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# **An Analysis of the Strengths and Weaknesses of Proposals Submitted to the Global Fund in Rounds 3-6**

**Based on Comments by the  
Technical Review Panel**

**Extracted from a Forthcoming Aidspan Guide**

**14 December 2006**

by  
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## **Explanatory Note**

This is an extract from a forthcoming guide, *The Aidspan Guide to Round 7 Applications to the Global Fund*. The full guide will be available as close as possible to the date when the Global Fund to Fight AIDS, TB and Malaria issues its Call for Proposals for Round 7. This date has been tentatively set at 1 March 2007. When it becomes available, the guide can be downloaded from the Aidspan website via [www.aidspan.org/guides](http://www.aidspan.org/guides). Other Aidspan guides for applicants and recipients of grants from the Global Fund are available on the same website.

Copies of this document can be downloaded in Microsoft Word format at <http://www.aidspan.org/documents/guides/aidspan-strengths-and-weaknesses-guide-extract.doc> and in Adobe PDF format at <http://www.aidspan.org/documents/guides/aidspan-strengths-and-weaknesses-guide-extract.pdf>.

There may be some minor differences between the text of this extract and the chapter on strengths and weaknesses that will appear in *The Aidspan Guide to Round 7 Applications to the Global Fund*.

## **Aidspan**

Aidspan is a small US-based NGO that works to promote increased support for and effectiveness of the Global Fund. Aidspan also publishes the *Global Fund Observer (GFO)* newsletter, an independent email-based source of news, analysis, and commentary about the Global Fund. GFO is sent to over 10,000 readers in 170 countries. To receive GFO at no charge, send an email to [receive-gfo-newsletter@aidspan.org](mailto:receive-gfo-newsletter@aidspan.org). The subject line and text area can be left blank.

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## Introduction

This document contains information on the most common strengths and weaknesses of proposals submitted to the Global Fund for the third, fourth, fifth and sixth rounds of funding. The information is based on comments made by the TRP.

CCMs and other organisations that are planning to submit applications to the Global Fund for Round 7 in 2007 can make good use of this document as they prepare their proposals. Potential applicants should review the strengths described in this document in order to get a sense of what constitutes a solid proposal. And, of course, they should examine the weaknesses to ensure that they know what problems to avoid when preparing their proposals.

This document is divided into two sections, one on the strengths and the other on the weaknesses.

The section on strengths starts with a list of the most common strengths that were identified in Rounds 3-6. The rest of the section, which is divided into three parts – strengths identified most often, other frequently identified strengths, and strengths that started to emerge in Round 6 TRP comments – provides a detailed discussion of each strength. Many extracts of TRP comments on individual proposals are included. For each extract, the country involved has been identified. (In the case of proposals from sources other than CCMs, the sponsoring organisation has been identified.) The extracts have all been taken from TRP comments on Round 4, 5 and 6 proposals. The extracts have been paraphrased – i.e., they are not direct quotes. For each extract, hyperlinks are provided to take the reader directly to the full TRP comments from which the extract was taken, and to the proposal that the TRP was commenting on.<sup>1</sup> All documents linked to are in English unless otherwise stated.

The section on weaknesses is organised in a similar fashion, except that the names of the countries have not been included in the extracts of TRP comments (and, therefore, no links are provided to either the full TRP comments or the relevant proposals).

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<sup>1</sup> The hyperlinks for the TRP comments link to the Aidspace website. The hyperlinks for the proposals link to the Global Fund website.

## Strengths

The strengths identified most often in the TRP comments on approved proposals submitted during the third, fourth, fifth and sixth rounds of funding were as follows:

1. The proposal was clear, well organised and well-documented; the strategy was sound.
2. The proposal demonstrated complementarity – i.e., it built on existing activities, including national strategic plans, and/or it built on earlier programmes financed by the Global Fund.
3. There was good involvement of partners (including NGOs and other sectors) in the implementation plan.
4. The proposal contained a good situational analysis.
5. There was a strong political commitment to implement the programme.

Other strengths identified fairly frequently were as follows:

6. The programme targeted high-risk groups and vulnerable populations.
7. The proposal demonstrated sustainability – i.e., national budgets were identified to help sustain the activities once Global Fund support terminates.
8. The monitoring and evaluation (M&E) plan was solid.
9. The budget was well detailed, well presented and reasonable.
10. The proposal reflected comments made by the TRP during earlier rounds of funding.
11. There was good collaboration between HIV and TB.
12. The programme was realistic with respect to what could be accomplished, and/or had a limited and concentrated focus.
13. The proposal demonstrated good co-funding.
14. The PR is a strong organisation, with experience managing similar programmes.
15. The proposal included capacity building measures and identified technical support needs.
16. The proposal contained innovative strategies, some of which could lead to best practices.
17. The proposal built on lessons learned and best practices.
18. The proposal had a strong human rights focus.
19. The proposal contained solid strategies for procurement and supply management (PSM).
20. The CCM was strong and had wide sectoral representation.
21. The proposal was developed through a transparent, participatory process.
22. The proposal acknowledged issues of absorptive capacity.

The following strengths began to emerge during Round 6:

23. The proposal described solid strategies for managing the programme.
24. The proposal contained solid indicators and targets.
25. The proposal identified the SRs, and/or provided a good description of the process for identifying the SRs.
26. The proposal contained a strong section on health systems strengthening (HSS).

The observations of the TRP concerning each of these strengths are further described below.

## ***Strengths Identified Most Often***

### **1. Strength: The proposal was clear and well documented; the strategy was sound.**

The reviewers commented very favourably on proposals that were well thought out and reflected a solid strategic approach; that were well structured; that were clearly written; and that contained a detailed work plan with clear objectives. They also praised proposals where each section was complete and all necessary documentation was provided.

FOR EXAMPLE:

- ⇒ Benin – TB {[proposal](#), [TRP comments](#)}: Sound proposal, addresses both programme and sector constraints, including migration from neighbouring countries.
- ⇒ Bhutan – HIV {[proposal](#), [TRP comments](#)}: Well conceived and well-written proposal. Uses sound strategies with a record of effectiveness (e.g., peer education, life skills).
- ⇒ Guatemala – TB {[proposal](#), [TRP comments](#)}: Very detailed and excellent description of the activities. Uses a table format which describes indicators, activities and methodology, and indicates who is responsible.
- ⇒ Rwanda – Malaria {[proposal](#), [TRP comments](#)}: Very well written, technically sound strategies aimed at a well-described disease burden.
- ⇒ Cambodia – HIV {[proposal](#), [TRP comments](#)}: Good on how the activities will be implemented, not just on what will be done.
- ⇒ Republic of Congo – HIV {[proposal in French](#), [TRP comments](#)}: Well written and conceptually well-thought-out proposal; very consistent line from overall goals to objectives to activities to budget, expected output and responsible party.
- ⇒ Democratic Republic of Congo – TB {[proposal](#), [TRP comments](#)}: Comprehensive proposal with sound strategy, rational objectives and activities addressing essential components of TB control programme.
- ⇒ Eritrea – HIV {[proposal](#), [TRP comments](#)}: This is a model proposal in terms of its clarity. The activities, delivery areas, objectives and goal are coherent and well linked to the budget and workplan.
- ⇒ Lao PDR – Malaria {[proposal](#), [TRP comments](#)}: Compact proposal, well written.
- ⇒ Maldives – HIV {[proposal](#), [TRP comments](#)}: Well written, with clear goals and objectives that take into account political, cultural and religious realities and sensitivities.

- ⇒ Malawi – HIV {[proposal](#), [TRP comments](#)}: The proposal is well-written and focused, with a clear rationale, appropriate objectives, and a feasible action plan; there is clear justification given for strengthening the national system of support services so that the current ad hoc services provided by NGOs can be sustained and coordinated within a technically capable national government programme.
- ⇒ Morocco – TB {[proposal](#), [TRP comments](#)}: Strong evidence of technical and programmatic feasibility of the implementation arrangements, with clear output and impact indicators. Detailed activities, clear information on all objectives.
- ⇒ Mozambique – HIV {[proposal](#), [TRP comments](#)}: Very well written proposal, deals with one of the largest epidemics in the region and demonstrates a clear need for the resources being requested.
- ⇒ Nigeria – TB {[proposal](#), [TRP comments](#)}: Extensive list of indicators for each objective supported by detailed set of strategies and activities.
- ⇒ Southern Africa – Malaria {[proposal](#)<sup>2</sup>, [TRP comments](#)}: Highly relevant, evidence based proposal that has the potential to be effective and cost efficient. (Note: This is a proposal from an RCM.)
- ⇒ See also Guinea-Bissau – Malaria {[proposal in English](#), [proposal in French](#), [TRP comments](#)}, Guyana – HIV {[proposal](#), [TRP comments](#)}, Iraq – TB {[proposal](#), [TRP comments](#)}, Madagascar – Malaria {[proposal](#), [TRP comments](#)}, Moldova – HIV {[proposal](#), [TRP comments](#)}, Moldova – TB {[proposal](#), [TRP comments](#)}, Montenegro – TB {[proposal](#), [TRP comments](#)}, Paraguay – HIV {[proposal](#), [TRP comments](#)}, Peru – TB {[proposal](#), [TRP comments](#)}, Russian Federation – HIV {[proposal](#), [TRP comments](#)}, Sao Tome – HIV {[proposal](#), [TRP comments](#)}, Somalia – Malaria {[proposal](#), [TRP comments](#)}, Swaziland – HIV {[proposal](#), [TRP comments](#)}, Tajikistan – HIV {[proposal](#), [TRP comments](#)}, Tanzania – HIV {[proposal](#), [TRP comments](#)}, Tanzania/Zanzibar – Malaria {[proposal](#), [TRP comments](#)}, Togo – HIV {[proposal](#), [TRP comments](#)}, and Yemen – TB {[proposal](#), [TRP comments](#)}.

Reviewers also reacted positively to proposals where the various components (e.g., goals, objectives, activities, outcomes, indicators and budgets) were well aligned:

FOR EXAMPLE:

- ⇒ Lao – HIV {[proposal](#), [TRP comments](#)}, Papua New Guinea – TB {[proposal](#), [TRP comments](#)}, Romania – HIV {[proposal](#), [TRP comments](#)}, and Rwanda – TB {[proposal](#), [TRP comments](#)}.

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<sup>2</sup> This proposal is not available on the Global Fund website.

**2. Strength: The proposal demonstrated complementarity and additionality – i.e., it built on existing activities, including national strategic plans, and/or it built on earlier programmes financed by the Global Fund.**

The reviewers noted with satisfaction proposals that would scale up already existing programmes; and that would be a good fit with, be integrated with, or link with existing programmes.

FOR EXAMPLE:

- ⇒ Brazil – TB {[proposal](#), [TRP comments](#)}: Expands the scope from four to 10 metropolitan areas, including the municipalities with high levels of poverty and the highest levels of TB incidence and TB/HIV co-infection.
- ⇒ Cambodia – Malaria {[proposal](#), [TRP comments](#)}: Builds on ongoing projects using community-based approaches.
- ⇒ Democratic Republic of Congo – TB {[proposal](#), [TRP comments](#)}: Builds on previous work and adds new dimensions.

