

**Note: This extract contains Chapter 4, Part 1 only.**

## **Chapter 4, Part 1: Sections 1 and 2 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–MCA concerning how to fill out this item. This guidance is identified by the following heading

#### **What the R8 Guidelines for Proposals–MCA Say:**

and the text is indented.

If there is no guidance for the item in question in the R8 Guidelines for Proposals–MCA, 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–MCA, 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–MCA 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–MCA 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–MCA. 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.aidspace.org/guides](http://www.aidspace.org/guides).)

4. There is only one version of Sections 1 and 2 of the proposal form. Whether an applicant is applying for HIV, TB or malaria, Sections 1 and 2 are identical. If an applicant is applying for more than one disease, Sections 1 and 2 should be filled out only once.
  5. 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.
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# Front Cover Sheet

Extract from the proposal form

<b>Applicant Name</b>		
<b>Countries</b>	<b>Income Level</b> <i>(Refer to list of income levels by economy in Annex 1 to the <a href="#">Round 8 Guidelines</a>)</i>	
	<i>Use the "Tab" button on your key board to add extra rows</i>	
<b>Applicant Type</b>	<input type="radio"/> Regional Coordinating Mechanism (RCM)	<input type="radio"/> Regional Organizations (RO)

### What the R8 Guidelines for Proposals–MCA Say:

- Applicant Name:** RCM or Regional Organization applicant name  
**Country:** Select from listings in [Annex 1](#) to these Guidelines  
**Income Level** Select from listings in [Annex 1](#) to these Guidelines  
**Applicant Type:** Select as appropriate

### Additional Guidance from Aidsplan

Although income level is one of the eligibility criteria, this is the only place in the proposal form where income level is mentioned. For your proposal to be eligible for consideration in Round 8, more that 50 percent of the countries included in the proposal would have had to have been eligible had they applied as single countries. The list of eligible countries is provided in Annex 1 of the R8 Guidelines for Proposals–MCA, where the income level categories for each country are also shown. Annex 1 also summarises some of the other eligibility requirements. For a more detailed discussion of the eligibility requirements, see Volume 1 of this guide. See also the sections on “Cost Sharing vs. Counterpart Financing,” “Eligibility Criteria for Applicants from Upper-Middle Income Countries,” and “Determining a Country’s Income Level” in Chapter 2: What’s New for Round 8.

Round 8 Proposal Element(s):		
Disease	Title	HSS cross-cutting interventions section <i>(include in <u>one</u> disease only)</i>
<input type="checkbox"/> HIV		<input type="checkbox"/>
<input type="checkbox"/> Tuberculosis		<input type="checkbox"/>
<input type="checkbox"/> Malaria		<input type="checkbox"/>

In contexts where HIV is driving the tuberculosis epidemic, applicants should include relevant HIV/TB collaborative interventions in the HIV and/or tuberculosis proposals. Different HIV and tuberculosis activities are recommended for different epidemiological situations. **For further information:** see the 'WHO Interim policy on collaborative TB/HIV activities' available at: [http://www.who.int/tb/publications/tbhiv\\_interim\\_policy/en/](http://www.who.int/tb/publications/tbhiv_interim_policy/en/)

**What the R8 Guidelines for Proposals–MCA Say:**

**Disease proposal(s) and titles(s)**

Round 8 proposals can address one or more of the three diseases:

- HIV *(including HIV/TB collaborative activities); and/or*
- Tuberculosis *(including HIV/TB collaborative activities); and/or*
- Malaria.

**HSS cross-cutting interventions request**

Identify if a disease proposal (*one only*) includes a request for 'HSS cross-cutting interventions'.

➔ *Refer to s.4.5. of these Guidelines for more detailed information.*

**Additional Guidance from Aidspan**

N/A

Currency	<input type="radio"/>	USD	or	<input type="radio"/>	EURO
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**What the R8 Guidelines for Proposals–MCA Say:**

Identify the common currency used throughout the whole proposal (for all diseases) as either United States Dollars or Euros. Use this same currency in all sections for all diseases (and any *HSS cross-cutting interventions* funding request).

**Additional Guidance from Aidsplan**

N/A

## Section 1 Funding Summary and Contact Details

*Extract from the proposal form*

### 1. FUNDING SUMMARY AND CONTACT DETAILS

#### 1.1 Funding summary

Disease	Total funds requested over proposal term					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
HIV						
Tuberculosis						
Malaria						
HSS cross-cutting interventions within <i>[insert name of the one disease which includes s.4B. and s.5B. only if relevant]</i>						
<b>Total Round 8 Funding Request →:</b>						

#### **What the R8 Guidelines for Proposals–MCA Say:**

Identify the total amount requested by disease on an annual basis (*from the budget material in s.5 of the Proposal Form*). Separately identify the amount requested (if any) for HSS cross-cutting interventions under one of the diseases (*from s.5B*) and type over the *blue italics* to identify the one disease that includes a request for HSS cross-cutting interventions in Round 8.

→ **Ensure** that the totals entered in this table by disease are the same as the totals in the table at s.5.4 ('Summary budget by Cost Category' for each disease), and the table in s.5B.2 for any HSS cross-cutting interventions that are included).

#### **Additional Guidance from Aidspan**

N/A

**1.2 Contact details**

	Primary contact	Secondary contact
Name		
Title		
Organization		
Mailing address		
Telephone		
Fax		
E-mail address		
Alternate e-mail address		

**What the R8 Guidelines for Proposals–MCA Say:**

List the complete contact details of two persons. These people should be able to reach other people in the country as needed. It is also important that these people are available to answer technical or administrative questions during the 'screening process' that commences immediately after 1 July 2008.

→ Refer **Annex 4** for information on the screening process.

**Additional Guidance from Aidspan**

N/A

**1.3 List of Abbreviations and Acronyms used by the Applicant**

Acronym/ Abbreviation	Meaning
	[use "Tab" key to add extra rows if needed]

**What the R8 Guidelines for Proposals–MCA Say:**

Include a list of uncommon or country-specific abbreviations and acronyms used in the proposal to facilitate review of the proposal by the [Technical Review Panel](#) ('TRP').

**Additional Guidance from Aidsan**

N/A

## Section 2 Applicant Summary (including eligibility)

*Extract from the proposal form*

### 2. APPLICANT SUMMARY (including eligibility)

RCMs must complete sections 2.1. and 2.2. and DELETE section 2.3.

Regional Organizations must complete all of section 2.3. and DELETE sections 2.1. and 2.2.

#### **IMPORTANT NOTE:**

Different from Round 7, 'income level' eligibility is now set out in s.4.5.1 (focus on poor and key affected populations depending on income level), and in s.5.1. (cost sharing).

