

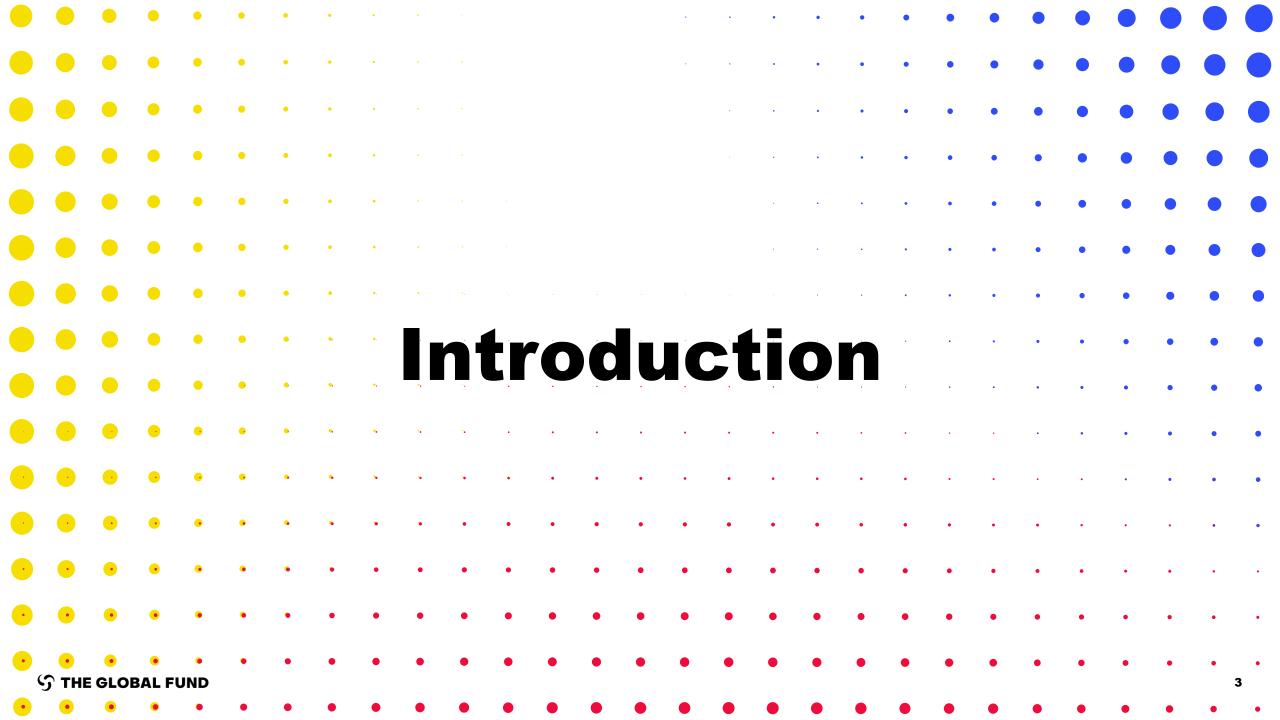
INFORMATION SESSION

Quality and Timely Grant-making

23 March 2023

Agenda

- 1. Introduction
- 2. Translate the Global Fund Strategy (2023-2028) into effective grant design
- 3. Plan and ensure implementation readiness so activities can start on day one
- 4. Enable timely & quality grant-making
 - i. Grant-making deliverables
 - ii. Overview of key changes
 - iii. Negotiations and PR submission
- 5. Next Steps & Resources
- 6. Q&A



Two information sessions are planned, followed by Q&A sessions

Suggested Audience	Purpose	March	April	Мау	June
PRs, LFAs, CCMs and any other interested stakeholders	High-level introduction to grant- making including key elements from the new Global Fund Strategy	21 Mar Information Session #1 (simultaneous interpretations)			
PRs, LFAs, CCM Secretariats	Detailed session on how to complete grant-making on-time and with quality, for those directly participating in grant-making	23 Mar Information Session #2 (simultaneous interpretations)	[Date TBD] Q&As (EN, FR, ES)		[Dates TBD] System-specific Q&As (EN, FR, ES)

For those who have gone through grant-making in previous grant cycles: The information sessions capture the key changes for Grant Cycle 7 and are sufficient.

For those who have not already been through grant-making: Please attend the information sessions and complete the forthcoming eLearning module.

All: Read the new OPN and Operational Procedures for the full understanding of grant-making in Grant Cycle 7.

For a complete list of relevant information sessions and materials for grant-making please refer to the **Resources** slide.

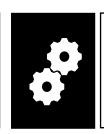
Quality grant design and timely grant making embeds the new Strategy while ensuring implementation readiness



Translate the Global Fund
Strategy (2023-2028) into effective grant design



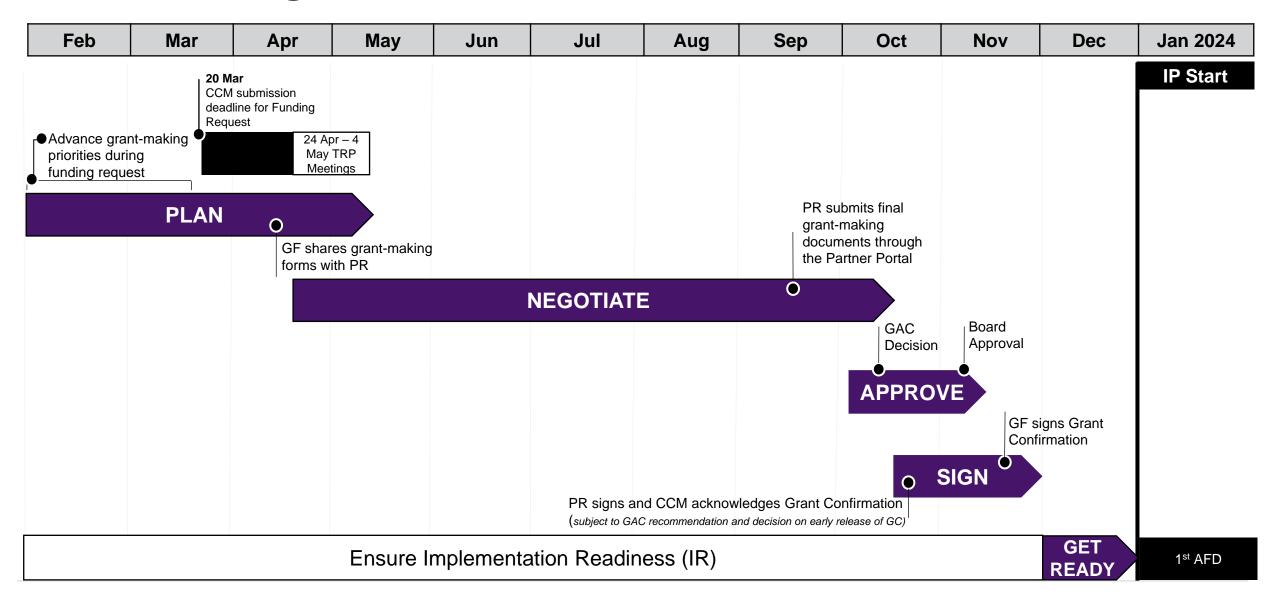
Plan and ensure implementation readiness so activities can start on day one



