Engaging With The Global Fund To Fight AIDS, Tuberculosis and Malaria

A Primer for Faith-Based Organizations
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Foreword

In recent years, with the creation of the Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria (Global Fund), the President’s Emergency Plan for AIDS Relief (PEPFAR) and other initiatives the world has dedicated significant resources to fight the major pandemics currently plaguing our globe. While important progress has been made, AIDS, TB and malaria still kill millions of people each year and effective and coordinated responses from all sectors of society – governments, the private sector and members of civil society – are needed to continue to save lives.

A critical component of our response is the work of faith-based organizations. Historically, at the forefront of the fight against disease in the developing world, people of faith have been providing life-saving prevention, treatment and support to those that need it most. This is particularly relevant in rural and other hard-to-reach areas in Africa and around the world, where the work of FBOs directly impacts the lives of millions of children and families.

As the new Executive Director of the Global Fund, I welcome this manual as an important tool to increase knowledge about the Global Fund within the faith community and to engage a greater number of FBOs in the grant-making process. FBOs provide tremendous rural health and orphan care and support in many parts of the developing world and are poised to play an even greater role in the global fight against AIDS, TB and malaria. Recognizing the unique advantages of FBOs, the Global Fund encourages increased participation by FBOs, both as recipients and members of Country Coordinating Mechanisms (CCMs) – the entities that develop country proposals.

Five years ago, the Global Fund began as an innovative start-up organization with the historic task of turning the tide against AIDS, TB and malaria. Great success has been achieved, and I believe we will dramatically scale-up our work in the future. The work of FBOs must be an integral part of our work if we truly hope to succeed and defeat these pandemics. We must work together to save the lives of the millions of people around the world affected by AIDS, TB and malaria.

Michel Kazatchkine
Executive Director
The Global Fund to Fight AIDS, Tuberculosis and Malaria
Executive Summary

From its inception, the Global Fund was designed to bring together the entire spectrum of stakeholders from the public health and development field, including donors, host governments, the private sector and various groups within civil society. Faith-based organizations (FBOs) play a critical role in providing healthcare in developing countries, and as such, were expected to actively engage at all levels, from Board membership to grant implementation. While many FBOs have and continue to collaborate with the Global Fund through a variety of channels, some have experienced challenges in engaging as well as in securing Global Fund financing.

FBOs have historically played a central role in the provision of healthcare in the developing world. Many hospitals and clinics that form the backbone of the health infrastructure in countries today trace their roots to missionaries and churches. This is particularly true in Africa, where it is estimated that FBOs currently provide 40 percent of all health services, especially in remote rural areas.

Today, around the world, faith institutions are known for their longstanding relationships, and are recognized by the larger community for their effective and ready made healthcare infrastructure – infrastructures through which the scale-up of health care interventions could be readily achieved. This is particularly relevant in rural areas and among hard-to-reach populations. FBOs are a critical partner in reaching the Millennium Development Goals and should be considered essential partners to the success of Global Fund grant implementation.

The Global Fund is a relatively young organization, and while strides have been taken to increase FBO involvement, there is still considerable room for the role of FBOs to expand. The goal of this manual is to begin to bridge the gap that exists between FBOs and the Global Fund at both the country and international level. Members of the faith-based community have expressed concerns about engaging with the Global Fund around the following overarching themes:
• FBOs do not know enough about the Global Fund
• FBOs have a hard time engaging with Global Fund structures at multiple levels
• Accessing Global Fund financing is a confusing and difficult process

Given the potential impact of FBOs on the Global Fund’s success, this is an unfortunate disconnect. There are some within the faith community that feel the responsibility to increase FBO involvement lies with the Global Fund, while others feel the responsibility to proactively organize and engage lies more within the faith community. This manual is designed to address these concerns and to serve as one of several tools that FBOs can use to better engage with the Global Fund. In reality, we must acknowledge that the Global Fund model typically expects all its constituents – not just faith-based groups – to take an active role in being part of the process. It is our hope that this manual will provide organizations with the information they need to do just that.

This manual was designed to serve as a preliminary guide for FBOs – and other community-based organizations (CBOs) – to learn about the Global Fund’s history, structure and policies. It also aims to increase both the level of understanding and participation among FBOs in the Global Fund grant process.

The manual is comprised three of chapters:

• **Chapter One** – Provides a general overview of the Global Fund including its history, founding principles and operating structures.
• **Chapter Two** – Suggests different ways to engage with the Global Fund including engaging with members of the Global Fund Board or serving as a member of the Country Coordinating Mechanism or as Principal or Sub-recipient.
• **Chapter Three** – Focuses on the program design and proposal process as well as offers key recommendations to support a successful proposal. This chapter further highlights the importance of carefully assessing whether or not to apply, organizational capacity, and the pros and cons of pre versus post-proposal submission.

We hope this manual provides FBOs with the necessary guidance and tools they need to successfully engage with and work alongside the Global Fund and its partners in the fight against AIDS, TB and malaria.
### Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>A-B-C</td>
<td>Abstinence, Be Faithful, Use Condoms</td>
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<tr>
<td>ACT</td>
<td>Artemisinin-Based Combination Therapy</td>
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<td>AIDS</td>
<td>Acquired Immune Deficiency Syndrome</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>ARV</td>
<td>Antiretroviral</td>
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<td>CBO</td>
<td>Community Based Organization</td>
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<td>CCM</td>
<td>Country Coordinating Mechanisms</td>
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<td>CDR</td>
<td>TB Case Detection Rate</td>
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<td>CHAZ</td>
<td>Churches Health Association of Zambia</td>
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<tr>
<td>CRS</td>
<td>Catholic Relief Services</td>
</tr>
<tr>
<td>DDT</td>
<td>Dichlorodiphenyltrichloroethane</td>
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<tr>
<td>DFID</td>
<td>The UK’s Department for International Development</td>
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<td>FBO</td>
<td>Faith Based Organization</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>ITNs</td>
<td>Insecticide-Treated Bed Nets</td>
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<td>LFA</td>
<td>Local Fund Agent</td>
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<td>NACP</td>
<td>National AIDS Control Program</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organization</td>
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<tr>
<td>OVC</td>
<td>Orphans and Vulnerable Children</td>
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<tr>
<td>PEPFAR</td>
<td>President’s Emergency Plan for AIDS Relief</td>
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<td>PMTCT</td>
<td>Prevention of Mother-to-Child Transmission</td>
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<td>PR</td>
<td>Principal Recipient</td>
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<td>RFP</td>
<td>Request for Proposals</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<tr>
<td>SR</td>
<td>Sub-Recipient</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>The Global Fund</td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
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<td>TRP</td>
<td>Technical Review Panel</td>
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<tr>
<td>TSR</td>
<td>TB Treatment Success Rate</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>USAID</td>
<td>United States Agency for International Development</td>
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<tr>
<td>VCT</td>
<td>Voluntary Counseling and Testing</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WVI</td>
<td>World Vision International</td>
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Chapter 1

Overview of the Global Fund to Fight AIDS, Tuberculosis and Malaria

The Global Fund was established in 2002 following the UN General Assembly Special Session on AIDS in June 2001. A series of consultations between donor and developing countries, non-governmental organizations (NGOs) (including Faith-Based Organizations), the private sector and people living with the diseases eventually led to its launch. The Global Fund is a new form of development assistance, serving as a financing mechanism, rather than as a traditional international development agency. It is run by a small Secretariat staff based in Geneva, Switzerland that oversees the flow of money to countries to finance health focused country-driven HIV/AIDS, TB and malaria proposals.

To date, the Global Fund has committed more than US$7 billion to 450 programs in 136 countries, and as a result, has saved nearly two million lives. Despite these successes, many organizations are still unfamiliar with the Global Fund and its overall structure and processes. One such group is faith-based organizations (FBOs), many of whom work and are considered critical partners in the field of global health. With the Global Fund currently funding 21 percent of HIV/AIDS programs worldwide and two-thirds of international financing for fighting malaria and TB, it is important that FBOs learn how this major financing mechanism works.