The reviewers welcomed proposals that were situated within existing national or governmental plans, policies and programmes.

FOR EXAMPLE:

- ⇒ Guatemala – Malaria {[proposal in Spanish](#), [proposal in English](#), [TRP comments](#)}: The activities are completely congruent with the national strategic plan for malaria control.
- ⇒ Somalia – HIV {[proposal](#), [TRP comments](#)}: Clear presentation of how the proposed activities fit within existing strategic frameworks.
- ⇒ Malawi – HIV {[proposal](#), [TRP comments](#)}: The proposed programme is based directly on the National Plan of Action for Orphans and other Vulnerable Children and is consistent with the National Policy, which seeks to keep affected children within extended families or with foster parents.
- ⇒ Afghanistan – Malaria {[proposal](#), [TRP comments](#)}: The plan for malaria control is completely consistent with the existing, well worked-out strategies and guidelines established by the Roll Back Malaria partnership In Afghanistan.

The reviewers were impressed by proposals that explained how they would scale up and build on programmes financed by the Global Fund in previous rounds of funding.

FOR EXAMPLE:

- ⇒ Peru – HIV {[proposal](#), [TRP comments](#)}: Very good framework, explaining the objectives and activities of different rounds of funding in order to show a logical framework of additionality.
- ⇒ See also Tajikistan – HIV {[proposal](#), [TRP comments](#)}

The reviewers also welcomed proposals that specifically addressed weaknesses in the implementation of programmes funded by earlier Global Fund grants.

FOR EXAMPLE:

- ⇒ Uganda – TB {[proposal](#), [TRP comments](#)}: Realistic analysis of the adverse circumstances faced by the Round 2 proposal, and the effort made to overcome the challenges.
- ⇒ See also Bhutan – HIV {[proposal](#), [TRP comments](#)}.

### **3. Strength: There was good involvement of partners (including NGOs and other sectors) in the implementation plan.**

The reviewers were impressed by proposals that involved a wide range of partners and that featured inter-sector collaboration in the implementation of the programmes. Some of the specific partners and sectors that were listed in these proposals were: local, national, and international NGOs; organisations and networks of persons living with HIV/AIDS; organisations representing vulnerable groups, such as drug users, women, and sex trade workers; religious leaders and institutions, including faith-based groups; trade unions and traditional medicine societies; academia; other government departments; international organisations, such as the World Health Organization (WHO), the United Nations Children’s Fund (UNICEF), the World Bank, and the Global TB Drug Facility (GDF); development organisations; rural organisations; and the private sector.

FOR EXAMPLE:

- ⇒ Bhutan – HIV {[proposal](#), [TRP comments](#)}: Sound approach to mobilizing the private sector and NGOs.
- ⇒ Burundi – HIV {[proposal](#), [TRP comments](#)}: Good partnership between government, national stakeholders and international development partners; recognition of the role of civil society and private sector; funds have been allocated to increase the capacity of these entities.
- ⇒ Haiti – HIV {[proposal](#), [TRP comments](#)}: Involvement of many implementing partners for each activity.
- ⇒ Morocco – TB {[proposal](#), [TRP comments](#)}: Strong partnership with national and international NGOs as well as the academic sector; local NGOs involved in the implementation phase.
- ⇒ See also India – HIV {[proposal](#), [TRP comments](#)}.

The reviewers commented favourably on proposals that talked about collaboration and partnership between government services and NGOs or communities (including people living with HIV/AIDS), especially for the implementation phase of the programme.

FOR EXAMPLE:

- ⇒ Azerbaijan – HIV {[proposal](#), [TRP comments](#)}: Strong partnership with key NGOs/CBOs in the design of the proposal, and in the implementation of prevention strategies aimed at high risk groups.

- ⇒ Democratic Republic of Congo – TB {[proposal](#), [TRP comments](#)}: Strong partnership with a number of well-reputed and credible NGOs.
- ⇒ East Timor – HIV {[proposal](#), [TRP comments](#)}: Good government and civil society collaboration in developing the proposal and in implementing proposed activities.
- ⇒ Lesotho – TB {[proposal](#), [TRP comments](#)}: Good partnership between the ministries of Finance and Health, international and national NGOs, and the community.
- ⇒ Zambia – Malaria {[proposal](#), [TRP comments](#)}: The recently formed NGO/CBO umbrella organisation is a significant partner that will expand the reach of activities deep into communities.
- ⇒ See also China – HIV {[proposal](#), [TRP comments](#)}, and Eritrea – HIV {[proposal](#), [TRP comments](#)}.

Along similar lines, the reviewers were impressed with proposals that outlined the prominent role that NGOs and communities would play in the implementation of the programmes.

FOR EXAMPLE:

- ⇒ Guatemala – Malaria {[proposal in Spanish](#), [proposal in English](#), [TRP comments](#)}: The proposed plan and activities are very clearly and strategically community-focused.
- ⇒ Guatemala – TB {[proposal](#), [TRP comments](#)}: Strong community mobilisation component with the participation of a broad range of NGOs.
- ⇒ Lao PDR – TB {[proposal](#), [TRP comments](#)}: Proposed involvement of many community-based organisations, village health committees, and village health volunteers to make TB services accessible to under-served populations in rural areas.
- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: Clearly defined role for civil society in implementation and capacity building.
- ⇒ See also Peru – HIV {[proposal](#), [TRP comments](#)}, Rwanda – HIV {[proposal](#), [TRP comments](#)} and Tanzania/Zanzibar – HIV {[proposal](#), [TRP comments](#)}.

#### **4. Strength: The proposal contained a good situational analysis.**

The reviewers were favourably impressed by proposals that contained a solid description the current situation in the country.

FOR EXAMPLE:

- ⇒ Eritrea – Malaria {[proposal](#), [TRP comments](#)}: Excellent situational analysis, including a gap analysis based on the programme review conducted for the development of a new strategic plan. The analysis presents maps, graphs, results of data analysis, climate data, vector and parasitological data, data on the effectiveness of insecticide and drugs, etc.
- ⇒ Nigeria – HIV {[proposal](#), [TRP comments](#)}: The background and gap analysis outline important root causes of the continuing epidemic in Nigeria and the challenges faced in responding to them.
- ⇒ Gambia – TB {[proposal](#), [TRP comments](#)}: The proposal provides a clear description of epidemiological situation, the disease burden and the institutional challenges of the TB control programme.

- ⇒ Guatemala – Malaria {[proposal in Spanish](#), [proposal in English](#), [TRP comments](#)}: A thorough, very detailed epidemiological situational analysis for each malarial region of Guatemala is included as an annex to the proposal.
- ⇒ Mozambique – HIV {[proposal](#), [TRP comments](#)}: Excellent description of country situation in terms of health, human resources, infrastructure, and partner organisations and participation.
- ⇒ Paraguay – HIV {[proposal](#), [TRP comments](#)}: Outstanding programmatic gap analysis.
- ⇒ See also Georgia – TB {[proposal](#), [TRP comments](#)}, Iraq – TB {[proposal](#), [TRP comments](#)}, Montenegro – TB {[proposal](#), [TRP comments](#)}, Romania – HIV {[proposal](#), [TRP comments](#)} and Thailand – TB {[proposal](#), [TRP comments](#)}.

## **5. Strength: There was a strong political commitment to implement the programme.**

The reviewers considered that strong political commitment was a significant asset to any proposal. This commitment was evidenced in a variety of ways. Including the following: (a) increased government funding or support for the fight against the disease being addressed by the proposal; (b) providing funds to directly subsidize the purchase of antiretroviral therapies; and (c) implementing progressive policy measures.

FOR EXAMPLE:

- ⇒ Armenia – TB {[proposal](#), [TRP comments](#)}: A strong government commitment to control TB is evident through a 63% budget increase in 2004, 10% in 2005, and a foreseen increase of 35% in 2006.
- ⇒ Bhutan – TB {[proposal](#), [TRP comments](#)}: Political commitment demonstrated by increasing the national budget by 20-25% over the next five years, and by a commitment to maintain financial support for first line TB drugs.
- ⇒ Bulgaria – TB {[proposal](#), [TRP comments](#)}: Political commitment demonstrated by increased financial commitment during the lifetime of the grant, free treatment and the inclusion of high-risk and stigmatised groups.
- ⇒ Senegal – Malaria {[proposal in French](#), [proposal in English](#), [TRP comments](#)}: The government commitment is explicit, ranging from the removal of taxes and tariffs on ITNs, to the commitment to increase social sector spending annually, to the recognition that malaria is a significant contributor to poverty.
- ⇒ See also Eritrea – Malaria {[proposal](#), [TRP comments](#)} and Georgia – HIV {[proposal](#), [TRP comments](#)}.

## ***Other Frequently Identified Strengths***

### **6. Strength: The programme targeted high-risk groups and vulnerable populations.**

The reviewers commented favourably on all proposals that included a strong focus on vulnerable communities (including the poor) and groups at risk for contracting HIV, TB or malaria.

FOR EXAMPLE:

- ⇒ Albania – HIV {[proposal](#), [TRP comments](#)}: Specifically will support harm reduction programmes for IDUs and substitution therapy.
- ⇒ Bangladesh – Malaria {[proposal](#), [TRP comments](#)}: Explicit strategy on how to reach the very poor target groups.
- ⇒ Kazakhstan – TB {[proposal](#), [TRP comments](#)}: Clear description of the target groups and how they will benefit.
- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: Proposal focuses on the most vulnerable groups, and proposes appropriate interventions, including condoms, needle exchange and methadone substitution.
- ⇒ Namibia – Malaria {[proposal](#), [TRP comments](#)}: Clear and comprehensive focus on risk groups, including people living with HIV/AIDS.
- ⇒ Russian Federation – HIV {[proposal](#), [TRP comments](#)}: The proposal deals with the most vulnerable, underserved population – i.e., injection drug users; special efforts will be made to reach female sex workers who also inject drugs.
- ⇒ Rwanda – HIV {[proposal](#), [TRP comments](#)}: A portion of the country's incarcerated population is included in the proposal.
- ⇒ Sri Lanka – HIV {[proposal](#), [TRP comments](#)}: Part of the proposal focuses on promoting STI treatment and changing sexual behaviour among the most vulnerable demographic group in the country – the Tamils in tea plantations.
- ⇒ Suriname – HIV {[proposal](#), [TRP comments](#)}: Activities focused towards sex workers are based within an NGO that has great experience in serving this population; the same organisation has begun services directed towards men who have sex with men.

### **7. Strength: The proposal demonstrated sustainability – i.e., national budgets were identified to help sustain the activities once Global Fund support terminates.**

Reviewers applauded proposals that demonstrated sustainability – by governments committing to long-term funding for the programme (beyond the end date of the programme); by governments committing to increasing their contributions to the fight against one or more of the three diseases over time; or by governments allocating additional funds immediately to the programme (as a sign of their commitment).

