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**Assessment of the Proposal Development and  
Review Process of the Global Fund to Fight AIDS,  
Tuberculosis and Malaria:**

**Assessment Report**

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## Abbreviations and acronyms

ART	Anti-retroviral Therapy
ARV	Anti-retroviral
CCM	Country Coordination Mechanism
CCP	Country Coordinated Proposal
DAC	Development Assistance Committee
EHG	Euro Health Group
GF	Global Funds to fight Aids, Tuberculosis and Malaria
GIST	Global Problem-Solving and Implementation Support Team
GTT	Global Task Team
HSS	Health Systems Strengthening
LFA	Local Fund Agent
M&E	Monitoring and Evaluation
MOH	Ministry of Health
NGO	Non Governmental Organization
OECD	Organisation for Economic Cooperation and Development
PC	Portfolio Committee
PLHA	People Living with HIV/AIDS
PR	Principal Recipient
SR	Sub-Recipient
SWAp	Sector Wide Approach
TA	Technical Assistance
TERG	Technical Evaluation Reference Group
TOR	Terms of Reference
TB	Tuberculosis
TRP	Technical Review Panel
UN	United Nations
UNAIDS	Joint UN Programme on HIV/AIDS
UNDP	United Nations Development Programme
WHO	World Health Organization

# Executive Summary

The Global Fund has commissioned an independent assessment of the process through which proposals are developed, submitted, subjected to a technical review and then sent to the Global Fund Board. The assessment will be used by The Global Fund to strengthen and refine the proposal development and review process.

The assessment was conducted by Euro Health Group, at global level through in-depth telephone interviews with key informants and observation of the Round 5 TRP review, and at country level through visits to five purposively selected countries in Africa and Asia, supplemented by telephone interviews with key informants in two Latin American countries.

This report outlines the study methodology, and presents the assessment findings and recommendations, which are clustered into four broad categories:

1. Improving communications and clarifying Global Fund principles, policies and procedures;
2. Improving country ownership, donor harmonization and Global Fund alignment with national systems;
3. Strengthening and supporting the technical review process;
4. Using technical assistance and partnerships to improve the country proposal development process.

The major recommendations for action by The Global Fund for each of these clusters are highlighted below:

## 1. Improving communications.

A key finding in this assessment was that communications related to proposal development and review were sometimes sub-optimal, and a number of areas were identified in which communications can be improved: - between the Global Fund and the CCM; within the CCM; and between the CCM and its in-country stakeholders.

- The Global Fund should develop and implement a comprehensive communications strategy to address misconceptions and clarify policies and principles.
- An improved communications strategy could utilize the regional 'Roadshow' model, piloted by Global Fund and technical partners; and also draw on experience from regional CCM workshops. This would both help the Global Fund to clarify issues and remedy misconceptions, and also provide an opportunity for the Global Fund to listen to and address the concerns of its country partners.
- The Global Fund should provide targeted emails to all known country partners, alerting countries three months in advance of upcoming rounds, and use partners as messengers to improve message dissemination – especially to civil society and the private sector.
- Global Fund should develop and disseminate a proposal preparation 'road-map' highlighting the use of Guidelines, milestones, realistic timeframes, workplan development, methods to engage a broad range of stakeholders, and country-level priority setting strategies.

## **2. Improving country ownership, donor harmonization and Global Fund alignment with national systems.**

Countries need to be supported by technical agencies and donors to have coherent national plans in place; and then to be able to demonstrate how Fund support will be used to implement these plans. However, country level data continue to be poor, because of lack of country ownership and because efforts to improve data are externally driven. The Assessment revealed that weak CCM governance and functioning are critical factors inhibiting the success of CCM proposal preparation and submission.

The Assessment noted concerns that the GF system of “rounds” is geared to supporting discrete projects rather than strategic programmes, is undermining coordinated approaches such as SWAp, and is a major source of disharmony for national planning, implementation, monitoring and reporting systems. It was noted that there are persistent high transaction costs associated with receiving Fund support, including reallocation of human resources from other programmes or sub-programmes.

The following recommendations are proposed to address the issues outlined above:

- Building on the results of the CCM assessment conducted in 2005, mechanisms should be explored to strengthen the meaningful involvement of civil society and private sector in CCM processes. Annual self-assessments and external sample audits of CCM functioning should be conducted regularly, with a focus on Board-approved eligibility requirements and recommendations.
- Countries should be encouraged to align CCMs with appropriate existing national structures, where these are functional.
- Ensure integration with existing initiatives i.e. the ‘Three Ones’, Global Task Team (GTT) report, OECD/DAC Paris 2005 Declaration, and similar initiatives. UNAIDS is currently developing a checklist for the assessment of national strategic plans, which could be dovetailed with Global Fund proposal development and evaluation processes.
- Encourage donor consensus in the development and use of common country assessments in the development and evaluation of proposals for funding disease control activities.
- Technical partners should develop tools and indicators to assist countries in assessing their strengths and weaknesses in systems capacity in order to appropriately focus proposal development towards filling gaps. Strategies to strengthen the health system should include public and private sectors.
- Grant agreements should include the establishment of baseline data within the first year work-plan. It is essential that technical partners assist countries to identify strengths and weaknesses in current M&E and health information systems.
- The Global Fund encourages coordination with and integration into comprehensive national plans that include all sectors of society. It is recommended that the TRP considers to what extent proposals are coherent with or inform the development of such plans, as a major factor in its decision-making.
- Building on the experience of existing Global Fund investment in SWAp and budget support situations, the Global Fund should develop forms and Guidelines for CCMs to use to adapt Global Fund approaches to these financing mechanisms.

- The findings of this study support the need for the strategic review to address the questions of merging grants and adopting a rolling cycle approach, which are already on the agenda of the Board Policy and Strategy committee. The outcome of these reviews may have a major impact requiring the redesign of many of the processes, guidelines and tools for proposal preparation, TRP review and grant negotiation.

### 3. Strengthening and supporting the technical review process.

Secretariat screening and clarification, and TRP feedback were largely seen as helpful, appropriate and constructive, and as having improved over successive rounds. However, many in-country stakeholders had either never seen TRP comments, or were unaware of the weight that the TRP places on proposals addressing previous TRP comments.

Round 5 saw an increase in useful information which the Secretariat prepared for the TRP, covering country context and capacity for scaling up. This process of collating relevant and standardized country information, in advance of the TRP review meeting, could further improve TRP decision-making in Round 6, as long as care is taken not to overburden the TRP with information.

The Assessment Team and Advisory Panel commend the TRP and Secretariat for the quality of their self assessment process and subsequent report.

- The Assessment Team and the Evaluation Advisory Panel strongly recommend that the Board specifically requests the Portfolio Committee to follow up and act on issues highlighted in the *Report of the Technical Review Panel and the Secretariat on Round 5 Proposals*.
- It is recommended that the Secretariat establishes a firm deadline for clarifications on proposals to be completed.
- In addition to recommendations made in the *Report of the Technical Review Panel and the Secretariat on Round 5 Proposals* on TRP composition, it is recommended to the Portfolio Committee and the Board that the TRP composition is strengthened in the area of expertise in programme implementation in recipient countries.
- TRP comments on category 3 proposals should be more comprehensive to guide the learning process for resubmissions. Guidelines should emphasize that countries re-submitting category 3 proposals should specifically address TRP comments from previous rounds.
- TRP review should be enhanced by providing standardized, structured, contextual country information, including indicators related to country implementation capacity. The Global Fund should explore with technical partners the possibility for Round 6 of compiling information packs for TRP that contain cross-country comparable information on applicant country contexts.
- While the Assessment Team and the Advisory Panel commend the TRP on their self-assessment methods, it is recommended that the TRP conducts an internal self-audit as a form of internal quality assurance.

#### 4. Using technical assistance and partnerships to improve the country proposal development process.

Stakeholders in all the countries visited noted that the provision of technical assistance had been essential in the proposal development process, particularly in strategic programme development, transforming concepts into Global Fund format, and quality assurance of the completed proposal. This Assessment also highlighted the importance of technical assistance in ensuring successful programme implementation. The assessment revealed that the quality of TA support to countries is uneven, and that NGOs and non-health ministries are severely disadvantaged in accessing TA, generally having neither the knowledge nor the financial support to provide such access.

- It is recommended that the Guidelines clarify that technical assistance can be sought, not only related to disease expertise but also where strategic and/or programme management expertise are required. The Guidelines should further highlight the importance of continuity in technical assistance into the implementation phase, and the need to build this into the proposal and budget.
- Previous coordinated interventions from technical partners have had some success in countries with a history of repeated failure. Based on this experience, it is recommended that such countries are referred to GIST (or GIST-type assistance for non-HIV proposals) to examine and make recommendations for that country in preparation for new proposal rounds.
- The Secretariat should provide a link on its website to the *The Aidspace Guide to Obtaining Global Fund-Related Technical Assistance*, and other TA guides.

The Global Fund Framework Document notes that *“technical support for preparing proposals and developing country level partnerships could be provided and funded by partners active in the country, such as bilateral donors and UN organizations”*.

However, if the Fund is to rely on country partners to support the development and subsequent implementation of high quality proposals, there is a need for significant investment in forging and sustaining more effective relationships with these partners.

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# 1 PREFACE AND INTRODUCTION

The purpose of the Global Fund is to attract, manage and disburse resources through a new public-private foundation that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals established by the United Nations.

Since early 2002, the Global Fund has engaged in an unprecedented grant proposal process in which over 1000 grant applications have been submitted, screened and carefully examined by an independent Technical Review Panel. By 15<sup>th</sup> May 2005, The Global Fund had signed grant agreements worth US \$ 2.4 billion, channeled through 278 grants in 128 countries. At the Twelfth Board meeting in December 2005, the Board of the Global Fund voted to fully fund its fifth round of grant proposals, bringing the total resources allocated for new grants in 2005 to US\$ 729 million. These resources will be used to support 63 grant funded programs, with 40 percent of funds approved for grants to combat HIV/AIDS, 27 percent for tuberculosis, 27 percent allocated to malaria and the remaining funds (6%) to direct strengthening of countries' health systems.

The Global Fund now has experience of five rounds of proposal submission and technical review. Certain aspects of the grant proposal cycle, notably the work of the Technical Review Panel (TRP), have been subject to critical self-reflection and analysis by the TRP. However, the proposal development process at country-level is less well understood.

The Global Fund has therefore commissioned an independent assessment of the proposal development and review process. The assessment will be used by The Global Fund to strengthen and refine these processes.

Euro Health Group was selected through competitive bidding to conduct a structured, detailed Assessment of the process through which proposals are developed, submitted, subject to a technical review and then sent to the Global Fund Board.

The Assessment was conducted at global level through in-depth telephone interviews with key informants and observation of the Round 5 TRP review, and at country level through visits to five purposively selected countries in Africa and Asia, supplemented by telephone interviews with key informants in two Latin American countries.

The report of this Assessment is presented in 4 sections, the first of which is this introduction.

Section 2 describes the study design and methodology, and discusses the limitations of the methodology.

Section 3 contains an analytical summary of the major findings, which emerged from global and country interviews conducted by the Euro Health Group Assessment Team. The section also provides a set of recommendations for action by the Global Fund, which were agreed with an Advisory Panel to the Assessment (see below).

Section 4 presents concluding remarks on the strengths and weaknesses of the proposal development and review processes, in the light of the guiding principles of the Global Fund, the constraints under which it operates, and its position within the wider development assistance architecture.

An earlier draft of this report was reviewed by senior staff in the Global Fund Secretariat and by an Advisory Panel specially convened for the Assessment. On 25-26 January 2006, the Euro Health Group Assessment Team Leader and Health Systems Analyst met with members of the Global Fund Secretariat and the Advisory Panel to further review the findings and recommendations of the Assessment and to ensure that the recommendations are as clear and practical as possible. This report incorporates the recommendations that were jointly agreed at this review meeting

## 2 STUDY METHODOLOGY

### 2.1 Aims and Objectives of the Assessment

The aim of the assessment was to conduct a structured, detailed review of the process through which proposals are developed, submitted, subjected to a technical review and then sent to the Global Fund Board. The specific objectives were to:

- a. assess the processes, roles and functions related to the Global Fund proposal process with particular attention to:
  - i) strengths and weaknesses of all stages of the proposal process;
  - ii) the extent to which the proposal process operates according to the guiding principles of the Global Fund;
- b. identify needs for modification in current practices, suggest improvements and discuss possible alternatives

The key questions underpinning all aspects of the assessment were:

- What are the problems?
- What progress has there been over successive rounds?
- What further improvements are needed?

By examining the proposal process in a sequential fashion, this assessment aimed to provide an independent and constructive review, informed by a variety of country and global stakeholders, of the procedures in use, their strengths and weaknesses.

### 2.2 Study Design and Methodology

The study design was developed by the Euro Health Group Assessment Team, in close collaboration with the Strategic Information and Evaluation Unit of the Global Fund Secretariat. The Euro Health Group Assessment Team consisted of the Team Leader, Deputy Team Leader, Health Systems Analyst and four additional Country Interviewers. The study design and implementation were further guided by an independent Advisory Panel specifically convened for this assessment. An initial set of key questions and issues was provided by the Global Fund in the Assessment terms of reference. In the early stages, the design was informed through the participation of the Assessment Team Leader in the Technical Review Panel (TRP) convened in August 2005 to assess the Round 5 proposal submissions. TRP members were interviewed one-on-one and in groups, and the TRP sessions observed by the Assessment Team Leader.

The assessment methodology was further developed during a visit to Geneva in October 2005 by the Assessment Team Leader, Deputy Team Leader and Health Systems Analyst, where inputs and feedback were provided by the Strategic Information and Evaluation Unit, the Operations Unit and the Advisory Panel. During these discussions, the priority questions and issues were identified for both global and country levels, and detailed question guides were developed. These materials were included in an Inception Report (08 October 2005). Country-level research questions are provided in Annex 1 of this report and the Country Interview Guide is provided in Annex 2.

The assessment was conducted:

**at global level**, through:

- a. in-depth telephone interviews with key informants drawn from the TRP, Global Fund Secretariat, committees of the Global Fund Board, civil society, CCMs and multilateral agencies;
- b. document reviews, including a review of data available on electronic fora and internet sites
- c. observation of the Round 5 TRP process

**at country level**, through:

- d. extensive interviews during visits by the Assessment Team to five purposively selected countries in Africa and Asia, namely Cambodia, Cameroon, Namibia, Nigeria and Sri Lanka;
- e. telephone interviews with key informants in Colombia and Peru, in order to obtain Latin American perspectives.

### ***2.2.1 Country Selection***

In deciding which countries to be visited or contacted, the team used inputs from a variety of stakeholders. In consultation with members of the Advisory Panel and units within the Global Fund Secretariat, the Assessment Team arrived at the following primary criteria for country selection:

- An appropriate mix of African and Asian countries demonstrating success and failure in proposal submissions
- Focus on countries with Round 4 and Round 5 submissions
- Include both Anglophone and Francophone African countries
- Include at least one country with a high burden of disease
- Include at least one country that submitted a Health Systems Strengthening (HSS) component in Round 5
- Avoid countries that have been included in similar recent or intensive studies of the Global Fund

Other variables considered in country selection included income level and overall trends in proposal submission over rounds 1 through 5. Priority was however placed on countries with recent proposal experience (defined as Rounds 4 and 5) to facilitate respondent recall. On the basis of the above criteria, and following discussions with senior staff from the Global Fund Strategic Information and Evaluation Unit and the Operations Unit, five countries were identified for visits by the Assessment Team. These countries and criteria for selection appear in Table 1, below.

*Table 1: Countries included in assessment of Global Fund proposal development and review processes*

Country	Round 4 and 5 proposal experience	Grant performance <sup>1</sup>	Other
<b>Cambodia (pilot)</b>	Six proposals submitted, four successful	good	- considered a Fragile State <sup>2</sup> - low income <sup>3</sup> - successful Round 5 HSS component
<b>Cameroon</b>	Three proposals submitted, all successful	moderately good	- considered a Fragile State - low income
<b>Namibia</b>	Three proposals submitted, one successful	very good	- lower-middle income
<b>Nigeria</b>	Seven proposals submitted, three successful	poor	- considered a Fragile State - low income - unsuccessful Round 5 HSS component
<b>Sri Lanka</b>	Four proposals submitted, one successful	very poor	- lower-middle income
<b>Peru (phone interviews)</b>	Two proposals submitted, both successful	relatively poor	-unsuccessful Round 5 HSS proposal - lower-middle income
<b>Colombia (phone interviews)</b>	One proposal submitted, unsuccessful	poor	- lower-middle income

The assessment timeframe did not allow for travel to other regions, notably Latin America and the Caribbean and Eastern Europe. To expand on country perspectives, telephone interviews were conducted with key informants in Colombia and Peru.

## **2.2.2 Country Interviews**

The methodology for the country-level assessment was piloted and refined in Cambodia (October 25<sup>th</sup> to November 4<sup>th</sup>, 2005). Pilot interviews were carried out by three Euro Health Group Country Interviewers, including the Assessment Team Leader and Deputy Team Leader. At least one Country Interviewer involved in the pilot participated in each of the subsequent country visits. Country teams were composed of two Country Interviewers supported by an independent in-country Facilitator. All in-country staff were identified and recruited by Euro Health Group. Country visits took place in the period 26th October to 3rd

<sup>1</sup> Grant performance categorized according to the Aidspan Index to grant Performance (<http://www.aidspan.org/grants/index.htm>)

<sup>2</sup> A Fragile State is defined as "one that can not or will not deliver core functions to the majority of its people, including the poor", *Global Fund Investments in Fragile States: Early Results*, Global Fund, 2005

<sup>3</sup> GF Guidelines for proposals, Annex 1:- Income groups based on World Bank classifications as of July 2004

December 2005. Country interview guides, which were refined on the basis of the Cambodia pilot, covered the following major issues:

<b>Proposal Development:</b>	<b>Communication and Feedback:</b>
Proposal preparation management	Between secretariat and country/CCM
Stakeholder participation	TRP to country/CCM on proposals
Technical assistance	In-country communication
Proposal forms and guidelines	
Social and gender inequalities	
Donor/Partner harmonization	
Previous grants and multiple applications	
Additionality	
Monitoring & evaluation	
Health sector strengthening component	

Four groups of key stakeholders were identified for interviews:

- a) Technical advisers to the proposal preparation process
- b) Others directly involved in the preparation of proposals (including CCM members, actual and potential principal recipients and sub-recipients)
- c) CCM members not directly involved in proposal preparation
- d) Other relevant stakeholders not involved in proposal preparation, including those who felt that they should have been involved.

The Country Interviewers used a number of means to identify interviewees. In general, a “cascading approach” was used, in which interviewees were asked to provide the names of others whom they felt should be interviewed. In each country, the Global Fund Secretariat informed the CCM Chair and CCM Focal Point of the purpose of the assessment, its independent nature, the team composition and timing of the visit. The Secretariat also provided the assessment team with an initial set of names based on CCM membership lists. The In-Country Facilitators also identified potential interviewees. The final set of interviewees in each country was determined by the Assessment Team to achieve a spread of informants across the 4 stakeholder groups.

With few exceptions, all the interviews were conducted face-to-face. Wherever possible, interviewees were provided with an overview of the scope of the assessment and a list of issues to be covered, prior to the interview. Interviewees were assured that quotes used in the report would not be attributable to individuals or organisations.

In each country, both Country Interviewers participated in all interviews, and notes were transcribed into Excel spreadsheets for later comparison and corroboration.

Potential interviewees for the telephone interviews in Colombia and Peru were identified in collaboration with the Global Fund Secretariat. All interviews were conducted in Spanish by the same interviewer. All interviews were recorded (with permission of the interviewee) and later transcribed and translated into English for analysis by the interviewer.

Through these means, in-depth interviews were conducted with a total of 114 key informants in 92 interview sessions in five countries. Table 2 shows the distribution of interviewees by institution.

*Table 2: Individuals interviewed during Global Fund assessment of proposal development and review*

Country	CCM	PR	Gov Offic	Nat Prog Officer	TA	Multilat donor	Bilateral donor	NGO CBO	Private sector	Acad Instit	Directly involved	Not involved
Cambodia	7	2	3	2	6	3	4	8	0	1	17	6
Cameroon	6	7	3	2	6	1	2	5	4	0	12	1
Colombia	2	1	0	0	2	1	0	2	0	0	2	0
Namibia	7	6	5	4	11	2	2	4	5	0	15	2
Nigeria	13	2	2	1	4	3	3	9	1	2	14	3
Peru	2	1	0	0	2	1	0	1	0	0	3	0
Sri Lanka	14	6	1	6	5	5	1	4	5	1	16	6
<b>Category Totals</b>	<b>51</b>	<b>25</b>	<b>14</b>	<b>15</b>	<b>36</b>	<b>16</b>	<b>12</b>	<b>33</b>	<b>15</b>	<b>4</b>	<b>79</b>	<b>18</b>

### 2.2.3 Global Interviews

The global interviews, analysis and drafting processes were undertaken by the Health Systems Analyst, who conducted telephone interviews with 18 key informants from the following constituencies: current/former TRP members (5), civil society representatives (5), Global Fund Secretariat staff (4), current/former CCM members (3), Global Fund committee members (2), UN agency representatives (2), former members of the Global Fund Transitional Working Group (2). Several respondents were members of more than one of these constituencies (See Annex 3 for list of respondents).

The interview sampling frame was constructed by the Global Fund Secretariat, in consultation with the Assessment Team. The Global Fund Secretariat informed potential interviewees of the assessment's purpose, and introduced the Interviewer who would contact them. The respondents were selected by the Interviewer, taking into account useful prioritization of potential interviewees by the Secretariat.

Using methods similar to that of the country-level activity, priority research questions and a semi-structured interview topic guide were developed based on the terms of reference of the assessment and modified through discussion with the Global Fund Secretariat. The Report of the TRP and the Secretariat on Round Five Proposals provided important insights into key questions and issues. After several interviews, the Interviewer simplified and streamlined the interview guide, based on initial responses. This interview guide is provided in Annex 4. The main topics covered were:

- CCM processes at the country level
- how to get better country level information
- the donor landscape
- health system strengthening
- the TRP model
- the role of the Secretariat in the proposal process, and
- any other major issues that the respondent wished to raise

Telephone interviews, which averaged 45 minutes in duration, were concurrently typed by the Interviewer while also being tape recorded (with the permission of respondents). Initial

interview drafts were supplemented and corrected by the Interviewer within seven days using the taped interviews, which were then deleted.

## 2.3 Approach to Analysis

### 2.3.1 Country-level Findings

The in-depth interview data for each country were captured in an Excel spreadsheet, and reviewed by the two Country Interviewers to corroborate the findings. These data were then used to develop *Country Issues Dashboards*, which highlighted Global Fund successes and problems identified in each country, together with a summary of major findings. Both are presented in the Country Summary Reports (Annex 9).

The individual Country Issues Dashboards were then compiled into an *Aggregated Country Dashboard* and this, together with the raw data from the Excel spreadsheets, was used to develop the Findings and Analysis sections of the report. Data from the telephone interviews were synthesised and included in report sections where appropriate. Data from the electronic review, where appropriate, also fed into the Findings and Analysis sections.

To ensure consistency in analysis, Country Interviewers met at the Euro Health Group office in Copenhagen for a two day meeting in December 2005 to consolidate their notes and agree on the analysis approach and major findings based on the first four country visits.

### 2.3.2 Global Findings

Analysis of global findings was conducted by the Health Systems Analyst, through the following series of steps:

- First, early interview complete transcripts were read through thoroughly;
- Based on this reading, codes for major themes and sub-themes were devised, and code numbers were applied and used to categorise responses in interview transcripts
- Responses from the 18 respondents were then categorised and grouped according to the themes and sub-themes, producing a 70 page document.
- Theme and sub-theme categories were revised to produce the format (main headings and subsection headings) used in the first overall synthesis of global findings.
- Findings were then summarised according to these headings, and initial conclusions and recommendations were drafted and incorporated into the first draft of the global findings.

## 2.4 Limitations of the Methodology

### 2.4.1 Country visits

The five countries visited were selected purposively from Africa and Asia, as outlined in 2.2.1. The under-representation of other regions was partially addressed by conducting telephone interviews in Colombia and Peru. However, Europe and the Middle-East were unrepresented, and India and China, being the two largest Global Fund recipient countries (in size, if not in grants), were not included in the assessment. It is acknowledged that the five African and Asian countries and the two Latin American countries can not be considered as a representative sample of countries that participated in the proposal process.

However, the assessment never aimed to survey a geographically representative sample, and the selection of countries was guided less by geographical diversity and more by



considerations of country performance in proposal submission, the in-country institutional milieu that affects this performance and the potential for lesson-learning.

For the country visits, the major methodological constraint was time, with the Country Interviewers generally having to set up appointments, conduct 15-20 interviews and draft transcripts in 5-6 days. Interviewees, who were largely senior professional staff, also had substantial time constraints.

In each country, the Assessment Team attempted to interview a wide range of stakeholders from within and outside the CCM. It is acknowledged that the views of the private-sector and the academic community may not be adequately reflected in the study, as these sub-groups are often under- or un-represented on CCMs.

### ***2.4.2 Global interviews***

In the global interview process, a wide range of respondents (18) across the major relevant constituencies were interviewed. A purposive approach to sample selection was used, primarily aimed at obtaining a balance of views across the major constituencies. Responses by members of constituencies cannot be assumed to be representative of those wider constituencies. While there were common features in the views of members of particular constituencies, larger samples (not feasible in the time and resource constraints) would have been needed to gain some assurance that constituency representative views had been obtained.

A second feature and potential weakness is that the balance of findings from the global interviews reflects the judgment of a single Interviewer. This is in contrast to the country interviews, which benefited from interviewers working in pairs, and an Assessment Team review session to compare and contrast country experiences.

### 3 MAJOR FINDINGS AND RECOMMENDATIONS

This section contains an analytical summary of the major findings emerging from the assessment, and provides a set of recommendations for action by the Global Fund. A complementary set of recommendations has also been developed for CCMs, and is provided in Annex 6.

The section is divided into four sub-sections, the first of which (3.1) focuses on improving communications and clarifying Global Fund principles, policies and procedures. This section highlights the need for the Global Fund to address misconceptions that have emerged at country level, and provides specific recommendations to improve communication within countries and between Global Fund and CCMs.

Sub-section 3.2 deals with country ownership, harmonization and alignment, and suggests mechanisms to improve donor harmonization and Global Fund alignment with national systems.

Sub-section 3.3 reviews Secretariat screening and clarification, and the TRP review, and provides sets of recommendations to strengthen and support these processes.

Sub-section 3.4 explores the role of technical assistance and partnerships, and provides suggestions on how this can be best employed to improve the country proposal process

#### 3.1 Improving Communications

The Assessment noted that communications were sometimes sub-optimal in a number of areas: - between the Global Fund and the CCM; within the CCM; and between the CCM and its in-country stakeholders. Two examples of “communications breakdowns”, drawn from the study, are provided in the text boxes below.

##### **Focus on: Global Fund communication with CCMs**

The success of proposals depends on a clear understanding of requirements. The evaluation team found many examples of misconceptions at country level regarding the Global Fund's requirements. One example was particularly poignant, in which a country whose Round 5 proposal failed, felt that the TRP comments could have been easily and quickly addressed.

The example highlights two failures in communication. First, the interviewee, a national program manager, in meeting with the Assessment Team was surprised to see the TRP comments for the first time. These same TRP comments were distributed to the CCM Chair a month prior to the interview. Second, the TRP found the proposal to have “Excellent formulation of programmatic objectives and description of activities to be funded by the Global Fund to help to expand the scope of the current program and achieve the impact objectives”. It was further noted that the country had also demonstrated successful implementation of a prior grant. Although a detailed budget was submitted, the TRP found the main weakness of the proposal to be “insufficient foundation of budget”. That is, line items in the budget were not sufficiently detailed as to show how the amounts were estimated. Examples were provided for the activities which lacked sufficient financial information. As an example, TRP questioned the basis for estimating that \$10,000 was needed for training health staff in prisons and armed forces (specifically how many prisons?, how many garrisons?, how many staff?). Another question raised was how a \$18,000 budget item was estimated for awareness programs in estates and factories (how many factories? how many health staff were to be involved?).

It is clear that a well-articulated budget is vital to the success of a grant; however at country level the evaluation team found varying levels of understanding as to how much detail is necessary. Considering the importance of this requirement, the Global Fund should clarify this issue and communicate widely at country level.

### **Focus on: CCM in-country communications around the proposal process**

The strength of the proposal process depends on the strength of the CCM and its communications in country. The Assessment Team found many examples of poor in-country communication. In several instances, lapses in communication led to confusion among potential implementers.

Respondents in two countries reported that initially open and transparent proposal development processes became more closed and tightly controlled over time. It was often NGO sector representatives who felt excluded by the changes in proposal development procedures.

In some cases, review panels set up to screen the various stakeholder proposals submitted to CCMs provided no formal feed-back to submitting bodies on the review outcome, leaving them uncertain as to whether or not their proposals were included in the national proposal. In one country, interviewees reportedly learned of the outcome of the in-country screening process just before submission deadlines. Interviewees felt that this lack of clarity in the proposal process created confusion as to which agency should have a role in implementation. In another case, an NGO sector representative reported that their proposal contributions had been incorporated into the consolidated national proposal but that their organizations were subsequently excluded from the implementation of the resulting grants.

Among the requirements for grant eligibility, the Global Fund requires CCMs to put in place and maintain transparent, documented processes to solicit and review submissions for possible integration into the proposal. Information gathered by the Assessment Team suggests that CCMs need to take steps to improve compliance with this requirement.

The findings highlight the need for the Global Fund to develop a targeted communications strategy, which is particularly important as the Global Fund has no presence in recipient countries. A comprehensive and responsive communications strategy will help to dispel misconceptions about Global Fund principles, policies and procedures, and facilitate greater engagement of the Fund with its constituents.

### ***3.1.1 Clarifying Global Fund Principles, Policies & Procedures***

The Assessment elicited a number of misconceptions at country level about Global Fund principles, policies and procedures, which are negatively affecting the proposal development process. Some examples are provided below:

- A number of stakeholders in French and Spanish speaking countries noted the difficulties associated with developing and submitting proposals in English. There was concern that translating the proposals and supporting documentation into English was extremely time-consuming and in some cases weakened the proposals. While the Guidelines allow for submissions in any of the UN languages, countries are encouraged to submit English translations, leading to a misconception that proposals submitted in English receive preferential treatment.
- Although R5 proposal forms require CCMs to provide information on how they are addressing social and gender inequities, stakeholders noted that it is easy to provide a standard response to these questions. There were also some concerns in more than one country that the Global Fund is focused on the health aspects of HIV/AIDS, and that the multi-sectoral aspects of the disease, including social and gender issues, are in danger of being ignored.
- Phase 1-2 renewal score cards and other reports of existing performance were introduced as criteria in evaluating Round 5 proposals. However, CCMs were informed late about these additional assessment criteria and were generally unaware of their importance in assessing country capacity to implement successful proposals. Some respondents, when informed of this criterion, were of the view that CCMs should be given an opportunity to review and comment on these scores.
- The Assessment noted that early exclusion of NGOs in the proposal process, or subsequent exclusion of NGOs that contributed to successful applications, coupled with lack of feedback, has led to deep-seated disenchantment with the Global Fund proposal development process, and generally resulted in weak submissions. It is important to ensure that all stakeholders, and especially those without representation on the CCM, are promptly informed of decisions on proposals and anticipated next steps. Transparency could be enhanced by requiring CCMs to list all proposals received and to make that information publicly available in-country.
- Under the present Guidelines, the TRP recommends either accepting or rejecting a proposal in its entirety. There are indications that CCMs are screening out 'innovative' approaches (such as health equity funds, social health insurance, or using community health workers to deliver ARVs, etc), for fear of jeopardizing the overall application.
- There were reports that the Global Fund M&E systems were not well aligned with national systems, thus creating unnecessary additional workloads and undermining the role of the national programmes as leaders in M&E. An example is drawn from a country that has secured GF funding over several rounds for ART provision, and where the national HIV/AIDS programme was already delivering ARVs to patients

using its own funds together with other donor support. As each GF round is a separate grant agreement, starting at a different point in time, and as progress is to be reported only on the patients being funded out of that grant agreement, there are multiple reports required, which may or may not correspond in time or scope with the national programme reporting cycle. Furthermore, the existing system for the national programme is to report ART provision by ARV delivery sites and/or government administrative units, while GF reporting is based on a combination of rounds and sub-recipients.

### Recommendations on addressing common misconceptions

- Given the number of misconceptions and degree of confusion among partners at country level around key proposal development issues, it is recommended that the Global Fund should develop and implement a comprehensive communications strategy to address misconceptions and clarify policies and principles.
  - Language issues: Global Fund should encourage submission of proposals in any UN language. Therefore Guidelines should be revised to address misconception that proposals submitted in English receive preferential treatment. The Secretariat has the responsibility to ensure quality of translations, and applicants should be given an opportunity to review translations.
  - Multi-sectoral approach: Global Fund should strive to dispel the misconception that only the health sector is addressed in Global Fund proposals to the detriment of multi-sectoral strategies. In fact the Guidelines encourage a multi-sectoral approach, and this should be re-emphasized and communicated widely.
  - Financial ceilings: To address a misconception that Global Fund imposes financial ceilings on CCMs, the Global Fund should emphasize that it does not impose financial ceilings.
  - Innovation: The Global Fund should clarify that innovative approaches in proposals are not discouraged.
  - Operations research: The Global Fund should re-emphasize that it encourages the inclusion of operations research in proposals for funding.
  - Technical assistance: The Global Fund should also re-emphasize that technical assistance for implementation can be included in Global Fund funding proposals.
  - Perceptions of poor alignment: To address findings that GF reporting is not aligned with national M&E systems and that reporting timelines are out of synchronization in countries with multiple grants: GF should proactively communicate with CCMs and LFAs, and emphasize the flexibility and harmonization that is possible under the Guidelines.
  - CCMs should list all in-country proposals received and share this information broadly within country.
  - Past performance of existing grants: The guidelines should clearly state that grant score cards and other forms of performance reports of existing grants will be used as criteria in evaluating proposals.
  - Conflict of interest: Guidelines should re-emphasize that there is no inherent conflict of interest regarding the role of the PR in the proposal development process.
  - Secretariat screening process: The Secretariat should develop a short description of the clarification process as part of the larger communication strategy

### ***3.1.2 Communications Strategy for Proposal Preparation***

A significant number of in-country stakeholders voiced concern about the inaccessibility of the Global Fund, and it was noted that web access should not be the only means of communication with the Fund. A first step is for Global Fund to strive to understand what gaps and deficiencies exist in current communication strategies, both within country and between Global Fund and CCMs.

Proposal development in some countries was facilitated by the provision by the CCM, at least three months before the anticipated call for proposals, of a 'road-map' highlighting guidelines, milestones, realistic timeframes, country-level priorities and an indication of financial ceilings.

#### **Recommendations on improving communications**

- An improved communications strategy could utilize the regional 'Roadshow' model, piloted by Global Fund and technical partners; and also draw on experience from regional CCM workshops. This would both help the Global Fund to clarify issues and remedy misconceptions, and also provide an opportunity for the Global Fund to listen to and address the concerns of its country partners.
- Global Fund should provide targeted emails to all known country partners, alerting countries three months in advance of upcoming rounds, and use partners as messengers to improve message dissemination – especially to civil society and the private sector.
- Global Fund should develop and disseminate a proposal preparation 'road-map' highlighting the use of Guidelines, milestones, realistic timeframes, workplan development, methods to engage a broad range of stakeholders, and country-level priority setting strategies. An example of a 'road-map' (based on a model used successfully in Cambodia in Round 5) is attached as Annex 7

## **3.2 Improving Country Ownership, Harmonization and Alignment**

### ***3.2.1 CCM functioning and governance and improving civil society involvement***

Weak CCM governance and functioning are critical factors inhibiting the success of CCM proposal preparation and submission. Where stakeholder participation has been largely open and equitable, this has generally led to robust and successful proposals. The establishment of a dedicated and resourced sub-unit of the CCM has been shown to facilitate the proposal development process in-country.

There is a need to identify mechanisms to foster more effective participation of non-health ministries, civil society and the private sector, as these sub-groups are generally under-represented in proposals.

## **Recommendations on CCM functioning and governance and improving civil society involvement**

- Building on the results of the CCM assessment conducted in 2005, mechanisms should be explored to strengthen the meaningful involvement of civil society and private sector in CCM processes. Annual self-assessments and external sample audits of CCM functioning should be conducted regularly, with a focus on Board-approved eligibility requirements and recommendations.
- Countries should be encouraged to align CCMs with appropriate existing national structures, where these are functional.

