

MSM and Transgender engagement in Global Fund New Funding Model Country Dialogue in



BHUTAN

In 2014, the Global Fund's New Funding Model (NFM) will begin operating. Inclusiveness of civil society and key affected populations (KAP) (including men who have sex with men (MSM) and transgender people) is a key feature of the NFM. It is also one of the main criteria in assessing whether funding applications are robust. Country Dialogue is the term used by the Global Fund to describe the inclusive, ongoing consultative processes at the country level that is meant to inform all stages of the NFM process. Therefore, the country dialogue process presents a significant opportunity for civil society organisations representing MSM and transgender people to be meaningfully involved in all the stages of the NFM.

This resource guide is designed to assist civil society organisations in understanding the NFM and effectively engaging in country dialogue through all the key stages of the NFM. Links to key contacts, key dates and useful documents can be found at the end of this guide.

GIVE US YOUR FEEDBACK

APCOM also welcomes you to provide feedback on your engagement with the country dialogue process.

You can participate in our survey at

<https://www.surveymonkey.com/s/NFMe>

or you can provide comments directly to us at

apcom@apcom.org



Participants from Asia and the Pacific discuss the crucial community involvement in the country dialogues at the Global Fund Advocates Networking Zone at AIDS 2014, Melbourne, Australia.

1. WHAT IS THE NEW FUNDING MODEL?

The NFM is designed to bring the Global Fund Strategy of “Investing for Impact” to life. The NFM is intended to improve the way the Global Fund assesses, approves, disburses and monitors grants. The NFM’s core features are:

- Ensuring a **bigger impact** by focussing more resources on countries that have the highest disease burden and lowest ability to finance their responses.
- **Predictable funding** through an allocated amount during one allocation period (allocated funding).
- **Ambitious vision** through a competitive ‘incentive’ fund for ambitious requests that are not part of the allocation funding (incentive funding).
- **Flexible** schedule for funding processes to fit within national timelines.
- **Streamlined** funding process managed by the Country Coordination Mechanism (CCM).

APPLICATION TYPES

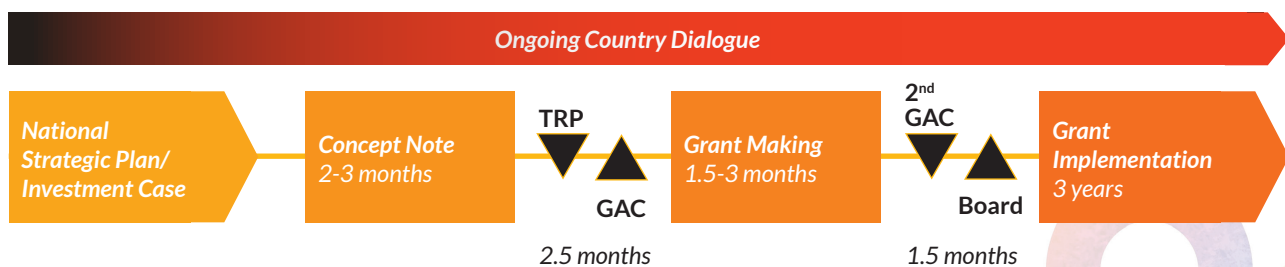
The majority of applications will be standard applications made through one funding process managed by the CCM. CCMs are the country-level body that develops and submits funding applications for each disease (called “concept notes”), manages grant agreements, and nominates principal and sub-recipients. CCMs engage directly with the Global Fund Secretariat via the assigned Funds Portfolio Manager (FPM). CCMs are also responsible for in-country stakeholder engagement throughout the application process and life of the grant.

Apart from standard applications, there are 4 non-standard applications: TB & HIV joint applications, health systems strengthening applications, regional applications and non-CCM applications. Only TB& HIV and regional applications are likely to be relevant for civil society organisations. TB & HIV joint applications follow the same stages as a standard application but the concept note will be in relation to both TB & HIV, rather than each one separately. Regional applications only follow two stages: the submission of an Expression of Interest and the submission of a regional concept note.

FUNDING SOURCES

Most funding will come from allocated funding, an amount set by the Global Fund for each country. The Global Fund will first communicate to the CCM an “indicative funding” ceiling. This is the core funding amount a country can expect to be granted. This should be used as a guide when developing a concept note. On top of allocated funding, requests that are ambitious, high impact, and sustainable may be funded on a competitive basis through “incentive” funding. However, incentive funding is not guaranteed. Any funding requests that are favourably considered but not funded under allocated or incentive funding will be considered “Unfunded Quality Demand”, and may be funded in the future if circumstances change. When submitting a concept note, applicants are encouraged to express the complete total of their funding demand, so as to maximise how much they could receive through allocated funding, potential incentive funding and potential unfunded quality demand funding.