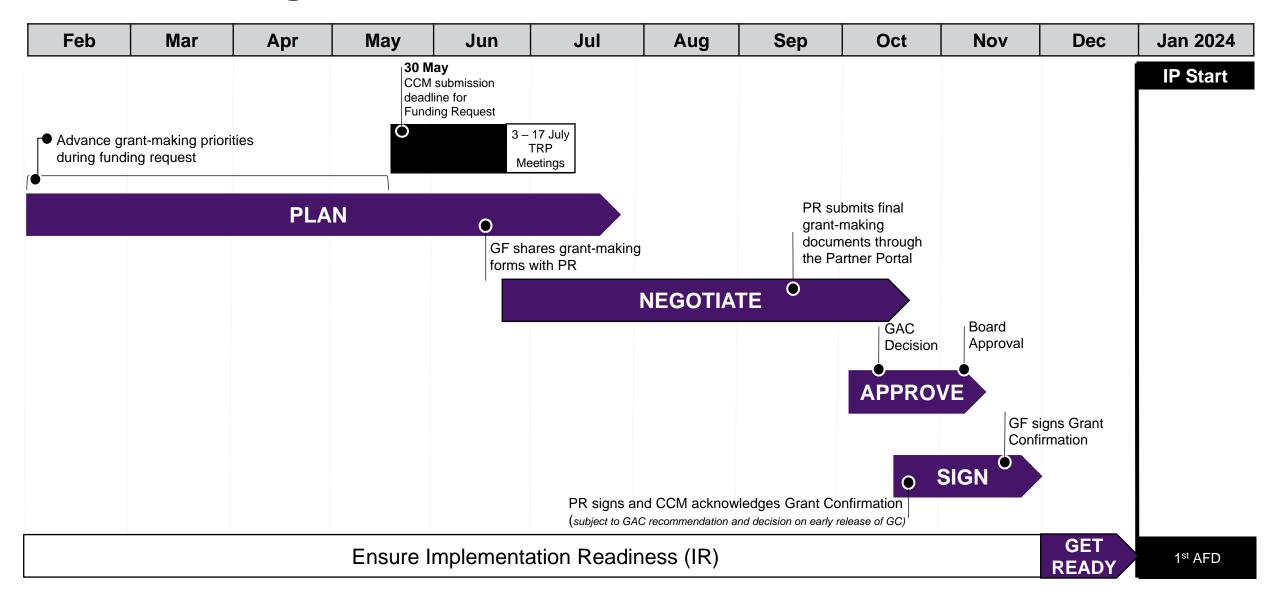
Ensure timely and quality grant-making



Grant-making timeline for TRP Window 1 submissions



Grant-making timeline for TRP Window 2 submissions





Translate the Global Fund Strategy (2023-2028) into effective grant design

Translate the Global Fund Strategy (2023-2028) into effective grant design to end the three diseases

OUR PRIMARY ► GOAL END AIDS, TB AND MALARIA WORKING WITH AND TO SERVE THE HEALTH NEEDS OF PEOPLE AND COMMUNITIES







MUTUALLY REINFORCING CONTRIBUTORY OBJECTIVES Maximizing
People-centered
Integrated Systems
for Health to Deliver
Impact, Resilience and
Sustainability

Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind

Maximizing Health Equity, Gender Equality and Human Rights

Mobilizing Increased Resources

Contribute to Pandemic Preparedness and Response

DELIVERED THROUGH THE INCLUSIVE GLOBAL FUND PARTNERSHIP MODEL

EVOLVING

OBJECTIVE

Partnership Enablers

Raising and effectively investing additional resources behind strong, country-owned plans, to maximize progress towards the 2030 SDG targets

Operationalized through the Global Fund Partnership, with clear roles & accountabilities, in support of country ownership

Maximize community engagement during grant-making

Focus on program essentials and use of data

Strengthen investments in RSSH and Pandemic Preparedness

Enhance health equity, gender equality and human rights

Strengthen efforts to mobilize equitable, efficient additional domestic resources





Critical importance of communities in the new Global Fund Strategy demands increased opportunities for engagement throughout the grant life cycle



Changes during funding request and grant-making stages increase transparency, accountability and opportunities for community engagement

Funding Request Grant-making Implementation Applicants engage PRs early (advanced grant-making) Publish funding request documents externally earlier PR and CT leverage funding request community priorities annex* as an input into grant-making Copy CCM members on key automated grant-making milestone notifications CCMs hold at least 2x CCM meetings during grant-making for PR to provide an update and receive feedback on GM progress ** CTs hold at least 1x meeting with community and civil society representatives to provide an update and receive feedback on grant-making progress Best practice Leverage existing mechanisms to support direct community and civil society engagement in grant-making Requirement Process change (no action) * Funding priorities of civil society and communities affected by the three diseases.

Mutual expectations must be clearly defined for all stakeholders to ensure meaningful engagement

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** Requirement for High Impact & Core portfolios; best practice for Focused portfolios.

Engaging community-based and community-led organizations (CBO/CLO) as implementing partners is key to the success of the new Global Fund Strategy

Why engage

- Demonstrated ability to deliver high-quality health services and programming
- Unparalleled understanding of community needs, preferences, challenges, and the acceptability of service delivery approaches
- Ideally positioned to:
 - Reach into communities to find 'missing' beneficiaries
 - Provide differentiated services to meet complex and diverse needs of different groups
 - Foster understanding of new interventions and mobilize demand
- More likely to be viewed as trusted partners by the communities they work with

When to engage

- Ability to implement a wide range of activities and in an equally wide range of contexts
- Four specific contexts where the Global Fund expects some level of engagement:
 - When differentiated service delivery approaches can enable greater impact.
 - When improving access and outcomes for marginalized sub-populations is an objective (including key populations).
 - When introducing or scaling-up new products or service-delivery approaches.
 - When seeking to safeguard human rights and reduce human rights-and gender related barriers to services.

How to engage

Which organizations are engaged, and specific contracting modalities are guided by programmatic objectives, local context, the specific needs of the communities the grant intends to support, and an understanding of potential risks and how they can be mitigated. The Global Fund encourages engagement with a range of CBO/CLO implementers in order to ensure the most appropriate partner is contracted to deliver the most appropriate service.

CBO/CLO implementers exist along a spectrum of organizational capacity, demanding different contracting approaches

In-country partners are encouraged to explore all contracting approaches that may be applicable to their country context and the capacity of relevant organizations, including the use of innovative approaches such as payment-for-results.



Country A

Unregistered groups embedded in the community, linked directly to a PR or via one or more SRs

Country B

Registered, structured organizations to provide services at a large scale or provide specialist niche services

Programmatic needs

- Which organizations are best placed to deliver?
- What support do organizations need to ensure adequate implementation and oversight?

Payment for Results

- Can provide a means to for direct support of even the smallest organizations.
- May mitigate risks associated with contracting organizations with limited capacity.

Community systems strengthening

PRs are strongly encouraged to support the organizational capacity of well-performing CBOs/CLOs, including by leveraging:

- Grant investments in CSS
- Community Systems & Responses strategic initiative

Maximizing health equity in Grant Cycle 7

What is health equity?

