

Note: This extract contains Chapters 1-3 only.



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The Aidspan Guide to Round 8 Applications to the Global Fund

Volume 2: The Applications Process and the Proposal Form

Version A: Single-Country Applicants

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by

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Preface

This is one of several free Aidspan publications for applicants and recipients of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The following is a partial list of the publications that Aidspan has produced. Unless otherwise indicated, the publications are currently available in English only.

- ***The Aidspan Guide to Round 8 Applications to the Global Fund – Volume 1: Getting a Head Start*** (January 2008, available in English, French and Spanish)
- ***The Aidspan Guide to Round 8 Applications to the Global Fund – Volume 2: The Applications Process and the Proposal Form (Version A: Single-Country Applicants)*** - This document (March 2008)¹
- ***Aidspan Documents for In-Country Submissions*** (December 2007; available in English, Spanish, French and Russian)
- ***The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*** (Second edition September 2007, available in English, Spanish and French)
- ***The Aidspan Guide to Understanding Global Fund Processes for Grant Implementation – Volume 1: From Grant Approval to Signing the Grant Agreement*** (First edition December 2005; originally titled “*The Aidspan Guide to Effective Implementation of Global Fund Grants*”)
- ***The Aidspan Guide to Understanding Global Fund Processes for Grant Implementation – Volume 2: From First Disbursement to Phase 2 Renewal*** (November 2007, available in English, French and Spanish)
- ***The Aidspan Guide to Developing Global Fund Proposals to Benefit Children Affected by HIV/AIDS*** (May 2006)
- ***The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance*** (First edition January 2004)

Downloads

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

Aidspan

Aidspan is a small NGO that serves as an independent watchdog of the Global Fund and provides services benefiting countries that wish to obtain and effectively use Global Fund grants. Aidspan recently moved from New York, U.S. to Nairobi, Kenya. Aidspan also publishes the *Global Fund Observer (GFO)* newsletter, an independent email-based source of news, analysis and commentary about the Global Fund. *GFO* is sent to over 7,000 readers in 170 countries. To receive *GFO* at no charge, send an email to receive-gfo-newsletter@aidspan.org. The subject line and text area can be left blank.

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

¹ Version A will be available in French and Spanish shortly after the English version is released. Version B: Multi-Country Applicants will be released shortly after Version A.

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Readers are invited to email David Garmaise at garmaise@aidspan.org with suggestions for improvements in the next edition of this guide. Also, if you find this guide useful, or if you have appreciated *Global Fund Observer* or any other Aidspan publication, *please let us know*. Feedback of all kinds is always helpful.

List of Abbreviations and Acronyms

The following is a list of the most common abbreviations and acronyms used in this guide:

CBO	Community-based organisation
CCM	Country Coordinating Mechanism
CSO	Civil society organisation
CSS	Community Systems Strengthening
DOTS	Directly observed therapy
FAQs	Frequently asked questions
FBO	Faith-based organisation
GDF	Global TB Drug Facility
GFO	Global Fund Observer
HSS	Health sector strengthening
IEC	Information, education and communication
LFA	Local Fund Agent
M&E	Monitoring and evaluation
NGO	Non-governmental organisation
Non-CCM	Non-Country Coordinating Mechanism
PEPFAR	[U.S.] President's Emergency Plan for AIDS Relief
PLWHA	Person(s) living with HIV/AIDS
PR	Principal Recipient
PSM	Procurement and supply management
RCM	Regional Coordinating Mechanism
RO	Regional Organisation
SDA	Service delivery area
SR	Sub-Recipient
Sub-CCM	Sub-National Country Coordinating Mechanism
SWAp	Sector-Wide Approach
TB	Tuberculosis
TRP	Technical Review Panel
UNAIDS	United Nations Joint Programme on HIV and AIDS
UNICEF	United Nation's Children's Fund
VCT	Voluntary counselling and testing
WHO	World Health Organization

Chapter 1: Introduction

This chapter describes the purpose of “The Aidsplan Guide to Round 8 Applications to the Global Fund,” contains information on the contents of the guide, includes a note on terminology, and provides information on what initiatives the Global Fund will support.

About This Guide

Purpose

The purpose of “The Aidsplan Guide to Round 8 Applications to the Global Fund” is to assist applicants with the process of preparing their applications.

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

This guide is very long. We suggest that readers use whatever parts they need, or use the guide as a reference tool, rather than try to read it all in one session.

Aidsplan has issued an “applying guide” for each new round of funding, starting with Round 4. For the first time (for Round 8), Aidsplan has produced the guide in two volumes. “Volume 1: Getting a Head Start,” issued in January 2008, provided information that applicants could use in the period before the Global Fund issued its call for proposals for Round 8 (on 1 March 2008).

“Volume 2: The Applications Process and the Proposal Form,” (this document) provides guidance that is specific to the Round 8 applications process and proposal form. There are two versions of Volume 2: Version A (for single-country applicants) and Version B (for multi-country applicants). This is Version A.

Special Note: *We wanted to ensure that we released Volume 2 as soon as possible after the launch of Round 8 on 1 March 2008, so that it would be of use to applicants preparing their Round 8 proposals. This was a challenge because we did not see the final versions of the proposal form, its attachments and the R8 Guidelines for Proposals until everyone else did – i.e., on the launch date. We have done our best to provide useful guidance in the time that was available to us.*

Contents of Volume 2

The balance of **Chapter 1** contains a note on terminology and describe the types of initiatives the Global Fund will support.

[Chapter 2: What’s New in Round 8](#) describes the changes that have been implemented for Round 8, as compared to previous rounds of funding.

[Chapter 3: General Information on the Round 8 Applications Process](#) includes information on the different versions of the proposal form, on where to obtain copies of the proposal form, its attachments and other relevant documents; and on the process for submitting proposals. The chapter also explains some key concepts used in all proposals, and provides some general guidance concerning how to fill out the proposal form.

Chapter 4: Step-by-Step Guide to Filling Out the Round 8 Proposal Form contains detailed guidance on how to fill out each section of the Round 8 proposal form for single-country applicants. Chapter 4 is split into four parts: Chapter 4/1 covers Sections 1 and 2 of the proposal form; Chapter 4/2 covers Sections 3 and 4; Chapter 4/3 covers Section 5; and Chapter 4/4 covers Attachment D.

Note: Except where stated otherwise, this guide assumes that the reader is representing a CCM that is considering applying to the Global Fund during Round 8.