2. WHAT ARE THE KEY STAGES OF THE NFM?



Source: Adapted from “Resource Book for Applicants, The Global Fund’s new funding model”, The Global Fund

Ongoing Country Dialogue

Led by: Country Coordinating Mechanism (CCM)
Timeline: Ongoing

This is an ongoing consultation process at the country level to develop national health strategies and to strengthen health and community systems. There is no model for how country dialogue should operate. Ongoing country dialogue is relevant to all aspects of Global Fund grants, from discussing national priorities, through the development and negotiation of funding requests, to grant implementation and oversight. The CCM is required to draw on this broader country dialogue process to inform the development of funding requests to the Global Fund.

The country dialogue process needs to be broad, open and transparent. Apart from civil society and networks of KAP, the country dialogue process should also be inclusive of Ministries of health, finance and planning; the private sector; the public sector; faith-based organizations; human rights experts; people who are most vulnerable to and affected by the three diseases; and other technical and financial partners – including the Global Fund.

National Strategic Plan/Investment Case

Led by: National Governments
Timeframe: Determined by national governments

The Global Fund will base its support on concept notes built on national strategic plans and health strategies. These strategies must be:

- robust, prioritized and costed
- developed through inclusive, multi-stakeholder efforts
- consistent with international norms and guidance
- based on epidemiological data disaggregated by age and sex
- contain analysis of human rights, gender and key populations, and legal, social and other barriers that affect access to health services
- contain comprehensive expenditure framework, and appropriate review and evaluation mechanisms.

In cases where a country does not have a strong national strategic plan, an investment case can be developed with the assistance of UNAIDS to support a Global Fund application.

Concept Note

Led by: CCM
Timeframe: 2-3 months

A concept note is a high level strategic document outlining the funding request. It is expected to be between 30-40 pages and should not contain the detailed aspects of the grant. For standard applications, the Global Fund will only accept one concept note from each country for each disease. There are 9 concept note submission dates in 2014-2016 (see key dates at the end of this document). Concept notes contain 4 sections:

1. **Country context:** An analysis of the current disease context in the country. This should include health and community system constraints and human rights and gender barriers to accessing health services.
2. **Funding Landscape, Additionality, Sustainability:** A description of current and anticipated funding for the national program over the proposed grant duration. This allows reviewers to understand current and future commitments towards the disease(s), assess compliance with counterpart financing requirements, and determine the funding gaps of the national program. "Additionality" refers to the principle that Global Fund funding would add to, rather than replace, other funding sources.
3. **Funding requests:** The applicant prioritizes funding needs to the Global Fund, including the full expression of quality demand.
4. **Implementation Arrangements and Risk Assessment:** After defining the interventions included in the proposed funding request, the CCM must identify and describe the main organizations involved in implementing and overseeing the grant (the Principal Recipient/s).

Technical Review Panel/Grant Approvals Committee review

Led by: TRP and GAC
Timeframe: 1-2.5 months

The Technical Review Panel (TRP) is a group of independent experts that evaluates the concept note for quality and technical soundness. The TRP will only meet 9 times in 2014-2016. The TRP will consider:

- **soundness of approach:** does the approach respond to epidemiological priorities and critical health system gaps, use best evidence-based technical practices and approaches, strategically focus on key groups, and propose relevant strengthening of systems?
- **feasibility** – is there necessary capacity for implementation, sufficient access and engagement with populations being served, and recognition and response to local constraints and barriers?
- **potential for sustainable outcomes** – are the outcomes consistent and complementary to other strategies and international and national efforts?
- **value for money** – is there maximum benefit from the resources available over a defined period of time?

If the TRP is satisfied with the quality of the concept note, it makes a funding recommendation to the Grants Approvals Committee (GAC). However, the TRP may also decide that a concept note is not yet ready. It will then provide feedback to the CCM and request that a revised concept note be submitted.

The GAC is a committee of senior Global Fund managers together with representatives of technical partners. Based on the recommendation of the TRP, the GAC decides on a final level of funding for the concept note, including any additional incentive funding. This becomes the basis for grant-making. The GAC reviews funding applications for:

- strategic investment to maximize coverage, outcomes and impact at levels required for complete control of the epidemics;
- financial and programmatic gap analysis aligned to National Strategic Plans and targets;
- adequate investments made available across grants to address human rights, gender, community systems strengthening and key populations as appropriate;
- risk management and mitigation measures; financial management and budget review; grant management and operational issues and value for money; and
- sustainability to leverage Global Fund investments and increase domestic contributions.

