Chapter 4/2: Sections 3 and 4 of the Proposal Form

IMPORTANT INFORMATION ON HOW TO USE THIS CHAPTER

Please read this explanation carefully

The flow of this chapter follows the flow of the proposal form. This is how it works:

1. Each item from the proposal form is shown in a box at the top of a page. (The box is shaded in a light yellow colour. If you print the guide using a black and white printer, the shading will appear as a very light grey.)

2. This is followed by verbatim guidance from the R8 Guidelines for Proposals–SCA concerning how to fill out this item. This guidance is identified by the following heading

    What the R8 Guidelines for Proposals–SCA Say:

    and the text is indented.

    If there is no guidance for the item in question in the R8 Guidelines for Proposals–SCA, you will see "N/A" under the heading.

3. Finally, additional guidance from Aidspan is provided. This guidance is identified by the following heading:

    ### Additional Guidance from Aidspan

    If Aidspan has nothing to add to what is on the proposal form or to the guidance from the R8 Guidelines for Proposals–SCA, you will see "N/A" under the heading.

Please note:

1. We have applied the concept of "one-stop-shopping" to the development of this chapter. This means that you have all of the guidance you need right here on how to fill out the proposal form. This chapter reproduces the entire proposal form, as well as the entire section of the R8 Guidelines for Proposals–SCA that provides guidance on how to fill out the proposal form. Readers who are already familiar with the proposal form and the R8 Guidelines for Proposals–SCA can go directly to the "Additional Guidance from Aidspan" section for each item.

2. We have provided Aidspan guidance only where we believe we have something of value to add to the guidance contained in the R8 Guidelines for Proposals–SCA. The Aidspan guidance usually takes one or more of the following forms: (a) examples of how previous applicants have answered the question; (b) suggestions for how to organise your response; (c) references to relevant strengths and weaknesses identified by the TRP in proposals submitted in previous rounds of funding; and (d) clarifications, in cases where we believe that the guidance provided by the Global Fund is not completely clear.

3. Volume 1 of this guide contained an entire chapter (Chapter 4: Lessons Learned from Earlier Rounds of Funding) describing the major strengths and weaknesses of proposals from Rounds 3-7, as identified by the TRP. The Aidspan guidance included in this chapter makes

frequent references to these strengths and weaknesses. (Copies of Volume 1 can be obtained at www.aidspan.org/guides.)

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

Section 3
Proposal Summary

[Note: For Section 3, the extracts from the proposal form are all from the HIV version. The TB and malaria Sections 3 are identical, except for the name of the disease.]

<div align="right">***Extract from the proposal form***</div>

3.   PROPOSAL SUMMARY

What the R8 Guidelines for Proposals–SCA Say:

Introduction

> **Sections 3, 4 and 5 of the Proposal Form appear as three individual modules in Round 8 – one for each of HIV, tuberculosis, and malaria.**
>
> **However, due to the similarity of information requested in each section these Guidelines only reproduce the information once.** These Guidelines highlight any questions that relate to only one of the diseases.

Additional Guidance from Aidspan

N/A

3.1	Duration of Proposal	Planned Start Date	To
	Month and year: *(up to 5 years)*		

What the R8 Guidelines for Proposals–SCA Say:

Applicants should indicate the planned start date of the component proposal and the expected end date *taking into consideration the following*:

- The Global Fund Board will consider the recommendations of the TRP for Round 8 proposals at the 17th Board meeting over 4 to 5 November 2008;

- The target is to complete grant negotiations and sign grants within six months of Board approval (*although the formal policy is that all grants must be signed within 12 calendar months of Board approval*); and

- The maximum duration of a proposal is five years from the start date. However, it is the Global Fund's policy that **proposals with a duration of less than five years are not eligible to apply for continued funding** for the program through the *'Rolling Continuation Channel'* at the end of the program term.

This decision was made at the 15th Board meeting (GF/B15/DP18).

Additional Guidance from Aidspan

Based on past experience, it is unlikely that grant agreements for approved Round 8 proposals will be signed before approximately April of 2009, because of the time it takes to obtain answers to the TRP's questions of clarification, to perform the assessments of the proposed PR and to negotiate the agreement.[5] You should take this into consideration when you indicate the planned start date for your programme. Note, however, that the start date you show here is just an estimate. If your proposal is successful, the precise start date will be determined during negotiations for the grant agreement.

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[5] The deadline for applications for Round 7 was 4 July 2007. When we went to press, no Round 7 grant agreements had yet been signed.

3.2 Consolidation of grants

(a) Does the CCM (or Sub-CCM) wish to consolidate any existing HIV Global Fund grant(s) with the Round 8 HIV proposal?	○ Yes *(go first to (b) below)*
	○ No *(go to s.3.3. below)*

'Consolidation' *refers to the situation where multiple grants can be combined to form one grant. Under Global Fund policy, this is possible if the same Principal Recipient ('PR') is already managing at least one grant for the same disease. A proposal with more than one nominated PR may seek to consolidate part of the Round 8 proposal.*

➔ *More detailed information on grant consolidation (including analysis of some of the benefits and areas to consider is available at: http://www.theglobalfund.org/documents/rounds/8/R8GC_Factsheet_en.pdf*

(b) If yes, which grants are planned to be consolidated with the Round 8 proposal after Board approval? *(List the relevant grant number(s))*	

What the R8 Guidelines for Proposals–SCA Say:

Applicants contemplating grant consolidation with an existing Global Fund grant will need to consider how to select a start date that aligns with the reporting cycles of existing grants (*or new dates that the existing grants will adopt*). Applicants are recommended to refer back to the **Grant Consolidation Fact Sheet** for more information (Part A1 of these Guidelines).

Additional Guidance from Aidspan

In Section 3.2, applicants are only being asked to identify if they would like to consolidate this proposal, or part of this proposal, with existing grants. Any actual consolidation would not be discussed or pursued until after the Round 8 proposal had been approved and negotiations on the grant agreement had commenced.

3.3   Alignment of planning and fiscal cycles

Describe how the start date:

(a)   contributes to alignment with the national planning, budgeting and fiscal cycle; and/or

(b)   in grant consolidation cases, increases alignment of planning, implementation and reporting efforts.

ONE PAGE MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

The Global Fund is committed to the principles of alignment and harmonization of existing program and fiscal reporting cycles (*including ensuring that non-government sectors report, so far as possible, in line with government cycles to further the Paris Declaration on Aid Effectiveness*). Grant consolidation situations may give rise to other considerations for the proposal start date. In particular, selection of a start date that reflects a convenient time to move to a 'consolidated program' with the earlier grants (*and allowing time for grant negotiations and preparation of consolidated work plans, budgets and 'Performance Frameworks' after Board approval of a Round 8 proposal recommended for funding by the TRP).*

Detailed information on the Paris Declaration on Aid Effectiveness is available at the following link: OECD site on Paris Declaration

Additional Guidance from Aidspan

N/A

3.4   Program-based approach for HIV

What the R8 Guidelines for Proposals–SCA Say:

Introduction

In this section, '**program-based approach**' refers to situations where the country's response to the disease(s) is managed through a common strategy supported by all partners, with corresponding budget frameworks that are supported by partners and the government through a coordinated approach.

Relying on OECD materials, **program based approaches** share the following features: (i) Leadership by the host country or organisation; (ii) A single comprehensive program and budget framework; (iii) A formalised process for donor co-ordination and harmonisation of donor procedures for reporting, budgeting, financial management and procurement; and (iv) Efforts to increase the use of local systems for program design and implementation, financial management, monitoring and evaluation.

Program-based approaches can be at the <u>disease level</u> (e.g., a national HIV, national tuberculosis or national malaria strategy that can be multi-sectoral) <u>or a sector level</u>. 'Sector wide approaches' are a specific type of program-based approach that operate only at a whole sector level, e.g., health, and not at a disease-specific level.

The Global Fund supports the provision of funding to program-based approaches, including through sector wide approaches. This support can be provided to Principal Recipients who:

- are working in the coordinated environment of a program-based approach (disease or sector), but their budget is developed and funded separately; or

- will channel funding from the Global Fund into a '**common fund**' (a pooling of partner funds) from which resources are distributed by the common funding mechanism to implementing partners.

The Global Fund's principles of focusing on results, transparency, accountability and country ownership (inclusive of Principal Recipients from both government and non-government sectors) are applied to all funding provided by us, irrespective of the mechanism that is used.

Additional Guidance from Aidspan

The term "programme-based approach" is new for Round 8, but not the concept. In Round 7, this was referred to as "common funding mechanisms."

| **3.4.1.** Does planning and funding for the country's response to HIV occur through a program-based approach? | ○ Yes. Answer s.3.4.2 |
| | ○ No. ➔ *Go to s.3.5.* |

What the R8 Guidelines for Proposals–SCA Say:

Applicants should to identify whether or not a 'program based approach' exists in the country context.

Many countries already have a national strategic plan to respond to the disease(s), developed through broad consultation, and which are used to guide partner contributions that are made through bilateral arrangements. This is different to program-based approaches, which involve an agreed approach to partner support to the plan or strategy. Where there is not this agreed approach, applicants should 'check' no to question 3.4.1. (This agreed approach could take the form of a memorandum of understanding, code of conduct or other formalized arrangement.)

However **where an applicant 'checks' yes**:

- the applicant should identify if there is pooling of partner contributions into a common fund (s.3.4.2.), as this identifies whether further information on the financial arrangements is required in s.5.5.; **and**

- **most importantly**, applicants should complete s.3 to s.5 of the Proposal Form having regard to specifics of the program-based approach in their country.

For example, in:

➔ s.4.1., if the applicant's response to the disease(s) is coordinated through a sector (e.g., health) wide approach, the information provided should also describe relevant sector strategies;
➔ s.4.9.1., applicants should explain how the Principal Recipient(s) will interact with other implementing partners to achieve national outcomes, whilst still being responsible for overall program and financial assurance to the Global Fund; and
➔ s.5.1., the financial gap analysis should be undertaken at the level of the program-based approach if disease-specific, and on the basis of a *robust attribution* of funding to the disease program if planning and budgeting is undertaken at the health sector level. *A 'robust attribution' is required to enable the TRP to consider the additionality of the funding request having regard to the work planned to be undertaken during the proposal term (described in s.4.5.1.), and the planned outcomes (as described in the 'Performance Framework', Attachment A to the Proposal Form).*

Additional Guidance from Aidspan

N/A

3.4.2. If yes, does this proposal plan for some or all of the requested funding to be paid into a common-funding mechanism to support that approach?	○	Yes ➔ *Complete s.5.5 as an additional section to explain the financial operations of the common funding mechanism*.
	○	No. Do not complete s.5.5

What the R8 Guidelines for Proposals–SCA Say:

Where there is a program-based approach (including, if relevant, a sector wide approach) but there is no pooling of partner funding into a common fund, applicants should 'check' no and complete the Proposal Form without also addressing the sections on common funding mechanisms (*refer to s.5.5.*).

However, where the country uses a **'common funding mechanism'** as the funding source to support the program-based approach, this should be identified in this section. Section 5 ('Funding Request') of these Guidelines contains further information on the budget information to be provided when there is a common pool approach to funding.

For the purposes of these Guidelines, ["common funding mechanism"] includes baskets or pooled funding.

Additional Guidance from Aidspan

N/A

3.5 Summary of Round 8 HIV Proposal

Provide a summary of the HIV proposal described in detail in section 4.

Prepare after completing s.4.

ONE PAGE MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

The *summary* provides an overview of the goals, objectives, program areas (or 'service delivery areas', SDAs), interventions/activities, and targets (planned outcomes) of the proposal.

The summary should comment on matters such as:

- Who the proposal targets and/or the priority interventions.

- <u>Why</u> these people (i.e. the particular regional or target populations) and/or the priority interventions have been selected as a priority in Round 8. *In Round 8, applicants are encouraged to indicate differences in target populations by sex and age, and to comment on the range of institutions and/or facilities needed to reach these people equitably and effectively;*

- The basis of intended coverage for services that reach people *(e.g. are the targets for ARV treatment based on 80% 'universal access' principles for coverage, or 100% coverage of the overall needs, or levels required to achieve the Millennium Development Goals, or which other basis?);*

- *As a list only,* the main goals, objectives, SDAs and interventions/activities that will be supported through Round 8 funding; and

- If funding is requested to respond to health systems gaps and weaknesses that impact disease outcomes (either on a disease specific basis in s.4.5.1., or on a cross-cutting basis in s.4B, once only in the whole proposal), how the planned interventions will contribute to improved outcomes for the disease or the disease(s) (as relevant).

This is important information for the TRP's assessment of whether the planned interventions will help achieve the objectives and goal(s) of the proposal. Applicants are recommended to refer back to the key gaps in the national program (s.4.3.1.), and the needs of '*key affected populations*' requiring services when completing this section.

Additional Guidance from Aidspan

The purpose of the summary is to provide a short overview of the disease element. You should try to stick to the one-page limit, though this will not be easy given all the information the Fund says should be included here. Remember, you will have many opportunities to describe your programme in Section 4. The summary should just be a bird's eye view.

The natural tendency is to fill out the summary last, because it summarizes the information in the rest of the proposal. Our own experience, however, has been that it is a good idea to produce a draft of the summary about half-way through the proposal-writing process. There is a lot of value in being forced to summarize the programme in a few short paragraphs, even though the summary may have to go through several drafts before it is satisfactory. That exercise leads to everyone having a clearer

sense of the "story" that the proposal has to tell. Once the rest of the proposal has been completed, you can review your draft of the summary to ensure that it is consistent.

China provided the following summary of its Round 7 HIV proposal:

> China's migrant population is estimated at approximately 120 million, and growing. The Chinese Government places migrants high on its policy agenda. This project will scale up prevention and care for Chinese rural-to-urban migrant workers (*nongmingong*), a huge population that is particularly vulnerable to HIV, and a potential bridge to the general population.
>
> The proposal targets the provinces that receive the most migrants, including Beijing, Shanghai, Tianjin (Municipalities), and Guangdong, Zhejiang, Fujian, and Jiangsu (Provinces). As major centers of manufacturing and economic growth centers, these target provinces will provide a significant proportion of country counterpart funds, thus ensuring sustainability.
>
> The project approach integrates policy level actions with high-quality HIV prevention, treatment, and care. High quality Sexually Transmitted Infections (STI) and HIV services will be selectively designed and carefully targeted, but integrated within broader healthcare delivery systems and development approaches. Priority will be placed on zones of concentrated vulnerability, economic sectors, or gender. Coverage will be ensured by partnerships between government agencies, participating businesses, Non-government Organizations (NGOs) and community healthcare providers. The project will mobilize the funds, in-kind resources and delivery networks of the private sector.
>
> Some innovative aspects of the proposed work include:
> - Service delivery through multiple channels with strong NGO and private sector participation.
> - Prevention will emphasize behaviour change communication (BCC) approaches taking into account the special characteristics of the migrant population in each setting.
>
> The comprehensive prevention package includes BCC, quality condoms and accessible STI, HIV testing and counselling and treatment services. An underlying priority will be to reduce pervasive stigma and discrimination in China through enforcement of existing non-discrimination policies, effective communication strategies, and partnerships with private sector and civil society.
>
> The project is embedded in China's evolving institutional framework for health and HIV:
> - The Principal Recipient (PR) is an established governmental agency in China with authority and means to ensure a multi-sectoral, harmonized approach.
> - The program will add high technical value by pioneering and scaling up evidence-based methods for meeting the multiple needs of the migrant population.
>
> In terms of concrete outputs, the program will deliver:
> - HIV/AIDS prevention service to 3,200,000 vulnerable migrants, targeting risk behaviours that have led to high rates of sexually transmitted infections in migrant sourcing industries.
> - The program will provide STI treatment to 350,00 migrants, HIV testing and counselling services to 800,000 migrants, and care and treatment to over 5,000 migrant People Living with HIV/AIDS (PLHAs).

