



An independent watchdog of the Global Fund, and publisher of *Global Fund Observer*

P.O. Box 66869-00800, Nairobi, Kenya web: www.aidspan.org Email: info@aidspan.org
Switchboard: +254-20-445-4321 Fax: +254-20-444-0880

Key Strengths of Rounds 8, 9 and 10 Proposals to the Global Fund

An Aidspan Report

June 2011

by

David Garmaise

NOTE: This is an updated version of a report previously issued by Aidspan entitled "Key Strengths of Rounds 8 and 9 Proposals to the Global Fund."

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Preface

This report is one of over a dozen free Aidspace publications written for those applying for, implementing or supporting grants from the Global Fund. The following is a partial list of Aidspace's publications.

- **Global Fund Observer:** A free email newsletter providing news, analysis and commentary to nearly 8,000 subscribers in 170 countries. (150 issues to date; currently available in English only)
- **A Beginner's Guide to the Global Fund – 2nd Edition** (March 2011; available in English, French, Spanish and Russian)
- **Grant Consolidation and the Single Stream of Funding – An Aidspace Q&A** (July 2010; available in English, French, Spanish and Russian)
- **The Aidspace Guide on the Roles and Responsibilities of CCMs in Grant Oversight** (March 2009; available in English, French, Spanish and Russian)
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- **Aidspace White Paper: Providing Improved Technical Support to Enhance the Effectiveness of Global Fund Grants** (March 2008; available in English only)
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- **The Aidspace Guide to Round 10 Applications to the Global Fund – Volume 2: The Applications Process and the Proposal Form** (May 2010; available in English, French and Spanish)
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Aidspan is an NGO based since mid-2007 in Nairobi, Kenya; before that, it was based in New York, U.S. Its mission is to reinforce the effectiveness of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Aidspan performs this mission by serving as an independent watchdog of the Fund, and by providing services that can benefit all countries wishing to obtain and make effective use of Global Fund financing.

Aidspan also publishes the *Global Fund Observer (GFO)* newsletter, an independent email-based source of news, analysis and commentary about the Global Fund. 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.

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Aidspan thanks its funders for the support they have provided for 2003-2011 operations: The Monument Trust, the Norway Foreign Ministry, Norad, the Open Society Institute, Irish Aid, Hivos, Merck & Co., Dr. Albert Heijn, the Foundation for Treatment of Children with AIDS, UNAIDS, Anglo American, the Glaser Progress Foundation and five others.

David Garmaise, author of this report, can be reached at garmaise@aidspan.org. Bernard Rivers, Executive Director of Aidspan, can be reached at rivers@aidspan.org. David Garmaise, who is based in Thailand, works half time as Aidspan's Senior Analyst. Over the last seven years he has authored, co-authored or edited numerous Aidspan reports and guides.

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List of Proposals Cited in This Report

The following table provides a list of Rounds 8, 9 and 10 proposals that are cited as examples of one or more of the key strengths described in this report. The proposals are listed by disease and, within each disease category, in alphabetical order of country. (There are also several cross-cutting HSS components listed.) For each proposal and HSS component, we indicate in parentheses whether the proposal or component is from Round 8, 9 or 10, and we indicate the pages number(s) in this report where the proposal or component is cited.

Proposal	Page number(s)
HIV	
Argentina (R10)	31, 37
Bosnia and Herzegovina (R9)	48
Chad (R8)	14, 29
Cote d'Ivoire (R9)	53
Democratic Republic of Congo (R8)	42
Eritrea (R8)	50
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Georgia (R9)	18
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Malaysia (R10)	25
Mali (R8)	21
Mauritius (R8)	14, 49
Moldova (R8)	29
Myanmar (R9)	24, 49
Nepal (R10)	44
Nicaragua (R8)	38, 51
Panama (R10)	53
Papua New Guinea (R10)	53
Sao Tome and Principe (R10)	40
Sudan North (R10)	47
Tanzania (R8)	35
Thailand (R8)	29
Timor Leste (R10)	21
Viet Nam (R8)	45
Zambia (R10)	49
MALARIA	
Bolivia (R8)	22
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Cape Verde (R10)	17
Democratic Republic of Congo (R10)	44
Eritrea (R9)	15, 32, 46
Ethiopia (R8)	23, 40
Kenya (R10)	13, 22, 27
Liberia (R10)	31
Mozambique (R9)	39
Nigeria (R8)	34
Papua New Guinea (R8)	39
Swaziland (R8)	24
Thailand (R10)	34

Proposal	Page number(s)
TB	
Armenia (R8)	20
Azerbaijan (R9)	45
Bangladesh (R8)	33
Belarus (R9)	28
Cameroon (R9)	33
Cote d'Ivoire (R9)	32
Ecuador (R9)	18
El Salvador (R9)	20
Honduras (R9)	54
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Swaziland (R8)	57
Uganda (R10)	57
Zambia (R8)	55
Zimbabwe (R8)	57

Note: Some proposals were originally submitted in languages other than English. However, the Global Fund considers that only the English translations of these proposals are official. For more information, see "Note on Non-English-Language Versions of Proposals" in Chapter 1: Introduction and Background.

What's New in this Update?

This is an updated version of a report previously issued by Aidspace entitled “*Key Strengths of Rounds 8 and 9 Proposals to the Global Fund.*” We have added references to a number of Round 10 proposals, based on our analysis of the TRP comments on successful Round 10 proposals.

We have also made some changes to our list of (13) key strengths. We deleted one key strength (Key Strength 5 – Drivers of the Epidemic) and moved the proposals we had cited for that strength to Key Strength 12 – Gender and Social Inequalities. We created a new key strength (Innovative Approaches) and gave it the number “5,” in place of the key strength we had deleted.

The key strengths are listed in *Chapter 1: Introduction and Background.*

Chapter 1: Introduction and Background

Purpose of This Report

The purpose of this report is to provide information to future Global Fund applicants on key attributes of a strong proposal.

Background

Prior to Round 8, when Aidspan produced a guide on preparing applications for funding, the guide included an analysis of the strengths and weaknesses of proposals submitted in previous rounds of funding, based on comments of Technical Review Panel (TRP), which reviews each proposal and prepares a funding recommendation for the Global Fund Board of Directors.

Since Round 8, for each round of funding, Aidspan has published a separate report on strengths (weaknesses are no longer included). We have identified a limited number of strengths (13) that Aidspan considers to be the most important. The intent is to make this report as concise as possible, so that it can be a useful resource for future applicants.

Methodology

Aidspan developed a list of 13 key strengths that characterise a successful proposal, based in its analysis of the strengths most frequently mentioned by the TRP in its comments on proposals it recommended for funding.¹ In developing the list, we were also influenced by the “minimum fundamental prerequisites for a recommendation for funding,” identified by the TRP in a report to the Global Fund Board.² Please see Annex A for the text of the TRP’s prerequisites.

¹ The TRP assigns all proposals it reviews a rating which can range from Category 1 to Category 4. Only proposals rated Category 1 or 2 are recommended for funding. Category 2 proposals include a sub-category (Category 2B). If there is insufficient money available to pay for all Category 2 proposals, preference is given to proposals rated Category 2 over proposals rated Category 2B.

² Global Fund, “*Report of the Technical Review Panel and the Secretariat on Round 8 Proposals*,” available at www.theglobalfund.org/en/board/meetings/eighteenth/documents.

The Aidsplan List of Key Strengths

The Aidsplan list of key strengths is shown below. Links have been provided to the sections on each key strength in *Chapter 2: Findings for Disease-Specific Proposals*.

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

[KEY STRENGTH 2](#) – **Epidemiology**. The proposal contains a solid description of the current epidemiological situation.

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

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

[KEY STRENGTH 5](#) – **Innovative Approaches**. The proposal uses innovative approaches to address some of the national programme gaps and weaknesses.

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

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

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

[KEY STRENGTH 9](#) – **Coordination and Management**. The proposal features a strong coordination and management plan.

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

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

[KEY STRENGTH 12](#) – **Gender and Social Inequalities**. The proposal includes a solid gender analysis as well as programmes to address gender and social inequalities.

[KEY STRENGTH 13](#) – **Proposal Development**. The proposal was developed through a broad consultative process.

Note that while all of the key strengths apply to disease-specific proposals, only some of them apply to the cross cutting health systems strengthening (HSS) components submitted by some applicants.

Contents of This Report

In **Chapter 2: Findings for Disease-Specific Proposals**, for each of the 13 strengths, we identify a limited number of approved Rounds 8, 9 and 10 proposals that were particularly praised by the TRP. For each proposal, we cite the comment made by the TRP, identify which parts of the proposal exemplify the strength in question, and provide links to websites where these parts of the proposal (or the entire proposal) can be downloaded.

Chapter 3: Findings for HSS components identifies a limited number of HSS components identified by the TRP as being particularly strong. Again, for each proposal listed, we cite the comment(s) made by the TRP, identify which parts of the proposal exemplify the strength(s) in question, and provide links to websites where these parts of the proposal can be viewed or downloaded.

Note on Terminology

For the purposes of this guide, “proposal” means a proposal submitted to the Global Fund in its round-based channel of funding.

A proposal consists of several parts:

- a proposal form that has been filled out (i.e., completed);
- a performance framework;
- a list of pharmaceutical and health products;
- membership details of the coordinating mechanism;
- documents related to eligibility of the coordinating mechanism;
- a detailed workplan;
- a detailed budget; and
- a series of additional attachments mandated by the Global Fund.

In this guide, “proposal form” means a proposal form that has been completed, unless the context indicates otherwise.

Note on Non-English-Language Versions of Proposals

Prior to Round 8, when proposals were submitted in a language other than English, the Global Fund posted both the original version and the English translation of the completed proposal form on its website. However, starting with Round 8, the Fund has posted only the English translation. The reason for this is that, starting in Round 8, some changes were made to the screening process. Previously, the screening process had been primarily used to determine if a proposal was eligible for consideration. Since Round 8, the screening process has also been used to verify whether all of the necessary information was provided, whether the tables were correctly filled out and whether the different parts of the proposal were consistent. Where necessary, the screeners have gone back to the applicants to ask for clarifications. Any changes made to the proposal as a result of this clarifications process were made *only* to the English-language versions. Therefore, the Global Fund considers only the English-language versions to be official.

As a result, all of the links provided in this report to extracts from the proposal forms, and to the full proposal forms, are for English-language versions only.

The same applies to other parts of the proposals (i.e., attachments), such as the budgets and workplans. (Most of the attachments are not posted on the Global Fund website, but Aidsplan was able to obtain the English-language versions.)

If they wish, readers can contact the relevant CCM for copies of a proposal in the original language. However, they should be aware that the content of the original proposal may differ from the content of the extracts, completed proposal forms and attachments cited in this report (because of the clarifications process described above.)

Note on Hyperlinks in This Report

Each time we cite parts of a proposal, we provide links to the extracts in question, and to the entire proposal. If you click on these links, you will be able to download the appropriate files. Some of the Excel files may take a while to download. If this happens, you may find that the file downloads faster if you copy and paste the link directly into your web browser. If you find that the download is still too slow, replace “.xls” at the end of the link with “.zip”; we have posted zipped versions of the Excel files on the Aidsplan website for this purpose. Once you have downloaded the zipped file, you can unzip it on your computer.

Chapter 2: Findings for Disease-Specific Proposals

In this chapter, there is a separate section on each of the 13 key strengths. At the start of each section, the strength is described in a shaded box. Then, information is presented on specific proposals identified by the TRP as exemplifying the strength in question. For each proposal:

- the TRP comment is cited;
- the specific parts of the proposal relevant to the strength in question are identified; and
- links are provided to those parts of the proposal, as well as to the entire proposal form.

KEY STRENGTH 1 – Implementation Strategy

The proposal presents a strong and coherent implementation strategy that flows throughout the proposal – including on the proposal form, in the Performance Framework, in the workplan and in the budget – and that includes timing and sequencing of activities and identification of who is responsible for implementing individual activities.

As the description of this strength indicates, the implementation strategy is described in different parts of the proposal. For the Round 8 and 9 proposal form,³ Section 4.5.1 is a key section. This is where the main activities are described and the entities responsible for implementing them are identified. Frequently, applicants included in this section additional information, such as goals, objectives and service delivery areas (SDAs). Sometimes, applicants also included information on indicators, targets and target audiences. Note: For the Round 10 proposal form, the key section is 4.4.1.