### **What the R8 Guidelines for Proposals–MCA Say:**

#### ***Introduction***

Section 2 of the Proposal Form replaces all of s.2 and s.3 from the Round 7 materials. Different applicants complete different parts of s.2 as indicated in the text box at the start of s.2 in the Round 8 Proposal Form.

By way of general introduction to the revisions to the eligibility rules in Round 8:

1. Determining eligibility is a multi-step process, drawing on both: (i) the World Bank's classification of countries and other economies included in the multi-country proposal; and (ii) a Global Fund requirement that certain applicants ensure a predominant focus on *key affected populations* in their proposals (Lower-middle income, and Upper-middle income applicants. This focus is to be described in s.4.5, the program description).
2. As in Round 7, RCM and Regional Organization applicants must demonstrate that a simple majority of 51% of the countries included in the Round 8 proposal would have been eligible to apply as single country applicants.  
*(For example, a proposal may include five countries that have common borders and the proposal seeks to achieve a cross-border outcome. Such a proposal must have at least three countries included as 'eligible' in Annex 1 to these Guidelines before the applicant can apply.*
3. New in Round 8, the Global Fund has introduced a 'one year grace period' for **countries whose income level moves up from one income level to another between a funding Round**. Relevant countries can be included in a multi-country proposal form as if their income level classification remained at the old income level. Countries benefiting from this 'grace period' are listed in Annex 1 of these Guidelines, in Part A2 (countries deemed 'low income in Round 8) and Part B2 (countries deemed 'lower-middle income' in Round 8).
4. Also new in Round 8, the Global Fund has included certain new countries as eligible to submit HIV proposals. This decision is based on information received from our partners on significant disease prevalence in identified population groups. Relevant countries are listed in Annex 1 of these Guidelines, in Part C.1.
5. Also new in Round 8, the Global Fund has moved away from the concept of 'counter part financing' (in Rounds 5, 6 and 7) to the **newly introduced** principle of '**cost sharing**'.
6. **Importantly**, RCM applicants whose proposal seeks funding for individual country programs, but through a common Principal Recipient for ease of proposal development, are required to complete information on cost sharing.  
*(For example, the proposal may involve a Principal Recipient working in each country, as if it was separate programs, to achieve improved outcomes for malaria control in each of the countries. If so, then*

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*this is not a 'regional approach' (even though some or all of the work done in each of the countries will be the same). If so, the RCM applicant has to complete cost-sharing information in s.5.1. [How to complete this calculation is further explained in s.5.1 \(where the calculation on 'cost sharing' is done\).](#)*

7. However, if the RCM is formed to undertake a cross-border initiative, or seek to achieve regional outcomes, the RCM does not complete the cost-sharing calculation in s.5.1. New in Round 8, Regional Organization applicants do not complete the cost sharing calculations.

<b>RCM applicants:</b>	Complete sections 2.1. and 2.2. (not s.2.3.)
<b>Regional Organizations:</b>	Complete section 2.3 only.

### **Additional Guidance from Aidspan**

Applicants have to meet certain requirements before their proposals will be considered by the Global Fund. For RCMs these requirements have to do with the income level and disease burden of the country; with the focus of the proposal; with the composition and functioning of the coordinating mechanism (including the proposal development process); and with the need for CCMs in the countries included in the proposal (where they exist) to endorse the RCM proposal. (Not all RCMs have to meet all of the requirements.) RO applicants have to meet some of the above requirements.

Section 2 of the proposal form only deals with the requirements concerning the composition and functioning of the coordinating mechanism, and with the need for CCM endorsement. The above extract from the R8 Guidelines for Proposals–MCA explains that the requirements concerning income level, disease burden and the focus of the proposal are covered elsewhere on the proposal form.

## 2.1 Regional Coordinating Mechanism operations

### **What the R8 Guidelines for Proposals–MCA Say:**

#### ***Introduction***

To support the most effective responses possible, the Global Fund requires RCMs to meet the same principles of inclusiveness, and representation as is required of national coordinating mechanisms (or, CCMs). RCMs that do not meet these requirements are not eligible for funding.

#### ***Box 1: RCM Eligibility 'Clarifications Paper'***

→ **Read** the Global Fund's policy and practical guidance on these six minimum requirements at:

<http://www.theglobalfund.org/en/apply/mechanisms/guidelines/>

### **Additional Guidance from Aidspace**

N/A

**2.1.1. Membership summary**

Sector Representation	Number of members
<input type="checkbox"/> Academic/educational sector	
<input type="checkbox"/> Government	
<input type="checkbox"/> Non-government organizations (NGOs)/community-based organizations	
<input type="checkbox"/> People living with the diseases	
<input type="checkbox"/> People representing key affected populations	
<input type="checkbox"/> Private sector	
<input type="checkbox"/> Faith-based organizations	
<input type="checkbox"/> Multilateral and bilateral development partners in country	
<input type="checkbox"/> Other <i>(please specify):</i>	
<b>Total Number of Members:</b> <i>(Number must equal number of members in 'Attachment C')</i>	

Please use the [Round 8 Guidelines](#) definition of *key affected populations*.

**Attachment C** is where the RCM lists the names and other details of all current members. This document is a mandatory attachment to an applicant's proposal. It is available at: <http://www.theglobalfund.org/en/apply/call8/multiple/#C>

**What the R8 Guidelines for Proposals–MCA Say:**

RCMs applicants must complete '**Attachment C – Membership Details**' as part of the essential documents for a complete proposal. Please complete this document in Microsoft excel by downloading it from the Global Fund website at:

[http://www.theglobalfund.org/documents/rounds/8/AttachmentC\\_en.xls](http://www.theglobalfund.org/documents/rounds/8/AttachmentC_en.xls)

It is expected that RCMs will have members of the CCMs of each country targeted in the proposal, to further support cross-collaboration with national programs and remove the potential for duplication of work. It is also expected that the members drawn from CCMs come from differing sectors, to assist the RCM to maintain a multi-sector approach to membership.

**After Attachment C is completed**, the applicant should ensure that the membership summary in the table in s.2.1.1. is completed and the total members equal the number of people identified as members in 'Attachment C'.

Drawing on the documents referred to in Box 1 above, RCMs are reminded that the Global Fund recommends a minimum of 40% representation from non-governmental sectors. These sectors include:

- NGOs and community-based organizations;
- People living with the diseases;
- People representing *key affected populations*;
- Faith based organizations;
- Private sector; and
- Non-government academic institutions.

Refer back to the definition of *key affected populations* in footnote 1 above.  
For a definition of 'Private Sector', refer to s.4.6.3 of these Guidelines.