In the above, China managed to provide a very succinct overview of the entire project; keep to the one-page limit; include some epidemiological information, but very briefly; indicate the geographic reach of the project; describe the overall approach of the project; refer to some innovative aspects of the project; explain how the project fits within China's health and HIV framework; and describe what outputs the project will produce. This is a good model for other applicants to follow. Note, however, that the summary from the China proposal does not include all of the information listed by the Fund in its guidance above (e.g., it does not include a list of the goals, objectives and SDAs).

Section 4
Program Description

[Note: For Section 4, the extracts from the proposal form are all from the HIV version. The differences between the HIV Section 4 and the TB and malaria Sections 4 are usually minor. Where there are differences, we explain them, usually though the use of text boxes. Where the only difference is the name of the disease, we do not identify this.]

Extract from the proposal form

4.   PROGRAM DESCRIPTION

What the R8 Guidelines for Proposals–SCA Say:

Introduction

Particular effort has been made to reduce repetition in Round 8 proposal questions. However, where an applicant believes that a question is requesting the same information as in a prior section, applicants are encouraged to reference their earlier answer in the place of restating the same information.

> *Annex 2 of these Guidelines* **lists the** <u>criteria</u> **for TRP review of proposals.**

➔ *In the sections below, applicants are requested to refer to the national program (where one exists). If there is no existing comprehensive national program, then complete the Proposal Form questions based on any draft plan, or if none exists, the 'program' that is the subject of the proposal.*

Additional Guidance from Aidspan

N/A

4.1 National prevention, treatment, care, and support strategies

(a) Briefly summarize:

- the current HIV national prevention, treatment, and care and support strategies;
- how these strategies respond comprehensively to current epidemiological situation in the country; and
- the improved HIV outcomes expected from implementation of these strategies.

ONE PAGE MAXIMUM

(b) From the list below, attach* **only those documents that are directly relevant** to the focus of this proposal *(or, *identify the specific Annex number from a Round 7 proposal when the document was last submitted, and the Global Fund will obtain this document from our Round 7 files).*

Also identify the specific page(s) (in these documents) that support the descriptions in s.4.1. above.

Document	Proposal Annex Number	Page References
☐ National Health Sector Development/Strategic Plan		
☐ National HIV Control Strategy or Plan		
☐ Important sub-sector policies that are relevant to the proposal *(e.g., national or sub-national human resources policy, or norms and standards)*		
☐ Most recent self-evaluation reports/technical advisory reviews, including any Epidemiology report directly relevant to the proposal		
☐ National Monitoring and Evaluation Plan (health sector, disease specific or other)		
☐ National policies to achieve gender equality in regard to the provision of HIV prevention, treatment, and care and support services to all people in need of services		

What the R8 Guidelines for Proposals–SCA Say:

(a) **Summarize the country's current strategies** to respond to the disease on a comprehensive basis, addressing the three items listed in the question. *If the applicant has 'checked' yes to the 'program based approach' question (s.3.4), and the program-based approach is at the health sector level, this description should include relevant information on the program-based approach to enable the TRP to consider the overall framework in which the Round 8 request for additional support is made.*

Importantly - If the strategies have changed over recent years because of changing incidence or prevalence, explain this in the answer.

➔ *Ensure that the information provided in s.4.1. explains how the current strategies are consistent with the pattern and burden of the disease(s).*

(b) **Supporting documentation**: Where *some or all* of the listed documents are <u>directly</u> <u>relevant</u> to understanding the focus of the Round 8 proposal, 'check' which documents are included as clearly named and numbered <u>annex(es)</u> to the proposal by disease,

Documents already submitted to the Global Fund: Applicants may have submitted a proposal in Round 7 that annexed some or all of the same documents that are listed in the table in this section. If so, applicants can identify the Round 7 annex number in the relevant column of this table in Round 8. The Global Fund will locate these documents for the TRP review process, and applicants do not also have to attach the document(s) again.

Additional Guidance from Aidspan

In item (a), you are being asked to do three things: (a) describe the current national prevention, treatment, care and support strategies; (b) explain how these strategies are consistent with the pattern and burden of the disease; and (c) describe the improved outcomes these strategies are expected to produce. In addition, the R8 Guidelines for Proposals state that if the strategies have changed recently because of changing epidemiology, then this should be explained. We suggest that if the *understanding* of the epidemiology has changed recently, or if the level of political commitment to having a truly epidemiologically based strategy has changed recently, this should also be explained here.

To do this in a maximum of one page is a tall order. We examined several highly-rated Round 7 proposals and none of them managed to keep to the one-page limit. Most of the responses were 2-3 pages or more in length. For reasons explained earlier in this guide, we advocate that as often as possible, applicants not exceed the page limits set by the Fund. For this item, however, you may have no choice.

Nevertheless, applicants should try to be succinct, and should avoid getting into too many details. We offer the following suggestions concerning how your response can be organised. These suggestions assume that there is a strategic plan in place guiding the national response.

- Provide the title of the strategic plan, as well as the dates covered by the plan.
- Indicate when the plan was developed.
- Briefly list the objectives and/or priority areas of the plan.
- Under each objective or priority area: briefly describe the main strategies; explain how the strategies are consistent with the epidemiology; and briefly describe the expected outcomes.
- If there have already been some achievements as a result of the national strategy, briefly describe these, either under each objective or priority, or in a separate section.

You should not provide information here that is not being asked for. For example, you are not being asked to describe the weakness of the national strategy; you will be asked to do this in a later section. Nor are you being asked how the national strategy is being monitored.

The following extract from the Kenya Round 7 HIV proposal demonstrate how information for this section can be presented concisely:

Prevention of New Infections

HIV and AIDS prevention strategies focus on expanding key prevention interventions such as sexual behaviour change, counselling and testing, condom promotion, treatment of sexually transmitted infection (STI), prevention of mother to child transmission of HIV, safe blood and post and exposure prophylaxis. Prevention strategies are also oriented towards targeting particular population groups that are at higher risk of HIV infection. Groups that are particularly vulnerable include commercial sex workers and their clients, injecting drug users, discordant couples, women and young girls, migrant workers, prisoners and uniformed services (police, military personnel).

The main prevention outcomes anticipated include the following:

- Less than 10% of girls and 20% of boys have sex before age of 15.
- Condom use at most recent high-risk sex in 15-24 age range from at least 40% for women 65% for men.
- At least 85% of women and 85% of men in age 15-15 identify ways of preventing sexual transmission of HIV/AIDS.
- Less than 23% of infants born to HIV+ mothers will be HIV+.

The above extract applies only to the prevention part of the response.

Applicants sometimes use charts or tables to enhance their response. Given the space limitations, we suggest that these be used only if they very succinctly describe the strategies or outcomes of the national response.

4.2   Epidemiological Background

4.2.1   Geographic reach of this proposal

(a)   Do the activities target:

| ○   Whole country | ○   Specific Region(s)
**If so, insert a map to show where* | ○   Specific population groups
**If so, insert a map to show where these groups are if they are in a specific area of the country* |

*** Paste map here if relevant*

(b)   **Size of population group(s) targeted in Round 8**

Population Groups	Population Size	Source of Data	Year of Estimate
Total country population (all ages)			
Women > 25 years			
Women 19 – 24 years			
Women 15 – 18 years			
Men > 25 years			
Men 19 – 24 years			
Men 15 – 18 years			
Girls 0 – 14 years			
Boys 0 – 14 years			
Other **: ***Refer to the Round 8 Guidelines for other possible groups*			
Other **:			
Other **:			[*use "Tab" key to add extra rows if needed*]

What the R8 Guidelines for Proposals–SCA Say:

(a)   **Activity targets**
Applicants are requested to 'check' the relevant box(es) <u>and attach a map</u> if the population targeted is not the whole country.

For malaria components especially, it is important for applicants to provide a clear map of the geographical distribution of the malaria disease burden and corresponding control measures already approved and in use.

(b)   **Size of target population(s)**
        Applicants should identify differences in coverage of the Round 8 proposal between men and women, and children *(and for girls and boys whenever that data is available)*.

The '**other**' lines provide applicants with the opportunity to identify, relevant to the epidemiological evidence in the country, which other population groups are targeted in the proposal. ➔ *Refer to the table under s.4.2.2. below for information on possible other groups.*

Additional Guidance from Aidspan

N/A

4.2.2 HIV epidemiology of target population(s)			
Population Groups	**Estimated Number**	**Source of Data**	**Year of Estimate**
Number of people living with HIV *(all ages)*			
Women living with HIV > 25 years			
Women living with HIV 19 – 24 years			
Women living with HIV 15 – 18 years			
Pregnant women living with HIV			
Men living with HIV > 25 years			
Men living with HIV 19 – 24 years			
Men living with HIV 15 – 18 years			
Girls (0 – 14 years) living with HIV			
Boys (0 – 14 years) living with HIV			
Other**: ***Refer to the Round 8 Guidelines for other possible groups*			
Other**:			
Other**:			[*use "Tab" key to add extra rows if needed*]

For Tuberculosis and Malaria

The list of population groups is quite different on the TB and malaria proposal forms. Please consult these forms for details.

What the R8 Guidelines for Proposals–SCA Say:

For the **population groups targeted in the proposal**, applicants should provide current epidemiological data relevant to those groups. Applicants may again identify '**other**' groups as important relying on current epidemiological evidence. The table below may assist in this process.

Other population groups that may be relevant to in-country settings

Applicants are encouraged to use items from the list below *(or others from national monitoring and evaluation frameworks as relevant)*, to identify both: (i) the target population(s); and (ii) the epidemiological data available for the specific groups targeted in the proposal.
➔ *If a proposal targets a particular group, but there is no available data, include the population group in table 4.2.1. and 4.2.2., and explain that data is not available in the column entitled 'Source of Data'.*

HIV	Tuberculosis	Malaria
Non-exhaustive list of other key populations targeted by the proposal		
Number of orphans	Number of prisoners	Number of migrants (or migrant workers)
Number of injecting (or other) drug users	Number of migrants (or migrant workers)	Number of people living in poverty
Number of sex workers	Number of infants	Number of bednets in use by population
Number of men who have sex with men	Number of people living in poverty (or conflict/post conflict)	
Non-exhaustive list of potential epidemiological data for populations targeted by proposal		
Average number of new cases of HIV reported annually	Estimated number of people with all forms of tuberculosis	Reported malaria episodes per year
Number of males and females separately > 14 years completing HIC Counseling and Testing	Estimated number of women > 15 years with all forms of tuberculosis	Malaria deaths per year (all ages)
Estimated number of people with TB/HIV co-infection	Estimated tuberculosis related deaths per year	Estimated malaria episodes per year
Number of people in need of ARVs	People notified for new smear positive tuberculosis	No hospitalization for severe malaria
Number of women and men separately > 14 years in need of ARVs	Case detection rate of new smear positive cases	Proportion of children receiving appropriate malaria treatment within 24 hours
Number of women and men separately > 14 years receiving ARVs	Treatment success rate	
Number of children 0 – 14 receiving ARVs	Estimated MDR TB or XDR TB cases	
Number of injecting (or other) drug users receiving ARVs		
Number of people in need of treatment for opportunistic infections		
AIDS related deaths per year by sex		
Percentage and age of births assisted by skilled birth assistants per year		
Estimated annual number of women 15-49 with unmet need for contraception		
Estimated percentage of young people by sex, newly infected annually (disaggregated by 15-18, and 19-24 if possible)		

Additional Guidance from Aidspan

N/A

4.3   Major constraints and gaps

(For the questions below, consider government, non-government and community level weaknesses and gaps, and also any key affected populations who may have disproportionately low access to HIV prevention, treatment, and care and support services, including women, girls, and sexual minorities.)

Please refer back to the definition [of "key affected populations] in s.2 and found in the *Round 8 Guidelines.*

What the R8 Guidelines for Proposals–SCA Say:

Introduction

Proposals to the Global Fund should be based on a comprehensive review of weaknesses and gaps in:

* disease specific program(s); and
* the health system and the extent to which national, sub-national and community system constraints impede demand for, and access to, comprehensive HIV, tuberculosis and/or malaria prevention, treatment, and care or support services.

The particular vulnerability of *key affected populations* should receive particular attention in this review, as should the relative capacity of non-government and government sectors to support and expand services to these populations.

An important initial question to help planning may be *"where do people, especially key affected populations, including women, and sexual minorities, currently go for health services, and do these need strengthening to serve more people and to serve them more effectively and efficiently?"*

Additional Guidance from Aidspan

The information that you provide here in Section 4.3, and in Section 5.1, constitutes what the TRP reviewers refer to as a "situational analysis" or "gap analysis." In its review of Rounds 3-7 proposals, the TRP was critical of proposals that contained no situational analysis or a weak situational analysis. See Weakness #4 in Volume 1 of this guide for more details. On the other hand, the TRP praised proposals that contained strong situational analyses. See Strength #4 in Volume 1 for examples of countries whose proposals were praised.

4.3.1. HIV program

Describe:

- the main weaknesses in the implementation of current HIV strategies;

- how these weaknesses affect achievement of planned national HIV outcomes; and

- existing gaps in the delivery of services to target populations.

ONE PAGE MAXIMUM

4.3.2. Health System

Describe the main weaknesses of and/or gaps in the health system that affect HIV outcomes.

The description can include discussion of:

- *issues that are common to HIV, tuberculosis and malaria programming and service delivery; and*

- *issues that are relevant to the health system and HIV outcomes (e.g.: PMTCT services), but perhaps not also malaria and tuberculosis programming and service delivery.*

ONE PAGE MAXIMUM

For Tuberculosis and Malaria

On the proposal form for TB, the second bullets in Section 4.3.2 reads: "*issues that are relevant to the health system and tuberculosis outcomes (e.g.: PAL services), but perhaps not also malaria and tuberculosis programming and service delivery.*" On the proposal form for malaria, the second bullet reads: "*issues that are relevant to the health system and malaria outcomes (e.g.: delivery of ITNs or IRS, or provision of intermittent preventive treatment to pregnant women (IPTp)), but perhaps not also HIV and tuberculosis programming and service delivery.*"

What the R8 Guidelines for Proposals–SCA Say:

First, concerning the national program strategies (s.4.3.1., by disease) and **second**, concerning the health system (s.4.3.2.), applicants should describe the overall weakness and gaps in the current systems.

A comprehensive description of **weaknesses and gaps** would comment on:

- The ability of the current health system to achieve and sustain scaled up interventions to appropriately respond to the threat of the disease(s);
- Actions/initiatives in the government, non-government and private sectors, and the ways in which the national health system facilitates or hinders effective and efficient quality service delivery by each sector;
- Whether certain groups may face barriers to access, such as women and girls, adolescents, and high risk groups, or barriers arising from geographic, urban/rural or other location issues;
- The ability of the national disease program to equitably reach women and men (and boys and girls) according to their different needs, as well as other *key affected populations* and sexual minorities;
- Whether the creation of increased demand for prevention and/or control interventions from existing program support *(e.g., through the provision of current or planned significant additional*

resources from other sources) has highlighted areas of increased need for health systems strengthening; and

- The country's priorities in strengthening the health system to ensure equitable access to services for women and men.

Where there is an existing strengths, weaknesses, opportunities and threats analysis or diagram in, for example, the National Health Development Plan, applicants should include this in their proposal either within this section, or as a clearly named and numbered annex to the completed proposal.

Additional Guidance from Aidspan

The question on weaknesses and gaps in Section 4.3.1, current disease strategies, is new for Round 8.

