](#), [TRP comments](#)), Philippines – HIV/AIDS ([proposal](#), [TRP comments](#)), Russian Federation – HIV ([proposal](#), [TRP comments](#)), Swaziland – HIV ([proposal](#), [TRP comments](#)), Somalia – TB ([proposal](#), [TRP comments](#)), Tajikistan – HIV ([proposal](#), [TRP comments](#)), Tanzania – HIV ([proposal](#), [TRP comments](#)), Tanzania/Zanzibar – Malaria ([proposal](#), [TRP comments](#)), Togo – HIV ([proposal](#), [TRP comments](#)), Yemen – TB ([proposal](#), [TRP comments](#)), and Multi-Country Americas OECS – HIV/AIDS ([proposal](#), [TRP comments](#)).
- ⇒ Cambodia – HIV ([proposal](#), [TRP comments](#)): Good on how the activities will be implemented, not just what will be done.

2. Strength: There was good involvement of partners (including NGOs and other sectors) in the implementation plan

The reviewers were impressed by proposals that involved a wide range of partners and inter-sector collaboration in the implementation of the projects. Some of the specific partners and sectors that were listed in these proposals were: local, national, and international NGOs; organizations and networks of persons living with HIV/AIDS; organizations representing vulnerable groups, such as drug users, women, and sex trade workers; religious leaders and institutions, including faith groups; trade unions and traditional medicine societies; academia; other government departments; international organizations, such as the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the World Bank, and the Global TB Drug Facility (GDF); development organizations; rural organizations; and the private sector. Reviewers also praised projects that included the involvement of peer educators.

The reviewers commented favorably on proposals that talked about collaboration and partnership between government services and NGOs or communities (including people living with HIV/AIDS), especially for the implementation phase of the project.

FOR EXAMPLE:

- ⇒ Gabon – HIV/AIDS ([proposal in French](#), [TRP comments](#)): The project involves community mobilization through networks of NGOs and community-based organizations.
- ⇒ Azerbaijan – HIV ([proposal](#), [TRP comments](#)): Strong partnership with key NGOs/CBOs in the design of the proposal, and in the implementation of prevention strategies aimed at high risk groups.
- ⇒ Zambia – Malaria ([proposal](#), [TRP comments](#)): The recently formed NGO/CBO umbrella organization is a significant partner that will expand the reach of activities deep into communities.
- ⇒ See also Bolivia – HIV/AIDS ([proposal](#), [TRP comments](#)); Bolivia – Malaria ([proposal](#), [TRP comments](#)), China – HIV/AIDS ([proposal](#), [TRP comments](#)), India – HIV/TB ([proposal](#), [TRP comments](#)), Papua-New Guinea – Malaria ([proposal](#), [TRP comments](#)) and Togo – TB ([proposal in English](#), [proposal in French](#), [TRP comments](#)).

The reviewers were impressed with proposals that outlined the prominent role that NGOs and communities would play in the implementation of the projects.

FOR EXAMPLE:

- ⇒ Belize – HIV/AIDS ([proposal](#), [TRP comments](#)): Local NGOs would be implementing key aspects of targeted prevention work, including behavior change strategies, education of key professionals, and youth counseling.
- ⇒ Pakistan – Malaria ([proposal](#), [TRP comments](#)): The project would be totally managed by existing community-based institutions (such as Village Development Committees, and Basic Development Needs Programmes).
- ⇒ India – HIV/TB ([proposal](#), [TRP comments](#)): The involvement of cured TB patients and persons living with HIV/AIDS as outreach worker for home or community based care programs would help to strengthen the links between the health centers and the community.
- ⇒ Guatemala – Malaria ([proposal in Spanish](#), [proposal in English](#), [TRP comments](#)): The proposed plan and activities are very clearly and strategically community-focused.
- ⇒ Lao PDR – TB ([proposal](#), [TRP comments](#)): Proposed involvement of many community-based organizations, village health committees, and village health volunteers to make TB services accessible to under-served populations in rural areas.

The reviewers noted the positive effects of inter-sectoral collaboration.

FOR EXAMPLE:

- ⇒ Guyana – Malaria ([proposal](#), [TRP comments](#)): The inter-sectoral collaboration is conceptually innovative for Guyana, whose malaria control up to now was based on spraying and diagnosis and treatment by the control program alone.

3. Strength: There was a strong political commitment to implement the project

The reviewers considered that strong political commitment was a significant asset to any proposal. Most often, this commitment was evidenced by increased government funding or support for the fight against the disease being addressed by the proposal.

FOR EXAMPLE:

- ⇒ Paraguay – TB ([proposal in English](#), [proposal in Spanish](#), [TRP comments](#)): Increased funding and dedicated staff.
- ⇒ Bhutan – TB ([proposal](#), [TRP comments](#)): Political commitment demonstrated by increasing the governmental budget over the last five years, and by the plan to continue the increase.

Governments sometimes demonstrated their commitment by providing funds to directly subsidize the purchase of antiretroviral therapies.

FOR EXAMPLE:

- ⇒ See Cameroon – HIV/AIDS ([proposal summary](#), [TRP comments](#))

In some instances, the government commitment was evidenced by policy measures.

FOR EXAMPLE:

- ⇒ Georgia – Malaria ([proposal](#), [TRP comments](#)): The President issued a decree on the fight against malaria.
- ⇒ Uzbekistan – HIV/AIDS ([proposal](#), [TRP comments](#)): The government implemented progressive legislation.
- ⇒ Rwanda – Malaria ([proposal](#), [TRP comments](#)): The government reduced the taxes and tariffs on mosquito nets.
- ⇒ Tajikistan – TB ([proposal](#), [TRP comments](#)): The government committed to implement Directly Observational Therapy.
- ⇒ Togo – Malaria ([proposal in English](#), [proposal in French](#), [TRP comments](#)): The government removed all tariffs on mosquito nets.
- ⇒ Senegal – Malaria ([proposal in French](#), [proposal in English](#), [TRP comments](#)): The government commitment is explicit, ranging from the removal of taxes and tariffs on ITNs, to the commitment to increase social sector spending annually, to the recognition that malaria is a significant contributor to poverty.

Some governments signaled their commitments by participating actively in the CCMs.

FOR EXAMPLE:

- ⇒ Chad – HIV/AIDS ([proposal in English](#), [proposal in French](#), [TRP comments](#)): The Prime Minister chaired the CCM.
- ⇒ Eritrea – HIV/AIDS ([proposal summary](#), [TRP comments](#)): There was ministerial participation in the CCM.

Other Frequently Identified Strengths

4. Strength: The project targeted high-risk groups and vulnerable populations

The reviewers commented favorably on all proposals that included a strong focus on vulnerable communities (including the poor) and groups at risk for contracting HIV, TB or malaria.

5. Strength: The proposal demonstrated complementarity – i.e., it built on existing activities

The reviewers noted with satisfaction proposals that would scale up already existing programs; that would be a good fit with, be integrated with, or link with existing programs; and that would complement programs funded by earlier Global Fund grants.

6. Strength: The proposal demonstrated sustainability – i.e., national budgets were identified to help sustain the activities once Global Fund support terminated

Reviewers applauded proposals that demonstrated sustainability, by governments committing to long-term funding for the project (beyond the end date of the project); by governments committing to increasing their contributions to the fight against one or more of the three diseases over time; or by governments allocating additional funds immediately to the project (as a sign of their commitment).

FOR EXAMPLE:

- ⇒ Algeria – HIV/AIDS ([proposal in English](#), [proposal in French](#), [TRP comments](#)): Increasing national budgets for HIV/AIDS over time.
- ⇒ Cameroon – Malaria ([proposal](#), [TRP comments](#)): The government is adding resources to the malaria program.
- ⇒ Georgia – Malaria ([proposal](#), [TRP comments](#)): Proposal includes well-articulated sustainability plan.
- ⇒ Multi-Country Americas OECS – HIV/AIDS ([proposal](#), [TRP comments](#)): Governments will assume full responsibility by the end of Year 5.
- ⇒ Philippines – HIV/AIDS ([proposal](#), [TRP comments](#)): Shift over time to increasing use of domestic resources.

7. Strength: The goals, objectives, activities, outcomes, and budgets were well aligned

Reviewers commented positively on proposals where the various elements of the workplan and budget were in sync with each other. The most common observation was that the activities were clearly linked to the objectives and goals.

FOR EXAMPLE:

- ⇒ See Bangladesh – TB ([proposal](#), [TRP comments](#)), China – HIV/AIDS ([proposal](#), [TRP comments](#)), Iran – HIV/AIDS ([proposal](#), [TRP comments](#)) and Kenya – TB ([proposal](#), [TRP comments](#)).

Reviewers also lauded proposals where the budget information was consistent with the activities.

FOR EXAMPLE:

- ⇒ See Serbia/Serbia and Montenegro – TB ([proposal](#), [TRP comments](#)) and Sudan – HIV/AIDS ([proposal](#), [TRP comments](#)).

Finally, reviewers praised several proposals where the outcomes and indicators were well aligned with the goals and objectives.

FOR EXAMPLE:

- ⇒ See Congo DR – HIV/AIDS ([proposal in French](#), [TRP comments](#)) and Belarus – HIV/AIDS ([proposal](#), [TRP comments](#)).

8. Strength: The monitoring and evaluation (M&E) plan was solid

The reviewers were pleased with proposals that contained strong M&E plans.

FOR EXAMPLE:

- ⇒ China – HIV/AIDS ([proposal](#), [TRP comments](#)): Excellent M&E framework and plan.
- ⇒ Uzbekistan – HIV/AIDS ([proposal](#), [TRP comments](#)): Clear M&E plan with data sources verified.
- ⇒ Tanzania/Zanzibar – Malaria ([proposal](#), [TRP comments](#)): Excellent M&E plan and choice of indicators.
- ⇒ See also Guyana – HIV/AIDS ([proposal](#), [TRP comments](#)), Jamaica – HIV/AIDS ([proposal](#), [TRP comments](#)) and Somalia – TB ([proposal](#), [TRP comments](#)).

The reviewers were also pleased to see M&E plans that were based on existing systems.

FOR EXAMPLE:

- ⇒ Multi-Country Americas OECS – HIV/AIDS ([proposal](#), [TRP comments](#)): M&E based on an existing system for collecting and processing data using indicators and measurement tools developed in collaboration with UNAIDS, the Caribbean Health Research Council and the Caribbean Epidemiology Centre.

9. Strength: The budget was well detailed

The reviewers reacted favorably to proposals that contained detailed and well-presented budgets.

FOR EXAMPLE:

- ⇒ Guyana – HIV/AIDS ([proposal](#), [TRP comments](#)): Excellent detailed budgets that are also very easy to understand.
- ⇒ Nepal – TB ([proposal](#), [TRP comments](#)): Budget clearly outlines unit costs and the underlying assumptions. Budget clearly states the contribution of each donor for every item in the budget.

- ⇒ See also Bangladesh – TB ([proposal](#), [TRP comments](#)), India – HIV/TB ([proposal](#), [TRP comments](#)), Somalia – TB ([proposal](#), [TRP comments](#)), Swaziland – TB ([proposal](#), [TRP comments](#)), Tanzania – HIV/TB ([proposal](#), [TRP comments](#)), and Tanzania/Zanzibar – Malaria ([proposal](#), [TRP comments](#)).

In Round 4, the reviewers commented favorably on the “very precise budgeting” in the HIV proposal from Tanzania ([proposal](#), [TRP comments](#)), and added that by limiting the Global Fund co-funding to two years, any under-spending as a result of targets that are too ambitious can be used to attain these targets in Year 3 and later.

The reviewers were also impressed with budgets that contained solid information on the costs of commodities, particularly antiretroviral therapies.

FOR EXAMPLE:

- ⇒ Liberia – Malaria ([proposal](#), [TRP comments](#)): Estimates of commodity needs and costs detailed and accurate.
- ⇒ Multi-Country Americas OECS – HIV/AIDS ([proposal](#), [TRP comments](#)): Reasonable antiretroviral (ARV) prices already negotiated.

10. Strength: There was good collaboration among programs addressing the three diseases

The reviewers commented positively on proposals for one of the three diseases that incorporated collaboration with programs addressing one or both of the other two diseases. In most cases, the collaboration was between HIV/AIDS and TB.

FOR EXAMPLE:

- ⇒ See East Timor – TB ([proposal](#), [TRP comments](#)), Guatemala – HIV/AIDS ([proposal in English](#), [proposal in Spanish](#), [TRP comments](#)) Haiti – TB ([proposal](#), [TRP comments](#)) and Togo – TB ([proposal in English](#), [proposal in French](#), [TRP comments](#)).

In one instance, the reviewers cited a collaboration between Malaria and TB.

FOR EXAMPLE:

- ⇒ See Vietnam – Malaria ([proposal](#), [TRP comments](#)).

11. Strength: The project was realistic and achievable

The reviewers applauded proposals that contained reasonable, realistic and achievable goals and objectives and indicators.

FOR EXAMPLE:

- ⇒ Congo DR – HIV/AIDS ([proposal in French](#), [TRP comments](#)): Reasonable goals and targets based on successful recent experiences.
- ⇒ See also Angola – Malaria ([proposal summary](#), [TRP comments](#)), Eritrea – HIV/AIDS ([proposal summary](#), [TRP comments](#)), Iran – HIV/AIDS ([proposal](#), [TRP comments](#)) and Guinea-Bissau – TB ([proposal in English](#), [proposal in French](#), [TRP comments](#)).

12. Strength: The proposal contained a good situational analysis

The reviewers were favorably impressed by proposals that contained a solid description the current situation in the country.

FOR EXAMPLE:

- ⇒ Benin – Malaria ([proposal in English](#), [proposal in French](#), [TRP comments](#)): Good situational analysis and baseline data are provided.
- ⇒ Guyana – HIV/AIDS ([proposal](#), [TRP comments](#)): Good situational analysis of the HIV situation in the country with a good gap analysis of programs and finances.
- ⇒ Rwanda – HIV/AIDS ([proposal](#), [TRP comments](#)): Strategic plan identifies gaps that will be met by this proposal.
- ⇒ Vietnam – Malaria ([proposal](#), [TRP comments](#)): Excellent situational analysis of their problem.
- ⇒ Guatemala – Malaria ([proposal in Spanish](#), [proposal in English](#), [TRP comments](#)): A thorough, very detailed epidemiological situational analysis for each malarial region of Guatemala is included as an annex to the proposal.
- ⇒ See also East Timor – TB ([proposal](#), [TRP comments](#)), Gambia – Malaria ([proposal](#), [TRP comments](#)) Somalia – HIV, and Uzbekistan – HIV/AIDS ([proposal](#), [TRP comments](#)).

13. Strength: The proposal reflected comments made by the TRP during earlier rounds of funding

The reviewers noted with satisfaction proposals that responded to comments, clarifications and recommendations made by the TRP in earlier rounds of funding.

14. Strength: The proposal built on the national strategic plan or other existing programs.

The reviewers welcomed proposals that were situated within existing national or government plans, policies, and programs.

FOR EXAMPLE:

- ⇒ Guatemala – Malaria ([proposal in Spanish](#), [proposal in English](#), [TRP comments](#)): The activities are completely congruent with the national strategic plan for malaria control.
- ⇒ Somalia – HIV ([proposal](#), [TRP comments](#)): Clear presentation of how the proposed activities fit within existing strategic frameworks.

15. Strength: The CCM was strong and had wide sectoral representation.

The reviewers reacted favorably to proposals that demonstrated that the CCM was functioning effectively and that it included representation from all sectors. (For suggestions on how to strengthen CCMs, please consult *The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*, available at www.aidspan.org/guides.)

FOR EXAMPLE:

- ⇒ Sao Tome & Principe – Malaria ([proposal](#)): Broad-based CCM that oversees other funding sources such as the Gates Foundation funding.

16. Strength: The proposal demonstrated good co-funding.

The reviewers welcomed proposals that included major funding contributions from multilateral organizations, foundations, and other sources of funding.

FOR EXAMPLE:

- ⇒ Tanzania – HIV {[proposal](#), [TRP comments](#)}: High level of co-financing with World Bank, PEPFAR and other donors; additionality is clear.

17. Strength: The PR is a strong organization, with experience managing similar programs.

The reviewers were impressed by proposals that demonstrated that the Principal Recipient had a track record in administering grants and/or had strong financial and organizational management skills.

FOR EXAMPLE:

- ⇒ Lao PDR – HIV {[proposal](#), [TRP comments](#)}: The PR has experience administering three Global Fund grants. Written guidelines for the administration of Global Fund grants have been developed. A PR office has been established with dedicated staff.

18. Strength: The proposal contained innovative strategies, some of which could lead to best practices.

The reviewers commented favorably on proposals that incorporated innovative approaches.

FOR EXAMPLE:

- ⇒ Cameroon – HIV {[proposal](#), [TRP comments](#)}: (a) 100 percent of requested funds go to NGOs and faith-based organizations. (b) The use of small and large grant mechanisms and technical assistance to strengthen these organizations.
- ⇒ Guyana – TB {[proposal](#)}: (a) New category of health worker to be created (multi-purpose technician). (b) The use of teachers, religious workers and other respected persons to provide DOT and counseling.
- ⇒ India – HIV {[proposal](#), [TRP comments](#)}: (a) Use of an NGO consortium to sub-contract manage extensive NGO participation. (b) Private-public sector partnerships for the delivery of various activities.