### **Additional Guidance from Aidspan**

The recommendation that coordinating mechanisms include representation from key affected populations is new for Round 8. It is up to each RCM to determine how best to include representation from these populations. For a discussion of this topic, see “The Aidspan Guide to Building and Running an Effective CCM – Second Edition” (available at [www.aidspan.org/guides](http://www.aidspan.org/guides)).

Attachment C is extremely easy to complete. Instructions are included in the attachment.

Although the 40 percent figure (for the size of representation from non-government sectors) is only a recommendation, the Global Fund will nevertheless want to see evidence of strong representation from these sectors on the coordinating mechanism.

**2.1.2. Broad and inclusive membership**

Only if relevant, since the last time the RCM applied to the Global Fund (and was determined compliant with the minimum requirements):

(a) Have non-government sector members ( <i>including any new members since the last application</i> ) continued to be transparently selected <u>by their own sector</u> ; and	<input type="radio"/> No	<input type="radio"/> Yes
(b) Is there continuing active membership of people living with and/or affected by the diseases.	<input type="radio"/> No	<input type="radio"/> Yes

**What the R8 Guidelines for Proposals–MCA Say:**

This section requests the membership of the RCM (***as evidenced by each member signing Attachment C***) to advise whether or not the RCM is adhering to certain requirements for eligibility. The Global Fund may make further enquiries of the RCM after proposal submission to substantiate the answer given.

If there is any doubt about changes in membership, applicants should contact [proposals@theglobalfund.org](mailto:proposals@theglobalfund.org) to make further enquiries at an early time.

**Additional Guidance from Aidspan**

Only RCM applicants that have applied to the Global Fund in recent rounds of funding and have been determined to have met the six minimum requirements for coordinating mechanisms (i.e., their proposals were accepted for consideration) should answer the questions in Section 2.1.2.

Two of the six minimum requirements that coordinating mechanisms have to meet are: (a) members representing the non-government sectors have to be selected by their own sector using a transparent process; and (b) there has to be representation on the coordinating mechanism from people living and/or affected by the diseases. In this section, the Global Fund is looking for assurances that since the last time you applied, new members from the non-governmental sectors (if any) are still being selected by their sector using a transparent process; and representatives of people living with and/or affected by the diseases are still actively involved.

The Global Fund does not explain what the implications are if you answer “No” to either question but, technically, your proposal should be deemed ineligible.

**2.1.3. Member knowledge and experience in cross-cutting issues**

**Health Systems Strengthening**

The Global Fund recognizes that weaknesses in the health system can constrain efforts to respond to the three diseases. We therefore encourage members to involve people (from both the government and non-government) who have a focus on the health system in the work of the RCM.

- (a) Describe the capacity and experience of the RCM to consider how health system issues impact programs and outcomes for the three diseases.

**Gender awareness**

The Global Fund recognizes that inequality between males and females, and the situation of sexual minorities are important drivers of epidemics, and that experience in programming requires knowledge and skills in:

- methodologies to assess gender differentials in disease burdens and their consequences (including differences between men and women, boys and girls), and in access to and the utilization of prevention, treatment, care and support programs; and
- the factors that make women and girls and sexual minorities vulnerable.

- (b) Describe the capacity and experience of the RCM in gender issues including the number of members with requisite knowledge and skills.

**Multi-sectoral planning**

The Global Fund recognizes that multi-sectoral planning is important to expanding country capacity to respond to the three diseases.

- (c) Describe the capacity and experience of the RCM in multi-sectoral program design.

**What the R8 Guidelines for Proposals–MCA Say:**

The questions arising in sub-paragraphs (a), (b) and (c) seek information on the level of current experience of members of the RCM in the important cross-cutting issues of health systems gaps to strong disease program outcomes, gender and planning through a multi-sectoral approach. Applicants are not requested to document this experience. Rather, they should provide an overall self-assessment of the relative knowledge and capacity of the membership. This question is asked because the cross-cutting topics are relevant to the overall approach of the RCM to needs assessment and developing proposals that address gaps and weaknesses relevant to the country context.

The information provided in s.2.1.3. will be taken into consideration by the TRP when reviewing the overall context of a proposal. However, the information in this section does not affect the eligibility of an applicant.

## Additional Guidance from Aidspan

In recent rounds of funding, the Global Fund has been emphasising the importance of including health systems strengthening (HSS) activities in proposals. In Round 6 and 7, the TRP commented favourably on proposals that contained solid HSS strategies; see Strength No. 26 in Volume 1 of this guide. For the first time, in Round 8, the Global Fund is allowing applicants to include, in a separate section within one disease element of their proposal, HSS activities that impact more than one disease.

The Global Fund has produced a Round 8 fact sheet on “The Global Fund’s Approach to Health Systems Strengthening”, available at [www.theglobalfund.org/en/apply/call8/](http://www.theglobalfund.org/en/apply/call8/).

For Round 8, the Global Fund has taken several steps to promote the inclusion in proposals of strategies to address gender inequality. See “Gender” in Chapter 2: What’s New in Round 8 in this document. Note that in the item on gender awareness, the Fund refers to “women, girls and sexual minorities.” In the R8 Guidelines for Proposals, the Global Fund says that sexual minorities comprise people who may experience discrimination based on their real or perceived sexual practices with consenting adults. Draft gender guidance from the United Nations Development Programme (UNDP) says that:

“Sexual Minorities” is a phrase sometimes used to describe people who are not exclusively heterosexual or who do not define themselves as male or female. Sexual minorities can encompass a range of sexual and gender identities in different socio-cultural contexts. In some parts of the world, the phrase “lesbian, gay, bisexual or transgender” is preferred, although this language is not universally accepted. Certain sexual minorities are disproportionately affected by HIV around the world, especially men who have sex with men and transgender persons.”

The Global Fund has produced a Round 8 fact sheet on “Ensuring a Gender Sensitive Approach,” available at [www.theglobalfund.org/en/apply/call8/](http://www.theglobalfund.org/en/apply/call8/).

## 2.2 Eligibility

### 2.2.1. Application history

*'Check' one box in the table below and then follow the further instructions for that box in the right hand column.*

<input type="radio"/> Applied for funding in Round 6 and/or Round 7 <b>and</b> was determined as having met the minimum eligibility requirements.	<p>→ <b>Complete the balance of s.2.2 below</b></p>
<input type="radio"/> Last time applied for funding was before Round 6 <b>or</b> was determined non-compliant with the minimum eligibility requirements when last applied.	<p>→ <b>Do not complete balance of section 2.2 below</b>  <b>Go to '<u>Attachment D</u>' to this Proposal Form and complete fully.</b></p>

### What the R8 Guidelines for Proposals–MCA Say:

It is recognized that a number of applicants have recently applied to the Global Fund for funding (*in Round 6 and/or Round 7, or perhaps also under the 'Rolling Continuation Channel'*). (The Rolling Continuation Channel is an invitation only funding window for grants coming to the end of their existing term. General information on this channel is available at: <http://www.theglobalfund.org/en/apply/rcc/application/>.) If so, applicants may have provided documents on the operations and overall management of the CCM (or Sub-CCM) that may not need to be re-submitted if nothing significant has changed.

