



Investing in our future

**The Global Fund**

To Fight AIDS, Tuberculosis and Malaria

## **Instructions for Completing CCM Request for Continued Funding**

## **TABLE OF CONTENTS**

### **INTRODUCTION**

### **INSTRUCTIONS BY SECTION**

#### **SECTION A: SUMMARY OF REQUEST AND CCM COMPLIANCE**

- A.1. General Grant Information
- A.2. CCM Approval of Phase 2 Request
- A.3. CCM Compliance
- A.4. Summary of CCM Request for Continued Funding
  - A.4.1 CCM Phase 1 Performance Rating
  - A.4.2 CCM Phase 2 Request

#### **SECTION B: COUNTRY CONTEXT AND PORTFOLIO**

- B.1. Country Context
  - B.1.1 Contextual information
  - B.1.2 Epidemiological background
  - B.1.3 Overall Financial Resources and Financial Gap
  - B.1.4 Health Systems Analysis

#### **SECTION C: PHASE 1 PERFORMANCE**

- C.1. Programmatic Achievements and Management Performance
  - C.1.1. Programmatic Achievements
  - C.1.2. Grant Management
- C.2. Other Phase 1 Performance Issues
  - C.2.1. Independent Program Review
- C.3. Financial Performance
  - C.3.1 Financial situation at cut-off date
  - C.3.2 Analysis of Phase 1 Expenditures versus Budget (Enhanced Financial Reporting)

#### **SECTION D: PHASE 2 REQUEST**

- D.1. Programmatic Proposal
  - D.1.1 Program Objectives, SDAs, Indicators and Targets
  - D.1.2 Proposed Changes in Implementation Arrangements
  - D.1.3 Material Reprogramming Considerations for Phase 2
  - D.1.4 Pharmaceutical and Health Product Management
- D.2. Financial Proposal
  - D.2.1 Phase 2 Upper Limit
  - D.2.2 CCM Budget Request for Month 19 - Month 60 period
  - D.2.3 Phase 2 Incremental Funding

### **DOCUMENTS REQUIRED WITH THE REQUEST FOR CONTINUED FUNDING**

## INTRODUCTION

The Board of the Global Fund approves proposals for up to a five year period, with an initial funding commitment for the first two years (Phase 1). The decision on whether or not to approve continued funding for the remaining years of the proposal (Phase 2) is based on program performance during the initial funding period and availability of funds for Phase 2. Before the end of Phase 1, CCMs must submit a request for the extension of the initial commitment to cover the full period of the original proposal.

The CCM Request for Continued Funding is the CCM's formal request for Phase 2 funding. The form allows the CCM to depict the country and epidemiological context its program has been operating in, assess the program's performance while describing lessons learned during Phase 1 of program implementation, respond to Fund Portfolio Manager comments contained in the Grant Performance Report, and comment on its own experiences with Global Fund processes. The CCM can present a revised program implementation strategy that takes account of changes in country and disease context as well as lessons learned, in its detailed (quarterly) budget and workplan for years 3-5 of implementation, a proposed Performance Framework for the entire Phase 2 period, and an updated PSM plan for the Phase 2 period. An extensive list of documents required to be submitted alongside the Request for Continued Funding is included in the CCM invitation letter.

The Ninth Board of the Global Fund has decided that Phase 2 renewals may be requested in either USD or EUR. Thus it is possible for CCMs to switch currencies and opt for different currency than the one used in Phase 1.

Please note that the CCM Request should be completed in the original currency of the proposal and for the Phase 2 review process Phase 2 amount will be computed accordingly in the original currency of the proposal. If a change of currency is requested by CCM, 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.

The currency choice must be made at the time of submission of the Proposal or Phase 2 Request for Continued Funding. Specifically, the CCM cannot change the chosen currency at any time after that (including during implementation).

