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The Aidspan Guide to Round 7 Applications to the Global Fund

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by

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Preface

This Aidspan publication is one of several free Aidspan guides for applicants and recipients of grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The following is a partial list of the guides that Aidspan has produced:

- ***The Aidspan Guide to Round 7 Applications to the Global Fund*** – This document (March 2007)
- ***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 Developing Global Fund Proposals to Benefit Children Affected by HIV/AIDS*** (May 2006)
- ***The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM)*** (First edition December 2004)
- ***The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance*** (First edition January 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 NGO that works to promote increased support for and effectiveness of the Global Fund. Aidspan also publishes the *Global Fund Observer (GFO)* newsletter, an independent email-based source of news, analysis, and commentary about the Global Fund. GFO is sent to over 10,000 readers in more than 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 Aidspace guide, *please let us know*. Positive feedback will make it easier for us to get ongoing financial support from foundations.

List of Abbreviations and Acronyms

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

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

Chapter 1: Introduction and Background

This chapter describes the purpose of “The Aidspan Guide to Round 7 Applications to the Global Fund.” The chapter contains information on the contents 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 7 Applications to the Global Fund” is intended to be useful both to those who need *less* than is provided in the proposal 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: Round 7” (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, 5 and 6. (Copies of the successful proposals are available via www.aidspan.org/globalfund/grants and www.theglobalfund.org.)

This guide is not intended to tell readers what they should say in their applications to the Global Fund.¹ 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/AIDS, 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 document 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. (Note that in the documentation it prepared specifically for Round 7, the Global Fund uses the term “proposal term” to describe the length of the applicant’s proposed programme.)

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

This guide uses “R7 Guidelines for Proposals” as a short-form for the “Guidelines for Proposals: Round 7,” issued by the Global Fund specifically for Round 7.

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

¹ Although this guide does not provide advice concerning the technical content of proposals, there is a section in Chapter 4 that lists some sources where information on technical content can be obtained, .

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

At times, the Global Fund uses the term “CCM” to include not only CCMs, but also Sub-CCMs and RCMs. This can be confusing, but the context usually makes the meaning clear.

The Global Fund also uses the term “coordinating mechanism” to denote CCMs, Sub-CCMs and RCMs. In the text that we have prepared for this guide, we also use this term in this fashion.

The Global Fund uses the term “Non-CCM” to refer to proposals submitted by in-country organisations other than the CCM. In the text that we have prepared for this guide, we also use this term in this fashion.

Note also that the Global Fund tends to use the terms “CCM” and “national CCM” interchangeably. In the text that we have prepared for this guide, we generally use only “CCM,” unless we are quoting or paraphrasing from other sources.

In the text that we have prepared for this guide, we use the term “consolidated country proposal” to refer to the proposal that the CCM submits to the Global Fund. We use the term “submission” to describe mini-proposals that in-country stakeholders may submit for possible inclusion in the consolidated country proposal.

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 CSOs 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.

Important note to readers

Portions of this guide – particularly Chapters 4 and 5 – could only be prepared once Aidspace obtained copies of the Proposal Form and R7 Guidelines for Proposals. Aidspace obtained these documents on the day they were made publicly available – i.e., on 1 March 2007, when the Call for Proposals was issued.

We have made every effort to get this guide out quickly, so that it can be of use to applicants who want to start preparing their proposals as soon as possible after the Call for Proposals. Consequently, when there were items in the Proposal Form or the R7 Guidelines for Proposals that were not particularly clear, we were often not able to obtain clarifications concerning these items before going to press. Whenever this occurred, we have simply stated that the item is confusing, or we have provided our best interpretation. We encourage readers to contact the Global Fund for clarification (as required).

Chapter 3 contains an analysis of the most common strengths and weaknesses of proposals submitted to the Global Fund in Rounds 3, 4, 5 and 6. The information in Chapter 3 is based on comments made by the Technical Review Panel (TRP) on proposals screened in by the Global Fund Secretariat.

Chapter 4 provides some general guidance on the proposal process and on the technical content of proposals. It comments on the Round 7 version of the Proposal Form and explains the major changes from the Round 6 form. The chapter also provides information on other relevant documents and links; 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.

Special Note: *Except where stated otherwise, this guide assumes that the reader is representing a CCM that is considering applying to the Global Fund during Round 7.*

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/AIDS, TB and malaria.

In its first six rounds of funding, the Global Fund approved 444 proposals, involving potential expenditures of US\$4.7 billion over two years.²

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 primarily 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. 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

² The Aidspan website at www.aidspan.org/globalfund/grants contains a wealth of information on grants approved in the first six rounds of funding.

PR is legally responsible for implementing 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 and monitoring the performance of the PR.

What Initiatives Will the Global Fund Support?

The Global Fund supports a wide range of initiatives in the fight against HIV/AIDS, tuberculosis and malaria. About the only type of programme activity the Fund won't support is basic and clinical science research. The following is an extract from the Global Fund's "Guidelines for Proposals: Round 7," (hereinafter the R7 Guidelines for Proposals):³

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 and/or interventions targeting populations at high risk;
- Blood safety and safe injection interventions to prevent medical transmission;
- Community-based programs aimed at alleviating the impact of the diseases, including programs directed at orphans, vulnerable children and adolescents;
- Home and palliative care support;
- Interventions related to interactions between the three diseases;
- Providing access to prevention services through integrated health services;
- Provision of critical health products and health equipment to prevent, diagnose, and treat the three diseases, including the introduction of previously unavailable treatments;
- 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;
- The establishment and ongoing support of interventions managed 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; and
- Operational/implementation research.

However, the Global Fund does not provide funding for:

- Basic science research and clinical research aimed at demonstrating the safety and efficacy of new drugs and vaccines; or
- Large scale capital investments such as building hospitals or clinics.

³ The full text of the R7 Guidelines for Proposals is available via www.theglobalfund.org/en/apply/call7.

Resources from the Global Fund can also be used to support the strengthening of health systems linked to reducing the impact and spread of any of the three diseases. In fact, both the Fund and other organisations are strongly encouraging applicants to include health systems strengthening activities in their proposals. This is discussed further in Chapter 4.

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 R7 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. **Applicants are reminded that demonstrated evidence of sufficient absorptive capacity is an important criterion for additional financial support from the Global Fund.** The TRP may view negatively proposals that request large amounts where the ability to absorb such funding has not been demonstrated (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 organizations should be aggregated into the overall single CCM, Sub-CCM or RCM proposal. In this way, smaller and more innovative approaches can receive funding.

Who is Eligible to Apply to the Global Fund?

In the first six rounds of funding, the vast majority of proposals screened in by the Global Fund Secretariat and sent to the TRP for review have emanated from CCMs. Nevertheless, a few applications from Sub-CCMs, RCMs, ROs and Non-CCMs have been approved in the first four rounds of funding. See [Chapter 2](#) for a discussion of applications from these other sources.

To be eligible for funding, applicants have to meet certain criteria (though not all criteria apply to all applicant types). These criteria are described in detail in the R7 Guidelines for Proposals. In this section, we provide a summary of the criteria.

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.⁴ Organisations from high-income countries are not eligible to apply.

⁴ The R7 Guidelines for Proposals state in Section 2.1 that proposals from RCMs and ROs that include a majority of countries that are classified as low income or lower-middle-income are eligible to apply to the Global Fund. However, in Section 2.4, the guidelines state that RCM and RO proposals may be submitted if a majority of the countries included in the proposal are listed in Annex 1 of the guidelines as eligible Round 7 countries. The two

There are no conditions attached to applications from organisations from low income countries. However, organisations from lower-middle income countries and upper-middle income countries have to meet certain criteria.

Annex 1 of the R7 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 R7 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 percent of the programme budget in Year 1, progressively increasing to 20 percent by the end of the programme.

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

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.⁵

The R7 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. |

statements do not quite say the same thing, since Annex 1 includes some upper-middle-income countries. Potential applicants who need more information should contact the Global Fund.

⁵ Some Small Island Developing States are eligible to apply regardless of the disease burden. See Section C of Annex 1 of the R7 Guidelines for Proposals.

Section C of Annex 1 to the R7 Guidelines for Proposals lists the upper-middle income countries that are eligible to apply for Round 7, as well as the disease components that can be included in their proposals.⁶

Functioning of the Coordinating Mechanism

There are certain requirements that a CCM must meet in order for its proposal to be eligible for funding.⁷ 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 CCM's responsibilities.

NOTE: 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* HIV/AIDS or TB (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 percent of the membership of the CCM be from non-governmental sectors – i.e., the academic or educational sector, NGOs and CBOs, the private sector, and religious and faith-based organisations (FBOs) – collectively referred to as civil society – and from in-country multi- and bi-lateral development partners. Although the 40 percent threshold is a not a requirement per se, the Global Fund nevertheless wants to see evidence of a broad-based CCM that reflects a partnership among all relevant stakeholders.

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.

CCMs had much more time to meet the new requirements by the time the Round 6 Call for Proposals was issued. The vast majority of Round 6 proposals from CCMs were screened in by the Secretariat. This would seem to indicate that most CCMs met the new requirements. However, it is possible that the Secretariat again exercised a certain amount of discretion .

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 as the nominated PR,

⁶ Three of the countries listed in Section C of Annex 1 – Botswana, Equatorial Guinea and South Africa – technically do meet the high national disease burden criterion for HIV/AIDS. Just prior to the 1 March 2007 launch of Round 7, the Global Fund Board adopted a temporary policy allowing these countries to apply for HIV/AIDS funding in Round 7, on the basis that (a) they were eligible for HIV/AIDS funding in Round 6, and (b) the change in their eligibility status is more closely linked to currency fluctuations that affected the countries' gross national income, than to any material increase in the countries' wealth or decrease in their HIV prevalence. The Board will consider further changes to the high disease burden criterion for Round 8.

⁷ The guidelines are described in the Fund's "Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility," available via www.theglobalfund.org/en/apply/call7/documents/guidelines/.

then the Fund requires that CCMs 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 country 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 proposal 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 provide the CCM with a submission to be considered for inclusion in the CCM's consolidated country proposal to the Global Fund;
- the criteria upon which submissions will be evaluated by the CCM for possible inclusion in the 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).

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 7, the call was made on 1 March 2007. Applicants have until 4 July 2007 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. The Secretariat may contact applicants for clarifications. Eligible proposals are passed on to the TRP for consideration. For Round 7, the TRP will review the proposals about two months prior to the Global Fund Board meeting scheduled for 14-16 November 2007, and will make recommendations to the Board.

If an applicant submits a proposal for more than one disease, each disease component will be reviewed separately by the TRP. (In effect, each disease component becomes a separate proposal.) Each disease component will be reviewed and approved or rejected by the TRP as a whole – i.e., the TRP will not seek to evaluate separately elements within a component and approve some and not others.

In addition to reviewing the actual proposal, the TRP also considers a broad range of other information, such as performance of existing Global Fund grants and information provided by technical partners (including, where available, UNAIDS, WHO and the World Bank). It draws on the individual expertise of its own members. Previous TRP comments on weaknesses and areas of improvements from earlier Rounds are also taken into consideration.

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. The TRP is made up of about 28 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 January 2007 was Jonathan Broomberg (South Africa), Chair, Martin Alilio (Tanzania), Nêmora Tregnago Barcellos (Brazil), Andrei Beljaev (Russia), François Boillot (France), Assia Brandrup-Lukanow (Germany), Thomas Burkot (U.S.), Dave Burrows (Australia), John Chimumbwa (Zambia), Gladys Rojas de Arias (Venezuela), Josef Decosas (Germany), Lucicia Ditiu (Romania), Asma Elsony (Sudan), Blaise Genton (Switzerland), Sikipa Godfrey (Zimbabwe), Peter Godfrey-Fausset (UK), Indrani Gupta (India), Shiv Dutt Gupta (India), David Hoos (US), Leenah Hsu (US), Patrick Kenya (Kenya), Jacob Kumaresan (India), Pierre Yves Norval (France), Yvo Nuyens (Belgium), Antonio Pio (Argentina), Stephanie Simmonds (UK), Papa Salif Sow (Sénégal), Michael Toole (Australia).

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 six rounds of funding, 38 percent of eligible proposals were recommended by the TRP for approval (i.e., were classified as Category 1 or 2).

Table 2 – Recommendation Rates for Rounds 1-6

| Round | | No. of eligible proposals | % Recommended |
|--------------|--------------------------|---------------------------|---------------|
| 1 | Submitted | 204 | 28% |
| | Recommended for approval | 58 | |
| 2 | Submitted | 229 | 43% |
| | Recommended for approval | 98 | |
| 3 | Submitted | 180 | 39% |
| | Recommended for approval | 71 | |
| 4 | Submitted | 173 | 40% |
| | Recommended for approval | 69 | |
| 5 | Submitted | 202 | 31% |
| | Recommended for approval | 63 | |
| 6 | Submitted | 196 | 43% |
| | Recommended for approval | 85 | |
| Total | Submitted | 1,184 | 38% |
| | Recommended for approval | 444 | |

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 7, the Board will review the TRP recommendations and make decisions at its meeting on 14-16 November 2007.

In the first six 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).

It is always possible that for any new round of funding, including Round 7, there will not be enough money to fund all of the proposals submitted that are worthy of approval. Readers are advised to consult the Global Fund website at www.theglobalfund.org for updates concerning the amount of funding available for Round 7.

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 on the next page for a description of this policy.

There is an Internal Appeal Mechanism that allows applicants whose proposals were rejected in two consecutive rounds to appeal the second decision. Information on the criteria and process for internal appeals can be found at www.theglobalfund.org/en/about/technical/appeals/.

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 (this is known as the "clarifications process"); (b) assessing the ability of the proposed PR to perform the role that the proposal assigns to it; and (c) negotiating a grant agreement with the PR.⁸ The process takes many months. Only after it is completed is the first cash disbursement made. Thus, although proposals have to be submitted by 4 July 2007, it is unlikely that funding will be made available for a successful proposal and the programme started before the middle of 2008.

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 Global 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 renewed 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.

⁸ The assessment of the PR, and the negotiation of the grant agreement, will be started while the clarifications process is underway.

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 given 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 (see definition earlier in this chapter) 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.
- 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.

Some Warnings

Warning 1: The application form is long and complex.

The Round 7 Proposal Form is about 70 pages long, longer if your proposal contains more than one component. It's true that no single applicant has to complete every item on 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.

Some of the questions and requirements in the Proposal Form are ambiguous. If you have questions about the form, consult the Global Fund's Frequently Asked Questions page (via www.theglobalfund.org/en/apply/call7/documents/documentsfaqs/) or contact the Global Fund Secretariat by sending an email to proposals@theglobalfund.org.

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; determining how to make the best use of the private sector and CSOs in the preparation of proposals; and deciding whether to submit a Non-CCM proposal, a regional proposal, or a Sub-CCM proposal.

Deciding Whether to Apply

A decision to apply for a Global Fund grants should be made well in advance of the Fund's Call for Proposals for any given round of funding.

Once the Call for Proposals is issued, applicants have about four months to submit their proposals. (See "[Description of the Applications Process](#)" in Chapter 1.) Applicants will need the majority of this time to fill out what is a rather complicated Proposal Form and obtain the necessary approvals and signatures (the requirements for approvals and signatures vary by type of proposal). For this reason, and because Global Fund rules for applications from CCMs require that applicants engage in a process of soliciting and reviewing in-country submissions for possible inclusion in the proposal, Aidspan recommends that applicants begin working on their proposals at least a few months ahead of the Call for Proposals.

It stands to reason, therefore, that a decision to apply must be taken very early in the process.

At its meeting in late November 2006, the Global Fund Board announced that the Call for Proposals for Round 7 would be issued on 1 March 2007, and that the call for proposals for Round 8 would be issued on 1 March 2008. It appears that, for the foreseeable future, the Board intends to go with one round of funding per year, and intends to provide significant advance notice of the dates when the Calls for Proposals will be issued. This makes it much easier for potential applicants to make decisions and undertake their planning.

Your decision whether or not to apply 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 be completed very shortly, 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, Sub-CCM or RCM meets all of the 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.

In addition, you will need to determine whether the type of programme you are planning falls within the parameters of what the Global Fund is prepared to support. The Global Fund finances a wide range of activities to fight AIDS, tuberculosis and malaria. For more information, see [“What Initiatives Will the Global Fund Support?”](#) in Chapter 1 of this guide.

Finally, you will need to decide whether you will be ready in time to submit a solid application. Ideally, 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 or more 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.

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 7.

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.
- If you feel that you need technical support to help you develop your proposal, you should line up this support.
- 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 sufficient 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.

If you are submitting a regional proposal, you will also need to build in time for consultations with the national CCMs in the region. See "[Deciding Whether to Submit a Regional Proposal](#)" below.

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 started to work on your proposals at least a few months before the Round 7 Proposal Form becomes 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 already come up with and implemented a process for the period prior to 1 March 2007 (when the Proposal Form became available) that will have enabled you to design your programme. If not, then you need to do so urgently.

Aidspace suggests:

- that the CCM form a Proposal Development Team, made up of CCM members representing the different stakeholders;
- that 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
- that the Proposal Development Team write, or oversee the writing of, the final proposal.

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

The Global Fund encourages applicants to contact the many technical partners that are actively involved in the field of HIV/AIDS, tuberculosis or malaria at an early time for technical assistance in proposal planning and preparation. Early contact with these technical support partners is beneficial to both the applicant and the technical assistance partner(s) from a resource planning perspective.

The Global Fund encourages applicants that are uncertain as to which organisations provide technical support to contact the Global Fund (via proposals@theglobalfund.org) for information on potential technical support partners. As well, you will see some of these organisations listed in Chapter 4 of this guide.

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 percent 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 CSOs

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

The CCM should ensure that some of the CSO 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 CSOs are included in the call.

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

CSOs 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 CSOs in mind for these roles as the proposal is being drafted. More and more frequently in recent rounds, CSOs are being nominated as the sole PR for the proposal; and CCMs are proposing what is called "dual track financing" – i.e., the use of both a government PR and a CSO PR.

Deciding Whether to Submit a Non-CCM Proposal

The Global Fund prefers that all applications come from CCMs, Sub-CCMs, RCMs and, to a lesser extent, from ROs. The Fund strongly discourages applications from other organisations. (The Global Fund refers to applications from other organisations 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 and FBOs.)

The main reason the Global Fund discourages proposals from NGOs and FBOs is that the 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 were funded in the first five rounds, and there may be circumstances where NGOs or FBOs should consider submitting a proposal in Round 7.

What the Global Fund Guidelines Say

The R7 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 Non-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 country in which the CCM has failed or refused to consider a submission from a civil society organisation for inclusion in the CCM’s consolidated country 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 R7 Guidelines for Proposals.

Experience in Previous Rounds of Funding

For the most part, in the first six rounds of funding, proposals from NGOs or FBOs have been funded only in very limited circumstances – i.e., either there was no CCM in existence in the country; or the country or region was torn apart by war (or both). (A large number of NGOs and FBOs submit proposals each round, but the vast majority of them are deemed ineligible and are screened out by the Global Fund 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 in the process of being formed in Madagascar, 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. In Round 6, the Fund approved another Non-CCM proposal from Somalia.

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 that 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 7, therefore, we suggest that NGOs and FBOs 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 a country or region severely affected by war or natural disasters; or
- if they are working in a country 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 an NGO is unhappy with the process, one option it might consider is to prepare a proposal and then attempt to get the CCM to adopt it as its own proposal.

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 guide – i.e., use available expertise, involve all stakeholders and consult widely.

Deciding Whether to Submit a Regional Proposal

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

RCMs

Section 3A.3 of the R7 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.⁹

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

Proposals from RCMs are also required to demonstrate they will be able to achieve outcomes that would not be possible with only national approaches. Furthermore, the proposals must 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 show 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 (except where a country included in a proposal is a Small Island Developing State).

ROs

Section 3A.5 of the R7 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;
- must demonstrate involvement of authorities in each of the countries involved; and
- must be endorsed by the CCMs in each of the countries involved.

Experience of the Early Rounds of Funding

In the last five rounds of funding, 10 regional proposals were approved for funding, five from Regional Organisations and five from RCMs. Of the 10 proposals, five covered regions

⁹ The R7 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; and that in such cases, the RCM should include at least one senior government representative and one member of civil society from each state covered.

made up of Small Island Developing States; the other five focused on cross-border issues in countries sharing common borders. See Table 3 for a list of the proposals.

Table 3 – Regional Proposals Funded in Rounds 2-6

| 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 Malaria in the Pacific | Solomon Islands, Vanuatu |
| Organisation du Corridor Abidjan – Lagos (OCAL) | Consolidation and extension of the common regional project to tackle STI/HIV/AIDS along the Abidjan-Lagos corridor of migration. | Côte d'Ivoire, Ghana, Togo, Benin, Nigeria |

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 3-6 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 PLWHA 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:

- Proposed activities are well supported by the authorities in the five countries.
- Good integration with national HIV/AIDS programs in each of the countries.
- Good representation of the countries involved in the programme's Steering Committee and the Inter-Country Consultative Committee.
- Multi-sectoral programme focused on high-risk or difficult-to-reach mobile populations; builds on previous experiences with mobile populations.
- Builds upon experience to date of the Round 2 Global Fund 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 and 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 identified by the TRP in Rounds 3-6 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.

Special Note: *In Round 6, the TRP was critical of regional proposals whose sponsors failed to consult national CCMs (where such CCMs existed) before developing the proposals. The TRP observed that these proposals tended to be developed by external organisations, often outside of the framework of the needs and priorities of recipient countries, and then presented to the relevant national CCMs for endorsement. The TRP suggested that a better approach would be for Regional Organisations and RCMs to work much more closely with CCMs, and to involve them in all stages of the development of the proposal. Therefore, if you are planning to submit a regional proposal, you will need to build in time to work with the national CCMs. You will also need to build in time to obtain formal approval from the national CCMs.*

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;
- should demonstrate that the CCMs of the countries involved were consulted during the development 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.

Composition of the RCM

The Global Fund has issued only minimal guidance concerning the composition of RCMs. In Section 3A.3 of the R7 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 should be similar to the composition of CCMs. Please consult the R7 Guidelines for Proposals for guidance on the composition of CCMs.

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 the RCM to represent that sector.

Process for Developing the Regional Proposal

With respect to the process for developing a regional proposal, experience with such proposals in the first six 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 guide – i.e., use available expertise, involve all stakeholders and consult widely.

Deciding Whether to Submit 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.2 of the R7 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, fifth and sixth rounds of funding.

The information in this chapter is based on comments made by the TRP. We suggest that CCMs and other organisations planning to submit applications to the Global Fund review the strengths described in this chapter in order to get a sense of what constitutes a solid proposal. And we suggest that they 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 strengths and the other on weaknesses.

The section on strengths starts with a list of the most common strengths that were identified in Rounds 3-6. The rest of the section provides a detailed discussion of each strength. It is divided into three parts – strengths identified most often, other frequently identified strengths, and strengths that started to emerge in Round 6 TRP comments. Many extracts of TRP comments on individual proposals are included. For each extract, the country involved has been identified. (In the case of proposals from sources other than CCMs, the sponsoring organisation has been identified.) The extracts have all been taken from TRP comments on Round 4, 5 and 6 proposals. The extracts have been paraphrased – i.e., they are not direct quotes. For each extract, hyperlinks are provided to take the reader directly to the full TRP comments from which the extract was taken, and to the proposal that the TRP was commenting on.¹⁰ All documents linked to are in English unless otherwise indicated.

The section on weaknesses is organised in a similar fashion, except that in the TRP comments, the countries are not named. Nor are there any links to the full TRP comments or the relevant proposals.

Strengths

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

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

Other strengths identified fairly frequently were as follows:

6. The programme targeted high-risk groups and vulnerable populations.
7. The proposal demonstrated sustainability – i.e., national budgets were identified to help sustain the activities once Global Fund support terminates.

¹⁰ The hyperlinks for the TRP comments link to the Aidspace website. The hyperlinks for the proposals link to the Global Fund website.

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

The following strengths began to emerge during Round 6:

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

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

Strengths Identified Most Often

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

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

FOR EXAMPLE:

- ⇒ Benin – TB {[proposal](#), [TRP comments](#)}: Sound proposal, addresses both programme and sector constraints, including migration from neighbouring countries.
- ⇒ Bhutan – HIV {[proposal](#), [TRP comments](#)}: Well-conceived and well-written proposal. Uses sound strategies with a record of effectiveness (e.g., peer education, life skills).

- ⇒ Guatemala – TB {[proposal](#), [TRP comments](#)}: Very detailed and excellent description of the activities. Uses a table format which describes indicators, activities and methodology, and indicates who is responsible.
- ⇒ Rwanda – Malaria {[proposal](#), [TRP comments](#)}: Very well written, technically sound strategies aimed at a well-described disease burden.
- ⇒ Cambodia – HIV {[proposal](#), [TRP comments](#)}: Good on how the activities will be implemented, not just on what will be done.
- ⇒ Republic of Congo – HIV {[proposal in French](#), [TRP comments](#)}: Well written and conceptually well-thought-out proposal; very consistent line from overall goals to objectives to activities to budget, expected output and responsible party.
- ⇒ Democratic Republic of Congo – TB {[proposal](#), [TRP comments](#)}: Comprehensive proposal with sound strategy, rational objectives and activities addressing essential components of TB control programme.
- ⇒ Eritrea – HIV {[proposal](#), [TRP comments](#)}: This is a model proposal in terms of its clarity. The activities, delivery areas, objectives and goal are coherent and well linked to the budget and workplan.
- ⇒ Lao PDR – Malaria {[proposal](#), [TRP comments](#)}: Compact proposal, well written.
- ⇒ Maldives – HIV {[proposal](#), [TRP comments](#)}: Well written, with clear goals and objectives that take into account political, cultural and religious realities and sensitivities.
- ⇒ Malawi – HIV {[proposal](#), [TRP comments](#)}: The proposal is well-written and focused, with a clear rationale, appropriate objectives, and a feasible action plan; there is clear justification given for strengthening the national system of support services so that the current ad hoc services provided by NGOs can be sustained and coordinated within a technically capable national government programme.
- ⇒ Morocco – TB {[proposal](#), [TRP comments](#)}: Strong evidence of technical and programmatic feasibility of the implementation arrangements, with clear output and impact indicators. Detailed activities, clear information on all objectives.
- ⇒ Mozambique – HIV {[proposal](#), [TRP comments](#)}: Very well-written proposal, deals with one of the largest epidemics in the region and demonstrates a clear need for the resources being requested.
- ⇒ Nigeria – TB {[proposal](#), [TRP comments](#)}: Extensive list of indicators for each objective supported by detailed set of strategies and activities.
- ⇒ Southern Africa – Malaria {[proposal](#), [TRP comments](#)}: Highly relevant, evidence based proposal that has the potential to be effective and cost efficient. (Note: This is a proposal from an RCM.)
- ⇒ See also Guinea-Bissau – Malaria {[proposal in English](#), [proposal in French](#), [TRP comments](#)}, Guyana – HIV {[proposal](#), [TRP comments](#)}, Iraq – TB {[proposal](#), [TRP comments](#)}, Madagascar – Malaria {[proposal](#), [TRP comments](#)}, Moldova – HIV {[proposal](#), [TRP comments](#)}, Moldova – TB {[proposal](#), [TRP comments](#)}, Montenegro – TB {[proposal](#), [TRP comments](#)}, Paraguay – HIV {[proposal](#), [TRP comments](#)}, Peru – TB {[proposal](#), [TRP comments](#)}, Russian Federation – HIV {[proposal](#), [TRP comments](#)}, Sao Tome – HIV {[proposal](#), [TRP comments](#)}: Somalia – Malaria {[proposal](#), [TRP comments](#)}, Swaziland – HIV {[proposal](#), [TRP comments](#)}, Tajikistan – HIV {[proposal](#), [TRP comments](#)}, Tanzania – HIV {[proposal](#), [TRP comments](#)}, Tanzania/Zanzibar – Malaria {[proposal](#), [TRP comments](#)}, Togo – HIV {[proposal](#), [TRP comments](#)}, and Yemen – TB {[proposal](#), [TRP comments](#)}.

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

- ⇒ Azerbaijan – HIV [{proposal, TRP comments}](#): Strong partnership with key NGOs/CBOs in the design of the proposal, and in the implementation of prevention strategies aimed at high-risk groups.
- ⇒ Democratic Republic of Congo – TB [{proposal, TRP comments}](#): Strong partnership with a number of well-reputed and credible NGOs.
- ⇒ East Timor – HIV [{proposal, TRP comments}](#): Good government and civil society collaboration in developing the proposal and in implementing proposed activities.
- ⇒ Lesotho – TB [{proposal, TRP comments}](#): Good partnership between the ministries of Finance and Health, international and national NGOs, and the community.

- ⇒ Zambia – Malaria {[proposal](#), [TRP comments](#)}: The recently formed NGO/CBO umbrella organisation is a significant partner that will expand the reach of activities deep into communities.
- ⇒ See also China – HIV {[proposal](#), [TRP comments](#)}, and Eritrea – HIV {[proposal](#), [TRP comments](#)}.

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

- ⇒ Eritrea – Malaria {[proposal](#), [TRP comments](#)}: Excellent situational analysis, including a gap analysis based on the programme review conducted for the development of a new strategic plan. The analysis presents maps, graphs, results of data analysis, climate data, vector and parasitological data, data on the effectiveness of insecticide and drugs, etc.
- ⇒ Nigeria – HIV {[proposal](#), [TRP comments](#)}: The background and gap analysis outline important root causes of the continuing epidemic in Nigeria and the challenges faced in responding to them.
- ⇒ Gambia – TB {[proposal](#), [TRP comments](#)}: The proposal provides a clear description of the epidemiological situation, the disease burden and the institutional challenges of the TB control programme.
- ⇒ Guatemala – Malaria {[proposal in Spanish](#), [proposal in English](#), [TRP comments](#)}: A thorough, very detailed epidemiological situational analysis for each malarial region of Guatemala is included as an annex to the proposal.
- ⇒ Mozambique – HIV {[proposal](#), [TRP comments](#)}: Excellent description of country situation in terms of health, human resources, infrastructure, and partner organisations and participation.
- ⇒ Paraguay – HIV {[proposal](#), [TRP comments](#)}: Outstanding programmatic gap analysis.
- ⇒ See also Georgia – TB {[proposal](#), [TRP comments](#)}, Iraq – TB {[proposal](#), [TRP comments](#)}, Montenegro – TB {[proposal](#), [TRP comments](#)}, Romania – HIV {[proposal](#), [TRP comments](#)} and Thailand – TB {[proposal](#), [TRP comments](#)}.

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

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

FOR EXAMPLE:

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

Other Frequently Identified Strengths

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

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

FOR EXAMPLE:

- ⇒ Albania – HIV {[proposal](#), [TRP comments](#)}: Specifically will support harm reduction programmes for IDUs and substitution therapy.
- ⇒ Bangladesh – Malaria {[proposal](#), [TRP comments](#)}: Explicit strategy on how to reach the very poor target groups.
- ⇒ Kazakhstan – TB {[proposal](#), [TRP comments](#)}: Clear description of the target groups and how they will benefit.
- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: Proposal focuses on the most vulnerable groups, and proposes appropriate interventions, including condoms, needle exchange and methadone substitution.
- ⇒ Namibia – Malaria {[proposal](#), [TRP comments](#)}: Clear and comprehensive focus on risk groups, including people living with HIV/AIDS.
- ⇒ Russian Federation – HIV {[proposal](#), [TRP comments](#)}: The proposal deals with the most vulnerable, underserved population – i.e., injection drug users; special efforts will be made to reach female sex workers who also inject drugs.
- ⇒ Rwanda – HIV {[proposal](#), [TRP comments](#)}: A portion of the country's incarcerated population is included in the proposal.

- ⇒ Sri Lanka – HIV {[proposal](#), [TRP comments](#)}: Part of the proposal focuses on promoting STI treatment and changing sexual behaviour among the most vulnerable demographic group in the country – the Tamils in tea plantations.
- ⇒ Suriname – HIV {[proposal](#), [TRP comments](#)}: Activities focused towards sex workers are based within an NGO that has great experience in serving this population; the same organisation has begun services directed towards men who have sex with men.

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

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

FOR EXAMPLE:

- ⇒ Cuba – HIV {[proposal](#), [TRP comments](#)}: Programme is well integrated into the national health system, which signifies a higher probability of sustainability.
- ⇒ Djibouti – HIV {[proposal](#), [TRP comments](#)}: Sustainability evidenced by the ability of the country to demonstrate co-financing.
- ⇒ South Africa – HIV {[proposal](#), [TRP comments](#)}: Good possibility of long-term sustainability since the government already funds 80 percent of the national response and makes substantial grants to NGOs.
- ⇒ See also Eritrea – Malaria {[proposal](#), [TRP comments](#)}, and Rwanda – HIV {[proposal](#), [TRP comments](#)}.

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

- ⇒ Djibouti – TB {[proposal](#), [TRP comments](#)}: Budget is well-detailed, clearly outlines costs and underlying assumptions, and states the contribution of each donor to each item.
- ⇒ Kazakhstan – TB {[proposal](#), [TRP comments](#)}: Clear budget with sound budget analysis.
- ⇒ Moldova – HIV {[proposal](#), [TRP comments](#)}: Budget is detailed, well-justified and modest.
- ⇒ Nepal – TB {[proposal](#), [TRP comments](#)}: Budget clearly outlines unit costs and the underlying assumptions. Budget clearly states the contribution of each donor for every item in the budget.
- ⇒ Papua New Guinea – TB {[proposal](#), [TRP comments](#)}: Excellent and extremely detailed budget.
- ⇒ See also Iraq – TB {[proposal](#), [TRP comments](#)}, Montenegro – TB {[proposal](#), [TRP comments](#)}, and Tanzania/Zanzibar – Malaria {[proposal](#), [TRP comments](#)}.

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

- ⇒ Jordan – HIV {[proposal](#), [TRP comments](#)}: The counterpart financing is generous (more than 60 percent) and increases over time.
- ⇒ Tanzania – HIV {[proposal](#), [TRP comments](#)}: High level of co-financing with World Bank, PEPFAR and other donors; additionality is clear.
- ⇒ See also Montenegro – TB {[proposal](#), [TRP comments](#)}.

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

The reviewers commented favourably on proposals that incorporated innovative approaches.

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

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

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

FOR EXAMPLE:

- ⇒ China – HIV {[proposal](#), [TRP comments](#)}: The proposal was written by NGOs.
- ⇒ Peru – HIV {[proposal](#), [TRP comments](#)}: Strong participation by NGOs in the planning of the proposal.
- ⇒ See also Sierra Leone – HIV {[proposal](#), [TRP comments](#)} and South Africa – HIV {[proposal](#), [TRP comments](#)}.

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

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

FOR EXAMPLE:

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

New requirements

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

Strengths that Started to Emerge in Round 6 TRP Comments

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

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

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

FOR EXAMPLE:

- ⇒ India – TB {[proposal](#), [TRP comments](#)}: After several years of experience with the management of Global Fund programmes, India's proposal foresees an efficient financial management plan.
- ⇒ OCAL (Regional Organisation) – HIV {[proposal](#), [TRP comments](#)}: Management arrangement for proposed project is solid, with good representation of member countries in the Steering Committee and the Consultative Committee.
- ⇒ Paraguay – HIV {[proposal](#), [TRP comments](#)}: Sound organisation of grant management.
- ⇒ See also Bangladesh – Malaria {[proposal](#), [TRP comments](#)} and Togo – Malaria {[proposal](#), [TRP comments](#)}. http://www.theglobalfund.org/search/docs/6MAWH_1395_0_full.pdf

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

Weaknesses

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

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

Other weaknesses identified frequently were as follows:

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

25. How health systems will be strengthened was not well explained.

The following weaknesses started to emerge in Round 6:

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

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

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

Weaknesses Identified Most Often

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

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

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

These major deficiencies are discussed below in further detail.

Strategic Approach Inconsistent or Unclear

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

FOR EXAMPLE:

- ⇒ Strategies only vaguely described and justified.
- ⇒ The large number of detailed activities do not fit into an overarching structure, so that the logical framework for the proposal is obscure. It is therefore impossible to judge how likely it is that the objectives will be met.
- ⇒ The strategy does not demonstrate its feasibility due to the lack of detailed activities, the absence of a link between objectives and activities, the lack of information on certain objectives, and doubts about the feasibility of some objectives.

- ⇒ The approach (and the activities) are unlikely to achieve the programme's goal.
- ⇒ No coherence. The proposal is a collection of proposals that were received from provinces, NGOs and the private sector, without an attempt to create a single national proposal.
- ⇒ The proposal is imbalanced: too ambitious in the first two years.
- ⇒ There is major incoherence between the stated goals and objectives, on the one hand, and the service delivery areas and activities on the other.
- ⇒ The work plan is presented in bits and pieces, rather than as a comprehensive integrated document.
- ⇒ 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?
- ⇒ There is no explanation of why a new building and new equipment is required to implement the programme.
- ⇒ No rationale is presented for the quantities of leaflets and posters included in the proposal.
- ⇒ No rationale given for why a regional approach is needed.
- ⇒ No evidence presented that the proposal salary increases would lead to significant improvement in worker retention.
- ⇒ No explanation is given for the substantial increase in training costs in Years 4 and 5.

Objectives, Activities Insufficiently Described or Unclear

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

FOR EXAMPLE:

- ⇒ Proposal does not describe how the activities will be implemented.
- ⇒ No description of the key messages to be used for the multi-media health education campaign.

Common phrases

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

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

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

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

FOR EXAMPLE:

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

Missing Key Objectives and Activities

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

FOR EXAMPLE:

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

Indicators and Targets that Were Inappropriate or Poorly Defined

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

FOR EXAMPLE:

- ⇒ The indicator for delaying sexual initiation to 22 years for men and 19 years for women is not realistic and needs further analysis.

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

- ⇒ The impact indicators do not fully reflect the stated objectives.

- ⇒ No indicators are spelled out for the objectives and activities.
- ⇒ Indicators to measure key activities were missing.

Inconsistencies in the Text

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

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

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

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

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

These deficiencies are discussed below in further detail.

Budget Incomplete or Not Detailed Enough

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

FOR EXAMPLE:

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

Inconsistencies or Errors Within the Budget

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

FOR EXAMPLE:

- ⇒ The proposal contained inconsistencies between the annual budget and the quarterly budget.
- ⇒ The budget was not internally consistent.
- ⇒ The total cost for one service delivery area (SDA) is shown as €64,404, but the training costs alone within the same SDA are €1.68 million.
- ⇒ Either the unit costs or the volumes are incorrect because the figures do not add up.

