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# The Aidspan Guide to Applications under the Global Fund's Transitional Funding Mechanism

**Revised 19 January 2012**

by

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**Note: The original version of this guide was dated 10 January 2012. This revised version incorporates two minor corrections to the text, both in Chapter 5. The first correction is in the description about how to fill out the columns in the logframe template in the Section on "Attachment D – Logframe." There are eight columns in the template; the original text listed only seven. The second correction is in the Section on "Attachment F – Budget-related tables," where the second paragraph, concerning which applicants have to complete Attachment F, has been reworded.**

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## Preface

This guide is one of over 20 free Aidspace publications written for those applying for, implementing or supporting grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The following is a partial list of Aidspace's publications.

- **Global Fund Observer:** A free email newsletter providing news, analysis and commentary to nearly 10,000 subscribers in 170 countries. (more than 170 issues over the past six years; currently available in English only)
- **Aidspace Review of a Study on the Costs and Health Impact of Continued Global Fund Support for Antiretroviral Therapy** (October 2011; available in English only)
- **Aidspace Critique of the Report of the High-Level Independent Review Panel** (October 2011; available in English only)
- **Aidspace Report: What Readers Think about Global Fund Observer** (August 2011; available in English only)
- **Aidspace Report: Key Strengths of Rounds 8, 9 and 10 Proposals to the Global Fund** (June 2011; available in English, French, Spanish and Russian)
- **A Beginner's Guide to the Global Fund – 2<sup>nd</sup> Edition** (March 2011; available in English, French, Spanish and Russian)
- **The Aidspace Guide on the Roles and Responsibilities of CCMs in Grant Oversight** (March 2009; available in English, French, Spanish and Russian)
- **Aidspace Report: An Analysis of Global Fund Grant Ratings** (November 2008; available in English only)
- **Aidspace White Paper: Scaling Up to Meet the Need: Overcoming Barriers to the Development of Bold Global Fund-Financed Programs** (April 2008; available in English only)
- **Aidspace White Paper: Providing Improved Technical Support to Enhance the Effectiveness of Global Fund Grants** (March 2008; available in English only)
- **Aidspace Documents for In-Country Submissions** (December 2007; available in English, French, Spanish and Russian)
- **The Aidspace Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)** (Second edition September 2007; available in English, French and Spanish)

### Downloads

To download a copy of any of these publications, go to [www.aidspace.org](http://www.aidspace.org). If you do not have access to the web but you do have access to email, send a request to [publications@aidspan.org](mailto:publications@aidspan.org) specifying which publications you would like to receive as attachments to an email. Aidspace does not produce or distribute printed copies of these publications.

## **Aidspan**

Aidspan is an NGO based in Nairobi, Kenya. Its mission is to reinforce the effectiveness of the Global Fund to Fight AIDS, Tuberculosis and Malaria. Aidspan performs this mission by serving as an independent watchdog of the Fund, and by providing services that can benefit all countries wishing to obtain and make effective use of Global Fund financing.

Aidspan also publishes the *Global Fund Observer (GFO)* newsletter, an independent email-based source of news, analysis and commentary about the Global Fund. 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.

Aidspan finances its work primarily through grants from foundations. Aidspan does not accept Global Fund money, perform paid consulting work or charge for any of its products.

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

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If you find this guide useful, or if you have appreciated *Global Fund Observer* or any other Aidspan publication, *please let us know*. Feedback of all kinds is always helpful.

## List of Abbreviations and Acronyms

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

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

# Chapter 1: Introduction

*This chapter outlines the purpose of this guide and describes its contents. It also contains a short note on terminology.*

## Purpose of This Guide

The purpose of “The Aidspan Guide to Applications under the Global Fund’s Transitional Funding Mechanism” is to provide guidance to coordinating mechanisms and other organisations applying for funding under the Transitional Funding Mechanism (TFM).

The guide does not tell applicants what they should say in their proposals. Rather, it explains questions on the proposal form that may not be entirely clear. In addition, the guide occasionally provides examples of how similar questions were answered in past rounds of funding. These examples are intended to show applicants how their responses can be structured and what items need to be included to ensure a full response.

Unlike the guides we produced for the last few rounds of funding, which were in two volumes, “The Aidspan Guide to Applications under the Global Fund’s Transitional Funding Mechanism” covers everything we think you need to know in a single volume.

In addition, unlike the guides we produced for the last few rounds of funding, we have not produced a separate guide for multi-country applicants. This is because the forms are very similar for both single- and multi-country applicants. The proposal form is divided into two parts: one part consists of Sections 1–2; the other part consists of Sections 3–8. For the TFM, there is only one version of the proposal form for Sections 3–8 for all applicants. For Sections 1–2, there are two versions, one for single-country applicants and one for multi-country applicants, but they are very similar. The information in this guide is based on the forms for single-country applicants. In the step-by-step guidance for Sections 1–2, we point out where the multi-country version differs from the single-country version.

## Terminology Used in This Guide

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

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

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

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



The Global Fund often uses the term “CCM” to include both CCMs and Sub-CCMs. In this guide, we do the same unless it is necessary to refer specifically to Sub-CCMs. The Global Fund also uses the term “coordinating mechanism” to denote CCMs, Sub-CCMs and RCMs. In this guide, we also use this term in this fashion.

The Global Fund uses the term “Non-CCM” to refer to proposals submitted by in-country organisations other than the CCM and Sub-CCM. In this guide, we also use this term in this fashion. Note, also, that the Global Fund tends to use the terms “CCM” and “national CCM” interchangeably. In this guide, we generally use only “CCM,” unless we are quoting or paraphrasing from other sources.

The Global Fund uses the term “incremental funding request” to denote new funding being sought in a proposal. Some proposals under the TFM will be consolidated proposals, meaning that they will contain costs for both existing grants that will continue during the period covered by the proposal and incremental (or new) costs for activities being proposed by the applicant.

## Contents of This Guide

**Chapter 2: What’s New for Applications under the TFM?** describes the main changes to the applications process for the TFM as compared to the processes used in recent rounds of funding. The chapter describes the new eligibility criteria and counterpart financing requirements. It also includes notes on the duration of funding, the two pools of funding, consolidated proposals, single streams of funding and grant consolidation, changes to the proposal form, and other changes originally introduced for Round 11 and carried over to the TFM. Finally, the chapter discusses how prioritisation will be done (should prioritisation be required), and the importance of re-programming in the context of the limited resources available for the TFM.

**Chapter 3: General Information on the TFM Applications Process** describes the guidelines documents that the Global Fund has produced for the TFM and contains a short note on funding available for the TFM. This chapter also explains where the various eligibility and counterpart financing criteria are covered on the proposal forms; lists the information notes available from the Global Fund; describes the different versions of the proposal forms; and explains which documents must be submitted with each application. In addition, the chapter outlines the process for submitting proposals; explains some key concepts used in all proposals; and provides general guidance concerning how to fill out the proposal forms.

**Chapter 4: Guidance on Specific Sections of the TFM Proposal Form** provides guidance from Aidspan on the questions on the proposal form. It contains some extracts from proposals that were approved in previous rounds and that were praised by the Technical Review Panel (TRP). See the “Note to Readers” at the beginning of Chapter 4 for more information.

**Chapter 5: Guidance on the Attachments** provides guidance from Aidspan to supplement the instructions provided by the Global Fund for each of the six mandatory attachments to proposals.

**Special Note:** *Although the TFM is limited in scope, the TFM call for proposals nevertheless contains all of the elements of a call for proposals for a regular round of funding (e.g., proposal form, guidelines, performance framework, budget, work plan). The Global*

Fund Secretariat prepared the necessary documents in a very limited time frame in order to launch the TFM before the end of 2011. As a result, there are some errors and omissions in the documents. The Secretariat will likely issue several clarifications early in 2012, and may even revise some of the documents. Applicants should watch for these announcements.

This guide has been prepared based on the documents that were available when the TFM was launched on 15 December 2011, and clarifications that Aidspace was able to obtain from the Secretariat. We have done our best to provide useful guidance in the time that was available to us. If – after reading the instructions on the proposal form for a particular item, and after reading the guidance from the Global Fund, and after reading the guidance in this guide from Aidspace – applicants still have questions, they should direct these questions to the Global Fund at [proposals@theglobalfund.org](mailto:proposals@theglobalfund.org).

## Chapter 2: What's New for Applications under the TFM?

*This chapter describes the major changes to the applications process under the Transitional Funding Mechanism (TFM) as compared with the processes used for recent rounds of funding. It describes the eligibility criteria and counterpart financing requirements, the duration of funding and the two pools of funding. The chapter includes short notes on how prioritisation will be done (should prioritisation be required), and on how health systems strengthening is addressed under the TFM. The chapter also includes a discussion on re-programming in the context of the limited resources available for the TFM. It provides information on how three of the features of the new grant architecture – consolidated proposals, single streams of funding and grant consolidation – are being handled under the TFM. Finally, the chapter includes information on the changes to the proposal form and on other changes originally introduced for Round 11 and carried over to the TFM.*

### Who is Eligible to Apply under the TFM?

To be eligible to apply for funding, applicants must meet certain criteria. For the purposes of this explanation, we have divided the eligibility criteria into four categories:

- technical eligibility
- additional criteria specific to the TFM
- functioning of the coordinating mechanism and the proposal development process
- counterpart financing

#### **Technical eligibility**

The Global Fund Board adopted new technical eligibility criteria in May 2011. The criteria cover country income level and disease burden, the focus of the proposal, history of recent funding and what is known as the “OECD-DAC filter.” The new criteria are described in the Global Fund’s Eligibility, Counterpart Financing and Prioritization (ECFP) Policy, available at [www.theglobalfund.org/en/application](http://www.theglobalfund.org/en/application). The new eligibility criteria applied to Round 11 when it was launched. (Round 11 was subsequently cancelled.) The same criteria apply to the TFM, with a few changes. The changes are described in the Global Fund’s information note on the ECFP Policy as it applies to the TFM. (When we went to press, this note had not yet been posted, so we do not know its exact title. When posted, it should be available at [www.theglobalfund.org/en/application](http://www.theglobalfund.org/en/application).)

Note: The Global Fund Secretariat has prepared a list of countries that are eligible to apply under the TFM (and for which diseases). This list is based on the technical eligibility criteria only. The eligibility list comes with a warning (i.e., a disclaimer) which explains that in the event of any discrepancies between the information in the list and the decisions of the Board concerning eligibility, the Board decisions shall prevail. The eligibility list is available at [www.theglobalfund.org/en/application](http://www.theglobalfund.org/en/application).

The eligibility list does not take into account the criteria specific to the TFM; adherence to these criteria will be evaluated by the Technical Review Panel (TRP) when it reviews proposals. Nor does it take into account the criteria related to the functioning of the coordinating mechanism and the proposal development process; adherence to these criteria are assessed by the Secretariat during the screening process. Finally, the eligibility list does not take into account the counterpart financing requirements; adherence to these requirements will be evaluated by the TRP during proposal review.)

Because we believe that the eligibility list prepared by the Global Fund Secretariat is reliable (despite the disclaimer), we have not included in this section a description of the technical eligibility criteria. Applicants that need more information on the technical eligibility criteria – possibly because they have questions about the status of their country on the eligibility list – should review the ECFP Policy document and the Global Fund’s information notes on the Policy and on the TFM, and should address any questions to the Global Fund Secretariat.

### ***Additional criteria specific to the TFM***

The range of activities that can be funded under the TFM is limited. Specifically, proposals must meet all of the following three conditions:

1. the services for which funding is sought constitute “essential” prevention, treatment and/or care services”; and
2. the services are currently supported by the Global Fund (or, at least, were supported by the Global Fund at the time that the call for proposals was launched on 15 December 2011), and the services face disruption sometime between 1 January 2012 and 31 March 2014;<sup>1</sup> and
3. there are no sources of funding for these services other than the Global Fund.

#### *What constitutes “essential services”?*

The Global Fund says that it cannot provide a definitive list of essential services. In its information note on the TFM, the Fund says,

“The applicant must demonstrate that the proposed interventions/services presented within a TFM request represent essential services for the national response to the relevant disease. What is permissible within an application will be specific to country epidemiological and funding context, and for this reason no definitive list is provided.”

However, the Global Fund has provided considerable guidance concerning what is likely to be considered “essential services” under TFM, and has also provided examples. The Global Fund says that the TFM is intended to support requests that continue – at the existing scale – core interventions that:

- protect the gains achieved (e.g., interventions whose interruption would mean a significant rebound in transmission); and
- save lives; and
- are high impact, evidence-based, targeted to most-appropriate populations and represent good value for money in a resource-constrained environment.

(The Global Fund has not explained what it means by the term “most appropriate.” Nor has the Fund explained how it will determine what represents “good value for money in a resource-constrained environment.” Aidspace believes that the Fund is simply trying to say that given that there is not a lot of money available to fund TFM proposals, applicants should target the populations most in need and should seek to extend those existing services that are providing the greatest return on investment.)

The Global Fund says that the TFM will usually not support interventions that scale up services beyond the levels of patients, geographic areas or populations that will be reached

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<sup>1</sup> Usually, a disruption means that an existing grant is coming to an end (during the period 1 January 2012 to 31 March 2014). However, a disruption could also occur when a grant is continuing but coverage of essential services within that grant is coming to end (during the period 1 January 2012 to 31 March 2014).

at the time when the disruption occurs. In other words, the TFM cannot be used to provide services to more people than are currently receiving these services.

The TFM will not support the introduction of new interventions except in very limited circumstances. Specifically, the Global Fund says that countries may request funding for new interventions to be offered to an “epidemiologically important” population currently being served, provided:

- continuing services to this population are essential to avoid deaths or a substantial rebound in transmission; and
- the proposed package is more cost-effective than the package previously funded by the Global Fund that it would replace; and
- there is no scale-up in terms of (a) the number of people receiving the service at any particular time; (b) geographic coverage; and (c) cost.

The Global Fund has not defined the term “epidemiologically important.”

In an annex to the information note on TFMs, the Global Fund provides examples of services likely to be considered “essential”; and services unlikely to be considered “essential” (and, therefore, unlikely to be funded). These are shown in the table below.