### ***3.2.2 Donor harmonization***

There were mixed responses from in-country stakeholders on the issue of donor harmonization. Some felt that there had been much effort by CCMs, with some support from Global Fund, to harmonize the Global Fund and other donors. However, others noted persistent high transaction costs associated with receiving Fund support, with some countries needing to establish dedicated Global Fund Project Management Units.

The disease focus of global initiatives generally, including the Global Fund, were causing human resources from other programmes or sub-programmes to be reallocated. Measures to promote global standards of good donor practice, which could be through the OECD DAC system, would bring coordination benefits at the country level.

#### **Recommendations on donor harmonization:**

- Ensure integration with existing initiatives i.e. the 'Three Ones', Global Task Team (GTT) report, OECD/DAC Paris 2005 Declaration, and similar initiatives. UNAIDS is currently developing a checklist for the assessment of national strategic plans, which could be dovetailed with Global Fund proposal development and evaluation processes.
- Encourage donor consensus towards using common country assessments in the development and evaluation of proposals for funding disease control activities.

### ***3.2.3 Country systems capacity***

The general consensus is that country level data continue to be poor, because of lack of country ownership and because efforts to improve data are externally driven. Ensuring that good data systems are in place, getting good data, selecting the right performance indicators for performance assessment, and using these data to reward performance are areas that require more attention by the Fund.

Global Fund should recommend that, where baseline data are absent or weak, funding for baseline data collection and/or validation (using rapid assessment techniques and in-country data review) should be included in the proposal.

Responsibility for data quality appears to be somewhat of a 'black hole' in many countries. The establishment of Health Metrics has fuelled the debate around how to translate WHO norms and standards (a UN agency remit) into actual measurement and quality assurance at the country level.

The development of M&E quality assurance systems, which might include establishment of a global quality assurance system, needs to be coordinated globally. More immediately,

Global Fund needs to dialogue with the UN agencies and maximize the availability of valid and reliable country data for Round 6.

The general perception had been that the introduction of a Global Fund HSS component would help to redress the imbalance created through disease-specific funding and help foster the harmonization of vertical programmes. However, there is an identified need at the country level that proposal formats, whether through integrated or stand-alone HSS proposals, take into account the difficulties of costing a national HSS strategy and lack of meaningful HSS indicators.

If Round 6 invited standalone HSS proposals, there were country concerns about submitting a disease-specific component whose implementation would depend on the success of a concurrently submitted HSS component – if the former was successful and the latter not.

Whether or not the Global Fund – from the outset and in future rounds – should support HSS in countries with weak health systems continues to be contested at the country and global levels. The strategic question of *whether* to engage in HSS and the role of the Fund relative to other donors and agencies (especially the World Bank) is being looked at by the Policy and Strategy Committee. This wider strategic issue of the nature of the HSS role of the Global Fund needs to be clearer, and at least partially resolved by the Fund, in advance of a Round 6 call.

The operational question of *how* the Fund should engage in HSS was being looked at by a Working Group set up by the Portfolio Committee. Responses on *how* fell within the remit of this study:

- most favored funding HSS support as part of integrated<sup>4</sup> versus stand-alone proposals, although a minority favored making both options available:
- most, including some who initially stated that the Fund should leave HSS to the World Bank, were of the view that the Fund should continue to provide support in the area of human resources and training; and should seek to fill systems' gaps that other donors were not funding and were necessary for successful implementation.

Fundamental issues need to be addressed at country and global levels, which go beyond problems with proposal formats and guidelines: countries need to be supported by all technical agencies and donors to have coherent national plans in place; and then to be able to demonstrate how Fund support will be used to fit into (or improve or help develop) and implement these plans.

### Recommendations on country systems capacity

- **Assessing country systems capacity (HSS):** Technical partners to develop tools and indicators to assist countries in assessing their strengths and weaknesses in systems capacity in order to appropriately focus proposal development towards filling gaps. HSS strategies should include public and private sectors.
- **M&E:** The establishment of baseline data is essential for self-assessment and performance based funding. Grant agreements should include the establishment of baseline data within the first year work-plan. It is essential that technical partners assist countries to identify strengths and weaknesses in current M&E and health information systems.

<sup>4</sup> This was the option favoured by the Portfolio Committee when it met in February 2006.



### 3.2.4 Aligning GF with country systems

There were concerns in at least one country, and more widely at the global level, that the GF system of “rounds” is geared to supporting discrete projects rather than strategic programmes, is undermining coordinated approaches such as SWAp, and is a major source of disharmony for national planning, implementation, monitoring and reporting systems. A majority of global respondents argued for moving away from a blueprint to a country-adapted approach, whereby the Fund would:

- a) move from a project to a programme approach, but only in settings / countries that had strong and well coordinated strategic planning processes and cycles;
- b) consider piloting a mixed mode model, where ongoing funding to a well-functioning program, especially where it had already received Fund support, could be considered by the Fund outside of the “rounds” system.

#### Recommendations on aligning GF with country systems

- The Global Fund encourages coordination with and integration into comprehensive national plans that include all sectors of society. It is recommended that the TRP considers to what extent proposals are coherent with or inform the development of such plans, as a major factor in its decision-making.
- **Consideration of SWAp:** Building on the experience of existing Global Fund investment in SWAp and budget support situations, the Global Fund should develop forms and Guidelines for CCMs to use to adapt Global Fund approaches to these financing mechanisms.
- **Alignment with country programs:** The findings of this study support the need for the strategic review to address the questions of merging grants and adopting a rolling cycle approach, which are already on the agenda of the Board Policy and Strategy committee. The outcome of these reviews may have a major impact requiring the redesign of many of the processes, guidelines and tools for proposal preparation, TRP review and grant negotiation.

### 3.2.5 Additionality

There are concerns in-country that demonstration of additionality is sometimes difficult to justify, and is compromising the integration of country-level initiatives. A further concern was that the withdrawal of donors providing bridging funds, in some cases put in place by donors because of delays in Global Fund disbursements, might be perceived as transgressing additionality.

Information on additionality will continue to fall short of the ideal for many countries, although the TRP could cite examples of country proposals where such evidence was clearly presented. The Fund should ask CCMs to utilize the country partners to provide available evidence – and also seek such evidence through collaboration with other global partners – on the overall trajectory of assistance to the control of the three diseases and the health sector in each country

### **3.3 Strengthening and supporting the technical review processes.**

#### ***3.3.1 Strengthening Secretariat screening/clarification,***

Secretariat screening and clarification was largely seen, at country and global levels, as helpful, appropriate and constructive, and as having improved over successive rounds. However, there was some concern in-country that non-technical issues that were cited by the TRP as reasons for proposal rejection could have been identified by the Secretariat during the clarification process.

On balance, tighter limits need to be established and communicated to countries regarding communication between Secretariat and CCMs around establishing eligibility of applications, while retaining some flexibility in the process. Some flexibility in level of Secretariat effort to support proposal completion should be retained for countries that are submitting proposals for the first time, that have a continued history of submission failure, or where only minor issues require clarification.

#### ***3.3.2 TRP model and processes***

TRP performance, given the constraints of the current model, is generally viewed at the global level as technically highly professional. TRP continues to be self-critical and is best placed to recommend further continuous quality improvements to TRP processes, as evidenced by the reports it prepared following rounds 1-4 and Round 5. The concordance in decisions of the TRP and the US 'Shadow TRP', although the latter was not generally viewed as a useful entity, was seen as validation of TRP performance.

On balance, as long as the current proposal "rounds" system continues and the Board does not introduce radical changes, it would be prudent to follow the advice of the TRP and restrict further improvements to the TRP process to "fine-tuning". The advantages to radically increasing TRP size or duration of the review do not clearly outweigh the disadvantages.

TRP composition was generally viewed positively by TRP members and ex-members, following the addition of more cross-cutting health systems specialists after Round 3. The chief criticism of several non-TRP members was the insufficiency of experts with programmatic experience in recipient countries.

Despite sensible efforts to avoid excessive amounts of information being submitted to TRP, thereby overloading the evaluation process, Round 5 saw an increase in what was seen as helpful information on country context and capacity – Phase 2 score cards, World Bank Aides Memoires and other reports. More systematic availability of additional information in Round 6 will inevitably increase the burden on the TRP, and mainly on cross-cutters if it pertains to systems and implementation capacity.

Therefore, Global Fund should consider some form of controlled dissemination of relevant (and as far as possible standardised) country information to TRP cross-cutters, along with proposal summaries, in advance of the TRP meeting. As well as enabling TRP members to better understand country context, it would enable them identify for Secretariat PSP staff what additional information needs to be sought.

### 3.3.3 TRP feedback to countries

Many in-country stakeholders had either never seen TRP comments on previous submissions, or were unaware of their importance in proposal development. The weight that the TRP places on proposals addressing previous TRP comments should be highlighted in the Proposal Guidelines, and measures taken to ensure that these comments are adequately addressed in proposal development.

TRP comments are largely perceived as fair and relevant, and as having improved over successive rounds. However, there were some concerns that TRP understanding of the country context was variable, and that reviews were sometimes unjust.

TRP comments were generally perceived as constructive and geared to improving proposals, particularly those scoring Category 1 or 2. The majority of applicants perceived a Category 3 score as “a near miss” and, where the TRP had provided constructive feedback, applicants felt encouraged to revise the proposal and resubmit in a future round. TRP feedback was sometimes a mixture of major issues to be addressed, and minor points of concern, and it was felt that separating these would be helpful to applicants.

The Assessment Team reviewed the *Report of the Technical Review Panel and the Secretariat on Round 5 Proposals* and found this to be extremely valuable. Both the Assessment Team and Advisory Panel commend the TRP for the quality of its self assessment process and subsequent report.

#### **Recommendations to strengthen the screening, clarification, and technical review processes**

- It is recommended that the Secretariat establishes a firm deadline for clarifications on proposals to be completed.
- The Assessment Team and the Evaluation Advisory Panel strongly recommend that the Board specifically requests the Portfolio Committee to follow up and act on issues highlighted in the *Report of the Technical Review Panel and the Secretariat on Round 5 Proposals*.
- In addition to recommendations made in the *Report of the Technical Review Panel and the Secretariat on Round 5 Proposals* on TRP composition, it is recommended to the Portfolio Committee and the Board that the TRP composition is strengthened in the area of expertise in programme implementation in recipient countries.
- It is recommended that TRP comments on category 3 proposals should be more comprehensive to guide the learning process for resubmissions and that if the TRP feels that a proposal has no merit it should be grouped as a category 4. Guidelines should emphasize that countries re-submitting category 3 proposals should specifically address TRP comments from previous rounds.

### 3.3.4 Supporting and facilitating TRP work:

It is essential that information is presented to the TRP in standardized formats to reduce workload (on TRP and CCMs), to minimize bias and to ensure transparent fairness across countries. In principle, the consensus view is that country proposals are the first and most important source of information. However, additional information should also be utilized; and

now more so as Global Fund is collecting information on performance on previously funded grants.

TRP members reported that score cards used in Round 5 review were of considerable benefit, through summarizing past performance in a standardized way. However, several respondents argued convincingly that such judgments should be open to greater scrutiny if they are being used to inform future funding decisions.

Country-based multilateral agency staff can be a useful source of country information and reports; but the consensus position was that they should not be used to comment on proposals, if they were (or should have been on the CCM) as they might have sectoral interests in seeing country proposals funded (or perhaps not funded).

A strong pragmatic argument for limiting or avoiding the use of additional country information in the current TRP model is that it can:

- a) contribute to information overload on TRP
- b) add to the burden on CCM, Secretariat, TRP
- c) introduce biases

The challenge, therefore, is how to structure the information needs and questions so that they can be answered, independent of a judgment on the proposal. This protects the TRP and supports the process. The focus should be on:

- a) *Technical criteria*: are the approaches included in the proposal consistent with the latest norms and standards?
- b) *Systems criteria*: have the relevant data on country systems' capacity been collected from other sources in systematised and standardised ways, prior to submitting it to TRP? How information is collated and organised is important, to support the work of the TRP.

As outlined in section 3.2.2 above, part of the solution could lie in coordinated country-led donor supported country health systems' assessments, which was reported to be a Global Task Team recommendation.

### **Recommendations on supporting and facilitating TRP work**

- TRP review should be enhanced by providing standardized, structured, contextual country information, including indicators related to country implementation capacity. The Global Fund should explore with technical partners the possibility for Round 6 of compiling information packs for TRP that contain cross-country comparable information on applicant country contexts. Country packs could contain key disease-specific and other technical issues (implementation capacity, etc).
- While the Assessment Team and the Advisory Panel commend the TRP on their self-assessment methods, it is recommended that the TRP conducts an internal self-audit as a form of internal quality assurance. Such a self-audit would include a structured analysis and review of a sub-set of proposals to validate the assessments and classifications. This could also include case studies of clear failures in the technical screening process, as identified by the Appeals Process.

### 3.4 Using technical assistance and partnerships to improve the country proposal processes

Stakeholders in all the countries visited noted that the provision of technical assistance had been essential in the proposal development process. The quality of TA support to countries is uneven, partly because of lack of a coordinated approach to funding it; and partly because TA that was provided or commissioned by technical agencies was deficient in the area of programmatic and budgeting skills. External funding of TA and avoidance of conflict of interest, where TA consultancy groups write themselves into grants, is needed.

Six distinct areas were identified for TA provision:

- a) *Disease-specific technical expertise*
- b) *Expertise in strategic programme/project development*
- c) *Facilitating the overall proposal development process*
- d) *Interpreting guidelines and completing GF-specific proposals*
- e) *Knowledge of the country, including absorptive capacity*
- f) *Quality Assurance*

A major role for TA was to transform concepts into GF formats and help meet GF requirements, and TA can play an essential role in quality assurance of the final proposal. TA that facilitates MoH-NGO collaboration and cross-learning significantly contributes towards a successful proposal development process.

TA can play an essential role in quality assurance of the final proposal. Just prior to submission it is recommended that TA facilitates a quality assurance review which checks that all questions in the proposal have been addressed, budgets are consistent and are linked to activities, there is an adequate M&E framework, there is a 2-year work plan, activities are quantified, previous grants are acknowledged, counterpart financing is addressed (for middle-income countries), etc.

A number of interviewees cited examples of TA in early rounds contributing to the development of successful proposals, but underestimating capacity for implementation. This highlights the importance of utilizing longer-term TA, with awareness of countries' capacity for absorption and implementation, to ensure successful proposal implementation. A mixture of long-term and short-term TA (locally and externally recruited) is probably optimal; and CCMs should be encouraged to consider including TA that meets their needs as budgeted items in proposals.

In general, the public sector has significantly better access to TA than NGOs, with financial and technical support from bilateral and multilateral donors provided to facilitate this access. Along with some non-health ministries, NGOs are severely disadvantaged in accessing TA, generally having neither the knowledge nor the financial support to provide access.

Individual countries have learned useful lessons in managing CCM processes and building trust between the partners. There is a clear need to facilitate and document in-country transfer of learning between rounds and across disease components and to support the provision of cross-country lesson-learning and skills building in proposal development.

The Assessment notes that *The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance*, by Sam Avrett and Bernard Rivers, is a valuable source of information, which includes a list of organisational and individual TA providers.

**Recommendations on using technical assistance to improve proposal development**

- It is recommended that the Guidelines clarify that technical assistance is not only related to disease expertise but includes strategic and/or program management skills. The Guidelines should further highlight the importance of technical assistance continuity and the need to build this into the proposal and include it in the budget.
- Previous coordinated interventions from technical partners have had some success in countries with a history of repeated failure. Based on this experience, it is recommended that such countries are referred to GIST (or GIST-type assistance for non-HIV proposals) to examine and make recommendations for that country in preparation for new proposal rounds.
- The Secretariat should provide a link on its website to the *The Aidspace Guide to Obtaining Global Fund-Related Technical Assistance*, and other TA guides.

## 4 CONCLUDING REMARKS

The report recommendations, with the summary of findings that support them, are a minimum set which the Assessment Team and Advisory Panel agreed to prioritise. They represent a subset of a larger set of recommendations that emerged from country and global level findings. Prioritisation was both strategic and pragmatic, guided by a consensus on what issues were important, what could be acted upon by the Fund in the near future, and what were more easily achievable because they clearly lay within the remit of the Global Fund. The majority of recommendations were operational and a minority touched on strategic areas, or would depend on the effectiveness of existing partnerships, especially with the technical partners, at global and country levels.

Findings and recommendations reflect some fundamental tensions and dilemmas that continue to challenge the Fund. The chief dilemma is in how to promote and maximise the effectiveness of country level processes, given that the Fund does not have a country presence – a principle which none of the respondents contested. The success of the Fund is inextricably linked with and dependent on the effectiveness of its relationship with its global partners, and its ability to work with and through them to make country processes more effective.

A first set of findings covered areas and examples of ineffective communication and apparent misconceptions at the country level around Fund practices related to proposal development and technical review. The Advisory Panel and Assessment Team agreed on the need for the Global Fund to develop a targeted communications strategy to improve communications between the Secretariat and the CCM, within the CCM, and between the CCM and its in-country stakeholders.

Persistent misconceptions – four years after the Fund was established, its principles not having changed over time and its procedures having largely bedded down – suggest an inability of the Fund to effectively mobilize its bilateral and multilateral partners, who have country offices and who could correct such misconceptions. Widely different perceptions at the country level about Global Fund practices, which may not always be misconceptions, highlight what could be an equally important outcome of an improved communications strategy, namely enabling country-level stakeholders to articulate – and facilitating the Global Fund to listen and respond to – country-level concerns and constraints in their efforts to develop proposals that meet the conditions of the Fund.

A second dilemma for the Fund, where the resolution is also dependent on the quality and effectiveness of global and country partnerships (and the Fund's relationships with other major stakeholders), is in the tension between the Fund's founding principles and the inherent limitations of (i) its lack of a country presence, and (ii) the technical (desk) review process. A Guiding Principle of the Fund is that, *"in considering proposals, the highest priority should be given to those proposals from countries and regions with the greatest need, based on the highest burden of disease and the least ability to bring financial resources to address these health problems"*<sup>5</sup>.

However, it is the countries with the greatest needs that are often those least able to develop proposals to access financial resources to address those needs. The Fund's support for *"programs that reflect national ownership and respect country-led formulation and implementation processes"* and its lack of a country presence make it reliant on its partners to build country capacity for developing proposals that have the potential to be scaled up.

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<sup>5</sup> Global Fund Framework Document

The TRP model does not allow for substantial inputs to improve flawed CCM proposals, which leaves the TRP frustrated about some countries' inability to act on feedback to proposals that failed in earlier rounds. This Assessment has highlighted the importance of technical assistance (TA), not just in proposal preparation, but in ensuring successful programme implementation. The Global Fund Framework Document states that *“technical support for preparing proposals and developing country level partnerships could be provided and funded by partners active in the country, such as bilateral donors and UN organizations”*.

Again, recommendations to facilitate countries accessing useful TA are dependent on the action of other partners, and this Report has avoided the inclusion of too many recommendations that rely on the action of other stakeholders. However, some recommendations – on working with partners to develop and use common tools and approaches for country systems' assessments (3.2.2 and 3.3.3) – have been included.

An overall conclusion underpins the Assessment Team's decision not to recommend substantial changes to the proposal format, guidelines, the TRP model or TRP processes; although some minor changes are suggested. However, the conclusion is that ongoing strategic review processes, being undertaken by the Policy and Strategy Committee, are of far greater importance to the success of the Fund, and excessive tinkering with current processes would distract rather than contribute.

Given the conclusion that the success of the Fund in supporting the development and subsequent implementation of high quality proposals requires significant investment in fostering and maintaining relationships between the Fund and its partners – technical partners and other major donors – it does *not* follow that ineffective partnerships leading to flawed proposals are the fault of the Fund alone. The responsibility to foster global and country partnerships is a shared one.

A final and positive concluding remark is that the participation of civil society in disease control activities continues to evolve at the country level. There was abundant evidence from this Assessment that country stakeholders are making real efforts – with some success – to encourage “coordination with and integration (of Global Fund support) into comprehensive national plans that include all sectors of society” (3.2.4).



## ***Annex 1: Country-level Research Questions***

### **A. Proposal Development**

#### **Proposal Preparation Management**

- How much time and effort is spent by the various stakeholder groups that contribute to the proposal preparation process?
- Where do bottlenecks lie, and how could these be best addressed?
- How equitable and effective are CCM strategies for screening and agreeing proposals?

#### **Technical Assistance**

- To what extent is TA available and effective in proposal development?
- Is TA available for and effectively utilized in the preparation of applications?
- To what extent is the available TA targeted effectively
- How equitable is access to TA, and how adequate is related coordination across the various supporting agencies?
- What are the relative merits of the various forms of TA utilized?
- How well is the need for TA during the proposal preparation process reconciled with the need for TA during project implementation?

#### **Proposal Forms and Guidelines**

- What improvements have there been over successive rounds and is there room for further improvement in proposal forms and guidelines for country applicants

#### **Stakeholder Participation**

- How accessible is the GF application process to the various stakeholders at country level?

#### **Social and Gender Inequalities**

- To what extent are specific provisions made during the application development process to ensure that issues relating to marginalized groups are adequately addressed?

#### **Donor/Partner Harmonization**

- To what extent is GF support provided for programmes versus for stand-alone projects, and does this vary between components?
- To what extent are GF-supported activities harmonized with existing activities and how is the potential for overlap minimized?

#### **Gap Analysis**

- What are the major difficulties encountered in performing effective gap analyses?

#### **M&E**

- What measures are in place during the application development process to ensure that indicators are appropriate, baselines robust and targets achievable?
- To what extent do M&E arrangements fit with or strengthen existing systems?

### **B. Communications and feedback**

#### **Between secretariat and country/CCM**

- How effective and appropriate are communications between secretariat and country/CCM in initial proposal screening?

**TRP to country/CCM on proposals**

- Do in-country stakeholders have full access to TRP comments, and to what extent are these used in improving subsequent proposals?
- To what extent are the TRP comments appropriate, and how effective are they in improving proposals?

**Within country communication**

- How effective are communications between the various in-country stakeholders during the application preparation period?

## ***Annex 2: Country-level Interview Guide***

### **A: PROPOSAL DEVELOPMENT**

#### **1. Proposal preparation management**

- Describe the process of proposal development in-country for the most recent application to the Global Fund: identify the key stakeholders, briefly describe their roles and provide a time-line of key events.
- Describe the level of effort that was required by each of the various stakeholders involved in the preparation of the R5 application.
- How does this compare to the levels of effort required during earlier rounds 1?
- Describe any bottlenecks in the proposal preparation process?
- How could these bottlenecks be best addressed?

#### **Stakeholder participation**

- Describe the in-country call for applications.
- Comment on the accessibility of GF application process to the various stakeholders at country level.
- Are any special measures employed to ensure that a broad range of stakeholders are involved? Are any groups excluded systematically?
- Describe the in-country application screening process.
- In your opinion how effective is the in-country strategy for developing proposals?

#### **In country screening**

- Describe the in-country proposal development process.
- In your opinion how equitable and effective is the in-country strategy for screening and agreeing proposals?
- Describe any in-country arrangements for technical feed-back and re-submission of unsuccessful applications?
- Describe any changes in the level of stakeholder participation over successive application rounds.
- Could stakeholder participation be improved in future rounds and if so how?
- Describe how PRs and sub-PRs are selected for the various components.
- Is the process of PR selection fair, transparent and widely understood?
- Could the PR selection process be improved in future rounds and if so how?

### **2. Technical assistance (TA).**

#### **Type of TA used**

- Describe any TA that was utilized in the preparation and/or screening at country level of recent proposals submitted to GF.
- Which group(s) funded the TA?
- For short-term TA describe the recruitment process. For which aspects of proposal development is TA most needed?
- Describe how the type and intensity of TA varied between Rounds 1-5.
- What were the reasons for these variations?

**Access to TA.**

- Describe how TA was targeted and describe any efforts taken to ensure that access was equitable.
- Which stakeholders had access to TA?
- Which stakeholders actually utilized TA and to what extent?
- Describe any coordination efforts made by the various stakeholders involved in the application process.
- Identify any groups that you feel may have been excluded from the application process or denied access to TA. Describe why you feel these groups were excluded.
- Describe how access to TA has changed between rounds 1-5.
- What could be done to broaden access to TA in future application rounds?

**Relative merits of the various forms of TA utilized**

- If different forms of TA were used compare and contrast their relative merits.
- Describe whether any of the weaknesses in TA were adequately addressed through the in-country application process (e.g. through inputs from local experts, through adopting a workshop approach)?
- Describe any changes in the type and quality of TA provided over successive rounds
- What could be done to strengthen the quality and effectiveness of TA in future rounds?

**Potential conflict of interest between TA for proposal development and TA for screening and review**

- Are there concerns about partners (e.g. WHO, UNAIDS, UNICEF) who provided consultants or whose country representatives helped develop proposals at the country level, being involved in the CCM proposal screening or selection process?
- Are there concerns about partners (e.g. WHO, UNAIDS, UNICEF) who helped develop proposals at the country level providing inputs to reviewing the same proposals in Geneva during the TRP review?
- How can these concerns best be managed?

**3. Proposal forms and guidelines**

- Describe any improvements in GF proposal forms and associated guidelines for country applicants across successive rounds.
- Describe any weaknesses in the GF proposal forms and GF guidelines.
- How could round five proposal forms and guidelines be further improved to facilitate and streamline future applications?

**4. Social and gender inequalities**

- Describe any specific provisions made during the application development process to ensure that issues relating to marginalized groups are adequately addressed?
- Are efforts made to solicit proposals targeting health-linked inequalities relating to gender, social status and ethnicity?
- To what extent are proposals targeting marginalized groups considered during the screening process?
- Does the screening group include adequate expertise in this field?

- Describe any changes in emphasis on the targeting of marginalized groups over successive rounds.
- Should there be greater emphasis on targeting marginalized groups and if so how could this be achieved?

## **5. Donor Landscape/Harmonization**

- In proposal development, how did the CCM deal with the request to describe the “donor landscape”?
- To what extent do activities supported by GF harmonize with activities supported by other donors?
- How has the degree of harmonization changed between rounds 1 and 5, and what could be done to increase the level of harmonization in future rounds?]
- To what extent is GF support requested for programmes versus for stand-alone projects?
- To what extent do GF grants fit within clearly defined national strategic plans, and does this vary between components?

## **6. Previous grants / multiple applications**

- What are the major issues in regard to overlap of new Global Fund proposals with existing GF grants and what could be done to address these issues?]
- When making applications for several components, to what extent are these done in a planned, coordinated and strategic manner?
- What could be done to strengthen coordination of multiple applications?

## **7. Additionality**

- How is the potential for duplication and overlap between activities funded by GF and those funded by other stakeholders minimized?
- In proposal development, what obstacles do you face in demonstrating additionality?
- Describe the process of gap analysis associated with the preparation GF proposals.
- What are the major difficulties encountered in performing an effective gap analysis?
- What measures could be implemented to improve the quality of gap analyses in future rounds?

## **8. M&E**

- What measures are in place during the application development process to ensure that indicators are appropriate, baselines robust and targets achievable?
- Describe how the development of M&E arrangements for GF applications has changed since the first call for proposals.
- How well are Global Fund M&E and other donor M&E systems aligned at the country level?
- How well are Global Fund M&E systems harmonized with national systems? Has this changed or improved over time?
- What measures could be implemented and by whom in order to improve the quality of M&E arrangements for future proposals?

## 9. Health Sector Strengthening Component (for countries that submitted a separate HSS component in R5)

- Why did the country submit a separate HSS component?
- What are the advantages and disadvantages of having a separate HSS component?
- How well-placed is GF compared to other donors in supporting HSS?

## B: COMMUNICATIONS AND FEEDBACK

### 1. Communications and feedback between secretariat and country/CCM

- Describe any post-submission communications between the secretariat and CCM relating to application screening and clarification.
- Describe any bottlenecks in post-submission communications.
- To what extent are the level and nature of post-submission communications between secretariat and CCM appropriate?
- Have post-submission communications between Global Fund Secretariat and CCM changed over successive rounds?
- What further changes and improvements to post-submission communications would you recommend if any?

### 2. Feedback from TRP to country/CCM on proposals.

- Are you aware of the role of the Global Fund Technical Review Panel – the TRP – in evaluating the country proposal?
- To what extent are TRP comments shared with the various groups involved in the relevant application - who got access to TRP comments: CCM Chair?
- In the case of category 2 proposals, are TRP comments used effectively to inform amendment of applications?
- Are TRP comments from previous rounds used effectively in the preparation of future applications?
- How constructive are the comments that are provided by the TRP to the CCM?
- [The TRP has commented strongly on *a persistent pattern by some applicants of repeatedly ignoring TRP's advice and comments on prior applications*. To what extent does this happen in this country, and what might be the likely reasons for this?
- Describe how the situation with regard to TRP feedback has changed over successive rounds.
- Could the effectiveness of TRP feedback be enhanced, and if so how?

### 3. Within country communication

- Describe communications between the various stakeholders during the application preparation period.
- Describe how inter-stakeholder communications have changed over successive rounds.
- Could the effectiveness of inter-stakeholder communications be enhanced during future rounds, and if so how?

### ***Annex 3: Respondents interviewed in global assessment of grant proposal process***

1	Jonathan Broomberg	<ul style="list-style-type: none"> <li>▪ Current TRP Chair and cross-cutter; on TRP</li> </ul>
2	Wilfred Griekspoor	<ul style="list-style-type: none"> <li>▪ Acting Exec Director, between Rds 1 and 2 (2002)</li> <li>▪ Cross-cutter on TRP, rounds 1-4.</li> </ul>
3	Paula Fujiwara	<ul style="list-style-type: none"> <li>▪ Participated in the Transitional Working Group that set up the Fund</li> <li>▪ TRP TB expert Rounds 1 to 4</li> <li>▪ Member of our Advisory group</li> </ul>
4	Bernhard Schwartlander	<ul style="list-style-type: none"> <li>▪ Director Global Fund M&amp;E X 2yrs and responsible for performance monitoring</li> </ul>
5	Alex Ross	<ul style="list-style-type: none"> <li>▪ Member of GF Portfolio Committee</li> <li>▪ WHO focal point for Global Fund by 2 yrs</li> <li>▪ Previously, when with DfID, interacted with the Fund</li> </ul>
6	Francis Omaswa	<ul style="list-style-type: none"> <li>▪ Uganda CCM Chair, rounds 1 to 4 (nominally in Round 5 – little involvement)</li> <li>▪ Chair Portfolio Management Committee, Rounds 4 and 5. Responsible for recruitment of TRP</li> </ul>
7	Carl Manlan	<ul style="list-style-type: none"> <li>▪ Working in Portfolio Services and Projects by 1 year</li> <li>▪ Previously spent 2 years in Procurement</li> </ul>
8	Elisabeth Mataka	<ul style="list-style-type: none"> <li>▪ Member of GF Policy and Strategy committee</li> <li>▪ ZAMNET head = PR (was non-executive)</li> <li>▪ CCM member from the beginning – asked by NGOs</li> <li>▪ Alternative Board Member representing southern NGOs.</li> </ul>
9	Hind Othman	<ul style="list-style-type: none"> <li>▪ With Global Fund since the Oct 2002 (one of the longest serving staff members)</li> <li>▪ Had responsibility for the proposal submission and TRP processes for rounds 1 to 4; was drafted in to help in round 5 after the sudden departure of a staff member</li> <li>▪ Officially now team leader for NE Africa</li> </ul>
10	Viroj Tangcharoensathien	<ul style="list-style-type: none"> <li>▪ Member of GF Portfolio Committee</li> </ul>
11	Francoise Ndayishimiye	<ul style="list-style-type: none"> <li>▪ Member of GF Portfolio Committee</li> </ul>
12	Brad Herbert	<ul style="list-style-type: none"> <li>▪ Chief of Operations, GF Secretariat</li> </ul>
13	Michel Sidibe	<ul style="list-style-type: none"> <li>▪ Member of GF Policy and Strategy committee</li> <li>▪ UNAIDS: backstop for Peter Piot as alternative on GF Board</li> <li>▪ Involved in TWG setting up GF</li> <li>▪ Unaid: in charge of all problems – country and regional support</li> </ul>
14	Alex Coutinho	<ul style="list-style-type: none"> <li>▪ In 2001, he was a transitional working group (TWG) member representing civil society</li> <li>▪ TRP panel member: vice chair for rounds 1, 2, 3</li> <li>▪ TASO a recipient of GF funding (and PEPFAR money) in Uganda</li> </ul>
15	Neeraj Mistray	<ul style="list-style-type: none"> <li>▪ Global Business Coalition against AIDS (private for profit sector)</li> </ul>

16	Michel Kazaktchine	<ul style="list-style-type: none"> <li>▪ Was elected Chair of TRP in February 2002, for Round 1; left after Round 4</li> <li>▪ Was part of the group, while sitting on the TWG (Transitional Working Group) that established TORs for the TRP</li> <li>▪ now France's GF Board member and vice Chair for the donor group on the Board</li> </ul>
17	Jeff O Malley	<ul style="list-style-type: none"> <li>▪ CEO of HIV/AIDS Alliance till 2004 (founding director): involved with GF before – pre-TWG EU and UN process; PR Role in Ukraine (Alliance was PR)</li> <li>▪ Spent a few months collaborating with GF (Richard and Toby)</li> <li>▪ Now PATH's country director in India; developed Country NGO representative</li> </ul>
18	Dana Farcesanu	<ul style="list-style-type: none"> <li>▪ Civil Society: Romania CCM member and sub-recipient of funds (Rounds 1 and 2)</li> <li>▪ Member of GF Policy and Strategy committee</li> </ul>



## ***Annex 4: Evaluation Issues and Questions for Global Stakeholders***

### **CCM processes at the country level**

1. Before we look at proposal screening and TRP evaluation processes in Geneva, do you have any particular insights or views on **proposal preparation** and **CCM processes** at the country level?

### **Getting better country level information**

2. Can you suggest ways in which the Global Fund could improve the **proposal format and guidelines** so as to improve the quality of information coming from countries, especially around country systems capacity to scale up programmes?
3. Can you suggest ways in which the Global Fund could get better **accompanying information** so as to improve the quality of information coming from countries
4. Can you suggest ways in which the Secretariat could improve **how information is organised** and presented to the TRP?
5. How could one improve the **quality of data** provided by countries, which is used then for establishing baselines and performance targets?

*What are your views on each of the three following options for getting better country level information?*

6. Global Fund should **rely only on the CCM proposals and accompanying information**, but make further improvements to the proposal forms and guidelines to fill gaps – what are your views?
7. TRP members should **also use country contacts**, which might be **country partners** or other key informants, to actively *seek information*, on an individual country basis, to fill information gaps and check out TRP concerns – what are your views? If so, which partners? Multilaterals? Bilaterals? Others?
8. Global Fund should **also** coordinate with other donors and country partners to fund periodic **country-led joint assessments** of country systems, which could be used by different donors for identifying gaps where funds are needed – what are your views?

### **Donor landscape**

9. How best can Global Fund obtain useful information on **complementarities and duplications** between programmes it supports and those supported by other donors?
10. What is feasible in terms of ensuring that Global Fund **support is additional** to existing levels of funding for control of the three diseases? How can TRP make that judgement?

### **Health Systems Strengthening (HSS)**

11. Round 5 HSS was widely perceived as not having worked well. What are your views on:
  - **Should** Global Fund be funding HSS ?
  - If so, should it be **integrated** into disease focused proposals? or **Standalone**, as in Round 5? Both? Or in some other way?
  - **What else** should Global Fund be doing to make sure that HSS takes place?

### Current round system and TRP model

12. There has been debate around the pros and cons of the current application round system versus a '**rolling cycle**' system, where CCMs would be free to submit proposals at any time. What are your views as to pros and cons? What changes would this mean for the TRP model?
13. Is the current **TRP model** the best possible? Is there room for improvement ?
14. Is the current **TRP composition** about right? Is there room for improvement ? How should recruitment to TRP be done?
15. How adequate are the current **TRP processes**? How are they with respect to
  - Producing technically sound judgements (including getting inputs from the technical partners)?
  - Fairness?
  - Maintaining TRP independence
16. Should TRP judgements be made only on the basis of **technical merit** of proposals, or should they also take into account **country performance** on earlier grants

### Secretariat role in proposal process

17. How has Secretariat performance changed across successive proposal rounds and what (if any) **room for improvement** is there in the following areas ?
  - Information flow from countries / CCMs to Secretariat?
  - Information flow from Secretariat to countries / CCMs?
  - Clarification with CCMs around missing data and eligibility (not enough, about right, or too much time given to this)?
  - Organising and presenting information to the TRP?
  - Facilitating inputs from the technical partners?
  - Negotiation with CCMs around grant signing after TRP recommendation and Board approval?