Following the GAC meeting, applicants will receive a “Concept Note Assessment and Parameters for Grant Making” form that tells them the upper ceiling for the grant making and summarizes issues raised by TRP and GAC to be addressed during grant making and/or grant implementation.

Grant-making

Led by: Principal Recipients, with assistance from CCM and FPM
Timeframe: 1.5-3 months

Grant making is the process of transforming approved concept notes into a grant agreement. This is where the details of the grant and its implementation are worked out. Grant-making includes 3 stages:

- i) Plan for grant-making by defining milestones, deadlines and key actors.
- ii) Capacity assessment of Principal recipient or sub-recipient and responses; and
- iii) Development of a detailed budget and performance targets.

Grant-Approvals Committee/Board Approval

Led by: GAC and Global Fund Board
Timeframe: 1 month

The GAC reviews the final grant agreement before being approved by the Global Fund Board.

Implementation

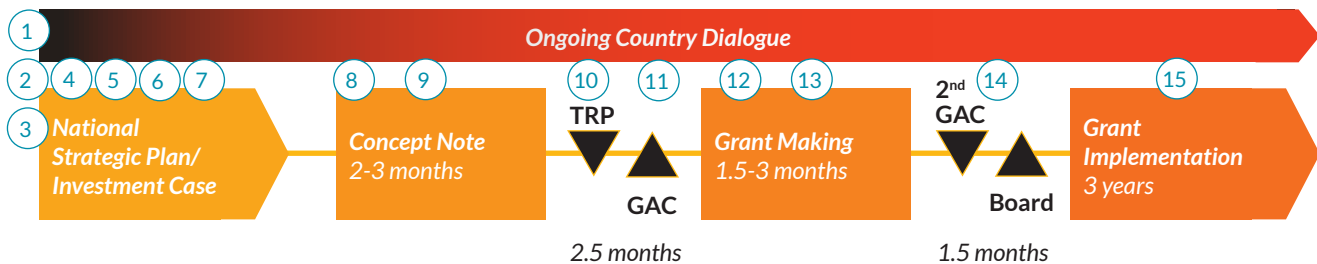
Led by: Implementers (Principal Recipients and sub-recipients) and FPM
Timeframe: 3 years

Once approved, grants will begin to be implemented for an implementation period of 3 years.



Participants at the Global Fund South and East Asia Workshop “Achieving Impact: The New Funding Model Update”, 16-18 June 2014, Phnom Penh, Cambodia.

3. WHAT DO YOU NEED TO DO?



Source: Adapted from “Resource Book for Applicants, The Global Fund’s new funding model”, The Global Fund

Prior to and during ongoing country dialogue

1. **Engage with key contacts** in the Global Fund (for example the CCM and FPM), UNAIDS, Government and civil society. Ensure you know key dates, such as when country dialogue meetings and submission of the concept note are planned. Since inclusion is a key feature of the NFM, it is important to keep regular and well documented communication with all key stakeholders.
2. **Assess your organizational capacity** and the key features of your activities to see how it fits within the NFM’s goals. Consider the following:
 - a. Is your organisation capable of being a Principal Recipient or sub-recipient, including having the capacity to draft the grant agreement? How can you strengthen your organisational capacity?
 - b. How can your experiences inform National Strategic Plan development?
 - c. What are your organisation’s activities and what has been the impact? In particular, consider how your activities strategically focus on MSM and transgender people, human rights, gender equality, and health and social systems strengthening?
 - d. What have been the legal and social barriers you have faced and how do you plan to address these barriers?
 - e. How can your activities’ costings, outcomes, feasibility and sustainability fit within a concept note?
3. **Contact and meet up with other civil society members** to develop consensus and a cohesive strategy for engagement with the NFM process. You should document all communications and consider inviting non-civil society CCM members to observe meetings. These meetings should occur throughout the Ongoing Country Dialogue process. You can work towards producing recommendations for the national strategic plans and concept note. At this stage, you can:
 - a. Identify and establish systems to communicate with other civil society members, KAP and key stakeholders (including rural and remote populations) throughout the country dialogue. This will help to show that your input will assist in making the concept note robust and inclusive.