**Table: Examples of services likely to be considered essential and unlikely to be considered “essential”**

Disease	Services <u>likely</u> to be considered “essential”	Services <u>unlikely</u> to be considered “essential”
HIV/AIDS	Antiretroviral therapy (ART); TB screening and treatment among PLWHA; PMTCT; prevention and treatment targeted at key populations with high levels of incidence; and male circumcision where indicated.	Scale-up of ART; untargeted population approaches to HIV prevention; general population HIV testing in concentrated epidemics; generalized nutritional support; blood safety; universal precautions; pre-exposure prophylaxis; infrastructure development; procurement of vehicles; and generalized or untargeted trainings.
TB	High impact interventions that ensure early case detection; diagnosis and treatment of patients with drug-susceptible or multidrug-resistant TB, including interventions targeted at vulnerable populations; HIV testing and treatment among TB patients; TB preventive therapy among PLWHA; TB screening among high risk populations; interventions to strengthen systems to ensure access for communities and people affected by TB; TB infection control related to TB transmission in health facilities.	Scale-up of DOTS, scale up of drug-susceptible and multidrug-resistant TB services; food support for TB patients; Practical Approach to Lung health (PAL); infrastructure development; procurement of vehicles; and generalized or untargeted trainings.
Malaria	Vector control activities; case management composed of a combination of diagnostics and appropriate treatment; and intermittent preventive treatment in pregnant women in high burden settings.	Scale-up of vector control and case management; large investments in improving routine information systems; elimination programs; intermittent preventive therapy for infants and children; infrastructure development; procurement of vehicles; and generalized or untargeted trainings.

The Global Fund emphasises that the services listed in the table are only examples and are not a definitive list of services deemed essential or not essential.

The Global Fund says that it will support continuation of early diagnosis and detection where it is deemed an essential component of disease programmes. However, because early diagnosis could result in a considerable increase in the number of people requiring treatment, the Global Fund says that countries wanting to maintain such services must demonstrate how sources of funding other than the Global Fund will cover the costs of placing additional people on treatment, in particular for those requiring life-long treatment.

The Global Fund says that services related to what it calls “critical enablers” (e.g., stigma reduction, gender equality and community mobilisation) and initiatives related to the “wider development sectors” (e.g., health systems, social protection, gender-based violence) will only be considered where they are deemed by the Global Fund as being critical for the continuation of delivery of essential treatment, prevention and care services.

#### *Other sources of funding*

In their proposals, applicants are required to demonstrate that there are no alternative sources of funding available to finance proposed activities. The Global Fund says that before they submit a proposal under the TFM, applicants are expected to have explored the possibility of using national government budgets or other domestic sources, funding from other donors, and funds from other Global Fund grants for the same disease which could be re-programmed. (See separate section on re-programming below.)

### ***Functioning of the coordinating mechanism and the proposal development process***

To be eligible to apply for funding from the Global Fund, applicants from country coordinating mechanisms (CCMs), Sub-CCMs and regional coordinating mechanisms (RCMs) must meet certain criteria concerning the function of their coordinating mechanisms. There are six criteria (known as the “six minimum requirements”), as follows:

**1. Funding applications.** The Global Fund requires all CCMs to:

- i Coordinate the development of all funding applications through transparent and documented processes that engage a broad range of stakeholders – including CCM members and non-members – in the solicitation and the review of activities to be included in the application.
- ii Clearly document efforts to engage key population groups in the development of funding applications, including most-at-risk populations.

**2. PR nomination.** The Global Fund requires all CCMs to:

- i Nominate one or more PR(s) at the time of submission of their application for funding.
- ii Document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria.
- iii Document the management of any potential conflicts of interest that may affect the PR nomination process.

**3. Oversight.** Recognizing the importance of oversight, the Global Fund requires all CCMs to submit *and* follow an oversight plan for all financing approved by the Global Fund. The plan must detail oversight activities, and must describe how the CCM will engage program stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and people living with and/or affected by the diseases.

**4. Membership (I).** The Global Fund requires all CCMs to show evidence of membership of people living with HIV and of people affected by TB or malaria (where funding is requested or has previously been approved for the respective disease). People affected by TB or malaria include people who have lived with these diseases in the past or who come from communities where the diseases are endemic.

**5. Membership (II).** The Global Fund requires all CCM members representing non-government constituencies to be selected by their own constituencies based on a documented, transparent process, developed within each constituency. This requirement applies to all non-government members including those members representing people living with or affected by the three diseases, but not to multilateral and bilateral partners.

**6. Conflict of interest.** To ensure adequate management of conflict of interest, the Global Fund requires all CCMs to:

- i Develop and publish a policy to manage conflict of interest that applies to all CCM members, across all CCM functions. The policy must state that CCM members will periodically declare conflicts of interest affecting themselves or other CCM members. The policy must state and CCMs must document that members will not take part in decisions where there is an obvious conflict of interest, including decisions related to oversight and selection or financing PRs or SRs.
- ii Apply their conflict of interest policy throughout the life of Global Fund grants, and present documented evidence of its application to the Global Fund on request.

*Note: The above text is taken verbatim from the CCM Guidelines<sup>2</sup> adopted by the Global Fund Board in May 2011, except for the bolded headings (which were added by Aidspace).*

Parts of the six minimum requirements deal with the functioning of the coordinating mechanism; other parts deal with the development of the proposal being submitted. As part of the screening process for each new round of funding, the Global Fund Secretariat reviews whether the coordinating mechanism has met those parts of the requirements that relate to the development of the proposal. However, the Secretariat may or may not review whether the applicant has met the parts of the requirements that deal with the functioning of the coordinating mechanism. If the coordinating mechanism has been found to have met these parts of the requirements in a recent application to the Global Fund, the Fund may not need to repeat the assessment.

See [Section 2.1](#) and [Section 2.2](#) of Chapter 4 “Guidance on Specific Sections of the TFM Proposal Form” for a discussion of how the Global Fund may interpret the CCM requirements on proposal development and PR selection in the context of the TFM.

### **Counterpart financing**

(Note: In recent rounds of funding, this was called “cost sharing.”)

In addition to being required to meet the eligibility criteria, applicants must also meet requirements for counterpart financing. “Counterpart financing” refers to the government’s contribution<sup>3</sup> to the national disease programme budget and to the health sector.

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<sup>2</sup> The CCM Guidelines are available on the Global Fund website [here](#).

<sup>3</sup> The government contribution refers to all public resources specifically allocated to the national disease programme and the health sector from government revenues; government borrowings from external sources or private creditors; and debt relief proceeds. With the exception of loans and debt relief, all other forms of external assistance, even when routed through government budgets, are not counted as government contribution.

Although the counterpart financing requirements appear to be another form of eligibility criteria, they are not labelled as such. Aidsplan believes that the reason for this is as follows: The eligibility criteria will be applied fairly strictly; failure to meet the eligibility criteria will result in the applicant not being able to apply for funding. The counterpart financing requirements, on the other hand, are less strict. The idea is to encourage countries to meet the requirements, but also to give them some time to do so.

New counterpart financing requirements, adopted by the Global Fund Board in May 2011, consist of three provisions: (a) a minimum threshold for government contributions; (b) increasing government contributions over time; and (c) improvements to expenditure data. These requirements apply whether the proposal is nominating government or non-government PRs. All CCM and Sub-CCM applicants have to meet the counterpart financing requirements; however, regional and non-CCM applicants do not.

### **Minimum threshold**

To be eligible to apply to the Global Fund for disease programmes, the governments of all applicant countries are required to make some contribution to the country's national disease programme budget. The minimum contribution (also called a "threshold") is defined as the government's contribution to the national disease programme as a share of total government and Global Fund financing. The thresholds vary according to country income levels. The World Bank classifies countries as low income (LIC), lower-middle income (LMIC), upper-middle income (UMIC) and high income (HC). The thresholds are as follows: LICs 5%; lower LMICs 20%; upper LMICs 40%; UMICs 60%. (For the purposes of the counterpart financing requirements, the "lower-middle-income-country" category has been split into two parts: lower LMIC and upper LMIC.<sup>4</sup>)

UMICs are also required to explain how counterpart financing will increase to at least 90% during the specified proposal period. The explanation should include how activities will be transitioned to the national programme.

When they submit their proposals, applicants must be able to show that these minimum thresholds have been met. If a country is below the threshold, the applicant must submit an action plan for moving towards the threshold.

Note: Because these criteria refer to the national disease programme budget, they differ from the old cost sharing requirements, which were based instead on "national disease programme need."

### **Increasing contributions**

Countries have to be able to show that the government contribution to the national disease programme and overall health spending is increasing each year. However, in extenuating circumstances, an applicant may be able to satisfy this requirement by submitting an action plan showing how it plans to meet the requirement.

### **Improving expenditure data**

Countries are required to report to technical partners, each year, information on financing for the national disease programmes. The counterpart financing requirements state that applicants should include in their proposal budgets provision for up to \$50,000 per disease to support costing studies if such studies are needed or are requested by the TRP. However, for the purposes of the TFM at least, inclusion of this \$50,000 is not mandatory. The Global

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<sup>4</sup> The split is based on the midpoint of the range of GNI per capita.



Fund Secretariat told Aidspace that given the limited scope of the TFM, applicants need to carefully weigh their priorities. The Secretariat said that some countries, particularly those that do not have specific disease programme budget line items, should consider applying for the \$50,000. It said that these funds should be used to strengthen the data collection or human resource capacity in estimating health and disease expenditures – and should not be used for a “one-off” study.

### **Monitoring compliance**

The TRP will review compliance with counterpart financing requirements as a “material part” of its overall review of the proposal. According to the requirements, the TRP can make one of three “decisions”:

1. “accept” the counterpart financing arrangements;
2. “Insert conditionality” to acceptance of the counterpart financing arrangements; or
3. “reject” the counterpart financing arrangements.

The requirements do not explain the implications of these decisions. In theory, if the TRP rejects the counterpart financing arrangements, it should automatically decline to recommend the proposal for funding. However, in the context of the TFM at least, this is very unlikely to happen, and certainly would not happen without the applicant being provided with ample opportunity to justify its data (or lack of data) and provide an action plan explaining how it will meet the requirements.

The criteria say that the “state of compliance” with counterpart financing requirements will also be a material part of the periodic review (which the Secretariat conducts at regular intervals during the life of a grant).

### **Duration of Funding**

Under the TFM, funding is limited to two years. Note, however, that although the disruption of essential services must occur between 1 January 2012 and 31 March 2014, the two years of funding can extend beyond 31 March 2014. For example, if the disruption is expected to occur on 1 January 2014, the applicant could ask for funding covering the period 1 January 2014 to 31 December 2015. Remember, however, that funding is always subject to sufficient resources being available at the time.

### **Two Pools of Funding**

As prescribed in the ECFP Policy, and as planned for Round 11, there will be two pools of funding: general and targeted.

The general pool is identical to the “general” streams of funding that existed in previous rounds. The targeted pool is modelled after the HIV most-at-risk populations (MARPs) reserve that existed in Round 10. One major difference, however, is that the targeted stream is open to applications for all three diseases, not just HIV.

There are several ceilings that affect the targeted pool. The budgets of individual proposals must be no more than \$5 million for the full two years. (If a proposal is submitted for less than two years, this ceiling is pro-rated.) In addition, the proportion of Global Fund resources available for the targeted pool is limited to 10% of available resources for a particular funding

window. Finally, according to the ECFP Policy, the costs for the full two years of all approved proposals cannot exceed \$150 million.

For each disease component of a proposal, applicants may apply under one pool or the other, but not both. The eligibility criteria for both pools of funding are similar, but not identical. A proposal could contain components seeking funding from different funding pools. For example, an applicant could apply for HIV to the targeted pool and for malaria to the general pool.

## Prioritisation

The Global Fund says that if demand for TFM proposals recommended by the TRP exceeds available resources, then the Board will provide guidance on how to prioritise funding in the general pool. (The TRP will decide how to prioritise proposals in the targeted pool.) Therefore, the precise formula that would be used to prioritise recommended proposals is not yet known (and may not be known unless and until a situation arises where it becomes necessary to prioritise).

The TFM guidelines say only that whatever prioritisation scheme is used, it will take into account:

- the fact that activities related to continuing life-saving treatment, as defined under the Global Fund's Continuity of Services policy, are accorded the highest priority;
- the combined disease burden and country income level scores of applicants, as defined in the ECFP Policy (as a relative indicator of country need); and
- the objective of avoiding disruption of essential services.

The scoring system for disease burden and country income level is described in the ECFP Policy, and also in Volume 1 of ["The Aidspace Guide to Round 11 Applications to the Global Fund."](#) The country disease burden and country income level scores have been included in the Eligibility List developed by the Global Fund for the TFM.

## Re-programming

The Global Fund is placing considerable emphasis on the use of re-programming to reduce disruption of essential services. There is a section on the TFM proposal form where applicants are asked to show how existing funding will be re-programmed. In addition, applicants that have existing funding from the Global Fund during the period covered by the TFM application, but that are not proposing any re-programming, are required to explain why.

Basically, with respect to re-programming, this is what the Global Fund is saying to applicants:

1. We have only a limited amount of money available at this time.
2. This is why we had to cancel Round 11 and replace it with a transitional funding mechanism (the TFM) that focuses only on maintaining existing essential services.
3. We do not know if we will have enough money to pay for maintaining all existing essential services that will be disrupted.
4. For this reason, we are asking applicants to fund as many essential services as possible from sources other than the TFM.

5. These other sources include governments and other funders, both domestic and international. They also include savings that can be achieved by re-programming existing Global Fund grants.
6. Therefore, we encourage you to find whatever savings you can from re-programming.

## **Health Systems Strengthening**

Separate cross-cutting health systems strengthening (HSS) components, which had been planned for Round 11, are not permitted under the TFM. Nor can a cross-cutting HSS request be attached to a disease component (as was the case in Round 10). Applicants are permitted to integrate relevant HSS activities within their disease-specific TFM requests – but only if the activities are critical to maintaining essential services. See the Global Fund's TFM information note for more details.