Reminder Concerning Volume 1 and Related Documents

If you have not already done so, we suggest that you consult Volume 1 of this guide (“Getting a Head Start”). Volume 1 provides information and guidance to assist applicants with the proposal development process, including the process of soliciting in-country submissions for possible inclusion in the national proposal. Volume 1 also discusses factors that potential applicants should consider if they plan to submit a regional or non-CCM proposal. Finally, Volume 1 includes an extensive analysis of the strengths and weaknesses of proposals submitted in previous rounds of funding (based on comments by the Technical Review Panel). Volume 1 is available in English, French and Spanish at www.aidspan.org/guides.

We also suggest that you consult the Aidspan Documents for In-Country Submissions, released in December 2007. These documents, which are designed to assist CCMs with the in-country submissions process, are available in English, French, Spanish and Russian at www.aidspan.org/aidspanpublications.

Terminology Used in This Guide

Throughout this guide, the term “proposal” is used to describe the application that is being submitted to the Global Fund, and the term “programme” is used to describe the activities that will be implemented if the proposal is accepted for funding. The term “in-country submission” (“submission” for short) is used to describe mini-proposals that in-country stakeholders may submit for possible inclusion in a CCM proposal.

The term “NGO” refers to non-governmental organisations – i.e., not-for-profit organisations that operate outside the government sphere. Community-based organisations (CBOs) are one type of NGO. For the purposes of this guide, references to “NGOs” generally include CBOs.

The Global Fund uses the term “indicative” fairly frequently (as in “indicative estimate” and “indicative budget”). The term “indicative” means planned estimates as opposed to solid numbers. In an indicative budget, the numbers may not be broken down as much as they would be in a more detailed budget; however, all large lump sum items still need to be explained.

The Global Fund identifies five types of proposal, categorized by source:

- Country Coordinating Mechanism (CCM)
- Sub-National Country Coordinating Mechanism (Sub-CCM)
- Regional Coordinating Mechanism (RCM)
- Regional Organisation (RO)
- Non-Country Coordinating Mechanism (Non-CCM)

At times, the Global Fund uses the term “CCM” to include not only CCMs, but also Sub-CCMs and RCMs. This can be confusing, but the context usually makes the meaning clear.

The Global Fund also uses the term “coordinating mechanism” to denote CCMs, Sub-CCMs and RCMs. In this guide, we also use this term in this fashion.

The Global Fund uses the term “Non-CCM” to refer to proposals submitted by in-country organisations other than a CCM or Sub-CCM. In this guide, we also use this term in this fashion.

Note, also, that the Global Fund tends to use the terms “CCM” and “national CCM” interchangeably. In this guide, we generally use only “CCM,” unless we are quoting or paraphrasing from other sources.

In the past, the Global Fund has used the term “component” to designate the disease-specific parts of the proposal (e.g., “TB component”). In Round 8, the Fund has chosen to use the term “element” instead of “component.” In Volume 2 of our guide (this document), we have adopted the use of the term “element.” Note, however, that you will still see the term “component” used in some of the Fund’s guidance.

Each time the Global Fund launches a new round of funding, it produces guidelines to assist applicants with the development of their proposals. For Round 8, the guidelines are entitled “Guidelines for Proposals – Round 8.” In this guide, we use the short form: “**R8 Guidelines for Proposals.**” Similarly, we refer to the Round 7 guidelines as “R7 Guidelines for Proposals.” For Round 8, the Fund has produced two sets of guidelines, one for single-country applicants and one for multi-country applicants. Large portions of the two sets of guidelines are very similar. Thus, any reference in this guide to the “R8 Guidelines for Proposal” applies to both sets of guidelines. When something applies to just one set of guidelines, we refer to the guidelines for single-country applicants as “**R8 Guidelines for Proposal–SCA,**” and to the guidelines for multiple-country applicants as “**R8 Guidelines for Proposals–MCA.**”

What Initiatives Will the Global Fund Support?

In Volume 1 of this guide (“Getting a Head Start”), we provided a list of types of initiatives that the Global Fund will (and will not) support, based on the list provided in the Fund’s R7 Guidelines for Proposals. For the R8 Guidelines for Proposals, the Fund has revised its list. The most notable change to the list is the addition of a new section on health systems strengthening (HSS) activities. (In the R7 Guidelines, the Fund had discussed the types of HSS activities it would fund in a separate part of the guidelines.) The other significant changes to the list are the inclusion of additional references to women and girls, community outreach, community systems strengthening and partnership building at the community level.

Because there have been a number of changes to the list we provided in Volume 1 of this guide, we reproduce the revised list below. Note that this is not an exhaustive list of all the initiatives that may be funded.

Disease focused activities may include, but are not limited to, the following:

- Behavior change interventions, such as peer education;
- Activities to reduce girls’ and women’s vulnerability to the three diseases, such as equitable access to youth and social safety net programs, prevention and mitigation of sexual violence, and advocacy for legal change and enforcement;
- Community outreach, including preventive measures focusing on key vulnerable populations;
- Blood safety and safe injection interventions to prevent medical transmission;

- Community-based programs aimed at alleviating the impact of the diseases, including programs directed at women, orphans, vulnerable children and adolescents; and alleviating the burden of care and support on, especially, women;
- Community systems strengthening to improve implementation and service delivery, including strengthening core institutional capacity through physical infrastructure development, and organizational and systems strengthening;
- Partnership building at the community level, focusing on the building of systematized relationships among and between community based organizations at the local level to improve coordination, build upon one another's skills and abilities, and enhance service delivery outcomes in respect of the disease(s);
- Home and palliative care support;
- Interventions related to interactions between the three diseases, including providing access to prevention services through integrated health services, especially for women and adolescents through reproductive health services;
- Provision and/or scale up of critical health products and health equipment to prevent, diagnose, and treat the three diseases, including the introduction of previously unavailable treatments;
- Workplace programs for prevention, and to care for and/or treat employees, including policy development in regard to such programs;
- Co-investment schemes to expand private sector programs to surrounding communities;
- The establishment and ongoing support of interventions managed by people living with and/or affected by HIV, tuberculosis and/or malaria, such as support groups, treatment literacy programs, and risk-reduction programs; and
- Operational research to improve program performance, including determining effective ways to increase demand for, and improve access to, quality services.

But not:

- Basic science research and clinical research aimed at demonstrating the safety and efficacy of new drugs and vaccines (providing support, care, and treatment for people who become HIV-positive in the course of an HIV-related clinical trial would be an allowable activity, within the context of national policies for the provision of antiretroviral therapy); or
- Large scale capital investments such as building hospitals or clinics.

