A GUIDE TO STRENGTHENING CIVIL SOCIETY AND COMMUNITY GROUPS PARTICIPATION IN THE DEVELOPMENT OF FUNDING REQUEST TO THE GLOBAL FUND
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Abbreviations and Acronyms

AGYW: Adolescents, Young Women and Girls
CCMs: County Coordinating Mechanisms
CDC: Centers for Disease Control and Prevention
CSOs: Civil Society Organisations
CSS: Community Systems Strengthen
DFID: Department for International Development
EANNASO: Eastern Africa National Networks of AIDS Service Organisations
EU: European Union
FBOS: Faith Based Organisations
FR: Fund Request
GFATM: Global Fund for AIDS, Tuberculosis and Malaria
GIZ: German Society for International Cooperation
HIV: Human Immunodeficiency Virus
ILRI: International Livestock Research Institute
KPs: Key Populations
NACC: National AIDS Control Councils
NGOs: Non Governmental Organization
NSP: National Strategic Plans
PEPFAR: President’s Emergency Plan for AIDS Relief
PLWD: People living with Diseases (PLWDs)
PR: Principle Recipient
PSM: Procurement and Supply Management
SR: Sub Recipients
TA: Technical Assistant
TB: Tuberculosis
TRP: Technical Review Panel
UNAIDS: Joint United Nations Programme on HIV/AIDS
UNDP, UNICEF: United Nations Development Programme
WHO: World Health Organisation
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Rationale & Purpose of the Guide
EANNASO has overtime worked and supported with Civil Society Organisations and Communities in Anglophone Africa to strengthen their participation in the development of National Strategic Plans (NSPs) and their respective HIV and TB Concept Notes and Funding requests to the Global Fund. In 2017, EANNASO supported civil society and communities’ participation in the development of National Strategic Plans, and Funding Requests to the Global Fund and the related grant making processes in ten sub Saharan countries namely Ethiopia, Ghana, Kenya, Nigeria, Rwanda, Tanzania Mainland, Uganda, Zanzibar, Zambia and Zimbabwe.

KEY LESSONS LEARNED DURING THESE PROCESSES INCLUDE:

» Most civil society organisations and community groups have a limited understanding of the intricate relationship between the development of diseases specific national strategic plans and the concepts notes/funding requests developed and submitted to the Global Fund; and as a result their engagement is mostly visible during the drafting of funding requests until their submission to the Global Fund and they hardly participate in the grant making stage, which is an integral component of funding request development processes;

» CSOs and Community groups often engage technical support to the articulation of their priorities in both the NSP and FR development. This TA is however often defined and procured outside either the NACC, the Programs or the CCM who is the main custodian charged with the responsibility of developing the NSPs and the Funding Requests to the Global Fund. As a result CSOs and Communities have found it very challenging to advocate for the inclusion of their respective priorities into the National strategic Plans and Funding Requests;

» TA procured by Civil Society and Communities to support the development of funding requests has not been holistic and in a continuum. Funding request development has mostly been undertaken intermittently and by different consultants resulting time lost to understand the country context and ongoing processes; to develop relationships and time lost in establishing entry points and champions to support the grant making processes.

» There is limited understanding of Funding Request development and grant making especially and this has affected their overall readiness and preparedness including mobilising TA and support for dialogue forums and in drafting sessions.