FOR EXAMPLE:

- ⇒ Cuba – HIV {[proposal](#), [TRP comments](#)}: Programme is well integrated into the national health system, which signifies a higher probability of sustainability.

- ⇒ Djibouti – HIV {[proposal](#), [TRP comments](#)}: Sustainability evidenced by the ability of the country to demonstrate co-financing.
- ⇒ South Africa – HIV {[proposal](#), [TRP comments](#)}: Good possibility of long-term sustainability since the government already funds 80% of the national response and makes substantial grants to NGOs.
- ⇒ See also Eritrea – Malaria {[proposal](#), [TRP comments](#)}, and Rwanda – HIV {[proposal](#), [TRP comments](#)}.

## **8. Strength: The monitoring and evaluation (M&E) plan was solid.**

The reviewers were pleased with proposals that contained strong M&E plans.

FOR EXAMPLE:

- ⇒ Bhutan – HIV {[proposal](#), [TRP comments](#)}: Clear monitoring plan, with well-defined relevant output indicators coherent with outcomes and goal achievement.
- ⇒ Gambia – TB {[proposal](#), [TRP comments](#)}: The proposal includes appropriate coverage indicators linked to the impact indicators.
- ⇒ Tanzania/Zanzibar – Malaria {[proposal](#), [TRP comments](#)}: Excellent M&E plan and choice of indicators.
- ⇒ Zimbabwe – HIV {[proposals](#), [TRP comments](#)}: Very good list of M&E indicators and a detailed plan of how to implement M&E.
- ⇒ See also Papua New Guinea – TB {[proposal](#), [TRP comments](#)}.

The reviewers were also pleased to see M&E plans that were based on existing systems.

FOR EXAMPLE:

- ⇒ Multi-Country Americas OECS – HIV {[proposal](#), [TRP comments](#)}: M&E based on an existing system for collecting and processing data using indicators and measurement tools developed in collaboration with UNAIDS, the Caribbean Health Research Council and the Caribbean Epidemiology Centre.

## **9. Strength: The budget was detailed, well presented and reasonable.**

The reviewers reacted favourably to proposals that contained budgets that were detailed, well-presented and reasonable.

FOR EXAMPLE:

- ⇒ Djibouti – TB {[proposal](#), [TRP comments](#)}: Budget is well-detailed, clearly outlines costs and underlying assumptions, and states the contribution of each donor to each item.
- ⇒ Kazakhstan – TB {[proposal](#), [TRP comments](#)}: Clear budget with sound budget analysis.
- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: Budget is detailed, well-justified and modest.
- ⇒ Nepal – TB {[proposal](#), [TRP comments](#)}: Budget clearly outlines unit costs and the underlying assumptions. Budget clearly states the contribution of each donor for every item in the budget.

- ⇒ Papua New Guinea – TB {[proposal](#), [TRP comments](#)}: Excellent and extremely detailed budget.
- ⇒ See also Iraq – TB {[proposal](#), [TRP comments](#)}, Montenegro – TB {[proposal](#), [TRP comments](#)}, and Tanzania/Zanzibar – Malaria {[proposal](#), [TRP comments](#)}.

In Round 4, the reviewers commented favourably on the “very precise budgeting” in the HIV proposal from Tanzania {[proposal](#), [TRP comments](#)}, and added that because the Global Fund co-funding was limited to two years, any under-spending as a result of targets that are too ambitious could be used to attain these targets in Year 3 and later.

**10. Strength: The proposal reflected comments made by the TRP during earlier rounds of funding.**

The reviewers noted with satisfaction proposals that responded to comments, clarifications and recommendations made by the TRP in earlier rounds of funding.

FOR EXAMPLE:

- ⇒ Jordan – HIV {[proposal](#), [TRP comments](#)}: The weaknesses in the Round 5 proposal are systematically addressed.

**11. Strength: There was good collaboration between HIV and TB.**

The reviewers commented positively on HIV and TB proposals that demonstrated good collaboration among programmes addressing the two diseases.

FOR EXAMPLE:

- ⇒ See Ukraine – HIV {[proposal](#), [TRP comments](#)}.

**12. Strength: The programme was realistic with respect to what could be accomplished, and/or had a limited and concentrated focus.**

The reviewers applauded proposals that contained reasonable, realistic and achievable goals, objectives and indicators.

FOR EXAMPLE:

- ⇒ Montenegro – TB {[proposal](#), [TRP comments](#)} and Romania – TB {[proposal](#), [TRP comments](#)}: Phased plan for expansion; targets and indicators are realistic.

**13. Strength: The proposal demonstrated good co-funding.**

The reviewers welcomed proposals that included major funding contributions from multilateral organisations, foundations and other sources of funding.

FOR EXAMPLE:

- ⇒ Jordan – HIV {[proposal](#), [TRP comments](#)}: The counterpart financing is generous (more than 60%) and increases over time.

- ⇒ Tanzania – HIV [{proposal, TRP comments}](#): High level of co-financing with World Bank, PEPFAR and other donors; additionality is clear.
- ⇒ See also Montenegro – TB [{proposal, TRP comments}](#).

**14. Strength: The PR is a strong organisation, with experience managing similar programmes.**

The reviewers were impressed by proposals that demonstrated that the PR had a track record in administering grants and/or had strong financial and organisational management skills.

FOR EXAMPLE:

- ⇒ Lao PDR – HIV [{proposal, TRP comments}](#): The PR has experience administering three Global Fund grants. Written guidelines for the administration of Global Fund grants have been developed. A PR office has been established with dedicated staff.
- ⇒ Romania – HIV [{proposal, TRP comments}](#): Excellent documentation of PR capacities and previous experiences, and of CCM minutes for selection of the PR.
- ⇒ Ukraine – HIV [{proposal, TRP comments}](#): The PR has significantly improved performance of previously very poorly performing grants, including by sub-contracting to numerous NGOs that provide services to vulnerable populations.

In recent rounds of funding, the TRP has welcomed proposals that include the use of two or more PRs.

FOR EXAMPLE:

- ⇒ Thailand – TB [{proposal, TRP comments}](#): The proposal nominates two PRs with deliberate division of responsibilities based on the comparative advantages of each organisation. The PRs have good experience running, managing and coordinating programmes supported by Global Fund grants.

**15. Strength: The proposal included capacity-building measures and identified technical support needs.**

The reviewers welcomed proposals that identified gaps in capacity and that contained measures to address these gaps. In particular, the reviewers applauded proposals that included plans for obtaining technical assistance and that identified who will provide the assistance.

FOR EXAMPLE:

- ⇒ Albania – HIV [{proposal, TRP comments}](#): Supports advocacy and programme development for the Association of PLWHA.
- ⇒ Indonesia – TB [{proposal, TRP comments}](#): Strong emphasis is placed in upgrading the managerial competence of the provincial and district TB teams, with participation of NGO officers in planning, supply management, monitoring and evaluation.
- ⇒ Morocco – HIV [{proposal, TRP comments}](#): The focus on skills building of management units for PRs and SRs constitutes good capacity building activities.

- ⇒ Sierra Leone – HIV {[proposal](#), [TRP comments](#)}: Solid arrangement for the management of technical assistance for PR and implementing partners.
- ⇒ Tunisia – HIV {[proposal](#), [TRP comments](#)}: Sustainable approach to capacity development through the use of international consultants to train academics, and academics to then train nationals.
- ⇒ See also Georgia – TB {[proposal](#), [TRP comments](#)}, Jordan – HIV {[proposal](#), [TRP comments](#)}, and Paraguay – HIV {[proposal](#), [TRP comments](#)}.

**16. Strength: The proposal contained innovative strategies, some of which could lead to best practices.**

The reviewers commented favourably on proposals that incorporated innovative approaches.

FOR EXAMPLE:

- ⇒ Cameroon – HIV {[proposal](#), [TRP comments](#)}: Innovations include a “tutor Antenatal Clinic,” which will help roll out PMTCT services, and an STI focus on sex workers, military and police, detainees, and youth, with the involvement of the sectors that intersect with these groups
- ⇒ Guyana – TB {[proposal](#), [TRP comments](#)}: (a) New category of health worker to be created (multi-purpose technician). (b) The use of teachers, religious workers and other respected persons to provide DOT and counselling.
- ⇒ India – HIV {[proposal](#), [TRP comments](#)}: (a) Use of an NGO consortium to sub-contract the management of the extensive NGO participation. (b) Private-public sector partnerships for the delivery of various activities.
- ⇒ Malawi – HSS {[proposal](#), [TRP comments](#)}: This is an exciting proposal whose success will be closely watched by others within the region, because it could make a significant contribution to the underlying structural difficulties preventing an adequate response to AIDS, TB and malaria.
- ⇒ Philippines – Malaria {[proposal](#), [TRP comments](#)}: Innovative expansion of access to diagnostic and treatment services, resulting in the strengthening of the partnership between private sector health facilities and NGOs.
- ⇒ Romania – HIV {[proposal](#), [TRP comments](#)}: Innovative approaches such as developing drug treatment standards for injection drug users; mobilising resources through local working groups; checking programmatic impact through regular behavioural surveillance surveys; human rights monitoring; positive prevention; and expanding study and employment opportunities for young people living with HIV/AIDS.
- ⇒ Rwanda – HIV {[proposal](#), [TRP comments](#)}: Innovative strategies, including a performance-based contracting initiative, and family-based and provider-initiated HIV testing.
- ⇒ Rwanda – HSS {[proposal](#), [TRP comments](#)}: The proposal is an innovative and creative effort to address an issue that is largely neglected in current international development programmes – i.e., establishing a system of social protection for the very poor, orphans and people living with HIV/AIDS.
- ⇒ See also Romania – TB {[proposal](#), [TRP comments](#)}.

## **17. Strength: The proposal built on lessons learned and best practices.**

The reviewers applauded proposals that demonstrated that the proposed objectives and activities were based on lessons learned and evidence from past experience, whether this experience was from Global fund-financed programmes or from elsewhere.

FOR EXAMPLE:

- ⇒ Tanzania – HIV {[proposal](#), [TRP comments](#)}: Clear lessons learned from procurement problems experienced in the start up of the Round 1 Malaria ITN programme.
- ⇒ India – HIV {[proposal](#), [TRP comments](#)}: Utilizes experiences learned from early implementation of ARV therapy and prevention.

## **18. Strength: The proposal had a strong human rights focus.**

Reviewers commented favourably on proposals where the rights of persons living with HIV/AIDS and vulnerable groups were respected and/or promoted, and where important political and social issues, such as equity, gender equality and stigma and discrimination, were addressed.

