

Health Systems Funding Platform (HSFP)

Health Systems Strengthening (HSS) Support

Guidelines for Completing the Common Health System Strengthening (HSS) Proposal Form

HSS Funding requests to the Global Fund using the Common Proposal Form and Guidelines can only be made when the application materials are launched on 15 August 2011

Deadline for submission: 15 December 2011, 12 noon CET

The applicant must submit:

- (i) An electronic version of the application package to the following email address (submit to the relevant organization or both for joint proposals):
Proposals@gavialliance.org AND/OR proposals@theglobalfund.org

AND

- (ii) An identical paper version of the application package posted to the following address:

The Manager
Country Proposals Team
The Global Fund to Fight AIDS, Tuberculosis and Malaria
8 Chemin de Blandonnet
CH-1214 Vernier-Geneva
Switzerland

Please note the following important dates related to proposal submission:

Review meetings of the Technical Review Panel and Independent Review Committee: Early 2012

GAVI and Global Fund Board consideration of technical committees' recommendations: May/June 2012

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Introduction to the Guidelines

These Guidelines give step-by-step directions on how to complete the new Common Health Systems Strengthening (HSS) Proposal Form jointly developed by the GAVI Alliance (GAVI) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). We strongly recommend that applicants read each section of the guidelines carefully when completing the corresponding section of the form.

The form can be used for HSS applications to both GAVI and the Global Fund or to one of the agencies only. When used for both agencies, the form only needs to be filled in once, but the applicant needs to clearly delineate the funding request to the two agencies and how this is linked to specific objectives. This is explained in more detail in the guidelines.

A funding proposal to GAVI must clearly demonstrate how the proposed activities will improve the health system's performance in terms of health outcomes related to immunisation. A funding proposal to the Global Fund must clearly demonstrate how the proposed activities will improve health outcomes for (two or more of) HIV/AIDS, tuberculosis and malaria.

Where the following phrase appears "**Useful resources for completing this section**", the intent is to provide a list of resources that the applicant may consult and find helpful when completing these sections. Any resources listed under this heading should not be considered as a mandatory attachment. A list of mandatory attachments is provided on the last page of the form and guidelines. **Applicants should ensure that all mandatory attachments are submitted with the proposal** (incomplete applications will not be accepted).

The Common Proposal Form is structured in three parts:

Part A- Summary of Support Requested and Applicant Information

Part B- Applicant Eligibility

Part C- Proposal Details

Applicants who are submitting BOTH this cross-cutting HSS proposal to the Global Fund, AND a separate proposal(s) for other disease components (HIV, tuberculosis, malaria) in Round 11 should refer to the Global Fund [Round 11 guidelines](#) for more information on the application details. Round 11 presents an opportunity for applicants to submit a consolidated cross-cutting HSS proposal to the Global Fund (section 3.2b of these guidelines provides further instructions on what is required for this). More guidance on submitting consolidated proposals to the Global Fund is provided in the [information note on consolidated proposals](#)

Acronyms

ACT	<i>Artemisinin-based combination therapy</i>
ADP	<i>Applicant disease profile</i>
AIDS	<i>Acquired immune deficiency syndrome</i>
ANC	<i>Antenatal Care</i>
APR	Annual Progress Report
ARI	Acute Respiratory Infection
ARV	Antiretroviral
BCC	Behavioural change communication
BSS	Behaviour Surveillance Survey
CBO	<i>Community-based organization</i>
CCM	<i>Country Coordinating Mechanism</i>
cMYP	Comprehensive Multi-Year Plan for Immunisation
CRIS	<i>Country response information system</i>
CSO	Civil Society Organisation
CSS	<i>Community systems strengthening</i>
DAC	Development Assistance Committee (OECD)
DHS	<i>Demographic and Health Surveys</i>
DOTS	<i>Directly observed treatment Short Term</i>
DRS	<i>Drug resistance surveillance</i>
DST	<i>Drug susceptibility testing</i>
DTP	Diphtheria Tetanus and Pertussis
FBO	<i>Faith-based organization</i>
FMA	Financial Management Assessment
GAVI	Global Alliance for Vaccines and Immunisation
GEP	Gender Equity Policy
GLC	<i>Green Light Committee</i>
GNI	Gross National Income
GOV	<i>Government</i>
HAART	<i>Highly active antiretroviral therapy</i>
HCW	<i>Health care worker</i>
HIS	<i>Health Information System</i>
HIMS	<i>Health Information Measurement Systems</i>
HIV	<i>Human immunodeficiency virus</i>
HMN	Health Metrics Network
HSCC	Health Sector Coordination Committee
HSS	<i>Health systems strengthening</i>
ICC	Inter-Agency Coordinating Committee for Immunisation
IMS	<i>Impact Measurement Systems</i>
IRC	Independent Review Committee (GAVI)
IPT	<i>Intermittent preventive treatment</i>
IRS	<i>Indoor residual spraying</i>
ISS	Immunisation Services Support
ITN	<i>Insecticide-treated net</i>
KAP	<i>Knowledge, Attitudes and Practices survey</i>
LI	Lead Implementer (see “key terms”)
LFA	<i>Local Fund Agent</i>
LLIN	<i>Long-lasting insecticidal net</i>
MDG	<i>United Nations Millennium Development Goals</i>
MDR	<i>Multi-drug resistant</i>
M&E	<i>Monitoring and Evaluation</i>
MERG	<i>Monitoring and Evaluation Reference Group</i>
MICS	<i>Multi indicator cluster surveys</i>
MOF	Ministry of Finance

MoH	<i>Ministry of Health</i>
MTEF	<i>Medium Term Expenditure Framework</i>
NAC	<i>National AIDS Committee</i>
NGO	<i>Non-governmental organisation</i>
NMCP	<i>National malaria control program</i>
NTP	<i>National tuberculosis control program</i>
OECD	<i>Organisation for Economic Co-operation and Development</i>
OI	<i>Opportunistic infection</i>
PHC	<i>Primary Health Care</i>
PEP	<i>Post-Exposure Prophylaxis</i>
PICT	<i>Provider Initiated Counselling & Testing</i>
PMTCT	<i>Prevention of Mother to Child Transmission</i>
PPTCT	<i>Prevention of Parent to Child Transmission</i>
PR	<i>Principal Recipient (Lead Implementer in the context of common HSS proposals)</i>
PRSP	<i>Poverty Reduction Strategy Paper</i>
PMU	<i>Project Management Unit</i>
PV	<i>Pharmacovigilance</i>
RBM	<i>Roll Back Malaria</i>
RDT	<i>Rapid diagnostic test</i>
RED	<i>Reach Every District</i>
SR	<i>Sub-recipient</i>
SSF	<i>Single stream of funding</i>
STI	<i>Sexually transmitted infection</i>
SWAp	<i>Sector Wide Approach</i>
TAP	<i>Transparency and Accountability Policy</i>
TB	<i>Tuberculosis</i>
TRP	<i>Technical Review Panel (The Global Fund)</i>
UNAIDS	<i>Joint United Nations Programme on HIV/AIDS</i>
UNDP	<i>United Nations Development Programme</i>
UNFPA	<i>United Nations Population Fund</i>
UNGASS	<i>United Nations General Assembly Special Session (on HIV/AIDS)</i>
UNICEF	<i>United Nations Children's Fund</i>
VCT	<i>Voluntary counselling and testing</i>
VfM	<i>Value for Money</i>
WB	<i>The World Bank</i>
WHO	<i>World Health Organization</i>
WHOPES	<i>WHO Pesticide Evaluation Scheme</i>

Key terms

Country Coordinating Mechanism (CCM): For Global Fund HSS support, the Country Coordinating Mechanism (CCM) - a country-level multi-stakeholder partnership with representation from both the public and private sectors - has the overall responsibility for the development, approval and submission of proposals.

EPI Manager: The Expanded Programme on Immunisation (EPI) manager's role is to coordinate and be responsible for the Expanded Programme on Immunisation in a country, including storage of vaccine, cold-chain capacity, routine immunisation services, vaccine campaigns and monitoring and evaluation of coverage. The EPI manager should be involved in the preparation of an application to GAVI.

Goals: Goal(s) are broad and overarching statements of a desired medium to long-term health outcome. These should be aligned with the goals of the National Health Strategy or Plan (or National Health Policy). Illustrative examples of Goals may include: 1) Reducing the maternal and child mortality; 2) Reducing tuberculosis incidence; 3) Reducing the population's health related financial risks.

Health Policy: A health policy is a 'broad' statement of goals and objectives that create the 'framework' for activities that are related to a set of institutions, services and funding arrangements of a national health system. A National Health Policy states the "what", while a National Health Strategy or Plan (see below) presents the "how". There are other policies within the health system that present goals and objectives related to 'specific' institutions, 'specific' set of services or 'specific' arrangements within the health sector. Examples of these more specific (less broad) policies may include a policy on human resources for health, policy on health infrastructure development, policy on health financing, etc.