19. Strength: The proposal built on lessons learned and best practices.

The reviewers applauded proposals that demonstrated that the proposed objectives and activities were based on lessons learned and evidence from past experience, whether this experience was through Global fund-financed projects or elsewhere.

FOR EXAMPLE:

- ⇒ Tanzania – HIV {[proposal](#), [TRP comments](#)}: Clear lessons learned from procurement problems experienced in the start up of the Round 1 Malaria ITN program.
- ⇒ India – HIV {[proposal](#), [TRP comments](#)}: Utilizes experiences learned from early implementation of ARV therapy and prevention.

20. Strength: The proposal built on earlier projects financed by the Global Fund.

The reviewers were impressed by proposals that were designed to scale up, and build on, earlier projects financed by the Global Fund.

Strengths Identified Less Frequently

The following is a list of some of the other strengths identified by the reviewers:

- ⇒ Procurement systems were either already in place or were included in the proposal.
- ⇒ The proposal included capacity building measures.
- ⇒ The proposal was consistent with Poverty Reduction Strategy Papers (PRSPs) and Sector Wide Approaches (SWAs).
- ⇒ The project will significantly expand care.
- ⇒ The proposal included good financial management and governance plans.
- ⇒ The rights of persons living with HIV/AIDS and vulnerable groups were respected and/or promoted.
- ⇒ The project is bold and ambitious.

Strengths that Started to Emerge in Round 4 TRP Comments

In Round 4, the reviewers commented favorably on proposals that:

- contained a good description of the roles of implementing agencies;
- addressed technical support needs;
- addressed important political and social issues (such as stigma and discrimination); and
- contained a strong gender analysis and strategy.

The number of proposals involved was small; however, these issues will likely take on greater importance in future rounds of funding, including Round 5.

FOR EXAMPLE:

- ⇒ Togo – HIV [{proposal, TRP comments}](#): Excellent gender analysis and strategy which (a) focuses on male behaviors and attitudes, and (b) is integrated into the whole proposal.
- ⇒ Turkey – HIV [{proposal, TRP comments}](#): Fighting stigma and discrimination occupies an important place in the proposal. Possible legal and social barriers are identified and there are plans to address them through advocacy, training and attempts to change laws.

With respect to technical support, the reviewers commented favorably on proposals that identified the need for technical support to implement their projects, and that included plans for obtaining the necessary support (including identifying who will provide the support).

Weaknesses

The weaknesses identified most often in the TRP comments on the proposals submitted during the third and fourth rounds of funding were as follows:

1. The workplan was inadequate. There was insufficient, unclear or questionable information on one or more of the following: the rationale, the strategic approach, the objectives, the activities and the expected outcomes.
2. The budget information was inaccurate, questionable and/or not sufficiently detailed.

Other weaknesses identified frequently were as follows:

3. The various sections of the proposal were not well aligned.
4. The M&E plan was either missing or inadequate.
5. The budget (and therefore the project) was imbalanced; too much or too little was allocated to one or more sectors or activities.
6. The treatment, care and support component of the proposal was missing or inadequate.
7. In HIV/AIDS and TB proposals, there were either no joint activities or insufficient joint activities involving both diseases.
8. The project was too ambitious; some or all of the goals and objectives were not realistic.
9. The use of partners (including NGOs and other sectors) in the implementation of the project was inadequate or unclear.
10. The impact and/or outcome indicators were inappropriate or poorly defined.
11. The project did not focus sufficiently on vulnerable groups.
12. The proposal did not demonstrate complementarity or additionality; it was not clear how the project related or added to existing programs.
13. The proposal did not contain a good situational analysis and/or provide adequate baseline information.
14. The plan for procurement and supply chain management was inadequate.
15. The CCM was not sufficiently representative.
16. There were problems concerning the PR.

Not surprisingly, some of the weaknesses are the flip side of the strengths identified by the TRP (see above). The observations of the TRP concerning each of the weaknesses are further described below.

Weaknesses Identified Most Often

1. Weakness: The workplan was inadequate. There was insufficient, unclear or questionable information on one or more of the following: the rationale, the strategic approach, the objectives, the activities, the targets, and the expected outcomes.

Problems with the workplans were identified in about three out every five proposals submitted for Rounds 3 and 4. The following is a summary of the major such weaknesses identified:

- many objectives, activities, targets and expected outcomes were insufficiently described or unclear;
- the rationale for some objectives and activities was inconsistent or unclear;
- the strategic approach was insufficient or unclear;
- some objectives, activities or expected outcomes were inappropriate;
- some key objectives or activities were missing; and
- there were inconsistencies in the text.

These major weaknesses are discussed below in further detail.

Description of Objectives, Activities, Targets, and Expected Outcomes

With respect to the objectives, activities, targets and expected outcomes that were insufficiently described or unclear, the reviewers used the following phrases to describe the problems:

- activities poorly or vaguely defined;
- activities not clearly articulated;
- no description of how to carry out the activities;
- activities redundant;
- objectives too broad;
- objectives overlapping;
- objectives not specific, measurable, or time-bound;
- targets often inappropriate or missing;
- activities need more detailed description, particularly with respect to how they will be carried out;
- proposal does not show how the proposed activities will lead to the anticipated results;
- methods for reaching targets not described;
- workplan superficial, with little detail; and
- weak workplan raises questions about whether the project is ready to be implemented.

The reviewers frequently focused on weaknesses in the description of activities for interventions designed to reach specific populations.

FOR EXAMPLE:

- ⇒ Not clear how the interventions will access the targeted populations.
- ⇒ No information on how the outreach activities will be carried out. Who will conduct these activities?
- ⇒ No information on what services will be provided to the sex workers.
- ⇒ No indication of the number of patients who will benefit.
- ⇒ No information on how the needs of the orphaned children will be met.
- ⇒ Not clear how the illegal immigrants will be reached.

In many proposals, the reviewers found that there was insufficient information provided on the capacity building programs included in the workplan.

FOR EXAMPLE:

- ⇒ No description of the curriculum for the training program.
- ⇒ No information on how many persons are to be trained each year.
- ⇒ Who will conduct the training?
- ⇒ No information on what steps are involved in developing and implementing the training program.
- ⇒ How will the quality of the training be ensured?
- ⇒ No explanation of how the number of community agents trained will go from zero to 1,500 in two years.

The reviewers found that adequate information was lacking in other areas as well.

FOR EXAMPLE:

- ⇒ No description of the key messages to be used for the multi-media health education campaign.
- ⇒ What systems will be put in place to use the large numbers of people trained?
- ⇒ No details on the DOTS expansion plan even though this is the core of the proposal.
- ⇒ No information on how the micro-financing scheme would work.
- ⇒ No activities included concerning how to manage detected TB cases.
- ⇒ The criteria for the selection of will receive ART is not described.
- ⇒ All activities aimed at youth are to be carried out by one NGO, but there is no information on this NGO.

Rationale for Objectives and Activities

The reviewers observed that some objectives or activities lacked adequate justification.

FOR EXAMPLE:

- ⇒ What is the justification for active case finding and X-ray diagnosis given that these are not key priorities of the DOTS strategy?

- ⇒ Why is a pilot going to be carried out in one district for five years before a decision is made to scale up?
- ⇒ It is not clear that a separate TB research unit is justified.
- ⇒ There is no explanation of why a new building and new equipment is required to implement the project.
- ⇒ No rationale is presented for the quantities of leaflets and posters included in the proposal.
- ⇒ No rationale given for why a regional approach is needed.
- ⇒ No explanation is given for the substantial increase in training costs in Years 4 and 5.
- ⇒ Why does the proposal call for local manufacturing of malaria nets when that is 45-80 percent more expensive than importing and may lead to serious quality problems?

Strategic Approach

The reviewers found that some proposals contained no overall strategic approach or framework, or contained a strategy that was weak or questionable.

FOR EXAMPLE:

- ⇒ Strategies only vaguely described and justified.
- ⇒ The proposal lacks a detailed strategy for how ART will be scaled up at such an ambitious pace.
- ⇒ The strategic approach to reaching mobile economic migrants with services is poorly explained.
- ⇒ It is not obvious that providing a large quantity of malaria nets free of charge will stimulate the local markets.
- ⇒ The proposed strategy does not focus on behavior change.
- ⇒ Need to focus on TB case management before dealing with multi-drug-resistant TB.

Appropriateness of Objectives, Activities and Expected Outcomes

The reviewers questioned the appropriateness of some of the proposed objectives, activities and expected outcomes.

FOR EXAMPLE:

- ⇒ Is distributing materials really the best way to reach the target populations?
- ⇒ The proposal includes activities that are not in line with WHO recommendations.
- ⇒ It is not reasonable for all major goods to be purchased in the first quarter of the first year.
- ⇒ Given the increasing data on resistance to Chloroquine in Africa, why is the proposal calling for the use of this drug to treat malaria?
- ⇒ Of the nine expected outcomes, seven read more like inputs.
- ⇒ Producing one brochure is not sufficient by itself to constitute a workplace program.
- ⇒ Why conduct an efficacy study when the sensitivity of the drugs is already known?

- ⇒ There is an emphasis on KAP studies, which are no longer considered the most effective methodology for dealing with behavioral issues.

Missing Objectives and Activities

The reviewers sometimes identified key objectives or activities that were not included in the proposals.

FOR EXAMPLE:

- ⇒ The proposal does not contain any harm reduction activities to address the needs of drug users.
- ⇒ The proposal fails to include activities concerning the upgrading of facilities.
- ⇒ There are no activities included that will allow for a knowledgeable central program team to be developed.
- ⇒ The proposal is missing a component concerning how to reach illegal immigrants.
- ⇒ The proposal does not address how adherence among drug users will be supported.
- ⇒ Is there any justification for not making condoms available in prisons?
- ⇒ The proposal does not include a distribution plan for the malaria nets.
- ⇒ There are no activities included to ensure that people in peripheral areas of the countries will access services.

Inconsistencies

Finally, the reviewers pointed out instances where a table says one thing and the accompanying text something different; or where statements in the project summary contradicted the information in later sections.

2. Weakness: The budget information was inaccurate, questionable and/or not sufficiently detailed

Note: Budget issues concerning the cost of drugs and other commodities are covered in weakness #14 below (on procurement).

Over half of the proposals submitted in Rounds 3 and 4 contained problems with the budget. The following is a summary of the major weaknesses:

- the budget was incomplete or not detailed enough;
- there were inconsistencies or errors within the budget; and
- specific budget items were unclear, questionable or not adequately justified.

These major weaknesses are discussed below in further detail.

Incomplete Information

The reviewers found that some proposals did not contain a detailed budget or were missing some information; and that for some proposals there were insufficient details provided on major budget items.

FOR EXAMPLE:

- ⇒ The budget provides very limited, high-level information, making it impossible to assess the proposal properly.
- ⇒ No detailed breakdown of unit costs or quantities.
- ⇒ The budget fails to show unit costs, or how many people will be trained, for how many days, at what cost per day, etc.
- ⇒ The budget lacked sufficient detail to be able to justify it.
- ⇒ Administrative costs were expressed only as a percentage.
- ⇒ The budget breakdown over five years was not shown.
- ⇒ Large lump sums shown with no breakdown.
- ⇒ There was nothing in the budget to cover the costs of many of the M&E activities.
- ⇒ Intermediate level budgets linking activities and costs by component and by beneficiary should have been included, but were not.

Inconsistencies or Errors

The reviewers found that many budgets were incorrectly filled out. Some of the problems they identified were: errors in addition and multiplication; incomplete or no unit costs; incomplete or no quantities; costs wrongly categorized; and inconsistencies between one part of the budget and another.

FOR EXAMPLE:

- ⇒ The proposal contained inconsistencies between the annual budget and the quarterly budget.
- ⇒ The budget was not internally consistent.
- ⇒ Either the unit costs or the volumes are incorrect because the figures do not add up.
- ⇒ The budget summaries do not support the budgets describing the activities.

Questionable Items

The reviewers identified a number of individual budget items that, in their view, were unclear, unjustified or at least questionable.

FOR EXAMPLE:

- ⇒ The costs of one malaria drug were budgeted at 10 times its actual price.
- ⇒ A large amount was allocated to "Other" with no explanation of what that included.
- ⇒ The per-diems shown for meetings were very high.
- ⇒ \$45 million was allocated for an unproven technology.
- ⇒ The overhead costs were very high.
- ⇒ It is not appropriate to allocate 10 percent for overhead for the PR, over and above the administrative costs already included in the budget.
- ⇒ The costs shown for insecticides seem low.
- ⇒ Contingency costs of \$300,000 are not justified.

- ⇒ The costs shown for condoms were too high.

For a number of proposals, the reviewers found that the assumptions used to create the budget were not adequately justified. One reviewer commented that applicants should provide detailed assumptions for every line item, including unit costs and volumes (though this was certainly not done for many of the approved proposals).

Other Frequently Identified Weaknesses

3. Weakness: The various sections of the proposal were not well aligned

The reviewers found numerous instances where items described in one area of the proposal were not reflected in another area, or were inconsistent with another area. The most common problem was discrepancies between what was in the budget and what was in the description of the activities.

FOR EXAMPLE:

- ⇒ The detailed budget says that no funds are required for 2005, but the activities mention costs for that year.
- ⇒ Expansion from nine to only 15 facilitators, as spelled out in the description of the activities, is not consistent with what the budget says.
- ⇒ The M&E budget does not match the evaluation activities that are planned.
- ⇒ The information presented in the budget tables is not substantiated by the description of the activities.
- ⇒ There is a disconnect between what is described in the narrative and how resources are allocated in the budget.

Another problem was the lack of consistency between the objectives and the activities.

FOR EXAMPLE:

- ⇒ The activities do not really relate to the objectives to which they are linked in the proposal.
- ⇒ The proposal fails to indicate which activities go with which objectives.
- ⇒ The objectives say that the malaria nets will be used one way, while the activities say that they will be used in a quite different way.
- ⇒ The objective for HIV treatment is to offer care to 95 percent of those who need it; but the actual numbers shown in the activities do not translate into 95 percent coverage.

The reviewers spotted other discrepancies between the different sections of the proposal.

FOR EXAMPLE:

- ⇒ The description of the activities does not mention condoms, but condom distribution is included as an indicator.
- ⇒ The requested budget is too high for the objectives and activities as described.
- ⇒ It is difficult to link the indicators of activities to the outcomes shown for the objectives.
- ⇒ The indicators are often not appropriate to the activities.

- ⇒ The objectives as stated do not relate to the goal.
- ⇒ One of the objectives has no targets.
- ⇒ The budget allocations for activities among vulnerable populations seems low when compared against the indicators.

4. Weakness: The M&E plan was either missing or inadequate

Some proposals failed to include an M&E plan. In other proposals, the reviewers found that the M&E plan was very weak and/or lacking in detail.

FOR EXAMPLE:

- ⇒ Vague description of what will be measured and how it will be done.
- ⇒ The plan is not convincingly defined.
- ⇒ The plan is insufficiently detailed to be workable.
- ⇒ No relevant baseline information was provided.
- ⇒ Baseline data for many indicators not provided.
- ⇒ The methodology is flawed.
- ⇒ No M&E costs are provided beyond Year 2.
- ⇒ It is not clear whether sufficient funds have been allocated to undertake the data collection.
- ⇒ The plan as presented does not adequately measure the process and outcome indicators.

The reviewers also identified problems with the information systems in existence or being proposed.

FOR EXAMPLE:

- ⇒ The information system portion of the plan is not well formulated.
- ⇒ The existing information systems capabilities in the country do not give confidence that the M&E plan can be carried out effectively.
- ⇒ The sources of information are too vaguely described.

5. Weakness: The budget (and therefore the project) was imbalanced; too much or too little was allocated to one or more sectors or activities

The reviewers found that in some cases the budget amounts allocated to one or more sectors or activities were either inappropriate or not adequately justified.

FOR EXAMPLE:

- ⇒ The costs shown for training and administration are too high in relation to the overall budget.
- ⇒ Almost half of the funds are earmarked for the private sector, but there is insufficient information to justify this.
- ⇒ The allocation of funding to NGOs at 10 percent is low compared to the government at 80 percent, given that many of the community initiatives described in the proposal will require NGOs to succeed.

- ⇒ The private sector and academic organizations receive a significant share of the budget, yet they were not mentioned in the proposal.
- ⇒ Considerable resources are allocated to laboratory upgrading and patient subsidies for viral load testing and drug resistance; most of these resources would be better spent to provide free ARVs.
- ⇒ Although the proposal says that public-private partnerships will be used, 85 percent of the funds are allocated to the government.
- ⇒ One-third of the budget is for information, education, and counseling (IEC) materials, but the proposal does not contain a clear IEC plan.
- ⇒ Fifty percent of the funds are being used for training.
- ⇒ Most of the funds are for staff salaries and travel.
- ⇒ Forty percent of the total request is for repairing the heating system of the main TB hospital and for three X-ray machines.
- ⇒ Almost half of the budget is for planning and administration.

6. Weakness: The treatment, care and support component of the proposal was missing or inadequate

The reviewers were critical of the fact that several HIV/AIDS proposals lacked a treatment component. Other common problems identified by the reviewers were as follows:

- The criteria for deciding which persons would receive ARVs was either missing or unclear.
- It was not clear if ARVs would be provided free of charge to the poor.
- There were no targets, or very low targets, for the number of people who were to receive ARVs.
- Drug policies and management strategies were not spelled out.
- It was not clear whether or how children would be accessing ARVs.
- It was not clear what kind of care would be provided to persons living with HIV/AIDS.

