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The Aidspan Guide to Round 6 Applications to the Global Fund

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by
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Preface

This Aidspan publication is one of eight free Aidspan guides for applicants and recipients of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The seven guides are:

- ***The Aidspan Guide to Round 6 Applications to the Global Fund*** (this guide)
- ***The Aidspan Guide to Developing Global Fund Proposals to Benefit Orphans and Other Vulnerable Children*** (forthcoming, May 2006)
- ***The Aidspan Guide to Effective Implementation of Global Fund Grants – Volume 1: From Grant Approval to Signing the Grant Agreement*** (First edition November 2005)
- ***The Aidspan Guide to Effective Implementation of Global Fund Grants – Volume 2: From First Disbursement to Phase 2 Renewal*** (Provisional title) (Forthcoming, second half 2006)
- ***The Aidspan Guide to Round 5 Applications to the Global Fund*** (First edition March 2005; second edition April 2005)
- ***The Aidspan Guide to Applying to the Global Fund*** (this dealt with Round 4) (First and second editions March 2004)
- ***The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance*** (First edition January 2004)
- ***The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*** (First edition December 2004)

Downloads

To download a copy of any of these guides, go to www.aidspan.org/guides. If you do not have access to the web but you do have access to email, send a request to guides@aidspan.org specifying which of the currently-available Guides you would like to receive as attachments to an email. Aidspan does not have the resources to produce or distribute printed copies of these guides.

Aidspan

Aidspan is a small US-based NGO that works to promote increased support for and effectiveness of the Global Fund. Aidspan also publishes the *Global Fund Observer (GFO)* newsletter, an independent email-based source of news, analysis, and commentary about the Global Fund. GFO is sent to 7,500 readers in 170 countries. To receive GFO at no charge, send an email to receive-gfo-newsletter@aidspan.org. The subject line and text area can be left blank.

Aidspan and the Global Fund maintain a positive working relationship, but have no formal connection, and Aidspan accepts no grants or fees from the Global Fund. *The board and staff of the 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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Readers are invited to email David Garmaise at garmaise@aidspan.org with suggestions for improvements in the next edition of this Guide. Also, if you find this *Guide* useful, or if you have appreciated *Global Fund Observer* or any other Aidspan guide, *please let us know*. Positive feedback will make it easier for us to get ongoing financial support from foundations.

Chapter 1: Introduction and Background

This chapter describes the purpose of The Aidspan Guide to Round 6 Applications to the Global Fund. The chapter contains information on the content of the Guide, and includes a note on terminology. The chapter also provides an overview of the Global Fund; describes what kinds of initiatives the Fund will support, discusses whether there are restrictions on the size of grants; outlines the criteria concerning who is eligible to apply; and briefly reviews the applications process.

Purpose of this Guide

The Aidspan Guide to Round 6 Applications to the Global Fund is intended to be useful both to those who need less than is provided in the application guidelines provided by the Global Fund (because they just want to find out whether they should even consider applying), and to those who need more.

It discusses factors that lie behind some of the questions asked in the Proposal Form: *Sixth Call for Proposals* (hereinafter the Proposal Form), and distils conclusions that can be drawn from a detailed analysis of the successful proposals that were submitted to the Global Fund in Rounds 3, 4 and 5 (all of which are available at www.aidspan.org/globalfund/grants and via www.theglobalfund.org).

The *Guide* is not intended to tell readers what they should say in their applications to the Fund. The objective is to de-mystify the application process and to provide a clearer feeling of what is expected. It is based on the premise that there is no single “correct” way of completing the Proposal Form. It encourages applicants to clearly describe their plans to tackle HIV, tuberculosis (TB), or malaria; and to make a convincing case that the plans are viable, capable of delivering the anticipated results, and something that the applicants are (a) committed to and (b) capable of implementing.

This *Guide* is very long. We suggest that readers use whatever parts they need (or use the *Guide* as a reference tool) rather than try to read it all in one session. By dividing the *Guide* into chapters, we have attempted to make the text as accessible as possible.

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 “NGO” refers to non-governmental organisations. NGOs are not-for-profit organisations that operate outside the government sphere. Community-based organisations are one type of NGO. For the purposes of this Guide, references to “NGOs” generally include community-based organisations.

This *Guide* use “*R6 Guidelines for Proposals*” as a short-form for the “*Guidelines for Proposals: Sixth Call for Proposals*” issued by the Global Fund specifically for Round 6.

The Global Fund uses the term “indicative” fairly frequently (as in “indicative estimate” and “indicative budget”). The term means “rough” or “approximate.” For example, in an indicative budget, the figures could be estimates as opposed to solid numbers. Also, in an indicative budget, the numbers may not be broken down as much as they would be in a more detailed budget.

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

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

At times, the Global Fund uses the term “CCM” to encompass the first three types of proposal – i.e., CCMs, Sub-CCMs and RCMs. This can be confusing, but the context usually makes the meaning clear. In this Guide, we avoid using the term “CCM” in this fashion. (The Global Fund also uses the term “coordinating mechanism” to denote CCMs, Sub-CCMs and RCMs; we use this term as well.)

The Global Fund uses the term “Non-CCM” to refer to proposals submitted by in-country organisations other than the CCM. This can be confusing, because the term “Non-CCM” does not include ROs, and yet ROs are not CCMs! Nevertheless, for consistency, this *Guide* also uses the term “Non-CCM” to denote proposals from in-country organisations other than the CCM.

Note also that the Global Fund tends to use the terms “CCM” and “national CCM” interchangeably. In this Guide, we usually use only “CCM,” unless we are quoting or paraphrasing from other sources.

This *Guide* uses the term “consolidated country proposal” to refer to the proposal that the CCM submits to the Global Fund. It uses the term “submission” to describe mini-proposals that stakeholders may submit for inclusion in the consolidated country proposal. The Global Fund usually uses these same terms, but not always.

Contents of This Guide

The remainder of this chapter provides an overview of the Global Fund, describes the kinds of initiatives the Fund will support, discusses whether there are restrictions on the size of funding requests, reviews the criteria concerning who can apply, and describes the applications process.

Chapter 2 provides some guidance on decisions and actions that are required before the applications process can begin. It includes sections on deciding whether to apply; designing a process for the period before filling out the Proposal Form; determining how to make the best use of the private sector and NGOs in the preparation of proposals; and deciding whether to consider alternatives to a CCM proposal, such as a regional proposal, a Sub-CCM proposal, or a Non-CCM proposal.

Chapter 3 contains an analysis of the most common strengths and weaknesses of proposals submitted to the Global Fund in Rounds 3, 4 and 5. The information in Chapter 3 is based on comments made by the Technical Review Panel (TRP) on the submitted proposals.

Chapter 4 provides guidance on the different versions of the Round 6 Proposal Form and on other relevant documents and links. It also outlines the process for submitting a proposal, defines some key concepts used in all proposals, and provides some general guidance concerning the use of the Proposal Form.

Chapter 5 consists of a step-by-step guide to filling out the Proposal Form.

Except where stated otherwise, this *Guide* assumes that the reader is representing a CCM that is considering applying to the Global Fund during Round 6.

Overview of the Global Fund

The effort of the Global Fund to mobilize and disburse new levels of resources against AIDS, TB, and malaria has captured the world's attention. Beyond its significant role in securing and channelling new funding commitments, the Global Fund also acts as a catalyst for improvements in the way that countries and the world fund and implement programmes for public health.

The Global Fund is a multi-billion-dollar international financing mechanism intended to help advance the fight against AIDS, TB, and malaria by dramatically increasing the availability of funding for practical health initiatives. Funding is allocated to disease prevention, treatment, and care and support. Funded activities include both piloting of new and innovative programmes and scaling up of existing interventions. The objective is to make it easier for affected countries to improve availability of health services, build national capacity, promote behaviour change, conduct operational research, and gain access to critical health products, such as medicines to treat HIV, TB and malaria.

In its first five rounds of funding, the Global Fund approved 359 proposals, involving potential expenditures of over US\$3.8 billion over two years.¹

A key distinguishing feature of the Fund is that it does not say, "We will give you a grant if you use it in the way that we instruct." instead, the Fund in effect says, "What will you do if you receive a grant? What results will you achieve? If we believe that you can indeed achieve those results, if we believe that the results represent good value, and if we have enough money, we'll give you the grant."

The Global Fund is designed to work through existing or new multi-sectoral partnerships in developing countries – partnerships known as "Country Coordinating Mechanisms (CCMs)." The CCMs develop and submit grant proposals to the Global Fund. (With only a few exceptions, Global Fund grants are available only for proposals submitted by CCMs.) The proposals are reviewed by the TRP, which makes recommendations to the Global Fund Board. The final decisions as to which proposals are funded rests with the Board.

Once a grant is approved, the CCM oversees progress in the implementation of the programmes financed by the grant. For each grant, the CCM nominates a public or private organisation to serve as Principal Recipient (PR). (There can be more than one PR.) The PR is legally responsible for local implementation of the grant. The Global Fund Secretariat channels funding for the grant through the PR. The PR may disburse some of this funding through Sub- Recipients (SRs).

The PR works with the Global Fund Secretariat to develop a two-year Grant Agreement that identifies actions to be taken, costs to be incurred, and results to be achieved over time. Over the course of the Grant Agreement, the PR requests additional disbursements based on demonstrated progress towards these intended results. This performance-based system of grant-making is key to the Global Fund's commitment to results.

The Global Fund Secretariat also contracts with a Local Fund Agent (LFA) in each country. The role of the LFA is to serve as the Fund's "eyes and ears" within the country, evaluating the financial management and administrative capacity of the nominated PR(s).

¹ The Aidspan website at www.aidspan.org/globalfund/grants contains a wealth of information on grants approved in the first five rounds of funding.

What Initiatives Will the Global Fund Support?

The following is an extract from the Global Fund's "*Guidelines for Proposals: Sixth Call for Proposals*," (hereinafter referred to as the "*R6 Guidelines for Proposals*"). This information is buried in the section of the *Guidelines* that explain how to fill out each part of the Proposal Form, which is why we repeat it here.

Resources from the Global Fund may be used to support activities for the prevention, treatment, care and support of people and communities living with and/or affected by the three diseases. Activities to be funded may scale up proven and effective interventions to attain greater coverage in a country or region and/or may be new and innovative activities, including activities that impact the supportive environment. Activities to be funded may include, but are not limited to, the following:

- Behavior change interventions, such as peer education and community outreach;
- Provision of prevention services and tools, such as the ABC model (including abstinence and/or delayed sexual debut; partner reduction and/or faithfulness; and consistent condom use), interventions targeting populations at high risk (such as commercial sex workers, men who have sex with men, and injecting drug users), and safe injection supplies to prevent medical transmission;
- Community-based programs aimed at alleviating the impact of the diseases, including programs directed at orphans and vulnerable children, and adolescents;
- Home and palliative care programs;
- Provision of critical health products (such as drugs and laboratory tests) to prevent, diagnose, and treat the three diseases, including the introduction of previously unavailable treatments (such as antiretroviral therapy for HIV infection, pediatric anti-retroviral treatment, treatment for multi-drug resistant tuberculosis, or artemisinin-containing combination therapy for malaria);
- Workplace programs for prevention, and to care for and/or treat employees, including policy development in regard to such programs;
- Co-investment schemes to expand private sector programs to surrounding communities; and
- Activities implemented by people living with and/or affected by HIV/AIDS, tuberculosis and/or malaria, such as support groups, treatment literacy programs, and risk-reduction programs.

Resources from the Global Fund can be used to support strengthening of health systems linked to reducing the impact and spread of any or all of the three diseases.

Basic science research and clinical research aimed at demonstrating the safety and efficacy of new drugs and vaccines is not eligible for Global Fund financing. (Providing support, care, and treatment for people who become HIV-positive in the course of an HIV-related clinical trial would be an allowable activity, within the context of national policies for the provision of antiretroviral therapy.)

The *R6 Guidelines for Proposals* provide additional information on what kinds of health systems strengthening interventions it is prepared to support, as follows:

Activities to strengthen health systems may include, but are not limited to the following:

- Health workforce mobilization, training and management capacity development;
- Local management and planning capacity in general, including financial management;
- Health infrastructure renovation and enhancement, equipment, and strengthening maintenance capacity (this does not include large-scale investments, such as building hospitals and clinics);

- Laboratory capacity;
- Health information systems, inclusive of monitoring and evaluation;
- Supply chain management, especially drug procurement, distribution, and quality assurance;
- Innovative health financing strategies to respond to financial access barriers
- High level management and planning capacity;
- Engagement of community and non state providers;
- Quality of care management; and
- Operations research.

Health system strengthening activities are not limited to health sector-related activities and may also target other sectors including education, the workplace and social services, provided that these activities are directly related to reducing the spread and impact of HIV/AIDS, tuberculosis and/or malaria. Proposals should also, when appropriate, seek to establish mechanisms for civil society and other stakeholders in the health system to have a voice in developing policies to strengthen health systems, and to take part in activities to this effect.

The Global Fund says that proposals should identify and address human rights concerns, including gender inequalities. The *R6 Guidelines for Proposals* state that:

The planning for what comprises appropriate interventions to be included within the proposal should actively take into account human rights considerations, including gender inequalities, as well as behavioral practices that fuel the spread of the three diseases. Proposals should identify gender inequities regarding access to health and identify ways to address these. Proposals should include interventions targeted at reducing stigma and discrimination and should also address the social services needs of women, adolescents, youths and orphans.

The *R6 Guidelines for Proposals* also state that:

Proposals should contain an appropriate balance between different types of interventions (e.g., prevention, treatment, care and support, and enhancing the supportive environment. Such activities are included in the Stop TB Strategy, WHO and Roll Back Malaria partnership plans, and WHO and UNAIDS strategies and guidance.) based on current country contexts. The Global Fund promotes the importance of balance between interventions, but does not require that each proposal be so balanced, as long as it demonstrates that balance is achieved through the combined efforts of all partners. Consequently, proposals need not cover all aspects of the intervention against a disease, but should address areas in which there are gaps in programmatic coverage. This could include scaling-up effective existing interventions or introducing new activities.

Are There Any Restrictions on the Amount of Funding Applicants May Apply For?

There are no rules concerning the size of the budgets contained in proposals to the Global Fund. The following is an extract from the *R6 Guidelines for Proposals*:

There are no fixed upper limits on the size of a proposal, and the size of proposals may vary considerably based on country context and type of proposal. However, evidence of sufficient absorptive capacity is an important criterion for support. The TRP may view negatively proposals that request large amounts where the ability to absorb such funding has not been demonstrated (for example, annual requests that are disproportionate relative to existing yearly health sector expenditure).

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

smaller non-governmental organisations should be aggregated into the overall comprehensive proposal. In this way, smaller and more innovative approaches can receive funding.

Who is Eligible to Apply to the Global Fund?

The Global Fund expects that all applications will come from CCMs, Sub-National CCMs or RCMs. Nevertheless, a few applications from ROs and non-CCMs have been approved in the first four rounds of funding. See [Chapter 2](#) for a discussion of applications from these sources.

To be eligible for funding, applicants have to meet certain criteria. These criteria are described in detail in the *R6 Guidelines for Proposals*. We provide a summary of the criteria here. The full *R6 Guidelines for Proposals* are available via www.theglobalfund.org/en/apply/call.

The eligibility criteria are divided into two categories:

- Technical eligibility
- Functioning of the Coordinating Mechanism

Technical Eligibility

The Global Fund provides grants to help developing countries tackle HIV/AIDS, TB, and malaria. Organisations from countries classified by the World Bank as “low income,” “lower-middle income,” and “upper-middle income” are eligible to apply.² Organisations from lower-middle income countries and upper-middle income countries have to meet certain conditions. Organisations from high-income countries are not eligible to apply.

Attachment 1 of the *R6 Guidelines for Proposals* contains a list of the countries that are eligible to apply. The list is broken down into the three classifications – low income, lower-middle income, and upper-middle income.

The conditions that organisations classified as lower-middle income and upper-middle income have to meet concern counterpart financing, a focus on poor or vulnerable communities, and a high-disease burden.

Counterpart financing

In the *R6 Guidelines for Proposals*, counterpart financing is defined as:

all domestic resources dedicated to the disease control program. This includes: contributions from governments; loans from external sources or private creditors; proceeds from debt relief; and private contributions, including those from non-governmental organisations, faith-based organisations, other domestic partners, and user fees.

Proposals from lower-middle income countries must demonstrate counterpart financing of 10% of the programme budget in Year 1, progressively increasing to 20% by the end of the programme.

Proposals from upper-middle income countries must demonstrate counterpart financing of 20% of the programme budget in Year 1, progressively increasing to 40% by the end of the programme.

² Proposals from ROs that include a majority of countries that are classified as low income, lower-middle-income or upper-middle income are eligible to apply to the Global Fund.

Focus on poor or vulnerable populations

Proposals from lower-middle income and upper-middle income countries must demonstrate a focus on poor or vulnerable populations. The proposals have to specify which poor and vulnerable populations are being targeted, explain how and why they were identified, and describe how they will be involved in planning and implementing the proposal.

High disease burden

Organisations from upper-middle income countries are eligible to apply only if they can demonstrate that their country faces a high current national disease burden.³

The *R6 Guidelines for Proposals* define “high national disease burden” as shown in Table 1.

Table 1 – Definitions of High National Disease Burden

Disease	Country disease burden
HIV/AIDS	Ratio of adult HIV seroprevalence (as reported by UNAIDS, multiplied by 1000) to Gross National Income per capita (Atlas method, as reported by the World Bank) exceeds five.
TB	Country is on the WHO list of 22 high burden countries, or on the WHO list of the 41 countries that account for 97% of estimated burden of new TB cases attributable to HIV/AIDS.
Malaria	More than one death per 1000 people per year due to malaria.

Section C of Attachment 1 to the *R6 Guidelines for Proposals* lists the upper-middle income countries that are eligible to apply for Round 6, as well as the disease components that can be included in their proposals.

Functioning of the Coordinating Mechanism

There are certain requirements that a CCM must meet in order for its proposal to be eligible for funding. These requirements relate to having a broad and inclusive membership, documenting procedures for the management of conflict of interest, and developing and documenting transparent processes for certain of the coordinating mechanism’s responsibilities.

NOTE THAT THESE REQUIREMENTS ALSO APPLY TO SUB- CCMS AND RCMS.

Broad and inclusive membership

The Global Fund requires that the membership of the CCM include people living with and/or affected by the three diseases (HIV/AIDS, TB and malaria). In practice, this has been interpreted to mean that the CCM must include people living with one or more of the diseases (or, in the case of malaria, representatives of any community or civil society group working in, or affected by, the disease).

The Global Fund recommends that at least 40% of the membership of the CCM be from non-governmental sectors – i.e., the academic or educational sector, NGOs and community-based organisations (CBOs), the private sector, religious and faith-based organisations (FBOs) – collectively referred to as civil society – and in-country multi- and bi-lateral development partners. Although the 40% threshold is a not a requirement per se, the Global

³ Some Small Island Developing States are eligible to apply regardless of the disease burden. See Section C of Attachment 1 of the *R6 Guidelines for Proposals*.

Fund will nevertheless want to see evidence of a broad-based CCM that reflects a partnership among all relevant stakeholders.

Managing conflicts of interest

To avoid conflicts of interest, the Global Fund recommends that the Chairs and Vice-Chairs of CCMs not be from the same entity that the CCM nominates to act as the PR for the proposal. If, however, the Chair or Vice-Chair is from the same entity, then the Fund requires that have in place a written plan to mitigate the inherent conflict of interest, and make the plan public.

Transparent processes

The Global Fund requires that CCMs develop and document fair and transparent processes to:

- broadly solicit submissions for possible integration into one consolidated proposal;
- review all qualitatively sound submissions received for integration into the proposal prior to sending the proposal to the Global Fund;
- nominate a technically capable PR;
- oversee programme implementation; and
- ensure the input of a broad range of stakeholders, including CCM members and non-members, in the proposal development and grant-oversight process.

The Global Fund says that the proposal development process should also allow all sectors and constituencies (both CCM members and non-members) enough time to provide input into the drafting of the proposal to be submitted to the Global Fund.

The Global Fund also requires that the CCM share a broad range of information about the proposals process to *all* stakeholders actively involved in the diseases, including nongovernmental stakeholders and constituencies in the community. Information that is expected to be publicly shared by the CCM before the proposal is developed includes:

- the timing relevant to the Global Fund's Call for Proposals;
- how interested stakeholders may apply to the CCM for a proposal to be included in the CCM's consolidated proposal to the Global Fund;
- the criteria upon which individual proposals will be evaluated by the CCM for possible inclusion in the consolidated proposal;
- and other guidance believed relevant (e.g., information on items such as national priorities for each of the three diseases, updated disease burden statistics, and perceived gaps in existing services being provided to most at risk groups).

CCM requirements: How much flexibility?

The CCM requirements described in this section were adopted only a few months before the Round 5 Call for Proposals. It is unlikely that many CCMs that did not already meet the new requirements when they were announced would have had enough time to make the necessary changes to their structures and procedures by the time the Round 5 Call for Proposals was made.

We suspect, therefore, that the Global Fund Secretariat, which screens all proposals for eligibility, exercised a certain amount of discretion in the Round 5 screening process. Now that much more time has elapsed since the new requirements were adopted, the Secretariat can be expected to be somewhat less flexible for Round 6. Nevertheless, it will likely take country contexts into account if it receives applications from countries where not all of the new requirements have been met.

We believe that the Global Fund will be posting a document on this topic on its website (www.theglobalfund.org) before the end of May 2006.

In its proposal, the CCM must provide evidence that it has met all of these requirements.

Description of the Applications Process

For each round of funding, the Global Fund Secretariat announces a call for proposals. For Round 6, the call was made on 5 May 2006. Applicants have until 3 August 2006 to submit completed proposals. Proposals may be submitted in any of the six UN languages: Arabic, Chinese, English, French, Russian or Spanish. Because the reviews will be conducted in English, the Secretariat encourages applicants who submit proposals in a language other than English to provide an English translation. However, this is not a requirement. If no English translation is provided, the Secretariat will arrange for translation.

The Secretariat will review all proposals for completeness and to ensure that they meet the eligibility criteria. Eligible proposals are passed on to the TRP for consideration. For Round 6, the TRP will review the proposals about a month prior to the Global Fund Board meeting scheduled for 31 October – 3 November 2006, and will make recommendations to the Board.

Once the TRP has assessed each proposal, it will assign it a rating in one of the following categories:

- **Recommended (Category 1):** Proposals recommended by the TRP for approval, for which the TRP seeks no clarifications or only minor ones.
- **Recommended (Category 2):** Proposals recommended by the TRP for approval subject to the applicant satisfactorily responding to a number of requests by the TRP for clarification. (Sometimes, Category 2 is divided into Categories 2A and 2B. A “2B” ranking means that the applicant must provide a large number of clarifications.)
- **Not Recommended (Category 3):** Proposals not recommended by the TRP in their present form, but regarding which applicants are encouraged to submit improved applications in future rounds.
- **Not Recommended (Category 4):** Proposals not recommended by the TRP for funding, and regarding which the TRP provides no encouragement with respect to re-applying in future rounds.

The TRP

The TRP is an independent team of experts appointed by the Global Fund Board to objectively review proposals. Currently, the TRP is made up of 26 physicians, scientists and public health experts with a mixture of expertise in HIV/AIDS, tuberculosis, malaria and health systems strengthening. Each person is appointed for a period of four rounds of funding. TRP members are selected from hundreds of nominees submitted from around the world. Members are drawn from governmental and non-governmental organisations, from the developed and developing worlds, and from the public and private sectors. When the TRP members review the proposals, they do so in their personal capacities – they do not share the information with, or accept any instructions from, their employers or their national governments.

Membership of the TRP as of May 2006 was Jonathan Broomberg (South Africa), Chair, Martin Alilio (Tanzania), Mark Amexo (Ghana), Andrei Beljaev (Russia), Dave Burrows (Australia), John Chimumbwa (Zambia), Malcolm Clark (UK), Josef Decosas (Germany), Lucicia Ditiu (Romania), Olavi Elo (Finland), Blaise Genton (Switzerland), Sikipa Godfrey (Zimbabwe), Peter Godfrey-Fausset (UK), Hakima Himmich (Morocco), David Hoos (US), Leenah Hsu (US), Jacob Kumaresan (India), Pierre Yves Norval (France), Antonio Pio (Argentina), Glenn Post (US), Jayasankar Shivakumar (India), Stephanie Simmonds (UK), Richard Skolnik (US), Papa Salif Sow (Sénégal), Michael Toole (Australia), Stefano Vella (Italy)

In allocating each proposal to one of the above categories, the TRP takes into consideration only technical factors, such as whether the programme described in the proposal is technically sound, whether it is one that the specified organisation(s) are capable of implementing, and whether it represents good use of the money. The TRP is required to ignore the question of whether it believes the Global Fund has enough money to pay for all of the proposals that it is recommending. If the TRP recommends more proposals than the Fund has money to finance, it is up to the Board to deal with the problem.

Table 2 shows that in the first five rounds of funding, 36% of eligible proposals were recommended by the TRP for approval (i.e., were classified as Category 1 or 2).

Table 2 – Recommendation Rates in Rounds 1-5

Round		No. of eligible proposals	% Recommended
1	Submitted	204	
	Recommended for approval	58	28%
2	Submitted	229	
	Recommended for approval	98	43%
3	Submitted	180	
	Recommended for approval	71	39%
4	Submitted	173	
	Recommended for approval	69	39%
5	Submitted	199	
	Recommended for approval	63	32%
Total	Submitted	985	
	Recommended for approval	359	36%

The Global Fund Board then makes the final decision. The Board approves grants based on two factors: (a) the technical merits of the proposal, and (b) the availability of funds. For Round 6, the Board will review the TRP recommendations and make decisions at its meeting at the end of October 2006.

In the first five rounds of funding, the Board established the impressive precedent of approving all Category 1 and 2 proposals without going through them on a proposal-by-proposal basis. Clearly, there were some Category 1 or 2 proposals that some board members did not like, or that came from countries with governments that some board members did not like. But the Board de-politicized the process – and thus avoided potentially endless arguing – by following the advice of the TRP.

In Rounds 1 and 2, this process was rendered easier by the fact that the Fund had plenty of "start-up" funds available. However, in Rounds 3 and 4 there was only just enough money available. In Round 5, it was far from certain that there would be enough money available to pay for all Category 1 and 2 proposals (and, indeed, approval of some proposals was delayed for a short time).

Now, there is a very real possibility that there will not be enough money to fund all the proposals submitted in Round 6 that are worthy of approval. As contributions and pledges to the Fund currently stand, there is no money at all for Round 6. This is because all current commitments to the Fund are required to cover Phase 2 renewals of grants that were approved in earlier rounds. Thus, the amount of money that will be available for Round 6 will depend entirely upon the extent to which new pledges for 2006 and the first part of 2007 are received from donors to the Fund between now and November. Estimates presented by the Secretariat at the board meeting showed a range of assumptions for new pledges that could lead to between \$200 million and a little less than \$600 million being available for the first two years of Round 6 grants. (The cost of the first two years of earlier rounds ranged from

\$576 million to just over \$1 billion. In those rounds, no grant that was deemed worthy of approval was turned down because of shortages of money.)

The Board has issued an urgent appeal to current and potential donors to expedite and increase their pledges for 2006 and 2007 so that Round 6 can be adequately funded. On the first page of the Proposal Form, the Global Fund says that amount of funding available for Round 6 is forecast to be in the range of \$0 to \$565 million, depending mainly on the amount and timing of new pledges. The Fund says that it will provide updates on its website (www.theglobalfund.org) concerning the amount of funding available.

In 2004, the Global Fund Board adopted a policy concerning how to proceed in a situation where there is not enough money available to cover costs for the first two years of all proposals recommended by the TRP. See the box for a description of this policy.

Global Fund policy on how to proceed when insufficient financing is available

At its meeting on 18-19 March 2004, the Global Fund board adopted a policy that will be applied in situations where the money available is not sufficient to finance the first two years of all grants recommended for approval by the TRP. (Note that paying for Years 3-5 of existing grants – i.e., grant renewals – will take priority over paying for Years 1-2 of new grants. Thus, there is an increased chance of insufficient funds being available to finance new grants now that, starting in 2005, extensive grant renewals are taking place.) When insufficient financing is available, the board will proceed as follows:

- If possible, finance all proposals in TRP Category 1, then all proposals in Category 2A, then all proposals in Category 2B.
- If there is not enough money to finance all proposals in a particular category, assign all proposals in that category a score from 1-8 based on the country's disease burden and poverty level. Proposals from countries with a "very high" disease burden (defined below) get four points, and those from any other eligible country get one point. And proposals from countries defined as "low income" by the World Bank get four points, proposals from "lower middle income" countries two points, and proposals from "upper middle income" countries zero points. Thus, each proposal gets either four points or one point based on disease burden; plus four, two or zero points based on poverty level. Total possible points are 8, 6, 5, 4, 3, or 1.
- If possible, finance all those proposals that have eight points. Then, if possible, finance all those that have six points. Then, all those that have five points. And so on, until there is a score which cannot be fully financed.
- In Round 5 and later there may be points awarded for repeated instances in previous rounds of proposals not having been approved, or for not having previously applied.
- The definition of "very high" disease burden is as follows: For HIV/AIDS: if the country's ratio of adult HIV seroprevalence (as reported by UNAIDS, multiplied by 1000) to Gross National Income per capita (Atlas method, as reported by the World Bank) exceeds five. For TB: if the country is included on the WHO list of 22 high burden countries, or on the WHO list of the 36 countries that account for 95% of all new TB cases attributable to HIV/AIDS. For malaria: if the country experiences more than one death due to malaria per 1000 people per year.
- Grants recommended by the TRP for which financing is not available may be handled in one of two possible ways. One option is that they are simply not approved – meaning, the only chance for these proposals is if they are resubmitted in future rounds, where they will be competing against proposals newly generated in that round. The other option is that they are held for eventual approval until the start of the following year, when additional money might be available.

There is an Internal Appeal Mechanism that allows applicants whose proposals were rejected in two consecutive rounds to appeal the second decision.

Once a proposal is approved (as Category 1 or 2), the Secretariat enters into a lengthy and complex process of: (a) ensuring that the applicant answers, to the satisfaction of the TRP, any questions that the TRP asked regarding the proposal; (b) assessing the ability of the proposed PR to perform the role that the proposal assigns to it; and (c) negotiating grant agreement(s) with the PR. The process takes many months. Only after it is completed is the first cash disbursement made. Thus, although proposals have to be submitted by 3 August 2006, it is unlikely that funding will be made available for a successful proposal and the programme started before the middle of 2007.

It should be noted that occasionally, proposals have become "un-approved" when the TRP has concluded that its queries were not responded to adequately or in time.

To assess the ability of the PR, the Fund contracts with an LFA in the country in question. The LFA certifies the financial management and administrative capacity of the nominated PR. Based on the LFA assessment, the Fund may decide that the PR requires technical assistance to strengthen capacities.

The Secretariat and the PR then negotiate a grant agreement, which identifies specific measurable results to be tracked using a set of key indicators. (If the LFA assessment identified that capacity building of the PR is required, then the grant agreement may specify that funds will not be disbursed until the capacity building is done.)

Each successful proposal is approved in principle for up to five years, but funding is only assigned for the first two years. Funding for Years 3-5 will be approved – or not – during the second year of programme implementation. (This is known as the "Phase 2 renewal process.") Whether or not renewal funding is approved will depend on performance in implementing the first two years of the grant.

After the grant agreement is signed, the Secretariat will ask the World Bank (the Global Fund's banker) to make an initial disbursement to the PR. The PR then makes disbursement to SRs for implementation of the programme, as called for in the proposal. Once disbursements have commenced, programmes and services can begin.

Some Warnings

Warning 1: The application form is long and complex.

The Plain version of the Round 5 Proposal Form is about 50 pages long, longer if your proposal contains more than one component. It's true that no single applicant has to complete all parts of the form. But still, both the length and the complexity are daunting. It is considerably harder to fill in the form than it would be to complete a fairly sophisticated tax return, even in cases where the data is available, which often it will not be.

Warning 2: Application form questions are occasionally ambiguous.

A few of the questions and requirements in the application form are ambiguous, though the forms used for Rounds 5 and 6 are a significant improvement over the forms used for earlier rounds. If you have questions about the form, consult the Global Fund's Frequently Asked Questions page (via www.theglobalfund.org/en/apply/call6) or contact the Global Fund Secretariat by sending an email to proposals@theglobalfund.org.

Warning 3: The Macro version of the Proposal Form is not particularly user-friendly.

We have reservations about whether applicants should use the Macro version in preference to the Plain version. This issue is discussed in detail in Chapter 4.

Chapter 2: Getting Ready to Apply

This chapter discusses some decisions and actions that are required before the applications process can begin. It includes sections on deciding whether to apply; designing a process for the period before filling out the Proposal Form; and determining how to make the best use of the private sector and NGOs in the preparation of proposals. The chapter also contains sections on deciding whether to consider a regional proposal, a Sub-National CCM proposal, or a non-CCM proposal.

Deciding Whether to Apply

Generally, potential applicants will receive several months notice of the launch of a new round of funding. This notice will either come from the Global fund itself, or from organisations such as Aidspace (through its *Global Fund Observer* newsletter). Ideally, you should decide during the notice period whether you want to submit an application (as opposed to waiting for the formal call for proposals).

Your decision should be based on one or more of the following considerations:

- If you had a proposal that was submitted in a previous round of funding but not approved, this may be the appropriate time to resurrect the proposal and correct the weaknesses identified by the TRP.
- If you have identified gaps in your current programmes for HIV/AIDS, TB, or malaria, you may want to submit an application to address these gaps.
- If you have a Global Fund-financed programme that will soon be completed, you may want to develop a new proposal that will continue or advance the work of this programme. In some instances, this may involve scaling up what was initially a pilot project.

Special Note: *Potential applicants should note that resources from the Global Fund can be used to support health systems development that is directly linked to the fight against one or more of the three diseases. This includes human resources and health infrastructure development. This means that proposals to the Global Fund can seek funding to pay for the salaries of health care workers.*

You will also need to determine whether your CCM meets all of the new mandatory requirements established by the Global Fund. See the "[Who Is Eligible to Apply to the Global Fund](#)" section of Chapter 1 of this *Guide* for more details.

See "[What Initiatives Will the Global Fund Support?](#)" in Chapter 1 for information on the types of programmes the Global Fund is prepared to consider funding.

Finally, you will need to decide whether you will be ready in time to submit a solid application. For Round 6, you have about 12 weeks between the formal call for proposals (the point at which the application forms become available) and when your application has to be submitted. (See "[Description of the Applications Process](#)" in Chapter 1.) Aidspace believes that – in an ideal world – you would need most or all of this time to fill out the Proposal Form and obtain the necessary signatures; that you should *not* be using this time to design your programme; and, in fact, that your programme should be designed *before* the application forms become available.

Logically speaking, things should happen in the following order:

1. A country determines its national *strategy* for tackling HIV/AIDS, TB, or malaria.
2. The country then designs one or more programmes designed to implement that strategy.
3. The country then submits *proposals* (to places such as the Global Fund) seeking financial support for one of those programmes.

Thus, when you write a proposal to the Global Fund, you should, in theory, be in a position to describe a national strategy and a programme, both of which have already been designed. If the main elements of your programme are already developed by the time the application forms become available, writing your proposal becomes much easier.

But all too often, what actually happens is that applicants use the Proposal Form and the applications process to design their programme – and in some cases to design the national strategy. We think that this is a case of the “tail wagging the dog,” and that it often results in inferior proposals.