Health Sector Co-ordinating Committee (HSCC): A Health Sector Co-ordinating Committee (HSCC) or equivalent body in collaboration with the department of planning of the Ministry of Health (or similar), has overall responsibility for GAVI HSS application preparation, review, approval, submission, implementation, monitoring, reporting and evaluation. Most countries have a forum for development partners, including civil society representatives, and Government planners who make decisions that affect the health sector. This group is known by different names in different countries, such as the "Health Donor Coordination Group" or "National Steering Committee", but for GAVI purposes is referred to as the 'Health Sector Co-ordinating Committee'. The HSCC should involve the Interagency Coordination Committee for immunisation (ICC) and immunisation experts. A new committee should not be created if an existing committee fulfils the required functions.

National Health Strategy or Plan: Different countries will use the terms "National Health Strategy" and "National Health Plan" slightly differently. For the purpose of these guidelines, the term 'National Health Strategy or Plan' refers to a strategy document that lays out the goals, objectives and key interventions for the health sector on a more operational level.

National Monitoring and Evaluation Plan: A National M&E Plan is a document that addresses all the monitoring and evaluation activities related the National Health Strategy or Plan.

Objectives: Objectives describe the intention of the program over the proposal term. Each program goal should have a set of related, more specific objectives that permit achievement of the stated goal(s). These should be aligned with the objectives in the National Health Strategy or Plan (or National Health Policy).

Activities: These describe the specific actions required to achieve each objective. Examples of key activities may include: “Strengthening or improving human resources retention initiatives, both in-kind and financial”, “Developing and implementing referral networks and systems”, “Developing or strengthening routine health information systems”.

Service delivery areas (SDAs): To achieve each objective, the key interventions to be undertaken are defined under respective Service Delivery Areas. SDAs represent thematic compilation of activities. For example, all activities aimed at strengthening the health workforce, such as training, transportation costs, development of a training curriculum, etc. may be grouped under the “Health Workforce” SDA.

Lead Implementers and Sub Implementers: The Global Fund and GAVI in their traditional models use different terms to identify recipients of funds. In the context of the common HSS proposal form, GAVI and the Global Fund will use a common terminology- ‘Implementer’-, to refer to recipients. For GAVI, the ‘Lead Implementer’ is synonymous with the ‘Ministry of Health’. For the Global Fund, ‘Lead Implementer’ is synonymous with ‘Principal Recipient’ while ‘Sub-Implementer’ is synonymous with ‘Sub-Recipient’.

PART A: SUMMARY OF SUPPORT REQUESTED AND APPLICANT INFORMATION

Part A of the Common HSS Proposal Form elicits information that summarises the proposal. Applicants are encouraged to fill out Part A only after they have completely filled out Parts B and C.

Applicant

→ *Please state the name of the applicant.*

Specify the name of the applicant - for example Government institution/department/entity, Country Coordinating Mechanism (CCM), Non-CCM

Country

→ *Please state the name of the country.*

WHO Region

→ *Please state the WHO region where the country is located.*

- 1) Africa, 2) Americas, 3) South East Asia, 4) Europe, 5) Eastern Mediterranean, 6) West Pacific

Proposal title

→ *Please state the title of the proposal.*

Proposed start date

→ *Please indicate the month and year of the planned start date of the grant (e.g. October 2012; or January 2013).*

The Boards of the Global Fund and GAVI make the final funding decisions on HSS proposals separately. In line with aid effectiveness, the proposed start date of the grant should preferably be aligned with the country's national cycles and systems. This will allow planning and budgeting of the HSS support to be fully integrated with national processes. However, enough time should be allocated to allow for institutional arrangements to be put in place for implementation (please note that Global Fund policy allows a 'maximum' of twelve calendar months from the time of Board approval to complete grant signing).

Duration of support requested

→ *Please indicate the number of years for which Global Fund and/or GAVI support is being requested (e.g. 5 Years).*

Both the Global Fund and GAVI allow for funding requests of a length of up to 5 years, but GAVI's HSS support should be aligned with the timeframe of the country's current National Health Strategy or Plan and can only cover a period of 3 years in countries with no overall National Health Strategy or Plan to help them transition into national health plan support. For such countries, the proposal should include plans and timelines for the development of a National Health Strategy or Plan.

Funding Requested

→ *Please specify the amount requested from the Global Fund and/or from GAVI.*

The total funding requested should correspond exactly to the budget requested in Part C Section 5.1 (detailed budget).

Where support is being sought from only one agency, leave the space specific to the other agency blank.

Please take into account that GAVI has a ceiling on the amount of HSS funding available for each country (countries are not obligated to apply for the maximum amount available). Click [here](#) for GAVI HSS country ceilings for the period 2011-2015. The Global Fund does not apply country ceilings for HSS funding but can only fund the strengthening of public, private and community health systems where weaknesses and gaps constrain the achievement of improved health outcomes for (two or more of) HIV/AIDS, tuberculosis and malaria. Countries applying for both GAVI and Global Fund support will request part of the budget from GAVI (not exceeding the country ceiling for that country), and part of the budget from the Global Fund. This delineation should be specified in the budget (Attachment 5- Section 5.1).

Currency

→ *Please specify if the currency used throughout the proposal is United States Dollars or Euros. Note that requests to GAVI can only be received in United States Dollars.*

Contact details

→ *Please list the contact details of one person that will be available to answer technical or administrative questions, or ensure other stakeholders can respond, during the proposal screening process.*

Executive Summary

→ *Please provide an executive summary of the proposal.*

Applicants are encouraged to write this executive summary only after completing Sections 1-7 of Part C.

The **executive summary** should include an overview of:

- The HSS goals, objectives, and key activities proposed for GAVI and/or Global Fund support;
- How the proposed HSS objectives and key activities will target the unreached, marginalized or otherwise disadvantaged populations in terms of availability, access, utilisation and quality of health services;
- How the proposed HSS objectives will achieve immunisation outcomes in the context of integrated service delivery for requests to GAVI;
- The proposed budget;
- The proposed implementation arrangements;
- How performance will be monitored;

- Information, not covered above, that provides good justification for supporting this proposal. For example:
 - If this proposal will form an integral part of wider health systems strengthening efforts;
 - If the proposal preparation and implementation could be part of a move towards improved strategic planning, management and oversight of wider health systems strengthening efforts;
 - If there are any plans for a country to develop a National Health Strategy or Plan to be assessed through the Joint Assessment of National Strategies (JANS) (for more information, please refer to the HSS funding requests based on JANS).

PART B: APPLICANT ELIGIBILITY

If this application includes a request to the Global Fund, please fill out Section B entitled the eligibility and other requirements section. Guidance on CCM eligibility and other requirements is available as part of this section, in the [Guidance note: CCM requirements](#) as well as in the [Round 11 guidelines](#). The section also verifies information regarding the [new eligibility, counterpart financing and prioritization policy of the Global Fund](#).

If this application includes a request to GAVI, please click [here](#) to verify the applicant's eligibility for GAVI support.

For more information on GAVI eligibility, please refer to the following [document](#).

1. PROCESS OF DEVELOPING THE PROPOSAL

In this section, applicants are required to provide a concise description of how this proposal was developed. This includes how key decisions were reached, and who was involved in making these decisions.

Developing a proposal requires the pooling of relevant information from different sources. HSS proposals should be prepared **jointly** by relevant government officials and representatives from the civil society and the private sector to ensure full national ownership and successful implementation of the proposed activities.

This section provides an opportunity for applicants to demonstrate how the process of preparing this proposal enhanced collaboration and coordination amongst all relevant stakeholders involved in health systems strengthening in the country and how it contributed to reducing fragmentation in the health sector.

1.1. Summary of the proposal development process

➔ *Please indicate the roles of the HSCC and/or CCM in the proposal development process. Also describe the supporting roles of other stakeholder groups, including civil society, the private sector, key populations and currently unreached, marginalized or otherwise disadvantaged populations. Describe the leadership, management, coordination and oversight of the proposal development process.*

The proposal development process should be **coordinated** by:

- the HSCC (involving the ICC and the immunisation experts) if submitting a proposal to GAVI alone,
- the CCM if submitting a proposal to the Global Fund alone, and
- the HSCC (involving the ICC and the immunisation experts) and CCM together if submitting a proposal to both GAVI and the Global Fund.

If submitting a proposal to both GAVI and the Global Fund, applicants should describe in this section how the HSCC and the CCM worked together to coordinate the development, approval and submission of the proposal.