Items Unclear, Questionable or Inadequately Justified

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

FOR EXAMPLE:

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

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

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

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

FOR EXAMPLE:

- ⇒ The proposal fails to describe how the programme would relate to other activities in this area.
- ⇒ Poor description of how the proposal would complement existing activities.
- ⇒ The proposal overlaps with other processes to expand voluntary counselling and testing (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 being requested from the Global Fund

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

- ⇒ Some of the impact indicators proposed are identical to impact indicators included in a programme funded through an earlier Global Fund grant.

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

See also Weaknesses [#26](#) and [#27](#) below.

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

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

FOR EXAMPLE:

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

Other Frequently Identified Weaknesses

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

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

Some of the terminology used by reviewers was:

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

FOR EXAMPLE:

- ⇒ Inappropriate activities for reaching drug users: no plan for effective HIV prevention methods apart from outreach and condom distribution; no needle exchange or substitution programme.
- ⇒ ARV treatment is not provided free of charge.
- ⇒ The description of proposed PMTCT services is not consistent with current international guidelines.
- ⇒ The plan to advertise and award contracts for production before a communication strategy is developed is contrary to logical programme design and implementation.
- ⇒ Experience from many countries has shown that in a low-prevalence situation, communicating HIV prevention messages to the entire population is not an effective strategy.
- ⇒ Use of primaquine for mass treatment (of malaria) is inappropriate for a country with very limited transmission.
- ⇒ The plan calls for developing textbooks (and a large part of the budget is devoted to this). Experience from programmes targeting youth in other countries indicates that this is not a good strategy.
- ⇒ The provision of food rations for two members of the household of eligible recipients of food supplements is not consistent with current approaches to improving household food security.
- ⇒ The use of mental hospitals to reach drug users is not an appropriate strategy to reach this at risk group, and should not be pursued.
- ⇒ Using biochemical examinations in multi-drug resistant TB patients is not appropriate.
- ⇒ The proposed level of effort in training, laboratory development, building up emergency stocks of insecticides and larvicides, etc. is not appropriate in a country that is at risk for malaria, but that currently has practically no indigenous malaria transmission.
- ⇒ The proposed strategy is not convincing. There is inadequate attention paid to primary prevention activities among drug users and other vulnerable groups. As a result it is unlikely that the proposed activities will achieve the impact laid out in the goals (to limit the spread of HIV/AIDS within and beyond the penitentiary system).

- ⇒ The proposed level of investment in health care personnel and infrastructure for the treatment of AIDS, and the proposed investment in social support for people living with HIV, are disproportionate to the epidemiological situation.

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

- ⇒ The proposal mentions three PRs, but there is no information on their respective capacities.
- ⇒ The rationale for the selection of the PR is weak.
- ⇒ The PR is a small organisation (the proposed budget is four times current annual turnover) and it is not clear that it has the capacity to manage such a large programme.
- ⇒ Capacity of PR to carry out responsibilities not clear.
- ⇒ Most of the activities will be carried out by NGO partners. The PR has not proved itself to be responsive to the needs of civil society partners in the previous Global Fund grant.
- ⇒ The change of PR is not justified in the proposal.
- ⇒ Operational capacity of the PR is unclear.
- ⇒ It is unclear how the PR will interact with the TB programme and SRs.
- ⇒ There are two nominated PRs; however, the area of responsibility for each PR is stated as "All." The relevant technical, managerial, and financial capabilities are given only for only one of the PRs.
- ⇒ Same PR as for a previous grant; but not clear if all of the problems have been resolved. This proposal should have explicitly stated how these problems will be addressed.
- ⇒ Four principal recipients for a relatively small amount of money, and no indication of how much will go to whom.

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

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

FOR EXAMPLE:

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

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

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

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

FOR EXAMPLE:

- ⇒ The detailed budget says that no funds are required for 2005, but the activities mention costs for that year.
- ⇒ Expansion from nine to 15 facilitators, as spelled out in the description of the activities, is not consistent with what the budget says.
- ⇒ The M&E budget does not match the evaluation activities that are planned.
- ⇒ The information presented in the budget tables is not substantiated by the description of the activities.
- ⇒ The work plan and budget for Year 1 show different numbers of targeted trainees.
- ⇒ There is a disconnect between what is described in the narrative and how resources are allocated in the budget.

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

FOR EXAMPLE:

- ⇒ The activities do not really relate to the objectives to which they are linked in the proposal.
- ⇒ The proposal fails to indicate which activities go with which objectives.
- ⇒ The objectives say that the malaria nets will be used one way, while the activities say that they will be used in a quite different way.

- ⇒ The objective for HIV treatment is to offer care to 95 percent of those who need it; but the actual numbers shown in the activities do not translate into 95 percent coverage.

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

- ⇒ Year 1 and 2 targets for nets and net treatments are completely unrealistic.
- ⇒ The work plan is extremely optimistic raising questions about feasibility, particularly given the experience of implementation in the previous round.
- ⇒ It is not realistic to go from an unknown success rate to 85 percent in two years.
- ⇒ The proposal is too ambitious concerning timelines and short-term goals.
- ⇒ Targets for impact indicators are extremely optimistic.
- ⇒ Some of the targets are not achievable.
- ⇒ The proposal is part of a substantial projected expansion of malaria control, by a factor of 20 over two years. This is not a feasible growth rate. There is no explanation in the proposal for how such a large scale up can be effectively implemented in such a short time frame.
- ⇒ The targets set are too ambitious, considering the slow pace at which the PR is proceeding with respect to service delivery for an earlier grant.
- ⇒ Attempting full coverage of ARVs in two years is too ambitious.
- ⇒ Some objectives are not achievable or measurable in the short term.
- ⇒ These are ambitious objectives for a country with a poor infrastructure.
- ⇒ Highly ambitious impact indicators at this stage of the HIV and TB epidemics.
- ⇒ Increase of 70 percent in one year for the number of women receiving drugs for the prevention of mother-to-child transmission of HIV is unrealistic.
- ⇒ Highly ambitious expansion of the training plan.
- ⇒ This proposal should be reconsidered in the light of what is feasible to implement in the current national context.
- ⇒ Scale up of parts of the proposal are too rapid.
- ⇒ Coverage targets for the objectives are too ambitious, and should be modified and spread more gradually over the life of the programme.

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

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

FOR EXAMPLE:

- ⇒ There are no credible implementation partners, and no evidence that the government can go it alone.
- ⇒ The partners seem to be mainly academics and researchers rather than community mobilisers.
- ⇒ Significant lack of involvement of partnerships, especially at the implementation level.

- ⇒ Top-down and superficial approach to having communities meaningfully participate in their health systems.
- ⇒ Lack of engagement of partners in implementation of the plan: 100 percent 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 percent of the budget, there is no explanation of their roles and responsibilities.
- ⇒ The multi-sectoral approach is not clearly described (beyond meetings).
- ⇒ Ninety percent of the first year budget is spent through government structures

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

FOR EXAMPLE:

- ⇒ Although the proposal has a very broad partnership structure, budget allocation to UN Agencies ranged from 69 percent in Year 1 to 96 percent in Year 5, while the allocation to NGOs and CBOs went from 3.2 percent in Year 2 to 0.5 percent in Year 5.
- ⇒ The involvement of NGOs not well described.
- ⇒ Who the NGO partners would be is not indicated.
- ⇒ Given the importance of the role of civil society organisations in the programme, a more detailed description of their roles and responsibilities is required.
- ⇒ Over 13 percent of the budget is for NGOs, but there is no explanation of who these partners are or what they will be doing.
- ⇒ Civil society implementers not yet selected.
- ⇒ There is no information on how the NGOs will be selected.
- ⇒ The ability of local NGOs to deliver the technical aspects of the plan is not described.
- ⇒ The allocation of resources to NGOs is insufficient in light of the activities that are planned for them.

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

- ⇒ The arrangements for procurement are weak.
- ⇒ The vagueness of the procurement plan does not inspire confidence in existing systems and infrastructures.
- ⇒ It is not clear whether the drugs purchased will be consistent with the GDF.
- ⇒ 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; the proposal vaguely implies that the WHO will do it.
- ⇒ The procurement and supply management section has information taken from existing documents that do not specifically address the mechanisms for procuring TB drugs.
- ⇒ The country should be applying to the GDF for drugs.
- ⇒ There is no centralised drug supply procurement and management system that could reliably provide ARVs in a timely manner.

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

- ⇒ Capacity constraints, and technical assistance needs have not been adequately described.

- ⇒ The description of technical assistance and budgets provided for it are limited and may be significantly underestimated.

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

- ⇒ The costs shown for training and administration are too high in relation to the overall budget.
- ⇒ Almost half of the funds are earmarked for the private sector, but there is insufficient information to justify this.
- ⇒ The allocation of funding to NGOs at 10 percent 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 percent of the funds are allocated to the government.
- ⇒ One-third of the budget is for information, education, and counselling (IEC) materials, but the proposal does not contain a clear IEC plan.
- ⇒ Fifty percent of the funds are being used for training.
- ⇒ Most of the funds are for staff salaries and travel.
- ⇒ Forty percent of the total request is for repairing the heating system of the main TB hospital and for three X-ray machines.
- ⇒ Almost half of the budget is for planning and administration.

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

The reviewers were critical of proposals from CCMs where the CCM was 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.

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

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

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

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

FOR EXAMPLE:

- ⇒ The opportunity to integrate HIV services, such as 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 Global Fund proposal requirements).
- ⇒ None of the objectives or indicators address the key links between HIV and TB.
- ⇒ TB-HIV coordination not discussed.
- ⇒ TB management should be integrated into HIV/AIDS care and support.

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

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

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

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

FOR EXAMPLE:

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

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

FOR EXAMPLE:

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

- ⇒ There is no information on what assistance will be provided to drug users to help them adhere to the treatment regimens.

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

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

24. Weakness: Information on sustainability was lacking.

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

Weaknesses that Started to Emerge in Round 6 TRP Comments

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

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

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

FOR EXAMPLE:

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

Chapter 4: Guidance on the Proposal Process, Technical Content, the Proposal Form and Other Relevant Documents

This chapter provides some general guidance on the proposal process and on the technical content of proposals. It describes the changes to the Proposal Form compared to the form used for Round 6, discusses the version of the Proposal Form that the Global Fund has made available for Round 7, and explains where to obtain copies of the form. The chapter lists and briefly describes other documents and links related to the applications process for Round 7; 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.)

General Guidance on the Proposal Process

In the R7 Guidelines for Proposals, the Global Fund reminds applicants that to support the principles of country ownership and broad stakeholder participation in both proposal development and implementation of programmes financed by Global fund grants, Round 7 proposals should:

- be prepared by a broad representation of public and private sector stakeholders at the country, sub-national or regional level coming together through a coordinating mechanism;¹¹
- as far as possible, build upon existing transparent and effective systems for programme implementation, financial reporting, procurement and supply management, and monitoring and evaluation;
- as far as possible, be developed in the context of the national control programme for the disease(s), and refer to national priorities and recent country-specific analysis of the strengths, weaknesses, opportunities and threats relevant to that programme;
- clearly state how the proposed activities are linked to existing or planned support funded either by a previous Global Fund grant or through other sources; and
- only request funding that is additional to existing efforts to combat the three diseases, rather than replacing them.

In the R7 Guidelines for Proposals, the Global Fund strongly encourages Round 7 applicants to read the document entitled “Report of the Technical Review Panel and the Secretariat on Round 6 Proposals” for lessons learned from the Round 6 experience – before they complete the Proposal Form. This report provided the Board with an overview of the Round 6 proposals process, the TRP recommendations for funding, key trends observed in Round 6, and lessons learned by the TRP and the Secretariat. Most of the significant changes to the Round 7 Proposal Form are the result of recommendations contained in the report. The report is available at: www.theglobalfund.org/en/apply/call7/documents/trp/.¹²

¹¹ However, see Chapters 1 and 2 of this guide for a discussion of proposals that can be submitted by other sources – i.e., ROs and CCMs.

¹² Aidspan reported on the lessons learned by the TRP in Issue 69 of the Global Fund Observer (GFO) – see the article “ANALYSIS: Lessons for Round 7 Applicants from the TRP Comments on Round 6 Proposals.” GFO is available via www.aidspan.org/gfo.

The R7 Guidelines for Proposals list the criteria that the TRP will use to review proposals submitted for Round 7 and screened in by the Global Fund Secretariat. Applicants should familiarize themselves with these criteria before preparing their proposals. According to the criteria, the TRP looks for proposals that demonstrate the following characteristics:

Soundness of approach:

- Use of interventions consistent with international best practices (as outlined in the Stop TB Strategy, the Roll Back Malaria Global Strategic Plan, the WHO Global Health-Sector Strategy for HIV/AIDS and other WHO and UNAIDS strategies and guidance) to increase service coverage for the region in which the interventions are proposed, and demonstrate a potential to achieve impact;
- Give due priority to groups and communities most affected and/or at risk, including by strengthening the participation of communities and people infected and affected by the three diseases in the development and implementation of proposals;
- Demonstrate that interventions chosen are evidence-based and represent good value for money;
- Involve a broad range of stakeholders in implementation, including strengthening partnerships between government, civil society, affected communities, and the private sector;
- Address issues of human rights and gender equality, including contributing to the elimination of stigmatization of and discrimination against those infected and affected by tuberculosis and HIV/AIDS, especially women, children, and other vulnerable groups; and
- Are consistent with national law and applicable international obligations, such as those arising under World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights (the TRIPS Agreement), including the Doha Ministerial Declaration on the TRIPS Agreement and Public Health, and encourage efforts to make quality drugs and products available at the lowest possible prices for those in need while respecting the protection of intellectual property rights.

Feasibility:

- Provide strong evidence of the technical and programmatic feasibility of implementation arrangements relevant in the specific country context, including a detailed Work Plan and Budget;
- Build on, complement, and coordinate with existing programs (including those supported by existing Global Fund grants) in support of national policies, plans, priorities and partnerships, including National Health Sector Development Plans, Poverty Reduction Strategies and sector-wide approaches (where appropriate);
- Demonstrate successful implementation of programs previously funded by international donors (including the Global Fund), and, where relevant, efficient disbursement and use of funds. (For this purpose, the TRP will make use of Grant Score Cards, Grant Performance Reports and other documents related to previous grant(s) in respect of Global Fund supported programs);
- Utilize innovative approaches to scaling up programs, such as through the involvement of the private sector and/or affected communities as caregivers;
- Identify in respect of previous proposals for the same component submitted to the Global Fund but not approved, how this proposal addresses any weaknesses or matters for clarification that were raised by the TRP;
- Focus on performance by linking resources (inputs) to the achievement of **outputs** (people reached with key services) and **outcomes** (longer term changes in the disease), as measured by qualitative and quantitative indicators;
- Demonstrate how the proposed interventions are appropriate to the stage of the epidemic and to the specific epidemiological situation in the country (including issues such as drug resistance); and
- Demonstrate how the procurement of planned technical and management assistance during the proposal term will support the attainment of greater programmatic coverage (whether scaling up effective existing interventions across the country or population groups, or introducing new or innovative interventions).

Potential for sustainability:

- Strengthen and reflect high-level, sustained political involvement and commitment, including through an inclusive and well-governed CCM, Sub-CCM or RCM;
- Demonstrate that Global Fund financing will be additional to existing efforts to combat HIV/AIDS, tuberculosis, and malaria, rather than replacing them;
- Demonstrate the potential for the sustainability of the approach outlined, including addressing the capacity to absorb increased resources and the ability to absorb recurrent expenditures; and
- Coordinate with multilateral and bilateral initiatives and partnerships (such as the WHO/UNAIDS “Universal Access” initiative, the Stop TB Partnership, the Roll Back Malaria Partnership, the “Three Ones” principles¹ and UNICEF’s “Unite for Children. Unite against AIDS” campaign) towards the achievement of outcomes targeted by National Health Sector Development Plans (where they exist).

The Global Fund suggests that prior to submitting a proposal, applicants should read the Template Standard Grant Agreement so that they are familiar with the terms and conditions upon which the Global Fund will provide funds if the proposal is approved. By “applicants,” the Fund means both the members of coordinating mechanisms and nominated PRs (or, in the case of RO and Non-CCM applicants, the directors of the organisation).

The Global Fund advises applicants that all information in all proposals submitted to the Global Fund may be publicly disclosed on the Global Fund website or through other means. In the past, the Global Fund has posted copies of all successful proposals on its website, but it has not done so for unsuccessful proposals. Nor has it ever posted copies of the TRP Review Forms for each proposal. However, in the R7 Guidelines for Proposals, the Fund says that at its April 2007 meeting, the Global Fund Board may decide that all TRP Review Forms for Round 7 proposals, including for proposals that are not approved, will be posted on the Fund’s website.

In addition, the Global fund advises that if a proposal is approved and a grant agreement signed, all grant progress reports will be made public. This applies to both financial and programmatic information, and includes information on the price of drugs and other health products.

Aidspan suggests that you develop an action plan for the development of your proposal. The action plan should include all of the steps that you have to go through to get the proposal written, approved and submitted, along with timelines for each step. If you have not already undertaken the in-country process of soliciting submissions for possible inclusion in the proposal, these steps should be included in your action plan. RCMs and ROs need to include in their action plans the need to consult with CCMs in the countries included in their proposal, as well as the need to obtain the CCMs’ endorsement of the final proposal.

What about the Rolling Continuation Channel?

Some potential applicants may be asking themselves whether they should submit a proposal in Round 7 or wait for the Rolling Continuation Channel (RCC) instead. The RCC is a new mechanism approved by the Global Fund Board that will allow organisations with high-performing grants to apply for continued funding when their grants reach the end of their funding terms, under a process that is separate from the rounds-based channels of funding. RCC applicants will be able to apply for up to six years of funding, in two three-year phases.

Under the RCC, which is being implemented in March 2007, the Global Fund identifies which expiring grants are eligible for the RCC and invites the relevant organisations to submit a proposal. In the FAQs it prepared on the Round 7 applications process, the Global Fund Secretariat says that it will notify in writing by 15 March 2007 the “first wave” of organisations eligible to apply for under the RCC. It also says that a separate FAQ on the RCC will be available soon on the Global Fund website. Organisations that are invited to apply under the RCC will need to assess very quickly whether this avenue is preferable to submitting a proposal in Round 7. They cannot submit the same proposal twice, once under the RCC, and once in Round 7.

All coordinating mechanisms should build enough time into their action plan to allow all members of the coordinating mechanism to provide input. Because each member of the coordinating mechanism is required to endorse the proposal, the Global Fund “strongly recommends” that all members of the coordinating mechanism have at least one week to read through the proposal before the coordinating mechanism meets to approve it and submit it to the Global Fund.¹³

General Guidance Concerning the Technical Content of Proposals

The Global Fund does not provide guidance on the technical content of proposals. Nor does Aidsplan attempt to do so in this guide. General guidance on HIV/AIDS, tuberculosis and malaria is provided by UNAIDS, the Stop TB Partnership and Roll Back Malaria, respectively.¹⁴

The Stop TB Partnership has released a new strategy on tuberculosis control. “The Global Plan to Stop TB 2006-2015” is available in English, Spanish, French and Arabic at www.stoptb.org/globalplan. The plan includes a list of potential SDAs (that can be used in Round 7 applications to the Global Fund). Additional information on the Stop TB strategy is available at www.who.int/tb/dots/planningframeworks/en/. This information will be useful for planning the tuberculosis programme and budget components of proposals. On that same site, the WHO says that in the first week of March 2007 it will post a planning framework for use in preparing Global Fund proposals for Round 7.

The Global Fund strongly encourages applicants to include in their proposal activities that are designed to strengthen health systems and are coordinated with national disease control strategies. Section 4.4.2 of the Proposal Forms requests detailed information on health systems strengthening activities.

The Global Health Workforce Alliance (<http://www.who.int/workforcealliance>), a global partnership launched in May 2006 by WHO to address the worldwide shortage of health care workers, has issued a call to action to encourage applicants to include health systems strengthening activities in their Round 7 proposals. In its call, the Alliance says that the Global Fund “can be used to support critical health workforce investments that are needed to advance efforts to combat [the three] diseases, including by funding a portion of a national health workforce strategy.” The Alliance adds that:

For example, in 2005, Malawi used the Fund to support part of its Emergency Human Resource Programme, including expanding health professional pre-service training capacity and recruiting, training, and paying the salaries ... of hundreds of nurses, doctors, clinical officers, and counselors, and even more community-based health workers. Other innovative uses of the Fund for health system strengthening have included support for a community health insurance scheme and electrifying and rehabilitating health facilities. Where the requisite link can be made to the fight against the Fund's target diseases, the Fund can also assist countries in their overall health workforce and health sector planning processes.

Some resources on health systems strengthening are listed below. The Alliance says that as more resources become available, they will be posted on its website.

In addition, the Global Fund's FAQs on the Round 7 applications process state that the local offices of the following organisations may be able to provide technical or management

¹³ See the Fund's FAQs on the Round 7 applications process at www.theglobalfund.org/en/apply/call7/documents/documentsfags/.

¹⁴ UNAIDS is an agency of the UN: www.unaids.org; the STOP TB Partnership is a coalition of several organisations, including WHO, and a number of foundations and NGOs: www.stoptb.org/; the Roll Back Malaria Partnership is a coalition of several organisations, including a number of UN agencies, development partners and NGOs: www.rbm.who.int/.

assistance to complete the proposals process: WHO, UNAIDS, UNICEF, United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), UNAIDS, World Bank, European Union (EU), the [U.K.] Department for International Development (DFID), and other international or donor partners represented in the relevant country.¹⁵

The Fund's FAQs also list a number of sources of information on specific topics. Some of this information is summarized below:

Sexual and reproductive health:

- Global AIDS Alliance www.globalaidsalliance.org
- Interact www.interactworldwide.org
- International HIV/AIDS Alliance www.aidsalliance.org
- International Planned Parenthood Foundation www.ippf.org
- Population Action International www.populationaction.org
- Roll Back Malaria Partnership www.rbm.who.int/
- WHO, including the Global Malaria Programme www.who.int
- UNAIDS www.unaids.org
- UNFPA www.unfpa.org

A variety of other technical partners may also be able to provide information.

Children and HIV:

- UNICEF's Unite for Children campaign www.unicef.org/uniteforchildren/makeadifference/makediff_29275.htm
- "The Aidspan Guide to Developing Global Fund Proposals to Benefit Children Affected by HIV/AIDS" www.aidspan.org/guides
- "Pediatric Treatment and Prevention Toolkit," Global AIDS Alliance www.globalaidsalliance.org/Pediatric_Treatment_and_Prevention_Toolkit.cfm

Interaction between HIV and Malaria:

- WHO, including the Global Malaria Programme www.who.int
- Roll Back Malaria Partnership www.rbm.who.int/
- Kaisernetwork.org www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=4&DR_ID=41551

Malaria and Pregnancy:

- "Malaria In Pregnancy (MIP) Toolkit," Roll Back Malaria Partnership <http://rbm.who.int/mpwg.html#miptk>
- "Integrated Management of Pregnancy and Childbirth (IMPAC) Guide," WHO www.rollbackmalaria.org/partnership/wg/wg_pregnancy/docs/pcpnc.pdf

Health systems strengthening:

- WHO www.who.int/healthsystems/strategy/en/
- "The World Health Report 2006: Working Together for Health" (available from WHO by email: whr@who.int)
- Information prepared by Physicians for Human Rights <http://physiciansforhumanrights.org/library/report-2007-02-27.html>

¹⁵ The Global Fund says that in limited situations some of these partners may also be able to provide financial assistance to help applicants complete their proposals, including assistance to help CCMS, Sub-CCM and RCMs document compliance with the critical six minimum eligibility requirements for coordinating mechanisms.

Procurement of bednets:

- “Ten Quick Facts on Procuring LLINs”
www.theglobalfund.org/pdf/round6/Pol_R6_10QuickFactsLLINs_Jun06.pdf
- “Procurement and Supply Management Toolkit,” World Bank Malaria Control Booster Program
<http://siteresources.worldbank.org/INTPROCUREMENT/Resources/Malaria-Toolkit.pdf>

M&E and health information systems:

- “Health Metric Networks Assessment Tool” www.who.int/healthmetrics/tools/en

Operations and implementation research:

- Stop TB Partnership planning framework materials
www.who.int/tb/dots/planningframeworks/en/index.html
- Special Programme for Research and Training in Tropical Diseases (TDR)
www.who.int/tdr/topics/ir/default.htm
- M&E Toolkit www.theglobalfund.org/en/apply/call7/documents/technical/

Private sector involvement through co-investment:

- Olivier Vilaca, Co-Investment Manager at the Global Fund
Olivier.vilaca@theglobalfund.org
- Elisabeth Girrbaach, Team Leader of the ACCA Program at the German Technical Cooperation (GTZ) Elisabeth.girrbaach@gtz.de
- Barbara Bulc, Director of the Global Business Coalition on AIDS in Geneva
bbulc@businessfightsaids.org
- Maurizio Bussi, ILO/AIDS bussi@ilo.org

Changes to the Proposal Form from Round 6

The following is a summary of the major changes to the Proposal Form compared to the form that was used for Round 6:

- Applicants are asked to provide detailed information addressing the comments of the TRP from a proposal not approved in a prior round (where the proposal being submitted is similar to the previous proposal).
- Where there are large undisbursed amounts of money for an earlier grant, including unsigned round 6 grants, applicants are asked to explain any Round 7 request for additional funding for the same key services covered by the earlier grants.
- Where there have been bottlenecks in performance by a PR who is again being nominated as a PR for Round 7, applicants are asked to explain how these bottlenecks are addressed in the proposal.
- On the Proposal Form itself, applicants are being asked to submit less complex information on their budgets.
- Although the Proposal Form for Round 7 contains the same five sections used in the Round 6 form, some of the information requested has been moved from one section to another.

Version of the Proposal Form

When the Call for Proposals was issued on 1 March 2007, the Global Fund posted a version of the Proposal Form that contained some macros and that was “protected” by the Fund, which meant that many of the features of Word could not be used, notably (a) the ability to copy parts of the form and (b) the ability to search for specific words or strings of text.

This was problematic, so on 6 March 2007, the Fund replaced this version with an “unprotected” Word file. Aidspace had limited time to test the unprotected Word version before going to press. It is a large file, however, at just under 3MB, so it sometimes takes time to navigate the document. It may be an even larger file when you enter your data. However, if your proposal does not address all three diseases, you should be able to remove from the Proposal Form the sections that are not relevant to your proposal.

Aidspace was pleased to note that the boxes expand as one enters text; that it is possible to copy text from another document into the macro Word file without losing formatting; that it is possible to edit text once it has been entered; and that one can add rows to tables (which is helpful for some of the tables).

Because there are still some macros in the file, some Word functions may not work quite as one might expect, and it may occasionally be harder to move around the document.

In the original version of the Proposal Form posted on 1 March 2007, Table 5.3, in Section 5 (Budget Component), contained a macro which was designed to ensure that totals were automatically calculated as one entered data. This macro continues to work, but the user must first enter the data, then highlight the table, and then press F9. When this is done, totals automatically appear at the end of each row and the bottom of each column.

Since the unprotected version of the Proposal Form was posted just before we went to press, it is possible that the Global Fund will issue some additional guidance in the days to come on the use of this version.

Special Note: *If you downloaded the Proposal Form file from the Global Fund website before 6 March 2007, and you find that you can't do functions like copy or search, you might want to go back to the site and download the newer version.*

Where To Obtain Copies of the Proposal Form

Copies of the Proposal Form in Word format 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/call7/documents/documentsfaqs/.

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

- Attachment A – Targets and Indicators Table
- Attachment B – Preliminary List of Pharmaceuticals and Other Health Products
- Attachment C – CCM, Sub-CCM or RCM Membership Details

Attachments A and B come in three versions, one for each of the three diseases. Attachment A also comes in a fourth, non-disease-specific version.

All three attachments are available as Excel documents in all six UN languages via www.theglobalfund.org/en/apply/call7/documents/documentsfaqs/.

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

The Manager, Proposal Advisory Services
The 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

R7 Guidelines for Proposals

As indicated many times in this guide, the Global Fund has produced guidelines on the Round 7 proposals process. The full title of these guidelines is “Guidelines for Proposals: Round 7,” but we use the short-form title “R7 Guidelines for Proposals.”

The R7 Guidelines for Proposals are an invaluable tool and should be read by all applicants before preparing their proposal. We quote extensively from the R7 Guidelines for Proposals in this guide.

The R7 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 R7 Guidelines for Proposals in our step-by-step guide to filling out the application form.

In an annex to the R7 Guidelines for Proposals, the Global Fund has provided lists of the countries whose economies are classified as low income and lower-middle income by the World Bank; a list of countries whose economies are classified as upper-middle income by the World Bank, and who are eligible to apply in Round 7 for one or more of the three diseases; and a list of Small Island States who are eligible to apply providing they meet certain conditions.

The R7 Guidelines for Proposals are available in all six UN languages and can be downloaded via www.theglobalfund.org/en/apply/call7/documents/documentsfags/.

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. All of these documents are available via www.theglobalfund.org/en/apply/call7/documents/. That web page contains a list of categories; clicking on a category takes you another page where the documents can be located. Because it is not always obvious which category contains which document, we have organised the information below by category and we have provided the website address for each category.

Call for Proposal Documents and Frequently Asked Questions

www.theglobalfund.org/en/apply/call7/documents/documentsfags/

Round 7 – Frequently Asked Questions

Available in all six UN languages (only English was posted when we went to press).

CCM Guidelines and Requirements

www.theglobalfund.org/en/apply/call7/documents/guidelines/

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 all six UN languages.

Clarifications on CCM Minimum Requirements – Round 7

Available in all six UN languages.

Guidelines for Improving CCMs through Greater PLHIV Involvement

Available in English, Spanish, French and Russian

CCM Performance Checklist

Available in English only.

Users Guide for the CCM Performance Checklist

Available in English only.

Monitoring and Evaluation Toolkit and PSM Guidelines

www.theglobalfund.org/en/apply/call7/documents/me/

Multi-Agency Monitoring and Evaluation Toolkit

Second Edition, January 2006.

Provides the "essentials" of agreed-upon best practice in M&E.

Available in English, Spanish, French and Russian

Annexes to M&E Toolkit

Contains descriptions of the major indicators, how they fit into general monitoring and evaluation frameworks.

Available in all six UN languages.

Guide to Writing a Procurement and Supply Management Plan

Available in English, French, Spanish and Russian

Technical Assistance and Other Guidance

www.theglobalfund.org/en/apply/call7/documents/technical/

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 and French.

The Report of the TRP and the Secretariat on Round 6 Proposals

www.theglobalfund.org/en/apply/call7/documents/trp/

The Report of the Technical Review Panel and the Secretariat on Round 6 Proposals

Available in English, Spanish, French, Russian and Arabic (only English, French and Russian was posted when we went to press).

Appeal Process

www.theglobalfund.org/en/apply/call7/documents/appeal/

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.

Grant Negotiation and Management Documents

www.theglobalfund.org/en/apply/call7/documents/grantdocuments/

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.

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.

Template Standard Grant Agreement

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

Not included at the websites listed above:

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

Monitoring and Evaluation Systems Strengthening Tool

Available in English via www.theglobalfund.org/en/performance/monitoring_evaluation/

Other Links

The websites listed in the previous section also contain links to other sites where other relevant documents and information can be obtained. These include a link to various Aidsplan guides (readers can see the list in the [Preface](#) of this guide).

These links also include:

- PSM tools and information on the costs of drugs (see www.theglobalfund.org/en/apply/call7/documents/me/) ;
- information on technical partners, other reference bodies, examples of model budgets from Round 6 proposals (see www.theglobalfund.org/en/apply/call7/documents/technical/); and
- information on the TRP (see www.theglobalfund.org/en/apply/call7/documents/trp/).

Process For Submitting a Proposal

The deadline for submitting proposals for Round 7 is 4 July 2007.

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

The electronic version must be received by the Global Fund no later than 23h59 Geneva time on 4 July 2007. It should be sent via email to proposals@theglobalfund.org.

The original version of the proposal must be dispatched to the Global Fund no later than 23h59 Geneva time on 4 July 2007, as evidenced by the stamp of a postal, courier or other independent service provider. Proposals should be submitted to the following address:

The Manager, Proposal Advisory Services
The Global Fund to Fight AIDS, Tuberculosis and Malaria
8 Chemin de Blandonnet
CH-1214 Vernier-Geneva
Switzerland

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.

Special Note: *Each applicant can submit only one composite proposal. The proposal may cover one, two or all three diseases, and may nominate one or more PRs. Proposals containing more than one disease component will be separated by the Fund into its component parts, and each component will be reviewed separately by the TRP.*

Starting on 5 July 2007, the Global Fund Secretariat will screen proposals for eligibility. The Secretariat will also ensure that all proposals have been appropriately endorsed. The screening process will close on 20 August 2007. During this period, the Secretariat may contact applicants to seek clarifications on eligible proposals.¹⁶ After 20 August 2007, no more clarifications on any aspect of the application will be accepted.

Applicants whose proposals were screened out will be notified of this fact, and of the reasons they were screened out, shortly after 20 August 2007.

The Global Fund says that the TRP will convene from 27 August to 7 September to review eligible proposals and make recommendations to the Global Fund Board. Applicants whose proposals are reviewed by the TRP will be notified of the outcome of their applications after the Global Fund Board meeting scheduled for 14-16 November 2007.

If you have questions about the Proposal Form or the applications process, you can:

- (a) consult the list of Frequently Asked Questions (FAQs) that the Global Fund has created concerning the proposals process. The list, which is available at www.theglobalfund.org/en/apply/call7/documentsfaqs/, will be updated periodically during the period when Round 7 proposals are being accepted (but not more often than once every two weeks); or**
- (b) send an email to proposals@theglobalfund.org. The Global Fund says that all enquiries will be answered within one working day of receipt of the question; and that answers will be copied to all members of the coordinating mechanism of the country in question (where relevant).**

Each time the FAQs are updated, new information will be labelled “NEW.” The label will be removed at the next update.

We suggest that you consult the FAQs before sending an enquiry to the Global Fund. You can also contact UNAIDS at FAQ-GF-R7@unaids.org or Stop TB at tbproposalhelp@who.int.

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 4.6.2 of the R7 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.”

¹⁶ The Global Fund points out that missing information, such as a missing detailed budget, is not a clarification but an incomplete proposal. A proposal that is missing a detailed budget will be deemed ineligible.

- Activities are the more specific actions that will be taken within each service delivery area – e.g. “Develop an adherence support programme for people taking antiretroviral therapy.”
- 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 (or outcome) 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.
- Save your work frequently as you fill 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. The Global Fund also uses mauve-coloured font to highlight something that is particularly important. Sometimes this text is italicised, but not always.
- 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 the early sections) 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. You need to list all 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 and the full title of the document.
- 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.
- When you are asked to tick a box in 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 7 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. (The box is shaded in a light-yellow colour. If you print the guide using a black and white laser printer, the shading will appear as a very light grey.)
- This is followed by guidance from the R7 Guidelines for Proposals concerning how to fill out this item.¹⁷ This guidance is identified by the following “symbol”:

R7 Guidelines for Proposals

If there is no guidance in the R7 Guidelines for Proposals, or if the guidance in the R7 Guidelines for Proposals simply repeats what is on the Proposal Form, you will see “N/A” under the symbol.

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

Aidsplan Guidance

If Aidsplan has nothing to add to what is on the Proposal Form or to the guidance from the R7 Guidelines for Proposals, you will see “N/A” under the symbol.

In the Proposal Form, both Section 4 (Component Section) and Section 5 (Component Budget Section) are repeated three times, once for each disease. In this chapter, we show only the HIV/AIDS Sections 4 and 5. However, because there are minor differences between the Sections 4 and 5 for HIV/AIDS and the Sections 4 and 5 for tuberculosis and malaria, we use text boxes to explain the differences.

¹⁷ Virtually all of the extracts from the R7 Guidelines for Proposals are verbatim. Aidsplan has not done any copy editing of these extracts.

| | |
|---|--------------|
| Applicant Name | |
| Country/countries | |
| Components included in this Proposal Form <i>(Check each applicable box below)</i> | |
| <input type="checkbox"/> | HIV/AIDS |
| <input type="checkbox"/> | Tuberculosis |
| <input type="checkbox"/> | Malaria |

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/.

R7 Guidelines for Proposals

N/A

Aidspan Guidance

For proposals from RCMs and ROs, enter the name of each country covered by the proposal.

Each applicant can submit only one proposal for Round 7. So, if you want to tackle more than one of the diseases, you need to include more than one component in your proposal.

In Round 5, there was a separate component for health systems strengthening, but this was dropped for Round 6 and is not available for Round 7 either. 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 it is better 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. (There is further guidance on health systems strengthening throughout this chapter.)

To tick a box here (as elsewhere on the form), move the cursor to the textbox, right click, select "Properties," and then under "Default value," select "Checked." Finally, click on "OK."

Section 1 Proposal Overview

1.1 General information on proposal

Applicant Type

Please check 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.

- National Country Coordinating Mechanism
- Sub-national Country Coordinating Mechanism
- Regional Coordinating Mechanism (including small island developing states)
- Regional Organization
- Non-Country Coordinating Mechanism Applicant

R7 Guidelines for Proposals

Applicant type

Proposals can be submitted by a:

- National Country Coordinating Mechanism (CCM);
- Sub-national Country Coordinating Mechanism (Sub-CCM);
- Regional Coordinating Mechanism (RCM);
- Regional Organization (RO); or
- Only in exceptional circumstances, a Non-CCM Applicant.

For information on Applicant types and the eligibility criteria applicable to each Applicant type, refer to section 3A of these Guidelines. For information on how the proposal is to be endorsed/signed by CCM, Sub-CCM, RCM and Regional Organizations, refer to section 3B.

Aidspan Guidance

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

In the R7 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 applications should typically 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 supports applications from ROs that address cross-border or multi-country issues, but sets the bar pretty high with respect to the conditions proposals from ROs have to meet.

- The Global Fund 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 RO and Non-CCM applicants. These requirements are also outlined in the R7 Guidelines for Proposals and on the Proposal Form itself.

Proposal component(s) and title(s)

Please check the appropriate box or boxes below, to indicate component(s) included within your proposal. Also specify the title for each proposal component. For more information, please refer to the Guidelines for Proposals, section 1.1.

| Component | Title |
|---------------------------------------|-------|
| <input type="checkbox"/> HIV/AIDS | |
| <input type="checkbox"/> Tuberculosis | |
| <input type="checkbox"/> Malaria | |

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/.