## **Consolidated Proposals Mandatory for Some Applicants**

TFM applicants are required to submit a consolidated proposal for a given disease IF they have existing grants for the same disease that are scheduled to continue during the period covered by the TFM request. The requirement to submit a consolidated proposal applies regardless of the number of PRs involved in the existing grants or the number of PRs proposed for the new initiatives.

A consolidated proposal is one that includes information (e.g., objectives, service delivery areas, activities, targets and costs) on both (a) new initiatives for which funding is being sought, and (b) all existing grants for the same disease.

Although consolidated proposals are more difficult to prepare than “regular” proposals, they provide applicants with an opportunity to make changes to existing grants. Applicants may decide not to carry forward some of the activities in existing grants, or to modify these activities. The Global Fund encourages applicants to use their TFM proposals to make changes to existing grants based on lessons learned from past implementation.

Submitting consolidated proposals is not the same as doing grant consolidation, though there is a significant connection between the two (see next section).

## **Single-Stream-of-Funding Agreements and Grant Consolidation**

The Global Fund Secretariat has told Aidsplan that approved TFM proposals will lead to a “single grant per PR.” However, when we went to press, no decision had yet been made concerning whether agreements signed as a result of the TFM process will be “single-stream-of-funding” (SSF) agreements. SSF agreements have particular characteristics; the Global Fund is not certain yet whether these characteristics should apply to TFM funding. The Global Fund will likely issue guidance on this matter in early 2012.

If a consolidated TFM proposal is approved for funding, and if the proposal nominates a PR to manage the new activities, and if there are existing grants being managed by the same PR that will be operating during the period covered by the TFM proposal – then, it is likely that the grants managed by that PR will be consolidated into one grant. However, watch for more guidance on this from the Global Fund (as mentioned in the previous paragraph).

## **Changes to the Proposal Form and Guidelines**

For the TFM, the proposal form and guidelines have been considerably simplified (compared to Round 10). This is due to two factors: (a) the Global Fund Secretariat made a concerted effort to simply the proposal form between Rounds 10 and 11; and (b) the scope of the TFM is very limited.

## Other Changes

Other changes introduced for Round 11 and retained for the TFM are as follows:

**Logframe.** Applicants that are required to submit a consolidated proposal are asked to include a logframe with each application. The logframe provides a consolidated summary of the programmes for which the applicant is seeking funding. It contains an overview of the goals, objectives, service delivery areas and key activities.

**Applicant disease profiles.** To assist applicants to develop their proposals, the Global Fund Secretariat has prepared applicant disease profiles for each country that has previously applied to the Global Fund. The profiles contain financial and programmatic information for each disease for which an applicant has existing grants. The information includes a summary of the CCM membership by sector; population and epidemiological information; summary information on existing Global Fund grants; grant performance ratings; grant budget and disbursement data; expenditures by cost category; and most recent results against targets.

**Health and disease expenditure data.** In order to satisfy the counterpart financing requirements, applicants are required to provide health expenditure data and disease expenditure data for the three years prior to the proposal (historical) and for the duration of the proposal (projected).

**Budgeting for costing studies.** Applicants may budget up to \$50,000 per disease for a disease spending assessment in order to improve data on disease and health spending.

## Chapter 3: General Information on the TFM Applications Process

*This chapter describes the guidelines documents that the Global Fund has produced for the TFM and contains a short note on funding available for the TFM. The chapter also explains where the various eligibility and counterpart financing criteria are covered on the proposal forms; lists the information notes available from the Global Fund; describes the different versions of the proposal forms; and explains which documents must be submitted with your application. In addition, the chapter outlines the process for submitting proposals; explains some key concepts used in all proposals; and provides some general guidance concerning how to fill out the proposal forms.*

### Guidelines for Proposals

For the TFM, the Global Fund has provided a single sets of guidelines, covering all applicants, single-country and multi-country. The guidelines are entitled “Transitional Funding Mechanism (TFM) Guidelines” and are referred to in this guide as “TFM Guidelines.”

When we went to press, the TFM Guidelines were available in English only at [www.theglobalfund.org/en/application/materials](http://www.theglobalfund.org/en/application/materials). The Fund says that versions in French, Russian and Spanish will be posted in early January.

There are two parts to the TFM Guidelines. Part 1 contains general information on the TFM and on which documents need to be submitted in your application. Part 2 provides guidance to help applicants fill out each section of the proposal form. At a minimum, applicants should refer to Part 2 as they complete each question on the proposal form. However, Part 2 also contains information that applicants need when they putting together the programme that will be described in their proposal. Therefore, we recommend that applicants read Part 2 of the TFM Guidelines before they start to fill out the proposal form.

### Funding Available for the TFM

The funding situation is uncertain. When we went to press, the Global Fund had not made public any estimates of how much money might be available to fund TFM proposals recommended by the TRP.

### Eligibility Criteria and Counterpart Financing Requirements

As explained in Chapter 2, all applicants to the Global Fund have to meet certain criteria to be eligible to apply for funding under the TFM. For some of the eligibility requirements, the Global Fund Secretariat will determine whether your proposal meets the requirements. For other eligibility requirements, and for the counterpart financing requirements, this determination will be made by the TRP; this is new (compared to Round 10).

There is no one section of the proposal form where all eligibility criteria are covered. Instead, questions concerning eligibility are spread out. Table 3.1 provides a “road map.”

**Table 3.1: Road map for eligibility criteria and counterpart financing requirements**

	Element	Entity making the determination	Relevant section of the regular proposal form
<b>Technical eligibility</b>	Income level	GFS	N/A
	Disease burden	GFS	N/A
	Focus of proposal	TRP	s. 7.7
	History of recent funding	GFS	N/A
	OECD filter*	GFS	N/A
	G-20 rule	GFS	N/A
	CCM structure; proposal development	GFS	s. 2.0
<b>Criteria specific to the TRP</b>	Demonstrated risk of service disruption	TRP	N/A
	Essential services	TRP	N/A
	Other sources of funding	TRP	ss. 4.3, 4.4
<b>Counterpart financing</b>	Minimum threshold	TRP	ss. 7.1-7.4
	Increasing contributions		
	Improving expenditure data		

\* This criterion applies only to HIV components submitted by applicants in upper-middle-income countries. This criterion is not covered on the proposal form. However, the Global Fund's Eligibility List shows which countries meet this criterion.

For the five technical eligibility criteria marked "N/A" in the table, the determination of eligibility is based on information already published; see the Global Fund's Eligibility List 2012 at [www.theglobalfund.org/en/application](http://www.theglobalfund.org/en/application).

## Information Notes and FAQs

The Global Fund has produced two information notes specifically for the TFM:

- Information Note on the Transitional Funding Mechanism
- An information note on the ECFP Policy as it applies to the TFM (precise title not known yet)

When we went to press, the note on the ECFP Policy was not yet posted. (The Board adopted the ECFP Policy in May 2011. In November 2011, the Board made some adjustments to the policy specifically for the TFM.)

In addition, the Global Fund is making available the information notes on various topics which it produced for Round 11. The Fund says that the topics covered by these notes are relevant to the TFM, but also says that the notes should be read in the context of the limited scope of the TFM. The topics are as shown below, listed by categories that Aidsplan has defined. (On the Global Fund's website, the information notes are organised differently.)

List of information notes:

### **HSS and disease-specific topics**

- Addressing Sex Work, MSM and Transgender People in the Context of the HIV Epidemic
- Collaborative TB/HIV Activities
- Food and Nutrition for HIV and TB Programming
- Health Systems Strengthening
- HIV and Human Rights
- Scaling Up Comprehensive Prevention of Mother-to-Child Transmission (PMTCT) Interventions
- Scaling-Up Effective Management of Drug-Resistant Tuberculosis
- Tuberculosis and Human Rights

### **General programme-related topics**

- Addressing Women, Girls and Gender Equality
- Community Systems Strengthening
- Harm Reduction for People Who Use Drugs
- Improving Aid Effectiveness
- Matching Resources to Need: Opportunities to Promote Equity
- Orphans and Vulnerable Children
- Pharmaceutical Systems Strengthening and Pharmacovigilance
- Strengthening Implementation Capacity
- Strengthening Maternal, Newborn and Child Health Interventions

### **General proposal-related topics**

- Consolidated Proposals
- Dual-Track Financing
- Most Common Weaknesses Identified by the TRP in Round 10
- Multi-Country Applicants
- Non-Country Coordinating Mechanisms
- Value for Money

All information notes are available at [www.theglobalfund.org/en/application/infonotes](http://www.theglobalfund.org/en/application/infonotes).

The Global Fund has a web page containing answers to frequently asked questions (FAQs) about the TFM applications process. This page is at [www.theglobalfund.org/en/application/faq](http://www.theglobalfund.org/en/application/faq).

## Versions of the Proposal Form

The TFM proposal form comes in two parts. One part contains Sections 1–2; the other part contains Sections 3–8. There are two versions of Sections 1–2, one for single-country applicants and one for multi-country applicants. There are three versions of Sections 3–8, one for each disease. (There are no separate versions of Sections 3–8 for multi-country applicants. Single- and multi-country applicants use the same form for Sections 3–8.)<sup>5</sup>

The proposal forms are available at [www.theglobalfund.org/en/application/materials/documents](http://www.theglobalfund.org/en/application/materials/documents). When we went to press, the proposal forms were available in English only. The Fund says that versions in French, Russian and Spanish will be posted in early January.

### Macros

#### *Word files*

The Word files contain some macros. The Global Fund has included them in order to make it easy for you to select the check boxes or buttons that are contained in several of the items on the proposal forms.

If you have a PC: Depending on the security level of the computer, when you open the files containing the proposal forms, these macros may be automatically enabled or disabled – or, you may be asked whether or not you want to enable the macros. If you are asked about the macros, we suggest that you enable them, if it is possible to do that (enabling them just for these documents should not pose a security threat). If the macros are disabled, you will find that you cannot easily select the check-boxes or buttons. If the macros are disabled, we suggest that you type “X” or “Yes”, or whatever is required, as close as you can to the relevant box or button in question, and that you ensure that your response is clearly visible.

If you are working with Office for Mac: The macros may or may not work, depending on which version of the software you have (and, possibly, which version of the OS operating system you have).

#### *Excel files*

All of the Excel attachments use macros. The Global Fund advises you to ensure that the macros are turned on.

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<sup>5</sup> Note, however, that the Global Fund has said that a separate proposal form will be available for participants in the second wave of national strategy applications (NSAs). Affected countries should consult the Global Fund Secretariat.



## Documents that Form Part of Your Application

At the beginning of Part 2 of the TFM Guidelines, the Global Fund provides a list of the documents that must be submitted with your application. Below, we provide a summary table.

**Table 3.2: Required Documents**

	Item	Requirement	Notes
Proposal Form	Sections 1–2	One per applicant	
	Sections 3–8	One for each component	
Attachment A	Performance Framework	One for each component	
Attachment B	List of Pharmaceutical and Health Products	One for each component	1
Attachment C	Membership details of coordinating mechanisms	One per coordinating mechanism applicant	
Attachment D	Logframe	One for each component IF applicant has ongoing grants for the same disease	
Attachment E	Budget, work plan and related tables	One for each component (either E or F, but not both)	2
Attachment F	Budget-related tables		
Other	Eligibility supporting documents	One set per applicant	3

*The Global Fund has provided templates for Attachments A through F.*

Notes:

- Attachment B is not required if the applicant is not requesting funding for pharmaceutical and health products.
- For each disease component, applicants must submit a series of financial- and work plan-related documents. They include: a financial gap analysis and counterpart financing table (**CCMs and sub-CCMs only**); a detailed budget and workplan; summary budget tables; and an incremental request table. The Attachment E template provided by the Global Fund contains space for all of these items. Therefore, applicants can meet this requirement in its entirety by completing and submitting the Attachment E template. Applicants that complete and submit the Attachment E template do not need to complete and submit Attachment F. **HOWEVER:** Applicants are not required to use the Attachment E template if they wish to use their own template for the budget and work plan. Applicants that wish to use their own template for the budget and work plan should submit that template (we suggest that you label it something other than “Attachment E”), and should also submit Attachment F, using the Global Fund’s template for Attachment F, which contains the financial gap analysis and counterpart financing table; the summary budget tables; and the incremental request table.
- The supporting documents required are identified in Section 2 of the proposal form. They include documents such as meeting minutes, CCM governance manuals and oversight plans.

The templates for the attachments are available at [www.theglobalfund.org/en/application/materials/documents](http://www.theglobalfund.org/en/application/materials/documents). On its website, the Global Fund says that for the purposes of the TFM the Fund is using the templates prepared for Round 11; that it has revised these templates, where required, for the TFM; but that the templates still use the “language” of Round 11.

## Annexes

In past rounds of funding, the Global Fund has asked applicants to provide additional information in the form of annexes. This practice seems to have been pretty well eliminated for the TFM. However, applicants are permitted to include annexes of their own. It is tempting to include such annexes when you do not have enough room on the proposal form to answer a question as completely as you would like. However, we suggest that you avoid this temptation as much as possible because the TRP will almost certainly not read these annexes. TRP members simply do not have the time. The TRP has said on several occasions that if applicants want the TRP to see something important, they should make sure that the information is included on the proposal form.

Sections 1–2 of the proposal form are used by the Global Fund Secretariat to determine if the applications are eligible for funding. Annexes that relate to these sections of the proposal forms are more likely to be read than annexes relating to Sections 3–8.

Any annexes that you include should be numbered and listed in the checklists at the end of Sections 2 and 8 on the proposal form.

## Process for Submitting a Proposal

The deadline for submitting proposals for the TFM is 31 March 2012. Submissions must include both an electronic (or soft) copy version and a paper (or hard) copy version of the proposal form. The two copies must be identical. The paper version of the proposal form must contain all necessary signatures.

The electronic version must contain Word files (not PDF files) for the two parts of the proposal form, and Excel files for attachments for which the Global Fund provided Excel templates.