It is against this background the EANNASO has developed this guide to strengthen civil society and community group’s participation and engagement in the development of Funding Requests to the Global Fund. The guide will strengthen the organisations engagement with national diseases specific processes that are led by their respective National AIDS Control Councils (NACCs), National Programs for HIV, TB and Malaria and the County Coordinating Mechanisms (CCMs) who all collaboratively work together in the review, updating and in the development of national diseases specific strategic plans and in the development of funding requests submitted to the Global Fund for AIDS, Tuberculosis and Malaria (GFATM).
KEY STEPS TO STRENGTHENING CIVIL SOCIETY & COMMUNITY’S GROUP’S PARTICIPATION IN THE DEVELOPMENT OF FUNDING REQUEST PROCESSES TO THE GLOBAL FUND

1. The Funding Model Process at a Glance: Key Steps

Majority of the civil society and community groups do not fully understand the relationship between national strategic plans and funding request development process. Their understanding of the key steps of the funding request development process is often low and this undermines the quality of their involvement and participation. A n important lesson and step for civil society and communi- ty groups is for them to have a sound understanding the relationship between National Strategic Plans and the funding request development process as well as the broad major steps involved.

Key terminologies and steps of the in the development of funding requests include:

- **Eligibility for funding:**
  Eligibility for Global Fund support is based on a country’s income level and disease burden. It is possible for a country to be eligible to receive funding for only one or two of the diseases. For example, a country could be eligible to receive funding for HIV but not TB or malaria. Each country is allocated funding for eligible diseases. Allocations are for a three-year period. Countries have the option of reallocating funding from one disease to another, or setting aside a portion of the allocation for building resilient and sustainable health systems.

- **Country dialogue:** Country dialogue is an open and inclusive conversation with people responding to and affected by HIV, TB and malaria. While the Country Coordinating Mechanism itself includes representatives of a wide variety of different groups, the purpose of the country dialogue is to go beyond its membership to reach out to all those involved in the response to the diseases, including those key populations affected by the diseases. The purpose of country dialogue is to identify needs, work on national strategies, build resource mobilization efforts and prioritize programs that will have the most impact. Country dialogue is an ongoing process, beginning well before the development of the funding request and continuing through implementation of the grant.

- **National strategic plan:**
  Rather than providing funding on the basis of a separate project, which can lead to fragmentation of efforts and a heavy administrative burden for both countries and donors, the Global Fund encourages countries to base their funding requests on the country’s national strategic plan for the diseases. If a country does not yet have a national strategic plan for a disease, or if the plan is no longer current, countries can base their requests on an investment case.

- **Funding request:**
  Using the national strategic plan as the basis, the Country Coordinating Mechanism will develop their funding request. The most effective funding requests are those developed with the input of people...
responding to and affected by the diseases.

**Technical Review Panel:**
After submission, the funding request is evaluated by the Technical Review Panel. This independent panel of technical, scientific, medical, development and finance experts examine the funding request thoroughly. They look to see the funding request is adapted to a country’s epidemiological situation, that the programs proposed are based on scientific evidence and demonstrate good impact and good value for money.

If they feel a funding request is not of sufficient quality they will ask the country to revise and re-submit. Once the panel is satisfied the funding request is ready for the next step, it moves to grant-making.

Grant-making: In this stage of the process, the Country Coordinating Mechanism and the Global Fund work with the organization nominated to implement the grant, known as a Principal Recipient. The Principal Recipient is assessed by the Global Fund and then the Principal Recipient and the Global Fund will together develop detailed budgets and work plans. Once this work is completed, the grant documentation undergoes a final review by the Grant Approvals Committee.

**Grant Approvals Committee:**
The Grant Approvals Committee is a committee of senior management at the Global Fund, as well as representatives of technical, bilateral and multilateral partners. One of their responsibilities is to set the upper funding ceiling for the grant, based on the Technical Review Panel’s recommendations as well as a number of other relevant factors. They also review the final grants before recommending them to the Board for approval.

Board approval: After the Grant Approvals Committee’s review, grants are considered to be “disbursement-ready.” These are then sent to the Board of the Global Fund for final approval and, once approved, the grant is then signed and the first disbursement is made to the Principal Recipient.