R7 Guidelines for Proposals

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

Proposals can address one or more of the following disease components:

- HIV/AIDS
- Tuberculosis
- Malaria.

As in Round 6, there is no separate health systems strengthening component. Applicants seeking funds **for health systems strengthening** ('HSS') in Round 7 should include such support within the relevant disease component section(s). In Round 7 Applicants are requested to identify the HSS actions essential to successful programmatic outcomes (termed '**HSS Strategic Actions**') together with gaps in those actions immediately following the programmatic gap analysis required under section 4.4.

For more information on funding to support HSS Strategic Actions, refer to section 4.4 of these Guidelines.

Aidspan Guidance

N/A

Currency in which the Proposal is submitted

*Please check only **one** box below. **Please note that you must use this same currency throughout the whole Proposal Form** (that is, for all components for which funding is sought). It will be assumed that all financial amounts indicated in your whole proposal are in this **one** currency.*

- US\$
- Euro

R7 Guidelines for Proposals

Financial amounts in the Proposal Form should be denominated in either United States Dollars or Euros, but not both. The selected currency must be used consistently throughout the whole proposal.

Aidspan Guidance

N/A

Summary of Technical Assistance Provided During Proposal Preparation

Please check the applicable box or boxes in the left hand column to indicate whether you received any technical assistance during preparation of this proposal for the sections set out below, and then in the other columns also indicate which organization(s) (if any) provided that assistance, and over what duration this was provided. Information on technical and management assistance to be obtained during the proposal term is requested in section 4.11.

| Section/Component | Name of organization or organizations providing assistance and type of assistance provided | Duration of technical assistance provided |
|--|--|---|
| <input type="checkbox"/> Sections 1 to 3B | | |
| <input type="checkbox"/> HIV/AIDS component, and/or budget | | |
| <input type="checkbox"/> Tuberculosis component, and/or budget | | |
| <input type="checkbox"/> Malaria component, and/or budget | | |

R7 Guidelines for Proposals

Applicants are requested to identify, for relevant sections of their proposal (by disease component) whether they received technical assistance during proposal preparation. This section is **newly introduced** to better inform the Global Fund and its technical partners as to the nature and relative duration (number of weeks/days) of such assistance, and thus support stronger planning in future Rounds.

Aidspan Guidance

This refers to technical assistance only for the development of the proposal. As the Proposal Form indicates, you will be asked to provide information in Section 4.11 on assistance required during the actual implementation of your programme. If more than one organisation provided technical assistance for Sections 1 to 3B, or for any of the disease components sections, we suggest that you list each organisation and provide the duration of the technical assistance for each one. The table will expand as you add text.

The lack of access to technical assistance has been identified as a significant bottleneck for both proposal development and programme implementation; this question is probably designed to give the Global Fund a better handle on how much technical assistance is being provided for proposal development, and on who is providing it.

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 budget summary by cost category in table 5.3 for each disease component. The currency in the table below must be the same currency as indicated in section 1.1 above.

Table 1.2 – Total funding summary

| Component | Total funds requested over proposal term | | | | | |
|-----------------------------|--|--------|--------|--------|--------|-------|
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| HIV/AIDS | | | | | | |
| Tuberculosis | | | | | | |
| Malaria | | | | | | |
| Total all components | | | | | | |

R7 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 5.3.

Aidspan Guidance

The Proposal Form and the R7 Guidelines for Proposals both emphasize that the information in this table must be consistent with the information you provide in Table 5.3 in Section 5.3 of the Proposal Form (Summary by cost category). If you have more than one component, you will have more than one Table 5.3. You need to ensure that the totals for each year for each Table 5.3 are identical to the amounts shown in Table 1.2 for the corresponding components.

1.3 Contact details for enquiries by the Global Fund

Please provide full contact details for two persons **who will be available and duly authorized to provide the Global Fund with responses to any questions about the whole Proposal Form after 4 July 2007** (that is, all of the components which are applied for and **not** on a disease by disease basis). 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 **three months** after the submission of the proposal.

Table 1.3 – Contact details for enquiries by the Global Fund

| Contact Details for Enquiries on the Applicant's Proposal after Submission | | |
|--|-----------------|-------------------|
| | Primary contact | Secondary contact |
| Name | | |
| Title | | |
| Organization | | |
| Mailing address | | |
| Telephone | | |
| Fax | | |
| E-mail address | | |
| Alternate e-mail address | | |

R7 Guidelines for Proposals

N/A

Aidspan Guidance

In Round 6, the Global Fund asked for contact details for each disease component separately. For Round 7, they clearly want you to provide the names of two persons who can respond to requests for clarification on the proposal as a whole, or on any part of the proposal. Requests for clarification could come from the Global Fund Secretariat during the screening process or from the TRP (via the Secretariat) during the review process. You should provide only two names in Table 1.3. If there are other key people with expertise on different parts of the proposal, they can be contacted, if and as required, by one or other of the two people you list here.

Because these people have to be available and ready to answer questions during the weeks immediately following the deadline for proposals, it is important to ensure that the contact information provided here is detailed and accurate.

1.4 Overview Summary of the Applicant's Proposal

Provide a brief overview of the components included in this proposal and the main focus of the work to be undertaken. Applicants applying for more than one disease component should **briefly** refer to **each component here**, but provide a disease specific 'Executive Summary' in section 4.2 for each component.

*(Maximum length of this section is **one page in total**)*

R7 Guidelines for Proposals

Applicants are requested to provide, in not more than one page, an overview of the main themes of the Applicant's whole proposal. In section 4.2, Applicants will be asked to provide a longer, disease specific executive summary. Section 1.4 is **newly introduced** to help those reading the entire proposal (especially if more than one disease is applied for) to, at an early time, understand the main focus (but not the specific details) of the proposal overall.

Aidspan Guidance

This is a new requirement. You should write a *very brief* summary of your proposal. There will be plenty of opportunities later in the Proposal Form to provide details of your objectives, activities, etc. The Proposal Form and the R7 Guidelines for Proposals say not to exceed one page, and we suggest that you heed that direction. Conciseness is a virtue. Remember, the TRP members will be wading through thousands of pages of text as they conduct their reviews, so they will be very grateful when they encounter something that is clear and concise!

1.5 Overview of rationale for multi-country proposal approach

Only complete this section if your proposal targets more than one country.

Importantly, the difference between a 'Regional Coordinating Mechanism' and 'Regional Organization' Applicant is explained in the Round 7 Guidelines for Proposals. Please refer to that material before completing this Proposal Form including, in particular, section 3A.4 (RCM), or 3A.5 (Regional Organization).

The Global Fund is very supportive of proposals which respond to cross-border or multi-country issues which are most effectively addressed through a regional/multi-country proposal that has been developed in close consultation with in-country stakeholders from **each of the countries included in the proposal**. Preferably, the CCM of each country will have been involved in identification of relevant issues and the development of the multi-country response from an early time so that the CCMs and RCM or RO Applicants can agree which aspects are appropriate for a multi-country approach.

In this section, please describe:

- (a) *the common issue for these countries which presents a strong argument for a regional or cross-border approach;*
- (b) *why a multi-country proposal will be more effective in responding to the issues presented than if each CCM presented the same activities on a country by country basis; and*
- (c) *how the applicant (RCM or RO) worked with the CCM** of each country during the proposal development process to ensure that the funding requested in this proposal does not merely replace existing financing, but contributes additional financing to increase the regions capacity to respond to the disease(s).*

*(**Where there is no CCM for a specific country included in the multi-country proposal because the country is a small island developing state, the applicant should describe how a broad cross-section of stakeholders were transparently and effectively consulted to ensure that there is broad in-country support and understanding of the multi-country approach in such countries).*

Overview of rationale for multi-country approach

(maximum one page)

R7 Guidelines for Proposals

Based on lessons learned from Round 6, section 1.5 is **newly introduced**. It is intended to support RCM and Regional Organization Applicants to more clearly explain the overall rationale for why the planned interventions will be more effective than if a country by country approach was undertaken at the national CCM level. This is an overview only, and the specific interventions, together with more detailed information on the countries targeted in the proposal, must still be described in section 4 of their proposal (on a disease specific basis).

Refer to the TRP Report on Round 6 Proposals (at section 5.3, page 29) for more information on lessons learned for multi-country and/or regional proposals. This report is available at: <http://www.theglobalfund.org/en/about/technical/report/>

Aidspan Guidance

This section is for RCMs and ROs only.

For the last several rounds, at least, the Global Fund has consistently required that proposals from RCMs and ROs demonstrate the added value of acting regionally – i.e., why a multi-country approach would be more effective than if each country in the region planned to implement the same activities at a national level.

What is different for Round 7 is that the Global Fund also wants information concerning how the RCM or RO worked with the CCM of each country (where there are CCMs) during the proposal development process. (For a country with no CCM, the Global Funds wants to know how a broad range of stakeholders were consulted.) This requirement stems from an issue raised by the TRP when it reviewed the Round 6 proposals. As we indicated earlier in this guide, in Round 6 the TRP was critical of regional proposals whose sponsors failed to consult national CCMs before developing the proposals. The TRP observed that these proposals tended to be developed by external organisations, often outside of the framework of the needs and priorities of recipient countries, and then presented to the relevant national CCMs for endorsement. The TRP suggested that a better approach would be for Regional Organisations and RCMs to work much more closely with CCMs, and to involve them in all stages of proposal development.¹⁸

Readers should refer to “Deciding Whether To Submit a Regional Proposal” in Chapter 2 of this guide for (a) a description of the requirements for regional proposals; and (b) information on how regional proposals fared in previous rounds of funding.

¹⁸ The observations of the TRP are contained in a report entitled “Report of the Technical Review Panel and the Secretariat on Round 6 Proposals,” which is available via www.theglobalfund.org/en/apply/call7/documents/trp/. We quote from this report elsewhere in this chapter.

1.6 Previous Global Fund grants/proposals recommended for funding

For each component applied for in Round 7, please provide **specific details of the amounts disbursed by the Global Fund and also expended under existing Global Fund grants (by Round) as at 31 March 2007**. For more detailed information, see the Guidelines for Proposals, section 1.6.

Combined HIV/TB grants from Rounds 1, 2 and/or 3, should be included in **only the HIV/AIDS table below, or the TB table below**.

Table 1.6.1 – Previous Global Fund HIV/AIDS financial support

| HIV/AIDS | Total cumulative amount disbursed by Global Fund under grants to Principal Recipient(s) as at 31 March 2007 | Total cumulative amount already expended under prior Global Fund grants as at 31 March 2007 | [For RCM and RO applicants only] List the countries included in the relevant proposal |
|--------------|---|---|--|
| Round 1 | | | |
| Round 2 | | | |
| Round 3 | | | |
| Round 4 | | | |
| Round 5 | | | |
| Round 6 | | | |
| Total | | | |

[Note: Tables 1.6.2 and 1.6.3 in the Proposal Form, which are not shown here, are identical to Table 1.6.1, except that they cover tuberculosis and malaria. The table shown here covers only HIV/AIDS.]

R7 Guidelines for Proposals

In table 1.6, Applicants should provide the requested information in respect of existing and prior Global Fund grants (including Round 6 proposals approved but not yet signed) by disease component (table 1.6 is reproduced four times in Round 7 to help Applicants provide the relevant details). This information will be provided to the TRP as part of the information about current in-country absorptive capacity. **Applicants will be asked to specifically comment on bottlenecks and plans to alleviate current implementation challenges in section 4.6.4(b).**

Based on lessons learned from Round 6, Applicants are only requested to identify:

- the total cumulative amount **actually disbursed by the Global Fund** under the grant(s) for each Round to all Principal Recipients;
- the total cumulative amount **already expended** at the Principal Recipient level (determined on a cash basis) at 31 March 2007; and
- only for Applicants** whose proposal targets more than one country, which countries were targeted in the earlier multi-country proposals.

Aidspan Guidance

The Global Fund has asked for information on previous Global Fund grants in prior rounds, but this time the Fund is requesting more details. This stems from concerns raised by the TRP in Round 6

concerning two issues: (a) the absorptive capacity of the country; and (b) whether there was already sufficient funding in the country for similar activities.

In its report on Round 6, the TRP said that an existing large grant might “pose a significant challenge to the absorptive capacity of the country,” and that this could “reduce the chances of successful implementation of the proposed Round 6 grant activities.”

The TRP identified some problems concerning the timing of the Round 6 application for countries with a previous grant for similar activities. In some instances, applicants indicated that funding from a previous grant would still last for another two years or more, and proposed a delayed start date for their (potential) Round 6 grant that would enable it to take over when the previous grant ended. In the opinion of the TRP, in most cases it would have been inappropriate to tie up scarce Global Fund resources in this fashion. In other instances, when countries applied for funding for activities that were also supported by a previous grant which was at a very early stage of implementation, the TRP sometimes was of the opinion that there was already sufficient funding in the country for the proposed activities, and so recommended against funding the Round 6 proposal.

In Round 7, the TRP can be expected to continue to take the view that the existence of prior Global Fund (or other) grants, and the disbursement history and performance of these grants are factors that should be taken into consideration when it arrives at a recommendations on a given proposal.

There is more on these issues elsewhere in this chapter, particularly in Item 4.6.4.

Table 1.6.4 – Previous Global Fund HSS and other financial support

| HSS or Integrated | Total cumulative amount disbursed by Global Fund under grants to Principal Recipient(s) as at 31 March 2007 | Total cumulative amount already expended under prior Global Fund grants as at 31 March 2007 | [For RCM and RO applicants only] List the countries included in the relevant proposal |
|--------------------------|--|--|--|
| Round 1 | | | |
| Main disease targeted | | | |
| Round 2 | | | |
| Main disease targeted | | | |
| Round 5 | | | |
| Main disease targeted | | | |
| Total | | | |

R7 Guidelines for Proposals

N/A

Aidspan Guidance

Table 1.6.4 is similar to the previous tables except that it requests information for grants funded as a result of successful integrated proposals (permitted only in Rounds 1 and 2) and for grants funded as a result of health systems strengthening (HSS) components approved in Round 5. Note that you are being asked to identify the main disease targeted in each programme.

Section 2 Country Eligibility

Only those applications that meet all applicable eligibility criteria will be reviewed by the Technical Review Panel.

These eligibility criteria are:

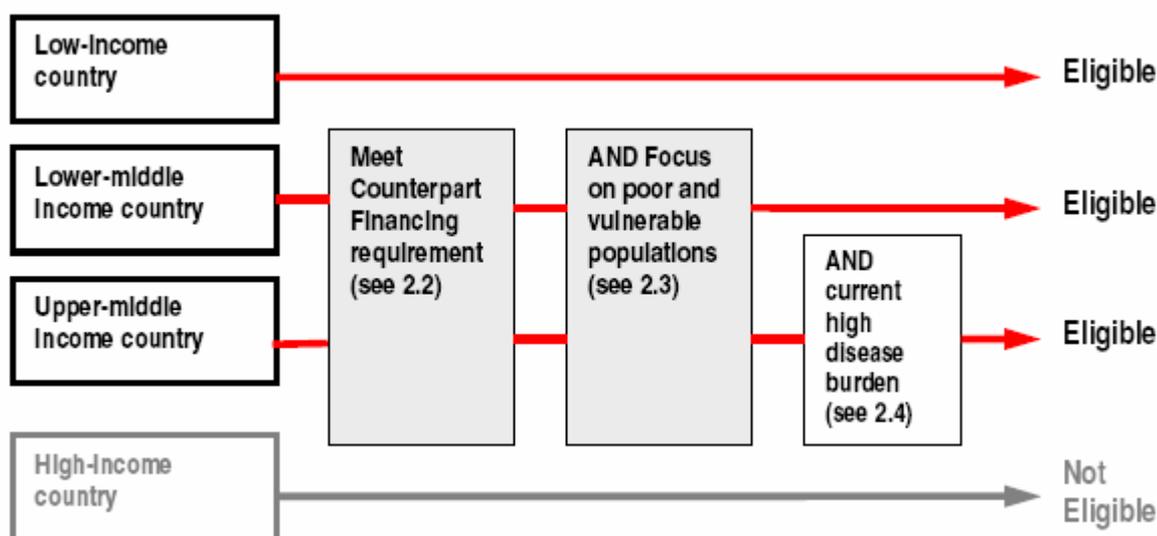
- ➔ **Section 2 – Country eligibility**
- ➔ **Section 3A – Applicant Type eligibility**
- ➔ **Section 3B – Proposal signature and endorsement**

*Country eligibility is a multi-step process that depends on World Bank's classification of the income level of the country (or countries) targeted in the proposal **at the time of the call for proposals** (not the closing date).*

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.

R7 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.



Aidspan Guidance

For more information, see [“Who Is Eligible to Apply to the Global Fund”](#) in Chapter 1 of this guide. Applicants familiar with the Round 6 Proposal Form will notice that for Round 7, this section of the Proposal Form refers only to country eligibility, and that the eligibility requirements related to the structure and functioning of CCMs have been moved to Section 3A.

2.1 Income Level

Please check the appropriate box(es) in the table below for the relevant country (or countries for multi-country proposals only), and include the country name in the relevant box(es). **Multi-country applicants** (i.e., RCM or Regional Organization Applicants) → see the Guidelines for Proposals, section 2.1 regarding eligibility of your proposal, and complete all relevant sections depending on the income levels for the respective countries.

| World Bank classification of Income level of countries/ economies included in proposal | Country/economy name(s) <i>(include the name of each country/economy and its relevant income level for multi-country proposals)</i> | |
|--|--|--|
| <input type="checkbox"/> Low-income | | → Go straight to section 3A, Applicant Type |
| <input type="checkbox"/> Lower-middle income | | → Complete both sections 2.2 and 2.3, and then go to section 3A |
| <input type="checkbox"/> Upper-middle income | | → Complete each of sections 2.2 and 2.3 and 2.4, and then go to section 3A |

R7 Guidelines for Proposals

The eligibility criteria that a country must meet depend on the World Bank classification of income level. In this section of the Proposal Form, Applicants should check the appropriate box to indicate income classification, and respond to the specific sub-sections within section 2.2 as indicated in the right hand column of table 2.1.

See Annex 1 to these Guidelines for a list of the World Bank classifications of income level of countries/economies.

Applicants from countries classified as “High income” by the World Bank are not eligible to apply for support from the Global Fund. However, multi-country proposals from eligible RCM or Regional Organization Applicants which target a majority of countries/economies that are classified as 'low income' or 'lower-middle income' can still be submitted to the Global Fund.

Applicants from Low income countries or multi-country proposals targeting only low – income countries should go straight to section 3A.

Applicants from countries/economies classified as (or multi-country proposals which also target countries/economies with these income levels):

- **Lower-middle income countries** should go to sections 2.2 and 2.3.
- **Upper-middle income countries** should go to sections 2.2, 2.3 and 2.4.

Aidspan Guidance

See the sub-section on “Technical Eligibility” in the section “[Who Is Eligible to Apply to the Global Fund](#)” in Chapter 1 of this guide for a discussion of the eligibility requirements described in Section 2 of the Proposal Form.

All applicants need to fill out Section 2.1. The rest of Section 2 of the Proposal Form can be a little hard to navigate, especially for RCM, RO and Non-CCM applicants, so we provide a road map below:

CCM and Sub-CCM Applicants

CCM and Sub-CCM applicants from low-income countries should fill out Section 2.1 and then proceed to Section 3A. CCM and Sub-CCM applicants from lower-middle-income countries should fill out Section 2.1, Item 2.2.1 in Section 2.2, and Section 2.3, before proceeding to Section 3A. CCM and Sub-CCM applicants from upper-middle-income countries should fill out Section 2.1, Item 2.2.1 in Section 2.2, Section 2.3, and Section 2.4, before proceeding to Section 3A.

RCM and RO Applicants

RCM and RO applicants whose proposals target only low income countries should fill out Section 2.1 and then proceed to Section 3A.

RCM and RO applicants whose proposals target any lower-middle-income countries should fill out Section 2.1 and then *either* Item 2.2.1 or Item 2.2.2 in Section 2 (this is further explained in Section 2.2 below.) RCM and RO applicants whose proposals target any lower-middle-income countries also need to fill out Section 2.3, before proceeding to Section 3A.

RCM and RO applicants whose proposals target any upper-middle-income countries should fill out Section 2.1 and then either Item 2.2.1 or Item 2.2.2 in Section 2 (this is further explained in Section 2.2 below.) RCM and RO applicants whose proposals target any upper-middle-income countries also need to fill out Sections 2.3 and 2.4, before proceeding to Section 3A.

(Above, the R7 Guidelines for Proposals state that proposals from RCMs and ROs that include a majority of countries that are classified as low income or lower-middle-income are eligible to apply to the Global Fund. However, in Section 2.4, the guidelines state that RCM and RO proposals may be submitted if a majority of the countries included in the proposal are listed in Annex 1 of the guidelines as eligible Round 7 countries. The two statements do not quite say the same thing, since Annex 1 includes some upper-middle-income countries. Potential applicants who need more information should contact the Global Fund.)

Non-CCM Applicants

Non-CCM applicants should fill out Sections 2.1, 2.3 and 2.4, before proceeding to Section 3A.

2.2 Counterpart financing and greater reliance on domestic resources

Complete if any country/economy targeted in this proposal is classified as Lower-middle or Upper-middle income under the World Bank's classification of income level.

R7 Guidelines for Proposals

Proposals from Applicants who target Lower-middle income ('LMI') and/or Upper-middle income ('UMI') countries must demonstrate an increasing reliance on domestic resources by meeting defined counterpart financing requirements. That is, if even one of the countries targeted in the proposal is a LMI or a UMI country, section 2.2 must be completed by the Applicant.

Note: Non-CCM applicants do not have to fulfill the counterpart financing requirement.

Based on lessons learned from Round 6, RCM or Regional Organizations are provided with the option of either:

- (a) **Completing section 2.2.2.** This option requires the RCM or Regional Organization Applicant to obtain all of the material required in section 2.2.1 from the national CCM of each country targeted in the proposal (*or another national coordinating body if a small island developing state without a CCM*). This option has been provided in recognition of the challenges presented to RCM and Regional Organization Applicants compiling this information. *If option 2.2.2 is selected, Applicants must then also annex the national CCMs' confirmation of that country's counterpart funding level in accordance with section 2.2.1.; or*
- (b) **Completing section 2.2.1** on a country by country basis (*the relevant disease specific component table(s) should be copied for each country targeted in the proposal*).

What is counterpart financing?

'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 organizations, faith-based organizations, other domestic partners, and user fees.

How is the counterpart financing requirement calculated?

The counterpart financing requirement in tables 2.2.1(a) for HIV/AIDS components, 2.2.1(b) for tuberculosis components and 2.2.1(c) for malaria components should be calculated as a percentage as follows:

$$\frac{B}{(A+B)} \times 100$$

Where A = Annual funds requested from the Global Fund for a component in this proposal
Where B = Annual counterpart financing from all domestic sources for this component

Note that line A of each disease specific table should be the same amount as the annual total of the summary component budget by cost category in table 5.3. Line B of each disease specific table should be based on the same information used in Line B 'Total current and planned domestic resources' of table 4.5 (*'Financial Gap Analysis'*).

Applicants targeting 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.

Applicants targeting 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

Aidspan Guidance

In Rounds 3-6, the TRP was particularly impressed with proposals that showed governments and other domestic resources funding a progressively greater share of the activities as the programme matured. The TRP sees this as evidence of the sustainability of the programmes for which funding is being sought. See [Strength #7](#) in Chapter 3 of this guide for examples of proposals that provided evidence of sustainability.

2.2.1 CCM and Sub-CCM Applicants

The table should be completed for *each component* included in this proposal. For definitions and details of counterpart financing requirements, see the Guidelines for Proposals, section 2.2.1.

Amounts included in line A and line B in the tables below should be in figures not percentages.

Important notes:

1. The field "Total requested from the Global Fund" in tables 2.2.1(a) to (c) below must equal the budget request in section 1.2, section 5 and the budget breakdown by cost category in table 5.3 for each corresponding component.
2. Non-CCM Applicants do not have to fulfill any counterpart financing requirement.

Table 2.2.1(a) – Counterpart financing HIV/AIDS

| Financing sources | HIV/AIDS (same currency as selected in section 1.1) | | | | |
|---|---|--------|-----------------|-----------------|-----------------|
| | Year 1 | Year 2 | Year 3 estimate | Year 4 estimate | Year 5 estimate |
| Total requested from the Global Fund in Round 7 (A) [from table 5.3] | | | | | |
| Counterpart financing (B) [linked to the disease control program] | | | | | |
| Counterpart financing as a percentage of total financing: $[B/(A+B)] \times 100 = \%$ | % | % | % | % | % |

[Tables 2.2.1(b) and 2.2.1(c), not shown here, are identical to Table 2.2.1(a), except that they cover tuberculosis and malaria. Table 2.2.1(a) covers only HIV/AIDS.]

R7 Guidelines for Proposals

(See Section 2.2 above.)

Aidspan Guidance

CCMs and Sub-CCMs from lower-middle- or upper-middle-income countries need to fill out Table 2.2.1. (Guidance concerning regional proposals is at the end of this note.)

There are three Tables 2.2.1 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.

The R7 Guidelines for Proposals explain how to fill out Table 2.2.1, though the guidance is not particularly intuitive. In Row 1, enter the total being requested from the Global Fund in Round 7 ("A" in the Fund's formula). In Row 2, enter the total amount of counterpart financing ("B" in the Fund's formula). Add the amounts in Rows 1 and 2 together (A+B), but don't enter this information on the Proposal Form because 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).

Even though Item 2.2.1 is labelled “CCM and Sub-CMM Applicants,” RCM and RO applicants whose proposals target some lower- or upper-middle-income countries can choose to fill out Table 2.2.1. Alternatively, they can fill out Table 2.2.2 in Item 2.2.2 (see below). (They must do one or the other.)

If they choose to fill out Table 2.2.1, RCM and RO applicants must copy and fill out a separate Table 2.2.1 for each lower- or upper-middle-income country in their proposal. They must also find a way of calculating how much (from the proposal) is going to be spent in each country (in order to fill out Row 1 of each table). Aidspace is not aware of the existence of any guidance on this point. Perhaps the budget for your programme already shows expenditures by country. And perhaps you could use a formula to allocate by country expenses that are purely regional, a formula based each country's share of the total gross national income for all of the countries combined. Applicants may wish to seek further guidance on this point from the Global Fund.

2.2.2 Regional Coordinating Mechanism (RCM) and Regional Organization (RO) Applicants only

RCM and RO Applicants are required to demonstrate compliance with the Global Fund's minimum **counterpart financing** requirements for each Lower-middle income or Upper-middle income country/economy included in the RCM or RO application which is also eligible to apply in Round 7 in its own right. Eligible countries/economies are listed in Attachment 1 to the **Guidelines for Proposals**.

RCM and RO Applicants may either:

- (a) **Complete table 2.2.2 below** and **ensure that the CCM endorsements** (*required under section 3B.1.3 for RCMs, and 3B.2.1 for ROs*) for each country/economy eligible in Round 7 **include information by that country/economy on its counterpart financing levels;**

If table 2.2.2 is completed, RCM and RO Applicants are reminded that the CCM endorsement letter required under either section 3B.1.3 or 3B.2.1 must also include information validating that country/economy's counterpart financing level for the relevant disease.

OR

- (b) **Fully complete the applicable table(s) in section 2.2.1 above** for each country/economy listed as eligible in Round 7.

Table 2.2.2 – RCM or Regional Organization summary of Country/Economy Counterpart financing level

| Country/Economy | CCM Confirmed Counterpart Financing – first year of proposal term ** | CCM Confirmed Counterpart Financing – last year of proposal term ** |
|-----------------|--|---|
| | % | % |
| | % | % |
| | % | % |
| | % | % |
| | % | % |

**** Note → RCM and Regional Organization Applicants must show that each of the countries targeted in this proposal are moving from:**

- (a) 10% to 20% counterpart financing over the proposal term if a Lower-middle income country; or
 (b) 20% to 40% counterpart financing over the proposal term if an Upper-middle income country.

R7 Guidelines for Proposals

(See Section 2.2 above.)

Aidspan Guidance

Table 2.2.2 is for RCMs and ROs only.

RCM and RO applicants whose proposals target some lower- or upper-middle-income countries can elect to fill out Table 2.2.2 instead of filling out a separate Table 2.2.1 for each country involved. Both the Proposal Form and the R7 Guidelines for Proposal (see Section 2.2.) contain instructions for

filling out Table 2.2.2, some of it repetitive and not all of it entirely clear. This is what Aidspace believes that you need to do:

- list each lower- or upper-middle income country in Column 1;
- indicate the level of counterpart financing for the first year of the programme in Column 2;
- indicate the level of counterpart financing reached by the end of the programme in Column 3;
- attach as annexes letters from each of the CCMs in the countries concerned¹⁹ confirming the country's counterpart financing levels.

Remember that the counterpart financing requirements are different for lower-middle- and upper-middle-income countries (see the instructions on the Proposal Form above, or the guidance from the R7 Guidelines for Proposal for Section 2.2 above). Thus, it is probably a good idea for you to indicate in Table 2.2.2 whether each country you list is lower-middle-income or upper-middle-income.

The information required from each of the countries concerned can be included the letters of endorsement from CCMs that are required in Items 3B.1.3 (for RCMs) and 3B.2.1 (for ROs).

In the guidance on section 2.2 provided in the R7 Guidelines for Proposals, it says that the CCM of the each country included in the proposal has to confirm that its counterpart financing is "in accordance with Table 2.2.1." It is not entirely clear how this should happen. Presumably, each CCM can state in a letter what the actual amount of counterpart financing is. But the CCM would not be able to provide the information for the rest of Table 2.2.1 unless it knew how much the proposal from the RCM or RO planned to spend in its country. Perhaps the applicant and the CCMs need to work together to come up with the necessary information.

¹⁹ In the case of a Small Island Developing State that does not have a CCM, another national coordinating body should be substituted.

2.3 Focus on poor or vulnerable populations

All proposals which target **Lower-middle income and/or Upper-middle income countries/economies** (including multi-country proposals which include countries/economies other than Low-income countries/economies) **must demonstrate a focus on poor or vulnerable population groups**. *Proposals may focus on both population groups but must predominantly focus on at least one of the two groups. Complete this section in respect of each disease component.*

2.3 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).

R7 Guidelines for Proposals

N/A

Aidspan Guidance

Applicants that need to fill out Section 2.3 are CCMs and Sub-CCMs from lower-middle- or upper-middle-income countries; RCMs and ROs whose proposals target any lower-middle- or upper-middle-income countries; and Non-CCMs from lower-middle or upper-middle countries.

In its review of applications from Rounds 3-6, 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 #6](#) and [Weakness #11](#) in Chapter 3 of this guide for examples of the TRP's findings.

2.4 Upper-middle income high disease burden minimum thresholds

Proposals from Upper-middle income countries/economies must also demonstrate that they currently face a high national disease burden. Please complete the section(s) below relevant to each disease component included in your proposal. Please note that if the Applicant 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 Annex 1 to the Guidelines for Proposals).

(a) HIV/AIDS Current High National Disease Burden

For Round 7, the Global Fund has determined that the only Upper-middle income countries which may apply for funding for HIV/AIDS (whether a single country proposal, or as part of a multi-country proposal) are Botswana, Equatorial Guinea and South Africa. (See the Guidelines for Proposals, section 2.4 for more information.)

(b) Tuberculosis Current High National Disease Burden

Confirm that the Upper-middle income country(ies) targeted in this proposal is(are) **currently** facing a high **national disease burden**, as defined by data from WHO. (See the Guidelines for Proposals, section 2.4 for more information on the definition of high disease burden.)

(c) Malaria Current High National Disease Burden

Confirm that the Upper-middle income country(ies) targeted in this proposal is(are) **currently** facing a high **national disease burden**, as defined by data from WHO. (See the Guidelines for Proposals, section 2.4 for more information on the definition of high disease burden.)

R7 Guidelines for Proposals

CCM, Sub-CCM and Non-CCM Applicants

In Round 7, the Global Fund has determined that the only Upper-middle income countries eligible to apply for funding in a single country proposal are those listed in **part C.1 of Annex 1 of these Guidelines**. This determination has been based on an analysis of countries that face a **'current high national disease burden'** (as defined by WHO and UNAIDS according to criteria set out in the table below), and a decision of the Global Fund Board on 23 February 2007 in regard to Upper-middle income country eligibility for Round 7 for HIV/AIDS components only.

Table identifying basis for calculation of current high national disease burden

| Disease | Current high national 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 | Country which has more than 1 death per 1000 people per year due to malaria. |

If you have difficulty in accessing this information, please contact your local WHO or UNAIDS office.

In addition, Applicants from the Upper-middle income countries listed in **part C.2 of Annex 1 to these Guidelines** (*the 'small island economy' exemption***) are eligible to apply for funding regardless of the current national disease burden, provided that they meet the counterpart financing requirements for Upper-middle income countries (section 2.2) and that they focus on poor or vulnerable populations (section 2.3).

***This exemption was granted by the Global Fund Board at the Thirteenth Board Meeting, and Applicants may refer to the following documents for more information:*

- *GF/B14/2, Agenda Item 15, and the decision point entitled 'Revised Eligibility Criteria for Round 6'), available by clicking on the following link: [Report of the Thirteenth Board Meeting](#); and*
- *GF/B13/8, Annex 6, entitled 'Portfolio Committee Sub-Working Group on Eligibility Criteria': available by clicking on the following link: [Portfolio Committee Sub-Working Group Report](#).*

RCM and Regional Organization ('RO') Applicants

RCM and RO Applicants may target any of the Upper-middle income countries listed in part C of Annex 1 to these Guidelines. *RCM and RO proposals may only be submitted to the Global Fund if a majority of the countries included in the proposal are listed in Annex 1 as eligible Round 7 countries.*

Applicants targeting a country listed in part C,1 must complete section 2.4(b) or (c), as relevant, to further explain the level of disease burden.

Aidspan Guidance

Applicants who need to fill out Section 2.4 are CCMs and Sub-CCMs from upper-middle-income countries; RCMs and ROs whose proposals target any upper-middle-income country; and Non-CCMs from upper-middle-income countries.

CCMs, Sub-CCMs and Non-CCMs from upper-middle income countries do not need to figure out whether they are eligible to apply based on disease burden; the Global Fund has already done this work. See Section C of Annex 1 of the R7 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. So, by filling out Section 2.4, these applicants are merely confirming that their countries are facing a current high-disease burden as indicated in Section C of Annex 1 of the R7 Guidelines for Proposals.

RCM and RO applicants whose proposals target one or more upper-middle-income country should indicate in Section 2.4 whether the country or countries in question are facing a current high-disease burden (as shown in Section C of Annex 1 of the R7 Guidelines for Proposals). Note, however, that a proposal from an RCM or RO applicant can target one or more countries not listed in Section C of Annex 1 of the R7 Guidelines for Proposals as long as the *majority* of the countries targeted in their proposal are listed in Annex 1 as eligible Round 7 countries.

Section 3A Applicant Type and Eligibility for Funding

This section requires **all Applicants** to:

- (a) Describe what type of applicant they are; and
- (b) Describe how they meet the minimum requirements **to be eligible to submit a proposal**.

Throughout this section, Applicants are requested to attach documents to support the information summarized below. **At the end of section 3B all Applicants must complete a 'checklist' to ensure that they attach all documents.**

All Coordinating Mechanism Applicants (whether CCM, Sub-CCM or RCM) **and Regional Organizations 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 complete section 3A.6 of this Proposal Form and attach documentation supporting their claim to be considered as eligible for Global Fund support outside of a Coordinating Mechanism (whether CCM, Sub-CCM or RCM) structure.

R7 Guidelines for Proposals

This section requests more information on the Applicant, and is intended to clarify whether the various criteria (minimum requirements for eligibility) connected to the specific Applicant type have been fulfilled.

Based on lessons learned from Round 6:

- (a) 'Coordinating Mechanism' Applicants (CCM, Sub-CCM and RCM) must first describe their overall operations and then explain how they meet the various criteria for eligibility; and
- (b) these Guidelines contain more detailed definitions within the sub-sections on RCM Applicants (section 3A.3) and Regional Organization Applicants (section 3A.5).

Aidspan Guidance

Section 3A asks for information on the applicant, including information that will help the Global Fund determine if the applicant is eligible to apply for Round 7. Above, the Proposal Form refers also to Section 3B, which is the next section, and which has to do with proposal endorsement.

It is in Section 3A that CCMs, Sub-CCMs and RCMs must demonstrate that they meet the six minimum eligibility requirements associated with coordinating mechanisms.

Confirmation of Applicant Type

Table 3A – Applicant Type

Please check the appropriate box in the table below. Then go to the relevant section in this Proposal Form as indicated on the right hand side of the table as this sets out the road map to fully complete section 3A and 3B.

- | | | |
|--------------------------|--|--|
| <input type="checkbox"/> | National Country Coordinating Mechanism | → Complete sections 3A.1 and 3A.4 and 3B.1 |
| <input type="checkbox"/> | Sub-national Country Coordinating Mechanism | → Complete sections 3A.2 and 3A.4 and 3B.1 |
| <input type="checkbox"/> | Regional Coordinating Mechanism for multi-country proposals (including small island developing states) | → Complete sections 3A.3 and 3A.4 and 3B.1 |
| <input type="checkbox"/> | Regional Organization for multi-country proposals | → Complete section 3A.5 and 3B.2 |
| <input type="checkbox"/> | Non-CCM Applicants for single country proposals only | → Only complete section 3A.6 |

Importantly →

Each Applicant should only complete one version of the relevant sections set out above and not a new version for each disease component.

*Applicants should also **only** complete those sections set out in table 3A above that are indicated as relevant to their application to ensure that they do not expend unnecessary resources on completing sections that do not apply to them.*

R7 Guidelines for Proposals

N/A

Aidspan Guidance

N/A

3A.1 National Country Coordinating Mechanism (CCM) Applicants

For more information, please refer to the *Guidelines for Proposals*, section 3A.1, and the *CCM Guidelines*.

Table 3A.1 – National CCM: overview information

| Name of CCM |
|-------------|
| |

3A.1.1 Mode of operation

Describe how the national CCM operates. In particular:

- (a) The extent to which the CCM acts as a functional partnership between government and other key stakeholders, including the academic and educational sector; non-government and community-based organizations; people living with and/or affected by the diseases and the organizations that support them; the private sector; religious and faith-based organizations; and multi-/bilateral development partners in-country; and
- (b) How it coordinates its activities with other national structures tasked with responsibility for oversight and harmonization in regard to the disease(s) (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 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 in your checklist to sections 1 to 3B before the start of section 4.)