## INSTRUCTIONS BY SECTION:

### SECTION A: SUMMARY

#### A.1. GENERAL GRANT INFORMATION

<b>Applicant:</b>	CCM, Sub-CCM or non-CCM applicant name
<b>Country:</b>	The country as shown in box 1 of the Grant Agreement under consideration.
<b>Component:</b>	The component as shown in box 9 of the Grant Agreement under consideration.
<b>Round:</b>	Please insert the appropriate Round under which the Program was approved by the Global Fund.
<b>Grant Title:</b>	The title of the program as shown in box 3 of the Grant Agreement under consideration.
<b>Grant Number:</b>	The Grant Number as shown in box 4 of the Grant Agreement under consideration. Please be sure to include the latest modification number, if applicable, shown in box 4A of the Grant Agreement.
<b>Principal Recipient (PR) 1:</b>	The Principal Recipient(s) as shown in box 2 of the Grant Agreement under consideration.
<b>Grant Amount (Phase 1):</b>	The Phase 1 Grant Amount as shown in box 8A of the Grant Agreement under consideration.
<b>Proposal Lifetime (years):</b>	Number of years between Phase 1 start date and Phase 2 ending date as shown in boxes 5 and 7 of the Grant Agreement.

#### A.2. CCM APPROVAL OF PHASE 2 REQUEST

**Please provide key CCM details in the table:**

For each key role (CCM Chairperson, Vice Chairperson, Focal Point, Alternate, Other), insert the full name, her/his title and organization in the appropriate boxes.

The hard copy of the CCM Request for Continued Funding should be signed by the CCM Chair and CCM Vice-Chair. If CCM Chair and Vice-Chair are from the same constituency a member of another constituency should also sign-off.

#### 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.*

Please indicate the most recent Round when you applied for Round based funding **and** were determined to have met the minimum eligibility requirements.

**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.**

In order for the CCM to represent as broad a base of interests as possible, the CCM should be composed of a wide range of constituencies. These may include government, non-governmental and community-based organizations, faith-based organizations, the private sector, bilateral and multilateral organizations, and people living with and/or affected by the diseases.

If there have been no changes made to the CCM membership, enter "not applicable".

**A.3.1.2 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.**

If there have been no changes made to the CCM membership, enter "not applicable".

Non-governmental CCM members should document the selection process to ensure a fair and transparent selection process. If non-governmental CCM members do not document their selection process, please describe and explain the measures to be taken to address this.

**A.3.1.2 c) Does this RCF introduce material changes to the budget or performance framework of the Phase 2 program 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.**

In some instances, CCMs may decide to make material changes (changes in scope / scale) in the program for which continued funding is being requested due to poor performance in Phase 1 or if there are significant changes in the programmatic or epidemiological context.

If there have been no material changes in the program made, enter "not applicable".

If there were any changes made to program activities, budgets and/or targets comparing to the original proposal, please provide the details of the programmatic changes in section D1.2 of the Request for Continued Funding. In this section please 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 programmatic changes. Please attach the documentation supporting the process of ensuring the input of a broad range of stakeholders.

**A.3.1.2 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).**

In some instances, CCMs may decide to make changes in the implementation arrangements for the program, i.e. use of Common Funding Mechanism, reprogramming, grant consolidation, etc. In other cases, CCMs may decide to change a Principal Recipient(s) or major Sub-Recipient(s) during implementation when they realize that the original Principal

Recipient(s) or sub-Recipient(s) lacks the capacity to lead the program in the achievement of results. At times, CCMs may decide to nominate more than one Principal Recipient for a given component, along functional (treatment versus prevention) or organizational (government and non-governmental) lines.

If there have been no material changes in implementation arrangements made, enter "not applicable".

If there were any changes made in implementation arrangements for the program, please provide the details of the changes in implementation arrangements in section D1.2 of this form. In this section describe the open and transparent process followed 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). Please attach documentation supporting the process described.

**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?**

If the Chair or Vice-Chair(s) do not represent the same entity as the PR, enter "not applicable".

When the PRs and Chair or Vice Chairs of the CCM are from the same entity, the CCM must have a written plan in place to mitigate this inherent conflict of interest. This plan must be documented and made public to ensure the highest levels of transparency and integrity. Please refer to [http://www.theglobalfund.org/documents/5\\_pp\\_guidelines\\_ccm\\_4\\_en.pdf](http://www.theglobalfund.org/documents/5_pp_guidelines_ccm_4_en.pdf) for further details.

In this section please describe the process that will be used to ensure effective management of the resulting conflict of interest according to the existing written plan in place to mitigate against conflict of interest when the PR(s) and Chair or Vice Chair of CCM/RCM/sub-CCM 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).**

Non-CCM applicants should provide a brief situation update on the exceptional conditions for which they were last approved as a non-CCM applicant.