2. **Strengthening Civil Society and Community’s Participation in the Review and Development of National Strategic Plans.**

**Before we start:**
- **What is strategic planning?**
- **What are National Strategic Plans?**
- **Why is it important for Civil Society Organisations to participate in the Development of the disease specific national strategic plans for HIV, TB or Malaria?**

Strategic planning is simply defined as a process that entails setting of priorities and resources and operations to ensure all organisational members and its stakeholders work towards common goals, and key result areas in line with the operational context and changes. Strategic planning entails definition of where an organisation and its stakeholders are going, the specific activities and actions to be taken to realise the progress and definition of mechanisms for measuring progress towards the achievement of the intended results.

National Strategic Plans (NSPs) are country level strategic plans that are developed to guide organisations and all stakeholders towards common goals and key result areas. NSPs often include its related monitoring and evaluation plans to enable the track-
ing of its progress towards the achievement of results and impact. Under the three ones Paris declaration, National AIDS Control Councils (NACCs) have the mandate of leading the process of developing one national HIV strategic plan for the country; as well as maintaining one national M & E framework and system to track progress of the national response. NSPs for Tuberculosis and Malaria are developed by the respective programs in the Ministry of Health.

(a) Know Your National Strategic Plan
What period does it cover? How are Civil Society and Community issues articulated? When is the NSP due for midterm review? When is the NSP coming to an end? When will the process of developing a new NSP start?

Remember, National Strategic Plans inform the development of funding requests to the Global Fund and thus are the basis for Global Fund funding.

In addition, the Global Fund recommends that CCMs ensure that, “Funding requests are aligned with national development objectives and harmonized with existing efforts by other national and international entities; and consider contributions to health and community systems strengthening through Global Fund grants.”

It is thus in your interest as civil society and community groups to ensure that you know your disease specific National Strategic Plan’s (NSP) such the HIV, Tuberculosis and Malaria NSPs. and that you actively participate in their development. Your participation in the review and development of your respective National Strategic Plans will ensure that your civil society priorities e.g. priorities for key populations (KPs), people living with Diseases (PLWDs), Community, nongovernmental and faith based organisations and the priorities of Adolescents, Young Women and Girls (AGYW) are articulated into the National Strategic Plans.

NATIONAL STRATEGIC PLANS (NSPs):

These basis for Global Fund Funding

Adapted from the Global Fund
(b) Plan for CSO & Community Engagement at all levels of the NSP & Funding Request Development Processes

The development of National Strategic Plans (NSPs) and that of Funding Requests to the Global Fund is process oriented that amongst others entails undertaking of surveillance systems and data quality assessments, epi analysis’s, and program reviews which all generate a lot of information which is taken into account when developing the new National Strategic Plan.

It is important for Civil Society and Communities to plan to participate in each of the steps. This will ensure that their experiences in terms of what has worked and challenges faced are documented as an integral part of the assessments and reviews of the current NSP and are also taken account in the development of the subsequent new NSP.

To effectively prepare for the active civil society and community group engagement in the NSP review and in the development of new NSPs, it is important for civil society and communities to establish civil society and community working groups. Once established, the membership will need to be oriented on representation and how to best engage in the respective forums, rapid engagement between the CS and Community Representatives in the various assessment and reviews with the working group members as well as the broader constituency engagement through structured faced to face and virtual forums to solicit inputs and guidance to topic issues and to provide feedback within a very short period.
3. Strengthening Civil Society and Community’s Participation in the Development of Funding Requests

With a robust National Strategic Plan (NSP), countries are now ready to develop and submit their respective funding requests to the Global Fund. According to the Global Fund guidelines, at country level, the Country Coordinating Mechanisms (CCM) have the sole responsibility of, to the Global Fund.

Civil Society Organisations and Community Groups in all countries are members of CCMs. Most civil society CCM members represent a range of constituencies namely nongovernmental and community based organisations, women, and people living and affected by the diseases, faith based organisations, key populations, adolescent girls and young women and the private sector. By virtue of their representation on the CCMs at country level, they are strategically positioned to participate and influence in the process and contents of the funding request under development. This strategic space is however often not fully utilised to ensure that the priorities of the civil society and communities are to a large extent embraced as integral components of the national prioritised to be financed to the Global Fund.