**Any other major issues that have been omitted and that respondent wishes to raise**

## ***Annex 5. Summary of Country-level Findings***

This annex outlines the key findings from the five African and Asian countries visited by the Assessment team, together with the findings from the Latin American telephone interviews. The country visits and telephone interviews provided a rich source of data, drawn from a wide range of in-country stakeholders. The quotes from interviewees, which have been purposively selected to illustrate more general points, are particularly informative, so interpretations in this annex have been kept to a minimum, and wherever possible the respondents have been allowed to 'speak for themselves'.

Quotes (*in italics*) are only attributable to a country, not a specific interviewee. Countries are coded thus: Sri Lanka=SL; Cameroon=CN; Nigeria=NG; Namibia=NM; Cambodia=KH; Peru=PU; Colombia=CL.

### **1. Proposal preparation, management & stakeholder participation**

#### **1.1 Organizational structures**

In **Cambodia**, the overall management and coordination of the application process has been strengthened and streamlined over successive rounds, largely through the empowerment of a CCM Sub-Committee (CCCSC) to manage the process and take decisions on proposal preparation. There was also increased financial support to a Secretariat to administratively support this process.

Civil society participation on the CCM in Cambodia remains generally weak. This is attributed partly to the limited number of seats allocated to NGOs and partly to the fact that some NGO representatives are not sufficiently active or knowledgeable across the three disease areas.

*The GF should closely monitor the CCM to ensure that it has genuine participation of all relevant stakeholders and employs good governance, perhaps through annual scoring against a tough set of criteria. KH20*

Weak governance within the CCM appears to be a major issue underpinning **Sri Lanka's** consistently unsuccessful proposal submissions. The CCM is perceived by a range of stakeholders as being dominated by the Ministry of Health, with no representation from other line ministries and weak civil society participation. There were reports that discussions are not open, minutes don't always reflect what was said, notices of meetings arrive late, and some members are not invited to meetings.

*Major concerns about present CCM governance are discouraging and de-motivating to all stakeholders. SL10*

*People only sit on the CCM to further their own interests. There is no culture of voluntarism. It is naïve of GF to expect people to participate in the CCM for altruistic reasons. SL19*

At the time of the Assessment the Sri Lanka CCM had no secretariat and no operating budget, although there are plans to use external donor funds to appoint a CCM coordinator and support staff. While a constitution has recently been developed, a number of stakeholders expressed concern that this was not done in an entirely transparent and participatory manner.

*Governance within the CCM is perceived to be weak. For example, a CCM constitution was drafted, and there were attempts to have this passed without consultation of the CCM members. SL 12*

There is little continuity or sustainability of membership within the CCM in Sri Lanka, which limits commitment and opportunities for capacity building. CCM members were sometimes not available to approve proposals and there were instances of CCM members signing blank proposal forms to meet GF requirements on the number of signatures.

*The CCM just signed a blank form - the proposal hadn't even been written. SL03*

Perhaps because of the weak NGO/government links, stakeholders in Sri Lanka generally acknowledge the value in having 2 PRs – one of which represents the NGO/private sector, with the other representing the three disease-specific national programmes within the MoH. While this system appears to avoid total MoH dominance, the degree of collaboration between the two PRs varies significantly by disease area, and there are clearly missed opportunities for fostering capacity building, cross-learning, meaningful partnerships, and synergy.

**In Nigeria** there were clearly a number of problems surrounding the CCM and, although efforts have recently been made to address these, it was apparent that they were continuing to have a detrimental affect on the proposal preparation process. A key issue appeared to be the lack of any CCM constitution. The roles and responsibilities of the various CCM members were unclear, resulting in a considerable degree of confusion.

*The CCM's role in the whole application process needs to be more clearly defined as in some small areas there is a lack of clarity. NG 01*

*It is important to note that the CCM is not accountable to any in-country agency. This presents a problem...Basically, all CCM members, even the chairman, have been nominated by the health minister in the beginning. NG 08*

*The role of the CCM needs to be redefined. It must be a democratic group. The chair must change periodically, preferably annually. The chair is a focal point, not a director. NG 12*

After R2 the CCM in Nigeria decided to do away with 'open calls for proposals' advertised in the national press, in favour of 'consensus building workshops' attended by representatives of key stakeholder groups selected by the CCM. This new approach was designed to save money and to streamline the application process. Interviewees representing MoH and the UN agencies seemed to be generally satisfied with the outcome:

*Key areas of focus were identified by consensus meetings. The HIV/AIDS process was very, very inclusive and well balanced. Heated arguments initially gave way to consensus in the end. NG 13*

However, outside of the MoH and UN agencies the Nigeria CCM was widely criticized for its lack of transparency generally, and regarding the application development process in particular. This lack of transparency within the CCM was widely thought to reflect a lack of transparency within the Global Fund as whole.

*Stakeholder participation could be improved by restructuring the CCM to make it a more transparent organization, making it accountable to the Ministry of Finance, the Presidential Office or the Local Fund Agent. NG 08*

*During early rounds the call for applications was broadly publicized and proposals were submitted by a wide range of groups. This was the right way. Problems started in R3 when some proposals started to by-pass the screening process. NG 04*

*The old process whereby applications were sought from a wide range of stakeholders and screened was better than the existing system of consensus building workshops. The old system was more equitable. NG 11*

While in theory, representation on the CCM in Nigeria is broad-based, it seems that in fact members representing groups that are only indirectly linked to health care are seldom invited to meetings.

*Despite the fact that [the umbrella organization that I represent] has a seat on the CCM it has only ever been invited to three CCM meetings. NG 11*

It appears that the PR for Global Fund's R1 HIV/AIDS grant was selected directly by the President of Nigeria, with the agreement of the Global Fund Secretariat. This action, which by-passed the CCM altogether, was generally considered by interviewees to be highly inappropriate. It resulted in bad feeling between the CCM and the PR for some time and this led to a general malaise within the CCM, to the obvious detriment of the CCM's functioning. It appears that recently some constructive dialogue has led to a thawing of relations and significant improvements in the overall situation.

**In Cameroon**, the CCM and the country itself have benefited from strong commitment to the GF processes at the highest political level. Cameroon benefits from early access to information, including application requirements, through having a number of Cameroonian nationals as members of GFTAM bodies at the global level.

The structure of the CCM in Cameroon has evolved in a positive way over time. Legislation was introduced to prohibit NGOs appointed as PRs from sitting on the CCM, and CCM membership is generally limited to two years in an effort to promote broader representation. However, at present only 3 out of 45 CCM members are NGO representatives and more than half are government representatives, leading to a justifiable perception that the CCM is heavily government biased.

It was mentioned repeatedly by a broad range of interviewees that Cameroon operates in a setting of permanent conflict of interest due to governance issues. It was estimated that 90% of NGOs were run by former civil servants.

*This country has a problem of governance, period. In my view, just because somebody moves from a government position to an NGO or UN position this does not mean that work ethics or practices change. The question at stake is: how can we live with that? What is the tolerable level? CN 08*

**In Namibia**, the application process for Round 5 was largely government driven, with the Ministry of Health & Social Services (MoHSS) in a prominent coordinating and executing position. The Programme Management Unit (PMU) acted as focal point, providing a secretariat function for CCM, providing TA for ministries and serving as a call centre facility for guidance on proposal development.

A number of interviewees raised concerns that the MoHSS not only chairs the CCM but is also PR for GF grants for rounds 2 and 5. Efforts to address this issue have so far been unsuccessful, despite GF support.

*GF has given some very strong guidelines on conflict of interest regarding chairing the CCM. NM 03*

*Many have raised the question of MOH being PR and chairing CCM but it has never been reflected in the CCM meeting minutes. NM 07*

Nevertheless, the CCM in Namibia was in general described as well-functioning and democratic. It played an important role in the dissemination of information as well as in donor coordination. Some interviewees were concerned that bilateral agencies were only represented in the CCM indirectly (via a Partner Forum representing the business sector, donors, bilaterals and service organizations) but most felt it appropriate that the CCM tended to be slightly government biased. It was also widely accepted that MoHSS played a leading role in the application process, given their comparative advantage. However, some members of stakeholder groups involved in HIV/AIDS felt that civil society actors should also be able to assume lead positions in the application process and act as a PR.

**Peru** appears to have a well-organized CCM, with wide participation from government, NGOs, public and private academic institutions and PLHA. Discussions have been held about expanding the membership to include representatives from gay groups and sex workers.

It is apparent that CCMs take time to evolve, and **in Colombia**, CCM members acknowledge that it took four years to achieve a good level of coordination, cooperation, composition and size. In Colombia, the CCM composition varies according to need.

*In R5 we had a component that deals with I.V. drug users, so we invited [named] NGO because they are the experts in the field. CL02*

Interviewees in Colombia, where central government institutions are relatively weak, noted that it was appropriate for the MoH<sup>6</sup> to chair the CCM.

*This shows that the country assumes responsibility for HIV/AIDS at the political level, and this is very important for Colombia. CL02*

## 1.2 Proposal preparation/process Procedures

**In Cambodia**, the CCM, through its subcommittee (CCCSC) now issues clear priorities, timelines, milestones and indicative budget ceilings with each call for applications. However, some stakeholders involved in the application preparation process were under the impression that the priorities and budget ceilings identified by the CCM were issued by the GF secretariat. This may indicate a lack of transparency on the part of the CCM.

More clarity is needed from the CCM regarding budget ceilings in Cambodia. Dramatic last minute budget cuts resulted in unsatisfactory revisions to proposals.

*Instead of weeding out weak proposals, all proposals were cut by 70% across the board. KH13*

Poor communication and weak governance continue to impact negatively on the proposal development process in **Sri Lanka**. The reasons identified by stakeholders for Sri Lanka's lack of success include low priority and limited resources provided by the MOH to proposal development, poor management of the proposal development process, poor MoH/NGO collaboration, limited access and low utilization of technical assistance.

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<sup>6</sup> In Colombia, the MoH is known as the Ministry of Social Protection

In Sri Lanka, different people were involved in proposal development in different rounds so there was little transfer of learning between rounds or partners. National programmes seemed unaware of the need for technical assistance to help put concepts into GF format and international context, although some concerns were expressed that external TA may be helpful in developing a successful proposal but may not fully understand in-country capacity to implement.

In Sri Lanka, two Round 1 proposals were perceived as being successfully funded largely because TA provided during the proposal development process facilitated cooperation and collaboration between MoH and NGOs, and there was strong government commitment to this process.

In a Sri Lankan Round 5 submission, a collaborative process involving NGOs and one of the National Programmes resulted in a proposal whose technical content was judged by the TRP to be of “*high quality and very well written*”. However, the proposal was rejected (Category 3) largely because “*the necessary quantitative links between proposed activities and proposed budget are missing in many places*”. [TRP feedback]. It is conjectured that this issue could have been easily addressed by TA with experience in GF needs and formats, although arguably the issue could have been highlighted during the Secretariat clarification process.

Proposal development in Sri Lanka has been hampered by poor situational analysis, ostensibly because of limited surveillance data and ineffective use of existing research capacity. There appeared to be little awareness that GF funds can be used to support operations research and surveillance.

*There is an identified need for more research and improved surveillance data, but this isn't supported by the national programme. They don't know what they don't know*  
SL13

*There is no research culture in the MOH and no cross-fertilization of ideas* SL10

Proposal development is critically dependent on the support of the MoH. A component submission from Sri Lanka, led by a group of NGOs, received weak support from the MoH, apparently because the national programme had unspent funds from another donor.

*It is a waste of time to submit further proposals if the national programme will not support NGO proposals. We did a lot of work and spent a lot of time, but the system failed us* SL 15

The Sri Lankan NGOs maintained that they could not complete the sections of the proposal outlining donor landscape and national plans because these were not made available by the government.

*The country background information (e.g. donor landscape, national plans) requested in GF form is almost impossible for NGOs to obtain. Government was not ready or willing to share this background information with NGOs.* SL15.

**In Nigeria**, the way in which early rounds were managed, with NGO contributions being incorporated into country applications but NGOs being excluded from the implementation of resulting grants, has led to a profound disenchantment within the NGO community of everything related to the Global Fund. This has been exacerbated by the switch in the application preparation approach from ‘open calls for proposals’ to what are seen by many in the NGO community as ‘closed consensus-building workshops’.

Distorted perceptions of Global Fund priorities appeared to be driving proposal development in Nigeria. It was widely believed in Nigeria that the Global Fund would not support activities aimed at HIV/AIDS prevention, and would not provide salary support for project implementers.

*The perception is that GF money is for treatment. The GF should be pushing countries to adopt a more balanced approach to disease control. The R5 application was too focused on ARV. Treatment is easy and gives nice clean results....with none of the political or religious controversy associated with prevention. NG 12*

There was a general feeling amongst interviewees that the application process in Nigeria was UN driven especially regarding technical prioritization and input. Some interviewees spoke of the vested interests of UN agencies dominating the proceedings of Technical Working Groups (TWG).

*There are no real advocates for ARV treatment in the country. Most work on prevention. The ARV approach, and thereby the whole proposal, seems to be driven by the UN. NG 09*

Generally however, the UN agencies were perceived in Nigeria as unbiased and appropriate technical partners.

A number of interviewees in Nigeria raised concerns regarding the compilation of multiple proposals. They felt that the process had led to a loss of important detail and to a loss of ownership by contributing groups.

*The major problem in current proposal development is that after proposal approval it is difficult to identify those who have contributed. NG 08*

*The unification of selected proposals is problematic as important details are lost. It would be better to annex individual proposals to the overall country proposal. NG 09*

Many Nigerian interviewees felt that the GF application process during recent rounds had been unnecessarily labour-intensive. Some working within MoH explained that they much preferred the approach taken by bilateral projects:

*The GF application process is very labour- intensive. Both CIDA and DFID projects required much less effort for National staff. Nevertheless both were fully consultative and country driven. NG 06*

At the beginning of the Nigeria R5 application process a one-day workshop was held to brief members of the various technical working groups on the application process. Those that attended found that this was very useful and a big improvement on previous rounds. Several interviewees also praised the usefulness of the recent West African GF exchange workshop and suggested that a similar workshop focusing on application development would be constructive.

**In Cameroon** the technical secretariat of the CCM played a key role in facilitating the application process. The call for proposals was announced only in one national newspaper without specific focus on decentralized levels. A number of public sector applicants seemed to be well and timely informed of up coming calls for proposals. In some instances 'round tables' had been organized prior to the issuing of the call for proposal to prepare the ground for the application process. No other meetings on guidelines and government priorities were organized, leading to a widespread sentiment among a number of NGOs that they were 'working in the dark'.



*Better communication would have helped. We invested a lot of time in this but we were writing blind. No background information was provided. If we had had some parameters it would have helped us. CN 04*

The CCM in Cameroon is generally seen as a platform for uniting bilateral and multilateral donors, NGOs and government agencies, including the armed forces. It is also perceived as a body that closely follows the proposal development process (monitoring deadlines, checking intermediate drafts and encouraging and motivating applicants). Interviewees complained that the technical secretariat did not provide adequate funding to effectively facilitate the application process (procurement for logistical arrangements and technical assistance). This was seen as a key problem by many.

Public sector applicants in Cameroon in general found the in-country proposal preparation process to be fair and open, well organized and timely. In contrast, CBO applicants said that they would have preferred more transparency regarding priorities and in the decision making procedures.

*There is still not enough representation of civil society in the CCM, but that must be seen as a reflection of the larger processes in the country. CN 02*

Some interviewees in Cameroon felt that only Government entities had the capacity to develop complex proposals. Some were of the view that NGOs did not have the technical, organizational or financial capacity to participate fully in the application processes. Line ministries were represented in the CCM but had never submitted any proposals - they were partners in implementation.

Some interviewees in Cameroon felt that all proposals in effect became the property of the government, and the government was accused of taking and resubmitting other people's work. Many proposals were eliminated very early on in the process. Most applicants never received any information at all on outcomes and this was considered highly unsatisfactory (particularly given the time and resources invested in proposal making).

**In Namibia**, the CCM put considerable effort into securing broad outreach. Calls for proposals were issued through national media, and individual letters of invitation were sent to selected organisations. The PMU designed a road map for proposal development. Special formats for submission of in-country proposals were developed (modified GF format) and a workshop on gap analysis was held during the initial stages of round five proposal development. The process itself created a new *élan* on HIV/AIDS and contributed to broad social mobilisation.

However, no guidance was provided by the CCM on priorities, budget frames or criteria for good proposals. There was some consensus that priority areas should have been identified at the outset, with much clearer indications of where respective actors should focus their efforts, including budget indications, in order to reduce the amount of time and resources wasted.

Some interviewees complained that the application formats developed by the PMU were issued too late, allowing only 11 days for completion. They claimed that it was generally only larger more resourceful organizations that were able to respond in time.

Some interviewees felt that if the capacity, strength and priorities of major NGOs were known, this should have been signalled to smaller NGOs to allow them to assume a role of gap filling, and thus avoid competing with stronger NGOs on unfair terms. It was felt that this approach would have facilitated scaling-up and helped ensure broader social mobilisation.

Though round two funding for Namibia was delayed, there were positive spin-offs related to the application process: the participatory approach to the identification of gaps in program development and strategy design set new standards for disease programming in the country.

### **In Colombia,**

*an extensive and participatory (but time-consuming) process of consultation was managed by the CCM, which initiated broad consultations with civil society organisations including PLHA, involved government agencies, and asked all those concerned to present ideas for projects, or to contribute to project proposals. This was followed by a series of one- or two-day workshops for CCM members to develop the proposal. CL02*

**In Peru,** Care, an international NGO that is the PR, took the lead in proposal development, bringing together a wide range of stakeholders including government, NGOs and affected populations and individuals.

## **1.3 CCM Capacity and Quality Assurance**

The CCM in **Sri Lanka** is seen as having low capacity and minimal involvement in the proposal development and coordination process. There is little collaboration and no cross-learning between the 3 national programmes represented on the CCM. Different people were involved in proposal development in different rounds so there was little transfer of learning between rounds or partners. There was no external or independent review of proposals before submission. There is little continuity or sustainability of membership within the CCM, which limits opportunities for capacity building.

*Proposals for TB, HIV and Malaria were developed separately, with no sharing of experience or ideas. SL02*

*The reason for SL's failure in recent rounds is because there has been no external review of their programmes and therefore no new thinking. SL07*

There was a suggestion from the MoH in Sri Lanka to conduct an audit of past-performance in proposal development to identify strengths and weaknesses

*As Sri Lanka is still new to the GF and to learn from previous rounds, it would be useful to have post-performance audits. GF could develop guidelines on post-performance audits to ensure they encompass technical, structural, procedural and managerial aspects of proposal preparation. SL11.*

**In Cameroon,** the CCM lacked capacity in a number of areas, and was unable to identify and eliminate overlap, streamline arguments, check for coherence in approaches, make indicators and targets more realistic, restructure or verify budgets or balance resource requirements.

Some interviewees in Cameroon suggested that GF should support in-country capacity building by establishing in-country support teams to provide proposal development coaching. It was felt that, provided the recruitment process was transparent, the necessary expertise could be sourced locally from outside the public sector.

**In Namibia,** some interviewees praised the CCM on the role it had played in convening and mobilizing stakeholders and acting as a forum for dissemination of information. The CCM had established criteria for proposal review and set up screening committees. Some interviewees however, felt the fact that MOH was both PR and chair of the CCM, and that bi-

lateral agencies were not directly represented, made it difficult for the CCM to provide impartial QA.

There was a major discrepancy between the technical and professional profiles of Government versus NGO representatives on the CCM in Namibia. Some interviewees felt that the latter were not suitably qualified and were unable to contribute usefully to CCM proceedings.

One interviewee in Namibia complained that the final draft proposals were endorsed without allowing time for CCM members to review them.

## 1.4 Planning and Timing

There was a general consensus in all countries that Round 5 planning had been better than in previous rounds. However, shortage of time is still widely perceived to be a major constraint by stakeholders in all countries.

*The overall time available for proposal development is too short, especially if you want to support a participatory process PU01*

*For a period of time key players from all stakeholder groups were forced to prioritise tasks related to proposal development [at the expense of other tasks]. NM 01*

*Time was too short to allow a participatory and consultative approach. NM 06*

*Even though Cameroon had advance information, deadlines were always only met with difficulty, and at the last possible moment. There was never enough time. CN 05*

**In Cambodia**, the CCM now issues clear priorities, timelines and milestones with each call for applications, and this has significantly improved the proposal development process. Cambodia also began planning for R5 approximately 3 months before the call for proposals.

**In Peru** the process also started well before the call for proposals.

*The whole process more or less started in January, when we knew that the fifth round was coming. PU01*

In contrast, in **Sri Lanka**, there was no systematic planning and no timelines for proposal development. There are no structures or systems in place for the CCM to communicate with other stakeholders, especially small NGOs. Unnecessary delays in communication between the CCM and other stakeholders resulted in rushed proposal development. Final proposals were not always shared with all of the partners involved in their preparation.

*There was a large time lag between the GF call for proposals and the call for national EoI, and a further time lag in MoH informing selected NGOs. The CCM approval of draft proposals and budgets was lengthy, leaving only 10 days to finalize the proposal and fill the forms. SL15*

**In Nigeria**, CCM members and those involved in the application process generally have gained a great deal of experience over successive rounds. Management and timeliness of the application process have improved greatly, but some of those not represented in the technical working groups feel that this streamlining has been at the expense of broader stakeholder involvement.

Many stakeholders in Nigeria felt that the time allowed for proposal development was too short and argued that smaller countries had an unfair advantage over larger countries in this respect.

*For a country like Nigeria, the application period is too short to produce a truly solid proposal. The GF needs to develop some special approach for big countries and disseminate guidelines. NG 12*

Stakeholders in Colombia, where a significant amount of time was devoted to ensuring a participatory process in proposal development, argue that this is time well spent, but note that it sometimes means that the final proposal is rushed.

*We understand that the GF is under pressure from funding agencies and governments to move and execute quickly. But we would say that sometimes proposals touch complex issues, and often it would require more time to think things through thoroughly. It would be better to have a couple more weeks to develop a sound proposal; instead, something is rushed, only to be changed later CL02*

## 1.5 Finance and costs

Since R5 the GF has allowed a percentage within the proposals for funding for the CCM itself, and this is facilitating CCM operation and management in Cambodia.

In contrast, in Sri Lanka, stakeholders were unaware that funding for CCM operation could be accessed via GF. No funding was made available for proposal development in Sri Lanka.

*There is no process funding, only activity funding SL01*

In Nigeria the lack of reliable long-term financial support for the CCM was cited by several members as a key problem that had adversely affected its effective functioning.

In Cameroon, multilateral and bi-lateral donors were not willing to subsidize the proposal preparation process and so related costs had to be born by MoH, thus compromising government impartiality.

*Apparently donors don't want to pay twice, as they are already contributing to the GF at the global level. CN 07*

The high cost of the GF round five proposal development process was an area of frustration and concern in Namibia. Costs were both direct and indirect. Direct costs were related to internal and external TA and payroll for in-house staff. Indirect costs were many and varied relating to unpaid voluntary work, unpaid over-time and activities and projects that were delayed due to prioritization of the R5 application process. Fortunately in Namibia, considerable finance was available for provision of TA by multi-lateral agencies (both from country and regional budgets).

Stakeholders in Colombia also complained about the transaction costs associated with proposal development

*The administrative load related to a GF project preparation is heavy CL02*

## 1.6 Stakeholder involvement/participation

Although Cambodia has demonstrated generally good government/NGO collaboration, there are some indications of a decline in the importance of the role played by NGOs in the

application process over successive rounds. This was highlighted during a recent review carried out by the local partner of the International HIV/AIDS Alliance.

*Many in-country GF processes are led by government. The government can therefore decide who can and cannot be included. NGOs should be able to make submissions to the CCM that bypass the national programmes. KH12*

*NGOs are being side-lined and public-private collaboration is getting worse. KH01*

Some NGOs in Cambodia were effectively excluded by the priorities identified by the CCM.

*The CCCSC released its list of priorities; there was no room for NGOs and the priorities did not fit at all with our NGO, so we withdrew. KH01*

Nevertheless, the ratio of NGO to government sub-recipients has remained steady in Cambodia (at approximately 3 to 1) over successive rounds.

Some smaller Cambodian NGOs have been incorporated into GF-supported programmes as sub-sub-recipients (SSRs). This can be an effective mechanism for broadening stakeholder involvement, but it has sometimes been implemented in a rather *ad hoc* manner, and some groups still feel excluded as a result.

*Weak partners were weeded out during screening or included but as SSRs so as not to jeopardize the overall application. KH02*

*Proposals from SRs or SSRs that don't fit with the CCM guidelines are rejected. There is a need to cluster smaller SSR together, each managed by a larger SR. KH07*

*Many SRs and SSRs have poor understanding of the Global Fund. It isn't a real partnership between the purchaser (GF) and the implementers (SR & SSR). KH18*

In **Sri Lanka**, the NGO selection process was driven by the MoH, and since no guidelines or criteria were used, NGO selection was widely perceived as neither fair nor transparent. NGO representatives were unaware of which NGOs had been selected and so there was little opportunity for collaboration.

*Screening of stakeholders needs to be done in a transparent and participatory approach. National guidelines or a scoring system should be developed and implemented for selection of NGOs. SL08*

*The NGOs weren't informed which other organisations had submitted EoIs, making collaboration difficult. NGOs waited in vain for MoH to initiate the process, SL 17*

Some NGOs were heavily involved in Round 4 and Round 5 proposal preparation in Sri Lanka, but subsequently excluded from the final proposal. The combination of these factors led to profound mistrust and disillusionment with the GF proposal process by civil society representatives.

*The Govt. formulates their proposals and brings in a few NGO friends; this is a corrupt process SL04*

*GF must make a choice: do they only want to work with government and the 2-3 strongest NGOs, or continue with this façade of representation? SL 19*

*If GF wants true equality of representation, then they need to ensure that measures are put in place to strengthen the ownership by NGOs and their technical and management capacity. Otherwise it will always remain an unequal partnership. SL 19*

There are indications that the MoH in Sri Lanka included NGOs in proposal development largely in response to GF requirements.

*The government only wants the NGOs to be the rubber stamp for the proposal SL04*

Apart from one national programme, there was little perception within the MoH in Sri Lanka of the potential added value of NGO participation. There is a widely held perception that NGOs in Sri Lanka are weak, and this was cited by the MoH as a reason not to involve them heavily in proposal development. Other stakeholders felt strongly that a number of NGOs have quite strong capacity, and that NGOs have a comparative advantage, particularly in HIV-prevention at community level.

*The perception by the government that NGOs in SL are weak is an excuse not to involve them. A number of NGOs have quite strong capacity, and there is a need to strengthen NGO-government partnerships to stimulate government thinking. SL07*

However, there was also the perception in Sri Lanka, largely within the MOH, that HIV/AIDS is essentially a health issue, and that because of its disease-focus GF doesn't encourage the mobilization of multiple stakeholders to develop a holistic approach to addressing HIV/AIDS.

*HIV/AIDS is a health issue that requires doctors to be involved. Doctors are needed for communication of the technical issues that are part of AIDS communication activities. SL18*

Government ministries outside the health sector **in Cambodia** claim that they have received little or no help in becoming involved in the GF application process. Non-health ministries in Cambodia are under-represented as sub-recipients (two in R1, and none since).

*The system strengthening money all goes to health, so there are limited opportunities for other ministries to increase their capacity. KH15*

*There is little or no support to help weak ministries develop their proposals. Prevention coverage is weak and fragmented...there is no political will to change this. KH03*

In Cambodia, a case was made for greater involvement of the private sector in both proposal development and implementation, and an indication that they could bring additional resources to the table.

*We need to involve the private sector all the way along, right from the start when developing ideas and proposals, not just wait till we get the money and then knock on their door and say "we want to do education with your workers". This is what happens now, if anything at all happens. The CCM should include the voice of the workers and the employer organisations and involve them in Global Fund. The implementing agency would need to be the private sector; they might be interested in sharing the funding with GF. Together they could develop a proposal to scale up. The private sector might contribute some of their resources. KH17*

**In Cameroon**, representatives from the private for-profit sector expressed interest in developing proposals, but did not have the expertise to do it without assistance.

**In Nigeria** a key issue highlighted by a number of interviewees from a broad spectrum of backgrounds was the lack of connection between planning of Global Fund applications and

the implementation of Global Fund grants. NGOs and CBOs are generally considered to be the only groups in Nigeria that have the coverage necessary to achieve results at the grass roots level, but to date these groups have been largely excluded from implementation of GF supported activities, and in round five these groups were clearly excluded from the application development process.

The lack of feedback to NGOs that participated in early rounds and programmatic exclusion of NGOs that contributed to successful applications has led to broad-based and deep-seated disenchantment with GF in the NGO community in Nigeria.

*The fact that groups contributing to in-country proposals never received any feed-back after proposal approval has constituted a major disincentive for continued participation by grass roots level agencies. NG 08*

This lack of feed-back to contributors to the various applications stemmed, at least in part, from the process of consolidating the various inputs:

*The system of sending a single coordinated proposal is not equitable as details and 'who contributed to what' are both lost. That is a major disincentive. Better to send a series of proposals as attachments or perhaps allow more time for meticulous consolidation. NG 08*

The streamlining of the proposal development process after R2 has clearly resulted in the exclusion of all smaller and some larger stakeholder groups in Nigeria.

*One of the 2 CCM members from [my stakeholder group] refused to sign off on R5 because of the lack of involvement of civil society. Nevertheless the application was submitted. I signed reluctantly so as not to jeopardize the overall application. NG 04*

The sidelining of civil society in Nigeria has not been helped by weak, uncooperative and self-interested umbrella NGOs.

*We [Named, small NGO] pay annually 9000 Nira [US\$ 70] for membership of [NGO umbrella group] but very little return for the money is received. NG 14*

A number of Nigerian interviewees complained that the CCM is not geographically representative and that planning is too centralized and lacks practical focus.

*Most representatives on the CCM are from Abuja. The group is not geographically representative. NG 12*

*In order to make the GF more accessible to grass roots organizations the mini CCM approach [State level CCMs] might work well and should not be so expensive. NG 12*

The lack of NGO/CBO involvement in work-plans has exacerbated the disconnection between planning and implementation in Nigeria.

*Neglect of civil society is a significant lapse and provides a serious unmet need/gap. NG 04*

The lack of involvement of the PR for the HIV/AIDS grants in the application development process was seen as a shortcoming of the process in Nigeria. PRs have a wealth of highly relevant experience, particularly relating to M&E and procurement, and key representatives can act as valuable resource people during proposal development. This has been

demonstrated in Nigeria through the involvement of the PR for the malaria grants in the fine-tuning of round five proposal indicators.

*It is important to include the PR as early as possible in the proposal development process, especially regarding M&E and the identification of areas where the PR candidate needs capacity building. This should be built into the proposal and budgeted for. NG 10*

**In Cameroon**, the CCM has the potential to ensure broad participation of stakeholders and the application process encourages network building. However the participation of NGOs and private-for-profit institutions in the application process is weak. Although these groups are interested they do not have the expertise to participate without assistance.

Provincial government groups are also largely excluded from the planning process in Cameroon with obvious detrimental affects on the practical relevance of submitted proposals.

*In the future we should work for seeing a stronger involvement of provinces (through regional CCMs) in proposal development. We should move from thinking in terms of consolidated national proposals to more decentralized approaches, and encourage local levels. There will be increased need for capacity building and transfer of expertise. CN 06*

*NGOs need guidance in: selection of work areas / objectives, and data and evidence basis.... But almost nobody came to ask for help. They were not aware of their shortcomings. CN 07*

One interviewee in Cameroon expressed the opinion that the time lapse between application approval and disbursement was so long that it was impacting negatively on stakeholders' motivation to apply for GF support.

**In Namibia**, public sector representatives felt that the GF application process had been open and transparent from the outset. They felt that the fact that there had been 140 sub-proposal submissions for round five was a clear reflection of the high degree of stakeholder involvement in the process.

Some Namibian non-governmental stakeholders complained that the in-country screening mechanisms had collapsed under the pressure of so many applications. They also complained that only registered civil society organisations were invited to submit proposals (non-registered/audited civil society organisations were represented by umbrella organizations) and only public sector agencies (MOH) had been selected as candidates to become PR. NGOs with a focus on sexual minority groups were not invited to participate in proposal development at all.

CBOs in Namibia felt that they had demonstrated a clear commitment to participate in round five and saw access to GF funds as an important means of enhancing capacity building and hence of scaling-up response mechanisms. They felt that CBOs are generally the only groups that have genuine, effective community outreach and contact at grass-roots level and that they therefore need to adopt a much more central role in implementation. It was generally agreed that it was impossible for smaller NGOs with limited resources to meet the demands of GF application procedures and it was felt strongly that efforts should be made to address this in future rounds.

The CCMs in both **Colombia and Peru** invested significant effort to ensuring a high level of stakeholder participation in the proposal development process.



*Civil society organisations, including organisations of PLWA, were well represented. All were asked to come up with ideas for projects, and consulted about what needed to be done. CL03*

## 1.7 In-country- Proposal Screening

The in-country screening process in **Cambodia** has improved significantly over successive rounds, with criteria and guidelines being developed. It is now generally perceived as fair and thorough.

*Clear written criteria helps screeners assess proposals for technical aspects and also helps to justify decisions and guard against political pressure and address potential conflict of interest. KH08*

*There was previously a conflict of interest in having in-country screeners who were involved or associated with proposal development. This has improved, through a reviewer mapping that identified over 20 reviewers, and careful selection to avoid conflict of interest. KH07*

However, some interviewees in Cambodia felt that there were not enough cross-cutters involved in the in-country review process. Furthermore, good ideas tend not to be supported if proposal writing skills are weak.

In recent rounds the CCM in Cambodia has become more risk-averse – screening out risky/innovative sub-proposals for fear of jeopardizing the overall application. There are concerns that this appears to be stifling innovation.

*Successful applications tend to be the less innovative. Out of fear of failure, only known actors and non-risky proposals are passed. The present CCM tends to stifle innovation. KH03*

*Profile of IDU in Cambodia had been raised prior to proposal development and some hard data was available. Everyone wanted an IDU project but no-one was prepared to take the risk of supporting it. KH05*

*The in-country screening out of an IDU submission for fear that it might jeopardize the whole component was a lost opportunity. KH03*

The in-country screening process in **Sri Lanka** was perceived as lacking transparency. NGOs were unaware of which NGOs had been selected, providing little opportunity for collaboration. The CCM appoints MoH National Programme Directors to screen NGO and MoH proposals, but no screening criteria or guidelines appear to have been used.

*The Committee reviewed the NGO concept papers and selected NGOs to include as SRs. There appeared to be a lack of transparency in the NGO selection process, and in the PR selection process. SL09*

*The CCM sub committee, lead by the focal point, tried to reject one NGO that the National Programme had specifically selected based on previous experience. There were no agreed criteria for NGO selection. SL08*

**In Nigeria** the screening process used initially was dropped after round 2 in favour of a consensus building approach involving key stakeholders selected by the CCM.

**In Cameroon**, non governmental stakeholders felt that there was a complete lack of transparency in the in-country screening process.

*Only government has expertise in the three diseases and sits in the sub-committees screening the proposals. CN 09*

Only a small percentage of proposals make it through the first screening round in Cameroon, and interviewees felt that Government agencies tended to prioritize their own proposals.

*Quite obvious that government would prioritize own proposals and government tends to have the final say. CN 01*

It was also pointed out by several stakeholders in Cameroon that some of those involved in the in-country screening process were also involved in proposal preparation. One governmental interviewee however felt that this was not a problem.

*It does happen that people who were part of proposal development also participate in proposal evaluation (in the CCM). That should not be seen as a problem, as these are purely technical issues. CN 10*

**In Namibia**, a comprehensive in-country screening structure was established incorporating set criteria for review and a clear scoring system. TA for in-country screening was provided by UN agencies. However, one interviewee complained that the screening process had to compromise or sacrifice important criteria such as inclusiveness and transparency in order to expedite the process. Another complained that no feed-back was provided on the outcome of the screening to any of the proposal makers. Due to Namibia's relatively small size and resulting scarcity of qualified people many considered it difficult to adequately avoid conflict of interest.