For FBOs considering the Global Fund as a potential funder, it is important to keep in mind these founding principles and objectives:

- **Performance-Based Funding and Accountability** – Each grant agreement contains a number of specific targets that a country is expected to meet during its first two years of operations. Countries regularly report back to the Global Fund about progress and an extension of funding is contingent upon strong performance within the first two years. Though it has been a fairly rare occurrence, the Global Fund does suspend or discontinue funding to countries that do not perform well or do not exercise the required levels of transparency.

- **Transparency** – The Global Fund model promotes transparency at all levels of the grant-making process. All grant documents and progress reports are available on the Global Fund’s website. This emphasis on transparency is also translated down to the country level, where the Global Fund’s structures and processes in-country are designed to preclude any corruption or mismanagement.

- **Country Ownership** – Countries themselves develop proposals through a Country Coordinating Mechanism (CCM), an entity comprised of multiple stakeholders that reflect the country’s needs and priorities. The CCM also channels money to locally appropriate strategies and pre-qualified organizations. To complement existing programs, any proposal to the Global Fund also includes a summary of other ongoing
efforts in-country, including both national government spending, bilateral and multilateral aid and significant private sector or private foundation support.

- **Multi-Sectoral Collaboration** – Different stakeholders are welcome to participate in the Global Fund’s processes – government, civil society, international agencies, academia, communities affected by the three diseases and the private sector. The Global Fund’s Board reflects its inclusive nature with equal representation from these important constituencies.

- **Scaled-Up Interventions** – The Global Fund grants do not target small pilot projects. Instead, the Global Fund channels its resources towards initiatives that significantly increase coverage of affected populations. The ultimate aim is to achieve measurable reductions in the disease burden due to AIDS, TB and malaria.

- **Integrated Responses** – The Global Fund grants must specifically target one of the three diseases, but coordination with programs targeted to the other diseases is encouraged. At a minimum, proposals should be directly linked to their respective national plans. For HIV/AIDS, the Three Ones Principle\(^1\), must be observed. For TB and malaria, Ministries of Health in many recipient countries have plans that outline the national response to these diseases. In addition, the scientific basis for the link between HIV and TB is well established, and there are sound epidemiologic reasons for creating joint HIV-TB interventions. For malaria, the evidence of a link with HIV is compelling, but joint interventions on a large scale have yet to be piloted.

- **Strengthening Health Systems** – The Global Fund resources have been used to strengthen health systems to enhance countries’ abilities to effectively fight the three diseases. For example, Round 5 included a targeted component for this purpose. This was removed in Round 6, as the current consensus is that each proposal should integrate strengthening of health systems as one of its objectives, if needed.

**The Global Fund Structure**

The Global Fund daily operations are overseen by the Secretariat staff in Geneva. In addition to the Secretariat staff, the success of the Global Fund model relies on a number of other entities based in both donor and recipient countries (see Chart 1)\(^1\)

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\(^1\) One National Authority, One Programmatic Response Framework and One Monitoring and Evaluation System.
Chart 1: The Global Fund Structure
The Global Fund in Geneva

The Global Fund is registered as an independent Swiss foundation, although it maintains close relationships with the World Health Organization (WHO), UNAIDS and other members of the UN system and the World Bank. Its day-to-day operations are overseen by three entities functioning out of Geneva: the Board, the Secretariat and the Technical Review Panel (TRP). Each entity is responsible for a different aspect of the Global Fund operations and oversight.

The Global Fund Board
The Global Fund Board is responsible for overseeing Secretariat operations and making policy decisions. The Board is currently composed of 23 members, who represent different constituencies. This includes representatives from non-governmental organizations, the private sector and communities living with the diseases. The 20 voting members of the Board are split evenly between donor and recipient country voting groups, and decisions are usually made by consensus. When a vote is called for, the system requires a two-thirds majority in each voting group. The Board meets twice a year, and the Chair and Vice-Chair seats are alternatively held by representatives from donor and recipient nations.

The Secretariat
The Secretariat is responsible for the daily operations of the Global Fund, particularly grant management. Lean and efficient, the Secretariat is currently composed of a staff of 238 based in Geneva, Switzerland, with an overhead of less than three percent of annual income. The Secretariat is led by an Executive Director. Presently, Dr. Michel Kazatchkine, who assumed office in April 2007, holds this position. The Secretariat is then divided into several units: Operations, External Relations, Performance Evaluation and Policy, Business Services, Finance and Legal (see Appendix A).

The Technical Review Panel (TRP)
The TRP is an independent panel of 26 health and development experts that reviews proposals that countries submit to the Global Fund. The TRP is convened each time the Global Fund calls a new funding Round (generally once a year) and makes recommendations to the Global Fund Board about whether or not to finance proposals. Historically, the TRP has recommended for Board approval an average of just under 40 percent of eligible proposals. To date, the Board has accepted all proposals recommended by the TRP and not a single proposal has been rejected because of lack of funding.

The Partnership Forum
The Partnership Forum meets every two years to review the experiences of the Global Fund from the grassroots perspective. It is composed of selected representatives from different stakeholder groups, such as CCMs, Local Fund Agents (LFAs), PRs and SRs, in addition to Board Members, the TRP and the Secretariat.

The Partnership Forum has met twice – in Bangkok, Thailand in 2004 and in Durban, South Africa in 2006. FBO representatives have actively participated in both Partnership Forums.
The Global Fund Structure in Recipient Countries

The Global Fund model promotes local country ownership and involvement. As a result, the Global Fund has not opened offices in countries, but relies on the following three bodies to ensure that grants run efficiently and effectively:

Country Coordinating Mechanisms (CCMs)
A CCM is essentially a committee made up of all public health stakeholders in a country, including donors, local government, the private sector, faith-based organizations and NGOs. CCMs identify their country’s needs and apply to the Global Fund for financing. After initial proposals are developed and approved, the CCM is also responsible for ongoing grant oversight, as well as drafting any future applications.

Principal Recipients (PRs)
The PR receives grant money from the Global Fund and distributes funding to other local organizations. The PR is legally accountable to the Global Fund for the use of the funds and for regular reporting on grant performance. While most PRs have historically been public or government entities, there has been an increasing number of private sector or civil society organizations serving in the PR role.

Local Fund Agents (LFAs)
The LFA operates as the eyes and ears of the Global Fund in recipient countries, ensuring that Principal Recipients have the appropriate capacity to meet their responsibilities and verifying the accuracy of the reports submitted. The Secretariat has selected a variety of independent firms to serve as LFAs, including PricewaterhouseCoopers, Deloitte and Touche Tohmatsu, Chemonics, and KPMG.
### Table 1: An Explanation of the Global Fund’s Grant Cycle

1. The Secretariat issues a call for proposals, providing countries 4 months to develop and submit proposals.

2. CCMs meet at the country level to develop and submit proposals.

3. The Secretariat screens proposals for eligibility.

4. The TRP evaluates each proposal for technical merit.

5. The Board approves proposals based on TRP appraisal of the availability of funds.

6. In each recipient country, the LFA certifies the financial and administrative capacity of the PRs nominated in approved proposals.

7. The Secretariat and PR sign a grant agreement specifying the milestones that will be used to track performance.

8. The Secretariat instructs the trustee to distribute funds to the PR, who may transfer a portion of funds to SRs.

9. Program implementation begins, coordinated by the CCMs.

10. The PR submits disbursement requests to the Secretariat with updates on grant performance verified by the LFA. The PR also reports on progress and conducts annual financial audits.

11. After 18 months the GFATM conducts an extensive review, known as the Phase 2 Process, to assess grant performance and make a recommendation to the Board for or against extension.
Global Fund Policies that Might be of Particular Concern to Faith-Based Organizations

1. **The Global Fund encourages the full participation of all members of Civil Society.**
   The Global Fund’s principles and design underscore its commitment to the full participation of all members of civil society, not the least of which are FBOs. In fact, the Global Fund recognizes that in many resource-poor countries, the bulk of health services are provided by faith-based institutions. Global Fund leadership has publicly expressed its desire to see more FBOs engaged with the Global Fund and its processes. There are many examples of FBOs participating in Global Fund proposals and grants from around the globe.