For civil society and communities to proactively articulate their respective priorities and successfully lobby for their consideration and inclusion in the funding requests, the ‘work culture’ of civil society representatives on the CCM has to change.

(a) Civil Society (CS) and Community Groups Representatives on the CCM act and deliver as one

Civil Society and community groups’ representatives constitute between a third and a half of the total CCM members. However, because of mis-trust amongst each other and compartmentalisation of CSOs, they are often unable to galvanise their membership numbers and position on the CCM for the benefit of their larger constituencies. CS CCM members should avoid competition themselves and should also stop compartmentalising themselves as PLWD, KPs, NGOs, FBOS, or private sector, but to view themselves as on large constituencies facing common challenges for which, they must unify if they are to address and overcome them.

(b) CS and Community Groups CCM Representatives Optimise their Strategic Position for their respective constituencies

As the main entity charged with the responsibility of the coordinating the development and submission of funding requests to the Global Fund, CCMs often, very early receive information from the Global Fund on Funding Allocations for specific countries and for each diseases and the allocation methodology. CCMs also receive information on when a country’s funding request is to be submitted to the Global Fund. The CS and Community representatives have however not adequately used the information received to in tandem prepare their respective constituencies for in depth participation and engagement. As a result their responsiveness is often disjointed and hence easily overshadowed by that of the government.

CS and Communities representative on the CCM must utilise all strategic information received to strengthen their planning and overall preparedness for the fund request developing processes by developing their own parallel plans linked to the overall national level fund request development plans.
**c) CS and Communities CCM Representatives Must Define their TA & Support needs as integral components to TA for the Funding Request Development**

Whereas CCMs invests an integral part of its resources in defining and funding the Technical Assistance (TA) needs for the development of funding requests. The TA needs are mostly related to Lead and Costing Consultants. Civil society and community groups' needs which require TA are often overlooked. Such TA needs include the need to help define and strengthen the articulation of Community Systems Strengthen (CSS), Community Responses for the various constituencies, the mainstreaming of gender, the focus on key and priority populations as well as to clearly articulate the role of the civil society and communities in facilitating and combination prevention as well as treatment related interventions.

CS and community group's representatives on the CCMs must advocate for the inclusion of the TA needs and support to be considered as integral components of the fund request development process and should not be alienated from the mainstream TA needs for the process. The Civil Society TA Terms of reference should seek to provide holistic support through the funding request development process to the grant making phase of the process. The outputs of the TA must be considered and integrated into the main funding request; and the CS consultant should work hand in hand with the lead consultant in the same manner through which costing consultations work with the lead consultants. The specific support should be for the representatives of civil society and community's participation in the various funding request out of town and residential forums such as the drafting and writing shops.

**d) CS and Communities Consultative Forums**

The Global Fund requires that Funding Requests are developed through an all inclusive approach that entails several dialogue forums for all country level stakeholders involved in the response including civil society and communities.

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**INOLVE KEY CONSTITUENCES NOW SO THAT FUNDING REQUEST DEVELOPMENT IS SMOOTHER LATER**

**What you can do now**

- A Plan for the timing of key events
- B Get the right people involved
- C Engage them throughout national and Global Fund processes
- D Ensure mechanisms are in place for stakeholders to provide input

**Desired outcome**

- Inclusive country dialogue
- Country ownership and strategic investment
As a part of the preparedness for the development of funding requests, it is recommended that civil society and communities groups mobilise support through partners including the community rights and gender (CRG) department of the Global Fund to hold Consultative Forums where they will review the relevant information and data to accordingly determine their own evidenced based priorities for inclusion into the funding request. Having a common agenda i.e. a common and agreed upon set of priorities on the onset of the process will facilitate their lobbying and advocacy process and will facilitate the development of funding requests that are more response to their respective needs. The CS and communities groups’ priorities must be comprehensive and they must cross cut and resonate with all members of the civil society. They should not be skewed towards one constituency unless off course supported by data and requisite epidemiological evidence.