The reviewers identified a number of other concerns with respect to the treatment, care and support component.

FOR EXAMPLE:

- ⇒ The treatment plan is unclear.
- ⇒ There are no treatment guidelines.
- ⇒ The treatment regimens for multi-drug resistant TB need to be clarified and properly budgeted.
- ⇒ The HIV treatment goals are too minimal to support the prevention targets.
- ⇒ There is no discussion of specific training for clinicians on HIV primary care and ARVs.
- ⇒ It is not clear the management of ARVs will be done according to WHO guidelines.
- ⇒ There is no mention of treatment for sexually transmitted infections (STIs) or opportunistic infections.
- ⇒ The quantities of drugs required are not spelled out.

- ⇒ There is no mention of drug replacement therapy.
- ⇒ The ARV protocols for the prevention of mother-to-child transmission need to be spelled out.
- ⇒ Having only one treatment facility in the country may not be sufficient.
- ⇒ The choice of drugs for malaria prophylaxis and treatment is questionable.
- ⇒ The ARV regimens are not described.
- ⇒ The proposal contains no plans for drug distribution.
- ⇒ Laboratory monitoring of ARV is not included.
- ⇒ There is no information on what assistance will be provided to drug users to help them adhere to the treatment regimens.

7. Weakness: In HIV/AIDS and TB proposals, there were either no joint activities or insufficient joint activities involving both diseases

Because of the obvious links between HIV/AIDS and TB, the reviewers were critical of HIV/AIDS and TB proposals that did not make those links. The reviewers wanted to see joint activities between projects (or existing programs), or at least activities to address TB in HIV/AIDS projects and vice-versa.

FOR EXAMPLE:

- ⇒ The opportunity to integrate HIV services, such as voluntary testing and counseling (VCT), with TB services was missed.
- ⇒ This HIV/AIDS proposals fails to include any interaction with the TB program that is already seeing many people who would benefit from ARVs.
- ⇒ None of the objectives or indicators address the key links between HIV and TB.
- ⇒ TB-HIV coordination not discussed.
- ⇒ TB management should be integrated into HIV/AIDS care and support.

8. Weakness: The project was too ambitious; some or all of the goals and objectives were not realistic

In the opinion of the reviewers, some projects were simply too ambitious. The reviewers identified targets, objectives, activities, timelines and indicators that they thought were unrealistic.

FOR EXAMPLE:

- ⇒ Year 1 and 2 targets for nets and net treatments are completely unrealistic.
- ⇒ It is not realistic to go from an unknown success rate to 85 percent in two years.
- ⇒ The proposal is too ambitious concerning timelines and short-term goals.
- ⇒ Attempting full coverage of ARVs in two years is too ambitious.
- ⇒ Some objectives are not achievable or measurable in the short term.
- ⇒ These are ambitious objectives for a country with a poor infrastructure.
- ⇒ Highly ambitious impact indicators at this stage of the HIV and TB epidemics.

- ⇒ Increase of 70 percent in one year for the number of women receiving drugs for the prevention of mother-to-child transmission of HIV is unrealistic.
- ⇒ Highly ambitious expansion of the training plan.
- ⇒ Scale up of parts of the proposal are too rapid.
- ⇒ Coverage targets for the objectives are too ambitious, and should be modified and spread more gradually over the life of the project.

9. Weakness: The use of partners (including NGOs and other sectors) in the implementation of the project was inadequate or unclear

The reviewers commented fairly frequently on the absence of information on NGOs as implementing partners.

FOR EXAMPLE:

- ⇒ The involvement of NGOs not well described.
- ⇒ Who the NGO partners would be is not indicated.
- ⇒ Given the importance of the role of civil society in the project, a more detailed description of their roles and responsibilities is required.
- ⇒ There is no information on how the NGOs will be selected.
- ⇒ The ability of local NGOs to deliver the technical aspects of the plan is not described.
- ⇒ The allocation of resources to NGOs is insufficient in light of the activities that are planned for them.

The reviewers also frequently noted the lack of details on the involvement of the private sector.

FOR EXAMPLE:

- ⇒ The private sector is not mentioned in the information, education and counseling activities even though 90 percent of malaria cases are treated in the private sector.
- ⇒ The role of the private health sector is unclear.
- ⇒ The proposal does not include any discussion of a strategy for engaging the private sector.
- ⇒ The role of the private sector in procurement, distribution and implementation is very unclear.

The reviewers also identified other problems with respect to the involvement of partners and sectors.

FOR EXAMPLE:

- ⇒ There are no credible implementation partners, and no evidence that the government can go it alone.
- ⇒ The partners seem to be mainly academics and researchers rather than community mobilizers.
- ⇒ The proposal does not mention how external partners, such as the World Bank and AusAID, are being utilized.

- ⇒ Although academic institutions have 75% of the budget, there is no explanation of their roles and responsibilities.
- ⇒ The multi-sectoral approach is not clearly described (beyond meetings).

10. Weakness: The impact and/or outcome indicators were inappropriate or poorly defined

The reviewers found that in a number of proposals the indicators were simply not appropriate.

FOR EXAMPLE:

- ⇒ The indicator for delaying sexual initiation to 22 years for men and 19 years for women is not realistic and needs further analysis.
- ⇒ Using biochemical examinations in multi-drug resistant TB patients is not appropriate.
- ⇒ The indicators for services to sex workers and their clients, and for the education of traditional practitioners, are too low.
- ⇒ Some indicators are not relevant.
- ⇒ It is unlikely that the percentage of commercial sex workers using condoms will be measurable through outreach services.
- ⇒ The indicators are focused on inputs rather than public health outcomes (e.g., training is used as a coverage indicator).
- ⇒ A number of the proposed coverage indicators are not directly measurable.

In other instances, the reviewers found that there was insufficient or confusing information on the indicators.

FOR EXAMPLE:

- ⇒ Poor identification of the indicators.
- ⇒ Many indicators have no actual targets.
- ⇒ The indicators are unclear.
- ⇒ Information for many of the indicators is missing.
- ⇒ The indicators for ARV access are confused: 500 patients in Year 5 does not translate into 90 percent coverage.
- ⇒ (From a TB proposal) There is no mention of the key outcome indicators: cure, completion, failure, default and transfer rates.

Finally, the reviewers noted instances where the indicators did not adequately support the objectives or activities.

FOR EXAMPLE:

- ⇒ The impact indicators do not fully reflect the stated objectives.
- ⇒ No indicators are spelled out for the objectives and activities.
- ⇒ Indicators to measure key activities were missing.

11. Weakness: The project did not focus sufficiently on vulnerable groups

The reviewers found that in a number of proposals, vulnerable groups were either not addressed or were addressed inadequately. (Note: The examples listed below pertain to HIV/AIDS proposals unless otherwise indicated.)

FOR EXAMPLE:

- ⇒ The vulnerable groups are not well articulated. The proposal needs to focus more on women, returnees, the military, traders and other mobile populations.
- ⇒ No services have been designed for women even though women represent 60 percent of the infections.
- ⇒ The proposal mentions sex workers as the most vulnerable population, but fails to include activities addressing sex workers.
- ⇒ The services for orphans are not defined.
- ⇒ The proposal has no focus on injection drug users, and limited focus on sex workers.
- ⇒ The activities focus more on providing financial support to social institutions than to reaching target populations.
- ⇒ The programming for vulnerable groups is not described.
- ⇒ (HIV/TB) The vulnerable groups are not addressed in the proposal.
- ⇒ The proposal address one vulnerable group, but fails to address injection drug users, sex workers and men who have sex with men.
- ⇒ (TB) Much of the budget is for equipment and the development of guidelines, rather than for activities targeting the vulnerable groups.
- ⇒ The proposal fails to address prisoners.

In some cases, the reviewers found that the information on how vulnerable groups would be addressed was insufficient.

FOR EXAMPLE:

- ⇒ The section on injection drug users is weak. More activities needed.
- ⇒ There is no information in the proposal on how the vulnerable population will be recruited into the youth centre.
- ⇒ Returnees need specific programmatic approaches.
- ⇒ There is no description of how the outreach to the vulnerable groups will be done.

12. Weakness: The proposal did not demonstrate complementarity or additionality; it was not clear how the project related or added to existing programs

The reviewers found that in a number of instances the proposals did not adequately explain how the proposed objectives and activities would materially add to or complement existing programs.

FOR EXAMPLE:

- ⇒ The proposal fails to describe how the project would relate to other activities in this area.
- ⇒ Poor description of how the proposal would complement existing activities.

- ⇒ The proposal overlaps with other processes to expand VCT (e.g., WHO).
- ⇒ The proposal makes no reference to existing TB services.
- ⇒ No clear value added to national or regional programs.
- ⇒ The role of the VCT component of the proposal is not clearly delineated from existing centers delivering care to pregnant women, providing mother-to-child prevention and providing STI care.
- ⇒ The proposal does not explain how the proposed activities would interact with existing national prevention activities.
- ⇒ No information on how the proposal would add to existing condom distribution programs.
- ⇒ The proposal is not consistent with the existing national strategy.
- ⇒ The proposal says nothing about scaling up the experience of already existing NGOs.

In some cases, the reviewers raised questions about the links between the Global Fund proposal and activities being funded from other sources.

FOR EXAMPLE:

- ⇒ The proposal does not explain how the proposed activities would complement the World Bank loan.
- ⇒ More details are required concerning the complementary role of the Global Fund monies with other sources of funding, especially concerning M&E.
- ⇒ The complementarity of these activities with those supported by recently increased donor resources for malaria is not clear.

The reviewers identified problems with some of the regional proposals.

FOR EXAMPLE:

- ⇒ There are no links with existing national TB control programs.
- ⇒ It is not clear how the proposed services will add to existing national services.

Finally, the reviewers pointed out that in some proposals, there was insufficient information on how they linked to other proposals that (a) were approved by the Global Fund or (b) were being submitted to the Fund.

13. Weakness: The proposal did not contain a good situational analysis and/or provide adequate baseline information

The reviews found that the situational analysis in a number of the proposals was less than adequate.

FOR EXAMPLE:

- ⇒ No situational analysis was included.
- ⇒ The situational analysis was very weak.
- ⇒ The situational analysis lacked a gap analysis.

- ⇒ The situational analysis does not indicate what is currently happening for each of the objectives, and what the gap is that needs to be funded.
- ⇒ The situational analysis for all of the countries covered by this proposal is based on one reference paper.
- ⇒ The situational analysis is not based on available epidemiological evidence.
- ⇒ The proposal demonstrates no understanding of the nature and causes of the HIV/AIDS epidemic in the region, or of the accepted approaches to prevention, treatment and care.

The reviewers also found that many proposals contained either no baseline data or incomplete data.

FOR EXAMPLE:

- ⇒ There is missing baseline data.
- ⇒ The baseline data provided do not help to understand how the defined targets will be reached.
- ⇒ The current epidemiological situation is not identified.
- ⇒ The reported burden of disease is not specific to the targeted areas.
- ⇒ The TB baseline data is inaccurate. The proposal does not refer to published data.
- ⇒ There is no information on the burden of multi-drug resistant TB.
- ⇒ It is not clear whether the baseline figures are actuals or estimates.
- ⇒ There is no information on the current in-country TB drug distribution system.

14. Weakness: The plan for procurement and supply chain management was inadequate

The reviewers found that some proposals contained no plan for procurement and supply chain management. In other cases, the reviewers said that the plan was too vague or not detailed enough.

FOR EXAMPLE:

- ⇒ The arrangements for procurement are weak.
- ⇒ The vagueness of the procurement plan does not inspire confidence in existing systems and infrastructures.
- ⇒ It is not clear whether the drugs purchased will be consistent with the GDF (Global TB Drug Facility).
- ⇒ No details are provided with respect to procurement and supply chain management. This is problematic, given the country's lack of experience procuring ARVs, and given the supply chain issues in a country that is particularly geographically dispersed.
- ⇒ There is no centralized processing to reduce the price of commodities.
- ⇒ The proposed procurement system is weak; it vaguely implies that the WHO will do it.
- ⇒ The procurement and supply management section has information taken from existing documents that do not specifically address the mechanisms for procuring TB drugs.

⇒ The country should be applying to the GDF for drugs.

The reviewers also identified problems concerning the funding, pricing and costs of drugs and other products.

FOR EXAMPLE:

- ⇒ Where will the funding come from for the nets purchased in Year 3?
- ⇒ The cost shown for individual drugs are not accurate.
- ⇒ The ARV prices should be lower.
- ⇒ The unit costs shown for the TB medications are extremely high.
- ⇒ The unit costs for the first line ARVs vary within the proposal.

15. Weakness: The CCM was not sufficiently representative.

The reviewers were critical of proposals from CCMs which were not well balanced in terms of representation from the various sectors.

FOR EXAMPLE:

- ⇒ The CCM is very government dominated, with little civil society involvement. The CCM has yet to demonstrate capacity.

16. Weakness: There were problems concerning the PR.

The reviewers identified several problems with respect PRs. In some instances, the PR was not identified or was not located in the country. In other cases, the PR lacked the necessary capacity (or there was no information about capacity).

FOR EXAMPLE:

- ⇒ The proposal mentions three PRs but there is no information on their respective capacities.
- ⇒ The PR is a small organization (the proposal budget is four times current annual turnover) and it is not clear that it has the capacity to manage such a large project.

Weaknesses Identified Less Frequently

The following is a list of some of the other weaknesses identified by the reviewers:

- The human resource plan and/or capacity building plan was absent or inadequate.
- The evidence of co-financing was missing or inadequate.
- The proposal was poorly written and organized.
- The financial management and/or governance plans were inadequate.
- Some of the methodologies were questionable.
- It was not clear whether the political commitment was there.
- The country's readiness to implement was not clearly established.
- There was insufficient information concerning sustainability.
- Information about external donors for the project was missing, incomplete or unclear.

- The absorptive capacity to take on this project was not demonstrated.
- The proposal failed to build on lessons learned.

Weaknesses that Emerged in Round 4 TRP Comments

In the sub-section on strengths above, we indicated that in Round 4, the reviewers began to comment favorably on proposals that contained a good description of the roles of implementing agencies; addressed technical support needs; addressed important political and social issues (such as stigma and discrimination); and contained a strong gender analysis and strategy. Not surprisingly, in listing the weaknesses of proposals submitted in Round 4, the reviewers began pointing out when proposals failed to address these issues. These were all issues that had not received a great deal of attention in earlier rounds of funding. We can expect that the reviewers will be paying more attention to these issues when they review applications for Round 5.

FOR EXAMPLE:

- ⇒ The roles and responsibilities of the various players were unclear.
- ⇒ The nature and role of the private sector at community-level is very poorly described even though the private sector is said to a major partner in the treatment activity.
- ⇒ The implementation plan fails to identify who does what.
- ⇒ There was inadequate provision for technical assistance.
- ⇒ There was no mention of anti-discrimination legislation and policies.
- ⇒ There was no reference to how confidentiality will be assured and how discrimination will be prevented.
- ⇒ Significant numbers of new policies, plans, and laws need to be reviewed, revised or developed to create an enabling policy and legal environment for appropriate and ethical HIV testing.
- ⇒ There is no explanation of how sex workers, injecting drug users, men who have sex with men, and prisoners will be protected from discrimination, legal action, and coercive HIV testing.

Chapter 4: Step-by-Step Guide to Filling Out the Round 5 Proposal Form

This chapter provides guidance on how to fill out the Proposal Form for Round 5. First, we explain the importance of reviewing the R5 Guidelines for Proposals before starting to prepare your application. We discuss the features of the two formats in which the Proposal Form is available. Then, we offer some advice concerning the Proposal Form as a whole. The bulk of this chapter is devoted to providing guidance on specific sections of the Proposal Form.

Throughout this chapter, we use the term “proposal” to describe the application you are submitting to the Global Fund, and we use the term “project” to describe the activities that you will be implementing if your proposal is accepted for funding. For the purposes of this Chapter, we assume that all proposals will be for a five-year period (the maximum allowed), though they can be for a shorter duration.

Special Note: *The Proposal Form itself provides some guidance as to what information the Global Fund is looking for, though this guidance is sometimes limited. The R5 Guidelines for Proposals offer additional guidance. In this chapter, we have tried to provide even more information so as to make it as easy as possible for you to fill out the Form. However, there may still be sections of the form that are not entirely clear. The Global Fund Secretariat plans to include a section on Frequently Answered Questions (FAQs) on its website (www.theglobalfund.org) to clarify issues that arise concerning the Proposal Form. You can also address questions directly to the Global Fund by calling the Secretariat at +41 22 791 1700 or by writing to proposals@theglobalfund.org.*

Importance of the R5 Guidelines for Proposals

Special Note: *Before you start filling out the Proposal Form, we suggest that you thoroughly familiarize yourself with the R5 Guidelines for Proposals, a guidance document produced by the Global Fund specifically for the fifth round of funding. This step is extremely important because we make frequent references to the R5 Guidelines for Proposals in the balance of this chapter.*

In addition to describing who is eligible to apply and what types of proposals can be submitted, the Guidelines contain the following sections, each of which provides very useful information:

Scope of Proposals (Section III). This section explains that your project can focus on one or more of the three diseases (or on health system strengthening); that your proposal needs to address social and gender issues, such as gender inequalities, and stigma and discrimination; that your proposal should address systematic cross-cutting issues, such as capacity development and infrastructure development; that your proposal should contain an appropriate balance between different types of interventions (e.g., prevention, care and treatment); and that your proposal should contain interventions implemented by a wide variety of partners. It also provides examples of the types of activities that the Global Fund supports.