2. **The Global Fund bases its funding decisions on technical merit.**
   The Global Fund finances technically-sound and locally driven efforts to fight AIDS, TB and malaria, as determined by the TRP. Unlike some other donor agencies, the Global Fund does not have specific policies limiting or earmarking the use of funds for specific intervention policies in regards to any of the three diseases. Rather, the Global Fund policies require that interventions abide by local laws and be specifically targeted towards fighting one or any combination of the three diseases in accordance with the national plan.

   In practice, this means that for malaria prevention, for example, the Global Fund will finance both bed net distribution and indoor residual spraying, including the use of DDT, as long as each is being used in a locally appropriate and legal context. For example, the use of DDT in Uganda was only recently approved by the Ministry of Health, and accordingly, could now be purchased with Global Fund financing.

3. **The Global Fund does fund ABC activities.**
   In regards to AIDS prevention, the Global Fund supports comprehensive approaches to reach all vulnerable populations. This means that the Global Fund supports the A-B-C model (Abstinence, Be faithful, use Condoms), but that not all programs financed by the Global Fund have to include all three components. In one country it is quite possible that Global Fund financing could be used to finance an abstinence-only program aimed at youth as well as condom-distribution for sex-workers.

4. **Global Fund financing can only fund intervention activities that directly treat, prevent or cure one of the three diseases.**
   The Global Fund financing cannot be used to promote what may be deemed illegal within the country context or activities that do not specifically contribute to the fight against the three diseases. Therefore, while Global Fund financing could be used for prevention outreach to commercial sex workers, it may not be the same in terms of prevention work with intravenous drug users. For example, if needle exchange programs are illegal in a country, Global Fund financing could not be used to fund such activities. The CCM and the National AIDS Control Program need to provide guidance on such issues.
5. *The Global Fund normally does not finance proposals that focus on research, academic scholarships and conferences; however, the Global Fund does finance operational research.*

The Global Fund is focused on expansion of coverage for health services related to the three diseases in its mandate.

This chapter has covered in brief Global Fund history, founding principles, structure, principle entities and the grant cycle. Table 2 summarizes some of the main differences between the Global Fund and more traditional development agencies.

<table>
<thead>
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<th>Table 2: Global Fund Model</th>
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<tr>
<td><strong>Traditional Development Agency</strong></td>
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<tr>
<td>1. Country Presence</td>
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<td>2. Project Development</td>
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<td>3. Length of Projects</td>
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<td>4. Focus of Projects</td>
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<td>5. Application Process</td>
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<td>6. Participatory Model</td>
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<td>7. Country Accountability</td>
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**Chapter 2**

*How Faith-Based Organizations Can Engage with the Global Fund*

There are several channels through which FBOs – and other NGOs – can engage the Global Fund at both the country and international levels. This chapter describes four principal channels through which FBOs can engage:

- Through Global Fund Board delegations
- Through CCMs
- As PRs
- As SRs

**Global Fund Board Delegations**

The Global Fund Board is a unique body made up of 23 members of which 20 have voting rights. These members represent different constituencies, equally split among donor and recipient delegations. The Board includes representatives from donor governments, recipient governments, civil society in both developed and developing countries and the private sector. Any Board decision requires a two-thirds majority in both the donor and recipient blocks. There are three Board delegations with whom FBOs might be able to engage:

- Developing Country NGO
- Developed Country NGO
- Affected Communities (NGOs representative of communities living with the disease)

Each delegation has different by-laws and processes for electing representatives. Each Board delegation has three important members who might be contacted including:

- The Board Member
- The Alternate Board Member
- The Communication Focal Point

The contact information for each delegation can be found under the Board section of the Global Fund website at: [http://www.theglobalfund.org/en/about/board/contact/#com](http://www.theglobalfund.org/en/about/board/contact/#com)

**Country Coordinating Mechanisms (CCMs)**

CCMs are central to the Global Fund's commitment to local ownership and participatory decision-making. CCMs are country-level partnerships that develop and submit grant proposals to the Fund. CCMs typically include representatives from both the public and private sectors in a country, including governments, multilateral and bilateral agencies, NGOs (including FBOs), academic institutions, private businesses and people living with the diseases. CCMs are responsible for developing and submitting grant proposals to the Global Fund. After grant approval, they oversee grant implementation and progress.
CCMs are also responsible for nominating one or a few public or private organizations to serve as PRs for each Global Fund grant.

CCMs typically include between 20 and 30 members. For most CCMs, the national government makes up the bulk of membership, with other sectors represented to a lesser extent. A majority of CCMs have at least one faith-based representative. This person is representative of the broader faith constituency in their country, not just their particular faith or organization. FBOs interested in engaging in the CCM process should look at their country’s CCM membership, which is available online, and contact any FBO representatives on their delegation, in addition to CCM Chairs, Vice-Chairs and other representatives. Alternatively, if FBOs are not directly represented, the most important contact is the civil society representative on the CCM.

Many FBOs often ask whether it would be advantageous to seek a seat on the CCM. While it can be advantageous to serve on the CCM, including the ability to help shape the Global Fund process in-country, this decision should be made carefully as it can bring with it significant responsibility and time commitments. Moreover, in theory, on a well-functioning CCM the faith community’s interests can be represented by one representative on the CCM. Furthermore, a seat on the CCM is not a precondition for receiving funding. However, it is important that FBOs establish good relationships with their FBO or civil society representative to ensure that their voice and concerns are reflected in the proposal.

CCM contact information can be found on individual country pages on the Global Fund website (see Appendix B).

**Principal Recipients (PRs)**
PRs are organizations in each country that receive the bulk of Global Fund financing, which are then distributed to sub-recipients. Chart 2 shows the distribution of the Global Fund portfolio by implementing entity (through Round 5).

As it indicates, host-country government entities (usually the Ministry of Finance or Health) have served as the PR for roughly half of all Global Fund grants. NGOs and CBOs are the second largest block, serving as the PR for a quarter of all Global Fund grants to date. FBOs are third, serving as the PR for six percent of all Global
Fund grants to date. The remaining funding is distributed evenly between communities, academic institutions, the private sector and others.

It should be noted that these figures do not paint the entire picture, as they do not indicate disbursements to SRs. In the future, the Global Fund hopes to update its tracking systems to be able to better capture funds going to SRs, many of which are FBOs.

The six percent of funding going to FBOs refers to both international and local FBOs. International NGOs, such as World Vision and Lutheran World Relief, have served as PRs for several Global Fund grants in countries including Somalia, Madagascar, Armenia and Guatemala. Zambia has four PRs, one of which is the Churches Health Association of Zambia (CHAZ), a local FBO. Additionally Nigeria’s Round 5 grant was just awarded to the Churches Health Association of Nigeria (CHAN). For FBOs interested in becoming a PR, the most important organizational strengths to be successful include:

- **Fiduciary processes in place** – The PR must have the systems, processes and experience in managing and accounting large amounts of foreign currency and local funds. Seasoned accountants, bookkeepers and financial managers are required to ensure transparent, legal and timely transactions.

- **Track record on technical issues** – The PR is required to supervise the technical quality of interventions being implemented by sub-recipients. Technical specialists from the PR are often called upon to mentor sub-recipients to ensure quality programming.

- **Management of sub-recipients** – Ideally, a PR should be able to manage relationships with sub-grantees, sometimes numbering as many as 25. The relationship can span a range of activities, including the joint submission of implementation plans, awareness campaigns, hosting Global Fund visitors and deciding on what information to include on a website article.

- **Procurement and logistics** – Many grants include the purchase, warehousing and storage of pharmaceuticals and commodities. A specific unit within the PR team should be dedicated to ensuring laws are followed, storage requirements are observed and reporting on end-use is generated on time.