Health systems strengthening areas of focus (as relevant to the country context) may include but are not limited to:

- ***Information*** - There is a common need to strengthen the monitoring of performance of health systems with special reference to the three diseases, through data collection and analysis on health system metrics - for example data on public and private sector service delivery using facility assessments; better workforce data using multiple data sources; or, building district data management capacity.
- ***Service delivery*** - For effective, good quality personal and non-personal care for those living with or affected by HIV, tuberculosis and/or malaria, actions may be needed that strengthen public demand for services. These include actions that: strengthen supervision and management of resources and facilities; increase the involvement of community systems, and civil society and the private sector in the delivery of public health programs; and, strengthen diagnostic services and laboratories.
- ***Medical products and technologies*** - To achieve more equitable access to essential medicines and technologies, actions may be needed to strengthen policies, standards and guidelines; capacity to set and negotiate prices; quality assessment of priority products; procurement, supply and distribution systems; and, support for rational use of medicines, commodities and equipment.
- ***Financing*** - To improve financial risk protection and coverage for those living with and/or affected by HIV, tuberculosis and/or malaria, and transparent and effective use of resources, actions that may be appropriate include: strengthening financial resource tracking systems for

the three diseases; actions to improve financial access to services such as developing sustainable social insurance schemes.

- **Health workforce** - For the workforce (government and non-government sectors) to be better able to deliver services to achieve improved outcomes in respect of the three diseases, actions that may be appropriate include: strengthening the production of health workers; their recruitment, distribution, retention or productivity. Actions may include, for example, new approaches to: pre- and in-service training; strengthening workforce management; appropriate incentives for distribution and retention; and task shifting.
- **Leadership and governance** - To improve governance of health systems with special reference to HIV, tuberculosis and/malaria outcomes, actions that may be appropriate include: strengthening capacity to be effective advocates in respect of the three diseases; building coalitions with other sectors and with actors outside government including civil society; improving oversight and regulation of services; and supporting policy and systems research related to the three diseases.

Importantly, HSS cross-cutting interventions need not be limited to health sector-related activities. They may also target other sectors including education, the workplace, and social services, if these actions are directly related to reducing the spread and impact of HIV, tuberculosis and/or malaria.

The above text is from the R8 Guidelines for Proposals.

Chapter 2: What's New in Round 8

This chapter describes the changes that have been implemented for Round 8, as compared to previous rounds of funding.

There have been a number of changes to the information required by the Global Fund Secretariat on the Round 8 proposal form and in its various attachments, mainly as a result of decisions taken by the Global Fund Board, but also as a result of input received from the Technical Review Panel (TRP), from a working group of technical partners led by the World Health Organisation (WHO), from partners working specifically on gender issues, and from a stakeholders' consultation on community systems strengthening. The Secretariat also considered the results of a questionnaire completed by a number of Round 7 applicants.

The changes are described below. Where appropriate, we have referred in square brackets to the number of the relevant section on the proposal form. These section numbers also apply to the R8 Guidelines for Proposals, because the guidelines provide guidance for each section of the proposal form; and to Chapter 4 of this document (because it also provides guidance for each section of the proposal form). We have provided links to the relevant section in Chapter 4.

Simplified Proposal Form

The Secretariat has shortened and simplified the proposal form by, for example, removing instructions also included in the guidelines, and removing questions calling for similar information in different sections. The length of the proposal form (for a single disease element) has been reduced from about 70 pages to about 40 pages. Readers will also notice that a number of items in the Round 8 proposal form have been relocated from where they were in the Round 7 proposal form.

Two Proposal Forms Instead of One

For Round 8, the Secretariat has prepared separate proposal forms for single-country applicants (CCMs, Sub-CCMs and Non-CCMs) and multiple-country applicants (RCMs and ROs). This change is designed to further simplify the proposal form, given that in the early sections of the proposal form (up to the end of Section 2), the information required for each type of applicant is quite different. Sections 3-5 of both proposal forms are quite similar, but not identical.

Dual Track Financing

In Round 8, the Global Fund is for the first time recommending that for each disease element, applicants specify one (or more) PRs from the government sector and one (or more) from the non-government sectors. Applicants that choose *not* to do so are required to provide reasons. This policy stems from a desire on the part of the Global Fund to strengthen not just the role of government in the work of the Fund, but also the role of civil society and the private sector.

The government sector PRs should be ministries or departments of the national or sub-national government, or a government agency such as the National AIDS Council.

The non-government PRs should come from one or more of the following sectors:

- NGOs and community-based organisations;

- people living with the diseases;
- people representing key affected populations;
- faith-based organisations;
- the private sector; and
- non-government academic institutions.

In exceptional cases, where it is impossible to find strong domestic PRs – particularly in countries without a legitimate government, in countries in conflict, and in countries facing natural disasters or complex emergency situations – the Global Fund will consider accepting a multilateral development partner (most often, the UNDP) as PR. In such a situation, the Fund would prefer that there also be a domestic PR from the government or non-government sector; but the very fact that a multilateral partner is being considered in the first place to be a PR makes it less likely that a second PR, from within the country, can also be found.

See Sections 2.2.5 and 2.2.6; and Sections 2.4.5 and 2.4.6.

Cost Sharing vs. Counterpart Financing

Some applicants have to meet certain eligibility criteria before their proposals can be considered by the Global Fund. There are criteria relating to (a) the income level of the country, (b) the disease burden; (c) the focus of the proposal, and (d) the functioning of the coordinating mechanism (for applications from CCMs, Sub-CCMs and RCMs).

With respect to the income level of the country, for Round 8 the Global Fund has adopted a cost-sharing formula to replace the concept of counterpart financing used in previous rounds.

Under the old system of “counterpart financing”, applicants from lower-middle and upper-middle income countries (as classified by the World Bank) had to show that domestic contributions to national disease-specific programs met certain minimum levels. For lower-middle income countries, the proportion of domestic contributions was a minimum of 10 percent in Year 1, growing to a minimum of 20 percent by the end of the proposal term. For upper-middle income countries, the proportion was a minimum of 20 percent in Year 1, growing to a minimum of 40 percent by the end of the programme.

With the new system of “cost sharing,” the basis for the calculation is quite different, and so are the amounts involved. The most significant difference is that the Global Fund has decided to consider “national needs” and not “national contributions” as the basis for calculation. Thus, under the cost-sharing requirement, on a disease-specific basis, applicants from lower-middle income countries may ask the Global Fund to contribute up to 65 percent of the national need over the proposal term. However, when calculating the 65 percent, the applicant must take into account all other Global Fund financing that is available under existing grants (including unsigned Round 7 grants) over the same years as those covered by the Round 8 proposal. For applicants from upper-middle income countries, the total amount that can be requested of the Global Fund is 35 percent.