Criteria for Proposal Review (Section IV). This section outlines the key elements that the TRP looks for in proposals.

Proposal Development (Section V). This is the largest section in the Guidelines. First, it highlights the importance of the participation of the CCM members in the

preparation of your proposal. Then, it provides guidance on key elements that need to be included in your proposal – namely, identification of needs; the proposed strategy, as defined by the goals, objectives, services, main activities, and indicators; implementation arrangements; monitoring and evaluation (M&E); procurement and supply management; technical assistance and capacity building; and budget information.

Proposal Application and Review Process (Section VI). This section provides information on how and where applications should be submitted; and on the steps involved in the review of applications.

Guidance on Use of the Different Formats of the Proposal Form

The Global Fund has provided the Proposal Form in two formats: Word and PDF. You do not need to be online to use either format. The features, strengths, and weaknesses of each format are outlined below.

Word version: The Word version is available in Arabic, Chinese, English, French, Russian, and Spanish. The Word version can be downloaded from the Global Fund website. Note that the Proposal Form contains two annexes and that these have to be downloaded separately. You can also request a copy of the Proposal Form and the two annexes by sending an email to the Global Fund. Finally, both the Word version and the annexes are available on a resource CD-ROM which can be obtained from the Global Fund, or from local UNAIDS and WHO offices. (See the box for contact information for the Global Fund.)

You will need to submit your application both electronically (via email or by uploading it on the Global Fund website) and in printed form (via mail or fax). Note that for all proposals from CCMs and RCMs, the printed version has to contain the signatures of the CCM or RCM members.

Advantages of the Word version:

- The user can edit it easily.
- The user can create new "master drafts" through copying-and-pasting from earlier drafts where different people worked on different parts of the proposal.
- It is simple enough that it does not have "bugs" in the way that complex software can.

Disadvantages of the Word version:

- It does not have built-in intelligence. Thus, it cannot calculate totals and percentages, and cannot omit steps based on answers in earlier steps.
- If you submit your proposal to the Global Fund in this format, the Fund will have to do a lot of work to get your answers into its database.
- To add sections or to extend tables, you may need to do a lot of copying and pasting.
- Attachments have to be submitted as separate files.

PDF version: This version uses the Adobe Portable Document Format (PDF). It is available in English, French, Russian, and Spanish. The PDF version can be downloaded from the Global Fund website. Note that the Proposal Form contains two annexes (available only in Word format), and that these have to be downloaded separately. You can also request a

copy of the Proposal Form (PDF version) and the two annexes by sending an email to the Global Fund. Finally, both the PDF version and the annexes are available on a resource CD-ROM which can be obtained from the Global Fund, or from local UNAIDS and WHO offices. (See the box for contact information for the Global Fund.)

The Global Fund also provides guidance on how to fill out the PDF version in a publication entitled "Instructions for Completing the Proposal Form for the Fifth Call (PDF)" (hereinafter referred to as the PDF Form Instructions), available from the same sources as the Proposal Form, including the Global Fund website. Applicants who use the PDF form should read these instructions carefully.

Special Note: As we went to press, the website contained Version 1.3a of the PDF Form Instructions, dated April 2005. Please check the website to see if a more recent version has been posted.

To use the PDF version, you must have Adobe Reader software, available free of charge on the Internet at www.adobe.com. The PDF version requires Adobe Reader version 6.01 or later. The Global Fund's resource CD-ROM contains copies of Adobe Reader version 6.02 (as well as version 7.0 upgrades) in English, Spanish, French and Russian. See Section 1.1.2 and 1.1.3 of the PDF Form Instructions for information on the minimum systems requirements for using Adobe Reader. Note that you do *not* need Adobe *Acrobat* software to use the PDF version; Adobe *Acrobat* is more sophisticated than Adobe *Reader* and it is expensive.

Note that the Global Fund provides support for applicants who experience problems filling out the PDF version. See the contact information box for details. Section 2.5 of the PDF Form Instructions explains what information Global Fund staff will need from you when you contact them to request support.

You will need to submit your application both electronically (via email or by uploading it on the Global Fund website) and in printed form (via mail or fax). Note that for all proposals from CCMs and RCMs, the printed version has to contain the signatures of the CCM or RCM members. See Sections 2.6 and 15 of the PDF Form Instructions for information on how to send the proposal electronically to the Global Fund. See Section 4.2 of the PDF Form Instructions for information on how to reduce the size of your file when sending the proposal electronically

Advantages of the PDF version:

- The PDF version has considerable built-in intelligence, usually presenting you with only those steps that appear to be relevant based the information you entered in earlier steps. It computes totals and percentages as needed, and

Contact information for the Global Fund

To obtain the Proposal Forms and related documentation from the Global Fund, do one of the following:

- Download the documents at www.theglobalfund.org/en/apply/call/application.
- Send an email to proposals@theglobalfund.org.
- Write to : Proposals, G.F.A.T.M., Centre Casai, 1216 Cointrin-Geneva, Switzerland.

You can submit an electronic copy of your completed proposal by email to the address shown above, or by uploading it directly on the Global Fund website via www.theglobalfund.org. You can send a hard copy of your completed proposal by mail to the address shown above, or by fax to the Global Fund at +41 22 791-1701. Remember that you need to provide both an electronic copy and a hard copy.

Support on how to use the PDF version can be obtained by sending an email to the address shown above, or by calling the Global Fund at +41 22 791-1700.

automatically copies data from one part of the form to other parts when appropriate.

- The PDF version adds sections and extends tables as required; you do not need to copy and paste.
- Answers are stored in a structured database that the Global Fund can use effectively.
- Some data from other PDF forms, such as information on the membership of the CCM, can be imported into the PDF version.
- Only the entered data needs to be transferred to the GF, reducing the transferred data volume substantially. (When you receive the PDF version, you are receiving huge amounts of software plus, in effect, an empty database. When you export the results of your work, you are only exporting the database.)
- The PDF version permits team writing, in which one writer completes one part of the application and other writers simultaneously complete other parts. Team-writing is conducted by the majority of applicants, and is reflective of the whole partnership approach that the Fund advocates. Exports of data can be done on a section-by-section basis. This means that one person can work on each section, and then export the data from his/her section, with these exports then all being imported into a master version. Similar results can be achieved with the Word version, but more copying and pasting is required.
- Attachments can be included in the same file as the proposal.

Disadvantages of the PDF version:

- The PDF version is not particularly user-friendly. It is not always easy to navigate the form. The PDF Form Instructions document is over 50 pages long and it is written in a way that is not easy to comprehend.
- The PDF form is less flexible. For example, it is difficult to add information over and above what is requested in the instructions on the Proposal Form because there is usually no space provided for this purpose. Usually, you have to provide the additional information in an annex. Also, there may be occasions where you would like to copy a table one or more times in order to enter additional data, and you will not be able to do so.
- As with any sophisticated software, there are bugs. Sometimes, for example, when you try to squeeze more information into a data field, instead of the field expanding (as it should) the font shrinks, sometimes to a size that is too small to read.
- There is some information in the Word version of the Proposal Form that is missing in the PDF version.

Conclusion:

The Global Fund would like applicants to use the PDF version because it cuts down on the amount of work that the Fund has to do when it receives the data. In theory, a PDF form ought to be easier for applicants to use as well. However, the PDF version that the Fund has produced for Round 5 is not all that easy to use and it still has some bugs. The PDF version was not made available until a full month after the launch of Round 5 because the Fund was busy trying to remove as many bugs as possible. The end product was, of necessity, rushed. With more time and more field testing, it could have been significantly improved.

Applicants may wish to try both versions to see which one they prefer. As a general rule, however, Aidsfan suggests that applicants stick to the Word version unless they have people on their team that have considerable expertise using computer software programs (or they are prepared to spend time on the phone talking to the support people at the Global Fund).

General Guidance on the Proposal Form

Special Note: *The information in the balance of this chapter refers to the Word version of the Proposal Form. Most of the information also applies to the PDF version. However, there are some differences between the two versions. These differences are highlighted in text boxes interspersed throughout the chapter.*

In Round 5, you can apply to the Global Fund for funding to address one or more of the three diseases covered by the fund. You can also apply for funding to address health system restructuring. The Global Fund refers to these as components, and it says that you can address more than one component in the same proposal. However, this approach has rarely been successful in the past and we do not recommend it. The more common approach is to submit a separate proposal for each component. Generally speaking, for the purposes of this Guide, we have assumed that the proposal you are submitting covers just one component.

If you do decide to address more than one component in the same proposal, please note that the Global Fund requires that there be a separate Components Section (Section 4) and a separate Budget Section (Section 5) for each component.

If you are submitting more than one proposal, and if some of the information that you need to provide does not change for each proposal, you may copy and paste the relevant texts from one proposal to another.

The following are some general tips concerning how the Proposal Form should be filled out:

- Ensure that you create a backup copy of the empty Proposal Form before you start filling out the form.
- Be sure to read the “How to use this form” section at the beginning of the Proposal Form. It contains useful guidance.
- It is a good idea to alter the footer in the Proposal Form in order to add some information that identifies your proposal.
- The Global Fund prefers that attachments be sent in separate Word files rather than be included in the same Word file as the proposal.
- The Proposal Form uses blue colored font when providing instructions and guidelines (as opposed to the descriptions of each item, which are in black). If you are working from a printed copy of the Proposal Form, obviously the color will not show unless a color printer was used. The font that the Proposal Form uses for instructions and guidelines is in italics, which also helps to distinguish it from other text.

PDF VERSION

1. In the PDF version, instructions are identified by an “i” symbol and guidelines by a “G” symbol.
2. There is no footer in the PDF version, and you cannot add one. However, once you enter the name of your country, it will appear as a header on almost every page of your proposal.
3. In the PDF version, attachments can be included in the same files as the proposal.

- Where the Proposal Form calls for one or two paragraphs of text, it is not a good idea to write six or seven paragraphs. This will not be viewed favorably by the TRP. If you feel that it is necessary to write at significantly greater length than what is called for, we suggest that you do it in the form of an annex.
- In the Word version, narrative text needs to be entered in the yellow boxes provided for each item.
- You may want to add a list of acronyms or abbreviations used frequently in the proposal (including a description of what each acronym and abbreviation stands for) right after the general information page at the beginning of the Proposal Form, or as an annex.
- Save your work frequently as you fill out the form.
- Section V.B.7 of the R5 Guidelines for Proposals contains some guidance with respect to size of the funding requests contained in proposals.
- When you are asked to tick a box in the Word version of the Proposal Form, the process is a bit complicated. To tick a box, move the cursor to the textbox, right click, select “Properties,” and then under “Default value” select “Checked.” Finally, click on “OK.”

PDF VERSION

1. **Expansion of the form.** When you first open the PDF file, there are only six pages in the Proposal Form. However, the number of pages expands as you make certain selections. For example, if you indicate that your proposal contains an HIV/AIDS component, about 26 pages are immediately added to the form to enable you to provide the information required for that component. Other selections that you make may cause other pages or items to be added to the form.

2. **Resizing fields.** Fields where you are required to enter data can be resized if required – i.e., if your text exceeds the space provided. Some large text fields have an “Add a page” (or similar) button just below the field. Click on this button if you need more space. For fields that do not have this feature, the size of the fields will usually expand, if required, as you enter data. The field should automatically re-size once you move to another field, but this may take a moment. If this does happen automatically, try adding a blank line to the field and then moving to another field. Sometimes when you enter more data than the field can handle, a navigation bar will appear on the right-hand side, permitting you to scroll up and down to view all of the text. Sometimes, rather than have the field expand, the form causes the text to shrink.

Warning: Except for those fields with an “Add a page” (or similar) button, the fields are not designed to accommodate a significant expansion. As a result, you may find that the expansion feature works somewhat erratically. Sometimes, for example, as you expand a field, the text shrinks to a size that is illegible. Therefore, when you wish to include a lot of additional text in a field, we suggest that you provide a summary on the proposal form and include more detailed information in an annex. When you try to expand a field, you may get a notice that says something along these lines: “You have provided text that goes beyond the display limit of the field. Please attach a document to this field instead. The field will be displayed in red until the amount of text is reduced so that it fits within the limit.”

3. **Editing buttons.** Many of the tables have a button in the left-hand margin (the button looks like “(O)” in a shaded box). These buttons can usually be used to add a row, to add information from drop-down-type lists, and to edit information already entered. Sometimes, the use of these buttons is the only way to enter data in a portion of the table.

PDF VERSION

1. **Tables.** (a) Totals and percentages are usually calculated automatically, so you do not have to enter them. In fact, you are not able to enter data in fields where the information is automatically calculated. (b) When entering monetary amounts, you will not be able to include commas; however, they will be generated automatically. (c) Where the instructions on the Proposal Form indicate that certain amounts must equal amounts entered in another table elsewhere on the Proposal Form, you will usually not be able to enter the amounts. Instead, they will be entered automatically (based on the information in the other table).

2. **Formatting.** In all large text fields in the Proposal Form, limited formatting can be done directly on the form. However, all of these fields accept text that is already formatted. Therefore, we suggest that you create these texts in Word or in any RTF format, and then copy the formatted text into the Proposal Form. See Section 7.1 of the PDF Form Instructions for more details.

3. **Attachments.** Applicants can attach documents (annexes) to the same file that contains the Proposal Form. Attachments can be linked directly to a particular part of the Form. See Sections 4.10 and 14 of the PDF Form Instructions for details.

4. **Drop-down lists.** Where there is a selection to be made from a list of items, the PDF version usually (but not always) uses a drop-down list.

5. **Reducing file size.** With Adobe Reader, each time you use the “Save” command, data is saved incrementally – i.e., a new copy of the form is saved without erasing the previous version. If the file is saved frequently – which is a good thing to do when you are working on the form – then you will end up with very large file sizes. You can avoid this problem by using the “Save as” command instead of the “Save” command. With the “Save as” command, only the latest version of the form is stored on file. The “Save as” command is found in the File menu. If you use the “Save” command a few times and then use “Save as” your file size will still be reduced substantially. Using “Save” most of the time, and then occasionally using “Save as” may be the best approach because while the “Save” command takes only about one second to execute, the “Save as” command can take 30 seconds or more.

6. **Importing and exporting data.** As indicated earlier, data can be imported from, and exported to, another PDF file. This feature can be useful if different members of your team are writing different parts of the proposal. The process is not that simple and there are limitations. See Sections 4.9 and 13 of the PDF Form Instructions for details. We suggest (a) that you read the instructions very carefully and (b) that you back-up your file before trying the import/export features. Note that the data for any fields that you import will overwrite the data in those fields in your file.

7. **Proposal Form Annexes.** Annex A (Lists of Impact, Outcome and Coverage Indicators, and a Glossary of Terms) and Annex B (Green Light Committee Applications) are not included in the PDF version. You can access these annexes in Word format on the Global Fund website via www.theglobalfund.org. (These annexes are read-only, which means that you do not have to enter any data.)

8. **Team writing.** If you are planning to have several different members of your team working on different parts of the Proposal Form, and if they will be exchanging and merging data, see Section 3.1 of the PDF Form Instructions for guidance on how to proceed.

Guidance on Specific Sections of the Proposal Form

Below, we provide guidance on a “step-by-step” basis. The structure of this section follows the hierarchy of the Proposal Form – i.e., sections, steps, items, and sub-items. (Actually, these are our terms; the Global Fund uses only the term “section.”) In some instances, steps, items, or sub-items have been grouped together. We have used the same headings as the ones found on the Proposal Form, except that we have abbreviated some of the headings for space reasons. For some of the steps, we have included for illustrative purposes extracts from proposals that were approved in the third or fourth rounds of funding. These are not verbatim extracts; they have been adapted or condensed. You should not assume that the level of detail provided in these extracts is necessarily appropriate for your proposal. Also, these extracts illustrate approaches taken by specific applicants; other approaches are possible and, indeed, may be more suitable to your particular circumstances.

Section 1: Eligibility

General information page

At the beginning of this section, there is a page on which you should specify the proposal title, the country or countries covered in the proposal, the type of application, the proposal components, and the currency in which the proposal is submitted. For Regional proposals, you can specify more than one country.

With respect to the type of application, you need to select one of the following

- National Country Coordinating Mechanism
- Sub-National Country Coordinating Mechanism
- Regional coordinating Mechanism (including Small Island Developing States)
- Regional Organization
- Non-Country Coordinating Mechanism

Refer to Section II.C of the R5 Guidelines for Proposals for more information on each type. As well, regional and non-CCM proposals are discussed at some length in Chapter 2 of this Guide.

PDF VERSION

1. In the PDF version, the general information page appears before the start of Section 1.1.
2. When you indicate the country (or countries) here, this information automatically appears as a header on almost every page of the proposal.
3. You should select the country or (countries) by using the drop-down list. If you need to make a change, use the “reset” button in the bottom right corner of the box.
4. Once you select your type of application, you cannot change this selection. A notice to this effect will appear.