In summarising the proposal development process, applicants should demonstrate how the HSCC and/or the CCM and other appropriate stakeholders collaborated in:

- Ensuring appropriate and broad consultation on the proposal, including with civil society, the private sector, key populations and currently unreached, marginalized or otherwise disadvantaged populations; ensuring that competencies to address issues related to gender inequality are identified;
- Identifying the various steps required for the development of the proposal;
- Identifying and allocating roles and responsibilities for the different steps in the development of the proposal. This may include organising Technical Assistance (TA), and its quality assurance;
- Ensuring the gathering, compilation and analysis of HSS needs from a broad range of sources (specific needs assessments or studies conducted for the purpose of this proposal, policy preparation background studies, annual health sector reviews, disease programme performance reports, etc.);

- Integrating the proposal development process with the annual planning and budgeting process in the context of the National Health Strategy or Plan, attaining the best possible alignment with the country's financial cycle;
- Coordinating the final review of the proposal (for quality assurance); and
- Coordinating the submission of the proposal, including ensuring that the respective eligibility criteria of the Global Fund and/or GAVI are satisfied.

Useful resources for completing this section:

- *Minutes of meeting at which the proposal was finalized and endorsed by the HSCC (if submitting a proposal to GAVI only), the CCM (if submitting a proposal to Global Fund only), or from both HSCC and CCM if submitting a common proposal to GAVI and the Global Fund;*
- *Proposal preparation work plans;*
- *Briefing papers submitted as part of national planning and budgetary cycle.*

1.2. Summary of the decision-making process

→ *Please summarise how key decisions were reached for the proposal development.*

Applicants should summarise how the HSCC and/or the CCM and other appropriate stakeholders reached key decisions on:

- The HSS objectives and key activities to be addressed in this proposal;
- Which agency (GAVI and/or GF) is being requested to support specific objectives;
 - For the Global Fund support, the decision on whether to apply for separate cross-cutting HSS funding (using this proposal form) or to integrate disease-specific HSS activities into a disease proposal should be made by taking two issues into consideration: i) do the proposed HSS activities result in improved outcomes in reducing the burden of two or more of HIV/AIDS, tuberculosis and malaria?; and ii) will the ensuing grant be more effectively managed, monitored and reported on as a separate HSS grant? As a guidance for countries, those HSS interventions that will benefit more than one disease area, and will be more effectively managed as a “stand-alone HSS grant” should be included in a separate cross-cutting HSS proposal (using this proposal form).
 - For GAVI support, applicants should explain how key decisions were reached on the objectives chosen for this proposal and how they will contribute to improved outcomes related to immunisation.
- The oversight and implementation of the proposed activities, in particular the roles of various institutions and whether they have the required capacity.

Countries should demonstrate the links between the decision-making process for the proposal development and broader decision-making processes in the health sector, including whether the development of this proposal has enhanced overall decision-making processes within the health sector (for example, provide evidence which supports that the terms of reference and the composition of the HSCC, CCM or other committees were reviewed as part of the proposal development.)

Useful resources for completing this section:

- *Minutes of CCM, HSCC and any other relevant committee meetings, documenting the above decisions;*
- *Terms of Reference and composition of HSCC and CCM (and other committees/bodies if relevant).*

2. NATIONAL HEALTH SYSTEM CONTEXT

In this section, applicants are required to provide a concise description of the national health sector and the national **health system strengthening priorities**.

2.1a) National Health Sector

→ *Please provide a concise overview of the national health sector, covering both the public and private sectors at national, sub-national and community levels.*

Applicants should provide a short description of the country's current epidemiological profile, focusing on the prevalent diseases and the populations mostly affected by these diseases.

Applicants should provide a description of the national health system, covering the public and private sectors, and their respective roles in health service provision at national, sub-national and community levels. The section should summarise the contributions of civil society in service provision (including for key populations), and other key roles.

Applicants should include information on government health expenditure and the major health care financing methods – out-of-pocket payments (to either public or private sectors), health insurance, general taxation, external aid. Where health insurance is available, the description may include information on coverage from different insurance models (social/private/community).

Applicants should provide a synopsis of health workforce data (e.g. number, category, density, distribution, etc.), highlighting areas of key shortages and misdistribution.

Applicants should include a description of the health care tiers and how they can be accessed – outreach, community services, primary care, secondary care, etc.

2.1b) National Health Strategy or Plan

→ *Please highlight the goals and objectives of the National Health Strategy or Plan.*

Applicants should list the main goals and objectives of the National Health Strategy or Plan. Objectives that have a clear link to any of the three health MDGs and immunisation, **and** that have a clear intent to strengthen the national health system should be highlighted.

Where a country has no National Health Strategy or Plan¹, but has a National Health Policy¹ with objectives that directly or indirectly focus on strengthening the national health system, then the National Health Policy may form the basis for this section.

Applicants should describe how civil society has been engaged in the development of the National Health Strategy or Plan and what mechanisms are in place for ensuring continued engagement in policy dialogue.

Applicants should also indicate how (if at all) the objectives of the National Health Strategy or Plan are explicitly linked to the national public sector resource allocation process. If a country has a Medium Term Expenditure Framework (MTEF) in place, it should be specifically referenced in this section.

¹ See the section titled “Key terms” on page 4 of this document for a description of the terms “National Health Strategy or Plan” and “(National) Health Policy”.

Useful resources for completing this section:

- *National Health Strategy or Plan (or National Health Policy);*
- *Medium Term Expenditure Framework (or equivalent).*

2.1c) Health Systems Strengthening Policies or Strategies

→ *Please describe policies or strategies that focus on strengthening specific components of the health system that are relevant to this proposal (e.g. human resources for health, procurement and supply management systems, health infrastructure development, health management information systems, health financing, donor coordination, community systems strengthening, etc.)*

Applicants should provide a description of the specific health systems strengthening policies or strategies (or sub-national policies where appropriate) that are relevant to this proposal. This could include any of the following policies or strategies for:

- Human resources for health - detailing human resources planning, management, pre-service training and continuing education, recruitment, distribution and retention;
- Procurement and supply management of health commodities (or other policies to ensure products are accessible);
- Health infrastructure development;
- Health financing – detailing how resources are generated, pooled and allocated;
- Health management information systems;
- Regulation in the health sector – covering professionals, products, technologies and facilities;
- Community systems strengthening;
- Strengthening sub-national (regional/district/community) oversight of health services;
- Donor coordination mechanisms;
- Comprehensive Multiyear Plan for Immunisation (cMYP).

The list above is not intended to be exhaustive. Some of the policies or strategies may cover one or more topics in the list.

Useful resources for completing this section:

- *National health Strategy or Plan;*
- *Health system strengthening policies or strategies relevant to this proposal.*

2.2. Key Health Systems constraints

→ *Please describe key health systems constraints at national, sub-national and community levels preventing your country from reaching the three health MDGs (4, 5 & 6) and from improving immunisation, and from improving outcomes in reducing the burden of (two or more of) HIV/AIDS, tuberculosis and malaria. Include constraints particular to key populations and other unreached, marginalized or otherwise disadvantaged populations (including gender related barriers).*

To identify and map out constraints, applicants may, if they wish, apply the [WHO six building blocks framework](#)². The description should highlight any disparities in the provision of, access to, and utilisation of services (e.g. low immunisation coverage, poor uptake/access to HIV, tuberculosis and/or malaria services, etc.) for key populations and unreached, marginalized or otherwise disadvantaged populations.

To identify constraints to community systems, applicants can refer to the Global Fund [Community Systems Strengthening Framework](#). The CSS framework is intended for use by all those who play a role in dealing with major health challenges and have a direct interest in community involvement and action to improve health outcomes, including governments, community actors, donors, partner organisations and other key stakeholders. Global Fund applicants are strongly encouraged to refer to the [CSS Information note](#) for more guidance on how to integrate CSS into proposals to the Global Fund. Where assessments, analysis or evaluations exist that provide information on key health systems constraints, applicants should include a short description of the findings within this section, or as a clearly named and numbered attachment.

Useful resources for completing this section:

- *Assessments, analysis or evaluations providing information on key health systems constraints.*
- *Reports/studies related to equitable access to health care*
- *National women's health or gender and health strategy (if it exists) OR National gender or women's equality/development policy or strategy*
- *Global Fund's information note on addressing women, girls and gender equality*

2.3 Current HSS efforts

→ *Please describe current HSS efforts in the country, supported by local and/or external resources, aimed at addressing the key health systems constraints described above.*

Applicants should describe the current HSS efforts being implemented to address the key health systems constraints described in section 2.2 above, and the government and non-government actors (including civil society) involved in implementing these HSS efforts at national, sub-national and community levels. The description should include concise information on which policies (described in 2.1b/2.1c above) these current efforts are linked to. This summary should include any HSS efforts supported by existing GAVI HSS grants and Global Fund HSS grants (both stand-alone HSS grants and HSS interventions currently integrated in disease grants). If applicable, this section may include a description of how the country has used GAVI CSO support type A and/or type B.

² The WHO health systems building blocks: Good health service delivery; Well-performing health workforce; Well-functioning health information system; Well-functioning system for providing equitable access to quality essential pharmaceutical and health products and technologies; Good health financing systems; and Effective leadership and governance.