The cost-sharing requirement applies to all CCM, Sub-CCM and Non-CCM applicants from lower- and upper-middle income countries, and to some RCM applicants. It does not apply to Regional Organisation (RO) applicants. With respect to RCMs, the cost-sharing requirement applies only where the proposal is requesting funding for small island nations, or nations that have come together to submit a proposal, and the implementation of the proposal will be country-specific and will contribute to the national disease programmes in the countries involved.

[See Section 5.1, Part H.]

As in Round 7, low income countries do not have to meet any income requirements.

Eligibility Criteria for Applicants from Upper-Middle Income Countries

Proposals from upper-middle income countries must also demonstrate a sufficiently high level of disease burden in order to be eligible for consideration by the Global Fund. For Round 8, the Fund has adopted new criteria for determining whether the level of disease is high enough. The table below compares the new criteria to those that were in place for Round 7.

Table 2.1 – Disease Burden Criteria: Round 8 vs Round 7

Disease	Round 7	Round 8
HIV	Ratio of adult HIV seroprevalence (as reported by UNAIDS, multiplied by 1000) to Gross National Income per capita (Atlas method, as reported by the World Bank) exceeds 5.	The epidemic in the country targeted in the proposal is of such magnitude that it has a measurable impact on population demographics such as life expectancy, and significant additional external resources are required to adequately address the epidemic. OR The epidemic in a vulnerable population in the country targeted in the proposal is of such magnitude that there is risk of accelerated spread within that vulnerable population and significant additional external resources are required to adequately address the epidemic. AND The country in which activities in the proposal are targeted must be included in the list of Official Development Assistance recipients, published by the Organization for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC).
TB	Country is on the WHO list of 22 high burden countries, or on the WHO list of the 41 countries that account for 97% of estimated burden of new tuberculosis cases attributable to HIV/AIDS.	The country in which the proposal activities are targeted is included on the WHO list of high-burden countries or on the WHO list of countries that account for 95% of all new cases attributable to HIV/AIDS.
Malaria	Country which has more than one death per 1000 people per year due to malaria.	The country experiences more than one death per 1000 due to malaria based on data provided by WHO.

As in Round 7, proposals from upper-middle income countries are eligible to apply for funding if the applicant falls under the “small island economy” exception to the International Development Association lending eligibility requirements, regardless of national disease burden.

Also as in Round 7, upper-middle income countries do not have to perform any calculations to determine if they meet the high disease burden criteria. The Global Fund has already done the calculations; it lists the countries that meet the criteria in Part C of Annex 1 of the R8 Guidelines for Proposals. In the same spot, the Fund also provides the names of the small island economies that are eligible to apply regardless of their disease burden.

Determining a Country's Income Level

For Round 8, the Global Fund Secretariat categorised countries by income level (using information provided by the World Bank) when it issued the Call for Proposals. Under a new Board policy, if a country moves up from one income category to the next, from one year to the next, a one-year grace period applies. In Round 8, five countries are affected by this new policy. Thus, For Round 8:

- Bhutan remains classified as “low income” even though the World Bank now classifies Bhutan as “lower-middle income;” and
- Brazil, Bulgaria, Kazakhstan and Serbia remain classified as “lower-middle income” even though the World Bank now classifies them as “upper-middle income.”

Health Systems Strengthening (HSS)

As was the case in the last two rounds of funding, HSS activities must be integrated into one or more of the disease elements of the proposal; there is no separate element for HSS. What is new for Round 8, however, is that applicants may, if they wish, include cross-cutting HSS activities – i.e., activities that impact more than one disease – in separate sections of the proposal form reserved for cross-cutting HSS activities. The rationale for this approach is to give applicants flexibility in how they apply for funding to address health systems weaknesses that impact HIV, tuberculosis and malaria outcomes on a *cross-cutting* basis.

Note, however, that the cross-cutting HSS activities can only be included in *one* disease element in a given proposal. Note, also, that if a disease element contains HSS cross-cutting activities, the TRP will be able to recommend (a) both the disease-specific interventions and the cross-cutting HSS activities; or (b) only the disease-specific interventions; or (c) only the cross-cutting HSS activities.

For Round 8, the Global Fund is recommending that applicants consider using the WHO's six building blocks for strong health systems as categories of HSS activities in their proposals. These building blocks have been incorporated into the Fund's list of initiatives that it is prepared to consider. See “[What Initiatives Will the Global Fund Support?](#)” in Chapter 1 Introduction.

For Round 8, The Fund has also revised the indicators table in the Monitoring and Evaluation Toolkit to provide increased clarity on how cross-cutting HSS activities can be linked to HIV, tuberculosis and malaria outcomes. The toolkit is referenced in Section 4B of the R8 Guidelines for Proposals.

[See Sections 4B and 5B.]

As in the last two rounds of funding, applicants can still include HSS activities relating primarily to one disease within the programme description for that disease element.

The Global Fund has produced a Round 8 fact sheet on “The Global Fund's Approach to Health Systems Strengthening”, available at www.theglobalfund.org/en/apply/call8/.

Community Systems Strengthening (CSS)

Several references to community systems strengthening (CSS) have been added to the proposal form in order to (a) stress the importance of the role of the non-government sector in grant implementation, and (b) encourage applicants to include in their applications measures to strengthen community systems necessary to implement Global Fund grants.

The Global Fund has produced a Round 8 fact sheet on “Community Systems Strengthening”, available at www.theglobalfund.org/en/apply/call8/. The fact sheet states that CSS involves “initiatives that contribute to the development and/or strengthening of community-based organizations in order to improve knowledge of, and access to improved health service delivery.” The fact sheet explains that CSS activities may focus on:

- building the capacity of core operations of community-based organisations (CBOs);
- sustainable long-term financing of CBOs; and
- partnership building at the local level to improve coordination, enhance impact and avoid duplication of service delivery.

The fact sheet also says that CSS initiatives may be required to support the work of a broad range of NGOs, including home-based care organisations, support organisations for people living with and/or affected by the diseases, faith-based organisations (FBOs), women’s organisations, youth organisations, community centres and private sector organisations.

In Section 4.7.1 of the proposal form (in the section on programme sustainability), applicants are specifically asked to describe how their proposal contributes to the strengthening and/or further development of public, private and community systems to ensure improved service delivery and outcomes.

In Section 4.9.6 of the proposal form (strengthening implementation capacity), where applicants are asked to describe any management or technical assistance initiatives included in the proposal, the Global Fund has inserted a note saying that it encourages in-country efforts to strengthen government, non-government and community based implementation capacity.