As indicated above, you can have more than one components in your proposal, which means that you can tick one or more boxes in the proposal components area. Note that where HIV/AIDS is driving the TB epidemic, both HIV/AIDS and TB components should include collaborative TB/HIV activities. Further guidance is provided in the footnotes on this page of the Proposal Form.

Special Note: Round 5 is the first round in which applicants have been able to submit a component on health systems strengthening. If you are submitting a health systems strengthening component, we suggest that you review the information in Section III.B of the R5 Guidelines for Proposals on what the Global Fund expects to see included in this component.

Expenditures can be shown in US dollars or in Euros, but not both. Applicants need to select one of the two currencies and use that currency throughout the proposal.

Enter the name of your country in the space provided in the “Country/countries” box at the top of the next page.

The Global Fund requires that you indicate here whether your country is “low income,” “lower-middle income,” or “upper-middle income,” as classified by the World Bank. Proposals from countries classified as low income are fully eligible for funding from the Global Fund. Proposals from countries classified as lower-middle income or upper-middle income have to meet certain requirements. (Proposals from countries classified as high income are not eligible for funding.)

For more information, see “[Who Is Eligible](#)” in Chapter 1 of this Guide, and also Section II.A of the R5 Guidelines for Proposals. For the list of eligible countries, and what their income classification is, see Section VIII (Annex I) of the R5 Guidelines for Proposals.

For proposals covering multiple countries, the information required in this section must be provided for each country. If the countries involved in your proposal are all in the same income classification, then simply enter the names of the countries in the “Country/countries” box and tick off the appropriate income classification. If some of the countries are in different income classifications, then we suggest that you simply list each country and indicate its income classification.

If your country is classified as low income, you can skip Step 1.1 and go directly to Step 1.2.

PDF VERSION

1. When you select your component(s), additional pages will be added to the form to enable you to provide information specific to this (these) component(s).

Note: If, after entering this information, you go back and delete your selection, you will lose the data you entered. The name of the component appears as a header on each page of Sections 4 and 5.

2. All tables (and other items) in the Proposal Form where currency amounts need to be entered will be automatically labeled with the currency that you select.

3. In the PDF version, the name of the country appears automatically here, based on the selection you made on the general information page.

4. In the PDF version, once you select the income classification, you cannot change this selection. A notice to this effect will appear.

5. If you select “low Income,” Step 1.1 will not appear because it applies only to applications from lower-middle and upper-middle income countries.

6. In the PDF version, it is not possible to list several countries and show different income classifications for each. See the note about this in Step 1.1.

7. This page contains buttons that allows you to import and export data, and to send data via email. See Sections 4.9 and 13 of the PDF Form Instructions for details.

Step 1.1 – Lower-middle income and upper-middle income country

This is where authors of proposals from lower-middle income and upper-middle income countries must provide information on the additional requirements that must be met.

If your proposal covers multiple countries, we believe that you need to fill out Step 1.1 for *each* country, which means that you will need to copy Table 1.1.1 as many times as there are countries; and that you will need to have a separate section for each country when you respond to item 1.1.2. We suggest that you confirm this requirement with the Global Fund.

Item 1.1.1 – Counterpart financing and greater reliance on domestic resources

PDF VERSION

In the PDF version, there is no way for you to copy Table 1.1.1 if your proposal covers multiple countries. We suggest that you confirm with the Global Fund whether the information in Table 1.1.1 is required for each country. If it is, the Global Fund should be able to advise you on the best way to provide this information. If necessary, you can always provide it in an annex.

The Global Fund requires that proposals from lower-middle income and upper-middle income countries demonstrate that the government is prepared to invest domestic resources to ensure the sustainability of the activities once the project itself comes to an end. This is referred to as “counterpart financing.” Lower-middle income countries must demonstrate counterpart financing of at least 10 percent in Year 1, progressively increasing to at least 20 percent by the end of the project. Upper-middle income countries must demonstrate counterpart financing of at least 20 percent in Year 1, progressively increasing to at least 40 percent by the end of the project.

Note that counterpart financing encompasses all domestic resources linked to the interventions for which funds are being requested in the proposal. For more details, see Section II.A of the R5 Guidelines for Proposals. Note also that non-CCM proposals are exempt from the counterpart financing requirement.

In Rounds 3 and 4, the TRP was particularly impressed with proposals that showed governments funding a progressively greater share of the activities as the project matured. See [Strength #6](#) in Chapter 3 of this Guide for examples of proposals that provided evidence of sustainability.

Applicants are required to provide information on the amount of counterpart financing in Table 1.1.1. Figures are required for each of the five years of the proposal; the figures for Year 1 and Year 2 need to be firm, while the figures for the three subsequent years can be estimates.

In Row 1, the Global Fund requires that you indicate the total amounts being requested from the Fund for this proposal. The figures in this row must match the totals in Table 5.1 in Section 5 of the Proposal Form. Row 2 should be used to show the amount of counterpart financing. In Row 3, indicate the percentage of the total requested that is represented by counterpart financing.

PDF VERSION

1. In Table 1.1.1, you cannot enter any amounts in Row 1. These amounts will appear automatically once you complete Table 5.1. The percentages in Row 3 will also be automatically calculated.

2. In the PDF version, there is some information missing in Row 2. The text should read “Counterpart financing (B) [linked to the interventions for which funds are requested under (a)].”

Item 1.1.2 – Poor or vulnerable populations

The Global Fund requires that proposals from lower-middle income or upper-middle income countries focus on poor or vulnerable populations. You need to describe here (a) the poor or vulnerable populations that your proposal is targeting; (b) how these populations were identified; and (c) how they will be involved in planning and implementing the project. In its review of Rounds 3 and 4 applications, the TRP commented favorably on proposals that included a strong focus on vulnerable communities. It commented unfavorably on proposals in which vulnerable communities were not addressed at all or were addressed inadequately, or in which there was insufficient information on how vulnerable groups would be addressed. See [Weakness #11](#) in Chapter 3 of this Guide for examples of the TRP's findings.

Step 1.2 – CCM functioning - eligibility criteria

To be eligible for funding, all National CCM, Sub-National CCM, and RCM proposals have to meet the requirements outlined in this step. This step is new for Round 5. It reflects decisions taken in 2004 by the Global Fund Board to introduce certain mandatory criteria with respect to CCMs. More information is available (a) in Section II.B of the R5 Guidelines for Proposals; (b) in “Deciding Whether to Apply” in Chapter 2 of this Guide; (c) in the Global Fund’s “Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility,” available at www.theglobalfund.org/pdf/5_pp_guidelines_ccm_4_en.pdf; and (d) in *The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*, available at www.aidspan.org/guides.

Note that this step does not apply to proposals that originate from organizations that are not CCMs or RCMs.

You may also want to review the guidance concerning the importance of a participatory CCM in Section V.A.1 of the R5 Guidelines for Proposals.

Item 1.2.1 – Demonstrate CCM membership of people living with and/or affected by the diseases.

The Global Fund requires information demonstrating that the membership of the CCM includes people living with, and/or affected by, the diseases. Although the wording is ambiguous, this requirement has been interpreted to mean that there must be people living with the diseases on the CCM. You may enter the required information here. The guidance on the Proposal Form says that alternatively, if the information you provide in Item 3.6.3 of Section 3 of the Proposal Form clearly demonstrates membership of people living with the diseases, you may simply insert a note here referring to Item 3.6.3. We suggest that you provide the information in both places – i.e., here and again in Item 3.6.3.

Item 1.2.2 – Provide evidence that CCM members representing the non-government sectors have been selected by their own sectors...

The Global Fund requires that CCM members representing the non-government sectors be selected by their own sectors based on a documented, transparent process developed within each sector. In Item 1.2.2, you are required to summarize the selection processes that were used. As well, you are required to attach as an annex to the proposal additional (i.e., more comprehensive) documentation on the processes used.

Item 1.2.3 – Describe and provide evidence of a documented and transparent process to: ...

For this item, the Global Fund requires evidence that a documented and transparent process was used to (a) solicit submissions for possible integration into this proposal; (b) review submissions for possible integration into this proposal; and (c) nominate the PR (or PRs) and oversee program implementation. In each case, the Global Fund requires that summary information be included here, and that additional documentation be provided in an annex.

PDF VERSION

In the PDF version, “(c)” is incorrectly labeled “(b)” but the requirements are still clear.

Section 2: Executive Summary

The natural tendency is to fill out the Executive Summary last, because it summarizes the information in the rest of the proposal. Our own experience, however, has been that it is a good idea to produce a draft of the Executive Summary about half-way through the proposal-writing process. There is a lot of value in being forced to summarize the project in about two pages, even though the summary may have to go through several drafts before it is satisfactory. That exercise leads to everyone having a clearer sense of the "story" that the proposal has to tell. Once the rest of the proposal has been completed, you can review your draft of the Executive Summary to ensure that it is consistent.

Step 2.1 – Executive Summary

The entire narrative portion of the Executive summary (i.e., Step 2.1) is supposed to be only 4-6 paragraphs in length, so the challenge will be to tell your story succinctly. In previous rounds, many applicants wrote an Executive Summary that was far longer than the length requested by the Global Fund. Winston Churchill once wrote a letter in which he said, "I apologize for writing to you at length, but I don't have time to write briefly." In the Executive Summary, we urge you to take the time to capture the highlights of your proposal in a brief way. Not only does this help the hard-working members of the TRP, but it also provides you with a summary that will be enormously helpful to you in the future.

Item 2.1.1 – (Disease Context)

You need to describe the disease context, existing control strategies and programs, and the funding gaps. You need to explain how interventions included in this proposal complement existing strategies and programs, particularly where funding from the Global Fund has been received or approved in support of these strategies and programs. This is particularly important if this proposal scales up previous projects.

Item 2.1.2 – (Overall Strategy)

You need to include a description of the goals, objectives, and key service delivery areas (for each component), including expected results and the timeframes for achieving these results. You also need to indicate for each component who the beneficiaries are and how they will benefit from the proposal. This information should be taken from Step 4.4 (Component Strategy) in Section 4 of the Proposal Form.

Item 2.1.3 – (Synergies)

If there are several components in your proposal, you need to describe any synergies expected from the combination of different components. There is additional guidance concerning this requirement on the Proposal Form. If you are submitting more than one proposal in Round 5, we suggest that you also describe the synergies between or among the proposals.

Item 2.1.4 – (Scaling Up)

Finally, you are required to indicate whether the proposal is designed to scale up existing efforts or to initiate new activities; to explain how lessons learned and best practices have been reflected in the proposal; and to describe innovative aspects of the proposal. Much of this information can be summarized from Step 4.3 (National Program Context and Gap Analysis for this Component) in Section 4.0 of the Proposal Form.

Step 2.2 – Component and Funding Summary

In Table 2.2, the Global Fund requires that you indicate the amounts being requested from the Fund for each component and for each year of the proposal. The total amounts shown for each year should correspond to the total amounts shown in Table 5.1 in Section 5 (or in all Tables 5.1 combined if you have more than one component in your proposal).

PDF VERSION

You cannot enter any amounts in Table 2.2. These amounts will appear here automatically once you complete Table 5.1 for each component.

Section 3: Type of Application

There are six steps in this section, one for each of the five different types of application, and one for CCM membership information and endorsement. At the start of this section, you are once again asked to indicate the type of application being submitted (this was covered earlier in this chapter, under “General Information Page”) and you are directed to the step that relates to your type of application. This means that you should complete just one of the first five steps.

Step 3.1 – National Country Coordinating Mechanism

Fill out this step if your proposal is being submitted by a National CCM. In Table 3.1, you need to enter the name of the CCM and the date that it was established.

Item 3.1.1 – Describe how the National CCM operates...

For this item, the Global Fund requires up to two paragraphs describing how the National CCM operates. The Global Fund is particularly interested in information on the extent to which the CCM acts as a partnership between governmental and non-governmental organizations; and on how the CCM coordinates its activities with other national structures.

Guidance included on the Proposal Form provides examples of the kinds of information the Global Fund is looking for. Also listed are some documents that should be included in an

PDF VERSION

1. In the PDF version, only those items of Section 3 that relate to your type of application will appear.
2. The type of application being submitted is automatically indicated.

attachment to the proposal. (Note: The Proposal Form uses the terms “annex” and “attachment” interchangeably.)

Step 3.2 – Sub-National Coordinating Mechanism

Fill out this step if your proposal is being submitted by a Sub-National CCM. In Table 3.2, enter the name of the CCM and date it was established.

Item 3.2.1 – Describe how the Sub-National CCM operates....

For this item, the Global Fund requires up to two paragraphs describing how the National CCM operates. The Global Fund is particularly interested in information on the extent to which the CCM acts as a partnership between governmental and non-governmental organizations; and on how the CCM coordinates its activities with other national structures.

Guidance included on the Proposal Form provides examples of the kinds of information the Global Fund is looking for. Also listed are some documents that should be included in an annex to the proposal.

Item 3.2.2 – Explain why a Sub-National CCM has been chosen.

You need to include a one-paragraph explanation of why a Sub-National CCM has been selected to sponsor this application. You should address the issue of why it makes more sense for the proposal to be submitted by a Sub-National CCM rather than the National CCM.

Item 3.2.3 – Describe how this proposal is consistent with and complements national strategies and/or the National CCM Plans.

This should be done in one paragraph. The R5 Guidelines for Proposals state that proposals from Sub-National CCMs should be consistent with national-level policies and strategies, and any applicable sub-national policies. The Guidelines also say that proposals must be accompanied either by the endorsement of the national CCM, by a statement of the competent national authority affirming the independent authority of the sub-national CCM, or by other evidence that demonstrates this independence.

Step 3.3 – Regional Coordinating Mechanism (including Small Island Developing States)

Fill out this step if your proposal is being submitted by an RCM. In Table 3.3, enter the name of the RCM and the date it was established.

Item 3.3.1 – Explain why a Regional Coordinating Mechanism has been chosen

Item 3.3.2 – Describe how this proposal is consistent with and complements national strategies and/or the Regional Coordinating Mechanism plans...

Self-explanatory.

Step 3.4 – Regional Organizations Section

Fill out this step if your proposal is being submitted by a Regional Organization. In Table 3.4, you need to indicate the name of the Regional Organization.

Item 3.4.1 – Rationale

The Global Fund requires that the authors of regional proposals explain how their project will add to what is already happening at the national level in the countries covered by the proposal. In Rounds 3 and 4, reviewers were critical of regional proposals that did not provide a description of this “value added” dimension. See [“Deciding Whether to Consider a Regional Proposal”](#) in Chapter 2 of this Guide.

Step 3.5 – Non-Country Coordinating Mechanism

Fill out this step if your proposal is being submitted by an organization other than a CCM, RCM, or Regional Organization. In Table 3.5, you need to indicate the name of the applicant.

Item 3.5.1 – Indicate the type of your sector...

Self-explanatory.

Item 3.5.2 – Rationale for applying outside an existing CCM

If there is an existing CCM in your country, the Global Fund requires that you provide a rationale explaining why you are applying directly instead of going through the CCM. The Proposal Form explains that proposals in this category must originate from countries that satisfy one of the following conditions: (a) countries without legitimate governments; (b) countries in conflict, facing natural disasters, or in complex emergency situations; or (c) countries that suppress or have not established partnerships with civil society and NGOs. For more guidance, see the Proposal Form itself and Section II.C.4 of the R5 Guidelines for Proposals.

(With respect to the third condition, the R5 Guidelines for Proposals describe one situation in which a non-CCM application can be submitted in a country that has a CCM. The Guidelines state that “If a non-CCM proposal was provided to a CCM for its consideration, but the CCM either did not review it in a timely fashion or refused to endorse it, the applicant must document the steps taken to obtain CCM approval and submit the evidence provided to the CCM in support of its endorsement.” See also [“Deciding Whether to Consider Submitting a Non-CCM Proposal”](#) in Chapter 2 of this Guide.)

In Sub-Item 3.5.2.1, you are required to describe which of the three conditions apply to this proposal. In Sub-Item 3.5.2.2, you need to describe any attempts made to contact the CCM. You are also required to provide in an annex documentary evidence of such attempts.

Item 3.5.3 – Non-CCM proposals from countries in which no CCM exists

You need to fill out this step if there is no CCM in your country. The Proposal Form provides clear guidance.

Item 3.5.4 – All non-CCMs proposals should include as annexes additional documentation describing the organization...

The Proposal Form provides a list of the types of documentation the Global Fund is looking for. Note that these are just examples. You may provide other types of documentation.

Step 3.6 – Proposal Endorsement and Membership Section

In Step 3.6, CCM and RCM applicants are required to include information about the membership of their CCM or RCM, and to provide signatures of all CCM or RCM members showing their endorsement of the proposal. RCMs also have to provide evidence of endorsement from the National CCMs of countries included in their proposal. Regional Organizations have to provide contact information, and provide evidence of endorsement from the National CCMs of countries included in their proposal. Non-CCM applicants are required to provide only contact information.

Since different types of applicants have to fill out different parts of Step 3.6, navigating this step can be a little complicated. Here is a guide:

- National CCM and Sub-National CCM applicants should fill out Items 3.6.1, 3.6.3, and 3.6.4.
- RCM applicants should fill out Items 3.6.1, 3.6.3, 3.6.4, and 3.6.5.
- Regional Organization applicants should fill out Items 3.6.2 and 3.6.5.
- Non-CCM applicants should fill out Item 3.6.2.