Therefore, s.2.2.1. asks about application history first. New in Round 8, if an applicant has recently completed the Phase 2 review process for an existing grant, and the Phase 2 grant has been signed, then the applicant can 'check' the first box (*'Applied for funding in Round 6 and/or Round 7 **and** was determined as having met the minimum eligibility requirements'*). This is because the Global Fund recognizes that significant CCM (or Sub-CCM) documentation is required to be submitted during a Phase 2 review also. (Phase 2 is the extension of the grant agreement from Phase 1 and covers the remaining proposal period [typically, years 3-5]).

**Applicants who 'check' the box '*Last time applied for funding was before Round 6 or was determined non-compliant with the minimum eligibility requirements when last applied*' do not complete s.2.2.2 to s.2.2.4. Instead, applicants should complete 'Attachment D' (instructions for which are available on the front of Attachment D), and then come back to complete s.2.2.5 and following.**

#### ***For applicants determined compliant when they last applied***

Regardless of prior approvals, for each new proposal, the Global Fund requires applicants to provide documentation about proposal development and grant/program oversight process(es). When completing the following sections, applicants should refer back to the **practical guidance** on these minimum requirements for eligibility at: <http://www.theglobalfund.org/en/apply/mechanisms/guidelines/>

### **Additional Guidance from Aidsan**

This is a bit complicated, so an explanation is in order.

The purpose of this item is to save RCM applicants some time and effort if they have recently demonstrated to the Global Fund that they have met certain of the six minimum requirements for coordinating mechanisms. The requirements in question concern the composition of the RCM – specifically (a) the selection of members of the coordinating mechanism from the non-government

sectors; and (b) the involvement of people living with and/or affected by the diseases. If an applicant has:

- applied for funding in Rounds 6 or 7; **or**
- applied for funding under the rolling continuation channel (RCC); **or**
- recently completed the Phase 2 review process; **and**
- has been determined to have met the minimum requirements for coordinating mechanisms

**then** the applicant does not have to provide evidence that it meets these two requirements. An applicant in this position still has to fill out Sections 2.2.2 through 2.2.9 on the proposal form; some of these sections concern requirements related to the development of this particular proposal (as opposed to the composition of the coordinating mechanism).

For all other applicants: The instructions on the proposal form and in the R8 Guidelines for Proposals–MCA are contradictory. We believe that you should follow the instructions in the guidelines. Thus, all other applicants should fill out Attachment D (CCM, Sub-CCM and RCM Minimum Eligibility) **and then** fill out Sections 2.2.5 through 2.2.9 on the proposal form. These applicants can skip Sections 2.2.2, 2.2.3 and 2.2.4 on the proposal form because these items are already covered in Attachment D. Note, however, that in the process, these applicants will have responded twice to questions about managing conflicts of interest (the questions are almost identical).

Guidance on how to complete Attachment D is included at the end of this chapter.

**2.2.2. Transparent proposal development processes**

→ Refer to the document '[Clarifications on CCM Minimum Requirements](#)' when completing these questions.

→ Documents supporting the information provided below must be submitted with the Proposal as clearly named and numbered annexes. Refer to the 'Checklist' after section 2.

<p>(a) Describe the processes used to invite submissions for possible integration into this proposal from a broad range of stakeholders <b>including civil society and the private sector, and at the national, sub-national and community levels.</b> <i>(If a different process was used for each disease applied for in Round 8, explain each process.)</i></p>	
<p>(b) Describe the processes used to transparently and objectively review submissions received for possible integration into this proposal. <i>(If a different process was used for each disease applied for in Round 8, explain each process.)</i></p>	
<p>(c) Describe the processes used to ensure the input of people and stakeholders <b>other than RCM members</b> in the proposal development process. <i>(If a different process was used for each disease applied for in Round 8, explain each process.)</i></p>	
<p>(d) <b>Attach</b> the signed and dated minutes of the meeting(s) at which the RCM decided on the elements to be included in the Round 8 proposal for all diseases applied for.</p>	<p><b><i>[Insert Annex Number]</i></b></p>

**What the R8 Guidelines for Proposals–MCA Say:**

**Specifically** the documents to be attached in support of an applicant's demonstration of compliance with these minimum requirements for RCM eligibility are:

- (a) the signed and dated minutes of the meeting at which the members decided on the elements to be included in the Round 8 proposal, *by disease if relevant in the circumstances*; and
- (b) the documentation setting out how the RCM oversees (or will oversee if no existing grant) program performance.

→ **Applicants are strongly encouraged to use the 'checklist' at the end of Section 2 of the Proposal Form to crosscheck the documents required.**

**Additional Guidance from Aidspan**

There is some overlap between item (c) and items (a) and (b). Thus, if you feel more comfortable answering all three items together in one text, this ought to be perfectly acceptable. However, in the guidance provided below, we deal with each item separately.

With respect to item (a), the process for inviting submissions, here is how the Kazakhstan CCM responded to this item in its Round 7 HIV proposal:

The announcement containing information on the call for proposals was posted in major national newspapers [list of newspapers provided here] in both Kazakh and Russian languages [copy of announcement provided in an annex] with instructions to contact the Republican AIDS Center for

questions and applications. The announcement, along with details of the application procedure, was also placed on the web page of the Center. In addition, all the key sectors and stakeholders were officially informed on the call for proposals by email and orally during all major events held around the time of the launch of Round 7.

With respect to item (b), the process to review submissions, several Round 7 proposals we examined devoted most of the response to this item to a description of how the CCM proposal was put together. This is NOT what you are being asked here. Rather, you are being asked to describe the process that was used to review submissions from stakeholders.

If the RCM set up a committee to review the submissions, you should describe (a) the composition of the committee, (b) how the committee functioned, and (c) what role, if any, the entire RCM played in the process. The minimum requirements for coordinating mechanisms state that stakeholders from both inside and outside the RCM need to be involved in the review process. If the committee established by the RCM included non-RCM members, you should explain this and describe how the non-RCM members were selected. If the committee did not include non-RCM members, you should describe what other process was used to enable stakeholders not represented on the RCM to participate in the review process.