(e) **CS and Community Groups Champions**

Since 2014 when the Global Fund developed the New Funding Model (NFM), the Global Fund Country Teams have continued to work very closely at country level with several missions as well as through email, skype, what’s up and other virtual forms of communication. Very few civil society organisations and community groups including their respective CCM representatives have however consistently engaged their respective Fund Portfolio Managers (FPMs) and the Country Teams to engage them as their ‘champions’ of the Civil society and community groups agenda at country level. Similarly, in almost all missions in country, the Country Team members are known to visit and hold meetings with the CCM Secretariat and Membership, the Local Fund Agency, the Principal Recipients and key government agencies such as Ministry of Health (NAS-COP, TB Program, and Malaria Program) and the National AIDS Control Council. Very few engagement meetings and in some countries no engagement meetings have however been held between the Country Teams and the civil society and community groups.

To strengthen the space for civil society and communities in funding request development processes, civil society and communities must develop alliances and champions amongst the Global Fund Country Team Members and the key strategic development partners especially those with access to technical support. To do so, Civil Society must seek to engage the country team members as a large and broad constituency by having their own respective meetings outside the umbrella of the CCM. For the meetings to be a success they must have sound and relevant agenda’s and discussions which will seek to add value to both the funding request and the national response.

(f) **Strengthening Participation in the Grant Making Phase of the Funding Request.**

The Global Fund defines grant making as, ‘a key step in translating a funding request into a grant agreement’. During grant making, the Global Fund and the selected Principal Recipients and other key stakeholders process the performance framework, the implementation arrangements, the Procurement and Supply Management (PSM) plan for health products, quantities and related costs and also develop detailed budget based on which grant agreements are developed and signed between the selected Principal Recipients and the Global Fund.
In countries where single track financing is still practises e.g. in Rwanda, or in Tanzania for the Malaria grant, grant making be is straight forward. However where Dual Track Financing (DTF) has been adopted as in Kenya, Uganda and South Africa and other countries where they are multiple PRs, the grant making phase entails a lot of negotiations in terms who is best placed to implement select activities and achieve select targets; and also who is best placed to implement certain activities in certain locations and also implement activities targeting select populations such as Key Populations and Adolescents, Girls, Young Women (AGYW).

Whilst not all members of civil society can be represented in the grant making phase, it is important for civil society and community representatives on the CCM and where available their respective supporting consultants to both participate and oversight the processes. This will ensure that community interventions and responses have sufficient budgets allocations and that are also allocated under the Civil society PR. The oversight is also critical in ensuring that the implementation arrangement is defined to facilitate complementarity between implementing partners and achievement of targets.

To facilitate the effective participation of CS and Communities representatives on the CCM, it is important that these members are oriented on the grant making phase.

4. The Role of CS and Community Groups in Community Monitoring

CS and community groups not directly involved in the design and implementation of the Global Fund grants at country level have do also have a role in holding those implementing accountable for what they have committed to implement to ensure both quality and timeliness. As ‘community watchdogs’, these civil society and community groups need to constitute a community monitoring ‘watchdogs’ group and agree on the specific aspects that they will be monitoring. They will then need to orient all group members to ensure common understanding of the process and the related tools. The group members then proceed to undertake the actual monitoring, analysis and synthesis of results followed by reporting. Most community monitoring reports are published in either report cards, or community scorecards; these reports are also widely shared and disseminated to both internal and external stakeholders to advocate for stronger results and effective implementation from those charged with the implementation responsibilities.