Special Note: *The information required in Step 3.6 (including the signature pages) must be completed and submitted by the deadline date, along with the rest of your proposal, if you want your proposal to be reviewed.*

Item 3.6.1 – Representation

This item applies only to applications from CCMs and RCMs. In Table 3.6.1, the Global Fund requires that you provide the names of the Chairperson and Vice Chairperson of the CCM, and contact information for both.

Item 3.6.2 – Contact Information

This item applies only to non-CCM applicants and Regional Organization applicants. In Table 3.6.2, enter the names of the primary and secondary contacts for your organization, and contact information for both.

PDF VERSION

1. In the PDF version, only those items of Step 3.6 that apply to your type of application will appear.
2. If you selected RCM as your type of application, Item 3.6.3, which you need to fill out, appears but it is mislabeled as Table 3.6.2.
3. There is a box that appears in the PDF version that is not found in the Word version. It shows the name of your country and it has a drop-down list that allows you to select your region of the world. This box hides most of the instruction which was inserted here. In an earlier version of the PDF form that AidsPan reviewed, this instruction read as follows: “[Applicable to submissions from National / Sub-National / Regional (C)CMs. Not applicable to Non-CCM applicants or Regional Organization applications. One of the tables below must be completed for each National / Sub-National / Regional (C)CM member.] [To be eligible for funding National / Sub-National / Regional (C)CMs must demonstrate evidence of membership of people living with and/or affected by the diseases.]” The tables referred to in this instruction are located in Item 3.6.3.
4. In the PDF version, the titles of some of the items in Step 3.6 are automatically altered to reflect your type of application.
5. There is an “Import Member Data” button at the start of Step 3.6 that allows you to import data on CCM members from another PDF file (if you already have a PDF file containing this information). See Section 10 of the PDF Form Instructions for details.

Item 3.6.3 – Membership information

This item applies only to CCM and RCM applicants. The Global Fund requires that you complete Table 3.6.3 for each member of the CCM. You will need to extend the table numerous times to cover all members. The meaning of the table is fairly self-explanatory. Under "Type", you are expected to choose one of the types listed. Similarly, under "Main role in the Coordinating Mechanism and the proposal development," you are expected to choose one of the roles listed (or choose "other" and describe a role which is not listed). If you're not sure what to specify, put "review," because every CCM member must at least review proposals before they are approved by the CCM. Note that the "Title in agency" field refers to their job function in their agency (as in "Executive Director").

PDF VERSION

1. In the PDF version, the types are not listed. The types shown in the Word version are as follows: academic/educational sector; government; nongovernmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners.

2. In the PDF version, the title "Main role in the Coordinating Mechanism and the proposal development" is replaced by "Role in CCM" and there are no roles listed. In the Word version, the following roles are shown: proposal preparation, technical input, component coordinator, financial input, review, other.

Item 3.6.4 – National/Sub-National/Regional C(CM) Endorsement of Proposal

This item applies only to proposals from CCM and RCM applicants. The Global Fund requires that all members of the CCM (or RCM) endorse the proposal. The Fund also requires that the minutes of CCM (or RCM) meetings at which the proposal was developed and endorsed be attached in an annex. All members of the CCM (or RCM) are required to sign that they agree with the following statement:

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

In Table 3.6.4, enter the information required for each CCM (or RCM) member in a separate row. (The table will need to be expanded to permit this.) There is a space in the last column for the member to sign.

Special Note: *A printed copy of the proposal, including the signatures, has to be submitted along with an electronic copy. For more information, see ["Guidance on Use of the Different Formats of the Proposal Form"](#) near the beginning of this chapter.*

In past rounds, the Proposal Form has included a sentence stating that CCM (or RCM) members who have not been involved in the development of the proposal should not sign it. This sentence has been omitted in the Round 5 Proposal Form. However, it is included in Section V.A.1 of the R5 Guidelines for Proposal. We suggest that all members sign the proposal, but that if any members cannot agree with the above statement, they should provide a brief explanation next to their signature on the hard copy version of the proposal. This could range from "I did not participate because I was out of the country" to "I cannot endorse the proposal because I was not provided with an opportunity to be involved and I do not agree with some of the key features."

Item 3.6.5 – CCM Endorsement Details for Applications from Regional Organizations:

Although the title does not say so explicitly, both Regional Organization applicants *and* RCM applicants should fill out this item. The Global Fund requires that applications from both RCMs and Regional Organizations be endorsed by the full membership of National CCMs of each country covered by the proposal (see Section II.C.3 of the R5 Guidelines for Proposals). Note, however, that the signatures of individual CCM members are not required. Instead, the Global Fund requires (a) that that you list in Table 3.6.5 each CCM that has agreed to the proposal; and (b) that you provide in annexes the minutes of the CCM meetings at which the proposal was approved. You should assign an identifying number to each set of minutes and include these numbers in Column 3 of the table.

PDF VERSION

Warning: In the PDF version, if you selected RCM as your type of application, Item 3.6.5 does not appear. As indicated in the main text, Aidspace believes that applications from RCMs must be endorsed by the National CCMs of each country covered by the proposal. We suggest that you provide this information in an annex, using the template for Item 3.6.5 provided in the Word version of the Proposal Form.

If no National CCM exists in a country included in the proposal, the Global Fund requires that you include evidence of support from “relevant national authorities.”

Section 4: Components Section

At the beginning of this section on the Proposal Form, the Global Fund reminds you that a separate Section 4 needs to be completed for each component of your proposal. If, as we suggest earlier in this chapter, you submit separate proposals for each component, then you will only need to complete one Section 4 for each proposal.

PDF VERSION

1. The reminder concerning the need to have a separate Section 4 for each component of your proposal is not shown in the PDF version. If you selected more than one component, a separate Section 4 is automatically created for each component. The component name appears automatically on each page of the section.
2. The component is automatically identified in the PDF version. As a result, the numbering in the PDF version is a little different from the Word version. Item 4.1.1 in the Word version becomes Step 4.1 in the PDF version.

Step 4.1 – Identify the Component Addressed in this Section

Self-explanatory.

Item 4.1.1 – Indicate the Estimated Start Time and Duration of the Component

The Global Fund requires that you indicate in Table 4.1.1 the start date and end date of your project. You need to indicate both the month and the year. The Global Fund points out that its Board will consider recommended proposals at its meeting of 28-30 September 2005, and that funds are usually not released until at least two months after Board approval. In our view, in most cases it is unlikely that funds will be released before February or March 2006, because of the time it takes to obtain answers to the TRP's follow-up questions, to perform the assessments of the proposed Principal Recipient (PR), and to negotiate a grant agreement with the PR. You should take this into consideration when you set a start date for your project. Note that the start date has to be within 12 months of proposal approval.

Step 4.2 – Contact Persons for Questions Regarding this Component

Self-explanatory.

Step 4.3 – National Program Context and Gap Analysis for this Component

In this step, the Global Fund is looking for some information on the situation in your country with respect to the disease(s) being addressed in this component. This information is important because it helps the reviewers understand what the context is, and what the problems are that the proposal is attempting to address. On the Proposal Form and in Section V.B.1 of the R5 Guidelines for Proposals, the Global Fund explains that the context in which interventions will be implemented provides the basis for reviewing a proposal.

Generally speaking, the information that you provide in Step 4.3 constitutes what the TRP reviewers refer to as a “situational analysis.” In its review of Rounds 3 and 4 proposals, the TRP was critical of proposals that contained no situational analysis or a weak situational analysis, or that failed to provide baseline epidemiological information. See [Weakness #13](#) in Chapter 3 of this Guide for more details. On the other hand, the TRP praised proposals that contained strong situational analyses and baseline data. See [Strength #12](#) in Chapter 3 of this Guide for examples of countries whose proposals were praised. Note, however, that there are some changes in the information required in this step (as compared to what was required in Rounds 3 and 4).

Item 4.3.1 – Epidemiological and Disease-Specific Background

This item is fairly self-explanatory. We suggest that wherever possible you use epi fact sheets or national data to describe the disease burden.

Item 4.3.2 – Health Systems, Disease-Control Initiatives and Broader Development Frameworks

On the Proposal Form and in Section V.B.1 of the R5 Guidelines for Proposals, the Global Fund states that proposals should be developed based on a comprehensive review of the capacity of health systems, disease-specific national strategies and plans, and broader development frameworks; and that this context should help determine how successful programs can be scaled up to achieve impact against the three diseases.

The Fund is looking for contextual information in three areas: (a) the national health system; (b) current disease control strategies for the target diseases(s); and (c) the role of AIDS-, TB-, and/or malaria-control efforts in broader development frameworks. The Proposal Form provides details on the types of information that should be included here. Note that these requirements apply to all components, including health system strengthening components.

Item 4.3.3 – Financial and Programmatic Gap Analysis

Special Note for applicants whose proposals contain a health systems strengthening component: The wording of Item 4.3.3 of the Proposal Form – and hence the wording of the text below – is primarily geared to the disease-specific components. However, in a note at the beginning of Item 4.3.3, the Global Fund explains that for health systems strengthening components, the financial and programmatic gap analysis needs to provide information relevant to the proposed health systems strengthening intervention(s).

On the Proposal Form and in Section V.B.1 of the R5 Guidelines for Proposals, the Global Fund explains that the interventions included in the proposal should be identified through

analysis of the gaps in the financing and programmatic coverage of existing programs. It points out that Global fund financing must be additional to existing efforts, rather than replace them. Efforts to ensure additionality must be described in Item 4.3.3.

In this item, the Global Fund is looking for: (a) information on current and planned expenditures to fight the disease being addressed in this component; (b) an estimate of the costs of meeting national goals and objectives for the fight against the disease; and (c) a calculation of the gaps between estimated costs and current and planned expenditures. This information is required for a seven year period, 2004 through 2010. It needs to be presented in narrative form in Sub-Items 4.3.3.1, 4.3.3.2, and 4.3.3.3, and then summarized in Table 4.3.3.

In Sub-Item 4.3.3.1, you need to list the financial contributions dedicated to the fight against the disease by all domestic and external sources (including debt relief and previous grants from the Global Fund). “Financial contributions” includes both current and planned expenditures. “Planned expenditures” means expenditures that have already been committed. You should indicate the duration and amounts of the financial contributions. The Proposal Form indicates that the amounts from domestic sources in 4.3.3.1 must be consistent with Table 1.1.1.

In Sub-Item 4.3.3.2, you need to provide an estimate of the costs of meeting national goals and objectives for fighting the disease. The Global Fund also requires that you provide information here on how these estimates were developed.

In Sub-Item 4.3.3.3, you need to explain what the gap is between estimated costs and current and planned expenditures.

In Table 4.3.3, you need to summarize the information from Sub-Items 4.3.3.1, 4.3.3.2, and 4.3.3.3. As indicated above, the information must be presented for each of seven years – from 2004 to 2010.

The table has eight rows. On the Proposal Form, the rows are not numbered, but for the purposes of this explanation we will refer to them as Rows 1 through 8 (from “Domestic” through to “Unmet needs”).

Row 1 (Domestic) – Enter the information on current and planned expenditures from domestic sources (from Sub-Item 4.3.3.1).

Rows 2-5 (External [B]) – Enter the information on current and planned expenditures from external sources (from Sub-Item 4.3.3.1). Enter the total figures in Row 2. Use Rows 3-5 to enter information for each of the different external sources of funding, using a different row for each source. Name each external source. When you are finished, the figures you entered in Row 2 should be the total of Rows 3-5. (If you need more than three rows to list all external sources, insert additional rows in the table.)

Row 6 (Total resources) – Show the total of Row 1 (Domestic) and Row 6 (External).

Row 7 (Total need) – Enter the estimated costs of meeting national goals and objectives for the disease (from Sub-item 4.3.3.2).

PDF VERSION

1. The PDF version of Table 4.3.3 has a few extra rows, but you should still be able to follow the “row-by-row” explanation provided here.
2. In the last row of the table (“unmet needs”) the formula in the PDF version is incorrect. It should read “(C)-(A+B).”
3. The information for some of the rows in the table will be calculated automatically.

Row 8 (unmet needs) – Calculate unmet needs (i.e., the gap) by subtracting Row 7 (Total resources) from Row 8 (Total need).

Item 4.3.4 – Confirm that Global Fund resources received will be additional...

The Global Fund requires (a) that you confirm that Fund resources received will be additional to existing and planned resources; and (b) that you explain how you plan to ensure that this will be the case.

Step 4.4 – Component Strategy

In many ways, Step 4.4 is the heart of your proposal. It is in this step that you will describe your strategic approach and your workplan – i.e., what you intend to do in the course of your project. This section contains the goals, objectives, services, and activities for your project as well as the indicators that you will use to measure success. Section V.B.2 of the R5 Guidelines for Proposals provides important guidance on what the Global Fund is looking for in Step 4.4. Please read it before starting to fill out this step. Additional guidance is provided on the Proposal Form itself.

In Rounds 3 and 4, problems with the workplan were identified by the TRP in about three out of every five applications. In fact, this was the weakness most often identified. The TRP found objectives and activities that were insufficiently described or unclear, that lacked a clear rationale, or that were inappropriate. It found that in some proposals key objectives or activities were missing. For more information, see [Weakness #1](#) in Chapter 2 of this Guide. On the other side of the ledger, the TRP praised proposals in Rounds 3 and 4 that were clear and well documented, and that contained detailed workplans with clear objectives. See [Strength #1](#) in Chapter 2 of this Guide for examples of countries whose proposals contained solid workplans.

Item 4.4.1 – Description and justification of the program strategy

The Proposal Form explains that you need to use Tables 4.4a and 4.4b (and the narrative sections that follow the tables) to describe your strategy for this component.

Special Note: *You will need to expand Tables 4.4a and 4.4b as you enter the data. It is likely that both tables will end up covering multiple pages. You will need to copy portions of the table over and over again if you want the relevant headings to appear throughout the tables. It will not be sufficient to use the function in Word that enables tables headings to be repeated on each page of a multi-page table because the headings that need to be repeated are not those at the top of the tables.*

Special Note: *The Proposal Form says that you also need to include as an annex "a detailed quarterly workplan for the first 12 months, and an indicative workplan for the second year." Section V.B.7 of the R5 Guidelines for Proposals says that the "detailed supporting information should include a budget and workplan for the first year (broken down by quarterly periods) and an indicative budget and workplan for the second year..." "Indicative" means "rough," or "approximate." No template is provided for the detailed workplan.*

Table 4.4a – Goals and impact indicators over Life of Program

The Global Fund requires that you use Table 4.4a to show the goals for this component of your proposal; the indicators that will be used to measure achievement of these goals (impact or outcome indicators); and, for each indicator, baseline data and 1-5 years targets.

Section V.B.2 of the R5 Guidelines for Proposals explain that the goals should be “broad and overarching” and should “reflect national disease program goals.” The Guidelines provide several examples. Here is another hypothetical example of a goal statement, adapted from a Round 3 proposal:

To reduce the spread of HIV/AIDS, reduce morbidity and mortality, and mitigate the social and economic impact of the epidemic.

In previous rounds, the Global Fund indicated that there should only be one goal per component. Although that is no longer a requirement, we suggest that your proposal will be much simpler to prepare if you stick with one goal per component.

Your goal statement should be succinct. Enter your goal statement at the top of Table 4.4a and assign it a number. If you decide to have more than one goal, there is room in Table 4.4a to list three goals. You can also add rows to the table if necessary.

Next, you need to list the impact or outcome indicators. These are national behavior and disease surveillance indicators that will allow you measure the impact of your proposal. (Note that although the heading in the table says “Impact Indicator,” you can show either impact or outcome indicators here.) In Annex A of the Proposal Form, the Global Fund has included a list of globally agreed-to indicators for measuring the impact of disease-fighting initiatives. You may select your indicators from the list in Annex A, or you may use other indicators. (Note that Annex A provides outcome indicators only for HIV/AIDS.) You can use as many indicators as you like. We suggest that you stick to the indicators in the Global Fund list because we suspect that selecting other indicators may hold up your application (while the new indicators are evaluated and discussed). If you do decide to use other indicators, you should ensure that they are adequately described either in Table 4.4a or in text that you insert after Table 4.4a. A note on the Proposal Form points out that impact indicators are not normally measured every year, and that targets do not have to be shown for every year. We believe that this applies to outcome indicators as well.

You should have at least one impact or outcome indicator for each goal. For each indicator that you list, in the left-hand column of the table you should show the number of the goal to which it relates.

Next, for each indicator, you need to show (a) baseline data; (b) the 1-5 year targets; and (c) the sources that will be used to measure target achievement.

PDF VERSION

1. In the PDF version, the goal numbers are already shown.
2. If you have more than three goals, it is not possible to add more rows. You will need to squeeze the additional goals into the space provided and/or attach an annex.
3. To enter text in the Impact Indicator column, you need to click on the “(O)” button and select “Edit this entry.” You will then be able to select an impact indicator from the list provided. For HIV/AIDS proposals, you will also be able to select an outcome indicator from the list provided. If you prefer not to select from the lists provided, you can select “Other” and enter a “non-standard impact indicator.”

Baseline data refers to the latest existing data for that indicator, taken from whatever reliable source you have, possibly the latest surveillance survey. For each indicator, you need to show the value, the year to which this value applies, and the source of this information.