- b. Discuss how civil society should participate in the ongoing country dialogue and the various NFM stages. Is it best to form a caucus or coalition to represent civil society and KAP with the CCM? Is there funding (from the CCM Secretariat or other sources) for civil society engagement?
- c. Identify who is best placed to be nominated as concept note drafters, principal recipients, and sub-recipients.
- d. Assess the current National Strategic Plan, identifying strengths and weaknesses ahead of your country dialogue. Knowing the strong and weak points of your NSP in advance will help to set the agenda and baseline for discussions in your country dialogue and beyond.
- e. Identify the funding priorities, including gaps in funding, taking into account the “indicative funding” that the Global Fund announces.
- f. Identify ways in which programs can have the “highest impact”, and which ones are “ambitious” and should be requested as “incentive funding”.
- g. Identify and monitor legal or policy barriers to services as well as barriers to service uptake related to the quality of services and/or program design.
- h. Identify what technical assistance is required, and whether there can be funding from the Global Fund to assist with this.

During the national strategic planning stage

4. **Engage with the national government** and other stakeholders relating to the National Strategic Plan development and review processes. You can:
 - a. Provide guidance on successful approaches to key activities, the most impactful interventions, any barriers to access for KAP, and program monitoring and implementation.
 - b. Critically assess the quality of KAP data and epidemiology. Where data is inadequate, enhanced collection may be an important component of the concept note.
 - c. Consider National Strategic Plans and whether your country should develop a HIV Investment Strategy with UNAIDS. If so, consult with CCM and UNAIDS.
5. **Meet with civil society and key populations** to consider:
 - a. What technical experts and support is available for concept note drafting. Make this available to the CCM so that the concept note is as technically sound as possible.
 - b. When key dates are, noting the planned date for concept note submissions.
 - c. Consider early consultation with TRP regarding technical soundness. Can you give an initial description of the coalition’s initiative’s goal, objectives, and approach?
 - d. Consider contacting the CCM or FPM if not feeling engaged in the country dialogue.
6. **Advocate for membership** in the concept note drafting team.
7. **Advocate for increased government investment** in HIV, TB and health systems. Increased government investment will ensure compliance with the Global Fund’s objective to establish sustainable funding through mandatory counterpart financing requirements and the “willingness to pay” incentive.¹

During the concept note drafting stage

8. **Identify who is nominated as the Principal Recipient**, as CCMs have been advised to assign the Principal Recipient early in this stage.
9. **Engage in concept note preparation, discussion and drafting**, providing ongoing, meaningful and up-to-date input:
 - a. Check the availability and inclusion of disease burden data related to KAP and consideration of experienced implementers in program design discussions.
 - b. Help identify and monitor legal or policy barriers to services as well as barriers to service uptake related to the quality of services and/or program design.
 - c. Help identify key components related to community based service delivery and community systems strengthening efforts to be included in the funding request.
 - d. Provide accurate and recent information on costs that can be used to develop the summary budget.
 - e. Ensure that the prioritization of the requests for funding and the recommended interventions take into account the needs and perspectives of key population groups consistent with the socio-epidemiological context of the country.

During the TRP/GAC review stage

10. **Be available to provide input** if there are queries from the TRP or GAC.
11. **Prepare for grant-making stage**, as the Principal Recipient is also encouraged to begin preparing for the grant-making stage now. Civil society organisations, individually and collectively, should begin:
 - a. Preparing your proposals to act as sub-recipients.
 - b. Assessing and improving your organisational capacity, including monitoring & evaluation and risk mitigation processes.
 - c. Preparing detailed programmatic planning and costings to ensure that activities are implement-ready.

1. For more about counterpart financing and willingness-to-pay, see <http://www.theglobalfund.org/en/fundingmodel/counterpartfinancingwtp/>

During the Grant-making stage

- 12. Submit proposals to act as sub-recipients.** Be prepared to make a case to the Principal Recipient why your organisation is well positioned to deliver on a certain part of the programme. If identified as sub-recipients, provide supporting documentation and ensure strong monitoring & evaluation and risk mitigation processes.
- 13. Provide input as required during the implementation design stage,** including supporting the CCM to respond to TRP or Secretariat questions or clarifications. This should draw on preparation from previous stages. Ensure that the CCM establishes a mechanism to communicate progress and allow communities to be engaged during implementation design. Make sure that the components of the grant from the Concept Note feature in the detailed implementation and budgeted plans.