Conclusion

To effectively participate in the development of funding requests to the Global Fund, Civil Society must be cognizant of the ‘hand and glove’ relationship that exists that exist between the respective diseases specific nationals strategic plans and the funding requests to be developed. Civil society and community groups must have as a first step strengthening their participation in the review and development of the Strategic Plans; and then build on this foundation by actively and strategically participating in all steps of the funding request development process.

Lastly, is that civil society and community groups must anticipate the upcoming processes such as NSP reviews and development, funding request development and plan ahead to participate from an informed perspective and supported by evidence.
Frequent Asked Questions (FAQ) on Funding Request Development

1. **What is a dialogue process, and how can I participate in the country dialogue process?**

Country dialogue is not new but is a country owned process that builds on the existing dialogue and coordination mechanisms between governments, development partners, civil society organisations and community groups. In line with its mandate of inclusive funding request development and submission to the Global Fund, CCMs take a leading role in coordinating the dialogue processes to identify a country’s needs that form the basis of the funding requests to the Global Fund.

All interest stakeholders are free to participate in the country dialogue; and if they feel excludes and that their concerns are not includes, they are free to raise these concerns at various levels which include the CCM, the Fund Portfolio Manager and the Global Fund Secretariat.

2. **What is the role of Country Coordinating Mechanisms (CCMs) members in funding request development processes?**

CCMs are country level mechanisms for public-private partnership in the governance of national disease programs. CCM members represent the interests of country level stakeholders in the fight against HIV, TB, and malaria. As individuals, CCM members are accountable to the sectors they represent and as a group the CCM is accountable to the nation.

CCMs are many roles, their first and core mandate is to coordinate the development of all funding requests through transparent and documented processes that engage a broad range of stakeholders - including CCM members and non-members; and to clearly document efforts to engage key affected populations and priority populations in the development of HIV AIDS, Malaria and Tuberculosis funding requests to be submitted to the Global Fund.

Further, the Global Fund recommends that the in developing funding requests, CCMs:

1. Ensure that funding requests are aligned with national development objectives and harmonized with existing efforts by other national and international entities. Funding requests should be based on identified financial gaps in national programs.
2. Consider contributions to health and community systems strengthening through Global Fund grants.
3. Engage technical partners and seek technical assistance (TA) as necessary to ensure that programs for which funding is requested are reaching expected targets in an effective and sustainable manner.
4. Include coasted plans for management and/or TA to ensure strong program performance. This may include efforts to strengthen program-level management and/or implementation capacity of PRs or SRs. Furthermore, TA should address long-term local capacity building, known gaps and program weaknesses, and should contribute to high quality of services.
3. Where do we get information of the fund request processes in the country?

At country level, information on then funding requests processes is available at the CCM. Stakeholders can also access the same information through their respective CCM members through ado and routine constituency engagement forums which CCM are to use to both provide feedback and solicit inputs from their constituencies for onward sharing at the CCM.

4. How do we access technical support to support our participation?

To access technical support, civil society and community groups must apply for it to a range of technical support providers available. These include global technical partners such as the Community Rights and Gender department of the Global Fund, UNAIDS either through the Regional Support Team or the Technical Support Facilities, the Stop TB Partnership, the Roll Back Malaria Partnership, WHO, UNDP, UNICEF, ILRI, Open Society Foundations, Regional and International Networks of Key and Affected Populations, and Regional and International Human Rights groups. Other technical support providers include PEPFAR, the Presidential Malaria Initiative, USAID, CDC, EU members (DFid, GIZ and French), and private foundations amongst others. Specific providers of TA providers are:

1. **Backup Health:** is a global program funded by the German Federal Ministry for Economic Cooperation and Development (BMZ). In its current phase, BACKUP provides short- and long-term support in three intervention areas: Governance of Country Coordinating Mechanisms for Global Fund programs and their coordination in the health sector; Use of Global Fund grants for strengthening health systems and management capacities of Global fund recipients.

