**Checklist Peer Review for Development of Global Fund Concept Notes**

**22 – 25 July 2014, Johannesburg, South Africa**

**TB and HIV single concept note**

|  |
| --- |
| **Reviewer (Country):**  **Reviewee (Country):** |

**Guidelines for reviewers**

The purpose of these guidelines is to provide a framework for the review of New Funding Model Concept Notes. Reviewers should pay attention to the points raised here, but are also encouraged to provide additional comments on the Concept Notes they review, as appropriate. Reviewers should be critical but fair and provide constructive comments and concrete suggestions to improve their colleagues’ proposals. Please note that the Concept Note is developed based on the National Strategic Plans on TB or AIDS and/or the HIV country Investment Case. Therefore, it will be useful to have these documents along with the CN.

Reviewers also need to bear in mind that the draft concept notes are made available in confidence and the contents should not be communicated to outside parties.

The following criteria should be considered when assessing the Concept Note:

Soundness of approach

* Responds to the highest epidemiological priorities at national and sub-national level and to the most critical gaps of the disease response in a country-specific context, leading to reduced disease incidence, disease-related deaths and stigma and discrimination;
* Uses the best, current, evidence-based technical practices and approaches for prevention, control, treatment, care and support for the TB and HIV responses ;
* Where appropriate and relevant in a country’s context, demonstrates a strategic focus on vulnerable and key affected populations, high transmission geographies, and improving the health of mothers and children; and
* Proposes relevant health system strengthening and community systems strengthening interventions to complement adequately core investments in the three diseases and to improve effectiveness, efficiency and sustainability of disease programs.

Prioritization

* It applies the investment framework approach to prioritize investments for the AIDS response, or the priorities set in the updated national strategic plan; For TB it applies the priorities set in the updated national strategic plan.
* The priorities are set based on the programmatic and financial gap analysis;
* The CN provides the rational that the investment suggested in the CN will yield the maximum impact to the TB and HIV epidemics;
* It provides a balanced approach to investments on TB and HIV prevention, treatment and support;
* It invests on critical and social enablers to remove barriers to services and ensure a rights based program;
* Specific budgets for gender action, human rights and other enablers is included (where relevant based on the situation assessment)

It invests on action that need to be taken to implement at scale to reach the targets set;

Feasibility

* Has the necessary implementation capacity, including human resources and infrastructure been identified, or has concept note identified adequate mitigation efforts such as through the provision of technical assistance;
* Has sufficient access to and engagement with the populations being served being included, and adequate resources to carry out the activities successfully;
* Understands and responds to local social, legal and economic constraints that could prevent these activities from being conducted; and
* Ensures that structural barriers to accessing services, including those related to human rights and gender, are adequately understood and addressed to achieve the set targets.

Potential for sustainable outcomes

* Is consistent with broader health and development strategies and is complementary to other related national or international efforts; and
* allows for an orderly and rapid transition of capacity and activities to stable in-country counterparts (e.g. organizations, communities, government) and shifts financial support from external to domestic resources.
* Value for money
* Delivers a technically sound and strategically focused response in a cost-efficient manner.

Inclusive Country Dialogue

It provides sufficient evidence that prioritization and selection of interventions is based on an inclusive dialogue at national and sub-national level with civil society, key populations (where relevant) and other partners.

Civil society contribution and input is included and budgeted as part of community system strengthening and / or response.

**Review checklist**

**SECTION 1: COUNTRY CONTEXT**

**1.1 Country Disease, Health Systems and Community Systems Context**

1.1a) Does the Concept Note describe the epidemiology of the two diseases?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does it explain any changes in disease mortality, morbidity, disease risk, incidence or prevalence, and the reasons for any trends; including any significant geographic variations in incidence or prevalence of TB and HIV. Include information on the prevalence of HIV among TB patients and TB incidence among people living with HIV/AIDS.