→ After completing this section, **complete BOTH section 3A.4 AND section 3B.1.**

R7 Guidelines for Proposals

The Proposal Form lists information that is required to be provided by the CCM to demonstrate its compliance with important minimum requirements, such as decision-making processes, 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 organizational diagram. This information may be some or all of the information which the Applicant will also refer to as part of their response to section 3A.4 (*minimum requirements for CCM eligibility*). If so, please make an appropriate cross reference to this same material in section 3A.4.

Proposals must receive endorsement by CCM members as required by section 3B of the Proposal Form and must be accompanied by **Attachment C to the Proposal Form** (list of all members, which must also be signed by those members) **and** the CCM meeting minutes that record the decision of the CCM membership to endorse the CCM proposal.

Go to section 3A.4 (minimum requirements for CCM eligibility) before completing the endorsements requirements in section 3B.

Aidspan Guidance

Section 3A.1 should only be filled out by CCMs.

The information being requested in Item 3A.1.1 here is general in nature. Later, in Section 3A.4, the Global Fund asks for more specific information concerning whether the CCM meets the six minimum requirements to determine eligibility for funding. However, the information you provide here should be consistent with the information you provide in Section 3A.4.

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.

3A.2 Sub-national Country Coordinating Mechanism (Sub-CCM) Applicants

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

Table 3A.2 – Sub-national CCM: overview information

| Name of Sub-CCM |
|-----------------|
| |

3A.2.1 Mode of operation

Describe how the Sub-CCM operates. In particular:

- (a) The extent to which the Sub-CCM acts as a functional partnership at the strategic and implementation levels between government and other key stakeholders in the region in which the Sub-CCM operates, including the academic and educational sector; non-government and community-based organizations; people living with and/or affected by the disease(s) and the organizations that support them; the private sector; religious and faith-based organizations; multi-/bilateral development partners in-country;
- (b) The process by which the Sub-CCM developed under the guidance of a functional CCM and how it became to be formally recognized by that CCM
(Note: if there is evidence of a legal framework for the sub-national entity stating its autonomy please provide such evidence); and
- (c) How the Sub-CCM coordinates its activities with other sub-national and national structures tasked with responsibility for oversight and harmonization in regard to the disease(s) (such as Regional and/or National AIDS Councils, Municipal, State or National Parliamentary Health Commissions, Regional and/or 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 a diagram setting out the interrelationships between all key actors as an annex to this proposal including, in particular, the interrelationships with the National CCM. Please indicate the appropriate annex number in your checklist to sections 1 to 3B before the start of section 4.)

R7 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 fulfill 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

Section 3A.2 should only be filled out by Sub-CCMs.

The information being requested in Item 3A.2.1 here is general in nature. Later, in Section 3A.4, the Global Fund asks for more specific information concerning whether the Sub-CCM meets the six minimum requirements to determine eligibility for funding. However, the information you provide here should be consistent with the information you provide in Section 3A.4.

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.

3A.2.2 Rationale

(a) Explain why a Sub-CCM approach represents an effective approach in the circumstances of your country.
(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 BOTH section 3A.4 AND section 3B.1.**

R7 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 CCM proposal.

In addition Sub-CCM proposals must be accompanied either by the endorsement of the national CCM (as explained in section 3B) or by evidence documenting the independent authority of the Sub-CCM.

Go to section 3A.4 (minimum requirements for CCM eligibility) before completing the endorsement requirements in section 3B.

Aidspan Guidance

N/A

3A.3 Regional Coordinating Mechanism Applicants (includes small island developing states without national CCMs)

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

Table 3A.3 – Regional Coordinating Mechanism: overview information

| |
|---|
| Name of Regional Coordinating Mechanism (RCM) |
| |
| RCM Secretariat Office Address |
| |

R7 Guidelines for Proposals

Countries with existing functional national CCMs may also form a Regional Coordinating Mechanism (RCM) to submit a coordinated regional proposal which targets multiple-countries. Such regional proposals could, for example, be submitted to address common issues amongst 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, including (but not exclusively) the national CCM membership of each of the countries and other stakeholders.**

Importantly, 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, it is preferable that the RCM 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

Section 3A.3 is for RCMs only.

3A.3.1 Mode of operation

Describe how the RCM operates. In particular:

- (a) **The extent to which the RCM acts as a functional partnership at the strategic and implementation levels between government and other key stakeholders**, including the academic and educational sector; non-government and community-based organizations; people living with and/or affected by the disease(s) and the organizations that support them; the private sector; religious and faith-based organizations; multi-/bilateral development partners in-country;
- (b) **How the RCM coordinates its activities with the national structures of the countries that are included** in the proposal (such as national AIDS councils, national CCMs, national monitoring and evaluation offices, or the national strategies of small island developing states who are not required to have their own national CCM or other national coordinating body); and
- (c) **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 stakeholders across the included countries as an annex to this proposal. Please indicate the appropriate annex number in your checklist to sections 1 to 3 before the start of section 4.)*

R7 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 targeted in the proposal are involved in the proposal development, and in implementation and on-going evaluation. *Refer to section 3A.1 above.*

Aidspan Guidance

The information being requested in Item 3A.3.1 here is general in nature. Later, in Section 3A.4, the Global Fund asks for more specific information concerning whether the RCM meets the six minimum requirements to determine eligibility for funding. However, the information you provide here should be consistent with the information you provide in Section 3A.4.

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.

3A.3.2 Rationale

(a) 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.)

(b) 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 BOTH section 3A.4 and section 3B.1.**

R7 Guidelines for Proposals

In section 1.5 above, RCM Applicants are asked to provide an overview of the rationale for a multi-country approach to their proposal. That additional section was included to better assist RCM Applicants to explain the connections between the countries targeted in the proposal from a disease prevention and control approach. **Sections 1.5, and 3A.3** both anticipate that RCM Applicants will have worked closely with the CCMs of countries targeted in the RCM proposal to ensure that the RCM application is providing **added value beyond that which would be achieved on a country by country basis.**

In this section, RCMs are asked to **very clearly** explain:

- How planned work complements the national disease control and prevention plans of each country targeted;
- How the work has been coordinated with the current/planned work of the respective national CCMs, including how joint planning has ensured that the planned work under the RCM proposal avoids duplication or parallel structures or systems;
- How cross-border or multi-country outcomes will be achieved that would not be possible with only national approaches; and
- The measures that will be taken to maximize operational efficiencies in administrative processes and functions of the RCM and the work under the proposal (e.g., strategies may include focusing on efficient communication methods and rationale use of administrative resources).

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). *Go to section 3A.4 (minimum requirements for RCMs) before completing the endorsements requirements in section 3B.*

Aidspan Guidance

Pay close attention to what the R7 Guidelines for Proposals say above about what information should be included in Item 3A.3.2 because the guidelines are far more explicit than what is in the instructions on the Proposal Form. This probably means that you will need to exceed the “maximum of a half a page” guidance for both (a) and (b). You need to be concise, but you also need to be able to demonstrate how your initiative will add to what is already happening at the national level in the countries covered by the proposal. In Rounds 3-6, reviewers were critical of regional proposals that did not provide a description of this “value added” dimension. See [“Deciding Whether to Submit a Regional Proposal”](#) in Chapter 2 of this Guide.

Make sure that the information that you provide here is consistent with the information you provided in Section 1.5.

3A.4 Functioning of Coordinating Mechanism (CCM, Sub-CCM and RCM Applicants)

IMPORTANT NOTE FOR APPLICANTS:

All CCM, Sub-CCM and RCM Applicants must meet, and continue to meet, the Global Fund's minimum requirements for eligibility for funding. This section asks Applicants to describe the operations of their Coordinating Mechanism, and update information provided in Round 6. You will be asked to re-confirm this in the Checklist at the end of sections 1 to 3B of this Proposal Form.

For additional information regarding these requirements, see:

- *The CCM Guidelines; and*
- *'Clarifications on CCM Minimum Requirements'.*

R7 Guidelines for Proposals

In accordance with its guiding principles, a Coordinating Mechanism (CCM, Sub-CCM or RCM as applicable) is a representative body for all interested stakeholders whether they are members of the Coordinating Mechanism or otherwise.

For the Global Fund, the Coordinating Mechanism is instrumental in developing proposals and overseeing the utilization of resources. Its role therefore is to:

- Coordinate the transparent and inclusive development and submission of a consolidated proposal for funding which responds to the disease(s) in an appropriate manner within the country context;
- Transparently 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 work under Global Fund approved grants;
- Evaluate the performance of the work undertaken on a regular basis, including during the Phase 2 evaluation and decision making process; and
- Ensure linkages and consistency between Global Fund support, other development and health assistance support and the national disease control programs, within the framework of the national health development plan

For more information see the CCM Guidelines.

Aidspan Guidance

Section 3A.4 is for CCM, Sub-CCM and RCM applicants only.

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 R7 Guidelines for Proposals, in the Global Fund's CCM Guidelines,²⁰ and in the next several pages of this guide.

²⁰ The full title of the guidelines is "Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility." The guidelines are available via www.theglobalfund.org/en/apply/call7/documents/guidelines/.

3A.4.1 Round 6 Application History

Table 3A.4.1 – Applicant's Round 6 Application History

Please check the appropriate box in the table below. Then go to the relevant section in this Proposal Form, as indicated on the right hand side of the table to complete other important questions.

| | |
|--|--|
| <input type="checkbox"/> Applied in Round 6 and determined as having met the minimum requirements for Round 6 | → Complete section 3A.4.2 and each of Requirements 3(a), 3(b), 4(a) and 5(a) within sections 3A.4.5 and 3A.4.6. |
| <input type="checkbox"/> Did not apply in Round 6 or determined ineligible in Round 6 | → Complete sections 3A.4.2 to 3A.4.6 <u>inclusive</u>. |

R7 Guidelines for Proposals

There are certain minimum requirements that Coordinating Mechanisms must continue to meet for a CCM, Sub-CCM or RCM's proposal to be eligible for funding. The six minimum requirements are explained sections 3A.4.3 to 3A.4.6 below.

Importantly, a determination in Round 6 that a Coordinating Mechanism applicant (CCM, Sub-CCM or RCM) was eligible for funding does not assure that Applicant that they will automatically be eligible for funding in Round 7. Section 3A.4 therefore requests initial information on Round 6 (where relevant) before moving forward to answer additional questions in this section.

In this section, Applicants must check the box most relevant to their Round 6 status, and then complete the sections indicated in the right hand column.

Aidspan Guidance

In Item 3A.4.1, you are being asked to indicate whether you applied in Round 6 and were determined as having met the minimum requirements for coordinating mechanisms.²¹ If you did, you don't have to fill out all of the items in the next few sections of the Proposal Form. The road map provided by the Fund on the Proposal Form is a bit misleading. This is how Aidspan understands it:

- Applicants that applied in Round 6 and were determined to have met the minimum requirements need to fill out Item 3A.4.2; requirements 3(a), 3(b), 4(a) and 5(a) in Item 3A.4.5; and Item 3A.4.6. They *DO NOT* have to fill out Item 3A.4.3, Item 3A.4.4, or requirements 4(b) and 5(b) in Item 3A.4.5.
- Applicants that applied in Round 6 and were deemed ineligible need to complete all of Items 3A.4.2 through 3A.4.6.
- Applicants that did not apply in Round 6 need to complete all of Items 3A.4.3 through 3A.4.6.

²¹ Aidspan assumes that if your application was screened in by the Global Fund Secretariat, you were deemed by the Global Fund to have met the minimum requirements.

3A.4.2 Changes in CCM, Sub-CCM or RCM from Round 6 Application

Describe **in detail** any changes in the membership or operations of the Coordinating Mechanism (i.e., CCM, Sub-CCM or RCM) since submission of your Round 6 application to the Global Fund. In particular, describe if new processes have been adopted for the selection of members by their own sectors, or to manage conflicts of interest; or oversee the work of implementation partners.

If new processes have been adopted, these must be described, and relevant documents attached as an annex to your Round 7 proposal.

R7 Guidelines for Proposals

Complete this section if you submitted a proposal in Round 6.

Applicants must describe the changes, if any, to the membership or operations of the CCM, Sub-CCM or RCM since the Round 6 application, including the rationale for these changes, and an outline of supporting documentation. Relevant documents must be attached.

Applicants determined eligible in Round 6 are only required to provide evidence of compliance with Requirements 3(a), 3(b) and 4(a) in the following sections, as these three requirements are Round specific and fundamental to a transparent and inclusive proposal development process. *If the Round 7 proposal is a re-submission of a Round 6 proposal not approved for funding, relevant Applicants should explain this in their response to these three requirements. **Such Applicants must also include specific details on how the proposal was updated through transparent and inclusive processes in line with requirements 3(a), 3(b) and 4(a).***

All other Applicants must fully explain how the CCM, Sub-CCM or RCM meets each of the six minimum requirements, and attach the documentation requested.

Go to sections 3A.4.3 to 3.4.6 based on your selection in table 3A.4.1.

Aidspan Guidance

Item 3A.4.2 is only for CCM, Sub-CCM and RCM applicants who submitted a proposal in Round 6, whether or not their proposal was screened in by the Global Fund Secretariat.

The guidance provided above is inconsistent with the guidance provided for Item 3A.4.1 (from the R7 Guidelines for Proposals). The guidance provided for Item 3A.4.1 says that applicants who applied in Round 6 and who were determined to have met the minimum requirements need to fill out requirements 3(a), 3(b), 4(a) and 5(a) in Item 3A.4.5 (below). The guidance provided above mention only 3(a), 3(b) and 4(a). We suggest that you stick to the earlier guidance and provide the information requested in 5(a) as well.

Please note that the following sections follow the order set out in the document entitled 'Clarifications on CCM Minimum Requirements – Round 7' at: <http://www.theglobalfund.org/en/apply/call7/documents>

Applicants are reminded that 'Coordinating Mechanism' ('CM') for the purposes of this section means either a CCM, Sub-CCM or RCM Applicant as relevant.

3A.4.3 Principle of broad and inclusive membership

(a) Requirement 1 → Selection of non-governmental sector representatives

Provide evidence of how the CM members representing each of the non-governmental sectors (i.e. academic/educational sector, NGOs and community-based organizations, private sector, or religious and faith-based organizations), have been selected by their own sector(s) based on a **documented, transparent process developed within their own sector.**

*Please indicate below (via the check-box below) which documents are relied on to support the Applicant's statement of compliance with this requirement **AND** attach as an annex the documents showing **each sector's transparent process** for CM representative selection, and **each sector's** meeting minutes or other documentation recording the selection of their current representative.*

| Documentation relied on to support compliance with Requirement 1 | Identify which annex to this proposal contains these documents <i>Please indicate the applicable annex number in your checklist to sections 1 to 3B before the start of section 4.</i> |
|--|---|
| <input type="checkbox"/> Selection criteria for each sector developed by each respective sector | |
| <input type="checkbox"/> Minutes of meeting(s) at which the sector transparently determined its representative | |
| <input type="checkbox"/> Rules of procedure, constitution or other governance documents of a sector representative body identifying the process for selection of their member | |
| <input type="checkbox"/> Letters and other correspondence from a sector describing the transparent process for election and the outcome of the selection process | |
| <input type="checkbox"/> Newspaper advertisements or other publicly circulated calls for members of each sector to select a representative of that sector for membership on the CCM, Sub-CCM or RCM. | |
| <input type="checkbox"/> Other: <i>(please specify):</i> | |

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

R7 Guidelines for Proposals

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

- Academia/Education;
- NGOs and Community-based organizations;
- Private sector;
- Religious and Faith-based organizations; and
- Multi-lateral and Bi-lateral Development Partners in country.

For a definition of 'Private Sector' please refer to page 33 of these Guidelines.

The selection processes that were used for non-governmental sector members to choose 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

Item 3A.4.3 needs to be filled out only by CCM, Sub-CCM and RCM applicants who did not apply in Round 6, or whose applications for Round 6 were deemed ineligible.

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

3A.4.4 Principle of involvement of persons living with and/or affected by the disease(s)

Requirement 2 → People living with and/or affected by the disease(s)

Describe the involvement of people living with and/or affected by the disease(s) in the CM.
(Importantly, Applicants submitting HIV/AIDS and/or tuberculosis components must clearly demonstrate representation of this important group. Please carefully review the Global Fund's 'Clarifications on CCM Minimum Requirements – Round 7' document before you complete this section).

R7 Guidelines for Proposals

The spirit of this requirement is to ensure that individuals and communities affected by and/or living with the three diseases are adequately represented, and bring to bear their experiences and expertise in program decisions that affect their lives.

The Coordinating Mechanism must demonstrate that its membership includes representation of 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”.

Aidspan Guidance

Item 3A.4.4 needs to be filled out only by CCM, Sub-CCM and RCM applicants who did not apply in Round 6, or whose applications for Round 6 were deemed ineligible.

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. Alternatively, the guidance in the R7 Guidelines for Proposals says that 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.

3A.4.5 Principle of transparent and documented proposal development processes (Requirements 3, 4 and 5)

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

Please describe and provide evidence of the applicant's **documented, transparent and established** processes to respond to each of the '**Requirements**' set out below:

Requirement 3(a) → Process to solicit submissions for possible integration into this proposal.

Requirement 3(b) → Process to review submissions received by the CM for possible integration into this proposal.

Requirement 4(a) → Process to nominate the Principal Recipient(s) for proposals.

Requirement 4(b) → Process to oversee/review program implementation by the Principal Recipient(s) during the proposal term.

Requirement 5(a) → Process to ensure the input of a broad range of stakeholders, including CCM members and non-CM members, in the proposal development process.

Requirement 5(b) → Process to ensure the input of a broad range of stakeholders, including CCM members and non-CM members, in grant oversight processes.

R7 Guidelines for Proposals

As stated in Part A.2 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, the review and submission of the proposal to the Global Fund, and its oversight of implementation of the program.

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 program implementation; and
- Ensure the involvement 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.

The types of documentation that may be most useful to be annexed is further explained in the 'Clarifications on CCM Minimum Requirements – Round 7' available on the Round 7 call for proposals webpage.

Aidspan Guidance

CCM, Sub-CCM and RCM applicants who applied in Round 6 and whose applications were screened in need to fill out only requirements 3(a), 3(b), 4(a) and 5(a). CCM, Sub-CCM and RCM applicants who did not apply in Round 6, or who applied in Round 6 but their applications were not screened in, should fill out all the requirements in Item 3A.4.5.

The guidance on the Proposal Form and in the R7 Guidelines for Proposals is self-explanatory. We note that there is some overlap between requirements 3(a) and 3(b) (the processes to solicit and review submissions) and 5(a) (the process to ensure the input of stakeholders in proposal development); and between requirements 4(b) (the process for overseeing programme implementation) and 5(b) (the process to ensure the input of stakeholders in grant oversight) Nevertheless, there is ample opportunity here and in the annexes for you to describe the required processes.

| | |
|---|---|
| 3A.4.6 Principle of effective management of actual and potential conflicts of interest | |
| Requirement 6 → Are the Chair and/or Vice-Chair of the Coordinating Mechanism from the same entity as the nominated Principal Recipient(s) in this proposal? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes , summarize below the main elements of the Applicant's documented conflict of interest policy to mitigate any actual <u>or</u> potential conflicts of interest and attach a copy of the Conflict of Interest policy/plan to this proposal as an annex. | |
| | |

R7 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

All CCM, Sub-CCM and RCM applicants should fill our Item 3A.4.6.

In its FAQs on the Round 7 applications process,²² the Global Fund says that the coordinating mechanism's conflict of interest policy should be broad enough to deal with all potential conflicts, across all sectors of the coordinating mechanism, including potential conflicts with sub-recipient relationships.

In its document entitled "Clarifications on CCM Minimum Requirements – Round 7,"²³ the Global fund says:

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

The Fund says that the conflict of interest policy should be documented and publicly available. It adds that, at a minimum, the policy should include a provision that actual or prospective PRs (and SRs also) shall not participate at CCM meetings during discussions or decisions concerning:

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

²² The FAQs are available at www.theglobalfund.org/en/apply/call7/documentsfags/. The FAQs will be updated periodically during the period when the Fund is accepting proposals for Round 7.

²³ This document is available at www.theglobalfund.org/en/apply/call7/documents/guidelines/.

Examples of conflict of interest policies can be found on the Global Fund website at www.theglobalfund.org/en/apply/mechanisms/.²⁴

²⁴ When we went to press, the links on this site were not working.

3A.4.7 Financial Support for Coordinating Mechanism operations

Does the applicant intend to apply for funding of CCM operations?

Details on the availability of such funding are provided in Section 3A.4.7 of the Guidelines, and Applicants should refer to this information before completing this section.

Yes
provide details below

No
go to section 3B.1

If yes, please specify the amount requested and describe how the amount complies with the **time limitation** and **funding categories available**, as explained in Section 3A.4.7 of the Guidelines for Proposals.

Applicants must ensure that the amount requested is included in the detailed component budget (section 5.1) in a separate identifiable budget line.

→ After completing this section, go to section 3B.1.

R7 Guidelines for Proposals

The Global Fund may, in certain circumstances, provide resources from grant funds for the support of 'Coordinating Mechanisms' (whether a CCM, Sub-CCM or RCM). Importantly, under Global Fund Board determined policies, this funding is only available for a total of two years for each CCM, Sub-CCM or RCM and not on a proposal by proposal basis. **Therefore, if a CCM, Sub-CCM or RCM has already received such funding for two years from the budget of any other Global Fund grant, it is no longer eligible for funding and such costs must be excluded from the budget.**

If the CCM, Sub-CCM or RCM has not received such support in the past, the eligible cost categories available are those listed below:

- Salary of staff: the number of staff to be supported will be determined by size of grant and number of components;
- Office administrative costs: phone, fax, postage, stationary, photocopy;
- Coordinating Mechanism meeting costs, including travel costs for CCM meetings for non-governmental members: up to 6 meetings per year;
- Communication and information dissemination costs for sharing key information (e.g., call for proposals, periodic reports of implementation status, minutes of meetings) which may include the costs of establishing and updating of website or newsletter;
- Facilitation costs associated with constituency consultation and processes to promote stakeholder participation; and
- Translation costs of key information to promote participation by all stakeholders.

In addition, the CCM, Sub-CCM and RCM **must complete** an '*Application for Use of Grant funds for CCM Funding*', which will be available from the Global Fund during grant negotiations (subject to proposal approval).

Aidspan Guidance

Funding to support CCM operations has been available for some time, but this is the first time that the Global Fund has included a question in the Proposal Form on this topic. Note that (a) any funds you request in Item 3A.4.7 must also be included on a separate line in the detailed component budget that you will submit with your proposal; and (b) to obtain these funds (assuming your proposal is approved), you will need to fill out a separate applications form.

3A.5 Regional Organization Applicants

(including Intergovernmental Organizations and International Non-Government Organizations)

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

Table 3A.5 – Regional Organization: overview information

| Name of Regional Organization | |
|--|---|
| | |
| Sector represented by the Regional Organization <i>(Check the relevant box below)</i> | |
| <input type="checkbox"/> | Academic/educational sector |
| <input type="checkbox"/> | Government |
| <input type="checkbox"/> | Non-Government Organizations |
| <input type="checkbox"/> | People living with and/or affected by HIV/AIDS, tuberculosis and/or malaria |
| <input type="checkbox"/> | Private sector |
| <input type="checkbox"/> | Religious/faith-based organizations |
| <input type="checkbox"/> | Other <i>(please specify)</i> |

R7 Guidelines for Proposals

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

Aidspan Guidance

Section 3A.5 is for ROs only.

3A.5.1 Mode of operation

In addition to answering the questions below, Regional Organizations must provide (as additional annexes to this proposal) documentation describing the organization, such as:

- *Statutes, by-laws of organization (official registration papers); and*
- *A summary of the main sources and amounts of funding over the past three years.*

Describe below how the Regional Organization operates. In particular:

The manner in which the Regional Organization gives effect to the principles of **inclusiveness and multi-sector consultation** and partnership in the development and implementation of regional cross-border projects;

The extent to which people living with and/or affected by the disease(s) targeted in the Regional Organization's proposal were involved in development of your proposal; and

The coverage and past experience of the Regional Organization's operations, with a particular focus on outcomes relevant to the subject of this proposal
(Maximum of half a page.)

R7 Guidelines for Proposals

It is particularly important that Regional Organizations 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 Regional Organization 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, Regional Organizations should provide additional documentation, such as statutes, by-laws of organization, official registration papers, and a summary of the main sources and current amounts of funding.

Aidspan Guidance

N/A

3A.5.2 Rationale

- (a) 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.)

- (b) Explain how the countries targeted in the Regional Organization's proposal represent 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.

R7 Guidelines for Proposals

In section 1.5 above, Regional Organization Applicants are asked to provide an overview of the rationale for a multi-country approach to their proposal. That additional section was included to better assist Regional Organization Applicants to explain the connections between the countries targeted in the proposal from a disease prevention and control approach. **Sections 1.5 and 3A.3** both anticipate that Regional Organization Applicants will have worked closely with the CCMs of countries targeted in the Regional Organization proposal to ensure that the application is providing **added value beyond that which would be achieved on a country by country basis**.

Refer to section 3A.3.2 above for more information on the areas which should be covered when answering this question.

Proposals from Regional Organizations 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 Regional Organizations are expected to be supported by the governing body of the Regional Organization in the usual manner relevant to an application for external funds for program 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. Go to section 3B.2 for information on how to complete the proposal endorsement sections.

Aidspan 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 3-6, reviewers were critical of regional proposals that did not provide a description of this “value added” dimension. See “[Deciding Whether to Submit a Regional Proposal](#)” in Chapter 2 of this Guide for a description of the requirements for RO proposals and a discussion of the experience of past rounds of funding.

Make sure that the information that you provide here is consistent with the information you provided in Section 1.5.

3A.6 Non-CCM Applicants

Non-CCM proposals are only eligible for funding under exceptional circumstances listed in section 3A.6.1 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 organization, such as: statutes and by-laws of organization (official registration papers) or other documents evidencing the key governance arrangements of the organization; a summary of the background and history of the organization, scope of work, past and current activities; and a summary of the main sources and amounts of existing funding over the past three years.

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

| | |
|--|--|
| Name of Non-CCM Applicant | |
| Business address <i>(including street, town/state and country)</i> | |

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

Indicate the sector represented (check appropriate box):

- Academic/educational sector
- Government
- Non-government Organization (NGO)/community-based organizations
- People living with and/or affected by HIV/AIDS, tuberculosis and/or malaria
- Private sector
- Religious/faith-based organizations
- Other *(please specify)*

R7 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 7.

The Global Fund's website for the Round 7 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.

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

Non-CCM Applicants must indicate the sector or sectors which they represent by checking the relevant box in this section. If you check the 'Other' box, then this sector 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 organization and its existing capacity to ensure strong performance and have a positive impact on the disease(s).

This information includes:

- Governance documents (such as statutes, by-laws of organization, official registration papers, and material summarizing key fiduciary processes and audit arrangements);
- A summary of the organization (including background history and organizational 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 current funding and that covering the past three years.

Aidspan Guidance

Section 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 R7 Guidelines for Proposals, the Fund suggests ways in which Non-CCMs can identify and contact their CCM. For more information, see "[Deciding Whether to Submit a Non-CCM Proposal](#)" in Chapter 2 of this guide. Non-CCM applicants should read this section of our guide before filling out Items 3A.6.1, 3A.6.2 and 3A.6.3.

The Global Fund receives numerous applications from Non-CCMs in round of funding, but the vast majority of them are screened out. Non-CCMs have to make a strong case for their applications to be considered. Section 3A.6 is where they need to make this case.

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.

3A.6.1 Rationale for applying outside of a CCM, Sub-CCM or RCM

- (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 in detail which of the **above condition(s)** apply
(Maximum of two pages. Please refer to the Guidelines for Proposals, section 3A.6.1 for further information on how the Global Fund will interpret these criteria.)

R7 Guidelines for Proposals

With respect to the third circumstance listed in the Proposal Form – countries that suppress or have not established partnerships with civil society and NGOs, this circumstance includes a national CCM's failure or refusal to consider an 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.

Aidspan Guidance

The Global Fund says that where a CCM has failed or refused to consider a proposal from a NGO, FBO or other organisation from outside the government sector for inclusion in the CCM's consolidated country proposal, this would constitute an example of "countries that suppress, or have not established partnerships with civil society and NGOs" (item iii above). The next item, 3A.6.2, concerns this issue.

3A.6.2 Attempts to have Non-CCM proposal included in the CCM, Sub-CCM or RCM proposal

- (b) Describe **all attempts by your organization to submit this proposal and have it included in the relevant final proposal of a CCM, Sub-CCM or RCM** (as appropriate to the content of your proposal), **providing details of any responses received.**

*(Maximum of one page. Please provide documentary evidence of these attempts and any response from the CCM, Sub-CCM or RCM as an annex to the proposal. Please ensure that your description clearly sets out whether you provided a copy of your proposal for consideration by the CCM**, Sub-CCM** or RCM**, and if not, why not.)*

(Contact details for CCMs, Sub-CCMs and RCMs are available on the Global Fund website, or by contacting proposals@theglobalfund.org)**

- (c) If you are aware that a CCM is also submitting a proposal in Round 7 for a country or countries included in your proposal, **provide a detailed explanation of why you believe that your non-CCM proposal merits consideration and recommendation for funding as well as any national CCM proposal.**

(Maximum of one page. In this section, please set out any particular issues which you believe support the submission of a Non-CCM Applicant proposal in circumstances where a CCM has applied.)

*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.*

R7 Guidelines for Proposals

If a proposal was provided to a CCM, Sub-CCM or RCM (together 'Coordinating Mechanism') for its consideration, but the Coordinating Mechanism 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 own 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 the checklist for sections 1 to 3B before completing sections 4 and 5 on a per-disease component basis.

R7 Guidelines for Proposals

N/A

Aidspan Guidance

The Global Fund wants Non-CCM applicants to either demonstrate that their proposal is consistent with national policies and strategies, or explain very clearly why it is not consistent. An example of when a proposal would not be consistent with national policies, but might still merit support, would be if the national policies and strategies failed to address the needs of a particular vulnerable group (such as sex workers, men who have sex with men, or injection drug users).

Section 3B Proposal Endorsement

3B.1 Coordinating Mechanism Applicants (*CCM, Sub-CCM and RCM*) membership and endorsement

All national (CCM), sub-national (Sub-CCM) and regional Coordinating Mechanisms (RCM) Applicants must:

- (a) Fully complete this section; and
- (b) Complete and attach 'Attachment C' to list all of the members of the Coordinating Mechanism, their contact details and email addresses. (This excel file is available for completion by downloading it from the Round 7 documents website of the Global Fund.)

R7 Guidelines for Proposals

In this section national **CCM, Sub-CCM** and **RCM** applicants:

- (a) provide details for the Chair and the Vice Chair of their Coordinating Mechanism;
- (b) **fully complete** 'Attachment C' to the Proposal Form to list all members of the Coordinating Mechanism;
- (c) provide documentation showing that the proposal is endorsed as required.

Aidspan Guidance

Note that Section 3B.1 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.1 after the deadline.

3B.1.1 Leadership of the Coordinating Mechanism

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

| | Chair | Vice Chair |
|--------------------------|-------|------------|
| Name | | |
| Title | | |
| Organization | | |
| Mailing address | | |
| Telephone | | |
| Fax | | |
| E-mail address | | |
| Alternate e-mail address | | |

→ [Go to section 3B.1.2 \(membership information\).](#)

R7 Guidelines for Proposals

N/A

Aidspan Guidance

N/A

3B.1.2 Membership information of CCM, Sub-CCM or RCM

Please note that to be eligible for funding, CCM, Sub-CCM and RCM Applicants must demonstrate evidence of membership of people living with and/or affected by the disease(s). Also, it is recommended that the membership of the CCM, Sub-CCM or RCM 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.

Table 3B.1.2 – Summary of Coordinating Mechanism members

| Summary of Membership of CCM, Sub-CCM or RCM | |
|---|---|
| <p>The table below must be completed by each CCM, Sub-CCM or RCM Applicant. This table is a summary only of the detailed membership information that must be provided in 'Attachment C' to this Proposal Form.</p> <p><i>Under the heading 'Sector Representation' in the left hand column below, please check each box which describes the sectors that have representation on the CCM, Sub-CCM or RCM. In the right hand column below, please indicate, in figures, the number of representatives who are included in the corresponding sector.</i></p> <p>Please make sure that the total number of members in the table below <u>equals</u> the total number of members in 'Attachment C' to your proposal.</p> | |
| Sector Representation | Number of members representing the sector |
| <input type="checkbox"/> Academic/educational sector | |
| <input type="checkbox"/> Government | |
| <input type="checkbox"/> Non-Government Organizations (NGOs)/community-based organizations | |
| <input type="checkbox"/> People living with and/or affected by HIV/AIDS, tuberculosis and/or malaria | |
| <input type="checkbox"/> Private sector | |
| <input type="checkbox"/> Religious/faith-based organizations | |
| <input type="checkbox"/> Multilateral and bilateral development partners in country | |
| <input type="checkbox"/> Other <i>(please specify):</i> | |
| Total Number of Members | |

→ [Go to section 3B.1.3 \(proposal endorsement\)](#)

R7 Guidelines for Proposals

In a newly introduced 'Attachment C' to the Proposal Form, Applicants must provide contact details of all members, together with information on the sector that they have been selected to represent. Attachment C is in Microsoft Excel to facilitate ease of uploading into the Global Fund's website database to better ensure that accurate contact details for CCM, Sub-CCM and RCM members are available. *(Attachment C also has a number of "drop down" boxes that have been pre-filled to help Applicants complete the document quickly).*

For more information on minimum requirements of Coordinating Mechanisms see section 3A.4 (Functioning of Coordinating Mechanism).

Aidspan Guidance

In Round 6, applicants had to provide information on each member of the coordinating mechanism directly on the Proposal Form. This time, this information has been moved to an attachment (Attachment C), which is an Excel file. This same attachment is to be used for members of the coordinating mechanism to endorse the proposal (see next item).

Attachment C is easy to fill out, so Aidspan has not attempted to provide guidance on this point (except as pertains to the endorsement signatures – see next item).

3B.1.3 CCM, Sub-CCM and RCM proposal endorsement

Level 1 Endorsement

CCM, Sub-CCM and RCM members must endorse their own proposal for an application to be eligible.

This is demonstrated by each member of the Coordinating Mechanism (whether CCM, Sub-CCM or RCM) **signing Attachment C in the final column once all membership information has been completed.**

Please note that the **original** (not photocopied, scanned or faxed) **signatures of the CCM, Sub-CCM or RCM members** must be provided in **Attachment C**. The minutes of the CCM, Sub-CCM or RCM meeting at which the proposal was considered and endorsed **must** be attached as an annex to this proposal. The entire proposal, including Attachment C and the minutes, must be received by the Global Fund Secretariat by 4 July 2007.

| | | |
|----------------------------|---|--------------------------|
| Level 1 endorsement | Check this box only if the CCM, Sub-CCM or RCM has completed the membership details and members have signed Attachment C to the Proposal Form | <input type="checkbox"/> |
|----------------------------|---|--------------------------|

R7 Guidelines for Proposals

It is expected that all CCM, Sub-CCM and RCM members will sign the proposal that they intend to submit as an Applicant **unless**:

- The Coordinating Mechanism's existing documented rules of procedure for proposal endorsement provide a transparent functioning mechanism for decision making that is less than the full membership. In this case, those rules, and the minutes from the meeting in which these rules were accepted by the whole CCM, Sub-CCM or RCM as relevant, must be provided with the proposal; **or**
- A member wishes to abstain from endorsing the proposal. In this case **that** representative must inform the Global Fund in writing of the reasons for non-endorsement. This communication must be sent to the address for notices on the front page of these Guidelines.

Aidspan Guidance

This part of Item 3B.1.3 is for all CCM, Sub-CCM and RCM applicants.

For round 7, the Global Fund has introduced some new terminology. "Level 1 endorsement" refers to the need for each member of a CCM, Sub-CCM or RCM to endorse a proposal submitted by that CCM, Sub-CCM or RCM. A "level 2 endorsement" refers to the need for a CCM to endorse a proposal submitted by a Sub-CCM in its country, or a proposal submitted by an RCM that targets its country. This part of Item 3B1.3 deals with the level 1 endorsement.

Attachment C must contain the original signatures of all members of the CCM, Sub-CCM or RCM submitting the proposal. Obviously, these signatures need to be included in the paper version of the proposal that you must provide to the Global Fund by the deadline – the paper version must have been dispatched to the Global Fund no later than 23:59 hours on 4 July 2007, as evidenced by a stamp of the postal, courier or other independent service provider – but do not need to be included in the electronic version that you are also required to submit.

Because each member of the coordinating mechanism is required to endorse the proposal, in its FAQs on the Round 7 applications process, the Global Fund "strongly recommends" that all members

of the coordinating mechanism have at least one week to read through the proposal before the coordinating mechanism meets to approve it and submit it to the Global Fund.

The R7 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 Attachment C 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.

In its FAQs on the Round 7 applications process, the Global Fund says that when a member of a coordinating mechanism is either unable or objects to signing the proposal, two things should happen:

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

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

Level 2 Endorsement – Sub-CCM and RCM Applicants only

For sub-national (Sub-CCM) and regional Coordinating Mechanism (RCM) Applicants only, the national CCM of the country (or countries for RCM applications) must also endorse the Sub-CCM or RCM proposal.

*This endorsement must be evidenced by providing the Global Fund with written confirmation of the endorsement from the Chair and/or Vice-Chair of the relevant CCM(s) **together with** a copy of the minutes of the CCM meeting at which the Sub-CCM or RCM proposal was **presented for review by the national CCMs and transparently discussed** and endorsed by the membership of the CCM under its transparent documented rules and procedures. Please refer to the Guidelines for Proposals, section 3B.1.3.*

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

Level 2 endorsement of Sub-CCM or RCM proposal by National CCMs

*List below each of the national CCMs that have agreed to this proposal and **provide documented evidence of this endorsement, including copies of the CCM meetings at which the Sub-CCM or RCM proposal was discussed and endorsed.** For Sub-CCM proposals which only cover one part of a country, only that country should be listed.*

| Country | Date of CCM Endorsement | Annex number to this proposal |
|---------|-------------------------|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

→ After completing this section, complete the checklist for sections 1 to 3B before completing sections 4 and 5 on a per-disease component basis.