### **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**

The CCM should select one of the following ratings to assess the overall performance of the program during Phase 1 (note: click on the cell with "Select rating here").

A1	A2	B1	B2	C
Exceeding expectations	Meets expectations	Adequate	Inadequate but potential demonstrated	Unacceptable
>100%	100-90%	60-89%	30-59%	<30%

- A1. Exceeding expectations:** The program has exceeded the intended results anticipated at the beginning of the program.
- A2. Meet expectations:** The program has achieved the intended results anticipated at the beginning of the program.
- B1. Adequate:** The program has not fully achieved the results expected, and so requires changes to improve its overall effectiveness. These changes would enable the program to catch up with its targets within one year.
- B2. Inadequate but potential demonstrated:** The program has not achieved the results expected, but has demonstrated the potential to improve significantly its operations during Phase 2 through reprogramming.
- C. The program has significantly underachieved:** The program has shown no potential to make the necessary improvements required for continued funding. This rating recommends that the grant be cancelled immediately.

#### **Rationale for performance rating:**

The CCM should provide its rationale for the Grant Performance Rating in Phase 1.

The performance rating of a grant is based on (1) the overall progress achieved against time-bound targets for key output indicators, and (2) an assessment of management performance (notably in the areas of Monitoring and Evaluation, Financial Management and Systems, Pharmaceutical and Health Products Management, and Program Management). The programmatic achievements are the primary factor in deriving the grant performance rating; however this initial rating may be downgraded due to critical management issues (e.g., poor data quality, procurement delays, ineligible expenditures, etc.).

At the time of Phase 2 review, the performance rating of a grant may be upgraded if there is documented evidence of significant impact towards the goals of the Program. Impact is defined strictly by changes in incidence, prevalence and mortality. It requires evidence in the form of a country or partner evaluation.

#### **A.4.2. CCM PHASE 2 REQUEST**

Please fill in the provided table with identified total amount requested for the remaining period of the Phase 1 and Phase 2 on an annual basis.

Ensure that the amounts entered in this table are the same as the totals in the table in section D.2.2 'CCM Budget Request for Month 19-Month 60 period'.

Please copy into the table the CCM Requested Phase 2 Incremental Amount as calculated in section D.2.3

##### **A.4.2.1. Strategy changes for Phase 2**

Explain 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

Briefly describe the major the issues in each of the categories (political environment, economic situation, social situation, legal context, and epidemiological situation) with particular emphasis on key changes relevant to grant implementation. Discuss material changes adversely affecting grant performance and any mitigation strategies.

#### B.1.2. EPIDEMIOLOGICAL AND DISEASE SPECIFIC BACKGROUND

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

The epidemiological context in which a proposal is implemented could change dramatically over time, and therefore justify changes to the program strategy. If the nature of the epidemic (e.g., generalized, localized in particular areas or among particular populations) has remained unchanged since the preparation of the original proposal, indicate "not applicable" and move on to the next section. If the nature of the epidemic has changed, please describe the changes.

#### 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.**

The financial gap analysis identifies the overall funding need, the funding available from all sources, and the resulting financial gap. This table enables the Secretariat to view the funding requested in the context of the overall disease program funding for the proposal term.

A financial gap analysis was prepared in the original proposal. For Phase 2 the analysis is in the same form but may be completed as an update to the original analysis. In all cases data should be based on best available information and key assumptions should be shown.

**The gap analysis should relate to the overall national program<sup>1</sup>.** Thus, a comprehensive 'financial gap analysis' should reflect national program needs (including needs of the government and non-government sectors, and including implementation planned at the national, sub-national and community/local levels) to implement the national strategy over the Phase 2 term. For Phase 2, if it can be demonstrated that the costed requirements have not changed significantly, it is possible to include the original national program figures from the proposal for the corresponding period.

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

The Global Fund needs to understand how the financial gap has been derived and understand the trends in funding. This is essentially a summary of the main assumptions used in the gap analysis but with a more analytical tone. The applicant should explain major changes in any of the lines in the table year on year e.g. why a major external donor is assumed to contribute one year and not at all the next, and relate this analysis to the future

<sup>1</sup> If there is no 'national program' relevant to the proposal, then the gap analysis should be prepared based on the program described in the applicant's proposal, ensuring that other contributions to the cost of the program are clearly explained.

trend in funding. It can be used to support country efforts to achieve sustainability and also to support the need to demonstrate additionality.