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Are there geographic maps (or tables) included that visualize the burden of the two diseases and key geographic settings and populations where rates of transmission and unmet need services are high?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

**1.1b) current epidemiological profile of key populations & trend**

Does the Concept Note provide a narrative description of the current epidemiological profile of key populations, including any changing epidemiological trends?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does it describe how the epidemic affects these populations, in particular populations that have disproportionately low access to prevention, treatment and support services?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does it describe why these populations are affected, where they are located, and any improvement or deterioration in disease outcomes?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does it explain the relevant data sources and any weaknesses in the data?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

**1.1c) Gender norms and practices as well as human rights issues**

Does the Concept Note describe gender norms and practices as well as human rights issues that create inequities and barriers to accessing health services?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does the Concept Note explain which human rights barriers make people more vulnerable to HIV and TB?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does the Concept Note explain how gender differences, both biological (sex) and social, result in different health risks, health-seeking behavior, and responses from health systems?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

**1.1d)** **Health systems and community systems context**

Does the Concept Note describe the health systems and community systems context in the country including existing gaps, barriers and inequities in the delivery of services and any issues with poor implementation, lack of capacity, or limited effectiveness of activities, including joint areas of both programs?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does the concept note describe what services are delivered by communities in prevention, diagnostics, case detection, treatment support and social protection for TB and HIV?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Where health systems-related constraints are identified, does the Concept Note describe them for the national, sub-national and community levels, highlighting particular issues that the funding request aims to address. For example, if constraints in the procurement and supply chain management system pose challenges to disease control efforts, are these constraints described at the national, sub-national and/or community level as relevant?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Where community systems-related constraints have been identified, does the Concept Note describe the key constraints and highlight those constraints that are related to access to services by key populations and other unreached, marginalized populations?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

**1.2 National Disease Strategic Plans**

**1.2a) Goals, objectives and main priority programmes of the TB and HIV NSPs focussed on funding request**

Does the Concept Note describe the goals, objectives and main priority programmes of the TB and HIV NSPs \*or strategic investment case for HIV), focusing on the areas relevant to this funding request, making reference to the relevant sections of the current National Strategic Plans?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does it describe key interventions for a comprehensive response and explain why they are prioritized?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does it explain what strategies are being used to enable service delivery to key populations?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

**1.2b) summary of NSP implementation to date**

Does the Concept Note provide a brief summary on the implementation to date of the NSPs, making reference to recent programme reviews, impact evaluations, surveillance surveys and/or any other relevant studies, as appropriate?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does it explain if and how the response is consistent with the pattern and burden of tuberculosis described in Section 1.1?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does it analyse the main outcomes and impact of the plan to date (including changes in epidemiological indicators, service coverage, effectiveness of services, and access by target populations, through both the public and private sectors)?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

**1.2c) Obstacles or limitations to the implementation of the NSP**

Does the Concept Note summarize any obstacles or limitations to the implementation of the NSP and how these have impacted implementation?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does it describe any lessons learned and how they will inform future implementation?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does it highlight key suggested changes that have been implemented, or will be implemented and the rationale for these changes. Does it highlight how inequalities and constraints described in Section 1.1 are being addressed through the implementation of the NSP?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

For Community Systems strengthening does it describe if advocacy and health mobilization activities are creating a supportive and enabling environment?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

For human rights, does it describe the effectiveness of any programs to protect and promote human rights, including efforts to provide a supportive social, legal and policy environment?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does the Concept Note describe which programs are targeting the country’s defined key affected populations?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does the Concept Note describe interventions and activities that will address identified human rights constraints to services

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Where community systems related constraints are identified does the concept note identify existing gaps, barriers and inequities in the delivery of services and any issues with poor implementation, lack of capacity, or limited effectiveness of activities and are the activities to strengthen these included in the concept note?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

Does the Concept Note describe strategies and activities aimed at removing women’s barriers to movement in accessing health services and activities that promote greater health seeking behaviour amongst men?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

**1.2d) Main areas of linkage between the NSP and the national health strategy**

Does the Concept Note explain the main areas of linkage between the NSP and the national health strategy, including how implementation of the national health strategy impacts relevant disease outcomes?

(This could include a description of any joint planning processes, human resource strategies including the distribution and payment of health staff, health financing or procurement issues, decentralization, and health information and supply chain management systems that coordinate or integrate vertical approaches.)

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

**1.2 e) Country processes for review and planning cycle for the NSPs.**

Does the Concept Note describe the review and planning cycle for the NSPs and how it will be revised? Does it explain the results of any recent NSP reviews (e.g. program reviews, mid-term evaluations or joint assessments such as JANS) that have been conducted, including how the NSP meets the five JANS attributes.[[1]](#endnote-2) Does it also summarize how the findings have been, or will be used?[[2]](#footnote-2)

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

If a NSP is valid for 18 months or less from the proposed funding request start date, does the Concept Note describe how the new NSP will be developed (milestones and timelines) in an inclusive manner that includes key populations?