FOR EXAMPLE:

- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: The gender analysis is excellent and addresses the different roles and needs of women and men.
- ⇒ Paraguay – HIV {[proposal](#), [TRP comments](#)}: Human rights, gender equality, rejection of discrimination and stigma, and respect for sexual diversity are addressed as a cross-cutting component.
- ⇒ Togo – HIV {[proposal](#), [TRP comments](#)}: Excellent gender analysis and strategy which (a) focuses on male behaviours and attitudes, and (b) is integrated into the whole proposal.
- ⇒ Turkey – HIV {[proposal](#), [TRP comments](#)}: Fighting stigma and discrimination occupies an important place in the proposal. Possible legal and social barriers are identified and there are plans to address them through advocacy, training and attempts to change laws.
- ⇒ Zimbabwe – HIV {[proposal](#), [TRP comments](#)}: There is a good gender analysis acknowledging the reasons why women may not access counselling, testing and treatment.
- ⇒ Zimbabwe – HIV {[proposal](#), [TRP comments](#)}: The community outreach component of advocacy is well described and acknowledges the constraints of stigma; in addition, the campaign will focus on workplaces to reduce stigma, promote counselling and testing as well as treatment literacy.
- ⇒ See also Kazakhstan – TB {[proposal](#), [TRP comments](#)} and Lesotho – TB {[proposal](#), [TRP comments](#)}.

**19. Strength: The proposal contained solid strategies for procurement and supply management (PSM).**

The reviewers were appreciative of proposals that contained a solid PSM plan.

FOR EXAMPLE:

⇒ Papua New Guinea – TB {[proposal](#), [TRP comments](#)}.

**20. Strength: The CCM was strong and had wide sectoral representation.**

In the earlier rounds of funding, the reviewers reacted favourably to proposals that demonstrated that the CCM was functioning effectively and that it included representation from all sectors.

[http://www.aidspace.org/documents/globalfund/trp/round\\_4/trp-r4-stp-mal.htm](http://www.aidspace.org/documents/globalfund/trp/round_4/trp-r4-stp-mal.htm)

FOR EXAMPLE:

⇒ Sao Tome & Principe – Malaria {[proposal](#), [TRP comments](#)}: Broad-based CCM that oversees other funding sources such as the Gates Foundation funding.

There were few such comments in Rounds 5 and 6, perhaps because it is now expected that CCMs will include representation from all sectors; in fact, this has become a requirement, and the Fund's guidelines suggest that at least 40% of the CCM be from non-government sectors.

(This should *not* be taken to mean, of course, that all CCMs are functioning effectively. Some CCMs are struggling. For suggestions on how to strengthen CCMs, please consult *The Aidspace Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*, available at [www.aidspace.org/guides](http://www.aidspace.org/guides).)

**21. Strength: The proposal was developed through a transparent, participatory process.**

Although it is now a requirement that all proposals from CCMs, Sub-CCMs and RCMs be developed through a process that is transparent and participatory, and although this has been a requirement technically from Round 4 onwards, in the last two rounds the TRP has nevertheless commented favourably on proposals that meet this requirement.

FOR EXAMPLE:

⇒ China – HIV {[proposal](#), [TRP comments](#)}: The proposal was written by NGOs.

⇒ Peru – HIV {[proposal](#), [TRP comments](#)}: Strong participation by NGOs in the planning of the proposal.

**New requirements**

Shortly before the Call for Proposals was issued for Round 5, the Global Fund Board adopted new requirements affecting the CCM's structure and operations. These requirements concerned (among other things) the representation and participation of stakeholders on the CCM, and the process for preparing country proposals. Because these are now requirements, and because the Global Fund Secretariat is supposed to screen out proposals from CCMs that do not meet the new requirements, the TRP commented less in Rounds 5 and 6 on areas of the proposal dealing with CCM structure and operations, and with how the proposals were developed. However, it is not clear how rigorously the Secretariat is applying the new criteria.

⇒ See also Sierra Leone – HIV {[proposal](#), [TRP comments](#)} and South Africa – HIV {[proposal](#), [TRP comments](#)}.

## **22. Strength: The proposal acknowledged issues of absorptive capacity.**

The reviewers applauded proposals that recognized that the programme would place an additional burden on existing systems.

FOR EXAMPLE:

⇒ Bangladesh – TB {[proposal](#), [TRP comments](#)}: Good anticipation of increased workload that will place added burden on administrative and management systems; the proposal includes plans to strengthen the National TB Programme in anticipation of absorption problems.

### ***Strengths that Started to Emerge in Round 6 TRP Comments***

In each round of funding, the TRP identifies some strengths that were not present (or that were not very prominent) in previous rounds. This is due to several factors, including the fact that expectations and priorities change over time, and the fact that the TRP is gaining experience with each new round of funding. The following is a list of strengths that began to emerge during Round 6. Potential applicants should pay close attention to these strengths because they are likely to feature prominently in the TRP's evaluation of proposals in Round 7.

## **23. Strength: The proposal described solid strategies for managing the programme.**

The reviewers welcomed proposals that contained a good description of how the programme would be managed and coordinated.

FOR EXAMPLE:

- ⇒ India – TB {[proposal](#), [TRP comments](#)}: After several years of experience with the management of Global Fund programmes, the proposal foresees an efficient financial management plan.
- ⇒ OCAL (Regional Organisation) – HIV {[proposal](#)<sup>3</sup>, [TRP comments](#)}: Management arrangement for proposed project is solid, with good representation of member countries in the Steering Committee and the Consultative Committee.
- ⇒ Paraguay – HIV {[proposal](#), [TRP comments](#)}: Sound organisation of grant management.
- ⇒ See also Bangladesh – Malaria {[proposal](#), [TRP comments](#)} and Togo – Malaria {[proposal](#), [TRP comments](#)}.

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<sup>3</sup> As of this writing, this proposal was not available on the Global Fund website.

#### **24. Strength: The proposal contained solid indicators and targets.**

In previous rounds, indicators and targets were sometimes mentioned in TRP comments in the context of a strong, well-rounded proposal (goals, objectives, activities, etc.). However, in Round 6, the TRP began to single out proposals that specifically contained strong indicators and targets.

FOR EXAMPLE:

- ⇒ Eritrea – Malaria {[proposal](#), [TRP comments](#)}: The proposal presents simple, achievable indicators and sets realistic targets.
- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: The indicator table is very good.
- ⇒ Paraguay – HIV {[proposal](#), [TRP comments](#)}: Outstanding indicator definition, with numerators and denominators described, and realistic targets.
- ⇒ Rwanda – TB {[proposal](#), [TRP comments](#)}: Indicators excellent; mix of impact and service (output) indicators.

#### **25. Strength: The proposal identified the SRs, and/or provided a good description of the process for identifying SRs.**

Although applicants have been required to provide information on the selection of SRs for the last few rounds of funding, it is only in Round 6 that the TRP reviewers began to single out proposals that identified the SRs and provided a good description of the selection process used; or, in cases where the SR had not yet been identified, proposals that provided a good description of the process to be used for selecting SRs.

FOR EXAMPLE:

- ⇒ Kyrgyzstan – TB {[proposal](#), [TRP comments](#)}: SRs selected through an open bidding process.
- ⇒ Lao – HIV {[proposal](#), [TRP comments](#)}: Clear explanation of how and why SRs were selected.
- ⇒ Romania – HIV {[proposal](#), [TRP comments](#)}: Potential SRs listed; comprehensive description of how SRs will be selected.
- ⇒ Tajikistan – HIV {[proposal](#), [TRP comments](#)}: SRS are identified, and are described in terms of capacity; their roles are clear.
- ⇒ See also Moldova – TB {[proposal](#), [TRP comments](#)}.

Although it is not a requirement per se, the TRP was obviously most pleased when the SRs were actually identified in the proposal.

The TRP praised proposals that indicated that NGOs would be selected as SRs.

FOR EXAMPLE:

- ⇒ Morocco – TB {[proposal](#), [TRP comments](#)}: The involvement of two NGOs as SRs is very positive.

**26. Strength: The proposal contained a strong section on health systems strengthening (HSS).**

In Round 5, applicants were able to submit a separate component on HSS. This feature was dropped for Round 6, because it was felt that it made more sense to incorporate HSS into the individual disease components. In Round 6, the reviewers commented favourably on proposals that contained solid strategies for strengthening health systems.

FOR EXAMPLE:

- ⇒ Mozambique – HIV {[proposal](#), [TRP comments](#)}: Recognizes and addresses the main challenges in the health system, including long-term training of personnel.
- ⇒ Rwanda – TB {[proposal](#), [TRP comments](#)}: HSS component solid; goes beyond capacity building to include infrastructure development, decentralisation, holistic care systems, supervisory systems, and evidence-based clinical and general management.
- ⇒ See also India – TB {[proposal](#), [TRP comments](#)}, Moldova – TB {[proposal](#), [TRP comments](#)}, and Tajikistan – HIV {[proposal](#), [TRP comments](#)}.

## Weaknesses

The weaknesses identified most often in the TRP comments on proposals submitted during the third, fourth, fifth and sixth rounds of funding were as follows:

1. The narrative description of the programme was inadequate. There was insufficient, unclear or questionable information on one or more of the following: the rationale, the strategic approach, the objectives, the activities, the indicators, the targets and the expected outcomes.
2. The budget information was inaccurate, questionable and/or not sufficiently detailed.
3. The proposal did not demonstrate complementarity or additionality; it was not clear how the programme related or added to existing programmes, including programmes funded by the Global Fund through earlier grants.
4. The proposal did not contain a good situational (i.e., gap) analysis.

Other weaknesses identified frequently were as follows:

5. Some of the proposed approaches or activities were inappropriate.
6. There were problems concerning the PR.
7. The various sections of the proposal were not well aligned.
8. The M&E plan was inadequate.
9. The programme was too ambitious; some or all of the goals, objectives and targets were not realistic.
10. The use of partners (including NGOs) in the implementation of the programme was inadequate or unclear.
11. The programme did not focus sufficiently on vulnerable groups.
12. The plan for procurement and supply chain management was inadequate.
13. The proposal failed to adequately address issues of capacity building and technical assistance.
14. The proposal failed to address weaknesses identified by the TRP for proposals submitted in earlier rounds of funding.
15. Insufficient attention was paid to human rights issues.
16. The budget (and therefore the programme) was imbalanced; too much or too little was allocated to one or more sectors or activities.
17. There were problems with the structure or functioning of the CCM.
18. The proposal did not adequately explain the roles and responsibilities of the various players.
19. The proposal development process was not sufficiently transparent or inclusive.
20. The proposal demonstrated insufficient co-funding.
21. In HIV/AIDS and TB proposals, there were either no joint activities or insufficient joint activities involving both diseases; or the information on joint activities was incomplete.

22. The treatment, care and support component of the proposal was missing or inadequate.
23. The proposal failed to demonstrate absorptive capacity.
24. Information on sustainability was lacking.
25. How health systems will be strengthened is not well explained.

The following weaknesses started to emerge in Round 6:

26. There was a lack of information in the proposal concerning problems with previous Global Fund grants.
27. The proposal failed to make the case for additional funding over and above that received from earlier grants.
28. There was insufficient information on how the project would be coordinated.