## 1.8 Communication within the CCM

The quality of communication within the CCM in **Sri Lanka** is variable, and there are strong indications that there are major governance issues. The meetings are perceived as being dominated by one person; several respondents held the opinion that discussions are not open and minutes often don't reflect what transpired. Notification of meetings often arrives late, and some members are not informed of meetings. As a result, there is a marked reluctance to attend CCM meetings

*Discussions are limited and the information value is very low. It is painful to sit through the CCM meetings SL13*

Few respondents in Sri Lanka, including several who sit on the CCM were aware of the outcomes of the R5 submissions, one month after they have been released by the Global Fund. A key role of CCMs is to ensure timely and appropriate communication during the proposal development process. It is clear that the CCM in Sri Lanka is failing to provide this.

*Information is not shared, for example which NGOs responded to the call for EoI. How do we then know who to work with? SL15*

*We don't get information on the outcomes or criteria for selection of NGOs or the PR, even though we are members of the CCM. SL15*

Despite sitting on the CCM, one Sri Lankan respondent hasn't seen the final R5 proposal submitted to GFATM, nor is he aware of whether or not the component submitted by his NGO was included in the final proposal. A number of CCM civil society members expressed frustration about being unable to effect change.

*We just do our job, and keep quiet...GF is aware of these irregularities, but does nothing. SL12*

**In Nigeria**, communications between the various CCM members (including communications from the Chair) were considered to be extremely weak, with some CCM members only very rarely invited to meetings and some never being invited to sign applications:

*The [named] umbrella group] has never been asked to fulfill its role as a CCM member and sign off GF applications. NG 11*

*Communication between CCM chair and members was not good, and was very slow. These problems were associated with travel plus work overload at CCM secretariat. A full-time salaried admin assistant is needed. NG 12*

One Nigerian CCM member complained that the signing of the final application was done on an individual basis rather than in a plenary session.

*Final signing is done on an individual basis. A meeting for final signing would be more appropriate. NG 12*

**In Cameroon, Namibia, Colombia and Peru**, communication within the CCM is through meetings and e-mail, and is generally perceived to be working well.

## **1.9 Communication Between CCM and Other Stakeholders**

**In Sri Lanka**, the frequency and quality of communication between the CCM and other stakeholders varies significantly, depending on whether the stakeholder is a representative of government or civil society.

*Communication from the CCM is good. In the national programme, we received comments on the proposal from the CCM, which were easy to respond to. SL06*

*There is no structured way that small NGOs can receive information from the CCM about proposal development. SL17*

The absence of a mechanism for communication between the CCM and its wider stakeholder community was noted by a number of informants in Sri Lanka.

*There is no clear mechanism for communicating between the CCM and other stakeholders. The recent establishment of the CCM secretariat should help to improve this situation. GF has been requested to copy all communications to all CCM members. SL05*

However, more than one informant also noted that the establishment of an effective CCM Secretariat in Sri Lanka may only go part of the way to addressing the inherent CCM governance issues.

*Strengthening the CCM Secretariat is a necessary but insufficient condition to improve communication. There is a need to develop a communication mechanism that bypasses... the information gatekeeper. SL19.*

For the majority of NGOs, communication from the CCM in Sri Lanka is sparse. A number of NGOs claim not to have received any feedback on proposals they submitted to the CCM. One Sri Lankan NGO submitted a R4 proposal to the MOH, who subsequently submitted a component to the GF. However, the NGO never received any feedback on their proposal,

and the proposal submitted by the MoH was not shared with the NGO. The NGO believes their proposal was “stolen” by the MOH, and commented that there is:

*...no transparent or open communication on these issues. SL04*

The NGO representative further commented,

*Donors could advocate for, and insist on, better communication. The UN should say something, but they support the government. SL04*

The CCM in Sri Lanka is clearly failing in its duty to relay TRP comments to stakeholders, as the following comments illustrate:

*Nobody told us the response from R4. If we had known the issues raised by the TRP we could have taken them into consideration in R5, but nobody told us. SL15*

*We have never seen TRP comments, so we can't use them in developing new proposals. SL04*

Furthermore, some civil society representatives in Sri Lanka felt inhibited about raising these issues within the CCM, expressing frustration that the GF appeared to be unwilling to address CCM governance issues.

*CCM is government, and NGOs depend on the government for support, so it's not easy to express our views. SL04*

*The MoH controls the CCM and is highly dismissive of civil society participation. The Global Fund needs to get their hands dirty and get more involved in CCM governance and processes. SL13*

**In Cambodia**, communications between the CCM and other stakeholders has improved with the establishment of a dedicated and adequately funded secretariat. However, CCM meetings in Cambodia are still perceived as a ‘closed shop’ by many stakeholders. There are requests by NGOs for minutes of CCM meetings to be distributed in the public domain.

It was noted that the previous Co-Chair of the CCM Sub-committee in Cambodia had been instrumental in fostering and maintaining communications with other stakeholders, including the Global Fund. It was recommended that the procedures used for communication should be identified and institutionalized.

*The previous Co-chair of CCCSC played a pivotal communications role in bridging the gap between secretariat, CCM and TRP. This is a major role, and the TORs for this need to be carefully mapped out and formalized. KH07*

**In Nigeria**, feedback from the CCM to the various stakeholders was extremely weak and in some cases non-existent during the first two rounds.

*NCWS has submitted very modest TB and malaria proposals to MoH for GF funding but these resulted in zero feed-back. NG 11*

In Nigeria, the move away from ‘open calls’ for submission in recent rounds has precluded the need for communication with most groups, as they have been effectively excluded. Communication between CCM and the remaining stakeholders represented in the TWGs is still slow and could be improved.

In both **Cameroon and Namibia**, many non-governmental stakeholders complained strongly that they had received no feed-back on the applications that they had submitted.

## 2 Technical Assistance

### 2.1 Areas for TA

Six distinct areas were identified for TA provision:

- a) *Disease-specific technical expertise*
- b) *Expertise in strategic programme/project design*
- c) *Expertise in interpreting GF guidelines and completing GF-specific proposals*
- d) *Skills in facilitating the proposal development process*
- e) *In-country knowledge, including absorptive capacity*
- f) *Quality assurance*

#### a) Disease-specific expertise

**In Sri Lanka**, the strengths of the government lie in technical knowledge of the disease areas and (at least for TB and malaria) awareness of appropriate responses. However, this expertise was rarely made available to NGOs.

**In Nigeria** the level of technical expertise within MoH is high and is already supplemented where necessary by long-term TA provided by UN and bilateral agencies. Most interviewees felt that within the technical working groups (developed for proposal preparation after round two) the only additional TA that had ever been required was that relating to proposal preparation itself. All who expressed an opinion felt that the need for this has now greatly diminished thanks to the experience gained by local experts involved in successive rounds.

The TA requirements for the various stakeholders **in Nigeria** not currently involved in the application process are varied and in many cases considerable.

#### b) Expertise in strategic programme/project design

**In Cameroon**, essential guidance had been provided by the Minister. Some additional TA was provided by WHO and UNAIDS. TA requirements diminished in later rounds and there was less emphasis on technical issues and more on programmatic issues.

The NGO acting as the PR **in Peru** engaged two local consultants to facilitate the development of the strategic design through a participatory process. They then engaged an international consultant to quality review the design and make sure that the completed proposal addressed GF needs and formats.

*The process also had a built-in mechanism of external evaluation (through the consultant that I mentioned). And in this way we have tried to take into account not only the interests and needs of the country, but also the way the GF thinks, what the areas were the GF would like to support, and by that to make sure that the proposal would be successful. It was therefore a two-step process: first the involvement of the national consultants, and then compilation of all products by the international consultant. PU01*

#### c) Expertise in interpreting guidelines and completing GF-specific proposals

**In Colombia**, TA was specifically used to put the strategic design, which had been developed collaboratively, into GF format.

*Proposal drafts were circulated among CCM members every two weeks, inputs were given, and a final draft was given to the consultant to make it into a GF proposal that was submitted CL02*

The capacity of national programmes in **Sri Lanka** in GF proposal development is generally weak. However, only one national programme recognized this, and also identified the need for TA to provide quality assurance in reviewing proposals prior to submission.

*Although the TB programme had good technical knowledge, they identified the need for TA to bring regional and global experience to the process of GF proposal development, and therefore requested external TA through SEARO. SL09*

Other national programme in Sri Lanka felt (incorrectly, as it transpired) that they had sufficient capacity to develop a successful proposal.

*TA from SEARO was also offered to the Malaria programme, but they refused, believing that they had sufficient experience in the programme to develop a successful proposal. SL09*

*Our technical staff can easily manage, especially with Malaria. They don't need help SL10*

The TRP assess proposals based on international best practice and are sometimes not fully aware of national context. It is therefore important that deviations from global protocols are clearly justified in the proposal, so that they don't provide reasons for the proposal to be rejected. An example of this was revealed in the Sri Lanka R5 malaria proposal.

*One of the points for rejection noted by the TRP was that ACT was not the recommended drug therapy. However, in Sri Lanka drug resistance is low and the malaria drug therapy is still not ACT. This illustrates the need for TA who knows what the TRP would pick up on. SL 08*

There is a need for all proposals to be reviewed by TA to ensure adherence to the GF format and guidelines and to ensure that the budget and finance information provided fulfil the requirements.

*No TA was included for assisting in financial and a budget development of the proposal, and this was where the proposal failed. SL02*

*While the TRP didn't select the Sri Lanka TB proposal for funding in R5, they noted the excellent technical content, and high quality of writing of the proposal, which was rejected largely on the grounds of administrative and budget issues. SL09*

Some interviewees **in Cameroon** felt that the process would have benefited from 'proposal development coaching' by persons familiar with country context and GF institutional knowledge. This would have been particularly useful for the first three rounds.

One interviewee **in Nigeria** expressed concerns that information provided to GF in Nigeria's round 5 application was weak and that assistance should be sought to address this issue.

*TA is needed to develop data, as most is often anecdotal. NG 03*

#### **d) Skills in facilitating the proposal development process**

Technical assistance in **Colombia, Peru and Cambodia** played a significant role in facilitating participation of a range of stakeholders in the proposal development process.

In **Sri Lanka**, two Round 1 proposals were perceived as being successfully funded largely because TA provided during the proposal development process facilitated cooperation and collaboration between MoH and NGOs.

#### **e) In-country knowledge, including absorptive capacity**

In Cambodia, short-term TA in earlier rounds had been effective in developing successful proposals, but sometimes underestimated, capacity for implementation. This highlights the importance of utilizing longer-term TA with awareness of absorptive and implementation capacities.

*In the first round, one ministry used TA to successfully submit a proposal. But implementation was weak, and Cambodia's reputation suffered as a result. TA is needed long-term for implementation as well as for proposal development. KH18*

*The danger is you get a good proposal that cannot be implemented. KH06*

*Grants have to be focused and cohesive. There has been a succession of TA from different agencies over recent rounds... this lack of continuity adversely affects focus and cohesion. KH13*

## **2.2 TA Qualifications and skills**

TA needs, including quality, skills and experience in GF proposal development were not well assessed in **Sri Lanka**, where TA provision was largely based on getting what was offered and available rather than on a dedicated recruitment process.

*The CV of the TA was not seen; there was no choice or selection process; the TA appointed by WHO from the region SL17*

*We identified local TA who had proposal writing experience, although not GF proposal experience, knowledge of HIV/AIDS, and was available at short notice. SL17*

In **Nigeria and Namibia**, all of the interviewees who expressed an opinion felt that the quality of TA provided for proposal development during the various rounds was high, and had improved over successive rounds.

In **Peru**, an open and transparent selection process was undertaken by the CCM to engage consultants to provide TA to the proposal development process.

## **2.3 Access to TA**

In **Sri Lanka**, little funding was made available for proposal development or TA, and stakeholders were unclear about whether such funding could be accessed via GF. While many NGOs identified the value in investing in TA, most were unable to secure funds to access this.

*Access to TA is difficult and there is no system of funding. SL 04*

The WHO national office in Sri Lanka had provided some TA free of charge to NGOs for proposal development.

*It is difficult for NGOs to have access to TA as they have no funds. Local WHO staff provided TA at no cost. SL 15*

*The possibility and procedures for using WHO local and SEARO for TA is not widely known. National guidance on TA does not exist. SL08*

The Sri Lankan MOH had easier access to TA through WHO, and also as their funding situation was better. However, there were no procedures, guidance or policies in place for accessing and selecting technical assistance. Stakeholders had to take what was available and offered.

*There was no system or guidelines for obtaining TA. SL02*

*It was difficult for our NGO to have access to WHO TA. TA provided by "outsiders" might not know international protocols as well as WHO. SL08*

While the MoH in Sri Lanka had only limited funds available for TA, obtaining funds for proposal development was especially difficult for NGOs.

**In Cambodia**, funding from a number of sources was made available for the provision of TA for R5. However, a number of stakeholders noted the high transaction costs associated with proposal development. Estimates indicate that at least 285 person-days of TA were devoted to the R5 submission. This does not include TA provided by advisors attached to national programmes, TA provided to the TB programme, TA involved in the in-country screening, or WHO oversight to the process. However, it was noted that these costs could be considered reasonable, when compared with the value of the R5 grant currently under negotiation or proposal development costs of other similar projects.

**In Nigeria** there was a clear lack of access to TA for agencies outside of the Technical Working Groups.

**In Cameroon**, NGOs have less technical support for proposal development than government agencies (although some international NGOs do receive inputs from their headquarters). Many NGOs don't know who to turn to for help in proposal development and it was well recognized within the CCM that this issue needs to be addressed. Some interviewees felt that not enough use was made of national expertise from inside and outside of public administration and it was suggested that the CCM should draw on this pool of resources to set-up its own technical support group for NGOs interested in applying for GF funding.

**In Namibia**, the public sector had very good access to TA. In contrast, NGOs and other external actors had very limited access. The TA that they had was provided through the call centre (established by the PMU) and through sporadic and ad hoc contributions from various donor agencies.

**In Colombia**, a consultant to help with proposal development was contracted by UNAIDS, while in Peru, the NGO that was the principal recipient financed the technical assistance consultants as well as the process of engaging them.

*Care financed the complete process... This was seen as part of Care's support to the country... The whole process cost Care about US\$30,000. PU01*



## 2.4 Donor role and responsibilities on TA

**In Sri Lanka**, few donors saw it as their role or had the resources to facilitate the GF proposal development process.

WHO, both at national and regional levels, facilitated the GF proposal development process over several rounds in Sri Lanka, despite having very limited available technical resources to draw upon. The World Bank did not consider it their role to assist or provide information.

*WHO helped a lot in developing the TB proposal. Their TA was most useful. SL10*

*WB cannot support and provide information to individual NGO. That would be a conflict of interest, as they also employ NGOs in their project. SL 18*

**In Nigeria** TA for proposal development has been provided where necessary by UN agencies, bilateral donors and academic groups. The costs associated with providing the level of support required for proposal development have been considerable and it was felt by some that these costs should have been borne by Global Fund.

*WHO can not escape its responsibility to assist in the application process however the process does use a lot of resources. WHO could do a lot more if provided with adequate financial resources. NG 13*

**In Cameroon**, technical assistance is readily available through WHO, UNDP and UNAIDS and most recipients of this support felt that it was adequate.

**In Namibia**, TA was provided by MoH, bilateral donors and UN agencies. Some TA came from MoHSS' existing long-term in-house advisory staff, some had long-term program-specific contracts, and some were recruited externally on short-term contracts. WHO contributed both from the national and the regional budgets and from drawing on in-country staff resources (involving considerable additional time).

Some NGOs wanted to define and select TA on their own, leading to severe pressure for quick fund raising activities mainly directed at potential bilateral sources.

## 2.5 Time in process development for TA inputs

**In Sri Lanka** TA, when provided, was perceived as arriving too late in many cases.

*The TA was too little – only 2-3 weeks, and came too late. There is a need for long-term TA of at least 6 months SL01*

**In Nigeria** TA needs are defined and requested by the technical working groups. The availability of TA with specialist GF experience is limited and in some rounds the failure to place a requisition for assistance early enough resulted in inputs arriving too late. The shortage of specialist TA was exacerbated by GF's 'round' approach and by the short-time between the call for proposals and the submission deadline.

**In Namibia**, interviewees who expressed an opinion felt that the provision of TA had become progressively more timely over successive rounds.

## 2.6 Usefulness or justification for TA

Independent TA provided in the **Cambodia** R5 submission was valued for its high degree of impartiality and for the fact that it could challenge country norms.

*TA was technically strong, had a good awareness of country context, clear acknowledgement of country ownership and an adequate understanding of GF processes. KH16*

One technical adviser however, felt pushed into making policy decisions in Cambodia that should have been the responsibility of government.

*Initially, the TA translated the ideas from the concept papers into GF format, and this process was helpful as it allowed SRs to develop concept papers in their own formats KH10*

*Independent consultants can compile applications from a range of stakeholders with a relatively high degree of impartiality. KH12*

**In Sri Lanka** there were different views on the usefulness and justification for utilizing TA. Some MOH staff felt they had all the necessary skills needed to develop a proposal and had no need for TA.

*We find no need for TA as we have the expertise needed regarding the disease and country situation SL06*

However, other stakeholders in Sri Lanka felt that the TA had been extremely useful in providing disease-specific context, knowledge of regional and global practices, expertise in using GF guidelines and forms, and skills in facilitating the proposal development process.

*It is important to have WHO TA - at regional level to review proposals as they know the requirements of GF and the global practices. In R5 this was done for the TB proposal only, resulting in a technically sound proposal. SL08*

**In Namibia**, extensive use was made of TA covering a broad range of areas including substance (disease specific programme and project design), approach, coordination of the proposal development process, application writing, budgeting and M&E.

**In Nigeria** TA has proved most useful for overall proposal preparation, budgeting and PR selection. The need for TA is now decreasing due to the experience gained in the previous rounds.

One interviewee noted that in cases where TA had been applied too late in the process the value added had decreased significantly.

In **Cameroon and in Namibia** the general feeling of interviewees was that without consultants, proposals would never have reached a standard worthy of submission. Much of the proposal development process required TA and so it was felt strongly that the lack of access to TA suffered by many stakeholders effectively prevented their participation in the proposal development process.

## **2.7 Conflict of interest in TA provision**

Some interviewees **in Cambodia** expressed mild concerns regarding WHO's involvement in both informing the TRP at global level and in-country proposal preparation. It was also felt that there was some potential for conflict of interest because of WHO's influence and commitment to government strengthening.

*Two WHO positions are to be funded under HSS, so there was potential for conflict of interest. KH02.*

**In Sri Lanka**, it had been difficult to find independent and qualified TA. Most expertise in the technical/disease-specific areas lies within the MOH, and this isn't always easily available to NGOs.

*There is not enough expertise outside MOH, and MOH have their own agenda SL04*

The issue of drawing on the technical expertise of LFA consultants was raised by a number of stakeholders in Sri Lanka. However, there were some concerns that this could raise a conflict of interest. One LFA consultant, who was an ex-Director of a national programme noted:

*I have significant disease-specific knowledge in Sri Lanka, and feel I should have been consulted in the development of the R5 proposal. However, I am a consultant to the LFA, and this raises a potential conflict of interest SL03*

*Advising on implementation and proposal development could create conflict when done by the LFA consultant SL08*

*GF does not want the LFA to interfere, so it is difficult for the LFA consultant to give advice on programme changes that are needed. SL08*

World Bank representatives in Sri Lanka felt that any involvement in NGO proposal development could create a potential conflict of interest, as they are planning to issue tenders that could involve NGOs.

*World Bank cannot support and provide information to individual NGOs. That would be a conflict of interest as they also employ NGOs in their project SL 18*

**In Nigeria** opinions regarding the potential for conflict of interest varied considerably between stakeholder groups. Those represented on the TWGs generally felt that the potential was minimal while those outside the TWGs felt that the potential was very real and should be addressed.

TWG members felt that the TA provided was associated mainly with technical issues and less with overall programmatic issues, thereby minimising the possibility for those involved to pursue a 'personal agenda'. Within the TWGs the UN was generally seen as an appropriate and unbiased provider of TA and the TRP was generally seen as an unbiased forum for proposal screening.

*The potential for conflict of interest resulting from WHO's advisory role during TRP screening is minimized by the fact that this advice falls on an unbiased platform. NG 01*

One interviewee felt that differences between global and country level approaches served to protect against Col.

*There is no conflict of interest for WHO, as country-level and Geneva-level thinking are very different. NG 12*

In contrast, stakeholders not represented within the TWGs expressed concerns that due to vested interests some organizations providing TA could pursue a 'personal agenda'. This was thought by some NGO groups to be the case with UN organizations steering the CCM towards AIDS treatment rather than HIV prevention.

*WHO has been very key to the application process - less so in R2 and 4. HQ rather than AFRO provided support in R5. NG 13*

One interviewee felt that although the potential for Col was small, the issue needed to be addressed, but not at the expense of the in-country application process:

*Any potential conflicts of interest need to be addressed without restricting the provision of TA in country. NG 01*

In Nigeria, one interviewee noted with concern that the Nigeria R5 application had been awarded the fifth largest grant ever approved by the GF, when the country's three existing HIV/AIDS grants were 4.8, 6.2 and 10.9 months behind schedule<sup>7</sup> at the time. In-country interviewees expressed concerns that WHO had exerted pressure to make Nigeria a special case and approve its R5 HIV/AIDS application, despite its past performance.

**In Namibia**, the UN is generally seen as an appropriate and unbiased provider of TA and none of the interviewees raised any concerns regarding potential conflicts of interest resulting from the UN's provision of TA at country and at GF secretariat level.

**In Cambodia**, the PR is not directly involved in the application process and this was perceived as a missed opportunity, since the M&E unit of the PR is the only entity that has detailed knowledge of the capabilities of all of the SRs. However, there were concerns that involving the PR in proposal development could be perceived as a conflict of interest.

In contrast, **in Colombia** the PR provided direct assistance with proposal preparation, and this was not perceived as a conflict of interest.

*We were involved through sharing our experience as a PR, and by giving recommendations, especially regarding the budget: how much does it really cost to manage a programme. In that sense we have participated in both rounds. CL02*

## 2.8 Sustainability and capacity building

Some NGO representatives **in Namibia** suggested that GF should arrange workshops/seminars/TA covering best practices and promoting the exchange of information and experience from other countries.

National capacity in **Sri Lanka** on GF proposal development was limited, and no mechanisms were in place to sustain experiences and lessons-learned.

*Different people were involved in different rounds in an ad hoc manner, so there was little transfer of learning. We need in-country TA to capture and utilize this to its best advantage. SL01*

*The ideal situation would be for TA from within the Asia region to work alongside the national programme to build technical capacity in-country. SL01*

**In Cameroon**, interviewees felt that there was some need for capacity building within the CCM, particularly in order to improve the functioning of the technical secretariat. There was also clearly a major need for capacity building covering proposal preparation within various NGOs.

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<sup>7</sup> <http://www.aidspace.org/globalfund/grants/nigeria.htm>

**In Namibia**, an important distinguishing feature between rounds two and five was that a Programme Management Unit, which had been established in support of the implementation of the round two grant, came to play a prominent TA role during the entire round five application process. Members of the unit had had hands-on experience covering all technical issues, including budgeting, M&E and coordination. This unit also served as a call centre for external stakeholders during the application process.

### 3 Proposal Forms and Guidelines

#### 3.1 Access

Accessing the forms and guidelines via the web was generally perceived to be very complicated in **Sri Lanka**. One stakeholder managed to obtain the forms but struggled to get the guidelines.

The electronic PDF form was found to be unworkable **in all the countries** consulted.

*We found it extremely difficult to fill the information into the electronic forms, and we lost a lot of time there. PU01*

*The electronic application form was impossible, very disappointing - a huge and expensive disaster. KH02*

**In Nigeria** several interviewees felt that the format of applications should be revised radically in order to improve equity of access to GF support.

**In Namibia**, some interviewees suggested that GF should provide a forum for guidance for civil society organisations wishing to participate in GF applications. This, it was felt, should cover best practice including a review of experience from a range of countries.

#### 3.2 Proposal Format

**In Cambodia**, it was felt that proposal forms have improved steadily over rounds, although there were some residual concerns, mainly about aggregation of data.

*They still ask applicants to summarize the impossible, especially in multi-sectoral and multi-disciplinary proposals like HIV/AIDS. KH02.*

*GF application forms require too much useless number crunching. Providing SDA by % is OK for individual SRs but aggregating this across SRs is useless and time consuming. KH02*

Interviewees in Cambodia felt that application forms could be revised to make them more practical and appropriate, and that a simplified version could be developed for use by potential SRs and SSRs.

*The group had just 3 weeks to provide a full GF format application for in-country screening. The full GF format was required because there was no SR we could partner with. There is no need for proposals from SSRs to be in GF format. You just need 3-4 pages that the SRs can pull together. KH05*

*NGOs were asked to use GF format to develop their proposals, including indicators. This format wasn't very helpful, especially as the 6 budget categories sometimes didn't reflect programmatic realities KH10*

*It might be useful to develop a set of guidelines and a template for SRs or SSRs to develop their concept papers KH10*

There was some concern in **Sri Lanka and Colombia** that the guidelines and format of the proposal are different for each round.

*More important is the fact that the guidelines and rules change from one round to the next; this is a bit difficult to manage. CL 02*

*We have good in-country capacity but we have problems in developing proposals in GF format, partly because the GF themselves don't know what they want. SL10*

*We would suggest they don't change the formats too often; that they don't change the logic. CL01*

There was little indication that stakeholders in **Sri Lanka** found R5 forms easier to complete than those of previous rounds. Some stakeholders acknowledged that the revised R5 proposal forms will make it easier for the TRP to assess proposals, but felt that the new forms are even more complicated for counties to complete.

*The form was really difficult to complete for the first time. SL15*

GF proposal forms are somewhat different from forms used for proposal submission to other donors, so previous donor application experience does not enable stakeholders to complete the GF forms.

*The GF form is very different from when applying for funds from other donor agencies, especially the budget side. SL15*

Some sections of the forms, for example *donor landscape* and *government co-financing*, were particularly difficult for Sri Lankan NGOs to complete, without full government co-operation. If this is not forthcoming, then NGOs attempting to submit a proposal are severely disadvantaged.

However, some NGO stakeholders in Sri Lanka noted that going through the process of completing the GF proposal forms had been useful in helping them to think strategically, and were therefore helping to build in-country capacity in proposal development.

*I learned a lot from preparing the proposal, especially developing the budget. SL15*

Stakeholders across a **number of countries** found the budget section particularly difficult to complete.

*Also the budget part is really difficult. We had the advantage of having a person that has been involved in this from the first proposal. Because of that, and also because of our current involvement in project implementation, we are very familiar with all aspects of budgets. However, for someone who does not know these things, and who is not regularly involved, developing a budget must be very difficult. If I think of countries where this special expertise is not available, it must be very difficult for them. Community organizations, for example, just don't have the capacity. But it also creates problems for us, it takes a lot of time, this level of disaggregation, of detail, this makes everything very complex. It took us three weeks, just to develop the budget, and these were weeks with working days of 16 hours sometimes. Because it cannot be done by a group of people in parallel; it has to be done by a single person per project, because everything is linked to something else; very difficult! PU01*

**In Nigeria** the general consensus was that the application forms have improved steadily over successive rounds. Some groups however felt that the round five application form was still

too long and complicated, particularly for smaller groups with limited or no experience in preparing GF applications or groups with limited or no access to TA. Some of the formats required were generally considered to be so complex that they could not be completed without experienced TA.

**In Cameroon**, the GF proposal format invoked mixed feelings. It was seen by many as straightforward and simple but by others as "*extremely difficult*". Some felt that the common indicators developed for round 5 were very useful, while others found them difficult to work with. Several felt that the budget format was overly complicated. One interviewee felt that it was inappropriate for Cameroon to develop the application in English.

Concerns about GF Guidelines encouraging proposals to be submitted in English were also strongly articulated by stakeholders **in the Latin American countries** where it was perceived that submissions in English would be more favourably received

*One major problem is that all proposal documents have to be submitted in English. This is a problem especially for civil society organisations where many don't speak or write English. So we develop everything in Spanish and then have it translated into English, which creates double work. It is also a factor that makes it difficult for NGOs to participate fully, when all instructions and calls for proposals are initially in English. Eventually the materials are translated, but that sometimes takes months. This issue has been raised on a number of occasions with the Global Fund. CL02*

**Colombian** stakeholders acknowledged that in the TRP there are more English speakers than bilinguals, and try to prepare as much original material as possible in English and start writing parts of the proposal immediately in English. However, they noted that this sometimes weakens their proposals.

*To give you an example: If you look at the social security system in Colombia, it is very complex. In our background section and gap analysis where we talk about the social security system in Colombia – in the evaluation they tell us they have not understood what is the social security system in Colombia. I think a lot of detail was lost when we transformed the text from Spanish to English. CL01*

Stakeholders **in Peru** articulated similar concerns about GF encouraging proposal submission in English.

*[Language] is a problem, because all base materials in Peru are developed in Spanish and then translated. This can take a long time, but there is also the risk that you end up with a bad translation. The GF should also understand that it is important to have formats and guidelines that are clear and easy to understand. Especially when you want to work with civil society you must make sure that your tools are as user-friendly as possible. PU02*

### 3.3 Suitability of Guidelines

Guidelines are perceived **in Sri Lanka** as being far too long to even contemplate reading.

*The guidelines are much too bulky. You almost need a TA to develop a proposal in accordance with the guidelines SL06*

Few of the stakeholders in **Sri Lanka or Cambodia** had used the AIDSPAN guidelines, or even heard of AIDSPAN. However, the one Sri Lankan NGO that had used them found them very useful.

*Certain areas, such as the budget and financing section, are especially difficult to complete, and are not well explained in the guidelines SL04*

A major reason cited by the TRP for its rejection of one R5 component **in Sri Lanka** was that international best practice was not being followed, despite the fact that there were good reasons why the National Programme had decided not to follow these protocols in this case. The need to clearly justify deviations from international practice and protocols is not highlighted in the GF Guidelines.

**In Nigeria** interviewees who expressed an opinion felt that the GF guidelines had improved steadily over successive rounds. However, some groups felt that GF guidelines are too complicated. Interviewees in Nigeria were generally not familiar with AIDSPAN or its guidelines.

**In Cameroon**, most interviewees also felt that guidelines had improved over successive rounds. One interviewee felt that the M&E guidelines were particularly useful and singled out the description of model indicators for special praise. Another interviewee felt that the relationship between activities and objectives was not explained clearly enough.

**In Colombia**, there was some concern that the guidelines on presenting a procurement plan were ambiguous.

*The GF puts strong emphasis on the procedural aspects such as materials and supplies, procurement plan, logistics, all things that normally are developed in detail once a program has been approved. They appear to allow the option of preparing detailed procurement plans at a later stage, but when you use that option they reject your proposal because you have not developed a detailed procurement plan. Then all of a sudden it's not optional. You cannot have something as an option and then say it's not optional. CL01*

**In Namibia**, some respondents felt that GF guidelines were good and instructive; others felt that they were too broad and too vague. AIDSPAN guides were used by some to complement the GF guidelines.

Some interviewees felt that GF has not provided sufficient country-level guidance on budget ceilings. If this were done for specific countries, they felt that the proposal development process would be more manageable.

Some interviewees felt that the WB country classification system (whereby Namibia is categorised as a lower middle income country) is highly questionable.

## 4 Social and gender Inequalities

Although R5 proposal forms require CCM to provide information on how they are addressing social and gender inequities, stakeholders **in Cambodia** noted that it is easy to provide a standard response to these questions.

*These issues need to be mainstreamed well before the call for proposals.KH02*

There was some perception in a number of countries that, because of its disease focus, GF encouraged a focus on the health aspects of HIV/AIDS (despite the Guidelines indicating that this was not the case). More than one respondent in **Sri Lanka** noted that most of the initiatives in the R4 and R5 HIV/AIDS component were focused only on health aspects of HIV/AIDS, and that social and gender issues were not well addressed.



There were also some concerns **in Cambodia** about the health bias in HIV/AIDS proposals, with what many consider to be over-emphasis on ARVs. Stakeholders in Cambodia have experienced difficulties in getting multi-sectoral and gender aspects of the disease accepted by the CCM.

*At the CCM they think HIV is the MOH's business. They want the MoH to have the money because they deliver the services. People say, 'what is the link between gender and HIV/AIDS'? They don't know gender is the main issue; many of the new infections diagnosed are in women, married women. KH15*

**In Nigeria**, National Programmes aim to practice gender equity: This has been the case for some years and is not attributed to any agency in particular. It is seen more as a general development trend.

*Gender and social issues are already focused on by the national programmes. This has not been particularly GF driven. NG 06*

In practice however, the lack of involvement of NGOs and grass-roots organizations in the planning of GF applications (and in the implementation of existing grants) has led to gender inequities. Groups not represented in the TWGs felt strongly that GF should make more effort to ensure that in future rounds gender issues are truly adequately addressed.

*Applications that do not deal adequately with gender issues should be rejected, and this should be made clear on the forms. NG 10*

*Gender-specific policy for targeting ARV at women is essential as women are unable to access major urban centres which provide the only source for ARVs at present. GF should take affirmative action and force gender mainstreaming through pre-determined allocation of funds (by %). NG 11*

*If the consensus building meetings were better organized and more responsive, this would probably improve inclusiveness of minority opinions and related issues. NG 04*

There are important geographical inequities associated with the sheer size of Nigeria. Some central regions are benefiting disproportionately from Global Fund support. This inequity was considered by some interviewees to have been exacerbated by the lack of geographical representation within the CCM.

**In Cameroon**, issues relating to gender and marginalized groups are sometimes raised during CCM meetings (which are attended by people living with AIDS) but these issues are seldom discussed in any detail, and they are not usually explicitly addressed during proposal development.

**In Namibia**, public sector interviewees generally felt that the political leadership is gender aware and that existing application formats already place adequate emphasis on issues relating to gender and social inequalities. Some other interviewees however felt that sexual minorities were largely ignored and that GF should encourage focus on gender and on minority groups in a more explicit and structured way:

*In Namibia gender is defined as the relationship between men and women - and that only. This narrow gender definition excludes sexual minorities. NM 02*

The failure to include representatives from the gay community in proposal development was seen as an important issue by some. It was felt that GF should be more pro-active in ensuring that issues relating to gender and marginalized groups are adequately addressed.

It was suggested that this could be better achieved through changes to the GF application formats.

The current forms simply ask if these issues have been addressed. This approach tends to lead to a standard reply of inclusion. NM 08

## 5 Donor Landscape/Harmonization

### 5.1 Identifying the Donor Landscape/Gap Analysis

**In Cambodia**, identifying the donor landscape was not a major difficulty for the TA Consultant, and this section is now used as a reference document for other donors and their programmes.

In contrast, in **Sri Lanka**, identifying the donor landscape was particularly difficult for NGOs who were attempting to submit a component in the face of apathy from the National Programme.

*The country background information, e.g. donor landscape, national plans, requested in the GF form is almost impossible for NGOs to obtain. The government was not willing or able to share this background information with NGOs. SL15*

**Cambodia** has well-formulated national strategies, and was in the process of developing a detailed national HIV/AIDS operational plan concurrently with R5 submission. It was strongly felt by a number of stakeholders that these plans and strategies should form the bases for gap analysis.

*The National Strategic Plan should be the instrument for needs identification/gaps analysis, including an outline of key stakeholders in HIV/AIDS. KH03*

*GF could advocate for all countries to have a national strategy for each of the 3 diseases. It could demand proof that all stakeholders - including the all-important civil society- have been involved in preparing the strategy and have a role in implementing it. The GF could also demand to see a mapping of current and projected donor funding and a clear identification of funding gaps. KH20*

**In Namibia**, the National Strategic Plans served as point of departure for the situation analysis, gap identification and priority setting carried out for GF. MOH has a clear picture of the financial inputs provided by government and donors for various health activities. Stakeholders were of the view that the activities proposed under Namibia's round five application were truly additional.

A number of NGO representatives were of the opinion that GF would not provide support for capacity strengthening within NGOs and they felt that they faced a 'catch 22' situation in that in order to do more, capacity building was required. For organizations depending on the work of PLWAs particularly, it was considered essential to apply a flexible approach to funding arrangements.

### 5.2 Overlap and Duplication of Initiatives

Overlap between GF and other donor initiatives has been effectively minimized **in Cambodia** through the coordination efforts of the national programmes.

*It is perceived as an opportunity and a responsibility of donors, both collectively and individually at country level, to avoid overlap and duplication. KH07*

There is some evidence that duplication of activities occurred in some areas in **Sri Lanka**.