Another section of the proposal form that is relevant to the implementation strategy is 4.3.1, where constraints and gaps are described.

Other parts of the proposal that are relevant to the implementation strategy are: (a) the performance framework, where applicants were asked to provide key performance indicators; (b) the work plan, where applicants were required to list the activities of the programme and the timelines for each activity; and (c) the detailed budget, where applicants were expected to indicate the costs for each activity in the workplan.

We have divided our analysis of this strength into two parts: (a) solid implementation strategies; and (b) strategies that flowed coherently throughout the proposal.

Solid implementation strategies

We provide examples of HIV proposals from Chad and Mauritius, malaria proposals from Eritrea and Kenya, and TB proposals from Swaziland and Thailand, which the TRP identified as having solid implementation strategies.

Kenya Malaria (Round 10, Category 2)

TRP Comment: *The proposal strategy is comprehensive and the proposal provides very detailed information, with clear objectives for each SDA, a defined target population, activities and indicators for measuring implementation progress.*

Most of the information on the proposed implementation strategy can be found all in one spot, Section 4.4.1. The section is very clearly laid out, and uses colour coding and tables to good advantage. For each objective, the applicant presents (a) a one-paragraph description of the proposed strategy; (b) a table listing the SDAs, the main activities for each SDA, and the implementing partners for each main activity; and (c) a 2-3-sentence description of each major activity. For some of the objectives, tables and narrative text are used to summarise the gap being addressed and to indicate what part of the gap is being met by the current proposal.

⇒ The text of Section 4.4.1 of the Kenya malaria proposal form is available at www.aidsfan.org/documents/globalfund/trp/round_10/Kenya-Malaria-4.4.1.pdf.

³ The proposal form used for Round 9 was almost identical to the one used for Round 8.

⇒ The text of the full Kenya malaria proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Chad HIV (Round 8, Category 2)

TRP Comment: *Activities are described well with clear statements on institutions and persons responsible for implementation.*

The information referred to by the TRP is found in Section 4.5.1 of the proposal form. For each SDA, the Chad CCM provides a description of the services to be offered; lists the principal activities; describes the indicator(s) that will be used to measure progress; identifies the target population; and identifies who will be responsible for implementing the activities.

⇒ The text of Section 4.5.1 of the Chad HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Chad-HIV-4.5.1.pdf.

⇒ The text of the full Chad HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Swaziland TB (Round 10, Category 2)

TRP Comment: *Well defined proposal structure and description of SDAs, with a clear distinction between continuation of the activities of Round 8 and new activities; clear identification of implementers and target populations for each SDA.*

In Section 4.4.1, for each objective, the Swaziland CCM lists the indicators. Then, for each SDA, the CCM (a) provides information on the implementer and the target population; (b) provides a brief description of the strategy for the SDA; (c) indicates if and how the SDA relates to activities from the Round 8 proposal; and (d) lists and describes the activities.

⇒ The text of Section 4.4.1 of the Swaziland TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Swaziland-TB-4.4.1.pdf.

⇒ The text of the full Swaziland TB proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Mauritius HIV (Round 8, Category 1)

TRP Comment: *Good clear work plans with descriptions of interventions demonstrating strong understanding of current best practices in targeting highly stigmatized risk groups.*

The information referred to in the TRP comments can be found primarily in Section 4.5.1 of the proposal form. The Mauritius CCM has provided a description of its implementation strategy that runs to over 40 pages!⁴ The description includes a summary of the overall strategy; a list of the objectives of the proposal; information on how the objectives relate to each other; and an explanation of how activities related to human rights and gender cut across the various objectives. The description also contains a section on each objective,

⁴ The instructions on the proposal form call for a response of 4-8 pages. Aidspace normally recommends that applicants try to stay within the space allotted, and we believe that many parts of the information provided by the Mauritius CCM in Section 4.5.1 ought to have been included in other sections of the proposal form. Nevertheless, the TRP was obviously impressed by the clarity and comprehensiveness of the information that was presented.

organised by SDA, which includes a description of the SDA and a list of the major activities under that SDA.

We believe that the TRP's comment about best practices was influenced by parts of Section 4.5.1, such as the following:

The [injection drug users], prisoners, PLWHAs, [commercial sex workers], [men who have sex with men] and street children themselves would be sensitised and empowered on protecting their own human rights and having respect for one another by not engaging in gender based violence etc. This would be done by training the peer educators who would work with these groups in these areas, and also using the peer educators to compile reports to track violations of rights by these populations themselves and by the service providers....

Mauritius is not using a syndromic approach; [rather] every single STI [sexually transmitted infection] captured in the public system is referred to the laboratory for investigation and treated by the dermatologist. This is not a good practice in a concentrated HIV & AIDS epidemic, because STI is one of the factors that aid the spread of the epidemic from [injection drug users and commercial sex workers] to the general population.... [Therefore,] every effort [will] be made to treat STIs at the first contact with health services, with services planned for the convenience of the client, and increased access and utilization of the consumer and not that of the provider.

The workplan provided by the Mauritius CCM combines on one page a complete list of activities, organised by SDA and objectives, and the timelines of each activity.

⇒ The text of Section 4.5.1 of the Mauritius HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Mauritius-HIV-4.5.1.pdf.

⇒ The text of the full Mauritius HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

⇒ The workplan from the Mauritius HIV proposal (in an Excel file together with the budget) is available at www.aidspace.org/documents/globalfund/trp/round_8/Mauritius-HIV-Workplan.xls.

Eritrea Malaria (Round 9, Category 1)

TRP Comment: *The proposal comprehensively describes the objectives, and details the SDAs and activities, which are well linked and aligned with the objectives.*

In Section 4.5.1, the Eritrea CCM provides a description of each objective. Under each objective, the SDAs are listed and the major activities for each SDA are described.

⇒ The text of Section 4.5.1 of the Eritrea Malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Eritrea-Malaria-4.5.1.pdf.

⇒ The text of the full Eritrea Malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Thailand TB (Round 8, Category 1)

TRP Comment: *Clearly articulated expected results for target populations.*

The information referred to by the TRP is contained in the description of major activities in Section 4.5.1 of the proposal form. Most of the activity descriptions include an “expected outcome.” The following are some examples:

EXPECTED OUTCOME: Within five years, over 60% of HIV positive TB patients will take ART during TB treatment....

EXPECTED OUTCOME: In addition to unmeasured benefits of reduced transmission of tuberculosis (particularly drug-resistant TB) we anticipate an improvement in annual TB case notification among prisoners by 30% by year 2....

EXPECTED OUTCOME: At the end of five years, > 80% of TB patients will be tested for HIV and 60% of HIV-positive will take ART during their TB treatment.

⇒ The text of Section 4.5.1 of the Thailand TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Thailand-TB-4.5.1.pdf.

⇒ The text of the full Thailand TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8

Strategies that flowed coherently throughout the proposal

We provide examples of malaria proposal from Cape Verde and Swaziland, HIV proposals from Honduras and Georgia, and TB proposals from Ecuador and the West Bank and Gaza, which the TRP identified as having strategies that flowed coherently throughout the proposal.

Swaziland Malaria (Round 8, Category 1)

TRP Comment: *Presentation of section 4.5.1 (interventions) is a model in clarity ensuring complete alignment of objectives, SDAs, indicators and implementing partners. The budget is realistic and consistent with activities and aligned to the project objectives.*

In Section 4.5.1, for each objective in the proposal, the Swaziland CCM explained the rationale for the objective and provided information on the intended outcome and the target population. Under each objective, the CCM also provided the following information for each SDA: a description of the services to be provided, a description of the major activities, the output indicator(s); the targets for each of the five years in the programme; and a list of implementing and supporting partners.

The activities shown in the budget are presented by objective and are completely consistent with the activities listed in Section 4.5.1.

⇒ The text of Section 4.5.1 of the Swaziland Malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Swaziland-Malaria-4.5.1.pdf.

⇒ The text of the full Swaziland Malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

⇒ The workplan from the Swaziland Malaria proposal (in an Excel file together with the budget) is available at

Honduras HIV (Round 9, Category 2)

TRP Comment: *The proposal develops in a clear, systematic and logical way the implementation strategy: general objective, specific objective, strategies, activities, indicators and budget.*

The Honduras CCM has organised Section 4.5.1 of the proposal form as follows: First the overall goal of the programme is presented (referred to as a “general objective” in the proposal). Then an impact indicator for that goal is identified, and the number of people who will receive services is identified. Then, each specific objective is listed, the SDA for that objective is identified, and the major activities (referred to as “strategic activities” in the proposal) are listed and described.

In the Performance Framework, the Honduras CCM lists a concise number of indicators and provides clear targets for each one. (Note, however, that what is identified as an impact indicator in Section 4.5.1 is listed as a service or output indicator in the Performance Framework.)

The budget is extremely detailed. It is organised by objective, indicator, strategic activity and sub-activity. For each sub-activity, the responsible implementing organisation is identified. Detailed costing assumptions are presented.

⇒ The text of Section 4.5.1 of the Honduras HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Honduras-HIV-4.5.1.pdf.

⇒ The text of the full Honduras HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

⇒ The Performance Framework from the Honduras HIV proposal is available at www.aidspace.org/documents/globalfund/trp/round_9/Honduras-HIV-Att-A.xls.

⇒ The budget from the Honduras HIV proposal is available at www.aidspace.org/documents/globalfund/trp/round_9/Honduras-HIV-Budget.xls.

Cape Verde Malaria (Round 10, Category 2B)

TRP Comment: *Very detailed proposal with well-defined objectives, SDAs, activities and indicators.*

The implementation strategy is clearly laid out in Section 4.4.1. For each objective, there is a separate section for each SDA, with indicators listed followed by a table showing (a) key activities; (b) a one-sentence explanation of each activity; and (c) for each activity, the lead implementer and the target population.

The performance framework lists precisely the same indicators (almost word for word), is well laid out, and includes comments on how the results for each indicator will be measured.

The organisation of both the work plan and budget is consistent with the implementation strategy as described in Section 4.4.1.

⇒ The text of Section 4.4.1 of the Cape Verde malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Cape-Verde-Malaria-4.4.1.pdf.

⇒ The text of the full Cape Verde malaria proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

⇒ The workplan from the Cape Verde malaria proposal is available at www.aidspan.org/documents/globalfund/trp/round_10/Cape-Verde-Malaria-Workplan.xls.

⇒ The budget from the Cape Verde malaria proposal is available at www.aidspan.org/documents/globalfund/trp/round_10/Cape-Verde-Malaria-Budget.xls.

Georgia HIV (Round 9, Category 1)

TRP Comment: *The proposed interventions, objectives, SDAs and activities are presented in a logical, systematic and comprehensive way, which facilitates reading and assessment of both the workplan and the budget.*

Section 4.5.1 of the proposal form lists the objectives and SDAs. Under each SDA, the major activities are listed and described in detail. Tables and charts are used to provide additional information.

The activities shown in the workplan and in the budget are presented by objective and by SDA, and are completely consistent with the activities listed in Section 4.5.1.

⇒ The text of Section 4.5.1 of the Georgia HIV proposal form is available at www.aidspan.org/documents/globalfund/trp/round_9/Georgia-HIV-4.5.1.pdf.

⇒ The text of the full Georgia HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

⇒ The workplan from the Georgia HIV proposal is available at www.aidspan.org/documents/globalfund/trp/round_9/Georgia-HIV-Workplan.xls.

⇒ The budget from the Georgia HIV proposal is available at www.aidspan.org/documents/globalfund/trp/round_9/Georgia-HIV-Budget.xls.

Ecuador TB (Round 9, Category 2)

TRP Comment: *There is coherence between goals, objectives and activities. The indicators are appropriate and are described in detail in the programme description and in the Performance Framework.*

In Section 4.5.1, of the proposal form, the Ecuador CCM lists the objectives and SDAs. For each SDA, the indicators are listed, and then, in a table, the major activities are listed and described, the organisation responsible for implementing the activity is shown, and the target population for that activity is identified.

The indicators are listed again in the Performance Framework. For the most part, they are identical to those listed in Section 4.5.1, but there are some discrepancies.

⇒ The text of Section 4.5.1 of the Ecuador TB proposal form is available at www.aidspan.org/documents/globalfund/trp/round_9/Ecuador-TB-4.5.1.pdf.