Not surprisingly, some of the weaknesses are the flip side of the strengths identified by the TRP (see above).

The observations of the TRP concerning each of the weaknesses are further described below. The examples cited under each of the weaknesses are paraphrased from comments made by the TRP on proposals submitted in the third, fourth, fifth and sixth rounds of funding.

### ***Weaknesses Identified Most Often***

1. **Weakness: The narrative description of the programme was inadequate. There was insufficient, unclear or questionable information on one or more of the following: the rationale, the strategic approach, the objectives, the activities, the indicators, the targets and the expected outcomes.**

Problems with the programme descriptions were identified in about three out every five proposals submitted for Rounds 3-6. Frequently, the reviewers found that the work plan was superficial and contained little detail. In some cases, the reviewers commented that the weak work plan raised questions about whether the programme was ready to be implemented. More specifically, the reviewers identified the following major deficiencies:

- the strategic approach was insufficient or unclear;
- the rationale for some objectives and activities was inconsistent or unclear;
- many objectives and activities were insufficiently described or unclear;
- some key objectives or activities were missing;
- some indicators and targets were inappropriate or poorly defined; and
- there were inconsistencies in the text.

These major deficiencies are discussed below in further detail.

## Strategic Approach Inconsistent or Unclear

The reviewers found that some proposals contained no overall strategic approach or framework, or contained a strategy that was weak or questionable.

FOR EXAMPLE:

- ⇒ Strategies only vaguely described and justified.
- ⇒ The large number of detailed activities do not fit into an overarching structure, so that the logical framework for the proposal is obscure. It is therefore impossible to judge how likely it is that the objectives will be met.
- ⇒ The strategy does not demonstrate its feasibility due to the lack of detailed activities, the absence of a link between objectives and activities, the lack of information on certain objectives, and doubts about the feasibility of some objectives.
- ⇒ The approach (and the activities) are unlikely to achieve the programme's goal.
- ⇒ No coherence. The proposal is a collection of proposals that were received from provinces, NGOs and the private sector, without an attempt to create a single national proposal.
- ⇒ The proposal was imbalanced: too ambitious in the first two years.
- ⇒ There is major incoherence between the stated goals and objectives, on the one hand, and the service delivery areas and activities on the other.
- ⇒ The work plan is presented in bits and pieces, rather than a comprehensive integrated document.
- ⇒ Need to focus on TB case management before dealing with multi-drug-resistant TB.

### Common phrases

The reviewers used the following phrases to describe problems with the information provided on objectives and activities:

- activities poorly or vaguely defined;
- activities not clearly articulated;
- no description of how to carry out the activities;
- no time frames;
- activities redundant;
- objectives too broad;
- objectives overlapping;
- objectives not specific, measurable, or time-bound;
- activities need more detailed description, particularly with respect to how they will be carried out;
- not enough information;
- too much information; and
- proposal does not show how the proposed activities will lead to the anticipated results.

## Rationale for Objectives and Activities Inconsistent or Unclear

The reviewers observed that some objectives or activities lacked adequate justification.

FOR EXAMPLE:

- ⇒ What is the justification for active case finding and X-ray diagnosis given that these are not key priorities of the DOTS strategy?
- ⇒ Why is a pilot going to be carried out in one district for five years before a decision is made to scale up?

- ⇒ There is no explanation of why a new building and new equipment is required to implement the programme.
- ⇒ No rationale is presented for the quantities of leaflets and posters included in the proposal.
- ⇒ No rationale given for why a regional approach is needed.
- ⇒ No evidence presented that the proposal salary increases would lead to significant improvement in worker retention.
- ⇒ No explanation is given for the substantial increase in training costs in Years 4 and 5.

### **Objectives, Activities Insufficiently Described or Unclear**

The reviewers found that adequate or appropriate information was sometimes lacking.

FOR EXAMPLE:

- ⇒ Proposal does not describe how the activities will be implemented.
- ⇒ No description of the key messages to be used for the multi-media health education campaign.
- ⇒ Although TB control in prisons is included in the proposal, no information is given on the number of prisons, number of inmates, expected TB prevalence, and the basis for training 300 persons in Year 1 and 700 persons in Year 2.
- ⇒ What systems will be put in place to use the large numbers of people trained?
- ⇒ No details on the DOTS expansion plan even though this is the core of the proposal.
- ⇒ No information on how the micro-financing scheme would work.
- ⇒ No activities included concerning how to manage detected TB cases.
- ⇒ The criteria for the selection of who will receive ARV is not described.
- ⇒ All activities aimed at youth are to be carried out by one NGO, but there is no information on this NGO.

The reviewers frequently focused on weaknesses in the description of activities for interventions designed to reach specific populations.

FOR EXAMPLE:

- ⇒ Not clear how the interventions will access the targeted populations.
- ⇒ No information on how the outreach activities will be carried out. Who will conduct these activities?
- ⇒ No information on what services will be provided to the sex workers.
- ⇒ No indication of the number of patients who will benefit.
- ⇒ No information on how the needs of the orphaned children will be met.
- ⇒ Not clear how the illegal immigrants will be reached.

## **Missing Key Objectives and Activities**

The reviewers sometimes identified key objectives or activities that were not included in the proposals and that the reviewers believed should logically have been included.

FOR EXAMPLE:

- ⇒ The proposal does not contain any harm reduction activities to address the needs of drug users.
- ⇒ The proposal fails to include activities concerning the upgrading of facilities.
- ⇒ The proposal is missing a component concerning how to reach illegal immigrants.
- ⇒ The proposal does not address how adherence among drug users will be supported.
- ⇒ Is there any justification for not making condoms available in prisons?
- ⇒ The proposal does not include a distribution plan for the malaria nets.
- ⇒ There are no activities included to ensure that people in peripheral areas of the countries will access services.

## **Indicators and Targets that Were Inappropriate or Poorly Defined**

The reviewers found that in a number of proposals the indicators were not appropriate.

FOR EXAMPLE:

- ⇒ The indicator for delaying sexual initiation to 22 years for men and 19 years for women is not realistic and needs further analysis.
- ⇒ Some indicators are not relevant.
- ⇒ The proposal focuses on process indicators rather than outcome, output and/or impact indicators.
- ⇒ Indicators were far too numerous and often inappropriate. Expert advice should be sought to ensure that the indicators are consistent with global standards, and to match indicators to specific activities in the proposal.
- ⇒ There are too many programme indicators and some of them are not useful or not measurable.
- ⇒ It is unlikely that the percentage of commercial sex workers using condoms will be measurable through outreach services.
- ⇒ The indicators are focused on inputs rather than public health outcomes (e.g., training is used as a coverage indicator).
- ⇒ A number of the proposed coverage indicators are not directly measurable.

In some instances, the reviewers found that there was insufficient or confusing information on the indicators or targets.

FOR EXAMPLE:

- ⇒ Poor identification of the indicators.

- ⇒ Many indicators have no actual targets.
- ⇒ The indicators are unclear.
- ⇒ Targets often inappropriate or missing;
- ⇒ Targets and indicators are not presented for the entire project; they are only available for some SRs, so it is difficult to assess the intended outcomes.
- ⇒ Information for many of the indicators is missing.
- ⇒ The indicators for ARV access are confused: 500 patients in Year 5 does not translate into 90% coverage.
- ⇒ It is difficult to know if the targets are possible because only percentages are given, without information on the denominators.
- ⇒ (From a TB proposal) There is no mention of the key outcome indicators: cure, completion, failure, default and transfer rates.

The reviewers found that many proposals contained either no baseline data or incomplete data.

FOR EXAMPLE:

- ⇒ The baseline data provided do not help to understand how the defined targets will be reached.
- ⇒ Baseline data for many indicators not provided.
- ⇒ It is not clear whether the baseline figures are actuals or estimates.

The reviewers noted instances where the indicators did not adequately support the objectives or activities.

FOR EXAMPLE:

- ⇒ The impact indicators do not fully reflect the stated objectives.
- ⇒ No indicators are spelled out for the objectives and activities.
- ⇒ Indicators to measure key activities were missing.

### **Inconsistencies in the Text**

Finally, the reviewers pointed out instances where a table said one thing and the accompanying text something different; or where statements in the programme summary contradicted the information in later sections.

## **2. Weakness: The budget information was inaccurate, questionable and/or not sufficiently detailed.**

*Note: Budget issues concerning the cost of drugs and other commodities are covered in weakness #12 below (on procurement).*

Over half of the proposals submitted in Rounds 3-6 contained problems with the budget. The following is a summary of the major deficiencies:

- the budget was incomplete or not detailed enough;
- there were inconsistencies or errors within the budget; and
- specific budget items were unclear, questionable or not adequately justified.

These deficiencies are discussed below in further detail.

### **Budget Incomplete or Not Detailed Enough**

The reviewers found that some proposals did not contain a detailed budget or were missing some information; and that some proposals provided insufficient details on major budget items.

FOR EXAMPLE:

- ⇒ The budget provides very limited, high-level information, making it impossible to assess the proposal properly.
- ⇒ No detailed breakdown of unit costs or quantities.
- ⇒ The budget fails to show unit costs, or how many people will be trained, for how many days, at what cost per day, etc.
- ⇒ Budget poorly elaborated and weakly linked to planned activities.
- ⇒ The budget lacked sufficient detail to be able to justify it.
- ⇒ Administrative costs were expressed only as a percentage.
- ⇒ The budget breakdown over five years was not shown.
- ⇒ Large lump sums shown with no breakdown.
- ⇒ There was nothing in the budget to cover the costs of many of the M&E activities.

### **Inconsistencies or Errors Within the Budget**

The reviewers found that many budgets were incorrectly filled out. Some of the problems they identified were: errors in addition and multiplication; costs wrongly categorized; and inconsistencies between one part of the budget and another.

FOR EXAMPLE:

- ⇒ The proposal contained inconsistencies between the annual budget and the quarterly budget.
- ⇒ The budget was not internally consistent.

- ⇒ The total cost for one service delivery area (SDA) is shown as €64,404, but the training costs alone within the same SDA are €1.68 million.
- ⇒ Either the unit costs or the volumes are incorrect because the figures do not add up.

### **Items Unclear, Questionable or Inadequately Justified**

The reviewers identified a number of individual budget items that, in their view, were unclear, unjustified or at least questionable.

FOR EXAMPLE:

- ⇒ The costs of one malaria drug were budgeted at 10 times its actual price.
- ⇒ A large amount was allocated to “Other” with no explanation of what that included.
- ⇒ The per-diems shown for meetings were very high.
- ⇒ \$45 million was allocated for an unproven technology.
- ⇒ The overhead costs were very high.
- ⇒ It is not appropriate to allocate 10% for overhead for the PR, over and above the administrative costs already included in the budget.
- ⇒ The costs shown for insecticides seem low.
- ⇒ Contingency costs of \$300,000 are not justified.
- ⇒ The costs shown for condoms were too high.