- **Monitoring, evaluation and reporting** – The PR is required to report on the above issues accurately and on time. Since the Global Fund has become the most significant donor to country programs on the three diseases, the collation, analysis and dissemination of information is a major responsibility that is based on the information provided by PRs.

**Sub-Recipients (SRs)**

Acting as a SR is the entry point for the majority of FBOs receiving Global Fund financing. SRs are the organizations implementing projects and programs on the ground.
FBOs are logical choices to serve as Global Fund SRs because of their broad networks, longstanding community presence and relationships and knowledge of the local context. FBOs are ideal channels to reach rural and other hard to reach areas.

To be successful as a sub-recipient (SR), an FBO should have had substantial experience in addressing at least one aspect of the disease being targeted. It is not necessary that they address the whole range of interventions related to one disease. For those FBOs that run hospitals and clinics, treatment and care could be their strength. Many FBO, however, feel that prevention is their strength and engage in educational and outreach campaigns.

SRS have fewer responsibilities than PRs, but at minimum, they should have staff in place to manage the grant and its implementation, a financial tracking and reporting system, and a plan to monitor and evaluate progress. If the grant is no more than $1 million for five years, it is recommended that the burden of procurement and logistics be shared with the Principal Recipient (PR) or other SRs.

Due to the heavy demand in staying connected with the PR, the CCM and other SRs, an FBO should have reliable means of communication, including the internet, phone and fax. The costs of traveling to consult with the PR and to attend meetings should be realistically budgeted for. For large countries like India and Indonesia, the costs for local transport can be considerable.

Many FBOs that have previously received external funding (e.g., from USAID, ICCO, DFID and/or their church counterparts) may already have the necessary systems in place and experience to become an SR. One major difference is that the Global Fund is performance-based and funding after a grant’s first two years is contingent upon satisfactory performance.

Examples FBOs Success Stories:

**Case Study 1: Kwai River Christian Hospital in Thailand- A Global Fund Sub-Recipient**

The Kwai River Christian Hospital (KRCH) is a 25-bed public health and community service center serving the mountainous rural area along Thailand’s border with Myanmar. Within Kanchanaburi Province in the east, KRCH is about 100 miles from Bangkok. Since 1960, it has been providing vital medical care to thousands of people who would otherwise have none. Each week, two new TB patients begin receiving treatment at the hospital. It also serves as an important research facility for influenza and other diseases for the United States Armed Forces Research Institute of Medical Science (AFRIMS).

KRCH is affiliated with the Church of Christ in Bangkok. It began receiving financial assistance as a sub-recipient of a Global Fund grant to fight Tuberculosis in Thailand, which had earlier been awarded to the Department of Disease Control, Ministry of Public Health, which serves as a PR, in May 2003. KRCH was alerted to the possibility of receiving a Global Fund grant for TB through a brochure sent by the local health
department. A doctor on staff, who subsequently led the TB program, wrote the budget proposal. After presentations to the health department in Kanchanaburi and a trip to Bangkok, the department accepted the proposal and immediately began funding the program.

Global Fund financing has helped KRCH tremendously. Before funding, most of the patients in the community could not afford to travel to the hospital. They did not have money for food, much less TB medication. Now, through the TB grant, patients receive free medication and are recovering rapidly. Moreover, KRCH is able to provide patients with money for food and transport. The grant also provides funding for community visits and for the treatment of family members. To date, KRCH has treated about 100 TB patients with Global Fund financing.

**Case Study 2: Norwegian Church Aid - A Global Fund Sub-recipient**

The Interfaith Network on HIV/AIDS in Thailand (INAT) consists of sixty Buddhist, Muslim, Catholic and Protestant places of worship offering them free food, medicine, counseling and other health services. This network uses trained religious leaders and volunteers as well as people living with AIDS from temples, churches and mosques across Thailand to organize home-based care activities for people living with AIDS in remote areas.

In partnership with Norwegian Church Aid (NCA) sixty “caring, sharing and healing centers” for people living with AIDS have been developed including 30 centers at Buddhist temples, 14 centers run by Muslim mosques, 16 centers by Catholic and Protestant churches. In addition to home-based care the interfaith network supports small income generating opportunities for people living with AIDS. Through the use of Global Fund financing people are trained in product development and marketing mainly for income generation.

This process did not occur over night. Initially, NCA struggled to secure Global Fund financing. The proposal process was challenging due to their lack of experience with proposal development and program management. To compete with other NGOs applying for funding they had to build their organizational capacity as well as increase their national visibility. After an unsuccessful Round 4 proposal NCA approached the CCM and the technical review team with their proposal. After responding to some critical feedback, NCA’s proposal was accepted for Phase 2 funding of a Round 1 HIV/AIDS grant focused on improving service delivery of essential medicines and services. They received $1.6 million from the Department of Disease Control of the Ministry of Public Health of Thailand the Principal Recipient of the grant. Presently, a member of the interfaith network sits on Thailand’s CCM as the FBO representative.

**Case Study 3: The Churches Health Association of Zambia- A Global Fund Principal Recipient**
The Churches Health Association of Zambia (CHAZ) was established in 1970 to serve as an umbrella organization of church health institutions and community-based organizations. Today, CHAZ is comprised of 129 members, which together account for 59 percent of health care coverage in the rural areas of Zambia and 30 percent of the health care in the country as a whole. The extensive CHAZ network includes 32 hospitals, 68 health care clinics and 26 community based organizations.

Due to its extensive network and experience, CHAZ was selected to serve as one of four Global Fund PRs in Zambia. In this capacity, CHAZ oversees five grants and will receive $50 million in direct Global Fund financing through 2008, at which time additional Phase 2 funding may be added. This portfolio includes two HIV/AIDS grants, two malaria grants and one TB grant.

**Dramatic Scale-up of CHAZ Programs through Global Fund Financing**

CHAZ has effectively used resources from the Global Fund and other partners to substantially scale-up its work. In addition, CHAZ also receives a smaller amount of funding from bilateral donors, including PEPFAR through Catholic Relief Services as well as from the Centers for Disease Control and Prevention.

CHAZ channels money to a large number of FBOs as SRs, including 411 local FBOs to fight AIDS, 73 local FBOs to fight TB and 75 local FBOs to fight malaria. CHAZ works to provide communities with health services, disaster relief, training, medicine, support and community-wide programming. This work includes a heavy emphasis on supporting AIDS orphans to ensure that they can still get an education and at least one decent meal a day. CHAZ has also been working to establish and refurbish centers for the prevention of mother-to-child HIV transmission (PMTCT). Global Fund financing has allowed CHAZ to make a significant impact in the fight against malaria as well distributing bed nets and the most effective malaria treatments.

**Table 3: CHAZ Results as of October 2006**

- 67,234 orphans and vulnerable children (OVCs) supported
- 150,398 people provided with home-based care
- 1,266,499 people reached through behavioral change campaigns
- 1,700 people treated for TB
- 23 sites established to provide HIV/AIDS tests
- 28,297 people voluntarily counseled and tested (VCT) for HIV
- 1,216 pregnant mothers treated to prevent mother-to-child HIV transmission (PMTCT)
- 33,009 people living with HIV/AIDS supported in other ways

**Case Study 4: Catholic Relief Services Madagascar – A Global Fund Principal Recipient**

Catholic Relief Services (CRS) was founded in 1943 by the Catholic Bishops of the United States. It serves as the official international relief and development agency of the U.S. Catholic community. CRS works through local offices and an extensive network of partners on five continents and in 98 countries. CRS has a long history of working in the
HIV/AIDS sector in Eastern and Southern Africa. Since its first HIV/AIDS project in 1989 in Uganda, CRS has supported 180 AIDS projects in 40 countries. With its background and close ties to local Catholic structures and community-based organizations, CRS believed that it was uniquely qualified to serve as a Principal Recipient for the Global Fund Round 2 HIV/AIDS grant in Madagascar. CRS has an extensive portfolio of innovative and successful HIV/AIDS programs in the region, a long tradition of working with communities and community-based organizations in HIV/AIDS prevention, demonstrated past performance of good organizational and management practices, as well as an ability to strengthen local organizations implementing HIV/AIDS projects. In short, CRS was well poised to deliver high quality sexually transmitted infections (STIs) diagnosis and treatment and HIV/AIDS education.