*Initiatives aren't well coordinated. One NGO was distributing bednets on the basis of MOH directives, but found other programmes had already distributed nets in the same areas. SL05*

However, this occurred in an earlier round, and there are indications that the national programmes are now taking measures to avoid further overlap.

*The World Bank is working closely and transparently with the MOH. In development of the R5 TB proposal, the MoH held discussions on what was proposed and what WB was funding, to avoid duplication. SL18*

**In Nigeria** overlap and duplication was not thought to be a major issue and this was attributed by some to the effective harmonization of GF activities with the National Strategic Plans:

*GF activities are themselves harmonized with the national strategic plans. NG 08*

**In Cameroon**, donor harmonization was weak. The recognition of duplication and overlap was a key concern of the CCM. There appeared to be little awareness of harmonization instruments developed and available at global level.

*What is needed is hands-on training and support for: better gap analysis; re-think strategies; mechanisms to improve performance; how to decentralize planning and action; and to take into account the changing environment. CN 03*

**In Namibia**, stakeholders generally felt that the situation analysis and gap identification carried out for GF round five was done thoroughly and adequately. Considerable efforts were put into identifying complementary or additional activities.

Some interviewees expressed concerns that the GF application process does not adequately support international initiatives such as the “3 by 5”, “The Three Ones” and PEPFAR. It was noted by some that African countries with PEPFAR funded programs applying for GF R5 (such as Namibia) were not successful.

*At the Global level there is apparently some kind of competition between GF and PEPFAR. NM 09*

### 5.3 Donor Harmonization

**In Cambodia** there was a perception that the GF approach to funding is geared to supporting discrete projects rather than strategic programmes. There were major concerns that, through its requirement for separate reporting, the GF is preventing integration of the activities it supports. There were also strong concerns that the imbalance between salary support provided by GF and other donors is jeopardizing donor harmonization in Cambodia. Furthermore, a number of stakeholders noted the high transaction costs associated with activities receiving GF support, and in particular the need to establish a dedicated Project Management Unit for the PR, with a staff of 20, including two expatriate advisors.

*The way the GF does business flies in the face of donor harmonization and alignment and use of government systems. While other donors try to reduce transaction costs, these aren't a priority for GF. KH20*

**In Sri Lanka**, coordination between donors appears to be weak.

*The donors each have their own mandate, and don't buy into the national plan. UNAIDS isn't effective in mapping or coordination, because the other donors don't cooperate. SL01*

While there is a significant amount of World Bank funding for HIV/AIDS in Sri Lanka, approximately 65% of which is specifically earmarked for NGOs, this lies with the government, who appear to lack the capacity to disburse this to the NGO sector. The perception is that there is a lot of unspent World Bank money available for HIV/AIDS, so there is little interest from the government in asking for more from GF.

*World Bank NGO money could even be used for GF proposal development, but the government isn't interested. SL01*

**In Nigeria**, opinions regarding donor alignment varied considerably: One interviewee from within MoH felt that the GF was a neutral and well harmonized source of funding:

*GF provides the most neutral source of funding and fits in with the Nat Strategic Plans.... It is the most harmonized of all forms of donor support. NG 01*

However, another interviewee representing a bi-/multi-lateral agency was adamant that donor partner harmonization had not happened.

*Donors have never sat together to discuss how activities can be harmonized. Some group needs to take responsibility for this. NG 08*

The interviewee felt strongly that a SWAp was the approach to adopt in Nigeria.

*DFID piloted a SWAp in some states and is very happy with the results. A SWAp is what is needed, and this idea is supported by MOH but not the donor community. NG 08*

**In Cameroon** the CCM was seen as ideally placed to ensure harmonization however GF interventions were not well integrated with the activities of major donors.

**In Namibia**, most stakeholders considered that every effort had been made to ensure donor alignment. One interviewee suggested that if there was a division of responsibility between key donors at the global level, this should be reflected in the specific guidelines of these donors in order to avoid duplication of applicant's efforts. Some interviewees felt that a health SWAP would be the most appropriate way of addressing the issues of additionality and donor coordination.

## 5.4 Funding Cycles

The GF 'Rounds' system is widely perceived as a major source of disharmony, affecting planning, implementation monitoring and reporting **in Cambodia**. It was strongly articulated by a number of key stakeholders that, where a country has well-developed national strategic plans, it should be allowed to submit programme proposals when they are ready, rather than applying for 'discrete projects' through 'Rounds'.

*The process of 'Rounds' is out of harmony with the country's national health strategy, where donors and the government are trying to harmonize the planning process. KH07*

*The system of Rounds and Phases is a nightmare for everyone. KH18*

*The Rounds system is disastrous and is a major source of disharmony. KH19*

*Ideally, the 'rounds' system would be replaced with a regular phased application every 2-3 years to allow more time and predictability. KH01*

*Whether to have 'rounds' or continuous funding depends on the capacity of the country. Countries that are more 'mature', with national strategic plans, could submit proposals when they are ready... synchronized to the cycle of their National Strategic Plans. This approach would facilitate gap analysis and harmonization. The less mature countries might need 'rounds' to get them started. KH03*

Cambodia also provided an example of where the R5 timing was in direct conflict with national planning:

*As the HIV/AIDS national strategic plan was under development, it would have been better if the R5 submission could have taken place after this was finalized. KH10*

A further example was provided in **Sri Lanka**, where WHO has achieved significant success in eliminating malaria in the Tsunami-affected areas. The organisation is now seeking approximately \$3M to expand the Tsunami malaria response to the whole of Sri Lanka. The additional funding is needed in the coming months to exploit this window of opportunity to possibly eliminate malaria in Sri Lanka. As this is non-Tsunami work, it is difficult to find a donor, and there was no opportunity to develop a proposal to meet R5 deadlines.

This presents a strong case for countries to be allowed to submit proposals on an ad hoc basis to respond to emergencies, or as in this case, to exploit a window of opportunity to perhaps make a major impact on a disease.

*There isn't enough investment in strengthening programmes. It would be preferable not to have a system of 'Rounds', but rather to submit a proposal when ready, SL01*

While the process of successive "Rounds" can be disruptive, they were also perceived in Sri Lanka as being helpful in fostering collaboration between NGOs and in stimulating creative thinking and action.

*The system of rounds sometimes leads to a rushed situation analysis. However having Rounds stimulates ideas and stops lethargy in the MOH. SL11*

Finally, a number of stakeholders in both **Cambodia and Sri Lanka** expressed a fear that GF funds will run out. This drives the funding frenzy ('get it while you can' mentality) and results in concerns that the initiatives that are started with GF support may not be sustainable.

**In Nigeria**, the round system was not a major point of contention. One interviewee felt that although the process was not perfect, it was driven by GF's donors and really beyond the control of GF:

*The process is market driven - GF does not seem to have a choice. NG 02*

**In Namibia**, interviewees generally felt that regularly announced proposal calls would be preferable, as the consultative in-country process requires more time for preparation if it is to fully meet the requirements on participation and transparency.

## 5.5 Previous grants and multiple applications

A number of key stakeholders **in Cambodia** highlighted the difficulties associated with the management of overlapping rounds. These difficulties contributed to one Cambodian NGO's decision to withdraw from the R5 application process.

*Multiple reporting requirements for different rounds are a major headache, and a major source of discontent at country level. KH07*

*Harmonization between various rounds does not happen at present. It would be difficult, but worth it. When 6 monthly reporting was introduced the various rounds moved towards synchronization. KH04*

## 6 Additionality

There were concerns **in Cambodia** that the GF insistence on proposals demonstrating additionality is compromising the integration of initiatives, and that the focus on the three specific diseases is causing human resources from other programmes (e.g. MCH) to be reallocated "to follow the money of GF".

*Additionality is very difficult to justify... and it is unrealistic of GF to expect people to do this. How can GF realistically believe that they can throw US\$3 billion at AIDS, TB and malaria without it resulting in reduced support from other donors? KH02*

*Other national programmes e.g. MCH, suffer by comparison, through demotivation and by losing personnel. If GF is concerned about additionality, then it must make sure that it doesn't make other programmes suffer and people worse off. KH11*

*Seeking to achieve and justifying additionality is not easy. The GF insistence on additionality is compromising the integration of initiatives. For example, MCH is a broad area, but GF forces a focus on PMTCT. KH18*

*There is an issue with bridging funds. Programmes are afraid to apply for GF support, because if the other donors withdraw after their bridging funds expire, this might be seen as negating additionality. KH18*

In contrast, justifying additionality was not perceived as a problem in **Sri Lanka**. Using GF money, anti-malaria activities were expanded to new geographical areas and to new groups such as farmers. The funds also supported the procurement of bed-nets, which previously had to be procured by patients themselves.

*GF activities are all activities that are not funded by others SL11*

**In Nigeria**, some felt that GF support had leveraged additional support from other donor agencies. One interviewee expressed concerns that this additional leveraged support had led to problems due to the country's limited absorption capacity:

*No country will tell you that cannot absorb money. Bottlenecks need to be addressed prior to disbursement. Absorption capacity is crucial. NG 02*

Another interviewee felt that some donors were withdrawing support as a result of GF money.

*Some agencies are removing support when support from GF comes in. This undermines the GF idea of additionality. NG 08*

**In Cameroon** also, several interviewees raised concerns that donors had withdrawn some support as a result of GF inputs:

*If we had known that donors would pull out once GF funding started we could have built their support into our proposal. But we didn't know. CN 03*

Other interviewees felt that GF inputs had resulted in some reallocation of government funding. However, evidence for each of these perspectives was very inconclusive. It was felt by some that a monitoring mechanism should be developed to assess the impact of external funding (GF and others) on government funding for key health programmes. It was suggested that an auditing and watchdog function, possibly an international auditing mechanism, could be designed as part of a future SWAP. However, the country was not moving in this direction.

**In Namibia**, the problem for governmental interventions is scarcity of resources, rather than absorption capacity, which is not a big problem for the MoH due to its highly competitive wage levels. Namibia attracts health human resources from nearly all neighbouring countries in the region. Capacity constraints are however a serious concern for civil society, and some interviewees felt that there were many signs that capacity limits within this group had already been reached. It was therefore considered crucial to prioritize capacity building and skills development in the NGO sector.

In Namibia, careful coordination of activities is particularly crucial because of the large engagement by USAID/PEPFAR.

Stakeholders **in Colombia** had put some effort into addressing additionality, through reviewing the national plan and identifying programmatic areas where there wasn't secure funding. Interventions for these areas were then developed into the R5 proposal. In their rejection of the proposal, the TRP cited programmatic areas that apparently weren't addressed in the proposal, but in their view, should have been. But as the Colombian stakeholders noted: *we already had funding for these areas. CL02.*

This raises an important issue that, focusing only on additionality can appear to compromise the strategic completeness of a proposal, and thus contribute to its rejection by the TRP.

## 7 Monitoring & Evaluation

### 7.1 Alignment with existing systems

**In Cambodia**, the GF approach to M&E is perceived as a significant reporting burden, undermining the role of the national programmes as leaders in M&E, and effectively undermining the principle of "The Three Ones".

*There is a need for harmony on these. The GF has six budget categories which do not always match with those of implementers or the LFA. KH02*

**In Sri Lanka**, National Programme Managers noted that identifying baseline indicators was not a problem, because all the activities were additional, so the baselines were zero.

Respondents from one National Programme in Sri Lanka noted that the indicators selected for inclusion in the GF proposals fitted with national programme indicators. However, another Sri Lankan National Programme manager noted that securing funding from GF had forced them to establish an M&E system, where none previously existed

*Previously there was no evaluation, but this will now be done quarterly, both financial and technical as a result of GF requirements. SL02*

A Sri Lankan NGO respondent was not clear whose responsibility it was to develop the M&E framework in the proposal.

*We felt that M&E should be the responsibility of the PR, but there was no PR at that stage. SL17*

**In Nigeria**, M&E relating to GF supported activities is considered by those within MoH to be well harmonised with national M&E activities and this was attributed to the effective functioning of the CCM's M&E sub-committee.

**In Cameroon**, the large number of different; project related monitoring tools was seen as a problem, as was the absence of a common monitoring tool at country level. The additional indicators developed for GF were seen variously as unreliable, excessively labour-intensive and very much GF designed.

*The baseline information on activities and outputs from routine reporting [used for the GF application] were highly unreliable. CN 09*

*Our own [very effective] internal reporting is done in a different way, and is not as detailed as GF reporting. CN 04*

*You should also bear in mind the GF is 'le maitre du jeu', the master of the game. We did not invent the indicators, they did! CN 07*

**In Namibia**, the GF approach of performance based funding was felt by some to have had a positive impact on the existing reporting system. One interviewee however, felt that GF M&E was not well aligned with national systems, especially in terms of timing, and that it thus created an unnecessary additional workload.

**In Nigeria** the roles and responsibilities of the CCM in relation to M&E were not at all clear. Some were of the opinion that the CCM should be provided with vehicles to enable them to monitor the monitoring activities of the LFA, the PR and the SR's in the field.

Since M&E capacity within the CCM was very weak an M&E sub-committee was established in R5 in order to ensure harmonization with the national M&E system and to improve CCM oversight of PR's performance reports. This was made possible through new guidelines developed by GF prior to Round 5 which allocated a budget for the CCM.

PRs are not always involved in the application process despite their valuable experiences with M&E, procurement etc. Several interviewees felt that PRs should act as M&E/procurement resource people during proposal development.

GF's M&E requirements were not well understood. One interviewee criticized GF's requirement for detailed indicators, explaining that Nigeria does not have the necessary systems in place to provide these at present as health system strengthening takes time.

## 8 Health System Strengthening

The GF's addition of an HSS component is generally appreciated **in Cambodia**, and it is anticipated that this will help to redress the imbalance created through disease-specific funding and help foster the harmonization of vertical programmes.



*Direct GF support for HSS is an important innovation. Background support for HSS from other donors is important but in order to protect its investment in HIV/AIDS, TB and malaria GF needs to provide additional disease specific HSS. KH08*

*GF inputs into the three diseases have an impact on the whole system - pushing the vertical approach. GF strengthens the response to the 3 diseases at the expense of other parts of the health system. HSS allows strengthening of the overall health sector and thus helps to redress this [imbalance]. KH14*

*GF's support for HSS is good as it will help to link disease specific activities into the overall health system. It is better that this comes from GF than from elsewhere, as through GF it can be better targeted. KH10*

However, there are some concerns that GF is not best placed among the donor community to support separate HSS initiatives.

The forms for the HSS component were not well developed or formatted. Inappropriate questions were asked such as "what will be the impact of HSS on HIV incidence?"

**In Nigeria**, the introduction of the HSS component was warmly welcomed:

*The health system is crucial to the success of GF supported disease specific programmes. The health system in Nigeria leaves a lot to be desired and so it is good that GF is getting involved in HSS. NG 05*

However there was a general feeling that in countries characterized by weak health systems, HSS should have been a key focus (if not the key focus) of the Global Fund from the outset.

*HSS should actually have been a focus area from the very start of GF. The quality of the HS is one of the key factors that determine the success of disease specific interventions. The situation now is that systemic weaknesses in areas such as education and health systems result in bottlenecks limiting absorptive capacity and obstructing the implementation of disease specific programs. NG 05*

*Basically, the proposals are often developed on the assumption that HS are in place and working adequately to implement the program components. However, this is rarely the case in Africa. NG 02*

*HSS should be a precondition for achieving money for the disease components; first identify HS gaps and then address disease specific interventions such as ARV. NG 08*

HSS as a separate component was widely preferred in Nigeria, since it was felt that the resulting benefits would be system wide and not only supportive for one disease group. However one interviewee raised concerns that if the successful implementation of a disease component was dependent upon the success of the HSS component application, then if the second failed to be funded it could jeopardize the success of the first.

*The malaria group left aspects of malaria-related HSS to the HSS component, and so the rejection of [the HSS] application would have caused problems for malaria, had malaria been successful. NG 06*

**In Cameroon**, several interviewees were concerned that the introduction of the HSS component had led to a lot of confusion.

*The terms were too open, not clearly defined. It is difficult to define the need for health systems strengthening in relation to specific diseases. CN 06*

**In Namibia**, many interviewees welcomed GF support for HSS. Some felt that GF, with its requirement for additionality, is particularly well placed to support HSS. Some felt that GF should expand further to provide assistance for broader development issues that are known to significantly promote public health. As in other countries a number of interviewees however felt that the GF's concept of HSS lacked definition and clarity.

The following quote best sums up the situation with regard to HSS in **Sri Lanka**:

*People in Sri Lanka, including the CCM, weren't even aware that there was an HSS component. SL19*

## 9 Secretariat Feedback to Country/CCM (Screening and Clarification)

### 9.1 Responsiveness of Secretariat

Stakeholders in **Sri Lanka** were generally satisfied with the quality of communication from the Secretariat at the proposal screening stage.

*The Secretariat was most helpful, and continued to provide clarifications and helped us to do it right. They even called me when I had internet server problems; this is the support we need. SL15*

However, the time for sub-recipients to respond was sometimes perceived as inadequate.

*The Secretariat asked for a copy of the National Strategic Plan two days before the final deadline. We didn't have this, and neither did the National Programme. Fortunately, UNAIDS had a soft copy. SL13*

**In Nigeria**, post-submission communications between the GF Secretariat and the CCM were considered by some to have been good and by others to have been weak, reflecting the lack of communication within the CCM:

*Communications between secretariat and CCM have been a bit ad hoc. A more structured approach would be good. NG 06*

*The clarification letter from the secretariat was received three weeks late and through the wrong channels. E-mailed CCs to all CCM members would solve this problem. The chair is elected to chair meetings NOT to make decisions. GF needs to spell out the roles and responsibilities of the CCM. NG 12*

**In Cameroon**, interviewees who expressed an opinion felt satisfied with the dialogue between the GF secretariat and CCM during the screening process, saying that it had improved substantially over time.

**In Namibia**, the only communication with the secretariat regarding the application process has been in relation to problems associated with the PDF proposal format. Some respondents felt that GF should be more proactive to ensure that guidelines are followed by the CCM, e.g. on apparent conflict of interest issues.

## 9.2 Appropriateness of Screening and Clarification Questions

A number of respondents in **Sri Lanka** expressed frustration that non-technical issues, which were cited by the TRP as reasons for proposal rejection, should have been identified and addressed by the GF Secretariat at the proposal screening stage.

*Comments from the Secretariat on the R5 TB component were mostly related to CCM composition and governance. There were no questions on budget clarification, or the need to quantify activities and provide a detailed work plan and budget, yet these were major reasons cited by the TRP in their rejection of the proposal. SL09*

*The budgetary mistakes identified by the TRP were simple things we could have taken care of in a couple of hours SL02*

Conversely, some Secretariat questions were seen as inappropriate (e.g. asking what % of people reached would be women, for a subcomponent on NGO strengthening). The respondent felt that it was important to have a dialogue with Geneva on clarification of technical issues, but noted that

*The people [in the Secretariat] doing the screening seemed to have no technical knowledge at all. SL17*

**In Nigeria** the correspondence back and forth was generally considered appropriate. Most was thought of as constructive. One interviewee felt that the screening questions had helped to influence applications to adopt a more NGO-focused implementation profile.

**In Cameroon**, some interviewees were of the impression that proposals were not always read carefully enough.

**In Namibia**, there were no questions from the secretariat on the HIV/AIDS proposal and only 2 minor clarifying questions on the Malaria proposal, although both of these proposals were subsequently rejected by the TRP.

## 10 Comments on proposals from TRP to country/CCM

### 10.1 Access to TRP comments

Access to TRP comments is an issue for concern in **Sri Lanka**. An NGO representative, who does not sit on the CCM but was involved in R5 proposal preparation, noted that she has never seen the R4 TRP comments, so she could not use them in developing the R5 proposal.

*If we had known the issues raised by the TRP, we could have taken them into consideration, but nobody told us. SL15*

A CCM member noted that the R4 TRP comments were 'read out' at the CCM, but it is unclear whether hard or soft copies were made available to members. One NGO received an electronic copy of the TRP feedback, only because it was named on the proposal.

One respondent noted that,

*The CCM may have seen the TRP comments on the website, but may not understand how to use them. SL01*

In contrast, TRP comments on all previous rounds **in Cambodia** are filed and apparently openly available in the PR office.

**In Nigeria**, technical committee members did get to see the TRP comments. One interviewee praised the speed of the communications:

*Perfect, not least thanks to Internet communication. Information is very quickly disseminated among stakeholders via e-mail and web-sites. NG 10*

However, NGOs involved in the preparation process were not so fortunate, and generally did not get to see the TRP comments, at least not as a result of any affirmative action on the part of anyone in authority:

*TRP comments on R5 leaked out through e-mails but were never actively distributed amongst NGOs. NG 04*

**In Namibia**, the TRP comments on GF round five were widely disseminated among participants.

## 10.2 Appropriateness of TRP comments

TRP comments were perceived **in Cambodia** as generally fair and relevant, and as having improved over successive rounds.

*The TRP comments were a mixture of detailed points (such as "justify the cost of X") and big issues that are difficult to resolve (e.g. "policy for targeting"). They were tough and detailed, but generally helpful in improving the proposal. KH02.*

However, some stakeholders perceived TRP comments as obscure, largely academic, and demonstrating poor knowledge of Cambodia,

*It was a ritualistic performance by a jury of reviewers, 'getting their licks in'. More constructive criticism would have helped improve the proposal, and fill the gaps - gaps that the proposal developers were themselves aware of. There should be some payoff, in terms of capacity building, in getting a proposal rejected. KH11*

**In Sri Lanka**, one NGO respondent acknowledged that the TRP comments on her R4 submission were fair. These included "no PR", "no information on government co-financing", and "weak M&E component" These weaknesses had actually been identified by the NGO itself at the time of submission, but the NGO felt that they were not empowered to provide this information.

However, the TRP comments for one Sri Lanka R4 component were perceived as being dismissive and demotivating. It was felt that the TRP didn't understand the local context and didn't appreciate the NGO efforts to develop initiatives despite significant in-country constraints.

**In Nigeria**, most of those who expressed an opinion felt that the TRPs generally addressed the issues objectively. However, several interviewees were quite critical of some TRP comments received,

*The TRP comments sometimes suggest that they do not have a very good handle on what is happening in Nigeria. NG 05*

*TRP comments are not very clear in general.... maybe because English is not the first language of some panelists. NG 06*

and some interviewees were openly sceptical of the whole review process:

*The TRP should simply not have approved the round 5 proposal according to past program performance. NG 04*

**In Namibia**, there was widespread dissatisfaction among all stakeholders with the fact that two components of round 5 were unsuccessful, despite the amount of time and resources invested in preparing the proposal. On the part of government, the dominant sentiment was that the application process and approach had been correct and had resulted in a technically excellent proposal. It was perceived as highly unfair that TRP comments gave a negative rating on the ability to involve stakeholders, given the extraordinary emphasis put on securing a participatory and all-inclusive approach.

*The TRP comments on strengths and weaknesses on the rejected proposal seemed inconsistent and contradictory. NM 10*

Some interviewees felt that more could be done to ensure that the allocation of grants was based on the overall needs situation of the country, rather than on the ability to write a good application.

### **10.3 Effectiveness of TRP comments in improving subsequent proposals**

The TRP comments generally perceived **in Cambodia** as constructive in improving proposals.

There were mixed views of the effectiveness of TRP comments in **Sri Lanka**.

*The TRP comments on R4 were not helpful in revising the proposal for resubmission in R5. SL13*

A number of stakeholders in Sri Lanka noted that TRP comments would have been very helpful, if the sub-recipients had had access to them

**In Nigeria**, those who expressed an opinion felt that TRP comments (where they had been made available) had been constructive in strengthening subsequent applications. One interviewee felt that the review process could be strengthened considerably by the development of a forum for exchange between TRP and country component specialists.

*A mechanism whereby countries could defend their proposals more actively would be good. NG 06*

**In Cameroon**, those who expressed an opinion felt that the TRP comments were very helpful in improving the writing of subsequent proposals.

**In Namibia**, resentment regarding the unfairness of the GF round five decisions has led to key stakeholders questioning whether they should take the trouble to submit an application for round six. Some interviewees felt that it would be helpful to have the option for dialogue with Geneva on rejected proposals. There seemed little awareness of the appeals process.

## ***Annex 6. Recommendations for CCMs***

This annex provides a set of recommendations for CCMs, based on the findings of the Assessment.

### **Proposal Development**

- Establish a dedicated and resourced sub-unit of the CCM to facilitate the proposal development process
- Ensure that CCM has written TORs and effective participation of civil society representatives
- Begin preparations for proposal development at least 3 months before the anticipated call for proposals
- Provide clear guidelines and transparent criteria for selection of stakeholders to be included in proposals
- Provide in-country screening through technical review panels with documented processes and screening criteria
- Ensure that all stakeholders, and especially those without representation on the CCM, are promptly informed of decisions regarding their proposal submissions, together with anticipated next steps
- List all proposals received and make that information publicly available in-country
- Refer potential applicants to *The Aidspan Guide to Applications to the Global Fund* and make copies available for stakeholders
- Ensure that all TRP comments on proposals are filed, openly available for access, and circulated to stakeholders prior to developing proposals

### **Technical Assistance**

- Investing in TA is critical in the proposal development process
- Independent TA can play a major role in facilitating MoH/NGO collaboration and cross-learning in the proposal development process
- Engage TA with appropriate expertise to help develop proposals in GF format and meet GF requirements
- Engage longer-term TA with awareness of country absorptive and implementation capacities
- A mixture of long-term locally recruited and short-term externally recruited TA is probably optimal
- Just prior to submission, TA should facilitate a quality assurance review
- Facilitate and document in-country transfer of learning in proposal development between rounds and across disease components
- Obtain copies of *The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance*, and make these available to interested stakeholders

## ***Annex 7. “Road-map” for in-country proposal preparation***

This example is drawn from a “road-map” used successfully by the Sub-Committee of the Cambodian CCM (CCCSC), in developing Cambodia’s Round 5 proposal for submission to GFATM on 6 June 2005.

<b>Activity</b>	<b>Starting dates</b>	<b>Deadline</b>	<b>Working days</b>
CCM agrees priority themes for Round 5 for each disease component		9 December. <b>2004</b>	
Communicate priority themes to stakeholders		16 December	
Formation of component coordination groups, nomination of component coordinators	20 December	7 January <b>2005</b>	
Meetings of component coordination groups with all potential SRs to agree on structure of component proposal and responsibilities for subcomponent drafting and coordination	10 January or earlier	14 January	5
Drafting of proposals	15 January	7 April	~ 40
(Expected formal announcement from GF for Round 5)	17 March		
CCCSC to receive all proposals submitted by/through component coordinators (all subcomponents provided but may not yet be fully integrated as one component proposal)		8 April	1
CCCSC to screen proposals for overall acceptability (responding to agreed priority themes, in appropriate format, overall budget within acceptable limits etc.)	11 April	15 April	3
In-country Technical Review Panels (ICTRP) to review proposals and make recommendations	22 April	2 May	6
CCCSC meeting to review ICTRP comments and classify proposals (Graded A, B & C – corresponding to Global Fund TRP categories 1, 2, 3/4 respectively)	HIV	2 May	
	HS, TB, Mal	3 May	
CCCSC to submit Grade A proposals to CCM for comment		4 May	
CCCSC to explain requests for revision/clarification to coordinators of Grade B proposals		4 & 5 May	
Grade B coordinators to ensure revisions and clarifications	5 May	12 May	6
CCCSC to receive all Grade B proposal revisions and clarifications		COB 12 May	
CCCSC meeting to review revised Grade B proposals		13 May	
CCCSC to submit revised Grade B proposals to CCM for comment		16 May	

CCCSC to receive all comments from CCM (Grades A & B)	17 May	20 May	4
CCCSC meeting to consider and compile CCM comments and convey to component coordinators		23 May	
Component coordinators to incorporate changes	24 May	26 May	3
CCCSC to compile final draft Coordinated Country Proposals (CCP) (sections I to VIII) and submit to CCM	27 May	30 May	2
CCM meeting to discuss final draft, recommend final changes		31 May	
CCCSC (and component coordinators) finalize CCP	1 June	2 June	2
CCM members to sign final CCP document	3 June	4 June	1
CCCSC to submit CCP to GFATM by courier		6 June	



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## ***Annex 8. Documents Consulted***

Cambodia Country Coordinating Mechanism Case Study, David Wilkinson, GFATM, February 2004

Civil Society Participation in the Country Coordinating Mechanism of the Global Fund to Fight HIV & AIDS, Tuberculosis and Malaria, Nairobi: Kenya AIDS NGOs Consortium, Centre for Research on Women (ICRW). (Draft), 2005

Common Research Protocol: Monitoring and Evaluating the Health System-Wide Effects of the Global Fund to Fight AIDS, Tuberculosis and Malaria, Systemwide Effects of the Fund (SWEF) Research Network, November 2003

Comparative Analysis of Planning, Costing and Priority Setting of GFATM Applications for HIV Interventions in Mozambique, Uganda, Tanzania and Zambia. Point of View. Anita Alban. EASE International. May 2005

Feedback on the Global Fund Proposal Development and Review Process, David Garmaise, Aidspace, Personal Communication, 25 November 2005

Global Fund Investments in Fragile States: Early Results, The Global Fund, 2005

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Global Fund Secretariat Response to the Assessment of the Proposal Development and Review Process of GFATM - Assessment Report Draft, January 2006

Global Fund Proposal Development – A Philippines Experience, International HIV/AIDS Alliance, March 2004

Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors, Final Report, 14 June 2005.

Global Fund Tracking Study: a cross-comparative analysis, Ruairi Brugha, August 2005

Global Fund Tracking Study: Country Summaries and Conclusions, Ruairi Brugha, August 2005

Guidelines for Proposals – Fifth Call for Proposals, The Global Fund, 17 March 2005

Guidelines for Proposals – Fourth Call for Proposals, The Global Fund, 10 January 2004

Lessons Learned from the TRP, Rounds 1-4. 9<sup>th</sup> Board Meeting, Arusha, 18-19 November 2004

Making Performance-Based Funding Work: GFATM Mid-Year Progress 2005, The Global Fund, June 2005

Monitoring and Evaluation Toolkit, The Global Fund, March 2005

National Civil Society Consultation on the Global Fund to Fight HIV & AIDS, Tuberculosis and Malaria, International HIV/AIDS Alliance in India, New Delhi, 27-29 April 2005

NGO Participation in the Global Fund, International HIV/AIDS Alliance, October 2002

Notes on the Development of the Global Fund's Strategy, The Global Fund, 2005

Proposal Form – Fifth Call for Proposals, The Global Fund, 17 March 2005

Proposal Form – Fourth Call for Proposals, The Global Fund, 10 January 2004

Report of the Internal Appeal Panel, 12<sup>th</sup> Board Meeting, Marrakesh, 15-16 December 2005

Report of the Policy and Strategy Committee to the 12<sup>th</sup> Global Fund Board Meeting, Marrakech, 15-16 December 2005

Report of the Portfolio Committee to the 12<sup>th</sup> Global Fund Board Meeting, Marrakech, 15-16 December 2005.

Report of the Technical Review Panel and the Secretariat on Round 5 Proposals. 11<sup>th</sup> Board Meeting, Geneva, 28-30 September 2005.

Report of the Technical Review Panel and the Secretariat on Round 4 Proposals. 8<sup>th</sup> Board Meeting, Geneva, 28-30 June 2004.

Round 5 completed proposals from Cambodia, Cameroon, Colombia, Namibia, Nigeria, Peru, Sri Lanka

Technical Evaluation Reference Group, Report on the Assessment of Country Coordinating Mechanisms: Performance Baseline, 12<sup>th</sup> Global Fund Board Meeting, Marrakech, 15-16 December 2005

Revised Guidelines on the Purpose, Structure and Composition of Country Coordinating Mechanisms and Requirements for Grant Eligibility; The Global Fund, April 2005.

Terms of Reference of the Technical Review Panel, The Global Fund

The Aidspan Guide to Round 5 Applications to the Global Fund, David Garmaise, April 2005

The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance, Sam Avrett and Bernard Rivers, January 2004

The Correspondent – The Global Fund partnership Forum, Bangkok , July 2004

The Framework Document, The Global Fund, 18 January 2002

The Global Fund at three years – flying in crowded air space, Ruairi Brugha, Tropical Medicine and International Health, July 2005

The Global Fund Strategic Situational Analysis: Preliminary Annotated Outline, Keith Bezanson, Policy and Strategy Committee Meeting, Geneva, 17-18 July 2005

The System-Wide Effects of the Global Fund to Fight AIDS, Tuberculosis and Malaria:A Conceptual Framework, Sara Bennett, Alan Fairbank, Abt Associates, October 2003

TRP Review Forms – Round 5, for Cambodia, Cameroon, Colombia, Namibia, Nigeria, Peru, Sri Lanka, August 2005

Updated discussion paper on the core business model of a mature Global Fund, 9<sup>th</sup> Global Fund Board meeting, Arusha, 18-19 November 2004.

## ***Annex 9. Country Reports***



***Global Fund No.: HQ-GVA-05-010***

**Assessment of the Proposal Development and  
Review Process of the Global Fund to Fight AIDS,  
Tuberculosis and Malaria:**

**Country Summary Report**

**CAMBODIA**

**December 2005**

**Submitted to:  
Global Fund to Fight AIDS, Tuberculosis  
and Malaria**

**Submitted by:  
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## Background

The purpose of the Global Fund is to attract, manage and disburse resources through a new public-private foundation that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals established by the United Nations.

Since early 2002, the Global Fund has engaged in an unprecedented grant proposal process in which over 800 grant applications have been submitted, screened and carefully examined by an independent Technical Review Panel. By 15<sup>th</sup> May 2005, The Global Fund had signed grant agreements worth US \$ 2.4 billion with 278 grants in 128 countries. The average age of grants is currently 14 months.

The Global Fund now has experience of five rounds of proposal submission and technical review. Certain aspects of the grant proposal cycle, notably the work of the Technical Review Panel, have been carefully documented. However, the proposal development process at country-level is less well understood.

The Global Fund has therefore commissioned an independent assessment of the proposal development and review process. The assessment will be used by The Global Fund to strengthen and refine the proposal and review process.

## Aims and Objectives of the Assessment

The aim of the assessment is to conduct a structured, detailed review of the process through which grant proposals are developed, submitted, subjected to a technical review and then sent to the Global Fund Board. The specific objectives are to:

- a. assess the processes, roles and functions related to the Global Fund proposal process with particular attention to:
  - i) strengths and weaknesses of all stages of the proposal process;
  - ii) the extent to which the proposal process operates according to the guiding principles of the Global Fund;
- b. identify needs for modification in current practices, suggest improvements and discuss possible alternatives

The key questions underpinning all aspects of the assessment are:

- What are the problems?
- What progress has there been over successive rounds?
- What further improvements are needed?

The assessment is being conducted:

- 1) **at global level**, through in-depth face-to-face and telephone interviews with key informants
- 2) **at country level**, through visits by the Assessment Team to five selected countries in Africa and Asia, together with telephone interviews with key informants in two Latin American countries

By examining the grant proposal process in a sequential fashion, this assessment aims to provide an independent and constructive review, informed by a variety of partners and stakeholders, of the procedures in use, their strengths and weaknesses.

This report provides an outline of the process and a summary of the major findings of the assessment undertaken in Cambodia.

## Method

In Cambodia, three independent senior Reviewers appointed by Euro Health Group undertook the assessment. The Reviewers were assisted by an In-country Facilitator, identified by Euro Health Group. In Cambodia, 21 in-depth interviews were conducted with a total of 28 key stakeholders during the course of the visit, which took place from 26 October - 3 November 2005.

In-depth interviews were conducted with key stakeholders drawn from 4 groups:

- a) CCM members not directly involved in the preparation of applications
- b) Technical advisers to the application process
- c) Other people (including actual and potential principle recipients and sub-recipients) directly involved in the preparation of applications
- d) Other relevant stakeholders not involved in the application process, including those who perhaps should have been involved.

The interviewees were identified by the Reviewers, in collaboration with the In-country Facilitator and the key stakeholders, to provide a variety of interviewees spread across the 4 groups.

The interviews followed guidelines developed by the Euro Health Group Evaluation Team, in consultation with the Global Fund Secretariat in Geneva.