With respect to Section 4.3.2, health systems, in order to keep to the one-page maximum limit, we suggest that you list four or five major weaknesses or gaps in the health systems, and describe each one in a few lines. The following example, from the Sierra Leone Round 7 Malaria proposal, relates to the first bullet in Section 4.3.2:

> The current level of staffing in the ministry of health is inadequate for scaling up interventions. There is a very high attrition rate among indigenous key staff leading to an acute shortage of medical, nursing and other health staff in all health facilities…

> The ten year civil war caused a devastating and massive destruction of health facilities nationwide resulting in a deployable health care delivery system. Inadequate transportation, communication and other logistics support are among the key areas of weakness. The inadequate equipment of health facilities has contributed to low community confidence in the formal health system and low utilization…

> The health management information system is weak for an effective information flow and dissemination within the health care system. Data collection has been poorly coordinated as various programs and institutions create their own data collection systems. The poor coordination has resulted in duplication and gaps in data collection, reporting, use and management of data.

Note that the above example does not provide all of the information the Fund says it is looking for in a "comprehensive response."

If appropriate, after describing the major weaknesses and gaps, you can list several additional weaknesses and gaps in bullet form.

4.3.3. Efforts to resolve health system weaknesses and gaps

Describe what is being done, and by whom, to respond to health system weaknesses and gaps that affect HIV outcomes.

ONE PAGE MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

The information provided should not include any information on how the Round 8 proposal also contributes to these efforts. Rather, the focus in this section should be on other support from national and international sources, including government and non-government support.

What the Round 8 proposal contributes towards addressing the weaknesses and gaps should be described in s.4.6. (and s.4B., in one disease proposal, and only if relevant).

Additional Guidance from Aidspan

N/A

4.4   Round 8 Priorities

Complete the tables below on a <u>program coverage basis</u> (*and not financial data*) for **three to six areas** identified by the applicant as priority interventions for this proposal. Ensure that the choice of priorities is consistent with the current HIV epidemiology and identified weaknesses and gaps from s.4.3.

Note: All health systems strengthening needs that are most effectively responded to on an HIV disease program basis, and which are important areas of work in this proposal, should also be included here<u>.</u>

Priority No:		Historical		Current		Country targets			
Intervention		**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from annual plans where these exist)*									
B: Extent of need already planned to be met under other programs									
C: Expected annual gap in achieving plans									
D: Round 8 proposal contribution to total need	*(e.g., can be equal to or less than full gap)*								

Priority No:		Historical		Current		Country targets			
Intervention		**2006**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**
A: Country target *(from annual plans where these exist)*									
B: Extent of need already planned to be met under other programs									
C: Expected annual gap in achieving plans									
D: Round 8 proposal contribution to total need	*(e.g., can be equal to or less than full gap)*								

[For the purposes of this guide, the table above has been condensed so that it fits on one page and is in vertical (portrait) format. The actual table on the proposal form contains five priority area boxes; the reader is instructed to add a sixth box if necessary.]

What the R8 Guidelines for Proposals–SCA Say:

Applicants use the tables in this section to highlight the priority areas in the Round 8 proposal (by disease) based on gaps identified in s.4.3.   These program gaps can be either people needing services or other important interventions that support service delivery.
Complete a separate table for <u>three to six</u> of the major program gaps/areas that are targeted in the proposal.   (*These will be described, with all other activities, in more detail in s.4.5.1.*).

The table(s) have four lines as follows:

Line A   Identify the planned targets based on needs
Line B   Level of coverage already expected via other grants and programs.
Line C   The overall gap between the targets and planned results

Line D   ***The additional coverage requested through this proposal***. This may be the full gap
              in *'line C'*, or a proportion of it, having regard to factors such as country priorities and
              absorptive capacity assessments.

The information requested is for the historic years of 2006 and 2007 (*applicants will report on actual
results in lines B*), the current 2008 year, and for the years 2009 – 2013 (based on, current information,
forward-looking plans, national budgeting processes, and estimates).

Importantly, proposals submitted from:

- **Lower-middle income classified countries** must have a <u>predominant focus on</u> **poor** <u>and</u>/<u>or</u>
  key affected populations and

- **Upper-middle income classified countries** must have a <u>predominant focus on</u> **poor** <u>and</u> ***key
  affected populations***.

➔ *Annex 1 to these Guidelines lists the Global Fund's determination of income level for Round 8*

➔   **In addition**, the priority areas included in the table(s) should be described in detail in a
     narrative form with all other activities covered in this proposal in s.4.5.1. and included in the
     'Performance Framework' for the proposal term *(e.g., 'Attachment A' containing the indicators
     and targets for the proposal term).*

Addressing health systems strengthening topics when completing table 4.4.1.

Table 4.4.1. <u>should not include</u> a description of any '*HSS cross-cutting interventions*' that the applicant
decides to include in s.4B. of one of the disease proposals.

However, table 4.4.1. <u>should include</u> all health systems strengthening interventions that are specific
only to that disease.. **These cannot be included in s.4B. in any disease proposal** because they are
not cross-cutting.

➔ *For more information on selecting where to include 'HSS' interventions, refer to s.4.5.1. below.*

Additional Guidance from Aidspan

The instructions are confusing. The use of the term "priorities" is new for Round 8. The proposal
form refers to "priority interventions." The above guidance from the Global Fund refers to "priority
areas," says that these priority areas should be based on the programme gaps you identified in
Section 4.3, and adds that these programme gaps can be "either people needing services or other
important interventions that support service delivery."

We conclude that you need (a) to select from the information you provided in Section 4.3 three to six
programme gaps that your proposal will address on a priority basis; and (b) to provide quantitative
information in this section on each of the 3-6 "interventions" in your proposal that address these gaps.
The quantitative information that you need to provide is described in the tables in Lines A through D.

In each table, you need to indicate the priority number, starting at 1 and going up to 6 if you decide to
include six priority areas. We don't believe that the priorities have to be listed in any particular order
(meaning that you don't have to list the most important priority first).

Next, you need to describe the intervention. The Global Fund does not provide any guidance on
what to put here. We believe that you should briefly describe a service or major activity, based
loosely on the wording of SDAs – e.g., provide testing and counselling for sex workers, provide STI
diagnosis and treatment, provide community TB care, provide support to orphans and vulnerable
children, provide malaria prevention during pregnancy, provide care and support for the chronically ill.
You will need to describe the intervention in enough detail to enable the reader to understand how to
interpret the numbers you enter in Lines A through D. We expect that in most cases the numbers you
will enter will be numbers of people.

The unit values that you use for Lines A though D must be consistent. For example, if you are using numbers of people in Line A, you need to show numbers of people in Lines B, C and D as well.

The instructions concerning what information you need to provide in Lines A through D are fairly clear. We would just add the following:

- For Line B, "other programs" includes Global Fund grants already approved.
- To calculate the gap that you need to enter in Line C, subtract the amount in Line B from the amount in Line A.

With respect to the years covered in the tables, given the guidance provided by the Fund above, it is not clear why 2009 is shown in the table under "current" instead of under "Country targets." Nevertheless, you can still show numbers for each of the five years of your programme.

If you wanted to select a priority area that is difficult to quantify in these tables, such as "strengthening civil society," you would need to come up with a more specific intervention description (such as "Provide capacity building to civil society organisations"). If you have any questions about this, we suggest that you consult the Global Fund Secretariat.

Note that in its guidance for this item, the Global Fund refers to eligibility requirements concerning the focus of the proposals. For applicants from lower- and upper- middle income countries only, this means that when the Global Fund Secretariat determines whether your proposal is eligible for consideration by the Fund, one of the things it will look at is your response to this section. If you are from a lower-middle income country, the Secretariat will want to see evidence that your proposal is focusing predominantly on poor *and/or* key affected populations.   If you are from an upper-middle income country, it will want to see evidence that your proposal is focusing predominantly on poor *and* key affected populations. You will need to take this into consideration when you select your priority areas.

4.5 Implementation strategy

What the R8 Guidelines for Proposals–SCA Say:

Introduction

This is the main part of the Proposal Form to describe all of the goals, objectives, program areas (or service delivery areas, 'SDAs'), and then describe in detail the activities that help to achieve the overall objectives.

This description should include interventions that address the burden of the epidemic on the priority groups having regard to the epidemiological background set out in s.4.2.

Specific information on completing s.4.5.1. to s.4.5.5 is provided after the following overview.

Activities supported

The Global Fund promotes the importance of ensuring that there is equal and universal access to health and related social services to prevent, treat, and provide care and support, for those infected or affected by the three diseases.

However, we do not require that each proposal include the range of all possible interventions. Rather, applicants are requested to:

- draw on their analysis of gaps (from s.4.2. and s.4.3. in the proposal); and
- develop their proposals based on identified needs, differentiated as appropriate to the country setting and the differing needs of women and men, and girls and boys.

Planned activities/interventions may scale up proven and effective interventions to attain greater coverage in a country or region <u>and/or</u> may be new and innovative activities, including activities that alleviate adverse impacts and strengthen the supportive environment.

> If the proposal does not adhere to international best practices, the applicant should clearly justify why this is so. Applicants are encouraged to review such materials (as may be found on the websites of organizations such as the WHO and UNAIDS) prior to preparing proposals.

Annex 3 to these Guidelines provides examples on the types of activities/interventions that may be included in proposals relevant to the three diseases. These interventions include, but are not limited to **community systems strengthening** initiatives to support increased quality and coverage of services to *key affected populations*. It also includes information on the 'six WHO building blocks' for health systems strengthening (*which may be relevant to program level interventions [in s.4.5.] or HSS cross-cutting interventions [in s.4B.] of the Proposal Form*).

I**mportantly** – Annex 3 is <u>a guide only</u> and is not an exhaustive list.

Documents required in support of the proposal strategy in s.4.5.1.
In addition to describing the planned implementation approach in detail, applicants should submit:

(a) A '**Performance Framework**' by disease ('**Attachment A'** to the Proposal Form). This framework identifies the performance measures that will apply to the program over the proposal term, and this document will form an integral part of any grant agreement signed with the Global Fund; and

(b) **A detailed work plan, <u>quarterly</u> for years 1 and 2**. The work plan should show the anticipated start and end dates for all activities over the initial two years, set out like the description in s.4.5.1. of the Proposal Form (i.e., by objective, SDA, and specific activities). The work plan should also use the same or similar numbering as in the detailed budget (s.5.2.) to enable a review of both documents together.

Performance based funding principles can be found in the Multi-Agency "*Monitoring and Evaluation Toolkit*", Second Edition, January 2006 (**M&E Toolkit**). Further information on this toolkit is provided under the instructions for s.4.5.1.

How to include health systems strengthening in Round 8 proposals

1. The Global Fund acknowledges that the **responses** to identified health systems weaknesses or gaps that constrain the achievement of outcomes for the three diseases may differ substantially in different settings. The Global Fund intends therefore to allow applicants maximum flexibility in addressing these weaknesses and gaps. We provide this flexibility from Round 8 by allowing applicants to apply for funding to respond to these issues either through a program (by-disease) approach, or by a cross-disease approach.

2. If the most appropriate **response** to a system weakness can be made through a disease program, applicants are encouraged to include the relevant response (activities/interventions) in the program description of the disease proposal (s.4.5.1) as any other disease program activity.

3. However, part or all of the response to system weaknesses that affect outcomes for the three diseases may be more appropriately undertaken on a cross-cutting basis. If so, applicants may request support for these activities/interventions by <u>either</u>:

    (a) including the activities/interventions in the various disease proposals (if appropriate), separated between the disease proposals as the applicant believes most appropriate; <u>or</u>

    (b) including relevant activities/interventions in <u>only one disease proposal</u> as an optional additional "cross-cutting" group of activities. If so, these activities are included in s.4B. (*s.4B. is available as a download from the Global Fund website* <u>here</u>). The financial information relating to these interventions should then be included in a corresponding s.5B. <u>of the same disease</u> (s.5B. *is available as a download from the Global Fund website* <u>here</u>).

4. *HSS cross-cutting interventions* included in a one disease proposal in s.4B. <u>cannot</u> be the only interventions included in that under a disease proposal*. That is, there must also be program activities described in s.4.5.1. This is because there is no separate funding window for HSS.

Additional Guidance from Aidspan

In many ways, Section 4.5 is the heart of your proposal. It is in this section and in two key attachments – the Performance Framework and the work plan – that you will describe what you intend to do in the course of implementing your programme and what you hope to accomplish. You will describes the goals, objectives, service delivery areas and activities for your programme. You will also establish targets and identify the indicators that you will use to measure success.

In Rounds 3-7, problems with the implementation strategy were identified by the TRP in about three out of every five applications. In fact, this was the weakness most often identified. The TRP identified objectives and activities that were insufficiently described or unclear, that lacked a clear rationale, or that were inappropriate. It found that in some proposals key objectives or activities were missing. For more information, see Weakness #1 in Volume 1 of this guide. On the other side of the ledger, the TRP praised proposals in Rounds 3-7 that were clear and well documented, and that contained detailed workplans with clear objectives. See Strength #1 in Volume 1 of this guide for examples of proposals that contained solid workplans.

There is not that much information that needs to be entered in Section 4.5 of the proposal form. Some of what used to be in this section – i.e., goals, objectives and SDAs – has been diverted to Attachment A – Performance Framework. Attachment A is one of the forms provided by the Global Fund.

Note that the Global Fund provides guidance concerning Attachment A in the next section of the proposal form below, In addition, there are instructions on how to fill out Attachment A included in the attachment itself.

> ***Special Note #1****: If you are nominating more than one PR for this disease element, the Global Fund requires that you submit more than one Attachment A. Specifically, the Fund requires that you submit one Attachment A for each PR plus (in most cases) a consolidated Attachment A covering all PRs together. See the note about this in the instructions that are included in Attachment A.*

> ***Special Note #2:*** *In this guide, Aidspan has not attempted to provide guidance on how to complete Attachment A. In the limited time that we had to review Attachment A before going to press, we noted that for the most part the instructions are quite clear, and that the form itself seems fairly intuitive. In the FAQs provided for Round 7 applications, the Global Fund provided some guidance that was relevant to Attachment A. When we went to press, the FAQs for Round 8 had not yet been released. We suggest that you consult the Round 8 FAQs when they become available.*

You should already have a good idea of what you plan to do before you start filling out Section 4.5 and Attachment A, and before you start to prepare the work plan. In other words, you should know what your goals and objectives are, what activities you want to implement and how you are going to measure the results.

Where should you start? Do you do the work plan first, or do you fill out Section 4.5 first? And when should you fill out Attachment A? It is a bit of a chicken and egg question. It may depend on where you are at in terms of designing the programme you want to implement. However, we suggest that you proceed in the following order:

1. Prepare the work plan.

2. Fill out Attachment A.

3. Fill out Section 4.5 of the proposal form.

4. Review the work plan and Attachment A to see if there anything you want to change as a result of Step 3.

As well, as you complete the rest of Section 4 of the proposal form, you may get some ideas that will cause you to come back and revise the work plan or Attachment A. For example, there is some good guidance on the types of community systems strengthening activities you can include in your proposal in Section 4.7.1 of the R8 Guidelines for Proposals–SCA.

For more information on what kinds of activities you can include in your proposed programme, refer to the "What Initiatives Will the Global Fund Support?" section in Chapter 1 of this guide.

In its guidance for this item, the Fund has explained several options for including HSS activities in your proposal. Note that if you have cross-cutting HSS activities, you have the choice of (a) including them in separate disease elements (i.e., splitting them up), or (b) putting them in the separate sections (4B and 5B) provided specifically for this purpose and including these sections in one (but only one) of the disease elements in your proposal. If you split the cross-cutting HSS activities into separate disease elements, you run the risk that not all of your disease elements will be approved for funding. Conversely, if you include them all in Sections 4B and 5B, there is obviously no guarantee that the activities described in these sections will be approved for funding.

Note that the TRP has the option of recommending that the activities described in Sections 4B and 5B be approved on their own (i.e., without recommending for approval the balance of the proposal for that disease element).