Finally, CSS is included in the part of the proposal form where applicants are asked to describe cross-cutting HSS activities – i.e., HSS activities that will affect two or more of the three diseases that the Global Fund addresses [Section 4B]. This is in recognition of the fact that NGOs, the private sector and communities affected by the diseases are each as integral a component of the health system as the government sector. Applicants are asked to describe activities focused on strengthening underlying service delivery capacity (and reach) at the community level if the planned interventions benefit more than one of the three diseases, and the result of the requested support will be a contribution to improved outcomes for the diseases.

Grant Consolidation

The Round 8 proposal form provides each applicant with an opportunity to identify existing grants that it would like to consolidate with its Round 8 grant (should its Round 8 proposal be accepted for funding). This stems from a desire to simplify and increase the cost-efficiency of grant management, and alignment with existing in-country systems.

Note, however, that the proposal form itself is limited to inviting applicants to identify whether it would like to pursue grant consolidation. Consolidation would not be discussed or pursued until after the Round 8 proposal had been approved and negotiations on the grant agreement had commenced.

The Global Fund has prepared a Round 8 fact sheet on “Grant Consolidation,” available at www.theglobalfund.org/en/apply/call8/.

[See Section 3.2. The R8 Guidelines for Proposals also refer to grant consolidation in Section 4.6.1 (other Global Fund grants).]

Gender

The Global Fund has taken several steps to encourage applicants to include gender-sensitive approaches in their Round 8 proposals:

- the CCM is asked to include a statement on its capacity and expertise on gender issues [Section 2.1.3(b)];
- single-country applicants are asked to attach to the proposal copies of national policies (if any) to achieve gender equality [Section 4.1(b)];
- the proposal form includes a request for epidemiological information and population statistics disaggregated by sex and age [Sections 4.2.1(b) and 4.2.2];
- the proposal form asks applicants, when identifying the major constraints and gaps in the current response to the disease, to consider whether women, girls and sexual minorities have disproportionately low access to HIV prevention, treatment, and care and support services [Section 4.3]; and
- several revisions have been made to the proposal form and the R8 Guidelines for Proposals, suggesting that applicants ensure that their implementation strategies will result in increased access to services for women, girls and sexual minorities.

This steps are the result of what the Global Fund calls a “broadly held desire” to scale-up gender-sensitive responses to the diseases. In the R8 Guidelines for Proposals, the Fund says this it is encouraging applicants “to consider how the diseases differently affect *key affected populations*, in particular, how women and girls are affected compared to boys and men, and what actions are being taken or proposed through the Round 8 proposal to reduce these differences.”

Section 4.5.4 of the R8 Guidelines for Proposals mentions women, girls and minorities several times, and refers applicants to the Round 8 fact sheet on “Ensuring a Gender Sensitive Approach,” available at www.theglobalfund.org/en/apply/call8/.

CCM Funding

Round 8 proposals cannot include any costs covering the operations of the CCM. This is a change from the last few rounds. It is due to the fact that the Global Fund has established a separate funding stream for CCM operations. For more information, see Issue #85 of Global Fund Observer, produced by Aidspan, available at www.aidspan.org/gfo.

CCM Composition

As a result of changes made by the Global Fund Board to the CCM Guidelines (“Guidelines on the Purpose, Structure, Composition and Funding of Country Coordinating Mechanisms and Requirements for Grant Eligibility”), the Global Fund is now recommending that representatives of key affected populations be included on CCMs.

The Global Fund has adopted the following UNAIDS definition of “key affected populations”: women and girls, youth, men who have sex with men, injecting and other drug users, sex workers, people living in poverty, prisoners, migrants and migrant labourers, people in conflict and post-conflict situations, refugees and displaced persons.

Note, however, that this is only a recommendation. It is *not* one of the requirements that CCM applicants have to meet in order for their proposals to be considered by the Global Fund.

[See Attachment D to the proposal form.]

Chapter 3: General Information on the Round 8 Applications Process

This chapter describes the guidelines document that the Global Fund has produced for Round 8; contains short notes on the process for developing a proposal, on where to obtain guidance on the technical content of proposals, and on the funding available for Round 8; describes the different versions of the proposal form; explains where to obtain copies of the proposal form and its attachments; and lists other relevant documents and links. The chapter also outlines the process for submitting proposals; explains some key concepts used in all proposals; and provides some general guidance concerning how to fill out the proposal form.

Guidelines for Proposals – Round 8

The Global Fund has produced guidelines on preparing Round 8 proposals (referred to in this guide as “R8 Guidelines for Proposals”).² The first part of the guidelines contains general information on how to obtain a proposal form; the format of the proposal form and attachments; the language of proposals; what kinds of activities the Global Fund will support; and how new Global Fund Board policies have influenced Round 8. This part also summarizes the Fund’s guiding principles, and provides guidance on the process that applicants should take to ensure broad stakeholder involvement in the preparation of their proposals.

We recommend that you read this part of the guidelines carefully before you start to fill out the proposal form. Copies of the R8 Guidelines for Proposals are available in the six UN languages – Arabic, Chinese, English, French, Russian and Spanish – at www.theglobalfund.org/en/apply/call8/.

The main part of the R8 Guidelines for Proposals provides guidance to help applicants fill out each section of the proposal form. In the next chapter of this guide, we have repeated virtually all of the guidance from this part of the R8 Guidelines for Proposals in our step-by-step guide to filling out the proposal form.

In Annex 1 to the R8 Guidelines for Proposals, the Global Fund has provided lists of the countries whose economies are classified as low income and lower-middle income by the World Bank; a list of countries whose economies are classified as upper-middle income by the World Bank, and who are eligible to apply in Round 8 for one or more of the three disease elements; and a list of small island states who are eligible to apply providing they meet certain conditions.

In Annex 2 to the R8 Guidelines for Proposals, the Global Fund lists the criteria that the TRP will use to review proposals submitted for Round 8 and screened in by the Global Fund Secretariat. Applicants should familiarize themselves with these criteria before completing their proposals.

In Annex 3 to the R8 Guidelines for Proposals, the Global Fund provides a list of the types of activities it will (and will not) support. We have re-produced this list in “[What Initiatives Will the Global Fund Support?](#)” in Chapter 1: Introduction.

² There are actually two sets of guidelines, one for single-country applicants, and one for multi-country applicants. Large parts of the two sets of guidelines are very similar. When we need to distinguish between the two sets, we refer to the guidelines for single-country applicants as “R8 Guidelines for Proposals–SCA”, and to the guidelines for multi-country applicants as “R8 Guidelines for Proposals–MCA.”

In Annex 4 of the R8 Guidelines for Proposals, the Global Fund describes the process for screening and reviewing proposals submitted in Round 8.

