



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

CCM REQUEST FOR CONTINUED FUNDING (RCF)

RCF Outline

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Actual Phase 1 Currency:

USD

EURO

Requested Phase 2 Currency:

USD

EURO

NOTE: Please note that the CCM Request should be completed in the actual Phase 1 currency and for the Phase 2 review process Phase 2 amount will be computed in the original currency of the proposal. If a change of currency is requested above, the Phase 2 amount shall be converted from proposal currency to the chosen currency using the rate of exchange on the day when the renewal recommendation is sent to the Board for approval.

SECTION A: SUMMARY

A.1. GENERAL GRANT INFORMATION

Applicant	
Country	
Component	
Round	
Grant Title	
Grant Number	
Principal Recipient (PR)	
Grant Amount (Phase 1)	
Proposal Lifetime (years)	
Lifetime budget	

A.2. CCM APPROVAL OF PHASE 2 REQUEST

Role	Name	Title / Organization
CCM Chairperson		
CCM Vice Chair Person(s)		
CCM Focal Point		
CCM Alternate		
Other *		

** If CCM Chair and Vice-Chair are from the same constituency a member of another constituency should also sign-off*

Sign off:	Chair	Date:
	Vice Chair	Date:

A.3. CCM COMPLIANCE

A.3.1.1 When is the last Round that you were found to have met the Global Fund's minimum eligibility requirements?

CCMs/RCMs/sub-CCMs should answer questions 3.1.2 and 3.1.3 but not 3.1.4

Non-CCM applicants should proceed directly to question 3.1.4.

A.3.1.2

a) Since the time that your CCM met the Global Fund's six minimum requirements for CCM eligibility, have there been any changes in the CCM/RCM/sub-CCM membership of people affected by the three diseases? If yes, please provide details for the current membership of people living with and/or affected by the diseases.

b) Since the time that your CCM met the Global Fund's six minimum requirements for CCM eligibility, have there been any changes in the representation of non-government constituencies (e.g. community based organizations, faith based organizations, private sector, private academic institutions, people living with and/or affected by the diseases) on the CCM/RCM/sub-CCM? If yes, please describe how new members were selected through a documented, transparent process developed within each sector.

c) Does this RCF introduce material changes to the budget or performance framework of the Phase 2 programme originally approved by the TRP at the time of proposal submission? If yes please summarize the programmatic changes in section D1.2 of this form, and describe the process followed to ensure input from all constituencies represented on the CCM/RCM/sub-CCM (including members and non-members) in the development and approval of these changes.

d) Are you requesting a change in the implementation arrangements for the program, i.e., change of principal recipient(s)? If yes, please describe the documented and transparent processes followed to effect changes in implementation arrangements, and the processes that will be used to ensure participation of all constituencies represented on the CCM/RCM/sub-CCM (including members and non-members) in the oversight of program implementation by the new principal recipient(s).

A.3.1.3. If as a result of CCM/RCM/sub-CCM Chair rotation or changes in implementation arrangements since the last time the CCM/RCM/sub-CCM was found to have met the minimum eligibility requirements, the Chair or Vice-Chair(s) now represents the same entity as the PR, please describe the process that will be used to ensure effective management of the resulting conflict of interest. Does the CCM/RCM/sub-CCM have a written plan in place to mitigate against conflict of interest when the PR(s) and Chair or Vice Chair are from the same entity?

Non-CCM applicants only

A.3.1.4 Please refer to the original proposal and provide a brief update on the status of exceptional conditions for which you were last approved as a non-CCM applicant (maximum 1/2 page).

A.4. SUMMARY OF CCM REQUEST FOR CONTINUED FUNDING

A.4.1. CCM Phase 1 Performance Rating ("A1", "A2", "B1", "B2", or "C").