4.5.1. Round 8 interventions

Explain: (i) who will be undertaking each area of activity (which Principal Recipient, which Sub-Recipient or other implementer); and (ii) the targeted population(s). *Ensure that the explanation follows the order of each objective, service delivery area (SDA) and indicator in the 'Performance Framework' (Attachment A) and work plan, and budget.*

Where there are planned activities that benefit the health system that can easily be included in the HIV program description (because they predominantly contribute to HIV outcomes), include them in this section only of the Round 8 proposal.

Note: If there are other activities that benefit, together, HIV, tuberculosis and malaria outcomes (and health outcomes beyond the three diseases), and these are not easily included in a 'disease program' strategy, they can be included in s.4B in one disease proposal in Round 8. The applicant will need to decide which disease to include s.4B (but only once). ➔ *Refer to the Round 8 Guidelines (s.4.5.1.) for information on this choice.*

BETWEEN 4 to 8 PAGES

What the R8 Guidelines for Proposals–SCA Say:

The detailed description provided by applicants should demonstrate a clear and logical implementation strategy that is consistent with international norms, standards and best practice.

➔ **Importantly**, a detailed work plan does not remove the need for the narrative in s.4.5.1. to be a clear and detailed description of the work to be done during the proposal term.

The description should be clearly linked to the framework of 'Goals', 'Impact and Outcome Indicators', 'Objectives', program areas, (or service delivery areas, 'SDAs'), and routine reporting 'indicators' (*as defined in the tables below).*

(a) **Goals**: These should be broad and overarching, corresponding to the national disease program goals. Achievements will usually be the result of collective action undertaken by a range of actors.

(b) **Impact/Outcome indicators**: These describe the changes over proposal term in prevalence in specific populations *(including: reductions in the risk of infection or death, and disease prevalence (burden), or behavioral change, or increases in access to social protection and support in the target populations)* that indicate that the fundamental goals of the interventions are being achieved. Impact indicators should be linked to goals. For each goal at least one impact indicator at the national level should be provided.

(c) **Objectives**: These describe the intention of the program over the proposal term and provide a framework under which service delivery areas are linked to the overall goal(s). Examples include: 'To improve survival rates in people with advanced HIV infection', 'To reduce tuberculosis morbidity among prisoners in the ten largest prisons' or 'To reduce malaria-related morbidity among pregnant women', 'Increase social protection and support to people who are coerced, tricked, or driven by poverty into risky sexual relations in high HIV prevalence areas'.

(d) **Program areas** [**under Global Fund grants, 'Service delivery areas'** (**SDAs**)]: These describe the areas of work required to achieve each objective. Examples include: 'Providing ARV treatment and monitoring for HIV and AIDS', 'Timely detection and quality treatment of cases for Tuberculosis', or 'Delivery of Long-lasing Insecticide-treated nets for malaria'. They may also include activities or interventions of broader sector relevance that are essential for the effective delivery of disease-specific interventions, particularly for key affected populations out of ready reach (for either geographic or social reasons) of existing social service platforms. For example: 'Development and implementation of a national drug and pharmaceuticals policy', 'Development of a national information system to monitor treatment adherence', or 'Development of married girls' clubs in high HIV areas, where child marriage is prevalent'.

(e) **Indicators**: Routine reporting indicators measure performance <u>within</u> SDAs. Indicators show the expected increase in coverage of prevention, treatment, and care and support initiatives over the proposal term. Supporting and underlying process activities that contribute to the work are typically included in a monitoring and evaluation plan, or the **detailed work plan** for the proposal term, and not in the 'Performance Framework'.

➔ *'Attachment A ('Performance Framework') has instructions on the front page of the Microsoft excel file to help guide applicants on completing the framework with either national indicators or other examples included in the framework as a guide.*

To provide applicants with a clear 'Performance Framework' for the proposal term indicators included should be:

- **Harmonized with national plans, disaggregated by sex** (whenever possible), **and drawn from national lists of indicators wherever possible/existing**. Where existing monitoring and evaluation plans and systems do not already include appropriate indicators, the Global Fund suggests applicants make use of indicators recommended by international monitoring and evaluation partners. Where the proposed SDAs and indicators do not adequately reflect the proposed strategy, proposals may include additional SDAs and indicators.

- **Selected for their usefulness to measure performance**. Baseline figures <u>should be</u> included for all impact and outcome indicators. If those baselines are not available, the first year of the proposal term should include activities (including diagnostic surveys) to determine them.

- **Specific and measurable**: The targets set for each indicator should be robust, achievable, and time bound (that is, defined for each quarter/half year/year as appropriate to the indictor).

It is recommended that each 'Performance Framework' has between 8 and 18 indicators in total, and that these be focused at the output and outcome level, with more process focused activities being included in the Work Plan as preliminary activities to be completed to support implementation.

➔ *When preparing the proposal, including the 'Performance Framework' (Attachment A) on a per-disease basis, applicants may find it helpful to consult the M&E Toolkit. For Round 8, please refer to the revised compendium of indicators in the* **March 2008 addendum**, *to be found at:* http://www.theglobalfund.org/en/performance/monitoring_evaluation/

Additional Guidance from Aidspan

Section 4.5.1 is a very important part of your proposal, as evidenced by the fact that the Global Fund is requesting a response of between four and eight pages.

Most of the guidance above relates to Attachment A rather than to this section. In Attachment A, you will have already described the goals, objectives and SDAs of your project, as well as the indicators and targets. In your work plan, you will have already provided a detailed list of activities.

So, what exactly are you being asked to do in Section 4.5.1? The proposal form asks you to explain (a) who will be undertaking each area of activity, and (b) who are the target populations for each area of activity. But "area of activity" is not defined. In its guidance, the Global Fund says that you need to

provide a "clear and detailed description of the work to be done" and that your response "should demonstrate a clear and logical implementation strategy." In previous rounds, in this part of the proposal form, you were asked to describe the "major activities" included in your proposal. These were high-level activities, less detailed than what you included in your work plan. We believe that this is what the Global Fund wants here. In other words, you need to indicate what major activities will be implemented, who is responsible for implementing them, and whom are they targeting.

One way to organise your response would be to use a series of tables, one for each SDA. The tables could look something like the one shown below. The technical content for this example has been adapted from China's Round 7 TB proposal.

Goal 1: Reduce the morbidity and mortality of multi-drug-resistant TB (MDR-TB) in China			
Objective1 : Expand the PMDRT strategy in 50 sites in 10 provinces of China			
SDA 1.6: Supporting patients through direct observation to enhance adherence to treatment of MDR-TB			
Indicator(s): [to be inserted here]			
MAJOR ACTIVITIES	**ADDITIONAL INFORMATION**	**IMPLEMENTER**	**TARGET POPULATION**
Activity 1.6.1: Provide DOT throughout the course of MDR-TB treatment using peripheral health workers and provide financial incentive for providing DOT.		[name of PR or SR]	TB patients
Activity 1.6.2: Provide transportation subsidy to very poor MDR-TB patients so they can travel to medical clinic for DOT.	Each PMDRT site will arrange for DOT for each MDR-TB patient and provide a case-management fee to DOT worker. The site will also provide transportation fee to approximately 20% of MDR-TB patients who are very poor so they can travel to the medical clinic for DOT.	[name of PR or SR]	TB patients
Activity 1.6.3: Provide counselling and psychological support.	Local NGO's will be contracted, to provide counselling and psychological support to patients and their families. The project will also stimulate the forming of patient groups, which are very important for early reporting of suspect's treatment adherence.	[name of PR or SR]	TB patients

Another option is to present the information in paragraph format, without the use of tables. You paragraph headings could look something like this:

> **Goal:**.
>
> **Objective 1:**
>
> **SDA 1:**
>
> **Indicator(s):**
>
> **Major Activities:**

4.5.2. Re-submission of Round 7 (or Round 6) proposal not recommended by the TRP

If relevant, describe adjustments made to the implementation plans and activities to take into account each of the 'weaknesses' identified in the 'TRP Review Form' in Round 7 (or, Round 6, if that was the last application applied for and not recommended for funding).

TWO PAGES MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

Applicants should comment on the adjustments that have been made to their Round 7 proposal (or, Round 6, if that was the last application applied for and not recommended for funding) to respond to weaknesses identified by the TRP when the proposal was last reviewed. It is helpful if the material in this section responds to each weaknesses in order.

If relevant, applicants re-submitting a 'Rolling Continuation Channel' proposal not recommended for funding, should also address the TRP comments from the Rolling Continuation Channel proposal review process.

Additional Guidance from Aidspan

You should fill out this item if you submitted an unsuccessful proposal for this element in Round 7 (or Round 6 if you did not re-submit in Round 7) that was substantially or somewhat similar to the proposal you are submitting for Round 8. Or if you are resubmitting a similar proposal that one that you submitted under the RCC.

The simplest way to organise your answer is to list the first weakness identified by the TRP and indicate how you have adjusted your implementation plan to address this weakness; and then to do the same with the second and subsequent weaknesses. In some cases, it may make sense to combine two weaknesses if your answer addresses them jointly.

4.5.3. Lessons learned from implementation experience

How do the implementation plans and activities described in 4.5.1 above draw on lessons learned from program implementation (whether Global Fund grants or otherwise)?

TWO PAGES MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

Applicants should comment on how programming for the Round 8 proposal has taken into consideration lessons learned from ongoing program implementation supported by all sources. Lessons learned from operations research already undertaken are particularly important. In addition, if there are in-country constraints to strong performance, applicants should describe the specific actions that are included in the Round 8 proposal to mitigate the risk of these challenges affecting implementation.

Lessons can explain positive outcomes from other programs that have influenced the way in which programming for this proposal has been undertaken. Where the lessons learned arise from challenges and problematic implementation experiences, applicants are encouraged to explain how the programming for the Round 8 proposal seeks to avoid these difficulties during implementation.

Additional Guidance from Aidspan

In Section 4.5.3, you are being asked to describe lessons learned from previous programme implementation, whether or not the programmes were financed by the Global Fund, and whether or not there were implementation problems associated with these programmes. Thus, your response should describe good practices that have emerged, as well as approaches that were not successful and had to be revised (if appropriate).

You may be able to obtain this information from evaluations that have been conducted of, for example, a specific programme or the national disease strategy. In the case of the national strategy, perhaps a mid-term review has recently been concluded. Or, perhaps an evaluation was conducted prior to the development of a new national strategy.

This question is new for Round 8. There may be a bit of overlap between this section and Section 4.6.1 below, but the latter focuses only on previous Global Fund grants..

4.5.4. Enhancing social and gender equality

Explain how the overall strategy of this proposal will contribute to achieving equality in your country in respect of the provision of access to high quality, affordable and locally available HIV prevention, treatment and/or care and support services.

*(If certain population groups face barriers to access, **such as women and girls, adolescents, sexual minorities and other key affected populations**, ensure that your explanation disaggregates the response between these key population groups).*

TWO PAGES MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

The Global Fund recognizes the importance of programming that identifies and responds to the differential needs and situation of persons, including their social and/or financial situations, and between women and men, and girls and boys.

In addition, the Global Fund recognizes that stigma and discrimination on the basis of disease status, sex, age, marital and migration status, sexual orientation, and other factors can be significant barriers to ensuring equal access to the range of prevention, treatment, and care and/or support interventions promoted as international best practice.

Applicants should describe how the proposal adheres to the principles of equality and fairness in the prioritization and selection of target population(s). In the description, particularly important are:

- Whether the proposal includes purposeful outreach to assure social support, protection, information, and access to services that are equitable between women and men, and girls and boys;

- Whether particular groups may receive prioritized access to services and the rationale for this approach**;**

- How support for the planned interventions will strengthen social equality by reaching the demographic and social groups most in need of the interventions, or without access to interventions, including those populations in which new infection rates are rising, based on epidemiological evidence.
  Issues that may be appropriate to address, depending on the country context, include differences in the equality of access to services between:
  - *men vs women; rural vs urban populations; poor vs. affluent;*
  - *adults vs children; children in and out of school; and girls vs. boys;*
  - *migrant vs. native born; and formal vs. informal sector work (and unsafe work),*
  - *as well as access for high risk or marginalized groups, including sexual minorities; and various combinations of these; and*

- Strategies to be pursued during the proposal term to directly address stigma and discrimination as a barrier to ensuring that people in need of services receive relevant prevention, treatment, and/or care and support services in settings most supportive of the services being effectively delivered (e.g., provision of HIV counselling and testing in the framework of reproductive health care, or single sex classes for young people on sexuality and disease prevention).

The term ′social support′ includes (but is not limited to) providing: (i) Girls' clubs or other such programs that offer ′safe spaces′ for girls to go after school or when they're not in school to obtain information on the prevention of HIV, (ii) Insurance schemes that provide health, death, or other benefits for people affected by the diseases; (iii) Programs that provide alternatives to child marriage for girls and their families, such as payments to keep the girls in school.

Additional Guidance from Aidspan

In responding to Section 4.5.4, you need to make sure that the strategies you describe here are included in the implementation strategy you described earlier (i.e., Section 4.5.1 of the proposal form, the Performance Framework and the work plan).

As indicated in the guidance provided by the Global Fund, there are four parts to this question, corresponding to the four bullets in the guidance. (On the Round 7 proposal form, there were three separate questions on these issues.)

The first bullet relates to **gender equality**, at least in terms of access to services. The third bullet also refers to gender issues. The second bullet is about providing a rationale if any groups are being given prioritised access to a service. We believe that this is a re-wording of the question from the Round 7 proposal form about how to ensure equity if only a portion of the target population can receive a service. But it is not entirely clear. Nor is it clear how this item differs from the next one.

The third bullet is about how this proposal will provide services to **groups most in need** (thus creating more social equality). For example, if people in rural areas have unequal access to services compared to people in urban areas, how will this proposal address that? The third bullet also asks how the groups most in need of interventions will be targeted. The fourth bullet is about how this proposal will contribute to reducing **stigma and discrimination**.

With respect to gender equality, this is how the Zanzibar Round 6 HIV proposal addressed the issue:

> To address gender inequality issues, this proposal includes the following activities:
> - piloting the WHO's guideline on gender mainstreaming in HIV/AIDS health services in four districts, including capacity building for the health system and support system to respond to gender issues;
> - ensuring screening, care/treatment and referral of HIV infection of rape victims, specifically ensuring availability of post-exposure prophylaxis and counselling;
> - incorporating violence-prevention strategies within the voluntary counselling and testing services and PMTCT services; and
> - strengthening male involvement in sexual and reproductive health issues, through community outreach programmes and other means.

See also the examples provided by the Global Fund in its definition of "social support" (in the paragraph above the box in the guidance above).

With respect to how groups most in need will be targeted, the following is an extract from the Kosovo Round 7 HIV proposal:

> The key target groups of this proposal – Injection drug users (IDUs), sex workers, men who have sex with men (MSM), and prison inmates and PLHIV – *all* constitute highly stigmatised, socially marginalised groups, often facing severe social exclusion. The project activities for these groups aim to deliver key HIV-prevention services and programmes, with special attention for the active involvement and ownership of the beneficiaries, e.g. through peer education, drop-in centres and self-help groups… The proposal also aims to strengthen the institutional capacity of the civil society organisations representing several of these groups… Throughout the different project components,

special attention will be given *explicitly* to identifying and reaching particularly marginalised, vulnerable and/or hard-to-reach groups through low-threshold interventions. For example, special attention will be given to reaching *"hidden" MSM* through outreach; similarly, peer outreach by IDUs will particularly focus on the most *hard-to-reach IDUs* who will normally not even visit drop-in centres; In the case of *PLHIV*, the proposed *Centre for Care and Support* will pay specific attention to promoting its services and reaching out to those PLHIV who have so far failed to seek specific support. In the case of *youth*, special attention will be given to identifying young people with a higher HIV risk and providing them with targeted programmes. Another overall approach in the proposal is the creation of *"safe" places* and *client-friendly* services: Drop-in centres for IDUs and MSM; the Care and Support Centre for PLHIV; the provision of STI and other services to highly marginalised – mostly foreign – sex workers; harm-reduction pilot programmes for drug users in prison – these all constitute *"first-of-their-kind"* approaches in Kosovo that provide an entry point for further engagement with these marginalised groups. Finally, a number of operational research studies has been included in the proposal, which aim to contribute to better understanding the specific HIV vulnerabilities of certain population groups.

