Note: This extract contains Chapter 4 only.

Chapter 4: Step-By-Step Guide to Filling Out the Round 8 Proposal Form – Multi-Country Applicants

This chapter contains guidance on how to fill out each section of the Round 8 proposal form for multi-country applicants. We have divided Chapter 4 into four parts: Chapter 4, Part 1 covers Sections 1 and 2 of the proposal form; Chapter 4, Part 2 covers Sections 3 and 4; Chapter 4, Part 3 covers Section 5; and Chapter 4, Part 4 covers Attachment D.

Note: In this chapter, "R8 Guidelines for Proposals–MCA" refers to the Round 8 Guidelines for Proposals that the Global Fund has produced for multi-country applicants.

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.aidspan.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. There are separate versions of Sections 3-5 of the proposal form, one version for each of the three diseases. However, they are all virtually identical. .

6. 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.

Chapter 4, Part 1: Sections 1 and 2 of the Proposal Form

Front Cover Sheet

Extract from the proposal form

Applicant Name		
Countries		**Income Level** *(Refer to list of income levels by economy in Annex 1 to the Round 8 Guidelines)*
Use the "Tab" button on your key board to add extra rows		
Applicant Type	○ Regional Coordinating Mechanism (RCM)	○ 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 Aidspan

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** ***(include in one disease only)***
☐ HIV		○
☐ Tuberculosis		○
☐ Malaria		○

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/

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

Extract from the proposal form

Currency	USD	or	EURO

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 Aidspan

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 *[insert name of the one disease which includes s.4B. and s.5B. only if relevant]*						
					Total Round 8 Funding Request ➔:	

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 Aidspan

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*

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.

RCM applicants:	Complete sections 2.1. and 2.2. (not s.2.3.)
Regional Organizations:	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 Aidspan

N/A

Extract from the proposal form

2.1.1. Membership summary

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

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

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).

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 (*including any new members since the last application*) continued to be transparently selected by their own sector; and	○ No	○ Yes
(b) Is there continuing active membership of people living with and/or affected by the diseases.	○ No	○ 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 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 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/.

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 a produced a Round 8 fact sheet on "Ensuring a Gender Sensitive Approach," available at www.theglobalfund.org/en/apply/call8/.

Extract from the proposal form

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.	
○ Applied for funding in Round 6 and/or Round 7 **and** was determined as having met the minimum eligibility requirements.	➔ ***Complete the balance of s.2.2 below***
○ 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 balance of section 2.2 below*** ***Go to 'Attachment D' to this Proposal Form and complete fully.***

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 Aidspan

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.***

(a)	Describe the processes used to invite submissions for possible integration into this proposal from a broad range of stakeholders **including civil society and the private sector, and at the national, sub-national and community levels**. *(If a different process was used for each disease applied for in Round 8, explain each process.)*	
(b)	Describe the processes used to transparently and objectively review submissions received for possible integration into this proposal. *(If a different process was used for each disease applied for in Round 8, explain each process.)*	
(c)	Describe the processes used to ensure the input of people and stakeholders **other than RCM members** in the proposal development process. *(If a different process was used for each disease applied for in Round 8, explain each process.)*	
(d)	**Attach** 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.	***[Insert Annex Number]***

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.[4] 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 Aidspan 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,

[4] 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.*

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

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

(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 15th 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 11of 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 Aidspan

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**
(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.2.1.1.*

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 Aidspan

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 **and/or** Vice-Chair of the RCM from the same entity as any of the nominated Principal Recipient(s) for any of the diseases in this proposal?	○ Yes ***provide details below***
		○ No ➔*go to section 2.2.8*
(b)	**If yes, attach** the plan for the management of actual and potential conflicts of interest.	***[Insert Annex Number]*** ➔ ***then*** *go to 2.2.8*

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*

Additional Guidance from Aidspan

[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,"[5] 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.

[5] This document is available at 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?	○ 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 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 Aidspan

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

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: *(check one box only)*
☐	Academic/educational sector
☐	Government
☐	Non-government Organization (NGO)/community-based organizations
☐	People living with the diseases
☐	People representing key affected populations
☐	Private sector
☐	Faith-based organizations
☐	Multilateral and bilateral development partners in country
☐	Other:

(b) **Attach** 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.	***[Insert Annex Number]***

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 Aidspan

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 Aidspan

N/A

2.3.5. CCM endorsement of Regional Organization's proposal

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

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 Aidspan

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 Aidspan

See the Aidspan Guidance provided for Section 2.1.3

Extract from the proposal form

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:

A. 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;

B. other annexes that the Fund says are required, as indicated in Sections 1 and 2; and

C. 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.

Chapter 4, Part 2: Sections 3 and 4 of the Proposal Form

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.]

Extract from the proposal form

3. PROPOSAL SUMMARY

3.1. Duration of Proposal

	Planned Start Date	To
Month and year: *(up to 5 years)*		

What the R8 Guidelines for Proposals–MCA 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.[6] 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.

[6] 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. Rationale for a multi-country approach

Provide a brief overview of the rationale for a multi-country approach to the issue(s) targeted in this proposal.
MAXIMUM TWO PAGES

What the R8 Guidelines for Proposals–MCA Say:

Applicants should explain the overall reason for why the interventions described in the proposal are most effectively managed through a multi-country approach (whether cross-boarder or a regional initiative) rather than a single country approach.

When providing this rationale, applicants should comment on the following material to explain the overall approach:

- Who the proposal targets and/or the priority interventions;
- Why these people 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, program areas (or, 'service delivery areas', '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. Detailed information on the countries targeted in the proposal, and the specific interventions, must be described in s.4.5.1. of the proposal (on a disease specific basis).

Additional Guidance from Aidspan

In Section 3.2, you are being asked to provide a rationale for a multi-country approach. At the same time, you are being asked to provide a summary of the programme strategy for this disease element. (In the proposal form for single-country applicants, the information listed in the bullets in the above guidance was included in item on the proposal form entitled “Summary of Round 8 Proposal.”) The guidance appears to suggest that you do both the rationale and the summary together (as one text). It may be possible to do it that way. However, we believe that it ought to be acceptable for you to present the rationale first and the summary second, devoting about a page to each part of your response.

Rationale

With respect to the rationale, you need to explain (a) that the countries targeted by your proposal are a natural collection of countries; and (b) that the activities in your proposal will be coordinated with the planned activities of the respective national CCMs (where appropriate). You also need to explain (a) how your proposal will be able to achieve outcomes that would not be possible with only national approaches; and (b) how your planned activities complement the national plans of each country involved, and are consistent with those plans. For more information, see "Deciding Whether to Submit a Regional Proposal" in Volume 1 of this guide (in Chapter 2: General Information).

The following extract is adapted from a Round 7 HIV proposal submitted by REDCA+, the Central American Network of People Living with HIV/AIDS. The proposal covered four countries: El Salvador, Honduras, Nicaragua and Panama. This extract illustrates how REDCA+ justified the need for a regional approach:

> The Central American region shares common factors, such as: (a) poverty, which leads to under-employment, including selling one's own body or forced migration from places or countries of origin in search of new, better alternatives for survival; and (b) little access to formal education: a phenomenon that applies more frequently to women, whose access to education has historically been dismissed.
>
> The Central American population is very mobile due to the ease with which the immigration authorities allow passage from one country to another, a situation that is even more evident in Honduras, Nicaragua and El Salvador, due to agreements that allow the free circulation of citizens and foreigners resident in these countries, thus indirectly stimulating the spread of HIV.
>
> Countries are looking for ways of fulfilling their agreed commitments, including gender equality, human rights, poverty reduction, reduction of the rate of new HIV infections and reduction in mother-child mortality, among others; therefore, REDCA+ believes that its involvement in this regional proposal will have a positive impact on the achievement of the commitments assumed by the countries.
>
> Although the countries of Honduras, Nicaragua and El Salvador are preparing proposals for the Global Fund for HIV, these proposals have a strong care component, focused almost exclusively on achieving universal access to antiretroviral drugs, and largely ignore the social components that directly and indirectly affect the frequency and prevalence of the epidemic in the region, due to causes such as: the high level of migration among these countries; the high level of illiteracy, the scarcity of opportunities for sources of income, and the dominant social and cultural patterns.
>
> Problems that are considered common to the region, include: (a) PLWAs' lack of knowledge about the countries' existing public policies; and (b) various human rights violations that the PLWAs suffer.
>
> Although it is true to say that the region currently has a concentrated epidemic, it is also considered important to strengthen, from the community viewpoint, activities for training and raising awareness of human rights, broadcasting policies and working to fight the discrimination and stigma that affects the people suffering from the disease as, otherwise, the situation may become unbearable.
>
> The foregoing demonstrates the importance of presenting a regional programme and thus approaching the problem with compatible strategies that employ an integrated approach, thus creating a greater impact at a lower cost, as well as making the PLWAs stronger and more visible in the Central American Region, thus creating for them an indispensable role in preventing and reducing the spread of the disease.