Process for Developing the Proposal

In Volume 1 of this guide, Aidsplan suggested that you develop an action plan for the development of your proposal. The action plan should include all of the steps that you have to go through to get the proposal written, approved and submitted, along with timelines for each step. If you have not already undertaken the in-country process of soliciting submissions for possible inclusion in the proposal, these steps should be included in your action plan. RCMs and ROs need to include in their action plans the need to consult with CCMs in the countries included in their proposal, as well as the need to obtain the CCMs' endorsement of the final proposal.

All coordinating mechanisms should build enough time into their action plan to allow all members of the coordinating mechanism to provide input and to endorse the proposal.

Please see Volume 1 of this guide for more detailed guidance on the proposal development process.

Guidance Concerning the Technical Content of Proposals

The Global Fund does not provide guidance on the technical content of proposals. Nor does Aidsplan attempt to do so in this guide. In Volume 1 of this guide, Aidsplan listed a number of organisations that applicants can consult for guidance on technical content.

What about the Rolling Continuation Channel?

Some potential applicants may be asking themselves whether they should submit a proposal in Round 8 or use the Rolling Continuation Channel (RCC) instead. The RCC is a relatively new mechanism that allows organisations with high-performing grants to apply for continued funding when their grants reach the end of their funding terms, under a process that is separate from the rounds-based channels of funding. RCC applicants are able to apply for up to six years of funding, in two three-year phases.

However, applications under the RCC are by invitation only. The Global Fund identifies which expiring grants are eligible for the RCC and invites the relevant organisations to submit a proposal. The last set of invitations to apply under the RCC was sent on 1 December 2007. The next set is scheduled to be sent on 17 March 2008. Organisations invited to apply under the RCC will need to assess whether this avenue is preferable to submitting a proposal in Round 8. They cannot submit the same proposal twice, once under the RCC, and once in Round 8.

Funding Available for Round 8

In a news release announcing the launch of Round 8, the Global Fund said that it is anticipating a significant increase in demand for resources in Round 8 "as countries continue to scale up their national prevention and care efforts." Round 7 was the largest round to date, with 73 new grants approved worth more than US\$ 1.1 billion over two years. The Fund says currently, about US\$ 2 billion is forecast to be available for Round 8, and that this amount may increase as additional pledges from donors are made.

Versions of the Proposal Form

As we noted in the previous chapter, for Round 8 there are two separate proposal forms – one for single-country applicants (CCMs, Sub-CCMs and Non-CCMs), and another for multi-country applicants (RCMs and ROs).

The proposal forms come in only one format – a Word file. This file contains some macros. The Fund has included them in order to make it easy for you to select the check-boxes or buttons that are contained in a number of the items on the proposal form. If your computer has security set at a high level, these macros may be disabled when you open the files containing the proposal form. Or, you may be asked whether or not you want to enable the macros in the proposal form. If you are asked about the macros, we suggest that you enable them. If the macros are disabled, you will probably find that you cannot easily select the check-boxes or buttons. If this is the case, we suggest that you type “X” or “Yes”, as appropriate, next to, or in place of, the relevant box or button in question. We suggest that you not *double*-click on the box or button, because that may open two Visual Basic windows; if that happens, you should close those windows and continue to work with the proposal form.

You will be able to format any text that you enter into the Word file. You can also split up the Word files and reassemble them again later; this may be useful if different people are completing different parts of the proposal forms.

Where To Obtain Copies of the Proposal Form and Its Attachments

Copies of both versions of the proposal form in Word format are available in the six UN languages – and can be downloaded from the Global Fund website at www.theglobalfund.org/en/apply/call8/.

The proposal form comes in four parts:

1. Sections 1 and 2 (Funding Summary and Applicant Summary). When we went to press, this part was labelled “Sections 1-2 Eligibility” on the Global Fund website. Sections 1 and 2 are identical, whether you applying for HIV, TB or malaria. If you are applying for more than one disease element, you should full out Sections 1 and 2 only once.
2. Sections 3, 4 and 5 (Proposal Summary, Program Description and Funding Request). There are separate Sections 3-5 for each of the three diseases. When we went to press, these sections were identified on the Global Fund website only as “HIV,” “Tuberculosis” and “Malaria.”
3. Section 4B (Program Description – HSS Cross-Cutting Interventions). Use of this section of the proposal form is optional. Section 4B can be included in only one disease element in your proposal.
4. Section 5B (Funding Request – HSS Cross-Cutting Interventions). Use of this section of the proposal form is optional. However, if you decide to include a Section 4B in your proposal, you will also need to include a Section 5B.

All applicants will need to obtain parts 1 and 2 of the proposal form, as described above. Applicants that are including cross-cutting HSS activities in their proposals will also need to obtain parts 3 and 4.

There are three mandatory attachments to the proposal form provided by the Global Fund:

- Attachment A – Performance Framework
- Attachment B – Preliminary List of Pharmaceuticals, Health Products and Health Equipment
- Attachment C – CCM, Sub-CCM or RCM Membership Details

Attachments A and B come in three versions, one for each of the three diseases.

There is a fourth attachment to the proposal form provided by the Global Fund: Attachment D – CCM, Sub-CCM and RCM Minimum Eligibility. Use of this attachment is required in certain instances [see Section 2.2.1 in Chapter 4: Step-By-Step Guide].

All of these attachments are in Excel format and can be downloaded from the Global Fund website at www.theglobalfund.org/en/apply/call8/.

You may also download a budget template, an Excel document, at the same website. Use of this template is optional. Different versions of the template have been prepared to correspond to the differing versions of Microsoft Excel that applicants may be using in a particular country setting. When we went to press, the Global Fund had posted fully automated version of the template in English, French and Spanish; and a partially automated version in English.

Copies of the proposal form, its attachments and the budget template can also be obtained by contacting local offices of UNAIDS, WHO and the UN Population Fund (UNFPA). (The documents will be on a CD-ROM.) If you have any problems obtaining the proposal form, you can also write to the Global Fund at the following address:

The Manager, Proposal Advisory Services
The Global Fund to Fight AIDS, Tuberculosis and Malaria
8 Chemin de Blandonnet
CH-1214 Vernier-Geneva
Switzerland
Email: proposals@theglobalfund.org

Other Relevant Documents and Links

Documents

There are a number of other documents that the Global Fund recommends applicants become familiar with before they complete their proposals. They are listed below. All of these documents are available via www.theglobalfund.org/en/apply/call8/. That website contains a list of categories; clicking on a category takes you to another page where the documents can be located. Because it is not always obvious what documents are available in each category, we have organised the information by category and we have provided the website address for each category, as follows:

Round 8 FAQ and Fact Sheets

www.theglobalfund.org/en/apply/call8/other/

Round 8 – Frequently Asked Questions

Available in all six UN languages. Not yet posted when we went to press.