The electronic version should be sent via email to [proposals@theglobalfund.org](mailto:proposals@theglobalfund.org). The paper version of the proposal must have been sent to the Global Fund by 31 March 2012, as evidenced by the stamp of a postal or other courier service. Proposals should be submitted to the following address:

The Manager, Country Proposals Team  
The Global Fund to Fight AIDS, Tuberculosis and Malaria  
8 Chemin de Blandonnet  
CH-1214 Vernier-Geneva  
Switzerland

In past rounds, the Global Fund has said that proposals in any of the six U.N. languages will be accepted and will be treated equally. It has also said that because the review of the proposals by the TRP will be conducted predominantly in English, unless an applicant submitting a non-English proposal also submits its own English translation of the identical proposal, the Secretariat will arrange to have the proposal translated into English. Aidsplan believes that the preceding also applies to the TFM, even though this information was not included in the documents released for the TFM call for proposals. Applicants are advised to check with the Global Fund Secretariat.

Each applicant can submit only one proposal, but that proposal can cover up to three components (one for each disease). If a proposal contains more than one component, the TRP will review each component separately.

The Global Fund Secretariat will screen proposals for completeness. The Secretariat will also ensure that all proposals have been appropriately endorsed (i.e., signed off by all members of the coordinating mechanism). The Secretariat may contact applicants to seek clarifications. The Secretariat will also determine whether applicants have met certain of the eligibility requirements (see discussion of this earlier in this section). If some proposals are screened out at this stage, we expect that applicants will be notified of this fact, and of the reasons the proposals were screened out. Note, however, that because for some requirements the determination of eligibility is done by the TRP, some proposals could be screened out when the TRP meets to review proposals.

The TRP will convene in June 2012 to review disease components screened in by the Secretariat and make recommendations to the Global Fund Board. The Board will consider the TRP recommendations and make funding decisions on a rolling basis (as opposed to at a single meeting of the Board, as was the case in the past). The decision to approve applications on a rolling basis reflects the fact that the disruptions in service will occur at different times for different applicants. It also reflects the fact that the Global Fund currently has limited resources and may be required to stagger its funding commitments.

## The TRP Review

Following screening for eligibility and completeness, each application will be reviewed by the TRP, which will:

- assess the technical merit of the proposal;
- determine whether the applicant has demonstrated a risk of disruption of essential services; and
- assess the applicant's claim that the funding being sought cannot be funded by alternate sources of funding.

The TRP could decide that it wants more information, in which case clarifications will be obtained from the applicant or other sources.

The Global Fund says that given the purpose of the TFM – i.e., to avoid disruptions of essential services – "the normal TRP review outcomes may be varied." The Fund explains this as follows:

"Recommendation categories will be used to reflect the level of clarification and/or modification of proposals that is required. TFM applications may be recommended in full or in part. If the TRP finds that technical and scope criteria applicable to TFM are not met, the proposal may not be recommended."

When translated into plain English, this means that:

- The TRP will probably not use the same categorisation scheme to rate proposals that it has used in the past.
- Instead, the categorisation scheme may be based on one or more of the following: the extent of clarifications required, the urgency of the need, and the proposal modifications required to limit funding to essential services only.
- The TRP may recommend that a proposal be fully funded; or it may recommend that a proposal be funded only in part. The TRP may also recommend that a proposal be rejected, but this is not likely to occur very frequently given the purpose of the TFM.

## NEED HELP?

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

- (a) consult the list of FAQs (Frequently Asked Questions) that the Global Fund has issued at [www.theglobalfund.org/en/application/faq](http://www.theglobalfund.org/en/application/faq). The FAQs may be updated periodically during the period when TFM proposals are being accepted;
- (b) contact existing in-country partners, and/or look up partner contact details, through the Global Fund's partner links at [www.theglobalfund.org/en/application/otherguidance](http://www.theglobalfund.org/en/application/otherguidance) (under "External Links"); or
- (c) contact the Global Fund Secretariat by sending an email to [proposals@theglobalfund.org](mailto:proposals@theglobalfund.org).

## Some Key Concepts Used in All Proposals

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

- A goal is a broad achievement, often at a national level, that you want to happen as a result of the programme for which funding is being sought and, often, as a result of other projects as well – e.g. "Reduced HIV-related mortality."
- Objectives are more specific things, linked to the goal, that you want this particular programme to achieve – e.g. "Improved survival rates in people with advanced HIV infection in four provinces."
- Service delivery areas are the broad services or program areas within which activities will be implemented to achieve the objectives – e.g. "Antiretroviral treatment (ARV) and monitoring."
- Activities are the more specific actions that will be taken within each service delivery area – e.g. "Develop an adherence support programme for people taking antiretroviral therapy." (This is an example of a "high-level" activity, or what the Global Fund often refers to as a "key" activity. Generally speaking, all of the activities listed in a proposal should be high-level activities. The only place where an applicant might present more detailed activities is in the work plan.)
- Indicators are items that you can measure to show the extent to which goals or objectives are achieved, services have been delivered, or activities have been successfully carried out. Impact and outcome indicators measure the extent to which benefits result among the people to whom the services are being delivered. Both types of indicators are very similar; impact indicators tend to be higher level than outcome indicators (e.g., "men and women aged 15-24 who are HIV-infected" is an impact indicator, whereas "percentage of never married young men and women aged 15-24 who have never had sex" is an outcome indicator). Coverage indicators measure how many people the services are reaching. Output indicators measure the results of an activity (e.g., number of drugs shipped). Process indicators measure

whether planned activities have taken place (e.g., number of training sessions conducted).

- Baseline levels are values that indicators have before the programme starts.
- Target levels are values that you anticipate indicators reaching at different times in the proposal term as a result of the programme.

## General Guidance on Filling out the Proposal Form

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

- Ensure that you create a backup copy of the empty proposal form before you start filling out the form.
- Save your work frequently as you fill out the form. It is a good idea to regularly update the file name as you save the file, so that if you have mistakenly deleted some text, you can go back to an earlier version and retrieve it.
- It is a good idea to create a footer in the proposal form containing information that identifies your proposal.
- **Read each question very carefully, and provide only what is requested.** For example, if you are asked to describe how your proposal will reduce stigma and discrimination, explain what your proposal will do to address stigma and discrimination, but don't write three or four paragraphs describing how stigma and discrimination manifests itself in your country. **Not sticking to what the question asks for is by far the biggest problem observed in proposals submitted to the Global Fund.** A former member of the TRP told the authors of this guide that if his colleagues on the TRP saw that the questions in the proposal were not being answered, they assumed that either the proposal writers did not have the information, or they had the information but did not want to provide it. He said that when this happened, TRP members tended to think that maybe they were being deceived.
- Where the proposal form says "half page maximum" or "one page maximum," you should adhere to these instructions. Writing three pages of text when the Fund says "one page maximum" will not be viewed favourably by either the Global Fund Secretariat or the TRP.
- You may want to add a table of contents (with page numbers) at the beginning of the main part of your proposal – e.g., Sections 3-8 of the regular proposal form. This will help TRP members quickly find a specific section of your proposal.
- During the review process, parts of your proposal may be photocopied. For this reason, we suggest that you not shade the boxes where you have entered text – or that you use only very light colour shading. Text on a dark shaded background does not photocopy well.

## Chapter 4: Guidance on Specific Sections of the TFM Proposal Form

*This chapter contains guidance from Aidspan on filling out the proposal form. Please see the “Note to Readers” below for more information.*

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### Note to Readers about This Chapter

The format of this chapter is similar to what we used in our Round 10 applying guide. We have provided guidance where we believe we can add something of value to what is already covered by the Global Fund’s own guidelines. In the process, we quote occasionally from proposals approved in previous rounds of funding. These extracts are designed to show what needs to be included in your response, and what constitutes a well-written response. Obviously, the extracts should not be copied as is. But we hope that they will inspire you. Please note that the extracts are not verbatim; some of them have been condensed to save space.

If you wish to obtain copies of the full proposals from which the extracts are taken, they are available on the Global Fund website. Just go to the homepage at [www.theglobalfund.org](http://www.theglobalfund.org), and select the country from the drop-down menu under “Grant Portfolio.” That will take you to the country page. Some Round 10 proposals may be listed at the bottom of that page. To see proposals from earlier rounds (and, possibly, also some Round 10 proposals), click on “Country Portfolio” and then click on a grant from the round in question. That will take you to the grant page where you will find “Original Proposal” in the bottom right-hand corner.

Many of the proposals extracted in this chapter are also cited in the Aidspan report, “Key Strengths of Rounds 8, 9 and 10 Proposals to the Global Fund,” available at [www.aidspace.org/aidspacepublications](http://www.aidspace.org/aidspacepublications). The Aidspan report also contains references to other proposals praised by the TRP; we draw attention to some of these in this chapter, using purple-shaded “See also” boxes. The Aidspan report contains numerous links, both to the extracts cited in the report, and to full proposals.

For some of the questions on the proposal form, we have drafted some “DON’Ts,” contained in blue-bordered boxes. The DON’Ts are things that the applicant should avoid; they are based on our analysis of proposals from previous rounds where, unfortunately, applicants frequently tended to add information that was not requested.

When potential applicants are reviewing this chapter, we suggest that they have open in front of them both the proposal form and the TFM Guidelines. We have used the same numbering system that appears on the proposal form and in the TFM Guidelines.

If you want to go directly to a particular section of the proposal form that we have included in this chapter, please refer to the Table of Contents at the beginning of this guide. The links there should take you to where you want to go (this applies to the Word version of this guide; it may or may not apply to the PDF version).

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## SECTION 1: APPLICANT INFORMATION AND FUNDING SUMMARY

*Note for RCMs and ROs:*

*There are two versions of Sections 1–2 of the proposal form – one for single-country applicants and one for multi-country applicants. The guidance in this section is based on the version of Sections 1–2 for single-country applicants. However, where necessary, we point out where the multi-country form differs from the single-country form.*

### 1.1 Applicant Name and Country Information

The Global Fund recommends that the start date of the TFM request be the date of disruption of services or shortly before.

### 1.2 Component/s and Choice of Funding Pool

Applicants should keep in mind that for each disease component, they can apply to the general funding pool or the targeted funding pool, but not both.

### 1.3 Information on Continuity of Services (CoS) Request

The Global Fund says that if you qualify for funding under both the TFM and the CoS Policy, you should apply only once, under the TFM. (The main difference between the two is that the CoS is limited to the provision of life saving treatment, whereas the TFM can include both treatment and prevention activities.) Section 1.3 asks for information about the interventions in your proposal that qualify under the CoS Policy. This information could be useful if the Global Fund does not have sufficient resources to fund 100% of all proposals recommended for approval by the TRP, and has to use a prioritisation scheme to determine which interventions are funded. Interventions that qualify under the CoS Policy would receive the highest priority.

## **1.4 TFM Funding Summary**

In Section 1.4, applicants are asked to indicate the total incremental funding request for each component of their proposal. The Global Fund uses the term “incremental funding request” to denote new funding being sought in the proposal.

If you have no existing grants for the same disease that are scheduled to be running during the time period covered by your TFM proposal, then all of the funding you are requesting will be incremental (or new) funding. However, if you have one or more existing grants that are scheduled to be running during the time period covered by your TFM proposal, then you should include in the tables in Section 1.4 only the incremental (or new) funding being requested. You should not include in Section 1.4 any of the funding for the existing grants.

If you are submitting an HIV or a TB proposal, and if some of your proposed interventions qualify under the CoS Policy (see Section 1.3), then you should show the costs for these interventions separately in the tables in Section 1.4.

## **1.5 Contact Details**

Self explanatory.

## **1.6 List of Abbreviations and Acronyms Used by the Applicant**

Self-explanatory.



## SECTION 2: REQUIREMENTS FOR ELIGIBILITY

*Note: On the version of the proposal form for Sections 1–2 for single-country applicants, Sections 2.1 through 2.7 are for CCMs and Sub-CCMs; Sections 2.8 through 2.10 are for Sub-CCMs only; and Sections 2.11 through 2.15 are for non-CCMs only. On the version of the proposal form for Sections 1–2 for multi-country applicants, Sections 2.1 through 2.8 are for RCMs only; and Sections 2.9 through 2.13 are for ROs only. The guidance in this document is based on the single-country version of Sections 1–2; however, where necessary, we point out where the multi-country version differs from the single-country one.*

Coordinating mechanism applicants should note that Section 2 contains a series of questions on how your CCM has fulfilled the minimum requirements for CCMs established by the Global Fund. A CCM that has not fulfilled the minimum requirements – even if the CCM has missed only one requirement – could be determined by the Global Fund Secretariat to be ineligible to apply for funding.

Given the limited scope of the TFM, Aidspace believes that when it screens applications, the Global Fund Secretariat may not apply the requirements as strictly as it would if this were a “regular” round of funding – particularly with respect to the requirements concerning the proposal development process and the selection of PRs (see further discussion of this in Sections 2.1 and 2.2 below). Nevertheless, the Global Fund will want to see that all proposals reflect the core principles of transparency, accountability, and multi-stakeholder engagement embodied in the minimum requirements for CCMs.

## 2.1 Proposal Development Process

In Section 2.1, the Global Fund provides the wording of Requirement 1 of the minimum requirements for CCMs and then describes what applicants should include in their narrative response. Requirement 1 reads as follows:

**The Global Fund requires all CCMs to:**

- i. Coordinate the development of all funding applications through transparent and documented processes that engage a broad range of stakeholders - including CCM members and non-members – in the solicitation and the review of activities to be included in the application.**
- ii. Clearly document efforts to engage key population groups in the development of funding applications, including most-at-risk populations.**

In the past, this requirement was often interpreted as meaning that the CCM should conduct an open call for submissions in-country. Because the TFM focuses on the continuation of existing essential services, the Global Fund is not expecting open calls for submissions. However, the Fund is expecting that the country proposal will be adequately reviewed by a broad range of stakeholders, including non-CCM members. If the proposal is targeting specific populations, representatives of these populations should be included in the review of the proposal.

If you will be doing some re-programming for existing grants – e.g., discontinuing some activities and modifying others – it is important to ensure that stakeholders are consulted before any decisions are taken.

The instructions for Section 2.1 are straightforward.