⇒ The text of the full Ecuador TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

⇒ Attachment A (Performance Framework) from the Ecuador TB proposal is available at www.aidspace.org/documents/globalfund/trp/round_9/Ecuador-TB-Att-A.xls.

West Bank and Gaza TB (Round 8, Category 1)

TRP Comment: *Strong proposal, well written, well documented, with a clear focus on vulnerable and at risk groups, and a clear articulation between programmatic gaps, objectives, activities and indicators.*

The programmatic gaps are described in Section 4.3.1 of the proposal form. The point that the TRP is making is that the implementation strategies, which are described in Section 4.5.1, clearly respond to these gaps.

In Section 4.5.1, the SDAs are listed by objective. For each SDA, the main activities are described, as are the expected output and the indicator that will be used to measure progress.

The indicators listed in Section 4.5.1 of the proposal form are, for the most part, consistent with the indicators shown in Attachment A (Performance Framework). The activities listed in Section 4.5.1 of the proposal form are fully consistent with the activities shown in the workplan.

⇒ The text of Section 4.5.1 of the West Bank and Gaza TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/WB-and-Gaza-TB-4.5.1.pdf.

⇒ The text of the full West Bank and Gaza TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

⇒ Attachment A (Performance Framework) of the Gaza TB proposal is available at www.aidspace.org/documents/globalfund/trp/round_8/WB-and-Gaza-TB-Att-A.xls.

⇒ The workplan from the West Bank and Gaza TB proposal (in an Excel file together with the budget) is available at www.aidspace.org/documents/globalfund/trp/round_8/WB-and-Gaza-TB-Workplan.xls.

KEY STRENGTH 2 – Epidemiology

The proposal contains a solid description of the current epidemiological situation.

Information on epidemiology is included in Sections 4.1 and 4.2 of the Rounds 8, 9 and 10 proposal forms.

We provide examples of TB proposals from Armenia and El Salvador, HIV proposals from Indonesia, Mali and Timor Leste, and malaria proposal from Bolivia and Kenya that the TRP said contained a solid description of the country's current epidemiological situation.

Armenia TB (Round 8, Category 1)

***TRP Comment:** During the preparation of the Round 5 proposal in 2005 there was no reliable data on anti-tuberculosis drug resistance, and the burden of drug-resistant tuberculosis was underestimated. Now the nation-wide Drug Resistance Survey has been completed and provided representative information on high levels of drug resistance in the country...*

The TB epidemiology of the target population is presented in Table 4.2.2 of the proposal form. Results of the drug resistance survey referred to in the TRP's comments are presented in an extra table added at the end of Section 4.2.2.

⇒ The text of Section 4.2.2 of the Armenia TB proposal form, including the extra table, is available at www.aidspace.org/documents/globalfund/trp/round_8/Armenia-TB-4.2.2..pdf.

⇒ The text of the full Armenia TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

El Salvador TB (Round 9, Category 1)

***TRP Comment:** The proposal is based on sound epidemiological information.*

In Section 4.2.1(a), the El Salvador CCM describes the geographic reach of the proposal in narrative form and through the use of map highlighting the 26 targeted municipalities. In Section 4.2.1(b), the CCM provides data on the size of the populations in the 26 municipalities combined.

Section 4.2.2 contains comprehensive data on TB epidemiology in the 26 municipalities. It includes data on the estimated number of cases and reported cases, and on the outcome of treatment. This section also contains detailed epidemiological information on the different population groups being targeted in the 26 municipalities – for example, prisoners, persons living with HIV, and persons exposed to TB patients.

⇒ The text of all of Section 4.2 of the El Salvador TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/El-Salvador-TB-4.2.pdf.

⇒ The text of the full El Salvador TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Timor Leste HIV (Round 10, Category 1)

TRP Comment: *The analysis of the HIV epidemiology in the country is sound and the proposed activities are coherent and consistent with the current understanding of the disease pattern.*

In Section 4.2, the Timor Leste CCM acknowledges that there is limited epidemiological data available for key populations in Timor Leste, and even for the general population, and then presents a well-thought-out analysis of what information is available from various sentinel and behavioural surveillance studies.

⇒ The text of all of Section 4.2 of the Timor Leste HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Timor-Leste-HIV-4.2.pdf.

⇒ The text of the full Timor Leste HIV proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Indonesia HIV (Round 8, Category 1)

TRP Comments: *Epidemiological data presented for all the key populations.*

The entire section on epidemiological background (Section 4.2 of the proposal form) is very solid.

In Section 4.2.1(a), the Indonesian CCM describes the geographic reach of the proposal by listing the provinces and districts, and comparing them with the geographic reach of proposals approved in Rounds 1 and 4. Then, the CCM presents a map of Indonesia showing the provinces to be targeted and the range of people living with HIV in each of those provinces. Finally, the CCM presents a table showing the number of people living with HIV by category (injection drug users, prisoners, female sex workers, etc.) and by province.

In Section 4.2.1(b), the CCM shows the size of the population groups for all of the provinces combined, and indicates the percentage that live in the 12 provinces targeted by the proposal.

In Section 4.2.2, the CCM presents comprehensive data on the HIV epidemiology of the target populations.

⇒ The text of all of Section 4.2 of the Indonesia HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Indonesia-HIV-4.2.pdf.

⇒ The text of the full Indonesia HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Mali HIV (Round 8, Category 2)

TRP Comments: *Good epidemiological data was used to support assumptions.*

In its proposal, the Mali CCM expanded the tables in the epidemiology sections to add some useful data. In Section 4.2.1(b) (size of population groups) and Section 4.2.2 (HIV epidemiology of the target populations), the CCM added information on sectors such as sex workers, workers within growth sectors, men having sex with men, young students, youngsters with no schooling, female street vendors, AIDS orphans, disabled persons and truck drivers.

⇒ The text of all of Section 4.2 of the Mali HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Mali-HIV-4.2.pdf.

⇒ The text of the full Mali HIV proposal form is available at www.theglobalfund.org/programs/grant/?compid=1714&lang=en&CountryId=MAL.

Kenya Malaria (Round 10, Category 2)

TRP Comment: *There is a very good epidemiological risk stratification of the country into four zones, including the target populations in the different epidemiological zones. The interventions are tailored to this context.*

The Kenya CCM's description of the epidemiology uses a mix of narrative, tables and maps.

⇒ The text of all of Section 4.2 of the Kenya malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Kenya-Malaria-4.2.pdf.

⇒ The text of the full Kenya malaria proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Bolivia Malaria (Round 8, Category 2B)

TRP Comments: *Excellent description of epidemiological distribution of cases and risk areas.*

In Section 4.2, the Bolivian CCM provided a number of tables, charts and maps to describe the epidemiological situation. They include: (a) a table showing the number of malaria cases for the period 2000-2007, by parasite species, for the total country; (b) a chart showing the number of malaria cases in 2007, by parasite species and indicators, for the different regions of the country; (c) a map showing the municipalities targeted by the proposal; (d) a table providing more information on the epidemiology in these municipalities; and (e) a second map showing the distribution in municipalities where malaria is transmitted by *P. falciparum*.

In addition, the CCM has provided comprehensive information on the size of the population groups targeted by the proposal (Section 4.1.1(b)), and the malaria epidemiology of the target populations (Section 4.2.2).

⇒ The text of all of Section 4.2 of the Bolivia Malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Bolivia-Malaria-4.2.pdf.

⇒ The text of the full Bolivia Malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Note: All links in this report are to the English-language versions of proposals, whether the proposal was submitted in English or in another language. For more information, see “Note on Non-English-Language Versions of Proposals” in *Chapter 1: Introduction and Background*.

KEY STRENGTH 3 – Situational Analysis

The proposal contains a solid analysis of the current response to the disease and the gaps in that response.

The programmatic situational analysis is covered in Sections 4.1 and 4.3 of the Rounds 8, 9 and 10 proposal forms. Applicants were asked to describe the current national disease programme in Section 4.1. They were asked to describe the major gaps in the national programme in Section 4.3. For the Rounds 8 and 9 proposal form, Section 4.3 contains three subsections: Section 4.3.1 (gaps in the disease programme itself); Section 4.3.2 (weaknesses or gaps in the health system that affect disease outcomes); and Section 4.3.3 (efforts being made to resolve the health system weaknesses and gaps). For the Round 10 proposal form, Section 4.3 contains four subsections: Section 4.3.1 (gaps in the disease programme itself); Section 4.3.2 (weaknesses or gaps in the health systems that affect disease outcomes); Section 4.3.3 (weaknesses or gaps in the community systems); and Section 4.3.4 (efforts being made to resolve the health systems and community systems weaknesses and gaps).

The financial situational analysis is covered in Section 5.1 of the proposal form. This section contains a table for financial data, and three subsections – 5.1.1, 5.1.2 and 5.1.3 – where applicants were asked to explain some of the data in the table.

We provide examples of malaria proposals from Ethiopia and Swaziland, HIV proposals from Malaysia, Myanmar, Indonesia and Gabon, and TB proposals from Laos and Moldova that the TRP identified as containing very good situational analyses.

Laos TB (Round 10, Category 2)

TRP Comment: *The applicant provides a clear analysis of the gaps and weaknesses of the current tuberculosis program. The proposed actions address these gaps and weaknesses in a comprehensive way.*

In Section 4.3.2, on health systems weaknesses and gaps, the Laos CCM included a table showing, for each of six health systems building blocks, current bottlenecks and, for each bottleneck, one or more areas where action is required.

⇒ The text of all of Section 4.3 of the Laos TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Laos-TB-4.3.pdf.

⇒ The text of the full Laos TB proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Ethiopia Malaria (Round 8, Category 1)

TRP Comments: *Excellent description of the status of malaria interventions in the country, including both coverage and use (for LLINs, IRS, treatment seeking behaviour etc) from MIS in 2007.*

The description referred to in the TRP's comments can be found in Section 4.1(a) of the proposal form. The Ethiopian CCM describes four components of the current national malaria programme: prevention; diagnosis and treatment; surveillance; and support

strategies. It then summarises the current epidemiological situation and describes the improved outcomes that the national malaria programme is targeting.

⇒ The text of Section 4.1(a) of the Ethiopia Malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Ethiopia-Malaria-4.1a.pdf.

⇒ The text of the full Ethiopia Malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Swaziland Malaria (Round 8, Category 1)

TRP Comments: *Very succinct and clear description of constraints in the health system, how they affect the malaria programme and how the health systems policies address them.*

(The TRP's comments on the Swaziland proposal deal with the health system in the context of how it affects malaria programmes. Examples of HSS components that cut across all three diseases, and excerpts from the TRP's comments on these components, are discussed in *Chapter 3: Findings for HSS Components*.)

The Swaziland CCM's comments on the constraints in the health systems and how they affect the national malaria programme are found in Section 4.3.2 of the proposal form. The efforts to address these health system gaps are described in Section 4.3.3.

⇒ The texts of Sections 4.3.2 and 4.3.3 of the Swaziland Malaria proposal form are available at www.aidspace.org/documents/globalfund/trp/round_8/Swaziland-Malaria-4.3.2-4.3.3.pdf.

⇒ The text of the full Swaziland Malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Myanmar HIV (Round 9, Category 1)

TRP Comments: *The proposal displays a thorough understanding of the operating environment, health system and nature of the epidemic.*

In Section 4.1(a), the Myanmar CCM provides a thorough description of the current National Strategic Plan for HIV, including a list of the services currently being provided and data on what these services have achieved.

Sections 4.3.1 and 4.3.2 provide a detailed and frank description of the weaknesses in the current HIV programme and in Myanmar's health system. In Section 4.3.3, the CCM describes efforts being taken to respond to the health system weaknesses.

⇒ The text of Section 4.1(a) of the Myanmar HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Myanmar-HIV-4.1a.pdf.

⇒ The text of all of Section 4.3 of the Myanmar HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Myanmar-HIV-4.3.pdf.

⇒ The text of the full Myanmar HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Indonesia HIV (Round 8, Category 1)

TRP Comments: *Excellent situational analysis.*

Section 4.1(a) of the Indonesia HIV proposal form contains a clear and comprehensive analysis of the current national HIV programme. The CCM uses charts to supplement the information presented in narrative form.

Section 4.3.1 provides a succinct description of three main weaknesses that the CCM identified in the HIV programme. In Sections 4.3.2 and 4.3.3, the CCM discusses the main weaknesses in the health systems as they affect the HIV programme and the steps that are being taken to address these weaknesses.