If some other process was used to review submissions – i.e., other than the establishment of a committee – you should describe this process.

If criteria were developed for the review of the submissions, you should indicate this here. You may want to describe how the criteria were developed, especially if they were developed with the participation of multiple stakeholders. Similarly, if a rating system was established to grade the submissions, you should briefly describe the system and explain how it was developed.

You can attach as annexes any documents that describe the review process, including, for example, the terms of references of the review committee, the criteria used to review proposals, and the rating system used to grade proposals.

It is not necessary to describe here the outcome of the review process, in terms of which proposals were eventually integrated into the RCM proposal. However, in Volume 1 of this guide, we recommend that the RCM provide feedback to all organisations that tendered a submission; and that, where submissions were not accepted, or only partially accepted, the RCM explain why this occurred.<sup>4</sup> It would be useful to indicate here if this step was undertaken by the RCM.

With respect to item (c), the involvement of stakeholders other than members of the coordinating mechanism: As we noted above, there is overlap between this item and the two previous items. In describing the processes used to invite and review submissions, you will likely be referring to stakeholders other than those represented on the RCM. However, this item talks about the entire proposal development process, which involves more than just inviting and reviewing submissions. Therefore, you may want to use this item to describe how non-RCM stakeholders participated in the process of putting the final proposal together. Readers may wish to refer to the guidance provided by Aidsplan in Volume 1 of this guide.

Alternatively, or in addition, you can briefly reiterate here how non-RCM stakeholders participated in the processes to invite and review submissions, without repeating everything you said in items (a) and (b).

You may also want to use this opportunity to describe how specific target groups participated in the proposal development process. The Round 7 proposal form included a specific question about this,

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<sup>4</sup> See "Process for Soliciting and Reviewing Submissions" in Chapter 4: The Proposal Development Process, Volume 1 of this guide.

but it has been dropped from the Round 8 form. The following extracts from the Ethiopia Round 7 HIV proposal describe the participation of target groups:

All target groups, especially pregnant women and their spouses, were involved in the development of this proposal, participated in consultative meetings and assigned representatives to be members of the HIV Taskforce and Technical Working Group which developed the proposal. The health worker component of the program was facilitated by a series of qualitative interviews conducted with staff in a representative sample of health facilities in different settings so that their views could be fully incorporated into the proposal...

During the development of this proposal, a series of consultative meetings and discussions were conducted with the representatives of the respective faith-based organizations, who are closely working with the religious leaders and their main constituencies - followers. These are the main actors in the implementation of the projects, with a large stake in evaluating the outcomes as well.

If the groups targeted by this proposal have participated recently in the development of a national strategy for this disease, then this should be indicated here. Finally, it would be helpful to describe any challenges that you encountered in trying to involve target groups in the development of the proposal. See, for example, the following extracts from the Kazakhstan Round 7 HIV proposal:

Direct participation by injection drug users (IDUs) is very difficult, as the level of organisation among IDUs is very low, and the extremely low level of service provision to IDUs makes it hard to reach them directly....

Involvement of sex workers (SWs) in the development of this proposal was seriously hampered by lack of access, as most SWs are trafficked women, who are mostly disempowered and unorganised.... Currently, not a single organisation – governmental or civil society – is providing services to SWs. Their interests have been taken care of by incorporating the lessons learned from a recent project which successfully engaged SWs and their pimps in HIV/STI prevention and reproductive health-care services...

It would be particularly useful if you could describe ways in which these challenges were overcome, as the Kazakhstan proposal did with respect to sex workers.

**2.2.3. Processes to oversee program implementation**

(a) Describe the process(es) to be used by the RCM to oversee/review program implementation by the Principal Recipient(s).

(b) Describe the process(es) to be used to ensure the input of non-RCM members in the ongoing oversight of program implementation by the Principal Recipient(s).

**What the R8 Guidelines for Proposals–MCA Say:**

N/A

**Additional Guidance from Aidspan**

With respect to item (a), the oversight process, the following extract adapted from the China Round 7 TB proposal illustrates how it can be described:

Each CCM meeting will include report and discussion of project progress on each grant since the previous meeting... The CCM HIV/AIDS, TB and Malaria Working Groups will discuss the report prior to CCM meetings... Furthermore, the working groups provide routine supervision, evaluation and oversight of the project's implementation, including:

- reviewing the PR six-monthly progress reports and providing feedback to the PR;
- reviewing proposals from the PR for major changes to work plans and funding allocations;
- undertaking an annual independent assessment involving site visits; and
- undertaking additional, unannounced site visits.

With respect to item (b), here is how the Haiti CCM described the process to obtain input from stakeholders other than members of the coordinating body in its Round 7 HIV proposal:

The CCM is currently fully involved in grant oversight processes. A process will be initiated to obtain greater participation of actual and potential grant beneficiaries in the grant oversight process, not just people living with HIV but also members of the general population, youth, and members of special groups. This ad hoc group will meet over the next few months to propose to the CCM a mechanism to involve these beneficiaries in the grant oversight process, the challenge being to ensure fair representation of the various groups.

**2.2.4. Processes to select Principal Recipients**

The Global Fund recommends that applicants select both government and non-government sector Principal Recipients to manage program implementation. → Refer to the [Round 8 Guidelines](#) for further explanation of the principles.

<p>(a) Describe the process used to transparently select each of the Principal Recipient(s) nominated in this proposal. <i>(If a different process was used for each disease applied for in Round 8, explain each process.)</i></p>	
<p>(b) <b>Attach</b> the signed and dated minutes of the meeting(s) at which the RCM decided on the Principal Recipient(s) for each disease.</p>	<p><b><i>[Insert Annex Number]</i></b></p>

**What the R8 Guidelines for Proposals–MCA Say:**

The Global Fund recommends applicants consider the following when selecting a Principal Recipient or Principal Recipients for each disease proposal:

- (a) **Requirement for transparency in selection of Principal Recipient(s):** RCM applicants must demonstrate that selection occurred through transparent processes for each Principal Recipient nominated. Documents must be provided to provide evidence of the processes used, and these should be listed as clearly named and numbered annexes in the 'checklist' at the end of s.2.
- (b) **Financial and legal responsibility for grant funds:** The nominated Principal Recipient(s) should be assessed by the applicants as capable of leading implementation and being responsible to the Global Fund for finances and program implementation under a grant agreement. *(Refer to the information at s.4.8. of these Guidelines on Principal Recipient implementation capacities).*

Details on Grant Recipients' accountability are contained in:

- 'Fiduciary Arrangements for Grant Recipients';
- 'Guidelines for Performance Based Funding'; and
- 'Guidelines for Annual Audits of Program Financial Statements'.