## 2.2 Process to Select Principal Recipients

In Section 2.1, the Global Fund provides the wording of Requirement 2 of the minimum requirements for CCMs and then describes what applicants should include in their narrative response. Requirement 2 reads as follows:

**The Global Fund requires all CCMs to:**

- i. Nominate one or more PR(s) at the time of submission of their application for funding.**
- ii. Document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria**
- iii. Document the management of any potential conflicts of interest that may affect the PR nomination process.**

*Nominating the same PR*

The Global Fund Secretariat told Aidspace that in instances where a CCM wishes to nominate the PR of a current grant, the CCM should provide documentation that describes the selection process through which the PR was originally nominated, and should provide

evidence of the CCM's endorsement of the nominated PR. In addition, the Global Fund wants to see evidence that the CCM has had a formal discussion of the PR's performance, and that the process sufficiently mitigated any conflicts of interest. The Global Fund said that, ideally, the process followed by the CCM should include comparing the PR's performance against alternative PR candidates.

Applicants are required to attach relevant documentation. The Global Fund says that the types of documentation to demonstrate compliance with the requirements described above could include:

- minutes of CCM meetings, including CCM Secretariat meetings, where the process for re-nominating the PR is described (the description could include the review of PR performance evaluation documents, the results of votes, the process undertaken to make a decision);
- a copy of the CCM's conflict of interest policy;
- description of which entities were considered to be a PR and what criteria was used for the selection process; and
- a copy of the CCM terms of reference (i.e., governing documents) outlining processes and plans for PR selection, conflict of interest mitigation, and programme oversight.

### *Nominating a new PR*

If you are nominating a new PR for one or more components in your proposal, you are asked to describe three things for **each** component: (a) the process used to nominate the PRs; (b) the criteria used for the nomination; and (c) how you managed any potential conflict of interest that may have affected the PR nomination process.

Item (a) is very similar to the question that was asked in previous rounds. Item (b) is new. Item (c) is new to this section of the proposal form; however, this item was included in past rounds in the section on managing conflict of interest on the CCM.

The following condensed extract describes how the Kenya CCM responded to Item (a) in its Round 10 application:

The Kenya CCM will continue to use the Dual Track Financing Mechanism and therefore Round 10 will have both a Government of Kenya PR, the Ministry of Finance (MoF); and two non-State Actor PRs for the two Disease Components. These two 2<sup>nd</sup> PRs are: i) AMREF for Malaria component; and ii) The Kenya Red Cross Society for the HIV & AIDS component.

To ensure the process of selecting the non-State Actors' PRs was competitive and transparent, the following was undertaken:

- a. The CCM advertised a *Request for Application for Principal Recipient for Non-State Actors* through the print media on 9<sup>th</sup> July 2010. The closing date was 22<sup>nd</sup> July 2010. The advert directed interested organizations to visit the Kenya CCM and/or NACC websites to download the application form.
- b. The Country GF Round 10 Proposal Development Taskforce met on the 21<sup>st</sup> July 2010 and appointed a sub-committee to open the received proposals and document them as appropriate.
- c. Six proposals were submitted/received/dropped into the requisite tender box at the CCM Secretariat by the closing deadline. The list of the proposals for the non-government/non-State Actors' PRs reviewed is attached.
- d. On 23<sup>rd</sup> July 2010 the selected proposal opening committee met, and opened and

documented received proposals in the presence of some representatives of the organizations that had submitted them.

- e. The proposals, from (d) above, were kept in safe custody and handed over to the technical review panel (TRP) tasked with their appraisal to guide the selection of non-government/2<sup>nd</sup> PRs and make recommendations for consideration and approval by CCM.
- f. A technical review panel (TRP) was constituted by the CCM and which brought in individuals with diverse experience including programme design and implementation, financial management, human resources management, organizational management and M&E.
- g. The TRP reviewed the proposals and visited the top three organizations to assess their capacity to manage the grant and facilitate the respective SRs to undertake implementation as necessary. This exercise culminated in the filing of a comprehensive report on the review for presentation to the CCM on the 30<sup>th</sup> July 2010.
- h. The CCM at its meeting of 30<sup>th</sup> July 2010 considered the recommendations of the TRP and selected the Kenya Red Cross as the non-government/2<sup>nd</sup> PR for HIV & AIDS Global Fund Round 10 grant and AMREF as the non-government/2<sup>nd</sup> PR for the Malaria Round 10 grant.

For item (c), you are being asked to state whether there was any potential conflict of interest that might have affected the PR nomination process – and, if there was, how this was managed. The most obvious example of a conflict of interest would be if a member of the nominations committee was from the same entity as one of the candidate PRs; or if some members of the CCM were from the same entity as one of the candidate PRs, and did not exclude themselves from the discussion and voting concerning the PR nominations.

### 2.3 Non-implementation of Dual Track Financing

The Global Fund prefers that applicants nominate at least one government PR and one non-government PR (known as “dual track financing”) for each component in your application, but the Fund does not insist on it. If you have not used dual track financing for one or more of the components in your application, you need to explain why here. There may be valid reasons why implementing dual track financing is not practical. In its Round 10 proposal, the Lao PDR CCM explained non-implementation of dual track financing this way:

The main reason for non-implementation of the dual track modality in Lao PDR at this time is that in the Lao context, non-government and civil society organizations are still at early stages of development. This is due to their status which until very recently they were not officially recognized by the government but following a civil society decree approved in April 2009, this situation has changed. By mid 2010 however, officially no CSO has been established. Given this background, it was not possible to identify a candidate that had the interest and/ or the capacity to take up the task and responsibilities of being a PR, other than the current PR.

Usually, not implementing dual track financing means not having a non-government PR. But there could be situations where having a government PR is not practical. Here is an excerpt from the Panama CCM’s Round 10 HIV MARPS proposal:

For Round 10 of GF financing, the CCM decided not to make the recommendation to use dual track financing. The decision was a result of an intense debate in which members of the CCM objectively evaluated the potential for public or government sector institutions that could qualify to serve as PR.

The CCM determined that MINSA was probably the only government institution that could demonstrate the necessary strengths and abilities for this role. However, it was determined after some debate and discussion that, based on the Round 10 proposal focus, it would be better to have MINSA be one of the sub-recipients on issues relevant to their role, as a major provider of health services.

Also to be considered was the government's financial performance since its rules and deadlines may not make it so easy to execute the received funds in a timely manner, as needed in order to successfully implement project activities. Based on these reasons, the option of non-governmental PR was approved and recommended by the CCM.

## **DON'Ts**

***DON'T*** talk here about how the non-government sector provided input into this proposal or was involved in the review of the input. This question is about proposal implementation.

### **2.4 Process to Oversee Program Implementation**

In Section 2.4, all that you are required to do is attach a copy of the coordinating mechanism's oversight plan. You do not need to add any narrative describing the plan. Note, however, that the instructions for Section 2.4 state that the oversight plan must describe the activities the coordinating mechanism plans to conduct as part of its oversight. It also says that the oversight plan must explain how the coordinating mechanism will engage stakeholders, including members and non-members, particularly non-government constituencies and people living with and/or affected by the disease. If your CCM's existing oversight plan does not describe these things, you should consider revising the plan before attaching a copy to your application.

## **2.5 Broad and Inclusive Membership**

Here is how the Panama CCM responded to Section 2.5 (c) in Round 10:

During a regular session on April 29, 2010, the CCM approved the decision to submit a country proposal to the Global Fund Round 10 MARPs Reserve. As a result, membership of the CCM has been expanded to include greater participation by representatives of MARPs groups. In particular, there are three groups that will be targeted by the proposed project, men who have sex with men (MSM), female sex workers (FSW), and people of transgender experience (Trans). Instead of a single representative for all three MARPs, there is now one representative for each group and each will have the ability to provide input (“voice”) and will also have a vote. Overall, the decision resulted in the addition of two additional seats for individuals representing the three MARPs that are being targeted by this project.

Selection of the new MARPs representatives was conducted by election. The positions were promoted through print ads in local and national newspapers. On August 2, 2010, an assembly was held to bring together all interested parties. Attendees were informed of the pending proposal, the roles and responsibilities of the positions, and the election process. Separately and with the assistance of impartial providers, interested individuals made presentations and debated with each other. The groups nominated candidates and, through an open and transparent manner, voted on a principal and back-up representative for each MARPs (MSM, FSW and Trans).

## **2.6 Managing Conflict of Interest**

In the version of the proposal form that was released when the TFM call for proposals was launched, Section 2.6 included a space for a narrative response (half-page max.). The Global Fund Secretariat told Aidspan that no narrative response is required for this section. The applicant is only required to attach certain documents. (Note: It is possible that by the time you read this, the Global Fund will have issued a new version of the proposal form, correcting this error and making other minor modifications.)

## **2.7 Proposal Endorsement by Members**

Self-explanatory.

## 2.8 Status of Sub-CCM

## 2.9 CCM Endorsement

## 2.10 Justification of Independence of Sub-CCM

Sections 2.8 through 2.10 apply only to Sub-CCMs.

These questions are similar to those asked in past rounds of funding. The Global Fund says that Sub-CCMs either have the blessing of CCMs to operate or are operating independently of the CCM. In the former case, Sub-CCMs have to demonstrate in Section 2.9 the endorsement of the CCM. In the latter case, Sub-CCMs have to justify in Section 2.10 why they are operating independently of the CCM.

*Note for RCMs and ROs:*

*On the multi-country version of the proposal form for Sections 1–2, Section 2.8 is for RCMs; it concerns the endorsement by CCMs of the RCM proposal. Sections 2.9 through 2.13 are for ROs; these sections are self-explanatory. Section 2.10 concerns partnerships with regional stakeholders. RO applicants may want to consult the Aidspan guidance for this item in “The Aidspan Guide to Round 11 Applications to the Global Fund.” See p. 49 of [Volume 2, Version B](#) (multi-country applicants).*

**2.11 Sector of Work****2.12 Justification for Non-CCM Proposal****2.13 Name the Principal Recipient(s) Nominated for Your Proposal(s)****2.14 Non-Implementation of Dual Track Financing****2.15 Signature by Authorized Representative of Non-CCM Applicant**

Sections 2.11 through 2.15 apply only to Non-CCMs. The Global Fund accepts applications from Non-CCMs only in very limited circumstances. Because the TFM is limited to continuing the provision of essential services currently being provided, there are at most one or two Non-CCM's eligible to apply under the TFM. Contact the Global Fund Secretariat for more information.



## SECTION 3: COUNTRY CONTEXT

*Note: There are three versions of Sections 3–8, one for each disease. They are very similar. The guidance for this section applies to all three diseases. We indicate where there are differences among the three versions.*

### 3.1 Essential Services Within the Disease Program

The questions seeking information about the disease programmes have been considerably reduced compared to the proposal forms used in recent rounds of funding. This is consistent with the limited mandate of the TFM. Applicants can take advantage of this simplified request to compose a concise summary of how the essential services fit into the national disease plan and programme.

### 3.2 Epidemiological Profile of Target Populations

*Note: Not surprisingly, the contents of the tables in Section 3.2 vary in the HIV, TB and malaria versions of Sections 3–8 of the proposal form.*

This section has been simplified compared to the proposal forms used in recent rounds of funding. In Section 3.2 (a), you are asked to list the sub-populations targeted by your proposal and provide epidemiological information for each one. If, for example, you propose harm reduction services for injecting drug users, then you will need to include the total number of injecting drug users. If you propose life skills education for all children in classes 5 and 9, then you will need to include the total population of school children in these classes in your country. (You may need to disaggregate existing population data on school children in order to do this.) You can add as many rows to this table as there are populations that you provide services for in your proposal.

In the table in Section 3.2 (b), you are asked to show the total number of people and estimated prevalence in the populations served by activities in your proposal. Prevalence should be shown as a percentage.

## SECTION 4: TFM REQUEST SUMMARY

### 4.1 Narrative Description of TFM Request

In Section 4.1, you are asked to do four things, as follows:

1. **Describe the essential prevention, treatment and/or care programs currently financed by the Global Fund in the country that are expected to be interrupted.**
2. **Identify the risk of program interruption including a) an estimate of the size of these disruptions in terms of numbers denied essential services and b) a description of the potential impact of these disruptions on new HIV infections, quality of life and death.**
3. **If applicable, describe what reprogramming is being proposed in order to prevent disruption of essential services.**
4. **Outline which of the proposed TFM interventions would fall under the definition of Continuity of Services.**

You are asked to do this in four pages or less.

The guidance from the Global Fund is not entirely clear concerning what you need to include in the first part – i.e., the description of current programmes that are expected to be interrupted. We believe that “programmes that are expected to be interrupted” means the same thing as “programmes for which you are seeking funding.”

We also believe that you are expected to include the goals, objectives, service delivery areas (SDAs) and major activities for the programmes for which you are seeking funding (even though the instructions do not specifically state this). This is what the Global Fund has traditionally required in this part of the proposal form. If you have any doubts about whether goals, objectives, SDAs and major activities should be included in Section 4.1, we suggest that you seek guidance on this point from the Global Fund Secretariat.

Since the TFM is primarily restricted to the continuation of existing essential services, for most applicants the goals, objectives, SDAs and major activities will be identical or very similar to the goals, objectives, SDAs and major activities in the grant(s) that will be coming to an end.

If there are some essential services that will be interrupted for which you are not seeking funding in your TFM proposal, presumably because these services will be funded by government or by another donor, we suggest that you explain this here.

You are asked to describe what re-programming you are proposing to do to prevent disruption of essential services. It would have been preferable had the Global Fund said “reduce” or “minimise” disruption, rather than “prevent” disruption. Although theoretically possible, it is unlikely that applicants will find enough savings from re-programming to completely prevent any disruption. (And, if they did, they wouldn’t need to request funding under the TFM!) For more discussion on this, see [“Re-programming”](#) in Chapter 2.

Re-programming usually consists of deleting some activities and making minor modifications to other activities. As we explained in Chapter 2, the TFM will support the introduction of new interventions only in very limited circumstances (see “[Additional criteria specific to the TFM](#)”). These circumstances usually involve changing the content of an existing service package. If you are proposing any such changes, you should clearly identify them and you should provide a very solid rationale.