⇒ The text of Section 4.1(a) of the Indonesia HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Indonesia-HIV-4.1a.pdf.

⇒ The text of all of Section 4.3 of the Indonesia HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Indonesia-HIV-4.3.pdf.

⇒ The text of the full Indonesia HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Malaysia HIV MARPS (Round 10, Category 2B)

TRP Comment: *Solid evaluation of the health services bottlenecks, of the sub-optimal prevention of mother-to-child transmission (PMTCT) coverage, the only partial success of community-based organizations (CBOs) and of outreach activities targeting sex workers, as well as of the lack of a greater impact of the services offered.*

In Section 4.3.2, the Malaysia CCM describes the weaknesses and gaps in the country's health systems under six headings: delivery systems; personnel; information systems; treatment, care and support; health financing; and leadership and governance. Section 4.3.3 includes a discussion of interventions targeting sex workers.

⇒ The text of all of Section 4.3 of the Malaysia HIV MARPS proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Malaysia-HIV-4.3.pdf.

⇒ The text of the full Malaysia HIV MARPS proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Gabon HIV (Round 8, Category 1)

TRP Comments: *Clear and very specific description of gaps and needs (systemic as well as situational). These are provided in the general preamble, as well as in an introductory section for each activity. Particularly noteworthy is the intent to (i) Identify the problems and/or gaps discovered/identified by previous initiatives in Global Fund Round 3 and programs supported by other funding agencies; (ii) Specifically identify precise needs (for each activity) through several baseline studies; (iii) Carry out interim assessments of progress; (iv) Capture and follow-up those persons or groups "lost" (e.g. HIV+ mothers and children not being treated) to the system.*

The gaps in Gabon's HIV programmes are described in Section 4.3.1 of the proposal form. As noted in the TRP's comments, the gaps are reiterated in the introduction to each activity (in Section 4.5.1 of the proposal form); this is a good way of demonstrating how the activities in the proposal respond to the gaps.

⇒ The text of Section 4.3.1 of the Gabon HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Gabon-HIV-4.3.1.pdf.

⇒ The text of Section 4.5.1 of the Gabon HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Gabon-HIV-4.5.1.pdf.

⇒ The text of the full Gabon HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Moldova TB (Round 8, Category 1)

TRP Comments: *There is a clear programmatic and financial gap analysis.*

A succinct analysis of the gaps in Moldova's TB programmes can be found in Section 4.3.1 of the proposal form. The financial gap analysis is presented in quantitative terms in the table in Section 5.1. Narrative explanations of the figures in the table can be found in Sections 5.1.1, 5.1.2 and 5.1.3.

⇒ The text of Section 4.3.1 of the Moldova TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Moldova-TB-4.3.1.pdf.

⇒ The text of all of Section 5.1 of the Moldova TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Moldova-TB-5.1.pdf.

⇒ The text of the full Moldova TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

KEY STRENGTH 4 – Capacity Building

The proposal identifies capacity constraints among implementing agencies and contains solid strategies to address them.

There were two sections of the Rounds 8 and 9 proposal form where applicants could describe capacity constraints and how they were being addressed in the proposal: Section 4.7.1 Strengthening Capacity and Processes ... to Achieve Improved Disease Outcomes (Section 4.5.1 on the Round 10 form) and Section 4.9.6 Strengthening Implementation Capacity (Section 4.7.5 for Round 10). The capacity building activities described in these sections should also have been included in the other parts of the proposal where the implementation strategy is described. Ideally, the implementation strategy sections of the proposal should have had separate objectives on capacity building.

We provide examples from malaria proposals from Cameroon and Kenya, TB proposals from Belarus, Namibia and Tajikistan, and HIV proposals from Thailand, Chad and Moldova, where the TRP said that applicants had presented solid capacity building strategies.

Kenya Malaria (Round 10, Category 2)

TRP Comment: Clear reforms to strengthen PR capacity are articulated, including a leaner oversight committee (14-16 people instead of 26), creation of technical committees to address grant performance, monitoring and evaluation independent of PR and SRs, devolution of functions of the administration support unit, strengthening personnel, technical assistance for monitoring and evaluation, and appointment of a second civil society PR, African Medical and Research Foundation (AMREF).

The TRP comments refer to Section 4.5.1 of this Round 10 proposal.

⇒ The text of Section 4.5.1 of the Kenya malaria proposal is available at www.aidspan.org/documents/globalfund/trp/round_10/Kenya-Malaria-4.5.1.pdf.

⇒ The text of the full Kenya malaria proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Cameroon Malaria (Round 9, Category 2)

TRP Comment: The plans to reinforce management capacity and are well described.

In its proposal, the Cameroon CCM describes plans for capacity building of PRs, SRs and civil service organisations. Readers should consult both Sections 4.7.1 and 4.9.6 to obtain the full picture.

⇒ The text of Section 4.7.1 of the Cameroon Malaria proposal form is available at www.aidspan.org/documents/globalfund/trp/round_9/Cameroon-Malaria-4.7.1.pdf.

⇒ The text of Section 4.9.6 of the Cameroon Malaria proposal, in PDF format, is available at www.aidspan.org/documents/globalfund/trp/round_9/Cameroon-Malaria-4.9.6.pdf.

⇒ The text of the full Cameroon Malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Namibia TB (Round 10, Category 2)

TRP Comments: Human resource retention, low staffing levels (especially at the district level) and rotation of staff is identified as a significant problem. The proposal takes steps to address this through the upgrading of positions at district level and the creation of posts at the regional level. This is done to lend stability to the program and to strengthen the capacity of the national program to oversee, manage, supervise and review activities.... The proposal has an excellent technical assistance plan that includes the building of local capacity.

Section 4.5.1 of the proposal form deals with the staffing actions mentioned in the TRP comments above. The technical assistance plan is described in Section 4.7.5.

⇒ The text of Section 4.5.1 of the Namibia TB proposal form is available at www.aidspan.org/documents/globalfund/trp/round_10/Namibia-TB-4.5.1.pdf.

⇒ The text of Section 4.7.5 of the Namibia TB proposal form is available at www.aidspan.org/documents/globalfund/trp/round_10/Namibia-TB-4.7.5.pdf.

⇒ The text of the full Namibia TB proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Belarus TB (Round 9, Category 2)

TRP Comment: Particular attention is given to the types of supporting activities required to achieve a given aim. Thus, there is a specific description of the infrastructure, supplies, the case management tool services, the inventory management and control facilities, as well as the types of training needed. These are also based on specific forecasting of the number of people likely to need the services and treatments.

In Section 4.9.6, the Belarus CCM provides a summary of the capacity building plans. A better description is contained in Section 4.5.1 (Implementation Strategy), particularly in the tables at the end of the section that contain activity titles and descriptions. See activities 1.2, 1.5, 1.7, 1.8, 1.9, 1.10, 1.13, 1.14, 1.15, 1.18, 3.5 and 3.7.

⇒ The text of Section 4.9.6 of the Belarus TB proposal form is available at www.aidspan.org/documents/globalfund/trp/round_9/Belarus-TB-4.9.6.pdf.

⇒ The text of Section 4.5.1 of the Belarus TB proposal, in PDF format, is available at www.aidspan.org/documents/globalfund/trp/round_9/Belarus-TB-4.5.1.pdf.

⇒ The text of the full Belarus TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Tajikistan TB (Round 8, Category 2)

TRP Comments: There is an intention to improve capacity to understand issues affecting service delivery and to use evidence to inform program design (operational research).

A very clear summary of capacity building plans is provided in Section 4.9.6 of the proposal form. The plan lists a series of capacity building activities and explains how they will be managed.

⇒ The text of Section 4.9.6 of the Tajikistan TB proposal form is available at www.aidspan.org/documents/globalfund/trp/round_8/Tajikistan-TB-4.9.6.pdf.

⇒ The text of the full Tajikistan TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Thailand HIV (Round 8, Category 2)

TRP Comments: *Aims to strengthen civil society organization capacities and linkage to government.*

The capacity building plans are summarised in Section 4.7.1 of the proposal form. The proposal includes training for civil society organisations in policy engagement, financial capacity, organisational structures, management capacity and systems integration. Capacity building activities are planned for other sectors as well, including policy makers and planners, media and health care providers.

In addition, many of the objectives and activities described in Section 4.5.1 refer to strengthening systems and undertaking training.

⇒ The text of Section 4.7.1 of the Thailand HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Thailand-HIV-4.7.1.pdf.

⇒ The text of Section 4.5.1 of the Thailand HIV proposal, in PDF format, is available at www.aidspace.org/documents/globalfund/trp/round_8/Thailand-HIV-4.5.1.pdf.

⇒ The text of the full Thailand HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Chad HIV (Round 8, Category 2)

TRP Comments: *Funds allocated for capacity building in both public and civil society to ensure long term sustainability.*

Capacity building activities for each of the proposal's three nominated PRs (one government-related, two non-government) are described in Section 4.9.6 of the proposal form.

⇒ The text of Section 4.9.6 of the Chad HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Chad-HIV-4.9.6.pdf.

⇒ The text of the full Chad HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Moldova HIV (Round 8, Category 2B)

TRP Comments: *Selection of the National League of People Living with HIV for capacity strengthening is seen as a step in the right direction in the context of dual track financing.*

The TRP appears to be referring to the fact that in addition to building the capacity of the National League of People Living with HIV to deliver services, that organisation is being groomed as a future PR; it is not one of the PRs in the Round 8 proposal.

There is a summary of the capacity building included in the proposal in Section 4.7.1 of the proposal form. Five types of capacity building are described: international technical assistance, training, systematic partnership building, infrastructure development and sustainable finance. The recipients of the capacity building include the National League of

People Living with HIV, health care staff, multidisciplinary care teams and officials in the legal system.

One of the three objectives of the proposal is to strengthen the National League of People Living with HIV. The objective is described in Section 4.5.1 of the proposal form. Thirty-six activities linked to this objective are described in the workplan portion of the proposal.

⇒ The text of Section 4.7.1 of the Moldova HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Moldova-HIV-4.7.1.pdf.

⇒ The text of the full Moldova HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

⇒ The workplan for the Moldova HIV proposal (in an Excel file together with the budget) is available at www.aidspace.org/documents/globalfund/trp/round_8/Moldova-HIV-Workplan.xls.

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KEY STRENGTH 5 – Innovative Approaches

The proposal uses innovative approaches to address some of the national programme gaps and weaknesses.

Programme strategies are described in Section 4.5.1 on the Round 8 and 9 proposal form, and Section 4.4.1 on the Round 10 proposal form.

We provide examples from malaria proposals from Liberia and Eritrea, an HIV MARPS proposal from Argentina and a TB proposal from Cote d'Ivoire where, according to the TRP, innovative approaches were used.

Argentina HIV MARPS (Round 10, Category 2)

TRP Comment: *The approaches taken are innovative, such as the inclusion of partners, household members and clients of beneficiaries.*

The proposal from Argentina routinely includes partners in activities targeting people infected by, or at risk of acquiring HIV. In Section 4.4.1, the CCM lists the following objective:

To develop actions aimed at ensuring comprehensive care and primary and secondary prevention activities for gay men and other MSM, transsexuals, IDU and sex workers living with HIV, their partners and environment, and to promote quality of life for these PLWHA.

With respect to the clients of “beneficiaries,” Section 4.4.1 includes the following strategy:

1.9 Include SW clients as beneficiaries of some of the prevention efforts. Male and female sex workers have contact with a large number of sexual partners, some of whom could act as bridges to sexually transmitted infections to other people from other subpopulations. Working with these people could have a great preventive potential. The sex workers could carry out these actions.

⇒ The text of Section 4.4.1 of the Argentina HIV MARPS proposal is available at www.aidspace.org/documents/globalfund/trp/round_10/Argentina-HIV-4.4.1.pdf.

⇒ The text of the full Argentina HIV MARPS proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Liberia Malaria (Round 10, Category 2)

TRP Comments: *Strategies include innovative approaches, i.e. volunteers distributing the LLIN to households help hang them up; women go one week later to check on use, etc.*

In Section 4.4.1 of its Round 10 proposal, the Liberia CCM describes a door-to-door distribution campaign for long-lasting insecticide-treatment bed nets as follows:

Liberia has strategically adopted the door-to-door distribution, hang-up and keep-up campaign. This method is more cost intensive than campaigns that use static locations for distribution but has the advantage of achieving high utilization rates... House-to-house assessment is conducted by trained volunteers to identify, list and

sensitize households to be covered in the campaign about seven days prior to distribution while LLINs are moved from central location to peripheral storage sites near or within target communities. Distribution is then done door-to-door by the trained volunteers in listed households under supervision. Volunteers also help the families to hang up the LLINs on the same visit. Post-distribution survey will be done 2-3 months later to assess retention and use in these localities. Replacement campaigns will be undertaken in 2012....