3. HEALTH SYSTEM STRENGTHENING OBJECTIVES

In this section, applicants are required to present the HSS objectives proposed for support by GAVI and/or the Global Fund, along with the key activities to accomplish the objectives. Information on the proposed beneficiaries and on how the proposed key activities draw on lessons learned from other national, regional or international HSS efforts should also be provided.

3.1. HSS objectives addressed in this proposal

- *Please describe the HSS objectives to be addressed in this proposal and explain how they relate to, and flow from, the information provided in Section 2 (National Health System Context). Please demonstrate how the objectives proposed to GAVI will improve health outcomes related to immunisation, and how the objectives proposed to the Global Fund will improve health outcomes for (two or more of) HIV/AIDS, tuberculosis and malaria.*

Applicants are requested to describe:

- (a) How the proposed HSS objectives relate to, and flow from, the National Health Strategy or Plan (or National Health Policy) and/or specific health systems strengthening policies or strategies (e.g. human resources for health, health infrastructure, etc.), as described in section 2.1 b) and 2.1 c);

Applicants are expected to demonstrate concrete linkages between the proposed HSS objectives and these existing written policy frameworks. If however, there are no concrete policy frameworks for some of the objectives being proposed, applicants should describe in this section what plans/efforts will be put in place to either i) develop policy frameworks to guide implementation of the affected activities or ii) revise already existing but relevant policy document(s) to cover the affected activities.

- (b) How the proposed HSS objectives address key health systems constraints, as described in section 2.2, preventing the country from improving health outcomes related to immunisation, and/or (two or more of) HIV/AIDS, tuberculosis and malaria;
- (c) The linkages between the proposed HSS objectives and the current HSS efforts being implemented in the country, as described in section 2.3, in particular explaining the additionality and complementarity of the proposed HSS objectives with existing HSS efforts, including on-going Global Fund and/or GAVI grants.

Useful resources for completing this section:

- [The Global Fund's approach to Health Systems Strengthening \(HSS\) Information note](#)

3.2a) Narrative description of programmatic activities

- *Please provide a narrative description of the goals, objectives, Service Delivery Areas (SDAs) and key activities of this proposal.*

Applicants should provide a narrative description of the goals, objectives, Service Delivery Areas (SDAs) and key activities of this proposal. This narrative description should be written in a logical order of 'goals', 'objectives', 'SDAs' and 'key activities'. The goals should be aligned with the goals of the National Health Strategy or Plan (or National Health Policy). Applicants should develop a

numbering system where each goal, objective, SDA and key activity has a unique identifying number. The numbering system used in this section must be consistent throughout the proposal - for example, objective 1 in this narrative description must be consistent with objective 1 in the logframe, objective 1 in the Performance Framework, objective 1 in the detailed work plan and budget.

Applicants should strongly consider including Community Systems Strengthening activities, including but not limited to the role of civil society organizations in advocacy and community mobilisation to improve service coverage for underserved populations. An example in a proposal to GAVI would be a role for civil society organizations in advocating for improved immunisation coverage in a hard-to-reach area.

Useful resources for completing this section:

- WHO compendium of core indicators and data sources for monitoring health sector strategic plans
- [Monitoring and Evaluation toolkit-Health and Community System Strengthening, fourth version](#)
- Global Fund [Community Systems Strengthening Framework](#) and [Community System Strengthening Information note](#)

3.2 b) Logframe

→ *Please present a logframe for this proposal as Attachment 2.*

Applicants are requested to submit a logframe for this proposal. The logframe elicits high level summary of the goals, objectives, SDAs and key activities described in the previous section with key indicators. The numbering system used in the logframe must be consistent with the numbering system developed in section 3.2 a) above.

The logframe should be presented in the template provided with this form. The logframe template has two sheets- the first sheet named 'instructions' provides detailed guidance on how to complete the logframe. The second sheet named 'logframe' contains the table where applicants are required to insert the information being requested.

For Global Fund applicants, Round 11 presents an opportunity to submit consolidated cross-cutting HSS proposals.

Submitting a consolidated cross-cutting HSS proposal is **REQUIRED** if:

- **Situation 1:** the country has an existing Single Stream of Funding for cross-cutting HSS (i.e., a HSS SSF);
- **Situation 2:** the country currently manages a grant consisting only of cross-cutting HSS activities. This situation can result from one of the following:
 - a previously approved cross-cutting HSS component³ that was submitted with a disease proposal, but where the disease proposal was not approved for funding;
 - a previously approved cross-cutting HSS component that was submitted with a disease proposal, where both the disease and the cross-cutting HSS requests were approved for funding, but where the cross-cutting HSS component was signed into a standalone grant with a different Principal Recipient than the disease grant.

³ Submitted in Round 8, 9 or 10 as "Section 4b/5b".

Submitting a consolidated cross-cutting HSS proposal is **ENCOURAGED**, but not required if:

- **Situation 3:** the country currently manages a grant consisting of cross-cutting HSS activities - together with disease specific activities. This situation results from a previously approved cross-cutting HSS component that was submitted with a disease proposal, where both the disease and the cross-cutting HSS requests were approved for funding, and both were signed into the same (disease) grant.

If submitting a consolidated proposal, applicants are requested to complete the last two columns of the logframe. Instructions on how to fill out these two columns are provided in the instructions sheet of the logframe template.

More guidance on submitting consolidated proposals to the Global Fund is provided in the [information note on consolidated proposals](#)

3.2c) Evidence base and/or lessons learned

- *Please summarise the evidence base and/or lessons learned related to the proposed activities. Please provide details of previous experience of implementing similar activities where available.*

Applicants should highlight where and how they have drawn on national, regional and/or international evidence and lessons learned.

This should include:

- Findings from previous relevant studies/surveys, analyses and evaluations;
- Findings from completed operational research, including programming for key populations; and
- Outcomes and lessons learned from other programmes, projects and interventions that have influenced the development of the HSS objectives and key activities in this proposal. This should also include any details of relevant challenging implementation experiences and the lessons learned on how these may be effectively addressed;
- Findings from Gender Analyses.

Useful resources for completing this section:

- *National studies, research and evaluation reports – highlighting “what works”, and lessons learned; and*
- *Regional and International evidence-base on HSS, with a discussion on its appropriateness in the local context.*

3.3 Main beneficiaries

- *Please describe how the proposed activities under each objective contribute to equity (e.g., gender, geographic, economic), reach the unreached, underserved and marginalised populations with health services, and benefit the poorest and other disadvantaged populations, including any measures to reduce stigma and discrimination that these populations may face.*

Applicants should highlight who will be the ultimate beneficiaries, indicating whether this will be the entire population or specific sub-populations or target groups. For example, community health workers (CHWs) may be the direct beneficiaries of an activity. If the CHWs are mostly posted in poor areas and deal mostly with women and children, then the ultimate beneficiaries are poor women and children who access CHWs.

If the entire population will (potentially) benefit, countries should explain if and how specific actions will be employed to ensure that any or all of the unreached, underserved, marginalised, poorest, or those otherwise disadvantaged will receive improved coverage of health services. Examples of these health services include immunisation, HIV/AIDS, Tuberculosis or Malaria services.

Where sub-populations are to be targeted, an explanation should be provided as to the reason for selection of those sub-populations (e.g. the activities will be focused on X districts with lower performance in relation to Y).

Countries should also highlight where and how the proposed objectives and activities may figure as part of a wider national strategy to address social, economic and gender inequalities (or where designing the activities has helped in devising such a national strategy).

4. PERFORMANCE MONITORING AND EVALUATION

4.1. National Monitoring & Evaluation (M&E) Plan and Performance Framework

→ *Please present your National M&E Plan as Attachment 3, and the Performance Framework for this proposal as Attachment 4.*

National Monitoring and Evaluation Plan

Applicants are requested to submit the National M&E Plan (as Attachment 3) that is used to measure the performance of the National Health Strategy or Plan.

Where a National M&E Plan does not exist, applicants should explain how the goals and objectives of the National Health Strategy or Plan are monitored and describe if any plans exist to develop a National M&E Plan during the timeframe of this proposal. Applicants should note that funding for the development of a National M&E Plan can be included as a component of this proposal (to be detailed in section 4.2b).

Performance Framework

Applicants are required to submit a Performance Framework (as Attachment 4) for this proposal that outlines a core set of indicators with corresponding multi-year targets that will be used to measure the performance of the proposed support. The Performance Framework should be presented in the template provided with this form. The indicators related to Global Fund support will be further refined at the time of grant negotiation/signing if the proposal is approved.