R7 Guidelines for Proposals

In addition to the requirements for endorsement of their own proposal (as required above in the 'Level 1 Endorsement' section):

- **Sub-CCM proposals** must also be accompanied either by the **written original** 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 **written original** 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 also expected to 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.1.3 each of the national CCMs that have endorsed the proposal.

Aidspan Guidance

This part of Item 3B.1.3 is for Sub-CCM and RCM applicants only.

3B.2 Regional Organization proposal endorsement

3B.2.1 National CCM endorsement of Regional Organization proposal:

Regional Organizations **must receive an endorsement in writing from the CCM for all countries targeted in the proposal** unless the country does not have a CCM (by reason that it is a small island developing state without a CCM, or it is a country which has never been eligible for funding from the Global Fund and does not therefore have a functional CCM). **This endorsement must be evidenced by** written confirmation from the Chair and/or Vice-Chair of all relevant CCMs **and** a copy of the minutes of the CCM meeting at which the Regional Organization's proposal was transparently discussed and, if relevant, endorsed by the membership of the CCM under its transparent documented rules and procedures. Please refer to the Guidelines for Proposals, section 3B.2.

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

Table 3B.2.1 – Regional Organization proposal endorsement by national CCMs

| Country | Date of CCM Endorsement | Annex number to this proposal |
|---------|-------------------------|-------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

→ After completing this section, complete the checklist for sections 1 to 3B before completing sections 4 and 5 on a per-disease component basis.

R7 Guidelines for Proposals

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

In addition Regional Organization proposals **must be accompanied at the time of proposal submission** by the written endorsement of the national CCM of each country/economy targeted in the Regional Organization's proposal.

This is requested to ensure that Regional Organization proposals are developed according to the principles set out in section 3A.5.1 above.

This **written original** endorsement must come from the Chair or Vice-Chair of each national CCM and include the approved minutes from the national CCM meeting where the proposal was tabled, discussed and approved. The endorsement and minutes should be provided as an annex to the proposal. Applicants should list in table 3B.2.1 each of the national CCMs that have endorsed the proposal.

Aidspan Guidance

Section 3B.2 is for ROs only.

The R7 Guidelines for Proposals state that proposals from an RO must be supported by the RO's governing body, but the Global Fund 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.

Checklist of Annexes for Sections 1 – 3B To Be Attached to Your 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 **and the precise title of the document** on the right hand side of the table.

| Relevant item on the Proposal Form | Description of the information required in the Annex | Title of the Document <u>and</u> annex number given to each annex |
|--|--|---|
| Section 3A: Applicant Type and Eligibility for Funding | | |
| Coordinating Mechanisms only (CCM, Sub-CCM or RCM Applicants): | | |
| 3A.1.1 (CCM), 3A.2.1 (Sub-CCM) or 3A.3.1 (RCM) | 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). | |
| Documentation describing compliance with the minimum Coordinating Mechanism requirements (sections 3A.4.3 to 3A.4.6 inclusive): | | |
| Minimum Requirement 1 | Comprehensive documentation on processes used to select non-governmental sector representatives of the Coordinating Mechanism. | |
| Minimum Requirement 3(a) | - solicit submissions for possible integration into the proposal. | |
| Minimum Requirement 3(b) | - review submissions for possible integration into the proposal. | |
| Minimum Requirement 4(a) and 4(b) | - select and nominate the Principal Recipient (such as the minutes of the CCM meeting at which the PR(s) was/were nominated) and to oversee grant implementation. | |
| Minimum Requirement 5(a) and 5(b) | - ensure the input of a broad range of stakeholders in the proposal development process and grant oversight process. | |
| 3A.4.6 – Minimum Requirement 6 | 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 | |
| Regional Organization Applicants: | | |
| 3A.5.1 | Documents that describe the organization such as statutes, by-laws (official registration papers) and a summary of the main sources and amounts of funding. | |
| | | |

| Non-CCM Applicants: | | |
|--|---|--|
| 3A.6 | Documentation describing the organization such as statutes and by-laws (official registration papers) or other governance documents, documents evidencing the key governance arrangements of the organization, a summary of the organization, 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 submitted for a 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>Level 1 Proposal Endorsement (CCMs, Sub-CCMs and RCMs)</i> | Minutes of the meeting at which the proposal was developed and CCM endorsed.. | Attachment C to the Proposal Form |
| 3B.1.3 <i>(Level 2 Proposal Endorsement = Sub-CCMs and RCMs only)</i> | Documented evidence (including minutes of the CCM meetings) that all national CCM(s) have reviewed and endorsed the proposal. | |
| 3B.2.1 <i>(Level 2 Proposal Endorsement Regional Organizations only)</i> | Documented evidence that the national CCMs have reviewed and endorsed the proposal. | |
| Other documents relevant to sections 1 to 3B attached by Applicant: <i>(add extra rows to this section of the table as required to ensure that documents directly relevant are attached)</i> | | |
| | | |
| | | |
| | | |
| | | |
| | | |

R7 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 number each annex and to provide that number along with the precise title of the document in the last column of the table. There is space at the end of the table for applicants to list other documents that they have attached

that are not included in the other sections of the table. Note that there is another checklist of annexes at the end of the proposal for Sections 4 and 5.

Applicants familiar with the Round 6 Proposal Form will note that the requirement to include the precise title of each annex is new for Round 7.

Section 4

Component Section *HIV/AIDS*

PLEASE NOTE THAT SECTION 4 and SECTION 5 MUST BE COMPLETED FOR EACH SEPARATE DISEASE COMPONENT. This section is only for your HIV/AIDS component, and sections 4 and 5 for tuberculosis and malaria occur later in this Proposal Form (refer to the section headings to find the section relevant to your proposal).

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

R7 Guidelines for Proposals

Section 4 of the Proposal Form is already separated into three sections – one for each of HIV/AIDS, tuberculosis malaria components.

However, due to the similarity of information requested in each section these Guidelines only reproduce the information once below. Importantly, there are disease specific examples within the Proposal Form on a per-disease specific basis.

For malaria components, it is particularly important for Applicants to provide a clear diagram/map of detailing the geographical distribution of the malaria disease burden and corresponding control measures already approved and in use, **and also** where the interventions targeted in this proposal will take place.

The **Component Section** is where Applicants describe 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 tuberculosis epidemic, HIV/AIDS and/or tuberculosis components should include collaborative 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' at: http://www.who.int/tb/publications/tbhiv_interim_policy/en/

Aidspan Guidance

Special Note: *For Round 7, 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. Because all of the Section 4s are very similar and all of the Section 5s are very similar, we have shown only the HIV/AIDS Sections 4 and 5 in this chapter. However, we have identified wherever information is required for tuberculosis or malaria that is different than, or additional to, the information to be provided in the HIV/AIDS Sections 4 and 5. The tuberculosis- and malaria- specific information is shown in text boxes. We have shown only significant changes; where the change involves only a different name (e.g., “malaria” instead of “HIV/AIDS”), we have not highlighted this.*

4.1 Requested proposal term for this disease 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 within 12 months of Board approval.

Important note:

If your proposal term is less than five years, please first refer to the Global Fund's Round 7 'Frequently Asked Questions' (No. 132) at:

<http://www.theglobalfund.org/en/apply/call7/documents/documentsfaqs/>

Table 4.1.1 – Proposal start time and duration

| | From | To |
|-----------------|------|----|
| Month and year: | | |

R7 Guidelines for Proposals

Applicants should indicate the expected start date of the component proposal and the expected end date. The target is to sign grants and commence disbursement of funds within six months of Board approval. Approved proposals must in any event be signed not later than 12 months after Board approval unless a Board extension is granted. 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.

For information on the timing of proposal approval by the Board of the Global Fund, see the cover page of the Round 7 Proposal Form.

Aidspan Guidance

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 14-16 November 2007, 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 2007, because of the time it takes to obtain answers to the TRP's follow-up questions, to perform the assessments of the proposed 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. Note, however, that the start date you show here is just an estimate. If your proposal is successful, the precise start date will be determined during negotiations for the Grant Agreement.

4.2 Disease specific component executive summary

4.2.1 Executive summary

Describe the overall strategy of the proposal component, by referring to challenges, existing and/or new needs, goals, objectives and planned outcomes and outputs to be achieved through the additional funding requested in this proposal, specifying the main beneficiaries (including target populations and their estimated number). Also specify any institution/facilities that will benefit from any support for health systems strengthening strategic actions.

(Maximum of one page in length, highlighting, in a summary format only, key aspects from information described in your answers to the questions within section 4).

R7 Guidelines for Proposals

N/A

Aidspan Guidance

The purpose of the executive summary is to give the reader a quick overview of the component. Therefore, it is important to be succinct. You should try to stick to the one-page limit. Remember, you will have many opportunities to describe your programme in the balance of Section 4. The executive summary should just be a bird's eye view.

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 National program context for this component

The information below helps reviewers understand the disease context, what is working well and will be built upon, which problems the proposal will address and the major constraints for the implementation of the proposed component. Please refer to the Guidelines for Proposals, section 4.3.

4.3.1 Indicate whether you have any of the following documents (check the appropriate box), and if so, please attach them as an annex to your proposal:**

- | | |
|--------------------------|---|
| <input type="checkbox"/> | National Health Sector Development/Strategic Plan |
| <input type="checkbox"/> | National Disease Control Strategy or Plan including national targets and indicators, together with the relevant budget and costings |
| <input type="checkbox"/> | Important sub-sector policies that are relevant to the proposal (e.g., national or sub-national human resources policy, or norms and standards) |
| <input type="checkbox"/> | Most recent evaluation reports/technical advisory reviews directly relevant to the proposal |
| <input type="checkbox"/> | National Monitoring and Evaluation Plan (health sector, disease specific or other) |

****** *Applicants will be asked to refer to these documents, where they exist, throughout this section 4 as further support for the proposal's overall strategy.*

R7 Guidelines for Proposals

The national context in which proposed interventions will be implemented provides the basis for reviewing a proposal against the criteria for TRP review set out in section A.4 of these Guidelines.

To understand the context of the national program for the disease, Applicants are requested to identify (*through checking each relevant box*) existing key documents. All key documents identified which are directly relevant to the proposal should be attached as an annex (*and identified in the checklist at the end of section 5*).

It is anticipated that the interventions targeted in this proposal are in line and consistent with the national strategic plans outlined in the above key documents (where they are in existence)

Aidspan Guidance

In this section, and in Section 4.4 (Overall Needs Assessment), 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 3-6 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 #4](#) in Chapter 3 of this guide for examples of countries whose proposals were praised.

RO and RCM applicants should provide information for each of the countries covered by their proposal wherever possible.

4.3.2 Epidemiological and disease-specific background

- (a) In table 4.3.2 below: (i) identify the total population of the country/countries; **and** (ii) then provide current estimates of the stage of the disease in the listed specific population groups. *The 'source of estimate' (final column in the table below) may be from recent published estimates of UNAIDS or WHO, but may also be published national estimates or statistics.*

Table 4.3.2 – Estimated disease prevalence within key population groups

| Population | Estimated number | Year of estimate | Source of estimate |
|---|------------------|------------------|--------------------|
| (i) Total Population (all ages) | | | |
| (ii) Current estimates on the stage of the disease in the following population groups: | | | |
| Total people living with HIV (<i>adults and children</i>) | | | |
| Women living with HIV >15 years | | | |
| Pregnant women living with HIV | | | |
| Children (0-14 years) living with HIV | | | |
| AIDS related deaths per year | | | |
| Orphans (0-17 years) | | | |
| Injecting drug users | | | |
| Sex workers | | | |
| Men who have sex with men | | | |
| Other: (<i>identify</i>) | | | |

For Tuberculosis and Malaria

In the tuberculosis and malaria versions of Section 4, the left-hand column of Table 4.3.2 contains different listings of population groups. For tuberculosis, the population groups are as follows: People living with all forms of tuberculosis; People with new smear-positive tuberculosis; People treated for new smear-positive tuberculosis; Tuberculosis related deaths per year; Number of cases of multi-drug resistance per year; Case detection rate of new smear-positive cases; DOTS treatment success rate.

For malaria, the population groups are as follows: Population at risk for malaria (*all ages*); Pregnant women at risk of malaria; Children under 5 at risk of malaria; Estimated malaria episodes per year; Reported malaria episodes per year; Malaria deaths per year (*all ages*; Under 5 child mortality (per 1000)); Number of bed nets in country; Proportion of children under 5 protected by bed nets.

R7 Guidelines for Proposals

In the table provided (**on a per-disease component basis in each relevant section 4**), Applicants should provide information on the current disease burden in their country. Wherever possible, Applicants are requested to fully complete this table on a disease specific basis to facilitate identification of potentially relevant population groups.

Aidspan Guidance

It appears from the instructions on the Proposal Form that RCM and ROs applicants can provide combined figures for the countries targeted by their proposals (as opposed to separate figures for each country.) If you have questions about this, please contact the Global Fund for clarification.

- (b) **By reference to table 4.3.2 above**, describe any changes in the stage, type or dynamics of the disease, including in the most affected population group(s) over the past three to five years. Also summarize the main treatment regimes in use or to be used during the proposal term and the reasons for their use. Any data on drug resistance should also be included (where relevant).
(Maximum two pages.)

R7 Guidelines for Proposals

In sub-section (b), Applicants are requested to also provide information on changes in the stage of the epidemic over recent years and any information on drug resistance where relevant. Information included in this answer should refer to and draw from the documents identified in the Applicant's response section 4.3.1. **If one is available, Applicants should provide a copy of the most recent epidemiological report.**

Aidspan Guidance

N/A

4.3.3 Disease-prevention and 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 4.3.3.

- (a) Describe, comprehensively, the current prevention and control strategies for the disease, together with planned outcomes.

Applicants should ensure that the information provided below takes into account the cumulative outcomes based on all current and planned support from all stakeholders (government, major international initiatives, international donors and partnerships etc).

- (b) Describe how these disease prevention and control strategies fit within broader developmental frameworks such as Poverty Reduction Strategies, a Health Systems Strengthening Strategy, the Highly-Indebted Poor Country (HIPC) Initiative, and/or the Millennium Development Goals, **emphasizing how the additional support requested in this proposal is aligned with developmental frameworks relevant to the country context.**

(Also include an overview of any links to international initiatives such as the WHO/UNAIDS 'Universal Access Initiative' or the 'Global Plan to Stop Tuberculosis 2006-2015' (e.g., for HIV/TB collaborative activities) or the 'Roll Back Malaria Global Strategic Plan').

- (c) Describe how this proposal seeks to: (1) use, to the extent that they exist, country systems for planning and budgeting, procurement and supply management, monitoring and evaluation and auditing; and (2) achieve greater harmonization and alignment of partners to country cycles in regard to procedures for reporting, budgeting, financial management and procurement.

R7 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. Applicants should identify:

- (a) Current prevention and control strategies and programs aimed at the target disease, including all relevant goals, objectives and planned outcomes: This should encompass both existing Global Fund-financed work and other current and planned work supported by other stakeholders, including by the academic/education sector; government; non-governmental and community-based organizations; people living with and/or affected by the diseases (HIV/AIDS, tuberculosis and/or malaria); the private sector; religious or faith-based organizations; and multi-/bilateral development partners.
- (b) How the disease prevention and control strategies fit within the broader developmental framework: The role of HIV/AIDS, tuberculosis and/or malaria prevention and control in key developmental frameworks, such as Poverty Reduction Strategy Papers, the Highly-Indebted Poor Country (HIPC) Initiative, the Millennium Development Goals, and sector-wide approaches should be described. Applicants should specifically describe how Global Fund financing is incorporated in these development frameworks and any relevant constraints (e.g., budget or public sectors spending ceilings).

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 Global Strategic Plan , and the “Three Ones” principles should also be described (*as relevant to the disease specific component being completed*).

For information on these initiatives, please refer to the Round 7 'Frequently Asked Questions' on the Global Fund's Round 7 documents webpage.

- (c) How current or planned prevention and control strategies and programs at the national level put into practice key elements of the *Paris Declaration on Aid Effectiveness*.

Aidsplan 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. RCM and RO applicants, however, will need to provide the information for each country targeted by their proposal.

Question (c) is new for Round 7. The Paris Declaration on Aid Effectiveness, mentioned above in the R7 Guidelines for Proposals, is an international agreement, endorsed in March 2005 in which over one hundred Ministers, Heads of Agencies and other Senior Officials adhered and committed their countries and organisations to continue to increase efforts in harmonisation, alignment and managing aid for results with a set of actions and indicators that can be monitored. More information on the declaration can be found on the website of the Organisation for Economic Cooperation and Development at www.oecd.org/document/18/0,2340,en_2649_3236398_35401554_1_1_1_1,00.html.

4.3.4 National health system

- (a) Briefly describe the main health systems constraints related to this component by focusing on the strengths, weaknesses, opportunities and threats of the health system.

Please consider the list of health systems strengthening strategic actions ('HSS Strategic Actions') outlined in section 4.4.2 of the Guidelines for Proposal when providing this description.

R7 Guidelines for Proposals

In sub-section (a): Applicants should ensure that they describe:

- The ability of the current health system to achieve and sustain scaled up interventions to appropriately respond to the threat of the disease(s);
- Actions/initiatives in the public, non-government and private sectors and the ways in which the national health system facilitates or hinders effective and efficient quality service delivery by each sector; and
- How identified health system constraints are being/will be addressed in the country.

Specifically, Applicants should describe whether the creation of increased demand for prevention and/or control interventions from existing program support (*e.g., through the provision of current or planned significant additional resources from other donors, the government, the private sector or earlier Global Fund Rounds*) **has highlighted areas of increased need for health systems strengthening.** *In section 4.4, Applicants are requested to describe the interventions targeted in this proposal. In that section, Applicants should clearly identify whether this proposal is, most substantively, seeking to provide health systems strengthening support to ensure that earlier planned interventions will be successful.*

Aidspan Guidance

Applicants should carefully read the guidance above from the R7 Guidelines for Proposals because they are more explicit than the instructions on the Proposal Form in terms of stating what is required in Item 4.3.4(a). RCM and RO applicants should provide information for each country involved in their proposal.

(b) Describe the national priorities in addressing these constraints.

R7 Guidelines for Proposals

In sub-section (b): Applicants should describe the country/countries priorities in strengthening the health system to ensure equitable, efficient, sustainable, transparent and accountable health systems.

Where there is an existing strengths, weaknesses, opportunities and threats analysis or diagram in, for example, the National Health Development Plan, Applicants should include this in their proposal either within this section, or as a specifically identified annex to the completed proposal.

Aidspan Guidance

N/A

(c) **Coordination and Synergies**

Briefly describe how disease specific programs are coordinated within the framework of the National Health Sector Development Plan, where one exists. For instance how the proposed component relates to (where appropriate) the national communicable disease strategy and to priorities in the plan.

If the Applicant's proposal covers more than one component, also describe any synergies expected from the combination of different components. For example, HIV/TB collaborative activities, or linkages between HIV and malaria prevention and control strategies. *(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.)*

For Tuberculosis and Malaria

In the tuberculosis Section 4, "linkages between HIV and malaria prevention and control strategies" is not shown in the examples cited in the second paragraph of (c).

In the malaria Section 4, "HIV/TB collaborative activities" is not shown in the examples cited in the second paragraph of (c).

R7 Guidelines for Proposals

Briefly describe how disease specific programs are coordinated within the framework of the National Health Development Plan (where one exists, or other relevant document(s)). For instance, how the proposed component for tuberculosis or malaria relates to the national communicable disease strategy and to the priorities in the National Plan.

Where other major funding is mobilized from other donors, please describe (by reference to any Medium Term Expenditure Framework (MTEF), where one exists, or other relevant document(s)) which actions are being supported by each funding source, and how the work will be coordinated.

Where the proposal covers more than one component (for example HIV/AIDS and/or tuberculosis and/or malaria), briefly describe how activities under one component might also benefit the other component. Similarly, where relevant, briefly describe any synergies in health systems strengthening strategic actions.

Aidspan Guidance

N/A

4.3.5 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), basket 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 section 4.4

(b) Will the funding requested be channeled to implementation partners/beneficiaries through a common funding mechanism for all years of the proposal, and in regard to all proposed interventions/activities? If not, which years, what activities, and why this approach?

(c) **Describe the common funding mechanism, whether it is already operational and the way it functions.** In your response, identify development partners who are part of the common funding mechanism and their respective level of financial contribution (in percentage terms) to the common funding mechanism. *(Please also provide documents that describe the functioning of the mechanism as an annex. These documents may include: the agreement between contributing parties; joint Monitoring and Evaluation procedures, management details, joint review and accountability procedures, etc.)*

(d) Describe the process for independent supervision of the performance of the common funding mechanism.

Also describe the outcomes of any recent assessment of the common funding mechanism undertaken according to these processes. **In particular, Applicants should fully explain any adverse outcomes, and what actions were taken to respond to these findings.** *Attach, as an annex to your proposal, the most recent external assessment of the operations of the common funding mechanism.*

(e) Describe the Applicant's assessment (**including by reference to any criteria used during the assessment process**) of the capacity of the common funding mechanism to absorb the additional funds generated by this proposal **and** ensure effective supervision of the work that is proposed.

*Where relevant, provide details of any changes that have been agreed with the common funding mechanism as a result of this proposal to ensure that the funding (if approved) will be used in a **transparent, efficient and timely manner.***

(f) Explain how the funding requested in this proposal (*if approved*) will contribute to the achievement of outputs and outcomes that would not otherwise have been supported by resources currently or planned to be available to the common funding mechanism. *If the common funding mechanism is broader than this disease component, Applicants must explain the process by which they will ensure that funds requested will be used for HIV/AIDS activities during the proposal term.*

R7 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 for the purposes of these Guidelines is any arrangement between multiple partners (domestic sources and external donors) in which they contribute funding through a unified approach using joint planning, budgeting and monitoring and evaluation, as well as common rules and common reporting and accountability mechanisms.

Common funding mechanisms can vary from country to country and even across programs and sectors within a country.

In deciding whether such a mechanism is appropriate to use for the channeling of Global Fund resources, the Applicant should 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)?
- What is the capacity of the common funding mechanism to absorb, manage and account for additional funds?
- 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 disbursement to sub-recipients throughout the proposal term?
- Will the data collection and reporting systems utilized by the common funding mechanism to monitor performance enable regular performance monitoring of the effective functioning of the common funding mechanism, recognizing that Global Fund grant disbursements are linked to performance?

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, including at the time when the proposal nears the two year implementation mark and an assessment of performance is undertaken by the Global Fund to determine whether funding will be continued for the balance of the proposal term.

Aidspan Guidance

N/A

4.4 Overall Needs Assessment

The outputs and outcomes planned to be achieved under this proposal (if approved) should be based on an analysis of financial and programmatic gaps in national plans/programs to prevent and control the disease.

To help Applicants identify these gaps:

Step 1 Section 4.4.1 requests Applicants to identify gaps in the main programmatic areas targeted by this proposal, and the **level of additional coverage that is requested through this proposal**. *This is a summary of the main gaps only. Applicants must still describe the specific interventions/activities planned under this proposal (in section 4.6) and the targets and indicators that are proposed to evaluate performance during the proposal term (in the 'Targets and Indicators Table', Attachment A);*

Step 2 Section 4.4.2 requests Applicants to describe any health systems strengthening strategic actions ('**HSS Strategic Actions**') that are essential to ensure that the planned outputs and outcomes of this proposal will be achieved, **and to identify how much support for these actions is requested in this proposal**. HSS Strategic Actions are more fully discussed in the Round 7 Guidelines for Proposal (section 4.4.2). *Section 4.4.2 below also requests information on other current and planned levels of support for these same actions; and*

Step 3 Section 4.5 requests Applicants to identify the overall disease specific financial need for the country/countries targeted in this proposal. **This table asks Applicants to identify, on a national disease specific basis, the overall financial needs required to prevent and control the disease. Thus 'Line A' in table 4.5 should include both program and essential disease specific health systems needs. All other lines in the table should also include both program and health systems needs if these are essential to the national disease prevention and control plan.** *This is a summary of the financial needs only. Applicants must provide a detailed budget request by disease component (within section 5) and summarize this request in table 1.2.*

Thereafter, in section 4.6, Applicants should fully describe the specific interventions/activities which are included in this proposal to ensure that the programmatic needs targeted by this proposal are fully met.

See the Guidelines for Proposals, sections 4.4 and 4.5, for further explanation.

R7 Guidelines for Proposals

Proposals should include interventions that have been identified through an analysis of unmet needs, both programmatic and financial.

Sections 4.4 and 4.5 assist Applicants to identify:

- **Section 4.4.1 – Main programmatic needs.** Applicants are requested to identify gaps in the main programmatic areas targeted by this proposal, and the **level of additional coverage that is requested through this proposal**. This is a summary of the main gaps only. Applicants must still describe the specific interventions/activities planned under this proposal (in section 4.6) and the targets and indicators that are proposed to evaluate performance during the proposal term (in the 'Targets and Indicators Table', Attachment A). *(Instructions on how to complete table 4.4.1 are provided immediately above the table as set out in the Proposal Form.);*
- **Section 4.4.2 – Additional support required for main health systems strengthening strategic actions ('HSS Strategic Actions').** Applicants are requested to first describe the main HSS Strategic Actions that are essential to ensure that the planned outputs and outcomes of their Round 7 proposal will be achieved, **and to then identify how much additional support for these main actions is requested in this proposal**. Section 4.4.2 also requests information on other current and planned levels of support for these same actions to ensure that funding requested from the Global Fund is both additional to other support, and is harmonized to the

fullest extent possible with all other financial support. As for table 4.4.1, table 4.4.2 requests information on the main HSS Strategic Actions targeted in this proposal. Applicants must still ensure that detailed information on all HSS interventions is described in section 4.6 more fully, and clearly identified in the Work Plan (required under section 4.6) and costed in the detailed component budget (section 5); and

- **Section 4.5 – The overall financial gap.** Applicants are requested to calculate the overall disease specific financial need for the country/countries targeted in their proposal. However, the information requested is a summary only of detailed workings. Applicants must therefore provide a detailed budget request by disease component (within section 5) to identify the amount requested in Round 7.

It is anticipated that proposals will vary considerably in their relative focus on program and HSS Strategic Action needs to respond to in-country situations. The analysis provided by Applicants in sections 4.4 and 4.5 should be component-specific, and the results should be summarized in the two tables (table 4.4.1 for program needs and table 4.5 for HSS Strategic Actions) included in the Round 7 Proposal Form. *(In Round 6, table 4.4.1 was included as Attachment 3 to the Round 6 Guidelines for Proposal.)*

Information is requested for the historic years of 2005 and 2006, for the current 2007 year, and for the years 2008 – 2012 (based on, current information, forward looking plans, national budgeting processes and estimates).

Aidspan Guidance

Section 4.4 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). RCM and RO applicants should provide information for each country in their proposal.

The instructions for Section 4.4 are quite detailed and a little complicated. The R7 Guidelines for Proposals repeat much of what is on the Proposal Form, but also provide additional guidance. In a nutshell, this is what Aidspan believes you are being asked to do in Section 4.4:

Step 1 (Item 4.4.1) – Identify the gaps in your country’s programmes in the areas targeted by this proposal.

Step 2 (Item 4.4.2) – Identify the HSS strategic actions that are required to enable you to achieve the planned outcomes and outputs of this proposal – in other words, what actions are required to address gaps in your country’s health systems.

Step 3 (Section 4.5) – Identify the financial needs (gaps) related to the prevention and control the disease in your country (for both programmes and health systems).

This means that in steps 1 and 3, you are being asked to describe gaps, while in step 2 you are being asked to describe actions. This does not seem entirely logical, but that is what being requested. This may be explained by the fact that Step 2 has been added to this section for the Round 7 Proposal Form; in Round 6, this section included only steps 1 and 3.

Also new for Round 7: Applicants are being asked to identify what portion of the unmet programmatic needs are being covered by this proposal, and what portion of the HSS strategic actions are being covered by this proposal.

4.4.1 Programmatic Needs Assessment

4.4.1 Overall programmatic needs assessment

- (a) **Based on an existing Health Sector Strategic Plan** (or, if not in existence, an analysis of national/regional goals, together with careful analysis of disease surveillance data and target group population estimates for relevant prevention and control strategies), **describe the overall programmatic needs in terms of people in need of these key services.** Please indicate the quantitative needs for three to five main services that are intended to be delivered for this disease component (e.g., provision of first and second line anti-retroviral treatment, or prevention services for specific population groups most at risk of HIV infection). Also specify clearly how much of this need is currently covered (or will be covered) over the proposal term by domestic sources or other donors.

Please note that this gap analysis should guide the completion of the Targets and Indicators Table required under section 4.6. When completing this section, please refer to the Guidelines for Proposals, section 4.4.1.

For Tuberculosis and Malaria

In the tuberculosis Section 4, the example in (a) reads “Directly Observed Treatment Short-Course for tuberculosis treatment.” In the malaria Section 4, the examples in (a) read “long lasting insecticide treated bed nets, and ACTs and other pharmaceuticals for malaria treatment.”

R7 Guidelines for Proposals

Section 4.4.1, and the accompanying table 4.4.1 are provided to guide Applicants in the identification of key service area gaps relevant to this proposal. Information on how to complete this table is provided at the top of that table in the Proposal Form in each component section.

Aidspan Guidance

In Item 4.4.1, you are being asked to identify the programmatic needs in terms of people needing key services (i.e., three to five main services that you intend to deliver as part of your proposal). You need to describe these needs in quantitative terms for each of eight years – 2005 and 2006 (historical data) and 2007 to 2012 (anticipated needs).

In Item 4.5.1(a), you should identify the key services. For each service, you should indicate in quantitative terms (a) the numbers of people who need the service; (b) 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); (c) the total unmet need; and (d) the portion of the unmet need covered by this proposal. That is quite a mouthful! You will find this easier to complete Item 4.4.1(a) if you first fill out Table 4.4.1 below.

The Global Fund recommends that you consult the M&E Toolkit²⁵ for information on key services and service delivery areas.

²⁵ The full title of the M&S Toolkit is “Multi-Agency Monitoring and Evaluation Toolkit.” It is available via www.theglobalfund.org/en/apply/call7/documents/me/.

(b) **Complete table 4.4.1**

Table 4.4.1 is designed to assist Applicants to clearly illustrate overall programmatic needs 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).

In addition, please specify below relevant information concerning the groups targeted and any assumptions including target size.

Please refer to the M&E Toolkit when completing this table for information on key services and service delivery areas.

Important Note: For at least three (but not more than five) "key service" areas targeted by this proposal, list the size of the target group in Part A of table 4.4.1 below, and then complete Parts B, C and D for the same "key service" area. [For example, if the country's planned outcome by 2012 is 30,000 people on ARVs (Part A in the table below), and current and planned support, including all existing Global Fund and other donor support, is expected to ensure that 23,000 people will be on ARVs by end 2012 (Part B in the table below), the overall unmet need will be 7000 (Part C in the table below). In Part D of this table, Applicants should then describe the extent of additional coverage for this key service targeted by this proposal.]

For Tuberculosis and Malaria

In the tuberculosis Section 4, the example above reads:

"For example, if the country's planned outcome by 2012 is that 10,000 HIV positive tuberculosis patients received CPT during their tuberculosis treatment (Part A in the table below), and current and planned support, including all existing Global Fund and other donor support, is expected to ensure that 3,000 patients will receive CPT by 2012 (Part B in the table below), the overall unmet need will be 7000 (Part C in the table below)."

In the malaria Section 4, the example above reads:

"For example, if the country's planned outcome by 2012 is 3,000,000 children under 5 protected by LLINs (Part A in the table below), and current and planned support, including all existing Global Fund and other donor support, is expected to ensure that 800,000 children protected by 2012 (Part B in the table below), the overall unmet need will be 2,200,000 (Part C in the table below)."

R7 Guidelines for Proposals

Part D of the table provides Applicants with the option to request support in this proposal for the total programmatic needs, or a proportion of these needs, having regard to factors such as country priorities and absorptive capacity assessments.

Aidspan Guidance

In Item 4.4.1(b), you are being asked to identify relevant information (including any assumptions about target size) concerning the groups targeted by the key services you have identified in Item 4.4.1(a) and in Table 4.4.1 (see next item). It will be easier to do this if you fill out Table 4.4.1 first.

[For the purposes of our guide, Table 4.4.1, shown on the next page, has been condensed so that it fits on one page and is in vertical (portrait) format.]

Table 4.4.1 – Overall programmatic needs assessment

| | Programmatic Gap Analysis | | | | | | | |
|---|---------------------------|---|-------------|------|------|------|------|------|
| | Actual | | Anticipated | | | | | |
| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
| Part A: People in NEED of Key Services (i.e. Country desired/planned outcomes up to 2012) | | | | | | | | |
| Key Service 1 | | | | | | | | |
| Key Service 2 | | | | | | | | |
| Key Service 3 | | | | | | | | |
| Key Service 4 | | | | | | | | |
| Key Service 5 | | | | | | | | |
| Part B: People CURRENTLY RECEIVING or EXPECTED TO RECEIVE Key Services relevant to this proposal <u>as financed by current or anticipated resources:</u> | | | | | | | | |
| Key Service 1 | | | | | | | | |
| Key Service 2 | | | | | | | | |
| Key Service 3 | | | | | | | | |
| Key Service 4 | | | | | | | | |
| Key Service 5 | | | | | | | | |
| Part C: TOTAL UNMET NEED for people in need of the 'Key Services' relevant to this proposal' ($A^1 - B^1 = C^1$, $A^2 - B^2 = C^2$ etc.) | | | | | | | | |
| Key Service 1 | | | | | | | | |
| Key Service 2 | | | | | | | | |
| Key Service 3 | | | | | | | | |
| Key Service 4 | | | | | | | | |
| Key Service 5 | | | | | | | | |
| Part D: PORTION OF UNMET NEED COVERED BY THIS PROPOSAL | | | | | | | | |
| Key Service 1 | | <i>Information provided in the adjacent columns should be consistent with the annual targets for these "key services" in the 'Targets and Indicators Table' (Attachment A) to the Applicant's proposal.</i> | | | | | | |
| Key Service 2 | | | | | | | | |
| Key Service 3 | | | | | | | | |
| Key Service 4 | | | | | | | | |
| Key Service 5 | | | | | | | | |

R7 Guidelines for Proposals

N/A

Aidspan Guidance

First, you should identify 3-5 key services that you will be including in your proposal. These services should be listed in the second column. The same services are listed four times, once for each of the four parts of the table.

In Part 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 eight years listed on the form. You should use actual numbers for 2005 and 2006. If you do not have actual historical data for these years, you may need to estimate the numbers. For the years 2007 through 2012, you need to enter anticipated numbers – i.e., projections of what the numbers will be.

In Part B, you need to indicate the numbers of people currently receiving or anticipated to receive each service based on current or anticipated resources (***BUT NOT INCLUDING RESOURCES YOU ARE SEEKING IN THIS PROPOSAL***). 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 EXCLUDING THE RESOURCES FOR ARV TREATMENT THAT YOU ARE SEEKING IN THIS PROPOSAL***).

In Part C, you need to calculate the unmet need for each service. For ARV treatment, the example we used above, you would subtract the numbers you entered in Part B from the numbers you entered in Part A, and enter the difference in Part C.

In Part D, you need to indicate for each service what portion of the unmet need is covered by this proposal. Here, you enter data only for the years 2008 through 2012. You have the option of requesting funding in your proposal to meet all of the unmet needs or a portion of the unmet needs. If you have concerns about absorptive capacity, you may want to ask for funding only for a portion of the unmet needs. The Global Fund does not say whether you should enter numbers or percentages in Part D. We suggest that you do both – i.e., for each service, enter the number of people who will be covered by this proposal, and in parentheses indicate what percentage of the unmet need this number represents.

Please note that the information you provide in Part D should be consistent with the annual targets for these key services in the Targets and Indicators Table (Attachment A to this proposal).

[...continued on the next page]

Using our example of ARV treatment, the following is an illustration of how your information might look in Table 4.4.1 (We have collapsed the table for the purposes of this illustration.)

| | | Programmatic Gap Analysis | | | | | | | |
|---|---------------|---------------------------|-------|-------------|----------------|----------------|----------------|-----------------|-----------------|
| | | Actual | | Anticipated | | | | | |
| | | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
| Part A. People in NEED of Key Services (i.e. Country desired/planned outcomes up to 2012) | | | | | | | | | |
| Key Service 1 | ARV treatment | 70000 | 76000 | 80000 | 82000 | 86000 | 90000 | 94000 | 99500 |
| Part B. People CURRENTLY RECEIVING or EXPECTED TO RECEIVE Key Services relevant to this proposal as financed by current or anticipated resources: | | | | | | | | | |
| Key Service 1 | ARV treatment | 20000 | 23000 | 40000 | 46000 | 52000 | 60000 | 78000 | 85000 |
| Part C. TOTAL UNMET NEED in terms of people in need of the 'Key Services' relevant to this proposal' ($A^1 - B^1 = C^1$, $A^2 - B^2 = C^2$ etc.) | | | | | | | | | |
| Key Service 1 | ARV treatment | 50000 | 53000 | 40000 | 36000 | 34000 | 30000 | 16000 | 14500 |
| Part D. PORTION OF UNMET NEED COVERED BY THIS PROPOSAL | | | | | | | | | |
| Key Service 1 | ARV treatment | | | | 20000 (55%) | 20000 (59%) | 20000 (68%) | 16000 (100%) | 14500 (100%) |

You should now go back to Item 4.4.1(a) and provide narrative information summarizing the numbers contained in Table 4.4.1. Then, you should complete Item 4.4.1(b), before proceeding to the next item.

With respect to proposals from RCMs and ROs, the Global Fund does not provide any guidance concerning whether Table 4.4.1 needs to be filled out for each country included in the proposal. Aidsplan assumes that separate tables are required in most cases, but you may want to obtain clarification from the Global Fund.

4.4.2 Strategic actions to strengthen health systems

As explained at the start of section 4.4, certain 'HSS Strategic Actions' may be essential (dependent on country specific contexts) to ensure achievement of the outputs and outcomes targeted by this proposal. These HSS Strategic Actions may include actions to improve grant performance, address current or anticipated barriers, and/or support and sustain expansion/scale-up of interventions to prevent and control the disease.

The Global Fund therefore strongly encourages Applicants to include in their proposal a request for support of relevant HSS Strategic Actions which are coordinated with the national disease control strategy.

Before completing this section, Applicants should refer to the Round 7 Guidelines for Proposals, section 4.4.2. where significantly greater detail is provided on HSS Strategic Actions supported in Round 7.