Summary

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).

3.3. Coordination with in-country partners

Describe how the interventions described in s.4 have been discussed and coordinated with the current or planned work of the CCMs** for each country targeted in this proposal and other relevant regional bodies to avoid duplication in work, and improve outcomes for the disease(s).
MAXIMUM TWO PAGES

** *Where there is no CCM for a country included in the multi-country proposal, the applicant should describe how a broad cross-section of stakeholders from different sectors were consulted to ensure that there is in-country support and understanding of the multi-country approach in such countries.*

What the R8 Guidelines for Proposals–MCA Say:

In further support of multi-country proposals providing a strong justification, applicants should explain the extent to which the planning for the proposal involved stakeholders of each of the countries targeted in the proposal (including CCMs). This is to minimize the risk that the multi-country proposal duplicates existing or planned in-country work.

Additional Guidance from Aidspan

N/A

3.4. Consolidation of existing Global Fund grants

(a) Does the applicant wish to consolidate any existing Global Fund grant(s) with a Round 8 disease proposal?	○ Yes *(go first to (b) below)* ○ No *(go to s.4 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/en/apply/call8/other/#5*	
(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–MCA 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 3.4, 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.

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–MCA 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 criteria 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. Current context for countries covered in this proposal

Briefly summarize:

- the priority needs in the national plans of the countries covered in this proposal;
- how this regional proposal will address needs/gaps in the national plans; and
- the critical cross-border/regional needs addressed in this proposal.

THREE PAGES MAXIMUM

What the R8 Guidelines for Proposals–MCA Say:

Summarize the strategies of the countries targeted in the multi-country proposal to respond to the disease on a comprehensive basis, addressing the three items listed in the question. *If convenient, there should be separate headings for each country, with an overview of the three items indicated in s.4.1.*

➔ *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).*

Applicants should attach, as relevant, supporting documentation that are directly relevant to understanding the focus of the Round 8 proposal. These documents should be listed as clearly named and numbered annexes in the 'Checklist' at the end of s.5 of each disease proposal submitted.

Additional Guidance from Aidspan

N/A

4.2. Regional Epidemiological Background

4.2.1. Geographic reach of proposal	
(a) Do the activities target:	
○ Specific Region(s) *If so, insert a map immediately below this table to show where*	○ Specific population groups *If so, insert a map immediately below this table to show where these groups are if they are in a specific area of the region*

(b) **Size of population group(s) targeted in Round 8**			
Population Groups	**Population Size**	**Source of Data**	**Year of Estimate**
Total 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 possible groups*			***Use "Tab" key on key board to add extra rows if needed***

What the R8 Guidelines for Proposals–MCA Say:

(a) **Activity targets**
Applicants are requested to 'check' the relevant box(es) and attach a map 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 population group(s) targeted in Round 8**
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.*

Where it is believed more helpful to explain the regional context, applicants can copy and repeat table (b) for each individual country targeted in the proposal. However, if the proposal targets a specific

population group, the applicant may prefer to provide details on an aggregated basis across the countries and/or region targeted in the proposal.

Additional Guidance from Aidspan

N/A

4.2.2. Epidemiology of target population(s)			
Population Groups ***Refer to s.4.2.2 of the Round 8 Guidelines for examples of detail required***	**Estimated Number**	**Source of Data**	**Year of Estimate**
Number of people living with the disease *(all ages)*			
Other**:			
Other**:			
Other**: *Refer to the Round 8 Guidelines for possible groups*			***Use "Tab" key to add extra rows if needed***

What the R8 Guidelines for Proposals–MCA 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.

➔ *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	Treatment success rate	

HIV	Tuberculosis	Malaria
separately > 14 years receiving ARVs		
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–MCA Say:

Introduction

All proposals to the Global Fund, including multi-country proposals, should be based on a comprehensive review of weaknesses and gaps in:

- disease specific program(s) or regional initiatives; and
- the health system and the extent to which regional and/or 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. Program Specific

Describe:

- the main weaknesses of the current disease strategies relevant to the countries or region targeted by this proposal;
- how these weaknesses affect achievement of improved outcomes for the three diseases; and
- existing gaps in the delivery of services to the target populations.

THREE PAGES MAXIMUM

4.3.2. Health Systems

Describe the main weaknesses of and/or gaps in the health systems which are relevant to the outcomes for the disease.

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 only the disease applied for, but outcomes are also affected by health systems issues.*

TWO PAGES MAXIMUM

What the R8 Guidelines for Proposals–MCA Say:

First, concerning the 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);
- 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 national disease programs 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
- Any regional priorities in strengthening the health system to ensure equitable access to services for women and men.

Where there are any existing strengths, weaknesses, opportunities and threats analysis or diagram in, for example, regional capacity development plans, National Health Development Plans for target countries, 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, you will probably need to present some of the information requested for *each* country in your proposal. In order to keep to the two-page maximum limit, we suggest that you list two or three major weaknesses or gaps in the health systems for each country, 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 description."

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

4.4 Round 8 Priorities

Complete the tables below on a program coverage basis (*and not financial data*) for three to six areas identified by the applicant as priorities for this proposal. Ensure that the choice of priorities is consistent with the current disease epidemiology and identified program gaps. **Note**: Health systems strengthening priorities specific only to this disease component must be included s.4.5.1, and described below, and cannot be included in the optional section 4B for *HSS cross-cutting interventions.* ➔ *Refer to section 4B of the Round 8 Guidelines.*

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–MCA 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 three to six 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, all multi-country proposals that include Lower-middle and/or Upper-middle income countries must have a predominant focus on *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. should not include 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. should include 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

We believe that RCM and RO applicants are expected to provide just one set of tables for all countries combined (as opposed to a separate set of tables for each country. But it is not entirely clear, so you may want to consult the FAQs for Round 8 when they are released or, if necessary, check with the Global Fund Secretariat on this point.

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. 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 any of the countries included in your proposal are categorised as lower- or upper-middle income countries, the Secretariat will want to see evidence that your proposal is focusing predominantly on 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–MCA 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 and/or 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 a guide only 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, quarterly 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.

➔ *In the work plan, the TRP is looking to see that applicants have a clear understanding of when work must start to ensure timely service delivery.* ***This work plan does not replace the need to provide a detailed written narrative of activities in s.4.5.1.***

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 either:

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

   (b) including relevant activities/interventions in only one disease proposal 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 here).* The financial information relating to these interventions should then be included in a corresponding s.5B. of the same disease (s.5B. *is available as a download from the Global Fund website* here*).*

4. *HSS cross-cutting interventions* included in a one disease proposal in s.4B. cannot 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.

➔ *s.4.5.1. and s.4B. below have additional explanatory information on how to include health systems strengthening in the Round 8 disease proposal.*

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–MCA.

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–MCA 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.

The **program** described in this section is the particular disease program that the RCM or Regional Organization is seeking to support.

➔ **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 within 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 should be 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–MCA Say:

Only if the applicant has recently submitted a proposal to the Global Fund, 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 does the implementation strategy draw on lessons learned from program implementation (whether Global Fund grants or otherwise)?

TWO PAGES MAXIMUM

What the R8 Guidelines for Proposals–MCA 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, specific national or regional programmes or national disease strategies. In the case of the national or regional strategies, perhaps some mid-term reviews has recently been concluded. Or, perhaps an evaluation was conducted prior to the development of a new 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–MCA 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.