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

Global Fund financing must be additional to existing and planned resources in the fight against AIDS, tuberculosis and malaria. In this section, describe how the CCM will monitor this and ensure that no existing domestic or external funding is being replaced by the Global Fund financing.

#### **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, the responses may be grouped into the following four areas:**

- a. Governance and Stewardship, including Planning and Performance Management** (policy formulation, regulation, coordination across departments/ sectors, engagement with Civil Society etc)
- b. Health Financing** (general budgets, resource allocation, mechanisms for tracking financial flows etc)
- c. Service Delivery including Public Private Partnerships and community level service delivery** (Human Resources; Health Infrastructure; Procurement & Supply Management etc)
- d. Monitoring and Evaluation** (Coverage and quality of HMIS systems - timeliness, quality and completeness; estimation of outcome/impact; vital registration, etc)

## 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.**

Please explain how the activities of the grant have contributed to the achievement of the national targets.

**C.1.1.2. Is there a recent survey or study on impact and outcome available? If yes, please provide a summary of the main findings with regards to the impact of the program.**

Please identify the survey or study on impact and outcome and provide a summary (1 page max).

If there has not been a recent survey or study on impact and outcome, enter "not applicable".

**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.**

Please provide a description of the contribution made by activities of the grant to the disease program's outcome and/or impact.

If there is no evidence of outcome and/or impact, please enter "not applicable" and move to the next section.

#### 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).**

Provide brief information on how this grant links to other Global Fund grants for the same disease component. Identify such grants and indicate the nature of the linkage to those grants and any resulting synergies.

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

Provide brief information on how this grant links to programs supported by other donors for the same disease component. Identify such programs and indicate the nature of the linkage.

### C.2. OTHER PHASE 1 PERFORMANCE ISSUES

#### C.2.1. INDEPENDENT PROGRAM REVIEW

**C.2.1. Has there been a recent independent program review? If yes, when was it conducted? What have been the major findings/recommendations? Have these been incorporated into Phase 2 request?**

Please summarize the major findings/recommendations of the independent program review.

If there have been no recent independent program reviews conducted, enter "not applicable".

### **C.3. FINANCIAL PERFORMANCE**

#### **C.3.1. FINANCIAL SITUATION AT CUT-OFF DATE**

##### **Cut-off date**

Please indicate the cut-off date.

The cut-off date refers to the end of the reporting period at which the financial analysis is prepared for the Phase 2 assessment. This date will normally be at the end of month 18 and will coincide with the period end date for programmatic reporting.

##### **C.3.1.1. Disbursements**

- (a) In the first line of the table, enter the Phase 1 budget as per Grant Agreement.
- (b) In the second line, enter the actual disbursements received from the Global Fund to cut-off date (usually month 18). Do not indicate the disbursements that occurred after the cut-off date.
- (c) In the third line, enter the undisbursed amount at cut-off date (equal to Phase 1 budget as per Grant Agreement less the actual disbursements received to cut-off date).

##### **C.3.1.2. Cash at cut-off date**

Please fill in the table. The figure of 'Disbursed to PR' should be the same as that reflected in the Global Fund website at the cut-off date. 'Expenditure incurred to cut-off date' should reconcile with the Enhanced Financial Report to the same date. The 'Cash at cut-off date' should be supported by relevant PR or SR records and be LFA verifiable.

The total cash at cut-off date available at PR and SR level and the undisbursed amount at cut-off date are deducted from the total request for funding m19-m60 period when calculating the Phase 2 Incremental amount, please see section D.2.3.1 for further details.

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

The reason for requesting this information is that the Global Fund is aware of the level of expenditures 'incurred' (i.e. paid in cash and accrued) at the cut-off date. The information requested relates to goods and services already delivered/consumed at the cut-off date. It has nothing to do with commitments for activities still to take place.