If you have been asked to write a proposal to the Global Fund on behalf of your CCM, but minimal thinking has been carried out regarding the national strategy or regarding the programme for which funding is being sought, you should consider carefully whether it is worth the effort you are about to undertake. The TRP, which will review your proposal, will quickly detect if there is excessive tail-wagging-the-dog. (Having said that, we should add that a moderate amount of tail-wagging-the-dog seems to be taking place on a widespread basis and appears to be acceptable.)

In summary, then, if at the time of the call for proposals you have not already developed an agreed design for your programme, you should evaluate whether you have time to submit a good proposal in Round 6.

At a more practical level, other things should be in place before you apply:

- You need to have access to the people who can help you answer some of the more complex questions in the Proposal Form.
- In the course of your work, you need to be able to show a draft outline of your proposal to at least a few key members of the CCM, to ensure that you are on the right track.
- It would be good to have access to advisors (domestic and/or international) who can comment on whether the draft needs further editing.
- You need to have enough time for the whole exercise – time enough to ensure that the national strategy and programme design are clear, to solicit and review submissions, to write the proposal, to get the proposal endorsed by the CCM as a whole, and to get it signed by individual CCM members.
- You should start by printing and reading the *R6 Guidelines for Proposals* and by printing and keeping for reference a copy of the Proposal Form. These are accessible for download, in multiple languages at www.theglobalfund.org/en/apply/call.

Designing a Process for the Period Before Starting to Fill Out the Proposal Form

As we indicated in the previous section, we believe that you should have designed your programme before the application forms become available. At the very least, you should have identified the programme's goals, objectives, services, and activities, as well as the indicators that you will use to monitor the coverage and impact of the programme.

Ideally, you will have come up with and implemented a process for the period prior to 5 May 2006 (when the Proposal Form became available) that will have enabled you to design your programme. If not, then you need to do so urgently.

Aidsplan suggests that:

- the CCM form a Proposal Development Team, made up of CCM members representing the different stakeholders;
- the Proposal Development Team coordinate the process of soliciting and reviewing submissions from a broad range of stakeholders for possible integration into the CCM's proposal; and
- the Proposal Development Team write, or oversee the writing of, the final proposal.

The CCM could decide to add one or two non-CCM members to the Proposal Development Team if it makes sense to do so.

Determining How CCMs Can Make the Best Use of the Private Sector

Even if the private sector is represented on a CCM, that does not necessarily mean that it will automatically play a significant role in the preparation of proposals to the Global Fund. So, how can the private sector become involved?

In some cases, of course, the private sector can provide much-needed funding. But there are also other ways in which it can participate including, for example, by providing expertise in areas such as programme development and budgeting. Private sector companies may also be able to make important in-kind contributions, such as by lending people to assist with the development of proposals.

Another possibility is co-investments (or joint programmes). Co-investments may be an option in some countries where prevalence rates are high and where private sector companies recognize that they have a significant role to play in providing treatments and conducting prevention campaigns. Here is one possible scenario:

Company X has a large number of employees in Country Y, of whom 35% are HIV-positive. The consequences for the company of this high rate of infection are enormous. Company X has agreed to provide free treatment to its employees. However, it cannot afford to treat family members or others in the company towns where its workers reside. Having only some people in the company towns being treated is obviously not a good situation. There is a danger that company employees will share their pills with others with the result that no one is being properly treated. It is in everyone's interest to ensure that all those who need treatment in the company towns receive it.

One way to do this would be to put together a joint proposal to the Global Fund whereby:

- Company X provides funds and in-kind contributions for the segment of the programme that involves providing treatment to its employees;

- the Global Fund is asked to fund another segment of the programme that involves providing treatment to family members and others in the company towns;
- optionally, the government of Country Y agrees to fund another segment of the programme; and
- optionally, a final segment of the programme, funded jointly by Company X and the Global Fund, involves providing additional services, such as prevention and treatment counselling, for all of the people who will receive treatment under the programme.

The above is all very conceptual. If the concept were to be implemented, a number of practical issues would have to be resolved, such as: Would there be just one PR? Or would it be possible to have several PRs, one of which would be Company X? And could an existing organisation be found that would make a suitable PR for this type of programme?

Determining How CCMs Can Make the Best Use of NGOs

NGOs are an integral part of the response to HIV/AIDS, TB, and malaria. Therefore, CCMs should make the good use of NGOs in the applications process. It will be much easier to involve NGOs in the applications process if they are already playing an active role on the CCM itself.

The CCM should ensure that some of the NGO representatives who sit on the CCM are included in the Proposal Development Team (see above). When the CCM issues a call for submissions, it should ensure that NGOs are included in the call.

In some circumstances, it may make sense for the CCM to ask a particular NGO to write a proposal or one component of a proposal.

Frequently, NGOs can make a valuable contribution as PRs and SRs. Decisions about who will be nominated as PRs and (sometimes) as SRs are made during the preparation of the proposal. The CCM should therefore keep NGOs in mind for these roles as the proposal is being drafted.

Deciding Whether to Consider Submitting a Non-CCM Proposal

Note: This sub-section is primarily directed at NGOs.

The Global Fund prefers that all applications come from CCMs, and strongly discourages applications from NGOs.

(The Global Fund refers to applications from NGOs as “Non-CCM” proposals; see the Note on Terminology in Chapter 1 for an explanation. Although, in theory, proposals from non-CCMs can be submitted by organisations from any sector, in practice the vast majority of such proposals have emanated from NGOs.)

One of the reasons the Global Fund discourages proposals from NGOs is that the Global Fund wants to promote partnerships among the stakeholders. Another reason is that the Fund does not want to be swamped with multiple applications from one country, with objectives pointing in different directions. But some proposals from NGOs have been funded in the first five rounds, and there may be circumstances where NGOs should consider submitting a proposal in Round 6.

What the Global Fund Guidelines Say

The *R6 Guidelines for Proposals* state that organisations from countries in which a CCM does not exist may apply directly, but must provide evidence that the proposal is consistent with and complements national policies and strategies.

For countries where there is a CCM, the *Guidelines* state that proposals from organisations other than CCMs are not eligible unless they satisfactorily explain that they originate from one of the following:

- countries without legitimate governments (such as governments not recognized by the United Nations);
- countries in conflict, facing natural disasters, or in complex emergency situations; or
- countries that suppress or have not established partnerships with civil society and NGOs (including a CCM's failure or refusal to consider a proposal for inclusion in the CCM's consolidated proposal).

The *Guidelines* state that a non-CCM proposal must demonstrate clearly why it could not be considered under the CCM process, and provide documentation of these reasons. The *Guidelines* further state that if a non-CCM proposal was provided to a CCM for its consideration, but the CCM either did not review it in a timely fashion or refused to endorse it, the steps taken to obtain CCM approval should be described; and arguments in support of the CCM endorsement, as well as documentary evidence of the attempts to obtain CCM approval, should be provided.

For further information, consult Section 3A.6 of the *R6 Guidelines for Proposals*.

Experience of the Early Rounds of Funding

For the most part, in the first five rounds of funding, proposals from NGOs have been funded only in very limited circumstances – i.e., either there was no CCM in existence in the country; and/or the country or the region was torn apart by war. (A large number of NGOs submit proposals each round, but the vast majority are deemed ineligible and are screened out by the Secretariat.)

In Round 1, when many CCMs were still being formed, the Global Fund approved four proposals from NGOs.

In Round 2, two proposals were approved from NGOs in Madagascar where, at the time, there was no CCM in existence. However, because a CCM was being formed in Madagascar when the proposals were being submitted, the Global Fund stipulated in its grant agreements for these programmes that once the CCM was formed, the CCM must oversee the implementation of the programmes.

In Round 3, the Fund approved a proposal from an NGO in Russia, where, at the time, there was no CCM in existence.

In Rounds 3 and 4, the Global Fund approved proposals from NGOs in Somalia and Côte d'Ivoire, two war-torn countries. (The NGO for the Somalia proposal was an International NGO.) In Round 5, the Global Fund approved another proposal from an NGO in Côte d'Ivoire.

There have only been two instances of proposals from an NGO being funded outside the circumstances described above. One was a proposal to provide prevention services to injection drug users in Thailand, and it was funded in Round 3. Several factors made this situation unique:

- The government was not funding prevention activities targeting injection drug users.
- A military and police crackdown on drug traffickers and individual drug users was underway.
- The NGO submitting the proposal said that it had been informed that some members of the CCM would not support any proposal that included prevention programmes for injection drug users.

The second instance was a Round 5 proposal from a group of NGOs in the Russian Federation. Again the target audience was injection drug users. Previous proposals from the CCM in that country had not targeted injection drugs users, and the CCM was not planning on submitting a proposal for Round 5. The TRP agreed that the proposal from the NGOs addressed clear service gaps and met “a clear and compelling need.”

The Bottom Line

For Round 6, therefore, we suggest that NGOs consider submitting a proposal only:

- if there is no CCM in the country (which now is very rarely the case);
- if they are working in country or region severely affected by war or natural disasters; or
- where services are not being provided to a particular vulnerable group, and the existing CCM has indicated that it is not prepared to submit a proposal that addresses this population.

In all other cases, NGOs are best advised to work through the CCM. As indicated in the previous section, exactly how NGOs become involved in the applications process will depend on the process that the CCM uses to prepare proposals. It may also depend on the degree of satisfaction that NGOs have with this process. If NGOs are unhappy with the process, one option they might consider is to prepare a proposal and then attempt to get the CCM to adopt it as its own proposal.

Special Note: The R6 Guidelines for Proposals leave open the possibility that proposals will also be accepted from NGOs working in countries that either suppress or have not established partnerships with civil society. To the best of our knowledge, to date no proposals have been accepted based on this criterion.

With respect to the process for developing a proposal from an NGO, experience with such proposals in the first four rounds of funding is extremely limited. No single recommended model has emerged from this experience. Therefore, we suggest that, where possible, you follow our guidance on developing proposals from CCMs (see “Designing a Process” above). Where this is not possible, we suggest that you apply the basic principles embodied in our guidance – i.e., use available expertise, involve all stakeholders, and consult widely.

Deciding Whether to Consider Submitting a Regional Proposal

In the first few rounds of funding, only a handful of regional proposals were approved. Regional proposals can originate from two sources: RCMs and ROs.

RCMs

Section 3A.4 of the *R6 Guidelines for Proposals* state that multiple countries with existing functional CCMs may form an RCM to submit a coordinated regional proposal to address common issues among countries, including cross-border interventions. The *Guidelines* state that membership of the RCM should be drawn from a broad range of sources, such as the national CCM membership of each of the countries and other stakeholders and sectors.⁴

As indicated earlier, RCMs have to meet the same requirements as CCMs (see [“Who Is Eligible to Apply to the Global Fund”](#) in Chapter 1).

Proposals from RCMs are required to demonstrate how they are able to achieve outcomes that would not be possible with only national approaches. The proposals must also demonstrate how the planned activities complement the national plans of each country involved; and how the activities are coordinated with the planned activities of the respective national CCMs.

Proposals from RCMs must also demonstrate that they are based on a natural collection of countries. Finally, proposals from RCMs must be endorsed by the CCMs in each country included in the proposal.

ROs

Section 3A.5 of the *R6 Guidelines for Proposals* explain that ROs (including intergovernmental organisations, international NGOs and international FBOs who work across countries on a regional basis) may submit a coordinated proposal to address cross-border or regional issues.

ROs have to be able to demonstrate that in their existing operations, they give effect to the principles of inclusiveness, multi-sector consultation and partnership which constitute core values of the Global Fund.

As was the case with RCMs, proposals from ROs:

- must demonstrate added value beyond that which could be achieved in individual countries; and
- must be endorsed by the CCMs in each country included in the proposal.

Experience of the Early Rounds of Funding

In the last four rounds of funding, nine regional proposals were approved for funding, four of which were submitted by regional organisations and five by RCMs. Of the nine proposals, five covered regions made up of Small Island Developing States; the other four focused on cross-border issues. See Table 3 for a list of the proposals.

⁴ The *R6 Guidelines for Proposals* state that Partnerships between countries classified by the United Nations as Small Island Developing States are not required to form their own national CCMs before they form a RCM to prepare and submit a proposal. In such cases, the RCM should include at least one senior government representative and one member of civil society from each State covered.

Table 3 – Regional Proposals Funded in Rounds 2-5

Sponsor	Title	Countries Involved
Caribbean Regional Network of People Living with HIV/AIDS (CRN+)	Strengthening the community of PLWHA and those affected by HIV/AIDS in the Caribbean – a community-based initiative	Antigua and Barbuda; Dominican Republic; Grenada; Guyana; Haiti; Jamaica; St. Kitts and Nevis; St. Lucia; Suriname; Trinidad and Tobago; St. Vincent and the Grenadines
RCM	Mesoamerican Project in integral care for mobile populations: reducing vulnerability of mobile populations in Central America to HIV/AIDS	Costa Rica; Guatemala; Honduras; Nicaragua; Panama; El Salvador
CARICOM	Scaling up the regional response to HIV/AIDS through the Pan Caribbean Partnership Against HIV/AIDS	16 Caribbean nations
Organismo Andino de Salud	Malaria control in the cross-border regions of the Andean: a community-based approach	Columbia, Ecuador, Peru and Venezuela
RCM	Scaling up prevention, care and treatment to combat the HIV/AIDS pandemic in the Organisation of Eastern Caribbean States (OECS) Sub-Region	Nine Eastern Caribbean nations
Regional Malaria Commission	Malaria Control in the Lubombo Spatial Development Initiative Area	South Africa, Mozambique, Swaziland
RCM	Pacific Islands Regional Coordinated Country Project on HIV/AIDS, TB and Malaria (PIRCCP)	Cook Islands, Federated States of Micronesia, Fiji, Kribati, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu
RCM	Regional Proposal for the Expansion of Malaria Control to Gaza Province as Part of the Lubombo Spatial Development Initiative	Mozambique, South Africa, Swaziland
RCM	Multi-Country Response to Malarian in the Pacific	Solomon Islands, Vanuatu

Note: Of the proposals listed in Table 3: (a) the ones in Africa and in Central and South America had CCMs in the countries involved; (b) the ones in the Caribbean had CCMs only in some countries; and (c) the ones in the Pacific Islands region had no CCMs.

Strengths and Weaknesses of Past Regional Proposals

An analysis of regional proposals submitted in Rounds 3-5 that were approved for funding reveals that the TRP found that all of them represented significant added value. The following are extracts from the TRP comments on this point:

- Provides real regional value (as it would be difficult and expensive to conduct separate programmes to improve the skills of PLHA activists in the 11 countries).
- Clear added value of a multi-country proposal, because it may homogenize activities and policies.
- This proposal describes activities that have a clear added value on a regional basis, given the small size of a number of these island states.
- There is strategic justification for the regional approach.

- Regional approach is convincing with a history of formal and organised cooperation in a wide range of political, economic, and social areas.

Other strengths identified by the TRP for the approved regional programmes included the following:

- Multi-sectoral programme focused on high-risk / difficult-to-reach mobile populations; builds on previous experiences with mobile populations.
- Builds upon experience to date of the Round 2 GFATM regional initiative and the effective institutional relationships that have developed.
- Proven involvement and commitment of all countries; backed by bi-national agreements and Memorandum of Understanding signed by Ministers of Health.
- Good regional rationale for training centres and lab infrastructure/support.
- The border areas that this proposal addresses are under-served by central governments, and armed conflict contributes to poverty and disruption.
- Programme will use existing regional and national institutions.
- Governments will assume full responsibility by the end of Year 5.

With respect to the regional proposals that were rejected by the Global Fund, the most common weakness listed by the TRP was that the proposal added no value to what could be achieved by national CCMs working independently. Often, the TRP found that the proposals duplicated work that was being done nationally or overlapped with such work. Weaknesses that were identified less frequently included the following:

- Too ambitious for a regional collaborative network.
- Failed to show CCM endorsement or participation.
- Other partner participation not demonstrated.

The Bottom Line

Past experience shows that the bar is high when it comes to regional proposals. To have a chance of being funded, regional proposals:

- must demonstrate significant added value;
- should demonstrate (whenever possible) that the governments of all of the countries involved are supportive of the proposal; and
- should contain letters of support from as many partners and key stakeholders as possible.

We also suggest that regional proposals be kept simple because it is usually harder to do work at a regional level than at a national level. Finally, we believe that you will need to allow more time to develop a regional proposal because of the need (in most cases) to obtain formal approval from the CCMs in each country involved.

Composition of the RCM

The Global Fund has issued only minimal guidance concerning the composition of RCMs. In Section 3A.4 of the *R6 Guidelines for Proposals*, the Global Fund says that it expects that the membership of the RCM will be drawn from a broad range of sources, such as the membership of CCMs in the region, and other stakeholders and sectors.

The Guidelines recommend that RCMs covering a number of Small island Development States include at least one government representative and one civil society representative from each state covered.

We suggest that if there are few or no CCMs in the area covered by the RCM, the composition of the RCM be similar to the composition of CCMs. Please consult *The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)* for guidance on the composition of CCMs. Copies of this Guide are available via www.aidspan.org/guides.

If there are CCMs in the area covered by the RCM, then a small RCM will probably suffice. It may be sufficient for the RCM to be composed solely of one person from each of the CCMs. This person could be the chair of the CCM, but it could also be someone else. Whoever represents the CCM on the RCM has to keep in mind the interests and concerns of all constituencies on the CCM, not just his or her own.

However, we think that the RCM would be strengthened by the addition of representatives of a few large regional organisations. These representatives could speak for the non-government sector; this would be particularly helpful where all or a majority of the representatives from the CCMs are from the government sector. Alternatively, one or two civil society representatives from the CCMs could be added to represent that sector.

With respect to the process for developing a regional proposal, experience with such proposals in the first five rounds of funding has been somewhat limited. As well, different types of regional proposals (for example, a proposal coming from an RCM vs. a proposal from an RO) require different processes. As a result, no one recommended model has emerged. Therefore, we suggest that, where possible, you follow our guidance on developing proposals from CCMs (see “Designing a Process” above). Where this is not possible, we suggest that you apply the basic principles embodied in our guidance – i.e., use available expertise, involve all stakeholders, and consult widely.

Deciding Whether to Consider Submitting a Sub-CCM Proposal

For large countries, it may make sense for Sub-CCMs to be established and for the Sub-CCMs to submit proposals directly to the Global Fund.

In Section 3A.3 of the *R6 Guidelines for Proposals*, the Global Fund says that Sub-CCMs can be formed by a state, province or similar administrative divisions, or by a group of the states, provinces or divisions acting together.

A proposal from a Sub-CCMs must explain why it is being submitted through a Sub-CCM rather than the CCM itself; and must either be endorsed by the CCM or must provide evidence demonstrating the independent authority of the Sub-CCM.

If you go this route, you should make sure that the relationship between the Sub-CCM and the CCM is very clearly defined.

Chapter 3: Lessons Learned from Earlier Rounds of Funding

This chapter contains information on the most common strengths and weaknesses of proposals submitted to the Global Fund for the third, fourth and fifth rounds of funding.

The information is based on comments made by the TRP. CCMs and other organisations that are planning to submit applications to the Global Fund should review the strengths described in this section in order to get a sense of what constitutes a solid proposal. And, of course, they should examine the weaknesses to ensure that they know what problems to avoid when preparing their applications.

This chapter is divided into two sections, one on the strengths and the other on the weaknesses. The section on strengths starts with a list of the most common strengths that were identified in Rounds 3, 4 and 5. This is followed by a detailed discussion of each strength. Many examples of the TRP observations for specific countries are listed; usually, these examples have been paraphrased – i.e., they are not direct quotes. Next, the section provides a list of some of the less frequently identified strengths. The section concludes with a brief discussion of strengths that started to emerge in Round 5 TRP comments. Throughout the section on strengths, hyperlinks are provided to take the reader directly to relevant proposals and TRP comments. All the documents linked to are in English unless otherwise stated.

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

Strengths

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

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

Other strengths identified fairly frequently were as follows:

5. The programme targeted high-risk groups and vulnerable populations.
6. The proposal demonstrated sustainability – i.e., national budgets were identified to help sustain the activities once Global Fund support terminated.
7. The monitoring and evaluation (M&E) plan was solid.
8. The budget was well detailed.
9. There was good collaboration among programmes addressing the three diseases.
10. The proposal contained a good situational analysis.
11. The proposal reflected comments made by the TRP during earlier rounds of funding.

12. The goals, objectives, activities, outcomes and budgets were well aligned.
13. The CCM was strong and had wide sectoral representation.
14. The programme was realistic with respect to what could be accomplished and/or had a limited and concentrated focus.
15. The proposal demonstrated good co-funding.
16. The PR is a strong organisation, with experience managing similar programmes.
17. The proposal contained innovative strategies, some of which could lead to best practices.
18. The proposal built on lessons learned and best practices.
19. The proposal included capacity building measures and identified technical support needs.
20. The proposal had a strong human rights focus.
21. The proposal contained a strong gender analysis and strategy.

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

Strengths Identified Most Often

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

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

FOR EXAMPLE:

- ⇒ Rwanda – Malaria {[proposal](#), [TRP comments](#)}: Very well written, technically sound strategies aimed at well described disease burden.
- ⇒ Cambodia – HIV {[proposal](#), [TRP comments](#)}: Good on how the activities will be implemented, not just what will be done.
- ⇒ Republic of Congo – HIV {[proposal in French](#)}, [TRP comments](#)}: Well written and conceptually well-thought-out proposal; very consistent line from overall goals to objectives to activities to budget, expected output and responsible party
- ⇒ Democratic Republic of Congo – TB {[proposal](#), [TRP comments](#)}: Comprehensive proposal with sound strategy, rational objectives and activities addressing essential components of TB control programme.
- ⇒ Eritrea – HIV {[proposal](#), [TRP comments](#)}: This is a model proposal in terms of its clarity. The activities, delivery areas, objectives and goal are coherent and well linked to the budget and workplan.
- ⇒ Malawi – HIV {[proposal](#), [TRP comments](#)}: The proposal is well-written and focused, with a clear rationale, appropriate objectives, and a feasible action plan; there is clear justification given for strengthening the national system of support services so that the current *ad hoc* services provided by NGOs can be sustained and coordinated within a technically capable national government programme.
- ⇒ Nigeria – TB {[proposal](#), [TRP comments](#)}: Extensive list of indicators for each objective supported by detailed set of strategies and activities

- ⇒ Southern Africa – Malaria {[proposal](#)⁵, [TRP comments](#)}: Highly relevant, evidence based proposal that has the potential to be effective and cost efficient. (Note: This is a proposal from an RCM.)
- ⇒ See also Guinea-Bissau – Malaria {[proposal in English](#), [proposal in French](#), [TRP comments](#)}, Guyana – HIV/AIDS {[proposal](#), [TRP comments](#)}, Liberia – Malaria {[proposal](#), [TRP comments](#)}, Madagascar – Malaria {[proposal](#), [TRP comments](#)}, Peru – TB {[proposal](#), [TRP comments](#)}, Philippines – HIV/AIDS {[proposal](#), [TRP comments](#)}, Russian Federation – HIV {[proposal](#), [TRP comments](#)}, Sao Tome – HIV {[proposal](#), [TRP comments](#)}, Swaziland – HIV {[proposal](#), [TRP comments](#)}, Somalia – TB {[proposal](#), [TRP comments](#)}, Tajikistan – HIV {[proposal](#), [TRP comments](#)}, Tanzania – HIV {[proposal](#), [TRP comments](#)}, Tanzania/Zanzibar – Malaria {[proposal](#), [TRP comments](#)}, Togo – HIV {[proposal](#), [TRP comments](#)}, Yemen – TB {[proposal](#), [TRP comments](#)}, and Multi-Country Americas OECS – HIV/AIDS {[proposal](#), [TRP comments](#)}.

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

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

FOR EXAMPLE:

- ⇒ Burundi – HIV {[proposal](#), [TRP comments](#)}: Good partnership between government, national stakeholders and international development partners; recognition of the role of civil society and private sector, and funds have been allocated to increase the capacity of these entities.

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

FOR EXAMPLE:

- ⇒ Gabon – HIV/AIDS {[proposal in French](#), [TRP comments](#)}: The programme involves community mobilization through networks of NGOs and community-based organisations.
- ⇒ Azerbaijan – HIV {[proposal](#), [TRP comments](#)}: Strong partnership with key NGOs/CBOs in the design of the proposal, and in the implementation of prevention strategies aimed at high risk groups.
- ⇒ East Timor – HIV {[proposal](#), [TRP comments](#)}: Good government and civil society collaboration in developing the proposal and in implementing proposed activities.
- ⇒ Zambia – Malaria {[proposal](#), [TRP comments](#)}: The recently formed NGO/CBO umbrella organisation is a significant partner that will expand the reach of activities deep into communities.

⁵ At the time of writing, we could not find this proposal on the Global Fund website. You can search for proposals at www.theglobalfund.org/programs/search.aspx?lang=en.

- ⇒ See also Bolivia – HIV/AIDS ([proposal](#), [TRP comments](#)); Bolivia – Malaria ([proposal](#), [TRP comments](#)), China – HIV/AIDS ([proposal](#), [TRP comments](#)), Eritrea – HIV ([proposal](#), [TRP comments](#)), India – HIV/TB ([proposal](#), [TRP comments](#)), Papua-New Guinea – Malaria ([proposal](#), [TRP comments](#)) and Togo – TB ([proposal in English](#), [proposal in French](#), [TRP comments](#)).

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

FOR EXAMPLE:

- ⇒ Belize – HIV/AIDS ([proposal](#), [TRP comments](#)): Local NGOs would be implementing key aspects of targeted prevention work, including behaviour change strategies, education of key professionals, and youth counselling.
- ⇒ Pakistan – Malaria ([proposal](#), [TRP comments](#)): The programme would be totally managed by existing community-based institutions (such as Village Development Committees, and Basic Development Needs Programmes).
- ⇒ India – HIV/TB ([proposal](#), [TRP comments](#)): The involvement of cured TB patients and persons living with HIV/AIDS as outreach worker for home or community based care programmes would help to strengthen the links between the health centres and the community.
- ⇒ Guatemala – Malaria ([proposal in Spanish](#), [proposal in English](#), [TRP comments](#)): The proposed plan and activities are very clearly and strategically community-focused.
- ⇒ Lao PDR – TB ([proposal](#), [TRP comments](#)): Proposed involvement of many community-based organisations, village health committees, and village health volunteers to make TB services accessible to under-served populations in rural areas.

The reviewers noted the positive effects of inter-sectoral collaboration.

FOR EXAMPLE:

- ⇒ Guyana – Malaria ([proposal](#), [TRP comments](#)): The inter-sectoral collaboration is conceptually innovative for Guyana, whose malaria control up to now was based on spraying and diagnosis and treatment by the control programme alone.
- ⇒ Haiti – HIV ([proposal](#), [TRP comments](#)): Involvement of many implementing partners for each activity.

3. Strength: There was a strong political commitment to implement the programme

The reviewers considered that strong political commitment was a significant asset to any proposal. Most often, this commitment was evidenced by increased government funding or support for the fight against the disease being addressed by the proposal.

FOR EXAMPLE:

- ⇒ Armenia – TB ([proposal](#), [TRP comments](#)): A strong government commitment to control TB is evident through a 63% budget increase in 2004, 10% in 2005, and a foreseen increase of 35% in 2006.
- ⇒ Paraguay – TB ([proposal in English](#), [proposal in Spanish](#), [TRP comments](#)): Increased funding and dedicated staff.
- ⇒ Bhutan – TB ([proposal](#), [TRP comments](#)): Political commitment demonstrated by increasing the governmental budget over the last five years, and by the plan to continue the increase.

Governments sometimes demonstrated their commitment by providing funds to directly subsidize the purchase of antiretroviral therapies.

FOR EXAMPLE:

- ⇒ See Cameroon – HIV/AIDS [{proposal summary, TRP comments}](#)

In some instances, the government commitment was evidenced by policy measures.

FOR EXAMPLE:

- ⇒ Georgia – Malaria [{proposal, TRP comments}](#): The President issued a decree on the fight against malaria.
- ⇒ Uzbekistan – HIV/AIDS [{proposal, TRP comments}](#): The government implemented progressive legislation.
- ⇒ Rwanda – Malaria [{proposal, TRP comments}](#): The government reduced the taxes and tariffs on mosquito nets.
- ⇒ Tajikistan – TB [{proposal, TRP comments}](#): The government committed to implement Directly Observational Therapy.
- ⇒ Togo – Malaria [{proposal in English, proposal in French, TRP comments}](#): The government removed all tariffs on mosquito nets.
- ⇒ Senegal – Malaria [{proposal in French, proposal in English, TRP comments}](#): The government commitment is explicit, ranging from the removal of taxes and tariffs on ITNs, to the commitment to increase social sector spending annually, to the recognition that malaria is a significant contributor to poverty.

Some governments signalled their commitments by participating actively in the CCMs.

FOR EXAMPLE:

- ⇒ Chad – HIV/AIDS [{proposal in English, proposal in French, TRP comments}](#): The Prime Minister chaired the CCM.
- ⇒ Eritrea – HIV/AIDS [{proposal summary, TRP comments}](#): There was ministerial participation in the CCM.

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

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

FOR EXAMPLE:

- ⇒ Brazil – TB [{proposal, TRP comments}](#): expands the scope from 4 to 10 metropolitan areas, including the municipalities with high levels of poverty and the highest levels of TB incidence and TB/HIV co-infection.
- ⇒ Democratic Republic of Congo – TB [{proposal, TRP comments}](#): Builds on previous work and adds new dimensions

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

FOR EXAMPLE:

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

The reviewers were impressed by proposals that were designed to scale up, and build on, earlier programmes financed by the Global Fund.

Other Frequently Identified Strengths

5. Strength: The programme targeted high-risk groups and vulnerable populations

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

FOR EXAMPLE:

- ⇒ Suriname – HIV ([proposal](#), [TRP comments](#)): Activities focused towards sex workers are based within an NGO that has great experience in serving this population; the same organisation has begun services directed towards men who have sex with men.
- ⇒ Albania – HIV ([proposal](#), [TRP comments](#)): Specifically will support harm reduction programmes for IDUs and substitution therapy.
- ⇒ Russian Federation – HIV ([proposal](#), [TRP comments](#)): The proposal deals with the most vulnerable, underserved population – i.e., injection drug users; special efforts will be made to reach female sex workers who also inject drugs.

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

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

FOR EXAMPLE:

- ⇒ Algeria – HIV/AIDS ([proposal in English](#), [proposal in French](#), [TRP comments](#)): Increasing national budgets for HIV/AIDS over time.
- ⇒ Cameroon – Malaria ([proposal](#), [TRP comments](#)): The government is adding resources to the malaria programme.
- ⇒ Georgia – Malaria ([proposal](#), [TRP comments](#)): Proposal includes well-articulated sustainability plan.

- ⇒ Multi-Country Americas OECS – HIV/AIDS {[proposal](#), [TRP comments](#)}: Governments will assume full responsibility by the end of Year 5.
- ⇒ Philippines – HIV/AIDS {[proposal](#), [TRP comments](#)}: Shift over time to increasing use of domestic resources.

7. Strength: The monitoring and evaluation (M&E) plan was solid

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

FOR EXAMPLE:

- ⇒ Zimbabwe – HIV {[proposals](#), [TRP comments](#)}: Very good list of M&E indicators and a detailed plan of how to implement M&E.
- ⇒ China – HIV/AIDS {[proposal](#), [TRP comments](#)}: Excellent M&E framework and plan.
- ⇒ Uzbekistan – HIV/AIDS {[proposal](#), [TRP comments](#)}: Clear M&E plan with data sources verified.
- ⇒ Tanzania/Zanzibar – Malaria {[proposal](#), [TRP comments](#)}: Excellent M&E plan and choice of indicators.
- ⇒ Gambia – TB {[proposal](#), [TRP comments](#)}: The proposal includes appropriate coverage indicators linked to the impact indicators
- ⇒ See also Guyana – HIV/AIDS {[proposal](#), [TRP comments](#)}, Jamaica – HIV/AIDS {[proposal](#), [TRP comments](#)} and Somalia – TB {[proposal](#), [TRP comments](#)}.

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

FOR EXAMPLE:

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

8. Strength: The budget was well detailed

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

FOR EXAMPLE:

- ⇒ Guyana – HIV/AIDS {[proposal](#), [TRP comments](#)}: Excellent detailed budgets that are also very easy to understand.
- ⇒ Nepal – TB {[proposal](#), [TRP comments](#)}: Budget clearly outlines unit costs and the underlying assumptions. Budget clearly states the contribution of each donor for every item in the budget.

See also Bangladesh – TB {[proposal](#), [TRP comments](#)}, India – HIV/TB {[proposal](#), [TRP comments](#)}, Somalia – TB {[proposal](#), [TRP comments](#)}, Swaziland – TB {[proposal](#), [TRP comments](#)}, Tanzania – HIV/TB {[proposal](#), [TRP comments](#)}, and Tanzania/Zanzibar – Malaria {[proposal](#), [TRP comments](#)}.

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

The reviewers were also impressed with budgets that contained solid information on the costs of commodities, particularly antiretroviral therapies.

FOR EXAMPLE:

- ⇒ Liberia – Malaria {[proposal](#), [TRP comments](#)}: Estimates of commodity needs and costs detailed and accurate.
- ⇒ Multi-Country Americas OECS – HIV/AIDS {[proposal](#), [TRP comments](#)}: Reasonable antiretroviral (ARV) prices already negotiated.

9. Strength: There was good collaboration among programmes addressing the three diseases

The reviewers commented positively on proposals for one of the three diseases that incorporated collaboration with programmes addressing one or both of the other two diseases. In most cases, the collaboration was between HIV/AIDS and TB.

FOR EXAMPLE:

- ⇒ See East Timor – TB {[proposal](#), [TRP comments](#)}, Guatemala – HIV/AIDS {[proposal in English](#), [proposal in Spanish](#), [TRP comments](#)} Haiti – TB {[proposal](#), [TRP comments](#)} and Togo – TB {[proposal in English](#), [proposal in French](#), [TRP comments](#)}.

In one instance, the reviewers cited a collaboration between Malaria and TB.

FOR EXAMPLE:

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

10. Strength: The proposal contained a good situational analysis

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

FOR EXAMPLE:

- ⇒ Nigeria – HIV {[proposal](#), [TRP comments](#)}: The background and gap analysis outline important root causes of the continuing epidemic in Nigeria and the challenges faced in responding to them.
- ⇒ Benin – Malaria {[proposal in English](#), [proposal in French](#), [TRP comments](#)}: Good situational analysis and baseline data are provided.
- ⇒ Guyana – HIV/AIDS {[proposal](#), [TRP comments](#)}: Good situational analysis of the HIV situation in the country with a good gap analysis of programmes and finances.
- ⇒ Gambia – TB {[proposal](#), [TRP comments](#)}: The proposal provides a clear description of epidemiological situation, the disease burden and the institutional challenges of the TB control programme.
- ⇒ Rwanda – HIV/AIDS {[proposal](#), [TRP comments](#)}: Strategic plan identifies gaps that will be met by this proposal.
- ⇒ Vietnam – Malaria {[proposal](#), [TRP comments](#)}: Excellent situational analysis of their problem.
- ⇒ Guatemala – Malaria {[proposal in Spanish](#), [proposal in English](#), [TRP comments](#)}: A thorough, very detailed epidemiological situational analysis for each malarial region of Guatemala is included as an annex to the proposal.
- ⇒ See also East Timor – TB {[proposal](#), [TRP comments](#)}, Gambia – Malaria {[proposal](#), [TRP comments](#)} Somalia – HIV, and Uzbekistan – HIV/AIDS {[proposal](#), [TRP comments](#)}.

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

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

12. Strength: The goals, objectives, activities, outcomes and budgets were well aligned

Reviewers commented positively on proposals where the various elements of the workplan and budget were in sync with each other. The most common observation was that the activities were clearly linked to the objectives and goals.