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

**1.3 Joint planning and alignment of TB and HIV Strategies, Policies and Interventions**

1. Does the concept note address plans for further alignment of the TB and HIV strategies, policies and interventions at different levels of the health systems and community systems. Does this include a description of
2. steps for the improvement of coverage and quality of services,
3. opportunities for joint implementation of cross-cutting activities,
4. expected efficiencies that will result from this joint implementation.

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

1. Does the concept note address barriers that need to be addressed in this alignment process.

|  |
| --- |
| **(a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed** |
| **Comments:** |

**SECTION 2: FUNDING LANDSCAPE, ADDITIONALITY AND SUSTAINABILITY**

**2.1 Overall Funding Landscape for Upcoming Implementation Period**

Is the proposed allocations to the tuberculosis and HIV disease component in accordance with the recommended allocation as per the Global Fund? Is the reasoning for the proposed allocation given in the concept note.

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

2.1a)

Does the Concept Note describe the programme areas that currently receive support and clearly identify the source of funding (i.e. domestic and/or donors or other partners)?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does it highlight the programme areas that are adequately resourced and therefore not included in the funding request to the Global Fund?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

2.1c)

Does the Concept Note highlight programme areas that have significant financing gaps along with planned actions to address these gaps?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the Concept Note consider the option of frontloading of the financing in order to sustain the gains?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

2.1b)

Does the Concept Note describe how this funding request to the Global Fund will leverage the mobilization of additional donor resources? Does it explain if any dialogue has taken place with other donors, and the outcomes of that dialogue in terms of future commitment and funding flows?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**2.2 Counterpart Financing Requirements**

Is the Financial Gap Analysis and Counterpart Financing Table (Table 1) complete

and clear?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the information presented in the Financial Gap Analysis and Counterpart Financing Table demonstrate how the applicant meets the counterpart financing requirements as set forth in the Global Fund Eligibility and Counterpart Financing Policy (ECFP)? Note that all CCM applicants must comply with counterpart financing requirements that include:

i. Availability of reliable data to assess compliance

ii. Minimum threshold for government contributions to the national disease program;[[3]](#footnote-3)

iii. Increasing government contributions to the disease program; and

iv. Increasing government contribution to health sector.

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

If the requirements have not been met, has the applicant provided satisfactory justifications which include actions planned during implementation to reach compliance, for example, actions to improve domestic contributions and/or health spending assessment to provide better data?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the Concept Note describe the government’s commitment to increase Investments in the TB and HIV disease programs over the next implementation period and the specific interventions /activities financed by these investments?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does it specify the mechanism by which government investments will be tracked and reported on an annual basis?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the Concept Note include a brief assessment of the completeness and reliability of financial data reported, including any assumptions and caveats associated with the figures?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**SECTION 3: FUNDI NG REQUEST TO THE GLOBAL FUND**

**3.1 Programmatic Gap Analysis**

Has the Programmatic Gap table (Table 2) been completed for each of the priority modules within the funding request?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Are the coverage levels for the priority modules in the programmatic gap tables consistent with the coverage targets in Section D of the modular template (Table 3)?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**3.2 Applicant Funding Request**

Does this section give an overall description of the funding request to the Global Fund and how it will be strategically invested to maximize impact? Is it easy for a reader to understand the programmatic focus of the proposed investment of the allocation, and any amount requested above this?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the funding narrative in this section cover and cross reference to all the sections in the modular template and programmatic gap analysis tool for which funding is requested.

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the request build on the information provided in previous sections (i.e. country context, national disease response, financial landscape and programmatic gap analysis?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Are proposed investment of the allocation amount and above this allocation described separately , including what is expected as additional gains from investing above the amount allocated. (Note that if assessed as technically sound quality demand, the request above the allocation may either be funded by incentive funding or will be added to the Register of Unfunded Quality Demand).

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the Concept Note include reference to annual reporting government expenditure to key partners as per the ECFP policy?