In 2003, CRS received $1.5 million dollars in Global Fund financing to treat well-known STI and prevent AIDS. The project involves implementing programs to manage STIs, voluntary counseling and testing and the creation of youth centers for counseling on reproduction. They use a variety different strategies including providing both blood testing and STI services to make sure that anyone who needed treatment for an STI was reached. To date, nearly 2,800 people have been treated through these programs.

CRS has also involved other parties such as Youth for Christ as sub-recipients, and they have done a great job developing STI educational campaigns. The messages focus on abstinence, fidelity, voluntary counseling and testing, and treatment of STIs. Community workers go from door- to-door, with preachers, evangelists and others to educate people about STIs. The fruits of their labor is clearly seen in rural areas where campaigns targeting traditional healers have motivated them to send their patients to hospitals and clinics to receive treatment for STIs.

CRS also sits on Madagascar’s CCM and will continue to help develop proposals, so that the faith-based perspective on prevention and treatment of HIV/AIDS and other infectious diseases is reflected in future proposals.

**Case Study 5: Istiqama: A local Mosque-A Global Fund Partner in Zanzibar**

Malaria kills almost one million people every year, most of them women and children. In Zanzibar, significant efforts have been taken to roll back malaria through the use of various malaria control interventions, including anti-malarial drugs and bed nets. To date, over 300,000 bed nets treated with insecticide have been distributed to pregnant women and children. This has led to a significant decrease in the number of people falling sick, and an increase in family savings, among other benefits.

Zanzibar has been able to achieve this success with the help of Global Fund financing. Serving as the Principal Recipient, in 2004, the Ministry of Health and Social Welfare of Zanzibar received a malaria grant for $8 million dollars to further Zanzibar’s malaria control efforts through the expansion of Artemisinin-Based Combination Therapy (ACT) and Insecticide Treated Nets (ITNs) coverage. They have partnered with local mosques such as Istiqama which helps them educate communities on the proper use of bed nets.
and malaria prevention. “We regard them as partners because they help us create awareness in mosques, which produces good results,” says Dr. Abdullah Ali, a program manager with the Ministry of Health.

Specifically, Istiqama educates followers in mosques during Friday prayers. Religious leaders train the faithful by demonstrating how best to handle bed nets. They reach entire families by first talking to husbands who then pass the information onto their wives, who often are the ones who receive and use bed nets. Istiqama’s efforts have greatly contributed to malaria control awareness within the community.

Istiqama became involved in malaria control and prevention when the Ministry of Health sent out a request inviting all local NGOs to develop proposals on what they wanted to do in relation to malaria control. The Ministry of Health then reviewed the proposals and selected the best ones based on technical merit. Despite it being a very competitive process, Istiqama’s proposal stood out from the other proposals and impressed the Ministry of Health. They appeared to have the organizational capacity including internet access and program managers knowledgeable about Global Fund malaria control programs to give the Ministry of Health confidence that they would be an effective implementing partner in the fight against malaria.

Case Study 6: World Vision: An International FBO serving in Different Capacities within the Global Fund model

World Vision International (WVI), an international FBO with a global presence, has national offices in close to 100 countries. More than 20 of them are actively engaged with the Global Fund from advocacy with their governments to increase funding to the Global Fund to representing civil society on their CCMs. WVI has been actively engaged with the Global Fund, beginning with the first meetings to establish this new entity and continuing at different levels, including:

- **Principal Recipients:** Armenia (TB), Guatemala (HIV, Malaria and TB), Somalia (TB) and Thailand (TB)
- **Sub-recipients:** Cambodia (two AIDS sub-grants), Democratic Republic of the Congo (TB), Haiti (HIV), Honduras (HIV), Indonesia (Malaria), Kenya (Malaria), Lesotho (HIV), Malawi (HIV), Mongolia (TB), PNG (TB), Philippines (two TB sub-grants), Somalia (two sub-grants – HIV and Malaria), Sudan (two sub-grants - Malaria and TB), Tanzania (Malaria), Thailand (two sub-grants - TB and HIV), Timor Leste (Malaria), Uganda (HIV)
- **CCM Members:** Armenia, Cambodia, Democratic Republic of Congo, Dominican Republic, Honduras, Guatemala, Lesotho, Philippines, Senegal, Sierra Leone, Somalia.

WVI provides technical support for writing grants, which has resulted in several successful proposals. National offices provide project data, fund consultants and support the proposal process. WVI delegates have attended both Partnership Forum and occasionally, Board meetings. In several major conferences, WVI has shared lessons

Currently, WVI has a Global Fund portfolio of more than $130 million, including all three diseases. Where WVI’s National Office is the PR, an Implementation Unit has been established to provide the necessary management, financial and technical support for implementation. At the global level, relationships with the Global Fund are maintained through regular meetings with Portfolio Managers within the Global Fund Secretariat. WVI maintains an office in Geneva for this purpose, with Dr. Milton Amayun as the primary contact.

Some lessons learned from WVI’s experience include:

- Front-end investments by FBOs are required to make their engagement with the Global Fund meaningful. This could include staff time, travel or even match funding for approved proposals. Based on the WVI experience, a combination of a good track record, technical staff and financial systems are necessary. The Global Fund process is rigorous and competitive, and specialized technical inputs are needed for an FBO to compete.
- An important component for success is a strong presence and understanding of the political process in-country. The FBO must be active in relevant networks, and recognized for quality programming while successfully making its case for a proposal.
- Previous experience with external donors is critical. This experience gives an FBO familiarity with the procedures in applying for grants for global health. FBOs that have not had much exposure to external funding mechanisms will be at a major disadvantage.
- The Global Fund process is highly transparent, and many groups track its performance. As a result, Global Fund grant recipients and decision-makers often receive more scrutiny.
Chapter 3

Program Design and the Proposal Writing Process

Given the critical role FBOs are already playing in providing healthcare around the world, they are ideal and essential partners in efforts both to distribute Global Fund resources and to implement programs on the ground. While Chapter 2 explained ways FBOs can engage with the Global Fund Board and CCMs, this chapter is designed to help FBOs access funding and participate in program implementation as PRs and SRs. It is also intended to aid FBOs in the program design and proposal writing process.

FBOs have the potential to be key participants in the Global Fund grant process, which includes program design, proposal writing, implementation, and monitoring and evaluation and reporting. In many parts of Africa, mission hospitals provide a substantial proportion of the secondary and tertiary care of national health delivery systems. In some countries like Tanzania, Ghana, Lesotho and Papua New Guinea, Ministries of Health designate qualified church-run hospitals as their stand-ins in providing health services at the district level. Across the developing world, there are established networks of health activities of all kinds that are sponsored by faith-based groups – denominational, non-denominational, and interdenominational – or simply individuals acting on their faith.

A 2006 survey of faith-based participants at the International AIDS Conference in Toronto\(^2\) showed that many Christian groups working in AIDS and health are aware of the existence and funding potential of the Global Fund. However, only a small proportion of FBOs have been successful in becoming SRs to the Global Fund and only a handful have succeeded in becoming CCM members or PRs. The main reason cited for this low level of participation has been lack of information and capacity to participate in the proposal process. In the words of one respondent, “We do not know how the system works, and we are too small to do it alone.” This chapter is designed to address those concerns by assisting FBOs in navigating the intricacies of the proposal process as well as identifying who can help.

Getting Started

Historically, the Global Fund’s TRP has approved nearly 40 percent of proposals submitted in each round. The TRP is responsible for evaluating the technical merit of each proposal submitted. It uses a structured and competitive review process meant to identify high quality proposals. To succeed, FBOs as well as other civil society participants must be equipped to master the required technical content and have a good understanding of the grant review process.