FOR EXAMPLE:

- ⇒ See Bangladesh – TB {[proposal](#), [TRP comments](#)}, China – HIV/AIDS {[proposal](#), [TRP comments](#)}, Iran – HIV/AIDS {[proposal](#), [TRP comments](#)} and Kenya – TB {[proposal](#), [TRP comments](#)}.

Reviewers also lauded proposals where the budget information was consistent with the activities.

FOR EXAMPLE:

- ⇒ See Serbia/Serbia and Montenegro – TB {[proposal](#), [TRP comments](#)} and Sudan – HIV/AIDS {[proposal](#), [TRP comments](#)}.

Finally, reviewers praised several proposals where the outcomes and indicators were well aligned with the goals and objectives.

FOR EXAMPLE:

- ⇒ See Congo DR – HIV/AIDS {[proposal in French](#), [TRP comments](#)} and Belarus – HIV/AIDS {[proposal](#), [TRP comments](#)}.

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

The reviewers reacted favourably to proposals that demonstrated that the CCM was functioning effectively and that it included representation from all sectors. (For suggestions on how to strengthen CCMs, please consult *The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*, available at www.aidspan.org/guides/.)

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

- ⇒ Congo DR – HIV/AIDS ([proposal in French](#), [TRP comments](#)): Reasonable goals and targets based on successful recent experiences.
- ⇒ See also Angola – Malaria ([proposal summary](#), [TRP comments](#)), Eritrea – HIV/AIDS ([proposal summary](#), [TRP comments](#)), Iran – HIV/AIDS ([proposal](#), [TRP comments](#)) and Guinea-Bissau – TB ([proposal in English](#), [proposal in French](#), [TRP comments](#)).

15. Strength: The proposal demonstrated good co-funding.

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

FOR EXAMPLE:

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

16. Strength: The PR is a strong organisation, with experience managing similar programs.

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

FOR EXAMPLE:

- ⇒ Lao PDR – HIV ([proposal](#), [TRP comments](#)): The PR has experience administering three Global Fund grants. Written guidelines for the administration of Global Fund grants have been developed. A PR office has been established with dedicated staff.

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

The reviewers commented favourably on proposals that incorporated innovative approaches.

FOR EXAMPLE:

- ⇒ Cameroon – HIV ([proposal](#), [TRP comments](#)): Innovations include a “tutor Antenatal Clinic”, which will help roll out PMTCT services, and STI focus on sex workers, military and police, detainees, youth with involvement of the sectors that intersect with these groups
- ⇒ Malawi – HSS ([proposal](#), [TRP comments](#)): This is an exciting proposal whose success will be closely watched by others within the region, because it could make a significant contribution to the underlying structural difficulties preventing an adequate response to AIDS, TB and malaria.
- ⇒ Rwanda – HSS ([proposal](#), [TRP comments](#)): The proposal is an innovative and creative effort to address an issue that is largely neglected in current international development programmes – i.e., establishing a system of social protection for the very poor, orphans and people living with HIV/AIDS.

- ⇒ Guyana – TB [{proposal}](#): (a) New category of health worker to be created (multi-purpose technician). (b) The use of teachers, religious workers and other respected persons to provide DOT and counselling.
- ⇒ India – HIV [{proposal, TRP comments}](#): (a) Use of an NGO consortium to sub-contract manage extensive NGO participation. (b) Private-public sector partnerships for the delivery of various activities.

18. Strength: The proposal built on lessons learned and best practices.

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

- ⇒ Indonesia – TB [{proposal, TRP comments}](#): Strong emphasis is placed in upgrading the managerial competence of the provincial and district TB teams, with participation of NGOs officers, in planning, supply management, monitoring and evaluation.
- ⇒ Albania – HIV [{proposal, TRP comments}](#): Supports advocacy and programme development for Association of PLWHA

20. Strength: The proposal had a strong human rights focus.

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

FOR EXAMPLE:

- ⇒ Zimbabwe – HIV [{proposal, TRP comments}](#): The community outreach component of advocacy is well described and acknowledges the constraints of stigma; in addition, the campaign will focus on workplaces to reduce stigma, promote counselling and testing and treatment literacy.
- ⇒ Turkey – HIV [{proposal, TRP comments}](#): Fighting stigma and discrimination occupies an important place in the proposal. Possible legal and social barriers are identified and there are plans to address them through advocacy, training and attempts to change laws.

21. Strength: The proposal contained a strong gender analysis and strategy.

Reviewers were favourably impressed with proposals that recognized the gender dimensions of the HIV/AIDS epidemic and whose activities reflected this.

FOR EXAMPLE:

- ⇒ Zimbabwe – HIV {[proposal](#), [TRP comments](#)}: There is a good gender analysis acknowledging the reasons why women may not access counselling, testing and treatment.
- ⇒ Togo – HIV {[proposal](#), [TRP comments](#)}: Excellent gender analysis and strategy which (a) focuses on male behaviours and attitudes, and (b) is integrated into the whole proposal.

Strengths Identified Less Frequently

The following is a list of some of the other strengths identified by the reviewers:

- ⇒ Procurement systems were either already in place or were included in the proposal.
- ⇒ The proposal was consistent with Poverty Reduction Strategy Papers (PRSPs) and Sector Wide Approaches (SWAs).
- ⇒ The programme was bold and ambitious.
- ⇒ The proposal contained a good description of the roles of implementing agencies.

Strengths that Started to Emerge in Round 5 TRP Comments

In Round 5, the reviewers commented favourably on proposals that:

- recognized that the programme would place an additional burden on systems and absorptive capacity; and
- were developed through a transparent process.

The number of proposals involved was small; however, these issues will likely take on greater importance in future rounds of funding, including Round 6.

FOR EXAMPLE:

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

Weaknesses

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

1. The workplan was inadequate. There was insufficient, unclear or questionable information on one or more of the following: the rationale, the strategic approach, the objectives, the activities and the expected outcomes.
2. The budget information was inaccurate, questionable and/or not sufficiently detailed.

Other weaknesses identified frequently were as follows:

3. The proposal did not demonstrate complementarity or additionality; it was not clear how the programme related or added to existing programmes, including programmes funded by the Global Fund.
4. The proposal did not contain a good situational (i.e., gap) analysis.
5. There were problems concerning the PR.
6. The various sections of the proposal were not well aligned.
7. The M&E plan was either missing or inadequate.
8. In HIV/AIDS and TB proposals, there were either no joint activities or insufficient joint activities involving both diseases.
9. The programme was too ambitious; some or all of the goals and objectives were not realistic.
10. The use of partners (including NGOs) in the implementation of the programme was inadequate or unclear.
11. The impact and/or outcome indicators were inappropriate or poorly defined.
12. The programme did not focus sufficiently on vulnerable groups.
13. The plan for procurement and supply chain management was inadequate.
14. There were problems with the structure or functioning of the CCM.
15. The proposal did not adequately explain the roles and responsibilities of the various players.
16. The proposal failed to adequately address issues of capacity building and technical assistance.
17. Some of the proposed approaches or activities were inappropriate.
18. The proposal development process was not sufficiently transparent or inclusive.
19. The proposal demonstrated insufficient co-funding.
20. The proposal failed to address weakness identified by the TRP for proposals submitted in earlier rounds of funding.
21. Insufficient attention was paid to human rights issues.
22. The budget (and therefore the programme) was imbalanced; too much or too little was allocated to one or more sectors or activities.
23. The treatment, care and support component of the proposal was missing or inadequate.

Not surprisingly, some of the weaknesses are the flip side of the strengths identified by the TRP (see above). The observations of the TRP concerning each of the weaknesses are further described below.

Weaknesses Identified Most Often

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

Problems with the workplans were identified in about three out every five proposals submitted for Rounds 3, 4 and 5. The following is a summary of the major deficiencies identified:

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

These major weaknesses are discussed below in further detail.

Strategic Approach Inconsistent or Unclear

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

FOR EXAMPLE:

- ⇒ Strategies only vaguely described and justified.
- ⇒ The large number of detailed activities do not fit into an overarching structure, so that the logical framework for the proposal is obscure. It is therefore impossible to judge how likely it is that the objectives will be met.
- ⇒ The strategy does not demonstrate its feasibility due to the lack of detailed activities, the absence of a link between objectives and activities, the lack of information on certain objectives, and doubts about the feasibility of some objectives.
- ⇒ The strategic approach to reaching mobile economic migrants with services is poorly explained.
- ⇒ No coherence. The proposal is a collection of proposals that were received from provinces, NGOs and private sector without an attempt to create a single national proposal.
- ⇒ There is major incoherence between the stated goals, objectives and service delivery areas and activities.
- ⇒ The workplan is presented in bits and pieces rather than a comprehensive integrated document.
- ⇒ The proposed strategy does not focus on behaviour change.
- ⇒ Need to focus on TB case management before dealing with multi-drug-resistant TB.

Rationale for Objectives and Activities Inconsistent or Unclear

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

FOR EXAMPLE:

- ⇒ What is the justification for active case finding and X-ray diagnosis given that these are not key priorities of the DOTS strategy?
- ⇒ Why is a pilot going to be carried out in one district for five years before a decision is made to scale up?
- ⇒ It is not clear that a separate TB research unit is justified.
- ⇒ There is no explanation of why a new building and new equipment is required to implement the programme.
- ⇒ No rationale is presented for the quantities of leaflets and posters included in the proposal.
- ⇒ No rationale given for why a regional approach is needed.
- ⇒ No explanation is given for the substantial increase in training costs in Years 4 and 5.
- ⇒ Why does the proposal call for local manufacturing of malaria nets when that is 45-80% more expensive than importing and may lead to serious quality problems?

Objectives, Activities, Targets and Expected Outcomes Insufficiently Described or Unclear

With respect to the objectives, activities, targets and expected outcomes that were insufficiently described or unclear, the reviewers used the following phrases to describe the problems:

- activities poorly or vaguely defined;
- activities not clearly articulated;
- no description of how to carry out the activities;
- activities redundant;
- objectives too broad;
- objectives overlapping;
- objectives not specific, measurable, or time-bound;
- targets often inappropriate or missing;
- activities need more detailed description, particularly with respect to how they will be carried out;
- not enough information:
- too much information;
- proposal does not show how the proposed activities will lead to the anticipated results;
- methods for reaching targets not described;
- workplan superficial, with little detail; and
- weak workplan raises questions about whether the programme is ready to be implemented.

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

FOR EXAMPLE:

- ⇒ No description of the key messages to be used for the multi-media health education campaign.
- ⇒ Although TB control in prisons is included in the proposal, no information is given on the number of prisons, number of inmates, expected TB prevalence, and the basis for training 300 persons in Year 1 and 700 persons in Year 2.
- ⇒ What systems will be put in place to use the large numbers of people trained?
- ⇒ No details on the DOTS expansion plan even though this is the core of the proposal.
- ⇒ No information on how the micro-financing scheme would work.
- ⇒ No activities included concerning how to manage detected TB cases.
- ⇒ The criteria for the selection of will receive ART is not described.
- ⇒ All activities aimed at youth are to be carried out by one NGO, but there is no information on this NGO.
- ⇒ The Proposal Form has not been filled in consistently, so that there are gaps (for instance in the description of the process to select SRs) and very brief statements (for example on the current disease control strategies and programmes). On the other hand, there is too much detail in the description of some activities (for example specifying that cheques will be issued with an indicator that the cheque has indeed been issued).

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

FOR EXAMPLE:

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

In many proposals, the reviewers found that there was insufficient information provided on the capacity building programmes included in the workplan.

FOR EXAMPLE:

- ⇒ No description of the curriculum for the training programme.
- ⇒ No information on how many persons are to be trained each year.
- ⇒ Who will conduct the training?
- ⇒ No information on what steps are involved in developing and implementing the training programme.
- ⇒ How will the quality of the training be ensured?

- ⇒ No explanation of how the number of community agents trained will go from zero to 1,500 in two years.

Inappropriate Objectives, Activities and Expected Outcomes

The reviewers questioned the appropriateness of some of the proposed objectives, activities and expected outcomes.

FOR EXAMPLE:

- ⇒ Is distributing materials really the best way to reach the target populations?
- ⇒ The proposal includes activities that are not in line with WHO recommendations.
- ⇒ It is not reasonable for all major goods to be purchased in the first quarter of the first year.
- ⇒ Given the increasing data on resistance to Chloroquine in Africa, why is the proposal calling for the use of this drug to treat malaria?
- ⇒ Of the nine expected outcomes, seven read more like inputs.
- ⇒ Producing one brochure is not sufficient by itself to constitute a workplace programme.
- ⇒ It is not obvious that providing a large quantity of malaria nets free of charge will stimulate the local markets.
- ⇒ Why conduct an efficacy study when the sensitivity of the drugs is already known?
- ⇒ There is an emphasis on KAP studies, which are no longer considered the most effective methodology for dealing with behavioural issues.

Missing Key Objectives and Activities

The reviewers sometimes identified key objectives or activities that were not included in the proposals.

FOR EXAMPLE:

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

Inconsistencies in the Text

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

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

Note: Budget issues concerning the cost of drugs and other commodities are covered in weakness #13 below (on procurement).

Over half of the proposals submitted in Rounds 3-5 contained problems with the budget. The following is a summary of the major weaknesses:

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

These major weaknesses are discussed below in further detail.

Budget Incomplete or Not Detailed Enough

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

FOR EXAMPLE:

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

Inconsistencies or Errors Within the Budget

The reviewers found that many budgets were incorrectly filled out. Some of the problems they identified were: errors in addition and multiplication; incomplete or no unit costs; incomplete or no quantities; costs wrongly categorized; and inconsistencies between one part of the budget and another.

FOR EXAMPLE:

- ⇒ The proposal contained inconsistencies between the annual budget and the quarterly budget.
- ⇒ The budget was not internally consistent.
- ⇒ Either the unit costs or the volumes are incorrect because the figures do not add up.
- ⇒ The budget summaries do not support the budgets describing the activities.

Items Unclear, Questionable or Inadequately Justified

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

FOR EXAMPLE:

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

For a number of proposals, the reviewers found that the assumptions used to create the budget were not adequately justified. One reviewer commented that applicants should provide detailed assumptions for every line item, including unit costs and volumes (though this was certainly not done for many of the approved proposals).

Other Frequently Identified Weaknesses

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

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

FOR EXAMPLE:

- ⇒ The proposal fails to describe how the programme would relate to other activities in this area.
- ⇒ Poor description of how the proposal would complement existing activities.
- ⇒ The proposal overlaps with other processes to expand VCT (e.g., WHO).
- ⇒ The proposal makes no reference to existing TB services.
- ⇒ No clear value added to national or regional programmes.
- ⇒ The role of the VCT component of the proposal is not clearly delineated from existing centres delivering care to pregnant women, providing mother-to-child prevention and providing STI care.
- ⇒ it is not clear how this proposal builds on the current programme supported by the Global Fund, or how the implementation and resource needs, targets, and M&E plans from the two proposals relate to each other.

- ⇒ The proposal does not explain how the proposed activities would interact with existing national prevention activities.
- ⇒ No information on how the proposal would add to existing condom distribution programmes.
- ⇒ The proposal is not consistent with the existing national strategy.
- ⇒ The proposal says nothing about scaling up the experience of already existing NGOs.

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

- ⇒ Some of the impact indicators proposed are identical to impact indicators included in a programme funded through an earlier Global Fund grant.
- ⇒ The link with previous Global Fund grants is not addressed.
- ⇒ The proposal said that it will complement the activities of the Round 4 Global Fund programme, as well as of several other programmes funded by different donors, but there is no clear description of how this will be achieved
- ⇒ The proposal should clearly state how lessons learned from earlier grants are used, and how proposed activities are built on or linked to activities funded by earlier grants.
- ⇒ A possible overlap with the existing Round 2 grant is not discussed.

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

The reviewers found that the situational analysis in a number of the proposals was less than adequate.

FOR EXAMPLE:

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

5. Weakness: There were problems concerning the PR.

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

FOR EXAMPLE:

- ⇒ The proposal mentions three PRs but there is no information on their respective capacities.
- ⇒ The PR is a small organisation (the proposal budget is four times current annual turnover) and it is not clear that it has the capacity to manage such a large programme.
- ⇒ Capacity of PR to carry out responsibilities not clear.
- ⇒ Most of the activities will be carried out by NGO partners. The PR has not proved itself to be responsive to the needs of civil society partners in the previous GFATM grant.
- ⇒ The change in the PR is not justified in the proposal.
- ⇒ Operational capacity of the PR is unclear.
- ⇒ It is unclear how the PR will interact with the TB programme and SRs.
- ⇒ There are two nominated Principal Recipients; however, the area of responsibility for each PR is stated as "All". The relevant technical, managerial, and financial capabilities are given only for only one of the PRs.

- ⇒ Four principal recipients for a relatively small amount of money, and no indication of how much will go to whom.

In Round 5, the reviewers began to comment unfavourably on proposals that did not identify the SRs, or at least include the selection criteria for SRs.

FOR EXAMPLE:

- ⇒ Sub-recipients not yet identified and selection criteria not yet developed.
- ⇒ Although the proposal states that sub-recipients have already been identified, these are not named. Therefore, it is difficult to assess the capacity of the SRs to provide the challenging prevention services that are proposed.

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

6. Weakness: The various sections of the proposal were not well aligned

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

FOR EXAMPLE:

- ⇒ No clear link between objectives, service delivery areas, activities, indicators and budgets.
- ⇒ The detailed budget says that no funds are required for 2005, but the activities mention costs for that year.
- ⇒ Expansion from nine to only 15 facilitators, as spelled out in the description of the activities, is not consistent with what the budget says.
- ⇒ The M&E budget does not match the evaluation activities that are planned.
- ⇒ The information presented in the budget tables is not substantiated by the description of the activities.
- ⇒ There is a disconnect between what is described in the narrative and how resources are allocated in the budget.

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

7. Weakness: The M&E plan was either missing or inadequate

Some proposals failed to include an M&E plan. In other proposals, the reviewers found that the M&E plan was very weak and/or lacking in detail.

FOR EXAMPLE:

- ⇒ Vague description of what will be measured and how it will be done.
- ⇒ The plan is not convincingly defined.
- ⇒ The plan is insufficiently detailed to be workable.
- ⇒ No relevant baseline information was provided.
- ⇒ Poorly described M&E with many indicators that are not measurable
- ⇒ Baseline data for many indicators not provided.
- ⇒ The methodology is flawed.
- ⇒ No M&E costs are provided beyond Year 2.
- ⇒ It is not clear whether sufficient funds have been allocated to undertake the data collection.
- ⇒ The plan as presented does not adequately measure the process and outcome indicators.

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

FOR EXAMPLE:

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

Finally, the reviewers found that many proposals contained either no baseline data or incomplete data.

FOR EXAMPLE:

- ⇒ There is missing baseline data.
- ⇒ The baseline data provided do not help to understand how the defined targets will be reached.
- ⇒ The current epidemiological situation is not identified.
- ⇒ The reported burden of disease is not specific to the targeted areas.
- ⇒ The TB baseline data is inaccurate. The proposal does not refer to published data.
- ⇒ There is no information on the burden of multi-drug resistant TB.
- ⇒ It is not clear whether the baseline figures are actuals or estimates.
- ⇒ There is no information on the current in-country TB drug distribution system.

8. Weakness: In HIV/AIDS and TB proposals, there were either no joint activities or insufficient joint activities involving both diseases

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

FOR EXAMPLE:

- ⇒ The opportunity to integrate HIV services, such as voluntary testing and counselling (VCT), with TB services was missed.
- ⇒ This HIV/AIDS proposals fails to include any interaction with the TB programme that is already seeing many people who would benefit from ARVs.
- ⇒ There is no mention of the linkages between HIV infection and TB (this is mandatory under GFATM proposal requirements).
- ⇒ None of the objectives or indicators address the key links between HIV and TB.
- ⇒ TB-HIV coordination not discussed.
- ⇒ TB management should be integrated into HIV/AIDS care and support.

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

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

FOR EXAMPLE:

- ⇒ Year 1 and 2 targets for nets and net treatments are completely unrealistic.
- ⇒ The work plan is extremely optimistic raising questions on the feasibility, particularly given the experience of implementation in the previous round.
- ⇒ It is not realistic to go from an unknown success rate to 85% in two years.
- ⇒ The proposal is too ambitious concerning timelines and short-term goals.
- ⇒ Targets for impact indicators extremely optimistic.

- ⇒ Attempting full coverage of ARVs in two years is too ambitious.
- ⇒ Some objectives are not achievable or measurable in the short term.
- ⇒ These are ambitious objectives for a country with a poor infrastructure.
- ⇒ Highly ambitious impact indicators at this stage of the HIV and TB epidemics.
- ⇒ Increase of 70% in one year for the number of women receiving drugs for the prevention of mother-to-child transmission of HIV is unrealistic.
- ⇒ Highly ambitious expansion of the training plan.
- ⇒ This proposal should be reconsidered in the light of what is feasible to implement in the current national context.
- ⇒ Scale up of parts of the proposal are too rapid.
- ⇒ Coverage targets for the objectives are too ambitious, and should be modified and spread more gradually over the life of the programme.

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

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

FOR EXAMPLE:

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

The reviewers commented fairly frequently on the absence of evidence that NGOs will be used as implementing partners.

FOR EXAMPLE:

- ⇒ Although the proposal has a very broad partnership structure, budget allocation to UN Agencies ranged from 69% in Year 1 to 96% in Year 5, while the allocation to NGOs and CBOs went from 3.2% in Year 2 to 0.5% in Year 5.
- ⇒ The involvement of NGOs not well described.
- ⇒ Who the NGO partners would be is not indicated.
- ⇒ Given the importance of the role of civil society in the programme, a more detailed description of their roles and responsibilities is required.
- ⇒ There is no information on how the NGOs will be selected.

- ⇒ The ability of local NGOs to deliver the technical aspects of the plan is not described.
- ⇒ The allocation of resources to NGOs is insufficient in light of the activities that are planned for them.

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

FOR EXAMPLE:

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

11. Weakness: The impact and/or outcome indicators were inappropriate or poorly defined

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

FOR EXAMPLE:

- ⇒ The indicator for delaying sexual initiation to 22 years for men and 19 years for women is not realistic and needs further analysis.
- ⇒ Using biochemical examinations in multi-drug resistant TB patients is not appropriate.
- ⇒ The indicators for services to sex workers and their clients, and for the education of traditional practitioners, are too low.
- ⇒ Some indicators are not relevant.
- ⇒ There are too many programme indicators and some of them are not useful or not measurable.
- ⇒ M&E indicators and plan should be revised to be consistent with GFATM M&E Toolkit and RBM standards.
- ⇒ It is unlikely that the percentage of commercial sex workers using condoms will be measurable through outreach services.
- ⇒ The indicators are focused on inputs rather than public health outcomes (e.g., training is used as a coverage indicator).
- ⇒ A number of the proposed coverage indicators are not directly measurable.

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

FOR EXAMPLE:

- ⇒ Poor identification of the indicators.
- ⇒ Many indicators have no actual targets.
- ⇒ The indicators are unclear.
- ⇒ Information for many of the indicators is missing.

- ⇒ The indicators for ARV access are confused: 500 patients in Year 5 does not translate into 90% coverage.
- ⇒ (From a TB proposal) There is no mention of the key outcome indicators: cure, completion, failure, default and transfer rates.

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

FOR EXAMPLE:

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

12. Weakness: The programme did not focus sufficiently on vulnerable groups

The reviewers found that in a number of proposals, vulnerable groups were either not addressed or were addressed inadequately. (Note: The examples listed below pertain to HIV/AIDS proposals unless otherwise indicated.)

FOR EXAMPLE:

- ⇒ The vulnerable groups are not well articulated. The proposal needs to focus more on women, returnees, the military, traders and other mobile populations.
- ⇒ No services have been designed for women even though women represent 60% of the infections.
- ⇒ The proposal mentions sex workers as the most vulnerable population, but fails to include activities addressing sex workers.
- ⇒ The services for orphans are not defined.
- ⇒ The proposal has no focus on injection drug users, and limited focus on sex workers.
- ⇒ There is no mention in the proposal of existing or planned prevention programmes for people who inject drugs intravenously even though they have a HIV prevalence rate higher than prisoners and pregnant women and comparable with sex workers.
- ⇒ Seafarers, mobile populations and members of international peacekeeping forces are all identified as being at higher risk of HIV, yet there appear to be few resources devoted to prevention among these groups.
- ⇒ The proposal repeatedly states that injecting drug use is a rapidly increasing problem in the country and that many are in prisons. No discussion of illicit drug policy or alternatives to incarceration is offered.
- ⇒ The activities focus more on providing financial support to social institutions than to reaching target populations.
- ⇒ The programming for vulnerable groups is not described.
- ⇒ The vulnerable groups are not addressed in the proposal.
- ⇒ The proposal address one vulnerable group, but fails to address injection drug users, sex workers and men who have sex with men.
- ⇒ Much of the budget is for equipment and the development of guidelines, rather than for activities targeting the vulnerable groups.
- ⇒ The proposal fails to address prisoners.

- ⇒ There is no mention of any existing or planned programme for PMTCT among vulnerable groups

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

FOR EXAMPLE:

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

13. Weakness: The plan for procurement and supply chain management was inadequate

The reviewers found that some proposals contained no plan for procurement and supply chain management. In other cases, the reviewers said that the plan was too vague or not detailed enough.

FOR EXAMPLE:

- ⇒ The arrangements for procurement are weak.
- ⇒ The vagueness of the procurement plan does not inspire confidence in existing systems and infrastructures.
- ⇒ It is not clear whether the drugs purchased will be consistent with the GDF (Global TB Drug Facility).
- ⇒ No details are provided with respect to procurement and supply chain management. This is problematic, given the country's lack of experience procuring ARVs, and given the supply chain issues in a country that is particularly geographically dispersed.
- ⇒ There is no centralized processing to reduce the price of commodities.
- ⇒ The proposed procurement system is weak; it vaguely implies that the WHO will do it.
- ⇒ The procurement and supply management section has information taken from existing documents that do not specifically address the mechanisms for procuring TB drugs.
- ⇒ The country should be applying to the GDF for drugs.
- ⇒ There is no centralised drug supply procurement and management system that could reliably provide ARVs in a timely manner

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

FOR EXAMPLE:

- ⇒ Where will the funding come from for the nets purchased in Year 3?
- ⇒ The cost shown for individual drugs are not accurate.
- ⇒ The ARV prices should be lower.
- ⇒ The unit costs shown for the TB medications are extremely high.
- ⇒ The unit costs for the first line ARVs vary within the proposal.

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

The reviewers were critical of proposals from CCMs that were not well balanced in terms of representation from the various sectors, particularly the NGO sector.

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

17. Weakness: Some of the proposed approaches or activities were inappropriate

Particularly in the 5th round of funding, the reviewers were critical of approaches or activities that they thought were not appropriate with respect to how best to respond to the three diseases.

Some of the comments made by reviewers were:

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

FOR EXAMPLE:

- ⇒ ARV treatment is not provided free of charge.
- ⇒ The plan to advertise and award contracts for production before a communication strategy is developed is contrary to logical programme design and implementation.
- ⇒ The provision of food rations for two members of the household of eligible recipients of food supplements is not consistent with current approaches to improving household food security.
- ⇒ The use of mental hospitals to reach drug users is not an appropriate strategy to reach this at risk group, and should not be pursued.
- ⇒ The proposed level of effort in training, laboratory development, building up emergency stocks of insecticides and larvicides, etc. is not appropriate in a country that is at risk for malaria, but that currently has practically no indigenous malaria transmission.
- ⇒ The proposed strategy is not convincing. There is inadequate attention paid to primary prevention activities among drug users and other vulnerable groups. As a result it is unlikely that the proposed activities will achieve the impact laid out in the goals (to limit the spread of HIV/AIDS within and beyond the penitentiary system).
- ⇒ The proposed level of investment in health care personnel and infrastructure for the treatment of AIDS, and the proposed investment in social support for people living with HIV, are disproportionate to the epidemiological situation.

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

FOR EXAMPLE:

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

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

Just before Round 5, the Global Fund introduced new guidelines that require (among other things) that the CCM develop and implement a transparent, documented proposal to involve stakeholders in the preparation of country proposals. Some of the TRP's comments for the Round 5 proposals included criticism of proposals that the reviewers thought were not developed in line with these requirements. The TRP can be expected to more vigilant about this in Round 6 because by then CCMs will had had more time to comply with the new requirements.

FOR EXAMPLE:

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

19. Weakness: The proposal demonstrated insufficient co-funding

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

FOR EXAMPLE:

- ⇒ The proposal requests to the Global Fund to fully finance the salaries of the whole staff of 13 persons of the Central TB Unit for the five-year period. The sustainability of the programme after the termination of the Global Fund grant will be more credible if the Government is gradually taking over the salaries of the Central Unit staff during the life of the programme.

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

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

21. Weakness: Insufficient attention was paid to human rights issues

Reviewers commented unfavourably on proposals that did not address the human rights of vulnerable groups.

For example:

- ⇒ There was no mention of anti-discrimination legislation and policies.
- ⇒ There was no reference to how confidentiality will be assured and how discrimination will be prevented.
- ⇒ Significant numbers of new policies, plans, and laws need to be reviewed, revised or developed to create an enabling policy and legal environment for appropriate and ethical HIV testing.
- ⇒ There is no explanation of how sex workers, injecting drug users, men who have sex with men, and prisoners will be protected from discrimination, legal action, and coercive HIV testing.

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

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

FOR EXAMPLE:

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

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

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

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

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

FOR EXAMPLE:

- ⇒ The treatment plan is unclear.

- ⇒ There are no treatment guidelines.
- ⇒ The treatment regimens for multi-drug resistant TB need to be clarified and properly budgeted.
- ⇒ The HIV treatment goals are too minimal to support the prevention targets.
- ⇒ There is no discussion of specific training for clinicians on HIV primary care and ARVs.
- ⇒ It is not clear the management of ARVs will be done according to WHO guidelines.
- ⇒ There is no mention of treatment for sexually transmitted infections (STIs) or opportunistic infections.
- ⇒ The quantities of drugs required are not spelled out.
- ⇒ There is no mention of drug replacement therapy.
- ⇒ The ARV protocols for the prevention of mother-to-child transmission need to be spelled out.
- ⇒ Having only one treatment facility in the country may not be sufficient.
- ⇒ The choice of drugs for malaria prophylaxis and treatment is questionable.
- ⇒ The ARV regimens are not described.
- ⇒ The proposal contains no plans for drug distribution.
- ⇒ Laboratory monitoring of ARV is not included.
- ⇒ There is no information on what assistance will be provided to drug users to help them adhere to the treatment regimens.

Weaknesses Identified Less Frequently

The following is a list of some of the other weaknesses identified by the reviewers:

- The human resource plan and/or capacity building plan was absent or inadequate.
- The proposal was poorly written and organised.
- The financial management and/or governance plans were inadequate.
- It was not clear whether the political commitment was there.
- The country's readiness to implement was not clearly established.
- There was insufficient information concerning sustainability.
- Information about external donors for the programme was missing, incomplete or unclear.
- The absorptive capacity to take on this programme was not demonstrated.
- The proposal failed to build on lessons learned.

Chapter 4: Guidance on the Proposal Form and Other Relevant Documents and Links

This chapter describes the two versions of the Proposal Form that are available, and discusses which one you should use. The chapter also lists and briefly describes other documents and links related to the applications process for Round 6; outlines the process for submitting a proposal; defines some key concepts used in all proposals, and provides some general guidance concerning the use of the Proposal Form. (Step-by-step guidance on how to fill out the Proposal Form can be found in Chapter 5.)

Versions of the Proposal Form

The Global Fund has provided two versions of the Proposal Form. Both are in Word format. One is called the “Plain” version, and the other is called the “Macro” version. An explanation of how each version works is included in Attachment 4 of the *R6 Guidelines for Proposals*. We summarize the main points here, and then we discuss which version you should use.

Plain Version

As its name implies, this is just a plain Word document. No special features have been added. When completing numerical tables, you need to make sure that the numbers add up correctly.

The Plain version is very long (at 102 pages). The main reason for this is that the Plain version contains Sections 4 (Component Section) and Sections 5 (Component Budget) for each of the three diseases. In other words, the same sections are repeated three times.

The only function that is not easy to perform in the Plain version is ticking boxes.

Macro Version

For the Macro version, the Global Fund has added some advanced functions through the use of macros. As a result, the Macro version will:

- automatically calculate the totals in numerical tables;
- automatically transfer information from one table to another when that is appropriate; and
- automatically expand certain tables or add certain sections to the Proposal Form as you enter data or when you click on the specified button.

The Global Fund says that the Macro version can be used with MS-Word 97, MS-Word 2000, MS-Word XP/2002 and MS-Word 2003.

When you first open the Macro version, it contains only Sections 1-3. Once you identify the components of your proposals, the appropriate Sections 4 and 5 are added. So, if your proposal contains just one component, say TB, only the Sections 4 and 5 for TB are added. Sections 4 and 5 for the other two diseases do not appear.

The Global Fund says that there are a series of steps that you need to do in your computer before starting to use the Macro version. These steps are outlined in Attachment 4 to the *R6 Guidelines for Proposals*.

Which Version Should You Use?

The Global Fund says that the Macro version has been developed to facilitate the submission process both for applicants and for the Global Fund Secretariat, and it “strongly encourages” applicants to use this version.

Unfortunately, the Global Fund has not had a very good track record when it comes to designing “intelligent” proposal forms. The PDF version created for Round 5 was very difficult to use and few applicants used it to prepare their proposals.

We tested one edition of the Macro version just after the Call for Proposals was issued, and we found a number of problems. The Global Fund fixed some of these problems in a subsequent edition which it posted on its website. We still found some problems with the later edition. For example:

- The feature that enables the applicant to expand certain tables, such as the table where information is entered for each member of the CCM, may or may not work, perhaps depending on what version of Word you have, and there was no way to add the additional information onto the form manually.
- The so-called “intelligent” functions of the Macro version work some of the time and don’t work other times.
- The programme is fragile and sometimes crashes when attempting to execute the intelligent functions.
- In some fields, such as the grant agreement number in Item 4.6.4, if you enter a number that the Fund considers to be in an invalid format, you cannot enter any other data (anywhere) until you fix the problem.
- It is much harder to navigate (i.e., move around the document) in the Macro version than the Plain version.
- In the Macro version, some of the basic functions of Word – functions such as copying and pasting, Page Up or Page Down, and font selection – either do not work or are difficult to make work.
- You cannot format the text that you enter in the Macro version.
- In the Macro version, it is impossible to enter text anywhere outside the areas designated for responding to each question.
- In order to use the Macro version, the Global Fund says you have set your macro security level in Word to “low,” which is not recommended by Microsoft.

The Global Fund says that when you use the Macro version, there is a “Key Button” in the standard toolbar that allows you add additional lines to some of the tables in the Proposal Form. That button may or may not be there; it may depend on which version of Word you are using.

As we went to press, Global Fund officials were working to iron out the bugs.

The bottom line: The intelligent features in the Macro version do not make the Proposal Form much easier for the applicant to use. If the Macro version is working properly, it will save you a bit of time adding up numbers in a few tables, and transposing numbers from one table to another in a small number of cases. On the other hand, there are a number of problems and limitations associated with the Macro version. On balance, we believe that it will be easier and simpler to use the Plain version of the Proposal Form. However, as we noted above, (a) the Global Fund Secretariat would prefer that you use the Macro version, and (b) it is possible that the Secretariat will have fixed all of the bugs in the Macro version by the time you download your copy. If you want to use the Macro version, we suggest that you test it first to ensure that there are no major problems and that you are happy using it.