Grant Performance Rating in Phase 1

☐

A1

☐

A2

☐

B1

☐

B2

☐

C

Rationale for performance rating:

A.4.2. CCM Phase 2 Request

CCM Request for Funding (M 19 – M60) <i>(please ensure consistency with section D.2.2.1)</i>	Remaining Phase 1 periodMonth 19-24	Year 3	Year 4	Year 5	Total
CCM Requested Phase 2 Incremental Amount <i>(please ensure amount is consistent with calculations in section D.2.3)</i>					

A.4.2.1. Strategy changes for Phase 2

Describe changes to the strategy for Phase 2 compared to the original proposal, referring to goals, objectives, activities and expected results. Also explain how lessons learned from Phase 1 have guided the strategy for Phase 2. Maximum 1/2 page.

SECTION B: COUNTRY CONTEXT AND PORTFOLIO

B.1. COUNTRY CONTEXT

B.1.1. Contextual Information

Describe the situation of the below issues with particular emphasize on key changes and the effect of these on grant implementation. Elaborate on mitigation strategies and material changes adversely affecting grant performance.

Political environment

Economic situation

Social situation

Legal context

Epidemiological situation

B.1.2. Epidemiological background

B.1.2.1. Please describe the main changes, if any, in the nature of the epidemic since submission of the original proposal.

B.1.3. Overall Financial Resources for fighting Disease

B.1.3.1. Please summarize the financial needs, current and planned sources of funding, and financial gap for the fight against this disease by all domestic and external sources in the table below.

Financial gap analysis (specify currency: Euro/US\$)	Actual Phase Y1-2		Planned Y1-2		Estimated Y3-5		
	Y1	Y2	Y1	Y2	Y3	Y4	Y5
Overall needs costing (A)							
Current and planned sources of funding							
Domestic source: Loans and debt relief (provide donor name)							

Domestic source: National funding resources							
Total domestic sources of funding (B)							
External source 1: Global Fund Grants							
External source 2							
External source 3							
Total external sources of funding (C)							
Total resources available (B+C)							
Unmet need (A) - (B + C)							

Provide any necessary comments related to the information provided in the table.

B.1.3.2. Please describe the funding trends for the disease under review and HSS by source of contribution

B.1.3.3. Please describe how the CCM monitors that Global Fund resource are and will continue to be additional to existing and planned resources.

B.1.4. Health Systems Analysis

B.1.4.1 Please elaborate on what has changed with reference to identified health systems weaknesses/ gaps in the latest approved proposal (sections 4.3.2 and 4.3.3 of the proposal) that affects scale up of the disease program and its outcomes. Also specify how some of the identified health system constraints have been addressed completely / partially through existing Global Fund grants/ from other resources.

For guidance, group the responses into the following headings:

a) Governance and Stewardship, including Planning and Performance Management

b) Health Financing

c) Service Delivery including Public Private Partnerships and community level service delivery

d) Monitoring and Evaluation

SECTION C: PHASE 1 PERFORMANCE

C.1. PROGRAMMATIC ACHIEVEMENTS AND MANAGEMENT PERFORMANCE

C.1.1. Programmatic Achievements

C.1.1.1. How does the grant contribute to the achievement of national targets? Please indicate the contribution of specific indicators.

C.1.1.2. Is there a recent national survey or national study on impact and outcome available?

Yes ☐ No ☐

If yes, when was it conducted?

Please provide a summary of the main findings.

C.1.1.3. In cases of documented evidence of outcome and/or impact, please explain how the activities of the grant may have contributed.

C.1.2. Grant Management

C.1.2.1. Identify any linkages to programs supported by other Global Fund grants (focus on same component grants).

C.1.2.2. Identify any linkages to programs supported by other donors.

C.2. OTHER PHASE 1 PERFORMANCE ISSUES

C.2.1. Independent Program Review

C.2.1. Has there been a recent independent program review?

Yes ☐ No ☐

If yes, when was it conducted?

What have been the major findings/recommendations? Have these been incorporated into Phase 2 request?

C.3. FINANCIAL PERFORMANCE

C.3.1. Financial situation at cut-off date

Cut-off date

C.3.1.1. Disbursements

Phase 1 budget as per GA

less: disbursed to cut-off date

Undisbursed amount at cut-off date

A	
B	
C = A - B	

C.3.1.2. Cash at cut-off date

Disbursed to PR to cut-off date

Disbursed from PR to SRs

Expenditure incurred to cut-off date

Interest and other income

Other income - please specify

Cash at cut-off date

PR		SRs		Total
A		N/A		
(B)		B		0
(C)		(G)		
D		H		
E		I		
F = A - B - C + D + E		J = B - G + H + I		K = F + J

C.3.1.3 Liabilities summary (goods and services received but not yet paid for) at cut-off date

Entity	Description	Amount specify USD or EURO	Due Date

Have all liabilities at cut-off date been taken into account in the post-Month 18 budget?