→ *These documents are available at:*

[http://www.theglobalfund.org/en/about/policies\\_guidelines/default.asp#performance](http://www.theglobalfund.org/en/about/policies_guidelines/default.asp#performance)

- (c) **Legal-capacity to enter into grant agreements with the Global Fund:** In addition to government entities or ministries, the full range of potential Principal Recipients includes non-governmental or faith-based organizations, a private sector firm or private foundation, an incorporated network for people living with the diseases, a community-based organization that has legal status in the country; or other incorporated body.
- (d) **Reinforcing and building local ownership and accountability:** It is expected that local institutions, rather than United Nations agencies or other multilateral or bilateral development partners, will be selected as Principal Recipient(s) in proposals submitted to the Global Fund. (Neither UNAIDS nor WHO may be nominated as a Principal Recipient.) In exceptional circumstances (*e.g., civil war or post-conflict reconstruction*) when no local stakeholders in the government or non-government sectors are able to act as Principal Recipient(s), other entities may be nominated. In these instances, plans to increase the capacity of country entities to become the Principal Recipient (or joint Principal Recipient) over the program term should be considered. Where appropriate, these plans should be integrated into the proposal (in s.4.5.1. and s.4.9.6, and included in the budget and work plan).

International non-governmental organizations with an established local presence are considered local stakeholders in this context. **If so**, the extent of affiliation of the local body with the international organization should be clearly explained.

- (e) **Building on government and non-government sector implementation capacity:** (*principle of 'dual track financing' from the 15<sup>th</sup> Board meeting*). (*Refer to s.4.5.2.*)
- (f) **New from Round 8**, the Global Fund's recommendation that applicants routinely include a Principal Recipient from both the government and non-government sectors in each disease proposal. *This is discussed in more detail immediately below under the heading of 'Dual Track Financing'. This principle applies to multi-country proposals in the same way as single country proposals.*

### **Principles supporting Dual Track Financing**

→ *Refer to the definition of non-government sectors at page 11 of these Guidelines.*

The Global Fund's recommendation arises from a recognition that comprehensive national programs that are designed to be implemented through a multi-sectoral approach may bring increased opportunities to:

- Raise awareness of accessibility of, and therefore demand for, services, including primary prevention services at the community and sub-national level;
- Scale-up existing service delivery to a broader range of population groups, or geographic regions;
- Move more quickly towards the provision of access to prevention, treatment, and care and support to all persons in need, including, *key affected populations* and people who may not already be included in national disease programming; and
- Contribute to sustainability of programmatic interventions over the longer term, through the increased capacity that comes from a broader range of inter-working implementing partners having complementary skills, including management and oversight capacities.

### **Additional Guidance from Aidsan**

With respect to the principle of selecting both government and non-government PRs, see the description of "Dual Track Financing" in Chapter 2: What's New in Round 8.

With respect to describing the selection process, here is what the Kyrgyz Republic Round 7 HIV proposal said about its process:

The nomination of the Principal Recipient is conducted by the CMCC [coordinating body] on the basis of an open competitive process. In accordance with GFATM requirements and the Clarification (**Annex 15**), a competition for the position of Principal Recipient was announced in the media (the "V kontse nedeli" (**Annex 21**) and "Vecherniy Bishkek" (**Annex 22**) newspapers). GFATM requirements in respect of the Principal Recipient and the package of accompanying documents were published on the CMCC's website (**Annex 23**). 4 applications were made, which were assessed by the selection commission (see **Annex 24** for the opening and assessment report). The selection commission, consisting of 5 members, was formed on the basis of representation of one person each from state, non-governmental, and international organisations, the private sector and vulnerable groups (minutes of the meeting of the CMCC commission on preliminary selection of candidates for the position of Principal Recipient can be found in **Annex 25**). Every sector independently nominated candidates to the selection commission (Letter of invitation to the meeting of technical sectors to review candidates for the position of Principal Recipient of 14 June 2007, **Annex 26**; minutes of the expanded meeting of technical sectors of 19 June 2007, **Annex 27**). The final election of the Principal Recipient took place at the meeting of the CMCC Presidium of 26 June 2007 (Minutes #11, **Annex 28**).

**2.2.5 Principal Recipient(s) details**

Name	Disease	Sector**
<i>(Use "Tab" button on key board to add extra rows if required)</i>		

\*\* Choose a 'sector' from the possible options that are included in the [Round 8 Guidelines](#) at s.2.1.1.

**What the R8 Guidelines for Proposals–MCA Say:**

Taking into consideration the principles set out in s.2.2.4. above, applicants should list, by disease, the Principal Recipient(s) that are nominated in the Round 8 proposal. Detailed information on the implementation capacity of these implementers is requested in s.4.9.1.

**Additional Guidance from Aidspan**

N/A

### 2.2.6 Non-implementation of dual track financing

Provide an explanation below if at least one government sector and one non-government sector Principal Recipient have not been nominated for each disease in this proposal.

**ONE PAGE MAXIMUM**

#### **What the R8 Guidelines for Proposals–MCA Say:**

Whilst *dual track financing* is recommended, it is recognized it may not be possible in all country settings.

If relevant, applicants are requested to summarize the reason(s) for not taking up the Global Fund's recommendation.

Information should be country specific, describing the process of consideration of the potential to include Principal Recipients from the government and non-government sectors. As relevant, applicants can comment on alternative ways in which the Round 8 proposal moves towards this principle.

The Global Fund's recommendation on *dual track financing* applies separately for each disease. Thus, the selection of a government and non-government sector Principal Recipient in one disease proposal does not remove the need for another disease proposal to provide an explanation if relevant.

Applicants are advised that the information provided in s.2.2.5. will not impact a decision on eligibility. Rather, the information will be considered as part of the overall country context by the TRP. The Global Fund may also consider this information at the end of 2008 when it reviews its policies for Round 9.

#### **Additional Guidance from Aidspace**

See the description of “Dual Track Financing” in Chapter 2: What’s New in Round 8.