Both versions of the Proposal Form are available in the six UN languages – Arabic, Chinese, English, French, Russian and Spanish – and can be downloaded from the Global Fund website via www.theglobalfund.org/en/apply/call6/documents/. This site houses almost all of the documents applicants will need to complete their application.

There are two attachments to the Proposal Form that need to be downloaded separately:

- Attachment A to the Round 6 Proposals Form – Targets and Indicators Table (Excel document)
- Attachment B to the Proposal Form – Preliminary List of Drugs and Health Products (Word document)

Both are available in all six UN languages via www.theglobalfund.org/en/apply/call6/documents/.

Copies of the Proposal Form and its attachments can also be obtained or by contacting local offices of UNAIDS or the WHO. If you have any problems obtaining the Proposal Form, you also write to the Global Fund at the following address:

Proposals
Global Fund to Fight AIDS, Tuberculosis and Malaria
8 Chemin de Blandonnet
CH-1214 Vernier-Geneva
Switzerland
Email: proposals@theglobalfund.org

Other Relevant Documents and Links

R6 Guidelines for Proposals

As indicated many times in this Guide, the Global Fund has produced guidelines on the Round 6 proposals process. The full title of these guidelines is “*Guidelines for Proposals: Sixth Call for Proposals*,” but we use the short-form title “*R6 Guidelines for Proposals*.”

The *R6 Guidelines for Proposals* are an invaluable tool and should be read by all applicants before preparing their proposal. We quote extensively from the *R6 Guidelines for Proposals* in this *Guide*.

The *R6 Guidelines for Proposals* document is divided into two parts. Part A provides general information for the applicant, including a description of the proposal application and review process. Part B provides guidance to help applicants fill out each item in the Proposal Form. In Chapter 5 of this Guide, we have repeated virtually all of the guidance from Part 2 of the *R6 Guidelines for Proposals* in our step-by-step guide to filling out the application form.

The *R6 Guidelines for Proposals* also contain five attachments:

- Attachment 1 lists the countries that are classified as low income, lower-middle income and upper-middle income by the World Bank.
- Attachment 2 provides a list of acronyms commonly used in Global Fund documents.
- Attachment 3 provides a Programmatic Gap Analysis Table, which can be used when filling out Item 4.5.1 of the Proposal Form.
- Attachment 4 provides information on the two versions of the Proposal Form.

- Attachment 5 contains a Budget Analysis Template.

The *R6 Guidelines for Proposals* and the first four attachments are lumped together in one Word file, which is available in all six UN languages and can be downloaded via www.theglobalfund.org/en/apply/call6/documents/. Attachment 5 is an Excel document which is available in all six UN languages and can be downloaded separately via the same site.

Other Documents

There are number of other documents that the Global Fund recommends applicants become familiar with before they complete their proposals. They are listed below. Unless otherwise indicated, the documents are available via www.theglobalfund.org/en/apply/call6/documents/.

Call for Proposals (for Round 6)
Available in all six UN languages.

Fiduciary Arrangements for Grant Recipients
Describes the roles and responsibilities of different entities within the Global Fund's accountability arrangements and performance-based funding system.
Available in all six UN languages.

Guidelines for Performance Based Funding
Provide operational details for grant recipients on the Global Fund's system for performance based funding.
Available in all six UN languages.

Guidelines for Annual Audits of Program Financial Statements
Provide operational details on the Global Fund's requirements for external annual audits of the expenditures of PRs and SRs.
Available in all six UN languages.

Multi-Agency Monitoring and Evaluation Toolkit
Second Edition, January 2006.
Provides the "essentials" of agreed-upon best practice in M&E.
Available in English only.

Annexes to M&E Toolkit
Available in all six UN languages.

Guide to Writing a Procurement and Supply Management Plan
Available in English, French, Spanish and Russian via www.theglobalfund.org/en/about/policies_guidelines

Guidelines for the PR Assessment
Available in all six UN languages.

Tools for PR Assessment
The template available in English only. Other tools available in English and French.

Guidelines on the Criteria and Process for Appeals
Contains information on eligibility, on the grounds for appeal of Global Fund Board decisions on proposals, and on the applicable conditions and procedures.
Available in all six UN languages.

Forms for Internal Appeals
Available in all six UN languages.

Template Standard Grant Agreement

Contains generally applicable "Standard Terms and Conditions."
Available in English only.

Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility

Also known under the short title CCM Guidelines.
Available in English.

Guidelines for Improving CCMs through Greater PLHIV Involvement

Available in English and Russian.

HSS Information Sheet

Contains information on how an applicant includes cross-cutting HSS information in its proposal.
(At the time of writing, this document was not yet posted on the Global Fund website.)

Making Co-Investment a Reality

Guide on Co-Investment, written by the GBC and the GTZ, and presenting the Co-Investment approach as well as case studies.
Available in English only.

The Framework Document of the Global Fund to Fight AIDS, Tuberculosis and Malaria

Sets out the basic principles under which the Global Fund operates.

Available in English at

www.theglobalfund.org/en/files/about/governance/Framework_document.pdf

Links

The Global Fund has created a list of Frequently Asked Questions concerning the proposals process. The list is available via www.theglobalfund.org/en/apply/call6/documents/.

Process For Submitting a Proposal

The deadline for submitting proposals for Round 6 is 3 August 2006.

Submissions must include both an electronic and an original signed printed copy of the Proposal Form. The two copies must be identical.

The original version of the proposal must be postmarked on or before 3 August 2006. The electronic version must be received by the Global Fund no later than 23h59 Geneva time on 3 August 2006. Proposals should be submitted to the following address:

Proposals

Global Fund to Fight AIDS, Tuberculosis and Malaria

8 Chemin de Blandonnet

CH-1214 Vernier-Geneva

Switzerland

Email: proposals@theglobalfund.org

Proposals in any of the six UN languages (Arabic, Chinese, English, French, Russian and Spanish) will be accepted and will be treated equally. Because the review of the proposals by the TRP will be conducted in English, the Secretariat will have all proposals translated into English. Countries are welcome to submit their own English translations.

NOTE THAT THERE IS A LIMIT OF ONE PROPOSAL PER APPLICANT.

Some Key Concepts to Be Used in all Proposals

The Global Fund application form makes extensive use of terms such as “goal,” “objectives,” “service delivery areas,” “activities,” “indicators (impact and coverage),” “baseline data,” and “targets.” Most of these terms are described in Section 4.6 of the *R6 Guidelines for Proposals*. 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 that will be delivered to achieve the objectives – e.g. “Antiretroviral therapy.”
- Activities are the more specific actions that will be taken within each service delivery area – e.g. “Developing an adherence support programme for people taking antiretroviral therapy.”
- Indicators are items that you can measure to show the extent to which services or activities are being delivered, or goals or objectives achieved. Impact indicators measure the extent to which benefits result among the people to whom the services are being delivered; coverage indicators measure how many people the services are reaching.
- 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 future 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.
- Be sure to read the “How to use this form” section at the beginning of the Proposal Form. It contains useful guidance.
- It is a good idea to alter the footer in the Proposal Form in order to add some information that identifies your proposal.
- The Global Fund uses blue-coloured italicized font when providing guidance directly on the Proposal Form. (This refers to guidance that is in addition to the descriptions of what the Fund is seeking for each item). If you are working from a printed copy of the Proposal Form, obviously the colour will not show unless a colour printer was used. However, the use of italics helps to distinguish the guidance from other text.
- Where the Proposal Form calls for one or two paragraphs of text, it is not a good idea to write six or seven paragraphs. This will not be viewed favourably by the TRP. If you feel that it is necessary to write at significantly greater length than what is called for, we suggest that you do it in the form of an annex.
- Narrative text needs to be entered in the white boxes provided for each item.
- You are required to attach a number of annexes. These are identified throughout the Proposal Form, and are also listed at the end of Section 3 (for annexes that relate to

Sections 2 and 3) and at the end of Section 5 (for annexes that relate to Sections 4 and 5). You will likely add other annexes of your own. Each one should be numbered. You need to list these annexes in the Lists of Annexes that are included after Sections 3 and 5. In addition, each time you attach one of your own annexes, we suggest that you indicate this fact next to the item on the Proposal Form to which the annex relates; and that you include the annex number. (You will not be able to do this in the Macro version.)

- You may want to add a list of acronyms or abbreviations used frequently in the proposal (including a description of what each acronym and abbreviation stands for) near the beginning of the Proposal Form, or as an annex.
- Save your work frequently as you fill out the form.
- When you are asked to tick a box in the Plain version of the Proposal Form, the process is a bit complicated. To tick a box, move the cursor to the textbox, right click, select "Properties," and then under "Default value" select "Checked." Finally, click on "OK."

Chapter 5: Step-by-Step Guide to Filling Out the Round 6 Proposal Form

This chapter contains guidance on how to fill out each item in the Proposal Form.

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

IMPORTANT INFORMATION ON HOW TO USE THIS CHAPTER

Please read this explanation carefully.

The flow of this chapter follows the flow of the Proposal Form. This is how it works:

- At the top of each page, an item from the Proposal Form is shown in a box.
- This is followed by guidance from the *R6 Guidelines for Proposals* concerning how to fill out this item. This guidance is identified by the following symbol:

*** *R6 Guidelines for Proposals***

If there is no guidance in the *R6 Guidelines for Proposals*, or if the guidance in the *R6 Guidelines for Proposals* simply repeats what is on the Proposal Form, you will see “N/A” under the symbol.

- Finally, additional guidance from Aidspace is provided. This guidance is identified by the following symbol:



If Aidspace has nothing to add to the guidance from the *R6 Guidelines for Proposals*, you will see “N/A” under the symbol.

Special Note: *There are two versions of the Proposal Form, both in Word: a “Plain” version and a “Macro” version. The two versions are very similar. (See the previous chapter for more information.) The information in this chapter refers to the Plain version. Most of the information also applies to the Macro version. However, there are some differences between the two versions. These differences are highlighted in text boxes interspersed throughout the chapter. These boxes are labelled “Macro Version.”*

Section 1 Proposal Overview

1.1 General information on proposal

Applicant Name

Country/countries

* *R6 Guidelines for Proposals*

For a regional proposal, enter the names of each country.



Aidspan Guidance

N/A

MACRO VERSION

The instructions for the Macro version in the *R6 Guidelines for Proposals* state that when you enter the applicant name, you will be asked to save the document and give it a name. That did not happen when we tested the Macro version. Therefore, you should save the document and name it as soon as you start working with it.

Applicant Type	
<i>Please tick one of the boxes below, to indicate the type of applicant. For more information, please refer to the Guidelines for Proposals, section 1.1 and 3A.</i>	
<input type="checkbox"/>	National Country Coordinating Mechanism
<input type="checkbox"/>	Sub-national Country Coordinating Mechanism
<input type="checkbox"/>	Regional Coordinating Mechanism (including small island developing states)
<input type="checkbox"/>	Regional Organisation
<input type="checkbox"/>	Non-Country Coordinating Mechanism Applicant

* **R6 Guidelines for Proposals**

Proposals can be submitted by a national Country Coordinating Mechanism (CCM), Subnational Country Coordinating Mechanism (Sub-CCM), Regional Coordinating Mechanism (RCM), Regional Organisation (RO) or, in exceptional circumstances, by a Non-CCM Applicant.

→ For information on applicant types, refer to section 3A of these Guidelines.

→ For information on the eligibility criteria of CCMs, refer to section 2.2 of these Guidelines

Aidspan Guidance

Applicant types are also described in Chapters 1 and 2 of this *Guide*.

In the *R6 Guidelines for Proposals*, and elsewhere, the Global Fund is not always entirely clear when describing its requirements and expectations concerning what type of applicant can apply for funding. Here, when listing the types of applicants that are eligible apply, it says that Non-CCM applicants can apply only in exceptional circumstances. Elsewhere, it says that it expects that applications will come from coordinating mechanisms (i.e., CCMs, sub-CCMs and RCMs), which appears to leave out both ROs and Non-CCM applicants. Still elsewhere, it says that it expects applications to come from CCMs. This is what Aidspan understands the Global Fund's position to be:

- The Global Fund strongly prefers that all applications come from coordinating mechanisms (CCMs, sub-CCMs and RCMs), and it expects that most of these will come from CCMs. Indeed, in the last few rounds of funding, the vast majority of approved proposals were from CCMs.
- The Global Fund accepts applications from ROs, but sets the bar pretty high with respect to the conditions proposals from ROs have to meet.
- The Global Fun accepts proposals from non-CCM applicants, but only in exceptional circumstances.

Chapter 2 of this *Guide* contains a detailed discussion of the requirements for proposals from ROs and Non-CCM applicants. These requirements are also outlined in the *R6 Guidelines for Proposals* and on the Proposal Form itself.

Whenever you need to tick a box, move the cursor to the textbox, right click, select "Properties," and then under "Default value," select "Checked." Finally, click on "OK."

MACRO VERSION

To tick a box, just move your cursor over the box and left-click the mouse.
To untick a box, left-click again.

Proposal component(s) and title(s)	
Please tick the appropriate box or boxes below, to indicate components included within your proposal. Also specify the title for each proposal component chosen. For more information, please refer to the Guidelines for Proposals, section 1.1.	
Component	Title
<input type="checkbox"/> HIV/AIDS ¹	
<input type="checkbox"/> Tuberculosis ¹	
<input type="checkbox"/> Malaria	

¹ In contexts where HIV/AIDS is driving the tuberculosis epidemic, HIV/AIDS and/or tuberculosis components should include collaborative tuberculosis/HIV activities. Different tuberculosis and HIV/AIDS activities are recommended for different epidemic states; for further information see the 'WHO Interim policy on collaborative TB/HIV activities,' available at http://www.who.int/tb/publications/tbhiv_interim_policy/en/.

* R6 Guidelines for Proposals

The Proposal Summary should specify the components targeted giving each a title.

Proposals can address one or more of the following components:

- HIV/AIDS
- TB
- Malaria.

Proposals cannot target any other disease.

Applicants seeking funds to strengthen health systems in Round 6 should include such support within the disease component for which such activities are necessary. Unlike in Round 5 there is no separate Health Systems Strengthening component. If health systems strengthening activities will benefit more than one component, the activities may be integrated across the activities and budgets of more than one component. However activities and budgets should not be duplicated.

MACRO VERSION

When you first open the Macro version of the *Proposal Form*, it contains only Sections 1,2 and 3. When you click one of the component boxes and give that component a title, Sections 4 and 5 for that component are automatically added to the document. The same thing happens if you click a second or third component.

→ For more information on funding to support health systems strengthening activities, refer to section 4.6.6 of these Guidelines.

Aidspan Guidance

Each applicant can submit only one proposal for Round 6. So, if you want to tackle more than one of the diseases, you need to include more than one component in your proposal.

As the *R6 Guidelines for Proposals* explain, there is no health systems strengthening component in Round 6 (there was in Round 5). This does *not* mean that the Global Fund now places less importance on this area. Quite the contrary! It simply means that the Fund believes that the best way to deal with this area is to include activities to strengthen health systems in individual disease

components. You can include activities to strengthen health systems in more than one component, but take care not to duplicate activities or budgets in the process.

Currency in which the Proposal is submitted	
<i>Please tick the appropriate box. Please note that all financial amounts appearing in the proposal should be denominated in the selected currency only.</i>	
<input type="checkbox"/>	US\$
<input type="checkbox"/>	Euro

*** R6 Guidelines for Proposals**

Financial amounts in the Proposal Form should be denominated in either US Dollars or Euros, but not both. The selected currency must be used consistently throughout for all components.

 **Aidspan Guidance**

N/A

1.2 Proposal funding summary per component

Funds requested for each component (i.e. HIV/AIDS, tuberculosis and/or malaria) in table 1.2 below must be the same as the totals of the corresponding component budget in table 5.1.

Table 1.2 – Total funding summary

Component	Total funds requested (Euro / US\$)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
HIV/AIDS	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0
Malaria	0	0	0	0	0	0
Total	0	0	0	0	0	0

* **R6 Guidelines for Proposals**

In table 1.2, the amounts requested for each component and each year of the proposal should be entered. The totals entered in this table for each component must be consistent with the component budget summary table 5.1



Aidspan Guidance

The Proposal Form and the *R6 Guidelines for Proposals* both indicate that the information in this table must be consistent with the information you provide in Table 5.1 in Section 5.1 of the Proposal Form (Component Budget Summary). If you have more than one component, you will have more than one Table 5.1. You need to ensure that the totals for each year for each Table 5.1 are identical to the amounts shown in Table 1.2 for the corresponding component.

MACRO VERSION

You will not be able to enter any information in Table 1.2. This information will be automatically filled in when you complete Table 5.1 in Section 5 (Component Budget) for each component.

1.3 Previous Global Fund grants

Table 1.3 – Previous Global Fund grants

Component	Previous grants	
	Rounds	Current Amount* (Euro / US\$)
HIV/AIDS		
Tuberculosis		
Malaria		
HSS/Other		

* Aggregate all past grants, including approved but as yet unsigned amounts. These amounts should include Phase 2 where this has been approved/signed. For more detailed information, see the Guidelines for Proposals, section 1.3.

* R6 Guidelines for Proposals

In table 1.3, applicants should provide the requested information in respect of existing and prior Global Fund grants by component. In relation to each component, applicants should aggregate the signed and, where a grant has not yet been signed, approved grant amounts for that particular component. Applicants in years 1 and 2 (Phase 1) of a grant should also include the amount from their original proposal from years 3 - 5. Applicants who are in year 3 or later (Phase 2) should include the total agreed grant amount from the face sheet.

Aidspace Guidance

This is new for Round 6. In past rounds, the Global Fund did not request this information. In the “Rounds” column, for each component, indicate the round or rounds in which you received a grant. In the “Current Amount” column, for each component, provide the total of:

- Approved grant amounts for all grants that have been approved but are not yet signed (for the full five years of the grant); plus
- Approved grant amounts for all grants that have been signed (for the full five years of the grant). If the grant is still in Phase 1, the amounts for Years 3-5 should be taken from the original proposal.

Section 2 Eligibility

Only those Proposals that meet the Global Fund’s eligibility criteria will be reviewed by the Technical Review Panel.

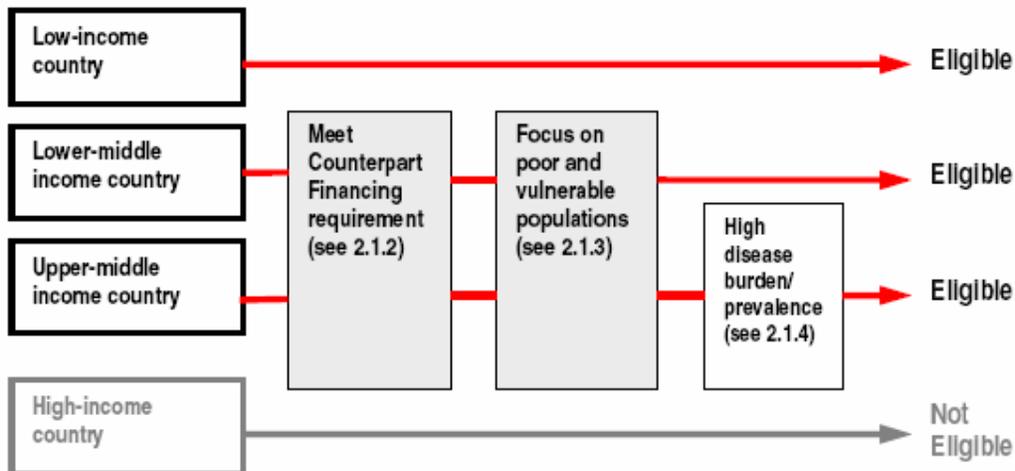
Eligibility is a multi-step process that depends on the income level of the country (or countries) applying for funding and, in some cases, disease burden.

Please read through this section carefully and consult the Guidelines for Proposals, section 2, for further guidance on the steps to be followed by each applicant.

2.1 Technical eligibility

* **R6 Guidelines for Proposals**

Determining eligibility is a multi-step process. The diagram below shows how the criteria is applied based on the World Bank income classification of the applicant.



Aidspace Guidance

For more information, see [“Who Is Eligible to Apply to the Global Fund”](#) in Chapter 1 of this *Guide*.

2.1.1 Country income level

Please tick the appropriate box in the table below. **For proposals from multiple countries**, complete the referenced information separately for each country (see the Guidelines for Proposals, section 2.1).

Country/countries

<input type="checkbox"/>	Low-income	→ Complete section 2.2 <u>only</u>
<input type="checkbox"/>	Lower-middle income	→ Complete sections 2.1.2, 2.1.3 <u>and</u> 2.2
<input type="checkbox"/>	Upper-middle income	→ Complete sections 2.1.2, 1.2.3, 2.1.4 <u>and</u> 2.2

* R6 Guidelines for Proposals

The eligibility criteria that a country must meet depends on the World Bank income classification. In this section of the Proposal Form, applicants should tick the appropriate box to indicate income classification, and respond to the specific sections as indicated.

→ See Attachment 1 to these Guidelines for a listing of World Bank country classifications.

Applicants from countries classified as “High income” by the World Bank are not eligible to apply for support from the Global Fund.

Regional proposals that include a majority of countries that meet the above eligibility criteria are eligible to apply for support from the Global Fund.



Aidspan Guidance

The Proposal Form says that applicants from upper-middle income countries should complete sections 2.1.1, 1.2.3, 2.1.4 and 2.2. That should read: 2.1.1, 2.1.3, 2.1.4 and 2.2.

For proposals covering multiple countries, the information required in sections 2.1.1, 2.1.3 and 2.1.4 must be provided for each country. (Which sections have to be filled out depends on the income classification of each country.) If the countries involved in your proposal are all in the same income classification, then simply enter the names of the countries in the “Country/countries” box in 2.1.1 and tick off the appropriate income classification. If some of the countries are in different income classifications, then we suggest that you simply list each country and indicate its income classification.

2.1.2 Counterpart financing and greater reliance on domestic resources

Please enter information on counterpart financing in table 2.1.2 below if the country(ies) listed above are classified as Lower-middle income or Upper-middle income.

Non-CCM Applicants do not have to fulfill the counterpart financing requirement.

The table should be filled in for each component included in this proposal. For definitions and details of counterpart financing requirements, see the Guidelines for Proposals, section 2.1.2.

Important note: The field "Total requested from the Global Fund" in table 2.1.2 below should equal the request in section 5 and table 5.1 for each corresponding component.

Table 2.1.2 – Counterpart financing

Component	Financing sources	(Euro / US\$)				
		Year 1	Year 2	Year 3 estimate	Year 4 estimate	Year 5 estimate
HIV/AIDS	Total requested from the Global Fund (A) [from table 5.1]					
	Counterpart financing (B) [linked to the disease control program]					
	Counterpart financing as a percentage of total financing: [B/(A+B)] x 100 = %					

Note: The Proposal Form includes separate, identical Tables 2.1.2 for TB and malaria (not shown here).

* R6 Guidelines for Proposals

Proposals from Lower-middle income and Upper-middle income countries must demonstrate an increasing reliance on domestic resources by meeting defined counterpart financing requirements.

Non-CCM applicants do not have to fulfil the counterpart financing requirement.

What is counterpart financing?

"Counterpart financing" is defined as all domestic resources dedicated to the disease control programme. This includes: contributions from governments; loans from external sources or

MACRO VERSION

You will not be able to enter anything in the first row (Total requested from the Global Fund). This information will be entered automatically once you complete Table 5.1 in Section 5 (Component Budget). You are required to enter information in the second row (Counterpart financing). Note that the percentages in the last row will be automatically calculated once information is entered in the first two rows.

private creditors; proceeds from debt relief; and private contributions, including those from non-governmental organisations, faith-based organisations, other domestic partners, and user fees.

How is the counterpart financing requirement calculated?

The counterpart financing requirement in table 2.1.2 should be calculated as a percentage as follows:

$$[B/(A+B)] \times 100$$

Where A = Annual funds requested from the Global Fund for a component in the proposal

Where B = Annual counterpart financing for this component

This calculation should be repeated for each component targeted in the proposal. Note that line A of the table 2.1.2 should be the same as the total of the summary component budget table 5.1. Line B of table 2.1.2 should be based on the same information used in Line B “Total domestic resources” of table 4.5.1-3.

Lower-middle income countries must demonstrate counterpart financing with a progressive increase from 10% in year 1 to 20% over the duration of the proposal.

Upper-middle income countries must demonstrate counterpart financing with a progressive increase from 20% in year 1 to 40% over the duration of the proposal



Aidspace Guidance

In Rounds 3-5, the TRP was particularly impressed with proposals that showed governments and other domestic resources funding a progressively greater share of the activities as the programme matured. The TRP sees this as evidence of the sustainability of the programmes for which funding is being sought. See [Strength #6](#) in Chapter 3 of this *Guide* for examples of proposals that provided evidence of sustainability.

There are three Tables 2.1.2 in the Proposal Form, one for each disease component. So, if your proposal includes all three disease components, you need to fill out all three Tables 2.1.2.

The *R6 Guidelines for Proposals* explain how to fill out Table 2.1.2, though the guidance is not particularly intuitive. In Row 1, enter the total being requested from the Global Fund (A). In Row 2, enter the total amount of counterpart financing (B). Add the amounts in Rows 1 and 2 together (A+B), but don't enter this information on the Proposal Form (there is no place for it). To determine the percentage that you need to enter in Row 3, divide the total amount of counterpart financing (B) by the total of Rows 1 and 2 (A+B).

2.1.3 Focus on poor or vulnerable populations

*All proposals from Lower-middle income and Upper-middle income countries must demonstrate a focus on poor or vulnerable population groups. Proposals may focus on both population groups but **must** focus on at least one of the two groups. Complete this section in respect of each component.*

Describe which poor and/or vulnerable population groups your proposal is targeting; why and how these populations groups have been identified; how they were involved in proposal development and planning; and how they will be involved in implementing the proposal
(Maximum half a page per component).

* **R6 Guidelines for Proposals**

Applicants from Lower-middle income and Upper-middle income countries must demonstrate focus on poor or vulnerable populations, in particular describing:

- Which poor and vulnerable populations are targeted by the proposal;
- Why and how these population groups have been identified; and
- How they will be involved in planning and implementing the proposal.



Aidspan Guidance

In its review of applications from Rounds 3-5, the TRP commented favourably on proposals that included a strong focus on vulnerable communities. It commented unfavourably on proposals in which vulnerable communities were not addressed at all or were addressed inadequately, or in which there was insufficient information on how vulnerable groups would be addressed. See [Strength #5](#) and [Weakness #12](#) in Chapter 3 of this *Guide* for examples of the TRP's findings.

Proposals from lower- and upper-middle income countries must focus on either poor populations or vulnerable populations (or both).

2.1.4 High disease burden

Proposals from Upper-middle income countries must also demonstrate that they face a very high current disease burden. Please enter such information in the section below in respect of each component. Please note that if the applicant country falls under the “small island economy” lending eligibility exception as classified by the World Bank/International Development Association, this requirement does not apply (see section C in Attachment 1 to the Guidelines for Proposals).

Confirm that the country(ies) is(are) facing a very high current disease burden, as evidenced by data from WHO and UNAIDS. *(Please see the Guidelines for Proposals, section 2.1.4 for more information on the definition of high disease burden.)*

* **R6 Guidelines for Proposals**

Applicants from Upper-middle income countries are eligible to apply for support from the Global Fund provided that they face a high current national disease burden. Applicants that qualify under the “small island economy” lending eligibility exception to the International Development Association’s requirements (see section C of Attachment 1 to these Guidelines) are eligible to apply regardless of the disease burden, provided that they meet the counterpart financing requirements for Upper-middle income countries and that they focus on poor or vulnerable populations.

A high national disease burden is defined for each disease on the following basis:

Disease	Country disease burden
HIV/AIDS	Ratio of adult HIV seroprevalence (as reported by UNAIDS, multiplied by 1000) to Gross National Income per capita (Atlas method, as reported by the World Bank) exceeds 5.
Tuberculosis	Country is on the WHO list of 22 high burden countries, or on the WHO list of the 41 countries that account for 97% of estimated burden of new tuberculosis cases attributable to HIV/AIDS.
Malaria	More than 1 death per 1000 people per year due to malaria.

In order to assess the burden of HIV/AIDS, TB and malaria, data from the WHO and UNAIDS are used. If you have difficulty in accessing this information, please contact your local WHO or UNAIDS office.

Aidspan Guidance

If you are from an upper-middle income country, you do not need to figure out whether you are eligible to apply based on disease burden. The Global Fund has already done this work. See Section 3 of Attachment 1 of the *R6 Guidelines for Proposals* for a list of the upper-middle income countries that meet the high-disease-burden criteria, as well as the specific disease components for which these countries can apply to the Global Fund for funding.

2.2 Functioning of Coordinating Mechanism

To be eligible for funding, all applicants, other than Non-CCM Applicants and Regional Organisations must meet the Global Fund's minimum requirements for Coordinating Mechanisms.

For additional information regarding these requirements, see:

- *The Guidelines for Proposals, section 2.2 [and](#)*
- *The CCM Guidelines.*

Please note that your application must provide documentation to show how the applicant meets these minimum requirements. You will be asked to re-confirm this in the Checklist at the end of section 3.

* **R6 Guidelines for Proposals**

In accordance with its guiding principles, the Global Fund expects proposals to be coordinated through a Coordinating Mechanism. This could be either a National Country Coordinating Mechanism (CCM), a Sub-National Coordinating Mechanism (Sub-CCM) or a Regional Coordinating Mechanism (RCM). As a representative body for all interested stakeholders, the Coordinating Mechanism is instrumental in developing proposals and overseeing the utilization of resources. Its role is therefore to:

- Coordinate the submission of a consolidated proposal for funding;
- Select one or more Principal Recipients to be lead implementer(s) after evaluating proposals received for inclusion in the CCM proposal;
- Monitor the implementation of activities under Global Fund approved programmes;
- Evaluate the performance of these programmes on a regular basis, including during the Phase 2 evaluation and decision making process; and
- Ensure linkages and consistency between Global Fund assistance and other development and health assistance programmes.

→ *For more information see the CCM Guidelines.*

There are certain minimum requirements that Coordinating Mechanisms must meet for the Proposal to be eligible for funding, as explained in 2.2.1 to 2.2.3 below.



Aidspan Guidance

The Global Fund adopted new minimum requirements for CCMs, Sub-CCMs and RCMs a few months prior to the fifth round of funding. These requirements are described in the "[Who Is Eligible to Apply to the Global Fund?](#)" section of Chapter 1 of this *Guide*, in the *R6 Guidelines for Proposals*, in the Global Fund's CCM Guidelines, and on the next few pages of this chapter.

See the box in the "[Who Is Eligible to Apply to the Global Fund](#)" section of Chapter 1 of this *Guide* for a discussion of whether the Global Fund Secretariat can be expected to be flexible in its interpretation of these minimum requirements when it screens applications for Round 6.

2.2.1 Broad and inclusive membership

a) People living with and/or affected by the disease(s)

Provide evidence of membership of people living with and/or affected by the disease(s).
(This may be done by demonstrating corresponding Coordinating Mechanism membership composition and endorsement in table 3B1.2, and 3B.1.3 in section 3B of the Proposal Form.)

b) Selection of non-governmental sector representatives

Provide evidence of how those Coordinating Mechanism (CM) members representing each of the non-governmental sectors (*i.e. academic/educational sector, NGOs and community-based organisations, private sector, religious and faith-based organisations, and multi-/bilateral development partners in country*) have been selected by their own sector(s) based on a documented, transparent process developed within their own sector.

(Please summarize the process and, for each sector, attach as an annex the documents showing the sector's transparent process for CM representative selection, and the sector's minutes or other documentation recording the selection of their current representative. Please indicate the applicable annex number.)

* R6 Guidelines for Proposals

The Coordinating Mechanism must demonstrate that its membership includes people living with and/or affected by the diseases. Applicants can choose whether they want to enter information to this effect by referring to the relevant member(s) in section 3B.1.2, under "Membership information". In the case of malaria, this would include any community or civil society group working in or affected by the disease.

It is recommended that the membership of a Coordinating Mechanism comprise a minimum of 40% representation from non-governmental sectors. These sectors include:

- Academic/Educational sector;
- NGOs and Community-based organisations;
- Private sector;
- Religious and Faith-based organisations; and
- Multi-lateral and Bi-lateral Development Partners in country.

The selection processes that were used for non-governmental sector members to select their own sector representative in a transparent way should be summarized in the Proposal Form. Additional documentation for each sector, should be attached in an annex, as evidence that the sectors themselves selected their own representative. This could include minutes of sector meetings and other documentation recording the selection of the current representatives.



Aidspan Guidance

The Global Fund requires evidence that the membership of the CCM includes people living with, and/or affected by, the diseases. Although the wording is ambiguous, this requirement has been interpreted to mean that the CCM must include people living with the diseases (or, in the case of malaria, representatives of any community or civil society group working in, or affected by, the disease). You may enter the required information here. The guidance on the Proposal Form and in

the *R6 Guidelines for Proposals* says that, alternatively, if the information you provide in Section 3B.1.2 of the Proposal Form clearly demonstrates membership of people living with the diseases, you may simply insert a note here referring to Section 3B.1.2. We suggest that you provide the information in both places – i.e., here and again in Section 3B.1.2.

2.2.2 Documented procedures for the management of conflicts of interest

Where the Chair and/or Vice-Chair of the Coordinating Mechanism are from the same entity as the nominated Principal Recipient(s) in this proposal, describe and provide evidence of the applicant's documented conflict of interest policy to mitigate any actual or potential conflicts of interest arising in regard to the applicant's operations or responsibilities.

(Please summarize and attach the policy as an annex. Please indicate the applicable annex number.)

*** R6 Guidelines for Proposals**

To avoid conflicts of interest as part of good governance practices adopted by a Coordinating Mechanism, Chairs and/or Vice Chairs of the Coordinating Mechanism should not be representatives of the same entity that is nominated by the Coordinating Mechanism as the Principal Recipient(s). If however the Chair and/or Vice Chair of a Coordinating Mechanism are from the same entity as the nominated Principal Recipient(s), the Coordinating Mechanism must have a written plan in place to mitigate this inherent conflict of interest. This plan must be made public to ensure the highest levels of transparency and integrity. Applicants are also required to provide a copy of the conflict of interest plan as an annex to the Proposal Form.



Aidspan Guidance

If neither the Chair nor the Vice-Chair of the CCM is from the same entity as the PR nominated for this proposal, you do not need to fill out Item 2.2.2, but we suggest that you include a note here to the effect that the Chair and Vice-Chair are not from the same entity.

If either the Chair or the Vice-Chair of the CCM is from the same entity as the nominated PR, you are asked to summarize your conflict of interest policy in Item 2.2.2, and to attach the policy as an annex.

2.2.3 Documented and transparent processes of the Coordinating Mechanism

As part of the eligibility screening process for proposals, the Global Fund will review supporting documentation setting out the CCM's proposal development process, the submission and review process, the nomination process for Principal Recipient(s), as well as the minutes of the meeting where the CCM decided on the elements to be included in the proposal and made the decision about the Principal Recipient(s) for this proposal.

Please describe and provide evidence of the CCM's documented, transparent and established:

a) Process to solicit submissions for possible integration into this proposal.
(Please summarize and attach documentation as an annex and indicate the applicable annex number.)

b) Process to review submissions received by the CCM for possible integration into this proposal.
(Please summarize and attach documentation as an annex and indicate the applicable annex number.)

c) Process to nominate the Principal Recipient(s) and **oversee** program implementation.
(Please summarize and attach documentation as an annex and indicate the applicable annex number.)

d) Process to ensure the input of a broad range of stakeholders, including CCM members and non-CCM members, in the proposal development process and grant oversight process.
(Please summarize and attach documentation as an annex and indicate the applicable annex number.)