Note that the above example does not specifically address the disparities listed in the third bullet of the Fund's guidance – e.g., men vs women, rural vs urban, poor vs affluent.

With respect to reducing stigma and discrimination, applicants should briefly describe specific strategies in the proposal that will address this issue. The following examples are taken from Paraguay's Round 6 HIV proposal:

> Human rights, discrimination and stigma will be among the topics included in the training that will be conducted among members of the health cares services in the six regions selected…

> Specific advocacy activities will be undertaken to promote changes to the HIV/SIDA Act 102/91, and to promote the adoption of a bill prohibiting any form of discrimination.

If activities of the project will help to counter stigma and discrimination, even if the activities are not specifically focusing on stigma and discrimination, applicants should explain this. The following is adapted from the Kyrgyz Republic's Round 7 HIV proposal:

> The program is aimed at, among other things, mobilising communities of HIV-positive people, which will lead to their expanded participation in planning and implementation of the response to the epidemic. The project includes several measures which will be jointly implemented by the PLWHA community and other organisations, including state medical institutions. This will serve to facilitate the reduction of stigma and discrimination in the healthcare system and related institutions.

And this how a Round 6 TB proposal from Uganda put it:

> Increased awareness about TB, that it is curable and that services are available (and free) will reduce stigma and discrimination of patients by communities and health workers. The observation by districts that have successfully implement community-based DOTS is that stigma associated with TB is reduced with community participation and involvement… TB/HIV collaborative activities will further reduce the stigma.

4.5.5   Strategy to mitigate initial unintended consequences

If this proposal (in s.4.5.1.) includes activities that provide a disease-specific response to health system weaknesses that have an impact on outcomes for the disease, explain:

▪   the factors considered when deciding to proceed with the request on a disease specific basis; and

▪   the country's proposed strategy for mitigating any potentially disruptive consequences from a disease-specific approach.

What the R8 Guidelines for Proposals–SCA Say:

Applicants should describe any possible unintended consequences that may result from the request that health system weaknesses and gaps be responded to on a disease-specific program basis (*refer back to the explanatory material entitled 'How to include Health Systems Strengthening in Round 8 proposals'*). For example, if support is requested for human resources funding, it may result in movement of human resources from one area to another.

Applicants should also provide a description of the country's proposed strategy for mitigation any potential unintended consequences

Additional Guidance from Aidspan

N/A

4.6   Links to other interventions and programs

4.6.1. Other Global Fund grant(s)

Describe <u>any</u> link between the focus of this proposal and the activities under any existing Global Fund grant. *(e.g., this proposal requests support for a scale up of ARV treatment and an existing grant provides support for service delivery initiatives to ensure that the treatment can be delivered).*

Proposals should clearly explain if this proposal requests support for the same interventions that are already planned under an existing grant or approved Round 7 proposal, and how there is no duplication. Also, it is important to comment on the reason for implementation delays in existing Global Fund grants, and what is being done to resolve these issues so that they do not also affect implementation of this proposal.

BETWEEN 2 to 4 PAGES

What the R8 Guidelines for Proposals–SCA Say:

This section seeks information regarding overall capacity to absorb additional Global Fund financing in the country. Applicants should also explain how the Round 8 request complements <u>but does not duplicate</u> activities already being supported.

Applicants should describe:

- Whether the Round 8 proposal is requesting additional support for the same areas covered by other Global Fund approved proposals? If so, how has the applicant ensured there is no duplication of program coverage?.

- The nature or type of link. This may include, for example:

    (i)   the Round 8 proposal scaling up (increasing the number of people receiving services), expanding (geographically) or continuing programs funded under prior grants (*for example, where an earlier grant expires before 2013, the applicant may wish to include continued funding for some or all of those soon to be expiring interventions. This would also be relevant to applicants who are considering **grant consolidation**. Refer back to s.3.1. and the <u>Grant Consolidation Fact Sheet</u> for more information*).

    (ii)   a description of how the interventions under this proposal complement service delivery under another grant (*for example, a Round 5 proposal provides primary treatment, such as ARVs, and the Round 8 proposal seeks support for the scaling-up of treatments for opportunistic infections*); and

    (iii)   Whether there are any performance issues under the earlier grants that may give rise to a risk of slow performance of the program included in this proposal? If so, what is being done to improve performance, and how did proposal drafting for Round 8 take these issues into consideration?

Information on links and coverage can be supplemented by a table or diagram that is included as a clearly named and numbered annex.

The progress of grant signing for any same disease Round 7 proposal, and constraints that may exist, should be described.

Additional Guidance from Aidspan

This item stems from concerns raised by the TRP concerning three issues: (a) the absorptive capacity of the country; (b) whether performance problems associated with earlier Global Fund grants might interfere with the implementation of the programmes described in this proposal; and (c) the need to avoid duplication.

In its report on Round 6, the TRP said that an existing large grant might "pose a significant challenge to the absorptive capacity of the country," and that this could "reduce the chances of successful implementation of the proposed Round 6 grant activities."[6]

The TRP continues to take the view that the existence of prior Global Fund (or other) grants, and the disbursement history and performance of these grants, are factors that should be taken into consideration when it arrives at a recommendations on a given proposal. This does not mean that the TRP will not recommend funding proposals covering the same areas as earlier Global Fund grants. It just means that applicants have to provide a good rationale.

Because there are several parts to this question, it is worth summarising here exactly what information you are being asked to provide:

1. Is this proposal requesting support the same areas covered by other Global Fund grants?

    1A.   If yes, how will you ensure that there is no duplication?
    1B   If yes, what is the nature of the link?

2. How does this proposal complement services being provided under other Global Fund grants?

3. Are there any performance issues with respect to other Global Fund grants that could slow down the implementation of the programmes described in this proposal?

    3A.   If yes, what is being done to improve performance?
    3B.   If yes, how did this proposal take these performance issues into account?

4. What progress has been achieved with respect to the signing of Round 7 grant agreements (if any) and have their been any constraints related to this process?

Here is an example of how one applicant addressed the link between the current proposal and an earlier grant (item 1B above), taken from China's Round 7 TB proposal:

> The proposal is asking support for scaling up of programmatic management of multiple-drug resistant TB in 10 additional provinces in China. The proposal has identical objectives, targets, activities, inputs and outcomes as formulated for the first goal of the R5 proposal (reduce the morbidity and mortality of multi-drug resistant tuberculosis in China… The main reason why support is requested from Round 7 is the pressing need to rapidly scale up the control of drug resistant TB in China.

In its proposal, China also provided a table listing the objectives and service delivery areas for its Round 5 grant and indicating which ones were included in is Round 7 proposal.

With respect to performance issues in earlier grants (items 3, 3A and 3B above), the following

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[6] The observations of the TRP are contained in a report entitled "Report of the Technical Review Panel and the Secretariat on Round 6 Proposals," which is available via www.theglobalfund.org/en/about/technical/report/.

extract from China's Round 7 TB proposal provides an illustration of how items 3 and 3B can be addressed:

> While the Round 5 proposal was approved by the Global Fund in 2005, implementation of the programme was delayed until October 2006. The delay was caused by the fact that the application to the Green Light Committee (GLC) was not prepared at the same time as the proposal and, as a result, was not submitted until well after the proposal was approved. The application to the GLC developed for Round 5 will serve as the template for the development of the application to the GLC for Round 7...
>
> The most important bottleneck identified in Round 5 was the inadequate human resource capacity to implement programmatic management of multiple-drug resistant TB at all levels. The Round 7 proposal, therefore, includes five HSS disease-specific strategic actions geared towards substantially increasing this capacity.

Note, however, that the above example does not address item 3A (what actions were or are being taken to speed up performance of the earlier grant). You should ensure that item 3A is covered in your response.

The following example, adapted from a Round 7 proposal, describes problems with an earlier grant, explains what actions were taken to strengthen the PR for that grant, and indicates that a second PR is being proposed for the programme described in the Round 7 proposal:

> Performance of in Phase 1 of the Round 2 grant was not satisfactory for a number of reasons, including:
> - The necessary financial management and procurement systems in the PR and SRs had not yet been well established.
> - There was delayed and poor quality of reporting which did not clearly link expenditure to activity results, thus causing delays in disbursement requests.
> - There was lack of clarity in the roles of various entities involved in managing Global Fund supported programmes.
>
> To address these problems, a number of actions were taken, including reinforcing the capacity of the PR by adding staff (a national coordinator, a technical advisor, and a procurement and finance expert have been appointed), and improving skills to increase management capacity.... Furthermore, this proposal is proposing two PRs Principal Recipients, one of whom is closely associated with the services to be provided. This will help to ensure that one PR does not become overwhelmed with the demands for supervision and reporting.

Note that the above example responds to all three items relating to performance problems (3, 3A and 3B).

4.6.2. Links to non-Global Fund sourced support

Describe <u>any</u> link between this proposal and the activities that are supported through non-Global Fund sources (summarizing the main achievements planned from that funding over the same term as this proposal).

Proposals should clearly explain if this proposal requests support for interventions that are new and/or complement existing interventions already planned through other funding sources.

ONE PAGE MAXIMUM

<u>What the R8 Guidelines for Proposals–SCA Say:</u>

The current proposal may have a link with other programs in addition to linkages with earlier Global Fund grants. Where linkages exist (*for example, if this proposal plans to provide bed nets, and other funding is supporting indoor residual spraying as a strategy for the effective prevention of malaria in the country setting*), it is important to list the other interventions and explain how and to what extent this proposal complements the other existing activities.

Also describe any implementation challenges to date. Then, how these have or will be overcome so as not to affect performance under this proposal.

Applicants should also explain how the Round 8 request complements <u>but does not duplicate</u> activities already being supported by non-Global Fund sources.

Additional Guidance from Aidspan

This section is very similar to Section 4.6.1, except of course that this section deals with support received from sources other than the Global Fund. It appears that less detail is required for this section, given the one-page limit indicated.

4.6.3. Partnerships with the private sector

(a)	The private sector may be co-investing in the activities in this proposal, or participating in a way that contributes to outcomes (even if not a specific activity), if so, summarize the main contributions anticipated over the proposal term, and how these contributions are important to the achievement of the planned outcomes and outputs. *(Refer to the Round 8 Guidelines for a **definition of Private Sector** and some examples of the types of financial and non-financial contributions from the Private Sector in the framework of a co-investment partnership.)*

ONE PAGE MAXIMUM

(b)	Identify in the table below the annual amount of the anticipated contribution from this private sector partnership. *(For non-financial contributions, please attempt to provide a monetary value if possible, and at a minimum, a description of that contribution.)*

Population relevant to Private Sector co-investment *(All or part, and which part, of proposal's targeted population group(s)?)* ➔	

Contribution Value (in USD or EURO)
Refer to the Round 8 Guidelines for examples

Organization Name	Contribution Description *(in words)*	Year 1	Year 2	Year 3	Year 4	Year 5	Total
[use "Tab" key to add extra rows if needed]							

What the R8 Guidelines for Proposals–SCA Say:

The Global Fund is supportive of proposals that focus on the creation, development and expansion of government/private/NGO partnerships, or 'Public-Private-Partnerships' ('PPPs'). These arrangements are often referred to as **co-investment** arrangements.

Co-investment is a harmonized and coordinated joint investment of public and private resources with the common objective to improve equitable access to and provision of HIV, tuberculosis and malaria services.

The Private Sector has identified several models of possible co-investment partnerships:

• The primary model of co-investment consists of utilizing existing company-owned medical infrastructure and facilities to provide expanded access to prevention, testing and treatment to the surrounding communities.

• A broader model consists of the co-financing of a specific project where a company brings additional funding to that which is requested from the Global Fund.

Other models may exist depending on the local context as long as they meet the following criteria:

• In all cases, the beneficiaries of a co-investment partnership extend beyond the employees of the companies and their direct dependents.

- The co-investment partner must provide an additional contribution to the funding requested from the Global Fund, whether this contribution is non-financial (*e.g., the provision of access to facilities or staff*) or is a cash contribution.

The term '**private sector**' refers to: for profit organizations, their representative bodies and the foundations they established.

This includes a wide range of actors including:
- Large companies (local or trans-national)
- Small and Medium Enterprises
- Business coalitions
- Employer organizations and private sector employee organizations/unions
- Informal sector
- Charitable foundations established by companies to provide donations and grants
- Private practitioners
- Private for profit clinics

The Global Fund recognizes that in some countries, 'private sector' is sometimes used as a term to include all stakeholders that are not public. Whilst respecting in-country processes, not for profit organizations such as NGOs, community-based organizations or faith-based organizations should not be considered as 'private sector' representatives when completing the Proposal Form.

Completing sections 4.6.3.(a) and (b)

Applicants should identify:

- the main contributions anticipated from the Private Sector; and

- how these are important to the planned outcomes and outputs. *These outcomes may be for the whole of the population targeted by the proposal or for a specific group within the overall targeted population. Applicants should clearly specify which.*

When completing the table, applicants are encouraged to provide details of the anticipated contribution(s). **Some examples of private sector contributions include**:

- Opening up a company medical facility to the surrounding communities
- Providing financial advice on management and budgeting and other assistance
- Contributing to the funding of a joint project
- Training of public sector health workers in counseling or treatment management
- Provision of health and non-health products

It is recognized that anticipated financial contributions are more easily described. Applicants are requested, to the extent possible, to seek to attribute a reasonable value to non-financial contributions on an annual basis.

For further examples, please refer to the document entitled '*Making Co-investment a Reality'* available at: http://www.ilo.org/public/english/protection/trav/aids/publ/gtzgbccoinvest.pdf

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Additional Guidance from Aidspan

N/A

4.7	Program Sustainability

What the R8 Guidelines for Proposals–SCA Say:

➔ *Applicants are <u>not required to demonstrate financial self-sufficiency</u> for the targeted interventions by the end of the proposal term. However, applicants should include how the proposal is addressing issues such as capacity to absorb increased resources and recurrent expenditures, and how national planning frameworks are seeking to increase available financial and non-financial resources to ensure effective prevention and control of the disease(s).*

Additional Guidance from Aidspan

In Rounds 3-7, the TRP was particularly impressed with proposals that showed governments and other domestic resources funding a progressively greater share of the activities as the programme matured. The TRP sees this as evidence of the sustainability of the programmes for which funding is being sought. See Strength #7 in Volume 1 of this guide for examples of proposals that provided evidence of sustainability.

4.7.1. Strengthening capacity and processes to achieve improved HIV outcomes

The Global Fund recognizes that the relative capacity of government and non-government sector organizations (including community-based organizations), can be a significant constraint on the ability to reach and provide services to people (e.g., home-based care, outreach prevention, orphan care, etc.).

Describe how this proposal contributes to overall strengthening and/or further development of public, private and community institutions and systems to ensure improved HIV service delivery and outcomes.
➔ *Refer to country evaluation reviews, if available*.

 ONE PAGE MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

The Global Fund recognizes that strong service delivery is required throughout the health system to have an impact on the three diseases.

This question therefore seeks information on how the activities/interventions to be undertaken strengthen overall service delivery. (*s.4.9.6. asks specifically what management and technical assistance is requested during the proposal term to support implementation*).

When responding to this question, applicants should not limit their responses to the government sector. Rather, focus should also be given to the capacity strengthening of the private sector and/or the broad range of non-government sectors referred to in other parts of these Guidelines.

In particular, applicants are encouraged to include *community systems strengthening* activities/interventions in their proposals where the planned activities/interventions respond to weaknesses and gaps that have been identified as barriers to increasing demand for, and access to, services at the local level for *key affected populations* (including women and girls), sexual minorities, and people who are not covered with services due to stigma, discrimination and other social factors.