Fact Sheet: Community Systems Strengthening

Fact Sheet: Dual-Track Financing

Fact Sheet: Ensuring a Gender Sensitive Approach

Fact Sheet: Grant Consolidation

Fact Sheet: The Global Fund's Approach to Health Systems Strengthening

Available in all six UN languages. When we went to press, only the English versions were posted.

CCM, Sub-CCM and RCM Guidelines and Requirements

www.theglobalfund.org/en/apply/mechanisms/guidelines/

Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility

Also known under the short title "CCM Guidelines."
Available in all six UN languages.

Clarifications on CCM Minimum Requirements – Round 8

Available in all six UN languages plus Portuguese.

Monitoring and Evaluation

www.theglobalfund.org/en/performance/monitoring_evaluation/

Monitoring and Evaluation (M&E) Toolkit – 2006 Version

Provides the "essentials" of agreed-upon best practice in M&E.

Available in English, French, Spanish and Russian.

(The Toolkit is under revision. When we went to press, the above website contained a March 2008 Addendum, in English only.)

Monitoring and Evaluation Systems Strengthening Tool

A tool to enable organisations to evaluate their M&E plans and systems.

Available as a PDF file in English and French. Available in Excel format in English, French, Spanish, Russian and Portuguese. See the website above for an explanation of when to use the different formats.

Guidelines on the implementation of the Strengthening Tool are also available, in English, French, Spanish, Russian and Portuguese.

Guidelines for Performance Based Funding

Provide operational details for grant recipients on the Global Fund's system for performance based funding.

Available in all six UN languages.

Procurement and Supply Management

<http://www.theglobalfund.org/en/about/procurement/>

Guide to Writing a Procurement and Supply Management Plan

Available in English, French, Spanish and Russian

Technical Assistance and Other Guidance

www.theglobalfund.org/en/apply/call8/technical/

Making Co-Investment a Reality

Guide on Co-Investment, written by the GBC and the GTZ, and presenting the co-investment approach as well as case studies.

Available in English and French.

Technical Review Panel

www.theglobalfund.org/en/about/technical/report/

The Report of the TRP and the Secretariat on Round 7 Proposals

Available in English, French and Spanish.

Appeal Process

www.theglobalfund.org/en/about/technical/appeals/

Rules Governing the Global Fund's Appeal Mechanism for Applications Not Approved for Funding

Contains information on eligibility, on the grounds for appeal of Global Fund Board decisions on proposals, and on the applicable conditions and procedures.

Available in all six UN languages. When we went to press, only the English, French, Spanish and Russian versions were posted.

Rounds-Based Channel Appeal Forms

Available in English, French, Spanish and Russian.

Grant Negotiation and Management Documents

www.theglobalfund.org/en/about/policies_guidelines/

Fiduciary Arrangements for Grant Recipients

Describes the roles and responsibilities of different entities within the Global Fund's accountability arrangements and performance-based funding system. Available in all six UN languages.

Guidelines for Annual Audits of Program Financial Statements

Provide operational details on the Global Fund's requirements for external annual audits of the expenditures of PRs and SRs. Available in all six UN languages.

Other documents not included at the websites listed above:

LFA Guidelines for the Principal Recipient Assessment

Available in English.

www.theglobalfund.org/en/files/about/structures/lfa/background/LFAToolsGuidelines/BeforeGrantImplementation/LFA_Guidelines_PR_Assessment.pdf

The Framework Document of the Global Fund to Fight AIDS, Tuberculosis and Malaria

Sets out the basic principles under which the Global Fund operates.

Available in English.

www.theglobalfund.org/en/files/about/governance/Framework_document.pdf

The Paris Declaration on Aid Effectiveness

An international agreement on increasing efforts in harmonisation, alignment and managing aid for results.

Available in English.

www.oecd.org/document/18/0,2340,en_2649_3236398_35401554_1_1_1_1,00.html

Health Metrics Network Assessment Tool

A WHO assessment tool for country health information systems.

Available in English.

www.who.int/healthmetrics/tools/hmn_assessment_tool_ver2.xls

Other Links

The websites listed in the previous section also contain links to other sites where other relevant documents and information can be obtained. They include a link to various Aidspace guides (readers can see the list in the [Preface](#) of this guide). They also include the following:

- PSM tools and information on the costs of drugs www.theglobalfund.org/en/about/procurement/; and
- Information on technical partners and other reference bodies www.theglobalfund.org/en/apply/call8/technical/.

Process For Submitting a Proposal

The deadline for submitting proposals for Round 8 is 1 July 2008. Submissions must include both an electronic (or soft) copy and a paper (or hard) copy version of the proposal form. The two copies must be identical. The paper version of the proposal form must contain all necessary signatures.

The electronic (soft) version must be received by the Global Fund no later than 12h00 Noon Geneva, Switzerland time on 1 July 2008. It should be sent via email to proposals@theglobalfund.org.

The paper (hard) version of the proposal must have been posted to the Global Fund no later than 12 noon Geneva time on 1 July 2008, as evidenced by the stamp of a postal, courier or other independent service provider. Proposals should be submitted to the following address:

The Manager, Proposal Advisory Services
The Global Fund to Fight AIDS, Tuberculosis and Malaria
8 Chemin de Blandonnet
CH-1214 Vernier-Geneva
Switzerland

Proposals in any of the six UN languages will be accepted and will be treated equally. Because the review of the proposals by the TRP will be conducted predominantly in English, unless an applicant submitting a non-English proposal also submits its own, identical English translation of the proposal, the Secretariat will arrange to have the proposal translated into English. This applies to the proposal form and all mandatory attachments (i.e., attachments that the applicant is required to include). However, the Secretariat will not arrange for translation into English of any large annexes that the applicant has voluntarily decided to include in the proposal to supplement information included on the proposal form.

Each applicant can submit only one proposal covering one, two or all three diseases. If a proposal contains more than one disease element, the TRP will review each element separately.

With respect to how all of the necessary documents are submitted, applicants can send everything in one set of files, or they can send up to four sets of files. For example, an applicant who is submitting a proposal for two disease elements, HIV and malaria, has two options:

Option 1: Send in just one set of files, containing (a) Sections 1 and 2 of the proposal form; (b) Sections 3-5 of the proposal form for HIV; (c) Sections 3-5 of the proposal form for malaria; (d) mandatory attachments and other annexes related to Sections 1 and 2; (e) mandatory attachments and other annexes related to the HIV element; and (f) mandatory attachments and other annexes related to the malaria element. If the applicant has included cross-cutting HSS activities in either the HIV or malaria element of the proposal (they can only be included in one disease element), then a Section 4B and a Section 5B (and any relevant annexes) must be added to this list. (The applicant should indicate to which disease element the Sections 4B and 5B belong.)