Yes ☐ No ☐

C.3.2. Analysis of Phase 1 Expenditures versus Budget (Enhanced Financial Reporting)

Please attach the summary variance table at the cut-off date (Enhanced Financial Reporting) and answer the following questions:

C.3.2.1. Are there any undisbursed funds or available cash from Phase 1?

Yes ☐ No ☐

If yes, please explain the reasons for it (activities not performed, savings realized, ...)

C.3.2.2. Is the Phase 1 expenditure in line with targets achieved in Phase 1?

Yes ☐ No ☐

Please explain

C.3.2.3. Has the PR been audited in accordance with GF requirements?

Yes ☐ No ☐

Please comment on audit results and on whether significant findings in the last audit report and management letter have been addressed. If an audit report is due and not received, please comment on the reasons for delay and when is it expected to be completed

C.3.2.4. Is an adequate plan for SR audits in place and followed?

Yes ☐ No ☐

Please comment on significant findings in the last SR audit reports and management letters and on whether they have been addressed. Please also indicate the percentage of SR budgets covered through the plan.

SECTION D: PHASE 2 REQUEST

D.1. PROGRAMMATIC PROPOSAL

D.1.1. Program Objectives, SDAs, Indicators and Targets

D.1.1.1. Are the Phase 2 indicators as per accompanying Performance Framework aligned with the national M&E plan, those of partners and/or other Global Fund grants?

Yes ☐ No ☐

Please explain.

D.1.2. Proposed Changes in Implementation Arrangements

D.1.2.1. Please summarize any changes to implementation arrangements. Consider for example changes in PR or major SRs, use of a Common Funding Mechanism, reprogramming, grant consolidation etc.

D.1.2.2. To what extent has the PR considered gender issues in its Phase 2 renewal request? Is there a review and/or analysis of gender-related issues as underlying causes of the disease under review? For example: for HIV: submissive role of women, cross-generational sex, concurrent partnerships, gender-based violence, sexual exploitation including female circumcision of girls, rapes, sexual abuse against women, boys and girls especially in situations of armed conflict; for malaria: equity in access to prevention and care services; for TB: equity in access and use of services.

D.1.2.3. What modifications are proposed to ensure that the Phase 2 proposal will address gender issues and inequalities and ensure access to prevention and care services of the most at-risk and discriminated population such as sex workers, men who have sex with men, transgender, IDU (women and men)?

D.1.2.4. Please summarize any changes to implementation arrangements to improve effective and efficient implementation of the program. Consider for example actions in the areas of a. ownership & accountability; b. alignment to national systems and cycles; c. improved harmonization and coordination with other donor-funded activities.

D.1.2.5. Comment on appropriateness/benefits anticipated from changes described.

D.1.2.6. Are the proposed changes in line with changes in the evidence based guidelines of technical agencies?

Yes ☐ No ☐

Please explain.

D.1.2.7. Are the proposed changes in line with changes in the national program and policy environment?

Yes ☐ No ☐

Please explain.

D.1.2.8. Are the proposed changes in line with lessons learned in Phase 1?

Yes ☐ No ☐

Please explain.

D.1.2.9. Are the proposed changes due to any other compelling factors (e.g. change in epidemiology, Board decisions)?

Yes ☐ No ☐

Please explain.

D.1.3 Material Reprogramming Considerations for Phase 2

D.1.3.1. In the opinion of the CCM, does this request represent a material change in the scope / scale of the Performance Framework in the Grant Agreement?

Yes ☐ No ☐

If so, why?

D.1.3.2 In the opinion of the CCM, can the material reprogramming be justified by epidemiological data?

Yes ☐ No ☐

If yes, please provide more information.