Community systems strengthening initiatives may include (but are not limited to):

- **Capacity building** of the core processes of community based organizations (CBOs) through:
  - *physical infrastructure development* - including obtaining and retaining office space, holding bank accounts, strengthening communications technology; or
  - *organizational systems development* - including improvements in the financial management of CBOs (and identification and planning for recurrent costs); development of strategic planning, M&E, and information management capacities;
- **Systematic partnership building** at the local level to improve coordination, enhance impact, avoid duplication, build upon one another's skills and abilities and to maximize service delivery coverage for the three diseases; and/or
- **Sustainable financing**: creating an environment for more predictable resources over a longer period of time with which to work,

provided that the support requested is demonstrated to be linked to improved service delivery and outcomes for the three diseases.

Support for community systems strengthening initiatives may be requested through a disease-specific approach (e.g., included in s.4.5.1.). In addition, where appropriate to the weaknesses and gaps identified in s.4.3., a proposal may include initiatives for community systems strengthening within the framework of the HSS cross-cutting interventions optional additional section (s.4B). Refer back to the community systems strengthening fact sheet in Part A1 of these Guidelines.

As explained in s.4.5. of these Guidelines, applicants who believe it appropriate to their in-country setting, may apply for funding for 'HSS cross-cutting interventions' in a distinct section in one disease,

where the interventions benefit more than one of the three diseases. (Refer to the Board's decision entitled, 'Global Fund's strategic approach to health systems strengthening', GF/B16/10).

Additional Guidance from Aidspan

Section 4.7.1 is asking you to describe how the activities included in this proposal will contribute to strengthening the government and non-government sectors. It is a general question, related to the broad range of initiatives in the proposal. Later, in Section 4.9.6, you will have an opportunity to describe what management and technical assistance activities have been included in the proposal.

In its guidance above, the Global Fund describes the types of community systems strengthening activities that can be included in your proposals. An increased emphasis on community systems strengthening is one of the new features of Round 8 (see "Community Systems Strengthening" in Chapter 2: What's New for Round 8). Applicants should therefore read the guidance provided above **before** designing their implementation strategy for this proposal.

4.7.2. Alignment with broader developmental frameworks

Describe how this proposal's strategy integrates within broader developmental frameworks such as Poverty Reduction Strategies, the Highly-Indebted Poor Country (HIPC) initiative, the Millennium Development Goals, an existing national health sector development plan, and other important initiatives, such as the 'Global Plan to Stop Tuberculosis 2006-2015' for HIV/TB collaborative activities.

ONE PAGE MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

Applicants should specifically describe how Global Fund financing is incorporated in relevant development frameworks and any important weaknesses and gaps that affect these frameworks in the country setting (e.g., budget or public sectors spending ceilings).

Additional Guidance from Aidspan

If your country is participating in broader development frameworks, such as the ones listed on the proposal form, you should indicate here how your proposed programme fits with these broader initiatives. For example, if your country has a Poverty Reduction Strategy, briefly explain the objectives of the strategy and then describe how the objectives of your project fit with those of the strategy. Similarly, if your country has officially adopted the Millennium Development Goals (MDG), explain how the objectives of your project fit with the relevant MDG goals. In terms of how you organize your response, we suggest that you create a separate paragraph or section for each development framework.

4.8	Measuring impact

What the R8 Guidelines for Proposals–SCA Say:

As described in further detail below, sections 4.8.1. to 4.8.3., request applicants to:

(a)   describe existing capacity in surveillance and monitoring and evaluation systems for the disease;

(b)   explain how the existing systems of reporting and evaluation have been adopted when ever possible; and

(c)   identify how the Round 8 proposal strengthens the overall capacity of the national health information systems (including the systems of Principal Recipients and key Sub-Recipients).

Additional Guidance from Aidspan

N/A

4.8.1. Impact Measurement Systems

Describe the strengths and weaknesses of in-country systems used to track or monitor achievements towards national HIV outcomes and measuring impact.

Where one exists, refer to a recent national or external evaluation of the IMS in your description.

ONE PAGE MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

Applicants should describe existing impact measurement systems and any weaknesses and gaps in existing systems relevant to demonstrating impact of the program (including increased coverage of key affected populations, improved treatment outcomes, and/or an impact on the disease burden etc). In this section 'system' should be broadly interpreted, to include a reference to organization, human capacity and other institutional issues.

Additional Guidance from Aidspan

N/A

4.8.2. Avoiding parallel reporting

To what extent do the monitoring and evaluation ('M&E') arrangements in this proposal *(at the PR, Sub-Recipient, and community implementation levels)* use existing reporting frameworks and systems (including reporting channels and cycles, and/or indicator selection)?

HALF PAGE MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

The purpose of this section is to identify how, to the extent possible, existing systems are being used to collect and report on data arising from implementation of the Round 8 proposal. If a separate system will be used for reporting during the proposal term, explain why. Also explain how information will be contributed to the national reporting framework to support the principles of alignment and harmonization in reporting and data analysis to further inform and strengthen appropriate programming.

Additional Guidance from Aidspan

N/A

4.8.3. Strengthening monitoring and evaluation systems

What improvements to the M&E systems in the country (including those of the Principal Recipients and Sub-Recipients) are included in this proposal to overcome gaps and/or strengthen reporting into the national impact measurement systems framework?

➔ *The Global Fund recommends that 5% to 10% of a proposal's total budget is allocated to M&E activities, in order to strengthen existing M&E systems.*

ONE PAGE MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

When completing this question, applicants are encouraged to draw on existing recent reports on the capacity of the impact measurement systems operating in-country, where one exists.

Other tools that applicants may already have used for diagnosis of weaknesses and gaps, or may wish to complete when preparing this proposal include:

• the Global Fund's M&E Systems Strengthening Tool
• the Health Metrics Network Assessment Tool
• the UNAIDS Assessment Tool

Where existing monitoring and evaluation frameworks do not sufficiently disaggregate data by age and sex to enable countries to undertake gender sensitive programming, applicants are encouraged to include efforts in the Round 8 proposal to strengthen this aspect of their national health information systems.

➔ *When preparing the detailed proposal budget (s.5.2.), applicants should include funding (recommended at between 5 to 10% of a budget depending on in-country circumstances) to support the strengthening of existing M&E systems).*

Additional Guidance from Aidspan

N/A

4.9   Implementation capacity

4.9.1 Principal Recipient(s)

Describe the respective technical, managerial and financial capacities of each Principal Recipient to manage and oversee implementation of the program (or their proportion, as relevant).

In the description, discuss any anticipated barriers to strong performance, referring to any pre-existing assessments of the Principal Recipient(s) other than 'Global Fund Grant Performance Reports'. Plans to address capacity needs should be described in s.4.9.6 below, and included (as relevant) in the work plan and budget.

PR 1	[Name]
Address	[street address]

[Description]

PR 2	[Name]
Address	[street address]

[Description]

PR 3	[Name]
Address	[street address]

[Description]

➔ *Copy and paste tables above if more than three Principal Recipients*

What the R8 Guidelines for Proposals–SCA Say:

In this section, applicants describe the respective capacities of the implementing partners they have selected to ensure achievement of the planned outputs and outcomes over the proposal term.

Applicants should describe the technical, managerial and financial capabilities for each nominated Principal Recipient. If the Principal Recipient(s) has previously managed a Global Fund grant, summarize this experience, noting strengths and areas of required additional capacity. *(**Note**: A description of capacity building needs during the proposal term should be described in s.4.9.6., and funding for this capacity building should be included in the proposal if not available from other sources. If included in the Round 8 proposal, capacity-building activities should also be clearly described in the work plan and detailed budget, and summarized under the relevant cost category in s.5.4.).*

Non-CCM applicants should provide the following information for the Principal Recipient(s) nominated in this proposal to assist the TRP consider implementation capacity:
- Governance documents (such as statutes, by-laws of organization, official registration papers);
- A summary of the organization (including background history and organizational structure);
- A summary of the Principal Recipient(s) scope of work, listing their main prior and current activities; and
- The main amounts and sources of funding received over the past three years.

The nomination of Principal Recipients in proposals is subject to final approval by the Global Fund as part of the capacity assessment and grant negotiations process.

Summary of role of Principal Recipients

Principal Recipients are responsible for financial and program management for all funding contributed to the program through this proposal. Their responsibilities include:

- Receiving and managing funds, and accounting for funds;

- Implementing and overseeing program implementation;
- Making efficient arrangements for disbursement of funds to sub-recipients, including overseeing the financial arrangements for sub-recipients, and preparing a plan for the annual audit of sub-recipients activities under the grant;
- Reporting on program performance to the Global Fund and the applicant (e.g., CCM) according to the 'Performance Framework' (Attachment A to the Proposal Form); and
- Requesting additional disbursement of funds based on performance.

If a proposal is approved by the Board, an independent Local Fund Agent ('LFA') appointed by the Global Fund will work with the Global Fund to assess these minimum capacities. In the event that a Principal Recipient outsources a key role (e.g., the Principal Recipient is a Ministry of Finance which entrusts program implementation to a Ministry of Health), we will also assess the entity that is handling the outsourced functions as well as the nominated Principal Recipient (e.g., the Ministry of Finance in the example).

➔ *Information on the grant oversight role of Principal Recipients is available at:*
   http://www.theglobalfund.org/pdf/6_pp_fiduciary_arrangements_4_en.pdf
   The required minimum capacities and the assessment tools used by the LFA are available at:
   http://www.theglobalfund.org/en/about/structures/lfa/background/

Additional Guidance from Aidspan

In Rounds 3-7, the TRP praised proposals in which the PR was a strong organisation with experience in managing similar programmes (see Strength #14 in Volume 1 of this guide). On the other hand, the TRP was critical of proposals in which the PR appeared to lack the necessary capacity to perform its functions. See Weakness #6 in Volume 1 for a description of some of the PR problems identified by the TRP.

The requirement in Section 4.9.1 to describe anticipated barriers to the strong performance of the nominated PR (and the requirement in Section 4.9.6 to address related capacity needs of the PR) stems from concerns raised by the TRP. The TRP says that the chances of proposals being recommended for approval are improved if applicants candidly acknowledge the difficulties faced in previous grants, provide clear evidence that steps had been taken to address the problems, and explicitly describe these steps.

You are asked to describe the capacities of the PR with respect to managing programme implementation. If the PR is or has been involved in managing other Global Fund programmes, or programmes funded by other donors, we suggest that for each programme you provide the title; a 2-3 line description; the start and end dates; and the total budget. We suggest that you also indicate (a) whether the PR is the sole manager or one of several managers; and (b) the size of the budget being managed by the PR.

4.9.2 Sub-Recipients	
(a) Will sub-recipients be involved in program implementation?	○ Yes ○ No
(b) **If no**, why not?	
(c) If yes, how many sub-recipients will be involved?	○ 1 – 6 ○ 7 – 20 ○ 21 – 50 ○ more than 50
(d) Are the sub-recipients already identified? *(If yes, attach a list of sub-recipients, including details of the 'sector' they represent, and the primary area(s) of their work over the proposal term.)*	○ Yes *[Insert Annex Number for list]* ○ No **Answer s.4.9.4. to explain**
(e) **If yes**, comment on the relative proportion of work to be undertaken by the various sub-recipients. If the private sector and/or civil society are not involved, or substantially involved, in program delivery at the sub-recipient level, please explain why.	
MAXIMUM TWO PAGES	

What the R8 Guidelines for Proposals–SCA Say:

Sub-recipients are program implementers that deliver services under the leadership of the Principal Recipient. Sub-recipients can selected from a broad range of possible implementing partners.

Applicants should 'check' the relevant boxes in sub-sections (a) to (d) as relevant to their proposal.

Specifically:

- for sub-section (c), it is important for applicants to attach a list, (*in Microsoft excel format if possible)*, of the identified sub-recipients; and

- for sub-section (e), applicants are requested to comment on what proportion of the sub-recipient activities will be undertaken by various sectors, relative to others. That is, separating between government, and then non-government sectors, with further disaggregation between the private sector and civil society, such as NGOs, CBOs, FBOs and/or networks of people living with the diseases.

Potential sub-recipients include: non-governmental and community-based organizations ('CBOs'); networks of people living with the diseases; the private sector; faith-based organizations ('FBOs'); academic/educational institutions; government (including ministries of health as well as other ministries involved in a multi-sectoral response to the diseases, such as education, agriculture, youth, women's affairs, information, etc.); and, where no national recipient is available, multi-/bilateral development partners.

Additional Guidance from Aidspan

N/A

4.9.3. Pre-identified sub-recipients

Describe the past **implementation experience** of key sub-recipients. Also identify any challenges for sub-recipients that could affect performance, and what is planned to mitigate these challenges.

What the R8 Guidelines for Proposals–SCA Say:

The applicant's description should be sufficient to understand the overall capacity of sub-recipients to deliver services on a timely basis and report routinely. If potential constraints to strong performance exist, applicants are encouraged to include capacity strengthening activities for sub-recipients, *especially at the community level for non-government entities*. These activities should be described in narrative form in the proposal's program description (s.4.5.1.) and specific details on how the capacity building needs were identified, and how the assistance will be assessed over the proposal term should be described in s.4.9.6. below.

Additional Guidance from Aidspan

If you have identified a small number of SRs, we suggest that you briefly describe the implementation experience of each one (including identifying challenges and actions to address these challenges). If you have identified a large number of SRs, we suggest that describe the implementation experience of several of the larger SRs. The following extract, adapted from Mozambique's Round 7 TB proposal, illustrates how the implementation experience of an SR can be described:

Health Alliance International (HAI)

The key element of HAI's approach involves partnering with Ministries of Health (MOH) to strengthen existing services and promote innovative new programs. HAI technical staff share offices and work side by side with local health system counterparts to develop and implement programs and services for integration into MOH strategies.

This year HAI marks 20 years of supporting the MOH in Manica province, and 10 years in Sofala province, in the provision of clinical care, promotion of public health management, and the support of community linkages with health services. In 2007 HAI began supporting provincial health authorities in Tete and Nampula provinces. Activities have included general support for Primary Health Care, HIV/AIDS control (including integration with TB control activities), building laboratory capacity, integrated management of antenatal care, malaria control, child survival, among others..

Since the inception of the National Strategic Plan for HIV/AIDS, HAI has collaborated with the Provincial Health Authorities in the design and implementation of the various components of HIV, including care and treatment for HIV/AIDS, voluntary counselling and testing (VCT), prevention of mother-to-child transmission (PMTCT), STI management (with a focus on pregnancy), home-based care (HBC), and general laboratory support….

HAI has a strong financial and administrative management capacity to support the achievement of program goals. HAI's 2007 Mozambique budget totals over $12,000,000 USD, financed by over 8 different funding sources including the MOH Common Fund. HAI has had a flawless audit record with no findings within the last 15 years, and is widely regarded as having an efficient financial management system.

4.9.4. Sub-recipients to be identified

Explain why some or all of the sub-recipients are not already identified. Also explain the transparent, time-bound process that the Principal Recipient(s) will use to select sub-recipients so as not to delay program performance.

What the R8 Guidelines for Proposals–SCA Say:

How sub-recipients will be involved in program implementation is a key input into the review of a proposal for feasibility of the proposal. Therefore, it is expected that proposals will identify most if not all sub-recipients. This is particularly important where a sub-recipient has a major role in service delivery (*the specifics of that work should be described in s.4.5.*1.).

However, if an applicant is unable to identify some or all sub-recipients prior to proposal submission, the applicant should provide the reason why here.

Additional Guidance from Aidspan

Obviously, the Global Fund would prefer that all SRs be identified in the proposal. However, it acknowledges that this is not always possible. If you have not yet identified all SRs, the Fund wants to be reassured that the timing of the selection process – i.e., having it occur after the proposal was submitted – will not adversely impact programme implementation.

Note that SRs can be selected by either the CCM or the PR (or both) providing that there is an agreed, documented, transparent process in place.