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Should Your Organization Apply?

The first decision is whether or not an FBO should prepare a proposal for Global Fund support. The following steps should be taken into consideration during the initial decision-making process.

1. Gather information, beginning with the Global Fund website (www.theglobalfund.org). Any program design and proposal process begins with accurate information gathering and analysis. The Global Fund website is an excellent starting point with detailed information on the goals and objectives as well as the structure of the organization. It also provides specific information related to the following:

   - **What does the Global Fund support and where?**
     A list of eligible lower-income and lower middle-income countries is provided.

   - **What do successful proposals look like?**
     Summaries and grant amounts from Rounds 1 to 6 are tabulated and available online as are country grant information and data in greater detail, including performance to date.

   - **Where do I get information about the Global Fund in my country?**
     A list of CCM chairs and contact individuals and numbers are also provided online.

2. Understand the national program and identify gaps that your organization can fill. Many recipient countries have national plans and strategies to fight AIDS, TB and malaria. Obtain the most recent program plans and the latest annual reports to identify possible opportunities. Key questions to ask include:

   - **Are there any weak links in the plan?**
   - **In which geographic areas or target groups are they?**
   - **Based on our strengths, do these gaps represent an opportunity for my FBO?**

3. Gather your own program data and analyze the implications on a decision to prepare a proposal for your CCM.

   It is important to evaluate whether or not the population you are currently serving is part of the target group in the national plan for the three diseases. In addition, you should ascertain whether or not the services you are providing are identified by the national plan as critical to preventing, treating or curing the diseases. Should further information be required to help determine gaps in existing national programs, complement your analysis with information from USAID (Demographic and Health Surveys, Country Congressional Presentations and local mission reports), the World Bank (Poverty Reduction Strategy Papers), and reports from the UN organizations(?), including UNAIDS updates, UNDP’s World Development Report, WHO’s World TB Report and Roll Back Malaria Updates. Keep in mind that the most reliable and compelling data are typically collected from your own work. Ongoing surveillance data using your own
sources will serve as an important basis on whether your organization should prepare and submit a proposal.

4. If you do not have program data, do a professional evaluation of your work first. Because many FBOs lack the staffing capacity to carry out formal monitoring and evaluation of their programs, quantified data may not be readily available. Should this apply, it is critically important to engage an external technical and program expert to assess your programmatic strengths and weaknesses. While this may result in the postponement of a proposal, it will make available robust data that will allow for long-term operational improvements. A question to keep in mind during this process is what programmatic innovations could be offered for scaling-up with Global Fund support. This comprehensive evaluation will better equip your organization in both program design and the proposal process.

5. Contact your CCM members.
CCMs should have an FBO and/or a civil society representative. These individuals can be your conduit of information to and from the CCM. Discuss with them your plans and ask for advice. Occasionally, a CCM conducts an in-country proposal competition to select potential sub-recipients. The guidelines should be studied carefully and followed.

- **Pre-submission vs. post-approval proposal competition**
  Many countries call for proposals prior to the submission of a country coordinated proposal to the Global Fund. Promising proposals are bundled into one proposal and are submitted to the Global Fund by the CCM prior to the deadline of a particular round. Partners are pre-assigned and the budgets of each individual SR is combined with the PR in the funding request.

  Alternatively, some country coordinated proposals are submitted without designating who the sub-recipients will be or how much they will be allocated. In such a case, the call for proposals is issued by the PR post-approval – after the signing of the grant agreement between the PR and the Global Fund.

**Examples of Pre-Submission and Post-Approval Success Stories:**

**CCM Pre-Submission Example 1: Rwanda’s Round 7 Proposal**
Prior to the issuance of the Call for Proposals for Round 7, Rwanda’s CCM issued its own Call for Proposals. Possible partners were invited to submit program ideas that focused on any combination of the three diseases. The deadline was at the end of February 2007. Presently, a locally constituted TRP is busy reviewing the 60+ submitted proposals, which is substantially more than what was submitted to the CCM in previous rounds. The winning proposals will be developed into one comprehensive proposal and submitted to the Global Fund by July 4, 2007.

**CCM Post-Approval Example 2: Armenia’s Round 2 Proposal**
In 2003, Armenia’s CCM submitted a proposal for a $7 million HIV/AIDS grant in Round 2. Initially, the United Nations Development Program (UNDP) was nominated as the PR, but after further evaluation, World Vision Armenia was given the lead.
Immediately after the signing of the grant agreement, World Vision Armenia conducted a competition for the available funds. Several NGOs submitted proposals, with most of them getting funded. After being approved for Phase 2, World Vision Armenia led a similar process.

There are pros and cons to proceeding with either scenario, and it is essential that an FBO keep abreast of the decision made by the CCM. If you participate in a pre-submission scenario, your organization has the possibility of helping shape the country proposal, yet there is no guarantee the country coordinated proposal will get approved. In a post-submission scenario, it is normally the PR that is in charge of the proposal competition. While resources will be available for disbursement, anything proposed by an FBO must be within the approved proposal framework and funding limits.

**Moving Forward**

If your country is eligible, and you think your FBO has a good program with innovative interventions that could be scaled up, submitting a proposal is the next step. In preparation for submitting a proposal, the following documents that should be reviewed:

- **Proposal Guidelines** – The Request for Proposals (RFP) is usually issued in March, with a final deadline for submissions by July. For Round 7, the RFP was issued March 1, 2007 with a deadline of July 4, 2007. You do not need to wait until the formal Call for Proposals to familiarize yourself with the proposal’s requirements. Guidelines from the previous rounds are an excellent guide for content and organization.

- **The Monitoring and Evaluation Framework** – The Global Fund’s monitoring and evaluation preferences coincide very well with those of UNAIDS and WHO. Particular attention should be paid to multi-tiered indicators and to the Global Fund’s “Service Delivery Area” or key activities aimed at preventing, treating or curing the three diseases.

Tables 4 and 5 summarize the Global Fund’s preferred indicators for measuring performance:
Key Issues to Remember

As previously mentioned, the Global Fund manages resources for the scaling up of innovative interventions that have proven to be effective in the fight against AIDS, TB and malaria. As a result, there are key issues to keep in mind in developing a proposal, whether the proponent is an NGO or the government. These include:

- **Technical capacity for scaling up interventions is essential for project or grant implementation** – More than any other aspect, the TRP looks at the technical merits of a proposal and determines its eligibility for funding. The proposal reviewers also assess whether the availability of technical support is well described. Technical issues
often arise in grant implementation, and a source of technical guidance may have to be identified for the proposal. In general, technical consultants will be required for training activities and evaluations. They need to be included in the proposal.

- **Financial analysis and systems are important in both proposal preparation and implementation** – The TRP must be satisfied that the budget proposed is financially sound and appropriate. A significant part of the proposal guidelines requires a thorough analysis of current allocations, donor contributions and gaps in funding. Such analyses must show that the budget requested was based on anticipated need and reasonable costs.

- **Human resources are required for different aspects of implementation – from political and technical leadership, to program and financial management, to service delivery and monitoring and evaluation** – For large grants, it is important to show that highly specialized personnel are in place or can be hired easily. Small FBOs are usually run by volunteers, and may not have a full complement of salaried professionals to run a large program. Decisions may have to be made on whether the appropriately trained people or the numbers of staff required by the grant will be hired or contracted. It is often difficult for large Global Fund-funded grants to be solely run by volunteers.

- **Information systems track program performance as part of a project’s monitoring and evaluation function** – Ideally, a project information system should be able to correlate achievement against indicators and program expenditures on an ongoing basis. Strong information systems are invaluable to project managers in their ability to highlight lagging performance for corrective action. This way, problems can be solved prior to their deteriorating into crises. Monitoring is the ongoing tracking of performance on a daily basis. On the other hand, reviews and evaluations are normally done after long intervals, e.g., a year or two, to identify trends, resolve problems, and to document successful activity throughout project life.