2. **World Health Organisation:** technical support includes the development of technically sound funding applications, action plans during grant-making, setting performance targets, responding to Technical Review Panel requirements, as well as support during implementation and addressing potential bottlenecks. This support can be provided directly by WHO staff, or by expert consultants through remote support, in-country missions, training workshops, or facilitated peer reviews. Request for support should be put through your WHO country office.

3. **UNAIDS Technical Support Facilities,** operating in Asia-Pacific, Eastern and Southern Africa, and West and Central Africa, function as core platforms for providing vital technical support to Global Fund grantees in the regions, which are most heavily affected by the AIDS epidemic. In all other regions, UNAIDS provides technical assistance through the UNAIDS Regional Support Teams and/or directly from UNAIDS Country Offices. All request for technical support should be channelled through the UNAIDS country office.

4. **Stop TB Partnership,** with its initiatives such as TB REACH and the Global Drug Facility, is a source of technical support and collaboration in areas related to the TB response. Support ranges from community systems strengthening and high-level advocacy to improving case detection, finding missing cases and rapid uptake of new TB medicines and regimens. It also provides support for capacity strengthening in establishing systems for forecasting, quantification, supply planning and early warning.
5. **Roll Back Malaria Support Partner Committee** coordinates technical support to countries. Provided through consultants and partners, the support aids in funding request completion, including convening orientation meetings and simulated Technical Review Panels for peer review of funding requests, as well as expert review of near-final submissions. Support is tailored to country-specific needs, but may include support for the finalization of gap analyses, epidemiological mapping as well as assisting in completion of Global Fund templates, frameworks and budgets.

In some cases, support for in-country consultative processes during the development of funding requests is available. Send requests to technical-support@rbm.org.

6. **Community, Rights and Gender Technical Assistance.** To ensure people affected by the three diseases play a meaningful role in Global Fund processes, and that human rights and gender barriers are effectively addressed in grants, the Global Fund Board-approved strategic initiative to provide technical assistance to support the engagement of civil society, key populations, and people living with or affected by the diseases. Send requests to crgta@theglobalfund.org.

5. **How do we know how much our country has been allocated?**

Information on if your country is eligible for Global Fund grants and how much your country has been allocated is firstly available on the global fund website under funding models

https://www.theglobalfund.org/en/funding-model/funding-process-steps

And secondly through your respective country level CCM.

For the 2017-2019 allocation period, the Global Fund adopted a refined allocation methodology to deliver the aims of its 2017-2022 strategy and to increase the impact of country programs that prevent, treat and care for people affected by HIV, TB and malaria and build resilient and sustainable systems for health. The Global Fund’s 2017-2019 allocation methodology drives an increased proportion of funding to higher burden, lower income countries, specifically accounts for HIV epidemics among key populations, the threat of multidrug-resistant tuberculosis, and for malaria elimination efforts, while providing sustainable and paced reductions where funding is decreasing.

Country allocations are calculated using a formula that is predominantly based on a country’s disease burden and economic capacity, and are refined to account for important contextual factors through a transparent and accountable qualitative adjustment process.

6. **How are Principle Recipients (PRs) and Sub Recipients (SRs) selected?**

The core function of CCMs is the nomination of one or more PRs at the time of developing and submission of funding requests. In doing so, CCMs are required to document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria; and to document the management of any potential conflicts of interest that may affect the PR nomination process.

CCMs routinely advertise for interested civil society organisations to apply for the position of PR of specific grants. To manage Conflict of Interest (CoI) in the nomination of PR process,
CCMs routinely constitute an independent task force with no representation from Civil Society to evaluate and the bids received in response to the call for applications; and to also undertake physical on site assessments to confirm the details provided in the application. The information from the bids and from the on site assessment is then used as a basis of nominating one or multiple PRs.