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

All required payments after the cut-off date need to be included in the budget required from the cut-off point forward. Thus if there are goods and services which were delivered before the cut-off date but not yet paid for as at the cut-off date, they must be included in the budget requested from the cut-off point forward (normally months 19-24). Failure to include them could mean that they will not be included in the funding envelope provided.

#### **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:**

The period end for the Enhanced Financial Reporting should be the same as the 'cut-off' date at C.3.1.

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

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

Please provide an explanation for amounts undisbursed or reflected in cash. Any under-spent amount is normally explained in detail in the Enhanced Financial Reporting. This is a high-level summary of reasons for the same.

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

As noted in section A.4.1 the Global Fund programmatic ratings are driven by achievements against targets on the following scale [ref]. In general the rate of programmatic achievements should align with the rate of spending on the grant e.g. 90% spending rate should equate to an A2 performance. This question asks the applicant to confirm that the rate of expenditure is in line with the rate of achievement against targets or to explain why this is not the case. Reasons why not might include for example: significant savings result in lower spending rate, exchange losses result in higher spending rate.

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

The applicant should refer to the Global Fund audit guidelines on this issue. Please ensure that measures taken to address audit issues are documented and verifiable.

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

The applicant should refer to the Global Fund audit guidelines on this issue. Please ensure that measures taken to address audit issues are documented and verifiable.

## 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? Please explain.**

The Global Fund encourages alignment of the grant's Performance Framework to the national M&E plan, those of partners and other Global Fund grants. Please indicate whether the alignment has taken place and summarize the rationale for the alignment, the process undertaken and the outcome with respect to the changes to the original Performance Framework, if applicable.

#### 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.**

The Global Fund recognizes the importance of Principal Recipient selection in achieving results. Therefore, CCMs should give full consideration to the option of changing and/or adding a Principal Recipient at the time of Phase 2 to maximize its chances of achieving significant results.

Please summarize any changes to grant implementation arrangements.

**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.**

The Global Fund recognizes the importance of programming that identifies and responds to the different needs of populations, including their social and/or financial situations, and between women and men, and girls and boys.

In addition, the Global Fund recognizes that stigma and discrimination on the basis of disease status, sex, age, marital and migration status, sexual orientation, and other factors can be significant barriers to ensuring equal access to the range of prevention, treatment, and care and/or support interventions promoted as international best practice.

Please provide how gender issues were considered when CCM prepared the CCM Request for Continued Funding.

**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)?**

Applicants should describe how the Phase 2 strategy adheres to the principles of equality and fairness in the prioritization and selection of target population(s). Please consider the following in your response:

- Whether the proposal includes purposeful outreach to assure social support, protection, information, and access to services that are equitable between women and men, and girls and boys;
- Whether particular groups may receive prioritized access to services and the rationale for this approach;
- How support for the planned interventions will strengthen social equality by reaching the demographic and social groups most in need of the interventions.  
Issues that may be appropriate to address, depending on the country context, include differences in the equality of access to services between:
  - men vs. women; rural vs. urban populations; poor vs. affluent;
  - adults vs. children; children in and out of school; and girls vs. boys;
  - migrant vs. native born; and formal vs. informal sector work (and unsafe work),
  - as well as access for high risk or marginalized groups, including sexual minorities; and various combinations of these; and
- Strategies to be pursued during the Phase 2 term to directly address stigma and discrimination as a barrier to ensure that people in need of services receive relevant prevention, treatment, and/or care and support services in settings most supportive of the services being effectively delivered (e.g., provision of HIV counseling and testing in the framework of reproductive health care, or single sex classes for young people on sexuality and disease prevention).

**D.1.2.4. Please summarize any changes to implementation arrangements to improve effective and efficient implementation of the program.**

When responding please consider for example actions to strengthen the areas of

- a) ownership and transparency of development funds, such as recording of grant funds on the country budget,
- b) alignment of grant financing with country systems and procedures, such as alignment to the country fiscal cycle and
- c) harmonization and coordination with other donor-funded activities, such as the PR's participation in the sector or disease coordination group.

**D.1.2.5. Comment on appropriateness/benefits and/or potential risks anticipated from changes described.**

Please describe how the program is expected to benefit from the proposed changes. Explain potential risks related to a change in the implementation arrangements.

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

Please explain if changes were proposed due to changes in the evidence based guidelines of technical agencies.