D.1.4. Pharmaceutical and Health Product Management

D.1.4.1. What are the expected key challenges in Phase 2 related to PHPM activities? Please indicate how PHPM capacities in relation to the identified challenges will be strengthened.

D.1.4.2. Please provide an assessment of risks of treatment interruptions due to stock-outs or other factors.

D.1.4.3. Have lessons learned from Phase 1 on PHPM been incorporated with Phase 2? Please explain.

D.2. FINANCIAL PROPOSAL

D.2.1. Phase 2 Upper Limit

D.2.1.1. Original Phase 2 Adjusted Proposal Amount

Original Phase 2 Adjusted Proposal Amount*	TOTAL	Year 3	Year 4	Year 5

* Original Phase 2 Proposal Amount adjusted after TRP clarifications, per Principal Recipient under review

Resources available to finance program after cut-off date		Indicate currency (USD / EURO)
90% of Original Phase 2 Adjusted Proposal Amount**(table above)	A	
Undisbursed at cut-off date (section C3.1.1)	B	
Cash at cut-off date (section C.3.1.2)	C	
Total Resources available (month 19-60)	D = A + B + C	

**As per Board Decision GF/B22/DP25, CCM cannot request more than 90% of the Original Phase 2 Proposal Amount adjusted after TRP clarifications for Round 8, Round 9 and National Strategy Application proposals.

D.2.2. CCM Budget Request for Month 19 - Month 60 period

D.2.2.1. Detail of CCM Request for Funding

Consolidated program financial analysis (Per SDA/CC/ Implementing entity)	Remaining Phase 1 period	Phase 2			TOTAL Funding Request***
	M19 - M24	Year 3	Year 4	Year 5	
SDA 1.1.....					
SDA 1.2					
TOTAL	A	B	C	D	E = (A+B+C+D)

*** Total Funding Request cannot be higher than the Total Resources available (m19-m60) from D.2.1.1

D.2.2.2. CCM analysis of Phase 2 request versus original Phase 2 budget

	Amount	Comments
Original Phase 2 Adjusted Proposal Amount	X	Please ensure the amount is consistent with Original Phase 2 Adjusted Proposal Amount from table D.2.1.1
- Savings from		
Reduced unit costs	(X)	
Reduced activities	(X)	
+ Increased costs		
Increased unit costs	X	

Scale up activities	X	
+ Increased costs due to new activities		
Programmatic	X	
Health systems strengthening	X	
Capacity building	X	
+ Increased costs due to activities moved from Phase 1 to Phase 2	X	
Other changes to budget (non-material)	X	
= Budget for Y3, Y4 and Y5 (B+C+D)	X	Please ensure the amount is equal to the total of columns B, C and D from table D.2.2.1
+ Budget for the remaining Phase 1 period (A)	X	Please ensure the amount is equal to the total of column A from table D.2.2.1
= Total CCM Request for Funding for month 19 – month 60 (E)	X	Please ensure the amount is consistent with Total Funding Request from table D.2.2.1

D.2.2.3. Where there are major changes from the original (adjusted) proposal budget, please provide an explanation.

D.2.2.4. Is the budget consistent with the targets established for Phase 2 in D.1.1.?

Yes ☐ No ☐

D.2.2.5. Explain how the Phase 2 preparation process took into consideration budget variances experienced in Phase 1.

D.2.2.6. In addition to budget variances addressed in D2.2.5, the budget for Phase 2 should also reflect changes arising from other lessons learned during Phase 1. Please describe.

D.2.2.7. Where the Phase 2 Budget assumes the carry-forward and absorption of a material amount of undisbursed Phase 1 funds, please quantify and provide justifications.

D.2.3. Phase 2 Incremental Funding

D.2.3.1 Summary table - Incremental Funding

Total Funding request Month 19-Month 60 (table D.2.2.1)	A	
- Undisbursed amount at cut-off date (M18) (table C.3.1.1)	B	
- Total cash balance at cut-off date (M18) (table C.3.1.2)	C	
= CCM Requested Phase 2 Incremental Amount (please indicate this calculated amount in section A.4.2)	D = A - B - C	