(and if so is it mentioned whether applicant included in their allocation funding request up to US$ 50,000 (per disease) for institutionalization of mechanisms for routine health and disease expenditure tracking so that they can report against their commitments every year?)

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the Concept Note consider key risks and risk mitigation measures that are needed for effective program implementation and achievement of impact and outcomes?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the Concept Note describe measures to ensure adequate coordination and integration of interventions and services among the three diseases and HSS components? This is particularly relevant at community and primary health care levels, and includes laboratory, training, supply management and health information systems.

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does it include a plan for sustainable capacity and system strengthening of key implementers, and include a funding request for management and/or technical assistance (TA) to achieve strengthened capacity and high quality services, which are insufficiently funded by other sources if applicable?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Is funding dedicated to strengthening M&E systems in the country? The Global Fund recommends grants to allocate 5-10 percent to M&E, including to strengthen national data systems of reporting (analytical capacity and reviews; strengthening HMIS; population based and risk group surveys; and birth and death statistics.)

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Are the activities included in the modular template and the funds to support each of these interventions included in the funding request?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the concept note explain what activities are planned to strengthen data availability of key affected populations?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the Concept Note include efforts to promote the integration and enhancement of RMNCH interventions[[4]](#footnote-4)?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Where support for human resources is requested, does the Concept Note explain how this support links to the country’s human resource development policy, and how any recurrent cost implications will be addressed at the end of the proposed support?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

If the applicant is asking for pharmaceuticals to treat multidrug resistant TB has the applicant included and specified in their funding payment for the GLC fee for technical assistance and advice provided.. Applicants who are one of the 27 countries with a high burden of MDR-TB and XDR-TB must include US$ 50,000 per year over the full term of the funding request. Non-high burden MDR-TB and XDR-TB countries must include US$ 25,000 per year. (Refer to the Information Note on Scaling-Up Effective Management of Drug-Resistant Tuberculosis’[[5]](#footnote-5) ).

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Note

Multi-drug resistant TB: The Global Fund requires procurement of pharmaceuticals to treat multi-drug resistant tuberculosis (MDR-TB) to occur through the Global Drug Facility (GDF), Stop TB Partnership as delegated by the Green Light Committee (GLC). Applicants must include in their funding request the relevant amount of funds for payment of the GLC fees for the technical assistance and advice they provide as per MoU GF and WHO.

Does the Concept Note describe the creation, development and expansion of government/ private/non-government organization (NGO) partnerships?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the Concept Note consider quality improvement mechanisms that ensure that programs deliver high quality services?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**Request above-allocated funding**

* Is there a description of how the impact and outcomes have been estimated, including the sources of data used and any modelling or survey results, and refer to available evidence of effectiveness?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

* Does it highlight the additional gains expected and analyze the additional expected coverage and/or plans for scale-up?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**3.3 Modular Template***(Note that the template replaces the performance framework, detailed work plan and budget previously used by the Global Fund. Service delivery areas (SDAs) have been replaced with modules and interventions)*

Are the target population, geographic scope, implementation approach and other

relevant information provided for each intervention in the modular template?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Are costs and budget assumptions included, in addition to data sources and key activities?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

NOTE: if the disease component is not eligible for incentive funding, applicants may opt to provide a high-level budget using their own template rather than complete the modular template for the request above the allocated amount

Are the modules, targets and interventions in the Modular Template consistent with the description in (3.2) Applicant funding request? and Gap analysis table

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Are the indicators selected in the Modular Template appropriate and realistic?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the narrative section of the concept note address the following points in the modular tool:

**3.3a)** the rationale for the selection and prioritization of the modules and interventions for

the allocated amount and the request above the allocated amount (for example, existing programmatic gaps, program effectiveness, etc.)?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**3.3b)** separately the expected impact and outcomes for the allocated amount and the request above the allocated amount.