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

Please explain if changes were proposed due to changes in the national program and policy environment.

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

Please explain if the proposed changes originate from the lessons learned during the Phase 1 of program implementation.

**D.1.2.9. Are the proposed changes due to any other compelling factors (e.g. Board decisions)? Please explain**

Relevant Board decisions include those related to 'Dual Track Financing', 'Community systems strengthening', 'Grant Consolidation', 'Health Systems Strengthening', 'Gender Sensitive approach', etc.

**D.1.3 MATERIAL REPROGRAMMING CONSIDERATIONS FOR PHASE 2****D.1.3.1.: In the opinion of the CCM, does this request represent material change in the scale / scope Performance Frameworks in Grant Agreement?**

If there is a material change to the scale / scope of Performance Framework, the Secretariat may decide to refer the proposal for TRP review. This is usually based on added or dropped goals, objectives, or SDAs, or if there has been a significant reduction in coverage, or any other material issues that would have come up during the implementation of the grant.

**D.1.3.2 In the opinion of the CCM, can the material change in scope / scale be justified by epidemiological data? If yes, please provide more information.**

Please make reference to the new epidemiological data provided under section B.1.2. vis-à-vis original proposal data.

**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.**

PHPM activities could have faced a number of challenges in the Phase 1. These may include, but are not limited to, challenges related to forecasting, compliance with competitive and transparent procedures, proposed procurement methods, Quality Assurance, type and volume of products originally planned for procurement, storage and distribution arrangements. Based on the Phase 1 implementation experience, please describe the anticipated challenges related to PHPM activities in Phase 2 and the mechanisms in place to mitigate the potential challenges.

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

In the light of the Phase 1 PHPM activities, please assess the risk of treatment interruptions at the health facilities in Phase 2 due to service delivery factors (e.g.: stock outs) or any other factors that would have contributed to limiting the access to services.

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

Please explain if lessons learned during Phase 1 of program implementation have led to changes in Phase 2.

**D.2. FINANCIAL PROPOSAL**

The maximum amount of funding that a CCM can request for Phase 2 is the total five-year budget in the originally-approved proposal (less any adjustments made by the Technical Review Panel during the initial clarification process) less the actual expenses incurred during

Phase 1 (i.e., the initial two-year period) less any other funding limitations or efficiency gains imposed by the Board at a point in time. As the CCM Request for Continued Funding will be considered before the end of the first phase, CCMs must come up with an estimate for its resource needs during the second phase of program implementation.

### **D.2.1. PHASE 2 UPPER LIMIT**

#### **D.2.1.1. Original Phase 2 Adjusted Proposal Amount**

Please refer to the original proposal approved after adjustments, if any, arising from TRP clarifications. Place the budgets for Year 3, Year 4 (if applicable) and Year 5 (if applicable) in the appropriate boxes. The total equals the Phase 2 Adjusted Proposal Amount.

#### **Resources available to finance program after cut-off date**

In December 2010, the Global Fund Board decided that CCMs may only apply for up to a maximum of 90% of the original Phase 2 amount for Round 8, Round 9 and the First Learning Wave of National Strategy Application proposals. As such, the maximum amount available to finance the Phase 2 budget for these proposals shall be not more than 90% of the original Phase 2 amount (after TRP clarifications plus any Phase 1 funds remaining available at the end of the Phase 1 period.

- (a) In the first line of the table, calculate 90% of the Original Phase 2 adjusted Proposal Amount (after TRP clarifications) (from D.2.1.1)
- (b) In the second line, enter Phase 1 amount undisbursed by the Global Fund at the cut-off date (from C.3.1.1)
- (c) In the third line, enter the cash balances of PR + SRs at the cut-off date (from C.3.1.2)

The Total Resources available for months 19-60 are equal to the 90% of Original Phase 2 adjusted Proposal Amount plus under-disbursement in Phase 1 plus cash at cut-off date.

### **D.2.2. CCM BUDGET REQUEST FOR MONTH 19 - MONTH 60 PERIOD**

The CCM should submit a realistic budget for the second phase of the program's implementation, taking into consideration performance of the grant in Phase 1, actual expenditures to date, absorptive capacity and the proposed strategy for the future. The budget must also take into account any Board-mandated efficiency savings. If the CCM anticipates a significant under-disbursement in Phase 1, the CCM must fully assess the absorptive capacity of the country and the likelihood of using these funds effectively during the Phase 2. All requests must be fully justified by the detailed budgets and workplans, and intended results.