* **R6 Guidelines for Proposals**

As stated in Part 1.ii of these Guidelines (see "Proposal invitation and development process"), a Coordinating Mechanism is expected to publicly share a broad range of information about the Global Fund proposals and grant processes, and involve a broad range of stakeholders (including non-Coordinating Mechanism members) in the processes of seeking submissions for inclusion into a proposal, its review and submission to the Global Fund, and its oversight of implementation by technically capable Principal Recipients.

In this section of the Proposal Form, all Coordinating Mechanisms (CCMs, Sub-CCMs and RCMs) are requested to explain the fair, transparent, documented process that the Coordinating Mechanism has transparently adopted to:

- Broadly solicit submissions for possible integration into one consolidated proposal;
- Review all qualitatively sound submissions received for integration into the proposal prior to final submission;
- Nominate technically capable Principal Recipient(s);
- Oversee programme implementation; and
- Ensure the input of a broad range of stakeholders, including Coordinating Mechanism members and non-members, in the proposal development and grant-oversight process.

Summary information as to how the Coordinating Mechanism's processes satisfy each of these **eligibility requirements** should be given in the Proposal Form, and detailed documentation should be provided as an annex. Such annexes could typically include:

- The Coordinating Mechanism's standing rules of procedure, terms of reference, operational manual, or other governance documentation;
- Examples of the process which the Coordinating Mechanism used to broadly announce the proposal development process and seek input in to the proposal content and drafting; and
- The adopted minutes from those Coordination Mechanism meeting(s) at which the proposal development process was discussed, the Principal Recipient(s) evaluated and nominated, and the involvement of a broad range of stakeholders into the drafting process was discussed.



Aidspace Guidance

The guidance on the Proposal Form and in the R6 Guidelines for Proposals is self-explanatory. We note that there is some overlap between, on the one hand, Item 2.2.3.d (the process to ensure the input of a broad range of stakeholders) and, on the other hand, Items 2.2.3.a (the process to solicit submissions) and 2.2.2.d (the process to oversee programme implementation). Nevertheless, there is ample opportunity here and in the annexes for you to describe the required processes.

Section 3A Applicant Type

This section contains information on the applicant. Please see the Guidelines for Proposals, section 3A, for more information regarding the nature of different applicants.

All Coordinating Mechanism Applicants (whether national, sub-national, regional (CCMs) and Regional Organisations **must also** complete section 3B of this Proposal Form and provide the documented evidence requested.

Non-CCM Applicants do not complete section 3B. These applicants must fully complete section 3A.5 of this Proposal Form and provide documentation as an attachment to this proposal supporting their claim to be considered as eligible for Global Fund support outside of a Coordinating Mechanism structure.

3A.1 Applicant

Please tick the appropriate box in the table below, and then go to the relevant section in this Proposal Form, as indicated on the right hand side of the table.

National Country Coordinating Mechanism	→complete sections 3A.2 <u>and</u> 3B
Sub-national Country Coordinating Mechanism	→complete sections 3A.3 <u>and</u> 3B
Regional Coordinating Mechanism (including small island developing states)	→complete sections 3A.4 <u>and</u> 3B
Regional Organisation	→complete section 3A.5 <u>and</u> 3B
Non-CCM Applicants	→complete section 3A.6

* R6 Guidelines for Proposals

This section requests more information on the applicant, and is intended to clarify whether the various criteria connected to the specific applicant type have been fulfilled. Applicants should only complete that part of section 3A that is relevant to their particular type, namely national Country Coordinating Mechanism (CCM), sub-national Coordinating Mechanism (Sub-CCM), Regional Coordinating Mechanism (RCM), Regional Organisation (RO) or Non-CCM applicant.

Importantly - For CCM, Sub-CCM and RCM applicants the CCM Guidelines describe the purpose of Coordinating Mechanisms, as well as their roles and responsibilities, structure, and composition. They also explain the minimum requirements for eligibility of CCM, Sub-CCM and RCM proposals, relevant to section 2.2 of the Proposal Form. Please continue to refer to the CCM Guidelines during proposal preparation.



Aidspan Guidance

The Proposal Form asks that you tick the appropriate box, but there are no boxes. You can just ignore this instruction. You have already identified applicant type at the start of the Proposal Form.

3A.2 National Country Coordinating Mechanism (CCM)

For more information, please refer to the Guidelines for Proposals, section 3A.2, and the CCM Guidelines.

Table 3A.2 – National CCM: basic information

Name of national CCM	Date of composition

* **R6 Guidelines for Proposals**

As mentioned in section 2.2, the Global Fund expects that proposals for funding be consistent with national frameworks or plans, and that they be coordinated among a broad range of stakeholders through a single national Country Coordinating Mechanism (CCM).



Aidspan Guidance

Item 3A.2 is for CCM applicants only. You are being asked to indicate here the name of your CCM and the date when it was formed.

(Despite what the *R6 Guidelines for Proposals* say here, the Global Fund does accept proposals from sources other than CCMs.)

3A.2.1 Mode of operation

Describe how the national CCM operates. In particular:

- **The extent to which the CCM acts as a partnership between government and other actors in civil society**, including the academic and educational sector; non-government and community-based organisations; people living with and/or affected by the diseases and the organisations that support them; the private sector; religious and faith-based organisations; and multi-/bilateral development partners in-country; and
- **How it coordinates its activities with other national structures** (such as National AIDS Councils, Parliamentary Health Commissions, National Monitoring and Evaluation Offices and other key bodies).

(For example, address topics including decision-making mechanisms and rules, constituency consultation processes, the structure and key focus of any sub-committees, frequency of meetings, implementation oversight processes, etc. The recommended length of response is a maximum of one page. Please provide terms of reference, statutes, by-laws or other governance documentation relevant to the CCM, and a diagram setting out the interrelationships between all key actors in the country as an annex to this proposal. Please indicate the applicable annex number.)

→ After completing this section, complete section 3B.1.

* R6 Guidelines for Proposals

Applicants should describe how the national CCM operates. It is particularly important that the applicant indicates the extent to which the CCM acts as a partnership between government and other civil society stakeholders and sectors. The applicant should also explain how the national CCM coordinates its activities with other national structures. The Proposal Form lists information that is required to be provided by the CCM to demonstrate the CCM's compliance with important minimum requirements, such as decision-making mechanisms, constituency consultation processes, non-government representatives being selected by their own sectors, and conflict of interest plans. Applicants are also requested to attach as an annex statutes, by-laws or other governance documentation, as well as an organisational diagram (*which may be some or all of the information which the applicant has annexed as part of the response to section 2.2.3. If so, please make an appropriate cross reference to this same material*).

Proposals must receive endorsement by CCM membership as required by section 3B of the Proposal Form and must be accompanied by CCM meeting minutes that record the decision by the CCM to endorse the proposal as the national CCM proposal.

Aidspan Guidance

Note that the Global Fund “recommends” that the information you provide here be a maximum of one page in length. As indicated earlier, it is in your best interests to respect the Fund’s guidance concerning the length of your responses. TRP members have to sift through a huge volume of material; they will be highly appreciative of responses that are concise and succinct.

3A.3 Sub-national Country Coordinating Mechanism

For more information, please refer to the Guidelines for Proposals, section 3A.3, and the CCM Guidelines.

Table 3A.3 – Sub-national CCM: basic information

Name of sub-national CCM	Date of composition

* **R6 Guidelines for Proposals**

In certain circumstances, such as in very large countries, a sub-national Country Coordinating Mechanism (Sub-CCM) may be formed to submit a proposal and fulfil the other roles and responsibilities of a national CCM for the sub-national region to which the proposal relates. As appropriate, a sub-national CCM can be formed by a state, province and/or administrative division, or by a grouping of several states, provinces and/or administrative divisions.

Aidspan Guidance

Item 3A.3 is for Sub-CCMs only.

3A.3.1 Mode of operation

Describe how the sub-national CCM operates. In particular:

- **The extent to which the sub-national CCM acts as a partnership between government and other actors in civil society**, including the academic and educational sector; non-government and community-based organisations; people living with and/or affected by the diseases and the organisations that support them; the private sector; religious and faith-based organisations; multi-/bilateral development partners in-country; and
- **How it coordinates its activities with other national structures** (such as National AIDS Councils, Parliamentary Health Commissions, National Monitoring and Evaluation Offices and other key bodies).

(For example, address topics including decision-making mechanisms and rules, constituency consultation processes, the structure and key focus of any sub-committees, frequency of meetings, implementation oversight processes, etc. The recommended length of response is a maximum of one page. Please provide terms of reference, statutes, by-laws or other governance documentation relevant to the sub-national CCM, and a diagram setting out the interrelationships between all key actors as an annex to this proposal. Please indicate the appropriate annex number.)

* R6 Guidelines for Proposals

Sub-CCMs must conform to the same guiding principles and meet the same requirements as national CCMs. Thus, they are also requested to describe how they operate.

→ Refer to section 3A.2.1 above.

Aidspan Guidance

Note that the Global Fund “recommends” that the information you provide here be a maximum of one page in length. As indicated earlier, it is in your best interests to respect the Fund’s guidance concerning the length of your responses. TRP members have to sift through a high volume of material; they will be highly appreciative of responses that are concise and succinct.

In the second part of this item – how the Sub-CCM coordinates its activities with other national structures – we suggest that you include a description of how the Sub-CCM relates to the CCM.

3A.3.2 Rationale

a) Explain why a sub-national CCM has been chosen. *(Maximum of half a page.)*

b) Describe how this proposal is consistent with and complements the national strategy for responding to the disease and/or the national CCM plans. *(Maximum of half a page.)*

→ After completing this section, complete section 3B.1.

* R6 Guidelines for Proposals

Sub-CCMs must specify why this type of approach has been chosen for preparation of a proposal, and subsequent implementation. They must also explain the rationale for submitting the proposal through a Sub-CCM rather than through a national CCM. Proposals from Sub-CCMs should also show that they are consistent with national-level policies and strategies, and any applicable sub-national policies.

Sub-CCM proposals must be endorsed by the Sub-CCM in the same way as a national CCM would endorse a proposal. **In addition** these proposals must be accompanied either by the endorsement of the national CCM or by evidence demonstrating the independent authority of the Sub-CCM.

Aidspan Guidance

N/A

3A.4 Regional Coordinating Mechanism (including small island developing states)

For more information, please refer to the Guidelines for Proposals, section 3A.4, and the CCM Guidelines.

Table 3A.4 – Regional Coordinating Mechanism: basic information

Name of regional Coordinating Mechanism (RCM)	Date of composition

* **R6 Guidelines for Proposals**

Multiple countries with existing functional national CCMs may also form a Regional Coordinating Mechanism (RCM) to submit a coordinated regional proposal. Such regional proposals could be submitted to address common issues among countries, such as cross-border interventions. In such cases, it is anticipated that membership of the RCM will be drawn from a broad range of sources, such as the national CCM membership of each of the countries and other stakeholders and sectors.

Partnerships between countries classified by the United Nations as **Small Island Developing States** are not required to form their own national CCMs before they form a RCM to prepare and submit a proposal. In such cases, the RCM should include at least one senior government representative and one member of civil society (e.g., a representative of the non-governmental sector, from the community of people living with and/or affected by the diseases, or from the private sector) from each State covered.

Aidspan Guidance

Item 3A.4 is for RCMs only. You are being asked to provide the name of the RCM and the date it was formed.

3A.4.1 Mode of operation

Describe how the RCM operates. In particular:

- **The extent to which the RCM acts as a partnership between government and other actors in civil society**, including the academic and educational sector; non-government and community-based organisations; people living with and/or affected by the diseases and the organisations that support them; the private sector; religious and faith-based organisations; multi-/bilateral development partners in-country; and
- **How it coordinates its activities with the national structures** of the countries that are included in the proposal (such as national AIDS councils, national CCMs, or the national strategies of small island developing states who do not have their own national CCM or other national coordinating body.)
- **The RCM's governance structure and processes**, and how the implementation strategy and timelines have taken into account the regional context, including the need to coordinate between multiple entities.

(For example, address topics including decision-making mechanisms and rules, constituency consultation processes, the structure and key focus of any sub-committees, frequency of meetings, implementation oversight processes, etc. The recommended length of response is a maximum of one page. Please provide terms of reference, statutes, by-laws or other governance documentation relevant to the RCM, and a diagram setting out the interrelationships between key actors across the included countries as an annex to this proposal. Please indicate the appropriate annex number.)

* R6 Guidelines for Proposals

RCMs must conform to the same guiding principles and meet the same requirements as national CCMs. RCMs should describe their governance structure and processes and address how the implementation strategy and timelines have taken into account the regional context, including the need to coordinate between multiple entities. They are also requested to describe how they operate, including how key stakeholders from all countries included in the proposal are involved in the proposal development, implementation process and on-going evaluation process.

→ Refer to section 3A.2.1 above.



Aidspan Guidance

Note that the Global Fund “recommends” that the information you provide here be a maximum of one page in length. As indicated earlier, it is in your best interests to respect the Fund’s guidance concerning the length of your responses. TRP members have to sift through a high volume of material; they will be highly appreciative of responses that are concise and succinct.

3A.4.2 Rationale

a) Explain why a RCM approach has been chosen. *(Maximum of half a page.)*

b) Describe how this proposal is consistent with and complements the national strategies of countries included and/or the national CCM plans. *(Maximum of half a page.)*

c) Provide details of how this proposal will achieve cross-border or multi-country outcomes that would not be possible with only national approaches. *(Maximum of half a page.)*

d) Explain how the RCM represents a natural collection of countries and describe what measures will be taken to maximize operational efficiencies in administrative processes of the RCM. *(Maximum of half a page.)*

→ After completing this section, complete section 3B.1.

* R6 Guidelines for Proposals

It is important that regional proposals fully demonstrate added value beyond what can be achieved in individual countries under the guidance of a national CCM. RCMs must therefore specify why this type of approach has been chosen for the implementation of the proposal, and why it is more natural to submit a regional proposal. RCM proposals must also demonstrate how:

- Planned activities complement the national plans of each country involved;
- Activities are coordinated with the planned activities of the respective national CCMs; and
- Cross-border or multi-country outcomes are achieved that would not be possible with only national approaches.

Proposals from RCMs should also demonstrate how they are based on a natural collection of countries, and the measures that will be taken to maximize operational efficiencies in administrative processes and functions of the RCM (e.g., strategies may include focusing on efficient communication methods and rationale use of administrative resources) in order to maximize the funds available to the implementing entities.

RCM proposals must be endorsed by the RCM in the same way as a national CCM. **In addition**, these proposals must be accompanied by the endorsement of the national CCM of each country included in the RCM proposal (except where a country included in the proposal is a Small Island Developing State).



Aidspace Guidance

The Global Fund requires that the authors of regional proposals explain how their programme will add to what is already happening at the national level in the countries covered by the proposal. In Rounds 3-5, reviewers were critical of regional proposals that did not provide a description of this “value added” dimension. See [“Deciding Whether to Consider Submitting a Regional Proposal”](#) in Chapter 2 of this Guide.

3A.5 Regional Organisations (including Intergovernmental Organisations and International Non-Government Organisations)

For more information, please refer to the Guidelines for Proposals, section 3A.5.

Table 3A.5 – Regional Organisation: basic information

Name of Regional Organisation
Sector represented by the Regional Organisation

*** R6 Guidelines for Proposals**

Regional Organisations (including intergovernmental organisations, international nongovernmental organisations and international faith-based organisations who work across countries on a regional basis) may submit a coordinated proposal to address cross border or regional issues.

 **Aidspan Guidance**

Item 3A.5 is for ROs only. You are asked to provide the name of your organisation and the sector it represents.

3A.5.1 Mode of operation

In addition to answering the sections below, Regional Organisations should provide, as additional annexes to this proposal documentation describing the organisation, such as:

- *Statutes, by-laws of organisation (official registration papers); and*
- *A summary of the main sources and amounts of funding.*

Describe how the Regional Organisation operates. In particular:

- The manner in which the Regional Organisation gives effect to the principles of **inclusiveness and multi-sector consultation** and partnership in the development and implementation of regional cross-border projects; and
- **The coverage and past experience** of the Regional Organisation's operations.
(Maximum of half a page.)

* **R6 Guidelines for Proposals**

Regional Organisation (RO) applicants should indicate which sector they represent (*see section 3A.6.1 of the Proposal Form for guidance on sectors typically having a substantial involvement in the diseases*), and describe how the organisation operates. It is particularly important that ROs explain how in their existing operations, they give effect to the principles of inclusiveness and multi-sector consultation and partnership in the development and implementation of regional cross-border proposals. Such explanations may include how stakeholders (including representatives of national CCM members) from countries included in the proposal were engaged in proposal development and will be informed of performance during implementation.

Prior experience of the RO should also be described in regard to the component(s) included in the proposal, identifying key recent performance achievements in efficiently and effectively responding to reduce the impact and spread of the disease(s). In support of this section, ROs should provide additional documentation, such as statutes, by-laws of organisation, official registration papers, and a summary of the main sources and current amounts of funding.



Aidspan Guidance

The *R6 Guidelines for Proposals* refer to section 3A.6.1 of the Proposal Form. There is no such section. The sectors that are typically involved in the fight against the diseases are listed under Table A2.6 on the first page of section 3A.6 of the Proposal Form. These are the same sectors that are usually represented on CCMs and Sub-CCMs.

3A.5.2 Rationale

a) Explain why a Regional Organisation has been chosen and the added value of the proposed regional approach beyond the national response of individual countries. *(For example, address cross-border or regional issues. Maximum of half a page.)*

b) Describe how this regional proposal is consistent with and complements the national plans for responding to the disease of each country involved. *(Maximum of half a page.)*

c) Provide details of how this proposal will achieve cross-border or multi-country outcomes that would not be possible with only national approaches. *(Maximum of half a page.)*

d) Explain how the Regional Organisation represents a natural collection of countries and describe what measures will be taken to maximize operational efficiencies in administrative processes. *(Maximum of half a page.)*

→ After completing this section, complete section 3B.2.

* R6 Guidelines for Proposals

As with regional coordinating mechanisms, ROs must clearly explain why such an approach has been chosen for the implementation of the proposal, and fully demonstrate added value beyond what can be achieved in individual countries under the guidance of a national CCM.

→ Refer to section 3A.4.2 above.

Proposals from ROs should also demonstrate how the implementation strategy will include measures to maximize operational efficiencies in administrative processes and functions of the RO (e.g., strategies may include focusing on efficient communication methods and rationale use of administrative resources) in order to maximize the funds available to the implementing entities in the countries included in the proposal. Proposals from RO applicants are expected to be supported by the governing body of the Regional Organisation in the usual manner relevant to an application for external funds for programme implementation.

Importantly, to be eligible for funding these proposals must be accompanied by the same level endorsement of the national CCM of each country included in the proposal as applies to RCMs.

Aidsplan Guidance

The Global Fund requires that the authors of regional proposals explain how their programme will add to what is already happening at the national level in the countries covered by the proposal. In Rounds 3-5, reviewers were critical of regional proposals that did not provide a description of this “value added” dimension. See [“Deciding Whether to Consider Submitting a Regional Proposal”](#) in Chapter 2 of this Guide.

3A.6 Non-CCM Applicants

*Non-CCM proposals are **only eligible for funding under exceptional circumstances listed in section 3A.6.2 below**. For more information, please refer to the Guidelines for Proposals, section 3A.6.*

In addition to answering the sections below, all Non-CCM proposals should include as annexes additional documentation describing the organisation, such as: statutes and by-laws of organisation (official registration papers) or other governance documents, documents evidencing the key governance arrangements of the organisation; a summary of the organisation, including background and history, scope of work, past and current activities; and a summary of the main sources and amounts of existing funding.

Table 3A.6 – Non-CCM Applicant: basic information

Name of Non-CCM Applicant	
Street address	

	Primary contact	Secondary contact
Name		
Title		
Organisation		
Mailing address		
Telephone		
Fax		
E-mail address		

Indicate the type of your sector (tick appropriate box):

- Academic/educational sector
- Government
- NGOs/community-based organisations
- People living with and/or affected by HIV/AIDS, tuberculosis and/or malaria
- Private sector
- Religious/faith-based organisations
- Multilateral and bilateral development partners in country
- Other
(please specify):

* **R6 Guidelines for Proposals**

Importantly – In very exceptional circumstances the Global Fund approves proposals submitted by applicants other than CCMs, Sub-CCMs, RCMs and Regional Organizations.

Non-CCM applicants are strongly encouraged to contact the national CCM in the country before completing the Proposal Form and apply to have their proposal included in the CCM's proposal for Round 6.

The Global Fund's website for the Round 6 Call for Proposals lists the key contacts for national CCMs with whom we presently work. Please see this information at the following link: <http://www.theglobalfund.org/en/apply/mechanisms> Applicants who remain uncertain as to whether a country has a national CCM should contact their WHO, UNAIDS, Stop TB or Roll-Back Malaria representatives in country for further guidance before completing the Proposal Form.

3A.6.1 Non-CCM Applicants

Non-CCM applicants should carefully read the sections below and make sure that they fulfil **all criteria listed** before going further in their application.

Non-CCM applicants must indicate the sector or sectors which they represent, whether academic/educational; government, non-government and/or community-based organisations; people living with and/or affected by the diseases (HIV/AIDS, TB, and/or malaria); the private sector; religious or faith-based organisations; multilateral and bi-lateral development partners in country; or another sector (which must be specified).

In addition to ensuring that all information requested in section 3A.6 has been completed (and all annexes prepared and attached), Non-CCM applicants must also provide documentation which describes the organisation and its existing capacity to ensure strong performance and have an impact on the disease(s).

This information includes:

- Governance documents (such as statutes, by-laws of organisation, official registration papers, and material summarizing key fiduciary processes and audit arrangements);
- A summary of the organisation (including background history and organisational structure);
- A summary of the applicant's scope of work and prior and current activities; and
- A summary of the main sources and amounts of existing funding.



Aidspace Guidance

Item 3A.6 is for Non-CCMs only. The Global Fund strongly discourages applications from Non-CCMs. It suggests that Non-CCMs work through their CCMs instead. In the above extract from the *R6 Guidelines for Proposals*, the Fund suggests ways in which Non-CCMs can identify and contact their CCM.

See "[Deciding Whether to Consider Submitting a Non-CCM Proposal](#)" in Chapter 2 of this Guide.

The Proposal Form provides a list of the types of documentation the Global Fund wants to see attached as annexes. Note that these are just examples. You may provide other types of documentation.

Although the above extract from the *R6 Guidelines for Proposals* refers to section 3A.6.1 in the Proposal Form, there is no such section. The guidance applies to section 3A.6.

3A.6.2 Rationale for applying outside a Coordinating Mechanism

- a) Non-CCM proposals are **only eligible** if they satisfactorily explain that they originate from one of the following:
- i) Countries without legitimate governments;
 - ii) Countries in conflict, facing natural disasters, or in complex emergency situations (which will be identified by the Global Fund through reference to international declarations such as those of the United Nations Office for the Coordination of Humanitarian Affairs [OCHA]); or
 - iii) Countries that suppress, or have not established partnerships with civil society and NGOs.

Describe which of the **above conditions** apply to this proposal. (*Maximum of two pages. Please refer to the Guidelines for Proposals, section 3A.6.2 for further information.*)

- b) Describe your organisations **attempts to include this proposal in the relevant CCM's final approved country proposal** and the responses, if any, from the CCM. (*Maximum of one page. Please provide documentary evidence of these attempts and any response from the CCM (national, sub-national or regional) as an annex to the proposal.*)

*If this Non-CCM proposal originates from a country in which no CCM exists (for example, a small island developing state), please **also** complete section 3A.6.3.*

* R6 Guidelines for Proposals

Proposals from individuals or individual organisations (such as independent health centres, or non-government organisations operating at a national, state or local level) are not eligible unless they originate from countries that satisfy **one of the following criteria**:

1. Countries without legitimate governments;
2. Countries in conflict, facing natural disasters, or in complex emergency situations (identified by the Global Fund through reference to international declarations such as those of the United Nations Office for the Coordination of Humanitarian Affairs [OCHA]); or
3. Countries that suppress or have not established partnerships with civil society and non-governmental organisations. These circumstances include a national CCM's failure or refusal to consider a NGO/civil society proposal for inclusion into the national composite CCM proposal.

All Non-CCM applicants **must clearly demonstrate** why the proposal could not be considered under the national CCM process. In this section, the Non-CCM applicant must therefore indicate **which of the above criteria** the applicant is relying on to establish eligibility and a brief explanation why. The applicant must also attach, as an annex, documentation supporting the criterion relied on by the applicant.

If a proposal was provided to a CCM for its consideration, but the CCM either did not review it, did not review it in a timely fashion, or refused to endorse and include part or all of it in the CCM's composite proposal to the Global Fund, the applicant must also document the steps taken to obtain CCM

approval, and attach as an annex, the material which the applicant provided to the CCM to obtain endorsement of the proposal. The applicant must also provide a copy of any communications received from the CCM in response to the applicant's submission of the proposal for the CCM's consideration.

 **Aidspan Guidance**

N/A

3A.6.3 Consistency with national policies

Describe how this proposal is consistent with, and complements, national policies and strategies (or, if appropriate, why this proposal is not consistent with national policy).
(Maximum of one page. Provide evidence (e.g., letters of support) from relevant national authorities in an annex to the proposal.)

→ After completing this section, complete section 4.

* R6 Guidelines for Proposals

Non-CCM applicants must also describe how the proposal is consistent with, and complements, national policies and strategies for the disease(s). If appropriate due to exceptional circumstances (that should be described) Non-CCM applicants should explain why the proposal is not consistent with such policies.

→ Non-CCM applicants do not complete section 3B of the Proposal Form.

Aidspan Guidance

An example of “exceptional circumstances” would be if the national policies and strategies failed to address the needs of a particular vulnerable group (such as men who have sex with men, or injection drug users).

Section 3B Proposal Endorsement

3B.1 Coordinating Mechanism membership and endorsement:

All national, sub-national and regional Coordinating Mechanisms must complete this section. Regional Organisations must complete section 3B.2.

* **R6 Guidelines for Proposals**

In this section national **CCM**, **Sub-CCM** and **RCM** applicants complete membership information and provide documentation showing that the proposal is endorsed as required.



Aidspan Guidance

Note that Section 3B must be fully completed and submitted with the proposal by the deadline date. It is not acceptable to submit the rest of the proposal by the deadline, and then to forward the signatures required in Section 3B after the deadline.

National/Sub-national/Regional Coordinating Mechanisms

3B.1.1 Leadership of Coordinating Mechanism

*Table 3B.1.1 – National/Sub-national/Regional (C)CM leadership information
(not applicable to Non-CCM and Regional Organisation applicants)*

	Chair	Vice Chair
Name		
Title		
Organisation		
Mailing address		
Telephone		
Fax		
E-mail address		

(This item continues on the next page.)

3B.1.2 Membership information

Please note that to be eligible for funding, national/sub-national/regional Coordinating Mechanisms must demonstrate evidence of membership of people living with and/or affected by the diseases. It is recommended that the membership of the CCM comprise a minimum of 40% representation from non-governmental sectors. For more information on this, see the Guidelines for Proposals section 3B.1, and the CCM Guidelines.

The table below must be completed for **each** national/sub-national/regional Coordinating Mechanism **member**, and the table will therefore need to be extended to cover numerous members.

Under “**Type**”, please specify which sector the CCM member represents: academic/educational; government; non-governmental and community-based organisations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organisations; or multi-/bilateral development partners in country.

Table 3B.1.2 – National/sub-national/regional (C)CM member information

National/Sub-national/Regional (C)CM member details			
Member			
Agency/organisation		Website	
Type			
Name of representative		CCM member since	
Title in agency/organisation		Fax	
E-mail address		Telephone	
Main role in the Coordinating Mechanism and the proposal development <i>(proposal preparation, technical input, component coordinator, financial input, review, other)</i>		Mailing address	

* R6 Guidelines for Proposals

Applicants should give the name and full contact details of the Chair and Vice-Chair of the Coordinating Mechanism. They should also provide information on each other member in table 3B.1.2.

Coordinating Mechanisms must meet certain minimum requirements to be eligible for funding. Among others, they must demonstrate membership of people living with and/or affected by the diseases. They must also show that the representatives from nongovernmental sectors have utilized a transparent process to select their own representative. In addition, it is recommended that membership comprise a minimum of 40% representation from non-governmental sectors.

→ For more information on minimum requirements of Coordinating Mechanisms see section 2.2 (Functioning of Coordinating Mechanism)

In Table 3B.1.2, under "Type", you are expected to choose one of the types listed just above the table. The item "Main role in the Coordinating Mechanism and the proposal development" appears to refer primarily to proposal development. You are expected to choose one of the roles listed (or choose "other" and describe a role which is not listed). If you're not sure what to put, say "review," because every CCM member must at least review proposals before they are approved by the CCM. Note that the "Title in agency/organisation" field refers to the CCM member's job function in his/her agency (as in "Executive Director").

MACRO VERSION

The instructions on the Proposal Form say that you can click on the "Add Member" button in the standard toolbar as many times as you need to in order to extend Table 3B.1.2 to cover off all of the members of your coordinating mechanism. Presumably, this "Add Member" button should automatically appear on the standard toolbar when you open the Macro version. When we tested the Macro version, this button did NOT consistently appear on our toolbar (it did for some of us and not for others; it may depend on which version of Word you are using). When it did not appear, we were not able to copy Table 3B.1.2 in order to add the necessary information. If you run into the same problems, we suggest that you (a) contact the Global Fund Secretariat for assistance, (b) attach the required information as an annex, or (c) abandon the use of the Macro version. See also the Macro Version box in 3B.1.3 below.

3B.1.3 National/Sub-national/Regional (C)CM endorsement of proposal

*Coordinating Mechanism members must endorse the proposal. Limited exceptions are described in the Guidelines for Proposals in section 3B.1.3. Please note that the **original** (not photocopied, scanned or faxed) signatures of the CCM members should be provided in table 3B.1.3. The minutes of the CCM meetings at which the proposal was developed and endorsed must be attached as an annex to this proposal. The entire proposal, including the signature page and minutes, must be received by the Global Fund Secretariat before the deadline for submitting proposals.*

Applicant name

Country/countries

"Each of the undersigned, hereby certify that s/he has reviewed the final proposal and supports it."

Table 3B.1.3 – National/sub-national/regional (C)CM endorsement of proposal

Agency/organisation	Name of representative	Title	Date	Signature

For sub-national and regional Coordinating Mechanisms only, the Chair and the Vice Chair of the national CCM of each country must also endorse the proposal. Please refer to the Guidelines for Proposals, section 3B.1.3.

List below each of the national CCMs that have agreed to this proposal and provide documented evidence of this endorsement.

Table 3B.1.3b – Sub-national or regional (C)CM proposal endorsement by national CCMs

Country	Name of CCM	Annex number

* **R6 Guidelines for Proposals**

For all proposals from Coordinating Mechanisms, the applicant's minutes from the meeting at which the completed proposal was tabled, discussed and endorsed must be attached as an annex to the proposal.

For national CCMs, it is expected that all CCM members will confirm their endorsement of the proposal by signing adjacent to their name in table 3B.1.3a in the Proposal Form. This is unless:

- The CCM's documented rules of procedure for proposal endorsement provide a transparent functioning mechanism for decision making that is less than the full CCM membership. In this

case, those rules, and the CCM minutes from the meeting in which these rules were accepted by the whole CCM, must be provided with the proposal; or

- A CCM member wishes to abstain from endorsing the proposal. In this case **that** CCM representative must inform the Global Fund in writing of the reasons for non-endorsement. This communication must be sent to the address for notices at page ii of these Guidelines.

For the proposal to be eligible for funding, the Global Fund must receive the **original signatures** of all persons signing the Proposal Form. Photocopied, scanned or faxed signatures are not accepted.

→ *Table 3B.1.3a in the Proposal Form should be extended to cover all members of the Coordinating Mechanism.*

For Sub-CCMs or RCMs proposal endorsement by the membership follows the same principles and procedures as proposal endorsement for national CCM proposals noted above.

In addition:

- **Sub-CCM proposals** must be accompanied either by the endorsement of the national CCM, or by documented evidence demonstrating the independent authority of the sub-national CCM.
- **RCM proposals** must also be accompanied by the endorsement of the national CCM of each country included in the RCM proposal (except where a country is a Small Island Developing State).

In such cases, evidence of the national CCM's endorsement must be in the form of documentation from the Chair or Vice-Chair of each national CCM confirming that the sub-national or regional proposal is endorsed by the national CCM. This documentation is generally expected to also include the approved minutes from the national CCM meeting where the Sub-CCM or RCM proposal was tabled, discussed and approved. Applicants should list in table 3B.1.3b each of the national CCMs that have endorsed the proposal.



Aidspan Guidance

First, you are asked to enter the name of the applicant and the country or countries covered by this proposal. This information should be identical to the information you entered in Section 1.1.

Then, Table 3B.1.3 must be filled out for all proposals from CCMs, Sub-CCMs and RCMs. The *R6 Guidelines for Proposal* indicate that Table 3B1.3a will need to be extended to cover all members of the coordinating mechanism. This refers to Table 3B1.3 (there is no Table 3B1.3a).

The *R6 Guidelines for Proposal* spell out two circumstances where not all members of the coordinating mechanism have to sign the proposal. The first concerns a coordinating mechanism that has established procedures for proposal endorsement that allows for transparent decision-making by less than the full CCM membership. The second is when a member of the coordinating mechanism wishes to abstain from endorsing the proposal. When this occurs, we suggest that the member in question be listed in

MACRO VERSION

The instructions on the Proposal Form say that each time you click on the "Add Member" button in the standard toolbar to extend Table 3B.1.2 to cover off all of the members of your coordinating mechanism, this will automatically add a line to Table 3B.1.3 where coordinating mechanism members must endorse the proposal. When we tested the Macro Version, this function did not always work. See the Macro Version box in 3B.1.2 above.

Table 3B.1.3 and that the signature column be left blank. Note that the *Guidelines* require that the member concerned inform the Global Fund in writing of the reasons for non-endorsement.

Sub-CCMs and RCMs must also fill out Table 3B1.3b.

A Sub-CCM must provide evidence of the endorsement of the CCM *or* documented evidence demonstrating the independent authority of the Sub-CCM. The Sub-CCM should show the name of the national CCM and should provide the number of the annex that provides the documentation referred to in the *R6 Guidelines for Proposals* (see above).

An RCM must provide evidence of the endorsement of all CCMs in the region covered by the proposal. For each CCM, the RCM should list the name of the country, the name of the CCM and the number of the annex that provides the documentation referred to in the *R6 Guidelines for Proposals*. The only exception to this is when the proposal covers Small Island Developing States that do not have their own CCMs.

3B.2 Regional Organisation contact information and proposal endorsement:

3B.2.1 Regional Organisation contact information

Please provide full contact details for two persons; this is necessary to ensure fast and responsive communication.

Table 3B.2.1 – Regional Organisations: contact information

	Primary contact	Secondary contact
Name		
Title		
Organisation		
Mailing address		
Telephone		
Fax		
E-mail address		

* **R6 Guidelines for Proposals**

In this section of the Proposal Form, Regional Organisation (RO) applicants give details of a primary and a secondary contact person. Applicants should provide as full contact details as possible in order to ensure fast and responsive communication.

Aidspan Guidance

In Table 3B2.1, ROs are being asked to provide contact information for two people who can respond to questions about the proposal. Note that in Section 4, all applicants (including ROs) are asked to provide similar information for *each component* of the proposal.

3B.2.2 National CCM endorsement of Regional Organisation proposal:

Please note that Regional Organisations must receive the agreement of the national CCM membership of each country in which they wish to work.

List below each of the national CCMs that have agreed to this proposal and provide documented evidence of this endorsement. (If no national CCM exists in a country included in the proposal, include evidence of support from relevant national authorities.)