R7 Guidelines for Proposals

The Global Fund recognizes that improved performance in country-led HIV/AIDS, tuberculosis and malaria programs depends on the quality, equity and efficiency of health systems. **We also recognize that non-government organizations, the private sector and communities affected by the disease(s) are each an integral component of the health system, as is the public sector.** In this section, Applicants are encouraged to consider measures which strengthen public, non-governmental, communities, and private sector systems to ensure greater impact of prevention and control strategies.

Our major objectives in providing funding for health systems strengthening are to improve grant performance and impact on the three diseases, by supporting the development of equitable, efficient, sustainable, transparent and accountable health systems.

Based on lessons learned from Round 6, Applicants are strongly encouraged to include a request for funding in respect of HSS Strategic Actions integrated within their specific disease component(s), provided that these actions are essential to reducing the impact and spread of the disease(s) targeted in the proposal. Therefore, proposals should explain the clear and essential link between the HSS Strategic Actions and the goals and indicators described in section 4.6.1 of each component targeted in the Applicant's proposal.

Importantly, where the proposal is, predominantly, a request for funding for HSS Strategic Actions to support a national program which already has significant existing or planned resources to reach program needs (e.g., there is significant funding for ARVs, or anti-tuberculosis or anti-malarial medicines, but insufficient health staff to ensure distribution and treatment adherence), Applicants should ensure that the overall program goal(s) and objectives are expressed in a manner which demonstrate the clear and essential link between the funding requested for the HSS Strategic Actions and the disease specific national plan for scale up of services.

To further guide Applicants in their proposal development processes, **'Chapter X' of the January 2006 second edition of the M&E Toolkit** is dedicated to health systems strengthening. Within this chapter, Table 15 (on page 56) includes selected indicators on HSS Strategic Actions. Applicants are encouraged to review Chapter X whilst reviewing this section of the Guidelines. Applicants are also strongly encouraged to work with technical partners with specific experience on health systems strengthening during proposal development.

HSS Strategic Actions supported in Round 7 proposals

HSS Strategic Actions proposed for funding in an Applicant's Round 7 proposal will depend on the country specific context.

A proposal may focus on a comprehensive approach to health systems strengthening to address one or more of the HSS Strategic Actions listed below to help ensure a functioning comprehensive system (e.g., comprehensive approach to health workforce strengthening). Alternatively, it may propose just

one intervention within any HSS Strategic Action area (e.g., incentives for health workers to serve in hard-to-reach places). In the case of the latter, it must be explained why it is just one element for a particular area(s) and how it falls within an existing framework or system so that it adds to, and will not function in isolation of, a functioning system or comprehensive approach/framework.

HSS Strategic Actions may belong to the following broad areas

- Governance;
- Strategic planning and policy development;
- Monitoring and evaluation;
- Coordination/partnerships;
- Community and client involvement;
- Policy research;
- Information systems;
- Health management;
- Health financing;
- Human resources;
- Essential medicines and other pharmaceutical products management;
- Procurement systems;
- Logistics, including transport and communications;
- Infrastructure (*but does not include large scale investments, such as building hospitals and clinics*); and/or
- Technology management and maintenance.

HSS Strategic Actions are not limited to health sector-related activities and may also target other sectors including education, the workplace, and social services, provided that these actions are directly related to reducing the spread and impact of HIV/AIDS, tuberculosis and/or malaria.

Proposals should also, when relevant and 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 and community organization systems, and to take part in interventions to this effect (including, activities/interventions focused on ensuring strengthened delivery of services to clients).

To ensure a comprehensive justification of the funding request for these HSS Strategic Actions, Applicants are encouraged to include in their proposal:

- Consideration of the strengths, weaknesses, opportunities and threats to the health system;
- Reference to how any proposed strategic actions are consistent with, where one exists, the national Health Sector Development Plan and its time frame;
- A description of why the additional support is essential and how it will contribute to system wide strengthening;
- The intended outputs and outcomes of current health system strengthening support provided by other partners including the private sector;
- Ways to remove system barriers/bottlenecks in the health sector that impact on the three diseases and clients; and
- Approaches that clearly build on existing systems, structures and processes, and not parallel ones.

When completing section 4.4.2, Applicants may also wish to have reference to WHO's Strategy on Health Systems, at: <http://www.who.int/healthsystems/strategy/en/>

Aidspan Guidance

Above, the R7 Guidelines for Proposals provide very thorough guidance. We emphasize that the Global Fund strongly encourages applicants to include HSS strategic actions in their proposal, providing these actions are essential to reducing the impact and spread of the disease. The guidelines say that proposals should explain the “clear and essential links” between the HSS strategic actions and the goals and indicators described in Section 4.6 of the proposal. (Actually, the

guidelines say “4.6.1” but this should read “4.6.”) An explanation of the links comes in Table 4.4.2 below.

For guidance concerning the technical content of your HSS strategic actions, see “[General Guidance Concerning the Technical Content of Proposals](#)” in Chapter 4 of this guide.

It should be noted that in Round 6, the TRP was disappointed and concerned by the low overall quality of the HSS elements contained within many of the Round 6 proposals it reviewed. The extensive guidance provided above is partially in response to the TRP’s comments.²⁶

²⁶ The TRP’s observations concerning this issue can be found in “The Report of the Technical Review Panel and the Secretariat on Round 6 Proposals,” available via www.theglobalfund.org/en/apply/call7/documents/trp/.

4.4.2 Description of HSS Strategic Actions included in this component

(a) **Complete table 4.4.2 below to describe for up to five actions** (copy the table as many times as relevant):

- (i) the **HSS Strategic Actions** that are **essential to achieve the planned outputs and outcomes of this disease component**;
- (ii) **how the actions link to the planned work during the program term and address** key points arising from the analysis of the health system referred to in your response to question 4.3.4 above; and
- (iii) **what other support is currently available or planned for the same actions** to ensure achievement of the planned outputs and outcomes of this proposal.

Ensure that the HSS Strategic Action(s) is/are consistent with (where one exists) the national Health Sector Development Plan/Strategic Plan and its time frame *(please also ensure you provide this Plan as an annex to the proposal as requested in section 4.3.1)*.

To clearly demonstrate the link requested in (ii) above, Applicants should relate proposed HSS Strategic Actions to disease specific goals and their impact indicators.

Refer to the information on the revised indicators for HSS in the Guidelines for Proposal at section 4.4.2. (Where only one strategic action is proposed, Applicants must explain the rationale behind this decision with reference to the guidance provided in the Guidelines for Proposals.)

Remember to expand the table for up to five HSS Strategic Actions.

Table 4.4.2A – Summary of essential HSS Strategic Actions requested in Round 7

4.4.2A Summary of funding requested for HSS Strategic Actions in Round 7

In the table below summarize, on a per year basis, the total of the funding requested for HSS Strategic Actions in this proposal for this disease component. *This will be the sum of the 'Funding Request' for each year for each HSS Strategic Action included in this disease component, as detailed by you in table 4.4.2 (on the following page, copied for up to five HSS Strategic Actions).* Applicants are reminded that they must ensure that the overall funding needs (table 4.5) include both program and essential disease specific health systems needs to ensure that the financial gap analysis reflects all available, planned and required resources.

Total funds for essential HSS Strategic Actions requested over proposal term

| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
|--------|--------|--------|--------|--------|-------|
| | | | | | |

R7 Guidelines for Proposals

Applicants are requested to complete table 4.4.2 for up to five HSS Strategic Actions which are essential to ensure achievement of the outputs and outcomes targeted in the proposal.

As a summary of the overall financial request for HSS Strategic Actions in Round 7, Applicants are requested to then complete table 4.4.2A (which table **precedes** table 4.4.2 in the Proposal Form). *This table is a summary of the up to five versions of table 4.4.2 that Applicants complete to describe the main HSS Strategic Actions targeted on a per-disease component basis.*

For each 'action', Applicants should provide:

- (i) up to one half of a page summary of the relevant action, and how the action is essential to the intended disease-specific performance outcomes under the proposal;

- (ii) a very short description of the planned outputs and outcomes that will be achieved in respect of each HSS Strategic Action if the Round 7 funding request is approved;
- (iii) a summary (**in figures**) of the total annual budget request for the work planned under the Round 7 proposal to support the HSS Strategic Action; and
- (iv) in the bottom half of the table, information (**as requested in the heading for each relevant column**) on the support that is available for this same HSS Strategic Action from other sources (domestic or international), including the timeframe over which the support will be provided from those other sources.

Aidspan Guidance

The guidance above from the R7 Guidelines for Proposals applies to both Tables 4.4.2A and 4.4.2. In Table 4.4.2A, all that you need to enter (for each of the five years of the proposal) is the total of the funding requests for each of the HSS strategic actions that you identified in Table 4.4.2. So, it will be easier if you complete Table 4.4.2 first.

Table 4.4.2 – Summary of Strategic Actions essential to this proposal

| | | | | |
|--|---|--|--|--------------------------------|
| Action 1 | <i>(Description of the HSS Strategic Action, its rationale and linkages to this proposal – not more than half a page for each HSS Strategic Action)</i> | | | |
| Describe below the planned outputs/outcomes that will be achieved in regard to these HSS Strategic Actions during the proposal term, and, <u>as a total only</u> , the amount requested for each year. <i>(Specific financial information on the funds requested must be included in section 5 in the detailed budget).</i> | | | | |
| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| | | | | |
| Round 7 Funding Request Year 1 | Round 7 Funding Request Year 2 | Round 7 Funding Request Year 3 | Round 7 Funding Request Year 4 | Round 7 Funding Request Year 5 |
| | | | | |
| Describe below other current and planned support for this action over the proposal term | | | | |
| <i>In the left hand column below, please identify the name of other providers of HSS strategic action support. In the other columns, please provide information on the type of outputs.</i> | | | | |
| Name of supporting stakeholder ↓ | Timeframe of support for HSS action | Level of financial support provided over proposal term <i>(same currency as this proposal)</i> | Expected outcomes from existing and planned support | |
| Government | | | | |
| Other Global Fund Grants (with HSS elements) | | | | |
| Other: <i>(identify)</i> | | | | |

R7 Guidelines for Proposals

N/A

Aidspan Guidance

The Proposal Form and the R7 Guidelines for Proposal contain all of the guidance you should need to complete Table 4.4.2. However, it is a bit complicated, so we will take you through it.

First, you can describe up to five HSS strategic actions. (It is not clear whether you can include more than five HSS strategic actions in your detailed workplan; if you wish to do so, we suggest that you obtain clarification on this from the Global Fund.)

Assuming that you will want to include more than one HSS strategic action in this section, you will need to make additional copies of Table 4.4.2, one for each action. Actually, the instructions on the Proposal Form state that where only one strategic action is proposed, applicants must explain the rationale behind this decision. Clearly, the Global Fund expects that you will include more than one HSS strategic action; this is an indication of the importance that the Fund attaches to measures to strengthen health systems.

In the top left-hand corner of each table, indicate the action number.

To the right of the action number, describe the action, the rationale for the action, and how the action links to the goals and indicators in the proposal. Note that you are being asked to write no more than half a page here. The table will expand automatically as you enter text. The Proposal Form says that you should read the information on the revised indicators for HSS in the R7 Guidelines for Proposals; but the Guidelines simply refer you to Chapter X of the M&E Toolkit.

Then, in the boxes provided under “Year 1,” “Year 2,” etc., you need to briefly describe the planned outputs or outcomes that will be as a result of the strategic action. The R7 Guidelines ask for “a very short description.” There isn’t much room for more (without creating very long and very narrow columns of text). If you absolutely feel that you need to provide more information here than what can be neatly fitted into the box, we suggest that you attach the additional information in an annex to the proposal.

Then, in the boxes provided under the “Round 7 Funding Request” headings, you need to provide the total amount requested for each year for this strategic action.

In the balance of the table, you are asked to describe current and planned support for this action – i.e., support additional to what you are requesting in this proposal. This support could come from government (Row 1 of this part of the table), other Global Fund grants that contain HSS elements (Row 2), or other sources (which you need to identify in Rows 3 through 6). You can add more rows if you need to.

For each source of support, you need to describe the timeframe (Column 2), the level of financial support that will be provided over the term of your proposal (Column 3), and the expected outcomes from this support (Column 4).

The instructions on the Proposal Form state that you need to ensure that the HSS strategic actions are consistent with your country’s national health sector development plan or strategic plan (if one exists) and its time frame. The instructions also remind you that you need to provide this plan as an annex to the proposal (as requested in Item 4.3.1).

RCM and RO applicants should ensure that the information provided in the bottom half of Table 4.4.2 covers all of the countries in their proposal. In Row 1 (government), it may be appropriate to add more rows, one for each country in the proposal.

4.4.2 HSS Strategic Actions continued

Risks arising from support for the actions and cross-cutting issues

Applicants are strongly encouraged to refer to the Guidelines for Proposals before completing (b) to (g) below.

- (b) Describe your consideration of the broader implications of the proposed strategic actions and their potential impact on the functioning and performance of the health system, key institutions and stakeholders and other health programs (through a SWOT or other similar exercise). Describe, especially, any risk mitigation strategies in response to potential threats to the health system, and proposed options for ensuring long-term sustainability of the strategies built into this proposal.

R7 Guidelines for Proposals

Identify whether the support requested in the Round 7 proposal for the listed HSS Strategic Actions may potentially have an adverse impact on the functioning and performance of the health system that these actions are intended to support. If so, what risk mitigation strategies have been incorporated into the planning of the proposal? *(For example, will the proposed support of some but not all salaries in a particular health district give rise to unintended personnel shortages in another location? If yes, what is being planned to mitigate this potential risk?);*

Aidspan Guidance

This is a new item (for Round 7). It comes in response to concerns raised by the TRP when it reviewed the Round 6 proposals. The TRP said that although HSS strategic actions should obviously contribute to strengthening the broader health care system, the TRP encountered some proposals in Round 6 in which the proposed HSS activities were very likely to undermine other elements of the health care system, either by attracting staff away from the system, or by developing an entirely vertical disease program in isolation from the remainder of the health care system. The TRP said that it is critical of such approaches, and would not recommend them for funding. Hence, the questions concerning implications and risks in Item 4.4.2(b).

| | |
|--|--|
| <p>(c) Are there cross-cutting HSS Strategic Actions integrated within this component that will benefit any other disease component also submitted for funding in Round 7?</p> | <input type="checkbox"/> Yes → complete (d) and (e), and then (f) |
| | <input type="checkbox"/> No → go to section 4.4.2(f) |
| <p>(d) If yes to (c), provide a short description of which component(s) and how the HSS Strategic Actions in this component will benefit achievement of the outputs and outcomes targeted in the other component(s).</p> | |
| | |
| <p>(e) If relevant, provide a detailed justification (<i>with clear information on direct linkages to this disease component</i>) for those cross cutting HSS Strategic Actions in this component which you believe should still be funded even if one or both (as relevant) of the other components submitted in Round 7 are not recommended for funding.</p> <p><i>(Two page maximum, including summary details of relevant actions and budget amounts. Also ensure that the budget amounts for HSS Strategic Actions are clearly indicated in the detailed budget required in section 5 for this component). Refer to the Guidelines for Proposals, section 4.4.2(d) for additional guidance.</i></p> | |
| | |

R7 Guidelines for Proposals

Provide a description of any cross cutting benefits of the HSS Strategic Actions included in the specific disease component that may impact one or both of the other two diseases; and

If relevant (*refer also to the information on budgeting for cross-cutting HSS Strategic Actions below*), provide a **detailed justification** of why (if it is deemed appropriate and reasonable during the proposal review process) cross-cutting HSS Strategic Actions included in the disease specific component and which benefit other component(s), should be recommended for funding under the disease specific component even if the other components are not also recommended for funding. (*This potential is included in Round 7 in recognition that some HSS Strategic Actions may be challenging to separate out as between HIV/AIDS, tuberculosis and malaria. However, Applicants must ensure that they fully detail the HSS Strategic Actions in the detailed budget requested under section 5.1 to enable an assessment of the reasonableness of the funding requested. Additional information on the funding request should also be provided in responding to this section 4.4.2(d).*)

Applicants should **not** duplicate requests for funding by including the same HSS Strategic Actions in more than one disease component of their composite proposal.

Where the HSS Strategic Actions included in one disease specific component are common to two or all three disease components, it will be necessary to separately identify the budget for these actions for the lifetime of the proposal, state which disease components are covered and then **only include these costs** in the budget of **one disease component**.

For example, a HIV/AIDS proposal may have two HSS Strategic Actions as follows:

- (i) an information technology system is to be developed to assist the recording of treatment of HIV/AIDS, malaria and tuberculosis at the district health level; and
- (ii) the rehabilitation/refurbishment of testing clinics for HIV/AIDS and tuberculosis.

In the proposal for the HIV/AIDS component, it should be clear what costs are included in the HIV/AIDS detailed component budget for HSS Strategic Actions but apply to two or more components by including a summary table. The table may look like the example below (or be based on the Applicant's own budgeting tools and templates – as the example below is not a required format):

| HSS Strategic Action | Y1 USD | Y2 USD | Y3 USD | Y4 USD | Y5 USD | HIV/AIDS | Malaria | TB |
|---|---------|--------|--------|--------|--------|----------|---------|-----|
| 3.2.1 Develop IT system to record treatment | 141,000 | 11,000 | 11,000 | 11,000 | 11,000 | Yes | Yes | Yes |
| 4.5.2 Rehabilitate testing clinics | 150,000 | 90,000 | 70,000 | 20,000 | 20,000 | Yes | No | Yes |

In the example above, the **Work Plan** for the corresponding malaria and (in this case) tuberculosis components should include these activities **but the corresponding budgets** should have zero costs for these particular HSS Strategic Actions. The proposal section for the malaria and tuberculosis components should state (in response to section 4.4.2(d) in the respective sections) that the costs of these activities have been included in the HIV/AIDS component budget.

Aidspan Guidance

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 some of the questions in Item 4.4.2 and the guidance above from the R7 Guidelines for Proposals.

In questions (c) and (d), you are being asked about whether and how health system strengthening activities in this component benefit other components of your proposal.

If you answered “Yes” to question (c), you are asked in question (e) to explain why the HSS strategic actions in this component should be funded even if one or both (if relevant) of the other components you submitted for Round 7 are not recommended for funding.

| | |
|--|--|
| (f) Are there any cross-cutting HSS Strategic Actions integrated within another component in your Round 7 proposal that will benefit this component? <i>Applicants should ensure that the detailed budget in the other component(s) clearly identify the costs of the HSS Strategic Actions. Applicants must also ensure that there is no duplication of costs included in the various components.</i> | <input type="checkbox"/> Yes, Tuberculosis |
| | <input type="checkbox"/> Yes, Malaria |
| | <input type="checkbox"/> No |

For Tuberculosis and Malaria

The tuberculosis and malaria Sections 4 read the same way. However, the other two diseases listed in the tuberculosis version (in the boxes at right) should be HIV/AIDS and malaria; and the other two diseases listed in the malaria version should be HIV/AIDS and tuberculosis. Applicants filling out the tuberculosis or malaria Sections 4 may need to make the necessary adjustments to the text, or add an explanatory note somewhere.

R7 Guidelines for Proposals

N/A

Aidspan Guidance

N/A

(g) **CCM and RCM Capacity for Health Systems Strengthening Issue identification.**

Describe below how the CCM(s) and RCM(s) of countries targeted in this proposal are ensuring that they have, or are developing and/or strengthening, their capacity and experience in the identification of strengths, weaknesses, threats and opportunities in the health system relevant to national plans to prevent and control the disease(s). Applicants must also describe if there have been any changes in the relative capacity of the CCM(s) or RCM(s) since Round 6.

→ [Refer to the Guidelines for further information,, section 4.4.2\(g\)](#)

R7 Guidelines for Proposals

Based on lessons learned from Round 6, all proposals should identify, for each country targeted in the proposal, **the extent to which the relevant CCM(s) or RCM(s) are ensuring that they have, or are developing and/or strengthening, their capacity and experience in the identification of strengths, weaknesses, threats and opportunities in the health system relevant to national plans to prevent and control the three diseases.** Where a Round 7 Applicant also submitted a proposal in Round 6 for any of the three diseases, they should also describe any positive changes in the capacity of the relevant CCM(s) or RCM(s) to identify, plan for, and respond to health systems strengthening issues arising in their country as a result of national plans to prevent and control the disease.

Aidspan Guidance

The Proposal Form says that this item is for CCMs and RCMs only. We assume, however, that it also applies to Sub-CCMs.

This is new for Round 7, and is also based on concerns raised by the TRP when it reviewed Round 6 proposals. The TRP said that because CCM composition has been built up based on the three diseases, many CCMs may still lack the expertise to develop (or oversee the development of) proposals with strong HSS elements. In question (g) and in the guidance contained in the R7 Guidelines for Proposals, the Global Fund is obviously trying to send a message to CCMs that they need to take steps to enhance their capacity to identify problems and opportunities in the health system that are relevant to national plans to prevent and control the disease. The Global Fund has not yet provided any guidance concerning how CCMs might go about this task.

In question (g), applicants should describe what actions they have taken or are taking to strengthen their capacities in this area. If your coordinating mechanism has not yet started to implement any such actions, we suggest that you describe actions that you plan to implement in the next several months; obviously, this will be an important issue in future rounds of funding.

4.5 Financial Needs Summary

4.5.1 Overall Financial Needs Assessment

Based on an analysis of the national goals and objectives for preventing and controlling the disease, describe the overall disease specific financial needs. Include information about how this costing has been developed (e.g., through costed national strategies, Medium Term Expenditure Framework [MTEF] or other basis).

Summarize the overall financial need in table 4.5.

[Note: The tuberculosis and malaria versions of Item 4.5.1 contain a note at the end of the first paragraph that does not appear in the HIV/AIDS version shown above. The note reads: [As described in step 3 under section 4.4, such analysis should recognize any required investment in the HSS Strategic Actions described in section 4.4.2 above.](#)]

R7 Guidelines for Proposals

Subsequent to the identification of programmatic needs (section 4.4.1), and essential HSS Strategic Actions to ensure achievement of planned outputs and outcomes under the Applicant's proposal (section 4.4.2), Applicants should identify the financial resources currently or planned to be available, and the overall funding need.

Applicants are recommended to complete table 4.5 (as requested in sections 4.5.2 and section 4.5.3) **prior to providing the overall summary in text format in section 4.5.1.** *Determining the overall financial gap assists Applicants to prepare a detailed budget, as required in section 5, subject to confirmation of implementation and absorptive capacity, as is required to be detailed in sections 4.7 and 4.8.*

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). **Specifically, the Applicant's assessment of overall financial needs should also consider any required investment in the HSS Strategic Actions described in table 4.4.2.**

Aidspan Guidance

Applicants should fill out Table 4.5 before completing Items 4.5.1 through 4.5.5.

In Item 4.5.1, you should summarize in narrative form the information overall financial needs for the disease that you entered in Line A of Table 4.5, and explain how the costing was done.

4.5.2 Current and planned sources of funding

(a) Domestic Sources

Describe current and planned financial contributions, from all relevant domestic sources (including loans and debt relief) relating to this component. Please also explain the process of prioritization of such funding to ensure that resources are utilized efficiently and on a timely basis (e.g., explain if there are significant available in-country resources, such as HIPC [Heavily Indebted Poor Country] debt relief or other such resources which are available to support disease prevention and control strategies, and how these resources are being efficiently used).

Also summarize such financial amounts for past and future years in table 4.5 and provide an overall total in Line B.

(b) External Sources

Describe current and planned financial contributions anticipated from all relevant external sources relating to this component (including, based on section 1.6, existing grants from the Global Fund and any other external donor funding).

Also summarize such financial amounts for past and future years in table 4.5 and provide an overall total in Line C.

4.5.3 Overview of Financial Gap

In table 4.5, Line E, provide a calculation of the gap between the estimated overall need (Line A, table 4.5) and current and planned available resources for this component (Line D, table 4.5).

*This table is a summary **only** of overall funding gap. Applicants must provide a detailed budget (see section 5) to identify the amount requested in this proposal in section 5.*

R7 Guidelines for Proposals

To ensure clarity of the overall funding situation, and identified gaps, Applicants should provide a written description of the information which has been summarized in table 4.5.

Aidspan Guidance

In Items 4.5.2 and 4.5.3, you should summarize in narrative form the information that you entered in the corresponding parts of Table 4.5. The Proposal Form contains additional instructions.

4.5.4 **Additionality**

Describe how Global Fund resources received will be additional to existing and planned resources, and will not substitute for such sources. Explain plans to ensure that this will continue to be true for the entire proposal term.

R7 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 references to the information in table 4.5 (as appropriate).

Aidspan Guidance

N/A

4.5.5 Strategy for achieving sustainability

Describe the strategies and approaches that will be used during the proposal term to ensure that the interventions/activities initiated and/or expanded by this proposal will more likely be sustainable (continue) beyond the proposal term. *(See section 4.5.5 of the Guidelines for Proposals.)*

Note → Applicants are not required to demonstrate financial self-sufficiency for the targeted interventions by the end of the proposal term. Rather, their description should include how the country/countries targeted in the proposal are addressing their capacity to absorb increased resources and recurrent expenditures, and how national planning frameworks are seeking to increase available financial and non-financial resources to ensure effective prevention and control of the disease(s).

R7 Guidelines for Proposals

The Applicant should describe how sustainability of the planned activities and interventions targeted in this proposal will be achieved by establishing and building equitable, efficient, transparent and accountable systems. These systems may include: management and financial systems; human resource capacity, policies and systems; technical competence; and other foundations to support the continuity of planned interventions beyond the program term, as appropriate.

The proposal should also identify the extent to which the Coordinating Mechanism (CCM, Sub-CCM or RCM) of countries targeted in the proposal and other national structures are presently, and will continue to 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 3-6, 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 #7](#) in Chapter 3 of this guide for examples of countries whose proposals demonstrated good sustainability.

Table 4.5 - Financial contributions to national response

| Financial gap analysis (same currency as selected in section 1.1) | | | | | | | | |
|--|--------|------|---------|------|-----------|------|------|------|
| Refer back to instructions under section 4.4, step 3 | Actual | | Planned | | Estimated | | | |
| | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 |
| Line A → Overall disease specific needs costing including essential disease specific health systems needs | | | | | | | | |
| Domestic source B1 : Loans and debt relief (provide donor name) | | | | | | | | |
| Domestic source B2 : National funding resources | | | | | | | | |
| Domestic source B3 : Private Sector contributions (national) | | | | | | | | |
| Total of Line B entries → Total current & planned domestic resources | | | | | | | | |
| External source C 1 : All current & planned Global Fund | | | | | | | | |
| External source C 2 (provide donor name) | | | | | | | | |
| External source C3 (provide donor name) | | | | | | | | |
| External source C4 : Private Sector grants/ contributions (International) | | | | | | | | |
| Total of Line entries C → Total current & planned external resources | | | | | | | | |
| Line D → Total current and planned resources → (i.e. Line D = Line B Total +Line C Total) | | | | | | | | |
| Line E → Total Unmet need (Line A – Line D) - | | | | | | | | |
| The table above is provided for planning purposes to identify the ceiling of funding needs. The Global Fund recognizes that the proposal term (if approved) may straddle calendar years depending on the start date of the grant agreement that may be signed. | | | | | | | | |

[For the purposes of our guide, this table has been condensed so that it is in vertical (portrait) format.]

R7 Guidelines for Proposals

- Line A Provide, based on national plans and costing (where they exist), an overall disease specific (as far as possible) financial costing; and
- Lines B/C Provide details of current and planned financial contributions. This should be a comprehensive assessment of funding from all relevant sources, whether domestic (including debt relief) or external.
*Funding that has already been provided to Applicants, or is expected to be received over years 2008 to 2012-13, under grant agreements with the Global Fund (including Round 6 grants recently or currently being negotiated) should also be included in the analysis (and in table 4.5. 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. is consistent with the information provided earlier within table 2.2 (Counterpart financing).
For a definition of 'Private Sector' please refer to page 33 of these Guidelines.*

Aidspan Guidance

In Table 4.5, you are asked to describe the financial needs for fighting the disease you are addressing in this component. You need to provide the information for eight years: 2005 and 2006 (actual), 2007 and 2008 (planned) and 2009, 2010, 2011 and 2012 (estimated). (It is assumed that the years 2008 through 2012 constitute the five years of your proposed programme; but the Global Fund says this is for planning purposes only and that it recognizes that the term of the programme may straddle calendar years.) Note that while, in the programmatic analysis, you were asked to provide numbers only for up to 3-5 key services, here you are being asked to quantify all financial needs for this disease.

Note that the amount of funding that you request in this proposal can, but does not have to, constitute 100 percent of the financial gap that you identify in this section. How much funding you request may depend on your analysis of your country's absorptive capacity. It goes without saying, however, that in your proposal you cannot ask for an amount of funding that is *greater* than the funding gap you identify in this section.

At the top of Table 4.5, you are advised to refer back to the instructions under Step 3 of Section 4.4 of the Proposal Form. We repeat these instructions here:

Step 3 Section 4.5 requests Applicants to identify the overall disease specific financial need for the country/countries targeted in this proposal. **This table asks Applicants to identify, on a national disease specific basis, the overall financial needs required to prevent and control the disease. Thus 'Line A' in table 4.5 should include both program and essential disease specific health systems needs. All other lines in the table should also include both program and health systems needs if these are essential to the national disease prevention and control plan.** This is a summary of the financial needs only. Applicants must provide a detailed budget request by disease component (within section 5) and summarize this request in table 1.2.

Thus, in Line A (Row 1), you should enter the overall needs for addressing this disease, including both programme needs and needs related to strengthening health systems that are specific to this disease. This information should be taken from national plans and costing (where these exist).

In the next four rows, you are required to enter the amounts of funding that were, are or will be forthcoming from domestic sources to address the needs identified in Line A. For B1 (Row 2), enter the amount of funding from loans and debt relief. For B2 (Row 3), enter the amount of funding from national sources. For B3 (Row 4), enter the amount of funding from private sector contributions. Note that for B3, you are only asked to provide the information for the years 2008 through 2012. In

Row 5, you are asked to provide the total amount of funding from domestic sources (i.e., the total of B1, B2 and B3).

The Global Fund points out that the information on domestic funding in Table 4.5 should be consistent with the information provided earlier on counterpart financing (in Table 2.2).

In the next five rows, you are required to enter the amounts of funding that were, are or will be forthcoming from external sources to address the needs identified in Line A. For C1 (Row 6), enter the amounts of funding from grant agreements with the Global Fund, including Round 6 grant agreements recently negotiated or currently being negotiated. *(DO NOT INCLUDE THE AMOUNTS OF FUNDING BEING SOUGHT IN THIS PROPOSAL.)* For C2 and C3 (Rows 7 and 8), enter the amount of funding from donors – one donor for each row (note that you need to provide the donor name). (If there are more than two donors, you can expand the table to add additional rows.)

For C4 (Row 9), enter the amount of funding from international private sector grants and contributions. Note that for C4, you are only asked to provide the information for the years 2008 through 2012. In Row 10, you are asked to provide the total amount of funding from domestic sources (i.e., the total of C1, C2, C3 and C4).

In Line D (Row 11), you are asked to provide the total current and planned resources from both domestic and external sources – i.e., the sum of “Total of Line B entries” (Row 5) and “Total of Line 6 entries” (Row 10).

In Line E (Row 12), you are asked to indicate the total unmet need – i.e., Line A (Row 1) minus Line D (Row 11).

4.6 HIV/AIDS component/implementation strategy

This section describes the strategic approach of the proposal, and the activities that are intended to be supported over the proposal term. 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 4.6, all applicants must submit by disease component:

1. 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 needs analysis in section 4.4. All targets should be measurable and identify the current baseline. Importantly, this table will be utilized to measure performance of the program over the whole proposal term. For definitions of the terms used in this table, see the 'Explanatory Note' provided on the first sheet in 'Attachment A' (Targets and Indicators Table) to the Proposal Form. Refer to the Guidelines for Proposals, section 4.6.*

and

2. A **Work Plan** → which must meet the following criteria. (Refer to the Guidelines for Proposals, section 4.6):
 - a. *Structured along the same lines as the Component Strategy - i.e. reflect the same goals, objectives, service delivery areas and activities.*
 - b. *Covers the first two years only of the proposal term and is:*
 - i **detailed for year 1, with information broken down by quarters;**
 - ii **indicative for year 2, with information at least half yearly.**
 - c. **Consistent with the Targets and Indicators Table** (Attachment A to the Proposal Form) mentioned above.

Please note that other documents are also required to be submitted to ensure a complete application for Round 7 funding. Applicants are strongly encouraged to use the by-disease checklist after section 5 to ensure that all necessary documents are attached to the proposal submitted to the Global Fund.

R7 Guidelines for Proposals

This section describes the **specific interventions** for which the Applicant is seeking funding.

In addition to completing each question in this section, Applicants **must** complete the '**Targets and Indicators Table**' (Attachment A to the Proposal Form) on a per-disease component basis as this table will identify the **performance based funding framework** for the proposal term (subject to proposal approval).

The 'Targets and Indicators Table' has been designed to help Applicants clearly summarize the strategy and rationale behind their 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').

Performance based funding principles and a compendium of indicators can be found in the Multi-Agency "*Monitoring and Evaluation Toolkit*", Second Edition, January 2006 (**M&E Toolkit**).

This document is available at <http://www.theglobalfund.org/en/apply/call7/documents/me/>

Applicants **must also provide** a per-disease component **Work Plan** covering the first two years of the proposal term. This Work Plan should be structured along the same lines as the proposed performance based funding framework (as reflected by the 'Targets and Indicators Table' at the time of proposal preparation). Thus, the Work Plan should reflect the same goals, objectives, service delivery areas 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, with information provided at least half yearly. 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 4.6.5, Applicants should refer to their 'Targets and Indicators Table' as appropriate, but the information provided in your proposal should not consist merely of a repetition of the information set out in the table.

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, indicators and main activities. Programmatic approaches included in the proposal should be consistent with international norms, standards, and best practices.

Key indicators and key implementing partners involved in the activities should be summarized.

When preparing the proposal, including the 'Targets and Indicators Table' (Attachment A) on a per-disease component basis, Applicants should refer to the M&E Toolkit for guidance.

Each of these terms is more specifically described below:

a) Goals: These should be broad and overarching, corresponding to the national disease program goals. Achievements will usually be the result of collective action undertaken by a range of actors.

b) Impact/Outcome indicators: These describe the changes over program term in disease control, death, disease prevalence (burden), and behavioral 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 at the national level should be provided.

c) Objectives: These describe the intention of the programs 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', 'To reduce tuberculosis morbidity among prisoners in the ten largest prisons' or 'To reduce malaria-related morbidity among pregnant women'.

d) Service delivery areas (SDAs): These describe the work to be done to achieve each objective. Examples include: 'Antiretroviral treatment and monitoring for HIV/AIDS', 'Timely detection and quality treatment of cases for Tuberculosis', or 'Insecticide-treated nets for malaria'. **They may also include strategic actions of broader sector relevance that are essential for the effective delivery of disease-specific components.** For instance 'development and implementation of a national drug and pharmaceuticals policy' or 'development of a national information system to monitor treatment adherence'. For a listing of SDAs agreed and supported by international partners, please refer to the M&E Toolkit. *Attachment A to the Proposal Form also contains, on a disease specific basis, a 'drop down' menu box which Applicants may use to complete Attachment A. Refer also to section 4.4.2 for details on health systems strengthening strategic actions.*

e) Indicators: These measure performance within SDAs, showing how, over the proposal term, there will be increased coverage in prevention, treatment, care and support, and the supportive environment. Main activities (e.g., 'Developing an adherence support program for people taking antiretroviral therapy') to be undertaken during the proposal term can be further detailed in the Work Plan, but do not form part of the performance based funding framework which will be measured (subject to proposal approval) over the proposal term.

Importantly, indicators included should be:

- **Harmonized with national plans and drawn from national lists of indicators wherever possible/existing.** Where existing monitoring and evaluation plans and systems do not already include appropriate indicators, the Global Fund suggests applicants make use of indicators recommended by international monitoring and evaluation partners. Where the proposed SDAs and indicators do not adequately reflect the proposed strategy, proposals may include additional service delivery areas and indicators.
- **Selected for their usefulness to measure performance.** Baseline figures should be included for all impact and outcome indicators. If those baselines are not available, the first year of the proposal development should include activities to determine them.

In all cases, a limited and simplified set of indicators are used for reporting on performance during the proposal term, termed the '**performance based funding framework**' for grants which are signed (subject to proposal approval). At the proposal preparation stage, it is therefore recommended that each disease component have between 8 and 18 indicators in total, and that these be focused at the output and outcome level, with more process focused activities being included in the Work Plan as preliminary activities to be completed to support implementation.

Targets set for each indicator should be specific, measurable, achievable, relevant and time-bound (that is, defined for each quarter/half year/year as appropriate).

Aidspan 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 describes 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 3-6, 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 3-6 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 Global Fund says that you need to provide a Targets and Indicators Table and a separate 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, complete with instructions on how to fill out the form. See the box below for guidance concerning Attachment A. 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 of the Proposal Form.
2. Prepare the Work Plan
3. Fill out the Target and Indicators Table.

4. Review Section 4.6 of the Proposal Form to see if there anything you want to change as a result of steps 2 and 3.

For more information on what kinds of activities you can include in your proposed programme, refer to the “What Initiatives Will the Global Fund Support?” section in Chapter 1 of this guide.

Guidance concerning Attachment A – Targets and Indicators Table

In this guide, Aidspace has not attempted to provide detailed guidance on how to fill out Attachment A. Attachment A, an Excel file, comes with its own set of instructions. In the limited time that we had to review Attachment A before going to press, we noted that for the most part the instructions are quite clear, and that the form itself it seemed fairly intuitive. We also noted that the form differentiates between impact and outcome indicators, whereas these terms are usually used interchangeably. The impact indicators listed in the form appear to be higher-level indicators than the outcome indicators shown.

There is a separate Attachment A for each of the three diseases. There is also an Attachment A that is non-disease-specific. It differs from the other versions in that there are no drop-down lists for items such as SDAs and indicators. It is not clear for what purpose the non-disease-specific version was produced.

In its FAQs for the Round 7 applications process, the Global Fund suggests that each disease component have 8-18 indicators. The Fund says that in Phase 1 the indicators should focus mostly on outputs (especially people reached by services, service points strengthened or established and people trained), and that Phase 2 indicators should also focus on outcomes and impact. The Fund anticipates that more input- and process-focused indicators will be included in the detailed M&E Plan as measures of preliminary activities supporting implementation.