#### **D.2.2.1. Details of CCM Request for Funding**

In this table, please summarize the funds requested for the remaining Phase 1 (usually m18-m24) and each year for Phase 2 from the Global Fund, using the Global Fund's standard categories by cost category and service delivery area. The objectives and SDAs listed should correspond to those in the Performance Framework (and/or Monitoring and Evaluation Plan). The budget summary should be supported by a detailed budget which reconciles with the budget summary.

The requested budget for remaining Phase 1 period (M19-M24) should include the outstanding liabilities/commitments existing at the cut-off date and expected expenditures for the remaining Phase 1 period. The total requested amount for the remaining period month 19-24 cannot be higher than the Phase 1 undisbursed amount plus any PR and SR cash at cut-off date.

The total funding request for month 19 month 60 period in table D.2.2.1 cannot be higher than the total resources available in table D.2.1.1.

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

In this table, please provide your analysis of the Phase 2 request versus original Phase 2 budget.

The Global Fund provides a degree of flexibility in allowing the applicant to revise its budget for the Phase 2 period compared with the original budget. Such changes may be necessary for a number of reasons, e.g., capacity building needs, ability to reinvest savings into increased targets. This table provides an opportunity to explain the changes in the Phase 2 requested budget compared to the original proposal.

See Annex 1 for an example.

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

The budget now presented for Phase 2 will invariably reflect changes from the original proposal budget due to changed circumstances, unit costs, movements, exchange rate fluctuations and other grant implementation lessons learned. Provide an explanation of any such material variances.

If there have been any significant changes in the budget from the original proposal, outline them here. For additional clarity the applicant may prepare a summary table [see budget review checklist] showing, by cost category, the revised budget request compared with the original budget request in the proposal.

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

In general applicants should not reduce targets originally contained in the proposal. However there may be instances where targets are amended to better reflect what can be achieved. In this section the applicant is requested to confirm that the budget is fully in line with the targets and fully explain any changes.

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

The intention is that applicants use their knowledge of the real cost of activities, possible cost efficiencies and value for money considerations as well as a better knowledge of how to achieve results in Phase 1 to apply to a 'better' budget in Phase 2. Some of the lessons learnt from the Phase 1 budget analysis may be:

- i. Phase 1 implementation delays
- ii. Price reductions/price increases
- iii. Program efficiencies/overspends
- iv. Programmatic overachievements with less funds required per target reached
- v. Programmatic underachievements with more funds required per target reached.

**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.**

There are considerable flexibilities in the Global Fund policies which allow implementers to adjust their budget allocations for maximum efficiency. This is not limited to cost efficiency. There may also be, for example, changes to implementation arrangements, changes to systems and processes, or new funding sources.

**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.**

Undisbursed funds may, in appropriate circumstances, be used in Phase 2. The CCM should however explain why it is reasonable to do this. Consider, for example: increased scope of activities, increased targets, activities initially planned during Phase 1 to be undertaken in Phase 2, unanticipated increases in program costs, etc.

### **D.2.3. PHASE 2 INCREMENTAL FUNDING**

#### **D.2.3.1 Summary table - Incremental Funding**

The Total Funding Request in table D.2.2.1 represents the costing of all activities to be undertaken from month 19 to 60 as well as any liabilities outstanding at month 18. The funding for part of this may be derived from amounts that remain undisbursed from Phase 1 as at the end of the cut-off point (usually month 18) and from any cash available at that same point. The Summary table (D.2.3.1) reflects the incremental amount for Phase 2 to be added to the grant agreement over and above that already committed.

See Annex 1 for an example.