## 4.2 TFM Request in the Context of a Consolidated Application

Note: Section 4.2 is to be completed only by applicants that will have existing grants running during the period covered by the TFM proposal. Other applicants should skip this section.

### Section 4.2 (a) Logframe for proposal

The template for the logframe is in Excel format, and it forms Attachment D in the completed proposal. See Chapter 5 for guidance on filling out this template.

### 4.2 (b) Discontinued activities

The guidance from the Global Fund on the proposal form encourages applicants to use the consolidated proposal development process as an opportunity to re-programme funding from previous grants. Discontinuing services is one method to generate savings in order to re-programme funds to reduce disruption of essential services. There are a few situations in which a CCM might propose that activities resourced through existing Global Fund grants be discontinued if its TFM consolidated proposal is approved.

One situation is when a strategy has been found to be ineffective, or has never been evaluated and is thought to be minimally cost effective. One example of this could be a mass communication campaign involving television, radio and billboards encouraging the general population to change behaviour. Another example could be programming for the general population of young people when only a few young people are at high risk.

A second situation is when national funding is used to fund activities that were previously funded with Global Fund grants. Examples of this could be an increase in governmental funding of opiate substitution therapy for heroin dependence, or increased governmental food supplementation for people living with HIV.

A third situation is when a change in practice occurs such that a certain set of activities is no longer needed. For example, campaigns to encourage people to attend voluntary counselling and testing services may no longer be needed as the number of people under treatment increases. Or, pamphlets on PMTCT may no longer be needed as testing practices in antenatal clinics change.

There might be other reasons for discontinuing a service – reasons not related to achieving savings. These reasons can be indicated in the table.

### **4.3 Ability to Finance Through Reprogramming of Existing Global Fund Grants**

### **4.4 Other Sources of Funding**

*This guidance covers both Section 4.3 and Section 4.4.*

As explained earlier in this guide, the Global Fund expects applicants to try to find funding for maintaining essential services from sources other than the TFM. These sources include re-programming existing grants, and obtaining funding from domestic resources and other donors.

Section 4.3 should be filled out only by applicants that will have existing grants running during the period covered by the TFM proposal. The instructions for Section 4.3 are not very clear. Here is our interpretation: If you have not proposed any re-programming of existing grants in Section 4.2, then you need to explain why here. If you have proposed some re-programming in Section 4.2, then we suggest that you state this and that you explain why it was not possible to achieve any further savings through re-programming.

Section 4.4 should be completed by all applicants. The instructions are clear.

## SECTION 5: MONITORING AND EVALUATION

### 5.1 Performance Framework

The Performance Framework is contained in Attachment A. See [Chapter 5](#) for guidance on completing the Performance Framework.

### 5.2 (a) Impact and Outcome Measurement

The table is fairly straightforward. However, when we reviewed Round 10 proposals, we found many inconsistencies and omissions with respect to how the table was filled out. The following table, which was one of the better ones, is from a malaria proposal from Angola. This is a condensed version of the table.

Data Source	Funding	Years of Implementation					Impact/Outcome Indicators relevant to the proposal to be measured by data source
		2011	2012	2013	2014	2015	
<b>1. MIS</b> <i>Large scale survey</i>	Total cost	3.2 M		3.2 M		3.2 M	1) % of households with more than one ITN 2) % of children U5 sleeping under an ITN 3) % of pregnant women sleeping under an ITN; 4) % of children who took ACTs within 24 hours of onset of malaria symptoms
	Secured funding amount and funding source	3.2M (PMI)		1 M (NMCP)		1.5 M ((NMCP)	
	Funding gap	0		2.2 M		1.7 M	
	Round 10 funding request for Source 1	0		0		0	
<b>2. ANNUAL Parasitological STUDIES</b> <i>Large scale surveys</i>	Total cost	50,000	50,000	50,000	50,000	50,000	Prevalence of malaria parasitemia in children under 5 years of age
	Secured funding amount and funding source	0	0	0	0	0	
	Funding gap	50,000	50,000	50,000	50,000	50,000	
	Round 10 funding request for Source 2	0	0	0	0	0	
<b>3. STUDY of Intra-Hospital Mortality</b> <i>Institutional Mortality/ Health Facility Study</i>	Total cost	50,000	60,000	60,000	60,000	60,000	Malaria inpatients mortality rate
	Secured funding amount and funding source	0	0	0	0	0	
	Funding gap	50,000	60,000	60,000	60,000	60,000	
	Round 10 funding request for Source 3	0	0	0	0	0	

Note, however, that for the TFM , some of the columns in the table have been moved around, and not all the rows are the same. And, of course, there are only two years of implementation.

Note, also, that given the emphasis in the TFM on essential services, the Global Fund would prefer that, as much as possible, you obtain alternative sources of funding for the M&E activities shown in this table.

## **5.2 (b) Program Evaluations**

This is new for the TFM (compared to Round 10). The TFM Guidelines explain why this has been added, and what should be included in your response. The programme evaluation should be included as an activity in Section 4.1 and in your work plan, and as a line item in your budget.

## SECTION 6: PHARMACEUTICAL AND OTHER HEALTH PRODUCTS

### 6.1 Management of Pharmaceutical and Health Product Activities

With respect to Section 6.1 (a), the following is how the Nepal Round 10 HIV proposal described the management experience of two organisations that would be involved in procurement:

**Logistics Management Division (LMD) of the Ministry of Health and Population.**

Responsible for the procurement of essential drugs, family planning contraceptives, maternal and child health commodities, vaccines, medical equipment, vehicles and other health commodities, as well as for their storage and distribution to Regions and Districts. LMD also manages the Logistics Management Information System, which collects information from over 4,000 health facilities in the country.

**Save the Children (SC).** SC has an established procurement policy, a manual of health products procurement, finance and human resources management policies and an operational policy for guiding the transparent procurement process and its effective implementation of programs. SC has experience on procurement for MARPs and other health products in the Asia region with the Global Fund (e.g. Bangladesh) and utilizing local knowledge and expertise for the proper management of health products procurement.

In Round 10, applicants were asked to describe in general terms the management experience of organisations involved in procurement. Note, however, that for the TFM applicants are being asked first to list the organisations that will be responsible for each of the 10 functions shown in the table, and then to describe the organisations' management experience in each of these functional areas.

In Section 6.1 (b), we believe that “country systems for pharmaceutical and health products management” means basically the same thing as “existing supply chain.”

With respect to the first part of Section 6.1 (b), this is how a Round 8 malaria proposal from Ethiopia described how and to what extent the planned programmes will use existing country systems:

The management of additional pharmaceuticals and health products included in this proposal will mainly use the existing in-country systems. Accordingly, the Pharmaceutical Funds and Supply Agency (PFSA) has been given the role and responsibility of handling and coordinating the overall procurement and supply management of health products in the country since 2007. The establishment of this agency is based on the Federal Ministry of Health's (FMOH) five-year Logistic Master Plan, which calls for the establishment of a new health commodities supply system for the public sector in Ethiopia. Thus, the new distribution structure will emphasize logistics efficiency by using a hub warehouse network system based on population density, geography and routing. Warehousing and transport costs are balanced and logistics capacity is concentrated in a relatively small number of hubs. Thus, the warehouse system consists of primary warehouse and secondary houses, which are distinguished based on geographical location and accessibility as well as population catchment area (the former usually serving a larger catchment area than the latter).

All the health products included in this proposal will be procured through the PFSA. However, whenever the agency finds that it has not enough capacity to handle the procurement of certain items, or when it identifies bottlenecks that might delay the process, it will outsource

the procurement to other capable agents such as UNICEF (as done, for example, for Round 2 and 5 grants). As PFSA is accountable to FMOH, it will work closely in identifications of the needs, planning of procurement and distribution of the products. Storage and delivery of the products to the beneficiaries also uses the existing system.

The other existing government entity of relevance is the Drug Administration and Control Authority (DACA), which is fully accountable to the FMOH. DACA is responsible for the control of the quality of all health products, product registration as well as pharmacovigilance. It has a well structured system for follow-up of pharmacovigilance, including anti-malarial drugs.

Section 6.1 (c) is new. On the Round 11 proposal form, this was called “pharmacovigilance.”

## **DON'Ts**

***DON'T*** describe in Table 6.1 (a) the role that each procurement organisation will play in your programme. Applicants were asked to provide this information in Round 10. However, the table for this item in the TFM proposal form solicits this information in a different way (by listing 10 different functions and asking you to indicate which organisation is responsible for each function).

### **6.2 Pharmaceutical and Health Products Required for Continuation of Essential Prevention and Treatment Services**

Although the instructions on the proposal form and the guidance for this item in the TFM Guidelines do not clearly state this, if you are submitting a consolidated proposal you are required to provide information with respect to all products covered by your proposal, not just products related to the new (incremental) initiatives in your proposal.

The instructions on the proposal form refer only to the need to complete Attachment B, the list of pharmaceutical and health products. However, the TFM Guidelines spell out what else needs to be included in the narrative section of Section 6.2.

### **6.3 Multi-Drug Resistant Tuberculosis**

Self-explanatory.

*Note: Section 6.3 appears in the TB and HIV versions of Sections 3-8, but not in the malaria version.*



## SECTION 7: FUNDING REQUEST

### 7.1 Financial Gap Analysis and Counterpart Financing Calculation

For the TFM, compared to Round 10, the tables related to these items have been moved from the proposal form to the Excel templates in Attachments E and F. In the process, the tables have been revamped. See our guidance on these attachments in [Chapter 5](#).

In its report on Round 10, the TRP said that “too often” applicants “fail to present a robust and accurate financial gap analysis.”

### 7.2 Estimation of Current and Anticipated Domestic and External Funding

The instructions for Section 7.2 and the guidance for this item in the TFM Guidelines are not all that easy to follow. Here is our “translation” of what is required:

You need to explain how your estimates for domestic and external resources (Lines B and C in the financial gap analysis and counterpart financing table in Attachments E and F) were derived.

For all of the data in Lines B and C of the table, you should use (as much as possible) one or more of the four sources listed in the TFM Guidelines. In the Guidelines, these sources are referred to as “methodologies used by technical partners.” There is one for TB, one for malaria, one for HIV/AIDS and one for health spending. You should use data from these sources unless you determine that this data is not complete or does not exist, in which case other data sources can be used.

For previous years and the current year, data sources could include government budgets and spending plans; audited accounts of the government, unaudited accounts placed on the floor of the legislature, national health accounts (NHA) and disease sub-accounts; and resource tracking surveys and spending assessments such as a national AIDS spending assessment (NASA), public expenditure reviews, public expenditure tracking surveys and donor reports. Data for estimating resource requirements for future years can be drawn from health and disease strategy and planning documents, medium term expenditure frameworks for health, grant agreements and loan agreements.

For 7.2 (a), you should state what source or sources were used for your data.

For 7.2 (b), you are asked to provide more information on the government spending figures you included in Lines B and C of the table. Specifically:

- You should state whether the figures constitute all government spending, or just part. If the figures represent only part of government spending, you should explain what government spending is included and what government spending is excluded. For example, if government spending includes spending by both the national government and state or provincial governments, this should be explained.

- You should state whether the figures represent earmarked disease spending only, or whether they also include health system costs apportioned to the disease programme. If the figures include some health system costs, you should describe the assumptions used to apportion the costs.
- You should state whether the figures represent recurrent programmatic spending only, or whether they also include capital investments. If they include capital investments, you should explain what these are.

For 7.2 (c), you are asked to explain whether the figures you included in Lines B and C of the table for previous years and the current year were derived from budget data, disbursement data or actual expenditure data. These terms are explained in the guidance for this item in the TFM Guidelines.

For 7.2 (d), you are asked to explain whether the figures you included in Lines B and C of the table for future years constitute estimates or firm commitments. These terms are explained in the guidance for this item in the TFM Guidelines.

### 7.3 Compliance with the Counterpart Financing Requirements

If the counterpart financing requirements – minimum threshold, increasing disease programme commitment, and increasing health sector commitment – are met, then you should state this in your narrative. If any one of the three requirements are not met, then you need to do two things:

1. You need to provide a justification. The TFM Guidelines state that the proposal may not be approved unless a strong justification is provided.<sup>6</sup>
2. You need to describe specific actions that will be taken to reach the minimum requirements during the implementation period.

Because most governments develop and approve national budgets for both HIV and health on an annual basis, it is not an easy task to show increasing commitment to the national HIV response or to the health sector. A graph showing growth of financial outlay or payment over the past five years and demonstrating a future projection of this outlay would be helpful. A national AIDS spending assessment (NASA) would be very useful in demonstrating compliance with the counterpart financing requirements. NASA is a tool used by agencies such as UNAIDS and the World Health Organisation.

<sup>6</sup> As we explained in Chapter 2: In theory, if the TRP rejects the counterpart financing arrangements, it should automatically decline to recommend the proposal for funding. However, in the context of the TFM at least, this is very unlikely to happen, and certainly would not happen without the applicant being provided with ample opportunity to justify its data (or lack of data) and provide an action plan explaining how it will meet the requirements.

## 7.4 Financial Gap and Counterpart Financing Data Sources

This question is new (compared to Round 10). It reflects the Global Fund's desire to improve the quality of financial data, particularly data on disease and health expenditures. The last paragraph of the TFM Guidelines provides precise direction concerning where in the proposal form and budget you can include activities to improve the quality of disease and health spending data.

The instructions for Section 7.4 indicate that applicants can include \$50,000 in their budgets for an expenditure tracking study. As explained earlier in this guide (see "[Improving expenditure data](#)"), given the limited scope of the TFM, applicants need to decide where this fits in their priorities.

## 7.5 Detailed Budget and Work Plan

For the first time, the Global Fund secretariat requires the budget and work plan to be in a format specified by the Global Fund. Applicants may use the Global Fund's own detailed budget and work plan template, or the WHO costing tool. Applicants can choose not to use either of these tools, but they still have to organise the information similarly to the way the tools are organised. Proposal development team members who are tasked with preparing the budget and workplan should also read the new Global Fund document, "Guidelines for Budgeting in Global Fund Grants." This document is available on the Global Fund website at [www.theglobalfund.org/en/lfa/documents](http://www.theglobalfund.org/en/lfa/documents).