⇒ The text of Section 4.4.1 of the Liberia malaria proposal is available at www.aidspace.org/documents/globalfund/trp/round_10/Liberia-Malaria-4.4.1.pdf.

⇒ The text of the full Liberia malaria proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Eritrea Malaria (Round 9, Category 1)

TRP Comment: *The proposal highlights innovative strategies of involving women and thereby enhances gender equality in malaria prevention and control activities, such as the use of Women Malaria Action Groups and Community Health Agents (who are predominantly girls) to be expanded throughout the malaria endemic areas. In section 4.5.1, the Eritrea CCM describes how the Women Malaria Action Groups and Community Health Agents will be used. See, in particular, Objective 2: Malaria Prevention and Treatment at Community Level.*

⇒ The text of Section 4.5.1 of the Eritrea malaria proposal is available at www.aidspace.org/documents/globalfund/trp/round_9/Eritrea-Malaria-4.5.1.pdf.

⇒ The text of the full Eritrea malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Cote d'Ivoire TB (Round 9, Category 2)

TRP Comment: *There is an innovative initiative to actively involve the private sector in the programme. This also includes funding by the private sector.*

In Section 4.5.1, the CCM includes an activity involving training 500 workers from the private sector to identify suspected TB cases (Activity 3.1.2).

⇒ The text of Section 4.5.1 of the Cote d'Ivoire TB proposal is available at www.aidspace.org/documents/globalfund/trp/round_9/Cote-Ivoire-TB-4.5.1.pdf.

⇒ The text of the Cote d'Ivoire TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

KEY STRENGTH 6 – Multiple Sectors in Service Delivery

The proposal includes the use of multiple sectors and partners to deliver services, so as to scale up more quickly towards universal access.

The applicant is asked to provide information on the involvement of the private sector in Section 4.6.3 on the Rounds 8 and 9 proposal form, and Section 4.4.6 on the Round 10 form. Applicants can use Section 9.0 (Rounds 8 and 9 form) or Section 4.7 (Round 10 form) to provide Information on the involvement of civil society organisations and private sector organisations as PRs and SRs; and Section 4.5.1 (Rounds 8 and 9 form) or Section 4.4.1 (Round 10 form) to provide information about specific objectives and activities that will be carried out by civil society organisations and the private sector.

We provide examples of TB proposals from Bangladesh and Cameroon, malaria proposals from Nigeria and Thailand, and HIV proposals from Lesotho and Tanzania that were praised by the TRP for using multiple sectors to deliver services.

Bangladesh TB (Round 8, Category 2)

TRP Comment: *Strong partnership demonstrated through co-investment in activities by the private sector whereby the work place provides space and necessary human resources, and the National Tuberculosis Programme provides logistics and drugs. Provides evidence of a strong approach towards sustainable models, by connecting with and involving NGOs.*

The involvement of the private sector is described in Section 4.6.3(a) of the proposal form. Section 4.6.3(b) provides information on the financial contribution of the private sector to the programme described in the proposal.

The involvement of NGOs is described in Section 4.9 of the proposal form. Section 4.9.1 reveals that one of the two nominated PRs is an NGO (BRAC). Section 4.9.2 describes the role NGOs will play in community-based directly observed treatment, short course (DOTS) expansion, and lists 30 NGOs that will serve as SRs. Section 4.9.2 also provides a table showing that more than half of the programme funding will flow through the NGO PR.

⇒ The text of Section 4.6.3 of the Bangladesh TB proposal form is available at www.aidspan.org/documents/globalfund/trp/round_8/Bangladesh-TB-4.6.3.pdf.

⇒ The text of all of Section 4.9 of the Bangladesh TB proposal, in PDF format, is available at www.aidspan.org/documents/globalfund/trp/round_8/Bangladesh-TB-4.9.pdf.

⇒ The text of the full Bangladesh TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Cameroon TB (Round 9, Category 2)

TRP Comment: *The involvement of the private sector is significant and totally integrated into the National Tuberculosis Control Program (NTCP). The NTCP management tools are used for training and supervisory visits in programmes implemented by the private sector.*

There is a clear and succinct description of private sector involvement in Section 4.6.3. It includes a list of companies, the size of the populations reached by each company, and the value of the contributions each company will make to the programme.

⇒ The text of Section 4.6.3 of the Cameroon TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Cameroon-TB-4.6.3.pdf.

⇒ The text of the full Cameroon TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Nigeria Malaria (Round 8, Category 2B)

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

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

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

⇒ The text of Section 4.6.3 of the Nigeria malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Nigeria-Malaria-4.6.3.pdf.

⇒ The text of all of Section 4.9 of the Nigeria malaria proposal, in PDF format, is available at www.aidspace.org/documents/globalfund/trp/round_8/Nigeria-Malaria-4.9.pdf.

⇒ The text of the full Nigeria malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Thailand Malaria (Round 10, Category 2B)

TRP Comment: *The applicant identifies a broad range of partners with experience and technical capacity necessary for the implement of the grant activities. This takes into account the complex nature of cross border malaria issues.*

In its comments, the TRP is referring to Section 4.7.2 of this Round 10 proposal, where nine SRs are listed and described.

⇒ The text of all of Section 4.7.2 of the Thailand malaria proposal is available at www.aidspace.org/documents/globalfund/trp/round_10/Thailand-Malaria-4.7.2.pdf.

⇒ The text of the full Thailand proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Lesotho HIV (Round 8, Category 2)

TRP Comment: *Proposal strengthens links with civil society organizations and the private sector. Innovative approaches to BCC which target vulnerable groups (commercial sex workers, men having sex with men, prisoners, herd-boys).*

The involvement of civil society organisations and the private sector is described as part of the overall implementation strategy in Section 4.5.1, but you have to search through the many activities listed to find those that are relevant. The following are some examples:

- Support programmes for out-of-school youth through civil society organisations.
- Train and support youth ambassadors on HIV and AIDS.
- Community-based organisations (CBOs), faith-based organisations, business and labour groups will be supported to develop and implement community HIV-prevention projects.
- CBOs will be supported to review initiatives and identify best practices that can then be replicated and scaled up.
- Support umbrella bodies to provide institutional and programmatic mentoring to their members.

⇒ The text of Section 4.5.1 of the Lesotho HIV proposal, in PDF format, is available at www.aidspace.org/documents/globalfund/trp/round_8/Lesotho-HIV-4.5.1.pdf.

⇒ The text of the full Lesotho HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Tanzania HIV (Round 8, Category 2)

TRP Comment: *Promotion of private sector involvement and participation through the inclusion of the AIDS Business Coalition of Tanzania (ABCT), to reach private companies with HIV specific workplace interventions and through the Association of Private Health Facilities of Tanzania (APHFTA) to extend the provision of care, treatment and support to HIV-positive individuals who are unable to access those services by default (i.e., there is no service provider close to them).*

The involvement of the private sector is described in Section 4.6.3(a) of the proposal form. Section 4.6.3(b) provides information on the financial contribution of the private sector to the programme included in the proposal.

The involvement of the ABCT and the APHFTA is further described in Section 4.5.1 of the proposal form, and in the workplan portion of the proposal, under Goal 2, Objective 1, SDA 1.2 (Strengthen the Private Sector).

⇒ The text of Section 4.6.3 of the Tanzania HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Tanzania-HIV-4.6.3.pdf.

⇒ The text of Section 4.5.1 of the Tanzania HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Tanzania-HIV-4.5.1.pdf.

⇒ The text of the full Tanzania HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

⇒ The workplan for the Tanzania HIV proposal (in an Excel file together with the budget) is available at www.aidspace.org/documents/globalfund/trp/round_8/Tanzania-HIV-Workplan.xls.

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KEY STRENGTH 7 – Monitoring and Evaluation

The proposal has a clear plan for monitoring activities and evaluating the impact of interventions.

In Rounds 8 and 9, Section 4.8 of the proposal form, entitled “Impact Measurement,” is where applicants were asked to describe the current national M&E system for the disease (Section 4.8.1) and what strategies are included in the proposal to strengthen that system (Section 4.8.3). The corresponding sections on the Round 10 proposal form are 4.6.1 and 4.6.4. In many proposals, Section 4.5.1 Implementation Strategy (Rounds 8 and 9 form) or Section 4.4.1 (Round 10 form) included objectives or activities related to M&E. In some proposals, the workplan and the performance framework provided additional information on the M&E plan.

We provide examples of a TB proposals from Indonesia, HIV proposals from Argentina, Indonesia and Nicaragua, and malaria proposals from Mozambique and Papua New Guinea that the TRP identified as having strong M&E components.

Indonesia TB (Round 8, Category 1)

TRP Comment: Substantial investment ... on monitoring and evaluation, consistent with the major weakness identified by the external review.

A description of how the proposal will strengthen the TB M&E systems in Indonesia can be found in Section 4.8.3 of the proposal form. Additional information can be found in Section 4.5.1 of the proposal form and in the workplan portion of the proposal, under Objective 1, SDA 1.4 (Monitoring and Evaluation: Quality Surveillance and Supervision). Indicators for the M&E-related activities can be found in Attachment A (Performance Framework).

⇒ The text of Section 4.8.3 of the Indonesia TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Indonesia-TB-4.8.3.pdf.

⇒ The text of Section 4.5.1 of the Indonesia TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Indonesia-TB-4.5.1.pdf.

⇒ The text of the full Indonesia TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

⇒ Attachment A (Performance Framework) of the Indonesia TB proposal is available at the end of the file that contains the full Indonesia TB Proposal Form (see link above).

⇒ The workplan for the Indonesia TB proposal (in an Excel file together with the budget) is available at www.aidspace.org/documents/globalfund/trp/round_8/Indonesia-TB-Workplan.xls.

Argentina HIV MARPS (Round 10, Category 2)

TRP Comment: The approaches taken are innovative, such as the inclusion of partners, household members and clients of beneficiaries; these strategies are described in the context of a strong monitoring and evaluation mechanism in order to learn from these experiences.

The proposed evaluation strategy is described in Section 4.6.1 of this Round 10 proposal.

⇒ The text of Section 4.6.1 of the Argentina HIV MARPS proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Argentina-HIV-4.6.1.pdf.

⇒ The text of the full Argentina HIV MARPS proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Indonesia HIV (Round 8, Category 1)

TRP Comment: *Sound monitoring and evaluation plan with a comprehensive list of indicators.*

The Indonesia CCM describes what it plans to do to strengthen HIV M&E systems in Section 4.8.3 of the proposal form. Additional information can be found in Section 4.5.1 of the proposal form and in the workplan portion of the proposal, under Objective 3, SDA 3.3 (Strengthening Strategic Information System). The comprehensive list of indicators referred to in the TRP comment can be found in the workplan, in the column labelled ‘Target Type.’

⇒ The text of Section 4.8.3 of the Indonesia HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Indonesia-HIV-4.8.3.pdf.

⇒ The text of Section 4.5.1 of the Indonesia HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Indonesia-HIV-4.5.1.pdf.

⇒ The text of the full Indonesia HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

⇒ The workplan for the Indonesia HIV proposal (in an Excel file together with the budget) is available at www.aidspace.org/documents/globalfund/trp/round_8/Indonesia-HIV-Workplan.xls.

Nicaragua HIV (Round 8, Category 2)

TRP Comment: *The proposal includes a plan to strengthen the national health information system in a comprehensive manner.*

The M&E plan is described in Section 4.8.3 of the proposal form. There is a separate objective in the proposal to strengthen the health information systems (Objective 4). Section 4.5.1 identifies the activities and target populations for this objective, as well as who is responsible for carrying out the activities. A longer list of activities and target populations can be found in the workplan part of the proposal.

⇒ The text of Section 4.8.3 of the Nicaragua HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Nicaragua-HIV-4.8.3.pdf.

⇒ The text of Section 4.5.1 of the Nicaragua HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Nicaragua-HIV-4.5.1.pdf.