Option 2: Send in three sets of files. The first set would contain (a) Sections 1 and 2 of the proposal form; and (b) mandatory attachments and other annexes related to Sections 1 and 2. The second set would contain: (a) Sections 3-5 of the proposal form for HIV; and (b) mandatory attachments and other annexes related to the HIV element. The third set would contain (a) Sections 3-5 of the proposal form for malaria; and (b) mandatory attachments and other annexes related to the malaria element. If the applicant has included cross-cutting HSS activities in either the HIV or malaria element of the proposal, then a Section 4B and a Section 5B (and any relevant annexes) must be added to the set of files for the relevant disease element.

The Global Fund Secretariat will screen proposals for completeness and eligibility. The Secretariat will also ensure that all proposals have been appropriately endorsed. The Secretariat may contact applicants to seek clarifications on eligible proposals. Applicants whose proposals were screened out will be notified of this fact, and of the reasons they were screened out.

The TRP will convene in late August to review eligible proposals and make recommendations to the Global Fund Board. Applicants whose proposals are reviewed by the TRP will be notified of the outcome of their applications after the Global Fund Board meeting scheduled for 4-5 November 2008.

If you have questions about the proposal form or the applications process, you can:

- (a) consult the list of FAQs (Frequently Asked Questions) that the Global Fund has created concerning the proposals process. The list, which will be available in all six UN languages at www.theglobalfund.org/en/apply/call8/, will be updated periodically during the period when Round 8 proposals are being accepted (when we went to press, the FAQs had not yet been posted);**
- (b) contact existing in-country partners, and/or look up partner contact details, through the Global Fund's Round 8 partners links at www.theglobalfund.org/en/apply/call8/technical/; or**
- (c) contact the Global Fund's proposals hotline at the Fund's Secretariat through the My Global Fund website at <http://myglobalfund.org>. The hotline operates in all six UN languages. The Global Fund says that all enquiries will be answered within one working day of receipt of the question; and that answers will be copied to all members of the coordinating mechanism of the country in question (where relevant). (When we went to press, it was necessary to click on "Explore the Forums" to get to the hotline.)**

In addition, to help applicants with the preparation of their proposals, the Global Fund has created an online "Round 8 Call for Proposals" Forum on <http://myglobalfund.org> to supplement the information provided directly from the Secretariat. The Fund says that the forum provides applicants with the opportunity to benefit from real-time questions and answers and to share lessons learned regarding proposal development. Click on "Explore the Forums."

Some Key Concepts Used in all Proposals

The Global Fund application form makes extensive use of terms such as "goals," "objectives," "service delivery areas," "activities," "indicators (impact, outcome, coverage and output)," "baseline data," and "targets." Most of these terms are described in Section 4.5.1 of the R8 Guidelines for Proposals. Here is a summary of what the Global Fund means when it uses these terms:

- A goal is a broad achievement, often at a national level, that you want to happen as a result of the programme for which funding is being sought and, often, as a result of other projects as well – e.g. "Reduced HIV-related mortality."
- Objectives are more specific things, linked to the goal, that you want this particular programme to achieve – e.g. "Improved survival rates in people with advanced HIV infection in four provinces."
- Service delivery areas are the broad services or program areas within which activities will be implemented to achieve the objectives – e.g. "Antiretroviral treatment (ARV) and monitoring."

- Activities are the more specific actions that will be taken within each service delivery area – e.g. “Develop an adherence support programme for people taking antiretroviral therapy.”
- Indicators are items that you can measure to show the extent to which goals or objectives are achieved, services have been delivered, or activities have been successfully carried out. Impact and outcome indicators measure the extent to which benefits result among the people to whom the services are being delivered. Both types of indicators are very similar; impact indicators tend to be higher level than outcome indicators (e.g., “men and women aged 15-24 who are HIV-infected” is an impact indicator, whereas “percentage of never married young men and women aged 15-24 who have never had sex “ is an outcome indicator). Coverage indicators measure how many people the services are reaching. Output indicators measure the results of an activity (e.g., number of drugs shipped).
- Baseline levels are values that indicators have before the programme starts.
- Target levels are values that you anticipate indicators reaching at different times in the proposal term as a result of the programme.

General Guidance on Filling out the Proposal Form

The following are some general tips concerning how the proposal form should be filled out:

- Ensure that you create a backup copy of the empty proposal form before you start filling out the form.
- Save your work frequently as you fill out the form.
- It is a good idea to create a footer in the proposal form containing information that identifies your proposal.
- The Global Fund uses blue-coloured font when providing guidance directly on the proposal form, usually in italics. If you are working with a hard copy of the proposal form, obviously the colour will not show unless a colour printer was used to print the copy. However, the use of italics helps to distinguish the guidance from other text. The Global Fund also uses mauve-coloured font to highlight something that is particularly important. Sometimes this text is italicised, but not always.
- Read each question very carefully, and provide only what is requested. For example, if you are asked to describe how your proposal will reduce stigma and discrimination, explain what your proposal will do to address stigma and discrimination, but don't write three or paragraphs describing how stigma and discrimination manifests itself in your country.
- Where the proposal form says “half page maximum” or “one page maximum,” you should adhere to these instructions. Writing three pages of text when the Fund says “one page maximum” will not be viewed favourably by the TRP. If you feel that it is absolutely necessary to write at significantly greater length than what is called for, we suggest that you do it in the form of an annex.
- You are required to attach a number of annexes. These are identified throughout the proposal form. You will likely add other annexes of your own (though we suggest that you keep these to a minimum). You need to list all annexes in the checklists that are included after Sections 2 and 5. You also need to number each annex and indicate the numbers in the checklists. In addition, each time you attach an annex, we suggest that you indicate this fact next to the item on the proposal form to which the annex relates; make sure that you include the annex number and the full title of the document.

- You may want to add a table of contents (with page numbers) at the beginning of the main part of your proposal – i.e., Sections 3-5. This will help TRP members quickly find a specific section of your proposal.

ALERT:

The proposal form is not easy to fill out. Although it is shorter than the one used for Round 7, it will still take considerable time and effort to complete. The instructions on the proposal form are not always clear. The flow – i.e., the order in which the questions are presented – is not always intuitive. The guidance provided by the Global Fund in the R8 Guidelines for Proposals–SCA is usually helpful, but sometimes it too is not clear. Fortunately, as explained above, if you have questions about the proposal form you can send them to the Global Fund Secretariat and they will respond.