4.9.5.   Coordination between implementers

Describe how coordination will occur between multiple Principal Recipients, and then between the Principal Recipient(s) and key sub-recipients to ensure timely and transparent program performance.

Comment on factors such as:

- **How Principal Recipients will interact where their work is linked** *(e.g., a government Principal Recipient is responsible for procurement of pharmaceutical and/or health products, and a non-government Principal Recipient is responsible for service delivery to, for example, hard to reach groups through non-public systems)*; and

- **The extent to which partners will support program implementation** *(e.g., by providing management or technical assistance in addition to any assistance requested to be funded through this proposal, if relevant)*.

What the R8 Guidelines for Proposals–SCA Say:

The applicant should explain **how coordination will be achieved** between multiple implementers, at the Principal Recipient level, and between Principal Recipients and sub-recipients. How the applicant will oversee program implementation during the program term in such circumstances should also be described.

Additional Guidance from Aidspan

This is new for Round 8. In previous rounds, the Global Fund asked about the overall management approach to grant implementation (including the role of the CCM).

4.9.6.   Strengthening implementation capacity

The Global Fund encourages in-country efforts to strengthen government, non-government and community-based implementation capacity.

If this proposal is requesting funding for management and/ or technical assistance to ensure strong program performance, <u>summarize</u>:

(a)   the assistance that is planned;**

(b)   the process used to identify needs within the various sectors;

(c)   how the assistance will be obtained on competitive, transparent terms; and

(d)   the process that will be used to evaluate the effectiveness of that assistance, and make adjustments to maintain a high standard of support.

** (e.g., where the applicant has nominated a second Principal Recipient which requires capacity development to fulfill its role; <u>or</u> where community systems strengthening is identified as a "gap" in achieving national targets, and organizational/management assistance is required to support increased service delivery.)

TWO PAGE MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

Applicants are encouraged to identify needs for management and technical assistance over the proposal term to respond to weaknesses and gaps in implementation capacity. There are no restrictions on the source of planned management and/or technical assistance. However, to support the principles of additionality, the needs should be identified through, ideally, a capacity analysis. As requests for technical and management assistance are assessed by the TRP for reasonableness and appropriateness, the planned support should be:

- appropriate for the duration of the assistance that is requested; and
- cost-effective having regard to the planned improvements in implementation capacity and program outcomes.

Efforts to strengthen long-term local capacity to provide ongoing management and technical assistance are encouraged.

Additional Guidance from Aidspan

The Global Fund recognizes that PRs, SRs and other players involved in implementing the grant may need management or technical assistance to adequately perform their functions. In fact, problems identifying technical assistance needs and obtaining the necessary technical assistance have been identified as major bottlenecks in the implementation of some programmes financed through Global Fund grants. Furthermore, identifying and addressing gaps in management and technical capacities is one of the criteria considered by the TRP when reviewing proposals.

In Round 8, the Global Fund is emphasising the importance of strengthening the capacity of both government and non-government actors, including community based organisations.

The Global Fund has not provided definitions of terms such as "technical assistance," "management assistance" or "capacity-building." In its FAQs on the Round 7 applications process, the Global Fund said that technical and management assistance may include such items as "technical and management aspects of anticipated implementation challenges and/or monitoring and evaluation and

procurement and supply management activities during the program term." It said that technical and management assistance "may be planned to benefit the PR(s) and/or key sub-recipients at any time during the program." The Fund also listed the following examples of where technical and management assistance may be useful:

- If a program intends to fund the purchase of medicines to treat multi-drug resistant tuberculosis in year 3, but the country has no prior experience in this area, [technical and management assistance] may be useful in years 1-2 to help the PR to plan for management training and procurement and supply issues arising.
- In expanding HIV/AIDS treatment to different regions, a PR may need [technical and management assistance] to help in matters such as assessing human resource capacity to provide treatment in the regions, assessing training needs, and improving procurement and supply management, etc.
- If an applicant wishes to fund expanded access to new malaria treatments (e.g., Artemisinin-based combination therapy (ACT), [technical and management assistance] may be needed to help plan for successful implementation of the new treatment regimes at the same time as discontinuing other regimes.

When we went to press, the FAQs for Round 8 had not yet been released. We suggest that you consult the FAQs when they are available to see if there is any guidance on this topic.

4.10	Management of pharmaceutical and health products

What the R8 Guidelines for Proposals–SCA Say:

In this section **pharmaceutical and health products** includes all pharmaceutical products and other health products (including consumables) and health equipment (including the '**total cost of ownership**'. The '*total cost of ownership*' means all of the costs required to keep the equipment operational, including the cost of reagents and other consumables, replacement parts, and annual maintenance.

➔   *The table of '**Cost Categories**' in* **s.5.4.** *of these Guidelines provides more information on which items are 'pharmaceuticals' and which items fall under 'health products and health equipment'. Applicants are encouraged to review those categories before completing s.4.10. and the budget section.*

General overview of policies
The Global Fund expects Principal Recipients (and sub-recipients) to procure products of assured quality at the lowest price possible, and in accordance with national laws and applicable international obligations. Specific topics which are relevant to this section include the existence of well-functioning transparent procurement systems, quality assurance systems and quality control activities, intellectual property rights, supply management (storage and distribution), and ensuring appropriate use and patient safety (pharmacovigilance system).

The Global Fund has prepared the following guides to our policies on the management of pharmaceutical and health products:

Guide to Global Fund Policies:
> http://www.theglobalfund.org/en/about/procurement/guides/
Guide on Quality Assurance Policy:
> http://www.theglobalfund.org/en/about/procurement/quality/

Once a proposal has been approved for funding, the Principal Recipient(s) are responsible for submitting a 'Pharmaceutical and Health Products Management Plan'. This plan describes the detailed arrangements for the management of pharmaceutical and health products over the proposal term. Prior to the disbursement of funds for the procurement of such products, the Global Fund (with assistance from the LFA) will assess this plan and the systems and capacity that it describes.

Additional Guidance from Aidspan

In Rounds 3-7, the TRP identified a number of proposals where the procurement and supply management approach was either missing from the proposal or not sufficiently detailed. See Weakness #12 in Volume 1 of this guide for more details.

4.10.1. Scope of Round 8 proposal	
Does this proposal seek funding for any pharmaceutical and/or health products?	○ **No** ➜ *Go to s.4B if relevant, or direct to s.5.*
	○ **Yes** ➜ *Continue on to answer s.4.10.2.*

What the R8 Guidelines for Proposals–SCA Say:

Applicants should identify whether or not the proposal involves the procurement and management of 'pharmaceutical and health products' (*refer to the table of 'Cost Categories' in section 5.4.*). If not, the applicant does not complete section 4.10.

Additional Guidance from Aidspan

N/A

4.10.2. Table of roles and responsibilities

Provide as complete details as possible. *(e.g., the Ministry of Health may be the organization responsible for the 'Coordination' activity, and their 'role' is Principal Recipient in this proposal). If a function will be outsourced, identify this in the second column and provide the name of the planned outsourced provider.*

Activity	Which <u>organizations</u> and/or departments are responsible for this function? *(Identify if Ministry of Health, or Department of Disease Control, or Ministry of Finance, or non-governmental partner, or technical partner.)*	In this proposal what is the <u>role</u> of the organization responsible for this function? *(Identify if Principal Recipient, sub-recipient, Procurement Agent, Storage Agent, Supply Management Agent, etc.)*	Does this proposal request funding for additional staff or technical assistance
Procurement policies & systems			○ *Yes* ○ *No*
Intellectual property rights			○ *Yes* ○ *No*
Quality assurance and quality control			○ *Yes* ○ *No*
Management and coordination *More details required in s.4.10.3.*			○ *Yes* ○ *No*
Product selection			○ *Yes* ○ *No*
Management Information Systems (MIS)			○ *Yes* ○ *No*
Forecasting			○ *Yes* ○ *No*
Procurement and planning			○ *Yes* ○ *No*
Storage and inventory management *More details required in s.4.10.4*			○ *Yes* ○ *No*
Distribution to other stores and end-users *More details required in s.4.10.4*			○ *Yes* ○ *No*
Ensuring rational use and patient safety (pharmacovigilance)			○ *Yes* ○ *No*

What the R8 Guidelines for Proposals–SCA Say:

In table format, applicants identify, as relevant, the government departments or non-government organizations that will be responsible for the management of pharmaceutical and health products. The table headings provide examples of the descriptions requested. If there are several Principal

Recipients (or a sub-recipient has this responsibility), this table should include information on the different role(s).

Applicants are encouraged to attach <u>as a clearly named and numbered annex</u>, a diagram of main organizations involved in procurement, and lines indicating their interactions with other entities.

Additional Guidance from Aidspan

N/A

4.10.3. Past management experience

What is the past experience of each organization that will manage the process of procuring, storing and overseeing distribution of pharmaceutical and health products?

Organization Name	PR, sub-recipient, or agent?	Total value procured during last financial year *(Same currency as on cover of proposal)*
[use the "Tab" key to add extra rows if more than four organizations will be involved in the management of this work]		

What the R8 Guidelines for Proposals–SCA Say:

Applicants are requested to complete a table to summarize the experience of Principal Recipients (and sub-recipients as relevant) regarding the procurement and management of pharmaceutical and health products. Latest available annual data should be provided for each agency or organization involved in sub-section (b).

It is noted that a Principal Recipient's capacity to transparently and efficiently perform non-health procurement and supply management activities under the program will also be assessed by the Global Fund. This includes the procurement of goods, vehicles and services (including significant consultancy arrangements). A key focus of this assessment will be on the Principal Recipient(s) financial and management capacities. Information relevant to these activities should therefore be specifically described in section 5 (budget section) and clearly described in the Work Plan for years 1 and 2.

Additional Guidance from Aidspan

N/A

4.10.4. Alignment with existing systems

Describe the extent to which this proposal uses existing country systems for the management of the additional pharmaceutical and health product activities that are planned, including pharmacovigilance systems. If existing systems are not used, explain why.

ONE PAGE MAXIMUM

What the R8 Guidelines for Proposals–SCA Say:

Applicants should describe how the proposal utilizes and/or builds upon existing in-country procurement management systems. However, if the proposal includes a new or significantly altered management approach to pharmaceutical and health products, a clear rationale for this change should be provided. *This will enable the TRP to evaluate the feasibility of what is proposed, and whether pharmaceutical and health products will reach the target populations*.

Activities to strengthen disease specific procurement systems should be included as part of the program description in s.4.5.1. (and included in the work plan and budget). However, applicants may wish to consider strengthening of common management systems for pharmaceuticals and health products. If so, it may be that this type of support could be included in a request for '*HSS cross-cutting interventions*' and included in s.4B. of one disease only, but intended to benefit systems relevant to the three diseases.

Additional Guidance from Aidspan

N/A

4.10.5. Storage and distribution systems	
(a) Which organization(s) have primary responsibility to provide storage and distribution services under this proposal?	☐ National medical stores or equivalent
	☐ Sub-contracted national organization(s) *(specify)*
	☐ Sub-contracted international organization(s) *(specify)*
	☐ Other: *(specify)*
(b) For storage partners, what is each organization's current **storage capacity** for pharmaceutical and health products? If this proposal represents a significant change in the volume of products to be stored, estimate the relative change in percent, and explain what plans are in place to ensure increased capacity.	
(c) For distribution partners, what is each organization's **current distribution capacity** for pharmaceutical and health products? If this proposal represents a significant change in the volume of products to be distributed or the area(s) where distribution will occur, estimate the relative change in percent, and explain what plans are in place to ensure increased capacity.	

What the R8 Guidelines for Proposals–SCA Say:

Applicants are required to specify the organizations nominated to provide the *supply management* function for pharmaceutical and health products (sub-section (a)). In sub-sections (b) and (c), applicants should then comment specifically on existing capacity of those organizations, and capacity needs. Funding can be requested to support these capacity needs. If so, this should be included in the activity description (s.4.5.1.) and the detailed work plan and budget.

If more than one type of organization is involved in storage and distribution, describe the relationship between them (including how activities will be coordinated).

Additional Guidance from Aidspan

With respect to item (b), storage capacity, this is how it was described in Azerbaijan's Round 7 TB proposal:

The Research Institute of Lung Diseases (RILD), in its capacity as the National TB Programme (NTP) Central Unit (CU), is responsible for customs clearance, storage and inventory management of drugs and other health commodities and products within the National TB Programme, including those to be supplied with the Global Fund support. The procedure of airport storage, customs clearance and pick-up by the NTP CU has been functioning properly.

At present, 1st line anti-TB drugs are stored at the central storage facility. At present, the capacity of this facility meets the current volume and conditions of storage; however, it needs renovation in view of increasing demand (in terms of space, temperature and humidity control, etc.), e.g. due to the need to accommodate the new deliveries of drugs and consumables for drug resistant (DR) TB management, requested in this proposal.

The in-patient treatment sites for DR-TB patients (on the current premises of RILD and Baku City Dispensary No. 6) will be renovated and proper storage conditions will be ensured. At the fourth site, in the penitentiary sector, these conditions are already in place; the DR-TB ward in the penitentiary sector was recently renovated. As some of the second-line drugs to be used in Category IV treatment require special storage conditions (i.e. refrigerators), procurement of cold chain equipment is foreseen in this project (for in-patient treatment delivery sites as well as for out-patient facilities where the patients will be treated during continuation phase).

Item (c), distribution capacity, can be answered in a similar vein.

The guidance above indicates that if more than one type of organisation is involved in storage and distribution, you need to describe the relationship between them, including how activities will be coordinated. This item is not included on the proposal form, but you can add the information after item (c).

4.10.6. Pharmaceutical and health products for initial two years

Complete **'Attachment B-HIV' to this Proposal Form**, to list all of the pharmaceutical and health products that are requested to be funded through this proposal.

Also include the expected costs per unit, and information on the existing 'Standard Treatment Guidelines ('STGs'). **However,** if the pharmaceutical products included in 'Attachment B-HIV' are not included in the current national, institutional or World Health Organization STGs, or Essential Medicines Lists ('EMLs'), describe below the STGs that are planned to be utilized, and the rationale for their use.

What the R8 Guidelines for Proposals–SCA Say:

➔ Applicants who request funding for pharmaceutical and health products must complete 'Attachment B' by disease.

The Global Fund anticipates that programs will procure pharmaceutical products that are in line with the World Health Organization's standard treatment guidelines ('STGs'). Typically, it is anticipated that these STGs will be adopted as the national STG for the country. However, there may be limited situations where national treatment guidelines may differ or other treatment guidelines (TG) are adopted, including where no STGs exist. If this situation applies, applicants are requested to explain which TGs will be utilized during the proposal term, and why.

Additional Guidance from Aidspan

Aidspan has not attempted to provide guidance on how to complete Attachment B. In the limited time we had available to review Attachment B, we observed that it appeared to be reasonably intuitive. There are no instructions in Attachment B on how to fill out the form. However, Attachment B is almost identical to the Attachment B used for Round 7 proposals.

4.10.7. Multi-drug-resistant tuberculosis	
Is the provision of treatment of multi-drug-resistant tuberculosis included in this HIV proposal as part of HIV/TB collaborative activities?	○ Yes *In the budget, include USD 50,000 per year over the full proposal term to contribute to the costs of Green Light Committee Secretariat support services.*
	○ No *Do not include these costs*

[This section is not included in the malaria element.]

What the R8 Guidelines for Proposals–SCA Say:

➔ *This section should be completed for tuberculosis and HIV proposals where HIV/TB collaborative interventions are included.*

Applicants should identify whether the proposal requests funding for multi-drug resistant tuberculosis ('MDR-TB').

To help limit resistance to second-line anti-tuberculosis pharmaceuticals, the Global Fund requires procurement of pharmaceuticals to treat MDR-TB to occur through the Green Light Committee ('GLC') of the StopTB Working Group on drug resistant tuberculosis.