- Health inequities are differences in health outcomes that are unnecessary, avoidable, unfair and unjust. Equity is achieved when these differences are eliminated, and everyone attains their full potential for health and well-being.
- A person's health is shaped by their everyday living conditions these are the **social** determinants of health and the drivers of inequity.
- PROGRESS Plus acronym sets out some of the most common dimensions of health inequity:
 plus the important personal characteristics
 - Place of residence;
 - Race/ethnicity/culture/language;
 - Occupation;
 - Gender/sex;
 - Religion;
 - Education;
 - Socioeconomic status;
 - Social capital;

Why is equity a priority for the Global Fund?

- Global Fund Strategy 2023-2028 commits to maximizing health equity and taking intensified action to address inequities.
- Inequities are directly linked to disease outcomes.
- We will not end the epidemics without addressing inequities.
- The most marginalized are being left further and further behind.

What's new in Grant Cycle 7?

- New requirements for applicants to demonstrate how they will maximize health equity.
- Strengthened focus on equity within the **Technical Review Panel's review criteria**.
- Design interventions which respond to health inequities identified in the analysis in the funding request.

that impact on health equity, such as

disability, sexual orientation and age.

• Progress will be measured through new **grant indicators to track performance in reducing inequities** in key HIV, TB and malaria grants.



2

Plan and ensure implementation readiness so activities can start on day one

Implementation readiness (IR) enables PRs to start activities immediately upon IP start date and contributes to improved implementation in Y1

Key considerations for achieving implementation readiness:

1.

Ensure IR throughout Funding Request (FR) and Grantmaking (GM)

- IR happens alongside FR development and GM negotiations, not after.
- Advance IR activities to the extent possible at each phase of the FR and GM processes.

2.

Consider advanced grant-making during FR development

- Increase participation of PRs in funding request development, where appropriate.
- Strongly recommended for Program Continuation approach and where PR is continuing

3.

PR signs & CCM acknowledges after Grant Approvals Committee (GAC) recommendation

- Earlier grant signing timelines, allowing additional time to finalize implementation readiness
- Subject to GAC decision whether the GC can be released for PR signature before Board approval

4.

Standardized IR assessment

- LFA to conduct IR assessment within 1 month of IP start date and submit assessment report 2 weeks later, allowing issues to be identified and resolved soon after implementation begins
- CT to communicate mitigating actions to PR within 2 months of IP start date.

Implementation readiness (IR) activities happen during funding request and grant-making, not after

Funding Request

Grant-making Implementation GET READY PLAN NEGOTIATE APPROVE SIGN Finalize Ensure: LFA performs Finalize PR staffing: Determine PR human implementation work implementation work resource needs for - All HR, SR and • Define structure, plan plan grant-making supplier contracts

- Consider advanced grant-making (see next slide)
- TORs; or update* existing TORs & extend contracts**
- SRs and suppliers:
- Select as early as possible
- Define and approve **TORs**
- Negotiate contracts**
- **Implementation** workplan:
- Discuss details for Yr1

- After Board approval:
- Sign contracts***
- Sign pending HR, SR and supplier contracts
- PR initiates the PPM requisition (if applicable)
- are signed
- Implementation work plan agreed upon
- PPM requisition approved by Global Fund (if applicable)
- CT requests LFA to perform IR assessment

IR assessment & submits it to Global Fund

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^{*} For existing, well-performing PRs only

^{**} The Global Fund does not require a competitive re-selection of human resources, SRs, and Suppliers (for PRs procuring through their own processes) for each IP. Re-selection must comply with applicable Global Fund policies and regulations.

^{***} In some cases, it may be possible for the PR to sign contracts earlier if local laws and PR procedures allow.

Advance grant-making where appropriate and ensure implementation readiness **Implementation**

Period (IP) **Start Date**

Funding Request

Grant-making

Implementation







Grant-making level of detail in key funding request documents

Early engagement of PRs to advance grant-making

Applicants engage selected PRs early* and develop the key funding request documents with grant-making level of detail.

Implementation-ready grants can start on day one

PRs that sign early can implement grant activities immediately from the IP start date.

Early signature can improve timely implementation

There is a correlation between grants signed early and timely implementation in Year 1.



Advanced grant-making strongly recommended for the Program Continuation application approach or where the applicant continues with the existing PR.

^{*} CCMs must still follow an open and transparent process to select the PR (Eligibility Requirement 2). The CCM compliance statement has been updated to accommodate early PR selection.



Develop key funding request documents with a level of detail required during grant-making stage of the process



 Include PR-specific* coverage indicators and targets, including disaggregation where applicable, with a six-month reporting frequency (for High Impact and Core portfolios).



Detailed Budget

Include:

- PR-specific* budget lines at the cost input level (for High Impact and Core portfolios).
- Detailed assumptions to support accurate unit costs.
- Ringfenced sub-recipient budgets**.



Health Product Management Template

Include:

- Detailed assumptions to support accurate quantifications and unit costs.
- Required supporting documents (e.g., quantification sheets, HPM plan, treatment and diagnostic protocols).

Applicants that advance grant-making can gain up to 30 days to ensure implementation readiness.

- * While documents are prepared with PR-specific information, these are consolidated within a single file for final FR submission to TRP. For integrated funding requests, applicants must discuss specific considerations with the Country Team.
- ** Budget lines are assigned to sub-recipients to the extent possible, even if these implementers have not yet been identified or confirmed.





Required deliverables are staggered throughout grant-making*

Finalize before TRP recommendation of FR

Documents

Updated FR/GM Project Plan (Best Practice)

System Updates / Actions

Grant Entity Data**

Capacity Assessment (if applicable)

Initiate immediately after TRP recommendation of FR

Other

Early identification and selection of PR staff

Early identification and selection of SRs

Early identification and selection of suppliers***

Finalize prior to grant submission to GAC

Documents

Performance Framework (Excel & PDF)

Detailed Budget (Excel & Summary PDF)

Health Products Management Template

New/Updated Implementation Arrangements Map

Programmatic Gap Table(s) (if updated)

Funding Landscape Table (if updated)

Grant Confirmation

Co-Financing Commitment Letter

Applicant Response Form for TRP issues

List of Program Assets (from current IP)

- _
- Submit to GAC for review.
- PR to submit in Partner Portal

- * Differentiated requirements per the Focused Portfolio Management Models are included in annex.
- ** Submitter (and Editor) data must be reviewed and updated as soon as possible to allow access to the Partner Portal. Signatories, Org. Reps for notices and banking Information must be updated prior to GAC submission.
- *** For health products and critical services.

Finalize at Grant Confirmation signing

Documents

Monitoring & Evaluation Plan (if applicable)

Other

Agreed Audit Arrangements

Finalize before IP start date

Documents

Agreed Implementation workplan for Y1

Approved ToRs and contracting of PR staff

Approved ToRs and contracting of SRs

Approved ToRs and contracting of suppliers***

System Updates / Actions

Approved PPM purchase requisition (if applicable)

Finalize after IP start date

Documents

Implementation Readiness Assessment

Other

Selection of Auditors



Focused Portfolio Management Models enable smart use of limited resources



For Focused Portfolios: Country stakeholders are encouraged to maximize the impact of their limited resources by tailoring the approach to the needs of the context.