For GAVI, HSS funding supports Strategic Goal 2 of the GAVI Alliance Business Plan – Contribute to strengthening the capacity of integrated health systems to deliver immunisation.⁴ Country performance monitoring should demonstrate how HSS funding will achieve immunisation outcomes in the context of integrated service delivery. Relevant indicators include:

1. **Drop-out rate** – Drop out between DTP1 and DTP3 coverage
2. **DTP3 coverage** - % of surviving infants receiving 3 doses of DTP-containing vaccine
3. **Equity in immunisation coverage** - % of GAVI supported countries where DTP3 coverage in the lowest wealth quintile is +/- 20% points of the coverage in the highest wealth quintile

For detailed guidance on how to complete the Performance Framework, refer to the instructions provided in section 3.2 b) (logframe) and the instructions sheet of the Performance Framework template as shown below:

⁴ <http://www.gavialliance.org/library/gavi-documents/strategy/gavi-strategy-2011-2015---table/>

Performance Framework template

Performance Framework: Instructions	
<p>This document provides clear instructions for completing the Performance Framework for the Round 10 Proposal Form. At the end of this table special instructions are provided concerning Health System Strengthening (HSS). More detailed information on Performance Based Funding and Monitoring and Evaluation (M&E) can be found on the Monitoring & Evaluation page of the Global Fund website available at: http://www.theglobalfund.org/en/mef</p>	
Box	Explanation
Select disease or HSS...	In this box select the disease or HSS for which the Performance Framework will be prepared. By doing so, the relevant drop-down boxes in various sections of the template will be activated. One can also choose to complete a blank version of the template which will not offer any drop-down boxes and all fields will have to be filled in manually.
1. Goal(s)	Goal(s) are broad and overarching statements of a desired, medium to long-term outcome of the program and should be consistent with the national disease control strategic plan. <i>Example:</i> 1) Reduce malaria related mortality and morbidity in children under 5 and pregnant women, 2) Reduce HIV related mortality in the country, 3) Reduce TB incidence and mortality in the country.
2. Impact and Outcome indicators	Impact and outcome indicators related to the goal(s) should be included in this section. Under "indicator" a drop-down box with standard indicators, as specified in the <i>Monitoring and Evaluation Toolkit</i> , is provided. The Global Fund encourages as far as possible the use of the proposed standard indicators, however, if appropriate for the local situation, one can overwrite this drop-down box to input a country specific indicator. The selected indicators should be in line with the national disease control strategic plan and its
Baselines	Baselines for impact and outcome indicators, if not available at the onset of the program, should be determined during Phase I, i.e. the first two years of the grant. If the source of data collected is different from the source of the baseline (for more details, refer to the section on "baselines" below), please specify in the "comments" field in the final column of the table.
Targets	Targets provided for impact and outcome indicators should include the frequency of their measurement. For more details on the frequency of reporting for outcome and impact indicators refer to the <i>Monitoring & Evaluation Toolkit</i> .
Report due date	Include the expected dates for reporting on the impact/outcome indicator targets based on availability of results.
3. Program Objectives	Each goal should have a set of related, more specific objectives that will permit the Program to reach the stated goal(s). These objectives should be consistent with the objectives of the national disease control strategic plan.
4. Objective number	In this column specify for each of the indicators to which program objective they relate.
5. Service Delivery Areas	To achieve each objective, the key services to be delivered are defined under the respective Service Delivery Area (SDA). A drop-down box lists the Service Delivery Areas contained in the <i>Monitoring and Evaluation Toolkit</i> which the Global Fund recommends for use.
Instructions	Performance Framework

The goals, objectives, and Service Delivery Areas listed in the Performance Framework must be numbered in the exact order as the narrative description and logframe in section 3.

Please note that applicants submitting a common proposal to GAVI and the Global Fund need only should submit one Performance Framework for the proposal.

4.2a) M&E arrangements

→ Please describe how the Performance Framework in this proposal uses existing national indicators, data collection tools and reporting systems.

Applicants are requested to identify how existing national M&E systems will be used to collect and report on data needed for the implementation of this proposal. In particular, applicants should clarify the use of national indicators, national data collection tools and national reporting systems, including how the annual in-country review and reporting processes will serve as the basis for reporting on the results of HSS support provided through this proposal and to what extent national data is disaggregated by sex.

Applicants are requested to clarify if all objectives in this proposal will be monitored using the national M&E systems. If not, they should indicate which objectives will not be monitored using the national M&E systems, explain why and describe how these objectives will be monitored.

4.2b) Strengthening M&E systems

→ *Please describe the M&E systems strengthening activities to be funded through this proposal.*

Applicants are requested to describe the M&E systems strengthening activities to be funded through this proposal. Applicants should ensure that these activities are captured in section 3.2 (narrative description of programmatic activities) and that funding for these activities is included in the proposal budget.

The strengthening measures can be identified through a multi-stakeholder national M&E assessment or any other national processes including evaluations, audits or studies. Tools to conduct such assessments include, but are not limited to: i) [the Global Fund's M&E Systems Strengthening Tool](#); ii) [the Health Metrics Network Assessment Tool](#); and 3) [the Joint Assessment of National Strategies Tool](#).

If applicants are requesting funding to develop a National M&E Plan, this should be described in this section. When developing a National M&E plan, applicants may find it useful to consult the following reference documents:

- WHO compendium of core indicators and data sources for monitoring health sector strategic plans
- [Monitoring and Evaluation toolkit-Health and Community System Strengthening, fourth version](#)
- Global Fund [Community Systems Strengthening Framework](#) and [Community System Strengthening Information note](#)

Applicants are encouraged to include in their funding request operational research activities to improve program performance, including determining effective ways to increase demand for, and improve access to, quality services. These activities should be described in this section.

If applicants' existing national M&E systems do not sufficiently disaggregate data by age and sex, and by key populations to allow for gender sensitive programming, applicants are encouraged to include efforts and activities in this section to strengthen this. Furthermore, if there are identified gaps in essential epidemiological data (e.g. key populations, reporting of immunisation coverage data from health posts to central level, HMIS improvements, vaccine introduction data from district/province, etc.) applicants are encouraged to plan activities related to collecting this information in this proposal.

In the case where M&E systems strengthening is not a major component of this proposal, applicants should consider the recommended inclusion of between 5% to 10% of the proposal budget (depending on in-country circumstances) to support the strengthening of existing M&E systems.

5. GAP ANALYSIS, DETAILED WORK PLAN AND BUDGET

The purpose of this section is to present, explain and justify the costs of implementing the proposed HSS activities.

All applicants must provide:

- A **detailed work plan, budget** (including key assumptions) and **financial gap analysis** as Attachment 5;
- A summary budget, showing costs per objective;
- A summary budget by “cost category”; and
- Explanation/documentation to justify the unit costs, ‘relatively large’ cost items (where these represent a significant percentage of overall or activity costs), and proposed expenditures on human resources (especially where these would give rise to post-grant “recurrent costs”).

5.1. Detailed Work Plan and Budget

→ *Please present a detailed work plan and budget as Attachment 5.*

The **detailed work plan and budget** should be in Excel format, and submitted as a financial spread sheet. There is a budget template available, which can be used for proposals to one agency only or to both agencies. It is highly recommended that applicants use this budget template. If applicants choose to not use the template, they should ensure that all pieces of information contained in the recommended budget template also feature in the budget template of their choice. The budget should allow for quarterly expenditures to be shown for Years 1, 2 and 3, and annual expenditures thereafter.

All unit costs should be clearly shown in a separate column in the spread sheet and be consistent across all objectives and activities. An explanation and/or justification of the unit costs should be given wherever possible.

Assumptions (for both activities and costs) and other budget explanations should be presented wherever possible to show clearly how **all** expenditure estimates have been derived. There is a separate sheet in the recommended budget template where applicants are asked to provide details on their assumptions.

The joint budget template has the following structure (each point below corresponds to a tab in the template):

Setup: In the summary sheet, basic information about the applicant is requested.

Instructions: This sheet provides further detail regarding the budget template. Applicants are strongly encouraged to follow these instructions step by step when filling in the budget.

Recipients/Implementers: In this sheet, applicants are asked to list all proposed lead implementers and, if already available, sub-implementers. These entries will then be available in form of drop-down lists in the remaining sheets to facilitate the use of the template.

Objectives: The objectives listed in this sheet should correspond to the objectives in the proposal’s section 3 (HSS objectives) and should use consistent numbering system developed in that section. Objectives entered in this sheet will be available as drop-down items in the following sheets of the template.

Assumptions: Assumptions listed in this sheet should explain how each activity on the detailed budget sheets has been budgeted for.

Detailed budget: In this sheet/these sheets applicants are asked to bring the relevant information together. In this sheet, information is made available on the costs, timing, implementer and funder of activities. This information is then automatically used by other sheets to generate, for instance, summary tables.

Summary budgets: In this sheet, the information provided in the previous sheet is arranged in a first table by cost category and lead implementer. A second table automatically produces a summary by SDA. The third table will do the calculation for countries of how much money is asked from which funding agency.

