



Independent observer
of the Global Fund

TRP's Report on Round 10 Provides Clues to What Applicants Should Include in Their Round 11 Proposals

Here is a question for consultants and committees writing proposals for Round 11: Would you like to know now what the Technical Review Panel (TRP) wants to see in the proposals when it reviews them early in 2012?

Well, the TRP has provided plenty of clues. The TRP does so whenever it issues a report at the end of a round of funding. This article summarises the observations and recommendations of the TRP for Round 10. The article is based on two articles previously published in GFO, supplemented by additional information taken from the TRP's Round 10 report.

In its Round 10 report, the TRP made the following observations and recommendations:

Multiple SRs. The TRP does not support the trend in Global Fund grants towards having more and more sub-recipients (SRs) – for two reasons (1) it results in large amounts of money being spent on overhead; and (2) it makes coordination between the PRs and the SRs more challenging.

Financial gap analysis. The TRP said that “too often” applicants “fail to present a robust and accurate financial gap analysis.” The TRP recommended that, before Round 11, technical partners provide support to countries in developing clear, detailed and evidence-based financial gap analyses for the diseases and for the health sector.

Prevention of mother-to-child transmission (PMTCT) interventions. The TRP said that Round 10 applicants did not always clearly present the country context when describing their preferred treatment regimen, and that applicants did not always demonstrate their ability to conduct CD4 monitoring. The TRP

said that applicants should clearly describe how health care workers will be trained to implement the selected option; and how existing country guidelines on the provision of antiretrovirals (ARVs) will impact the implementation of the selected regimen. In addition, the TRP said, future proposals should also clearly demonstrate the country capacity to implement its preferred option.

Advocacy, communication and social mobilisation (ACSM) interventions in Round 10 TB proposals. The TRP noted that, often, ACSM interventions were not strategic and the strategies not well elaborated. The TRP said that applicants tended to include a “laundry list” of activities, without evidence to support the chosen interventions. In addition, the TRP said, most Round 10 proposals did not include activities involving community partners.

Gender. Applicants should ensure that activities addressing gender inequalities are integrated throughout the proposed interventions. Failure to undertake a gender analysis could compromise the success of proposals.

Stigma, discrimination and human rights. Applicants should include more interventions addressing stigma and discrimination. The issues of stigma and discrimination should be addressed together, and should complement measures to address gender inequality. In their proposals, applicants should also address issues of the criminalisation of key populations and should embrace the role of civil society organisations in the social de-criminalisation of these populations.

ARVs. Applicants should make more use of community approaches to improving adherence to ARVs.

Patient care. Requests for patient support should include supporting evidence to allow the TRP to assess the feasibility and impact of such activities.

Behaviour change communication (BCC). Because designing appropriate BCC interventions is challenging, applicants should consider proposing pilot approaches before going to scale on BCC interventions. When requesting funding for BCC, applicants should provide evidence of the impact of previous or existing BCC interventions, where such evidence exists. BCC requests should be based on a needs assessment, and should include a plan for assessing the impact of the proposed interventions. In addition, applicants should include impact or outcome indicators for BCC activities, not just output indicators.

Budgets. Applicants should ensure that their budgets have the required detail, clarity and accuracy.

Human resources. For proposals where funding is being requested for human resources, applicants should provide a strategy on how they plan to try to retain their current health workers.

Training. All in-service training requests should be based on a training needs assessment, and should include a plan for a training impact assessment. In addition, applicants should use impact indicators to measure the effect of training efforts.

Performance frameworks. Applicants should focus more on outcome and impact indicators, and should make sure that these indicators are meaningful. In addition, applicants should ensure that they include indicators to measure the quality of interventions such as care and prevention services.

U.N. agencies as implementers. If applicants want to nominate a U.N. agency as PR, or select a U.N. agency as SR, they should provide a strong justification. Applicants should also provide a plan for transitioning from the U.N. agency to a local PR or SR.

Technical assistance (TA). Applicants should make better use of local TA providers because this may represent better value for money. In addition, in their proposals, applicants should clearly distinguish

between technical assistance and the contracting out of services.

Most-at-risk populations (MARPs) proposals. Applicants should provide more contextual information regarding these populations, including surveillance data or special survey reports.

Other observations

The TRP's report on Round 10 contained a number of other observations that, for space reasons, are not summarised in this article. These include observations on:

- reproductive health and contraceptives interventions
- hepatitis C interventions
- supplemental feeding for orphans and vulnerable children
- assumptions used in calculating malaria episodes
- the inclusion of insecticide resistance monitoring in proposed vector control programmes for malaria proposals
- management of childhood TB
- laboratory diagnostics for TB
- management of multi-drug-resistant TB (MDR-TB)
- operational research in TB proposals
- requests for TB patient support
- implementing TB interventions in prisons

Applicants interested in what the TRP had to say about these topics should consult the report itself.

Regional and multi-country proposals

In Round 10, the TRP recommended five out of 15 eligible regional and multi-country proposals. According to the TRP, the recommended proposals clearly demonstrated the value-added of a regional or multi-country approach. However, the TRP said that it continues to question the value-added of most regional and multi-country proposals. In particular, the TRP questioned the relevance of including service delivery interventions in these proposals because this may contribute to the creation of parallel systems in-country and may duplicate national activities. For the TRP to recommend a multi-country or regional proposal, the TRP said, applicants must make a compelling case.

The two GFO articles on the report of the TRP on Round 10 are available [here](#) and [here](#). The TRP's observations are contained in "Recommendations and Lessons Learned from the Round 10 Proposal Review Process," which is 15 pages long, and which constitutes Part 5 of the "Report of the Technical Review Panel and the Secretariat on Round 10 Proposals." The report is available, in its entirety, on the Global Fund website [here](#).

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