Box 4: Scaling up a gender equality approach

The Global Fund recognizes that gender issues can and do affect access to services by women and men, girls and boys, as well as by *key affected populations* and sexual minorities.

➔ ***Read*** the Gender Fact Sheet for more information.

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–MCA 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 any 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–MCA 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 but does not duplicate 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 Grant Consolidation Fact Sheet for more information)*.

  (ii) a description of how the interventions under this proposal complement service delivery under another grant; 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 countries; (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."[7]

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

[7] 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).

Extract from the proposal form

4.6.2. Links to non-Global Fund sourced support

Describe any 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. Proposals should also clearly demonstrate there is no duplication of program activities.

UP TO FOUR PAGES

What the R8 Guidelines for Proposals–MCA Say:

The current proposal may have a link with other programs in addition to linkages with earlier Global Fund grants. Where linkages exist, 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 but does not duplicate 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. You will need to ensure that your response covers all countries included in your proposal.

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
*** Add extra rows below through use of the "Tab" button*							

What the R8 Guidelines for Proposals–MCA 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

Additional Guidance from Aidspan

N/A

4.7 Program Sustainability

What the R8 Guidelines for Proposals–MCA Say:

➔ *Applicants are not required to demonstrate financial self-sufficiency 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–MCA 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. Ensuring alignment

Describe how this proposal's strategy:

- integrates within broader developmental frameworks such as Poverty Reduction Strategies, the Highly-Indebted Poor Country (HIPC) initiative and the Millennium Development Goals, and other important initiatives such as the 'Global Plan to Stop Tuberculosis 2006-2015' for HIV/TB collaborative activities; and
- complements other regional initiatives for the target population(s).

UP TO FOUR PAGES

What the R8 Guidelines for Proposals–MCA Say:

Applicants should specifically describe how Global Fund financing is incorporated in relevant development frameworks. In addition, applicants should also comment on alignment efforts with regional initiatives (e.g., if there is a regionally operating organization that is undertaking work in the same or complementary areas as targeted in the Round 8 proposal).

Additional Guidance from Aidspan

With respect to the first bullet in Section 4.7.2: If some or all of the countries in your proposal are 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 the countries have 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 the countries have 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–MCA 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 relevant to the interventions in the proposal;

(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 the systems used to track or monitor achievements towards the program's outcomes and measuring impact on the diseases.

Where one exists, refer to a recent national or external evaluation of any relevant impact measurement system(s) in your description.

ONE PAGE MAXIMUM

What the R8 Guidelines for Proposals–MCA 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 country reporting channels and cycles)?

ONE PAGE MAXIMUM

What the R8 Guidelines for Proposals–MCA 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 of PRs and SRs are included in this proposal to overcome gaps and/or strengthen reporting, including reporting into the impact measurement systems of the countries targeted in this proposal?

➔ *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–MCA Say:

When completing this question, applicants are encouraged to draw on existing recent reports on the capacity of the impact measurement systems operating across the region, 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 regional specific 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–MCA 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/en/about/governance/*
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.

We believe that the requirements outlined for Non-CCM applicants in the above guidance are also meant to apply to RO applicants that are nominating themselves as PRs. However, we suggest that you consult the Round 8 FAQs when they are released or, if necessary, check with the Global Fund Secretariat on this point.

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?	
TWO PAGE MAXIMUM	
(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 question 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.	
TWO PAGE MAXIMUM	

What the R8 Guidelines for Proposals–MCA 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–MCA 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–MCA 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.

4.9.5. Coordination between implementers

Describe the system that will be used for coordination between 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 other partners may provide support for 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–MCA 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

N/A

4.9.6. Strengthening implementation capacity

The Global Fund encourages efforts to strengthen government, non-government and community based implementation capacity to support improved outcomes for the three diseases.

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

(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; or 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–MCA 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–MCA 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–MCA 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 organizations 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 role 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–MCA 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 as a clearly named and numbered annex, 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	**Principal Recipient, sub-recipient, or agent?**	**Total value procured during last financial year** *(Same currency as on cover of proposal)*
Use the "Tab" button to add extra rows if more than four organizations will be involved in the management of this work.		

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

What the R8 Guidelines for Proposals–MCA 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

For malaria elements, Section 4.10.7 does not need to be completed.

*[**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 ONE DISEASE IN ROUND 8 and only if:

- *The applicant has identified gaps and constraints in the health system that have an impact on HIV, tuberculosis and malaria outcomes;*
- *The interventions required to respond to these gaps and constraints 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–MCA Say:

This is an optional additional section 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 cannot 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) All disease program activities (or pre-dominantly disease-specific) that may also benefit the health system must be 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 'M&E toolkit' 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 'WHO's Six Building Blocks for health systems', 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. if the planned interventions benefit more than one of the three diseases, and the result of the requested support will be a contribution to

improved outcomes for the diseases.

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: M&E toolkit available at: http://www.theglobalfund.org/en/performance/monitoring_evaluation/

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 and 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 rationale for and linkages to 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 key phrase 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** other 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–MCA 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** and **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 any of the specific disease components (section 4.6 of each disease)?; and	☐ Yes
(ii) the detailed work plan** **and the** 'Performance Framework'** (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 and a separate **'Performance Framework'** (Attachment A) if they prefer.*	☐ Yes

What the R8 Guidelines for Proposals–MCA 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 and 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

Extract from the proposal form

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–MCA 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.

Chapter 4, Part 3: Section 5 of the Proposal Form

Section 5
Funding Request

[Note: For Section 5, the extracts from the proposal form are all from the HIV version. The TB and malaria Sections 5 are identical, except for the name of the disease.]

Extract from the proposal form

5. FUNDING REQUEST

What the R8 Guidelines for Proposals–MCA Say:

➔ *This is where applicants quantify the financial gap for the disease proposal, and provide detailed budgetary information. Section 5.2. explains how applicants should prepare the detailed electronic budget that must be submitted with all proposals, by disease, as a clearly numbered annex.*

Additional Guidance from Aidspan

N/A

5.1 Program Financial gap analysis

➔ *Summary Information provided in the table below should be explained further in sections 5.1.1 – 5.1.3 below.*

What the R8 Guidelines for Proposals–MCA Say:

Introduction

The financial gap analysis identifies the overall funding need, the funding available from all sources and the resulting financial gap. This table enables the TRP to view the funding requested in the context of the overall disease program funding for the proposal term.

The gap analysis should relate to the overall program managed by the RCM or the Regional Organization as discussed by the applicant in s.4. Thus, a comprehensive 'financial gap analysis' should reflect the overall program needs (*including needs of all sectors relevant to implementation of the program), and including implementation planned at the regional, national and community/local levels*) to implement the national strategy over the proposal term. In the context of RCM or Regional Organization proposals, where relevant, the 'program' could be a broad program covering many population groups, or a specific population group. In either case, the contributions of other stakeholders to the same issues should be clearly identified in the table in s.5.1. Where a proposal involves cross-border initiatives, and in-country efforts also contribute to these, those country specific contributions must be factored into the "contributions" line B and/or line C of the table.

Particular attention should be given to costing the need to reach *key affected populations* (including, in particular, women and girls), and sexual minorities to ensure equal access to service delivery.

Additional Guidance from Aidspan

The information that you provide here in Section 5.1, and in Section 4.3, 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.

[For the purposes of this guide, the table on the next page has been condensed so that it fits on one page and is in vertical (portrait) format.]