- **Field coverage and geographic expansion are key issues for Global Fund-funded projects** – Scaling up is a key area of interest; small projects need to be bundled together to show significant coverage of a country. Often, FBOs must come together as a consortium to demonstrate that they can collectively provide interventions and services in a good proportion of the sites in a country. Expansion into new areas in a country may be a challenge to a single FBO; in such cases, the creation of an FBO consortium proposing a common strategy and set of interventions is a recommended alternative.

- **Collaborative relationships not only expand coverage but also provide a way to tap into expertise and resources that complement an FBO’s strengths** – The Ministry of Health is the key partner for health programs. But grassroots organizations, the faith community, academia, the private sector, and other civil society organizations are all potential partners for program implementation as well.
Costs and sustainability are important because activities introduced with Global Fund support may have to be sustained after funding from the Global Fund ends – This is particularly true for some eligible countries. Their contributions to the costs of the programs proposed are required by the TRP as evidence of national commitment to ending the three targeted diseases.

In addition to the above, there may be other issues applicable to your particular country context. These should be included for consideration in your proposal preparation.

In the end, the question of how much more your FBO can absorb needs to be answered. How far and how fast should you expand your coverage? Do you have the systems to manage the resources well? The answer to these questions should guide the mix of interventions, the scope, and the budget of the proposal. As a general rule, Global Fund support should not be used to start activities. There are also restrictions in the guidelines as to what should or should not be supported.

It is also important to recognize that the project management structure that covers a few villages is different from that of a national or regional program. There will be an increased need for skilled human resources and communications, complex logistics and transparency. It is important to evaluate these issues and plan accordingly prior to the development of a proposal. From the Global Fund’s prior experience, the greatest weakness of large grants is that they are not as nimble and efficient as the smaller ones.
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<th>Table 6: Strengths &amp; Challenges of Civil Society Proposals</th>
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**Strengths**
In terms of content, a good proposal should:

- Be concise, clear, crisp.
- Be compelling analysis, with a logical flow from needs statement to budget.
- Propose interventions that are derived from state-of-the-art technical knowledge.
- Be innovative, forward-looking.
- Have competent, experienced and organized staff providing good leadership.
- Offer a coherent, well described Monitoring and Evaluation plan.
- Be efficient: Provides the biggest bang for the buck!

In terms of format, a good proposal should:

- Answer all questions completely.
- Include all required attachments.
- Not include grammar, spelling or punctuation errors.
- Adhere to length requirements and limitations.

**Challenges**
Gleaning from the Global Fund’s experience, the most common challenges of failed proposals are:

- Lack of attention paid to comments of the TRP from a previous submission.
- Poor performance on a previous grant.
- Weak linkages with other donor-funded programs, e.g., PEPFAR or the President’s Malaria Initiative.
- Not following specific instructions, e.g., not submitting through a CCM, or not providing detailed justification for not submitting through a CCM.

Proposals with one or more of the above characteristics are deemed non-responsive and are routinely rejected, or may not even be recommended for review by the TRP.

Other challenges include:
- Insufficient analysis or justification of need.
- Technical content not state-of-the-art.
- Bloated budget.
- Inadequate financial system to maintain transparency.
- Low absorptive capacity of the FBO or the health system for external funding.
- Poor technical and management capacity of staff to manage and supervise implementation.
- Monitoring and Evaluation plan not clearly laid out.
Key Recommendations for Improving Proposal Outcomes

Approximately 40 percent of proposals submitted to the Global Fund get approved for funding in a given round. However, applicants that improve their proposals based on TRP comments have a much higher chance of approval in subsequent rounds. Because proposals represent a major investment for many countries and FBOs, effort should be made to maximize a proposal’s chances of approval. Important points for proposal writers and teams are summarized below.

1. **Begin early.**
   Work on a proposal should start prior to the publication of the Call for Proposals. The political process in country can take time, but this can proceed without the guidelines. The Global Fund gives four months for proposal development, therefore ample time is available to do a complete proposal. Focus on the last two weeks before the deadline on refining the document, NOT writing it.

2. **Master the basics and seek help.**
   It is important to ensure that the grant be developed in response to the request. The best way to do this is to access important information on the Global Fund website, including the guidelines for the call for proposals, the National Plan(s) for the particular disease(s) of focus, and the deadline for completing the proposal.

   In the event that the Guidelines for any particular round are unclear, it may be necessary to seek more information from the CCM regarding decisions on proposal preparation. It is also beneficial to ask for clarification and assistance from other FBOs who have been through a proposal cycle before. Helpful websites and contacts are listed at the end of this document.

3. **Improve the fit between your proposed project and the Global Fund’s priorities.**
   Understanding the mission of the Global Fund and following the proposal guidelines is key. This is particularly relevant if a prior submission has been assigned a Category 3 and you are planning to re-submit. All comments from the TRP should be carefully responded to in detail. An analysis of the weaknesses of unsuccessful proposals showed that ignoring the TRPs comments was a common theme.

4. **Maximize the use and analysis of your data.**
   Because of the heavy emphasis on targets, benchmarks and outputs, data is a very important part of proposal preparation. If baseline information is available, the process will be much easier. However, in most cases, only national figures are available, and often, there are just averages. If such baseline figures are not available at all for the area your project will cover, include an educated estimate and a specific section in your proposal’s monitoring and evaluation section on how you will arrive at more accurate baseline data during the first year. Data is not only important in measuring success. It is equally important in correlating your proposed budget with your proposed achievements. This analysis provides a good basis for projecting costs.
5. **Be creative and innovative; make your program design technically superior.**
The Global Fund pays particular attention to promising innovations that have been proven effective, and can be scaled up for greater coverage of those in need. In your proposal, highlight these innovations and include details in relevant sections. For maximum impact, if your organization has such an innovation, include an easily identifiable name or acronym.

6. **Share the burden of putting the proposal together.**
The use of a proposal draft committee with several experts pooling their resources and knowledge is always better than a single person writing the proposal. For example, some proposal writers engage a finance expert to prepare the budget and budget narrative. Advantages include: shortened proposal preparation time, ability to more easily catch mistakes and to raise important issues that are not readily apparent to just one person.

7. **Use consultants and technical assistance if necessary, but most of the major inputs should come from your own staff, records, partners and members of the target community.**
Consultants are helpful in shaping the proposal and in ensuring the ideas are presented according to what the TRP is looking for, however, the owners of the proposal – in this case, FBOs working in-country – should remain the same. If the proposal is approved, the burden of implementation will be on the grantee, not on the consultants. Hence, it is important that the grantees understand the intent and thrust of the proposal being submitted.

8. **Test your ideas; solicit reviews from as many people as possible.**
Solicit outside experts for input and review. The best proposals undergo several revisions before they are submitted. The time taken to review, edit, proofread and re-write can make all the difference.

9. **Maximize the use of audio-visuals and strong data.**
Use maps, tables, illustrations, lists, graphs, and diagrams in presenting your proposal. Color is preferred. When quoting passages or using previously published data, including tables, photos and charts, make sure that the sources are clearly identified. Be sure to use accurate, authoritative data to strengthen the proposal. Avoid data that is dubious in origin or methodology.

10. **Allocate proposal pages and discussion according to the scoring criteria.**
Once a draft is complete, it should be reviewed for page allocation. The Guidelines explicitly define the number of paragraphs and pages each section should include. All sections should be checked for completeness, as well as emphasis as allocated to the different sections.

11. **Remember the C’s!**
Immediately prior to submission, it is good to review the proposal for the following characteristics:

- a. Complete – all pages, sections, questions answered.
- b. Current – represents up-to-date knowledge on the subject matter.
- c. Compelling – the need is well-stated in convincing terms.
- d. Coherent – the approaches/interventions directly resolve the problem or need.
- e. Competent proponent – the staff proposed can deliver what is promised.
- g. Cost-efficient – biggest bang for the buck.