As the GLC provides essential services to Global Fund grants targeting MDR-TB, relevant applicants must budget US$50,000 for each year of the proposal term. These costs must be clearly visible in the detailed proposal budget (s.5.2.), and the funds must be reserved for payment to the GLC during the proposal term. These funds cannot be used for any other implementation activities.

Additional Guidance from Aidspan

N/A

*[**Special Note**: For the purposes of this guide, we have assumed that you will be including Section 4B in your proposal, and so we have included it here. Section 4B must be downloaded separately from the Global Fund website and inserted into your proposal here.]*

Extract from the proposal form

4B. PROGRAM DESCRIPTION – HSS CROSS-CUTTING INTERVENTIONS

Optional section for applicants

SECTION 4B CAN ONLY BE INCLUDED IN <u>ONE DISEASE</u> IN ROUND 8 <u>and only if</u>:
- *The applicant has identified gaps and constraints <u>in the health system</u> that have an impact on HIV, tuberculosis and malaria outcomes;*
- *The <u>interventions required to respond to these gaps and constraints</u> are 'cross-cutting' and benefit more than one of the three diseases (and perhaps also benefit other health outcomes); and*
- *Section 4B is not also included in the tuberculosis or malaria proposal*

Read the [Round 8 Guidelines](#) to consider including HSS cross-cutting interventions.

'Section 4B' can be downloaded from the Global Fund's website [here](#) if the applicant intends to apply for 'Health systems strengthening cross-cutting interventions' ('HSS cross-cutting interventions').

What the R8 Guidelines for Proposals–SCA Say:

This is an <u>optional additional section</u> for applicants to complete.

SUGGESTED STEPS:

Step 1	➔	**Read s.4B below fully first**. It contains important information on the potential inclusion of s.4B in a Round 8 proposal (*as first introduced in Part A1 of these Guidelines, regarding any funding request for 'HSS cross-cutting interventions'*).
Step 2	➔	**Undertake a cross-disease joint review** (*including HIV, tuberculosis, malaria, and health systems experts*) **of health system strengths, weaknesses and gaps**. (*Include government and non-government entities involved in planning, budgeting and financing of the broader health system*). **Ensure** that people with health systems and cross-disease knowledge are included throughout the whole process.
Step 3	➔	**Identify priority health systems weaknesses and gaps that affect the achievement of HIV, tuberculosis and/or malaria outcomes** (*and which may affect outcomes in respect of other diseases or efficiencies in the broader health system*). *Annex 3 to these Guidelines includes information on the types of interventions that may be necessary to remove address weaknesses. These examples could be relevant to the disease program or the health system, and therefore are relevant to steps 4 and 5 below.*

| Step 4 | ➔ | Determine whether, in the **planned response** to identified health system weakness and gaps: |

(a)   It is most appropriate to do so on an individual program basis. If so, the interventions are included in s.4.5.1. for the disease(s).

(b)   It is more appropriate to include, in one of the diseases only, an additional combined request for *HSS cross-cutting interventions*. If so, this is made through the inclusion of s.4B. in one disease proposal.

*** This election is at the applicant level (and not by disease). That is because s.4B. can only be included in one disease only in the applicant's Round 8 proposal.*

| Step 5 | ➔ | **If Step 4(b) above applies** go to the Global Fund website here and download one copy of: |

- **Sections 4B.1. – 4B.3**, and copy all of that material into the selected disease only **after** s.4.9.7. (for HIV or tuberculosis) or s.4.9.6. (for malaria), as indicated;

and

- **Sections 5B.1. – 5B.4**, and copy all of that material into the same disease proposal **after** s.5.5.

Then complete those sections as part of that disease proposal.

| Step 6 | ➔ | **Prepare** budget, work plan and 'Performance Framework' (*Attachment A*) material to support the program description of the *HSS cross-cutting interventions* as explained further below. This material can be in the same 'file' or work book as the disease program interventions, or separate materials that are clearly labeled. |

This section of the Guidelines discusses important topics in the following order:

A.   Objectives of health systems strengthening
B.   Restrictions on including s.4B. in Round 8
C.   Possible indicators and tools available to applicants
D.   What health systems strengthening interventions will the Global Fund support
E.   Community systems strengthening that benefit the three diseases
F.   How to complete s.4B. (*detailed instructions on completing the tables*)
G.   TRP review of funding requests for *HSS cross-cutting interventions* in s.4B

A.   Objectives of health systems strengthening

The Global Fund's **major objectives** in providing funding for health systems strengthening are to: (i) improve grant performance, and (ii) increase overall impact of responses to the three diseases. We recognize that supporting the development of equitable, efficient, sustainable, transparent and accountable health systems furthers achievement of these objectives.

We also recognize that **non-government organizations**, the **private sector** and **communities affected by the disease(s)** are each an integral component of the health system, as is the **government sector**.

Applicants should therefore consider the broad range of non-government sector needs in any assessment of overall weaknesses and gaps in strategies to ensure increase demand for, and access to required services and/or care. As discussed in s.4.3. above, this assessment should consider the broad range of health system weaknesses that affect access to services by *key affected populations* (including the different needs of women and men, girls and boys), sexual minorities, and people who are not presently visible to service delivery providers due to stigma, discrimination, and other barriers to equal access.

B. Restrictions on including s.4B. in Round 8

(a)   A disease proposal <u>cannot</u> only include s.4B.1. – 4B.3. and have no other disease program activities described in s.4.5.1. **This is because HSS is not a separate component** for Global Fund funding.

(b)   <u>All disease program activities</u> (or pre-dominantly disease-specific) that may also benefit the health system <u>must be</u> included in s.4.5.1. and not s.4B. (*and described by objective, 'SDA', indicator and activity*). These cannot be included in s.4B.1. in any circumstance. ➔ *For example, if the request is for laboratory equipment that is used in a central laboratory that is specifically for HIV diagnosis, this should be included only in s.4.5.1. and not s.4B. **Also see item 'D' below.***

(c)   Applicants cannot duplicate requests for HSS support in s.4.5.1. and s.4B. of the same disease.

C. Possible indicators and tools available to guide applicants

Working with WHO, the Global Fund has released an update to the '<u>M&E toolkit</u>' to provide increased guidance on appropriate indicator selection *(including planned outputs and outcomes, and links to impact on the three diseases)*.

Applicants are also encouraged to review '<u>WHO's Six Building Blocks for health systems</u>', and work with other in-country partners to consider country specific needs.

D. What health system strengthening interventions will the Fund support?

Experience confirms that it is not appropriate to define specific areas for allowable health systems strengthening funding. This is because priorities differ between countries and are best determined based on the analysis of weaknesses in the health system, and knowledge of current national health sector strategies and available resources.

Annex 3 of these Guidelines provides information on the types of support that can be requested of the Global Fund for *HSS cross-cutting interventions*. This material draws on WHO experience of the 'building blocks' for strong health systems.* It also provides a link between the Round 7 Guidelines for Proposals, and the 'HSS strategic actions' that were described in the 2007 material.

> * Based on the material entitled 'Everybody's Business: Strengthening health systems to improve health outcomes *WHO's Framework for Action, 2007*' available at:
> http://www.who.int/healthsystems/strategy/everybodys_business.pdf.

Importantly, the material in Annex 3 is illustrative and not exhaustive. Additional guidance, including links to partner websites, is available at:
http://www.theglobalfund.org/en/apply/call8/technical/

It is also suggested that:

➔   Responses to health system weaknesses and gaps should not be developed in isolation from existing national strategies. Rather, there must be a clear and logical justification given between the planned *HSS cross-cutting interventions*, the national health development plans or strategies, and improved outcomes for HIV, tuberculosis and/or malaria.

➔   Requests for support for *HSS cross-cutting interventions* (and any disease program activities in 4.5.1. that benefit the health system) be drawn from existing country-specific assessments of weaknesses and gaps in the health system (*whenever such assessments already exist*).

E. Community systems strengthening that benefit the three diseases

The Global Fund continues to support community systems strengthening initiatives, as part of the overall framework for improved outcomes for the three diseases.

Similar for other interventions, activities focused on strengthening underlying service delivery capacity (and reach) at the community level may also be included in s.4B. <u>if</u> the planned interventions benefit more than one of the three diseases, <u>and</u> the result of the requested support will be a contribution to

improved outcomes for the diseases.

As set out in s.4.7.1. of these Guidelines, commencing from Round 8, the Global Fund encourages applicants to include community systems strengthening measures on a routine basis in proposals to the Global Fund. Information on possible interventions, and how these may link to improved outcomes for the three diseases, is available in the updated M&E Toolkit available at: <u>M&E toolkit</u>

F.   Completing the questions in s.4B.

G.   TRP review of funding requests for HSS cross-cutting interventions in s.4B.

Commencing from Round 8, where an applicant has included *HSS cross-cutting interventions* in a disease proposal as part of that 'disease component', the TRP is authorized to recommend, *subject to technical merit based on the criteria set out in Annex 2 to these Guidelines*:

(a)   **Both** the disease specific interventions (s.4.5.1.) in that disease <u>and</u> necessary *HSS cross-cutting interventions* (s.4B. of that same disease);

    or

(b)   **Only** the disease-specific interventions;

    or

(c)   **Only** the HSS cross-cutting interventions.

This change was introduced at the 16th Board meeting. This decision supports the objective of applicants having flexibility in how they apply for funding to address health systems weaknesses that impact HIV, tuberculosis and malaria outcomes on a *cross-cutting* basis.

Additional Guidance from Aidspan

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

4B. Program description - HSS cross-cutting interventions

Refer to the Round 8 Guidelines for more detailed information on health systems strengthening and linkages to the WHO Six Building Blocks for effective, efficient, transparent, equitable, and sustainable health systems.

4B.1 Description of 'HSS cross-cutting intervention'

➔ *Refer to the **Round 8 Guidelines** for information completing this section.*

Title: Intervention 1 ** *(Change number for each intervention)*	
Beneficiary Diseases: *(e.g., HIV, tuberculosis, and malaria?)*	
WHO "Building Block" category *(Refer to the Round 8 Guidelines)*	

(a) **Description of <u>rationale for</u> and <u>linkages to</u> improved/increased outcomes in respect of HIV, tuberculosis and/or malaria:**

MAXIMUM ONE PAGE FOR EACH ACTION

[This extract from the proposal form continues on the next page.]

(b)	**Indicate below the planned outputs/outcomes** *(through a <u>key phrase</u> and not a detailed description)* that will be achieved on an annual basis from support for this HSS cross-cutting intervention during the proposal term. ➔ *Read the Round 8 Guidelines for further information.*

Year 1	Year 2	Year 3	Year 4	Year 5

(c)	**Describe below** <u>other</u> current and planned support for this action over the proposal term

*In the left hand column below, please identify the name of **other providers** of HSS strategic action support. In the other columns, please provide information on the type of outputs.*

Name of supporting stakeholder ⬇	Timeframe of support for HSS action	Level of financial support provided over proposal term *(same currency as on face sheet of Proposal Form)*	Expected outcomes from this support
Government			
Other Global Fund Grants (with HSS elements (*if applicable*)			
Other: *(identify)*			
Other: *(identify)*			
Other: *(identify)*			
Other: *(identify)*			

Note: *If relevant copy and paste this section for up to five 'HSS cross-cutting interventions' for which funding is requested in Round 8. Re-number each new box as 'Intervention 2', 'Intervention 3' etc. **That is: separate out each major area of HSS cross-cutting support into a new table to ensure clarity about what is being requested (e.g. Intervention 1: strengthening supply chain management of health products; Intervention 2: introducing an innovative health insurance framework targeting the poor; Intervention 3: strengthening diagnostic services at the rural and local level on a cross-functional disease basis to encourage the rationale, non-disease specific use of resources, etc).*

What the R8 Guidelines for Proposals–SCA Say:

Applicants may complete table 4B.1. for up to five *HSS cross-cutting interventions* which ensure achievement of disease outcomes for HIV, tuberculosis, and/or malaria.

For each '*HSS cross-cutting intervention*', applicants should provide:

(i)   A title, the disease(s) that benefit from the interventions, and the principle WHO "building block" from **Part D** in this section of the Guidelines above;

(ii)   In (a), up to a one page maximum summary of the relevant action, and how the action is essential to the intended disease-specific performance outcomes;

(iii)   in (b), a very short sentence that summarizes the overall planned outputs and outcomes that will be achieved in respect of the HSS cross-cutting intervention (*e.g., 'improved cold storage of pharmaceuticals', or 'strengthened national data collection and reporting'*); and

(iv)   in (c), (***as requested in the heading for each relevant column in the table in the Proposal Form***) information on the support that is available for the same *HSS cross-cutting intervention* from other sources (domestic or international). Also, information on the timeframe over which the support from those other sources will be provided.

Additional Guidance from Aidspan

N/A

4B.2 Engagement of HSS Key Stakeholders in Proposal Development

(a)	Briefly describe **which** <u>and</u> **how** important HSS stakeholders *(e.g., ministries of planning, finance etc)* have been involved in the identification and development of appropriate HSS cross-cutting interventions for this Round 8 proposal, **and how** coordination of the proposed HSS cross-cutting interventions has been ensured across the three diseases (and, where relevant, beyond).

(b)	Has the CCM (or Sub-CCM) ensured that:		
	(i)	the HSS cross-cutting interventions in this proposal do not repeat any request for funding under <u>any</u> of the specific disease components (section 4.6 of each disease)?; and	☐ Yes
	(ii)	the <u>detailed work plan</u>** **and the** '<u>Performance Framework</u>'** (Attachment A) for this disease includes separate worksheets which clearly identify the HSS cross-cutting interventions by objective, SDA, and activity for the initial two years of the proposal? *** Applicants may prepare a separate* **work plan** *for the HSS cross-cutting interventions* <u>and</u> *a separate* **'Performance Framework'** *(Attachment A) if they prefer.*	☐ Yes

What the R8 Guidelines for Proposals–SCA Say:

If *HSS cross-cutting interventions* are included in a proposal, the Global Fund expects that key health systems stakeholders will have been involved the proposal development process.

In order, the two sub-sections request:

(a) information on the level of involvement of government <u>and</u> non-government (including the private sector) health system stakeholders, including representatives of key affected populations (including women and men), and sexual minorities, who can help identify where in the health system they can best be served; and

(b) confirmation that budget, work plan and 'Performance Framework' materials have been attached to the proposal.
➔ *Applicants may include the HSS cross-cutting interventions in the same files or work books as the disease program interventions* **or** *separate files and work books. However, HSS is not a separate component and the material should still be included as part of the disease proposal that includes s.4B.*

Additional Guidance from Aidspan

N/A

4B.3	Strategy to mitigate initial unintended consequences

If there are some perceived initial disruptive consequences of the planned investment in any or all of the HSS cross-cutting interventions set out in section 4B.1 above *(e.g., human resource movement or loss for other services)*:

- What were the factors considered when deciding to proceed with the request for the financial support in any event?

What is the country's proposed strategy for mitigating these potential disruptive consequences?

What the R8 Guidelines for Proposals–SCA Say:

Applicants should describe any possible unintended consequences that may result from the HSS cross-cutting interventions set out in section 4B.1. (*For example, if support is requested for human resources funding, it may result in movement of human resources from one sector to another, or loss of services in another area*). Applicants should also provide a description of the country's proposed strategy for mitigating any potential unintended consequences.

Additional Guidance from Aidspan

This is how the Kenya Round 7 HIV proposal described unintended consequences and how they were being addressed:

The health system actions might also have some **negative effects** on the rest of the health system. There might be continued perception of HIV and AIDS programmes as being better funded than many other programmes. This could lead to some tensions among programmes. In addition, some actions proposed such as training health workers in delivery of services will sometimes take staff away from their jobs for periods. One way this proposal counters the negative effects is through channeling funds to CSOs, so that overwhelmed health services do not need to do all of the activities.