Program Financial gap analysis *(same currency as identified on proposal coversheet)*

Note ➔ Adjust headings (as necessary) **in tables from calendar years to financial years (e.g., FY ending 2007; etc) to align with national planning and fiscal periods**

	Actual		Planned		Estimated			
	2006	2007	2008	2009	2010	2011	2012	2013
Program funding needs to deliver comprehensive prevention, treatment and care and support services to target populations								
Line A ➔ Provide annual amounts								
(combined total need over Round 8 proposal term)								
Current and future resources to meet financial need								
Applicant source **B1**: Loans and debt relief (*provide name of source*)								
Applicant source **B2** National funding resources								
Applicant source **B3** Private Sector contributions (national)								
Total of Line B entries ➔ Total current & planned own resources:								
External source **C 1** (*provide source name*)								
External source **C2** (*provide source name*)								
External source **C3** Private Sector contributions (International)								
Total of Line C entries ➔ Total current & planned EXTERNAL (non-Global Fund grant) resources:								
Line D: Annual value of all existing Global Fund grants for same disease: Include unsigned 'Phase 2' amounts as "planned" amounts in relevant years								
Line E ➔ Total current and planned resources (i.e. Line E = Line B total + Line C total + Line D Total)								
Calculation of gap in financial resources and summary of total funding requested in Round 8 *(to be supported by detailed budget)*								
Line F ➔ Total funding gap (i.e. Line F = Line A – Line E)								
Line G = Round 8 HIV funding request *(same amount as requested in table 5.3 for this disease)*								

What the R8 Guidelines for Proposals–MCA Say:

In particular, the table in s.5.1. requests applicants to:

Line A ➔ Provide, based on national plans and costing (where they exist), an overall disease specific (as far as possible) financial costing. Below the table in 5.1.1. a narrative explanation of the assumptions used is required.

Lines B/C ➔ Provide details of current and planned financial contributions. This should be a comprehensive assessment of funding from all relevant sources, whether domestic (including debt relief) or external. The assumptions used should be described in sections 5.1.2. and 5.1.3.

➔ *For a definition of 'Private Sector' please refer to page 31 of these Guidelines. Certain boxes are shaded black for the Private Sector in this table. This is because it is recognized that historical information may not always be available.*

Line D ➔ Provide details of the funding that has already been committed to Applicants or is expected to be received over years 2009 to 2013-14 (or the end of the proposal if less than five years), under grant agreements with the Global Fund (including Round 7 grants recently or currently being negotiated).

Additional Guidance from Aidspan

In Section 5.1, you are asked to describe the financial needs for fighting the disease. You need to provide the information for eight years: 2006 and 2007 (actual), 2008 and 2009 (planned) and 2010, 2011, 2012 and 2013 (estimated). (It is assumed that the years 2009 through 2013 constitute the five years of the programme in your proposal. This is for planning purposes only; the Global Fund recognises that your programme may straddle calendar years.)

Note that the amount of funding that you request in this proposal (Line G) can be less than the funding gap that you identify (Line F). How much funding you request may depend on your analysis of your country's absorptive capacity. It goes without saying, however, that in your proposal you cannot ask for an amount of funding that is *greater* than the funding gap you identify in this section.

The table is a bit complicated, so we have provided a road map.

In Line A, you should identify the overall needs for addressing this disease. This information should be taken from national plans and costing (where these exist). In the line below Line A, enter the total need over the term of the Round 8 proposal. Thus, if your proposal is for five years, you would enter the total of the amounts that appear in Line A for the years 2009-2013.

In the next four lines, you are required to enter the amounts of funding that were, are or will be forthcoming from sources within the countries covered by your proposal (referred to in the table as "applicant sources") to address the needs identified in Line A. For B1, enter the amount of funding from loans and debt relief. Provide the name of the source. (If there is more than one source, we suggest that you add an extra row for each source.) For B2, enter the amount of funding from national (government) sources. For B3, enter the amount of funding from private sector contributions. Note that for B3, you are only asked to provide the information for the years 2009 through 2013. In the line below B3, you are asked to provide the total amount of funding from applicant sources (i.e., the total of B1, B2 and B3).

In the next four lines, you are required to enter the amounts of funding that were, are or will be forthcoming from external sources to address the needs identified in Line A. In Lines C1 and C2, you need to provide information for each external donor (other than the Global Fund). On each line, enter the name of the donor and then enter the amounts for that donor. Add more rows to the table if you need to list more than two donors.

In Line C3, enter the amount of funding from international private sector contributions. Note that for C3, you are only asked to provide the information for the years 2009 through 2013. In the line below

C3, you are asked to provide the total amount of funding from external sources (other than the Global Fund), i.e., the total of C1, C2 and C3.

In Line D, enter the amounts of funding from existing Global Fund grants for this disease. Include the amounts from any Round 7 grant agreements recently signed or currently being negotiated. *(DO NOT INCLUDE THE AMOUNTS OF FUNDING BEING SOUGHT IN THIS PROPOSAL.)*

In Line E, provide the total current and planned resources from both applicant and external sources – i.e., the sum of the Total of Line B entries, the Total of Line C entries, and Line D.

In Line F, indicate the total funding gap – i.e., Line A minus Line E.

In Line G, indicate the funding you are seeking in this proposal. The amounts shown here must equal the amounts shown in Table 5.3.

Extract from the proposal form

Part H – 'Cost Sharing' calculation for Lower-middle income and Upper-middle income RCM applicants where the proposal requests funding for national programs through a common Principal Recipient

In Round 8, the total maximum funding request for HIV in Line G is:

*(a) For **Lower-Middle income countries**, an amount that results in the Global Fund's overall contribution (all grants) to the national program reaching not more than 65% of the national disease program funding needs over the proposal term; and*

*(b) For **Upper-Middle income countries**, an amount that results in the Global Fund overall contribution (all grants) to the national program reaching not more than 35% of the national disease program funding needs over the proposal term.*

Line H ➔ Cost Sharing calculation as a percentage (%) of overall funding from Global Fund

$$\text{Cost sharing} = \frac{(\text{Total of Line D entries over 2009-2013 period} + \text{Line G Total}) \times 100}{\text{Line A.1}}$$

%

[For the purposes of this guide, the table above has been re-sized to show in vertical (portrait) format.]

What the R8 Guidelines for Proposals–MCA Say:

Line H ➔ **Regional Organization applicants do not complete line H.**

However some RCM applicants must complete Line H. This is required where the proposal is requesting funding for small islands or nations that have come together to submit a proposal, but implementation is country specific to contribute to the national disease program

For relevant RCM applicants only, calculate as a percentage, the overall anticipated share of the contribution from the Global Fund (from existing grants as well as the Round 8 request) relative to the national disease program funding need over the proposal term. The maximum proportion of funding from the Global Fund is:

➔ *For Lower-middle income countries - 65%*

➔ *For Upper-middle income countries - 35%.*

Additional Guidance from Aidspan

The purpose of Part H is to determine whether or not proposals from certain RCMs (as described in the above guidance) meet one of the eligibility requirements (cost-sharing). It is included here because these RCMs need to use the amounts entered in the table in Section 5.1 to perform the necessary calculations.

The concept of cost sharing is new for Round 8. For a description of the Global Fund's requirements related to cost sharing, see "Cost-Sharing vs Counterpart Financing" in Chapter 2: What's New for Round 8.

For those RCMs affected by this requirement :To calculate the cost sharing percentage, you should use the following formula:

(Total of Line D amounts over the 2009-2013 period)
plus (Total of Line G amounts over the 2009-2013)
multiplied by 100

---

divided by (Amount in the line below Line A)

5.1.1. Explanation of financial needs – LINE A in table 5.1

Explain how the annual amounts were:

- developed *(e.g., through costed national strategies, a Medium Term Expenditure Framework [MTEF], or other basis);* and
- budgeted in a way that ensues that government, non-government and community needs were included to ensure fully implementation of country's disease program strategies.

5.1.2. Applicant funding – 'LINE B' entries in table 5.1

Explain the processes used to:

- prioritize financial contributions to the program; and
- ensure that resources are utilized efficiently, transparently and equitably, to help implement treatment, prevention, care and support strategies included in this program.

5.1.3. External funding *excluding Global Fund* – 'LINE C' entries in table 5.1

Explain any changes in contributions anticipated over the proposal term (*and the reason for any identified reductions in external resources over time)*. Any current delays in accessing external funding identified in table 5.1 should be explained (including the reason for the delay, and plans to resolve the issue(s)).