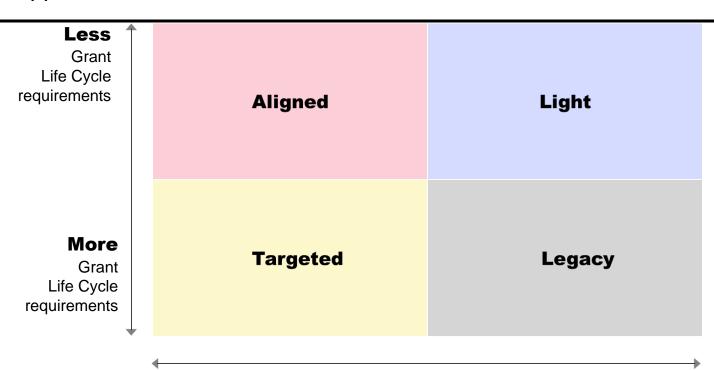
The models are defined according to the grant life cycle requirements and the type of oversight by the Global Fund, as illustrated on the right.

How does the Focused Portfolio Management Model impact grant-making?

- Reduced number of GM deliverables for the Aligned and Targeted models
- Reduced level of detail in deliverables for the Aligned, Targeted and Light models
- Additional focus on programmatic impact



<u>Click here</u> for detailed grant-making requirements for the four models



Delivery based

The Global Fund:

- · Does not verify activities or inputs
- Leaves accountability to countries to use funds flexibly, to ensure delivery per agreement'
- · Verifies results

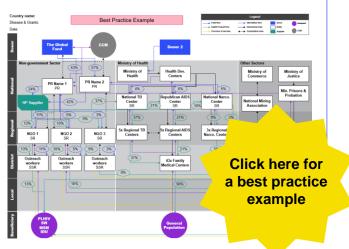
Input based

The Global Fund:

- Confirms activities & inputs upfront with implementers
- Disburses against budget, and implementation progress
- Validates proposed implementation changes

Implementation arrangements enable quality grant design, implementation readiness and risk mitigation

Implementation
Arrangements Maps
are a key tool to ensure
quality grant design, by
allowing stakeholders to
develop and maintain a
comprehensive
understanding of the
implementation
arrangements, and assess
their quality



Key considerations in designing and assessing Implementation Arrangements Maps

Ensure alignment with grant objectives

Ensure alignment with grant documents (PF, Budget, HPMT, M&E plan, etc.)

Align scope and scale ofresponsibilities with capacity of identified entities Ensure all stakeholders have access to the quality and timely information they need

Leverage existing entities and resources to address gaps, redundancies and achieve sustainability

Mitigate risks by ensuring:

- Segregation of duties
- Conflict of interest
- Limited concentration of funding / procurement in a single entity
- Inter/national regulatory compliance

A high-quality implementation arrangements map facilitates implementation readiness by ensuring the implementing entities, and their roles and responsibilities, are clearly defined in advance of the IP start date.

Performance Framework



What is the Performance Framework?

- Statement of expected performance over the implementation period.
- Reflects the ambition towards achieving program result and impact.

Summary:

- Links program goals and objectives to program areas (modules), interventions, related indicators.
- Focuses on impact, outcome and coverage indicators.
- Includes targets against which results are to be reported by the country.
- Includes work-plan tracking measures (WPTM) to monitor additional grant-related activities (i.e., RSSH, CRG) in cases where no coverage indicators are possible/sufficient.
- Developed during funding request submission and further refined during grant-making.
- Used for grant performance assessment and KPI monitoring.
- Results against targets in the Performance Framework are one of the inputs to determine disbursements to the Principal Recipient during grant implementation.

Performance Framework: Form enhanced to improve usability

Enhancements have been made based on the feedback received

No structural changes have been made to the form, only changes made for user-friendliness.
Data rows are now interchangeably colored for readability.
Error alerts (rightmost column) has been added to the Impact, Outcome and Coverage Indicators.
Default decimals and rounding are set for impact, outcomes and coverage indicators
The reverse indicator columns for standard and custom coverage indicators have been added with Yes/No values (read-only for standard and editable for custom coverage indicators).
The single Print View sheet has been removed and replaced by 5 Print View sheets : Summary, Goals and Impact, Objectives and Outcome, Coverage, WPTM (since the structure has been significantly changed for printability and readability, please do report additional needed changes).
The population column has been removed from the Overview (WPTM), the Coverage Indicators and the WPTM.
New tab included to document target assumptions.

Detailed Budget: Summary of key changes

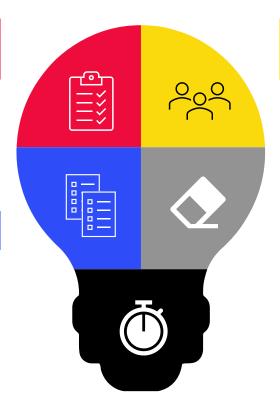
Standardization of Budget Assumptions

Reintroduced following standardized budget assumptions tabs:

- Budget Assumptions Human Resources (HR) tab
- Budget Assumptions –Travel-related costs (TRC) tab

Split of the Detailed Budget Tab

- Detailed Budget Non-HP tab: to be used for budgeting non-health product (non-HP) related budget (all cost grouping except 4,5,6 and 7).
- Detailed Budget HP tab: to be used to copy and paste the output (relevant information) of the Health Product Management Template (HPMT), where applicable.



Update and standardization of reference data

- Modules, Interventions and cost inputs based on latest Modular Framework and Costing Dimensions
- "Type of Implementing Entity" as per Grant Entity Data
- "Type of Third-Party Supplier" to align with the requirement of direct payment to third-party supplier
- "Geography" and "Source of Funds" dimensions

Tabs removed

- Removed Population tab no longer required.
- Removed Additional summary tab and replaced by a drop-down option in "Summary by source of funds" tab.

Budget frequency

 Introduction of yearly budgeting instead of quarterly budgeting

Detailed Budget: At a glance

The five types of tabs

Setup Tab

Includes general information about the program, organized in three sections: i) Grant information; ii) Reporting set-up; and iii) Budget set-up.

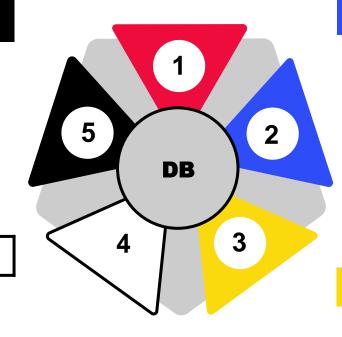
ICR and Investment Landscape Tabs

- ICR tab provides an estimate calculation of the Indirect Cost Recovery (ICR)
- Investment landscape tab provides an overview of the investment landscape by key categories:
 - 1. Health Commodities/Equipment and Supply Chain Costs.
 - 2. Program Management Related Costs.
 - 3. Program Activity Related Costs.

Summary Tabs

Four summary tabs which provide a snapshot of the budget grouped in pre-defined categories:

- 1. Budget Summary (by module, cost grouping and implementer);.
- 2. Summary by Intervention.
- 3. Summary by Cost Input.
- 4. Budget Summary by Source of Funds



Detailed Budget Tabs

Two separate "Detailed Budget" tabs

- One tab for Health Products (HP) budget
- One tab for Non-Health Products budget

Assumptions Tabs

Standardized budget assumptions tabs for human resources (HR) and travel-related costs (TRC) and free sheet for other assumptions.