**2.2.7. Managing conflicts of interest**

(a) Are the Chair <b>and/or</b> Vice-Chair of the RCM from the same entity as <u>any</u> of the nominated Principal Recipient(s) for any of the diseases in this proposal?	<input type="radio"/> Yes <i>provide details below</i>
	<input type="radio"/> No → <i>go to section 2.2.8</i>
(b) <b>If yes, attach</b> the plan for the management of actual and potential conflicts of interest.	<i>[Insert Annex Number]</i> → <i>then go to 2.2.8</i>

**What the R8 Guidelines for Proposals–MCA Say:**

→ *Refer to the practical guidance on these requirements at:*  
[http://www.theglobalfund.org/pdf/5\\_pp\\_guidelines\\_ccm\\_4\\_en.pdf](http://www.theglobalfund.org/pdf/5_pp_guidelines_ccm_4_en.pdf)

**Additional Guidance from Aidsplan**

*[If you had to complete Attachment D, you will have already answered questions about your coordinating mechanism’s COI policy. If this is the case, we suggest that you simply refer here to your response in Attachment D.]*

Section 2.2.7(a) on the proposal form deals with only one type of conflict of interest – where the Chair or Vice-Chair of the RCM is from the same entity as any of the nominated PRs. In its CCM Guidelines, the Global Fund says that, at a minimum, the conflict of interest policy should include a provision that actual or prospective PRs shall not participate at CCM meetings during discussions or decisions concerning:

- the CCM’s monitoring and oversight of the PR;
- the selection of the PR;
- the renewal of the PR for Phase 2;
- substantial reprogramming of grant funds; and
- matters that have a financial impact on the PRs or SRs.

The CCM Guidelines also say that the CCM’s conflict of interest policy should be documented and publicly available.

Section 2.2.7(b) on the proposal form asks you to attach your plan for the management of conflicts of interest. When we went to press, the Fund’s FAQs for Round 8 had not yet been released. However, in its FAQs for Round 7, the Global Fund said that the coordinating mechanism’s conflict of interest policy should be broad enough to deal with all potential conflicts, across all sectors of the coordinating mechanism, including potential conflicts with sub-recipient relationships. In its document entitled “Clarifications on CCM Minimum Requirements – Round 8,”<sup>5</sup> the Global fund says:

In general, a conflict of interest occurs when CCM members use their position to advance personal ambitions or the interests of the institution or sector they represent in a way that biases or excludes others, or is detrimental to the efficiency of the overall program. COI’s help protect even the most well-meaning persons whose financial interests or those of close associates could be affected.

<sup>5</sup> This document is available at [www.theglobalfund.org/en/apply/mechanisms/guidelines/](http://www.theglobalfund.org/en/apply/mechanisms/guidelines/).

In light of the above, we suggest that any conflict or interest policy that you attach also deal with some of these broader issues. We also suggest that you first consult the Round 8 FAQs when they are released to see if they provide any guidance on this topic.

## 2.2.8. Proposal endorsement by members

Attachment C – Membership information and Signatures	Has 'Attachment C' been completed with the signatures of all members of the RCM?	<input type="radio"/> Yes
--	--	---------------------------

**What the R8 Guidelines for Proposals–MCA Say:**

**Attachment C** must be signed by all members of the RCM\*\*. It should be sent to the Global Fund as an original paper document after being scanned and sent with the email version of the completed proposal.

→ (Attachment C has a number of "drop down" boxes that have been pre-filled to assist completion of the document).

\*\* The Global Fund requires all members to sign Attachment C **unless**:

- *The documented existing rules of the RCM set out an alternative, documented procedure for signature of proposals that requires less than the full membership to sign the submission and the rules, and the minutes from the meeting in which these rules were accepted by the whole RCM are included with the proposal;*
- or
- *A member is unable (or unwilling) to endorse the proposal. **That member** must inform the Global Fund in writing ([proposals@theglobalfund.org](mailto:proposals@theglobalfund.org) or by mail) of the reason for not endorsing the proposal, to ensure that the Global Fund understands that member's position.*

**Additional Guidance from Aidspace**

When we went to press, the Global Fund's FAQs on the Round 8 applications process were not yet released. In its FAQs on the Round 7 applications process, the Global Fund said that when a member of a coordinating mechanism is either unable or unwilling to sign the proposal, two things should happen:

- the member in question should so inform the Global Fund in writing, and should explain why he or she is unable or unwilling to endorse the proposal; and
- the coordinating mechanism itself should inform the Global Fund that the member is either unable or unwilling to endorse the proposal, and should explain why (if it knows why).

The FAQs stated that there may be good reasons for a member not to sign a proposal, and they cite two examples: (a) the member is unwell for an extended period; or (b) the member is absent from the country for an extended period.

You should check the Round 8 FAQs to see if they contain any guidance on this topic.

**2.2.9 CCM endorsement of RCM proposal**

*(Required except where a country included in the proposal is Included in the list of 'Small Island Developing States')*

(a) <b>Attach a signed letter</b> from the CCM Chair and Vice-Chair <b>for each country included in the RCM proposal</b> , confirming their endorsement of this proposal.	<i><b>[Insert Annex Number(s)]</b></i>
(b) <b>Attach</b> the signed and dated minutes of the <b>CCM meetings, for each country included in the RCM proposal</b> , at which the CCM agreed to endorse the RCM proposal.	<i><b>[Insert Annex Number(s)]</b></i>

**What the R8 Guidelines for Proposals–MCA Say:**

To ensure that the planned interventions in a multi-country proposal are overall consistent with initiatives under national programs, the membership of each CCM (at a meeting or through another documented process) must agree to endorse a RCM proposal. The CCM is not approving the budget, or the specific interventions. Rather, the CCM is endorsing the overall approach so far as the multi-country proposal relates to that country.

Two documents are required to demonstrate endorsement by the CCM members. RCM's should identify the annex numbers for these documents in the space provided by typing over the blue italics.

**Note - this requirement does not apply for small island developing states.** This is because small island developing states are not required to form a CCM. Thus, endorsement by another existing national mechanism (e.g., National AIDS Commission or other multi-sectoral body, where such mechanisms exist) is acceptable for small island developing states.

- ➔ Go to the 'Checklist' instructions for sections 1 and 2 on page 18 of these Guidelines.
- ➔ RCM applicants do not complete section 2.3.

**Additional Guidance from Aidspan**

N/A

### 2.3. Regional Organizations

#### **What the R8 Guidelines for Proposals–MCA Say:**

**This section** is for completion by Regional Organization applicants wishing to submit a multi-country proposal. Certain requirements exist regarding 'CCM' endorsement of that proposal and these are explained below.

Attempts must be made by the Regional Organization to obtain the CCM's endorsement of the proposal – as is requested in s.2.3.5. That is, there is no 'non-CCM' approach to multi-country proposals.

The Global Fund's website for the Round 8 lists the key contacts for national CCMs, at:  
<http://www.theglobalfund.org/programs/search.aspx?search=4&lang=en>

Applicants who remain uncertain as to whether a country has a national CCM should contact their WHO, UNAIDS, Stop-TB, Roll-Back Malaria, UNFPA and/or UNDP representatives in country for further guidance before completing the Proposal Form.