⇒ The text of the full Nicaragua HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

⇒ The workplan for the Nicaragua HIV proposal (in an Excel file, along with the budget) is available at www.aidspace.org/documents/globalfund/trp/round_8/Nicaragua-HIV-Workplan.xls.

Mozambique Malaria (Round 9, Category 2)

TRP Comment: *Good description of monitoring and evaluation systems utilising different data platforms including: Multiple Indicator Cluster Surveys (MICS), Malaria Indicator Survey (MIS) and Demographic and Health Surveys (DHS) with routine reporting systems.*

In Section 4.8.1, the Mozambique CCM explains that M&E for Global Fund programmes is integrated into the Health Sector SWAP (Sector-Wide Approach), and describes the national M&E systems already in place. Section 4.8.3 provides a detailed explanation of how the proposal will strengthen the national M&E systems.

⇒ The text of all of Section 4.8 of the Mozambique Malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Mozambique-Malaria-4.8.pdf.

⇒ The text of the full Mozambique Malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Papua New Guinea Malaria (Round 8, Category 2)

TRP Comment: *Excellent comprehensive information strategy.*

In Section 4.8.3 of the proposal form, the Papua New Guinea CCM describes the weaknesses of the country's malaria M&E systems, and current strategies for strengthening the system. Additional information can be found in Section 4.5.1 of the proposal form under Objective 5, SDA 5 (Systems Strengthening and Capacity Development).

⇒ The text of Section 4.8.3 of the Papua New Guinea Malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/PNG-Malaria-4.8.3.pdf.

⇒ The text of Section 4.5.1 of the Papua New Guinea Malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/PNG-Malaria-4.5.1.pdf.

⇒ The text of the full Papua New Guinea Malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

KEY STRENGTH 8 – Detailed Budget

The proposal includes a budget with sufficient detail and assumptions to allow for the costs of activities to be fully assessed.

Applicants were required to submit a detailed budget in a document in Excel format, separate from the proposal. If they wished, they could combine the budget with the work plan they were also required to submit.

We provide examples of an HIV proposal from Sao Tome and Principe, a malaria proposal from Ethiopia and a TB proposal from Madagascar whose budgets received strong praise from the TRP.

Sao Tome and Principe HIV (Round 10, Category 2)

TRP Comment: *Well-constructed budget with linkages between objectives, SDAs and budget lines. Unit costs and assumptions are well-presented and linked to the budget.*

The budget is very well presented and easy to follow.

⇒ The budget for the Sao Tome and Principe HIV proposal is available at www.aidspan.org/documents/globalfund/trp/round_10/Sao-Tome-HIV-Budget.xls.

⇒ The text of the full Sao Tome and Principe HIV proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Ethiopia Malaria (Round 8, Category 1)

TRP Comment: *Outstanding budget presentation with listing of all assumptions made and data on which the budget has been based on.*

The information on the budget is presented in an Excel file that also contains the workplan. There is a separate table showing the general assumptions used in the preparation of the budget. Another table provides more detailed assumptions. The detailed budgets for Year 1, Year 2 and Years 3-5 are presented in clear and thorough tables, organized by objective, SDA and activity. Unit costs and assumptions for each activity are shown in separate columns. Summary budget tables are also provided (as required by the Global Fund).

⇒ The budget for the Ethiopia Malaria proposal (in an Excel file, along with the workplan) is available at www.aidspan.org/documents/globalfund/trp/round_8/Ethiopia-Malaria-Budget.xls.

⇒ The text of the full Ethiopia Malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Madagascar TB (Round 8, Category 2B)

TRP Comment: *There is an excellently presented budget which has clearly linked unit costs and activities. This budget provides an example of best practice.*

The information on the budget is presented in an Excel file that also contains the workplan. The detailed budgets for Year 1, Year 2 and Years 3-5 are organized by objective, SDA,

implementation strategy and activity. For each activity, each cost item is listed, and both quantities and unit costs are shown. Very detailed information is presented. For example, costs are shown for various elements required to put on a training course (e.g., trainer allowance, participant travel expenses) and then the cost of putting on one training course is indicated. Finally, the number of training courses and the total cost for these courses is shown. Summary budget tables are also provided (as required by the Global Fund).

⇒ The budget for the Madagascar TB proposal (in an Excel file, along with the workplan) is available at www.aidspace.org/documents/globalfund/trp/round_8/Madagascar-TB-Budget.xls.

⇒ The text of the full Madagascar TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

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KEY STRENGTH 9 – Coordination and Management

The proposal features a strong coordination and management plan.

Section 4.9.5 of the Rounds 8 and 9 proposal form (Section 4.7.4 on the Round 10 form) asks applicants to describe how coordination between implementers would be handled. (The question was worded a little differently on the Round 10 form compared to the form used for Rounds 8 and 9.) Sometimes, applicants used Section 4.5.1 (Rounds 8 and 9 form) or Section 4.4.1 (Round 10 form) to describe which PRs and SRs will be responsible for which activities.

We provide examples of a malaria proposal from Cameroon, and HIV proposals from the Democratic Republic of Congo and Gambia that the TRP identified as having particularly strong coordination and management plans.

Cameroon Malaria (Round 9, Category 2)

TRP Comment: *The plans for the coordination mechanism are well described.*

In Section 4.9.5, the Cameroon CCM describes how the programme will be coordinated. It explains that the two PRs and the four SRs will sit on a steering committee. The centrepiece of this section is a Table of Responsibilities, in which each SDA and major activity is listed, along with an indication of which SR and which PR is responsible.

⇒ The text of Section 4.9.5 of the Cameroon Malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Cameroon-Malaria-4.9.5.pdf.

⇒ The text of the full Cameroon Malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Democratic Republic of Congo (DRC) HIV (Round 8, Category 2)

TRP Comment: *3 principal recipients identified (dual-track financing) – Ministry of Public Health, Cordaid and SANRU with a clear description of respective roles and responsibilities.*

In Section 4.9.5 of the proposal form, the DRC CCM provides a very clear and concise explanation of how coordination will be handled. It states that a PR coordination commission will be set up to avoid conflicts of interest and ensure that the work of the various PRs is harmonised. It describes the composition of the commission and lists in bullet form what the commission will do.

⇒ The text of Section 4.9.5 of the DRC HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/DRC-HIV-4.9.5.pdf.

⇒ The text of the full DRC HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Gambia HIV (Round 8, Category 2)

TRP Comment: *Responsibilities for implementation of the proposal at activities and sub-activities levels clearly presented with identification of specific Principal Recipients and Sub-Recipients/implementers.*

In Section 4.9.5 of the proposal form, the Gambia CCM explains how the programme will be coordinated. For example, a mechanism involving the two PRs (one government and one NGO) will be established to ensure programmatic review and reporting of progress; and memorandums of understanding will be signed between each PR and each SR for which it is responsible. The responsibilities of the two PRs are described, as are the ways in which they will ensure regular communications between them. Finally, the oversight role of the CCM is described.

In addition, the Gambia CCM makes good use of Section 4.5.1 to describe the responsibilities of the two PRs and the various SRs for each of the main activities of the proposal.

⇒ The text of Section 4.9.5 of the Gambia HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Gambia-HIV-4.9.5.pdf.

⇒ The text of Section 4.5.1 of the Gambia HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Gambia-HIV-4.5.1.pdf.

⇒ The text of the full Gambia HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

KEY STRENGTH 10 – Complementarity and Additionality

The proposal complements and adds to other initiatives, including previous Global Fund grants, programmes funded by other donors, and government initiatives.

In Section 4.6 of the Rounds 8 and 9 proposal form, applicants were asked to describe the links between their proposal and other interventions: Section 4.6.1 for links to other Global Fund grants; Section 4.6.2 for links to interventions financed by other donors. The corresponding sections on the Round 10 form are 4.4.7 and 4.4.8, respectively.

We provide examples of a Malaria proposal from the Democratic Republic of Congo, HIV proposals from Nepal and Viet Nam, and a TB proposal from Azerbaijan that the TRP identified as doing very good jobs of describing how the proposal complements and adds to other initiatives.

Democratic Republic of Congo (DRC) Malaria (Round 10, Category 2)

TRP Comment: *The proposal demonstrates excellent complementarity and additionality with other Global Fund grants as well as grants from other donors.*

In Section 4.4.8 of the Round 10 proposal form, the DRC CCM provides an extensive description of the links between the proposed programmes and programmes currently being funded by other donors. The CCM uses narrative, tables and charts effectively.

⇒ The text of Section 4.4.8 of the DRC malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/DRC-Malaria-4.4.8.pdf.

⇒ The text of the full DRC malaria proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Nepal HIV (Round 10, Category 2)

TRP Comments: *The proposal includes an extensive description of the complementarity between each proposed SDA and existing Global Fund grants. The description includes the tuberculosis national strategy grants from Round 7 and Round 9, which was signed in September and consolidated with the tuberculosis grants from Round 4 and Round 7, as well as other non-Global Fund supported programmes in a way that ensures that duplication and overlap between the various programmes is avoided.*

The descriptions mentioned by the TRP can be found in Sections 4.4.7 and 4.4.8 of this Round 10 proposal. The TRP also singled out Nepal's proposal summary (which is in Section 3.4 on the Round 10 form) because it explained which activities from the Round 10 proposal were new and which ones involved scaling up activities from existing grants.

⇒ The text of Section 3.4 of the Nepal HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Nepal-HIV-3.4.pdf.

⇒ The text of Sections 4.4.7 and 4.4.8 of the Nepal HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Nepal-HIV-4.4.7-8.pdf.

⇒ The text of the full Nepal HIV proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Viet Nam HIV (Round 8, Category 2)

TRP Comment: *Good analysis of complementarity of the Round 8 funds with Round 6 and with other partners contribution to the fight of the epidemic in Vietnam.*

In Section 4.6.1 of the proposal form, the Viet Nam CCM describes how this proposal complements the Round 6 HIV grant from the Global Fund. In the same section, the CCM explains what lessons were learned from the implementation of the Round 1 HIV grant from the Fund.

In Section 4.6.2, the CCM provides a description of HIV-related donor assistance in the provinces covered by the Round 8 proposal; explains the linkages between this donor assistance and the proposal for each of the proposal's three objectives; discusses the major challenges in the implementation of other donor assisted programmes; and describes the steps taken to address the challenges.

⇒ The text of all of Section 4.6 of the Viet Nam HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Viet-Nam-HIV-4.6.pdf.

⇒ The text of the full Viet Nam HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Azerbaijan TB (Round 9, Category 2)

TRP Comment: *There are complementarities with the Global Fund grants of Rounds 5 and 7 and with other donor contributions that are clearly elaborated and presented.*

In Section 4.6.1, the Azerbaijan CCM describes how the Round 9 proposal complements the grants from Rounds 5 and 7, and explains why the additional activities in the Round 9 grant were required. In Section 4.6, the CCM describes other externally funded programs for TB control.

⇒ The text of all of Section 4.6 of the Azerbaijan TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Azerbaijan-TB-4.6.pdf.

⇒ The text of the full Azerbaijan TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

KEY STRENGTH 11 – Alignment

The proposal is clearly aligned with national development strategies, and national policies and plans for the disease.

To understand how the proposal complements existing national programmes, one has to refer to Section 4.0 of the proposal form, particularly Section 4.1 (description of the current national programme for the disease), Section 4.3.1 (weaknesses of the current national programme) – and Section 4.5.1, on the Rounds 8 and 9 form, or Section 4.4.1 on the Round 10 form (implementation strategy).

We provide examples of a malaria proposal from Eritrea, HIV proposals from Gabon and North Sudan, and a TB proposal from Indonesia, which the TRP said were very well aligned with national strategies, policies and plans.

Eritrea Malaria (Round 9, Category 1)

TRP Comment: *Proposed strategies are based on, and in line with, the National Health Policy and current National Malaria Strategic Plan.*

The current national Malaria programme is fully described in Section 4.1 of the proposal form. Section 4.3.1 identifies the major weaknesses in the programme. The implementation plan for this proposal is described in detail in Section 4.5.1. The implementation plan clearly responds to the weaknesses identified in Section 4.3.1, and clearly complements the national programme.

⇒ The text of Section 4.1 of the Eritrea malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Eritrea-Malaria-4.1.pdf.

⇒ The text of Section 4.3.1 of the Eritrea malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Eritrea-Malaria-4.3.1.pdf.

⇒ The text of Section 4.5.1 of the Eritrea malaria proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Eritrea-Malaria-4.5.1.pdf.