Table 3B.2.2 – Regional Organisation proposal endorsement by national CCMs

Country	Name of CCM	Annex number

* **R6 Guidelines for Proposals**

Proposals from ROs are expected to be supported by the governing body of that organisation according to its usual practices for applications for funding to implement cross-border activities.

In addition RO proposals must be accompanied by the endorsement of the national CCM of each country included in the RO proposal. This endorsement must be in the form of documentation from the Chair or Vice-Chair of each national CCM confirming that the RO's proposal is endorsed by the national CCM. This documentation would include the approved minutes from the national CCM meeting where the proposal was tabled, discussed and approved. These minutes should be provided as an annex to the proposal. Applicants should list in table 3B.2.2 each of the national CCMs that have endorsed the proposal.



Aidspace Guidance

The *R6 Guidelines for Proposals* state that proposals from an RO must be supported by the RO's governing body, but it does not provide any place on the Proposal Form to record evidence of this support. We suggest you attach the appropriate documentation as an annex.

List of Annexes to be Attached to Proposal

The table below provides a list of the various annexes that should be attached to the proposal. Please complete this checklist to ensure that everything has been included. Please also indicate the applicable annex numbers on the right hand side of the table.

Relevant item on the Proposal Form	Description of the information required in the Annex	Name/Number given to annex in application
Section 2: Eligibility		
<i>Coordinating Mechanisms only:</i>		
2.2.1 b)	Comprehensive documentation on processes used to select non-governmental sector representatives of the Coordinating Mechanism.	
2.2.2	Documented procedures for the management of potential Conflicts of Interest between the Principal Recipient(s) and the Chair or Vice Chair of the Coordinating Mechanism.	
	Documentation describing the transparent processes to:	
2.2.3 a	- solicit submissions for possible integration into the proposal.	
2.2.3 b	- review submissions for possible integration into the proposal.	
2.2.3 c	- select and nominate the Principal Recipient (such as the minutes of the CCM meeting at which the PR(s) was/were nominated).	
2.2.3 d	- ensure the input of a broad range of stakeholders in the proposal development process and grant oversight process.	
Section 3A: Applicant Type		
<i>Coordinating Mechanisms:</i>		
3A.2.1, 3A.3.1 or 3A.4.1	Documents that describe how the national/sub-national or regional Coordinating Mechanism operates (terms of reference, statutes, by-laws or other governance documentation and a diagram setting out the interrelationships between all key actors)	
<i>Regional Organisations:</i>		
3A.5.1	Documents that describe the organisation such as statutes, by-laws (official registration papers) and a summary of the main sources and amounts of funding.	

Relevant item on the Proposal Form	Description of the information required in the Annex	Name/Number given to annex in application
<i>Non-CCM Applicants:</i>		
3A.6	Documentation describing the organisation such as statutes and by-laws (official registration papers) or other governance documents, documents evidencing the key governance arrangements of the organisation, a summary of the organisation, including background and history, scope of work, past and current activities, and a summary of the main sources and amounts of funding.	
3A.6.2 b	Documentary evidence of any attempts to include the proposal in the relevant CCM's final approved country proposal and any response from the CCM.	
3A.6.3 <i>(if from country where no CCM exists)</i>	Provide evidence from relevant national authorities that the proposal is consistent with national policies and strategies.	
Section 3B: Proposal Endorsement		
3B.1.3 <i>(Coordinating Mechanisms)</i>	Minutes of the meeting at which the proposal was developed and endorsed. For Sub-CCMs and RCMs, documented evidence that national CCM(s) have agreed to proposal.	
3B.2.2 <i>(Regional Organisation)</i>	Documented evidence that the national CCMs have agreed to proposal.	
Other documents relevant to sections 1-3 attached by applicant:		

* **R6 Guidelines for Proposals**

N/A

Aidspan Guidance

This is a table listing annexes that may be required for Sections 2 and 3 of the Proposal Form (not all applicants will need to include all of the annexes listed). Applicants are asked to provide a numbers

in the table for each annex they have attached to the proposal. Note that there is another List of Annexes at the end of the proposal for Sections 4 and 5.

Section 4 Component Section

PLEASE NOTE THAT THIS SECTION AND THE NEXT MUST BE COMPLETED FOR EACH COMPONENT.
Thus, for example, if the proposal targets three components, sections 4 and 5 must be completed three times.

For more information on the requirements of this section, please refer to the Guidelines for Proposals, section 4.

* **R6 Guidelines for Proposals**

The **Component Section** is where applicants explain the proposed interventions for which funding is being sought. Applicants should also explain the national context for the disease and the assessment of the programmatic and financial gap in the fight against the disease.

Where HIV/AIDS is driving the TB epidemic, HIV/AIDS and/or TB components should include collaborative TB/HIV activities. Different TB and HIV/AIDS activities are recommended for different epidemic states. For further information see the 'WHO Interim policy on collaborative TB/HIV activities' at:

http://www.who.int/tb/publications/tbhiv_interim_policy/en/.



Aidspan Guidance

For Round 6, the way that the Proposal Form is organised, there is a Section 4 (Component Section) for HIV/AIDS, followed by a Section 5 (Component Budget) for HIV/AIDS. This is followed, in turn, by a Section 4 for TB, a Section 5 for TB, a Section 4 for malaria, and a Section 5 for malaria. All of the Section 4s are identical and all of the Section 5s are identical (except for the headings at the top of the pages).

Special Note: *In its instructions for some of the items on in Sections 4 and 5, the Global Fund requests information for all three diseases. This language is a holdover from proposal forms used in past rounds of funding, where the Fund provided just one Section 4 and one Section 5 and asked applicants to copy these sections of the form if they planned to include more than one disease component in their proposal. Thus, if you are filling out Sections 4 and 5 for an HIV/AIDS component, and you are asked to provide, for example, information on "HIV/AIDS, TB and/or malaria," you only need to provide information for HIV/AIDS.*

4.1 Indicate the estimated start time and duration of the component

Please take note of the timing of proposal approval by the Board of the Global Fund (described on the cover page of the Proposal Form). The aim is to sign all grants and commence disbursement of funds within six months of Board approval. Approved proposals must be signed and have a start date within 12 months of Board approval.

Table 4.1.1 – Proposal start time and duration

	From	To
Month and year:		

*** R6 Guidelines for Proposals**

Applicants should indicate the expected start date of the component proposal and the expected end date. The aim is to sign grants and commence disbursement of funds within six months of Board approval. Approved proposals must in any event have a start date not later than 12 months after Board approval. The maximum duration of a proposal is five years.

When referring to component years (year 1, year 2 etc.) in section 4 (and section 5), applicants will be referring to 12 month periods commencing from the estimated start date.

 **Aidsplan Guidance**

MACRO VERSION

When we tested the Macro version, we were unable to insert the start and end dates, no matter what format we used. The year would appear okay, but the month would show as "00." You may get a warning saying "Valid date or time is required" and you may not be able to continue until you fix the problem!

In Section 4.1, you are asked to indicate proposed start and end dates for your programme. The Global Fund points out that its Board will consider proposals recommended by the TRP at its meeting of 31 October - 3 November 2006, and that the goal is to start disbursing funds within six months of Board approval. (It also states that approved proposals cannot have a start date later than 12 months after Board approval.)

In our view, it is unlikely that funds will be released before April or May of 2006, because of the time it takes to obtain answers to the TRP's follow-up questions, to perform the assessments of the proposed Principal Recipient (PR), and to negotiate a grant agreement with the PR. You should take this into consideration when you set a start date for your programme.

4.2 Contact persons for questions regarding this component

Please provide full contact details for two persons; this is necessary to ensure fast and responsive communication. These persons need to be readily accessible for technical or administrative clarification purposes, for a time period of approximately six months after the submission of the proposal.

Table 4.2 – Component contact persons

	Primary contact	Secondary contact
Name		
Title		
Organisation		
Mailing address		
Telephone		
Fax		
E-mail address		

*** R6 Guidelines for Proposals**

All applicants should provide the complete contact details of two persons (one primary and one secondary contact) for the component targeted by their proposal.



Aidsplan Guidance

You should select two people who were intimately involved in the preparation of this component of your proposal. (If you have more than one component, you can identify different contact people for each one.) If the Global Fund Secretariat or the TRP have questions concerning this component of the proposal, these are the people who will be contacted to provide answers.

Note that in Item 3B2.1, ROs were already asked to provide information for their primary and secondary contacts. Unless an RO has more than one component in the proposal (which is unlikely), the information the RO provides here may well be identical to that provided in Item 3B2.1.

4.3 Component executive summary

* *R6 Guidelines for Proposals*

The purpose of this section is to give the reader a quick overview of the component. It is therefore important to be succinct.

Aidspace Guidance

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

4.3.1 Executive summary

Describe the overall strategy of the proposal component, by referring to the goals, objectives and main activities, including expected results and associated timeframes. Specify the beneficiaries and expected benefits (including target populations and their estimated number).

(Please include quantitative information where possible. Maximum of one page.)

* **R6 Guidelines for Proposals**

The overall strategy of the component should be described and supported with quantitative information where possible. Applicants should specify the goals, objectives and main activities, expected results and associated timeframes, as well as the beneficiaries of the proposal.



Aidspan Guidance

The entire Executive Summary is supposed to be no longer than a page, so the challenge will be to tell your story succinctly. In previous rounds, many applicants wrote an Executive Summary that was far longer than the length requested by the Global Fund. Winston Churchill once wrote a letter in which he said, "I apologize for writing to you at length, but I don't have time to write briefly." In the Executive Summary, we urge you to take the time to capture the highlights of your proposal in a brief way. Not only does this help the hard-working members of the TRP, but it also provides you with a summary that will be enormously helpful to you in the future.

4.3.2 Synergies

If the proposal covers more than one component, describe any synergies expected from the combination of different components—for example, TB/HIV collaborative activities. *(By synergies, we mean the added value that the different components bring to each other, or how the combination of these components may have broader impact.)*

* **R6 Guidelines for Proposals**

Where the proposal covers more than one component (for example HIV/AIDS and TB), briefly describe how activities under one component might also benefit the other component. Although section 4.6.6 will separately address health systems strengthening, applicants may use this section to briefly describe any synergies in health systems strengthening activities also.



Aidspan Guidance

N/A

4.4 National program context for this component

The information below helps reviewers understand the disease context, and which problems the proposal will address. Therefore, historical, current and projected data on the epidemiological situation, disease-control strategies and broader development frameworks need to be clearly documented. Please refer to the Guidelines for Proposals, section 4.4.

* **R6 Guidelines for Proposals**

The national context in which proposed interventions will be implemented provides the basis for reviewing a proposal.

Aidspan Guidance

In this section, and in Section 4.5 (Financial and programmatic gap analysis), the Global Fund is looking for some information on the situation in your country with respect to the disease being addressed in this component. This information is important because it helps the reviewers understand what the context is, and what the problems are that the proposal is attempting to address.

Generally speaking, the information that you provide in these two sections constitutes what the TRP reviewers refer to as a “situational analysis” or “gap analysis.” In its review of Rounds 3-5 proposals, the TRP was critical of proposals that contained no situational analysis or a weak situational analysis. See [Weakness #4](#) in Chapter 3 of this *Guide* for more details. On the other hand, the TRP praised proposals that contained strong situational analyses. See [Strength #10](#) in Chapter 3 of this *Guide* for examples of countries whose proposals were praised.

4.4.1 Indicate whether you have any of the following documents (tick appropriate box), and if so, please attach them as an annex to the Proposal Form:

- National Disease Specific Strategic Plan
- National Disease Specific Budget or Costing
- National Monitoring and Evaluation Plan (health sector, disease specific or other)
- Other document relevant to the national disease program context (e.g. the latest disease surveillance report)
Please specify:

*** R6 Guidelines for Proposals**

To understand the context of the national programme for the disease, applicants are requested to identify and attach existing key documents.

 **Aidspan Guidance**

N/A

4.4.2 Epidemiological and disease-specific background

Describe, and provide the latest data on, the stage and type of epidemic and its dynamics (including breakdown by age, gender, population group and geographical location, wherever possible), the most affected population groups, and data on drug resistance, where relevant. With respect to malaria components, also include a map detailing the geographical distribution of the malaria problem and corresponding control measures already approved and in use. Information on drug resistance is of specific relevance if the proposal includes anti-malarial drugs or insecticides. In the case of TB components, indicate, in addition, the treatment regimes in use or to be used and the reasons for their use.

*** R6 Guidelines for Proposals**

Applicants should provide information on the disease burden in their country. This should include the latest data on the stage, type of epidemic and its dynamics (including breakdowns by age, gender, population group(s) and geographic location wherever possible), the most at risk and affected population groups, and data on drug resistance where relevant. This should refer to and draw from the documents mentioned in section 4.4.1 above.

Aidspan Guidance

We suggest that wherever possible you use existing epi fact sheets or published national data to describe the disease burden.

4.4.3 Disease-control initiatives and broader development frameworks

Proposals to the Global Fund should be developed based on a comprehensive review of disease-specific national strategies and plans, and broader development frameworks. This context should help determine how successful programs can be scaled up to achieve impact against the three diseases. Please refer to the Guidelines for Proposals, section 4.4.3.

a) Describe comprehensively the current disease-control strategies and programs aimed at the target disease, including all relevant goals and objectives with regard to addressing the disease. (Include all donor-financed programs currently implemented or planned by all stakeholders and existing and planned commitments to major international initiatives and partnerships.)

b) Describe the role of HIV/AIDS-, tuberculosis- and/or malaria-control efforts in broader developmental frameworks such as Poverty Reduction Strategies, the Highly-Indebted Poor Country (HIPC) Initiative, the Millennium Development Goals or Sector-Wide Approaches. Outline any links to international initiatives such as the WHO/UNAIDS 'Universal Access Initiative' or the Global Plan to Stop TB or the Roll Back Malaria Initiative.

* **R6 Guidelines for Proposals**

Proposals to the Global Fund should be developed based on a review of, disease-specific national strategies and plans, and broader development frameworks.

- Current disease-control strategies and programmes aimed at the target disease, including all relevant goals and objectives: This should encompass both existing Global Fund-financed programmes and other programmes currently implemented or planned by all stakeholders, including by the academic/educational sector; government; non-governmental and community-based organisations; people living with and/or affected by the diseases (HIV/AIDS, TB and/or malaria); the private sector; religious or faith-based organisations; and multi-/bilateral development partners. Existing and planned commitments to major international initiatives and partnerships, such as the WHO/UNAIDS "Universal Access" Initiative, the Global Plan to Stop Tuberculosis 2006-2015, the Roll Back Malaria Partnership, and the "Three Ones" principles should also be described.
- Broader developmental framework: The role of HIV/AIDS, TB and/or malaria in key developmental frameworks, such as Poverty Reduction Strategy Papers, the Highly-Indebted Poor Country (HIPC) Initiative, plans to meet the Millennium Development Goals, and sector-wide approaches should be described. This should specifically describe how the Global Fund is documented and incorporated in these development frameworks and any relevant constraints e.g. budget or public sectors spending ceilings.

Aidspan Guidance

There is a lot of information being requested here. Although the instructions do not mention a maximum length, we suggest that you keep your response as concise as possible.

4.4.4 National health system

a) Briefly describe the (national) health system, including both the public and private sectors, as relevant to reducing the impact and spread of the disease in question.

b) Given the above analysis, explain whether the current health system will be able to achieve and sustain scale up of HIV/AIDS, tuberculosis and/or malaria interventions. What constraints exist?

c) Please describe national health systems strengthening plans as they relate to these constraints. If this proposal includes a request for resources to help overcome these constraints, describe how the proposal will contribute to strengthening health systems.

* **R6 Guidelines for Proposals**

Proposals to the Global Fund should provide a review of relevant capacities of both the public and private sectors within the national health system, together with their relative advantages or requirements in delivering services. This may reflect on, among others, advocacy initiatives, human resources issues, or capacity building needs for drug procurement and supply management and/or and national monitoring and evaluation systems.

Applicants should comment on: the ability of the current health system to achieve and sustain scaled-up interventions to appropriately respond to the threat of the diseases; how identified constraints will be addressed in the country; and any current national health systems strengthening plans. If as part of a component, the proposal includes a request for funding for activities to support national health system strengthening plans, it is particularly important to also describe how this will contribute to strengthening health systems.

→ [For more information on funding to strengthen health systems, refer to section 4.6.6 of these Guidelines.](#)



Aidspan Guidance

N/A

4.5 Financial and programmatic gap analysis

Interventions included in relation to this component should be identified through an analysis of the gaps in the financing and programmatic coverage of existing programs. Such an analysis should also recognize gaps in health systems, related to reducing the impact and spread of the disease. Global Fund financing must be additional to existing efforts, rather than replacing them, and efforts to ensure this additionality should be described. For more information on this, see the Guidelines for Proposals, section 4.5.

Use table 4.5.1-3 to provide in summarized form all the figures used in sections 4.5.1 to 4.5.3.

* **R6 Guidelines for Proposals**

Proposals should include interventions that have been identified through an analysis of the gaps in the financing and programmatic coverage of existing programmes (whether supported by the Global Fund, the national budget, or other donors).

In this section, applicants should:

- Identify the overall national programmatic need and the related funding requirement;
- Specify all current, committed and planned sources of funding; and
- From the above, quantify the financial gap.

This analysis should be component-specific, and the results should be summarized in table 4.5.1-3. Information is requested for the historic years of 2004 and 2005, and for the years 2006 – 2010 (based on, current information, forward looking plans, national budgeting processes and estimates).

→ *The information required to be provided is more specifically explained in section 4.5.1 to 4.5.3 below.*



Aidspan Guidance

Section 4.5 is a critical part of your proposal. In this section, you are being asked to describe the programmatic and financial gaps in the current response to the disease. By identifying these gaps, you establish the need for the programmes that you would like funded (to help close the gaps).

4.5.1 Overall needs assessment

a) Based on an analysis of the national goals and careful analysis of disease surveillance data and target group population estimates for fighting the disease component, describe the overall **programmatic** needs in terms of people in need of these key services. Please indicate the quantitative needs for the 3-5 major services that are intended to be delivered (e.g. anti-retroviral drugs, insecticide-treated bed nets, Directly Observed Treatment Short-Course for TB treatment). Also specify how much of this need is currently covered in the full period of the proposal by domestic sources or other donors. *Please note that this gap analysis should guide the completion of the Targets and Indicators Table in section 4.6. When completing this section, please refer to the Guidelines for Proposals, section 4.5.1.*

b) Based on an analysis of the national goals and objectives for fighting the disease component, describe the overall **financial** needs. Such an analysis should recognize any required investment in health systems linked to the disease. Provide an estimate of the costs of meeting this overall need and include information about how this costing has been developed (e.g., costed national strategies, medium term expenditure framework). *(Actual targets for past years and planned and estimated costing for future years should be included in table 4.5.1-3 [line A].)*

* R6 Guidelines for Proposals

The estimated costs of meeting overall national goals and objectives should be included to enable the applicant to calculate the current gaps in financing. The applicant should provide information on how this costing has been developed (e.g. costed national strategies). Where estimates are used, this should be indicated. Applicants are also requested to describe the overall programmatic needs in terms of people in need of key services. The table at Attachment 3 to these Guidelines is designed to assist applicants in answering section 4.5.1a. Use of this template is however entirely optional.

(The Attachment 3 table is reproduced on the next page.)

Attachment 3: Programmatic gap analysis table

The table below is designed to illustrate overall programmatic need and unmet gap. Applicants can use it to answer section 4.5.1 in the Proposal Form, and provide a calculation of the programmatic gap in terms of people in need of key services. Applicants should note that this gap analysis should be used to guide the completion of the Targets and Indicators Table in Attachment A to the Proposal Form (see section 4.6 of the Guidelines for Proposals)

Programmatic Gap Analysis								
		Actual		Anticipated		Estimated		Comments*
		2004	2005	2006	2007	2008	2009	
A. People in NEED of Key Services (3 to 5) delivered in the grant component:								
Key Service 1 (name)								
Key Service 2 (name)								
Key Service 3 (name)								
Key Service 4 (name)								
Key Service 5 (name)								
B. People CURRENTLY RECEIVING or ANTICIPATED TO RECEIVE Key Services (3 to 5) delivered in the grant component as financed by current or anticipated resources:								
Key Service 1 (name)								
Key Service 2 (name)								
Key Service 3 (name)								
Key Service 4 (name)								
Key Service 5 (name)								
C. UNMET NEED OR GAP in terms of people in need of Key Services delivered in the grant component ($A^1 - B^1 = C^1$, $A^2 - B^2 = C^2$ etc.)								
Key Service 1 (name)								
Key Service 2 (name)								
Key Service 3 (name)								
Key Service 4 (name)								
Key Service 5 (name)								

*Comments: Please provide specify information concerning the groups targeted and any assumptions including target size.

In Item 4.5.1, you are being asked to identify both the programmatic and financial needs in terms of people needing key services. These should be services that you plan to deliver as part of your proposal. You need to describe these needs in quantitative terms for each of seven years – 2004 and 2005 (historical data) and 2006 to 2010 (projected needs).

In Item 4.5.1a, you should identify the key services and then indicate in quantitative terms the numbers of people who need each of these services. Then, for each service, you should identify the numbers of people who are already receiving the service or who you anticipate will be receiving these services based on current or anticipated resources (not including the amounts being requested in this proposal). That is quite a mouthful! You will find this easier to follow if you use the Programmatic Gap Analysis Table that the Global Fund has provided as Attachment 3 to the *R6 Guidelines for Proposals*. Although use of this table is optional, we suggest that you use it and that you attach the completed table as an annex to the proposal.

The following is guidance on the use of the Programmatic Gap Analysis Table.

In order to enter all of the data, you may need to expand some of the fields in the table. But you can't do that with something in PDF format. So, you may want to create your own table, and you may want to make the orientation landscape instead of portrait. Actually, you could use our version of the table (see below) and simply add more rows.

First, you should identify 3-5 key services that you will be including in your proposal. These services should be listed in the left-hand column. The same services are listed three times, once for each of the three sections of the table.

In Section A, you need to indicate the numbers of people in need of each service. For example, if one of your key services was the provision of ARV treatment, you would provide the numbers of people who were in need of ARV treatment for each of the seven years listed on the form. The *R6 Guidelines for Proposals* refer to the data for 2004 and 2005 as "historical" because these years are already past; in the table, these years are labelled "Actual." However, if you do not have actual historical data for these years, you may need to estimate the numbers.

The data for 2006 and 2007 are labelled "Anticipated," because it is expected that you will have a fairly good idea of what the needs are for these years. The data for 2008, 2009 and 2010 are labelled "Estimated," because these years are farther out and so your projections may not be quite as firm. In the last column, you should provide information on the groups to be targeted, and any assumptions you have made, including assumptions about target size.

In Section B, you need to indicate the numbers of people currently receiving or anticipated to receive each service based on current or anticipated resources. So, for example, for the number of people receiving or anticipated to receive ARV treatment, you should enter the total of (a) the number of people who are or will be receiving ARV treatment based on resources already allocated for this purpose, *and* (b) the number of people who are or will be receiving ARV treatment based on new resources that you anticipate will be made available for this purpose (*BUT NOT INCLUDING THE RESOURCES FOR ARV TREATMENT THAT YOU ARE SEEKING IN THIS PROPOSAL*).

In Section C, you need to calculate the unmet need. For ARV treatment, the example we used above, you would subtract the numbers you entered in Section B from the numbers you entered in Section A, and enter the difference in Section C. (The Global Fund is assuming that in your proposal you will be asking for funding to address the entire unmet need. If this is not the case, you may have to add a note explaining this.)

Using our example of ARV treatment, the following is an illustration of how your information might look in the Programmatic Gap Analysis Table. (We have collapsed the table for the purposes of this illustration.)

Programmatic Gap Analysis								
	Actual		Anticipated		Estimated			Comments
	2004	2005	2006	2007	2008	2009	2010	
A. People in NEED of Key Services (3 to 5) delivered in the grant component:								
ARV treatment	70000	76000	80000	82000	86000	90000	94000	Includes injection drug users (65%) and the general population (35%).
B. People CURRENTLY RECEIVING or ANTICIPATED TO RECEIVE Key Services (3 to 5) delivered in the grant component as financed by current or anticipated resources:								
ARV treatment	30000	33000	50000	56000	62000	68000	74000	Project funded by the World Bank kicks in in 2006.
C. UNMET NEED OR GAP in terms of people in need of Key Services delivered in the grant component ($A^1 - B^1 = C^1$, $A^2 - B^2 = C^2$ etc.)								
ARV treatment	40000	43000	30000	26000	24000	22000	20000	

Even if you include the Programmatic Gap Analysis Table as an annex, you still need to provide narrative information in Item 4.5.1. This information should summarize the numbers contained in your Programmatic Gap Analysis Table.

Once you have identified the programmatic needs and unmet gap in Item 4.5.1a, you are asked to do the same thing for the financial needs and unmet gap. But this information is spread over several items – 4.5.1b, 4.5.2 and 4.5.3, and is summarized in Table 4.5.1-3 below.

You start this process in Item 4.5.1b by describing the financial needs for fighting the disease you are addressing in this component. Remember that you need to provide information for all seven years, from 2004 to 2010. Note also that while, in the programmatic analysis, you were asked to provide numbers only for 3-5 key services, here you are being asked to quantify all financial needs for this disease.

4.5.2 Current and planned sources of funding

a) Describe current and planned financial contributions, from all relevant domestic sources (including loans and debt relief) relating to this component. *(Summarize such financial amounts for past and future years in table 4.5.1-3 [line B].)*

b) Describe current and planned financial contributions, anticipated from all relevant external sources (including existing grants from the Global Fund and any other external donor funding) relating to this component. *(Summarize such financial amounts for past and future years in table 4.5.1-3 [line C].)*

* **R6 Guidelines for Proposals**

Applicants should provide details of current and planned financial contributions. This should be a comprehensive assessment of funding from all relevant sources, whether domestic (including debt relief) or external.

Funding that has already been provided to applicants, or is expected to be received over years 2006 to 2010, under grant agreements with the Global Fund (including Round 5 grants recently or currently being negotiated) should also be included in the analysis (*and in table 4.5.1-3 as "External Source 1"*). If the applicant is from a Lower-middle income or Upper-middle income country, it is very important that the amount indicated as domestic sources of funding in this section and table 4.5.1-3 is consistent with the information provided earlier within table 2.2 (Counterpart financing).



Aidspan Guidance

When describing current and planned financial contributions from domestic sources, identify separately the amounts coming from loans, debt relief and other sources (e.g, government resources).

When describing current and planned financial contributions from external sources, you should include Global Fund grants approved in earlier rounds of funding, including Round 5, but you should not include the resources you are requesting in this proposal. Identify separately resources coming from Global Fund grants and other donors (show the amounts for each donor).

4.5.3 Financial gap calculation

Provide a calculation of the gap between the estimated overall need and current and planned available resources for this component in table 4.5.1-3 and provide any additional comments below.

*** R6 Guidelines for Proposals**

The financial gap or “unmet need” should be calculated using table 4.5.1-3. This is the difference, by year, between the overall funding need and total resources available.

Aidspan Guidance

In Item 4.5.3, you need to describe, in quantitative terms, the difference between the needs you identified in Item 4.5.1b and the current and planned sources of funding you identified in Item 4.5.2.

Please summarize the information from 4.5.1, 4.5.2 and 4.5.3 in the table below.

Table 4.5.1-3 - Financial contributions to national response

	Financial gap analysis (<i>please specify currency: Euro / US\$</i>)						
	Actual		Planned		Estimated		
	2004	2005	2006	2007	2008	2009	2010
Overall needs costing (A)							
Current and planned sources of funding:							
Domestic source: Loans and debt relief (<i>provide donor name</i>)							
Domestic source: National funding resources							
Total domestic sources of funding(B)	0	0	0	0	0	0	0
External source 1 Global Fund Grants							
External source 2 (<i>provide donor name</i>)							
External source 3 (<i>provide donor name</i>)							
Total external sources of funding (C)	0	0	0	0	0	0	0
Total resources available (B+C)	0	0	0	0	0	0	0
Unmet need (A) - (B + C)	0	0	0	0	0	0	0

* R6 Guidelines for Proposals

N/A



Aidspan Guidance

As explained on the Proposal Form, the data for Table 4.5.1-3 comes from the information you provided in Items 4.5.1b, 4.5.2 and 4.5.3.

The data for “Overall Needs Costing (A)” should be taken from Item 4.5.1b.

MACRO VERSION

Totals will be automatically calculated as you enter the information in this table. For that to happen, however, you need to enter a number in each field – including in each “external source” row. (You should enter zero where you have no other amounts to enter.)

The data for “Current and planned sources of funding” comes from Items 4.5.2 and 4.5.3. Note that you need to enter on separate lines:

- the amounts from loans and debt relief;
- the amounts from national funding resources;
- the amounts from Global fund grants; and
- the amounts from other external donors (a separate line for each donor).

The rest of Table 4.5.1-3 is self-explanatory.

4.5.4 Additionality

Confirm that Global Fund resources received will be additional to existing and planned resources, and will not substitute for such sources, and explain plans to ensure that this will continue to be true for the entire proposal period.

*** *R6 Guidelines for Proposals***

Global Fund financing must be additional to existing efforts, rather than replacing them, and efforts to ensure this additionality should be described. This should be supported by the information in table 4.5.1-3.



Aidspan Guidance

N/A

4.6 Component strategy

This section describes the strategic approach of this component of the proposal, and the activities that are intended in the course of the program. Section 4.6 contains important information on the goals, objectives, service delivery areas and activities, as well as the indicators that will be used to measure performance.

For more detailed information on the requirements of this section, see the Guidelines for Proposals section 4.6.

In support of this section, all applicants must submit:

- A **Targets and Indicators Table**. This is included as **Attachment A** to the Proposal Form. *(When setting targets in this table, please refer explicitly to the programmatic need and gap analysis in section 4.5.1 a. All targets should show clearly the current baseline. For definitions of the terms used in this table, see the M&E Toolkit provided by the Global Fund. Please also refer to the Guidelines for Proposals, section 4.6.*

and

- A component **Work Plan** covering the first two years of the proposal period. The Work Plan should also be integrated with the detailed budget referred to in section 5.2.

*The **Work Plan** should meet the following criteria (Please refer to the Guidelines for Proposals, section 4.6):*

- It should be structured along the same lines as the Component Strategy - i.e. reflect the same goals, objectives, service delivery areas and activities.*
- It should cover the first two years of the proposal period and should:*
 - be detailed for year 1, with information broken down by quarters;*
 - be indicative for year 2.*
- It should be **consistent with the Targets and Indicators Table** (Attachment A to the Proposal Form) mentioned above.*
- It should be integrated with the first two years of the **detailed budget** (please refer to section 5.2).*

Please note that narrative information in this section 4.6 should refer to the Targets and Indicators Table (Attachment A to this Proposal Form), but should not consist merely of a description of the table.

* **R6 Guidelines for Proposals**

This is an important section as it describes the **specific interventions** for which the applicant is seeking funding.

In support of this section, all applicants must provide a summary of the component strategy in a tabular form. The **Targets and Indicators Table** in Attachment A to the Proposal Form has been designed to help applicants clearly summarize the strategy and rationale behind this proposal. Within this table, applicants describe which interventions are planned ('the indicator'); the current situation in regard to an intervention ('the baseline'); what performance measures will apply during implementation ('the performance targets'); and what will be the overall impact of the interventions with strong performance ('the outcome or impact').

Definitions and guidance on how to fill the table, can be found in the Multi-Agency "*Monitoring and Evaluation Toolkit*", Second Edition, January 2006 (**M&E Toolkit**). This document is available on <http://www.theglobalfund.org/en/apply/call6/documents/>

Applicants must also provide a component **Work Plan** covering the first two years of the proposal period. This Work Plan should be structured along the same lines as the component strategy. That is, it should reflect the same goals, objectives, service delivery areas (SDAs) and main activities. The

Work Plan must be detailed for the first year (containing information broken down by quarters) and may be indicative or detailed for the second year. It should be consistent with both the Targets and Indicators Table mentioned above, and the detailed Budget requested in section 5.2.

In completing sections 4.6.1 to 4.6.13, applicants should refer to the Targets and Indicators Table as appropriate, but the information provided Proposal Form should not consist merely of a repetition of the information set out in the table.

Aidsplan Guidance

In many ways, Section 4.6 is the heart of your proposal. It is in this section that you will describe what you intend to do in the course of implementing your programme and what you hope to accomplish. This section contains the goals, objectives, services and activities for your programme. Attachment A to the Proposal Form contains the indicators that you will use to measure success.

In Rounds 3-5, problems with the workplan were identified by the TRP in about three out of every five applications. In fact, this was the weakness most often identified. The TRP identified objectives and activities that were insufficiently described or unclear, that lacked a clear rationale, or that were inappropriate. It found that in some proposals key objectives or activities were missing. For more information, see [Weakness #1](#) in Chapter 3 of this *Guide*. On the other side of the ledger, the TRP praised proposals in Rounds 3-5 that were clear and well documented, and that contained detailed workplans with clear objectives. See [Strength #1](#) in Chapter 2 of this *Guide* for examples of countries whose proposals contained solid workplans.

The *R6 Guidelines for Proposals* indicate that you need to provide a Targets and Indicators Table and a Work Plan in addition to the information you provide in Section 4.6. The Target and Indicators Table is contained in Attachment A to the Proposal Form. There is no template provided for the Work Plan.

You should already have a good idea of what you plan to do before you start filling out Section 4.6 and the Targets and Indicators Table, and before you prepare your Work Plan. In other words, you should know what your goals and objectives are, what activities you want to implement and how you are going to measure the results.

Where should you start? Do you do the Work Plan first, or do you fill out Section 4.6 first? And when should you fill out the Targets and Indicators Table? It is a bit of a chicken and egg question. It may depend on where you are at in terms of designing the programme you want to implement. However, we suggest that you proceed in the following order:

1. Fill out Section 4.6.
2. Prepare the Work Plan
3. Fill out the Target and Indicators Table.
4. Review Section 4.6 to see if there anything you want to change as a result of steps 2 and 3.

[indicate where we are discussing steps 2 and 3]

Note that your programme can include measures to strengthen the health care system, provided that these are linked to reducing the impact and spread of the disease. For more guidance on this, refer to the "[What Initiatives Will the Global Fund Support?](#)" section of Chapter 1 of this *Guide*, or to the extract from the *R6 Guidelines for Proposals* in Item 4.6.6 below.

4.6.1 Goals, objectives and service delivery areas

Provide a clear description of the program's goal(s), objectives and service delivery areas (provide quantitative information, where possible).

* **R6 Guidelines for Proposals**

Proposals should describe interventions in the form of a coherent overall strategy based on goals and impact indicators. These are implemented through specific objectives, service delivery areas, coverage indicators and main activities:

a) Goals: These should be broad and overarching, typically reflecting national disease programme goals. Achievements will usually be the result of collective action undertaken by a range of actors. Examples include “Reduced HIV-related mortality,” “Reduced burden of TB,” “Reduced transmission of malaria.”

b) Impact indicators: These describe the changes over programme term in sickness, death, disease prevalence (burden), and behavioural change in the target populations that indicate that the fundamental goals of the interventions are being achieved. Impact indicators should be linked to goals. For each goal at least one impact indicator should be provided.

c) Objectives: These describe the intention of the programmes for which funding is sought and provide a framework under which services are delivered. Examples linked to the sample goals listed above include “To improve survival rates in people with advanced HIV infection in four provinces,” “To reduce transmission of TB among prisoners in the ten largest prisons” or “To reduce malaria-related morbidity among pregnant women in seven rural districts”.

d) Service delivery areas: These describe the key services to be delivered to achieve each objective. A service delivery area (SDA) is a defined service that is provided to a recipient. Examples for the sample objectives listed above include: “Antiretroviral treatment and monitoring for HIV/AIDS”, “Timely detection and quality treatment of cases for TB”, or “Insecticide-treated nets for malaria”. For a listing of SDAs agreed and supported by international partners, please refer to the M&E Toolkit.

e) Coverage indicators: These measure performance within SDAs, showing how the programme intends to improve coverage in prevention, treatment, care and support, and the supportive environment. Coverage measures the number of people reached by services (level 3), the number of service points supported (level 2) and the number of people trained (level 1).

f) Main activities: These should describe the main activities linked to each service to be delivered. Examples linked to the sample SDAs listed above include “Developing an adherence support programme for people taking antiretroviral therapy”, “Procuring drugs for the treatment of TB”, or “Developing a distribution mechanism for insecticide-treated bed nets”. Key indicators and key implementing partners involved in the activities should be summarized.