The Global Fund says that there are no mandatory indicators that applicants must use. But it also says:

The Global Fund does however rely heavily on the Top 10 Indicators for Routine Reporting (*table 5 in the M&E Toolkit*) and the Top 10 Outcome and Impact Indicators (*table 6 in the M&E Toolkit*) to collate data to report on overall impact of programs supported by the Global Fund (as supported by each of the partners named on the front cover of this multi-agency toolkit).

Applicants are therefore requested to select from the "top 10" lists where appropriate to the planned interventions and overall planned outcomes. Each of the disease specific "Attachment A" documents has these and other indicators routinely reported on to assist applicants in their indicator selection.

[See FAQ #88 and #100. The FAQs are available at www.theglobalfund.org/en/apply/call7/documents/documentsfaqs/.]



IMPORTANT INFORMATION FOR APPLICANTS RE-SUBMITTING A PREVIOUSLY UNAPPROVED ROUND 5 or ROUND 6 PROPOSAL FOR THIS SAME DISEASE COMPONENT

4.6.1 Re-submission of an unapproved Round 5 and/or Round 6 proposal

If this proposal is a resubmission of proposal for the same disease component from either Round 5 and/or Round 6 that was not approved, **attach the 'TRP Review Form'** provided by the Global Fund to the Applicant after the Board decision for the earlier Round(s). *(The TRP Review Forms should be listed as an annex to the proposal in the checklist at the end of section 5 of this disease component).*

In the section below, please describe what specific adjustments have been made to this proposal to take into account each of the 'weaknesses' listed by the TRP in the 'TRP Review Form'. *(Maximum two pages. Applicants should ensure that they clearly detail which earlier proposal is being referred to, and what specific actions have been taken to remedy issues raised by the TRP. Applicants should provide details on what has been strengthened about this proposal, compared to an earlier unapproved proposal.)*

R7 Guidelines for Proposals

Importantly — the Global Fund recognizes that a number of Applicants in Round 7 may have also submitted proposals in Round 5 or Round 6 which were not approved for funding.

In its Round 5 and Round 6 reports on proposal review, the TRP identified that there remained a group of Applicants who failed to address the weaknesses raised by the TRP in those earlier proposals (*where the later proposal was a re-submission of a proposal from an earlier Round*) or in the planning for the new proposal (*where the later proposal was not a re-submission, but focused on similar interventions*).

Applicants in Round 7 must therefore complete a new section 4.6.1 before proceeding to explain the interventions on a disease specific basis.

Aidspan Guidance

This is new (for Round 7) and is based on concerns expressed by the TRP. 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 (where proposals were revised and re-submitted after having being rejected in earlier rounds). So, in Item 4.6.1, if you are re-submitting a proposal that was not approved in Rounds 5 or 6, you are required to attach a copy of the TRP comments on the unapproved proposal (TRP Review Form), and to describe what adjustments have been made to this proposal to take into account each of the weakness identified by the TRP.

4.6.2 Goals and objectives and service delivery areas

Referring to your overall needs assessment in section 4.4.1 above, provide a summary of the proposal's overall goal(s), objectives and service delivery areas. *(The information below should be **no longer than a one page summary**, and Applicants should provide **detailed quantitative information in Attachment A ('Targets and Indicators Table')** to this Proposal Form).*

R7 Guidelines for Proposals

N/A

Aidspan Guidance

In Item 4.6.2, you are asked to provide information on the programme's goals, objectives and SDAs. Again, you are being asked to keep it short. Most of the quantitative information related to your objectives and SDAs should be included in Attachment A and so does not have to be included here.

The R7 Guidelines for Proposals explain that the goals should be "broad and overarching" and should reflect national disease program goals. Here is a 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 R7 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 R7 Guidelines for Proposals state that an SDA describes the work to be done to achieve each objective, 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 R7 Guidelines for Proposals and on the Proposal Form. The M&E Toolkit is available via www.theglobalfund.org/en/apply/call7/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.

4.6.3 Specific Interventions, Target Groups and Equity

R7 Guidelines for Proposals

When responding to the questions in sub-sections (a) to (e), Applicants should 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. **Further guidance on sub-sections (a) to (e) is set out below.**

Aidspan Guidance

N/A

(a) **Specific Interventions/Activities supported by this proposal**

Provide a clear and detailed description of the activities that will be implemented within each service delivery area for each objective. Please include an overview of all the activities proposed, how these will be implemented, and by whom.
(Where actions to strengthen health systems are planned, applicants are also required to provide additional information at section 4.4.2.)

R7 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.

Balance of interventions targeted in the proposal

The Global Fund promotes the importance of ensuring that there is equal and universal access to all services required to prevent and control the three diseases. However, we do not require that each proposal include the range of all possible interventions. Instead, Applicants are requested to undertake an analysis of gaps in services having regard to the national strategic plan(s) of the country/countries targeted in the proposal (section 4.4 and section 4.5), and then develop their proposal based on these needs. Accordingly, in their description of the activities/interventions targeted in the proposal, Applicants should demonstrate that balance overall is achieved through the combined efforts of all partners and other stakeholders (including the providers of other financial support) working together.

Activities supported

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 based on international best practices**. 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.

*** 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 organizations such as the WHO and UNAIDS) prior to preparing proposals.*

Activities 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 and/or interventions targeting populations at high risk;
- Blood safety and safe injection interventions to prevent medical transmission;
- Community-based programs aimed at alleviating the impact of the diseases, including programs directed at orphans, vulnerable children and adolescents;
- Home and palliative care support;
- Interventions related to interactions between the three diseases;
- Providing access to prevention services through integrated health services;
- Provision of critical health products and health equipment to prevent, diagnose, and treat the three diseases, including the introduction of previously unavailable treatments;
- 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;

- The establishment and ongoing support of interventions managed 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; and
- Operational/implementation research.

However, the Global Fund does not provide funding for:

- Basic science research and clinical research aimed at demonstrating the safety and efficacy of new drugs and vaccines.²; or
- Large scale capital investments such as building hospitals or clinics.

Aidspan Guidance

This is an important item. This is the only chance that you have on the Proposal Form to explain the activities that you intend to implement if your proposal is successful. (Of course, you will describe the activities in more detail in the Work Plan that you attach to your proposal.)

In the title of Item 4.6.3(a), the Proposal Form refers to both “interventions” and activities.” Aidspan assumes that they mean the same thing. The Proposal Forms asks for a clear and detailed description of the “activities,” while the R7 Guidelines for Proposals call for a description of “main activities.” We believe that the Global Fund wants only main activities. Main activities should be high-level activities linked to service delivery areas and designed 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.

Lower-level activities should be included in the Work Plan.

Remember that in addition to listing the main activities, you need to explain how they will be implemented and by whom.

(b) **Target groups**

Provide a description of the target groups (and, where relevant, the rationale for inclusion or exclusion of certain groups). In addition, describe how the target groups were involved during planning, implementation and evaluation of the proposal prior to submission to the Global Fund. Describe the impact that the program will have on these group(s).

R7 Guidelines for Proposals

Applicants should describe the rationale for identification of the groups targeted by the proposal, referring back to Programmatic Gap Analysis table (section 4.4.1), and taking into account the behavioral practices that fuel the spread of the disease(s).

Aidspan Guidance

In Rounds 3-6, the TRP was critical of proposals where vulnerable groups were either not addressed or were addressed inadequately. In some cases, the TRP criticized proposals that left out a particular vulnerable group (e.g., prisoners) that the TRP thought ought to have been included given the nature of the activities being proposed. See [Weakness #11](#) in Chapter 3 for more details.

Note that you are being asked to explain why certain target groups were included *OR* excluded.

The request in Item 4.6.3(b) for information on how the target groups were involved in the development of this proposal reflects the Global Fund's commitment to the principle of partnerships at the local level (and all levels).

(c) **Equitable access to services**

Describe how principles of equity will be ensured in the selection of clients 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).

R7 Guidelines for Proposals

Applicants are requested to describe how the proposal adheres to principles of equity and fairness in the selection of clients to access services. Applicants should describe whether particular clients may receive prioritized access to services and the rationale for this approach.

Aidspan Guidance

N/A

(d) **Social inequalities targeted in this proposal**

Describe how this proposal addresses the needs of specific marginalized groups in the country/countries targeted in this proposal. *For example, if your proposal targets a gender, age-group or other demographic presently excluded or underrepresented in existing service delivery activities, identify this and describe how the group(s) will be targeted.*

Please ensure that you include appropriate targets and indicators to monitor performance against these strategies in '**Attachment A**' (Targets and Indicators Table).

R7 Guidelines for Proposals

Applicants are requested to describe how support for the interventions targeted in the proposal will decrease social inequalities by reaching the demographic and social groups most in need of the interventions. Issues that may be appropriate to address in this section include, depending on the country context, differences in the equality of access to services between: rural vs urban; adult vs children; men vs women; and poor vs affluent.

Aidspace Guidance

With respect to gender inequality, 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.

(e) **Stigma and discrimination**

Describe how this proposal will contribute to reducing stigma and discrimination against people living with and/or affected by HIV/AIDS, tuberculosis and/or malaria, as applicable, and other types of stigma and discrimination that facilitate the spread of these diseases.

R7 Guidelines for Proposals

The Global Fund recognizes that stigma and discrimination can be significant barriers to providing universal access to the range of prevention and disease control interventions promoted as international best practice by technical partners. Applicants are requested to describe the strategies that will be pursued during the proposal term to directly address, where relevant, stigma and discrimination as a barrier to ensuring that all those people in need of services receive relevant support, treatment and/or prevention services.

Aidspan Guidance

These strategies should be reflected in the information you provided earlier on objectives, service delivery areas and main activities. In other words, it is not enough to describe the strategies for addressing stigma and discrimination here in Item 4.6.3(e); these strategies also have to be integrated into all of the elements of your programme.

4.6.4 Performance of and linkages to current Global Fund grant(s)

- (a) If this proposal is asking for support for the same "Key Services" or interventions supported by earlier Global Fund grants (including unsigned Round 6 grants), explain in **detail** why.

*Applicants should specifically refer to the Programmatic Gap Analysis Table in section 4.4 when completing this section, and clearly indicate if the goals, objectives and service delivery areas in this proposal represent an **expansion of planned outputs and outcomes** already supported through earlier Global Fund grants, **complementary** but not overlapping interventions, or **new and independent** interventions. Applicants are strongly encouraged to include a diagram to explain expansion-focused interventions where relevant.*

Applicants are strongly encouraged to comment on any significant levels of undisbursed funds under earlier Global Fund grants (including 'Phase 2' amounts anticipated to become available) in this section. The reason(s) why a Round 6 grant remains unsigned at the time of submission of this proposal should also be explained.

R7 Guidelines for Proposals

A primary focus of this section is to obtain information regarding overall capacity to absorb additional Global Fund financing for key services which may also be supported by other Global Fund grants.

Applicants are required to describe:

- (a) Whether the Round 7 proposal is requesting additional support for the same areas covered by other Global Fund approved proposals, and if so, why.

Where there are linkages between the Round 7 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 programs funded under prior grants. A comparison (geographically and by sector area) of the Round 7 proposal and prior Global Fund grants for the same disease component, including Round 6 grants still under negotiation at the time of submission of the proposal, should be provided to show any overlap.

Aidspan Guidance

We repeat here the guidance we provided earlier (for Section 1.6):

The Global Fund has asked for information on previous Global Fund grants in prior rounds, but this time the Fund is requesting more details. This stems from concerns raised by the TRP in Round 6 concerning two issues: (a) the absorptive capacity of the country; and (b) whether there was already sufficient funding in the country for similar activities.

In its report on Round 6, the TRP said that an existing large grant might "pose a significant challenge to the absorptive capacity of the country," and that this could "reduce the chances of successful implementation of the proposed Round 6 grant activities."²⁷

The TRP identified some problems concerning the timing of the Round 6 application for countries with a previous grant for similar activities. In some instances, applicants indicated that funding from a previous grant would still last for another two years or more, and proposed

²⁷ The observations of the TRP are contained in a report entitled "Report of the Technical Review Panel and the Secretariat on Round 6 Proposals," which is available via www.theglobalfund.org/en/apply/call7/documents/trp/.

a delayed start date for their (potential) Round 6 grant that would enable it to take over when the previous grant ended. In the opinion of the TRP, in most cases it would have been inappropriate to tie up scarce Global Fund resources in this fashion. In other instances, when countries applied for funding for activities that were also supported by a previous grant which was at a very early stage of implementation, the TRP sometimes was of the opinion that there was already sufficient funding in the country for the proposed activities, and so recommended against funding the Round 6 proposal.

In Round 7, the TRP can be expected to continue to take the view that the existence of prior Global Fund (or other) grants, and the disbursement history and performance of these grants are factors that should be taken into consideration when it arrives at a recommendations on a given proposal.

This does not mean that the TRP will not recommend funding proposals covering the same areas as earlier Global Fund grants. It just means that applicants have to provide a good rationale for why they are applying again for funding for similar programmes; and explain that where there are significant levels of undisbursed funds from previous Global Fund grants, why that is the case.

- (b) Where there are any linkages in this proposal to planned interventions already supported by Global Fund grants, **describe, by reference to information generated in regard to those existing grants****, how implementation bottlenecks and lessons learned have been incorporated into the implementation strategy for this proposal to better ensure the overall feasibility of the planned interventions (*maximum one page*).

*(**Applicants should refer to, for example, the most recent 'Progress Updates and Disbursement Requests' from a Principal Recipient, or the 'Grant Scorecard' published by the Global Fund after a grant has completed Phase 1.)*

R7 Guidelines for Proposals

- (b) How any implementation bottlenecks in those earlier grants (**including bottlenecks to signing a Round 6 grant, where relevant**) have been considered and lessons learned included in the proposal for Round 7.

Based on lessons learned from Round 6 Applicants are very strongly encouraged to review the level of Global Fund financing currently or planned to be available to the country/countries targeted in the Round 7 proposal (including funding that is potentially available after a Phase 2 review of existing grants). If there remain large amounts either undisbursed by the Global Fund or disbursed but not utilized, Applicants should comment on this situation.

Aidspan Guidance

There is some overlap between this item and the previous item. However, this item focuses primarily on problems that may have been experienced in earlier grants similar to this proposal. Again, this stems from concerns raised by the TRP in Round 6.

In its report on Round 6, the TRP said that it was impressed with applications that provided clear evidence that previous Global Fund grants were proceeding well, and that when previous Global Fund grants were not proceeding well, the TRP was less likely to recommend Round 6 proposals for approval. However, the TRP said, in such situations, the chances of being recommended for approval were improved if applicants candidly acknowledged the difficulties faced in previous grants, provided clear evidence that steps had been taken to address the problems, and explicitly described these steps. This is essentially what applicants are being asked to do in Item 4.6.4(b) if they have experienced problems in the implementation of prior grants.

4.6.5 Performance of and Linkages to other donor funding for the same disease

Provide an overview of the main achievements (in terms of outcomes and impact on the disease) which are planned over the same term as this proposal through the support of other external donors, whether bilateral or multi-lateral. Also describe if there are any major bottlenecks to implementation in those grants/programs which may be relevant to the implementation strategy for this proposal, and if so, what steps will be taken to mitigate such challenges.

R7 Guidelines for Proposals

The current proposal may be linked to interventions, or inputs for those interventions, financed by other donors. Where linkages exist (for example, if this 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.

Applicants should also describe:

- Whether significant implementation challenges or bottlenecks have arisen during implementation of the interventions (or, where relevant, provision of essential inputs) supported by the other donors; and
- How these implementation challenges have been, or will be, overcome to ensure that interventions/inputs supported by other donors and essential to the goals of this proposal are effectively implemented/delivered.

Aidspan Guidance

Applicants are being asked to describe what steps have been or will be taken to address problems that may have emerged in the implementation of programmes funded by other donors that are similar to the programmes included in this proposal. See the guidance provided for the previous item.

Private Sector Contributions

4.6.6 Private Sector contributions

- (a) If the Private Sector is intended to be a contributor/co-investor to the overall objectives of this proposal, describe below a summary of the main contributions (*whether financial or non-financial*) anticipated from the Private Sector during the proposal term, and how these contributions are important to the achievement of the outcomes and outputs.

→ Refer to the Guidelines for a **definition of Private Sector** and some examples of the types of financial and non-financial contributions from the Private Sector in the framework of a co-investment partnership.

R7 Guidelines for Proposals

The Global Fund is supportive of proposals which focus on the creation, development and expansion of government/private/NGO partnerships, or 'Public-Private-Partnerships' ('PPPs'). These arrangements are often referred to as **co-investment** arrangements.

Co-investment is a harmonized and coordinated joint investment of public and private resources with the common objective to improve equitable access to and provision of HIV/AIDS, tuberculosis and malaria services.

The Private Sector has identified several models of possible co-investment partnerships:

- The primary model of co-investment consists of utilizing existing company-owned medical infrastructure and facilities to provide expanded access to HIV prevention, testing and treatment to the surrounding communities.
- A broader model consists of the co-financing of a specific project where a company brings additional funding to those which are requested from the Global Fund.

However other models can be developed according to the local context as long as they meet the following criteria:

- In all cases, the beneficiaries of a co-investment partnership are a broader population than just the employees of the companies and their dependents.
- The co-investment partner must provide an additional contribution to the funding requested from the Global Fund, whether this contribution is in terms of facilities or staff or is a cash contribution.

Definition of the Private Sector

For the purposes of these Guidelines, the term '**private sector**' refers to: for profit organizations, their representative bodies and the foundations they established.

This includes a wide range of actors including:

- Large companies (local or transnational)
- Small & Medium Enterprises
- Business coalitions
- Employer organizations
- Informal sector
- Charitable foundations established by companies to provide donations and grants
- Private practitioners
- Private for profit clinics

The Global Fund recognizes that in some countries, 'private sector' is sometimes used as a term to include all stakeholders that are not public. Whilst respecting in-country processes, not for profit organizations such as NGOs, community-based organizations or faith-based organizations should not be considered as 'private sector' representatives when completing the Proposal Form.

Applicants are requested to identify main contributions (financial and non-financial) anticipated from the Private Sector, and how these are important to the planned outcomes and outputs. **These outcomes may be for the whole of the population targeted by the disease component or for a specific group within the overall targeted population and Applicants should clearly specify which.**

Aidspace Guidance

The Global Fund would like to see more public-private partnerships, and this is why it has included this question on the Round 7 Proposal Form.

For a discussion of co-investments and other ways that the private sector can contribute, see [“Determining How CCMs Can Make the Best Use of the Private Sector”](#) in Chapter 2 of this guide.

| (b) Referring to the population group(s) that will be the focus of the Private Sector co-investment partnership, identify in the table below the annual amount of the anticipated contribution. (For non-financial contributions, please attempt to provide a monetary value if at all possible, and at a minimum, a description of that contribution.) | | | | | | | |
|---|--|--|---------------|---------------|---------------|---------------|--------------|
| Size of population group that is the focus of the Private Sector contribution → | | | | | | | |
| Refer to Guidelines for examples on 'Contribution Description' <i>** Add extra rows below to identify each main Private Sector contributor</i> | | Contribution Value <i>(same currency as selected in section 1.1)</i> | | | | | |
| ** Private Sector Contributor Name | Contribution Description <i>(in words)</i> | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| | | | | | | | |
| | | | | | | | |

R7 Guidelines for Proposals

When completing the table under section 4.6.6(b), Applicants are encouraged to provide details of the anticipated contribution(s). Some examples of private sector/stakeholder types of contribution include:

- (i) Opening an in-house medical structure to the surrounding communities
- (ii) Providing financial advice on management and budgeting and other assistance
- (iii) Contributing to the funding of a joint project
- (iv) Training of public sector health workers in counseling or ARV management
- (v) Provision of products.

It is recognized that anticipated financial contributions are more easily described. Applicants are requested, to the extent possible, to seek to attribute a reasonable value to non-financial contributions on an annual basis.

For further examples, please refer to the document entitled '*Making Co-investment a Reality*' available at: <http://www.theglobalfund.org/en/apply/call7/documents/technical/>

Aidspan Guidance

N/A

4.7 Principal Recipient information

In this section, Applicants should describe their proposed implementation arrangements, including the nominated Principal Recipient(s). See the Guidelines for Proposals, section 4.7, for more information.

Where the Applicant is a Regional Organization or a Non-CCM Applicant, the term 'Principal Recipient' should be read as the planned implementing organization.

The Applicant may nominate one or several Principal Recipients to lead implementation and undertake reporting to the Global Fund during the proposal term.

*To be eligible for funding in Round 7, CCM, Sub-CCM and RCM Applicants must ensure that each Principal Recipient has been **transparently selected** (refer to section 3A.4.5 of this Proposal Form)*

Table 4.7: Nominated Principal Recipient(s)

| Indicate whether implementation will be managed through one or several Principal Recipients. | | <input type="checkbox"/> One | |
|--|--------------------|----------------------------------|--|
| | | <input type="checkbox"/> Several | |
| Responsibility for implementation | | | |
| Name of Nominated Principal Recipient(s) | Sector Represented | Name of Contact person | Address, telephone, fax numbers and e-mail address of contact person |
| | | | |
| | | | |
| | | | |
| | | | |

R7 Guidelines for Proposals

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/call7/documents/grantdocuments/>

In the proposal, the Applicant should identify a suitable Principal Recipient (PR) to be responsible for proposal implementation and accountable for grant funds.

As described in section 3A.4.5 above (*Requirement 4(a)*) CCM, Sub-CCM and RCM Applicants must have a documented, transparent process to nominate Principal Recipients under the minimum requirements for eligibility of CCM, Sub-CCM and RCM Applicants.

Regional Organization and Non-CCM Applicants are anticipated to nominate themselves in this section. However, if a subsidiary or related entity is proposed as Principal Recipient, this information must be clearly described, including the underlying reasons.

One or Several Principal Recipients

Depending on the proposal and the capacities of different local stakeholders, Applicants may choose to nominate more than one Principal Recipient ('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 program. How the Applicant will perform the role of overall implementation oversight during the program term in such circumstances should also be described.

Which type of organization may be selected as a PR

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 organization, a private sector firm or foundation, an incorporated network of people living with and/or affected by the disease(s), or other incorporated body.

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 organizations 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 3A.4.5 of these Guidelines, the CCM Guidelines and the 'Clarifications on CCM Minimum Requirements – Round 7' document available at:
<http://www.theglobalfund.org/en/apply/call7/documents/guidelines/>

Aidspan Guidance

All CCM, Sub-CCM and RCM applicants need to nominate one or more PRs. For ROs and Non-CCM applicants, the implementing organisation (which, presumably, is the applicant) will usually be the PR.

The information required on the Proposal Form is self-explanatory. But the R7 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 or, if necessary, in an annex.

More and more, applicants are nominating two (or more) PRs, sometimes one from the government sector and one from the NGO or FBO sectors, and this is a model which seems to be working well. As well, where just one PR has been nominated, some applicants are nominating an NGO or FBO to fulfil this role instead of a government entity. The Global Fund reports that PRs from the NGO or FBO sectors have often out-performed PRs from the government sector.

4.8 Program and financial management

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, Sub-CCM, or RCM where relevant. Maximum one page.)

R7 Guidelines for Proposals

In this section applicants are requested to describe implementation arrangements that will ensure achievement of the planned outputs and outcomes over the proposal term.

The management arrangements will have a strong influence on the successful implementation of the program.

Applicants should describe the proposed management arrangements and the specific roles of the different actors: PRs; Coordinating Mechanisms; partners; sub-recipients ('SR's) and other key stakeholders important to ensuring strong performance over the program term. This should address the planning stage, implementation of the program 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 workplans 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.

4.8.2 Principal Recipient capacities

Please note that if there are multiple Principal Recipients, section 4.8.2 below **must be completed separately for each one**.

(a) Describe the relevant technical, managerial and financial capacities for each nominated Principal Recipient ('PR'). Please also discuss any anticipated shortcomings that these arrangements might have and how they will be addressed, referring 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 PR previously managed a Global Fund grant?

Yes

No

If **yes to (b)**, explain the rationale for nominating the same PR(s) to manage the activities in this proposal.

(c) Is the nominated PR currently managing a large program funded by another donor?

Yes

No

(d) Identify the total budget (current and planned) under management by **each nominated Principal Recipient**.

(e) Describe the performance history of the nominated PR in managing these programs/grants. **Specifically**, where the nominated PR(s) management of a prior program/grant has not been fully satisfactory, describe the changes that will be made to the implementation arrangements by the PR under this, and the earlier grants, to ensure more consistent, transparent and effective performance towards the planned outputs and outcomes.

(f) Describe how the Applicant has satisfied itself (**including by reference to any assessment criteria**) that the nominated PR will be able to absorb the additional work and funds generated by this proposal in a **transparent, efficient and timely manner**.

R7 Guidelines for Proposals

PR(s) assume programmatic management responsibility and financial accountability for the Global Fund financing that is contributed to the program. Under the guidance of, as relevant, a CCM, Sub-CCM, RCM (or, Regional Organization if not the PR), the responsibilities of the PR(s) include:

- Receiving and managing funds from the Global Fund;
- Implementing and overseeing implementation of interventions

- Making efficient arrangements for disbursement of funds to SRs, including overseeing the financial arrangements of SRs, and preparing a plan for the annual audit of SR activities under the grant; and
- Reporting on programmatic performance according to the performance based funding framework ('Targets and Indicators Table' – Attachment A), accounting for funding, and requesting additional disbursement of funds.

See the roles and responsibilities of CCMs, Sub-CCMs and RCMs 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; and procurement and supply management structures. If a proposal is approved, an independent Local Fund Agent ('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/call7/documents/grantdocuments/>.

The Applicant **must** describe the relevant technical, managerial and financial capabilities for each nominated PR. If the nominated PR has previously managed 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.

If there are multiple PRs, section 4.8.2 must be completed separately for each PR.

Aidspan Guidance

In Rounds 3-6, the TRP praised proposals in which the PR was a strong organisation with experience in managing similar programmes (see [Strength #14](#) 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 #6](#) in Chapter 3 for a description of some of the PR problems identified by the TRP.

The requirement in (e) to describe how problems with prior performance of the nominated PR have been addressed, or are being addressed in this proposal, is new (for Round 7). Again, this stems from concerns raised by the TRP when it reviewed Round 6 proposals. The TRP says that the chances of proposals being recommended for approval are improved if applicants candidly acknowledge the difficulties faced in previous grants, provide clear evidence that steps had been taken to address the problems, and explicitly describe these steps.

4.8.3 Sub-Recipient information

| | |
|---|--|
| <p>(a) Are sub-recipients expected to play a role during the term of the proposal? <i>(Only in the very rarest of cases would the Global Fund expect there to be no sub-recipients.)</i></p> | <input type="checkbox"/> Yes → complete the rest of 4.8.3 |
| | <input type="checkbox"/> No → go to 4.9 |
| <p>(b) How many sub-recipients will or are expected to be involved in the implementation?</p> | <input type="checkbox"/> 1 – 5 <input type="checkbox"/> 6 – 20 <input type="checkbox"/> 21 – 50 <input type="checkbox"/> more than 50 |
| <p>(c) Have the sub-recipients already been identified?</p> | <input type="checkbox"/> Yes → complete 4.8.3. (d) –(e) and (f) and then go to 4.9 <input type="checkbox"/> No → go to 4.8.3. (g) – (h) |
| <p>(d) Describe:</p> <p>(i) The transparent process by which sub-recipients were identified, the rationale for the number of sub-recipients and the criteria that were applied in the identification process.</p> <p>(ii) Referring to sub-paragraph (b) above, describe the past implementation experience of sub-recipients who will either receive a significant proportion of the funding from this proposal or who will be involved in on-granting of funding to sub-sub-recipients <i>(Also identify significant potential bottlenecks to transparent strong performance by these sub-recipients, and actions that will be taken by the PR during implementation to alleviate such risks).</i></p> | |
| <p>(e) Attach a list of sub-recipients that have been nominated, which includes: (i) the name of the sub-recipient; (ii) the sector they represent (civil society, NGO, private sector, government, academic/educational etc); and (iii) by reference to table 5.2 in the budget section, the primary service delivery area(s) relevant to their work under the proposal.</p> <p>Below please comment on the relative proportion of interventions that will be undertaken by sub-recipients outside of the government and the reason for this apportionment of work. <i>(maximum two pages).</i></p> | |
| <p>(f) Only if relevant, describe why sub-recipients were not identified prior to submission of the proposal. <i>(Applicants are reminded that only in rare cases should sub-recipients not be identified. The identification of these key implementation partners assists the assessment of implementation capacity and feasibility.)</i></p> | |
| <p>(g) Where sub-recipients have not been identified prior to proposal submission, describe in detail the process that will be used to select sub-recipients if the proposal is approved. Include details of the criteria that will be applied in the selection process, the timeframe during which that selection process will take place, and why the Applicant believes this selection process will not adversely impact planned outputs and outcomes during the initial two year period of any grant which is approved.</p> | |

R7 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.

These 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 organizations; people living with HIV, tuberculosis, and/or malaria; the private sector; religious/faith-based organizations; and where no national recipient is available, upon justification multi-/bilateral development partners.

The proposal should describe the process that has been used to identify the SRs as implementers under a lead PR, which process should be open and transparent. Section 4.8.3(d) requires the Applicant to describe this process in detail. Applicants are also requested to describe, for any SRs who may already be involved in the implementation of significant activities, the performance record of those SRs, including whether the SRs have experienced any implementation bottlenecks, and how these have been taken into consideration in the planning for the Round 7 implementation arrangements.

Importantly, information on SRs is a key input into the review of a proposal for implementation feasibility during the proposal term. For this reason, it is expected that, at Round 7, proposals will identify most if not all sub-recipients, and particularly those that have a leading role in implementation of interventions. However, 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 **very detailed** description of the management and financial arrangements that will be applied by the PR to those SR relationships to ensure program performance and financial accountability.

Aidspan Guidance

In each new round of funding, the Global Fund moves closer and closer towards insisting that SRs be identified in the proposal. This time the Proposal Form says that only in rare cases should SRs not be identified. In Round 6 particularly, the TRP praised proposals that provided a good description of the process that had been used for selecting SRs, and that identified the SRs that had been chosen. The TRP found that it was much easier to evaluate the implementation plans in the proposal when the potential SRs were known. Not all of the questions in Item 4.8.3 have to be answered (which questions you respond to depends on whether or not you have already identified the SRs). Not all of the instructions in the right-hand column concerning how to navigate the questions are accurate, but the questions themselves make fairly obvious what you have to do.

In question (g), applicants that have not yet identified the SRs are asked to describe the selection criteria, when the selection process will occur, and "why the Applicant believes this selection process will not adversely impact planned outputs and outcomes during the initial two year period of any grant which is approved." Presumably, the Global Fund means why the timing of the selection process – i.e., having it occur after the proposal was submitted – will not adversely impact programme implementation. It may be appropriate here to provide a rationale for why you decided not to identify the SRs when you submitted your proposal.

Note that SRs can be selected by either the CCM or the PR (or both) providing that there is an agreed, documented, transparent process in place for doing so. Though it is not really new, this is the first time that the requirement for a transparent process to select SRs has been explicitly stated in the Proposal Form.

4.9 Monitoring and evaluation framework

The Global Fund encourages the development of nationally owned monitoring and evaluation (M&E) plans and M&E systems, and the use of these systems to report on grant program results in the overall context of country priorities and movement towards reaching the Millennium Development Goals. When completing the section below, applicants should clarify how and in what ways monitoring and evaluating implementation of the work supported by this proposal relates to existing data-collection efforts.

Applicants are strongly encouraged to refer to the M&E Toolkit when completing this section.

R7 Guidelines for Proposals

The Global Fund encourages the development of a single national monitoring and evaluation (M&E) plan and system, and the use of these to report on performance and impact of programs 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 scaling up existing interventions, or beginning new and innovative responses to the diseases creates 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 existing M&E systems are supported or can be appropriately supplemented/further developed.

Aidspan Guidance

In other words: (a) to the extent that it is possible, use existing in-country M&E data collection systems to monitor your programme; (b) but, if your programme's activities will stretch the capacity of existing M&E systems, also set aside sufficient funding in your budget to support, supplement or further develop these existing M&E systems.

4.9.1 Monitoring and evaluation plan

Describe how the data relating to performance against planned outputs and outcomes set out in the 'Targets and Indicators Table' (*required to be annexed as 'Attachment A' to your proposal, see section 4.6*) will be accurately collected, collated and reported by implementing partners during the proposal term to the Applicant (if CCM, Sub-CCM or RCM), the Global Fund and the body responsible for national monitoring and evaluation.

Please also identify any surveys which are planned to be supported (in whole or part) by the funding requested in this proposal, the rationale for such surveys, and how the surveys (and their outcomes) support and feed into single national data collection systems.

(Where a National M&E plan exists, Applicants may attach this to their application as a clearly named and numbered annex.)

R7 Guidelines for Proposals

N/A

Aidspan Guidance

You are being asked to describe what your plan is for monitoring and evaluating the programme outlined in your proposal. You don't have to repeat the indicators and targets here; you will identify them in Attachment A.

4.9.2 M&E Systems Capacity Assessment

Where there is no National M&E plan or the work anticipated under this proposal is anticipated to place additional burden on existing national, regional and/or sub-regional M&E systems, **Applicants are strongly encouraged to review the 'M&E Systems Strengthening Tool' and provide, in only a summary format below, a description of the major gaps identified and how this proposal incorporates a plan to overcome those gaps to support an effective monitoring and evaluation framework in the country.**

In particular, Applicants should comment on how gaps and potential/actual bottlenecks identified that are relevant to this proposal will be managed or mitigated during the proposal term. Budgetary implications arising from this assessment should be included in the budget information required in section 5.

The Global Fund recommends that between 5 to 10% of the total component budget is utilized to strengthen M&E systems.

R7 Guidelines for Proposals

N/A

Aidspan Guidance

In Item 4.9.2, you are required to provide additional information where there is no national M&E plan, or where the programme described in this proposal is expected to place an additional burden on existing M&E systems. Applicants are being asked to summarize the major M&E gaps and to describe how this proposal will address these gaps and support the development of an effective M&E system in the country. The Global Fund suggests that you use the Monitoring and Evaluation Systems Strengthening Tool to do the gap analysis. This tool, developed through a collaboration involving a number of agencies, can be downloaded at www.theglobalfund.org/en/performance/monitoring_evaluation/.

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 health products (including medicines). When completing this section, Applicants should refer to the Guidelines for Proposals, section 4.10.

R7 Guidelines for Proposals

In this section Health Products includes pharmaceutical products and other health products (including consumables), health equipment (including the 'total cost of ownership' which includes the cost of reagents and other consumables, and annual maintenance to ensure that the equipment operates effectively) and health services. Applicants are asked to consider these categories when completing section 4.10, and identify, when requested, specific information in regard to each of them.

Section 5.3 of these Guidelines (budget section) provides more information on which items fall within these broader names, and Applicants are encouraged to review those categories before completing section 4.10 and the budget section.

General Overview of policies

The procurement and supply management of health products can be particularly complex and may impact program performance.

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.

The Global Fund has prepared a guide to our policies on the procurement and supply management of health products, including pharmaceutical products and prepared quality assurance policy information. Applicants should refer to this information, at:

<http://www.theglobalfund.org/en/about/procurement/guides/>.

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 including pharmaceutical products. Prior to the disbursement of funds for the procurement of such health products, the LFA will assess this plan and the systems that it describes.

Information below assists Applicants to complete section 4.10.

Aidspan Guidance

In the Proposal Form and the R7 Guidelines for Proposals, the Global Fund defines the term "health products" in different ways, though there is less variation in Round 7 compared to previous rounds. For the purposes of Section 4.10, the Fund says that "health products" includes pharmaceutical products, other health products (including consumables), health equipment (including the total cost of ownership) and health services.

In Section 5.3 of the R7 Guidelines for Proposals, the budget component section, the Global Fund provides the following examples of items that constitute health products (this is where the terminology can get a little confusing):

- health products (bed nets, condoms, lubricants, diagnostics, reagents, test kits, syringes, spraying materials and other consumables);
- health equipment (microscopes, X-ray machines and testing machines);
- total cost of ownership (reagents and maintenance costs); and
- medicines and pharmaceutical products (antiretroviral therapy, medicines for opportunistic infections, anti-tuberculosis medicines, anti-malarial medicines).

In Rounds 3-6, the TRP identified a number of proposals where the procurement and supply management approach was either missing from the proposal or not sufficiently detailed. See [Weakness #12](#) in Chapter 3 of this guide for more details.

The R7 Guidelines for Proposals indicate that successful applicants will be asked to submit a formal “Procurement and Supply Management Plan” once their proposal has been approved. However, in its FAQs on the Round 7 applications process, the Global Fund says that it would be “very helpful” if the PSM Plan were submitted with the proposal. It may not be that difficult for some applicants to include a PSM Plan with their proposal, especially if they are re-submitting a proposal that was not approved in an earlier round of funding.

With respect to non-health products, in its FAQs on the Round 7 applications process, the Global Fund says that it expects applicants to procure quality non-health products at the lowest price possible. It adds that a description of the transparent arrangements for the procurement of non-health products should be included in the budget section of the proposal form.

4.10.1 Roles and responsibilities for procurement and supply management of health products

(a) In the table below, describe the planned roles and responsibilities for procurement and supply management.

If a function is planned to be outsourced, identify this in the second column and provide the name of the planned outsourced provider.

| Activity | Which organizations and/or departments are responsible for this function? <i>(Identify if MOH Department of Disease Control, or MOF, non-governmental partner, technical partner).</i> | In this proposal what is the role of the organization responsible for this function? <i>(Identify if PR, SR, Procurement Agent, Storage Agent, Supply Management Agent, etc).</i> | Indicate if there is need for additional staff or technical assistance |
|--|---|--|--|
| Procurement policies & systems | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Quality assurance and quality control of pharmaceuticals | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| International and national laws (patents) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Coordination | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Management Information Systems (MIS) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Product selection | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Forecasting | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Procurement and planning | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Storage and Inventory management | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Distribution to other stores and end-users | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ensuring rational use | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

R7 Guidelines for Proposals

In table format, Applicants identify the organizations and/or departments within government that will be responsible for procurement and supply management of health products including pharmaceutical products, and the role (*refer to the third column of the table for examples*) of that organization and/or department. If there are several PRs, ensure that this table includes the role of each of them (as relevant).