⇒ The text of the full Eritrea malaria proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Gabon HIV (Round 8, Category 1)

TRP Comment: *The proposal is clearly aligned with national policies and plans, and seeks to support and strengthen a system and strategies already in place.*

The current national HIV programme is described in Section 4.1 of the proposal form. Section 4.3.1 identifies the major weaknesses in the HIV programme. The implementation plan for this proposal is described in detail in Section 4.5.1. A comparison of the three sections shows that the implementation plan is well aligned with the national programme. Furthermore, the description of the strategies in Section 4.5.1 makes frequent references to the weaknesses identified in Section 4.3.1.

⇒ The text of Section 4.1 of the Gabon HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Gabon-HIV-4.1.pdf.

⇒ The text of Section 4.3.1 of the Gabon HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Gabon-HIV-4.3.1.pdf.

⇒ The text of Section 4.5.1 of the Gabon HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Gabon-HIV-4.5.1.pdf.

⇒ The text of the full Gabon HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Sudan North HIV (Round 10, Category 2)

TRP Comments: *Clear alignment with National Plans and priorities, including the Sudan National HIV and AIDS Strategic Plan 2010-2014.*

Clear lines can be drawn from the implementation strategy described in Section 4.4.1 of this Round 10 proposal to (a) the national HIV strategy described in Section 4.1; and (b) the gaps and weaknesses of the current national HIV programme described in Section 4.3.

⇒ The text of Section 4.1 of the North Sudan HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Sudan-North-HIV-4.1.pdf.

⇒ The text of Section 4.3 of the North Sudan HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Sudan-North-HIV-4.3.pdf.

⇒ The text of Section 4.4.1 of the North Sudan HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Sudan-North-HIV-4.4.1.pdf.

⇒ The text of the full North Sudan HIV proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Indonesia TB (Round 8, Category 1)

TRP Comment: *Good alignment national planning and fiscal cycles.*

A comparison of the description of the current national TB strategy in Section 4.1 of the proposal form, and the description of the implementation plan for this proposal in Section 4.5.1, clearly demonstrate that the two are well aligned.

⇒ The text of Section 4.1 of the Indonesia TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Indonesia-TB-4.1.pdf.

⇒ The text of Section 4.5.1 of the Indonesia TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Indonesia-TB-4.5.1.pdf.

⇒ The text of the full Indonesia TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

KEY STRENGTH 12 – Gender and Social Inequalities

The proposal includes a solid gender analysis as well as programmes to address gender and social inequalities.

In Section 4.5.4 of the Round 8 and 9 proposal form (Section 4.4.5 on the Round 10 form), applicants are asked to explain how their proposal will contribute to achieving equality (including gender equality). Any activities listed in these sections should be reflected in the implementation strategy described in Section 4.5.1 on the Rounds 8 and 9 form, or Section 4.4.1 on the Round 10 form.

We provide examples of HIV proposals from Bosnia and Herzegovina, Eritrea, Myanmar, Mauritius, Nicaragua and Zambia, and one TB proposal from Tajikistan, that the TRP said were particularly strong on gender and/or social inequalities.

Bosnia and Herzegovina HIV (Round 9, Category 2)

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

In Section 4.5.4, the Bosnia and Herzegovina CCM provides a clear and succinct description of how its proposal will address gender inequalities. The proposed activities include ensuring that gender disaggregated data is obtained in surveillance programs, ensuring that gender is integrated into the National AIDS Strategy, and providing training to improve competency on gender issues. As well, a review of policies and legislation will be undertaken with a view to addressing rights and protection for all vulnerable and marginalised populations.

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

⇒ The text of Section 4.5.4 of the Bosnia and Herzegovina HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Bosnia-HIV-4.5.4.pdf.

⇒ The text of Section 4.5.1 of the Bosnia and Herzegovina HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Bosnia-HIV-4.5.1.pdf.

⇒ The text of the full Bosnia HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Myanmar HIV (Round 9, Category 1)

TRP Comment: *Gender issues have been comprehensively addressed.*

Section 4.5.4 of the Myanmar proposal form describes how the proposal address issues of gender inequality. Specific activities include strengthening the capacity of the new Myanmar Positive Women's Network, providing training on gender and HIV at the local level, assisting women to form their own support groups, and assisting female sex workers to negotiate safer sex.

⇒ The text of Section 4.5.4 of the Myanmar HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_9/Myanmar-HIV-4.5.4.pdf.

⇒ The text of the full Myanmar HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9.

Zambia HIV (Round 10, Category 2)

TRP Comment: *Strategies to address gender disparities have been presented, such as a campaign to increase male participation and involvement in the treatment program; couples counselling services to remove barriers to accessing services and improve communication; and the incorporation of gender-based indicators into national monitoring and evaluation (M&E) activities.*

In Section 4.4.5 of this Round 10 proposal, the Zambia CCM provides a comprehensive description of how the proposal will address inequalities related to gender, age, geography (rural vs. urban), prison populations and other high-risk groups. The description includes specific references to the SDAs in the section on programme strategy (Section 4.4.1 on the Round 10 form) that address inequality.

NOTE TO READERS: Section 4.4.5 on the Round 10 proposal form instructs the applicant, when filling out Section 4.4.5, to refer specifically to the “objectives, SDAs and activities” included in Section 4.4.1 of the proposal form. In preparing this report, Aidspace examined a number of Round 10 proposals. Few followed the instructions properly. The Zambia HIV proposal provided references to the SDAs in Section 4.4.1, but did not refer specifically to the objectives or activities. ROUND 11 APPLICANTS SHOULD READ THE PROPOSAL FORM QUESTIONS VERY CAREFULLY AND ENSURE THAT THEIR RESPONSES INCORPORATE EVERYTHING ASKED FOR IN THE QUESTIONS.

⇒ The text of Section 4.4.5 of the Zambia HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Zambia-HIV-4.4.5.pdf.

⇒ The text of the full Zambia HIV proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Mauritius HIV (Round 8, Category 1)

TRP Comment: *This is a very well articulated proposal, with a good program targeting high risk groups in a concentrated epidemic. The strong sensitivity to gender equality issues and the socio-cultural difficulties associated with sexual minorities and intravenous drug users are reflected in intervention strategies, including affirmative action for sex workers and intravenous drug users in job employment.*

In Section 4.5.4 of the proposal form, the Mauritius CCM describes how its proposal will enhance social and gender equality. The CCM refers to reaching out to injection drug users, commercial sex workers, migrants, street children and prisoners. It also explains how the proposal addresses poverty, gender issues, and stigma and discrimination.

The first of the eight objectives of the proposal, as described in Section 4.5.1, says, in part, "Create an enabling environment to fight stigma and discrimination against injection drug users and people living with HIV..." The CCM provides a comprehensive description of the strategies that will be used to make this happen, and includes a list of more than a dozen activities. These same activities are listed in the workplan section of the proposal, along with timelines for when the activities will be implemented.

Section 4.5.1 of the proposal form also states that human rights and gender perspectives will cut across all eight objectives of the proposal, and explains how this will happen.

⇒ The text of Section 4.5.4 of the Mauritius HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Mauritius-HIV-4.5.4.pdf.

⇒ The text of Section 4.5.1 of the Mauritius HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Mauritius-HIV-4.5.1.pdf.

⇒ The text of the full Mauritius HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

⇒ The workplan for the Mauritius HIV proposal (in an Excel file together with the budget) is available at www.aidspace.org/documents/globalfund/trp/round_8/Mauritius-HIV-Workplan.xls.

Eritrea HIV (Round 8, Category 2B)

TRP Comment: Strong gender based approach covering delicate social and political issues like male circumcision and female genital mutilation.

In Section 4.5.4 of the proposal form, the CCM describes gender issues in context of the HIV epidemic in Eritrea, and explains what how this proposal will address these issues. Examples of activities listed in this section are as follows:

- at least five gender train-the-trainer programmes for male and female health personnel;
- hiring of a gender expert;
- development of three training manuals on gender and reproductive health;
- a needs assessment to determine specific cases of violence against women, and the different response needs of women, girls, boys and men; and to obtain actionable evidence on the needs for gender empowerment and the ways to fight effectively against sexual violence.
- training for lawmakers and law enforcers on gender based violence issues such as early marriage, female genital mutilation, land ownership and other gender issues such as reproductive health rights, as well as the intertwining issues of gender and HIV/AIDS;
- training for almost 1,000 people at village level to enable them to become anti-female genital mutilation activists; and
- income generating programmes for more than 2,000 women-headed households.

In Section 4.5.1 of the proposal form, the last two objective listed are under the heading of “Gender and Gender Violence.” Nineteen activities related to these objectives are listed. These same activities can be found in the workplan portion of the proposal, along with, for each activity, targets, time frames for implementation, and an indication of who is responsible.

⇒ The text of Section 4.5.4 of the Eritrea HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Eritrea-HIV-4.5.4.pdf.

⇒ The text of Section 4.5.1 of the Eritrea HIV proposal, in PDF format, is available at www.aidspace.org/documents/globalfund/trp/round_8/Eritrea-HIV-4.5.1.pdf.

⇒ The text of the full Eritrea HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

⇒ The workplan for the Eritrea HIV proposal (in an Excel file together with the budget) is available at www.aidspace.org/documents/globalfund/trp/round_8/Eritrea-HIV-Workplan.xls.

Nicaragua HIV (Round 8, Category 2)

TRP Comment: *The proposal recognizes the difficult social and legal environment to implement actions addressing sexual minorities in the country and aiming at behavioural changes. The proposal addresses important issues related to female victims of violence, children.*

In Section 4.5.4 of the proposal form, the Nicaraguan CCM discusses equality issues for seven population groups: women, children, orphans, adolescents and young people, indigenous peoples, sexual minorities and poor people. For each population group, the CCM describes the strategies that are included in the proposal to address the inequalities. This is a very well written section.

Specific activities addressing inequalities are included in Section 4.5.1 of the proposal form, primarily under objectives 1 and 3. The activities are broken down further (into tasks) in the workplan portion of the proposal, although no timelines are provided.

⇒ The text of Section 4.5.4 of the Nicaragua HIV proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Nicaragua-HIV-4.5.4.pdf.

⇒ The text of Section 4.5.1 of the Nicaragua HIV proposal, in PDF format, is available at www.aidspace.org/documents/globalfund/trp/round_8/Nicaragua-HIV-4.5.1.pdf.

⇒ The text of the full Nicaragua HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

⇒ The workplan for the Nicaragua HIV proposal (in an Excel file together with the budget) is available at www.aidspace.org/documents/globalfund/trp/round_8/Nicaragua-HIV-Workplan.xls.

Tajikistan TB (Round 8, Category 2)

TRP Comment: *Issues of inequity for high risk groups and for women are discussed at length, with a focus on community inclusion as the main strategy to overcome barriers for these groups.*

The discussion referred to by the TRP can be found in Section 4.5.4 of the proposal form. It is fairly short (contrary to what the TRP said in its comment), but to the point. Aidspace was not able to find additional discussion of these issues elsewhere in the proposal.

⇒ The text of Section 4.5.4 of the Tajikistan TB proposal form is available at www.aidspace.org/documents/globalfund/trp/round_8/Tajikistan-TB-4.5.4.pdf.

⇒ The text of the full Tajikistan TB proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=8.

Note: All links in this report are to the English-language versions of proposals, whether the proposal was submitted in English or in another language. For more information, see “Note on Non-English-Language Versions of Proposals” in *Chapter 1: Introduction and Background*.

KEY STRENGTH 13 – Proposal Development

The proposal was developed through a broad consultative process.

In Section 2.2.2 of the proposal form, applicants are asked to describe the processes used to invite submissions for possible integration into the proposal, to review the submissions, and to ensure the input of stakeholders outside the coordinating mechanism in the proposal development process. We provide examples of four proposals, from Cote d'Ivoire, Honduras, Panama and Papua New Guinea that the TRP said had particularly strong consultation processes.

Panama HIV MARPS (Round 10, Category 2)

TRP Comments: *The CCM consulted with organizations of female sex workers, men who have sex with men and transgender people prior to developing the proposal and selecting the proposed PR, and included representatives of these communities in the deliberations that resulted in the proposal submission.*

In Section 2.2.2 of this Round 10 proposal, the Panama CCM describes a consultations process that was built around a large workshop with representatives of affected populations and civil society organisations, and the submission of “sub-proposals” outlining what should be included in the national proposal.