For a number of proposals, the reviewers found that the assumptions used to create the budget were not adequately justified.

### **3. Weakness: The proposal did not demonstrate complementarity or additionality; it was not clear how the programme related or added to existing programmes, including programmes funded by the Global Fund through earlier grants.**

The reviewers found that in a number of instances the proposals did not adequately explain how the proposed objectives and activities would materially add to or complement existing programmes.

FOR EXAMPLE:

- ⇒ The proposal fails to describe how the programme would relate to other activities in this area.
- ⇒ Poor description of how the proposal would complement existing activities.
- ⇒ The proposal overlaps with other processes to expand VCT (e.g., WHO).
- ⇒ The proposal makes no reference to existing TB services.
- ⇒ No clear value added to national or regional programmes.
- ⇒ The role of the VCT component of the proposal is not clearly delineated from existing centres delivering care to pregnant women, providing mother-to-child prevention and providing STI care.

- ⇒ it is not clear how this proposal builds on the current programme supported by the Global Fund, or how the implementation and resource needs, targets and M&E plans from the two proposals relate to each other.
- ⇒ The proposal does not explain how the proposed activities would interact with existing national prevention activities.
- ⇒ No information on how the proposal would add to existing condom distribution programmes.
- ⇒ The proposal is not consistent with the existing national strategy.
- ⇒ The proposal says nothing about scaling up the experience of already existing NGOs.

In some cases, the reviewers raised questions about the links between the Global Fund proposal and activities being funded from other sources.

FOR EXAMPLE:

- ⇒ The proposal does not explain how the proposed activities would complement the World Bank loan.
- ⇒ More details are required concerning the complementary role of the Global Fund monies with other sources of funding, especially concerning M&E.
- ⇒ The complementarity of these activities with those supported by recently increased donor resources for malaria is not clear.
- ⇒ The analysis of how different funding streams and programmes will be coordinated is not clear.
- ⇒ It is not clear what is coming from other grants and what is requested from the Global Fund

The reviewers criticised regional proposals that did not adequately complement national activities.

FOR EXAMPLE:

- ⇒ There are no links with existing national TB control programmes.
- ⇒ It is not clear how the proposed services will add to existing national services.

Finally, the reviewers pointed out that in some proposals, there was insufficient information on the links to other proposals that (a) were approved by the Global Fund or (b) were being submitted to the Fund. This deficiency was noted most often in the reviewers' comments on Rounds 5 and 6 proposals, by which time, of course, a number of programmes approved in earlier rounds were being implemented or were about to be implemented. (Note that on the Round 7 Proposal Form, the Global Fund asks specific questions about earlier proposals approved by the Fund [check].)

FOR EXAMPLE:

- ⇒ Some of the impact indicators proposed are identical to impact indicators included in a programme funded through an earlier Global Fund grant.
- ⇒ The link with previous Global Fund grants is not addressed.

- ⇒ It is not clear why this grants is necessary, given that there are still quite substantial funds available from the previous grant. This proposal fails to make the case for additional funding.
- ⇒ The proposal said that it will complement the activities of the Round 4 Global Fund programme, as well as of several other programmes funded by different donors, but there is no clear description of how this will be achieved
- ⇒ The proposal should clearly state how lessons learned from earlier grants are used, and how proposed activities are built on or linked to activities funded by earlier grants.
- ⇒ A possible overlap with the existing Round 2 grant is not discussed.

See also Weaknesses # 26 and #27 below.

#### **4. Weakness: The proposal did not contain a good situational (i.e., gap) analysis.**

The reviewers found that the situational analysis in a number of the proposals was less than adequate. The situational analysis includes both the financial gap analysis and the narrative programmatic gap analysis.

FOR EXAMPLE:

- ⇒ No situational analysis was included.
- ⇒ The situational analysis was very weak.
- ⇒ The situational analysis lacked a gap analysis.
- ⇒ Superficial diagnosis of health systems weaknesses.
- ⇒ The situational analysis does not indicate what is currently happening for each of the objectives, and what the gap is that needs to be funded.
- ⇒ The financial gap analysis is not comprehensive because it does not show all of the available resources in the country for the National Strategic Plan for this disease
- ⇒ The situational analysis for all of the countries covered by this proposal is based on just one reference paper.
- ⇒ The situational analysis is not based on available epidemiological evidence.
- ⇒ The proposal demonstrates no understanding of the nature and causes of the HIV/AIDS epidemic in the region, or of the accepted approaches to prevention, treatment and care.
- ⇒ The proposal lacks information and context regarding the post-conflict situation, and how this will impact on implementation.
- ⇒ Situation analysis is very broad and not focussed on what they are attempting to achieve.

## ***Other Frequently Identified Weaknesses***

### **5. Weakness: Some of the proposed approaches or activities were inappropriate.**

Particularly in the fifth and sixth rounds of funding, the reviewers were critical of approaches or activities that they thought were not appropriate with respect to how best to respond to the three diseases.

Some of the terminology used by reviewers was:

- not state of the art;
- not the accepted approach;
- not the right approach in low-prevalence countries;
- not the most effective way of doing things; and
- does not follow existing guidelines (such as WHO treatment guidelines).

FOR EXAMPLE:

- ⇒ Inappropriate activities for reaching drug users: no plan for effective HIV prevention methods apart from outreach and condom distribution; no needle exchange or substitution programme.
- ⇒ ARV treatment is not provided free of charge.
- ⇒ The description of proposed PMTCT services is not consistent with current international guidelines.
- ⇒ The plan to advertise and award contracts for production before a communication strategy is developed is contrary to logical programme design and implementation.
- ⇒ Experience from many countries has shown that in a low-prevalence situation, communicating HIV prevention messages to the entire population is not an effective strategy.
- ⇒ Use of primaquine for mass treatment (of malaria) is inappropriate for a country with very limited transmission.
- ⇒ The plan calls for developing textbooks (and a large part of the budget is devoted to this). Experience from programmes targeting youth in other countries indicates that this is not a good strategy.
- ⇒ The provision of food rations for two members of the household of eligible recipients of food supplements is not consistent with current approaches to improving household food security.
- ⇒ The use of mental hospitals to reach drug users is not an appropriate strategy to reach this at risk group, and should not be pursued.
- ⇒ Using biochemical examinations in multi-drug resistant TB patients is not appropriate.

- ⇒ The proposed level of effort in training, laboratory development, building up emergency stocks of insecticides and larvicides, etc. is not appropriate in a country that is at risk for malaria, but that currently has practically no indigenous malaria transmission.
- ⇒ The proposed strategy is not convincing. There is inadequate attention paid to primary prevention activities among drug users and other vulnerable groups. As a result it is unlikely that the proposed activities will achieve the impact laid out in the goals (to limit the spread of HIV/AIDS within and beyond the penitentiary system).
- ⇒ The proposed level of investment in health care personnel and infrastructure for the treatment of AIDS, and the proposed investment in social support for people living with HIV, are disproportionate to the epidemiological situation.

Reviewers also commented unfavourably on proposals from large countries that they thought were overly centralized.

FOR EXAMPLE:

- ⇒ The feasibility of supervising the programme from the capital, even with help from international agencies, appears highly dubious – a more realistic plan that empowers states and districts would be more reasonable.

In Round 6, the reviewers indicated that they were prepared to recommend against funding proposals that, in their opinion, would negatively impact on health care systems.

FOR EXAMPLE:

- ⇒ The proposal calls for the creation of a highly vertical HIV treatment system. This could have a potentially serious negative impact on overall health sector performance. There is nothing in the proposal that addresses this issue.

## **6. Weakness: There were problems concerning the PR(s) or the SR(s).**

The reviewers identified several problems with respect to PRs. In some instances, the PR was not identified or was not located in the country. In other cases, the PR lacked the necessary capacity, or there was no information about capacity, or the responsibilities of the PR were not clearly described.

FOR EXAMPLE:

- ⇒ The proposal mentions three PRs, but there is no information on their respective capacities.
- ⇒ The rationale for the selection of the PR is weak.
- ⇒ The PR is a small organisation (the proposed budget is four times current annual turnover) and it is not clear that it has the capacity to manage such a large programme.
- ⇒ Capacity of PR to carry out responsibilities not clear.
- ⇒ Most of the activities will be carried out by NGO partners. The PR has not proved itself to be responsive to the needs of civil society partners in the previous GFATM grant.
- ⇒ The change of PR is not justified in the proposal.
- ⇒ Operational capacity of the PR is unclear.

- ⇒ It is unclear how the PR will interact with the TB programme and SRs.
- ⇒ There are two nominated PRs; however, the area of responsibility for each PR is stated as "All." The relevant technical, managerial, and financial capabilities are given only for only one of the PRs.
- ⇒ Same PR as for a previous grant; but not clear if all of the problems have been resolved. This proposal should have explicitly stated how these problems will be addressed.
- ⇒ Four principal recipients for a relatively small amount of money, and no indication of how much will go to whom.

Also in Rounds 5 and 6, the reviewers were critical of proposals whose nominated PRs had no experience with the Global Fund or other donor fund management.

Starting in Round 5, the reviewers began to comment unfavourably on proposals that did not identify the SRs, or at least include the selection criteria for SRs; and proposals that provided inadequate or confusing information concerning SRs.

FOR EXAMPLE:

- ⇒ SRs not yet identified and selection criteria not yet developed.
- ⇒ Although the proposal states that SRs have already been identified, they are not named. Therefore, it is difficult to assess the capacity of the SRs to provide the challenging prevention services that are proposed.
- ⇒ The process for selecting SRs is unclear; this is of concern since they are the main implementing agents.
- ⇒ There are more than 50 SRs, which are not identified despite being allocated 80-90% of the budget.
- ⇒ The identification and the responsibilities of the SRs are to be provided only after funding is approved; this makes it difficult to evaluate the activities and the budget.

It seems clear from these comments that Round 7 applicants will be further ahead if they identify the SRs in their proposals.

## **7. Weakness: The various sections of the proposal were not well aligned.**

The reviewers found numerous instances where items described in one area of the proposal were not reflected in another area, or where information in one area was inconsistent with information in another area. The most common problem was discrepancies between what was in the budget and what was in the description of the activities.

FOR EXAMPLE:

- ⇒ The detailed budget says that no funds are required for 2005, but the activities mention costs for that year.
- ⇒ Expansion from nine to only 15 facilitators, as spelled out in the description of the activities, is not consistent with what the budget says.
- ⇒ The M&E budget does not match the evaluation activities that are planned.

- ⇒ The information presented in the budget tables is not substantiated by the description of the activities.
- ⇒ The work plan and budget for Year 1 show different numbers of targeted trainees.
- ⇒ There is a disconnect between what is described in the narrative and how resources are allocated in the budget.

Another problem was the lack of consistency between the objectives and the activities.