What the R8 Guidelines for Proposals–MCA Say:

N/A

Additional Guidance from Aidspan

N/A

5.2 Detailed Budget

Suggested steps in budget completion:

1. **Submit a detailed proposal budget *in Microsoft Excel format as a clearly numbered annex***. Wherever possible, use the same numbering for budget line items as the program description. **For guidance on the level of detail required** *(or to use a template if there is no existing in-country detailed budgeting framework)* **refer to the budget information available at the following link:** http://www.theglobalfund.org/en/apply/call8/multiple/#budget

2. Ensure the detailed budget is consistent with the detailed workplan of program activities.

3. From that detailed budget, **prepare a '*Summary by Objective and Service Delivery Area*'** (s.5.3.)

4. From the same detailed budget, **prepare a '*Summary by Cost Category*'** (s.5.4.)

5. Do not include any RCM operating costs in Round 8. This support is now available through a separate application for funding made direct to the Global Fund (and not funded through grant funds). The application is available at: http://www.theglobalfund.org/en/apply/mechanisms/

What the R8 Guidelines for Proposals–MCA Say:

Overview

All Applicants must provide for each disease proposal:

- a **detailed budget including key assumptions;**
- a **summary of the detailed budget by service delivery area** (section 5.3. and table 5.3.);
- a **summary of the detailed budget by cost category** (section 5.4. and table 5.4.);
- a **high level analysis of the budget** by cost category (section 5.4.1. (a)) and indicate **key budget assumptions for Human Resources and other key expenditure items** (section 5.4.1. (b) and (c)); and

If the applicant is requesting funding for *HSS cross-cutting interventions* (see s.4.5.1. and s.4B. of these Guidelines), s.5B. should be completed in the same disease proposal. Section 5B below provides specific information on budget requirements for HSS cross-cutting interventions in addition to the general guidance below.

The detailed budget for each disease proposal::

- **Should be attached as a clearly named and numbered annex to the proposal and should cover the proposal term**. The budget should be submitted as a financial spreadsheet (in both the electronic and the printed copy of the proposal) with an explanatory narrative to facilitate review.
- Should be submitted in Microsoft excel and not sent as a PDF file.
- Should be **organized along the same lines as the implementation strategy** set out in **s.4.5.1.** (by Objective, SDA, indicator and activities).
- Should be **quarterly for years 1 and 2**, with detailed unit costs provided across both years **(avoid using unexplained lump-sum amounts)**.

- Should provide **annual information and assumptions** for the balance of the lifetime of the proposal period (year 3 and beyond).

- Should be fully consistent with the detailed **Work Plan** for years 1 and 2 (refer to section 4.5.). *Applicants may use one integrated **Work Plan** and **Budget** spreadsheet, but if so, activities that have no cost associated with them should also be very clearly listed as part of the work to be undertaken so that there is a clear description of all activities and their timing*.

- **Where the applicant has requested support for *HSS cross-cutting interventions* and included these interventions:**

  (i) **As part of the disease specific proposal description (s.4.5.1.),** either in one of the diseases, or separated into more than one of the three diseases, then the detailed budget for the disease should include this work as any other objective, SDA etc within the same budget workbook and worksheets.

  (ii) **In s.4B., within one only of the disease proposals** submitted in Round 8, then the detailed budget for the *HSS cross-cutting interventions* should be structured along the same lines as the programmatic description (s.4B.1.). *This budget, may be submitted as a separate Microsoft excel workbook (file), or as a separate worksheet within the same workbook as the budget for the disease program interventions.*

- Should be **consistent** with other budget analysis provided elsewhere in the proposal, including in table 5.1.

- **Can** be prepared using the applicant's own budgeting tools where those tools ensure that the detail provided in the budget meets the other requirements set out above. *However, where an applicant believes it helpful to do so, the budget can be prepared by using the optional budget template. This is available from website links provided under the 'General Guidance' heading below.*

General guidance

Size of the funding request
There are no fixed upper limits on the size of a proposal, and the size of proposals may vary considerably based on country context and type of proposal. Applicants are reminded that demonstrated evidence of absorptive capacity is an important criterion for additional financial support from the Global Fund. The TRP may view negatively proposals that request large amounts where the ability to absorb such funding has not been demonstrated, through existing capacity or through planned capacity strengthening (including via the Round 8 proposal).

There are also no fixed lower limits on the size of a proposal. However, as the Global Fund promotes comprehensive programs and particularly those aimed at scaling-up proven interventions, the TRP may view negatively requests for small programs (of the order of several hundred thousand US Dollars or below). Smaller requests by individual partners and/or smaller non-governmental organizations should be aggregated into the overall single disease proposal.

Budget assumptions/workings should be included within the detailed budget or presented as separate working files that are submitted with the disease proposal as clearly named and numbered annexes. The level of detail required depends on the budget item in question.

There is a different level of detail required between years 1 and 2 as compared to years 3 to 5, as explained below:

- **Years 1 and 2**: Applicants should provide sufficient information to be able to determine how all unit quantities and unit costs were calculated. Examples of the expected level of detail are available on the Global Fund website at: http://www.theglobalfund.org/en/apply/call8/multiple/ *Otherwise, using the optional budget template should also provide information on the level of detail requested.*

- **Years 3 to 5**: Applicants should provide sufficient information to show the basis for the forecast budget amounts were determined. Whenever possible, a similar level of detail to years 1 and 2 should be provided for years 3 to 5, particularly for items relevant to the procurement of

products or services. For example: unit *costs* of training may be based on the year 1 and 2 budget, whereas unit *quantities* of people being trained should be explained in the context of the proposal, rather than simply using numbers trained in years 1 and 2.

Use of the budget template (optional)
Different versions of the optional budget template have been prepared to correspond to the differing versions of Microsoft excel that applicants may be using in a particular country setting. The different versions of this template are available by 'clicking' on the links below (*or by going to the Global Fund's Round 8 website at:*
http://www.theglobalfund.org/en/apply/call8/multiple/

Sub-recipient and sub-sub recipient budgets
Even though proposals are likely to involve a number of sub-recipients (and sub-sub-recipients) in program implementation, the budget information for those implementing partners should not be sent as separate information to the budget materials of the Principal Recipient(s).

> **Sub-sub-recipients** are those implementers that have a contractual relationship with a larger sub-recipient, not the Principal Recipient direct.

Rather, the one 'detailed budget' (s.5.2., and s.5B.1. as relevant) **must provide the budget for all of the activities to implement the program that is described in s.4.5.1. (and s.4B., if relevant)**. In addition, the summaries that are required by 'objective and service delivery area' (s.5.3., and s.5B.2. if relevant) and 'cost category' (s.5.4., and s.5B.3. if relevant) should be an amalgam of all the costs regardless of the implementer.

Where underlying separate Principal Recipient, sub-recipient, and sub-sub-recipient budgets are submitted, these should have a common level of detail. That is, the budgets must be detailed by activity for all implementers, and not only at the Principal Recipient level. *As an example, applicants should avoid lump sum items such as "Implementation costs of sub-recipient 1", "Implementation costs of sub-recipient 2" etc.*

Budget currency
Applicants must choose between using United States (US) Dollars or Euros in their proposal. All local currency expenditure should be translated into the selected currency at the appropriate exchange rate, and this rate should be disclosed in the detailed budget. Applicants should apply the principle of using the best estimate of the exchange rate that will apply at the time of actual conversion of the currency in the future. In the absence of credible forward market predictions, the current 'spot exchange rate' is most often used.

Income
Anticipated income from revenue-generating activities (e.g., social marketing of condoms or bednets) should be separately identified and included in the budget against the appropriate budget activity and 'cost category' where possible. The effects of this sundry income on the net funding request should be clearly visible.

Taxes
The Global Fund strongly encourages the relevant national authorities in recipient countries to exempt from duties and taxes all products and services financed by Global Fund grants. Normally the implementing agency should apply for a tax-exempt status on Global Fund financing. Otherwise, non-recoverable taxes should be allocated to the appropriate activity and cost category (e.g., non-recoverable value added taxes on the purchase of non-health equipment would be allocated to Infrastructure and Equipment).