The major issues reviewed were:-

### Proposal Development:

- Proposal preparation management
- Stakeholder participation
- Technical assistance
- Proposal forms and guidelines
- Social and gender inequalities
- Donor/Partner harmonization
- Previous grants and multiple applications
- Additionality
- Monitoring & evaluation
- Health sector strengthening component

### Communication and Feedback:

- Between secretariat and country/CCM
- TRP to country/CCM on proposals
- In-country communication

## SUMMARY OF STAKEHOLDERS INTERVIEWED

Interviews	National programme officers	Technical advisors	CCM members submitting proposals	CCM members not submitting proposals	PRs	Multilateral donors	Bilateral Donors	NGO/CSO members of CCM	NGO/CSO not members of CCM	Private sector/ associations	LFA	Total number of interviews	Total number of people interviewed
Cambodia	√	√	√	√	√	√	√	√	√	√		21	28

The full list of stakeholders interviewed in Cambodia, together with their affiliations, is provided in Annex 1



## Findings: Country-level Issues Dashboard

Cambodia	Successes	Problems Identified
<b>A. Proposal Development</b>		
<b>1. Proposal Preparation</b>		
1.1 Organisational structures	<b>Proposal development was improved through the empowerment of the CCCSC</b> to manage the process and take decisions on proposal preparation. The CCCSC set out a clear schedule mapping out the milestones from call for proposals to final submission.	
	<b>Since R5 the GF has allowed a percentage within the proposals for funding for the CCM itself. This has helped to support the participation of civil society.</b>	
1.2 Proposal preparation procedures	In R5, the <b>CCCSC provided guidelines and technical criteria for proposal submission, and indicated financial ceilings for proposal development.</b>	Unclear where the financial ceilings or technical criteria came from. <b>Some stakeholders believed these came from GF Geneva.</b> In R5 the application had to be reduced from US\$100M to US\$30M (perceived as the maximum available). Instead of weeding out weak proposals all proposals were cut by 70% across the board. Resulting <b>last minute proposal revisions</b> were very complicated and <b>unsatisfactory.</b>
	Many interviewees felt that <b>coordination mechanisms and consensus building has improved</b> over the years.	Some stakeholders felt that budget ceilings had not been clearly communicated. Subsequent cuts made at least one application untenable and as a result this was withdrawn.
		Some stakeholders were under the <b>impression that the priorities identified in the in-country call were issued by the GF secretariat.</b>
		Successful applications tend to be the less innovative. <b>CCM has become risk-averse in accepting proposals.</b> Known actors and non-risky proposals are passed, out of fear of failure. The present CCM's <b>fear of jeopardising the application stifles innovation.</b>
1.3 CCM capacity and QA		Some stakeholders complained that <b>NGO representation on the CCM was weak.</b>
1.4 Planning and timing	Malaria SSRs were required to submit a brief proposal to the national control programme highlighting key activities together with an indicative budget. GF application forms were distributed amongst potential SSRs for information only.	Lack of clarity regarding the priorities to be addressed by applications led to confusion and ultimately to disillusionment for some.

	Information sharing/coordination/ <b>organization by CCM</b> was very <b>good in round 5</b> . There were <b>clear priorities and time-lines</b> .	GF gives 3 months for submission then the Government shortens this to 1 month for submission, 2 weeks for in country review. Following in-country screening one stakeholder complained that they were given just 1 week to review and improve their proposal.
	The level of effort required for GF applications is not bad when compared with other processes.	Coordination at country level is complicated by the fact that there are so many high ranking governmental stakeholders.
	Early rounds were disorganized and rushed. The situation is now much better. The in-country timetable has been revised and optimized and planning now starts well before the call for proposals.	Although the <b>application process</b> was better planned than on previous occasions it was <b>still too rushed</b> . Meetings and holidays can cause problems.
		Tremendous amount of work for members of the CCCSC (weekly meetings); less demanding for other CCC members.
1.5 Finance and costs		
1.6 Stakeholder involvement	All agreed that <b>GF had helped to bring Government and NGOs together</b> . Governmental interviewees tended to describe these changes as pronounced but NGOs tended to describe them as modest. NGOs also complained that there had been some reversal during recent rounds.	Some <b>concerns about the health bias in HIV/AIDS proposals</b> and some feel that the CCM places <b>too much emphasis on ARV</b> . Efforts made in R2 and R3 to adopt a multi-sectoral approach resulted in proposals that were considered weak. There has been little support for this approach since. Prevention coverage is weak and fragmented, with over 100 NGOs working in prevention.
	All stakeholders had the opportunity to participate. This is <b>one of the most transparent processes around</b> .	For some disease components SSRs have been expected to complete the full GF format application form.
	<b>The ratio of NGO : government sub-recipients has remained steady</b> (at approximately 3:1) <b>over successive rounds</b>	Some applications were <b>screened out</b> early on just because they were from <b>small NGOs</b> .
		<b>National programmes taking the lead</b> in coordination of proposals <b>helps harmonisation</b> , but probably resulting in <b>less NGO involvement and fewer innovative programmes and approaches</b> .
		The M&E unit of the <b>PR</b> is the only entity that has detailed knowledge of the capabilities of all of the SRs. That the <b>PR not directly involved in the application process</b> is therefore a loss.
		Many in-country GF processes are led by government (especially at CCM level). The government can therefore decide who can and can not be included. There appears to be <b>room for increased transparency in these decisions</b> .
		Lots of new areas to target: workplace factories, migrating people etc.

		In general <b>low absorption capacity</b> poses problems and <b>too little support</b> is provided for <b>capacity building</b> .
		Use of the <b>SSR approach to get funding for smaller/weaker proposals</b> did occur to some extent in previous rounds but this was not centrally coordinated and not enough time was allocated.
		There has been a <b>steady decline in the importance of the role played by NGOs</b> in the application process over successive rounds (esp. HIV/AIDS). This was highlighted during a recent review carried out by the local partner of the International AIDS Alliance.
		For R4 and R5 one national programme only accepted newcomers as SSRs. Effectively the National Programme became a mini-PR. This is seen by at least one NGO as the creation of one more bureaucratic layer.
		There is little or <b>no support to help weak ministries develop their proposals</b> .
		Public-private partnerships need to be developed and strengthened.
		Some <b>NGOs</b> felt that they were effectively <b>excluded by CCCSC priorities</b> .
		Only big organizations make it to SR level. This inequity is addressed to some extent by the creation of SSRs. However, small groups cannot simply apply to become SSRs. They first need to build relations with SRs and this takes time.
		<b>Not so many CBOs</b> are involved in GF activities. This could perhaps be better addressed by the application process.
		<b>The Ministry of Health appears to be unwilling to involve other Ministries in GF proposal development</b>
		The PR is not nominated until CCM votes before proposal submission, and can therefore be difficult to motivate during the proposal preparation period.
1.7 In-country screening	An <b>in-country</b> technical <b>review</b> panel screened the individual proposals. <b>Guidelines and screening criteria were developed and utilized</b> . It was felt that in recent rounds this process had been <b>fair</b> , and that the comments were generally helpful in improving the proposals and in "giving the big picture".	<b>Good ideas tend not to be supported if proposal writing skills are weak.</b>

	The situation regarding conflict of interest (COI) has been improved through a reviewer mapping (which identified 20+ reviewers) and careful selection to avoid COI.	The <b>in-country reviewers</b> are <b>largely technical</b> people; there are <b>few</b> if any <b>cross-cutters</b> .
		In-country screening drew on the small pool of local experts (good local expertise is rare), they were all volunteers and they were sometimes difficult to motivate.
		Conflict of interest was an issue in early rounds with country screeners who were involved in or associated with proposal development.
<b>2. Technical Assistance</b>		
2.1 Areas for TA		If external consultants involved in proposal preparation do not fully understand local constraints this can result in weak implementation.
		At least one <b>TA felt pushed into making policy decisions</b> that should be the responsibility of government.
2.2 TA Qualifications and skills	The PR is involved in redeveloping and fine-tuning plans after approval and prior to signing. These plans are then often used as a template for subsequent plans. The PR thus influences applications indirectly.	
	Quality of TA has improved steadily over successive rounds as consultants have become more familiar with application processes.	
2.3 Access to TA		
2.4 Donor role and responsibilities on TA		
2.5 Time in process development for TA inputs	TA costs appear more reasonable compared to size of R5 grant currently under negotiation, and in comparison to proposal development costs of other similar projects (e.g. HSSP)	<b>High transaction costs of proposal development.</b> Estimates indicate that <b>at least 285 person-days of TA were devoted to the R5 submission</b> . This does not include TA provided by advisors attached to national programmes, WHO oversight to the process, TA for the TB component or TA involved in the in-country screening.
2.6 Usefulness or justification for TA	<b>Independent consultants</b> can compile applications from a range of stakeholders with a relatively <b>high degree of impartiality</b> .	Grants have to be focussed and cohesive. There has been a succession of TA from different agencies over recent rounds. This lack of continuity adversely affects focus and cohesion.
	A TA's knowledge of country is useful for facilitation but it is important to have a mix of internal and external as <b>external TA can challenge country norms</b> .	

2.7 Conflict of interest in TA provision		WHO's involvement in preparation, screening and global level review presents <b>potential for conflict of interest</b> as the organization has its own agenda and is in an influential position. <b>WHO is biased towards governmental strengthening.</b>
2.8 Sustainability and capacity building		
<b>3. Proposal Forms and Guidelines</b>	Only GF forces assimilation of data to produce a detailed country profile. Cambodia's <b>GF country profile</b> has proved <b>useful to a range of donors.</b>	
3.1 Access		Most interviewees who expressed an opinion felt that the <b>forms could be simpler</b> , especially for SSRs
3.2 Proposal Format	The application forms are good and detailed and can be adapted to suit other donors if unsuccessful.	The <b>electronic application form</b> was <b>impossible</b> .
	The introduction of service delivery areas (SDAs) was a step forward.	<b>Forms</b> have improved steadily over rounds; however they <b>still ask applicants to summarize the impossible</b> (esp. in multi-sectoral and multi-disciplinary proposals like HIV/AIDS).
		<b>The forms for the HSS component were not well developed or formatted. Inappropriate questions</b> were asked such as "what will be the impact of HSS on HIV incidence?".
		GF application forms require <b>too much useless number crunching</b> . Providing SDA by % is OK for individual SRs but <b>aggregating this across SRs is useless and time consuming</b> .
		<b>Completing the budget section was a major effort</b> , even for a PHD economist.
3.3 Suitability of Guidelines	Interviewees who expressed an opinion regarding <b>GF guidelines</b> felt they were <b>satisfactory</b> .	None of the interviewees questioned had any knowledge of the Aidsplan guides.
<b>4. Social and gender Inequalities</b>	GF is very supportive in this field and is filling a major gap in rural areas.	It is easy to provide a standard response to the questions relating to social and gender inequities in the GF application forms.
		It is costly to reach remote areas and so drastic <b>budget cuts late on</b> during the application development process are likely to <b>have a disproportionately detrimental impact on</b> minority and other <b>marginalized groups</b> .
		Some <b>concerns about the health bias in HIV/AIDS proposals</b> , and the largely <b>unaddressed multi-sectoral and gender aspects</b> of the disease.

<b>5. Donor Landscape/Harmonisation</b>		
5.1 Identifying the Donor Landscape	A <b>situation analysis</b> was conducted. This <b>is now a reference document for programmes and other donors</b> .	
5.2 Overlap and Duplication of Initiatives	While there are some residual concerns, it is generally felt that <b>overlap and duplication between GF and other donor activities</b> has been <b>minimized</b> .	<b>As the HIV/AIDS national strategic plan was under development, it would have been better if the R5 submission could have taken place after this was finalised.</b>
5.3 Donor Alignment	<b>There is a high level of harmonisation between GF-supported activities and those supported by other donors</b> . This is largely because national programmes take the lead in co-ordination.	The <b>GF is not promoting integration of programmes or services</b> . Because of accountability, and the need to avoid duplication and overlap, there is a need to report separately on GF supported activities hence the need to establish a large PMU.
		<b>The imbalance between salary support provided by GF and other donors is jeopardising donor alignment</b>
		<b>GF needs undermining the three ones principle</b> . The CCM was created only for the GF.
5.4 Issue of "Rounds"	The round system is good in that it allows unsuccessful applicants to "have another go, soon".	The <b>Rounds system is a major source of disharmony within planning, implementation, monitoring and reporting</b> .
		There is a <b>fear that GF funds will run out</b> , This drives the funding frenzy ('get it while you can' mentality) and results in concerns that the initiatives that are started with GF support may not be sustainable.
		<b>Countries that are more 'mature', with national strategic plans could submit proposals when they are ready</b> . The less mature countries may need rounds to get them started.
<b>6. Previous grants and multiple applications</b>		<b>Difficulties associated with the management of overlapping rounds</b> contributed to one NGO's decision to withdraw from the R5 application process.
<b>7. Additionality</b>		
		Concerns that GF support to the three specific diseases was causing <b>human resources from other programmes (e.g. MCH) to be reallocated to "follow the money of GF"</b> .
		Some concerns that the GF insistence on <b>additionality is compromising the integration of initiatives</b> . For example – "MCH is a broad area, but GF forces a focus on PMTCT".

		Whereas a national strategy should be devised, gaps identified, and Global Fund funding used to fill these gaps, <b>GF funds</b> today were seen to be used for <b>discrete projects with no obvious overarching strategy</b>
<b>8. M&amp;E</b>		
8.1 Alignment with existing systems		The national programme reports by ART delivery sites and/or government administrative units. However, GF reporting is based on a combination of sub-recipients and rounds. In any report a sub-recipient is to report only on patients receiving ARVs for that round of funding. <b>GF approach thus undermines the national programme's role as leader in M&amp;E and undermine the principle of "the 3 ones"</b>
8.2 Improving M&E		More guidance on M&E from GF would be useful.
		The HIV/AIDS <b>M&amp;E system is weak and would not cope with a multi-sectoral approach</b> (there would be more than 100 players).
<b>9. Health Sector Strengthening</b>	<b>Direct GF support for HSS is an important innovation.</b> Background support for HSS from other donors is important but in order to protect its investment in HIV/AIDS, TB and malaria GF needs to provide additional disease-specific HSS.	Some concerns that HSS is an area best left to other, more experienced donors.
	GF strengthens the response to the 3 diseases at the expense of other parts of the health system. <b>HSS</b> allows strengthening of the overall health sector and thus <b>helps to redress this imbalance caused by disease specific funding.</b>	
<b>B. Communication and Feedback</b>		
<b>1. Between GF Secretariat and Country/CCM</b>		
1.1 Responsiveness of Secretariat	<b>Secretariat generally perceived as responsive</b> during the screening process	Stakeholders, including some CCM members, were generally unaware of the screening process or how the CCM deals with it.
1.2 Appropriateness of Screening Questions	<b>Screening questions perceived as appropriate and addressable.</b>	
<b>2. Comments on proposals from TRP to country/CCM</b>		
2.1 Access to TRP comments	<b>TRP comments on all previous rounds filed and apparently openly available</b> in PR office.	A number of stakeholders hadn't seen TRP comments on previous rounds.

2.2 Appropriateness of TRP comments	Most stakeholders, including external TA, viewed <b>TRP comments as generally fair and relevant, and as having improved over successive rounds.</b>	Some stakeholders perceived TRP comments as obscure, largely academic, demonstrating poor knowledge of Cambodia,
2.3 Effectiveness of TRP comments in improving subsequent proposals	<b>TRP comments generally perceived as constructive in improving proposals.</b>	Some stakeholders felt that TRP comments were not helpful in improving either the quality of proposals or in-country capacity to develop proposals.
<b>3. In-country communication</b>		
3.1 Within the CCM		No representation of Dept of Planning in CCM
3.2 Between CCM and other stakeholders	<b>Communications have improved over time, largely because of establishment of CCM Secretariat.</b> General perception that GF has helped foster closer relations between gov and NGOs. Need to formalise the process employed by the Co-Chair of CCM Sub-Committee in bridging gap between GF, CCM and TRP. PR establishing website to improve communications.	CCM meetings still perceived as a 'closed shop' by many stakeholders. <b>Requests by NGOs for minutes of CCM meetings to be distributed in the public domain.</b>



## Summary of major findings

The overall management and coordination of the application process has been strengthened and streamlined over successive rounds. Recent budget support from GF for the CCM and its Secretariat has helped greatly in this regard. The CCM now issues clear priorities, timelines and milestones with each call for applications.

However, some stakeholders involved in the application preparation process were under the impression that the priorities identified by the CCM were issued by the GF secretariat. This may indicate a lack of transparency on the part of the CCM.

More clarity is needed from the CCM regarding budget ceilings. Dramatic last minute budget cuts resulted in unsatisfactory revisions to proposals.

In recent rounds the CCM has become more risk-averse – screening out risky/innovative sub-proposals for fear of jeopardizing the overall application. There are concerns that this appears to be stifling innovation.

Civil society participation on the CCM remains generally weak. This is attributed partly to the limited number of seats allocated to NGOs and partly to the fact that some NGO representatives are not sufficiently active or knowledgeable across the three disease areas.

There are some concerns about the health bias in HIV/AIDS proposals, with what many consider to be over-emphasis on ARVs. Stakeholders have experienced difficulties in getting multi-sectoral and gender aspects of the disease accepted in proposals.

There has been a steady decline in the proportion of the budget allocated to NGOs in recent applications, although some of this may be accounted for by the increase in core government funds for commodities.

The in-country application process appears on the surface to be very transparent, but some stakeholders who feel that they have been unfairly excluded claim that the process is now becoming largely government-run with little real transparency.

Some NGOs were effectively excluded by the priorities identified by the CCM. This corroborates the view of some that NGOs are being sidelined. However, the ratio of NGO to government sub-recipients has remained steady (at approximately 3 to 1) over successive rounds.

Some smaller NGOs have been incorporated into GF supported programmes as sub-sub-recipients (SSRs). This is an effective mechanism for broadening stakeholder involvement, but it has not been centrally coordinated and as a result has been rather *ad hoc*. Some groups feel excluded as a result.

Government ministries outside the health sector claim that they have received little or no help in becoming involved in the GF application process. Non-health ministries are under-represented as sub-recipients (2 in R1, and none since).

The in-country screening process has improved significantly over successive rounds, with criteria and guidelines being developed, and is now generally perceived as fair and thorough. However, some interviewees felt that there were not enough cross-cutters involved in the in-country review process.

Some interviewees expressed mild concerns regarding WHO's involvement in both screening at global level and in-country proposal preparation. It was felt that there was some potential for conflict of interest because of WHO's influence and commitment to government strengthening.

Independent TA provided in R5 was valued for its high degree of impartiality and for the fact that it could challenge country norms. One technical adviser however, felt pushed into making policy decisions that should have been the responsibility of government.

Short-term TA in earlier rounds had been effective in developing successful proposals, but sometimes underestimated capacity for implementation. This highlights the importance of utilizing longer-term TA with awareness of absorptive and implementation capacities.

A number of stakeholders noted the high transaction costs associated with proposal development. Estimates indicate that at least 285 person-days of TA were devoted to the R5 submission. This does not include TA provided by advisors attached to national programmes, TA provided to the TB programme, TA involved in the in-country screening, or WHO oversight to the process. However, it was noted that these costs could be considered reasonable, when compared with the value of the R5 grant currently under negotiation or proposal development costs of other similar projects.

Interviewees felt that application forms could be revised to make them more practical and appropriate and that a simplified version could be developed for use by potential SRs and SSRs. The electronic form was found to be unworkable.

Overlap between GF and other donor initiatives has been effectively minimized through the coordination efforts of the national programmes.

There were concerns that the GF insistence on proposals demonstrating additionality is compromising the integration of initiatives, and that the focus on the three specific diseases is causing human resources from other programmes (e.g. MCH) to be reallocated "to follow the money of GF".

The GF's addition of an HSS component is generally appreciated, and it is anticipated that this will help to redress the imbalance created through disease-specific funding and help foster the harmonization of vertical programmes. However, there are some concerns that GF is not best placed among the donor community to support separate HSS initiatives.

The GF approach to M&E poses a significant reporting burden, undermines the role of the national programmes as leaders in M&E, and effectively undermines the principle of "the 3 ones".

There are strong indications that the GF approach to funding is geared to supporting discrete projects rather than strategic programmes. Furthermore, through its requirement for separate reporting, the GF is preventing integration of the activities it supports.

The GF "rounds" system is widely perceived as a major source of disharmony within planning, implementation monitoring and reporting in Cambodia. It was strongly felt by a number of stakeholders that, since Cambodia has well-developed national strategic plans, it should be allowed to submit programme proposals when they are ready, rather than applying for "discrete projects" through "rounds".

However, despite the concerns outlined above, there is a widely held perception that the GF is a positive influence in Cambodia and has the potential to make a major impact on the country's disease burden.

## Recommendations for CCMs

### Proposal Development

- Establish a dedicated and resourced sub-unit of the CCM to facilitate the proposal development process
- Ensure that CCM has written TORs and effective participation of civil society representatives
- Begin preparations for proposal development at least 3 months before the anticipated call for proposals
- Provide clear guidelines and transparent criteria for selection of stakeholders to be included in proposals
- Provide in-country screening through technical review panels with documented processes and screening criteria
- Ensure that all stakeholders, and especially those without representation on the CCM, are promptly informed of decisions regarding their proposal submissions, together with anticipated next steps
- List all proposals received and make that information publicly available in-country
- Refer potential applicants to *The Aidspan Guide to Applications to the Global Fund* and make copies available for stakeholders
- Ensure that all Technical Review Panel (TRP) comments on proposals are filed, openly available for access, and circulated to stakeholders prior to developing proposals

### Technical Assistance (TA)

- Investing in TA is critical in the proposal development process
- Independent TA can play a major role in facilitating MoH/NGO collaboration and cross-learning in the proposal development process
- Engage TA with appropriate expertise to help develop proposals in Global Fund format and meet Global Fund requirements
- Engage longer-term TA with awareness of country absorptive and implementation capacities
- A mixture of long-term locally recruited and short-term externally recruited TA is probably optimal
- Just prior to submission, TA should facilitate a quality assurance review of the proposal
- Facilitate and document in-country transfer of learning in proposal development between rounds and across disease components
- Obtain copies of *The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance*, and make these available to interested stakeholders

## Annex 1. Interviewees classified by affiliations and roles.

CAMBODIA	Interviewee	Organization	Position																
				CCM member	Principal recipient	Ministry Official	National Prog. Officer	Technical advisor	Multilateral donor	Bilateral donor	NGO/CBO	Private sector	Academic institution	Directly involved	Not involved but should have been				
Anonymity requested	-	-	-	X		X													
Anonymity requested	-	-	-	X					X										
Bradford, Holly	Korsang	Social worker									X								X
Buhler, Markus	Freelance consultant	Consultant						X						X					
Bunna, Sok	USAID	HIV Specialist								X				X					
Centivany, Aimee	RHAC	RH TA						X			X			X					
Chun, Mr Bora	ILO, HIV/AIDS Workplace Education Programme	National Project Coordinator							X										
Eng, Dr Mao Ten	MoH National Centre for TB and Leprosy Control	Director					X							X					
Eng, Her Excellency Chou Bun	Ministry of Women's Affairs, Social Development	Director General																	X
Guyant, Philippe	Partners for Development	Malaria Program Manager									X			X					
Jacques, Gary	Hope Worldwide	Executive Director		X							X			X					
Kiri, Dr	MoH, Department of Planning	Director				X								X					
Lane, Ben	WHO	Health Planning Adviser						X	X					X					
Lefait, Regine	French Cooperation	Deputy Representative		X						X				X					
O'Connell, Kate	Freelance consultant	Consultant.						X											X
Oelrichs, Robert	Burnet Institute,	Country Representative,											X						X
Oleksy, Inga	Principal Recipient	M&E International Consultant			X														
Phalla , Tia	National Aids Authority	Secretary General				X								X					
Pok, Panhavichetr	Formerly KHANA	Former Executive Director of KHANA									X			X					

CAMBODIA Interviewee Organization		Position	CCM member	Principal recipient	Ministry Official	National Prog. Officer	Technical advisor	Multilateral donor	Bilateral donor	NGO/CBO	Private sector	Academic institution	Directly involved	Not involved but should have been
Pun, Dr Sok	CARE Cambodia	HIV/AIDS Coordinator								X			X	
Roberts, Jenne	Freelance consultant	HIV/AIDS and sex. health consultant					X						X	X
Robinson, Sheila	National Aids Authority	Technical Advisor					X						X	
Smith, Chris	Partners for Development	Country Program Director								X			X	
Smith, Elisabeth	DFID	Head of Office and H&P Adviser	X						X					
Socheat, Dr Doung	National Malaria Centre	Director				X							X	
Sopha, Wicket	Korsang	Coordinator								X				X
Touch, Sok	Principal Recipient	Director of CDC	X	X										
White, Mark	USAID	Director of Office of Public Health	X						X				X	
<b>Category Totals</b>			<b>7</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>0</b>	<b>1</b>	<b>17</b>	<b>6</b>



***Global Fund No.: HQ-GVA-05-010***

**Assessment of the Proposal Development and  
Review Process of the Global Fund to Fight AIDS,  
Tuberculosis and Malaria:**

**Country Summary Report**

**CAMEROON**

**December 2005**

**Submitted to:  
Global Fund to Fight AIDS, Tuberculosis  
and Malaria**

**Submitted by:  
Euro Health Group, Denmark**



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## Background

The purpose of the Global Fund is to attract, manage and disburse resources through a new public-private foundation that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals established by the United Nations.

Since early 2002, the Global Fund has engaged in an unprecedented grant proposal process in which over 800 grant applications have been submitted, screened and carefully examined by an independent Technical Review Panel. By 15<sup>th</sup> May 2005, The Global Fund had signed grant agreements worth US \$ 2.4 billion with 278 grants in 128 countries. The average age of grants is currently 14 months.

The Global Fund now has experience of five rounds of proposal submission and technical review. Certain aspects of the grant proposal cycle, notably the work of the Technical Review Panel, have been carefully documented. However, the proposal development process at country-level is less well understood.

The Global Fund has therefore commissioned an independent assessment of the proposal development and review process. The assessment will be used by The Global Fund to strengthen and refine the proposal and review process.

## Aims and Objectives of the Assessment

The aim of the assessment is to conduct a structured, detailed review of the process through which grant proposals are developed, submitted, subjected to a technical review and then sent to the Global Fund Board. The specific objectives are to:

- a. assess the processes, roles and functions related to the Global Fund proposal process with particular attention to:
  - i) strengths and weaknesses of all stages of the proposal process;
  - ii) the extent to which the proposal process operates according to the guiding principles of the Global Fund;
- b. identify needs for modification in current practices, suggest improvements and discuss possible alternatives

The key questions underpinning all aspects of the assessment are:

- What are the problems?
- What progress has there been over successive rounds?
- What further improvements are needed?

The assessment is being conducted:

- 1) **at global level**, through in-depth face-to-face and telephone interviews with key informants
- 2) **at country level**, through visits by the Assessment Team to five selected countries in Africa and Asia, together with telephone interviews with key informants in two Latin American countries

By examining the grant proposal process in a sequential fashion, this assessment aims to provide an independent and constructive review, informed by a variety of partners and stakeholders, of the procedures in use, their strengths and weaknesses.



This report provides an outline of the process and a summary of the major findings of the assessment undertaken in Namibia.

## Method

In Cameroon, two independent senior Reviewers appointed by Euro Health Group undertook the assessment. The Reviewers were assisted by an In-country Facilitator, identified by Euro Health Group. In Cameroon, 15 in-depth interviews were conducted with a total of 20 key stakeholders during the course of the visit, which took place between 12 - 19 November 2005.

In-depth interviews were conducted with key stakeholders drawn from 4 groups:

- a) CCM members not directly involved in the preparation of applications
- b) Technical advisers to the application process
- c) Other people (including actual and potential principle recipients and sub-recipients) directly involved in the preparation of applications
- d) Other relevant stakeholders not involved in the application process, including those who perhaps should have been involved.

The interviewees were identified by the Reviewers, in collaboration with the In-country Facilitator and the key stakeholders, to provide a variety of interviewees spread across the 4 groups.

The interviews followed guidelines developed by the Euro Health Group Evaluation Team, in consultation with the Global Fund Secretariat in Geneva.

The major issues reviewed were:-

### Proposal Development:

- Proposal preparation management
- Stakeholder participation
- Technical assistance
- Proposal forms and guidelines
- Social and gender inequalities
- Donor/Partner harmonization
- Previous grants and multiple applications
- Additionality
- Monitoring & evaluation
- Health sector strengthening component

### Communication and Feedback:

- Between secretariat and country/CCM
- TRP to country/CCM on proposals
- In-country communication

## SUMMARY OF STAKEHOLDERS INTERVIEWED

Interviews	National programme officers	Technical advisors	CCM members submitting proposals	CCM members not submitting proposals	PRs	Multilateral donors	Bilateral Donors	NGO/CSO members of CCM	NGO/CSO not members of CCM	Private sector/ associations	LFA	Total number of interviews	Total number of people interviewed
Cameroon	√	√	√	√	√	√	√	√	√	√		15	20

The full list of stakeholders interviewed in Namibia, together with their affiliations, is provided in Annex 1

**Country-level Issues Dashboard:**

Cameroon	Successes	Problems Identified
<b>A. Proposal Development</b>		
<b>1. Proposal Preparation</b>		<p>Process largely <b>government driven</b>. Call for proposal only announced in one newspaper. No information meetings.</p> <p><b>No specific directions given</b>, applicants had to write 'in the dark'.</p> <p><b>Decentralized government entities</b> (provinces) <b>not</b> always adequately <b>involved</b> in proposal preparation</p>
1.1 Organisational structures	<b>Technical secretariat of the CCM the key body</b>	CCM government biased
1.2 Proposal preparation procedures		Huge gap in technical capacity for proposal development between government agencies and NGOs; NGO proposals technically poor
1.3 CCM capacity and QA	<p>CCM unites bilateral and multilateral donors, NGOs and government agencies, including the armed forces.</p> <p>CCM leverages high level political support.</p> <p><b>CCM follows schedule and proposal development progress closely</b>; monitors deadlines, checks intermediate results (drafts), encourages and motivates.</p> <p>Government members in CCM have better capacity to develop complex proposals than NGOs</p> <p>Rotation of CCM members allows broader participation.</p> <p>If appointed PR then no longer represented in CCM.</p>	<p>NGO representation in CMM not always sufficient.</p> <p><b>Voice of civil society in CCM sometimes weak.</b></p> <p>Government position in CCM often too strong.</p>

	<p>CCM members do not participate in review of their own proposals so conflict of interest avoided</p> <p>Conflict of interest situations, when recognized, are usually corrected.</p>	
1.4 Planning and timing	<p>Proposal development seen as a good process with a good product.</p> <p>It would be better if countries were notified early of forthcoming Calls for Proposals.</p>	<p><b>Most stakeholders complained about time constraints.</b></p> <p>Terms of reference become available only very late.</p> <p>No forecast with detailed description of upcoming calls.</p> <p>Deadlines often only met with difficulty.</p> <p>Long delay between call for proposal and signing of contract.</p>
1.5 Finance and costs	.	<p>Lack of sufficient funding for CCM Technical Secretariat.</p> <p>Process related costs to be born by MoH, making impartiality difficult</p>
1.6 Stakeholder involvement	<p><b>Application process mobilises stakeholder participation.</b></p> <p>CCM has the potential to ensure broad participation of stakeholders.</p> <p>Network building for NGOs is encouraged which offers the potential for NGO capacity building and improved communication and mobilisation within that network</p> <p>Private for profit institutions are interested but often don't have the expertise to participate.</p>	<p>Networked NGOs find it difficult to develop a coherent approach.</p> <p>Some NGOs have fully developed proposals but don't know how to get them funded.</p>

1.7 In-country screening	<p>Achieving power balance (how much influence to give to NGOs) plays a role in proposal selection.</p> <p>For the selection of 5<sup>th</sup> round proposals an important criterion was that they complement ongoing interventions from 3<sup>rd</sup> and 4<sup>th</sup> rounds.</p>	<p>Selection procedures not always transparent within CCM.</p> <p><b>For organizations outside of CCM complete lack of transparency.</b></p> <p>Government agencies tend to prioritise their own proposal, making a fair or independent selection process difficult.</p> <p>Only a small percentage of proposals make it through the first screening round.</p> <p>Problematic: all proposals become property of Government; may turn away some applicants.</p> <p>Only government has expertise in the three diseases and sits in the sub-committees screening the proposals.</p>
2. Technical Assistance		
2.1 Areas for TA	<p>Disease specific, strategy, concepts and budgeting.</p> <p>International NGOs instrumental in starting network of NGOs. Provide training in capacity building and proposal writing.</p> <p>Situational analysis often solid based on multiple sources and exchange with stakeholders.</p> <p>External TA very useful for financial part of proposal.</p> <p>Mobilisation of local expertise easy (workshops only need to pay per diems and accommodation).</p>	<p><b>Many applicants lack basic information and procedural knowledge on application mechanisms.</b></p> <p>Pronounced lack of knowledge on budgeting and financing.</p> <p><b>CCM lacks sustainable funding to support proposal development.</b></p>

2.2 TA Qualifications and skills		
2.3 Access to TA	<p>International NGOs provide TA from their HQs</p> <p>CCM recognizes that civil society institutions need more help with proposal development.</p> <p><b>CCM Technical Secretariat sees a need to set up own technical body to help with proposals.</b> In-country expertise would suffice.</p> <p>In some cases CCM invites stakeholders for round table talks early in proposal development.</p>	<p>NGOs have less technical support for proposal development than government agencies.</p> <p>Many NGOs don't know who to turn to for help in proposal development.</p> <p>Not enough use is made of national expertise from inside and outside of public administration.</p>
2.4 Donor role and responsibilities on TA	Technical assistance is readily available through WHO, UNDP, UNAIDS.	
2.5 Time in process development for TA inputs	Provision of TA became less needed in later rounds with less emphasis on technical issues and more on programmatic issues.	Dependent on the availability of funding/TA from core donors e.g. WHO.
2.6 Usefulness or justification for TA	Without consultants the proposal would never have been in a form to be submitted.	
2.7 Conflict of interest in TA provision		
2.8 Sustainability and capacity building	Some capacity building required for the 'running' of CCM; enhancement of Technical Secretariat capacity.	Big <b>need for capacity building with NGOs</b> both in terms of project preparation, project writing and implementing capacity.
3. Proposal Forms and Guidelines		
3.1 Access		Round 5 electronic version impossible to work with.

3.2 Proposal Format	<p>GF proposal format seen by many as straightforward and simple.</p> <p>Round 5 common indicators very useful.</p>	<p>Proposal language English not appropriate for Cameroon.</p> <p>Proposal format seen by some as "extremely difficult".</p> <p>List of indicators for some difficult to work with.</p> <p>Presentation of relationship of activities to objectives not explained clearly enough.</p> <p>Budget format complicated.</p>
3.3 Suitability of Guidelines	<p>Guidelines have improved over successive rounds.</p> <p>Round 5 formats clear with good instructions.</p>	.
4. Social and gender Inequalities	<p>Proposals tend to address issues of marginalized groups.</p> <p>Gender issues addressed in stakeholder country programs.</p> <p>Gender issues sometimes discussed in CCM where certain groups (PLWA) are also represented.</p>	Gender as a subject usually not explicitly addressed during proposal development.
5. Donor Landscape/Harmonisation		<p>Donor harmonization weak at country level.</p> <p>Health Sector Strategic Plan not operationalized.</p>
5.1 Identifying the Donor Landscape		
5.2 Overlap and Duplication of Initiatives	<p>Recognition of duplication and overlap a key concern of CCM.</p> <p>Detailed verification takes place.</p>	Donor country operations not aware of harmonization instruments developed and available at global / central level.
5.3 Donor Alignment	CCM seen as ideal place to ensure harmonization	GF interventions not well integrated with activities of major donors.
5.4 Issue of "Rounds"		

6. Previous grants and multiple applications		Time lapse between application approval and disbursement too long and impacts negatively on motivation for applying.
7. Additionality	Donors withdrawal under GF funding not significant.	<b>GF financing is seen as contributing to decrease of government funding.</b>  No mechanisms in place to monitor budgets level and donor funds flow / impact of external funding.
8. M&E	<p>Quarterly reporting is not a problem. Monitoring based on common agreement that is accepted by all.</p> <p>Integration with standard M&amp;E is not a problem.</p> <p>Quantity of indicators not a problem. Indicators have been agreed in thorough discussions.</p> <p>M&amp;E guidelines very useful with description of model indicators.</p> <p>Main contact with Geneva is through LFA / quarterly audits.</p> <p>Reporting and auditing are defined as contractual obligations, there are no problems.</p>	<p>GF project success still mainly measured in terms of funds disbursed.</p> <p>Lack of common monitoring tools (for all health programs) at country and global level.</p> <p>Indicators oriented towards measuring process, not enough to measure impact.</p> <p>Baseline information on activities and outputs from routine reporting highly unreliable.</p> <p>CCM often not competent in M&amp;E.</p>
8.1 Alignment with existing systems	Internal reporting (Care) is done in different ways, and is not as detailed as GF reporting.	GF projects are not co-funded: they are implemented as complete packages, with a single source of funding, their own reporting and management.
8.2 Improving M&E		



9. Health Sector Strengthening		Introduction of that component has led to a lot of confusion.  The terms are too open, not clearly defined. It is difficult to define the need for health systems strengthening in relation to specific diseases.
B. Communication and Feedback		
1. Between GF Secretariat and Country/CCM	Dialogue has improved substantially over time.	
1.1 Responsiveness of Secretariat		
1.2 Appropriateness of Screening Questions		<b>Impression that sometimes proposals are not read carefully.</b>
2. Comments on proposals from TRP to country/CCM		
2.1 Access to TRP comments	Minister facilitates communication.	Information from secretariat to country only channelled through Minister.
2.2 Appropriateness of TRP comments	Comments are very useful helpful in improving the writing of the proposal.	
2.3 Effectiveness of TRP comments in improving subsequent proposals	Feedback during evaluating process regular and timely.	
3. In-country communication		
3.1 Within the CCM		Works well but government biased.
3.2 Between CCM and other stakeholders		<b>No feed back on applications.</b>

## Summary of major findings

The technical secretariat of the CCM played a key role in facilitating the application process. The call for proposals was announced only in one national newspaper without specific focus on decentralized levels. A number of public sector applicants seemed to be well and timely informed of up coming calls for proposals. In some instances 'round tables' had been organized prior to the issuing of the call for proposal to prepare the ground for the application process. No other meetings on guidelines and government priorities were organized, leading to a widespread sentiment among a number of NGOs that they were 'acting in the dark'. Larger civil society actors, however, did not find it difficult to engage in the application process without further guidance although it would have been preferred.

