



Independent observer
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TWO EXCERPTS FROM "THE AIDSPAN GUIDE TO ROUND 8 APPLICATIONS TO THE GLOBAL FUND – VOLUME 2: THE APPLICATIONS PROCESS AND THE PROPOSAL FORM" -

Following are two sample excerpts from “The Aidspan Guide to Round 8 Applications to the Global Fund – Volume 2: The Applications Process and the Proposal Form,” whose publication in English was announced in GFO #86 and whose publication in French and Spanish is announced above.

Excerpt #1: Summary of the Disease Element

This excerpt constitutes guidance from Aidspan on how to respond to a question on the proposal form asking applicants to provide a one-page summary of a particular disease element (i.e, HIV, TB or malaria) in their proposal.

The purpose of the summary is to provide a short overview of the disease element. You should try to stick to the one-page limit, though this will not be easy given all the information the Fund says should be included here. Remember, you will have many opportunities to describe your programme [later on the proposal form]. The summary should just be a bird’s eye view.

The natural tendency is to fill out the summary last, because it summarizes the information in the rest of the proposal. Our own experience, however, has been that it is a good idea to produce a draft of the summary about half-way through the proposal-writing process. There is a lot of value in being forced to summarize the programme in a few short paragraphs, even though the summary may have to go through several drafts before it is satisfactory. That exercise leads to everyone having a clearer sense of the “story” that the proposal has to tell. Once the rest of the proposal has been completed, you can review your draft of the summary to ensure that it is consistent.

China provided the following summary of its Round 7 HIV proposal:

China’s migrant population is estimated at approximately 120 million, and growing. The Chinese Government places migrants high on its policy agenda. This project will scale up prevention and care for Chinese rural-to-urban migrant workers (nongmingong), a huge population that is particularly vulnerable to HIV, and a potential bridge to the general population.

The proposal targets the provinces that receive the most migrants, including Beijing, Shanghai, Tianjin (Municipalities), and Guangdong, Zhejiang, Fujian, and Jiangsu (Provinces). As major centers of manufacturing and economic growth centers, these target provinces will provide a significant proportion of country counterpart funds, thus ensuring sustainability.

The project approach integrates policy level actions with high-quality HIV prevention, treatment, and care. High quality Sexually Transmitted Infections (STI) and HIV services will be selectively designed and carefully targeted, but integrated within broader healthcare delivery systems and development approaches. Priority will be placed on zones of concentrated vulnerability, economic sectors, or gender. Coverage will be ensured by partnerships between government agencies, participating businesses, Non-government Organizations (NGOs) and community healthcare providers. The project will mobilize the funds, in-kind resources and delivery networks of the private sector.

Some innovative aspects of the proposed work include:

- Service delivery through multiple channels with strong NGO and private sector participation.
- Prevention will emphasize behaviour change communication (BCC) approaches taking into account the special characteristics of the migrant population in each setting.

The comprehensive prevention package includes BCC, quality condoms and accessible STI, HIV testing and counselling and treatment services. An underlying priority will be to reduce pervasive stigma and discrimination in China through enforcement of existing non-discrimination policies, effective communication strategies, and partnerships with private sector and civil society.

The project is embedded in China’s evolving institutional framework for health and HIV:

- The Principal Recipient (PR) is an established governmental agency in China with authority and means to ensure a multi-sectoral, harmonized approach.
- The program will add high technical value by pioneering and scaling up evidence-based methods for meeting the multiple needs of the migrant population.

In terms of concrete outputs, the program will deliver:

- HIV/AIDS prevention service to 3,200,000 vulnerable migrants, targeting risk behaviours that have led to high rates of sexually transmitted infections in migrant sourcing industries.
- The program will provide STI treatment to 350,00 migrants, HIV testing and counselling services to 800,000 migrants, and care and treatment to over 5,000 migrant People Living with HIV/AIDS

(PLHAs).

In the above, China managed to provide a very succinct overview of the entire project; keep to the one-page limit; include some epidemiological information, but very briefly; indicate the geographic reach of the project; describe the overall approach of the project; refer to some innovative aspects of the project; explain how the project fits within China's health and HIV framework; and describe what outputs the project will produce. This is a good model for other applicants to follow.

Excerpt #2: National Prevention, Treatment, Care and Support Strategies

This excerpt constitutes guidance from Aidsplan on how to respond to a question on the proposal form for single-country applicants asking them to briefly describe their country's current prevention, treatment, care and support strategies.

You are being asked to do three things: (a) describe the current national prevention, treatment, care and support strategies; (b) explain how these strategies are consistent with the pattern and burden of the disease; and (c) describe the improved outcomes these strategies are expected to produce. In addition, the R8 Guidelines for Proposals state that if the strategies have changed recently because of changing epidemiology, then this should be explained. We suggest that if the understanding of the epidemiology has changed recently, or if the level of political commitment to having a truly epidemiologically based strategy has changed recently, this should also be explained here.

Applicants should try to be succinct, and should avoid getting into too many details. We offer the following suggestions concerning how your response can be organised. These suggestions assume that there is a strategic plan in place guiding the national response.

- Provide the title of the strategic plan, as well as the dates covered by the plan.
- Indicate when the plan was developed.
- Briefly list the objectives and/or priority areas of the plan.
- Under each objective or priority area: briefly describe the main strategies; explain how the strategies are consistent with the epidemiology; and briefly describe the expected outcomes.
- If there have already been some achievements as a result of the national strategy, briefly describe these, either under each objective or priority, or in a separate section.

You should not provide information here that is not being asked for. For example, you are not being asked to describe the weakness of the national strategy; you will be asked to do this in a later section. Nor are you being asked how the national strategy is being monitored.

The following extract from the Kenya Round 7 HIV proposal [which applies only to the prevention part of the response] demonstrates how information for this section can be presented concisely:

Prevention of New Infections

HIV and AIDS prevention strategies focus on expanding key prevention interventions such as sexual behaviour change, counselling and testing, condom promotion, treatment of sexually transmitted infection (STI), prevention of mother to child transmission of HIV, safe blood and post and exposure prophylaxis. Prevention strategies are also oriented towards targeting particular population groups that are at higher risk of HIV infection. Groups that are particularly vulnerable include commercial sex workers and their clients, injecting drug users, discordant couples, women and young girls, migrant workers, prisoners and uniformed services (police, military personnel).

The main prevention outcomes anticipated include the following:

- Less than 10% of girls and 20% of boys have sex before age of 15.

- Condom use at most recent high-risk sex in 15-24 age range from at least 40% for women 65% for men.
- At least 85% of women and 85% of men in age 15-15 identify ways of preventing sexual transmission of HIV/AIDS.
- Less than 23% of infants born to HIV+ mothers will be HIV+.

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