Budget totals
Applicants are encouraged to review their proposal to ensure that **all the following totals** are the same:

- Funding summary by disease (s.1.1.)
- Funding gap requested to be met by Round 8 proposal (Line G, table 5.1.)
- Annual totals for 'detailed budget by disease' (s.5.2.)
- Annual totals in the 'Summary of detailed budget by objective and service delivery area' (s.5.3.)
- Annual totals in the 'Summary of detailed budget by cost category' (s.5.4.)

Additional Guidance from Aidspan

In Rounds 3-7, the TRP identified major weaknesses in the budget information contained in over half of the proposals submitted. The TRP found that in many cases the budget was incomplete or not detailed enough; that there were inconsistencies or errors within the budget; or that specific budget items were unclear or inadequately justified. We suggest, therefore, that you put a lot of effort into getting your budget right. See Weakness #2 in Volume 1 of this guide for more information on the problems identified by the TRP. Please also see Strength #9 in Volume 1 for examples of proposals that contained budgets praised by the TRP as being detailed and well-presented.

There are some errors in the section numbering in the first set of bullets in the guidance provided above. The fourth bullet reads as follows:

> a **high level analysis of the budget** by cost category (section 5.4.1. (a)) and indicate **key budget assumptions for Human Resources and other key expenditure items** (section 5.4.1. (b) and (c));

There is no (a), (b) and (c) in Section 5.4.1. Budget assumptions concerning human resources and other large expenditure items are covered in Sections 5.4.2 and 5.4.3 respectively.

5.3 Summary of detailed budget by objective and service delivery area

Objective Number	Service delivery area *(Use the same numbering as in program description in s.4.5.1.)*	Year 1	Year 2	Year 3	Year 4	Year 5	Total
	[use "Add Extra Row Below" from "Table" menu in Microsoft Word menu bar to add as many additional rows as required]						
Round 8 HIV funding request:							

[For the purposes of this guide, the table above has been re-sized to show in vertical (portrait) format.]

What the R8 Guidelines for Proposals–MCA Say:

In this table, provide a summary of the annual budget for each service delivery area (SDA) in respect of each year of the proposal. The objectives and SDA listed should correspond to those in the 'Targets and Indicators Table' (Attachment A to the Proposal Form). This breakdown of the budget by SDAs should be prepared from the detailed budget.

In respect of tuberculosis components, applicants may also wish to refer to additional information on the StopTB Strategy (and planning framework for tuberculosis components especially) when preparing their budgets. This information is available at:
http://www.who.int/tb/dots/planningframeworks/en/index.html
However, this tool does not replace the instructions in these Guidelines about the level of detail that is required.

Additional Guidance from Aidspan

N/A

5.4 Summary of detailed budget by cost category *(Summary information in this table should be further explained in sections 5.4.1 – 5.4.3 below.)*

Avoid using the "other" category unless necessary – read the Round 8 Guidelines.	*(same currency as on cover sheet of Proposal Form)*					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Human resources						
Technical and Management Assistance						
Training						
Health products and health equipment						
Pharmaceutical products (medicines)						
Procurement and supply management costs						
Infrastructure and other equipment						
Communication Materials						
Monitoring & Evaluation						
Living Support to Clients/Target Populations						
Planning and administration						
Overheads						
Other: *(Use to meet national budget planning categories, if required)*						
Round 8 HIV funding request (*Should be the same annual totals as table 5.2)*						

[For the purposes of this guide, the table above has been re-sized to show in vertical (portrait) format.]

What the R8 Guidelines for Proposals–MCA Say:

Applicants are requested to summarize the annual totals from the detailed budget by disease into this table. Set out below is a table with a detailed description of the relevant cost categories (*and these categories are unchanged from Round 7*).

➔ *To be as helpful as possible, we have also indicated what not to include in certain categories, and referred to the category that should be used. For example, all consultant costs should be included in technical and management assistance and not human resources (employee costs only).*

Category	Expenditure examples
Human Resources	Salaries, wages and related costs (pensions, incentives and other employee benefits, etc.) relating to all employees (including field personnel), and employee recruitment costs.
Technical and Management Assistance	Costs of all consultants (short or long term) providing technical or management assistance, including consulting fees, travel and per-diems, field visits and other costs relating to program planning, supervision and administration (including in respect of managing sub-recipient relationships, monitoring and evaluation, and procurement and supply management).
Training	Workshops, meetings, training publications, training-related travel, including training per-diems. *Do not include employee training-related human resources costs that should be included under the Human Resources category).*
Health Products & Health Equipment	Health products such as bed nets, condoms, lubricants, diagnostics, reagents, test kits, syringes, spraying materials and other consumables. Health equipment such as microscopes, x-ray machines and testing machines (including the 'Total Cost of Ownership' of this equipment such as reagents, and maintenance costs). (**Total cost of ownership**' includes the cost of reagents and other consumables, and annual maintenance to ensure that the equipment operates effectively.)*Do not include other types of non-health equipment, as these costs should be included under the Infrastructure and Other Equipment category below.*
Pharmaceutical products (*medicines)*	Cost of antiretroviral therapy, medicines for opportunistic infections, anti-tuberculosis medicines, anti-malarial medicines, and other medicines. *Do not include insurance, transportation, storage, distribution or other like costs. These costs should be included in Procurement and Supply Management costs below.*
Procurement & Supply Management costs	Transportation costs for all purchases (equipment, commodities, products, medicines) including packaging, shipping and handling. Warehouse, PSM office facilities, and other logistics requirements. Procurement agent fees. Costs for quality assurance (including laboratory testing of samples), and any other costs associated with the purchase, storage and delivery of items. *Do not include staff, management or technical assistance, IT systems, health products or health equipment costs, as these costs should be included in the categories above.*
Infrastructure and Other Equipment	This includes health infrastructure rehabilitation and renovation and enhancement costs, non-health equipment such as generators and beds, information technology (IT) systems and software, website creation and development. Office equipment, furniture, audiovisual equipment, vehicles, motorcycles, bicycles, related maintenance, spare parts and repair costs.
Communication materials	Printed material and communication costs associated with program-related campaigns, TV spots, radio programs, advertising, media events, education, dissemination, promotion, promotional items.
Monitoring & Evaluation	Data collection, surveys, research, analysis, travel, field supervision visits, and any other costs associated with monitoring and evaluation. *Do not include personnel, management or technical assistance or IT systems costs, as these costs should be included in the categories above.*
Living support to clients/target populations	Monetary or in-kind support given to clients and patients E.g.: school fees for orphans, assistance to foster families, transport allowances, patient incentives, grants for revenue-generating activities, food and care packages, costs associated with supporting patients charters for care.

Category	Expenditure examples
Planning and Administration *Do not include CCM support costs in the Round 8 proposal***	Office supplies, travel, field visits and other costs relating to program planning and administration (including in respect of managing sub-recipient relationships). Legal, translation, accounting and auditing costs, bank charges etc. Green Light Committee contributions (refer to s.4.10.7). *Do not include human resources costs, as these costs should be included under the Human Resources category above.*
Overheads *Do not include CCM support costs in the Round 8 proposal***	Overhead costs such as office rent, utilities, internal communication costs (mail, telephone, internet), insurance, fuel, security, cleaning. Management or overhead fees.
Other *Do not include CCM support costs in the Round 8 proposal***	Significant costs which do not fall under the above-defined categories. Specify clearly the type of cost. Applicants are able to add additional rows to this table should there be other national budget cost categories that are not covered by the above categories.

** *Commencing from November 2007, CCM (and Sub-CCM) support costs are provided through a separate budget from the Secretariat, and not through grant funds. Applications for this support are made through a separate form, and subject to review, those costs will be provided through a separate Secretariat budget. Information on those costs is available at: http://www.theglobalfund.org/en/apply/call8*

Composite activities
It is not appropriate to define 'cost categories' within the summary budget where the 'activity' or topic can be broken down into its various cost category elements.