Health Product Management Template (HPMT)

Summary of key changes and enhancements (1/2)

Updated Tabs				
Tab	Update			
Fixed Cost (HPM) Tab	Added			
Other Implementers (Tab)	Added			
Documents tabs (EN, FR, SP)	Removed			
Cost Input Summary Budget	Removed			
Module/Interventions Summary Budget	Removed			
Module/Interventions with HIV KP Summary Budget	Removed			
HIV Aggregation Summary Budget	Removed			
Populations Summary Budget	Removed			
DB-pivot	Renamed (formerly Blank Pivot)			

Updates to Key Information Sheets

- Reflects changes in the GC7 Modular Framework and the enhanced list of product categories.
- Consolidates HIV lab and diagnostic data, focusing only on key information.
- Does not collect information on the number of type of Viral Load/Early Infant Diagnosis platforms and number of tests/sample type/equipment type per year. This can now be submitted with supporting documents.

HPMT and Finance Detailed Budget integration

- The HPMT is mandatory for all High Impact and Core countries, and optional for Focused countries (with some exceptions for Focused countries submitting a HPMT).
- For portfolios with health products (HP) budget but no HPMT, the Finance Detailed Budget allows entries for cost grouping 4 7 for HPs. **PRs need to check "No HPMT" on the set-up tab of the Finance Detailed Budget**, enabling them to manually input the budget for HPs into the "DB non-HP worksheet" of the Finance DB.

Consolidation of HIV, TB, Malaria input worksheets

- HIV, TB, malaria input worksheets are now consolidated in two tabs:
 - 1. PHARMA
 - 2. NON-PHARMA
- The "Other-HPs" tab have been removed.

Health Product Management Template (HPMT)

Summary of key changes and enhancements (2/2)

SETUP Tab

- Re-designed SETUP worksheet (non-PR implementing organizations can be specified e.g. sub-recipients.)
- Revised approach on HPMT version tracking with a table that lists up to seven HPMT revisions for funding request, grant-making and grant implementation.

HIV, TB and malaria input worksheets

- Users can now select between US\$ and EUR for "payment currency". This can differ from the grant currency.
- Reference prices for certain health products are pre-populated in the template and are adjustable by users +/- 30% with proper justification.
- Users can now select item level procurement channel.
- Summary tables are now available for users to input worksheets and show sub-total for each section.

Fixed Cost and Other Implementers Tabs

- Fixed Cost: Users can budget PSM/HPM costs at fixed rates.
- Other Implementers: Users can include in the HPMT Health Product budget for more than one implementer.

Detailed Budget (DB)

- The updated HPMT integrates better with the Finance DB. The HPMT output can now be copied and pasted into the DB, aligning two key Global Fund grant documents.
- Users can now split-up HP budget between modules/interventions.

RSSH and HPM Cost Tabs

- RSSH: Users can budget for HP for RSSH interventions.
- **HPM cost:** For percentage based PSM/HPM costs, users can define percentages individually for each year.



The HPMT User
Guidelines are available
with an excel-based
Annex that enables
users to search tables.

Checker Tab

 Enhanced Checker Tab functionality to support users in generating component-based category-wise annual budget chart).

The HPMT presents an opportunity to develop a HPM Plan to provide a holistic overview of PSCM functions in-country.



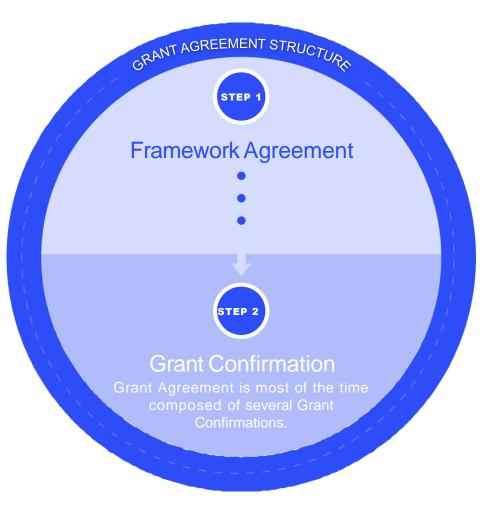
Framework Agreement

- Defines the overarching terms of the collaboration between the Grantee and the Global Fund.
- Grantee: an independent entity, who signs a Framework Agreement with the Global Fund

Covers all grants implemented by the Grantee or the Principal Recipients acting on its behalf.

Incorporates the Global Fund Grant Regulations (2014), which set forth general terms and conditions for use of grant funds and program implementation.

Grant Agreement Structure



Start negotiations early on ahead of signing a framework agreement.



Grant Confirmation

A new grant confirmation is signed each time a Principal Recipient is selected to implement activities during a grant life cycle.

Includes, among others:

- Implementation Period (IP) start and end dates.
- General and IP-specific legal requirements.
- Integrated grant description.
- Performance Framework.
- Summary budget.

Overview of key changes

Key process and system changes to optimize grantmaking and ensure end-to-end transparency



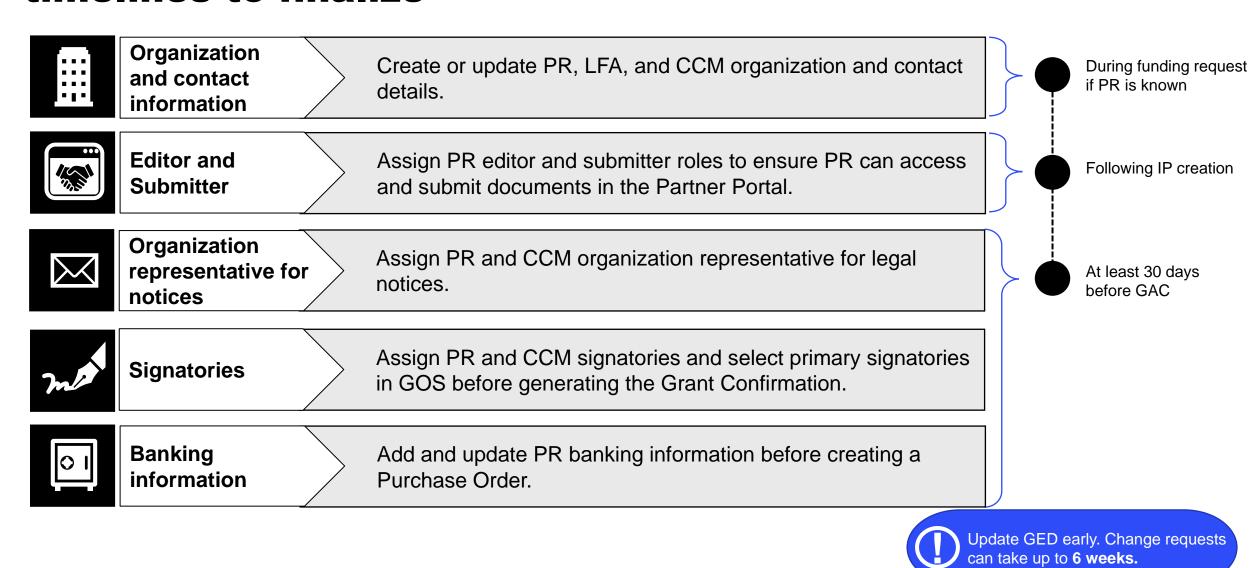
- PRs use the Global Fund Partner Portal to access and submit final grant-making documents
- Grant-making status displayed to facilitate PR tracking of grant-making progress.
- Critical Grant Entity Data also managed through the Partner Portal (next slide).
- Revamped Portal notifications to increase end-to-end transparency for all stakeholders