→ *When preparing the proposal, including the Targets and Indicators Table, applicants should refer to the M&E Toolkit for guidance.*

Indicators included should be:

- **Harmonized with national plans and systems wherever possible**, including reporting cycles, rather than being developed in parallel. Where existing monitoring and evaluation

plans and systems do not already include appropriate indicators, the Global Fund suggests applicants make use of indicators recommended by international monitoring and evaluation partners. Where the proposed SDAs and indicators do not adequately reflect the proposed strategy, proposals may include additional service delivery areas and indicators.

- **Selected for their usefulness**, whether for providing data for decision-making or evaluating outcomes and impact. Baseline figures should be included for all indicators (or supporting data to estimate these). If those baselines are not available, the first year of the proposal development should include activities to determine them.

In all cases, a limited and simplified set of indicators are used for reporting to the Global Fund. Thus, it is recommended that each disease component have between 12 and 18 indicators in total, and that these be focused at the coverage and outcome level, with more process focused activities being included in the Work Plan as preliminary activities to be completed to support implementation.

Targets set for each indicator should be specific, measurable, achievable, relevant and time-bound. For example, they should state which services will be delivered, to how many people (e.g., numbers of beneficiaries reached) and at what quality (e.g., “according to locally agreed standards and guidelines”). Targets should also be realistic and achievable within the intended timeframe.



Aidsan Guidance

In providing guidance for Item 4.6.1, the *R6 Guidelines for Proposals* provide definitions of the terms used in Item 4.6.1, as well as terms used elsewhere in Section 4.6 and in the Targets and Indicators Table.

In Item 4.6.1, you are asked to provide information on the programme’s goals, objectives and SDAs.

The *R6 Guidelines for Proposals* explain that the goals should be “broad and overarching” and should “reflect national disease program goals.” The Guidelines provide several examples. Here is another hypothetical example of a goal statement, adapted from a Round 3 proposal:

To reduce the spread of HIV/AIDS, reduce morbidity and mortality, and mitigate the social and economic impact of the epidemic.

In the past, the Global Fund indicated that there should only be one goal per component. Although that is no longer a requirement, we suggest that your proposal will be much simpler to prepare if you stick with one goal per component.

The *R6 Guidelines for Proposals* explain that the objectives should “describe the intention of the programmes for which funding is sought” and provide a few example of objective statements. If we use the hypothetical goal statement cited above, then one of the objectives under this goal might be:

To increase the number of people with advanced HIV/AIDS who are receiving antiretroviral therapy.

The *R6 Guidelines for Proposals* describe an SDA as a “defined service that is provided to a recipient” and provides some examples. The examples include “Antiretroviral treatment and monitoring for HIV/AIDS,” which relates to our hypothetical objective statement shown above.

You should select your SDAs from among the lists of SDAs agreed to and supported by international partner organisations. This list is included in the *Monitoring and Evaluation Toolkit*, Second Edition, January 2006. The *Toolkit* is usually referred to by its short title, the *M&E Toolkit*, in this Guide, in the *R6 Guidelines for Proposals* and on the Proposal Form. The *M&E Toolkit* is available via www.theglobalfund.org/en/apply/call6/documents/.

The lists of SDAs can be found in the following locations in the *M&E Toolkit*:

- for HIV/AIDS, Table 7 on page 29 of the main text;
- for TB, Table 10 on page 39 of the main text; and
- for malaria, Table 13 on page 47 of the main text.

4.6.2 Link with overall national context

Describe how these goals and objectives are linked to the key problems and gaps arising from the description of the national context in section 4.4. Demonstrate clearly how the proposed goals fit within the overall (national) strategy and how the proposed objectives and service delivery areas relate to the goals and to each other.

*** R6 Guidelines for Proposals**

Applicants are requested to demonstrate how the proposed strategy is linked to the overall national context, and the aims to reduce key programmatic and financial gaps identified in section 4.5.

Proposals should also describe how they link with major international initiatives, both those focused on disease control (such as the WHO/UNAIDS “Universal Access” initiative, the Global Plan to Stop TB 2006-2015, and the Roll Back Malaria Partnership) and broader developmental initiatives (such as the Millennium Development Goals).

Programmatic approaches included in the proposal should be consistent with international norms, standards, and best practices. If the proposal does not adhere to international best practices, the applicant should clearly justify why this is the case. Applicants are encouraged to review such materials (as may be found on the websites of organisations such as the WHO and UNAIDS) prior to preparing proposals. Proposals should describe how the chosen interventions complement and add to disease control strategies and broader development frameworks.



Aidspan Guidance

The instructions are confusing. We believe that you are being asked to do three things in Item 4.6.2:

- describe how the goals that you identified in Item 4.6.1 fit within the national strategy for this disease, as described in Item 4.4.3;
- describe how the goals and objectives that you identified in Item 4.6.1 aims to reduce the financial and programmatic gaps that you identified in Section 4.5; and
- how the proposed objectives and SDAs relate to the goals and to each other.

It is not entirely clear to us what is mean by the last requirement (how the proposed objectives and SDAs relate to the goals and to each other.) Presumably, you will have explained these links in Item 4.6.1.

4.6.3 Activities

Provide a clear and detailed description of the activities that will be implemented within each service delivery area for each objective. Please include all the activities proposed, how these will be implemented, and by whom. (*Where activities to strengthen health systems are planned, applicants are also required to provide additional information at section 4.6.6.*)

* **R6 Guidelines for Proposals**

Applicants are requested to provide a clear and detailed description of the main activities that will be implemented within each service delivery area for each objective. It is important to clearly indicate which main activities are proposed, how they will be implemented and by whom.

(The R6 Guidelines for Proposals contains additional guidance for Item 4.6.3, but it relates to the content of proposals generally, and is not specific to the activities to be listed here.) This additional guidance is included in the “What Initiatives Will the Global Fund Support?” section of Chapter 1.)



Aidspan Guidance

The Proposal Form says “activities,” while the *R6 Guidelines for Proposals* say “main activities.” The Global Fund wants only main activities. In the guidance provided for Item 4.6.1, the *R6 Guidelines for Proposals* described “main activities” as follows:

These should describe the main activities linked to each service to be delivered. Examples linked to the sample SDAs listed above include “Developing an adherence support program for people taking antiretroviral therapy”, “Procuring drugs for the treatment of tuberculosis”, or “Developing a distribution mechanism for insecticide-treated bed nets”.

Thus, main activities should be high-level activities that will be implemented in order to deliver the service in question. With respect to our hypothetical ARV service, here are some examples of what some main activities could look like:

- Recruit and train nursing and laboratory staff.
- Improve and expand laboratory services for the diagnosis and monitoring of HIV/AIDS.
- Review and revise national guidelines for ARV treatment.

Remember that in addition to listing the main activities, you need to explain how they will be implemented and by whom.

4.6.4 Performance of and linkages to current Global Fund grant(s)

This section refers to any prior Global Fund grants for this disease component and requests information on performance to date and linkages to this application. For more information, please refer to the Guidelines for Proposals, section 4.6.4.

- a) Provide an update of the current status of previous Global Fund grants for this disease component, in the table below.

Table 4.6.4. Current Global Fund grants

	Grant number	Grant amount*	Amount spent
GF Grant 1			
GF Grant 2			
GF Grant 3			
GF Grant 4			

* *For grants in Phase 1, this is the original two year grant amount. For grants that have been renewed into Phase 2, this is the total amount, inclusive of Phase 1 and Phase 2. For unsigned Round 5 grants this is the two year TRP approved maximum budget.*

- b) Please identify for each current grant the key implementation challenges and how they have been resolved.

- c) Are there any linkages between the current proposal and any existing Global Fund grants for the same component? (e.g. same activities, same targeted populations and/or the same geographical areas.)

- Yes
→ *complete d)*
- No
→ *go to 4.6.5.*

- d) If yes, clearly list such linkages and describe how this proposal builds on, but is not duplicative of the funding provided under current Global Fund grants.

* **R6 Guidelines for Proposals**

Applicants should provide information on all previous Global Fund grants (including Round 5 grants already signed or currently under negotiation) approved for the same disease component.

Specifically, applicants are required to provide information in the Proposal Form on:

- Performance of existing grants - *in sub points a) and b)*; and
- Linkages between the new proposal and existing grants (including Round 5 grants that are presently under negotiation) - *in sub points c) and d)*.

In describing the performance of existing grants, applicants are required to list all previous grants, identifying the grant amount. Applicants should indicate the amount spent under each grant based on the latest Disbursement Request submitted to the Global Fund. Key implementation challenges and how they have been overcome should also be identified.

Where there are linkages between the current proposal and existing grants, it is important to explain this fully. Such linkages may, for example, include scaling up (increasing the number of people receiving services), expanding (geographically) or continuing programmes funded under prior grants. A comparison (geographically and by sector area) of the Round 6 proposal and prior Global Fund grants for the same disease component, including Round 5 grants still under negotiation at the time of submission of the proposal, should be provided to show any overlap.

 **Aidspan Guidance**

N/A

4.6.5 Linkages to other donor funded programs	
a) Are there any linkages between the current proposal and any other donor funded programs for the same disease	<input type="checkbox"/> Yes → complete b)
	<input type="checkbox"/> No → go to 4.6.6.
b) If yes, clearly list such linkages and describe how this proposal builds on, but is not duplicative of the funding provided by other donors, including in respect of health system strengthening activities.	

*** R6 Guidelines for Proposals**

The current proposal may be linked to interventions, including health systems strengthening activities, financed by other donors. Where linkages exist (for example, if the proposal plans to provide treatment for opportunistic infections to support the rapid scale-up ARV treatment already being funded by another donor), it is important to list the other interventions and explain how and to what extent this proposal complements the other existing activities.

 **Aidspan Guidance**

N/A

4.6.6 Activities to strengthen health systems

Certain activities to strengthen health systems may be necessary in order for the proposal to be successful and to initiate additional HIV/AIDS, tuberculosis, and/or malaria interventions. Similarly, such activities may be necessary to achieve and sustain scale-up.

Applicants should apply for funding in respect of such activities by integrating these within the specific disease component(s). Applicants who have identified in section 4.4.4 health system constraints to achieving and sustaining scale-up of HIV/AIDS, tuberculosis and/or malaria interventions, but do not presently have adequate means to fully address these constraints, are encouraged to complete this section. For more information, please refer to the Guidelines for Proposals, section 4.6.6.

a) Describe which health systems strengthening activities are included in the proposal, and how they are linked to the disease component. *(In order to demonstrate this link, applicants should relate proposed health systems interventions to disease specific goals and their impact indicators. See the Multi-Agency M&E Toolkit.)*

b) Explain why the proposed health systems strengthening activities are necessary to improve coverage to reduce the impact and spread of the disease and sustain interventions. *(When completing this section, applicants should refer to the Guidelines for Proposals, section 4.6.6.)*

c) Describe how activities to strengthen health systems, integrated within this component, will have positive system-wide effects and how it is designed in compliance with the surrounding context and aligned with government policies.

d) Are there cross-cutting health systems strengthening activities integrated within this component that will benefit any other component included in this proposal?

- Yes
→ *complete e) and f)*
- No
→ *go to g)*

e) If you answered yes for d), describe these activities and the associated budgets and identify and explain how the other components will benefit. *Please refer to the Round 6 HSS Budget Information Sheet on <http://www.theglobalfund.org/en/apply/call6/documents/> before completing this section.*

f) If you answered yes for d), confirm that funding for these activities has not also been requested within the other component. *Please refer to the Round 6 HSS Budget Information Sheet on <http://www.theglobalfund.org/en/apply/call6/documents/> before completing this section.*

<p>g) Is this component reliant on any cross-cutting health systems strengthening activities that have been included within other components of this proposal?</p>	<input type="checkbox"/> Yes → complete h)
<p>h) If you answered yes for g), describe these activities and the associated budgets and identify and explain how this component will benefit. <i>Please refer to the Round 6 HSS Budget Information Sheet on http://www.theglobalfund.org/en/apply/call6/documents/ before completing this section.</i></p>	<input type="checkbox"/> No → go to 4.6.7.

* **R6 Guidelines for Proposals**

The Global Fund recognizes that the effective scale up and sustainability of HIV/AIDS, TB and malaria programmes, and the successful initiation and implementation of additional interventions may rely on health systems strengthening activities. Applicants are therefore encouraged to include funding in respect of such activities **integrated within the specific disease component(s)**.

This is different from Round 5 where applications for health systems strengthening activities could be made either within the disease component, or through a separate Health Systems Strengthening component. There is no separate HSS component in Round 6.

The Proposal Form seeks the following information in relation to health systems activities:

- Description of activities included, how they are linked to the disease and why they are necessary - [sub points a\) and b\)](#);
- Description of how these activities fit within the wider national context and policies - [sub point c\)](#); and
- Identification of cross cutting aspects of such activities where the activities included in one component may benefit one of the other components also - [sub points d\) to h\)](#).

The January 2006 revised M&E Toolkit includes new a “Chapter X” dedicated to Health Systems Strengthening. Table 15 within that chapter includes selected indicators and applicants are encouraged to refer to this chapter before completing the Proposal Form.

Activities to be funded and the linkage to the disease component

Proposals may include health system strengthening activities provided that these activities are linked to reducing the impact and spread of any or all of the three diseases. In addition to describing this linkage, applicants should explain why the proposed activities are necessary. In order to demonstrate the link, the proposed health systems interventions should be related to disease specific goals and impact indicators. For example, the response should link specific health systems strengthening activities with any related goals and indicators described in section 4.6.1.

Specific activities that can be funded will depend on individual circumstances and on linkages that can be demonstrated. However, activities to strengthen health systems may include, but are not limited to the following:

- Health workforce mobilization, training and management capacity development;
- Local management and planning capacity in general, including financial management;
- Health infrastructure renovation and enhancement, equipment, and strengthening maintenance capacity (this does not include large-scale investments, such as building hospitals and clinics);
- Laboratory capacity;
- Health information systems, inclusive of monitoring and evaluation;
- Supply chain management, especially drug procurement, distribution, and quality assurance;

- Innovative health financing strategies to respond to financial access barriers
- High level management and planning capacity;
- Engagement of community and non state providers;
- Quality of care management; and
- Operations research.

Health system strengthening activities are not limited to health sector-related activities and may also target other sectors including education, the workplace and social services, provided that these activities are directly related to reducing the spread and impact of HIV/AIDS, TB and/or malaria. Proposals should also, when appropriate, seek to establish mechanisms for civil society and other stakeholders in the health system to have a voice in developing policies to strengthen health systems, and to take part in activities to this effect.

System wide effects and compliance with government policy

Proposals should demonstrate that any requests for health system strengthening are within national plans and that they are linked with public expenditure frameworks. Proposals should describe how they will have positive system-wide effects, and alignment with government policy should be explained.

Cross-cutting aspects of health system strengthening activities

Investment in health systems, by its nature, may have cross-cutting benefits which will impact more than one disease component. The Proposal Form seeks information to identify such activities. Applicants should specify:

- If a component funding request includes health systems strengthening activities that benefit more than one component; and
- If a component is reliant on health systems strengthening activities included within a different component, and if so, to what extent.

The effects of this information should be quantified. Applicants should **not** duplicate requests for funding by including the same activities in more than one component.

Aidspan Guidance

You are being asked to provide information here about activities in this component that are designed to strengthen health systems.

Special Note: *The activities that you describe in Item 4.6.6 are not NEW activities. They should already have been included in Item 4.6.3 above. What the Global Fund is asking for here is ADDITIONAL information on these health system strengthening activities.*

The questions in Item 4.6.6 are fairly straightforward.

You are allowed to include health systems strengthening activities in any of the disease components – i.e., if you have more than one component in your proposal, you may include health systems strengthening activities in each component. But the Global Fund does not want you to duplicate health systems strengthening activities in the various components, particularly with respect to the budgets for such activities. This is the reason behind questions *d)* through *h)* in Item 4.6.6. In questions *d)*, *e)* and *f)*, you are being asked about whether and how health system strengthening activities in this component benefit other components of your proposal. In questions *g)* and *h)*, you are being asked about whether and how health systems strengthening activities in other components of your proposal benefit this component.

4.6.7 Common funding mechanisms

This section seeks information on funding requested in this proposal that is intended to be contributed through a common funding mechanism (such as Sector-Wide Approaches (SWAp), or pooled funding (whether at a national, sub-national or sector level)).

a) Is part or all of the funding requested for the disease component intended to be contributed through a common funding mechanism?

Yes
→ answer questions below.

No
→ go to 4.8

b) Indicate in respect of each year for which funds are requested the amount to be funded through a common funding mechanism.

c) Describe the common funding mechanism, whether it is already operational and the way it functions. Identify development partners who are part of the common funding mechanism. Please also provide documents that describe the functioning of the mechanism as an annex. *(This may include: The agreement between contributing parties; joint Monitoring and Evaluation procedures, management details, joint review and accountability procedures, etc.)*

d) Describe the process of oversight for the common funding mechanism and how the CCM will participate in this process.

e) Provide an assessment of the incremental impact on projected targets as a consequence of the funds being requested for this component, which are to be contributed through the common funding mechanism.

f) Explain the process by which the applicant will ensure that funds requested in this application, that are contributed to a common funding mechanism, will be used specifically as proposed in this application.

* R6 Guidelines for Proposals

Part or all of the funding for this component may be planned to be contributed through a common funding mechanism. If this is the case the Proposal Form asks the applicant to provide certain additional information.

A common funding mechanism is an arrangement between multiple partners (domestic sources and external donors) in which they contribute funding through a unified approach using joint targets, and common rules and reporting/accountability mechanisms.

Common funding mechanisms can vary from country to country and even across programmes and sectors within a country.

Some common funding mechanisms will be fully functional with multiple external donors and government participation. These mechanisms will have agreed upon targets, operational funding rules, and reporting and accountability procedures. Other mechanisms will be less advanced and may be in a more formative stage.

The Global Fund encourages the use of existing in-country mechanisms through which to provide additional support to reduce the impact and spread of the three diseases. It therefore would support the use of a common funding mechanism should one exist in the country. The decision whether to plan to use such a structure rests with the applicant.

In deciding whether such a mechanism is appropriate to use for the channelling of Global Fund resources, the applicant may wish to consider the following:

- Is the common funding mechanism functional with established rules and procedures (e.g. a signed Memorandum of Understanding between all domestic and external donor stakeholders)?
- Will the mechanism allow for timely grant signing, recognizing that a grant agreement must be signed no later than 12 months after Board approval?
- Will the mechanism help streamline reporting requirements?
- Are the financial and payment systems utilized by the common funding mechanism able to ensure timely distribution of financial support to implementers undertaking performance-focused activities?
- Will the data collection and reporting systems utilized by the common funding mechanism to monitor performance enable regular performance monitoring recognizing that Global Fund grant disbursements are linked to performance?
- Programmes approved for funding by the Global Fund are, during year 2 of the programme, evaluated for on-going funding for the balance term of the programme (typically years 3, 4 and 5) based on performance during the initial 2 years. Will the common funding mechanism be fully operational during the initial 2 years and be able to demonstrate timely performance against the agreed upon targets from programme start?

If a common funding mechanism is to be used to channel Global Fund resources, the applicant and the Global Fund will, during grant negotiations, agree a mutually acceptable reporting framework that is based on the existing reporting framework of the common funding mechanism, and which is complementary to performance based reporting to the Global Fund. It is particularly important that applicants note that common funding mechanisms must still allow for reporting to the Global Fund on the specific indicators in the approved proposal.



Aidspan Guidance

N/A

4.6.8 Target groups

Provide a description of the target groups, and their inclusion during planning, implementation and evaluation of the proposal. Describe the impact that the program will have on these group(s).

4.6.9 Social stratification

Provide estimates of how many of those expected to be reached are women, how many are youth, how many are living in rural areas and other relevant categories. The estimates must be based on a serious assessment of each objective.

Table 4.6.9 Social stratification

	Estimated number and percentage of people reached who are:			
	Women	Youth (<18)	Living in rural areas	Other*
SDA 1				
SDA 2				
SDA 3				
SDA 4				

* "Other" to include target groups according to country setting, e.g. indigenous populations, ethnic groups, underprivileged regions, socio-economic status, etc. Targets should be defined according to country disease programs.

4.6.10 Gender issues

Describe gender and other social inequities regarding program implementation and access to the services to be delivered and how this proposal will contribute to minimizing these gender inequities.

4.6.11 Stigma and discrimination

Describe how this component will contribute to reducing stigma and discrimination against people living with HIV/AIDS, tuberculosis and/or malaria, as applicable, and other types of stigma and discrimination that facilitate the spread of these diseases.

4.6.12 Equity

Describe how principles of equity will be ensured in the selection of patients to access services, particularly if the proposal includes services that will only reach a proportion of the population in need (e.g., some antiretroviral therapy programs).

* **R6 Guidelines for Proposals**

The planning for what comprises appropriate interventions to be included within the proposal should actively take into account human rights considerations, including gender inequalities, as well as behavioural practices that fuel the spread of the three diseases. Proposals should identify gender inequities regarding access to health and identify ways to address these. Proposals should include interventions targeted at reducing stigma and discrimination and should also address the social services needs of women, adolescents, youths and orphans.

When responding to these sections, proposals should therefore explain why it is that interventions are proposed to target certain population and/or most at risk groups, with a particular focus on explaining any linkages between socially stratified groups, as appropriate.



Aidspan Guidance

For Table 4.6.9, we suggest that where it says “SDA1,” SDA 2,” etc., you enter the actual names of the SDAs. If there are more than four SDAs in this component, you will need to add rows to this table. In the “Other” column, you should identify other groups that your proposal is targeting. If necessary, add additional columns.

For each SDA, the percentages that you show under each column should add up to 100 (unless there are people being reached that cannot be categorized as a target group.) Note that you are being asked to identify what percentage of the people you are reaching belong to each target group; you are not being asked to identify what percentage of the target group you are reaching.

In Item 4.6.10, the Global Fund is asking you to describe gender inequities in your country that are negatively affecting access to the services to be delivered, and how your programme will address these gender inequities. The following extracts adapted from several Round 3 proposals illustrate some of the methods that countries said they would use to address this issue:

The proposal will try to promote gender equality issues by putting emphasis on equal rights for prevention and cure, by actively involving women in health education and awareness activities and by promoting gender equality in employment opportunities...

Differences between men and women in the ability to negotiate safer sexual behaviour will be considered and prevention campaigns will include development of condom negotiation skills for women...

Gender and sexuality will be crosscutting theme in the orientation and training activities in this programme...

The programme will include empowerment workshops for young people, commercial sex workers and women specifically. The workshops will include an emphasis on lessening the constraints on women’s access to information and education, economic resources and social support, services and technology.

In Item 4.6.11, you need to describe how your proposal will address stigma and discrimination. If, for some reason, you have not already built this into your proposal, you should go back and do so now, because obviously the Global Fund will be looking for this.

4.6.13 Sustainability

Describe how the activities initiated and/or expanded by this proposal will be sustained at the end of the program term. *(When completing this section, applicants should refer to the Guidelines for Proposals, section 4.6.13.)*

* **R6 Guidelines for Proposals**

The applicant should describe how grant-supported activities and interventions will, over the programme term, help to establish and build sustainable: systems (including management and financial systems); human resource capacity; technical competence; and other foundations to support the continuity of planned interventions beyond the programme term, as appropriate. The proposal should also identify the extent to which the Coordinating Mechanism and/or other national structures will be involved in the process of ensuring sustainability.

Aidspan Guidance

The Global Fund wants to see evidence that plans have been developed to ensure the sustainability of the activities in this proposal once the Global Fund grant runs out. In Rounds 3-5, the TRP applauded proposals that showed evidence of sustainability, particularly where governments committed to long-term funding (beyond the end date of the programme). See [Strength #6](#) in Chapter 3 of this *Guide* for examples of countries whose proposals demonstrated good sustainability.

4.7 Principal Recipient information

In this section, applicants should describe their proposed implementation arrangements, including nominating Principal Recipient(s). See the Guidelines for Proposals, section 4.7, for more information. Where the applicant is a Regional Organisation or a Non-CCM, the term 'Principal Recipient' should be read as implementing organisation.

4.7.1 Principal Recipient information

Every component of your proposal can have one or several Principal Recipients. In table 4.7.1 below, you must nominate the Principal Recipient(s) proposed for this component.

Table 4.7.1: Nominated Principal Recipient(s)

Indicate whether implementation will be managed through a single Principal Recipient or multiple Principal Recipients.	<input type="checkbox"/> Single
	<input type="checkbox"/> Multiple

Responsibility for implementation			
Nominated Principal Recipient(s)	Area of responsibility	Contact person	Address, telephone, fax numbers and e-mail address

* R6 Guidelines for Proposals

In the proposal, the applicant should identify a suitable Principal Recipient (PR) to be responsible for proposal implementation and accountable for grant funds.

→ For more details on the roles and responsibilities of Principal Recipients, see the Global Fund document "Fiduciary Arrangements for Grant Recipients", available at <http://www.theglobalfund.org/en/apply/call6/documents/>.

Depending on the proposal and the capacities of different local stakeholders, Coordinating Mechanisms (CCMs, Sub-CCMs or RCMs) may choose to nominate more than one PR to be responsible for distinct parts of the proposal (either for different disease components or within a single component), such as having one PR for public sector activities and a different non-government sector PR for civil society and the private sector. Where two or more PRs are nominated to lead implementation of the planned interventions, the applicant should explain how coordination will be achieved between the multiple PRs to ensure performance of the programme. How the Coordinating Mechanism will perform its role of implementation oversight during the programme term in such circumstances should also be described.

A PR should be a legally-constituted entity that can enter into a grant agreement with the Global Fund. This could be a government ministry, a non-governmental or faith-based organisation, a private sector firm or foundation.

To ensure local ownership and accountability, PRs are expected to be local stakeholders rather than United Nations agencies or other multilateral or bilateral development partners. In exceptional circumstances (e.g., civil war or post-conflict reconstruction) when no local stakeholders are able to

act as PR, other entities may be nominated. International non-governmental organisations with an established local presence are considered local stakeholders.

→ For more information on the requirements regarding a documented and transparent process to nominate PR(s), see section 2 of these Guidelines and the CCM Guidelines.

Aidspan Guidance

All CCMs, Sub-CCMs and RCMs need to nominate one or more PRs. For ROs and Non-CCM applicants, the implementing organisation (which, presumably, is the applicant) is deemed to be the PR.

The information required on the Proposal Form is self-explanatory. But the *R6 Guidelines for Proposals* ask for additional information. In cases where more than one PR is being proposed, the Guidelines ask you to explain how coordination will be achieved between the different PRs, and how the coordinating mechanism will perform its role of implementation oversight in such circumstances. We suggest that you insert this information below Table 4.7.1.

MACRO VERSION

You won't be able to add information below Table 4.7.1. You will have to attach the additional information in an annex.

In Rounds 3-5, the TRP was critical of proposals in which the PR was not identified or was not located in the same country.

4.8 Program and financial management

* *R6 Guidelines for Proposals*

In this section applicants are requested to describe implementation arrangements that will ensure performance of the programme.

Aidspan Guidance

N/A

4.8.1 Management approach

Describe the proposed approach of management with respect to planning, implementation and monitoring the program. Explain the rationale behind the proposed arrangements. *(Outline management arrangements, roles and responsibilities between partners, the nominated Principal Recipient(s) and the CCM. Maximum of half a page.)*

* **R6 Guidelines for Proposals**

The management arrangements will have a strong influence on the successful implementation of the programme. Applicants should describe the proposed management arrangements and the specific roles of the different actors: PRs; Coordinating Mechanisms; partners; sub-recipients (SRs) and other key stakeholders important to ensuring strong performance over the programme term. This should address the planning stage, implementation of the programme and the monitoring and evaluation of results.

Aidspan Guidance

In this item, the Global Fund requires that you describe the roles and responsibilities of the different players in planning, implementing and monitoring the programme. Here is an illustration of what the information for this step could look like, adapted from a Round 3 proposal:

The CCM will have overall responsibility for the success of the project and will manage relations with the Global Fund Secretariat. The CCM will meet quarterly to approve new proposals and to review progress and problems relating to ongoing activities. The CCM will appoint an HIV/AIDS Sub-Committee, which will have two principal responsibilities: (1) To review and make recommendations to the full CCM on requests for funding, including new proposals and updated annual work-plans for existing partners; (2) To monitor programme progress and expenditures on a quarterly basis, based on summary quarterly reports prepared by the PR. The Sub-Committee will be responsible for bringing information on implementation delays or other problems noted in these reviews to the attention of the full CCM at its quarterly meeting. On an annual basis, the PR will prepare a summary of available data for review by the full CCM. This summary will review the current state of the epidemic, implementation progress, financial expenditures and barriers to effective and efficient implementation. The CCM will use this information to determine whether changes in programme direction and/or resource allocation are necessary. If so, the CCM will negotiate the recommended changes with the GFATM.

The PR will execute its daily functions through a Project Management Unit (PMU). The PMU will execute a Memorandum of Understanding (MOU) with each implementing partner who is approved to receive funds. The MOU will indicate the mechanism of disbursement and accounting for funds and the expected outputs of each undertaking. In addition, it will spell out the roles and responsibilities of the PR and the implementing partner and specify financial regulations governing the use of GFATM funds and reporting commitments. Once an MOU has been signed with an implementing partner, the PMU will be responsible for disbursing the funds, and for monitoring funds utilization on a monthly basis. It will also receive quarterly progress reports from the implementation agencies. Quarterly financial and activity progress reports will be forwarded to the HIV/AIDS Committee of the CCM for technical and financial review. On an annual basis, the full CCM will review programme progress and proposed work-plans for the upcoming year and approve or disapprove additional disbursements.

To access funding, all implementing agencies must submit a detailed proposal and workplan to the CCM. The Sub-Committee will review the proposal for technical, logistical and budgetary soundness and make a recommendation to the CCM to approve funding, request modifications or disapprove funding. When the CCM has approved a proposal, it will notify the LFA and the PMU, which will then

prepare the MOU and release funds. The lead implementing agency for any activity may work in collaboration with other partners for the purpose of implementation but will retain the responsibility for successful implementation and financial accountability. All implementing agencies must submit monthly financial reports and quarterly progress reports to the PMU. Review of these reports will be carried out by the HIV/AIDS Sub-Committee and forwarded to the CCM for action as required.

Please note that if there are multiple Principal Recipients, section 4.8.2 below has to be repeated for each one.

4.8.2 Principal Recipient capacities

a) Describe the relevant technical, managerial and financial capacities for each nominated Principal Recipient. Please also discuss any anticipated shortcomings that these arrangements might have and how they will be addressed, please refer to any assessments of the PR(s) undertaken either for the Global Fund or other donors (e.g., capacity-building, staffing and training requirements, etc.).

b) Has the nominated Principal Recipient previously administered a Global Fund grant?

Yes

No

c) Is the nominated PR currently implementing a large program funded by the Global Fund, or another donor?

Yes

No

d) If you answered yes for b) or c), provide the total cost of the project and describe the performance of the nominated Principal Recipient in administering previous grants (Global Fund or other donor).

e) If you answered yes for b) or c), describe how the PR would be able to absorb the additional work and funds generated by this proposal.

* R6 Guidelines for Proposals

PR(s) assume programmatic management responsibility and financial accountability for the Global Fund-financed programme. Under the guidance of the CCM, the responsibilities of the PR include:

- Receiving and managing the funds from the Global Fund;
- Implementing and overseeing the implementation of programmes;
- Making efficient arrangements for disbursement of funds to sub-recipient(s), including overseeing the financial arrangements of sub-recipients, and preparing a plan for the annual audit of sub-recipient activities under the grant; and
- Reporting on results and requesting additional disbursement of funds.

→ See the roles and responsibilities of the CCM during grant implementation in the CCM Guidelines.

Each PR needs to possess, or be able to very rapidly develop (including through outsourcing or obtaining very early expert technical assistance) certain minimum capacities in: its financial management systems; management and programmatic capacity; monitoring and evaluation systems; and procurement and supply management structures. If a proposal is approved, an independent LFA appointed by the Global Fund typically assesses every nominated PR to ensure that it has these minimum capacities. In the event that a PR out-sources fundamental roles (e.g., the PR is a Ministry of Finance which entrusts programmatic responsibility to a Ministry of Health), the LFA will also assess the entity that is handling the outsourced functions (e.g., the Ministry of Health in this example) as well as the nominated PR.

→ The required minimum capacities and the assessment tools used by the LFA are available at:
<http://www.theglobalfund.org/en/apply/call6/documents/>.

The applicant has to describe the relevant technical, managerial and financial capabilities for each nominated PR. If the nominated PR has previously administered a Global Fund grant, details of this experience should be given. The nomination of the PR(s) included in the proposal is subject to final approval by the Global Fund as part of the grant negotiations process. In the event that capacity building is necessary for a PR to meet these minimum capacities, funds for this should be included in the proposal and specifically identified as technical assistance needs in section 4.11, and also included in the detailed budget as an identifiable line item.

Aidsplan Guidance

In Rounds 3-5, the TRP praised proposals in which the PR was a strong organisation with experience in managing similar programmes (see [Strength #16](#) in Chapter 3). On the other hand, the TRP was critical of proposals in which the PR appeared to lack the necessary capacity to perform its functions. See [Weakness #5](#) in Chapter 3 for a description of some of the PR problems identified by the TRP.

4.8.3 Sub-Recipient information	
a) Are sub-recipients expected to play a role in the program?	<input type="checkbox"/> Yes → complete the rest of 4.8.3
	<input type="checkbox"/> No → go to 4.9
b) How many sub-recipients will or are expected to be involved in the implementation?	<input type="checkbox"/> 1 – 5
	<input type="checkbox"/> 6 – 20
	<input type="checkbox"/> 21 – 50
	<input type="checkbox"/> more than 50
c) Have the sub-recipients already been identified?	<input type="checkbox"/> Yes → complete 4.8.3. d) -e) and then go to 4.9
	<input type="checkbox"/> No → go to 4.8.3. f) – g)
d) Describe the process by which sub-recipients were selected and the criteria that were applied in the selection process (e.g., open bid, restricted tender, etc.).	
e) Where sub-recipients applied to the Coordinating Mechanism, but were not selected, provide the name and type of all organisations not selected, the proposed budget amount and reasons for non-selection in an annex to the proposal.	
f) Describe why sub-recipients were not selected prior to submission of the proposal.	
g) Describe the process that will be used to select sub-recipients if the proposal is approved, including the criteria that will be applied in the selection process.	

*** R6 Guidelines for Proposals**

PRs are typically not the only implementing entity in a proposal. Sub-recipients (SRs) that receive Global Fund financing through a PR often carry out much of the implementation work. SRs can be any form of entity.

(SRs can include: academic/educational sector; government (including ministries of health as well as other ministries involved in a multi-sectoral response, such as education, agriculture, youth, information, etc.); non-governmental and community-based organisations; people living with HIV, TB, and/or malaria; the private sector; religious/faith-based organisations; and where no national recipient is available, upon justification multi-/bilateral development partners.)