Overview: The overview sheet is fully auto-generated by the budget template and provides the applicant and the reviewers of proposals a snapshot of when activities are implemented and annual totals of the funding request.

Incremental: This sheet facilitates the transition to the new grant architecture of the Global Fund.

Gap Guidance: This sheet provides information on how to fill out the financial gap analysis and counterpart financing tables. Applicants are strongly encouraged to refer to these instructions while filling out each line of the tables.

Financial Gap and Counterpart Financing table: This sheet provides the templates for showing financial information regarding gaps in the health sector and sub levels. Global Fund applicants are required to fill out the counterpart financing table. Applicants are strongly encouraged to refer to the instructions in the gap guidance sheets while filling out each line of the tables.

The table below sets out the detailed description of the relevant cost categories for use in the detailed budget sheet(s). This table includes useful guidance on what should **not** be included in a specific section as well as what should be included.

Category	Expenditure examples
Human Resources	Salaries, wages and related costs (pensions, incentives and other employee benefits, etc.) relating to all employees (including field personnel), and employee recruitment costs, as well as stipends, expense reimbursement and related costs for non-employees such as volunteers.
Technical & Management Assistance	Costs of all consultants (short or long term) providing technical or management assistance, including consulting fees, travel and per-diems, field visits and other costs relating to programme planning, supervision and administration - including in respect of managing 'sub-recipient' (or equivalent) relationships, monitoring and evaluation, and procurement and supply management.
Training	Workshops, meetings, training publications, training-related travel, including training per-diems. <i>Do not include employee training-related human resources costs that should be included under the Human Resources category.</i>
Health Products & Health Equipment	Health products such as bed nets, condoms, lubricants, diagnostics, reagents, test kits, syringes, spraying materials, consumables related to cold chin equipment, and other consumables. Health equipment such as microscopes, x-ray machines and testing machines (including the 'Total

Category	Expenditure examples
	<p>Cost of Ownership' of this equipment such as reagents, and maintenance costs).</p> <p>Do not include other types of non-health equipment, as these costs should be included under the Infrastructure and Other Equipment category below.</p>
<p>Procurement & Supply Management costs</p>	<p>Transportation costs for all purchases (equipment, commodities, products, medicines) including packaging, shipping and handling. Warehouse, PSM office facilities, and other logistics requirements. Procurement agent fees. Costs for quality assurance (including laboratory testing of samples), and any other costs associated with the purchase, storage and delivery of items. Costs associated with pharmaceutical management systems, especially costs associated with:</p> <ul style="list-style-type: none"> - Pharmacovigilance - Drug resistance surveillance - Quality assurance (including laboratory testing of samples) - National Regulatory Authorities strengthening <p>For GAVI-supported activities, it could be management costs related to immunisation and vaccine introduction, local capacity building for immunisation, and improvements of lab facilities.</p> <p>Do not include staff, management or technical assistance, IT systems, health products or health equipment costs, as these costs should be included in the categories above.</p>
<p>Infrastructure and Other Equipment</p>	<p>This includes health infrastructure rehabilitation and renovation and enhancement costs, non-health equipment such as generators and beds, information technology (IT) systems and software, website creation and development. Office equipment, furniture, audio-visual equipment, vehicles, motorcycles, bicycles, related maintenance, spare parts and repair costs. For GAVI-supported activities, it could be contributions to cold chain and vaccine stock management, as well as lab equipment.</p>
<p>Communication materials</p>	<p>Printed material and communication costs associated with programme-related campaigns, TV spots, radio programmes, advertising, media events, education, dissemination, promotion, promotional items.</p>
<p>Monitoring & Evaluation</p>	<p>Data collection, surveys, research, analysis, travel, field supervision visits, and any other costs associated with monitoring and evaluation.</p> <p>Do not include personnel, management or technical assistance or IT systems costs, as these costs should be included in the categories above.</p>
<p>Subsidies and other living support to clients/target populations</p>	<p>Monetary or in-kind support given to clients and patients e.g. school fees for orphans, assistance to foster families, transport allowances, patient incentives, grants for revenue-generating activities, food and care packages, costs associated with supporting patients' charters for care.</p> <p>Payments to cover the social health insurance premiums for poor people.</p>
<p>Other</p>	<p>Significant costs which do not fall under the above-defined categories. Specify clearly the type of cost. The applicant is able to add additional rows to this table should there be other national budget cost categories</p>

Category	Expenditure examples
	that are not covered by the above categories. The applicant is encouraged to avoid using this category unless it is deemed necessary in order to meet national budget planning categories.
Planning and Administration	Office supplies, travel, field visits and other costs relating to program planning and administration (including managing sub-recipients of funds). Legal, translation, accounting and auditing costs, bank charges etc. <i>Do not include human resources costs, as these costs should be included under the Human Resources category above.</i>
Overheads	Overhead costs such as office rent, utilities, internal communication costs (mail, telephone, internet), insurance, fuel, security, cleaning. Management or overhead fees. <i>Do not include CCM support costs</i>

Division of costs

Applicants are encouraged to submit proposals with implementation arrangements that are most suited to their needs. For proposals to both GAVI and the Global Fund, proposals with the same implementing agency managing both GAVI and Global Fund monies are acceptable and encouraged **if** this leads to lower transaction, management and administration costs and reduced burden in terms of assessment, reporting and verification.

Support requested from GAVI should contribute to strengthening the capacity of integrated systems to deliver immunisation. Please note that GAVI has a [ceiling](#) on the amount of HSS funding available for each country for the period 2011-2015. Also, the Global Fund can only fund the strengthening of public, private and community health systems where weaknesses and gaps constrain the achievement of improved health outcomes for (two or more of) HIV/AIDS, tuberculosis and malaria.

For proposals to both GAVI and the Global Fund, the amounts required from each entity should be based on the following principles:

- Where all HSS funds requested can demonstrate a link to improving health outcomes for (two or more of) HIV/AIDS, tuberculosis and malaria, the costs should be allocated to Global Fund exclusively.
- Where HSS funds requested can demonstrate a link to strengthening capacity to deliver immunisation, the costs should be allocated to GAVI exclusively.

Applicants are encouraged to request funding from the different agencies on the objective level. For this purpose, the detailed budget sheet(s) feature(s) a column entitled “funding source”, which asks applicants to identify whether funding is requested from the Global Fund and/or GAVI. The total funding requested from each agency is then automatically summed up in the pivot table included in the “summary budgets” sheet.

5.2 Financial gap analysis and counterpart financing tables

Please present a financial gap analysis for each objective as Attachment 5.

Detailed instructions for completing the financial gap analysis are included in Attachment 5.

Global Fund applicants are required to fill out the financial gap analysis and counterpart financing tables. Applicants to GAVI may use the gap analysis provided or present their gap analysis in a format of their choice.

The 'Health Sector Financial Gap Analysis and Counterpart Financing' table in Section 5 captures information required to contextualize requested Global Fund support within a broad health sector level and assess compliance with counterpart financing requirements.

In order to better understand the financial context of the request, applicants can optionally complete detailed financial gap analyses for requested HSS components (for example health information systems or human resources). This should be possible if a country has a specific strategy for a health systems component that includes financial estimates for strategy implementation. Instructions on how to fill the tables are included in the budget template.

5.3. Supporting information to explain and justify the proposed budget

→ *Please include additional information on the following:*

- *Efforts to ensure Value For Money*
- *Major expenditure items*
- *HR costs, and other significant institutional costs*

Additional information should be provided here to explain and justify the proposed budget, including:

- If and how the proposal may be a part of, or contribute to, wider national (or local) efforts to improve Value-for Money (VFM) in health service provision;

VALUE FOR MONEY

Applicants should consider value for money throughout the proposal development process, ensuring that the submitted proposal makes a compelling case for investment that demonstrates how the program will maximize the health impact that can be achieved with the requested funding.

The concept of value for money should be segmented into three components: effectiveness, efficiency, and additionality. Effectiveness describes the ability of a program to achieve its outcome and impact objectives, while also considering equity, quality, and sustainability. Efficiency is about implementing activities at the minimum possible cost, through minimizing the cost of inputs and maximizing the productivity of resources. Additionality indicates whether the financing requested is non-duplicative and will produce additional outcomes beyond what is possible with existing resources. It is only when all these components are strong that a proposal represents good value for money.

Applicants should consider the following elements when assessing whether their proposal represents good value for money:

1. Given the health systems situation and local context, the **proposed activities should correspond to what needs to be done (technically sound) and reflect appropriate priorities**. This should be a particular focus in describing the overall proposal strategy and justifying, per service delivery area, the technical appropriateness of the approach and the evidence upon which it is based. If the request is for the continuation or scale-up of an existing activity, applicants should refer to evidence from the existing activity that justifies the additional investment, ideally relative to alternative approaches.