On approval of the funding requests by the Global Fund, PRs nominated by the CCM must pass an assessment of systems and resources before being confirmed. Principal Recipients (PRs) sign a grant agreement with the Global Fund which is a legally binding contractual document. They directly receive the funding approved by the Global Fund Board and manage its implementation on a day-to-day basis on behalf of the CCM. PRs are nominated by CCMs and are accountable to them to achieve program objectives.

Sub recipients are selected by PRs through clear and transparent processes that are over sighted by the CCM. The SR selection processes to a large extent mirror the PR selection process.

The Global Fund recommends that CCMs:

i. Nominate PRs through a transparent and documented process at an early stage in the concept note process so that any capacity building needs would inform TA planning within the funding request;

ii. Ensure that – to the extent possible - nominated PRs identify prospective SRs, in consultation with the CCM, during the development of applications so that the feasibility of the proposed program can be assessed.

iii. CCMs nominate national PRs where possible to ensure that national capacities are developed for more sustainable responses. The Global Fund recognizes that in certain contexts, international agents (multilateral organizations or INGOs) are the most suitable

iv. In exceptional cases, the Global Fund will directly select PRs for the CCM under the Additional Safeguards Policy 17.

Note: The Global Fund recognizes that dual-track financing may not be possible in all proposals due to current in-country contextual situations. In this case, applicants are requested to summarize the reason(s) why this option has not been pursued, and discuss alternative ways in which their proposal aims to ensure both government and non-government sector involvement in implementation if not also at the PR level.

7. What role does the Technical Review Panel (TRP) play in development of funding requests? How are questions to the TRP answered and responded to?

Each request received for funding by the Global Fund is evaluated for technical merit and strategic focus by a group of independent experts i.e. the Technical Review Panel (TRP) and make funding recommendations. The (TRP) is an independent panel of international experts (HIV AIDS, tuberculosis, malaria, human rights, gender, resilient and sustainable systems for health, strategic investment and sustainable financing, health and community systems that review and assess the prioritized interventions in the funding request.
In reviewing the funding requests, the TRP uses a technical criteria that evaluates the requests on the soundness of their approaches; the potential for sustainable outcomes, their feasibility and if they have embraced value for money approaches. Questions from the TRP are directed to the CCM. The CCM reviews the questions and accordingly direct them to its internal structures and technical experts to draft appropriate response which they then review and endorse before submitting the same to the Global Fund.

As an advisory body to the Global Fund Board, the TRP also supports the development and implementation of the Global Fund strategy; and report on lessons learned from funding request for applicants, technical partners, the secretariat and the Board.

8. How do we ensure that our priorities are maintained in the fund request to grant signing?

Once a grant has been approved by the TRP, all defined activities will be automatically retained through to grant making. The grant making is an integral part of fund request development that translates the funding request into disbursement ready grants for Board approval and grant signing. At this level, Country Teams, CCMs and PRs and other shareholders e.g. technical partners WHO, UNAIDS, USAID work very closely together to finalise the requisite documentation of name the performance framework, the implementation arrangements, the Procurement and Supply Management (PSM) plan for health products, quantities and related costs and also develop detailed budget based on which grant agreements are developed and signed between the selected Principal Recipients and the Global Fund.

Civil Society participation is critical in ensuring evidence based decisions are made especially with regard to which PR i.e. public or private sector PR is best placed to implement select activities and achieve select targets; and also who is best placed to implement certain activities in certain locations and also implement activities targeting select populations such as Key Populations and Adolescents, Girls, Young Women (AGYW).

Whilst not all members of civil society can be represented in the grant making phase, it is important for civil society and community representatives on the CCM and where available their respective supporting consultants to both participate and oversight the processes. This will ensure that community interventions and responses have sufficient budgets allocations and that are also allocated under the Civil society PR. The oversight is also critical in ensuring that the implementation arrangement is defined to facilitate complementarity between implementing partners and achievement of targets.
References
Various internal reports, EANASO
Guidelines and Requirements for Country Coordinating Mechanisms, the Global Fund
https://www.theglobalfund.org/en/
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