The 1-5 year targets refer to the targets that you want to reach for each year of your proposal. In the last column (“Source and comments”), describe the source that will be used to obtain information on whether the targets are being achieved. (For more information on what the Global Fund means by “source,” see the “Glossary” at the end of Annex A of the Proposal Form.) You can add explanatory comments here if any are needed. (If your explanatory comments are lengthy, we suggest that they be placed below the table.)

Here are a couple of hypothetical examples to illustrate how portions of Table 4.4a can be filled out:

- If the indicator is “Reduced number of deaths from tuberculosis per 100,000 population each year,” the baseline data might be 870 for the year 2004, and 1-5 year targets might be 820, 770, 690, 610, and 510 respectively.
- If the indicator is “Reduced percentage of sex workers who are HIV infected,” the baseline data might be 6.1% for the year 2003, and the 1-5 year target might be 5.9%, 5.6%, 5.3%, 4.9.%, and 4.3% respectively.

If precise baseline data is not available, you can enter an estimated figure, or you can indicate that this information is to be collected. If you do the latter, then your targets need to be expressed in terms of a percentage decrease from baseline. Here is a hypothetical example:

- If the indicator is “Reduced percentage of young people aged 15-24 who are HIV infected,” in the baseline value column you could indicate “to be collected;” the 1-5 year target might be baseline minus 5%, baseline minus 8%, baseline minus 15%, baseline minus 20%, and baseline minus 25% respectively.

Table 4.4b – Objectives, Service Delivery Areas and Coverage Indicators over Life of Program

The Global Fund requires that you use Table 4.4b to list: (a) the objectives for this component of your project; (b) the key services to be delivered (called “service delivery areas” on the Proposal Form); and (c) the indicators that will be used to measure coverage for each key service.

Section V.B.2 of the R5 Guidelines for Proposals explains that the objectives should “describe the intention of the programs for which funding is sought” and provides a few example of objective statements. If we use the hypothetical goal statement cited above:

To reduce the spread of HIV/AIDS, reduce morbidity and mortality, and mitigate the social and economic impact of the epidemic.

then one of the objectives under this goal might be:

To increase the number of people with advanced HIV/AIDS who are receiving antiretroviral therapy.

Enter the objectives at the top of Table 4.4b. Enter the objective number in Column 1, and the objective statement in Column 2. Enter the goal number to which each objective corresponds in the last column.

PDF VERSION

Table 4.4b is split into two parts.

The bottom half of the table should be used to list the service delivery areas, and to provide information on the indicators that will be used to measure the coverage achieved.

Section V.B.2 of the R5 Guidelines for Proposals defines service delivery areas as “key services to be delivered.” An example of a service delivery area would be “Antiretroviral treatment and monitoring.” Annex A of the Proposal Form provides a list of standard service delivery areas.

PDF VERSION

In order to enter information in the bottom half of Table 4.4b in the PDF version, click on the “(O)” beside each row and select “Edit this entry.” This will bring up a screen entitled “Specifying an Indicator” which allows you to enter all of the information for that row. (There is an illustration of this screen in Section 17.3.2 of the PDF Form Instructions.)

First, select an objective from the drop-down list that appears when you click on the corresponding arrow. The list contains the objectives that you entered in the top half of Table 4.4b. Then, select a service delivery area from the drop-down list that appears when you click on the corresponding arrow. Next, indicate whether the targets you will enter for this service delivery area reflect results that are directly tied to Global Fund financing, or results that are broader.

You need to show the level of the coverage indicator that you are going to specify by clicking the corresponding arrow and selecting the level from the list provided. Then, select the indicator from the drop down list that appears when you click on the corresponding arrow. Only those indicators that relate to both (a) the service delivery area and (b) the level that you have selected will appear on the list.

You can proceed to select the baseline year by clicking on the arrow provided. (Note that in the PDF version, you are asked to select both the year and the month.) Then, enter the baseline value, frequency of data collection, and Year 1 through Year 5 targets.

When you are finished, click on the “Done” button. Repeat this process for each row of the table. You can edit the information contained in any of the rows you created by clicking on the “(O)” button beside each row and selecting “Edit this entry.”

In the first row of the bottom half of the table, enter the objective number in Column 1, and the service delivery area in Column 2. There should be a separate row for each service delivery area. You can have more than one service delivery area per objective.

In Column 3, write “Yes” if the results for this service delivery area are directly tied to Global Fund financing. Write “No” if the results reflect a broader program to which Global Fund resources contribute. (Guidance concerning this column is found in the “Glossary” at the end of Annex A of the Proposal Form.)

In Column 4, show the coverage indicator. The indicators that you list in this table will measure to what extent you have been successful in increasing coverage for each service delivery area. (These are normally called “coverage indicators.”) You should have at least one coverage indicator for each service delivery area, but you can enter more than one. Use a separate row for each indicator. You can choose from among the coverage indicators listed in Annex A of the proposal form, and/or you can come up with your own coverage indicators if they better reflect your proposed strategy. Using indicators from Annex A is the preferable course of action because the reviewers will be familiar with these indicators. The

Global Fund provides further guidance concerning indicators under “coverage indicators” in the glossary in Annex A of the Proposal Form.

Note that although Annex A lists Level 1, 2, and 3 coverage indicators for almost all of the service delivery areas, for the disease-specific components it is preferable to use only the highest level indicators (i.e., level 3, number of people reached) in Table 4.4b.

Using the hypothetical ARV service we cited above, the following coverage indicator from Annex A might be selected:

Number of people with advanced HIV infection receiving antiretroviral combination therapy.

Next, you need to enter baseline and target information for each coverage indicator. The format for this portion of Table 4.4b is similar to the format used for Table 4.4a above. Referring again to our hypothetical ARV service, the baseline value would be the number of people currently receiving ARV therapy, and the target figures would be the number of people you expect will be receiving ARV therapy at the end of each of the five years of the project. The information could look something like this:

Baseline		Year 1	Year 2	Year 3	Year 4	Year 5
Value	Year	target	target	target	target	target
2000	2004	550	1,500	3,000	4,500	6,000

If you are describing an entirely new service, you may not have a baseline figure; in that case enter “0” in the baseline value column.

Remember, you need to show baseline and target figures for *each* coverage indicator.

Finally, for each indicator, you need to show how frequently data will be collected (in the last column). The Global Fund provides some guidance concerning frequency of data collection in the glossary in Annex A of the Proposal Form.

Additional requirements

Item 4.4.1 continues with a series of additional requirements as outlined in Sub-Items 4.4.1.1 through 4.4.1.7. The guidance provided on the Proposal Form, at the start of Item 4.4.1 indicates that the narrative in Sub-Items 4.4.1.1 and beyond should refer to Tables 4.4a and 4.4b, but should consist merely of a description of what is in the tables.

Sub-Item 4.4.1.1 – Provide a clear description of the program’s goals(s), objectives and service delivery areas...

The Global Fund requires that you provide a narrative description of this component’s goals, objectives and service delivery areas, and asks that you include quantitative information where possible.

Sub-Item 4.4.1.2 – Describe how these goals and objectives are linked to the key problems and gaps...

Self-explanatory.

Sub-Item 4.4.1.3 – Describe in detail how the proposed objectives and service delivery areas are linked to the fight...

Special Note: *This sub-item should be completed only for health sector strengthening components.*

The Global Fund requires that you describe in detail how the proposed objectives and service delivery areas are linked to the fight against the three diseases. It says that to demonstrate this link, applicants should relate proposed health systems interventions to disease specific goals and their impact indicators. It goes on to say that to demonstrate the contribution of the proposed health systems strengthening intervention(s) in fighting the disease(s), applicants should include at least three disease-relevant indicators with a baseline value and annual targets over the life of the program. This may be done in the form of an annex, using a format similar to that used in Table 4.4.b.

The Global Fund also requires that you clearly explain why the proposed health systems strengthening activities are necessary to improve coverage in the fight against the three diseases. Further guidance is provided in Sections III.B and III.F of the R5 Guidelines for Proposals.

There is a lot of information that needs to be entered in Sub-Item 4.4.1.3. We suggest that you include a brief summary in the Proposal Form itself, and that you attach more detailed information as an annex.

Sub-Item 4.4.1.4 – Provide a description of the target groups...

Self-explanatory.

Sub-Item 4.4.1.5 – Provide estimates of how many of those reached are...

The Global Fund requires estimates of how many women, youth, and people living in rural areas will be reached under this component. The estimates need to be provided for each objective. If you are working with the Word version, you may need to expand the table.

Sub-Item 4.4.1.6 – Provide a...description of the activities...

The Global Fund requires that you describe in detail the activities that will be implemented for each service delivery area. These should be high-level activities that will be implemented in order to deliver the service in question. Some examples of main activity statements are given in Section V.B.2 of the R5 Guidelines for Proposals. Here are some additional examples; these are related to our hypothetical ARV service:

Recruit and train nursing and laboratory staff.

Improve and expand laboratory services for the diagnosis and monitoring of HIV/AIDS.

Review and revise national guidelines for ARV treatment.

For each activity, in addition to describing the activity, you need to describe how it will be implemented and by whom.

Sub-Item 4.4.1.7 – Outline whether these are new interventions...

Self-explanatory.

Item 4.4.2 – Describe how the activities...will be sustained...

The Global Fund wants to see evidence that plans have been developed to ensure the sustainability of the activities in this proposal once the Global Fund grant runs out. In Rounds 3 and 4, the TRP applauded proposals that showed evidence of sustainability, particularly where governments committed to long-term funding for the project (beyond the end date). See [Strength #6](#) in Chapter 3 of this Guide for examples of countries whose proposals demonstrated good sustainability.

Item 4.4.3 – Describe gender inequities regarding program management and access to the services...

In Item 4.4.3, the Global Fund is asking you to describe gender inequities in your country that are negatively affecting access to the services to be delivered. The Fund is also looking for information on how your project will address these gender inequities. The following extracts adapted from several Round 3 proposals illustrate some of the methods that countries said they would use to address this issue:

The proposal will try to promote gender equality issues by putting emphasis on equal rights for prevention and cure, by actively involving women in health education and awareness activities and by promoting gender equality in employment opportunities...

Differences between men and women in the ability to negotiate safer sexual behavior will be considered and prevention campaigns will include development of condom negotiation skills for women...

Gender and sexuality will be crosscutting theme in the orientation and training activities in this project...

The project will include empowerment workshops for young people, commercial sex workers and women specifically. The workshops will include an emphasis on lessening the constraints on women's access to information and education, economic resources and social support, services and technology.

See Section III.C of the R5 Guidelines for Proposals for information on what proposals should include with respect to gender issues.

Item 4.4.4 – Describe how this proposal will contribute to reducing stigma and discrimination...

You need to describe how your proposal will address stigma and discrimination. If you have not already built this into your proposal, we suggest that you go back and do so now, because obviously the Global Fund will be looking for this. See Section III.C of the R5 Guidelines for Proposals for more information.

Item 4.4.5 – Describe how principles of equity will be ensured in the selection of patients to access services...

The Global Fund is looking for information on how you will ensure that the principles of equity will be followed when you select which patients will have access to the services you are providing in your project (especially if you are not able to provide services to all people who need them). This could be particularly relevant, obviously, to antiretroviral treatment programs.

Step 4.5 – Program and financial management

This steps deals with the arrangements that you have made to manage the implementation of your project. Section V.B.3 of the R5 Guidelines for Proposals provides some guidance on this topic. The Guidelines list a number of Global Fund documents related to programmatic and financial management that you should read before preparing your proposal. The Guidelines also explain the roles and responsibilities of PRs and SRs. In Rounds 3 and 4, the TRP praised proposals in which the PR was a strong organization with experience in managing similar programs. On the other hand, the TRP was critical of proposals in which the PR was not identified, not located in the same country, or appeared to lack the necessary capacity to perform its functions.

Item 4.5.1 – Indicate whether implementation be managed through a single Principal Recipient or multiple Principal Recipients.

The Proposal Form and the R5 Guidelines for Proposals both explain that you can have more than one PR in each component of your proposal.² First you need to check the appropriate box. Then, you are required to list the PRs for this particular component in Table 4.5.1, to indicate their respective areas of responsibility, and to provide the names of contact persons for each PR, as well as contact information for these persons. If you have identified just one PR, we suggest that in the “Area of Responsibility” column you indicate “entire component” or “entire project.” Note that for proposals submitted by Non-CCM applicants and Regional Organization applicants, the PR is deemed to be the implementing (i.e., sponsoring) organization.

PDF VERSION

In you have more than one PR, by clicking on “Add a principal Recipient” after Item 4.5.6 you can generate additional Tables 4.5.1 and Items 4.5.2 through 4.5.6. You should use this feature to enter data for each PR for Table 4.5.1, and for Items 4.5.3, 4.5.4, 4.5.5 and 4.5.6. However, you should only fill out one Item 4.5.2 (assuming that the nominations process you followed was the same for all PRs). Note also that the instructions for Item 4.5.3 are confusing, because you will be filling out a separate Item 4.5.3 for each PR.

Item 4.5.2 – Describe the process by which the CCM, Sub-CCM or Regional CM nominated the Principal Recipient(s)

Self-explanatory. Note the requirement, as outlined on the Proposal Form, to attach as an annex the minutes from the CCM meeting at which the PR was nominated.

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

Item 4.5.4 – Has the nominated Principal Recipient previously administered a Global Fund grant?

Item 4.5.5 – If yes, provide the total cost of the project and describe the performance of the nominated Principal Recipient in administering previous Global Fund grants.

Item 4.5.6 – Describe other relevant previous experience(s) that the nominated Principal Recipient has had.

² Zambia, which had a number of proposals approved in Round 1, is using four different PRs; their system appears to be working well. Some observers have commented that for many proposals, the best number of PRs is two – one to deal with those parts of the proposal that will be implemented by governmental agencies, and one to deal with those parts of the proposal that will be implemented by non-governmental agencies.

You need to provide information for these four items for each of the PRs. The items are fairly self-explanatory. Note the additional requirements that the Proposal Form spells out for Items 4.5.3 and 4.5.6.

Special Note: *Although it is not clearly stated on the Proposal Form, you will need to respond to Items 4.5.3, 4.5.4, 4.5.5, and 4.5.6 for each PR. The easiest way to do this is to copy these items as many times as you require, and then fill them out separately for each PR.*

Item 4.5.7 – Describe the proposed management approach...

In this item, the Global Fund requires that you describe the roles and responsibilities of the different partners in managing the implementation of the project. Here is an illustration of what the information for this step could look like, adapted from a Round 3 proposal:

The CCM will have overall responsibility for the success of the project and will manage relations with the Global Fund Secretariat. The CCM will meet quarterly to approve new proposals and to review progress and problems relating to ongoing activities. The CCM will appoint an HIV/AIDS Sub-Committee, which will have two principal responsibilities: (1) To review and make recommendations to the full CCM on requests for funding, including new proposals and updated annual work-plans for existing partners; (2) To monitor program progress and expenditures on a quarterly basis, based on summary quarterly reports prepared by the PR. The Sub-Committee will be responsible for bringing information on implementation delays or other problems noted in these reviews to the attention of the full CCM at its quarterly meeting. On an annual basis, the PR will prepare a summary of available data for review by the full CCM. This summary will review the current state of the epidemic, implementation progress, financial expenditures and barriers to effective and efficient implementation. The CCM will use this information to determine whether changes in program direction and/or resource allocation are necessary. If so, the CCM will negotiate the recommended changes with the GFATM.

The PR will execute its daily functions through a Project Management Unit (PMU). The PMU will execute a Memorandum of Understanding (MOU) with each implementing partner who is approved to receive funds. The MOU will indicate the mechanism of disbursement and accounting for funds and the expected outputs of each undertaking. In addition, it will spell out the roles and responsibilities of the PR and the implementing partner and specify financial regulations governing the use of GFATM funds and reporting commitments. Once an MOU has been signed with an implementing partner, the PMU will be responsible for disbursing the funds, and for monitoring funds utilization on a monthly basis. It will also receive quarterly progress reports from the implementation agencies. Quarterly financial and activity progress reports will be forwarded to the HIV/AIDS Committee of the CCM for technical and financial review. On an annual basis, the full CCM will review program progress and proposed work-plans for the upcoming year and approve or disapprove additional disbursements.

To access funding, all implementing agencies must submit a detailed proposal and workplan to the CCM. The Sub-Committee will review the proposal for technical, logistical and budgetary soundness and make a recommendation to the CCM to approve funding, request modifications or disapprove funding. When the CCM has approved a proposal, it will notify the LFA and the PMU, which will then prepare the MOU and release funds. The lead implementing agency for any activity may work in collaboration with other partners for the purpose of implementation but will retain the responsibility for successful implementation and financial accountability. All implementing agencies must submit monthly financial reports and quarterly progress reports to the PMU. Review of these reports will be carried out by the HIV/AIDS Sub-Committee and forwarded to the CCM for action as required.

Item 4.5.8 – Are sub-recipients expected to play a role in the program?

Section V.B.3 of the R5 Guidelines for Proposals explains that you can nominate SRs that will implement parts of your project and that will receive funds through the PR. Consult the Guidelines for additional information. If SRs will be involved, proceed to the next item. If do not plan to have any sub-recipients, you can go directly to Step 4.6.

Item 4.5.9 – How many sub-recipients will be, or are expected to be, involved...?

Self-explanatory.

Item 4.5.10 – Have the sub-recipients already been identified?

If yes, you need to respond to items 4.5.11, 4.5.12, and 4.5.13. If no, proceed to item 4.5.14.