All reference numbers in the budget and work plan must be the same as the numbers used in the Section 4.0 logframe and narrative description. The budget and work plan must include both old SDAs from existing grants and new SDAs for proposed activities.

The TFM Guidelines contain a checklist of points to be considered in preparing the budget. It is a good idea to read these points before starting work on the budget, and to review them again part way through the development of the budget.

If you are applying for targeted pool funds, then you must ensure that your budget is within the fixed maximum incremental amount of \$5 million for the full two years.

If, when preparing your detailed budget, you need information on which cost categories to use for certain line items, contact [proposals@theglobalfund.org](mailto:proposals@theglobalfund.org).

### **See also:**

Ethiopia malaria (8), Madagascar TB (8), Sao Tome and Principe HIV (10)

Links to these proposals are provided in Aidspace's *Key Strengths of Rounds 8, 9 and 10 Proposals to the Global Fund*, available at [www.aidspace.org/aidspacepublications](http://www.aidspace.org/aidspacepublications). See Key Strength 8.

## 7.6 Summary and Incremental Request Tables

Self-explanatory.

## 7.7 Compliance with Focus of Proposal Requirement

Applications to the general pool from LMICs and UMICs must ensure that each disease component included in their proposal meets the focus of proposal requirements. Applicants from LMICs must focus 50% on most-at-risk populations and/or highest-impact interventions. Applicants from UMICs must focus 100% on most-at-risk populations and/or highest-impact interventions. All applicants to the targeted pool must focus 100% on most-at-risk populations and/or highest-impact interventions.

The way this is measured is via the budget. In other words, in order to say that a component is focusing 50% on most-at-risk populations or highest-impact interventions, 50% of the component budget must be devoted to activities targeting these populations or to activities that are highest impact.

This question should be relatively easy for applications to the targeted pool. The list of key populations endorsed by UNAIDS is quite extensive. In the first round of MARPs targeted proposals, CCMs stuck mostly to the most vulnerable populations: injecting drug users, female sex workers, men who have sex with men, and transgendered people. There are a limited number of high impact activities for these populations. If applicants stay with these few populations, they should not have a problem.

However, this questions is more complicated for applications to the general pool from lower- and upper-middle income countries. These applicants should take care to demonstrate in their response to this question how their proposal meets the focus requirements. They should not expect the TRP to figure it out for themselves.

## SECTION 8: MANAGEMENT STRATEGIES

### 8.1 Principal Recipient(s)

The instructions for Section 8.1 read as follows:

*Describe the technical, managerial and financial capacities of each confirmed or nominated Principal Recipient (PR). All PRs that will be implementing the programs over the lifetime of this TFM request should be included here, whether or not this TFM request is requesting new funds for those PRs.*

*In the description for each PR: (a) indicate if there are any anticipated limitations to strong performance; (b) refer to any existing assessments of the PR(s); (c) if any existing PR(s) is being re-nominated, explain why; and (d) if a new PR is being nominated, explain why the new PR is a suitable choice; (e) How multiple PRs will coordinate with each other.*

Items (c) and (d) are new (compared to Round 10). In its Round 9 malaria proposal, the Cambodia CCM described the capacities of its nominated PR. The following is an edited extract. Note that the applicant went beyond describing financial, managerial and technical capacities, and added human and physical capacities.

The National Center for Parasitology, Entomology, and Malaria Control (CNM) is one of the three national centers for priority disease control in Cambodia. CNM is responsible for strategic planning for malaria, dengue and dengue hemorrhagic fever, schistosomiasis, helminthiasis, and filariasis. CNM also operates the national malaria reference laboratory and conducts a wide range of operational research projects in collaboration with non-governmental partners.

The CNM is divided into two bureaus: the Administrative and Financial Bureau and the Technical Bureau. The Administrative and Financial Bureau is involved in administration, finance and logistics. It is also home to CNM's Procurement Department, which is responsible for the procurement of drugs, commodities, equipment, and goods required by the program. The Technical Bureau oversees treatment, training and supervision for the five disease specific units. The malaria unit is the largest of the five, accounting for 75 percent of the Technical Bureau's staff.

Previous GF Rounds for the malaria component have contributed significantly to improving capacity at the national program office. Currently, CNM has sufficient human, physical, financial, managerial and technical capacities for assuming the additional responsibilities of the PR for this GF Round 9 Proposal.

#### **Human Capacity:**

With more than 90 employees, CNM is one of the largest national programs in Cambodia. Key staff members have studied at reputable institutions in Cambodia and abroad. CNM's staff members are trained in a broad range of skills, including project management, malaria case management, vector control, financial accounting, monitoring and evaluation, epidemiology, and research techniques. To handle the additional responsibilities related to being the PR under RCC, CNM will employ 19 staff to conduct financial/project management, procurement, and program monitoring and evaluation. CNM will also receive critical technical assistance from its partners.

**Physical Capacity:**

Under the Health Strengthening Support Program (HSSP) funded by DFID and WB, CNM has increased its physical capacity to handle its new responsibilities as PR. Construction of a new building (attached to the existing Center) will provide additional space for conferences and offices. Construction was completed in early 2008.

**Financial Capacity:**

CNM has capable finance and accounting officers with extensive experience managing multi-source funds. CNM is the largest sub-recipient in malaria Global Fund grants and will directly manage 4.1M (out of 9.9M) under R2, 3.8M (out of 9.7M) under R4, and approximately 19.9M (out of 31.1M) under R6. In 2007, CNM managed an additional 2.98M from other (non-Global Fund) internal and external funding sources [sources named]. Staff in CNM's finance unit is trained to use both QuickBooks and Excel.

**Managerial/Coordination Capacity:**

As a major sub-recipient under GF malaria component Rounds 2, 4, and 6, CNM has demonstrated its ability to implement its own programs as well as manage programs with 7 sub-sub recipients. CNM has also been responsible for coordinating malaria-related projects with a number of other government departments and ministries as well as with non-governmental and bilateral/multilateral partners. Staff at the CNM is active in coordination bodies in Cambodia involving NGOs and ministries.

**Technical Capacity:**

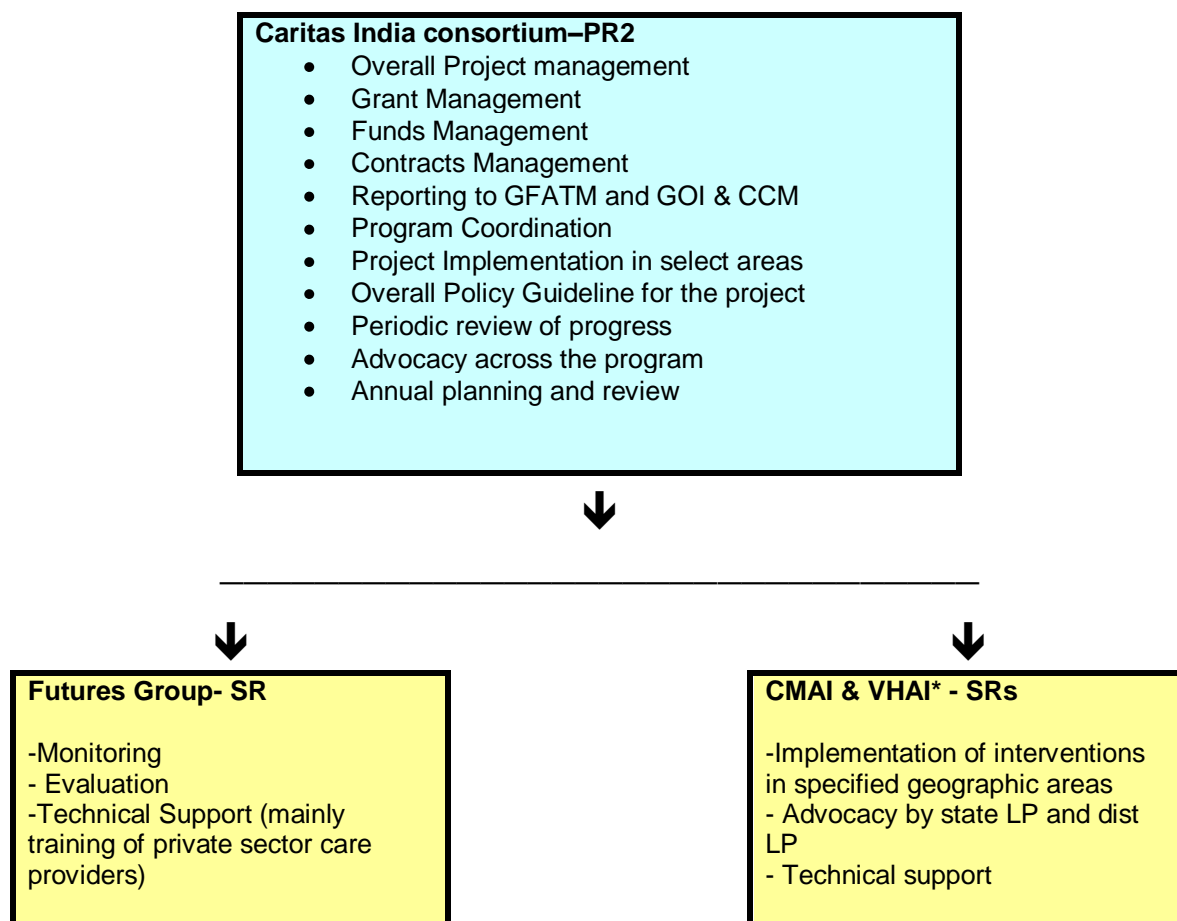
In previous Global Fund Rounds, significant resources have been invested in improving the technical capacity of staff at CNM. Currently, there is staff at CNM with substantial technical expertise in vector control, behavior change communication, health education, and entomology, which will be beneficial for providing support to SRs during implementation. Under grants from Round 6 and RCC, two TAs will also be placed within CNM to provide technical input, assist CNM, and ensure local capacity is built to take over their responsibilities in a phased manner. CNM already has an established M&E mechanism meeting the needs of the national program, Global Fund, and other donors. M&E tools and standardized formats and reports will continue to be revised to meet changing needs by CNM and in collaboration with government staff at all levels and major partners.

Item (e) is about how coordination between or among multiple PRs will be handed. The question is in the future tense. However, if you have more than one PR for the existing grants described in your proposal, then this is an opportunity to describe how they have worked together in the past. For example, if two or more PRs have jointly solved a service delivery problem caused by lack of coordination, then a short description of how this problem was solved would give the TRP a good sense of how you will solve similar problems in the future.

## 8.2 Sub-Recipients

The wording of Section 8.2 is similar to the wording for this item on the proposal forms used for the last few rounds.

This is how a Round 9 malaria proposal from India described the work to be undertaken by the two sub-recipients under one of the two nominated PRs:



\* Christian Medical Association of India, and Voluntary Health Association of India

The following extract, adapted from Mozambique's Round 7 TB proposal, illustrates how the implementation experience of an SR can be described:

### Health Alliance International (HAI)

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

This year HAI marks 20 years of supporting the MOH in Manica province, and 10 years in Sofala province, in the provision of clinical care, promotion of public health management, and the support of community linkages with health services. In 2007 HAI began supporting provincial health authorities in Tete and Nampula provinces. Activities have included general

support for Primary Health Care, HIV/AIDS control (including integration with TB control activities), building laboratory capacity, integrated management of antenatal care, malaria control, child survival, among others..

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

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

If you have a large number of SRs, we suggest that you describe the experience of the major SRs along the lines of the above extract, and that you provide 2–3 line summaries for each of the smaller ones. The following extract from a Round 9 HIV proposal from Tanzania illustrates how the latter can be done:

**Institute of Developing Studies**

IDS has qualified and experienced staff in conducting research in HIV/ AIDS and Gender dimension. IDS has the technical and financial capacity.

**Vision in Action in Partnership**

Has experience with donor funding from USAID, World Food Programs and UNICEF focusing on strengthening families affected with AIDS. In addition to this it has created a partnership to work with Diocese of Tanganyika and Faraja Centre.

**Afya Media**

Has financial policy and sub-granting experience of handling donor grants to from Rapid Funding Envelope. Has radio facilities which for HIV, Malaria and TB programs.

The following extract from a Round 9 HIV proposal from South Africa provides an explanation for how challenges that could affect performance will be addressed:

Our description illustrates the strong capacity that exists in the PR and SR institutions. Where there is evidence of lack of capacity, remedial measure have been instituted. The NGOs lack capacity in behaviour change communication (BCC), thus a BCC Technical Adviser would be employed for 2 years to provide technical assistance to all SRs in BCC activities. Also the 2 PRs and all SRs need additional capacity in financial management and this training has been built into the proposal. Project implementation in most SDAs include orientation PRs and SRs personnel engaged in grant management and initial training of service delivery personnel, thus attending to all capacity gaps.

With respect to the last bullet in the instructions for Section 8.2, concerning how the SRs will coordinate with PRs and each other, this is new (compared to Round 10). With respect to SR coordination with the PR to which it reports, one would not normally describe this as "coordination." The SR is under contract to the PR, so there is a line hierarchical relationship in effect. If SRs need to coordinate with each other, we would expect that this coordination would be managed by the PR. Consequently, Aidspace is not certain what the Global Fund expects applicants to say here. Applicants may wish to seek clarification from the Secretariat.



## Chapter 5: Guidance on the Attachments

*Each of the templates the Global Fund uses for its attachments contains instructions on how to complete the templates. In this chapter, Aidspan provides supplemental guidance.*

### Introduction

For the TFM attachments, the Global Fund is using virtually the same templates as it used for Round 11. Because the maximum duration of funding under the TFM is two years, applicants should simply ignore any columns on the templates that refer to Years 3, 4 or 5.

### Attachment A – Performance Framework

In the Performance Framework, the applicant is required to provide information on key indicators – including, for each indicator, baselines numbers and targets for each reporting period or each year of the proposal.