Many proposals do not get approved after having been submitted the first time. In the scoring mechanism of the TRP, every proposal reviewed is assigned one of five categories:

- **Category 1** – Approved with no or minor clarifications required.
- **Category 2** – Provisionally approved subject to the satisfactory clarification of issues noted by the TRP.
- **Category 2B** – Similar to Category 2, but with more substantial clarifications needed, especially on technical issues and feasibility.
- **Category 3** – Not approved, but has promise. Proposal could be re-worked for re-submission in a subsequent round.
- **Category 4** – Rejected outright. No need to re-submit.

If your country proposal is assigned to Category 3 when first submitted, the TRP’s comments must be duly addressed in detail if a subsequent re-submission is planned.
Appendices
Appendix A: Global Fund Secretariat Structure
“About the Global Fund”
In this section of the website you will find information about how the Global Fund works, successes fighting the three diseases, the Global Fund logo and policies as well as the history of the Global Fund. The section of particular interest under this header is:

全球基金治理
- 治理政策和程序
- 董事会运营程序
- 道德和冲突利益政策
- 文件政策
- 委员会规则和程序
- 框架文件
- 转型工作组
- 举报政策
- 联系全球基金成员的高标准行为

“Key Structures”
In depth information about the various Global Fund entities, both in-country and in Geneva, is available in the “Key Structures” section. This includes the Board, Secretariat, Technical Review Panel (TRP), Partnership Forum, Office of the Inspector General, Technical Evaluation Reference Group (TERG), Country Coordinating Mechanisms (CCMs) and Local Fund Agents (LFAs).

“Funds Raised and Spent”
For information regarding all finances of the Global Fund including country disbursements, funding the Global Fund and the distribution of funding. To see all financial and other grant information for a particular country select a country from the pull down list “or Choose a country” under the search center.

“Applicants and Recipients”
This will provide you with information for the application process as well as what to do once a grant has been approved. Topics include:

- 申请人
  - 正在寻找提案
  - 国家资格标准
  - CCM要求和指南
  - 技术审查小组（TRP）
- 受益人
  - 政策和指南
  - 早期警报和响应系统
  - 价格报告机制
  - 基于绩效的资助
  - 采购和供应链管理
“Our Partners”
Of the most interest to FBOs will be the “NGOs and Civil Society” section. This includes information on Partnership Forums, the “Civil Society Update”, articles and meetings.

“Performance”
This is also an important section which provides documents on results, monitoring and evaluation as well as independent evaluations. Most documents are available for download.

“Links and Resources”
The Global Fund provides additional resources through this section including more information on the three diseases, applicants and recipients, the Global Fund evaluation library as well as links to Global Fund partners sites.

Additional Resources
The Global Fund keeps up-to-date spread sheets available on their site as well as disbursement information. This can be found under the “Progress Reports” heading at the bottom of the side navigation bar (depicted on previous page). Reports can be customized using a series of queries including County, Region, Round, components, Principle Recipient type (i.e. FBO, NGO or government), recent disbursement number as well as others. A full image of this search is depicted below.
Appendix C:
Global Fund Coverage After 6 Grant Rounds
Appendix D:
Distribution of Global Fund Funding After 6 Rounds

Country Coordinating Mechanisms (CCMs)
Entities participating in Round Three CCMs
100% = 78 CCMs**

- Government health ministry: 16%
- Government other ministries: 21%
- UN/Multilateral agencies: 15%
- NGOs/community-based organizations: 15%
- Bilateral agencies: 6%
- Academic/educational organizations: 5%
- People living with the diseases: 4%
- Private Sector: 6%
- Religious/faith-based groups: 5%
- Other*: 4%

* Other includes mainly Red Cross and Red Crescent societies
** Excluding South Sudan (sub-CCM) and Somalia, which are not representative due to their particular political situations

Disease

- HIV/AIDS: 58%
- Malaria: 24%
- Tuberculosis: 17%
- <1% HIV/AIDS
Appendix E:
Questions & Answers

Where do I get an application?
Applications can be found online at www.theglobalfund.org. For the great majority of FBO proposals, the CCM is the one responsible for bundling them up for submission to the Global Fund. FBOs must dialogue with their CCMs or their PRs as to what format they can use for submission in their country.

When do I apply?
The call for new proposals for each new round will now be issued in early March. The deadline for country submissions to the Global Fund will be in early July. FBO proposals to the PR or CCM may follow different timelines to enable the CCM to meet the July deadline in Geneva.

Who do I submit my proposal to?
For FBOs, a proposal should be submitted directly to the PR or CCM in country through a pre- or post-grant approval competition in country.

Who is on the CCM?
CCMs typically include representatives from both the public and private sectors in a country, including governments, multilateral and bilateral agencies, non-governmental organizations (including FBOs), academic institutions, private businesses and people living with the diseases. CCM membership ranges from 20 to 30 members. For most CCMs, the national government makes up the bulk of membership, with other sectors represented to a lesser extent. A majority of CCMs have at least one faith-based representative. This person should be seen as a representative of the broader faith constituent.

How do I get in contact with my CCM FBO representative?
A list of CCM contacts is listed on the Global Fund website. CCM Chairs, Vice-Chairs and other representatives have their contact information listed by country or grant. Alternatively, FBOs interested in engaging in the CCM process may ask their Ministry of Health, National AIDS Control Program who represent FBOs or civil society on their CCM. If FBOs are not directly represented, the most important contact is the civil society representative on the CCM.

How long does it take to find out if I got a grant?
The GFATM Board meets in November each year to approve the TRP’s recommendations as to which proposals will be funded. The list is normally published on the GFATM website and by Aidspan shortly after that. After every round, the TRP submits a report summarizing the geographic locations, the disease components and the budgets of the approved proposals.

For more frequently asked Q&A please visit:
Appendix F: Technical Assistance

When writing a proposal there are sources which can help in compiling the most efficient and technically sound proposal. One source of information is [www.aidspan.org](http://www.aidspan.org), which published guides for applicants to the Global Fund. Documents include; “The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance,” “The Aidspan Guide to Building and Running an Effective Country Coordinating Mechanism (CCM),” “An Analysis of the Strengths and Weaknesses of Proposals Submitted to the Global Fund in Rounds 3-6 – Based on Comments by the Technical Review Panel” and “Aidspan Guide to Round 7 Applications to the Global Fund.”

Of particular help are the Aidspan’s guides to specific Round applications. Included in these are lessons learned from earlier rounds, guidance on the proposal process and a step-by-step guide to filling out a proposal form. Aidspan.org also offers guidance documents and other information to help ensure the effective execution of approved proposals.

The Global Fund itself also offers technical assistance and guidance for applicants. On the Global Fund website ([www.TheGlobalFund.org](http://www.TheGlobalFund.org)) under “Applying for Funding/Applicants/ Funding Opportunities/Round Based Channel/Technical Assistance and Other Guides” a list of resources both from the Global Fund as well as outside sources can be found. This includes: good examples of budgets, partner information, links to research information as well as other useful information.
Christian Connections for International Health (CCIH)
The mission of Christian Connections for International Health is to promote international health and wholeness from a Christian perspective. CCIH provides field-oriented information resources and a forum for discussion, networking, and fellowship to the spectrum of Christian organizations and individuals working in international health.

Friends of the Global Fight Against AIDS, Tuberculosis, & Malaria
Friends of the Global Fight works to educate, engage, and mobilize Americans in the fight to end the worldwide burden of AIDS, tuberculosis, and malaria. By focusing these efforts on decision-makers in Washington, Friends seeks to build a sustained political commitment to fighting these diseases and to supporting the Global Fund to Fight AIDS, Tuberculosis and Malaria, a critical component in the fight.

World Vision
World Vision is a Christian relief and development organization dedicated to helping children and their communities worldwide reach their full potential by tackling the causes of poverty. World Vision serves the world’s poor, regardless of a person’s religion, race, ethnicity, or gender.