Aidspan Guidance

The instructions are not entirely clear. Aidspan believes that applicants are being asked to identify in Column 2 the entity responsible for carrying out of each of the activities listed in Column 1 during the implementation of the programme described in this proposal; and to indicate in Column 3 the role each entity will play in programme implementation, drawing from the examples listed at the top of Column 3 or identifying a role not listed. Although the R7 Guidelines for Proposals refer specifically to organisations and departments within government, the Proposal Form says that these entities can be from outside government. Readers who require further guidance should contact the Global Fund.

- (b) Briefly describe the organizational structure of the unit with overall responsibility under this proposal for procurement and supply management of health products, including medicines. Indicate how it coordinates its activities with other entities such as the National Drug Regulatory Authority, Ministry of Finance (for budgeting and planning), Ministry of Health, drug storage facilities, distributors, etc.

R7 Guidelines for Proposals

In sub-section (b), Applicants are requested to briefly outline the organizational structure of the unit with overall responsibility under the proposal for procurement and supply management of health products, including pharmaceutical products. **Applicants are encouraged to attach** as an annex, a diagram of the location of this unit within the organization or government if the unit has complex interactions with other entities.

Aidspan Guidance

N/A

| 4.10.2 Procurement capacity | |
|---|--|
| (a) Will procurement and supply management of medicines and other health products be carried out (or managed under a sub-contract) exclusively by the Principal Recipient(s) 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 organization planned to be involved in the procurement of medicines and other health products, provide details of the current volume of medicines and other health products procured on an annual basis in the table below. <i>Use the "tab" button on your computer to add extra rows at the bottom of the table if more than four organizations will be involved in procurement.</i> | |
| Organization Name | Total value of medicines and other health products procured during last financial year <i>(In same currency as this proposal)</i> |
| | |
| | |
| | |
| | |

R7 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 and supply management policies.

Relevant procurement and supply management functions may be sub-contracted to specialized service providers. Applicants are requested to specify whether the PR(s) will exclusively carry out procurement and supply management of drugs and health products, or whether sub-recipients will be involved, either exclusively or in conjunction with the PR(s). Latest available annual data of procurement of pharmaceutical products and related health products should be provided for each agency or organization involved.

It is noted that a PR's capacity to transparently and efficiently perform non-health procurement and supply management activities under the program will also be assessed by the Global Fund. This includes the procurement of goods, vehicles and services (including significant consultancy arrangements). A key focus of this assessment will be on the PR(s) financial and management capacities relevant to such procurement and supply management. Information relevant to these activities should therefore be specifically described in section 5 (budget section) and also clearly described in the Work Plan for years 1 and 2.

Aidspan Guidance

N/A

4.10.3 Coordination

(a) For the organizations described in section 4.10.2.(b) above, 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 medicines or other health products are currently being supplied (or have been applied for), **including**: the Global Drug Facility for anti-tuberculosis drugs and drug-donation programs of pharmaceutical companies, multilateral agencies and NGOs, relevant to this proposal.

R7 Guidelines for Proposals

N/A

Aidspan Guidance

The first part of Item 4.10.3 is about sources of funding for procurement. For the organisations that will be involved in procurement (i.e., the organisations you listed in Item 4.10.2b), you are required to indicate, in percentage terms, the proportion of their total funding for procurement 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 organization already been nominated to provide the supply management (storage and distribution) functions for medicines and other related health products during the proposal term? | <input type="checkbox"/> Yes → continue to (b) |
| | <input type="checkbox"/> No → go to 4.10.5 |
| (b) If yes to (a) above, indicate, which types of organizations will be involved in the supply management of medicines and other related health products during the proposal term. If more than one of the adjacent boxes is checked, also briefly describe the inter-relationships between these entities when answering (c) and (d) below. | <input type="checkbox"/> National medical stores or equivalent |
| | <input type="checkbox"/> Sub-contracted national organization(s) <i>(specify which one(s))</i> |
| | <input type="checkbox"/> Sub-contracted international organization(s) <i>(specify which one(s))</i> |
| | <input type="checkbox"/> Other <i>(specify)</i> |
| (c) Describe each organization's current storage capacity for medicines and other related health products, and indicate how the increased requirements under this proposal will be transparently and effectively managed. | |
| | |
| (d) Describe each organization's current distribution capacity for medicines and other related health products and indicate how the increased coverage will be managed, and potential challenges addressed if any. In addition, provide an indicative estimate of the percentage of the country and/or population covered in this proposal, and the extent of incremental increase that is on existing distribution arrangements. | |
| | |

R7 Guidelines for Proposals

N/A

Aidspan Guidance

In the last part of Item 4.10.4(d), you are required to provide an indicative estimate of the percentage of the country and/or population covered in this proposal, and the extent of incremental increase that is on existing distribution arrangements. This is very unclear, so you may need to seek guidance from the Global Fund.

4.10.5 Pharmaceutical products selection

Do you plan to utilize national standard treatment guidelines ('STG') that are in line with the World Health Organization's ('WHO') STG during the proposal term? **If not**, describe below the STG that are planned to be utilized, and the rationale for their use.

In section 5.4.1, Applicants are requested to complete **'Attachment B' to this Proposal Form** on a per disease component basis to provide more detail on the STG, and also the expected prices for medicines.

R7 Guidelines for Proposals

The Global Fund anticipates that programs will procure pharmaceutical products that are in line with the World Health Organization's standard treatment guidelines ('STGs'). Typically, it is anticipated that these STGs will be adopted as the national STG for the country/countries targeted in the proposal. However, there may be limited situations where other treatment guidelines are adopted, including where no STGs exist for certain medicines. If this situation applies, Applicants are requested to explain which STGs will be utilized during the proposal term, and why.

All Applicants must also complete section 5.4.1 and the related **'Attachment B'** to the Proposal Form on a per-disease component basis, to provide further information on the STGs that will be utilized.

Aidspan Guidance

N/A

[For tuberculosis and HIV/AIDS components only:]

4.10.6 Multi-drug-resistant tuberculosis

Does the proposal request funding for the treatment of multi-drug-resistant tuberculosis?

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 4.10.6.

Applicants should also ensure that for each year of the proposal term, an amount equivalent to US\$ 50,000 should be transparently budgeted in section 5 of the proposal for contribution towards fees incurred by the Green Light Committee. Applicants should note that this money must be reserved for the Green Light Committee and can not be transferred for other implementation activities.

[Note: Item 4.10.6 does not appear in the malaria version of Section 4.]

R7 Guidelines for Proposals

This section should be completed for tuberculosis components and HIV/AIDS components where HIV/TB collaborative interventions are included in the proposal.

To help limit resistance to second-line anti-tuberculosis medicines, all procurement of medicines to treat multi-drug resistant tuberculosis (along with essential MDR-TB treatment management services) financed under the grant must be conducted through the Green Light Committee ('GLC') of the Stop TB Working Group on drug resistant tuberculosis.

Applicants should identify whether the proposal requests funding for multi-drug-resistant tuberculosis, and if so:

- (a) over which years; and
- (b) whether a successful application to the GLC 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 year of the proposal term.

These costs are to be utilized to contribute to the costs of services that will be provided to the Applicant by the GLC during program implementation. These costs must be transparently identified in the detailed component budget (section 5.1). Applicants should note that this money must be reserved for payment to the GLC by the PR during the proposal term on an as appropriate basis. They cannot be transferred for other implementation activities.

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.

R7 Guidelines for Proposals

N/A

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. In fact, problems identifying technical assistance needs and obtaining the necessary technical assistance have been identified as major bottlenecks in the implementation of some programmes financed through Global Fund grants. Furthermore, as the R7 Guidelines for Proposals point out (see Item 4.11.2), the identification of technical assistance is one of the criteria considered by the TRP when reviewing proposals.

Therefore, it is very important for applicants to take the time when preparing their proposal to identify what their technical assistance needs will be for programme implementation and to explain how they plan to procure the technical assistance.

Proposals can also include measures to strengthen the capacity of CCMs.²⁸

In the R7 Guidelines for Proposals, the Global Fund has not provided definitions of the terms “technical assistance,” “management assistance,” “capacity-building” or “training.” The layout of the Proposal Form suggests that the Fund differentiates between capacity building and training, on the one hand, and technical and management assistance, on the other. But the differences may not be obvious to some readers. In its FAQs on the Round 7 applications process, the Global Fund says that the phrase “technical and management assistance” is intended “to capture relevant forward-looking activities and costs identified as being appropriate to support and manage efficient, effective, equitable and transparent implementation arrangements.”²⁹ The Fund has also provided some examples of technical and management assistance; see Item 4.11.2 below.

²⁸ Global Fund grants can also be used to support CCM operations; see Item 3A.4.7 above.

²⁹ See FAQ #76 in the FAQ document available via www.theglobalfund.org/en/apply/call7/documents/documentsfaqs/.

4.11.1 Capacity building and training

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 strengthen national capacity, capacity of Principal Recipients and sub-recipients, as well as any target group. Ensure that these activities are included in the detailed budget in section 5.

R7 Guidelines for Proposals

N/A

Aidspan Guidance

N/A

4.11.2 Technical and management assistance

(a) Needs Assessment

Describe any needs for technical assistance, including assistance to enhance management capabilities to support the attainment of the planned outputs and outcomes under this proposal. Where relevant, link your response in this section to the potential capacity constraints of the Principal Recipient and/or other implementing partners under this proposal. (Please note that technical and management assistance should be quantified and reflected in the component budget section, in section 5). **In your description, identify the process by which needs were assessed and evaluated.**

(b) Planned sources and mechanisms for procurement of services

Describe how technical and management assistance is planned to be obtained during the proposal term in a transparent and efficient manner. In particular, identify whether local, national and/or international assistance will be obtained, the scheduled timeframe (short term or longer term) and the rationale for this approach. Also describe how the provision of the planned assistance will contribute to long term increased capacity to respond effectively to the disease.

R7 Guidelines for Proposals

Applicants are reminded that the identification of appropriate technical and management assistance needs form part of the criteria considered by the Technical Review Panel when considering the overall feasibility of the proposal.

- (a) Proposals should clearly identify technical and management assistance and capacity building needs throughout the entire program cycle (from the time of Board approval through the clarification and proposal refinement phase, to the implementation stage). Requests for technical and management assistance should be quantified and reflected in both the detailed budget (section 5.1) and in summary format in table 5.3 (budget breakdown by cost category).
- (b) Applicants must also describe how this assistance will be transparently procured over the proposal term in a manner that will deliver effective and efficient technical and management assistance, to ensure that the PR(s) and other implementing partners have the necessary capacities to achieve the intended outputs and outcomes of the proposal. *Applicants are encouraged to refer to the performance based funding framework that PR performance during the program term will be measured against (reflected in the 'Targets and Indicators Table' of the proposal) when describing the timeframe over which this assistance will be procured.*

Aidspan Guidance

It is not entirely clear what the difference is between this item and the previous one. We suggest that one way or another you ensure that in Items 4.11.1 and 4.11.2, your technical assistance and capacity building needs are adequately described, and that you explain how you plan to address these needs, including how you plan to procure any necessary technical assistance.

In its FAQs on the Round 7 applications process, the Global Fund says that technical and management assistance may include such items as “technical and management aspects of anticipated implementation challenges and/or monitoring and evaluation and procurement and supply management activities during the program term.” It says that technical and management assistance “may be planned to benefit the PR(s) and/or key sub-recipients at any time during the program.”

The Fund also lists the following “non-exhaustive” examples of where technical and management assistance may be useful:

- If a program intends to fund the purchase of medicines to treat multi-drug resistant tuberculosis in year 3, but the country has no prior experience in this area, [technical and management assistance] may be useful in years 1-2 to help the PR to plan for management training and procurement and supply issues arising.
- In expanding HIV/AIDS treatment to different regions, a PR may need [technical and management assistance] to help in matters such as assessing human resource capacity to provide treatment in the regions, assessing training needs, and improving procurement and supply management, etc.
- If an applicant wishes to fund expanded access to new malaria treatments (e.g., ACTs), [technical and management assistance] may be needed to help plan for successful implementation of the new treatment regimes at the same time as discontinuing other regimes.

Section 5 Component Budget *HIV/AIDS*

5. HIV/AIDS Component Budget - Overview and general guidance

This section 5 is where Applicants detail their funding request which is summarized in table 1.2. **Section 5 must be completed for each disease component included in your proposal.**

For Round 7, section 5 has been restructured to adopt the following order:

1. **prepare a detailed component budget** (section 5.1);
2. from that detailed budget, **prepare a summary by objective and service delivery area** (section 5.2);
3. from that detailed budget, **prepare a summary by cost category** (section 5.3); and
4. then provide details about **key budget assumptions** (section 5.4).

Funding to be contributed through a common funding mechanism

If part or all of the funding requested for this component is to be contributed through a common funding mechanism (*relevant for Applicants who completed section 4.3.5*), **Applicants must:**

- (a) compile the Budget information in sections 5.1 to 5.3 on the basis of the anticipated use, attribution, or allocation of the requested funds within the common funding mechanism; **and**
- (b) provide, **as an annex to your proposal**, the available annual operational plans/projections for the common funding mechanism and explain the link between that plan and this funding request in a covering page to that plan.

R7 Guidelines for Proposals

The Component Budget section is where Applicants quantify their funding request and provide detailed budgetary information specific to each component.

Overview and general guidance

All Applicants must:

- **Attach a detailed component budget** (section 5.1) – *there is no standard format and Applicants are encouraged to use the nominated PR(s)' existing **detailed** budget planning frameworks rather than introduce new formats unfamiliar to the implementing partners;*
- Provide a **budget breakdown by service delivery area** (section 5.2 and table 5.2);
- Provide a **budget breakdown by cost category** (section 5.3 and table 5.3); and
- Indicate **key budget assumptions** (section 5.4)

The **Detailed Component Budget** is likely to be the source from which the information requested in sections 5.2 and 5.3 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 planned outputs and outcomes over the proposal term.

The following are some general principles that will guide the budget preparation process.

Budget justification

Detailed per-disease 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, unit costs and unit quantities (avoid using lump-sum amounts). 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 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 program implementation. Where the proposal activities are part of an existing program or will be implemented in partnership with other financiers, the budget format already agreed to and in use should be used in the proposal.

However, the budget summaries in sections 5.2 and 5.3, which are derived from the Detailed Component Budget, should follow the format and guidance in these proposal sections and the accompanying guidelines.

Importantly, if the proposal involves sub-recipients (and sub-sub-recipients) implementing activities, the Detailed Component Budget should present a consolidated view of all the activities. That is, it is not appropriate for the budget to detail the costs of the PR(s) activities and then contain single budget line items such as 'Allocation/Disbursement/Grant to Sub-Recipients'. Rather, the activities that the sub-recipients are to implement must also be presented in detail as part of the Detailed Component Budget (to be attached as requested in section 5.1) and in a summary format in the budget breakdowns by service delivery area (table 5.2) and by cost category (table 5.3).

Funding for health systems strengthening strategic actions

As indicated at section 4.4.2 of these Guidelines, certain actions 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 as indicated in the guidance provided in section 4.4.2 above.

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 4.3.5), Applicants should:

- Compile the Budget information in sections 5.1 – 5.3 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. **Applicants are reminded that demonstrated evidence of sufficient absorptive capacity is an important criterion for additional financial support from the Global Fund.** The TRP may view negatively proposals that request large amounts where the ability to absorb such funding has not been demonstrated (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 organizations should be aggregated into the overall single CCM, Sub-CCM or RCM proposal. In this way, smaller and more innovative approaches can receive funding.

Budget currency

Applicants must choose between using United States (US) Dollars or Euros only, and 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

Special Note: *As we pointed out at the start of Section 4, for Round 7, 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. Because all of the Section 4s are very similar and all of the Section 5s are very similar, we have shown only the HIV/AIDS Sections 4 and 5 in this chapter. However, we have identified wherever information is required for tuberculosis or malaria that is different than, or additional to, the information to be provided in the HIV/AIDS Sections 4 and 5. Information concerning tuberculosis and malaria is contained in text boxes.*

The restructuring of Section 5, as described in the Proposal Form, is very sensible. The R7 Guidelines for Proposal provide detailed, valuable guidance on how to complete Section 5.

In Rounds 3-6, 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 #9](#) 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 Detailed Component Budget

A detailed per-disease component budget covering the proposal period **must be attached as an annex to your 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 5.1):

- 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 full term of the proposal, and:*
 - i) *be **detailed for year 1 and year 2**, with financial information broken down by **quarters for the first year, and at least half yearly for the second year**;*
 - ii) *provide summarized information and assumptions for the balance term of the proposal period (year 3 and beyond).*
- c) *It should state all key assumptions, including those relating to **units and unit costs (avoid using lump-sum amounts)**, and should be consistent with the assumptions and explanations included in section 5.4.*
- 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) *Details on HSS Strategic Actions should be clearly identified.*
- f) *It should be **consistent** with other budget analysis provided elsewhere in the proposal, including those in this section 5.*

R7 Guidelines for Proposals

Applicants are required to attach as an annex to the proposal a Detailed Component Budget covering the proposal term. 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 program implementation.

The **Detailed Component Budget** should meet the following criteria:

- a. It should be **structured along the same lines as the Component Strategy (section 4.6)** - i.e., reflect the same goals, objectives, service delivery areas and activities.
- b. It should cover the lifetime of the proposal and should:
 - i. be **detailed for year 1 and year 2**, with information broken down by **quarters for the first year**;
 - ii. provide summarized information and assumptions for the balance of the lifetime of the proposal period (**year 3 and beyond**).
- c. It should state all key assumptions, including those relating to **unit quantities and unit costs (avoid using lump-sum amounts)**, and should be consistent with the assumptions and explanations included in section 5.4 of the Proposal Form.
- d. It should be integrated with the detailed **Work Plan** for year 1 and indicative Work Plan for year 2 (refer to section 4.6).
- e. Details on HSS Strategic Actions should be clearly identified.
- f. It should be **consistent** with other budget analyses provided elsewhere in the proposal, including those in this section 5. In particular, each item in the detailed budget should be allocated to one of the cost categories.

Aidspan Guidance

In Rounds 3-6, 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 cost category (as listed in Table 5.3 of the Proposal Form).
- For each cost 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 Other 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., per 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 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 cost category (Human Resources, Infrastructure and Other Equipment, etc.). It is important to ensure that the total costs for each year for each budget category match the figures presented in Table 5.3 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 3-6, the TRP identified a number of problems in this area.

Unlike in Round 6, the Global Fund has not provided a Budget Analysis Template for you to use in the preparation of your detailed component budget. Instead, the Global Fund has posted some model budgets from previous rounds on its website www.theglobalfund.org/en/apply/call7/documents/technical/. Note, however, that the Global Fund emphasizes that these budgets are not templates for applicants to copy, but simply examples of good budgets.

The Proposal Form and the R7 Guidelines for Proposals explain in detail the information that is required for health products to be procured as part of the programme described in your proposal. With respect to non-health products, in its FAQs for the Round 7 applications process, the Global Fund says that a description of the transparent arrangements planned for the procurement of non-health products should be included in the budget section of the proposal. This description should provide details of the unit costs for individual product items.

Attachment B, which covers mainly pharmaceuticals and other health products (see Item 5.4.1 below), contains a section where you can list non-health products and indicate their costs for Years 1 and 2. But there is no room on that form a description of the arrangements for non-health products or for details on the unit costs of individual items. Aidspan believes that this information should be included in your detailed budget.

5.2 Summary by objective and service delivery area

Please provide a breakdown of the annual budget by objective service delivery area (SDA) derived from your detailed component budget (section 5.1). The objectives and service delivery areas listed should resemble those in the Targets and Indicators Table (Attachment A to the Proposal Form). Totals should be provided in this table both for each Year (vertical total) and for each SDA (horizontal total).

The totals requested for each year, and for the proposal term as a whole, must be consistent with the totals provided in section 5.3 (budget breakdown by cost category).

R7 Guidelines for Proposals

In this table, provide a summary of the annual budget for each service delivery area (SDA) in respect of each year of the proposal. The objectives and SDA listed should correspond to those in the 'Targets and Indicators Table' (Attachment A to the Proposal Form). It is anticipated that this breakdown of the budget by SDAs should be derived from the Detailed Component Budget (see section 5.1).

For a listing of SDAs agreed and supported by international partners, please refer to the M&E toolkit.

Whilst the SDAs from the M&E Toolkit have been pre-filled, on a per-disease basis, into Attachment A to the Proposal Form (i.e., all HIV/AIDS SDAs are in the 'HIV/AIDS Attachment A' etc), Applicants may overwrite this information (following the instructions with Attachment A) if there are national indicators more appropriate for the proposal interventions. If so, these will be further discussed between the PR(s) and the Global Fund during grant negotiations (subject to proposal approval).

In respect of tuberculosis components, Applicants may also wish refer to additional information on the Stop TB Strategy (and planning framework for tuberculosis components especially) when preparing their budgets. This information is available at:
<http://www.who.int/tb/dots/planningframeworks/en/index.html>

This is because, whilst the Global Fund and Stop TB have agreed that the performance based funding framework (reflected in the 'Targets and Indicators Table' in the Proposal Form) during program implantation should be based only on Stop TB's 13 programmatic focused SDAs, **for planning and budgeting purposes relevant to this proposal, Applicants may also wish to present information in table 5.2 for some or all of the additional five Stop TB Strategy SDAs** (to give a total of 18 SDAs, including the 13 programmatic focused SDAs).

Budget Totals

It is important that all Applicants ensure that totals requested for each year, and for the proposal term as a whole, are consistent across each of section 1.2 (Proposal funding summary per component), **section 5.2** (component budget summary by objective and service delivery area) **and section 5.3** (Component budget summary by cost category).

Aidspan Guidance

In Section 5.2, you are required to provide a breakdown of your budget by SDA (see Table 5.2). In Section 5.3, you will be asked to provide a breakdown of your budget by cost category (see Table 5.3). The totals costs for each year, and for the whole programme, should be the same for both tables. You are just breaking out the total budget differently in the two tables. You should take the information for both tables from the detailed component budget you prepared in Section 5.1 above.

Table 5.2: Budget breakdown by service delivery area and objective.

| | | Budget breakdown by SDA (same currency as in section 1.1 of the Proposal Form) | | | | | |
|---|---|--|--------|--------|--------|--------|-------|
| Objective Number | Service delivery area <i>By reference to your 'Targets and Indicators Table' (Attachment A to Proposal Form)</i> | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| | | | | | | | |
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| | | | | | | | |
| Total of funds requested from the Global Fund: | | | | | | | |

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

R7 Guidelines for Proposals

N/A

Aidspan Guidance

N/A

5.3 Summary by cost category

In table 5.3 **on the following page**, provide a breakdown of the annual budget by cost category *derived from your detailed component budget (section 5.1)*

- (a) Different from Round 6, the cost categories in table 5.3 have been expanded to provide greater clarity between different cost categories.
- (b) Guidance on the budget categories and the expenses falling within each category is provided in the **Guidelines for Proposal** section 5.3.
- (c) The total requested for each year, and for the proposal term as a whole, must be consistent with the totals provided in section 5.2 (breakdown by 'service delivery area').

(The "Total funds requested from the Global Fund" must also be consistent with the amounts entered in table 1.2 relating to this component.)

R7 Guidelines for Proposals

This is a summary annual budget by cost category in respect of each year of the proposal term.

Based on lessons learned, the following table has an increased number of cost categories than in Round 6. This has been done to assist Applicants explain the breakdown of the budget. *To be as helpful as possible for Applicants, we have also indicated what not to include in certain categories, and referred to the category which should be used. For example, all consultant costs should be included in technical and management assistance and not human resources (employee costs only).*

It is important that all Applicants ensure that totals requested for each year, and for the proposal term as a whole, are consistent across each of section 1.2 (Proposal funding summary per component), **section 5.2** (component budget summary by objective and service delivery area) **and section 5.3** (Component budget summary by cost category).

| Category | Expenditure examples |
|--|--|
| Human Resources | Salaries, wages and related costs (pensions, incentives and other employee benefits, etc.) relating to all employees (including field personnel), and employee recruitment costs. |
| Technical and Management Assistance | Costs of all consultants (short or long term) providing technical or management assistance, including consulting fees, travel and per-diems, field visits and other costs relating to program planning, supervision and administration (including in respect of managing sub-recipient relationships, monitoring and evaluation, and procurement and supply management). |
| Training | Workshops, meetings, training publications, training-related travel, including training per-diems. Do not include <i>employee training-related human resources costs which should be included under the Human Resources category</i> . |
| Health Products & Health Equipment | Health products such as bed nets, condoms, lubricants, diagnostics, reagents, test kits, syringes, spraying materials and other consumables. Health equipment such as microscopes, xray machines and testing machines (including the 'Total Cost of Ownership' of this equipment such as reagents, and maintenance costs). Do not include other types of non-health equipment , as these costs should be included under the <i>Infrastructure and Other Equipment category below</i> . |
| Medicines and pharmaceutical products | Cost of antiretroviral therapy, medicines for opportunistic infections, anti-tuberculosis medicines, anti-malarial medicines, and other medicines. Do not include insurance, transportation, storage, distribution or other like costs , as such costs should be included in <i>Procurement and Supply Management costs below</i> . |
| Procurement & Supply Management costs | Transportation costs for all purchases (equipment, commodities, products, medicines) including packaging, shipping and handling. Warehouse, PSM office facilities, and other logistics requirements. Procurement agent fees. Costs for quality assurance (including laboratory testing of samples), and any other costs associated with the purchase, storage and delivery of items. Do not include staff, TA, PSM IT systems, health products or health equipment costs , as these costs should be included in the <i>categories above</i> |
| Infrastructure and Other Equipment | This includes health infrastructure rehabilitation and renovation and enhancement costs, non-health equipment such as generators and beds, information technology (IT) systems and software, website creation and development. Office equipment, furniture, audiovisual equipment. Vehicles, motorcycles, bicycles. Related maintenance, spare parts and repair costs. |
| Communication materials | Printed material and communication costs associated with program-related campaigns, TV spots, radio programs, advertising, media events, education, dissemination, promotion, promotional items. |
| Monitoring & Evaluation | Data collection, surveys, research, analysis, travel, field supervision visits, and any other costs associated with monitoring and evaluation. Do not include personnel, TA or M&E IT systems costs , as these costs should be included in the <i>categories above</i> . |
| Living support to clients/target populations | Monetary or in-kind support given to clients and patients E.g.: school fees for orphans, assistance to foster families, transport allowances, patient incentives, grants for revenue-generating activities, food and care packages, costs associated with supporting patients charters for care. |
| Planning and Administration | Office supplies, travel, field visits and other costs relating to program planning and administration (including in respect of managing sub-recipient relationships). Legal, translation, accounting and auditing costs, bank charges etc. Green Light Committee contributions. CCM support costs (<i>see guidance on restrictions to these costs in section 3A.4.7</i>). Do not include human |

| Category | Expenditure examples |
|-----------|---|
| | resources costs , as these costs should be included under the Human Resources category above). |
| Overheads | Overhead costs such as office rent, utilities, internal communication costs (mail, telephone, internet), insurance, fuel, security, cleaning. Management or overhead fees. |
| Other | Significant costs which do not fall under the above-defined categories. Specify clearly the type of cost. Applicants are able to add additional rows to this table should there be other national budget cost categories that are not covered by the above categories. |

('Total cost of ownership' includes the cost of reagents and other consumables, and annual maintenance to ensure that the equipment operates effectively.)

Income

Anticipated income from revenue-generating activities (e.g., social marketing of condoms or bednets) should be either:

- (i) accounted for as a separate line in the budget, reducing the overall costs; or
- (ii) re-invested into the program to increase programmatic coverage.

Taxes

Normally the implementing agency should apply for a tax-exempt status on Global Fund financing. Otherwise, non-recoverable taxes should be allocated to the appropriate category (e.g., non-recoverable value added taxes on the purchase of non-health equipment would be allocated to Infrastructure and Equipment)

Composite activities

It is not appropriate to define cost categories within the summary budget which are really activities that can be broken down into their constituent parts. For example, the costs of the activity 'home-based care' should be broken down into the following categories:

| Description | Cost Category for table 5.3 |
|--------------------------------------|---------------------------------------|
| Community-based agents | Human Resources |
| Travel to communities | Planning and Administration |
| Testing kits | Health Products and health equipment |
| Provision of medicines for treatment | Medicines and pharmaceutical products |
| Vehicle for agent | Infrastructure and other equipment |

Aidspan Guidance

N/A

Table 5.3 – Budget breakdown by cost category

| | Breakdown by cost category (same currency as in section 1.1 of the Proposal Form) | | | | | |
|---|---|--------|--------|--------|--------|-------|
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Total |
| Human resources | 0 | 0 | 0 | 0 | 0 | 0 |
| Technical Assistance | 0 | 0 | 0 | 0 | 0 | 0 |
| Training | 0 | 0 | 0 | 0 | 0 | 0 |
| Health products and Health Equipment | 0 | 0 | 0 | 0 | 0 | 0 |
| Medicines and pharmaceutical products | 0 | 0 | 0 | 0 | 0 | 0 |
| Procurement and supply management costs | 0 | 0 | 0 | 0 | 0 | 0 |
| Infrastructure and other equipment | 0 | 0 | 0 | 0 | 0 | 0 |
| Communication Materials | 0 | 0 | 0 | 0 | 0 | 0 |
| Monitoring & Evaluation | 0 | 0 | 0 | 0 | 0 | 0 |
| Living Support to Clients/Target Populations | 0 | 0 | 0 | 0 | 0 | 0 |
| Planning and administration | 0 | 0 | 0 | 0 | 0 | 0 |
| Overheads | 0 | 0 | 0 | 0 | 0 | 0 |
| Other: (To be further defined to meet national budget planning categories) | 0 | 0 | 0 | 0 | 0 | 0 |
| Total funds requested from Global Fund | 0 | 0 | 0 | 0 | 0 | 0 |

[For the purposes of our guide, this table has been condensed so that it is in vertical (portrait) format.]

R7 Guidelines for Proposals

N/A

Aidspan Guidance

The Global Fund has included a macro in this table. If you enter the data, then highlight the table, and then press F9, the totals should automatically appear at the end of each row and the bottom of each column.

There is a note at the top of the table about how to automatically add a row at the end of the table, but this feature may not work.

5.4 Key budget assumptions

The detailed component budget (section 5.1) should contain all key budget assumptions. Below, Applicants are requested to highlight their budget assumptions for year 1 and year 2 in relation to three key areas.

5.4.1 Pharmaceuticals and other health products and equipment

Applicants must complete Attachment B to this Proposal Form (Preliminary List of Pharmaceuticals and other Health Products) to provide details of the budget assumptions for years 1 and 2 in respect of health products (including consumables), medicines, health equipment and services directly tied to procurement and supply management of health products.

Please note that unit costs and volumes must be fully consistent with the information reflected in the detailed component budget. If prices from sources other than those specified below are used, a rationale must be included.

- (a) **Provide a list (by generic product name) of anti-retroviral (ARVs) medicines** to be used in years 1 and 2, and identify which essential medicines list those medicines are included, and whether WHO's standard treatment guidelines are being followed. **See also section 4.10.5 above.**
(Please complete table B.1 in Attachment B to the Proposal Form.)
- (b) **Identify the average cost per person per year (or average cost per treatment course) for these medicines.**
(Please complete table B.2 in Attachment B to the Proposal Form.)
- (c) Provide **the total cost** for all other medicines to be used over years 1 and 2. It is not necessary to itemize each product in the category.
(Please complete table B.2 in Attachment B to the Proposal Form.)
- (d) Provide a list of other health products (e.g., condoms, diagnostics, hospital and medical supplies), health and non-health equipment, and services directly tied to procurement and supply management. Unit costs are requested for Health Products (i.e., consumables).
(Please complete tables B.3 and B.4 in Attachment B to the Proposal Form.)

Information on appropriate unit costs is available at, for example:

- *Sources and Prices of Selected Drugs and Diagnostics for People Living with HIV/AIDS. Copenhagen/Geneva, UNAIDS/UNICEF/WHO-HTP/MSF, June 2005, http://www.who.int/medicines/areas/access/med_prices_hiv_aids/en;*
- *Market News Service, Pharmaceutical Starting Materials and Essential Drugs, WTO/UNCTAD/International Trade Centre and WHO (<http://www.intracen.org/mas/mns.htm>);*
- *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/what_msh_does/cpm/index.html); and*
- *First-line tuberculosis drugs, formulations and prices currently supplied/to be supplied by Global Drug Facility http://www.stoptb.org/gdf/drugsupply/drugs_available.asp.)*

Provide any additional information on unit costs below

For Tuberculosis and Malaria

In the tuberculosis version of Item 5.4.1, (a) reads: "Provide a list (by generic product name) of anti-tuberculosis medicines to be used in years 1 and 2 (including for multi-drug resistant tuberculosis),..." In the malaria version of Item 5.4.1, (a) reads: Provide a list (by generic product name) of artemisinin based combination therapies and other anti-malarial medicines to be used in years 1 and 2,..."

R7 Guidelines for Proposals

Medicines and other 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 Pharmaceutical and other Health Products) in order to compile the budget request for years 1 and 2 in respect of pharmaceuticals and other health products, health equipment and services tied to procurement and supply management of health products. **Based on lessons learned from Round 6**, Attachment B is now separated by disease component, and contains more detail on which items should be included in which lines. To aid completion of Attachment B (including ease of calculation of totals based on unit costs), Attachment B has been prepared in Microsoft Excel in Round 7.

Please note that unit costs and volumes must be fully consistent with the information reflected in the detailed budget by disease component. If prices from sources other than recognized sources are used, please provide a detailed rationale for this in section 5.4.1 of the Proposal Form on a per-disease component basis.

For the balance of the proposal term after the first two years, summarized assumptions to support the budgeted cost of medicines and other health products should be provided.

Aidspan Guidance

In Section 5.4, the Global Fund is looking for additional information on how you arrived at some of the budget figures. Generally speaking, the information is required for Years 1 and 2 only. The Global Fund uses the term “budget assumptions” to mean details on how you arrived at the budgeted amounts.

For Item 5.4.1, the Global Fund requires that you fill out Attachment B (Preliminary List of Pharmaceuticals and Other Health Products). The attachment covers Years 1 and 2 only. However, in the guidance provided above in the R7 Guidelines for Proposals, the Fund says that you should also provide “summarized assumptions” for the period after the first two years. Since there is no room for this in Attachment B, Aidspan assumes that you should include this information on the Proposal Form itself (in Item 5.4.1).

Note that there is a different Attachment B for each of the three diseases. As far as Aidspan is aware, the Global Fund has not issued any guidance concerning how to fill out Attachment B. Aidspan has not attempted to include its own guidance in this guide. In the limited time that we had to review Attachment B before going to press, we noticed that Attachment B seemed fairly intuitive.

In Items 5.4.2 and 5.4.3, respectively, you are asked for budget assumption information on human resource costs and other key expenditure items.

5.4.2 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 client/target population level, and how these salaries will be sustained after the proposal period is over. *(Maximum of half a page).*

(Useful information to support the budget includes: a diagram/organigram of the PR; a list of proposed positions showing title, function and planned annual salary; and proportion (in percentage terms) of time that will be allocated to the work under this proposal. Please attach such information as an annex to your proposal and indicate the appropriate annex number.)

R7 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.

Aidspan Guidance

N/A

5.4.3 Other key expenditure items

Explain the rationale for how other expenditure categories which form an important share of the budget (e.g., infrastructure and other equipment; communication materials; or planning and administration), have been budgeted for the first two years.
(Maximum of half a page. Please attach an annex and indicate the appropriate annex number.)

R7 Guidelines for Proposals

N/A

Aidspace Guidance

If there are any other budget categories – other than human resources, and pharmaceuticals and other health products and equipment – that form a significant share of the total budget, the Global Fund requires that you provide some information here on how you arrived at the amounts for these categories.

Checklist of Annexes for Sections 4 and 5 To Be Attached to Your Proposal – HIV/AIDS

The table below provides a list of the various annexes that should be attached to the proposal after completing sections 4 and 5. 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.

| Section 4: Component Strategy – HIV/AIDS | | Annex Number to your proposal |
|---|--|--------------------------------|
| 4.3.1 | Documentation relevant to the national disease program context. | |
| 4.3.5(c) <i>(only if common funding mechanism)</i> | Documentation describing the functioning of the common funding mechanism. | |
| 4.3.5(d) <i>(only if common funding mechanism)</i> | Most recent assessment of the performance of the common funding mechanism. | |
| 4.6 | A completed 'Targets and Indicators Table' Refer to the M&E Toolkit for help in completing this table. | Attachment A – HIV/AIDS |
| 4.6 | A detailed component Work Plan (quarterly information for the first year and indicative information for the second year). | |
| 4.6 | A copy of the Technical Review Panel (TRP) Review Form for unapproved Round 5 or Round 6 proposals. | |
| 4.8.3 (c) | List of sub-recipients identified (including name, sector they represent, and SDA(s) most relevant to their activities during the proposal term) | |
| 4.9.1 | National Monitoring and Evaluation Plan/Strategy (if one exists) | |
| Section 5: Component Budget – HIV/AIDS | | Annex Number to your proposal |
| 5.1 | Detailed component Budget | |
| 5.1 <i>(if HSS strategic actions are included – see section 4.4.2)</i> | Details of cross-cutting HSS amounts (if not clearly identifiable from the detailed component budget). | |
| 5.4.1 <i>(and section 4.10.5)</i> | Preliminary List of Pharmaceuticals and Other Health Products (tables B1 – B3) | Attachment B – HIV/AIDS |
| 5.4.2 | Human resources costs. | |
| 5.4.3 | Other key expenditure items. | |
| 5.1 - 5.3 <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: | | Annex Number to your proposal |
| | | |
| | | |
| | | |
| | | |

For Tuberculosis and Malaria

In the tuberculosis and malaria versions of the checklist, “Attachment A – HIV/AIDS is replaced with “Attachment A – Tuberculosis” and “Attachment A – Malaria,” respectively. Similarly with Attachment B.

R7 Guidelines for Proposals

When completing the 'Checklist for Sections 4 and 5' in the Proposal Form **on a per-disease component basis**, Applicants are requested to ensure that the documents that they annex to the proposal are named, with the exact title of the document, in the Checklist to facilitate the review of the annexed information.

Aidspan 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 number each annex and to provide that number *along with* the precise title of the document in the last column of the table (despite what the column heading says). There is space at the end of the table for applicants to list other documents that they have attached that are not included in the other sections of the table. Note that there is another checklist of annexes at the end of the Section 3B for the earlier sections of the proposal.