Item 4.5.11 – Describe the process by which sub-recipients were selected...

Item 4.5.12 – Where sub-recipients applied to the CCM, but were not selected...

Item 4.5.13 – Describe the relevant technical, managerial and financial capabilities of the sub-recipients

These items are self-explanatory. Note the additional guidance on the Proposal Form for item 4.5.13.

Item 4.5.14 – Describe why sub-recipients were not selected prior to submission of the proposal

Item 4.5.15 – Describe the process that will be used to select sub-recipients if the proposal is approved

If you have not yet selected your SRs, you need to respond to these two items. Both are self-explanatory.

Step 4.6 – Monitoring and Evaluation (M&E)

The M&E portion of the Round 5 Proposal Form has been simplified considerably compared to the proposal forms used in earlier rounds. This is presumably because detailed information on indicators and on data collection, which form the basis of any M&E plan, has been included in other parts of the Proposal Form, particularly Tables 4.4a and 4.4b.

Item 4.6.1 – Describe how the proposal and its Monitoring and Evaluation Plan complement...

On the Proposal Form, the Global Fund explains that it encourages the development of “nationally owned” M&E plans and systems. The Fund wants proposals to build on these plans and systems (as opposed to creating separate systems).

In Item 4.6.1, the Global Fund requires that you describe how this proposal, and its M&E plan, complement, or contribute to, existing efforts to strengthen the national M&E plan and/or relevant health information systems. Note that existing efforts may include existing Global Fund-financed projects.

Step 4.7 – Procurement and Supply Management

The Global Fund requires that you provide information on your plans for procuring and managing the supply of health products included in your proposal. Section V.B.5 of the R5 Guidelines for Proposals provides some guidance on the Global Fund’s approach to procurement and supply management. The Guidelines indicate that if your proposal is approved for funding, you will be required to submit a more detailed procurement plan than the one you will include in your proposal. The Guidelines suggest that you review the Global Fund’s policies on procurement and supply management prior to completing this step. These policies are available on the Fund’s website via www.theglobalfund.org.

(On the Proposal Form, the Global Fund uses different terminology – i.e., “health products,” “drugs and health products,” and “drugs and related medical supplies.” We believe that these terms all mean the same thing – i.e., drugs and other health products. Note, however, that the term “health products” is not defined anywhere.)

In Rounds 3 and 4, the TRP identified a number of proposals where the procurement and supply-chain management plan was either missing or not sufficiently detailed. See [Weakness #14](#) in Chapter 3 of this Guide for more details.

Item 4.7.1 – Briefly describe the organizational structure of the unit currently responsible for procurement and supply management...

Self-explanatory.

Item 4.7.2 – Procurement Capacity

First, in (a), you are asked to indicate whether the procurement and supply management of drugs and other health products will be carried out by the PR only, SRs only, or both. Then, in (b), you are asked to provide – for each organization involved in procurement – data for the latest available year on the amount of money spent on the procurement of drugs and other health products.

PDF VERSION

In the PDF version, there is no place on the form to enter the data for Item 4.7.2b. Instead, you are asked to provide this information in an annex.

Item 4.7.3 – Coordination

The first part of Item 4.7.3 is about sources of funding for procurement. You are required to indicate, in percentage terms, for the organizations involved in procurement (i.e., the organizations you listed in Item 4.7.2b), the proportion of total funding represented by the different sources of funding – sources such as national programs, multilateral donors, and bilateral donors. We suggest that you show the percentages for each organization involved in procurement. For example, you may state that Organization X received 23 percent of its funding from national programs, 47 percent from multilateral donors, and 30 percent from bilateral donors. We also suggest that you show the percentages for all organizations combined.

In the second part of Item 4.7.3, you are asked to indicate if your country currently participates in any donation programs for drugs and other health products. Examples of such programs are included on the Proposal Form.

Item 4.7.4 – Supply Management (Storage and Distribution)

In Item 4.7.4a, you are required to indicate whether one or more organizations have already been nominated to provide the supply management function for this project. If you answered “no,” skip to Item 4.7.5.

If you answered yes to item 4.7.4a, you need to provide additional information concerning these organizations. In 4.7.4b, indicate the types of organizations that will be involved, and provide the names of each organization. If more than one type of organization will be involved, describe the relationships between the different organizations. (It is not entirely clear from the wording on the Proposal Form whether the Global Fund wants the relationship described only if more than one *type of organization* is involved, or if more than one *organization* is involved. To be safe, describe the relationships in either case.)

In Item 4.7.4c, you are required to describe the current capabilities of these organizations for managing the supply of drugs and other health products. You are also required to indicate how the increased requirements generated by this project will be managed. Finally, you are required to provide an indicative estimate of the percentage of the country and/or population covered in this proposal. (We believe that the last requirement is very unclear. Hopefully, the Global Fund will clarify this in its FAQs.)

Item 4.7.5 – Does the proposal request funding for the treatment of multi-drug resistant TB?

This item is for TB components only. See the additional guidance on the Proposal Form. See also the reference to the Green Light Committee application form; this form is contained in Annex B of the Proposal Form.

Step 4.8 – Technical Assistance and Capacity-Building

The Global Fund points out on the Proposal Form that funds for technical assistance and capacity-building can be requested for all stages of the project cycle. Section V.B.6 of the R5 Guidelines for Proposals contains some limited guidance on this topic.

Note: The Global Fund has not provided definitions of the terms “technical assistance” and “capacity-building” and tends to use the two terms interchangeably.

Item 4.8.1 – Describe capacity constraints...and the strategies...to address these constraints...

You are required to describe the capacity constraints that you will face in implementing your project, as well as the strategies planned to address these constraints. These strategies should be part of this proposal, and the costs associated with them included in the budget. The Proposal Form provides further guidance.

Section 5: Budget Section

Please refer to Section V.B.7 of the R5 Guidelines for Proposals for information on what the Global Fund is looking for in Section 5.

In Rounds 3 and 4, the TRP identified major weaknesses in the budget information contained in over half of the proposals submitted. The TRP found that in many cases the budget was incomplete or not detailed enough; that there were inconsistencies or errors within the budget; or that specific budget items were unclear or inadequately justified. We

suggest, therefore, that you put a lot of effort into getting Section 5 right. See [Weakness #2](#) in Chapter 3 of this Guide for more information on the problems identified by the TRP. Please also see [Strength #9](#) in Chapter 3 of this Guide for examples of proposals that contained budgets praised by the TRP as being detailed and well-presented.

At the beginning of this section of the Proposal Form, the Global Fund reminds you that a separate Section 5 needs to be completed for each component of your proposal. If, as we suggest earlier in this chapter, you submit a separate proposal for each component, then you will only need to complete one Section 5 for each proposal.

PDF VERSION

If you selected more than one component, a separate Section 5 is automatically created for each component. The component name appears automatically on each page of the section.

Reminder: All costs in Section 5 should be shown in either US dollars or Euros (whichever one you selected back on the General Information Page).

In Section 5, the Global Fund requires that you provide summary budget information for the five years of the project. The Fund also requires that you provide more detailed budget information for Year 1 and an indicative budget for Year 2.

Step 5.1 – Component Budget

In Table 5.1, the Global Fund requires that you provide summary information on the budget for the proposal, by budget category and by year. The categories are defined in Section V.B.7 of the R5 Guidelines for Proposals. If your proposal is accepted, the Global Fund will approve funding for the first two years only. Funding for the third and subsequent years will depend on performance in implementing the project and on the availability of resources at that time.

Table 5.1 is fairly straightforward. Note that if you are entering any costs in the “Other” category, you are required to explain what these costs are for.

Detailed budget information

The Global Fund requires that a detailed budget for Year 1 and an indicative budget for Year 2 be included in an annex. (The terminology used by the Global Fund is a little misleading because what it really required is a five-year budget with varying levels of detail.) On the Proposal Form itself, the Fund provides only limited guidance, including the following:

- The detailed and indicative budgets should reflect the headings used in Step 4.4 (Component Strategy) and be structured along the same lines as the component strategy (i.e., reflect the same goals, objectives, service delivery areas, and activities).
- The detailed and indicative budgets should state all key assumptions, including those related to units and unit costs. These assumptions should be consistent with the information contained in Step 5.2 (see below).
- The detailed and indicative budgets should provide summarized information and assumptions for the balance of the five-year period of the project.
- The detailed and indicative budget should be integrated with the detailed workplan for Year 1 and the indicative workplan for Year 2 (see the discussion in Step 4.4 above regarding the detailed and indicative workplans).

- The detailed and indicative budgets should be fully consistent with the summary budgets provided elsewhere in this proposal, including those in Section 5.

Additional guidance is provided in Section V.B.7 of the R5 Guidelines for Proposals. The Guidelines say that the budget should be “supported by sufficient detail, with appropriate justifications, to enable a meaningful evaluation by the Global Fund.” They also state that “to the extent possible, the detailed budget format should be derived from the proposed PR’s usual budget formats and should facilitate the use of normal accounting and reporting systems during program implementation.” The Guidelines go on to say that

Where the proposal activities are part of an existing program or will be implemented in partnership with other financiers, the budget format already agreed to and in use should be used in the proposal.

Finally, the Guidelines state that in the budget all local currency expenditures must be converted into US dollar or Euros (whichever one you have elected to use).

In Rounds 3 and 4, the TRP was critical of proposals that did not provide sufficient detail, or that did not provide a breakdown of unit costs and quantities. Therefore, wherever possible within the usual budget format used by your PR, we suggest that you adopt the following guidance:

- Ensure that the detailed budget contains a separate section for each objective in the proposal.
- In each section, organize the information by the service to be delivered.
- Within each service to be delivered, organize the information by main activity.
- For each activity, provide the information by budget category (as listed in Table 5.1 of the Proposal Form).
- For each budget category, provide information for each cost item. For example, under “Human Resources,” you could have a separate line for each position for which you are seeking funding. Under “Infrastructure and Equipment,” you could have separate lines for items such as computers, photocopy machines, and vehicles.
- For each cost item, show the unit measure (e.g., unit, per day, per year), the unit cost, and the number of units.

If there are administrative costs that apply to the project as a whole, these can be presented in a separate section.

We suggest that you ensure that any costs in your detailed budget related to M&E, procurement and supply management, and technical assistance are shown on separate lines. The reason for this is that in Item 5.1.1 of the Proposal Form (see below), the Global Fund requires that you include summary information on these particular costs. If they are on separate lines in your detailed budget, they will be easier to identify and pull out.

Although the Global Fund requires less detail for Years 2, 3, 4, and 5, you may find it more helpful to prepare a budget that provides considerable detail for all five years. If you do, you may find it easier to provide some of the budget breakdowns required in the following few items on the Proposal Form. This may also make it easier for you provide the summary budget information required in Table 5.1. If you go this route, the information that you provide on each service, activity, and cost item will need to be provided for each of the five years. Further, we suggest that the detailed budget also include a summary section, with tables showing (a) the total costs for each year (and for the five years combined) for each section of the detailed budget; and (b) the total costs for each year (and for the five years

combined) by budget category (Human Resources, Infrastructure and Equipment, etc.). It is important to ensure that the total costs for each year for each budget category match the figures presented in Table 5.1 on the Proposal Form.

We suggest that you check your addition and multiplication carefully; that you make sure there are no inconsistencies between different parts of the budget; and that you ensure that each cost is accurate and can be readily justified. In Rounds 3 and 4, the TRP identified a number of such problems.

Item 5.1.1 – Breakdown by Functional Areas

In Item 5.1.1, the Global Fund requires that you indicate the costs for three functional areas: M&E, procurement and supply management, and technical assistance. These costs are to be entered in Tables 5.1.1a, 5.1.1b, and 5.1.1c respectively. It is important to note, as indicated on the Proposal Form, that these costs are *not* additional to the costs in Table 5.1. They must already have been included in the costs in Table 5.1.

In Table 5.1.1a, enter the costs for M&E. See the Proposal Form for guidance on what is included under this heading. You will need to extract the M&E costs from the costs shown for the various budget categories in Table 5.1.

In Table 5.1.1b, enter the costs for procurement and supply management. See the Proposal Form for guidance on what is included under this heading. Note that the Global Fund does *not* want drug costs included here.

In Table 5.1.1c, enter the costs for technical assistance. See the Proposal Form for guidance on what is included under this heading. You will need to extract the technical assistance costs from the costs shown for the appropriate budget categories in Table 5.1.

To assist you in filling out Tables 5.1.1a, 5.1.1b, and 5.1.1c, you can consult the detailed budget that you prepared to fulfill the requirements outlined above. If your detailed budget covers only the first two years (which is all that the Global Fund requires to be submitted), you will need to project third, fourth and fifth year costs based on the first two years' costs. (You had to do that, in any event, to complete Table 5.1.)

Item 5.1.2 – Breakdown by Service Delivery Area

In Table 5.1.2, the Global Fund requires information on how the total budget breaks down by service delivery area. Enter the total budget for each year in the row at the top of the table. These figures should be identical to the figures in the last line of Table 5.1 ("Total funds requested from the Global Fund").

In Columns 1 and 2, list the objectives and the service delivery areas. We suggest that in Column 1 you show both the objective number and a two- or three-word summary of the objective statement; and that in Column 2 you show the service delivery area. (There should be a separate row for service delivery area.) In Columns 3-7, indicate the percentage of the budget that will be spent on that service delivery area for each of the five years. You do not need to enter any information in Column 8, which is the shaded column on the right-hand side of the table.

PDF VERSION

There is no column 8 in Table 5.1.2 (except at the very top of the table).

Item 5.1.3 – Breakdown by Partner Allocations

The Global Fund requires that you indicate in Table 5.4 how the project's resources will be allocated to the various categories of implementing partners (as shown in the table.) The allocation must be shown in percentages, not actual dollars.

Step 5.2 – Key Budget Assumptions for requests from the Global Fund

In this step, the Global Fund is looking for additional information on how you arrived at some of the budget figures. The information is required for Years 1 and 2. The information should be provided in an annex (rather than directly on the Proposal Form).

Item 5.2.1 – Drugs, commodities and products

The Global Fund requires detailed information on the costs of drugs and other health products. The unit costs shown here must be consistent with the information you provided in your detailed budget. On the Proposal Form, the Global Fund has listed several sources where prices can be obtained. If you use a source other than the ones listed, you must provide a rationale for this choice.

In 5.5.1a, the Global Fund is looking for a list of the antiretroviral, anti-TB, and anti-malarial drugs that will be used in your project, along with the average cost per person per year or the average cost per treatment course.

In 5.5.1b, you are required to provide the total costs of drugs by therapeutic category for all *other* drugs to be used in the project. The information should be provided by therapeutic category. Less detail is required for these drugs.

In 5.5.1c, you need to provide a list of other health products organized by category (e.g., bed nets, condoms, diagnostics, hospital and medical supplies, medical equipment). You should include total costs and, where possible, unit costs.

Item 5.2.2 – Human resource costs

Self-explanatory.

Item 5.2.3 – Other key expenditure items

If there are any other budget categories – other than human resources, drugs, and commodities and products – that form a significant share of the total budget, the Global Fund requires that you explain here how these amounts have been budgeted for the first two years.

(END OF PROPOSAL FORM)

Reminder:

If you skipped Section 2: Executive Summary, now is the time to go back and read that section of this chapter, and/or fill out that section of the Proposal Form.

Special Note: *By now you will have noticed that your proposal will need to include a number of annexes. See the table on the next page for a summary of the annexes that are required.*

Table 3
List of Annexes Required

This table provides a list of the annexes that the Global Fund requires be attached to your proposal. You may want to use this check list to ensure that you have included everything. (Note that you may decide to add other annexes, in addition to what is listed here.)

Relevant item on the Proposal Form	Description of the information required in the annex
Item 1.2.2	Comprehensive documentation on processes used to select CCM members representing the non-government sectors
Item 1.2.3	Documentation describing the transparent mechanism that was used to solicit and review submissions for possible integration into this proposal, and to nominate the PR(s)
Item 3.1.1	Documents that describe how the CCM operates – including statutes of the organization, an organizational diagram and terms of reference of the organization; and related documents on topics such as decision-making mechanisms, constituency consultation processes, structure of subcommittees, frequency of meetings, and implementation oversight.
Sub-Item 3.5.2.2 (non-CCM proposals only)	Documents re attempts to contact the CCM
Item 3.5.4 (non-CCM only)	Documents describing the applicant, including statutes of organization (official registration papers); a summary of the organization, including background and history, scope of work, past and current activities; reference letter(s); and main sources of funding.
Item 3.6.4 (CCMs and RCMs only)	Minutes of meetings at which the proposal was developed and endorsed.
Item 3.6.5 (Regional Organizations and RCMs only)	Minutes of National CCM meetings at which the regional proposal was endorsed
Item 4.4.1	A detailed quarterly workplan for Year 1 and an indicative workplan for Year 2
*Sub-Item 4.4.1.3 (Health system strengthening components only)	*Three or more disease-relevant indicators with baseline values and targets
Item 4.5.2	Minutes of the CCM meeting at which the PR was nominated
Step 5.1	Detailed budget
Step 5.2	Key budget assumptions (drugs and other health products, human resources costs, other key expenditure items)

* Note: This item does not *have* to be presented as an annex. You have the option of including this information directly in Sub-Item 4.4.1.3.

We suggest that you number each annex and provide a title for it; and that you include a list of annexes either at the beginning or at the end of your proposal.