The CCM and Cameroon itself has benefited from strong commitment to the GF processes from the highest political level. It has also been privileged in terms of early access to information including application requirements due to Cameroonian nationals being members of GFTAM bodies at the global level. The obvious conflict of interest related to the Health Secretary's double role as PR and Chair of the CCM was solved when the Health Secretary left the CCM chair to a representative of the Presidency. If NGOs were appointed PRs they could no longer be represented on the CCM. CCM membership was generally limited to two years which would allow for broad representation. Out of 45 CCM members only 3 were NGO representatives over 50% were government representatives and there was a widespread sentiment that the CCM tended to be government biased.

The CCM was generally seen as a platform for uniting bilateral and multilateral donors, NGOs and government agencies, including the armed forces. It was also perceived as a body that closely followed the schedule and development of the proposal process including monitoring of deadlines, checking of intermediate results (drafts) and encouraging and motivating applicants. The fact that the technical secretariat did not have access to sufficient funding to facilitate the application process (including procurement for logistical arrangements and technical assistance) was considered to be quite a pertinent problem.

Government bodies were represented on the CCM by highly qualified and experienced staff. In contrast, NGO representation was weak and this was attributed to the absence of specialists and trained professionals.

Some respondents felt that only Government entities had the capacity to develop complex proposals. Some interviewees were of the view that NGOs did not have either the organisational or the financial capacity to fully participate in application processes. Line ministries were represented in the CCM but had never submitted any proposals - they were partners in implementation. It was for some seen as a problem that all proposals became property of the government. It was felt that government could simply take and resubmit somebody else's work. Many proposals were eliminated very early in the process. Most applicants never received any information on outcomes at all which was felt to be highly unsatisfactory given the time and resources invested in proposal making.

The private for-profit sector was interested in developing proposals, but they did not have the expertise to do it.

Public sector representatives in general found the application process to be fair, open, well organized and timely, whereas CBOs would have preferred more transparency on priorities and in decision making procedures.

Essential guidance was provided by the Minister. Additional TA was provided in a limited way by WHO and UNAIDS. The process would have benefited from 'proposal development

coaching' by persons with country context and GF institutional knowledge. This would in particular have been useful for the first three rounds. Unsuccessful applications were seen as mainly due to lack of information on the applicants' side and gaps in procedural knowledge. Most applicants felt that TA was needed in budgeting and financing.

The CCM did not have the required capacity to identify and eliminate overlap, streamline arguments, check for coherence in approaches, make indicators and targets more realistic, restructure and verify budgets, and balance resource requirements (e.g. reduce the number of international TA requested). Gender or marginalized groups were seldom discussed as an issue *per se* of particular relevance.

It was recommended that GF funded in-country capacity building through country support teams; and proposal development coaching. Local experts who were not part of public sector administrations could be contracted. They should be employed based on expertise and not on position and administrative responsibility.

First round experience was "learning by doing". The process was very confusing and the GF constituency was not at that time well established. For the second and later rounds the framework was much clearer, procedures had been clarified and proposal development was far easier.

There were some indications that GF funds have led to substitution and a decrease in other funding areas, not so much because donors were withdrawing, but because government funding decreases. Evidence in this area was not very comprehensive and it was felt that there could be a need for setting up a monitoring mechanism that assesses the impact of external funding (GF and others) on government funding for key health programmes. An auditing and watchdog function, possibly an international auditing mechanism, could be designed as part of a future SWAP. The large number of different project related monitoring tools was seen as a problem as was the absence of a common monitoring tool at country level. The country by no means moving in this direction.

It was mentioned repeatedly that Cameroon lives in a setting of permanent conflict of interest due to governance issues. It was estimated that 90% of NGOs were run by former civil servants.

## Recommendations for CCMs

### Proposal Development

- Establish a dedicated and resourced sub-unit of the CCM to facilitate the proposal development process
- Ensure that CCM has written TORs and effective participation of civil society representatives
- Begin preparations for proposal development at least 3 months before the anticipated call for proposals
- Provide clear guidelines and transparent criteria for selection of stakeholders to be included in proposals
- Provide in-country screening through technical review panels with documented processes and screening criteria
- Ensure that all stakeholders, and especially those without representation on the CCM, are promptly informed of decisions regarding their proposal submissions, together with anticipated next steps
- List all proposals received and make that information publicly available in-country
- Refer potential applicants to *The Aidspan Guide to Applications to the Global Fund* and make copies available for stakeholders
- Ensure that all Technical Review Panel (TRP) comments on proposals are filed, openly available for access, and circulated to stakeholders prior to developing proposals

### Technical Assistance (TA)

- Investing in TA is critical in the proposal development process
- Independent TA can play a major role in facilitating MoH/NGO collaboration and cross-learning in the proposal development process
- Engage TA with appropriate expertise to help develop proposals in Global Fund format and meet Global Fund requirements
- Engage longer-term TA with awareness of country absorptive and implementation capacities
- A mixture of long-term locally recruited and short-term externally recruited TA is probably optimal
- Just prior to submission, TA should facilitate a quality assurance review of the proposal
- Facilitate and document in-country transfer of learning in proposal development between rounds and across disease components
- Obtain copies of *The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance*, and make these available to interested stakeholders

## Annex 1. Interviewees classified by affiliations and roles.

Cameroon Interviewee	Organization	Position	CCM member	Principal recipient	Ministry of Health Official	National Prog. Officer	Technical advisor	Multilateral donor	Bilateral donor	NGO/CBO	Private sector	Academic institution	Directly involved	Not involved but should have been
Abana Elongo, Armand	President of CCM,	Representant de la Presidence de la Republique	X										X	
Bam, Dr.	World Health Organization	Cameroon Country Office (Fight Against Diseases),	X				X						X	
Eono, Dr. Philippe	Coopération Française	Assistants Techniques au Ministre de la Santé		X			X		X				X	
Fezeu, Dr. Maurice	Ministère de la Santé Publique	Secrétaire Permanent, Comité National de lutte contre le Sida; Secrétaire Technique CCM	X										X	
Fondjo, Dr. Etienne	Ministère de la Santé Publique	Secrétaire Adjoint Permanent, Programme Nationale de Lutte contre le Paludisme		X		X	X						X	
Goyaux, Dr. Nathalie	Coopération Française	Assistants Techniques au Ministre de la Santé		X			X		X				X	
Gruber-Tapsoba, Theresa	Association Camerounaise pour le Marketing Social, ACMS	Secrétaire Permanent	X							X	X		X	
Kembu, Dr.	World Health Organization	Cameroon Country Office (AIDS)	X				X						X	
Kollo Basile, Dr. Kollo	Ministère de la Santé Publique	Chef de la Division de la Coopération		X	X								X	
Mbessi, Dr. Jean Robert	Conférence Episcopale Nationale du Cameroun / Organisation Catholique de la Santé au Cameroun (OCASC)	Coordinateur National								X				X
Ntangsi, Dr. Joseph	KfW Group	Représentant Local au Cameroon							X					
Ouelette, Christine	CARE Cameroun	Directrice Nationale		X						X	X		X	
Perot, Anne	CARE Cameroon	Gestionnaire de Projet "Mobilisation de la Société Civile pour la Lutte contre le VIH/SIDA au Cameroun		X						X	X		X	
Sinata, Prof. Koulla	Ministère de la Santé Publique	Conseiller Technique No. 1		X	X		X						X	

Cameroon Interviewee Organization		Position	CCM member	Principal recipient	Ministry of Health Official	National Prog. Officer	Technical advisor	Multilateral donor	Bilateral donor	NGO/CBO	Private sector	Academic institution	Directly involved	Not involved but should have been
Tallah, Esther	Plan Cameroon	Health Coordinator								X			X	
Togardi, Dr.	World Health Organization	Cameroon Country Office (Malaria)	X				X						X	
UNAIDS representative	UNAIDS, Cameroun	Country Coordinator	X				X	X						
Wang, Hubert	Comité National de Lutte contre la Tuberculose	Secrétaire Permanent du Comité	X	X	X	X	X						X	
<b>Total by category:</b>			<b>6</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>2</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>12</b>	<b>1</b>



***Global Fund No.: HQ-GVA-05-010***

**Assessment of the Proposal Development and  
Review Process of the Global Fund to Fight AIDS,  
Tuberculosis and Malaria:**

**Country Summary Report**

**NAMIBIA**

**December 2005**

**Submitted to:  
Global Fund to Fight AIDS, Tuberculosis  
and Malaria**

**Submitted by:  
Euro Health Group, Denmark**



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## Background

The purpose of the Global Fund is to attract, manage and disburse resources through a new public-private foundation that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals established by the United Nations.

Since early 2002, the Global Fund has engaged in an unprecedented grant proposal process in which over 800 grant applications have been submitted, screened and carefully examined by an independent Technical Review Panel. By 15<sup>th</sup> May 2005, The Global Fund had signed grant agreements worth US \$ 2.4 billion with 278 grants in 128 countries. The average age of grants is currently 14 months.

The Global Fund now has experience of five rounds of proposal submission and technical review. Certain aspects of the grant proposal cycle, notably the work of the Technical Review Panel, have been carefully documented. However, the proposal development process at country-level is less well understood.

The Global Fund has therefore commissioned an independent assessment of the proposal development and review process. The assessment will be used by The Global Fund to strengthen and refine the proposal and review process.

## Aims and Objectives of the Assessment

The aim of the assessment is to conduct a structured, detailed review of the process through which grant proposals are developed, submitted, subjected to a technical review and then sent to the Global Fund Board. The specific objectives are to:

- a. assess the processes, roles and functions related to the Global Fund proposal process with particular attention to:
  - i) strengths and weaknesses of all stages of the proposal process;
  - ii) the extent to which the proposal process operates according to the guiding principles of the Global Fund;
- b. identify needs for modification in current practices, suggest improvements and discuss possible alternatives

The key questions underpinning all aspects of the assessment are:

- What are the problems?
- What progress has there been over successive rounds?
- What further improvements are needed?

The assessment is being conducted:

- 1) **at global level**, through in-depth face-to-face and telephone interviews with key informants
- 2) **at country level**, through visits by the Assessment Team to five selected countries in Africa and Asia, together with telephone interviews with key informants in two Latin American countries

By examining the grant proposal process in a sequential fashion, this assessment aims to provide an independent and constructive review, informed by a variety of partners and stakeholders, of the procedures in use, their strengths and weaknesses.

This report provides an outline of the process and a summary of the major findings of the assessment undertaken in Namibia.

## Method

In Namibia, two independent senior Reviewers appointed by Euro Health Group undertook the assessment. The Reviewers were assisted by an In-country Facilitator, identified by Euro Health Group. In Namibia, 14 in-depth interviews were conducted with a total of 18 key stakeholders during the course of the visit, which took place between 27 November - 3 December 2005.

In-depth interviews were conducted with key stakeholders drawn from 4 groups:

- a) CCM members not directly involved in the preparation of applications
- b) Technical advisers to the application process
- c) Other people (including actual and potential principle recipients and sub-recipients) directly involved in the preparation of applications
- d) Other relevant stakeholders not involved in the application process, including those who perhaps should have been involved.

The interviewees were identified by the Reviewers, in collaboration with the In-country Facilitator and the key stakeholders, to provide a variety of interviewees spread across the 4 groups.

The interviews followed guidelines developed by the Euro Health Group Evaluation Team, in consultation with the Global Fund Secretariat in Geneva.

The major issues reviewed were:-

### Proposal Development:

- Proposal preparation management
- Stakeholder participation
- Technical assistance
- Proposal forms and guidelines
- Social and gender inequalities
- Donor/Partner harmonization
- Previous grants and multiple applications
- Additionality
- Monitoring & evaluation
- Health sector strengthening component

### Communication and Feedback:

- Between secretariat and country/CCM
- TRP to country/CCM on proposals
- In-country communication

## SUMMARY OF STAKEHOLDERS INTERVIEWED

	National programme officers	Technical advisors	CCM members submitting proposals	CCM members not submitting proposals	PRs	Multilateral donors	Bilateral Donors	NGO/CSO members of CCM	NGO/CSO not members of CCM	Private sector/ associations	LFA	Total number of interviews	Total number of people interviewed
Namibia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		14	18

The full list of stakeholders interviewed in Namibia, together with their affiliations, is provided in Annex 1

## Country-level Issues Dashboard:

Namibia	Successes	Problems Identified
A. Proposal Development		
1. Proposal Preparation	CCM put considerable <b>effort into securing broad outreach.</b> Call for proposals issued through national media and individual letters of invitation to selected organisations.	<b>No guidance provided by CCM on priorities, budget frames or criteria for good proposals.</b>
1.1 Organisational structures	MOH is PR for R2 and R5. PMU acted as focal point/key player in the R5 application process, providing a <b>secretariat function for CCM and TA for ministries</b> and served as a <b>call centre facility for guidance</b> on proposal development.	
1.2 Proposal preparation procedures	PMU/MOH designed <b>road map for proposal development.</b> Special formats for submission of in-country proposals were developed (modified GF format). Informative <b>workshop on gap analysis</b> at the initial stage of proposal development. The process itself created a <b>new élan on HIV/AIDS</b> and contributed to broad social mobilisation.	Formats issued late -only 11 days to comply with format requirements. Mainly larger and resourceful organisations able to respond within the given time frame. Broader participatory consultations not possible (e.g. to regional level). All stakeholders found the <b>application process highly labour intensive.</b> <b>No feedback</b> to organizations submitting proposals.
1.3 CCM capacity and QA	<b>CCM useful in convening and mobilising stakeholders and as a forum for dissemination of information.</b>  <b>CCM endorsed review procedures (criteria for proposal review) and structures (committees) for final proposals.</b>	<b>MOH is PR and is chairing CCM.</b>  <b>Bilaterals not directly represented in CCM</b> , but only indirectly via broader forum representative.  Final draft proposals endorsed without time for CCM members to review proposal.
1.4 Planning and timing	R5 much better organized than R2.	All stakeholders complained about time constraints.  Time for participatory and consultative approaches too short.  For a period of time key players from all stakeholder groups <b>were forced to prioritise tasks related to proposal development.</b>

1.5 Finance and costs	<b>Considerable finance available for provision of TA by multi-laterals</b> (country budget and regional).	<b>High cost related to the GF R5 proposal development process</b> including cost of providing internal/external TA, payroll for in-house staff, unpaid over time work and voluntary work. In addition there were indirect costs related to activities and projects delayed or dropped as a result of prioritization of the application process.
1.6 Stakeholder involvement	<b>From the outset the GF application process has been open and transparent.</b>  High degree of stakeholder involvement led to high number of sub-proposal submissions (Aprox. 140).	<b>Only public sector agencies (MOH) have been selected as candidates to become PR.</b>  <b>Screening mechanisms collapsed.</b>  <b>No clear mechanism for implementation</b>
	Non-registered/audited civil society organisations were represented by umbrella organisations.	Only registered civil society organisations were invited to submit proposals.
	<b>Bilaterals supported central civil society organisations</b>	<b>NGOs with focus on sexual minority groups were not invited</b> to participate in proposal development.
1.7 In-country screening	<b>A comprehensive screening structure established: Review criteria and rating score system</b> developed.  Adequate TA was allocated for screening.  UN provided TA for in-country screening panels.	The screening process had to compromise/sacrifice important criteria such as inclusiveness and transparency in order to expedite process.  <b>No feed-back on outcome of screening</b> to any of the proposal makers.
2. Technical Assistance		
2.1 Areas for TA	<b>TA was utilized in a wide range of areas</b> including finance, disease specific programme and project design (all three diseases), coordination of the proposal development process and writing the draft proposal.	Some NGOs suggested that GF should arrange workshops/seminars/ <b>TA on best practices and exchange of information and experience from other countries.</b>
2.2 TA Qualifications and skills	Generally <b>TA perceived of high quality</b> , external as well in-country TA.	Some suggested that knowledge of country context is essential for TA.
2.3 Access to TA	Very good access for the public sector.	No TA provided to CBOs from public sources except call centre services. NGO had to fund raise for TA.
2.4 Donor role and responsibilities on TA	TA was provided mainly by bilateral donors, UN organisations and MOH (Directorate of Special Programs and PMU).	Some <b>NGOs</b> wanted to define and select TA on their own leading to <b>severe pressure for quick fund raising activities</b> mainly directed at potential bilateral sources.
2.5 Time in process development for TA inputs	TA became progressively more timely over successive rounds.	

2.6 Usefulness or justification for TA	Without consultants the proposal would never have been strong enough for submission.	Much of the proposal development process had a technical level requiring TA input. <b>Lack of access to TA effectively prevented</b> participation in the proposal development process.
2.7 Conflict of interest in TA provision	TA mainly on technical issues and less on overall programmatic issues. UN is generally seen as an appropriate and unbiased provider of TA.	Due to the relatively small size of the Namibian population often <b>difficult to avoid conflict of interest because of lack of qualified people</b> to join the work processes.
2.8 Sustainability and capacity building	<b>Civil society organisations prefer use of in-house TA as part of longer term HR capacity building efforts.</b>  Namibian salaries are relatively high for the region and thus attract health staff from nearby countries.	Civil society organization turned down for PR candidacy on grounds of insufficient capacity.  Efforts will be made to develop a fund-raising mechanism that targets in-country sources.
3. Proposal Forms and Guidelines		Some interviewees felt that <b>GF has not provided sufficient country-level guidance on budget ceilings</b> . If this were done for specific countries, they felt that the proposal development process would be more manageable.  Some interviewees felt that GF should provide a forum for <b>guidance for civil society organisations</b> wishing to participate in GF applications (best practise/experience review).
3.1 Access		Interviewees generally felt that <b>regularly announced proposal calls</b> would be preferable as the consultative in-country process requires more time for preparation if it is to fully meet the requirements on participation and transparency.
3.2 Proposal Format	Word GF template much better than pdf.	Some interviewees complained that application forms were very confusing.  Working with the pdf application form was very laborious.

3.3 Suitability of Guidelines	<p>Some respondents felt that <b>GF guidelines</b> were <b>good and instructive</b>.</p> <p>AIDSPAN guides were used by some to complement GF guidelines.</p>	<p>Some respondents felt that <b>GF guidelines</b> were <b>too broad and too vague</b>.</p> <p>Some interviewees expressed concerns that the GF application process does not adequately support <b>international initiatives</b> such the “3by 5” , “the 3 Ones” and PEPFAR.</p> <p>Some interviewees felt that the <b>WB country classification system</b> whereby Namibia is categorised as a lower middle income country is <b>highly questionable</b>:</p>
4. Social and gender Inequalities		
	<p><b>Political leadership is generally considered to be gender aware.</b></p> <p>Some interviewees felt that existing application formats already place adequate emphasis on issues relating to gender and social inequalities.</p>	<p>Some interviewees felt that <b>GF should encourage focus on gender and on minority groups</b> in a more explicit and structured way</p> <p>In Namibia gender is defined as the relationship between men and women - and that only. This <b>narrow gender definition excludes sexual minorities</b>.</p>
5. Donor Landscape/Harmonisation		
5.1 Identifying the Donor Landscape	MOH have a clear picture of the money in-flow in the country to the respective health activities.	<b>No dedicated bilateral presence in CCM</b> , only represented indirectly via partner forum covering business community, service organisations and bi- and multilateral agencies.
5.2 Overlap and Duplication of Initiatives	<p>Generally stakeholders claimed that <b>situation analysis</b> (national strategic plans) <b>and gap identification</b> was <b>thoroughly and adequately done</b>.</p> <p><b>Considerable efforts put into identifying complementary/additional activities</b> e.g. in ART, which was proposed to start when PEPFAR funds expired.</p>	<p>Less involvement from USAID in GF R5 process compared to GF R2.</p> <p>At the Global level there is <b>apparently some kind of competition between GF and PEPFAR</b>.</p> <p>African countries with PEPFAR funded programs applying for GF R5 (such as Namibia) were not successful.</p>
5.3 Donor Alignment	<b>A lot of effort has been put into alignment</b>	Some interviewees felt that a <b>health SWAP would be useful</b> in addressing the issues of additionality and donor coordination.
5.4 Issue of “Rounds”		

6. Previous grants and multiple applications	<p>Though R2 funding was delayed there were <b>positive spin offs related to the R2 application process</b>:</p> <ul style="list-style-type: none"> <li>• <b>R2 application process initiated many of the positive processes promoting HIV/AIDS planning in Namibia.</b></li> <li>• <b>The participatory approach to the identification of gaps in program development and strategy design</b> was a positive experience that <b>set new standards</b> for disease programming in the country</li> <li>• Despite the delay in grant disbursement many targets formulated in the R2 proposal process were achieved by use of alternative resources</li> </ul>	<p>Though R2 was successful (approved 31 January 2003) due to reasons on both GF and Govt./PMU side grant agreement was delayed (signed 23 November 2004 and first disbursement July 2005) causing significant disruption to implementation.</p> <p><b>Delay of R2 program was critical for GF R5 preparation:</b></p> <ul style="list-style-type: none"> <li>• Currency was significantly inflated/devalued when finally disbursed forcing modifications to original approaches.</li> <li>• GF R2 program had to be rewritten and new targets set</li> <li>• In the revised program civil society component was unbalanced - only large CBOs received money</li> </ul>
7. Additionality	<p><b>Absorption capacity is not a big problem for MoH due to competitive wage levels.</b> Namibia attracts health HR from nearly all neighbouring countries in the region.</p> <p>For governmental interventions the problem is scarcity of resources not absorption capacity.</p>	<p><b>Capacity constraints are a serious concern for civil society.</b> Many signs that capacity limit had been reached. Important to prioritise capacity building and skills development.</p> <p><b>Coordination of activities is required</b> especially in view of USAID/PEPFAR's large engagement.</p>
8. M&E		
8.1 Alignment with existing systems	PMU has been highly instrumental in preparing the system for GF required reporting.	<b>GF M&amp;E not well aligned with national systems,</b> especially on timing, thus creating unnecessary additional workload
8.2 Improving M&E	<b>The GF approach of performance based funding has had a positive impact on the existing reporting system.</b>	
9. Health Sector Strengthening	<p>Many interviewees <b>welcomed GF support for HSS.</b> Some felt that GF should expand further to provide assistance for broader development issues that are known to significantly promote public health.</p> <p>Some felt that GF, with its requirement for additionality, is well placed to support HSS.</p>	Some interviewees felt that there was a <b>lack of definition</b> and clarity on <b>the concept of HSS.</b>
B. Communication and Feedback		



1. Between GF Secretariat and Country/CCM		
1.1 Responsiveness of Secretariat	Communications between the secretariat and the PR have been widely disseminated among CCM members.	<p>The only communication with the secretariat regarding the application process has been in relation to problems associated with the pdf proposal format.</p> <p>Some respondents felt that GF should be more proactive to ensure that guidelines are followed by the CCM, e.g. on apparent conflict of interest issues.</p>
1.2 Appropriateness of Screening Questions		There were no questions from the secretariat on the HIV/AIDS proposal and only 2 minor clarifying questions on the Malaria proposal, although both of these proposals were subsequently rejected by the TRP.
2. Comments on proposals from TRP to country/CCM		
2.1 Access to TRP comments	TRP comments on GF R5 were widely disseminated among participants.	
2.2 Appropriateness of TRP comments		The <b>TRP comments</b> on strengths and weaknesses on rejected proposal seemed <b>inconsistent and contradictory</b> .
2.3 Effectiveness of TRP comments in improving subsequent proposals		<p><b>Resentment about the fairness of the GF R5 decisions are affecting motivation to even re-submit for R6</b></p> <p>Some interviewees felt that it would be helpful to have the <b>option for dialogue with Geneva on rejected proposals</b>. There seemed little awareness of the appeals process.</p>
3. In-country communication		
3.1 Within the CCM	<p>Communication between CCM meetings is via internet and is working well.</p> <p>GF has given some very strong guidelines on conflict of interest regarding chairing the CCM.</p>	<p>Many have raised the question of MOH being PR and chairing CCM but it has never been reflected in the CCM meeting minutes.</p> <p>There have been suggested for the chair of the CCM to be rotated, but this has not been initiated so far.</p>
3.2 Between CCM and other stakeholders		

## Summary of major findings

The application process for Round 5 has been largely government driven with Ministry of Health & Social Services (MoHSS) in a prominent coordinating and executing position. The central role of MoHSS in proposal preparation was a reflection of the roles and responsibilities surrounding the CCM in Namibia: MoHSS is Principal Recipient (PR) of GF R2 and R5 grants and is also chairing the CCM.

The CCM was in general described as well functioning and democratic. It played an important role in the dissemination of information as well as in donor coordination. One of the areas of concern was the issue of the obvious conflict of interest related to the double role of the chair. The issue was perceived as difficult to address, and it was never recorded in minutes from proceedings.

Another concern was that bilateral agencies were only represented in the CCM indirectly – via a Partner Forum representing the business sector, donors, bilaterals and service organisations. It was in general acceptable to stakeholders that the CCM tended to be slightly government biased. It was also widely accepted that MoHSS played a leading role in the application process given their comparative advantage. Some members of stakeholder groups involved in HIV/AIDS felt that civil society actors should also be able to assume lead positions in the application process and act as a PR.

Extensive use was made of TA, on substance, approach, application writing, budgeting and M&E. Some TA came from MoHSS' existing long-term in-house advisory staff, some had long-term program-specific contracts, and some were recruited externally on short-term contracts. WHO contributed both from the national and the regional budgets and from drawing on in-country staff resources (involving considerable additional time). TA was generally perceived as being of a high quality. The risk of conflict of interest was not seen as an issue.

An important distinguishing feature between R2 and R5 was that a Programme Management Unit, which had been established in support of the implementation of the R2 grant, came to play a prominent TA role during the entire R5 application process. The unit had hands-on experience covering all technical issues, including budgeting, M&E and coordination and also served as a call centre for external stakeholders during the application process. Apart from access to the call centre function, NGOs and other external actors did not have access to TA except for sporadic and *ad hoc* contributions that were largely dependent on donor benevolence.

The National Strategic Plans served as point of departure for situation analysis, gap identification and priority setting. Stakeholders were of the view that the proposed activities were truly additional. A number of NGOs felt that they faced a 'catch 22' situation' in that in order to do more, capacity building was required. For some NGOs it was a major problem that donors did not provide core funding for general capacity building, but only project related funding. For organizations depending on the work of PLWAs it was deemed essential to apply a flexible approach to funding arrangements. The public sector was confident in its ability to scale-up, using its relatively high salaries to attract health staff from other countries in the region.

Most stakeholders considered that every effort had been made to ensure donor alignment. Some felt that more could be done to ensure that the allocation of grants was based on the overall needs situation of the country, rather than on the ability to write a good application. If there was a division of responsibility between key donors at the global level, this should be reflected in the specific guidelines to avoid duplication of efforts. It had been noted that none of the African countries benefiting from PEPFAR funds had been successful in the GF R5.

There was widespread dissatisfaction among all stakeholders with the fact that two components of round 5 were unsuccessful, despite the amount of time and resources invested in preparing the proposal. On the part of government, the dominant sentiment was that the application process and approach had been correct and had resulted in a technically excellent proposal. It was perceived as highly unfair that TRP comments gave a negative rating on the ability to involve stakeholders, given the extraordinary emphasis put on securing a participatory and all-inclusive approach.

CBOs felt that they had demonstrated a clear commitment to participate and saw access to GF funds as an important means of enhancing capacity building and hence scaling up the response mechanisms. They felt that a greater role should have been given to CBOs who in general had genuine, effective community outreach and contact at grass-roots level. It was impossible for smaller NGOs with insufficient resources to meet the demand of GF application procedures and efforts should be made to address this in future rounds.

The cost of the GF R5 proposal development process was another area of frustration and concern. Costs were both direct and indirect. Direct costs were related to internal and external TA and payroll for in-house staff. Indirect costs were many and varied relating to unpaid voluntary work, unpaid over-time and activities and projects that were delayed due to prioritization of the R5 application process.

The failure to include representatives from the gay community in proposal development was seen as an important issue by some. It was felt that GF should be more pro-active in ensuring that issues relating to gender and marginalized groups are adequately addressed. It was suggested that this should be better achieved through changes to the GF application formats, rather than simply by asking if these issues have been addressed, as this approach tends to lead to a standard reply of inclusion.

There was some consensus that priority areas should be identified by the PMU at the outset, with much clearer indications of where respective actors should focus their efforts, including budget indications, in order to reduce the amount of time and resources wasted. If the capacity, strength and priorities of major NGOs are known, this should be signalled to smaller NGOs to allow them to assume a role of gap filling, and avoiding competing on unfair terms with stronger NGOs. This approach would facilitate scaling-up and ensuring broader social mobilisation.

## Recommendations for CCMs

### Proposal Development

- Establish a dedicated and resourced sub-unit of the CCM to facilitate the proposal development process
- Ensure that CCM has written TORs and effective participation of civil society representatives
- Begin preparations for proposal development at least 3 months before the anticipated call for proposals
- Provide clear guidelines and transparent criteria for selection of stakeholders to be included in proposals
- Provide in-country screening through technical review panels with documented processes and screening criteria
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### Technical Assistance (TA)

- Investing in TA is critical in the proposal development process
- Independent TA can play a major role in facilitating MoH/NGO collaboration and cross-learning in the proposal development process
- Engage TA with appropriate expertise to help develop proposals in Global Fund format and meet Global Fund requirements
- Engage longer-term TA with awareness of country absorptive and implementation capacities
- A mixture of long-term locally recruited and short-term externally recruited TA is probably optimal
- Just prior to submission, TA should facilitate a quality assurance review of the proposal
- Facilitate and document in-country transfer of learning in proposal development between rounds and across disease components
- Obtain copies of *The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance*, and make these available to interested stakeholders

## Annex 1. Interviewees classified by affiliations and roles.

Namibia Interviewee	Organization	Position	CCM member	Principal recipient	Ministry of Health Official	National Prog. Officer	Technical advisor	Multilateral donor	Bilateral donor	NGO/CBO	Private sector	Academic institution	Directly involved	Not involved but should have been
Bock, Maria	Ministry of Health and Social Services, National TB Programme	National programme officer			X	X							X	
Forster, Norbert	Ministry of Health and Social Services	Under Secretary Health & Social Welfare Policy	X	X	X	X							X	
Harris, Andrew	Namibia Network of AIDS Service organisations (NANASO)	National Coordinator, Information and Coordination Advisor	X				X			X			X	
Jenniskens, Francoise	Ministry of Health & Social Services, Directorate Special Programs. EC – HIV/AIDS/STD Project.	Senior technical advisor,					X		X				X	
Kabira, Daniel N.	Namibia GF Programme, Project Management Unit (PMU)	Programme Director		X			X				X		X	
Kutwa, Amos	Ministry of Health and Social Services, National TB Programme	Senior technical advisor			X	X	X						X	
Mandlhate, Custodia	WHO	WHO representative Namibia	X					X					X	
McMaster, Pamela	Women's Action For Development	Training coordinator					X			X	X			X
Mwangala, Perry	Namibia GF Programme, Project Management Unit (PMU)	M&E specialist		X			X				X		X	
Niiyonzima, Salvator	UNAIDS	UNAIDS country co-ordinator												
Onyango, Pamela	Namibia GF Programme, Project Management Unit (PMU)	Programme operational manager		X			X				X		X	
Poley, Hans	Embassy of the Kingdom of the Netherlands	Deputy Head of Mission Chair of Partner Forum	X				X		X				X	
Shihepo, Ella	Ministry of Health & Social Services, Directorate Special Programs.	Director	X		X		X						X	
Swartz, Ian	The Rainbow Project	Director								X				X
Tiruneh, Desta	WHO	Medical Officer, Malaria					X	X					X	
Tshuma, Temba	Namibia GF Programme, Project Management Unit (PMU)	Finance administrative manager		X			X				X		X	

Namibia Interviewee	Organization	Position	CCM member	Principal recipient	Ministry of Health Official	National Prog. Officer	Technical advisor	Multilateral donor	Bilateral donor	NGO/CBO	Private sector	Academic institution	Directly involved	Not involved but should have been
Tuahepa, Emma	Lironga Eparu	National coordinator	X							X			X	
Xoagub, Abner	Ministry of Health and Social Services	Chief Health Program Officer, Expanded National Aids Response Support	X	X	X	X							X	
Total by category:			7	6	5	4	11	2	2	4	5	0	15	2



***Global Fund No.: HQ-GVA-05-010***

**Assessment of the Proposal Development and  
Review Process of the Global Fund to Fight AIDS,  
Tuberculosis and Malaria:**

**Country Summary Report**

**NIGERIA**

**December 2005**

**Submitted to:  
Global Fund to Fight AIDS, Tuberculosis  
and Malaria**

**Submitted by:  
Euro Health Group, Denmark**



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## Background

The purpose of the Global Fund is to attract, manage and disburse resources through a new public-private foundation that will make a sustainable and significant contribution to the reduction of infections, illness and death, thereby mitigating the impact caused by HIV/AIDS, tuberculosis and malaria in countries in need, and contributing to poverty reduction as part of the Millennium Development Goals established by the United Nations.

Since early 2002, the Global Fund has engaged in an unprecedented grant proposal process in which over 800 grant applications have been submitted, screened and carefully examined by an independent Technical Review Panel. By 15<sup>th</sup> May 2005, The Global Fund had signed grant agreements worth US \$ 2.4 billion with 278 grants in 128 countries. The average age of grants is currently 14 months.

The Global Fund now has experience of five rounds of proposal submission and technical review. Certain aspects of the grant proposal cycle, notably the work of the Technical Review Panel, have been carefully documented. However, the proposal development process at country-level is less well understood.

The Global Fund has therefore commissioned an independent assessment of the proposal development and review process. The assessment will be used by The Global Fund to strengthen and refine the proposal and review process.

## Aims and Objectives of the Assessment

The aim of the assessment is to conduct a structured, detailed review of the process through which grant proposals are developed, submitted, subjected to a technical review and then sent to the Global Fund Board. The specific objectives are to:

- a. assess the processes, roles and functions related to the Global Fund proposal process with particular attention to:
  - i) strengths and weaknesses of all stages of the proposal process;
  - ii) the extent to which the proposal process operates according to the guiding principles of the Global Fund;
- b. identify needs for modification in current practices, suggest improvements and discuss possible alternatives

The key questions underpinning all aspects of the assessment are:

- What are the problems?
- What progress has there been over successive rounds?
- What further improvements are needed?

The assessment is being conducted:

- 1) **at global level**, through in-depth face-to-face and telephone interviews with key informants
- 2) **at country level**, through visits by the Assessment Team to five selected countries in Africa and Asia, together with telephone interviews with key informants in two Latin American countries

By examining the grant proposal process in a sequential fashion, this assessment aims to provide an independent and constructive review, informed by a variety of partners and stakeholders, of the procedures in use, their strengths and weaknesses.