#### **Additional Guidance from Aidspan**

N/A

**2.3.1. Sector of Work**

(a) Identify from the list below: <i>(check one box only)</i>	
<input type="checkbox"/>	Academic/educational sector
<input type="checkbox"/>	Government
<input type="checkbox"/>	Non-government Organization (NGO)/community-based organizations
<input type="checkbox"/>	People living with the diseases
<input type="checkbox"/>	People representing key affected populations
<input type="checkbox"/>	Private sector
<input type="checkbox"/>	Faith-based organizations
<input type="checkbox"/>	Multilateral and bilateral development partners in country
<input type="checkbox"/>	Other:

(b) <b>Attach</b> documents that describe the organization's status, such as statutes, by-laws (official registration papers) and a summary of the main sources and amounts of funding.	<i><b>[Insert Annex Number]</b></i>
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**What the R8 Guidelines for Proposals–MCA Say:**

Regional Organization applicants should 'check' the one box that is most descriptive of their sector. If the 'Other' box is selected, then this sector must be specified.

**Additional Guidance from Aidspan**

N/A

**2.3.2. Principal Recipients details**

The Global Fund recommends that applicants select both government and non-government sector Principal Recipients to manage program implementation. → Refer to the [Round 8 Guidelines](#) for further explanation of the principles.

Name	Disease	Sector **
(Use "Tab" button on key board to add extra rows if required)		

\*\* Choose a 'sector' from the possible options that are included in the [Round 8 Guidelines](#) at s.2.2.1.

**2.3.3. Non-implementation of dual track financing**

Provide an explanation below if at least one government sector and one non-government sector Principal Recipient have not been nominated for program implementation for each disease included in this proposal.

**ONE PAGE MAXIMUM**

**What the R8 Guidelines for Proposals–MCA Say:**

→ Refer to the guidance on these requirements at s.2.2.4. and s.2.2.5. respectively of these Guidelines.

**Additional Guidance from Aidsan**

See the description of “Dual Track Financing” in Chapter 2: What’s New in Round 8. The Global Fund’s recommendations concerning dual track financing apply to all applicants, not just coordinating mechanisms.

**2.3.4. Partnerships with regional stakeholders**

(a) Describe the Regional Organization's experience in working in the region on the issues targeted in this proposal and how the countries targeted in this proposal are based on a natural region for programming.

(b) Describe how the Regional Organization ensures coordination with other regional bodies on the issues targeted in this proposal.

(c) Describe how people living with and/or affected by the disease(s) were involved in proposal development.

**What the R8 Guidelines for Proposals–MCA Say:**

This section seeks information on:

- (a) the Regional Organization's own experiences working in the region on the issue targeted in the proposal;
- (b) how the Regional Organization works with other regionally focused initiatives, programs and/or organizations. The information provided by applicants will differ between regions across the world. How the Regional Organization works with the respective CCMs for each of the countries targeted in the multi-country proposal on an ongoing basis should also be explained; and
- (c) how people living with and/or affected by the diseases have been engaged in a meaningful and substantive way during proposal design and development.

**Additional Guidance from Aidsan**

N/A

**2.3.5. CCM endorsement of Regional Organization's proposal**

<p>(a) <b>Attach a signed letter</b> from the CCM Chair and Vice-Chair <b>for each country included in the Regional Organization's proposal</b>, confirming their endorsement of this proposal.</p>	<p><i>[Insert Annex Number]</i></p>
<p>(b) <b>Attach the signed and dated minutes</b> of the CCM meetings, <b>for each country included in the Regional Organization's proposal</b>, at which the CCMs agreed to endorse the proposal.</p>	<p><i>[Insert Annex Number]</i></p>

**What the R8 Guidelines for Proposals–MCA Say:**

To ensure that the planned interventions in a multi-country proposal are understood and, as relevant, consistent with national programs, the membership of each CCM (*at a meeting or through another documented process*) must agree to endorse a Regional Organization's proposal. The CCM is not approving the budget, or the specific interventions. Rather, the CCM is endorsing the overall approach so far as the multi-country proposal relates to that country.

Two documents are required to demonstrate endorsement by the CCM members. Regional Organizations should identify the annex numbers for these documents in the space provided by typing over the blue italics. **Note - this requirement does not apply for small island developing states.** *This is because small island developing states are not required to form a CCM. Thus, endorsement by another existing national mechanism (e.g., National AIDS Commission or other multi-sectoral body, where such mechanisms exist) is acceptable for small island developing states.*

**Additional Guidance from Aidsplan**

N/A

### 2.3.6. Regional Organization knowledge and experience in cross-cutting issues

#### Health Systems Strengthening

The Global Fund recognizes that weaknesses in the health system can constrain efforts to respond to the three diseases. We therefore encourage members to involve people (from both the government and non-government) who have a focus on the health system in the work of the applicant.

- (a) Describe the capacity and experience of the Regional Organization to consider how health system issues impact programs and outcomes for the three diseases.

#### Gender awareness

The Global Fund recognizes that inequality between males and females, and the situation of sexual minorities are important drivers of epidemics, and that experience in programming requires knowledge and skills in:

- methodologies to assess gender differentials in disease burdens and their consequences (including differences between men and women, boys and girls), and in access to and the utilization of prevention, treatment, care and support programs; and
- the factors that make women and girls and sexual minorities vulnerable.

- (b) Describe the capacity and experience of the Regional Organization in gender issues.

#### Multi-sectoral planning

The Global Fund recognizes that multi-sectoral planning is important to expanding country capacity to respond to the three diseases.

- (c) Describe the capacity and experience of the Regional Organization in multi-sectoral program design.

### **What the R8 Guidelines for Proposals–MCA Say:**

→ Refer to the guidance on these requirements at s.2.1.3. of these Guidelines.

### **Additional Guidance from Aidsan**

See the Aidsan Guidance provided for [Section 2.1.3](#)

Section	Document description	Annex Number

**What the R8 Guidelines for Proposals–MCA Say:**

***Complete the 'checklist' for sections 1 and 2 of the Proposal Form.***

- Ensure that all essential attachments already listed in the right hand column of the 'Checklist' are included.
- Provide additional documents as clearly named and numbered annexes, and list these in the 'Checklist' table for ease of reference.

**Additional Guidance from Aidspan**

The above guidance refers to “essential attachments” already listed, but there are none listed. You need to list:

- the mandatory attachments provided by the Global Fund that relate to these sections – i.e., for RCMs only, Attachment C and, if relevant, Attachment D;
- other annexes that the Fund says are required, as indicated in Sections 1 and 2; and
- other annexes that you have decided to include.

Assign a number to each annex. For #B and #C, you should also make sure that the number and name of each annex are included in the text of Sections 1 and 2, in the specific sections to which they relate.