Typically, performance frameworks include 3–10 impact and outcome indicators – the number is often at the high end of the range for MARPS proposals – and between 10 and 15 output indicators.

In its report on lessons learned from its review of Round 10 proposals, the TRP said that applicants should focus more on outcome and impact indicators, and should make sure that these indicators are meaningful. In addition, the TRP said, applicants should ensure that they include indicators to measure the quality of interventions.

The framework itself is relatively easy to complete; extensive instructions are included in the template. Here are some things to watch out for, based on an analysis Aidspan did of TRP comments on about 30 performance frameworks attached to Round 10 proposals:

- Ensure that the indicators in the performance framework are aligned with the goals, objectives and SDAs described in Section 4.1. (Concerning one Round 10 TB proposal, the TRP said, “The only impact indicator provided reflects treatment success rates, while the proposal aims to increase the number of cases notified.”)
- Ensure that your indicators are meaningful. (Concerning one Round 10 HIV proposal, the TRP said, “ ‘Number of sex workers benefiting from at least one preventive activity’ is not an adequate indicator of the possible impact of behaviour change communication activities.”)
- Where possible, use outcome indicators rather than process or output indicators. (Concerning one Round 10 HIV proposal, the TRP said, “The [absolute] number of HIV-positive pregnant women who receive complete ARV prophylaxis would have been better expressed as a proportion of the total number of HIV positive-pregnant women.”)
- Where possible, use indicators that are already being used by national plans or strategies.
- Ensure that you include information in the performance framework on how indicators will be measured. (Concerning one Round 10 TB proposal, the TRP said, “It is unclear how the indicator ‘Attitude of people towards tuberculosis, social cost and stigma’ is to be measured. Is it by a stigma survey?”)

- Ensure that you provide all of the information requested in the performance framework.

The TRP praised a relatively small number of Round 10 proposals for the quality of their performance frameworks. Among the proposals singled out were Angola (malaria), Cameroon (HIV) and Zanzibar (TB). The proposals are available on the country pages on the Global Fund website, as follows:

For Angola (malaria): <http://portfolio.theglobalfund.org/en/Country/Index/AGO>

For Cameroon (HIV): <http://portfolio.theglobalfund.org/en/Country/Index/CMR>

For Zanzibar (TB): <http://portfolio.theglobalfund.org/en/Country/Index/ZAN>

These Round 10 proposals should be available at the bottom of the country pages listed above. If they are not in that spot, click on “Country portfolio” to find them. The performance frameworks are contained at the end of the proposals.

The following is additional guidance on specific items in the Performance Framework.

### **Top 10 Indicators**

The instructions explain that the Global Fund’s methodology for rating grant performance accords more weight to what it calls the “Top 10” indicators as compared to other indicators. This means that if you use many of the Top 10 indicators, and if your grant does well against these indicators, the performance of your grant may be rated higher than if you were using mostly non-Top 10 indicators.

The Top 10 indicators are shown in the M&E Toolkit. The latest version of the toolkit, dated November 2011, is available at [www.theglobalfund.org/en/me/documents/toolkit](http://www.theglobalfund.org/en/me/documents/toolkit). The toolkit comes in four parts: a general introduction (Part 1) and a part for each of the three diseases. There is a separate Top 10 list for each disease, located in the part for that disease. (For HIV/AIDS, see Table 2 on p. 49; for TB, see Table 4 on p. 174; for malaria, see Table 2 on p. 227. Note: the Top 10 indicators are not listed as such; you have to find them in the tables.)

According to the instructions, if your programme does not have any Top 10 indicators, you may be able to define some of your indicators as “Top 10 equivalent.” A Top 10 equivalent indicators must be important to the achievement of programme goals, and must meet at least one of the following criteria:

- it is a “people reached” indicator addressing one of the main target groups where no other Top 10 indicator could properly address the specific SDA; **and** the SDA plays a significant part in achieving the programme’s goals; or
- it is a “system strengthening” indicator for a grant that only **or** mainly addresses system strengthening and has “a substantive amount of grant (10% or above) associated to the activities monitored.”

In the context of the TFM, the second criterion is unlikely to apply.

### **Baseline figures and targets**

Since in most cases, you will be continuing (but not scaling up) existing services, we believe that the baseline figures will be the number of services provided or the number of people reached at the time of service disruption; and that the targets will be identical or very similar. The exact numbers will be worked out during grant negotiations.

Thus, if there were 5,000 ART patients being funded at the time of service disruption, then there will be 5,000 patients funded in the new TFM grant. If fifty people die, then fifty new people can be treated. Similarly, if 3,000 sex workers were being provided with sexual health services at the time of disruption, then 3,000 sex workers will be provided with the same services under the TFM grant, even if the sex workers themselves change, as some enter and some leave the industry. The preceding is Aidsplan's interpretation. If in doubt, please consult the Global Fund Secretariat.

### ***Cumulative vs. not cumulative***

The instructions for this item are not very clear. However, since most applicants will be asking for existing services to be maintained, with the same indicators, we suggest that you simply use the same categorisation you were using before; and that for any new indicators, you decide whether you want them to be cumulative annually, or completely non-cumulative.

## **Attachment B – List of Pharmaceutical and Health Products**

The Excel template for the List of Pharmaceutical and Health Products includes an instructions tab. Generally, the instructions are clear, so the form should not be difficult to fill out.

It is not necessary to enter anything into the blue-shaded box at the bottom of the Other Health Products tab. These amounts should be automatically calculated as you fill out the form.

We assume that the "Key Products List" mentioned in the last line of the instructions refers to the fourth and last tab in the spreadsheet – i.e., the standard treatment guidelines tab.

## **Attachment C – Membership Details of Coordinating Mechanisms**

The Excel template for the Membership Details of Coordinating Mechanisms includes a very detailed user guidelines tab. Generally, the instructions are clear, so the form should not be difficult to fill out.

For the column labelled "CCM role," the chair and vice-chair should be listed first, followed by members and alternates. Non-members and administrative focal points should be listed at the very end. The example shown is confusing because one non-member is listed ahead of a member.

For the column labelled "Key contact for Global Fund communication," the instructions are not altogether clear. Here is our interpretation: You are being asked to identify who the key contacts are for the CCM. The Global Fund suggests that you select three key contacts. If your CCM has selected persons to serve as administrative focal points, then you may wish to identify these people as key contacts.

For the column labelled "Indicate if you are representing..." the instructions would be more clear if they were worded as follows: "Indicate if the organisation you are representing is currently serving as a PR (Principal Recipient) or SR (sub-recipient) or Sub-SR (sub-sub-recipient)."

For the column labelled “Signature evidencing endorsement,” the instructions do not appear to have been updated since Round 10. All members of the coordinating mechanism are required to endorse the TFM proposal. The user guidelines for this spreadsheet explain how to “open up” the columns required for membership endorsement (in the example shown, these are columns 22 to 32). The number “1” that you need to click is Row 1 on your spreadsheet. On our computers, Row 1 was not located exactly as shown in the user guidelines.

## Attachment D – Logframe

This is the first time the Global Fund has included a logframe among the applications materials. The Excel template for the Logframe includes an instructions tab. We have provided additional guidance below. This guidance will be of interest primarily to applicants that will be including new SDAs, activities or indicators in their proposal.

Proposal development team members who are familiar with creating logical frameworks or logframes for proposals will find that this format is not challenging to understand and not difficult to complete. There is no expectation that lower level activities and SDAs are necessary and sufficient to achieve upper level objectives. There are no risks or assumptions columns. Most of the cells in the template can be completed by simply cutting and pasting text out of the narrative section.

The log frame must include both any new proposed SDAs and activities and the SDAs and activities for all ongoing Global Fund grants included in your proposal. The only SDAs and activities that are not entered in the logframe are those from existing grants that you propose to discontinue.

The TFM Guidelines provide detailed instructions on how to compose goals, objectives, SDAs and major activities. The challenge of completing the logframe is not in entering new goals, objectives, SDAs and main activities. It is in determining how to enter new and ongoing activities in a way that makes it easy to distinguish one from the other. This will be important when it comes to preparing the work plan and budget; and for negotiations on the SSF agreement.

We suggest that you list all the “old” SDAs from all ongoing Global Fund grants and then add each new proposed SDA directly underneath the old SDA that is the best fit in terms of what you are trying to accomplish. The advantages of this approach are as follows:

1. This works well when you propose to provide an entirely new service to a population. For instance, you can add a circumcision SDA directly below your old condom promotion SDA.
2. This works well when you want to add one aspect of a service for members of a population for which you are already providing some services. For example, If you have an old SDA to provide sexual health services for men who have sex with men, and you want to provide legal services for those same men, you can add the new SDA directly below the old one.

However, it becomes more complicated when you want to provide exactly the same services previously provided in one place to people in another place. In this case, the activities in the “old” SDA and in the new SDA are the same. Only the population is different. When this happens, it is probably best to adjust the labels of the SDAs. For instance, the old SDA can read “provision of PMTCT for people in Province X” and the new SDA (directly below) can read “provision of PMTCT for people in Province Y.”

In order to easily create a budget and workplan for your proposal, we recommended that you not combine new and old SDAs into one consolidated SDA at this stage of the project cycle. (This consolidation will likely happen during negotiations on the agreement, should your proposal be approved.)

Here is some guidance on filling in the columns in the logframe:

- **Column A.** All SDAs – both existing and new – must be given a unique identifying number that will be used throughout the proposal and during negotiations for an SSF agreement. It does not matter what number the old SDA had in the documents from a previous grant. The number that you assign to any SDA now is the number that will be used to refer to this SDA from this point on, during negotiations and during implementation of the programmes.
- **Column B.** The description should be short. You will describe the SDA and activities extensively in narrative form in Section 4.1.
- **Column C.** If the SDA is from an existing grant, indicate this and show the number of the round or rounds with which the grant is associated. If this is a new SDA for the TFM request, write “TFM.”
- **Column D.** For existing grants, show the grant number. The format for the grant number is as follows XEN-795-G07-H (this is a fictitious example).
- **Column E.** Activities in old SDAs can be continued or decreased. A clear narrative rationale for any decrease needs to be given in Section 4.1; however, you are also asked to briefly describe the change here. For new SDAs, you can leave the cell empty or enter N/A (for “not applicable”).
- **Column F.** Enter a short form or abbreviation to identify the PR or SR that is (or will be) responsible for implementing the entire SDA or individual activities under an SDA.
- **Column G.** Enter the name of the population or the name of the place. This applies to objectives, SDAs and activities.
- **Column H.** The indicators that you list here should be consistent with the indicators that you include in other parts of your proposal.

Applicants could be confused when reading what the logframe instructions say about indicators and what the TFM Guidelines say. As we understand it:

- Each goal, objective and SDA listed in the logframe should show an indicator.
- More than one indicator can be shown on a given row.
- There is no need to show indicators for activities.
- For goals, only impact indicators should be shown.
- For objectives, outcome indicators should be shown. More than one objective can have the same indicator.
- For SDAs, output indicators should be shown. If relevant, some key process indicators can be included.
- The impact and outcome indicators that you list in the logframe must also be included in the performance framework.

## **Attachment E – Budget, work plan and related tables**

In the TFM Guidelines, Attachment E is referred to as “Detailed Budget Template.”

Applicants are not required to use this template (or the WHO budget tool) for their detailed budget and work plan. However, if you use your own template, the format for the budget and work plan must conform to the requirements outlined in the TFM Guidelines.

The Excel template for the Logframe includes a detailed instructions tab. The instructions are generally clear. The Global Fund says that the instructions should be read in conjunction with the Fund’s “Guidelines for Budgeting in Global Fund Grants.” This document is available [here](#).

For the recipients tab, the term “type of implementing agency” mentioned in the instructions refers to the “PR Sector” and “SR Sector” columns in the recipients tab itself.

On the assumptions tab, the text says that you need to enter in Column V of the detailed budget tab a reference to the assumptions used for each line in the budget. This should read “Column W.” You will need to number the assumptions in order to be able to refer to them in Column W.

For the detailed budget tab, pay particular attention to the portion of the instructions regarding Continuity of Services (CoS). On the detailed budget tab, the CoS information is entered in Column F.

On the detailed budget tab, columns shaded in pink are mandatory fields; you are required to enter information in these fields. (Otherwise, some of the summary information tables will not be correctly generated.)

With respect to the financial gap analysis tab, the instructions on how to complete this tab are in the first tab (labelled “Instructions”). At the top of the table in the financial gap analysis tab, you are instructed to fill out the incremental request table first. This table is the tab labelled “7.6 (d) Incremental.” The instructions on how to complete the incremental request table are in the instructions tab. See, also, the guidance we provide in [Section 7.2](#) of the proposal form.

Note: The Global Fund says that only applicants submitting consolidated proposals need to complete the incremental request table. However, when we reviewed the Attachment E template, it appeared to us that the financial gap analysis tab cannot be completed without first completing incremental request table. Applicants may wish to seek clarification from the Global Fund Secretariat.

## **Attachment F – Budget-related tables**

In the TFM Guidelines, Attachment F is referred to “Mandatory Summary Tables.”

Applicants that are using Attachment E to present their detailed budget and work plan do not have to fill out Attachment F. Conversely, applicants that choose to use their own template (or the WHO budget tool) to present the detailed budget and work plan must complete Attachment F.

For the recipients tab, the term “type of implementing agency” mentioned in the instructions refers to the “PR Sector” and “SR Sector” columns in the recipients tab itself.

With respect to the financial gap analysis tab, the instructions on how to complete this tab are in the first tab (labelled “Instructions”). At the top of the table in the financial gap analysis tab, you are instructed to fill out the incremental request table first. This table is the tab labelled “7.6 (d) Incremental.” The instructions on how to complete the incremental request table are in the instructions tab. See, also, the guidance we provide in [Section 7.2](#) of the proposal form.

Note: The Global Fund says that only applicants submitting consolidated proposals need to complete the incremental request table. However, when we reviewed the Attachment E template, it appeared to us that the financial gap analysis tab cannot be completed without first completing incremental request table. Applicants may wish to seek clarification from the Global Fund Secretariat.