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does it describe how the impact and outcomes have been estimated, including the sources of data used and any modelling or survey results, and refer to available evidence of effectiveness?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**3.4 Focus on Key Populations and/or Highest Impact Interventions*(This question is not applicable to low income countries)***

Does the Concept Note provide a description of how the total funding request to the Global Fund meets the relevant focus of proposal requirements, as outlined in the ECFP Focus of Application requirement? [[6]](#footnote-6)

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**SECTION 4: IMPLEMENTATION ARRANGEMENTS AND RISK ASSESSMENT**

**4.1** Overview of Implementation Arrangements

Does the Concept Note describe the proposed implementation arrangements for this funding request?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**4.1a)** If a dual-track financing[[7]](#footnote-7)is not being proposed, does the Concept Note summarize the reason(s) for deciding not to implement such arrangement? Does it describe the process of having considered PRs from both government and non-government sectors and, if relevant, describe how the implementation of this concept note will move towards this principle?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**4.1b)** If more than one PR has been identified, does the Concept Note describe how multiple PRs will coordinate with each other?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**4.1c)** If sub-recipients will be involved in implementation, does the Concept Note describe their role and identify any anticipated challenges, if applicable, and the intended strategies to address them?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does it describe whether sub-recipients have been identified, and what type of sub-recipient management arrangements are likely to be put in place. If sub-recipients have not been identified, does it describe the time-bound process that will be used by the PR(s) to transparently select sub-recipients?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**4.1d)** Does the Concept Note clearly describe how nominated PR(s) will coordinate with their respective sub-recipients?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**4.1e)** Does the Concept Note describe how representatives of women’s organizations, people living with the three diseases and key populations will actively participate in the implementation of the funding request?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Has the applicant developed an implementation arrangement diagram showing the selected key actors responsible for program delivery? Note: this will need to be prepared for the grant-making stage of the funding process and will be used to launch the capacity assessment. It should include:

1. all entities receiving grant funds and/or playing a role in program implementation
2. the reporting and coordination relationships between them
3. each entity’s role in program implementation, and
4. the flow of funds and commodities, and data.

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**4.2 Addressing Implementation Efficiencies**

***NOTE: only required if the CCM is overseeing other Global Fund grants***

Where CCMs are overseeing other Global Fund grants, does the Concept Note clearly demonstrate that the interventions and the funding being requested is complementary and not duplicative?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does the Concept Note describe any possible areas of overlap, and how implementation will be done to ensure that the grants are complementary and there are no areas of duplication? Common areas of overlap include human resources, staffing, training, monitoring and evaluation and supervision activities.

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**4.3 Minimum Standards[[8]](#footnote-8) for PR and Program Delivery**

Has the CCM completed an assessment for each PR regarding the minimum standards? Does it include the nominated PR name, the sector which they represent and does it indicate whether or not the PR is currently managing a Global Fund grant for the same disease component?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does it describe how the nominated PR meets (or does not meet) the minimum standards, and describe potential gaps and/or areas that need to be strengthened and how these will be addressed (e.g. outsourcing of specific functions to a third party)?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**4.4 Current or Anticipated Risks to Program Delivery and PR(s) Performance**

Does the Concept Note describe the various types of risks and plans to mitigate them?[[9]](#footnote-9)

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**4.4a)**

Does it describe current or anticipated risks to program delivery and/or PR performance? This includes major external risks that may have negative or unintended consequences on program implementation and performance.

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**4.4 b)**

Does the Concept Note clearly describe the proposed mitigation measures that have been incorporated into the funding request or will be funded through national or other donors?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

Does it describe any technical assistance funding that has been requested to strengthen implementation capacity?

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

For programs already funded by the Global Fund and existing PR(s), if relevant, does it describe how any previous concerns identified either directly by the Global Fund or through national or other donor assessments, will be addressed?[[10]](#footnote-10)

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**DOCUMENTS INCLUDED IN THE CONCEPT NOTE**

**TABLE 1: FINANCIAL GAP ANALYSIS AND COUNTERPART FINANCING TABLE**

Does Table 1 include the following:

1. Funding needed to address the overall response to the disease (Line A);
2. Current and anticipated funding from domestic (Line B) and external sources, including non-Global Fund resources (Line C) and existing Global Fund grants (Line D); and
3. Resulting financial gap between funding needed and funding available (Line A-E).