 Early signing of the Grant Confirmation, with PR signature and CCM acknowledgement following the recommendation of the Grant Approvals Committee (GAC) as a standard approach*

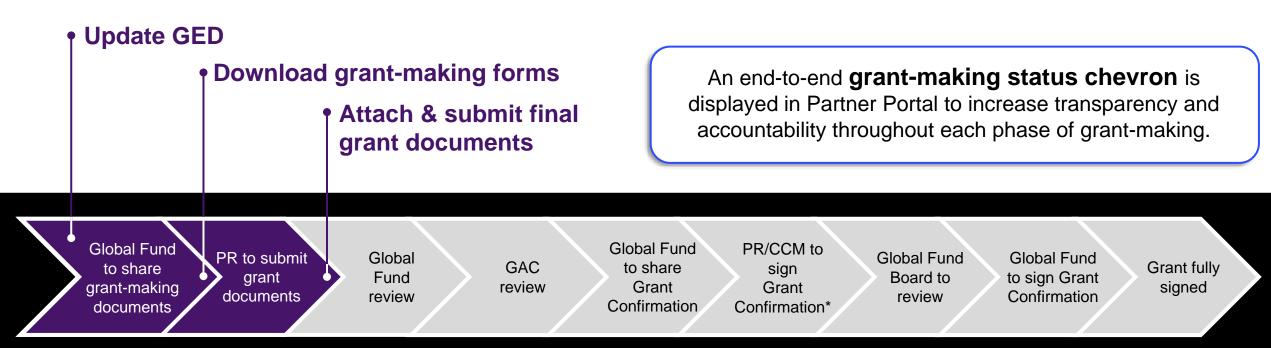
^{*} Early PR signature and CCM acknowledgement is decided by the GAC. Global Fund counter signature remains contingent upon Board approval.

Critical Grant Entity Data (GED) for grant-making and timelines to finalize



Grant-making overview

In grant-making, the PR uses the Partner Portal to:

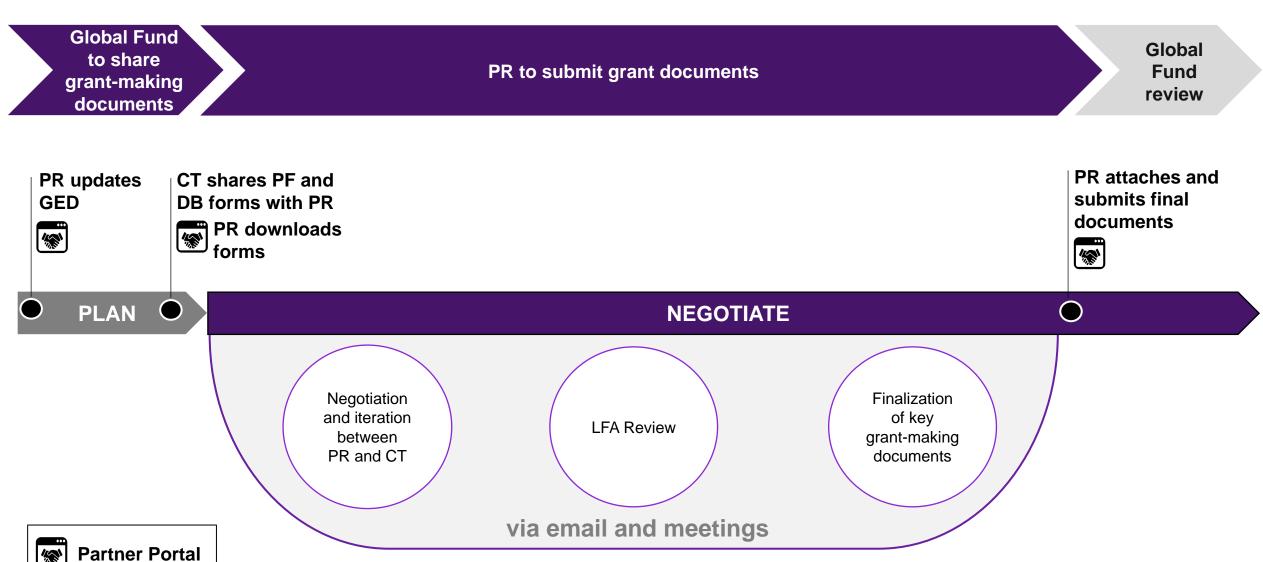


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Global Fund counter signature remains contingent upon Board approval.

Negotiate, iterate and review of grant-making documents via email and meetings before PR submits final documents in the Partner Portal

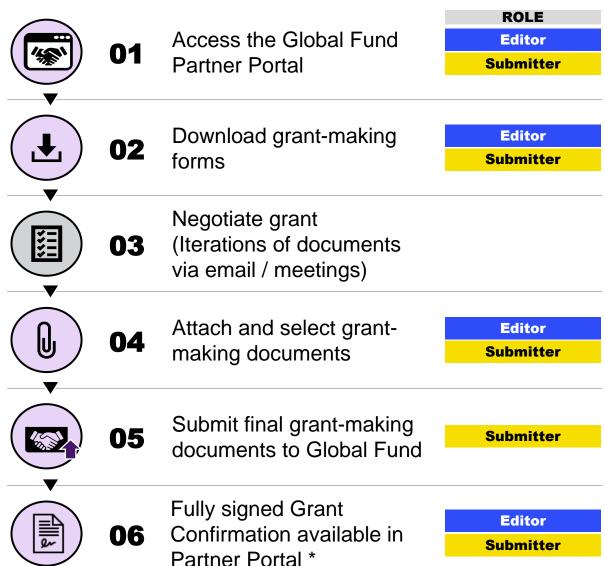




Grant-making through the Partner Portal



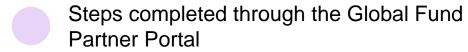
Steps for Principal Recipients



RECAP

- Editor and Submitter rights are assigned in GED per grant.
- At a minimum, each grant is required to have one Submitter. We recommend having two Submitters per grant.