2. The application should **propose to undertake the activities in an effective way**. This is about the “how” (i.e. the substance of what is proposed to be done) within the activities, demonstrating that interventions are well designed to achieve the desired outcomes and impacts, are coherent, needs-based, and sustainable. Applicants should also refer to any available evidence that demonstrates the effectiveness of the design of the interventions.

3. The proposal needs to demonstrate that **activities will be implemented in an efficient way**. This means implementing activities at the minimum cost to achieve a given output, which should be accomplished by minimizing the cost of inputs and maximizing the productivity of resources. Applicants need to ensure that unit cost and quantity assumptions underpinning the budget are clear and well justified. There must also be a clear link between the budget requested, and the proposal strategy and intervention designs. Applicants should carefully review their budgets in order to assess if it represents good value for money. Note that there may be situations in which the interventions proposed are not at the least possible cost, but higher costs should be justified by the applicant based on the increased appropriateness, effectiveness, and/or sustainability.

4. The applicant should ensure that the additionality requirement has been met, by **demonstrating that the requested financing is allowing the achievement of additional outcomes not possible with existing funding sources**. The proposal should take into account existing funding from national sources and other donors, ensuring that the activities outlined in the proposal are not duplicative or substituting for other funding. As part of mandatory consolidation for Round 11, applicants should review their existing grant disease portfolio and program, making sure that new funding requested in Round 11 is additional to any existing funding from on-going grants.

For further information please refer to the [Information Note on Value for Money](#).

Applicants to the Global Fund should also be aware of the following. If at any time during the TRP clarifications or the grant negotiations process, the TRP or Secretariat determine that the Board-approved grant no longer represent a good use of Global Fund funding, **a recommendation to not fund the approved proposal can be given to the Global Fund Board.**

- Explanation of any ‘relatively large’ cost category items;

Explanation of human resource costs – including how these have been compiled and how the proposal’s human resources costs fit in the country’s human resource development policy, and **how any recurrent cost implications will be addressed** at the end of the proposed support. The funding agencies do not want to limit human resource funding, but seek to ensure that any proposed financing of salaries, compensation, volunteer stipends and top-ups paid is consistent with existing compensation policies and incentive schemes as agreed within government, between government and donors as well as between government and civil society organizations. Distortion or staff diversion because of inconsistent compensation is to be avoided.

If the provisions for human resources funding in this proposal depart from existing compensation policies, applicants must provide a detailed justification for this decision. Where possible, the relevant documentation must be attached, even if it is in draft form. In case no such documentation is available, applicants should provide a clear description of current

practices as well as efforts, if any, to elaborate and document in-country compensation policies.

In addition, if public sector financing is an important share of the budget, the applicant should explain how the proposed financing of salaries will be reflected in the medium-term expenditure framework.

- Explanation of other significant “institutional” costs – focusing again on how these have been compiled, and how any recurrent cost implications will be addressed after the GF/GAVI financial support has ended (i.e. where appropriate, what sources of funding will an implementing agency be able to call on).

6. IMPLEMENTATION ARRANGEMENTS, CAPACITIES, AND PROGRAMME OVERSIGHT

In this section, applicants are required to clearly demonstrate their capacity and readiness to implement the proposed activities.

The section covers:

- **Implementation** arrangements;
- **Financial management** arrangements;
- **Governance and oversight** arrangements.

In demonstrating “readiness” and “capacity”, a number of key considerations should be taken into account:

- a) How (of the proposed HSS activities) will implementation proceed alongside, and/or be integrated with, **other** on-going organisational and departmental functions and programme efforts? (Few HSS activities are stand-alone efforts; the overwhelming majority will intersect in one way or another with other on-going programmes and efforts. Management and oversight arrangements proposed should reflect this.)
- b) With a) above in mind, will any proposed capacity strengthening (to ensure there is implementation capacity to implement) have ramifications beyond the immediate implementation? For example: will other HSS efforts (not funded by GF and GAVI) also potentially benefit from proposed TA.
- c) Are the **existing** organisation structures and systems conducive to effective HSS management and oversight? For example: is there a department with accepted lead (or overall budgetary) responsibility for a specific HSS area of support? Does this department have the capacity to fulfil this mandate? Are there effective working relationships with other departments, or with other institutions outside the body in question? Will some degree of shared responsibility - for a specific aspect of HSS – be required?
- d) Are changes to organisational structures merited under the specific circumstances – either specifically with this proposal in mind, or with the aim of enhancing HSS management and oversight over the longer-term?
- e) Which committees and other bodies will be involved and what will their roles be to ensure effective oversight? Can this be an opportunity to rationalise or strengthen governance **across all HSS efforts**?
- f) What is the role of CSOs in the governance structure and/or the efforts to build the relationship between CSOs and government?

6.1a) Lead Implementers

→ For each Lead Implementer, please list the objectives they will be responsible for to implement. Please describe what led to their selection, including their technical, managerial and financial capacities to manage and oversee implementation of objectives, including previous experience managing Global Fund and/or GAVI grants. Describe any challenges that could affect performance (refer to any current assessments of capacity if available) as well as mitigation strategies to address this.

The Global Fund and GAVI in their traditional models use different terms to identify recipients of funds. In the context of the common HSS proposal form, GAVI and the Global Fund will use a common terminology- 'Implementer'-, to refer to recipients. For GAVI, the 'Lead Implementer' is synonymous with the 'Ministry of Health'. For the Global Fund, 'Lead Implementer' is synonymous with 'Principal Recipient' while 'Sub-Implementer' is synonymous with 'Sub-Recipient'. The following table shows how these terms align with existing Global Fund and GAVI terminology.

Common terminology	GF equivalent	GAVI equivalent
Lead Implementer	Principal Recipient	Ministry of Health
Sub-Implementer	Sub-Recipient	Not Applicable

In this section, applicants should describe the Lead Implementer(s) nominated to ensure achievement of the planned outcomes of the proposal.

Applicants should provide the following information for each Lead Implementer:

- (a) All the objectives the Lead Implementer is responsible to implement;
- (b) A description of the Lead Implementer's technical, managerial and financial capabilities to fulfil the following responsibilities:
 - Receiving, managing and accounting of funds;
 - Implementing and monitoring program implementation;
 - Making efficient arrangements for disbursement of funds to Sub-Implementers, including overseeing the financial arrangements for Sub-Implementers, and preparing a plan for the annual audit of Sub-Recipient activities under the grant (only applicable to Global Fund applicants);
 - Reporting on program performance to GAVI and/or the Global Fund according to the Performance Framework; and
 - Requesting additional disbursement of funds based on performance.
- (c) This description should indicate whether the nominated Lead Implementer(s) has previously managed GAVI and/or Global Fund grants and summarise this experience by noting strengths and areas of required additional capacity. Applicants should describe any challenges that could affect performance (refer to any current assessments of capacity if available) as well as mitigation strategies to address this.

With respect to Global Fund supported activities, the nomination of Lead Implementer(s) for this proposal is subject to final approval by the Global Fund; this will be affirmed as part of the capacity assessment and grant negotiations process. With respect to GAVI supported activities, the Lead Implementer(s) is affirmed by the endorsement of the submitted proposal by the HSCC members.

6.1 b) Coordination between and among implementers

→ Please describe how coordination will be achieved (a) between multiple Lead Implementers, if there is more than one nominated for the proposal; and (b) between each nominated Lead Implementer for the proposal and its respective Sub-Implementers.

Timely and transparent program performance depends on good coordination between and among implementers. In this section, applicants should describe how coordination will be achieved (a) between multiple Lead Implementers, if there is more than one nominated for the proposal; and (b) between each nominated Lead Implementer and its respective Sub-Implementer(s).

6.1 c) Sub-Implementers (Not Applicable for GAVI applicants)

In this section, applicants should describe the Sub-Implementers nominated to ensure the planned activities are carried out. Applicants should note that funding requests to GAVI should not include Sub-Implementers. Sub-Implementers are program implementers that deliver services under the leadership of the Lead Implementer. Sub-Implementers can be selected from a broad range of possible implementing partners.

- **Sub-section (i):** applicants must tick 'yes' or 'no' to indicate whether there will be Sub-Implementers. If the applicant ticks 'yes' complete sub-sections (iii) – (iv). If the applicant ticks 'no', the applicant must then complete sub-section (ii) and go to section 6.1d).
- **Sub-section (ii):** Sub-Implementers are not mandatory, but if the applicant has ticked 'no' in sub-section (i), then the applicant is requested to provide an explanation of why Sub-Implementers are not involved.
- **Sub-section (iii):** applicants are requested to list all Sub-Implementers that have been identified and, for each:
 - describe the roles and responsibilities to be fulfilled;
 - past implementation experience;
 - geographic coverage and a summary of the technical scope;
 - challenges that could affect performance and mitigation strategies to address these challenges.