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**TABLE 2: PROGRAMMATIC GAP TABLE(S)**

Information should include:

* the current estimated population in need and the targets that have been set by the country to meet those needs
* country needs already covered by domestic and other resources, as well as Global Fund resources
* estimated needs remaining, and how the proposed investment of the allocation and the request for funding above the allocated amount are expected to meet (some of) those gaps
* total needs covered by all the resources available, and the remaining gap

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**TABLE 3: MODULAR TEMPLATE**

Does Table 3

* list the program goals and impact indicators (including baselines and targets), and the program objectives and outcome indicators (including baselines and targets)
* set the coverage indicators, baselines and targets that will be used to measure progress for each module

|  |
| --- |
| (a) Not addressed, (b) Addressed but requiring major improvement, (c) Addressed and requiring minor improvement, (d) Adequately addressed |
| Comments: |

**Overall impression**

* **Does the country context give an adequate picture of the status and dynamics of the epidemic as well as the capacity of the country to implement the programmes?**

|  |
| --- |
|  |

* **Are the areas identified for support in this request consistent with the epidemiological picture and gap analysis, and do they represent the best strategic choices for the country?**

|  |
| --- |
|  |

* **Are there any discrepancies between various sections of the proposal?**

Additional comments

Please add any additional comments you may have on the proposal you have just reviewed.

|  |
| --- |
|  |

**Group discussion on proposal review**

Write here the general conclusions of your group on the reviewed proposal and the major recommendations you would like to give the country team.

|  |
| --- |
|  |

1. <http://www.who.int/workforcealliance/knowledge/toolkit/24_1.pdf>

   JANS examines the strengths and weaknesses of five sets of attributes considered the foundation of any

   'good' and comprehensive national strategy:

   \_ Situation analysis and programming: clarity and relevance of strategies, based on sound situation analysis

   \_ The process through which national plans and strategies have been developed

   \_ Costs and financing of the strategy

   \_ Implementation and management arrangements

   \_ Results, monitoring, review mechanisms [↑](#endnote-ref-2)
2. <http://www.who.int/workforcealliance/knowledge/toolkit/24_1.pdf>

   JANS examines the strengths and weaknesses of five sets of attributes considered the foundation of any

   'good' and comprehensive national strategy:

   \_ Situation analysis and programming: clarity and relevance of strategies, based on sound situation analysis

   \_ The process through which national plans and strategies have been developed

   \_ Costs and financing of the strategy

   \_ Implementation and management arrangements

   \_ Results, monitoring, review mechanisms [↑](#footnote-ref-2)
3. <http://www.theglobalfund.org/documents/board/23/BM23_14PICPSCJEligibilityAttachment1_Policy_en/>

   Counterpart Financing (=’cost-sharing’) threshold is defined as the minimum level of the government‘s contribution to the national disease program, as a share of total government and Global Fund financing for that disease. [↑](#footnote-ref-3)
4. <http://www.who.int/pmnch/media/news/2014/nfm_communication.pdf>

   RMNCH = Reproductive, Maternal, Newborn and Child Health [↑](#footnote-ref-4)
5. http://www.theglobalfund.org/documents/core/infonotes/Core\_MDR-TB\_Infonote\_en/ [↑](#footnote-ref-5)
6. Lower-middle income countries from both the lower and upper tiers (e.g. lower-lower-middle income and upper-lower-middle income countries) must focus at least 50 percent of the total funding request on key populations (i.e. underserved12 and most-at-risk populations) and/or highest-impact interventions within a defined epidemiological context.

   Applications from upper-middle income countries, regardless of disease burden, must focus 100 percent of the total funding requests on most-at-risk populations and/or highest-impact interventions. [↑](#footnote-ref-6)
7. Dual-track financing is the inclusion of both government and non-government Principal Recipients (PRs) in Global Fund requests for funding. http://www.theglobalfund.org/documents/core/infonotes/Core\_DTF\_InfoNote\_en/ [↑](#footnote-ref-7)
8. Minimum Standards for Implementers http://www.aidspan.org/gfo\_article/global-fund-introduces-new-minimum-standards-implementers [↑](#footnote-ref-8)
9. Major external risks include, but are not limited to:

    Macroeconomic factors, including unexpected rises in commodity prices, inflation and average exchange rate in relation to local market currencies;

    Instability of the country and enabling environment: in terms of significant political changes or social unrest, ongoing conflicts, humanitarian crises, poor physical infrastructure, natural disasters, corruption; and

    Upcoming country elections or significant changes in national leadership likely to impact program implementation. [↑](#footnote-ref-9)
10. Please look at the existing portfolio analysis (which is produced by the Global Fund for each country CN to be developed) [↑](#footnote-ref-10)