For example, the costs of the activity *'home-based care'* may be broken down into the following categories:

Description	Cost Category for table 5.4
Community-based agents	Human Resources
Travel to communities	Planning and Administration
Testing kits	Health Products and Health Equipment
Provision of medicines for treatment	Pharmaceutical Products (Medicines)
Vehicle for agent	Infrastructure and Other Equipment

Additional Guidance from Aidspan

N/A

5.4.1. Overall budget context
Briefly explain any significant variations in cost categories by year, or significant five year totals for those categories.
HALF PAGE MAXIMUM

What the R8 Guidelines for Proposals–MCA Say:

Although the budget by objective and SDA is explained by the detailed programmatic description in s.4.5.1., the summarized budget by cost category may show unusual trends or variations which cannot be easily explained without further narrative. The applicant should therefore use the box to explain the main trends and variations or anything that appears unusual.

Additional Guidance from Aidspan

N/A

5.4.2. Human resources

In cases where '*human resources*' represents an important share of the budget, summarize: (i) the basis for the budget calculation over the initial two years; (ii) the method of calculating the anticipated costs over years three to five; and (iii) to what extent human resources spending will strengthen service delivery.

(Useful information to support the assumptions to be set out in the detailed budget includes: a list of the proposed positions that is consistent with assumptions on hours, salary etc included in the detailed budget; and the proportion (in percentage terms) of time that will be allocated to the work under this proposal.

➔ *Attach supporting information as a clearly named and numbered annex*

HALF PAGE MAXIMUM

What the R8 Guidelines for Proposals–MCA Say:

Applicants should provide an explanation of how the human resources budget has been compiled and to explain the linkage with health systems strengthening. The explanation does not need to repeat information already clearly presented in the detailed budget, but should refer to such information.

Additional Guidance from Aidspan

N/A

5.4.3. Other large expenditure items

If other 'cost categories' represent important amounts in the summary in table 5.4, (i) explain the basis for the budget calculation of those amounts. Also explain how this contribution is important to implementation of the national HIV program.

➔ *Attach supporting information as a clearly named and numbered annex*

HALF PAGE MAXIMUM

What the R8 Guidelines for Proposals–MCA Say:

Applicants should provide an explanation of how other 'cost category' items that are relatively large have been compiled.

Additional Guidance from Aidspan

The Azerbaijan Round 7 TB proposal answered this question as follows:

> The "Infrastructure and other equipment" cost category represents a 9.6 percent share of the budget over the project's lifetime and is intended for infrastructure rehabilitation of the drug resistant (DR) TB treatment delivery sites, a key requirement for commencing a full-scale DR-TB management programme.

*[**Special Note**: For the purposes of this guide, we have assumed that you will be including Section 5B in your proposal, and so we have included it here. Section 5B must be downloaded separately from the Global Fund website and inserted into your proposal here.]*

Extract from the proposal form

5B. FUNDING REQUEST – HSS CROSS-CUTTING INTERVENTIONS

Applying for funding for HSS cross-cutting interventions is optional in Round 8

*SECTION 5B CAN ONLY BE INCLUDED IN **ONE DISEASE** IN ROUND 8 and only if this disease includes the applicant's programmatic description of HSS cross-cutting interventions in s.4B.*

Read the Round 8 Guidelines to consider including HSS cross-cutting interventions

Download 'Section 5B' from the Global Fund website here if the applicant intends to apply for 'Health systems strengthening cross-cutting interventions' ('HSS cross-cutting interventions') ***in Round 8 and has completed section 4B and included that section in the HIV proposal sections.***

What the R8 Guidelines for Proposals–MCA Say:

Section 5B requests similar information for *HSS cross-cutting interventions* as is requested in s.5. for disease program interventions.

In the table below, applicants are directed to the equivalent guidance in s.5. above when appropriate:

Section 5B item	Review the instructions in the corresponding section of these Guidelines
s.5B.1. – Detailed Budget	s.5.2.
s.5B.2. – Summary of detailed budget by objective and service delivery area	***No corresponding instructions, review the information on s.5B.2. below***
s.5B.3. – Summary of detailed budget by cost category	s.5.4.
s.5B.4.1. – s.5B.4.3. overall budget context	s.5.4.1. – s.5.4.3.

Additional Guidance from Aidspan

N/A

5B.1 Detailed Budget

Steps in budget completion:

1. **Submit a detailed budget of the HSS cross-cutting interventions *in Microsoft Excel format*** using the same numbering for budget line items as in the description of HSS cross-cutting interventions in section 4B.1.

   - **The detailed budget must be submitted as a clearly numbered annex**. *The HSS cross-cutting interventions may be prepared as a separate Excel worksheet of the disease budget, or a separate file (Excel workbook) at the applicant's election.*

   - **For guidance on the level of detail required** *(or to use a template if there is no existing in-country detailed budgeting framework)* **refer to the detailed budget guidance in section 5.1 of the Round 8 Guidelines**. *(i.e., same instructions as for the disease budget preparation)*

2. From that detailed budget, **prepare a '*Summary by Objective and Service Delivery Area*'** (section 5B.2).
   (*Note – 'SDAs' for the purpose of HSS cross-cutting interventions are **not** the same as the SDAs for the diseases. Refer to s.5B.2 of the Round 8 Guidelines for more information).*

3. From the same detailed budget, **prepare a '*Summary by Cost Category*'** (section 5B.3); and

4. **Ensure the** detailed budget **is consistent with** the detailed workplan for HSS cross-cutting interventions, **and the** 'Performance Framework' for HSS cross-cutting interventions *(Attachment A).*

➔ ***READ THE ROUND 8 GUIDELINES FOR MORE INFORMATION***

What the R8 Guidelines for Proposals–MCA Say:

N/A

Additional Guidance from Aidspan

N/A

5B.2 Summary of detailed budget for HSS cross-cutting interventions by objective and service delivery area

Table 5B.2 – Summary of detailed budget by objective and service delivery area

		Budget breakdown by SDA					
Objective Number	**Service delivery area** *(Use the same numbering as the detailed work plan for HSS cross-cutting interventions)*	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
	Use "Add Extra Row Below" from "Table" menu in Microsoft Word menu bar to add as many additional rows as required to ensure consistent with the 'Performance Framework'						
Total funds requested from Global Fund for HSS cross-cutting interventions *(i.e., total for all the interventions described on a programmatic basis in s.4B.1, where included in Round 8)*							

[For the purposes of this guide, the table above has been re-sized to show in vertical (portrait) format.]

What the R8 Guidelines for Proposals–MCA Say:

The 'service delivery areas' that applicants should use to complete this table should be drawn from the six categories set out in detail in **Annex 3** to these Guidelines.

In summary they are (*as relevant to the focus of the proposal*):

- Information
- Service delivery
- Medical products and technologies
- Financing
- Health workforce (including human resources costs)
- Leadership and governance

Thus, applicants should, after identifying each relevant objective for the planned *HSS cross-cutting interventions*, select 'service delivery areas' from the list above (as most relevant to the program activity to be undertaken).

Additional Guidance from Aidspan

N/A

5B.3 Summary of detailed budget by cost category

Summary information provided in the table below should be supplemented with additional detail in section 5B.4 below.

Table 5B.3 – Summary of detailed budget by cost category

Avoid using the "other" category unless necessary – read the Round 8 Guidelines.	**Breakdown by cost category** *(same currency as selected by Applicant on face sheet of the Proposal Form)*					
	Year 1	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Total**
Human resources						
Technical and Management Assistance						
Training						
Health products and health equipment						
Pharmaceutical products (medicines)						
Procurement and supply management costs						
Infrastructure and other equipment						
Communication Materials						
Monitoring & Evaluation						
Living Support to Clients/Target Populations						
Planning and administration						
Overheads						
Other: *(To be further defined to meet national budget planning categories)*						
Total funds requested from Global Fund for HSS cross-cutting interventions (s.4B.1)						

[For the purposes of this guide, the table above has been re-sized to show in vertical (portrait) format.]

What the R8 Guidelines for Proposals–MCA Say:

N/A

Additional Guidance from Aidspan

N/A

5B.4.1 Briefly explain any significant variations in cost categories by year, or significant five year totals for those categories.

HALF PAGE MAXIMUM

5B.4.2 Human resources

In cases where '*human resources*' represents an important share of the budget, summarize: (i) how these amounts have been budgeted in respect of the first two years; and (ii) to what extent human resources spending will strengthen health systems' capacity at the client/target population level.