During the GAC/Board approval stage

- 14. Be available to provide input or support Delegations to the board to address any outstanding concerns relating to your country's concept note.**

During the Implementation Stage

- 15. Meet with key country dialogue members** to update on progress of implementation. If your organisation is not a sub recipient or sub-sub recipient, work with other community groups to monitor implementation and document evidence to inform advocacy. This can shape implementation and the next cycles of grant making (including Country Dialogue).

4. KEY CONTACTS, DATES AND RESOURCES

CCM Chair: Nima, Wangdi Ministry of Health Secretary Telephone: +975-2-326626 Fax: +975-2-324649 Email: nwangdi@health.gov.bt	Community CCM member: Uygen, Dorji Lhak-sam Member Telephone: +975-2-340-878 Email: ugyendorjee2011@gmail.com	<table border="1"> <thead> <tr> <th>Year</th> <th>Concept Note Submission Date</th> <th>Timing of TRP review meeting</th> </tr> </thead> <tbody> <tr> <td rowspan="4">2014</td> <td>15 May</td> <td>Mid June 2014</td> </tr> <tr> <td>15 June</td> <td>End of July 2014</td> </tr> <tr> <td>15 August</td> <td>End of September</td> </tr> <tr> <td>15 October</td> <td>End of November</td> </tr> <tr> <td rowspan="4">2015</td> <td>15 January</td> <td>End of February</td> </tr> <tr> <td>15 April</td> <td>End of May</td> </tr> <tr> <td>15 August</td> <td>End of September</td> </tr> <tr> <td>15 October</td> <td>End of November</td> </tr> <tr> <td>2016</td> <td>15 April</td> <td>End of May</td> </tr> </tbody> </table>	Year	Concept Note Submission Date	Timing of TRP review meeting	2014	15 May	Mid June 2014	15 June	End of July 2014	15 August	End of September	15 October	End of November	2015	15 January	End of February	15 April	End of May	15 August	End of September	15 October	End of November	2016	15 April	End of May
Year	Concept Note Submission Date	Timing of TRP review meeting																								
2014	15 May	Mid June 2014																								
	15 June	End of July 2014																								
	15 August	End of September																								
	15 October	End of November																								
2015	15 January	End of February																								
	15 April	End of May																								
	15 August	End of September																								
	15 October	End of November																								
2016	15 April	End of May																								
Funds Portfolio Manager: Elin, Bos Elin.Bos@theglobalfund.org	UNAIDS Country Coordinator: del Prado, Ruben Telephone: +5926230146 Email: delprador@unaids.org																									

Global Fund documents	Country documents
Engage! Practical tips to ensure the new funding model delivers the impact communities need http://www.theglobalfund.org/documents/publications/other/Publication_EngageCivilSociety_Brochure_en/	MSM Country Snapshot http://www.apcom.org/sites/default/files/MSMSnapshots-Bhutan.pdf
Concept Note template and guidance http://www.theglobalfund.org/en/fundingmodel/single/applicationmaterial/	National Strategic Plan II for STIs, HIV and AIDS, 2012-2016 www.health.gov.bt/downloads/HIV_AIDS%20NSP%202012-2016.pdf
Addressing sex work, MSM and transgender people in the context of the HIV epidemic http://www.theglobalfund.org/documents/core/infonotes/Core_SOGI_InfoNote_en/	UNGASS 2014 Country report http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2014countries/BTN_narrative_report_2014.pdf
Human Rights for HIV, TB, Malaria and HSS Grants http://www.theglobalfund.org/documents/core/infonotes/Core_HumanRights_InfoNote_en/	
Other guidance material	
UNAIDS: Supporting community-based responses to AIDS, tuberculosis and malaria. A guidance tool for including community systems strengthening in proposals for the Global Fund to Fight AIDS, Tuberculosis and Malaria http://www.unaids.org/en/media/unaids/contentassets/documents/programmes/programmeeffectivenessandcountrysupportdepartment/gfresourcekit/20110920_JC2170_community_systems_strengthening_en.pdf	
ICASO: Coordinating with Communities: Guidelines on tools on coordinating the role of civil society. http://www.icaso.org/?file=23939	
ICASO: Civil Society Global Fund Application Preparedness Guide http://www.icaso.org/media/files/23918-NFMCSBriefFINALEN.pdf	
WHO Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations http://www.who.int/hiv/pub/guidelines/keypopulations/en/	
WHO/UNDP: The Time has Come 2013: http://www.aidsdatahub.org/sites/default/files/highlight-reference/document/the-time-has-come-WHO-UNDP-2013.pdf	