This report provides an outline of the process and a summary of the major findings of the assessment undertaken in Nigeria.

## Method

In Nigeria, two independent senior Reviewers appointed by Euro Health Group undertook the assessment. The Reviewers were assisted by an In-country Facilitator, identified by Euro Health Group. In Nigeria, 16 in-depth interviews were conducted with a total of 21 key stakeholders during the course of the visit, which took place between 14 -18 November 2005.

In-depth interviews were conducted with key stakeholders drawn from 4 groups:

- a) CCM members not directly involved in the preparation of applications
- b) Technical advisers to the application process
- c) Other people (including actual and potential principle recipients and sub-recipients) directly involved in the preparation of applications
- d) Other relevant stakeholders not involved in the application process, including those who perhaps should have been involved.

The interviewees were identified by the Reviewers, in collaboration with the In-country Facilitator and the key stakeholders, to provide a variety of interviewees spread across the 4 groups.

The interviews followed guidelines developed by the Euro Health Group Evaluation Team, in consultation with the Global Fund Secretariat in Geneva.

The major issues reviewed were:-

### Proposal Development:

- Proposal preparation management
- Stakeholder participation
- Technical assistance
- Proposal forms and guidelines
- Social and gender inequalities
- Donor/Partner harmonization
- Previous grants and multiple applications
- Additionality
- Monitoring & evaluation
- Health sector strengthening component

### Communication and Feedback:

- Between secretariat and country/CCM
- TRP to country/CCM on proposals
- In-country communication

## SUMMARY OF STAKEHOLDERS INTERVIEWED

Interviews	National programme officers	Technical advisors	CCM members submitting proposals	CCM members not submitting proposals	PRs	Multilateral donors	Bilateral Donors	NGO/CSO members of CCM	NGO/CSO not members of CCM	Private sector/ associations	LFA	Total number of interviews	Total number of people interviewed
Nigeria	√	√	√	√	√	√	√	√	√	√		16	21

The full list of stakeholders interviewed in Nigeria, together with their affiliations, is provided in Annex 1

## Findings: Country-level Issues Dashboard

Nigeria	Successes	Problems Identified
A. Proposal Development		
1. Proposal Preparation		Process largely <b>UN driven</b> especially regarding technical prioritization and input.
1.1 Organisational structures		<b>Lack of CCM constitution.</b>
		<b>CCM function lacks transparency.</b>
1.2 Proposal preparation procedures		The GF application process is very labour intensive. Bilateral projects require much less effort for National staff. Nevertheless are fully consultative and country driven.
		Compilation of multiple proposals leads to a loss of important detail and a loss of ownership by contributing groups.
1.3 CCM capacity and QA		In theory representation on CCM is broad-based however many members seldom invited.
1.4 Planning and timing	Gained experience form the successive rounds on management and timeliness.	Time too short especially for larger countries.
1.5 Finance and costs		Lack of reliable funding for running CCM.
1.6 Stakeholder involvement	High level of involvement from UN agencies.	Lack of feedback to NGOs that participated in early rounds and programmatic exclusion of NGOs that contributed to successful applications has lead to broad-based and deep-seated <b>disenchantment</b> with GF in the NGO community.
		Streamlining of proposal development process has resulted in exclusion of all smaller and some larger stakeholder groups
		Weak, uncooperative and self-interested umbrella NGOs.
		Established PRs have highly relevant first hand experience of M&E and procurement but are not sufficiently involved in the application process.
		CCM <b>not geographically representative</b> and planning is too centralized and lacks practical focus.
		Lack of NGO/CBO involvement in work-plans has exacerbated the <b>disconnection between planning and implementation.</b>
		Inappropriate channels were used for the selection of the HIV/AIDS PR leading to bad feeling between CCM and PR.
1.7 In-country screening		Screening dropped after round 3 in favour of a consensus building approach with selected stakeholders.
		HIV/AIDS applications too treatment focussed based on <b>perception</b> that treatment was the <b>GF priority.</b>

<b>2. Technical Assistance</b>		
2.1 Areas for TA		
2.2 TA Qualifications and skills	2 US university consultants, UN technical consultants, generally of good quality.	
2.3 Access to TA	Smaller as well as larger groups in the technical working groups had access to TA.	<b>No access to TA</b> for parties <b>outside</b> of technical working groups.
2.4 Donor role and responsibilities on TA	TA was provided mainly by bilateral donors and UN organisations.	
2.5 Time in process development for TA inputs	TA needs were defined and requested by the technical working groups. Provision of TA became progressively more timely over successive rounds.	Availability of TA was an issue (related to GF's 'round' approach) and failure to requisition external TA early resulted in inputs arriving too late.
2.6 Usefulness or justification for TA	TA has been most useful for overall proposal preparation, budgeting and PR selection.	If TA was applied too late in the process the value added decreased significantly
2.7 Conflict of interest in TA provision	In general TA provided worked mainly on technical issues and less on overall programmatic issues thereby minimising the possibility to pursue 'personal agendas'. UN is generally seen as an appropriate and unbiased provider of TA.	Due to vested interests some organizations providing TA could pursue their ' <b>personal agendas</b> '. This was thought by some NGO groups to be the case with UN organizations steering the CCM towards AIDS treatment rather than HIV prevention.
2.8 Sustainability and capacity building		
<b>3. Proposal Forms and Guidelines</b>		
3.1 Access		R5 electronic application process unworkable.
3.2 Proposal Format	Application forms have improved steadily.	Some groups felt that application forms are now too long and complicated.
		Some of the formats required are so complex that they cannot be completed without TA.
3.3 Suitability of Guidelines	Guidelines have improved steadily.	Some groups felt that GF guidelines are too complicated.
		People are generally not familiar with AIDSPAN or its guidelines.
<b>4. Social and gender Inequalities</b>		
	National programmes practice gender equity.	There are important <b>geographical inequities</b> associated with the sheer <b>size</b> of Nigeria.
	One gender specialist and two representatives from women's groups involved in application process.	Lack of involvement of NGOs/ grass roots organizations has led to gender inequities.
		Lack of gender equity at CCM level.

<b>5. Donor Landscape/Harmonisation</b>		
5.1 Identifying the Donor Landscape		
5.2 Overlap and Duplication of Initiatives		
5.3 Donor Alignment	GF provides the most neutral source of funding. It fits well with the National Strategic Plan and is the most harmonized of all external inputs.	
5.4 Issue of "Rounds"		
<b>6. Previous grants and multiple applications</b>		
<b>7. Additionality</b>	GF support has leveraged additional support from other donor agencies.	Additional support leveraged by GF support has led to problems due to the country's limited absorption capacity.
		Some donors appear to be withdrawing support as a result of GF money.
<b>8. M&amp;E</b>		The roles and responsibilities of the CCM in relation to M&E are not clear.
8.1 Alignment with existing systems	M&E relating to GF supported activities is currently well harmonised with national M&E as a result of the CCM's M&E sub-committee.	
8.2 Improving M&E	Since M&E capacity within the CCM was very weak an M&E sub-committee was established in R5 in order to ensure harmonization with the national M&E system and to improve CCM oversight of PR performance reports. This was made possible through new guidelines developed by GF prior to Round 5 allocating a budget for the CCM.	PRs are not always involved in the application process despite their valuable experiences with M&E, procurement etc. <b>PRs should act as M&amp;E/procurement resource people</b> during proposal development.
	One PR is involved to some extent in fine tuning indicators.	GF requires detailed indicators; however Nigeria does not have the necessary systems in place to provide these at present. HSS takes time.
<b>9. Health Sector Strengthening</b>	Inclusion of HSS in R5 was warmly welcomed. HSS as a separate component was widely preferred, since the resulting benefits would be system wide and not only supportive for one disease group.	<b>HSS should actually have been a focus area from the very start</b> of GF. The quality of the HS is one of the key factors that determine the success of disease specific interventions. The situation now is that systemic weaknesses in areas such as education and health systems result in bottlenecks limiting absorptive capacity and obstructing the implementation of disease specific programs.

<b>B. Communication and Feedback</b>		
<b>1. Between GF Secretariat and Country/CCM</b>		
1.1 Responsiveness of Secretariat	Post-submission communications have been good.	The CCM has been left out of communications relating to grant negotiation as this has been more PR focused.
1.2 Appropriateness of Screening Questions	Correspondence back and forth is OK. Most is constructive. Tendency towards a more NGO focused implementation profile as a result of interaction between GF secretariat and CCM.	Communications between secretariat and CCM have been a bit ad hoc.
<b>2. Comments on proposals from TRP to country/CCM</b>		
2.1 Access to TRP comments	Technical committee members did see the TRP comments	NGOs involved in the preparation process did not see the TRP comments. TRP comments on R5 leaked out to NGOs through e-mails but were never actively distributed.
2.2 Appropriateness of TRP comments	.	While the TRP objectively addresses the issues, the TRP comments sometimes suggest that they do not have a very good handle on what is happening in Nigeria.
2.3 Effectiveness of TRP comments in improving subsequent proposals	Where TRP comments have been made available, they have been constructive in strengthening subsequent applications.	
<b>3. In-country communication</b>		
3.1 Within the CCM	Efforts are being made to strengthen CCM-PR relations.	Some CCM members are only very rarely invited to meetings and some are never invited to sign applications.
		Communication between CCM chair and CCM members are very slow due to conflicting travel/work commitments).
3.2 Between CCM and other stakeholders		

## Summary of major findings

There was a general feeling amongst interviewees that the application process in Nigeria was UN driven. For some groups this was considered a problem while for others it was considered appropriate.

There were clearly a number of problems surrounding the CCM and although efforts have recently been made to address these, it was apparent that they were continuing to have a detrimental affect on the proposal preparation process. A key issue appeared to be the lack of any CCM constitution. The roles and responsibilities of the various CCM members were unclear, resulting in a considerable degree of confusion. The CCM was criticised widely for its lack of transparency generally and regarding the application development process in particular. This lack of transparency within the CCM was widely thought to reflect a lack of transparency within the Global Fund as whole. Communications between the various CCM members (including communications from the Chair) were considered to be extremely weak, with some CCM members effectively excluded from the majority of CCM plenary meetings. The lack of reliable long-term financial support for the CCM was cited by several members as a key problem adversely affecting its effective functioning.

The PR for Global Fund's HIV/AIDS grants was selected directly by the President of Nigeria with the agreement of the Global Fund secretariat. This action, which by-passed the CCM altogether, was generally considered by interviewees to be highly inappropriate. It resulted in bad feeling between the CCM and the PR for some time and this led to a general malaise within the CCM to the obvious detriment of the group's function. It appears that recently some constructive dialogue has led to a thawing of relations and significant improvements in the overall situation.

The way in which early rounds were managed, with NGO contributions being incorporated into country applications but NGOs being excluded from the implementation of resulting grants, has led to a profound disenchantment within the NGO community of all things related to the Global Fund. This has been exacerbated by the switch in the application preparation approach from 'open calls for proposals' to what are seen by many in the NGO community as *closed* 'consensus building workshops'.

A key issue highlighted by a number of interviewees from a broad spectrum of backgrounds was the dramatic lack of connect between planning of Global Fund applications and the implementation of Global Fund grants. NGOs and CBOs are generally considered to be the only groups in Nigeria that have the coverage necessary to achieve results at the grass roots level, but to date these groups have been largely excluded from implementation of activities supported by the Global Fund, and in round five these groups were clearly excluded from the application development process.

Distorted perceptions of Global Fund priorities appeared to be driving proposal development. It was widely believed in Nigeria that the Global Fund would not support activities aimed at HIV/AIDS prevention and would not provide salary support for project implementers. Some interviewees spoke of the vested interests of UN agencies dominating the proceedings of Technical Working Groups (TWG). Generally however the UN agencies were seen as unbiased and wholly appropriate technical partners.

There was a clear lack of access to TA for agencies outside the TWGs.

The sheer size of Nigeria raised a number of issues: Time for proposal development was short and it was considered by some that smaller countries had an unfair advantage in this respect. Nigeria's large size also led to a lack of geographical equity with some central regions disproportionately benefiting from Global Fund support. This latter point was



considered by some to have been exacerbated by the lack of geographical representation within the CCM.

The lack of involvement of the PR for the HIV/AIDS grants in the application development process was seen as a shortcoming of the process in Nigeria. PRs have a wealth of highly relevant experience, particularly relating to M&E and procurement, and key representatives can act as valuable resource people during proposal development. This has been demonstrated in Nigeria through the involvement of the PR for the malaria grants in the fine-tuning of round five proposal indicators.

The introduction of the HSS component was warmly welcomed; however there was a general feeling that in countries such as Nigeria, which are characterised by weak health systems, HSS should have been a key focus (if not *the* key focus) of the Global Fund from the outset.

## Recommendations for CCMs

### Proposal Development

- Establish a dedicated and resourced sub-unit of the CCM to facilitate the proposal development process
- Ensure that CCM has written TORs and effective participation of civil society representatives
- Begin preparations for proposal development at least 3 months before the anticipated call for proposals
- Provide clear guidelines and transparent criteria for selection of stakeholders to be included in proposals
- Provide in-country screening through technical review panels with documented processes and screening criteria
- Ensure that all stakeholders, and especially those without representation on the CCM, are promptly informed of decisions regarding their proposal submissions, together with anticipated next steps
- List all proposals received and make that information publicly available in-country
- Refer potential applicants to *The Aidspan Guide to Applications to the Global Fund* and make copies available for stakeholders
- Ensure that all Technical Review Panel (TRP) comments on proposals are filed, openly available for access, and circulated to stakeholders prior to developing proposals

### Technical Assistance (TA)

- Investing in TA is critical in the proposal development process
- Independent TA can play a major role in facilitating MoH/NGO collaboration and cross-learning in the proposal development process
- Engage TA with appropriate expertise to help develop proposals in Global Fund format and meet Global Fund requirements
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- Obtain copies of *The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance*, and make these available to interested stakeholders

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	Ababi, Mike	Christian Association of Nigeria (CAN)	Pharmacist, Vice Director	X							X				
	Abdulsalami, Dr Nasidi	FMoH	Director Special Projects, CCM Chair	X		X								X	
	Anyanwu, Dr Akudo	Colombia University	Country Director, TA to CCM					X					X	X	
	Bruening, Karl	GTZ	Country Representative							X					
	Ekpang, Ambassador	Yakubu Gowon Centre	Director		X						X			X	
	Ekweremadu, Bright	Society for Family Health (SFH)	Managing Director								X				
	Inyang, Dr. Uford S.	National Institute for Pharmaceutical R&D (NIPRD)	Director General/CEO	X									X	X	
	Ketebu-Nwokeafor, Dr (Mrs) Bolere	National Council of Women's Societies	President	X							X			X	X
	Kothes, Astride	GTZ	Administrator							X					
	Lohor, Mrs Hannata	National Council of Women's Societies	Administrative Secretary	X							X			X	X
	Mafeni, Dr.	ENHANSE	Coordinator	X						X				X	
	Metemilola, Dr. Pat O.	Network of People Living with HIV/AIDS.	Coordinator.	X							X			X	X
	Mpele, Pierre	UNAIDS	Coordinator	X				X	X					X	
	NACA chairman	NACA	NACA Chairman		X						X				
	Nwobi, Dr Ben	FMoH	CCM Secretary	X		X								X	
	Nyumuryekunge, Dr Klint	WHO	Country Officer ("3 by 5")	X				X	X					X	
	Ogunbayo, Dale	Cumbamed Associates	Coordinator									X			
	Ogundiran, Dr Nups	WHO	NPO (HIV/AIDS)	X				X	X					X	
	Ohameze, Chinwe	Save Africa Concerts (SAC)	Program Co-ordinator								X				
	Sofola, Dr (Mrs)	National Malaria Control Programme	National Co-ordinator	X			X							X	

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Yolde, Gidado M.	Civil Society on HIV/AIDS in Nigeria (CISHAN)	Executive Secretary	X							X			X	
Total by category:			13	2	2	1	4	3	3	9	1	2	14	3



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**Country Summary Report**

**SRI LANKA**

**December 2005**

**Submitted to:  
Global Fund to Fight AIDS, Tuberculosis  
and Malaria**

**Submitted by:  
Euro Health Group, Denmark**



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Since early 2002, the Global Fund has engaged in an unprecedented grant proposal process in which over 800 grant applications have been submitted, screened and carefully examined by an independent Technical Review Panel. By 15<sup>th</sup> May 2005, The Global Fund had signed grant agreements worth US \$ 2.4 billion with 278 grants in 128 countries. The average age of grants is currently 14 months.

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## Aims and Objectives of the Assessment

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- b. identify needs for modification in current practices, suggest improvements and discuss possible alternatives

The key questions underpinning all aspects of the assessment are:

- What are the problems?
- What progress has there been over successive rounds?
- What further improvements are needed?

The assessment is being conducted:

- 1) **at global level**, through in-depth face-to-face and telephone interviews with key informants
- 2) **at country level**, through visits by the Assessment Team to five selected countries in Africa (Anglophone and Francophone), and Asia, together with telephone interviews with key informants in two Latin American countries

By examining the grant proposal process in a sequential fashion, this assessment aims to provide an independent and constructive review, informed by a variety of partners and stakeholders, of the procedures in use, their strengths and weaknesses.

This report provides an outline of the process and a summary of the major findings of the assessment undertaken in Sri Lanka.

## Method

In Sri Lanka, two independent senior Reviewers appointed by Euro Health Group undertook the assessment. The Reviewers were assisted by an In-country Facilitator, identified by Euro Health Group. In Sri Lanka, 19 in-depth interviews were conducted with a total of 22 key stakeholders during the course of the visit, which took place between 7 -14 November 2005.

In-depth interviews were conducted with key stakeholders drawn from 4 groups:

- a) CCM members not directly involved in the preparation of applications
- b) Technical advisers to the application process
- c) Other people (including actual and potential principle recipients and sub-recipients) directly involved in the preparation of applications
- d) Other relevant stakeholders not involved in the application process, including those who perhaps should have been involved.

The interviewees were identified by the Reviewers, in collaboration with the In-country Facilitator and the key stakeholders, to provide a variety of interviewees spread across the 4 groups.

The interviews followed guidelines developed by the Euro Health Group Evaluation Team, in consultation with the Global Fund Secretariat in Geneva.

The major issues reviewed were:-

### Proposal Development:

- Proposal preparation management
- Stakeholder participation
- Technical assistance
- Proposal forms and guidelines
- Social and gender inequalities
- Donor/Partner harmonization
- Previous grants and multiple applications
- Additionality
- Monitoring & evaluation
- Health sector strengthening component

### Communication and Feedback:

- Between secretariat and country/CCM
- TRP to country/CCM on proposals
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## SUMMARY OF STAKEHOLDERS INTERVIEWED

Interviews	National programme officers	Technical advisors	CCM members submitting proposals	CCM members not submitting proposals	PR	Multilateral donors	Bilateral Donors	NGO/CSO members of CCM	NGO/CSO not members of CCM	Private sector/ associations	LFA	Total number of interviews	Total number of people interviewed
Sri Lanka	√	√	√	√	√	√	√	√	√	√	√	19	22

The full list of stakeholders interviewed in Sri Lanka, together with their affiliations, is provided in Annex 1

## Findings: Country-level Issues Dashboard

Sri Lanka	Successes	Problems Identified
<b>A. Proposal Development</b>		
<b>1. Proposal Preparation</b>		
1.1 Organisational structures	2 PRs - one from MoH and one NGO. This system appears to function well and help foster civil society participation. However, the degree of collaboration between the two varies by disease area.	Good civil society representation on CCM, but <b>weak civil society participation</b> . CCM broadly perceived as being <b>dominated by MoH, with weak governance</b> and containing gatekeepers. There is <b>no secretariat and no constitution</b> (although one is now under development). Unclear differentiation between proposal preparation role and monitoring/oversight role
1.2 Proposal preparation procedures	R1 successful largely because <b>process facilitated cooperation and collaboration between MoH and NGOs</b> , and there was <b>strong government commitment</b> . Also, WHO provided log-frame training and helped manage the process.	Reasons identified for lack of success in subsequent rounds are <b>weak MoH/NGO collaboration</b> and <b>low priority and limited resources given by the MOH to proposal development</b> . Some NGOs heavily involved in R4 and R5 proposal preparation, but subsequently excluded from the final proposal, leading to mistrust and disillusionment. Poor situational analysis because of <b>limited surveillance data, no Behaviour Surveillance Survey and ineffective use of research capacity</b> .
1.3 CCM capacity and QA	Suggestion to conduct an <b>audit of past-performance</b> in proposal development to identify strengths and weaknesses	CCM seen as having low capacity and minimal involvement in proposal development and coordination process. <b>Little collaboration and no cross-learning between 3 national programmes</b> represented on CCM. There was <b>no external or independent review of proposals before submission</b> . There is little continuity or sustainability of membership within the CCM, which limits opportunities for capacity building
1.4 Planning and timing		There was <b>no systematic planning or timelines</b> for proposal development. Unnecessary delays in communication between CCM and other stakeholders, resulted in rushed proposal development.

1.5 Finance and costs		In all but one of the rounds the major part of funding for proposals was earmarked for MoH. <b>No funding was made available for proposal development.</b> Stakeholders were unaware that funding for proposal development and for CCM operation could be accessed via GF.
1.6 Stakeholder involvement	Good NGO/MoH collaboration in R1 (2 proposals funded). Good collaboration was maintained in the TB programme, resulting in strong proposals.	MoH/NGO proposal 2 of the disease areas was weak. The <b>MoH included NGOs largely in response to GF requirements.</b> There was little perception of the potential value-added of NGO participation. The <b>NGO selection process was driven by MoH and was perceived as neither fair nor transparent.</b> No guidelines or criteria were used in NGO selection. Little interest by the MoH in submitting R5 HIV proposal, or in helping NGOs to develop their own proposal.
1.7 In-country screening		The <b>in-country screening process was perceived as lacking transparency.</b> NGOs were unaware of which NGOs had been selected, providing little opportunity for collaboration. The CCM appoints MoH Natl Prog Directors to screen NGO and MoH proposals, but <b>no screening criteria or guidelines</b> appear to have been used.
<b>2. Technical Assistance</b>		
2.1 Areas for TA	High technical capacity of National Prog staff in specific disease areas. <b>TA, which facilitated NGO access to MoH expertise (in one disease area), fostered NGO/MOH understanding and collaboration,</b> and a successful proposal development process.	MoH <b>disease-specific expertise not always available to NGOs.</b> Little evidence of <b>NGO/MoH collaboration being facilitated</b> in later rounds. Little awareness by natl. progs. of the need for this.
2.2 TA Qualifications and skills	One national programme identified <b>ideal situation as regional TA working alongside national prog. staff to build in-country technical capacity</b>	There was <b>no TA selection process and natl progs had little say in appointment of TA.</b> Some concerns that external TA may be good in developing a successful proposal, but <b>may not fully understand in-country capacity to implement.</b>
2.3 Access to TA	TB programme <b>identified need to draw on regional and global experience,</b> and requested TA from SEARO.	<b>No funding available to NGOs to buy TA.</b> MOH had greater access to TA, via WHO. <b>No procedures, policy or guidance for accessing TA</b>
2.4 Donor role and responsibilities on TA		Need for 'seed money' to buy TA. Natl progs reluctant to use GF money to buy TA.

2.5 Time in process development for TA inputs		TA was too little and came too late. Need for <b>long-term in-country TA to assist in proposal development.</b>
2.6 Usefulness or justification for TA	<b>NGOs identified the value in investing in TA. One National Programme identified the need for TA to provide quality assurance</b> in reviewing proposals prior to submission	Only 1 Natl prog accessed TA - others refused offer of (free) TA. Natl progs not always aware of the <b>need for TA to help respond to GF needs and to put concepts into GF format.</b>
2.7 Conflict of interest in TA provision		LFA consultants unable to provide TA to proposal development process because of COI. World Bank unwilling to provide TA to NGOs because of perceived COI with WB project.
2.8 Sustainability and capacity building		Different people involved in proposal development in different rounds in an ad hoc manner, so <b>little transfer of learning and documentation of learning between rounds or partners</b>
<b>3. Proposal Forms and Guidelines</b>		
3.1 Access		Access via web was difficult. PDF format unusable. Few had heard of Aidspan
3.2 Proposal Format	<b>Completing GF proposals builds in-country capacity in strategic thinking</b>	<b>Format changes every round.</b> R5 forms perceived as more difficult. <b>Some sections difficult for NGOs to complete without government cooperation</b> (e.g. donor landscape, national plans)
3.3 Suitability of Guidelines		<b>Guidelines too long and complicated.</b> Sections on budget & finance not well explained.
<b>4. Social and gender Inequalities</b>		
		"Has not been possible to find an HIV/AIDS-affected person to be on the CCM". Gender inequity within CCM.
<b>5. Donor Landscape/Harmonisation</b>		
5.1 Identifying the Donor Landscape		Hard for NGOs to identify donor landscape without government cooperation
5.2 Overlap and Duplication of Initiatives	National programmes in driving seat so avoiding duplication of activities	
5.3 Donor Alignment		MoH has unspent WB money for HIV/AIDS and therefore not interested in submitting proposal to GF, despite identified programme gaps.
5.4 Issue of "Rounds"	"Having 'rounds' stimulates ideas and stops lethargy in MoH"	Timing of R5 precluded using ongoing "Tsunami Initiative" to eliminate malaria in Sri Lanka
<b>6. Previous grants and multiple applications</b>		

<b>7. Additionality</b>		
	Additionality ensured by expansion of initiatives to new areas and target groups	
<b>8. M&amp;E</b>		
	For one national programme, GF application stimulated development of a robust M&E system	
8.1 Alignment with existing systems	Used national programme indicators in GF application.	Lack of clarity on who is responsible (PR or SRs) for developing M&E system in the proposal
<b>9. Health Sector Strengthening</b>		Few respondents even aware of existence of HSS component in R5
<b>B. Communication and Feedback</b>		
<b>1. Between GF Secretariat and Country/CCM</b>		
1.1 Responsiveness of Secretariat	<b>Secretariat perceived as encouraging and supportive during screening process</b>	Little time for countries to respond to screening questions
1.2 Appropriateness of Screening Questions		<b>Failure of screening process to identify apparently easily-resolved issues that eventually led to proposal rejection</b> , e.g. budgetary issues and need for quantification of activities. Some screening questions seen as technically inappropriate.
<b>2. Comments on proposals from TRP to country/CCM</b>		
2.1 Access to TRP comments		<b>TRP comments from previous rounds sometimes not available, especially to NGOs</b>
2.2 Appropriateness of TRP comments	<b>TRP comments generally perceived as fair and appropriate</b>	<b>TRP comments for one round/component perceived as dismissive and demotivating. Some perception that TRP didn't understand local context or in-country constraints</b>
2.3 Effectiveness of TRP comments in improving subsequent proposals	<b>TRP comments <u>would</u> have been very helpful, if the SRs had had access to them</b>	NGOs agreed with TRP comments but were not empowered to address them, because of lack of access to national data

3. In-country communication		
3.1 Within the CCM		Variable but <b>generally weak communication within CCM. Major concerns about CCM governance.</b> Discussions not open, minutes don't always reflect what was said, notices of meetings arrive late; some members not invited. Outcomes of applications not communicated to all members. <b>No information on criteria or outcomes of NGO selection as SRs or PR.</b>
3.2 Between CCM and other stakeholders		<b>No structures or systems are in place to communicate between CCM and other stakeholders, especially small NGOs. Strongly held perception that CCM is government controlled and dismissive of civil society, leading to suspicion, mistrust and disillusionment with GF proposal process by civil society representatives.</b>

## Summary of major findings

Weak governance within the CCM appears to be a major issue underpinning Sri Lanka's consistently unsuccessful proposal submissions. The CCM is perceived by a range of stakeholders as being dominated by the Ministry of Health, with no representation from other line ministries and weak civil society participation. There were reports that discussions are not open, minutes don't always reflect what was said, notices of meetings arrive late, and some members are not invited to meetings.

At the time of the Assessment the CCM had no secretariat and no operating budget, although there are plans to use external donor funds to appoint a CCM coordinator and support staff. While a constitution has recently been developed, a number of stakeholders expressed concern that this was not done in an entirely transparent and participatory manner.

There is little continuity or sustainability of membership within the CCM, which limits commitment and opportunities for capacity building. CCM members were sometimes not available to approve proposals and there were instances of CCM members signing blank proposal forms to meet GF requirements on the number of signatures.

There was no systematic planning or timelines for proposal development. There are no structures or systems in place for the CCM to communicate with other stakeholders, especially small NGOs. Unnecessary delays in communication between the CCM and other stakeholders resulted in rushed proposal development, and the final proposal was not always shared with all the partners involved.

Poor communication and weak governance continue to impact negatively on the proposal development process. The reasons identified by stakeholders for Sri Lanka's lack of success include low priority and limited resources provided by the MOH to proposal development, poor management of the proposal development process, poor MoH/NGO collaboration, limited access and low utilization of technical assistance.

Different people were involved in proposal development in different rounds so there was little transfer of learning between rounds or partners. National programmes seemed unaware of the need for technical assistance to help put concepts into GF format and international context, although some concerns were expressed that external TA may be helpful in developing a successful proposal but may not fully understand in-country capacity to implement.

There were no procedures, guidance or policies in place for accessing and selecting technical assistance. Stakeholders had to take what was available and offered. Little funding was made available for proposal development or TA, and stakeholders were unclear about whether such funding could be accessed via GF. Only one national programme identified the need for TA to provide quality assurance in reviewing proposals prior to submission. While many NGOs identified the value in investing in TA, most were unable to secure funds to access this. National programme staff have high technical capacity, but this was rarely made available to NGOs.

The NGO selection process was driven by the MoH, and since no guidelines or criteria were used, NGO selection was widely perceived as neither fair nor transparent. NGO representatives were unaware of which NGOs had been selected and so there was little opportunity for collaboration. Some NGOs were heavily involved in Round 4 and Round 5 proposal preparation, but subsequently excluded from the final proposal. The combination of

these factors led to profound mistrust and disillusionment with the GF proposal process by civil society representatives.

In contrast, two Round 1 proposals were perceived as being successfully funded largely because TA provided during the proposal development process facilitated cooperation and collaboration between MoH and NGOs, and there was strong government commitment to this process.

In one of the Round 5 submissions this process was replicated, resulting in a proposal whose technical content was judged by the TRP to be of “high quality and very well written”. However, the proposal was rejected (Category 3) largely because “the necessary quantitative links between proposed activities and proposed budget are missing in many places”. It is conjectured that this issue could have been easily addressed by TA with experience in GF needs and formats, although arguably it could have been identified during the Secretariat screening process.

Proposal development has been consistently hampered by information constraints. One component submission provided a poor situational analysis, ostensibly because of limited surveillance data and ineffective use of existing research capacity. There appeared to be little awareness that GF funds can be used to support research and surveillance. An identified need for better surveillance wasn’t supported by the national programme. As one respondent noted, “They don’t know what they don’t know”.

Proposal development is critically dependent on the support of the MoH. A component submission, led by a group of NGOs, received weak support from the MoH, apparently because the national programme had unspent funds from another donor. The NGOs maintained that they could not complete the sections of the proposal outlining donor landscape and national plans because these were not made available by the government.

There are indications that the MoH included NGOs in proposal development largely in response to GF requirements. Apart from one national programme, there was little perception within the MoH of the potential added value of NGO participation. There is a widely held perception that NGOs in Sri Lanka are weak, and this was cited by the MoH as a reason not to involve them heavily in proposal development. Other stakeholders felt strongly that a number of NGOs have quite strong capacity, and that NGOs have a comparative advantage, particularly in HIV-prevention at community level.

However, there was also the perception, largely within the MOH, that HIV/AIDS is essentially a health issue, and that because of its disease-focus GF doesn’t encourage the mobilization of multiple stakeholders to develop a holistic approach to addressing HIV/AIDS.

Perhaps because of the weak NGO/government links, stakeholders in Sri Lanka generally acknowledge the value in having 2 PRs – one of which represents the NGO/private sector, with the other representing the three disease-specific national programmes within the MoH. While this system appears to avoid total MoH dominance, the degree of collaboration between the two PRs varies significantly by disease area, and there are clearly missed opportunities for fostering capacity building, cross-learning, meaningful partnerships, and synergy.

One interviewee reflected the situation as a choice for GF: “Do they only want to work with government and the 2-3 strongest NGOs or do they wish to continue with the ‘façade of representation’? If GF wants true equality of representation, then they need to ensure that measures are put in place to strengthen ownership by NGOs and their technical and management capacity. Otherwise it will always remain an unequal partnership”.



## Recommendations for CCMs

### Proposal Development

- Establish a dedicated and resourced sub-unit of the CCM to facilitate the proposal development process
- Ensure that CCM has written TORs and effective participation of civil society representatives
- Begin preparations for proposal development at least 3 months before the anticipated call for proposals
- Provide clear guidelines and transparent criteria for selection of stakeholders to be included in proposals
- Provide in-country screening through technical review panels with documented processes and screening criteria
- Ensure that all stakeholders, and especially those without representation on the CCM, are promptly informed of decisions regarding their proposal submissions, together with anticipated next steps
- List all proposals received and make that information publicly available in-country
- Refer potential applicants to *The Aidspan Guide to Applications to the Global Fund* and make copies available for stakeholders
- Ensure that all Technical Review Panel (TRP) comments on proposals are filed, openly available for access, and circulated to stakeholders prior to developing proposals

### Technical Assistance (TA)

- Investing in TA is critical in the proposal development process
- Independent TA can play a major role in facilitating MoH/NGO collaboration and cross-learning in the proposal development process
- Engage TA with appropriate expertise to help develop proposals in Global Fund format and meet Global Fund requirements
- Engage longer-term TA with awareness of country absorptive and implementation capacities
- A mixture of long-term locally recruited and short-term externally recruited TA is probably optimal
- Just prior to submission, TA should facilitate a quality assurance review of the proposal
- Facilitate and document in-country transfer of learning in proposal development between rounds and across disease components
- Obtain copies of *The Aidspan Guide to Obtaining Global Fund-Related Technical Assistance*, and make these available to interested stakeholders

## Annex 1: Interviewees classified by affiliations and roles

SRI LANKA Interviewee	Organization	Position	CCM member	Principal recipient	Ministry of Health Official	National Prog. Officer	Technical advisor	Multilateral donor	Bilateral donor	NGO/CBO	Private sector	Academic institution	Directly involved	Not involved but should have been
Abeykoon, Palitha, Dr	WHO	Consultant					X	X					X	X
Borra, Agostino, Dr	WHO	Representative	X					X						
Buddhakorala, Kulasiri, Dr	National HIV/AIDS Prog.	Consultant	X			X							X	
Burke, Walter	WHO	F&A Officer						X						X
Chandaradasa, Lalitha	Sarvodaya	Executive Director	X	X						X			X	
Galappathithy, Gawrie, Dr	National Anti-Malaria Prog.	Consultant		X		X							X	
Ganasinge, Mallika, Dr	Sewa Lanka	HIV/AIDS Consultant	X							X			X	
Hapugalle, Kamanee	Community Development Services	Executive Director	X							X			X	
Herath, Pushpa, Dr	Price Waterhouse Coopers	Technical Consultant					X				X			
Jayasuriya, Sydney, Dr	Independent Medical Practitioners Association	Director	X								X		X	X
Kodagoda, Swarna	Alliance Lanka	Executive Director	X							X			X	
Leno, Janet	UNAIDS	Country Coordinator	X					X					X	
Malagaspe, Ranjith	Ministry of Health	Health Secretary	X		X									
Navaratne, Kumari, Dr	World Bank	Public Health Specialist	X				X		X					X
Perera, M.A.L.R., Dr	Health Policy Research Associates	Senior Associate									X	X	X	X
Pitigala, Dr	Price Waterhouse Coopers	Technical Consultant					X				X			
Sarukkali, Chandra, Dr	National TB Programme	Director	X	X		X							X	
Senadhira, Adrian	Lions Club	Chairman	X								X		X	
Siyambalagoda, Dr	National Anti-Malaria Prog.	Director	X	X		X							X	
Warusawithana, Supriya, Dr	WHO	Consultant					X	X					X	X
Wijekoon, T.B, Dr	National TB Programme	Project Coordinator	X	X		X							X	
Wijesekera, H.S.G., Dr	National Anti-Malaria Prog.	Medical Officer		X		X							X	

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	<b>Category Totals</b>	<b>14</b>	<b>6</b>	<b>1</b>	<b>6</b>	<b>5</b>	<b>5</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>16</b>	<b>6</b>
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