KEY

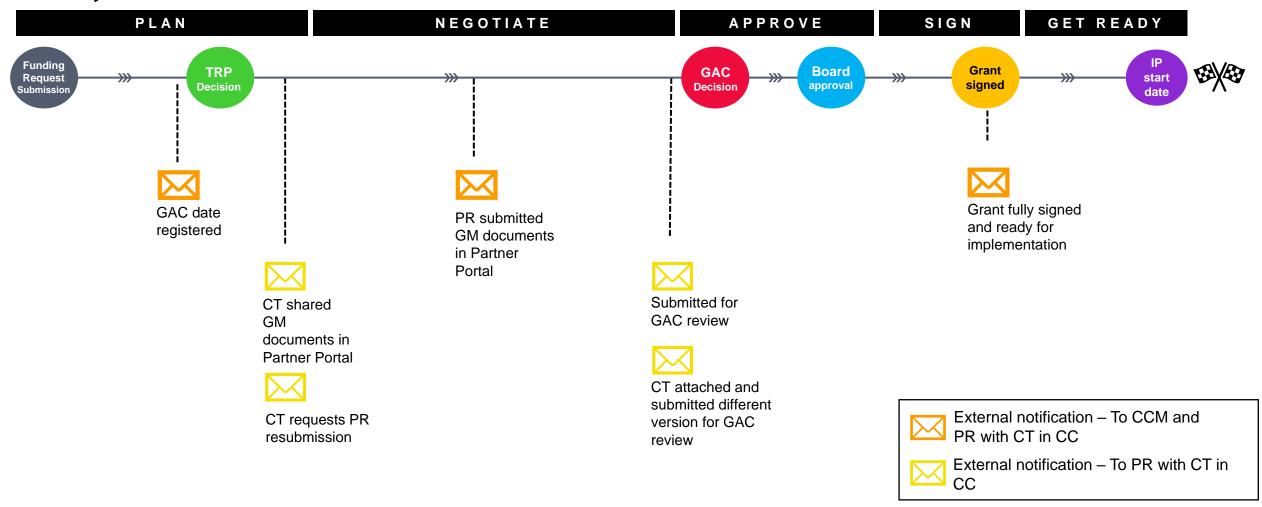




Steps completed outside of portal

^{*} The Grant Confirmation will be exchanged via email during the Negotiate and Sign phases. Once the grant-making process has been fully closed, the signed Grant Confirmation will be available in the Partner Portal for future reference.

Notifications have been revamped to align with the Strategy and deliver a transparent end-to-end overview for CTs, PRs and CCMs