(Useful information to support the assumptions to be set out in the detailed budget includes: a list of the proposed positions that is consistent with assumptions on hours, salary etc included in the detailed budget; and the proportion (in percentage terms) of time that will be allocated to the work under this proposal.

➔ *Attach such information as a numbered annex to the proposal, and indicate the annex number in the checklist at the end of this section.)*

HALF PAGE MAXIMUM

5B.4.3. Other large expenditure items

If other 'cost categories' represent important amounts in the summary in table 5.4, (i) explain the basis for the budget calculation of those amounts. Also explain how this contribution is important to implementation of the national disease program.

➔ *Attach supporting information as clearly named and numbered annex.*

HALF PAGE MAXIMUM

What the R8 Guidelines for Proposals–MCA Say:

N/A

Additional Guidance from Aidspan

N/A

Proposal checklist

Section	Document description	Annex Number
	Use the "Tab" button on your key board to add extra rows as required.	

What the R8 Guidelines for Proposals–MCA Say:

Complete the 'checklist' for sections 3, 4 and 5 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.
- Only if relevant to the proposal, where HSS cross-cutting interventions are included in one only of the disease proposals, also attach relevant documents (s.4B and s.5B references in the 'checklist').

Additional Guidance from Aidspan

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

A. the mandatory attachments provided by the Global Fund that are relevant to these section – i.e., Attachments A and B;

B. other annexes that the Fund says are required, as indicated in Sections 3-5 (including, but not limited to, the work plan and budget); and

C. other annexes that you have decided to include in Sections 3-5.

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 3-5, in the specific sections to which they relate.

Chapter 4, Part 4: Attachment D to the Proposal Form

[Note: As indicated earlier in this chapter, Aidspan has not attempted to provide step-by-step guidance on how to fill out Attachments A, B or C. Each of these attachments is either very easy or fairly easy to complete. Attachments A and C contain instructions.]

Attachment D
CCM, Sub-CCM and RCM Minimum Eligibility

[Some applicants have to complete Attachment D. See the guidance on this topic in Section 2.2.]

Extract from the proposal form (Attachment D)

Principle of broad and inclusive membership	
Requirement 1 ➔ Selection of non-governmental sector representatives (a) Provide evidence of how the Coordinating Mechanism members representing each of the non-governmental sectors (*i.e. academic/educational sector, NGOs and community-based organizations, private sector, or religious and faith-based organizations),* have been selected by their own sector(s) based on a **documented**, **transparent** process **developed within their own sector**. *Please indicate below (via the check-box below) which documents are relied on to support the Applicant's statement of compliance with this requirement **AND** attach as an annex the documents showing **each sector's transparent process** for Coordinating Mechanism representative selection, and **each sector's** meeting minutes or other documentation recording the selection of their current representative.*	
Documentation relied on to support compliance with Requirement 1	**Identify which annex to this proposal contains these documents**
☐ Selection criteria for each sector developed by each respective sector	
☐ Minutes of meeting(s) at which the sector transparently determined its representative	
☐ Rules of procedure, constitution or other governance documents of a sector representative body identifying the process for selection of their member	
☐ Letters and other correspondence from a sector describing the transparent process for election and the outcome of the selection process	
☐ Newspaper advertisements or other publicly circulated calls for members of each sector to select a representative of that sector for membership on the Coordinating Mechanism	
☐ Other: *(please specify):*	

(b) Please briefly summarize how the information provided within the annexes listed above satisfies Requirement 1.

What the R8 Guidelines for Proposals–MCA Say:

[The R8 Guidelines for Proposals–MCA do not provide any guidance on how to complete Attachment D. However, some of the items in Attachment D are similar or identical to items in Section 2 of the proposal form. In Attachment D itself, the Global Fund provides a description of the six minimum requirements for coordinating mechanisms.

[Attachment D also contains the following note:

Please note that the following sections follow the order set out in the document entitled 'Clarifications on CCM Minimum Requirements' at: http://www.theglobalfund.org/pdf/Clarifications_CCM_Requirements.pdf]

Additional Guidance from Aidspan

In item (a), you are asked to indicate which types of documentation you have attached to your proposal as evidence of compliance with Requirement 1. To tick a box in item (a), move the cursor to the textbox, right click, select "Properties," and then under "Default value" select "Checked." Finally, click on "OK."

In the right-hand column, list the annex numbers and titles (i.e., document descriptions) for each annex. Remember to include these annexes in the list of annexes you provide at the end of Section 2 of the proposal form (write "Attachment D" in the "Section" column).

In item (b), you should briefly summarise the selection processes used by each sector. Please note: You are ***not*** being asked: (a) which organisations were selected; (b) how many members there are from each sector; or (c) what the RCM did to request that the various sectors select their representatives. In past rounds of funding, many applicants provided this type of information here. But that is not what is being requested.

Extract from the proposal form (Attachment D)

Principle of involvement of persons living with and/or affected by the disease(s)
Requirement 2 ➔ People living with and/or affected by the disease(s). Describe the involvement of people living with and/or affected by the disease(s) in the Coordinating Mechanism. *(Importantly, Applicants submitting HIV/AIDS and/or tuberculosis components must clearly demonstrate representation of this important group. Please carefully review the Global Fund's 'Clarifications on CCM Minimum Requirements' document before you complete this section.)*

Additional Guidance from Aidspan

The Global Fund requires evidence that the membership of the RCM includes people living with, and/or affected by, the diseases. Although the wording is ambiguous, this requirement has been interpreted to mean that the RCM must include people *living with* the diseases (or, in the case of malaria, representatives of any community or civil society group working on malaria, or affected by malaria).

Principle of transparent and documented proposal development processes (Requirements 3, 4 and 5). *As part of the eligibility screening process for proposals, the Global Fund will review supporting documentation setting out the Coordinating Mechanism's proposal development process, the submission and review process, the nomination process for Principal Recipient(s), as well as the minutes of the meeting(s) where the Coordinating Mechanism decided on the elements to be included in the proposal and made the decision about the Principal Recipient(s) for this proposal. We will also review how, during the program term, the Coordinating Mechanism will oversee implementation.* **Please describe and provide evidence of the applicant's documented, transparent and established processes to respond to each of the 'Requirements' set out below:**
Requirement 3(a) ➔ Process to solicit submissions for possible integration into this proposal.
Requirement 3(b) ➔ Process to review submissions received by the Coordinating Mechanism for possible integration into this proposal.
Requirement 4(a) ➔ Process to nominate the Principal Recipient(s) for proposals.
Requirement 4(b) ➔ Process to oversee/review program implementation by the Principal Recipient(s) during the proposal term.
Requirement 5(a) ➔ Process to ensure the input of a broad range of stakeholders, including Coordinating Mechanism members **and non-CCM members**, in the proposal development process.
Requirement 5(b) ➔ Process to ensure the input of a broad range of stakeholders, including Coordinating Mechanism members **and non-CCM members**, in grant oversight processes.

Additional Guidance from Aidspan

The Global Fund requires that you submit documents supporting the information provided above. Each document should be clearly named and given an annex number. The documents should be included in the list of annexes you provide at the end of Section 2 of the proposal form (write "Attachment D" in the "Section" column).

For Requirement 3(a) – the process to solicit submissions, Requirement 3(b) – the process to review submissions, and Requirement 5(a) – input from a broad range of stakeholders, see the guidance provide for Section 2.2.2.

For Requirement 4(a) – nominating the PR – see the guidance provided for Section 2.2.4. For Requirements 4(b) and 5(b) – the grant oversight process – see the guidance provided for Section 2.2.3.

Principle of effective management of actual and potential conflicts of interest	
Requirement 6 ➔ ***Are the Chair*** *and/or* ***Vice Chair of the Coordinating Mechanism from the same entity as the nominated Principal Recipient(s) in this proposal?***	☐ Yes ☐ No
If yes, summarize below the main elements of the Applicant's documented conflict of interest policy to mitigate any actual or potential conflicts of interest **and attach a copy of the Conflict of Interest policy/plan to this proposal as an annex**.	

Additional Guidance from Aidspan

See the guidance provided in Section 2.2.7.