FOR EXAMPLE:

- ⇒ The activities do not really relate to the objectives to which they are linked in the proposal.
- ⇒ The proposal fails to indicate which activities go with which objectives.
- ⇒ The objectives say that the malaria nets will be used one way, while the activities say that they will be used in a quite different way.
- ⇒ The objective for HIV treatment is to offer care to 95% of those who need it; but the actual numbers shown in the activities do not translate into 95% coverage.

The reviewers spotted other discrepancies between the different sections of the proposal.

FOR EXAMPLE:

- ⇒ No clear link between objectives, service delivery areas, activities, indicators and budgets.
- ⇒ The activities do not flow logically from the situational analysis.
- ⇒ The description of the activities does not mention condoms, but condom distribution is included as an indicator.
- ⇒ The requested budget is too high for the objectives and activities as described.
- ⇒ It is difficult to link the indicators of activities to the outcomes shown for the objectives.
- ⇒ The indicators are often not appropriate to the activities.
- ⇒ There are several major inconsistencies between the targets for indicators and the budget allocations
- ⇒ The objectives as stated do not relate to the goal.
- ⇒ The budget allocations for activities among vulnerable populations seems low when compared against the indicators.

## **8. Weakness: The M&E plan was inadequate.**

In some proposals, the reviewers found that the M&E plan was very weak and/or lacking in detail.

FOR EXAMPLE:

- ⇒ Vague description of what will be measured and how it will be done.
- ⇒ The plan is not convincingly defined.

- ⇒ The plan is insufficiently detailed to be workable.
- ⇒ The methodology is flawed.
- ⇒ No M&E costs are provided beyond Year 2.
- ⇒ It is not clear whether sufficient funds have been allocated to undertake the data collection.
- ⇒ The plan as presented does not adequately measure the process and outcome indicators.

The reviewers also identified problems with the information systems in existence or being proposed.

FOR EXAMPLE:

- ⇒ The information system portion of the plan is not well formulated.
- ⇒ The existing information systems capabilities in the country do not give confidence that the M&E plan can be carried out effectively.
- ⇒ The sources of information are too vaguely described.

**9. Weakness: The programme was too ambitious; some or all of the goals, objectives and targets were not realistic.**

In the opinion of the reviewers, some proposals were simply too ambitious. The reviewers identified targets, objectives, activities, timelines and indicators that they thought were unrealistic.

FOR EXAMPLE:

- ⇒ Year 1 and 2 targets for nets and net treatments are completely unrealistic.
- ⇒ The work plan is extremely optimistic raising questions about feasibility, particularly given the experience of implementation in the previous round.
- ⇒ It is not realistic to go from an unknown success rate to 85% in two years.
- ⇒ The proposal is too ambitious concerning timelines and short-term goals.
- ⇒ Targets for impact indicators are extremely optimistic.
- ⇒ Some of the targets are not achievable.
- ⇒ The proposal is part of a substantial projected expansion of malaria control, by a factor of 20 over two years. This is not a feasible growth rate. There is no explanation in the proposal for how such a large scale up can be effectively implemented in such a short time frame.
- ⇒ The targets set are too ambitious, considering the slow pace at which the PR is proceeding with respect to service delivery for an earlier grant.
- ⇒ Attempting full coverage of ARVs in two years is too ambitious.
- ⇒ Some objectives are not achievable or measurable in the short term.
- ⇒ These are ambitious objectives for a country with a poor infrastructure.

- ⇒ Highly ambitious impact indicators at this stage of the HIV and TB epidemics.
- ⇒ Increase of 70% in one year for the number of women receiving drugs for the prevention of mother-to-child transmission of HIV is unrealistic.
- ⇒ Highly ambitious expansion of the training plan.
- ⇒ This proposal should be reconsidered in the light of what is feasible to implement in the current national context.
- ⇒ Scale up of parts of the proposal are too rapid.
- ⇒ Coverage targets for the objectives are too ambitious, and should be modified and spread more gradually over the life of the programme.

**10. Weakness: The use of partners (including NGOs) in the implementation of the programme was inadequate or unclear.**

The reviewers identified a number of problems with respect to the involvement of partners.

FOR EXAMPLE:

- ⇒ There are no credible implementation partners, and no evidence that the government can go it alone.
- ⇒ The partners seem to be mainly academics and researchers rather than community mobilisers.
- ⇒ Significant lack of involvement of partnerships, especially at the implementation level.
- ⇒ Top-down and superficial approach to having communities meaningfully participate in their health systems.
- ⇒ Lack of engagement of partners in implementation of the plan: 100% of the budget goes to the Ministry of Health.
- ⇒ The proposal does not mention how external partners, such as the World Bank and AusAID, are being utilized.
- ⇒ Although academic institutions have 75% of the budget, there is no explanation of their roles and responsibilities.
- ⇒ The multi-sectoral approach is not clearly described (beyond meetings).
- ⇒ 90% of the first year budget is spent through government structures

The reviewers commented fairly frequently on the absence of evidence that NGOs will be used as implementing partners; or on the lack of information on NGO involvement.

FOR EXAMPLE:

- ⇒ Although the proposal has a very broad partnership structure, budget allocation to UN Agencies ranged from 69% in Year 1 to 96% in Year 5, while the allocation to NGOs and CBOs went from 3.2% in Year 2 to 0.5% in Year 5.
- ⇒ The involvement of NGOs not well described.
- ⇒ Who the NGO partners would be is not indicated.

- ⇒ Given the importance of the role of civil society organisations in the programme, a more detailed description of their roles and responsibilities is required.
- ⇒ Over 13 percent of the budget is for NGOs, but there is no explanation of who these partners are or what they will be doing.
- ⇒ Civil society implementers not yet selected.
- ⇒ There is no information on how the NGOs will be selected.
- ⇒ The ability of local NGOs to deliver the technical aspects of the plan is not described.
- ⇒ The allocation of resources to NGOs is insufficient in light of the activities that are planned for them.

The reviewers also frequently noted a lack of details on the involvement of the private sector.

FOR EXAMPLE:

- ⇒ The private sector is not mentioned in the information, education and counselling activities even though 90% of malaria cases are treated in the private sector.
- ⇒ The role of the private health sector is unclear.
- ⇒ The proposal does not include any discussion of a strategy for engaging the private sector.
- ⇒ The role of the private sector in procurement, distribution and implementation is very unclear.

#### **11. Weakness: The programme did not focus sufficiently on vulnerable groups.**

The reviewers found that in a number of proposals, vulnerable groups were either not addressed or were addressed inadequately.

FOR EXAMPLE:

- ⇒ The vulnerable groups are not well articulated. The proposal needs to focus more on women, returnees, the military, traders and other mobile populations.
- ⇒ No services have been designed for women even though women represent 60% of the infections.
- ⇒ The proposal mentions sex workers as the most vulnerable population, but fails to include activities addressing sex workers.
- ⇒ The services for orphans are not defined.
- ⇒ Men who have sex with men and injection drug users should have been included among the vulnerable groups listed.
- ⇒ The proposal has no focus on injection drug users, and limited focus on sex workers.
- ⇒ There is no mention in the proposal of existing or planned prevention programmes for people who inject drugs intravenously even though they have a HIV prevalence rate higher than prisoners and pregnant women and comparable with sex workers.

- ⇒ Seafarers, mobile populations and members of international peacekeeping forces are all identified as being at higher risk of HIV, yet there appear to be few resources devoted to prevention among these groups.
- ⇒ The proposal repeatedly states that injecting drug use is a rapidly increasing problem in the country and that many are in prisons. No discussion of illicit drug policy or alternatives to incarceration is offered.
- ⇒ The activities focus more on providing financial support to social institutions than to reaching target populations.
- ⇒ The programming for vulnerable groups is not described.
- ⇒ The proposal address one vulnerable group, but fails to address injection drug users, sex workers and men who have sex with men.
- ⇒ Much of the budget is for equipment and the development of guidelines, rather than for activities targeting the vulnerable groups.
- ⇒ The proposal fails to address prisoners.
- ⇒ There is no mention of any existing or planned programme for PMTCT among vulnerable groups

In some cases, the reviewers found that the information on how vulnerable groups would be addressed was insufficient.

FOR EXAMPLE:

- ⇒ The section on injection drug users is weak. More activities needed.
- ⇒ No mention of how contacts with some risk groups are to be achieved.
- ⇒ There is no information in the proposal on how the vulnerable population will be recruited into the youth centre.
- ⇒ Returnees need specific programmatic approaches.
- ⇒ There is no description of how the outreach to the vulnerable groups will be done.

## **12. Weakness: The plan for procurement and supply chain management was inadequate.**

The reviewers found that some proposals contained no plan for procurement and supply chain management. In other cases, the reviewers said that the plan was too vague.

FOR EXAMPLE:

- ⇒ The arrangements for procurement are weak.
- ⇒ The vagueness of the procurement plan does not inspire confidence in existing systems and infrastructures.
- ⇒ It is not clear whether the drugs purchased will be consistent with the GDF (Global TB Drug Facility).
- ⇒ No details are provided with respect to procurement and supply chain management. This is problematic, given the country's lack of experience procuring ARVs, and given the supply chain issues in a country that is particularly geographically dispersed.

- ⇒ There is no centralized processing to reduce the price of commodities.
- ⇒ The proposed procurement system is weak; it vaguely implies that the WHO will do it.
- ⇒ The procurement and supply management section has information taken from existing documents that do not specifically address the mechanisms for procuring TB drugs.
- ⇒ The country should be applying to the GDF for drugs.
- ⇒ There is no centralised drug supply procurement and management system that could reliably provide ARVs in a timely manner.

The reviewers also identified problems concerning the funding, pricing and costs of drugs and other products.

FOR EXAMPLE:

- ⇒ Where will the funding come from for the nets purchased in Year 3?
- ⇒ The cost shown for individual drugs are not accurate.
- ⇒ Only a list of ARVs is provided; no costing for specific ARVs.
- ⇒ The ARV prices should be lower.
- ⇒ The unit costs shown for the TB medications are extremely high.
- ⇒ The unit costs for the first line ARVs vary within the proposal.

### **13. Weakness: The proposal failed to adequately address issues of capacity building and technical assistance.**

The reviewers commented unfavourably on proposals that did not include (a) an assessment of capacity building needs, (b) activities concerning the provision of technical assistance, and (c) amounts in the budget to cover the costs of the technical assistance. These comments were more frequent in Rounds 5 and 6 because by then the Global Fund was actively encouraging applicants to include capacity building in their proposals.

FOR EXAMPLE:

- ⇒ Capacity constraints, and technical assistance needs have not been adequately described.
- ⇒ The description of technical assistance and budgets provided for it are limited and may be significantly underestimated.

Reviewers were particularly critical of proposals that did not include capacity building specifically for civil society.

FOR EXAMPLE:

- ⇒ There is no budget allocated to the objective of capacity strengthening of non-governmental and community-based organisations.
- ⇒ No funds allocated to strengthen the capacity of civil society organisations.