Partner Portal Demos

Downloading grant-making documents from the Partner Portal

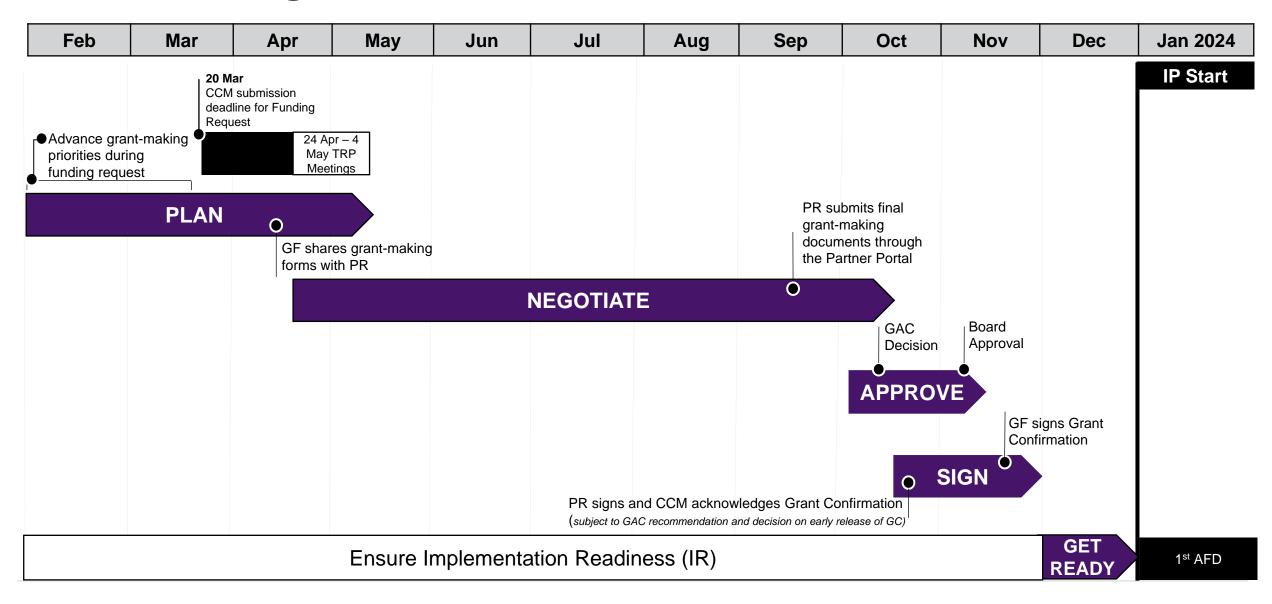
https://youtu.be/B9FWcyaW6f0

Attaching and submitting final grant-making documents

https://youtu.be/euIPamQja-8

Next Steps & Resources

Grant-making timeline for TRP Window 1 submissions



Grant-making Resources

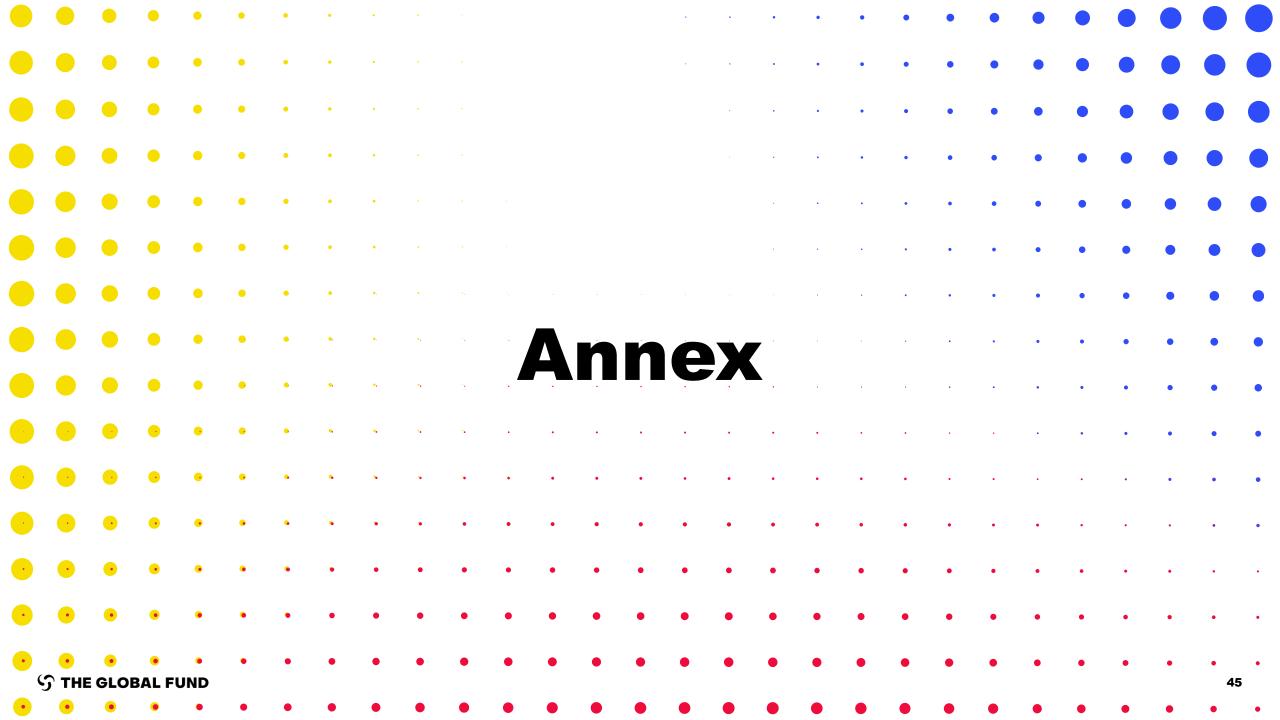
The Global Fund Website

Grant-making page

Resources and links	Audience
 Grant-making external information session slides and recording Recording: link forthcoming Presentation: <u>EN FR ES PT</u> 	PRs, CCMs and LFAs
Operational Policy Note (OPN) and Operational Procedures on Make, Approve and Sign Grants (within the <u>Operational Policy Manual</u>)	PRs, CCMs, and LFAs
Grant-making Handbook for PRs (link forthcoming)	PRs
Partner Portal Guide with detailed guidance on PR system steps (link forthcoming)	PRs
GED external guidance: <u>EN</u> <u>ES</u> <u>FR</u>	PRs, CCMs, LFAs
Grant-making eLearning (link forthcoming)	PRs, CCMs, and LFAs
 Demos: <u>Downloading grant-making documents from the Partner Portal</u> <u>Attaching and submitting final grant making documents</u> 	PRs

Related Resources

Subject Area	Resource
Funding Request	Funding request forms and other materials
Community-led and community- based organizations	 Relevant Technical Briefs: Community Engagement: A Guide to Opportunities Throughout the Grant Life Cycle Community Systems Strengthening (CSS) Technical Brief Community Systems Strengthening Interventions in Global Fund Grants: Decision-making Guide
Health Equity	 The Global Fund's technical briefs on Equity, Human Rights, Gender Equality, Key Populations and Community Engagement World Health Organization's Innov8 tool to identify and address in-country health inequities World Health Organization and The Global Fund's report on the State of Inequality in HIV, TB and malaria The Global Fund's Health Equity e-learning module (forthcoming)
Co-financing	 Operational Policy Note on Co-Financing Updated Funding Landscape Table (FLT) Sustainability, Transition, and Co-Financing Guidance Note (English) Sustainability, Transition, and Co-Financing Policy (English Español Français) Co-financing Commitment Letter Template
Sexual exploitation, abuse and harassment (SEAH)	Guidance Note on SEAH (English Español Français Português)
Performance Framework	 Modular Framework and Indicator Guidance Sheets Indicator prioritization (HIV, TB, malaria, RSSH)
Detailed Budget	 Guidelines for Grant Budgeting Operational Guidance for Grant Budgeting Detailed Budget Instructions
Health Product Management Template	 <u>Health Product Management Template</u> (available in multiple languages) Health Product Management Template User Guidelines for Allocation Period 2023-2025 (<u>English</u> <u>Español</u> <u>Français</u>) Health Product Management Template: Annex to the User Guidelines (<u>English</u>)



Focused Portfolio Management Models

Focused portfolios: Maximize community engagement during grant-making

Requirement

 PR and CT consider community priorities funding request annex* as an input into grantmaking.

Best practice

- CCM convenes at least two meetings for PR to provide an update and receive feedback on the progress of grant making.
- CT convenes at least one meeting with community and civil society representatives to provide an update and receive feedback on the progress of grant making.

^{*} Funding priorities of civil society and communities affected by the three diseases.

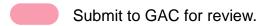
Focused portfolios: Aligned model requirements

Finalize before TRP Recommendation of FR

System Updates / Actions

Grant Entity Data*

Capacity Assessment (if applicable)





^{*} Submitter (and Editor) data must be reviewed and updated as soon as possible to allow access to the Partner Portal. Signatories, Org. Reps for notices and banking Information must be updated prior to GAC submission.

Finalize prior to grant submission to GAC

Documents

Programmatic Gap Table(s) (if updated)**

Funding Landscape Table (if updated)

Grant Confirmation

Co-Financing Commitment Letter

Applicant Response Form for TRP issues

Finalize at Grant Confirmation signing

Documents

Monitoring & Evaluation Plan (if applicable)

Other

Agreed Audit Arrangements

Finalize after IP start date

Other



^{**} Only for areas in which the Global Fund is investing.

Focused portfolios: Targeted model requirements

Finalize before TRP Recommendation of FR

System Updates / Actions

Grant Entity Data*

Capacity Assessment (if applicable)

- Submit to GAC for review.
 - PR to submit in Partner Portal
- * Submitter (and Editor) data must be reviewed and updated as soon as possible to allow access to the Partner Portal. Signatories, Org. Reps for notices and banking Information must be updated prior to GAC submission.
- ** Differentiated instructions.
- *** Only for input-based components of the grant.

Finalize prior to grant submission to GAC

Documents

Performance Framework**

Detailed Budget**

New/Updated Implementation Arrangements Map***

Programmatic Gap Table(s) (if updated)

Funding Landscape Table (if updated)

Grant Confirmation

Co-Financing Commitment Letter

Applicant Response Form for TRP issues

Finalize at Grant Confirmation signing

Documents

Monitoring & Evaluation Plan (if applicable)

Other

Agreed Audit Arrangements

Finalize before IP start date

System Updates / Actions

Approved PPM purchase requisition (if applicable)***

Finalize after IP start date

Other

Focused portfolios: Light model requirements

Finalize before TRP Recommendation of FR

System Updates / Actions

Grant Entity Data*

Capacity Assessment (if applicable)

- Submit to GAC for review.
 - PR to submit in Partner Portal
- * Submitter (and Editor) data must be reviewed and updated as soon as possible to allow access to the Partner Portal. Signatories, Org. Reps for notices and banking Information must be updated prior to GAC submission.
- ** Differentiated instructions.

Finalize prior to grant submission to GAC

Documents

Performance Framework**

Detailed Budget**

New/Updated Implementation Arrangements Map

Programmatic Gap Table(s) (if updated)

Funding Landscape Table (if updated)

Grant Confirmation

Co-Financing Commitment Letter

Applicant Response Form for TRP issues

Finalize at Grant Confirmation signing

Documents

Monitoring & Evaluation Plan (if applicable)

Other

Agreed Audit Arrangements

Finalize before IP start date

System Updates / Actions

Approved PPM purchase requisition (if applicable)

Finalize after IP start date

Other

Focused portfolios: Legacy model requirements

Finalize before TRP Recommendation of FR

System Updates / Actions

Grant Entity Data*

Capacity Assessment (if applicable)

- Submit to GAC for review.
 - PR to submit in Partner Portal.
- * Submitter (and Editor) data must be reviewed and updated as soon as possible to allow access to the Partner Portal. Signatories, Org. Reps for notices and banking Information must be updated prior to GAC submission.
- ** Differentiated instructions.

Finalize prior to grant submission to GAC

Documents

Performance Framework**

Detailed Budget**

New/Updated Implementation Arrangements Map

Programmatic Gap Table(s) (if updated)

Funding Landscape Table (if updated)

Grant Confirmation

Co-Financing Commitment Letter

Applicant Response Form for TRP issues

Finalize at Grant Confirmation signing

Documents

Monitoring & Evaluation Plan (if applicable)

Other

Agreed Audit Arrangements

Finalize before IP start date

System Updates / Actions

Approved PPM purchase requisition (if applicable)

Finalize after IP start date

Other