The proposal should describe the process that has been used to select the SRs as implementers under a lead PR, which should be open and transparent. Where a potential SR was rejected by the Coordinating Mechanism (e.g., where an organisation submitted a proposal for inclusion within the composite national proposal), the name, type, proposed budget and reason for non selection of such party must be disclosed by the applicant in this section of the Proposal Form.

Although it is expected that a proposal will identify sub-recipients, if an applicant is unable to identify some or all SRs prior to proposal submission, it should explain why it was unable to do so and include a detailed description of the transparent documented process that will be undertaken to identify these SRs, including the criteria that will be used by the PR(s) to select SRs. In limited circumstances, the applicant's proposed implementation arrangements may suggest that a PR will be asked to manage a pool of funding to be later disbursed to SRs not identified at the time of proposal submission. In such circumstances, it is necessary to provide a detailed description of the management and financial arrangements that will be applied by the PR to ensure programme performance and financial accountability.



Aidspace Guidance

Not all of the questions in Item 4.8.2 have to be answered. If you follow the instructions in the right-hand column, you should be able to navigate the questions. Note that SRs can be selected by either the CCM or the PR providing that there is an agreed, documented, transparent process in place for doing so.

4.9 Monitoring and evaluation

The Global Fund encourages the development of nationally owned monitoring and evaluation plans and monitoring and evaluation systems, and the use of these systems to report on grant program results. By completing the section below, applicants should clarify how and in what way monitoring the implementation of the grant relates to existing data-collection efforts.

* **R6 Guidelines for Proposals**

The Global Fund encourages the development of single national monitoring and evaluation (M&E) plans and systems, and the use of these to report on performance and impact of programmes supported by all donors, including the Global Fund.

The Global Fund therefore prefers that PRs use existing in-country national data-collection systems whenever appropriate. It is recognized that additional data collection and reporting may create a further burden on the national reporting framework. Thus, when preparing its budgets for this application, the applicant should set aside sufficient funding (recommended at between 5 to 10% of a component budget) to ensure that necessary M&E systems are in place or can be appropriately supplemented.



Aidspan Guidance

N/A

4.9.1 Plans for monitoring and evaluation

Describe how the targets and activities indicated in the Targets and Indicator Table (attached as Attachment A to this proposal, see section 4.6) will be monitored and evaluated. Please identify any surveys to which this proposal is contributing.

*** *R6 Guidelines for Proposals***

In this section of the Proposal Form, the applicants should describe how the targets and activities in the Targets and Indicators Table (Attachment A to the Proposal Form, see section 4.6) will be monitored and evaluated by the PR(s).

 **Aidspan Guidance**

N/A

4.9.2 Integration with national M&E Plan

Describe how performance measurement for this program is proposed to contribute to and/or strengthen the national Monitoring and Evaluation Plan for this component. If a national Monitoring and Evaluation strategy exists, please attach it as an annex to the proposal, and provide a summary of key linkages with the national Monitoring and Evaluation Plan and data collection methods.

*** R6 Guidelines for Proposals**

Applicants should describe the integration of approaches with national M&E systems, including how performance of the programme will be reported up to the national body responsible for M&E, or into the national system. Where a national M&E strategy or framework exists, applicants are required to attach relevant documents as an annex to the proposal including, in particular, the national indicators relevant to the disease component.

Aidspan Guidance

N/A

4.10 Procurement and supply management of health products

In this section, applicants should describe the management structure and systems currently in place for the procurement and supply management (PSM) of drugs and health products in the country. When completing this section, applicants should refer to the Guidelines for Proposals, section 4.10.

* **R6 Guidelines for Proposals**

As the procurement and supply management of health products can be particularly complex and may impact programme performance, the Global Fund has prepared the PSM Guide and prepared policy information. Each is available at: <http://www.theglobalfund.org/en/about/procurement/guides/>. Applicants should review the Global Fund's policies on procurement and supply management prior to completing this section of the Proposal Form.

The Global Fund expects grant recipients to procure products of assured quality at the lowest price possible and in accordance with national laws and applicable international obligations. Specific topics which are relevant to this section include the existence of well-functioning transparent procurement systems, quality assurance and quality control, national laws and applicable international obligations, distribution and inventory management, and appropriate use. These and other topics are further described below.

Once a proposal has been approved by the Board of the Global Fund, PRs are responsible for submitting a "Procurement and Supply Management Plan", which describes in greater detail the arrangements for procurement and supply management of health products. Prior to the disbursement of funds for the procurement of health products, the LFA will assess this plan and the systems that it describes.

Aidspan Guidance

On the Proposal Form, and in the *R6 Guidelines for Proposals*, the Global Fund uses different terminology – e.g., "health products," "drugs and health products," "drugs and other health products" and "drugs and related medical supplies." We believe that these terms all mean the same thing – i.e., drugs and other health products. Note, however, that the term "health products" is not defined anywhere.)

In Rounds 3-5, the TRP identified a number of proposals where the procurement and supply management plan was either missing or not sufficiently detailed. See [Weakness #13](#) in Chapter 3 of this *Guide* for more details.

4.10.1 Organisational structure for procurement and supply management

Briefly describe the organisational structure of the unit currently responsible for procurement and supply management of drugs and health products. Further indicate how it coordinates its activities with other entities such as National Drug Regulatory Authority (or quality assurance department), Ministry of Finance, Ministry of Health, distributors, etc.

*** R6 Guidelines for Proposals**

N/A

 **Aidspan Guidance**

N/A

4.10.2 Procurement capacity	
a) Will procurement and supply management of drugs and health products be carried out (or managed under a sub-contract) exclusively by the Principal Recipient or will sub-recipients also conduct procurement and supply management of these products?	<input type="checkbox"/> Principal Recipient only
	<input type="checkbox"/> Sub-recipients only
	<input type="checkbox"/> Both
b) For each organisation involved in procurement, please provide the latest available annual data (in Euro/US\$) of procurement of drugs and related medical supplies by that agency.	

*** R6 Guidelines for Proposals**

In many cases, a range of implementing partners, including sub-recipients, participate in procurement and supply management activities. However, PRs retain the overall responsibility for ensuring compliance with Global Fund procurement policies. Relevant procurement and supply management functions may be sub-contracted to specialized service providers.

Applicants are requested to specify whether the PR will exclusively carry out procurement and supply management of drugs and health products, or whether SRs will be involved. Latest available annual data of procurement of drugs and related medical supplies should be provided for each agency or organisation involved.

 **Aidspan Guidance**

N/A

4.10.3 Coordination

a) For the organisations involved in section 4.10.2.b, indicate in percentage terms, relative to total value, the various sources of funding for procurement, such as national programs, multilateral and bilateral donors, etc

b) Specify participation in any donation programs through which drugs or health products are currently being supplied (or have been applied for), including the Global Drug Facility for TB drugs and drug-donation programs of pharmaceutical companies, multilateral agencies and NGOs, relevant to this proposal.

* **R6 Guidelines for Proposals**

For all organisations listed to be involved in procurement of drugs and health products, applicants should also specify the various sources of funding (e.g. national programmes, multilateral and bilateral donors, etc.). This information should be given as a percentage, relative to total value. The current or future participation in any donation programme relevant to this proposal should also be specified in this section.



Aidspace Guidance

The first part of Item 4.10.3 is about sources of funding for procurement. You are required to indicate, in percentage terms, for the organisations involved in procurement (i.e., the organisations you listed in Item 4.10.2b), the proportion of total funding represented by the different sources of funding – sources such as national programmes, multilateral donors and bilateral donors. We suggest that you show the percentages for each organisation involved in procurement. For example, you may state that Organisation X received 23 percent of its funding from national programmes, 47 percent from multilateral donors, and 30 percent from bilateral donors. We also suggest that you show the percentages for all organisations combined.

4.10.4 Supply management (storage and distribution)	
a) Has an organisation already been nominated to provide the supply management function for this grant?	<input type="checkbox"/> Yes → <i>continue</i>
	<input type="checkbox"/> No → <i>go to 4.10.5</i>
b) Indicate, which types of organisations will be involved in the supply management of drugs and health products. If more than one of the boxes below is ticked, describe the relationships between these entities.	<input type="checkbox"/> National medical stores or equivalent
	<input type="checkbox"/> Sub-contracted national organisation(s) <i>(specify which one(s))</i>
	<input type="checkbox"/> Sub-contracted international organisation(s) <i>(specify which one(s))</i>
	<input type="checkbox"/> Other <i>(specify)</i>
c) Describe the organisations' current storage capacity for drugs and health products and indicate how the increased requirements will be managed.	
d) Describe the organisations' current distribution capacity for drugs and health products and indicate how the increased coverage will be managed. In addition, provide an indicative estimate of the percentage of the country and/or population covered in this proposal.	

* **R6 Guidelines for Proposals**

Applicants are required to specify whether an organisation has already been nominated to provide the supply management function for drugs and health products procured under the programme, and if so, this organisation's current storage and distribution capacity. If more than one type of organisation is involved in storage and distribution, the relationship between them should be described.

Aidspan Guidance

In the last part of Item 4.10.4d, you are required to provide an indicative estimate of the percentage of the country and/or population covered in this proposal. This is very unclear. You may want to check the Frequently Asked Questions section on the Global Fund's website to see if this is explained. You can access the FAQs via www.theglobalfund.org/en/apply/call6/documents/.

[For tuberculosis and HIV/AIDS components only:]

4.10.5 Multi-drug-resistant TB

Does the proposal request funding for the treatment of multi-drug-resistant TB?

Yes

No

If yes, please note that all procurement of medicines to treat multi-drug-resistant tuberculosis financed by the Global Fund must be conducted through the Green Light Committee (GLC) of the Stop TB Partnership. Proposals must therefore indicate whether a successful application to the Committee has already been made or is in progress. For more information, please refer to the GLC website, at <http://www.who.int/tb/dots/dotsplus/management/en/>. Also see the Guidelines for Proposals, section 4.10.5.

* R6 Guidelines for Proposals

This section should be completed for TB components and HIV/AIDS components where HIV/TB collaborative interventions are included in the proposal. To help limit resistance to second-line TB drugs, all procurement of medicines to treat multi-drug resistant TB (along with essential MDR-TB treatment management services) financed under the grant must be conducted through the Green Light Committee of the Stop TB Working Group on drug resistant TB. Applicants should identify whether the proposal requests funding for multi-drug-resistant TB, and if so, whether a successful application to the Green Light Committee has been made or is in progress. As the GLC provides essential services to Global Fund grants targeting MDR-TB, all such applicants should budget US\$ 50,000 for each relevant calendar year in which MDR-TB services will be required from the GLC. These costs are to be utilized to contribute to the costs of services that will be provided to the applicant by the GLC during the programme term. The US\$ 50,000 per calendar year is a maximum amount, and applicants should refer to the Global Fund Board decision from the 13th Board meeting on the process that will be followed to calculate the specific contribution for any calendar year.

Importantly, a PR's capacity to transparently and efficiently perform non-health procurement and supply management activities under the programme will also be assessed by the Global Fund, including the procurement of goods, vehicles and services (including proposed significant consultancy arrangements). The PR's financial and management capacities relevant to such procurement and supply management will be a key aspect of any such assessment.



Aidspan Guidance

N/A

4.11 Technical and Management Assistance and Capacity-Building

Technical assistance and capacity-building can be requested for all stages of the program cycle, from the time of approval onwards, including in respect of , development of M&E or Procurement Plans, enhancing management or financial skills etc. When completing this section, applicants should refer to the Guidelines for Proposals, section 4.11.

4.11.1 Capacity building

Describe capacity constraints that will be faced in implementing this proposal and the strategies that are planned to address these constraints. This description should outline the current gaps as well as the strategies that will be used to overcome these to further develop national capacity, capacity of principal recipients and sub-recipients, as well as any target group. Please ensure that these activities are included in the detailed budget.

* R6 Guidelines for Proposals

Applicants are also requested to describe capacity constraints that will be faced in implementing the proposal, and the measures that are planned to address these constraints. It is important that all activities included in this section are also reflected in the detailed budget.



Aidspan Guidance

The Global Fund recognizes that PRs, SRs and other players involved in implementing the proposal may need technical assistance to adequately perform their functions. Proposals can also include measures to strengthen the capacity of CCMs.⁶

Note: The Global Fund has not provided definitions of the terms “technical assistance,” “management assistance” or “capacity-building” and tends to use the terms interchangeably.

⁶ Global Fund grants can be used to support other CCM activities, including staff salaries; office administration, such as phone, fax, postage, stationary and photocopy; CCM meeting costs, including travel cost for CCM for non-governmental members (for up to six meetings per year); some communication and information dissemination; facilitation costs associated with constituency consultation and processes to promote stakeholder participation; and some translation. However, these activities should not be identified here. They must be included in Section 4.6, along with the other programme activities.

4.11.2 Technical and management assistance

Describe any needs for technical assistance, including assistance to enhance management capabilities. (Please note that technical and management assistance should be quantified and reflected in the component budget section, section 5.6)

* **R6 Guidelines for Proposals**

Proposals should clearly identify technical and management assistance and capacity building needs throughout the entire programme cycle (from the time of approval through proposal development and the clarification phase, to the implementation stage). Requests for technical and management assistance should be quantified and reflected in the budget section of the Proposal Form (section 5.6).

Aidspan Guidance

It is not clear what the difference is between this item and the previous one. We suggest that you ensure that your technical assistance and capacity building needs are covered one way or another in Items 4.11.1 and 4.11.2. If your nominated PR requires some capacity building, this is the place to include it.

Section 5 Component Budget

PLEASE NOTE THAT THIS SECTION IS TO BE COMPLETED FOR EACH COMPONENT.

In this section, applicants will need to provide summary budget information for the proposed duration of the component. Applicants are also required to provide a more detailed budget as an annex to the proposal. For more information on budget requirements, please refer to the Guidelines for Proposals, section 5.

If part or all of the funding requested for this component is to be contributed through a common funding mechanism (consistent with section 4.6.7), applicants should provide:

- Compile the Budget information in sections 5.1 – 5.6 on the basis of the anticipated use, attribution or allocation of the requested funds within the common funding mechanism; and
- Provide, as an annex, the available annual operational plans/projections for the common funding mechanism and explain the link between that plan and this funding request.

* **R6 Guidelines for Proposals**

The **Component Budget** section is where applicants provide budgetary information specific to each component.

Overview and general guidance

The Component Budget section is where applicants quantify their funding request. In particular the applicant is required to:

- Present a **component budget summary** showing the budget broken down by certain cost categories (section 5.1);
- Attach a **Detailed Component Budget** (section 5.2);
- Indicate **key budget assumptions** (section 5.3);
- Provide a **budget breakdown by service delivery area** (section 5.4);
- Provide a **budget breakdown by implementing partner** (section 5.5); and
- Identify budgeted spending for three functional areas; *Monitoring and Evaluation, Procurement and Supply Management and Technical and Management Assistance* (section 5.6).

The **Detailed Component Budget** is likely to be the source from which the information requested in sections 5.1 and 5.4 to 5.6 will be derived. It should clearly link to the **Work Plan** described at section 4.6. These are key documents which the TRP will use to assess the feasibility of the programme outcomes included in the Targets and Indicators Table (Attachment A to the Proposal Form). To assist with the compilation of the budget analysis information required in sections 5.1 and 5.4 to 5.6, these Guidelines include a Budget Analysis Template at Attachment 5. This is not a substitute for detailed budgeting models, but may be of use to applicants.

The following are some general principles that will guide the budget preparation process:

Budget justification

The Component Budgets should be based on a proper analysis of expected costs and outcomes and should be supported by sufficient detail, with appropriate justifications in order to enable a meaningful evaluation. This should include key assumptions. Budgets should reflect that Global Fund financing is additional to existing resources, and complements, rather than replaces, existing domestic or external resources. The Global Fund strongly encourages the relevant national authorities in recipient countries to exempt from duties and taxes all products financed by Global Fund grants.

Budget duration

Budgets may be submitted for a maximum of five years (where the intended programme duration is less than five years then the budget duration should match this shorter period). The Board of the Global Fund will only commit funding for the initial two-year period of any approved component. Funding for the third and subsequent years, and the amount of such funding, will depend on performance in implementing the grant during the first two years and on the availability of resources.

Budget preparation

Where possible, the Detailed Component Budget format should be derived from the proposed PR's usual budget formats and should facilitate the use of its normal accounting and reporting systems during programme implementation. Where the proposal activities are part of an existing programme or will be implemented in partnership with other financiers, the budget format already agreed to and in use should be used in the proposal. In order to report the budgetary analysis required in the Proposal Form, applicants may wish to use the Budget Analysis Template provided in Attachment 5 to these Guidelines. Use of this template is however entirely optional.

Funding for health systems strengthening activities

As indicated at section 4.6.6 of these Guidelines, certain activities to strengthen health systems may be necessary in order for the component proposal to be successful. Funding for such activities should be included within the specific disease component budgets.

Funding to be contributed through a common funding mechanism

Part or all of the funding for this component may be planned to be contributed through a common funding mechanism (such as a Sector-Wide Approach, pooled funding etc). If this is the case (see section 4.6.7), applicants should:

- Compile the Budget information in sections 5.1 – 5.6 on the basis of the anticipated use, attribution or allocation of the requested funds within the common funding mechanism; and
- Provide, as an annex, the available annual operational plans/projections for the common funding mechanism and explain the link between that plan and this funding request.

Common funding mechanisms can vary from country to country. After grant approval, the applicant and Global Fund may agree a mutually acceptable reporting framework that is based on the existing reporting framework of the common funding mechanism

Size of the funding request

There are no fixed upper limits on the size of a proposal, and the size of proposals may vary considerably based on country context and type of proposal. However, evidence of sufficient absorptive capacity is an important criterion for support. The TRP may view negatively proposals that request large amounts where the ability to absorb such funding has not been demonstrated (for example, annual requests that are disproportionate relative to existing yearly health sector expenditure).

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

Budget currency

Applicants must choose between using US Dollars or Euros consistently for all financial information throughout the proposal. In preparing the budget all local currency expenditure should be translated into the selected currency (whether US Dollars or Euros). Exchange rates used to translate local currency amounts should be disclosed in the Detailed Component Budget. Exchange rate

assumptions should also be disclosed and where forward rates have been used these should be explained and justified.

Aidspan Guidance

As we indicated at the start of Section 4, the way that the Proposal Form is organised for Round 6, there is a Section 4 (Component Section) for HIV/AIDS, followed by a Section 5 (Component Budget) for HIV/AIDS. This is followed, in turn, by a Section 4 for TB, a Section 5 for TB, a Section 4 for malaria, and a Section 5 for malaria. All of the Section 4s are identical and all of the Section 5s are identical (except for the headings at the top of the pages).

In its instructions for some of the items in Sections 5, the Global Fund requests information for all three diseases. This language is a holdover from proposal forms used in past rounds of funding, where the Fund provided just one Section 5 and asked applicants to copy this section of the form if they planned to include more than one disease component in their proposal. Thus, if you are filling out Section 5 for an HIV/AIDS component, and you are asked to provide information on, for example, “HIV/AIDS, TB and/or malaria,” you only need to provide information for HIV/AIDS.

In Rounds 3-5, the TRP identified major weaknesses in the budget information contained in over half of the proposals submitted. The TRP found that in many cases the budget was incomplete or not detailed enough; that there were inconsistencies or errors within the budget; or that specific budget items were unclear or inadequately justified. We suggest, therefore, that you put a lot of effort into getting Section 5 right. See [Weakness #2](#) in Chapter 3 of this *Guide* for more information on the problems identified by the TRP. Please also see [Strength #8](#) in Chapter 3 of this *Guide* for examples of proposals that contained budgets praised by the TRP as being detailed and well-presented.

5.1 Component budget summary

Insert budget information for this component broken down by year and budget category, in table 5.1 below.

(The "Total funds requested from the Global Fund" should be consistent with the amounts entered in table 1.2 relating to this component.)

The budget categories and allowable expenses within each category are defined in the Guidelines for Proposal, section 5.1. The total requested for each year, and for the program as a whole, must be consistent with the totals provided in sections 5.1.

Table 5.1 – Funds requested from the Global Fund

	Funds requested from the Global Fund (in Euro/US\$)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Human resources						0
Infrastructure and equipment						0
Training						0
Commodities and products						0
Drugs						0
Planning and administration						0
Other (please specify)						0
Other (please specify)						0
Other (please specify)						0
Total funds requested from the Global Fund	0	0	0	0	0	0

* R6 Guidelines for Proposals

This is a summary annual budget in respect of each year of the proposal. It should be broken down by categories as defined in the table below. Note that the "Total funds requested from the Global Fund" should be consistent with the amounts relating to this component entered in Table 1.2 of the Proposal Form.

MACRO VERSION

Totals will be automatically calculated as you enter the information in this table. Also, once you enter information in this table, the totals will be automatically copied to the relevant parts of Tables 1.2 and 2.1.2.

Category	Expenditure examples
Human Resources	Salaries, wages and related costs (pensions, incentives and other employee benefits, etc.) relating to all staff (including field personnel), consultants (excluding short term consultants included under categories below) and staff recruitment costs
Infrastructure and Equipment	Information Technology (IT) and health infrastructure renovation and enhancement, office equipment, audiovisual equipment, vehicles, and related maintenance and repair costs, etc.
Training	Workshops, meetings, training publications, training-related travel, etc. (not including training-related human resources costs which should be included under the Human Resources category)
Commodities and Products	Bed nets, condoms, diagnostics, microscopes, syringes, x-ray equipment, etc. (non-health related commodities and products are to be included under Infrastructure and Equipment)
Drugs	Antiretroviral therapy, drugs for opportunistic infections, drugs for tuberculosis, anti-malarial drugs, etc.
Planning and Administration	<ul style="list-style-type: none"> • Short term technical consulting costs, travel, field visits and other costs relating to program planning, supervision and administration (including in respect of managing sub-recipient relationships, monitoring and evaluation, and procurement and supply management) • Overhead costs such as office rent, utilities, internal communication costs, insurance, legal, accounting and auditing costs, etc. • Administrative costs to be incurred by PRs or sub-recipients associated with satisfying the Global Fund's reporting and auditing requirements • Printed material and communication costs associated with program-related campaigns, etc. (not including human resources costs which should be included under the Human Resources category above)
Other	Any other costs not covered above. Please specify.

 **Aidsplan Guidance**

N/A

5.2 Detailed Component Budget

The Component Budget Summary (section 5.1) **must** be accompanied by a more detailed budget covering the proposal period, attached as an annex to the proposal. The detailed budget should also be integrated with the Work Plan referred to in section 4.6.

The Detailed Component Budget should meet the following criteria (Please refer to the Guidelines for Proposals, section 5.2):

- a) It should be **structured along the same lines as the Component Strategy**—i.e., reflect the same goals, objectives, service delivery areas and activities.*
- b) It should cover the term of the proposal period and should:
 - i) be **detailed for year 1 and year 2** of the proposal term, with information broken down by **quarters for the first year**;*
 - ii) provide summarized information and assumptions for the balance of the proposal period (**year 3 through to conclusion of proposal term**).**
- c) It should state all key assumptions, including those relating to **units and unit costs**, and should be consistent with the assumptions and explanations included in section 5.3.*
- d) It should be integrated with the detailed **Work Plan** for year 1 and indicative Work Plan for year 2 (please refer to section 4.6).*
- e) It should be **consistent** with other budget analyses provided elsewhere in the proposal, including those in this section 5.*

* R6 Guidelines for Proposals

Applicants are required to attach as an annex to the proposal a Detailed Component Budget covering the proposal period. This budget should be presented as a financial spreadsheet (in both the electronic and the printed copy of the proposal) with any necessary explanatory narrative. The detailed budget should also be integrated with the Work Plan referred to in Section 4.6. It is anticipated that the Detailed Component Budget can be derived from the proposed PR's usual budget formats and should facilitate the use of its normal accounting and reporting systems during programme implementation.

The Detailed Component Budget is also expected to be the source from which the other budget breakdowns required in section 5 are to be derived (see 5.1, 5.4 to 5.6 below). Included with these Guidelines at Attachment 5 is a "**Budget Analysis Template**" that applicants may find useful when compiling the budget analyses in sections 5.1 and 5.4 to 5.6. This template is not a substitute for the detailed model but may help extraction of required information.

Aidspan Guidance

In Rounds 3-5, the TRP was critical of proposals that did not provide sufficient detail, or that did not provide a breakdown of unit costs and quantities. Therefore, wherever possible within the usual budget format used by your PR, we suggest that you adopt the following guidance:

- Ensure that the detailed budget contains a separate section for each objective in the proposal.
- In each section, organise the information by the service to be delivered (SDA).
- Within each SDA, organise the information by main activity.
- For each activity, provide the information by budget category (as listed in Table 5.1 of the Proposal Form).

- For each budget category, provide information for each cost item. For example, under “Human Resources,” you could have a separate line for each position for which you are seeking funding. Under “Infrastructure and Equipment,” you could have separate lines for items such as computers, photocopy machines, and vehicles.
- For each cost item, show the unit measure (e.g., unit, per day, per year), the unit cost, and the number of units.

If there are administrative costs that apply to the programme as a whole, these can be presented in a separate section.

We suggest that you ensure that any costs in your detailed component budget related to M&E, procurement and supply management, and technical and management assistance are shown on separate lines. The reason for this is that in Section 5.6 of the Proposal Form (see below), the Global Fund requires that you include summary information on these particular costs. If they are on separate lines in your detailed budget, they will be easier to identify and pull out.

We suggest that the detailed budget indicate which implementing agency will be responsible for each cost because a breakdown of costs by implementing agency is required in Section 5.5 (see below).

We also suggest that the detailed component budget also include a summary section, with tables showing (a) the total costs for each year (and for the five years combined) for each section of the detailed budget; and (b) the total costs for each year (and for the five years combined) by budget category (Human Resources, Infrastructure and Equipment, etc.). It is important to ensure that the total costs for each year for each budget category match the figures presented in Table 5.1 on the Proposal Form.

We suggest that you check your addition and multiplication carefully; that you make sure there are no inconsistencies between different parts of the budget; and that you ensure that each cost is accurate and can be readily justified. In Rounds 3-5, the TRP identified a number of such problems.

For the first time, the Global Fund has provided a Budget Analysis Template that you can use, if you choose to, in the preparation of your detailed component budget. The template is provided as Attachment 5 to the *R6 Guidelines for Proposals*. Attached to the template is a worked example of how the template can be used. At the time of writing, Aidspace has not had the opportunity to examine the template in depth and so cannot offer any advice concerning its use.

5.3 Key budget assumptions

Without limiting the information required under section 5.2, please indicate budget assumptions for year 1 and year 2 in relation to the following:

* **R6 Guidelines for Proposals**

In this section the applicant is required to disclose all key assumptions underlying the preparation of the Detailed Component Budget.



Aidspace Guidance

In Section 5.3, the Global Fund is looking for additional information on how you arrived at some of the budget figures. The information is required for Years 1 and 2 for (a) drugs, commodities and products (see Item 5.3.1), (b) human resource costs (see Item 5.3.2), and (c) other key expenditure items (see Item 5.3.3).

5.3.1 Drugs, commodities and products

Please use Attachment B (Preliminary Procurement List of Drugs and Health Products) in order to compile the budget request for years 1 and 2 in respect of drugs, commodities and health products. Please note that unit costs and volumes must be fully consistent with the information reflected in the detailed budget. If prices from sources other than those specified below are used, a rationale must be included.

- a) Provide a list of anti-retroviral (ARVs), anti-tuberculosis and anti-malarial drugs to be used in the proposed program, together with average cost per person per year or average cost per treatment course. (Please complete table B.1 in Attachment B to the Proposal Form.)
- b) Provide the total cost of drugs by therapeutic category for all other drugs to be used in the program. It is not necessary to itemize each product in the category. (Please complete table B.2 in Attachment B to the Proposal Form.)
- c) Provide a list of commodities and products by main categories e.g., bed nets, condoms, diagnostics, hospital and medical supplies, medical equipment. Include total costs, where appropriate unit costs. (Please complete table B.3 in Attachment B to the Proposal Form.)

(For example: Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS. Copenhagen/Geneva, UNAIDS/UNICEF/WHO-HTP/MSF, June 2003, (<http://www.who.int/medicines/organisation/par/ipc/sources-prices.pdf>); Market News Service, Pharmaceutical Starting Materials and Essential Drugs, WTO/UNCTAD/International Trade Centre and WHO (<http://www.intracen.org/mns/pharma.html>); International Drug Price Indicator Guide on Finished Products of Essential Drugs, Management Sciences for Health in Collaboration with WHO (published annually) (<http://www.msh.org>); First-line tuberculosis drugs, formulations and prices currently supplied/to be supplied by Global Drug Facility (<http://www.stoptb.org/GDF/drugsupply/drugs.available.html>).

* R6 Guidelines for Proposals

Drugs, commodities and health products often represent a significant proportion of any budget request. Applicants should therefore justify funding being sought for these items. Please use Attachment B to the Proposal Form (Preliminary Procurement List of Drugs and Health Products) in order to compile the budget request for years 1 and 2 in respect of drugs, commodities and health products. Please note that unit costs and volumes must be fully consistent with the information reflected in the detailed budget. If prices from sources other than recognized sources are used, please justify. For the balance of the period after the first two years, summarized assumptions to support the budgeted cost of drugs, commodities and products should be provided.

Aidspan Guidance

N/A

5.3.2 Human resources costs

In cases where human resources represent an important share of the budget, explain how these amounts have been budgeted in respect of the first two years, to what extent human resources spending will strengthen health systems' capacity at the patient/target population level, and how these salaries will be sustained after the proposal period is over. *(Maximum of half a page. Please attach an annex and indicate the appropriate annex number.)*

* **R6 Guidelines for Proposals**

Human resource costs may represent an important share of the budget. Explain how these amounts have been budgeted in respect of the first two years. More summarized assumptions should also be presented for the balance of the proposal period. Also explain to what extent human resources spending will strengthen health systems' capacity, and how these salaries will be sustained after the proposal period is over.



Aidsplan Guidance

Note that in this instance, the Global Fund is also asking for some information for the balance of the proposal period after the first two years.

5.3.3 Other key expenditure items

Explain how other expenditure categories (e.g., infrastructure, equipment), which form an important share of the budget, have been budgeted for the first two years. *(Maximum of half a page. Please attach an annex and indicate the appropriate annex number.)*

* **R6 Guidelines for Proposals**

Explain how other expenditure categories (e.g., infrastructure, equipment), which form an important share of the budget, have been budgeted for the first two years.

Aidspan Guidance

If there are any other budget categories – other than human resources, drugs, and commodities and products – that form a significant share of the total budget, the Global Fund requires that you provide some information here on you arrived at the amounts for these categories.

5.5 Breakdown by implementing entities

Indicate in table 5.5 below how the resources requested in table 5.1 will, in percentage terms, be allocated among the following categories of implementing entities.

Table 5.5 – Allocations by implementing entities

	Fund allocation to implementing partners (in percentages)				
	Year 1	Year 2	Year 3	Year 4	Year 5
Academic/educational sector					
Government					
Nongovernmental / community-based org.					
Organisations representing people living with HIV/AIDS, tuberculosis and/or malaria					
Private sector					
Religious/faith-based organisations					
Multi-/bilateral development partners					
Others. <i>Please specify:</i>					
Total	0.00%	0.00%	0.00%	0.00%	0.00%

* R6 Guidelines for Proposals

In this table provide a breakdown of the budget by partner allocation. This analysis is to be provided on a percentage basis. The different stakeholders may include the academic/educational sector; government; non-governmental and community-based organisations; people living with or affected by HIV, TB, and/or malaria; the private sector; religious/faith-based organisations; and multi-/bilateral development partners and others. This should also include the budget allocated to the PR.

Aidspace Guidance

The Global Fund requires that you indicate in Table 5.5 how the programme's resources will be allocated to the various categories of implementing partners (as shown in the table.) The allocation must be shown in percentages, not actual dollars.

MACRO VERSION

You have to enter either a decimal point or a percentage symbol. For example, you should not enter the number "5" to indicate five percent. You should enter either "5%" or ".05." Totals will be automatically calculated as you enter the information in this table.

5.6 Budgeted funding for specific functional areas

The Global Fund is interested in knowing the funding being requested for the following three important functional areas—monitoring and evaluation; procurement and supply management; and technical and management assistance. Applicants are required in this section to separately identify the costs relating to these functional areas. In each case, these costs should already be included in table 5.1. Therefore, the tables below should be subsets of the budget in table 5.1., rather than being additional to it. For example, the costs for monitoring and evaluation may be included within some of the line items in table 5.1 above (e.g., human resources, infrastructure and equipment, training, etc.).

Table 5.6 – Budgets for specific functional areas

	Funds requested from the Global Fund (in Euro/US\$)					
	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Monitoring and Evaluation						0
Procurement and Supply Management						0
Technical and Management Assistance						0

Monitoring and Evaluation: *This includes: data collection, analysis, travel, field supervision visits, systems and software, consultant and human resources costs and any other costs associated with monitoring and evaluation.*

Procurement and Supply Management: *This includes: consultant and human resources costs (including any technical assistance required for the development of the Procurement and Supply Management Plan), warehouse and office facilities, transportation and other logistics requirements, legal expertise, costs for quality assurance (including laboratory testing of samples), and any other costs associated with acquiring sufficient health products of assured quality, procured at the lowest price and in accordance with national laws and international agreements to the end user in a reliable and timely fashion. Do not include drug costs, as these costs should be included in section 5.3.1.*

Technical and Management Assistance: *This includes: costs of consultant and other human resources that provide technical and management assistance on any part of the proposal—from the development of initial plans, through the course of implementation. This should include technical assistance costs related to planning, technical aspects of implementation, management, monitoring and evaluation and procurement and supply management.*

*** R6 Guidelines for Proposals**

N/A

 Aidspan Guidance

To assist you in filling out Table 5.6, you should consult the detailed component budget that you prepared. If your detailed budget covers only the first two years (which is all that the Global Fund requires to be submitted), you will need to project third, fourth and fifth year costs based on the first two years' costs. (You had to do that, in any event, to complete Table 5.1.)

List of Annexes to be Attached to Proposal

Section 4 (Component specific): Component Strategy		
4.4.1	Documentation relevant to the national disease program context, as indicated in section 4.4.1.	
4.6	A completed Targets and Indicators Table	Attachment A to the Proposal Form
4.6	A detailed component Work Plan (quarterly information for the first year and indicative information for the second year).	
4.6.7 c) <i>(if common funding mechanism)</i>	Documentation describing the functioning of the common funding mechanism.	
4.8.3 e) <i>(where SRs applied but were not selected)</i>	Name and type of all Sub-Recipients not selected, the proposed budget amount and the reasons for non-selection.	
4.9.2	National Monitoring and Evaluation strategy (if exists)	
Section 5 (Component specific): Component Budget		
5.2	Detailed component Budget	
5.3.1	Preliminary Procurement List of Drugs and Health Products (tables B1 – B3)	Attachment B to the Proposal Form
5.3.2	Human resources costs.	
5.3.3	Other key expenditure items.	
5.1 - 5.6 <i>(if common funding mechanism)</i>	Available annual operational plans/projections for the common funding mechanism, and an explanation of any link to the proposal.	
Other documents relevant to sections 4-5 attached by applicant:		

* **R6 Guidelines for Proposals**

N/A

 **Aidspace Guidance**

This is a table listing annexes that may be required for Sections 4 and 5 of the Proposal Form (not all applicants will need to include all of the annexes listed). Applicants are asked to provide numbers in the table for each annex they have attached to the proposal. Note that at the end of Section 3 of the Proposal Form, there was another List of Annexes for Sections 2 and 3.