## **DOCUMENTS REQUIRED WITH THE REQUEST FOR CONTINUED FUNDING:**

The following documents must be submitted alongside the *Request for Continued Funding*:

1. Minutes of the CCM meetings (relating to discussions on the *Request for Continued Funding*);
2. A summary budget for the entire Phase 2 period in Global Fund format (refer to Global Fund template); per Phase 2 PR
3. Detailed (quarterly) Budget and Work-plan for the entire Phase 2 period. Detailed budgets should show all general and detailed assumptions including unit costs and quantities; per Phase 2 PR
4. A detailed Procurement and Supply Management (PSM) Plan for the entire Phase 2 period; per Phase 2 PR
5. The completed Enhanced Financial Reporting (EFR) template as of the date of the results submitted for the performance assessment; per Phase 1 PR
6. Proposed Performance Framework for the entire Phase 2 period (year 3-5); per Phase 2 PR
7. A National M & E Plan for the entire Phase 2 period (*if available and not previously submitted*). A grant specific M & E Plan may be submitted if National Plan is not available; per Phase 2 PR
8. Progress Report for all agreed-upon indicators for Quarter 6 (*if not previously submitted*); per Phase 1 PR
9. Most recent PR Audit Report, and management letter (*if due and not previously submitted*) as well as the status of SR audits. If a PR report is overdue, the CCM shall provide information on when the release of the audit report is expected and provide the previous one. If the SR audit status shows a significant proportion of audits (by number or value) overdue, the CCM shall provide information on the actions being taken to rectify the situation; per Phase 1 PR
10. Latest Health Information System Report (*if any*); *and*
11. Revised Program Implementation strategy (*if applicable/necessary*).

## ANNEX 1

### 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
	USD 2,900	USD 1000	USD 950	USD 950

\* Original Phase 2 Proposal Amount 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	USD 2,610
Undisbursed at cut-off date (section C3.1.1)	B	USD 400
Cash at cut-off date (section C.3.1.2)	C	USD 200
Total Resources available (month 19-60)	D = A + B + C	USD 3,210

\*\*As per Board Decision GF/B22/DP25, funding limits for Round 8, Round 9 and National Strategy Application proposals is 90%.

#### 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	Remaining Phase 1 period	Phase 2			TOTAL Funding Request***
	M19 - M24	Year 3	Year 4	Year 5	
Prevention: testing	USD 150	USD 300	USD 310	USD 300	USD 1,060
ART treatment delivery	USD 200	USD 460	USD 480	USD 470	USD 1,610
Support to OVC	USD 100	USD 100	USD 100	USD 80	USD 380
Total:	USD 450	USD 860	USD 890	USD 850	USD 3,050

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

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

	Amount	CCM Comments	Guidelines comments:
<b>Original Phase 2 Adjusted Proposal Amount</b>	USD 2,900		Same amount as in table D.2.1.1
<b>- Savings from</b>			
Reduced unit costs	(USD 95)	Savings from reduced unit cost for ARV	comparing to the original TRP-approved budget
	(USD 120)	Reduced administrative costs	
Reduced activities	(USD 100)	Less trainings will be organized in Phase 2 and reduced costs for training activities	
	(USD 45)	Streamlined technical assistance activities	
<b>+ Increased costs</b>			
Increased unit costs	0		

Scale up activities	USD 20 USD 25	Scale up in prevention activities (testing) Scale up in ART treatment delivery	
<b>+ Increased costs due to new activities</b>			
Programmatic	0		
Health systems strengthening	0		
Capacity building	USD 15	M&E capacity building for HIV implementing partners	
<b>+ Increased costs due to activities moved from Phase 1 to Phase 2</b>	0		
Other changes to budget (non-material)	0		
<b>= Budget for Y3, Y4 and Y5 (B+C+D)</b>	USD 2,600		<i>Should be consistent with Phase 2 Budget (Y3 + Y4 + Y5) from table D.2.2.1</i>
<b>+ Budget for the remaining Phase 1 period (A)</b>	USD 450		<i>consistent with Budget for the remaining Phase 1 period from Table D.2.2.1</i>
<b>= Total CCM Request for Funding for month 19 – month 60 (E)</b>	= USD 3,050		<i>consistent with Total Funding Request from table D.2.2.1</i>

### 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	USD 3,050
- Undisbursed amount at cut-off date (M18) (table C.3.1.1)	B	USD 400
- Cash balance at cut-off date (M18) (table C.3.1.2)	C	USD 200
<b>= CCM Requested Phase 2 Incremental Amount</b> <i>(please indicate this calculated amount in section A.4.2)</i>	<b>D =</b> A - B - C	<b>USD 2,450</b>