The description should be sufficient to understand the overall capacity of the Sub-Implementers to deliver services on a timely basis, and to report routinely on performance. If potential constraints to strong performance exist, applicants are encouraged to include capacity strengthening activities for Sub-Implementers, especially at the community level for non-government entities. These activities should be captured in section 6.1d) below.

- **Sub-section (iv):** applicants must describe if the private sector and/or civil society are involved in implementation at the Sub-Implementer level. If they are not involved or only involved in a limited way, explain why.

6.1 d) Strengthening implementation capacity

In this section, applicants are encouraged to include a funding request for technical assistance (TA) to ensure strong program performance. This may include efforts to strengthen program-level management and implementation capacity for the Lead Implementer(s) and/or Sub-Implementer(s) nominated in this proposal. Furthermore, TA can address long-term local capacity building and known gaps and program weaknesses, and contribute to high quality of services. Please note that requests for technical assistance specifically for financial management and for governance and oversight arrangements should be described under section 6.3.

Requests for technical assistance should be:

- appropriate for the duration of the assistance that is requested; and
- cost-effective for achieving the proposed outcomes.

This TA funding request should be supported by a formal TA plan, which should be developed with extensive consultation and endorsed by key stakeholders. In this section, applicants are requested to provide a summary of the TA plan, but the formal TA plan does not have to be included in the proposal if it is not yet fully developed. However, if it is ready, it may be attached as a supplementary document.

It is envisaged that **partners in country** will provide much of the TA. The first request for TA should therefore be made to in-country development partners, especially WHO and the World Bank.

TA funding requests and high level information provided in the table will be reviewed within the overall context of the proposal strategy and budget.

Applicants should consider the recommended range of 3 to 5% of the total funding request for TA (*Not Applicable for GAVI applicants*). If applicants have included a funding request outside of the indicative percentage range, please provide a narrative justification.

6.2. Financial management arrangements

→ *Please describe:*

- a) The proposed financial management mechanism for this proposal;*
- b) The proposed processes and systems for ensuring effective financial management of this proposal, including the organisation and capacity of the finance department and the proposed arrangements for planning and budgeting, treasury (fund management and disbursement), accounting and financial reporting, internal control and internal audit, procurement, asset management and external audit.*
- c) Technical Assistance (TA) proposed to strengthen the financial management capacities in order to fulfil the above functions.*

For question (a), applicants are requested to describe the proposed financial management mechanism for this proposal. Applicants should indicate whether an existing financial management mechanism or modality will be employed (joint financing arrangements² or other), or if a new approach is proposed (used by GAVI and/or the Global Fund), and if an agency specific financial arrangement will be used, specify which one. A rationale for this choice should be provided.

For question (b), applicants are requested to describe the proposed financial management arrangements (including the organisation and capacity of the finance department) that will be used to ensure that the following systems and functions will be executed effectively and safely:

- Planning and budgeting;
- Treasury (fund management and disbursement);
- Accounting and financial reporting;
- Internal control and internal audit;
- Procurement;
- Asset management;
- External audit.

Additional details of the proposed arrangements for each of these systems and functions can be included in a supplementary attachment; this information will be evaluated during the Financial Management Assessment (FMA) process, which is required for both GAVI and the Global Fund before funds can be disbursed. For proposals to both GAVI and the Global Fund, countries will have the opportunity to have a joint GAVI/Global Fund FMA.

For question (c), applicants should indicate if TA is proposed to strengthen the financial management capacities in order to fulfil the above functions. If yes, the proposed source of funding for this should be identified (i.e. whether the TA features as part of this proposal, or will be made available from another source).

6.3. Governance and oversight arrangements

→ Please describe:

- a) *The committee(s) responsible for the governance of the HSS support in the country (including the roles of the HSCC and the CCM and how the roles of these bodies are aligned with Global Fund or GAVI requirements);*
- b) *The mechanisms for coordinating the proposed HSS support with other health system strengthening activities and programs;*
- c) *Plans (where appropriate) to strengthen governance and oversight;*
- d) *Technical Assistance (TA) requirements to enhance the above governance processes.*

For question (a), applicants should identify all the committees with responsibilities for governance of HSS support in the country and the nature of their responsibility. The HSCC and CCM should feature amongst these committees, and when listing their respective responsibilities, an indication should be given of how these **align (respectively) with GAVI and Global Fund requirements**.

For question (b), applicants should explain how:

- Overall execution of **all** HSS efforts will be kept on track – i.e. implemented effectively on schedule. **This should show how oversight of implementation of the proposed HSS objectives and key activities in this proposal will fit alongside oversight of other HSS efforts or programs.**
- How effective co-ordination will be maintained so that implementation problems in one (HSS) area do not impinge unnecessarily on either other HSS efforts (including those in this proposal), or on other health programme actions (including those to strengthen Maternal & Child Health, with special emphasis on immunisation outcomes in the context of integrated service delivery, or to address HIV/AIDS, tuberculosis and/or malaria)

For question (c), applicants should describe any plans to strengthen governance and oversight of HSS support. These could focus on the actions required to ensure effective governance of HSS activities, including revising the breadth of membership of oversight committee(s), their terms of reference, the frequency of meetings, and the committees' roles in financial reporting and review and follow-up on audit reports (e.g. through creation of an Audit & Finance Sub-Committee of the CCM/HSCC).

For question (d), applicants should indicate if TA is proposed to enhance overall HSS governance. If yes, the proposed source of funding for this should be identified (i.e. whether the TA features as part of this proposal, or will be made available from another source (e.g. a UN agency or a bilateral donor). Applicants should note that TA to strengthen the functioning of the CCM can only be requested directly to the Global Fund Secretariat through a separate form. For further information on CCM funding, please refer to the [CCM Funding Policy document](#).

7. RISKS AND UNINTENDED CONSEQUENCES

In this section, applicants are requested to highlight the important risks and unintended consequences that may be associated with this proposal.

7.1. Major risks

→ *Please describe any major “internal” risks (within the control of those managing the implementation of the HSS support) and “external” risks (beyond the control of those managing the implementation of the HSS support) that might negatively affect the implementation and performance of the proposed activities.*

In the **1st column**, applicants should list the risks that – were they to materialise – might jeopardise the successful implementation of the proposal. These include “internal” risks, within the control of those managing the implementation of the HSS support, and “external” risks, beyond the control of those managing implementation of the HSS support. Fraud and corruption risks should be included.

In the **2nd column**, applicants should describe the strategies to mitigate these risks.

7.2. Unintended consequences

→ *Please describe any possible unintended consequences that might occur as a result of implementing the proposal and the strategies to mitigate these unintended consequences.*

Applicants should describe any possible “unintended consequences” – the potential negative ‘side-effects’ which might arise as a result of implementing the proposal (for example, will this proposal throw other parts of the health sector ‘off-track’ because it will use up scarce human resources?). The strategies proposed to mitigate these unintended consequences should also be outlined.

SUMMARY OF A COMPLETE APPLICATION

A- Common HSS Proposal Forms

1. Common HSS Proposal Form Parts A & C: must be submitted per HSS applicant
2. Common HSS Proposal Form Part B: must be completed and submitted for the agency (GAVI and/or Global Fund) that the applicant is applying to.

For the Common HSS Proposal Form Part B, please note the following:

- a. Eligibility documents: must be submitted per applicant according to the instructions in Part B of the relevant agency (GAVI or Global Fund)
- b. Requirements related to governance bodies (e.g. HSCC for GAVI, CCM for Global Fund) for the respective agencies must be submitted according to the instructions within Part B of the relevant agency

B. Attachments

- Attachment 1- National policy, national strategy, or other documents attached to the proposal, which highlight strategic HSS interventions (*where this does not exist, please refer to instructions in sections 2.1b & 3.1a*)
- Attachment 2- HSS Logframe- must be submitted per HSS applicant
- Attachment 3-National M&E Plan (for the health sector/strategy)- must be submitted per HSS applicant (*where this does not exist, please refer to instructions in section 4.1*)
- Attachment 4- Performance Framework - must be submitted per HSS applicant
- Attachment 5- Financial gap analysis, detailed work plan and detailed budget - must be submitted per HSS applicant

Financial information elicited in attachment 5, consists of the following:

- a. Detailed budget and work plan
- b. Summary budget tables
- c. Financial gap analysis at health sector level
- d. Financial gap analysis at the level of the selected health system component (optional)
- e. Counterpart financing table

On the financial information elicited in attachment 5, please note the following:

- a. Applicants may complete the template provided (Attachment 5); OR
- b. Use another budget template (e.g. national) but complete the summary budget tables and financial gap analysis tables
- c. The Counterpart financing table is located at the bottom of the sheet that contains the financial gap analysis at health sector level. The Counterpart financing table must be completed by Global Fund applicants as this is a board-mandated requirement.

Applicants are strongly encouraged to carefully read the instructions provided within the relevant sections of the guidelines and the instructions sheet of the templates provided.