⇒ The text of Section 2.2.2 of the Panama HIV MARPS proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/Panama-HIV-2.2.2.pdf.

⇒ The text of the full Panama HIV MARPS proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

Papua New Guinea HIV and HSS (Round 10, Category 2)

TRP Comment: *The proposal was formulated through a broad consultative process involving the Ministry of Health, the CCM, development partners, private sector and civil society.*

The process is well described in Section 2.2.2 of this Round 10 proposal.

⇒ The text of Section 2.2.2 of the PNG HIV and HSS proposal form is available at www.aidspace.org/documents/globalfund/trp/round_10/PNG-HIV-HSS-2.2.2.pdf.

⇒ The text of the full PNG HIV and HSS proposal form is available at www.theglobalfund.org/en/fundingdecisions/approved/?lang=en.

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

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

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

proposals, including a brief description of the criteria used for the review. In Section 2.2.2(c), the CCM summarises the process used to involve people from outside the CCM.

⇒ The text of Section 2.2.2 of the Cote d'Ivoire HIV and TB proposal forms, in PDF format, is available at www.aidspace.org/documents/globalfund/trp/round_9/CI-HIV-2.2.2.pdf.

⇒ The text of the full Cote d'Ivoire HIV proposal form, and the text of the full Cote d'Ivoire TB proposal form are available at www.theglobalfund.org/programs/search/?search=2&round=9.

Honduras HIV and TB (Round 9, Category 2)

TRP Comment: There is a clear description of the proposal development process, which outlines that the proposal is the result of the consolidation of the pre-selected proposals, all introduced by NGOs.

In Section 2.2.2(a), the Honduras CCM describes the process used to invite submissions. The process included a public call for submissions via the media, and three regional meetings to inform organisations about the process. Section 2.2.2(b) outlines the process used to review the submissions, both for the HIV and TB proposals. In Section 2.2.2(c), the CCM briefly summarises the process used to involve people from outside the CCM.

⇒ The text of Section 2.2.2 of the Honduras HIV and TB proposal forms, in PDF format, is available at www.aidspace.org/documents/globalfund/trp/round_9/Honduras-HIV-2.2.2.pdf.

⇒ The text of the full Honduras HIV proposal form is available at www.theglobalfund.org/programs/search/?search=2&round=9. The Honduras TB proposal was not approved for funding. (Both the HIV and TB proposals share the same Sections 1 and 2).

Chapter 3: Findings for HSS Components

In Rounds 8, 9 and 10 proposals, applicants were allowed to submit a separate component on HSS activities that benefited all three diseases, although the component had to be included in one of the disease-specific proposals.

Applicants were asked to describe the HSS programme implementation strategy in Section 4B of the proposal form; and to describe the funding request for the HSS component in Section 5B. Applicants were required to provide an HSS workplan in an Excel file (either in a separate file, or in a separate tab in the disease-specific work plan file). Similarly, applicants had to provide a detailed HSS budget in an Excel file (either in a separate file, or in a separate tab in the disease-specific work plan file).

In its comments on disease-specific proposals that included an HSS component, the TRP commented separately on the strengths of the HSS component.

Some of the 13 key strengths identified by Aidsplan (listed in *Chapter 1: Introduction and Background*) apply to HSS components, while others do not, so we have not organised this chapter by strength. Instead, we have identified a limited number of HSS components that received considerable praise from the TRP; they are listed below.

Zambia (Round 8, Category 1)

The HSS component submitted by the Zambian CCM was very favourably received by the TRP.

With respect to **Key Strength 1 – Implementation Strategy**, this is what the TRP said:

Comprehensive proposal with clearly articulated interventions, supported by a detailed workplan and budget. Although four separate interventions are proposed, the proposal emphasizes very clear the inter-linkages between the interventions (e.g. between human resources and community system strengthening, between information and community system) which brings the health system as a whole in the picture and not just “building blocks.” Intervention dealing with the health workforce addresses and integrates supply, demand and utilization aspects, and a critical analysis of shortfalls in health personnel and a move to task shifting over the medium to longer term, to community based health care workers (and can therefore be used as an excellent example of what an overall HR strategy and/or plan should look like and include).

With respect to **Key Strength 6 – Multiple Sectors in Service Delivery**, the TRP commented as follows:

HSS key stakeholders represent a wide and selective range of governmental agencies, statutory bodies, development partners, etc but also from the field (e.g. training institutions), so that it brings in non-classical stakeholders into the discussion on the systems strengthening needs.

With respect to **Key Strength 8 – Detailed Budget**, the TRP said:

Clear and detailed budget, including specific breakdowns with examples.

⇒ The text of Section 4B (programme description) of the Zambia HSS component, in PDF format, is available at www.aidspace.org/documents/globalfund/trp/round_8/Zambia-HSS-4B.pdf.

⇒ The workplan and budget for the Zambia HSS component (together in one Excel file) is available at www.aidspace.org/documents/globalfund/trp/round_8/Zambia-HSS-Workplan-and-Budget.xls.

Belarus (Round 8, Category 1)

With respect to **Key Strength 3 – Situational Analysis**, the TRP commented as follows:

Good analysis of health system weaknesses, followed by a rational proposal to address findings.

⇒ The text of Section 4B (programme description) of the Belarus HSS component, in PDF format, is available at www.aidspace.org/documents/globalfund/trp/round_8/Belarus-HSS-4B.pdf.

Papua New Guinea (Round 10, Category 2)

With respect to Key Strength 1 – Implementation Strategy, the TRP commented as follows:

The proposed interventions to address the identified and prioritized health systems weaknesses are technically sound, feasible and demonstrate potential for long-term sustainability.

With respect to Key Strength 3 – Situational Analysis, the TRP commented as follows:

Key health systems weaknesses were identified through an extensive analysis of the six WHO building blocks (service delivery, health workforce, health management information system; supply chain; health financing; leadership and governance and community health systems). The proposed activities respond to these weaknesses.

With respect to Key Strength 13 – Proposal Development, the TRP commented as follows:

The proposal development process was consultative and involved key HSS actors (including the MOH, development partners, health managers at provincial and district levels).

In addition, the TRP commented as follows:

1. *The applicant has addressed the TRPs concern's as expressed in the TRP Review Form from Round 9.*
2. *Efforts to resolve the identified health systems weaknesses are based on broader national development strategies and plans such as the National Health Plan; Papua New Guinea development plan; decentralization policies and Papua New Guinea vision 2050.*
3. *The proposal articulates the key roles of stakeholders in the health system community in achieving the health outcomes.*

⇒ The text of Section 4B (programme description) of the PNG HSS component is available at www.aidspace.org/documents/globalfund/trp/round_10/PNG-HSS-4B.pdf.

Uganda (Round 10, Category 2)

The TRP commented as follows:

1. *The proposed interventions target well-articulated system capacity constraints with respect to (i) service provision; (ii) performance monitoring and procurement and supply management at sub-national level; and (iii) engagement of the community in healthcare-related concerns.*
2. *The proposed interventions will not only benefit expanded HIV/AIDS prevention and control efforts, but will also contribute to efforts that target tuberculosis and malaria and the whole complex of primary health care services.*
3. *The proposal demonstrates technical soundness, besides additionality and complementarity in view of contributions made by other development partners, and it also demonstrates future sustainability in a convincing way.*
4. *The budget shows significant investments in capacity strengthening in the first two years and declining expenditure levels in subsequent years as the strengthened capacities are incorporated in regular health budgets.*

⇒ The text of Section 4B (programme description) of the Uganda HSS component is available at www.aidspace.org/documents/globalfund/trp/round_10/Uganda-HSS-4B.pdf.

Benin (Round 9, Category 2)

The TRP commented as follows:

1. *The plans cohere with the National Health Development Plan (2009 – 2018).*
2. *The analysis of the problems the health sector faces in general and in respect to accelerating the response to HIV/AIDS, tuberculosis and malaria in particular is detailed and convincing. The objectives and activities follow from the analysis and address critical areas in the health system, being human resources for health (HRH), Health Management Information Systems (HMIS), procurement and supply chain management; multi-stakeholder efforts in primary health care; governance and leadership.*
3. *The interventions address in a sound way the qualitative, quantitative and motivational factors that determine the efficacy of the deployment of adequate health cadres with due notion for geographical disparities.*

⇒ The text of Section 4B (programme description) of the Benin HSS component, in PDF format, is available at www.aidspace.org/documents/globalfund/trp/round_9/Benin-HSS-4B.pdf.

Guyana (Round 8, Category 2)
Swaziland (Round 8, Category 2)
Zimbabwe (Round 8, Category 2)

Although these HSS components were all rated Category 2, the TRP commented at great length on their strengths. Rather than repeat all of the TRP comments here, we provide links to the TRP comment sheets. We also provide links to the HSS programme descriptions for each of the three proposals.

Guyana

⇒ The text of the TRP comments on the Guyana HSS component, in PDF format, is available at www.aidspan.org/documents/globalfund/trp/round_8/trp-r8-gya-hiv.pdf.

⇒ The text of Section 4B (programme description) of the Guyana HSS component, in PDF format, is available at www.aidspan.org/documents/globalfund/trp/round_8/Guyana-HSS-4B.pdf.

Swaziland

⇒ The text of the TRP comments on the Swaziland HSS component, in PDF format, is available at http://www.aidspan.org/documents/globalfund/trp/round_8/trp-r8-swz-hiv.pdf.

⇒ The text of Section 4B (programme description) of the Swaziland HSS component, in PDF format, is available at www.aidspan.org/documents/globalfund/trp/round_8/Swaziland-HSS-4B.pdf.

Zimbabwe

⇒ The text of the TRP comments on the Zimbabwe HSS component, in PDF format, is available at http://www.aidspan.org/documents/globalfund/trp/round_8/trp-r8-zim-mal.pdf.

⇒ The text of Section 4B (programme description) of the Zimbabwe HSS component, in PDF format, is available at www.aidspan.org/documents/globalfund/trp/round_8/Zimbabwe-HSS-4B.pdf.

Annex A: The TRP's Prerequisites

In its *“Report of the Technical Review Panel and the Secretariat on Round 8 Proposals,”* available via www.theglobalfund.org/en/board/meetings/eighteenth/documents, the TRP described what it considered to be the “minimum fundamental prerequisites for a recommendation for funding.” The prerequisites listed by the TRP were as follows:

- i. A disease proposal that is based upon and responds directly to the current, documented, epidemiological situation;
- ii. A coherent strategy that flows in a consistent order throughout the proposal – with the implementation plans ... having the same objectives, program areas ('Service Delivery Areas'), and interventions/activities as are stated in the budget, the work plan, the 'Performance Framework';
- iii. A robust gap analysis, both programmatic and financial, that accounts for the full extent of existing resources (including those planned and/or reasonably anticipated based on past practice) and not merely signed arrangements;
- iv. Clear and realistic analysis of implementation and absorptive capacity constraints (whether disease specific or broader health systems) that relate directly to the in-country social, environmental and other contexts;
- v. Logical strategies to address capacity constraints, whether through the existing funding application, or through other domestic or partner supported initiatives (which are also subject to performance assessments and adjustments);
- vi. Implementation arrangements that recognize and respond to the need to broaden service delivery channels to multiple sectors to achieve universal access to prevention, treatment, and care and support services for people most affected;
- vii. Demonstrated effort to address the more challenging drivers of, especially, the HIV epidemic in ways that will have a meaningful impact on preventing further infections;
- viii. A clear plan for how to monitor activities and evaluate the impact of interventions;
- ix. A budget that is sufficiently detailed to allow the costs of activities to be assessed;
- x. A workplan that makes clear the timing and sequencing of activities and responsibilities for each activity; and
- xi. Planned outcomes (included as indicators in the 'Performance Framework') that address and respond to current epidemiological data, and demonstrate that the incremental investment of additional Global Fund resources will improve disease specific and broader health outcomes for those most at risk.

In its report to the Board, the TRP said, “Together, these [prerequisites] demonstrate to the TRP that the applicant has a clear need for the additional resources, and has planned its funding request in a way that will supplement and strengthen in-country responses to the three diseases.”

Although these prerequisites have not been adopted as formal Global Fund policy, they nevertheless provide important guidance for applicants preparing future proposals because they provide insight into the way the TRP evaluates proposals. Aidspan has incorporated the TRP's prerequisites into its list of 13 key strengths, which forms the basis of this report.