Finally, the reviewers commented unfavourably on proposals where all of the technical assistance was being provided by international consultants or organisations with no evidence of how local capacity will be developed.

FOR EXAMPLE:

- ⇒ Capacity development will be done primarily by international consultants. Local capacity development is not articulated in a systemic way. All activities managed by international organisations should identify how local capacity development will be supported.

**14. Weakness: The proposal failed to address weaknesses identified by the TRP for proposals submitted in earlier rounds of funding.**

With each new round of funding, the reviewers are growing more and more critical of proposals that fail to address weaknesses that the TRP identified in earlier rounds of funding. (This refers to proposals that were rejected in earlier rounds, and that have been revised and re-submitted.)

FOR EXAMPLE:

- ⇒ Given the extensive critique of the food support proposal submitted in the last round, the food support component of this proposal should have been corrected; or, at least the proposal should have commented on the weaknesses.

**15. Weakness: Insufficient attention was paid to human rights issues.**

Reviewers commented unfavourably on proposals that did not address the human rights of vulnerable groups, did not explain how equity would be achieved in the delivery of services, or did not address gender issues.

FOR EXAMPLE:

- ⇒ There was no mention of anti-discrimination legislation and policies.
- ⇒ There was no reference to how confidentiality will be assured and how discrimination will be prevented.
- ⇒ Significant numbers of new policies, plans, and laws need to be reviewed, revised or developed to create an enabling policy and legal environment for appropriate and ethical HIV testing.
- ⇒ The proposed introduction of provider-initiated HIV testing is not accompanied by a description of legal guarantees of confidentiality, privacy and informed consent.
- ⇒ There is no explanation of how sex workers, injecting drug users, men who have sex with men, and prisoners will be protected from discrimination, legal action and coercive HIV testing.

**16. Weakness: The budget (and therefore the programme) was imbalanced; too much or too little was allocated to one or more sectors or activities.**

The reviewers found that in some cases the budget amounts allocated to one or more sectors or activities were either inappropriate or not adequately justified.

FOR EXAMPLE:

- ⇒ The costs shown for training and administration are too high in relation to the overall budget.
- ⇒ Almost half of the funds are earmarked for the private sector, but there is insufficient information to justify this.
- ⇒ The allocation of funding to NGOs at 10% is low compared to the government at 80%, given that many of the community initiatives described in the proposal will require NGOs to succeed.
- ⇒ The private sector and academic organisations receive a significant share of the budget, yet they were not mentioned in the proposal.
- ⇒ Considerable resources are allocated to laboratory upgrading and patient subsidies for viral load testing and drug resistance; most of these resources would be better spent to provide free ARVs.
- ⇒ Although the proposal says that public-private partnerships will be used, 85% of the funds are allocated to the government.
- ⇒ One-third of the budget is for information, education, and counselling (IEC) materials, but the proposal does not contain a clear IEC plan.
- ⇒ Fifty percent of the funds are being used for training.
- ⇒ Most of the funds are for staff salaries and travel.
- ⇒ Forty percent of the total request is for repairing the heating system of the main TB hospital and for three X-ray machines.
- ⇒ Almost half of the budget is for planning and administration.

**17. Weakness: There were problems with the structure or functioning of the CCM.**

The reviewers were critical of proposals from CCMs where the CCM was well balanced in terms of representation from the various sectors, particularly the NGO sector.

FOR EXAMPLE:

- ⇒ The CCM is very government dominated, with little civil society involvement.
- ⇒ The proposal stated that “there was no documented procedure” used to nominate some of CCM members; any future application must clarify why such documentation is missing.
- ⇒ There was very limited national or local representation on the CCM. Following the establishment of the National Unity Government, increased domestic and international resources may become available. Only a CCM with a strong national representation and ownership can best ensure sustainable development and optimal focus.

These comments were more prominent in Rounds 3 and 4 than they were in Rounds 5 and 6. See the box next to Strength #21 for more discussion of this.

**18. Weakness: The proposal did not adequately explain the roles and responsibilities of the various players.**

The reviewers criticized proposals that did not provide a description of the responsibilities of the organisations that would be involved in the implementation of the programme, or that provided a description that was not clear.

FOR EXAMPLE:

- ⇒ In the description of activities under service delivery areas; 5-15 different partners are listed for each activity, but it is not clear which is the lead partner, or what each does.

**19. Weakness: The proposal development process was not sufficiently transparent or inclusive.**

Reviewers reacted unfavourably to proposals that were not developed using a transparent and inclusive process.

FOR EXAMPLE:

- ⇒ There was no clear evidence of the participation of target groups and other representatives of civil society in the proposal.

Since just prior to Round 5, an inclusive and transparent process for developing proposals has become a requirement. See the box next to Strength #21 for more discussion of this.

**20. Weakness: The proposal demonstrated insufficient co-funding.**

The reviewers were critical of proposals that did not show significant funding from sources other than the Global Fund.

**21. Weakness: In HIV/AIDS and TB proposals, there were either no joint activities or insufficient joint activities involving both diseases; or the information on joint activities was incomplete.**

Because of the obvious links between HIV/AIDS and TB, the reviewers were critical of HIV/AIDS and TB proposals that did not make those links. The reviewers wanted to see joint activities between programmes, or at least activities to address TB in HIV/AIDS programmes and vice-versa.

FOR EXAMPLE:

- ⇒ The opportunity to integrate HIV services, such as voluntary testing and counselling (VCT), with TB services was missed.
- ⇒ This HIV/AIDS proposals fails to include any interaction with the TB programme that is already seeing many people who would benefit from ARVs.

- ⇒ There is no mention of the linkages between HIV infection and TB (this is mandatory under GFATM proposal requirements).
- ⇒ None of the objectives or indicators address the key links between HIV and TB.
- ⇒ TB-HIV coordination not discussed.
- ⇒ TB management should be integrated into HIV/AIDS care and support.

**22. Weakness: The treatment, care and support component of the proposal was missing or inadequate**

The reviewers were critical of the fact that several HIV/AIDS proposals lacked a treatment component. Other common problems identified by the reviewers were as follows:

- The criteria for deciding which persons would receive ARVs was either missing or unclear.
- It was not clear if ARVs would be provided free of charge to the poor.
- There were no targets, or very low targets, for the number of people who were to receive ARVs.
- Drug policies and management strategies were not spelled out.
- It was not clear whether or how children would be accessing ARVs.
- It was not clear what kind of care would be provided to persons living with HIV/AIDS.

Reviewers were looking for balance between prevention initiatives and care, treatment and support initiatives, if not in the same proposal, then in the various programmes supported by Global Fund grants.

FOR EXAMPLE:

- ⇒ It would be inappropriate to continue offering VCT services without at the same time providing treatment and care to people living with HIV/AIDS.
- ⇒ The HIV treatment goals are too minimal to support the prevention targets.

The reviewers identified a number of other concerns with respect to the treatment, care and support component.

FOR EXAMPLE:

- ⇒ The treatment plan is unclear.
- ⇒ There are no treatment guidelines.
- ⇒ The treatment regimens for multi-drug resistant TB need to be clarified and properly budgeted.
- ⇒ There is no discussion of specific training for clinicians on HIV primary care and ARVs.
- ⇒ It is not clear the management of ARVs will be done according to WHO guidelines.
- ⇒ There is no mention of treatment for STIs or opportunistic infections.
- ⇒ The quantities of drugs required are not spelled out.

- ⇒ There is no mention of drug replacement therapy.
- ⇒ The ARV protocols for the prevention of mother-to-child transmission need to be spelled out.
- ⇒ Having only one treatment facility in the country may not be sufficient.
- ⇒ The choice of drugs for malaria prophylaxis and treatment is questionable.
- ⇒ The ARV regimens are not described.
- ⇒ The proposal contains no plans for drug distribution.
- ⇒ Laboratory monitoring of ARV is not included.
- ⇒ There is no information on what assistance will be provided to drug users to help them adhere to the treatment regimens.

**23. Weakness: The proposal failed to demonstrate absorptive capacity.**

The reviewers were concerned about proposals that, in their view, failed to demonstrate that the country has the capacity to absorb the funds being requested.

**24. Weakness: Information on sustainability was lacking.**

The TRP was critical of proposals where information on sustainability was missing or inadequate.

FOR EXAMPLE:

- ⇒ The proposal fails to describe an exit strategy, and how it is building national capacities in order to ensure sustainability.
- ⇒ The proposal requests that the Global Fund fully finance the salaries of the whole staff of 13 persons of the Central TB Unit for the five-year period. The sustainability of the programme after the termination of the Global Fund grant will be more credible if the Government is gradually taking over the salaries of the Central Unit staff during the life of the programme.

**25. Weakness: How health systems will be strengthened is not well explained.**

Reviewers were concerned about proposals that demonstrated a weak understanding of health systems strengthening, or that failed to explain how such systems would be improved.

FOR EXAMPLE:

- ⇒ Weak understanding of health systems strengthening and the need to strengthen such systems as part of the delivery of a malaria programme.

## ***Weaknesses that Started to Emerge in Round 6 TRP Comments***

In Round 6, the TRP identified some weaknesses that were not present (or that the TRP did not bother to mention) in previous rounds. The following is a list of the major weaknesses that surfaced in Round 6. Potential applicants should pay close attention to these emerging issues because it is reasonable to assume that the TRP will be focusing on these areas when it evaluates the Round 7 proposals.

### **26. Weakness: There was a lack of information in the proposal concerning problems with previous Global Fund grants.**

The reviewers expressed concern about proposals that did not acknowledge problems in previous Global Fund grants or that did not state how these problems would be addressed. (This weakness was also identified in some Round 5 grants, but it was more common in Round 6.)

FOR EXAMPLE:

- ⇒ No explanation is provided as to why the implementation of the previous grants has been slow. The proposal provides no reassurance that that these problems have been or will be effectively addressed.
- ⇒ Performance delays with the Round 4 grant are of concern; the proposal does not adequately address how these will be overcome in the context of the current proposal.

### **27. Weakness: The proposal failed to make the case for additional funding over and above that received from earlier grants.**

The reviewers were concerned about proposals from countries that received funding from the Global Fund in previous rounds, and that failed to justify additional funding in Round 6 for similar activities.

FOR EXAMPLE:

- ⇒ It is not acceptable to expect the Global Fund to analyse programmatic needs based on activities that will be started with funds from Round 5 and that will be supplemented by funds from Round 6, when an evaluation of the Round 5 grant had not started yet.
- ⇒ The proposal requests increased funding, when only about half of the first-two-year costs of the Round 4 grant has already been spent, and there is still a substantial amount available for Phase 2 of the Round 4 grant. The proposal fails to provide evidence that new funding is required.

**28. Weakness: There was insufficient information on how the project would be coordinated.**

The reviewers were critical of proposals that did not adequately explain how the programmes could be managed or coordinated.

FOR EXAMPLE:

- ⇒ The coordination mechanism and grant management strategies are not sufficiently detailed – it is difficult to know how the applicants are going to manage implementation.