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The Global Fund
To Fight AIDS, Tuberculosis and Malaria

MOST COMMON WEAKNESSES IDENTIFIED BY THE TRP IN ROUND 10 PROPOSALS
INFORMATION NOTE

Introduction

The Technical Review Panel (TRP) evaluates submitted proposals based on a set of criteria including soundness of approach, feasibility, potential for sustainability and impact and value for money[1]. During the review of Round 10 applications, the TRP noted a number of common weaknesses in the proposals. It is extremely rare that a proposal is not recommended for funding for only one weakness – such a decision is usually based on a number of weaknesses that are deemed too important to be addressed during the clarification process. The most common weaknesses in proposals that were not recommended for funding in Round 10 are categorized and summarized below to provide applicants valuable lessons learned about the main issues that can lead to a proposal not being recommended for funding.

Contents

The five most common weakness categories are discussed in this information note, based on the percentage of non-recommended proposals to which they apply. The order in which they are presented follows the logical stages of the proposal development process.

1. The proposed activities, interventions and/or strategies are not evidence-based or are part of an inappropriate approach for the epidemiological context.
2. The proposal lacks a coherent strategy; and/or there are inconsistencies between objectives, SDAs, activities, budget and indicators.
3. There was insufficient detailed information to assess the feasibility of the proposed activities.
4. The impact and/or outcome indicators were inappropriate or poorly defined (weak performance framework).
5. The budget information was inaccurate, questionable and/or not sufficiently detailed.

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The proposed activities, interventions and/or strategies are not evidence-based or are part of an inappropriate approach.

Weaknesses relating to the technical basis of the proposals or the feasibility of the activities targeted were identified in 60 percent of the proposals not recommended for funding in Round 10. These include inappropriate or unjustified strategies given the epidemiological context, interventions that do not follow internationally recommended

[1] See "Further resources/reading" section on page 6 of this document for the complete set of TRP review criteria

practice or the proposed scale-up of interventions without providing solid evidence that it is appropriate or feasible within the local context.

International best practices are outlined in the Stop TB Strategy, the Roll Back Malaria Global Strategic Plan, the WHO Global Health-Sector Strategy for HIV/AIDS, and other WHO and UNAIDS strategies and guidance and are a good reference when developing proposals. If the proposal's strategy deviates significantly from these, it must be explained and justified. However, interventions need to be set within the local context and consider capacity issues as every intervention may not be appropriate for every country.

All the proposed interventions in section 4.3 have to be based on evidence and a clear demonstration of their effectiveness must be provided. This evidence can consist of lessons learned from previous implementation experience and/or studies in similar settings.

If a proposal includes new activities for which there is no previous implementation experience to draw upon (e.g. introduction of a new technology, implementation of a new BCC strategy), these should be piloted and tested on a small-scale in advance of scaling up. For example, a pilot project should normally implement a set of activities in one region, or in just a few health facilities, to validate the hypothesis before being rolled-out further. In assessing the pilot of any new technologies, the potential to disrupt the existing system needs to be taken into consideration.

TRP comments from Round 10:

- *Several approaches are not supported by proof of effectiveness or by lessons learned from previous experiences.*
- *The policy for antiretroviral treatment (ART) delivery which excludes many tuberculosis patients and the timing of ART initiation are not in line with global recommendations.*
- *The applicant proposes the scaling-up of this activity. However, there is little pilot data or evidence presented that compels the TRP to believe or expect that this can be realized.*
- *The HSS component proposes a "pilot project" without any phasing of activities or plan for on-going evaluation of their impact.*
- *The proposal to develop "community financial management teams" would also require testing and sound evidence that this type of model is appropriate and feasible within the local context.*

The proposal lacks a coherent strategy; and/or there are inconsistencies between objectives, SDAs, activities, budget and indicators.

Inconsistencies between various sections of the proposal form and/or attachments were considered a major weakness in 58 percent of proposals not recommended for funding in Round 10. Examples include: lack of links or inconsistencies in the numbering of objectives, service delivery areas (SDAs) and activities; poor alignment between budget, work plan, performance framework and the "interventions" section of the proposal form (section 4.3); and lack of clear linkages between the different proposed activities. In some cases the indicators chosen are not suitable to measure the planned output, outcome and impact. In other cases the proposal consists of a relatively fragmented collection of activities, the selection of which is not clearly explained and which do not seem to represent a cohesive approach in support of overall priorities. A lack of coherence is also often noted when the planned activities do not respond to the programmatic gap or the epidemiological situation identified or in the proposal under sections 3.2 "major constraints and gaps" and 3.3 "epidemiological profile of target populations".

In order to facilitate the TRP's review of the Round 11 interventions, the applicant must write, under section 4.3, a complete narrative description of the goals, objectives, SDAs and activities. This description must be organized in the exact order of goals, objectives, SDAs and activities and the numbering system must match the logframe, performance framework, detailed budget and work plan. Furthermore, the planned interventions and activities must clearly respond to the epidemiological situation and the programmatic gaps identified.

TRP comments from Round 10:

- *The proposed program of activities consists of a large and fragmented collection of funding requests that do not represent a cohesive strategy under any of the objectives.*
- *SDA numbering in the proposal and in the budget are not coherent, which creates challenges when mapping proposed activities against the budget requested.*
- *While ambitious impact and outcome indicators are presented, there are either no or very tenuous linkages between these and the proposed activities.*
- *The programmatic gap analysis lists a number of current problems and weaknesses but there are insufficient linkages between the gap analysis and the proposed interventions.*
- *Several of the activities proposed do not respond to the stage of the disease epidemic in the country.*

There was insufficient detailed information to assess the feasibility of the proposed activities.

For half of the proposals not recommended for funding in Round 10, the TRP found that only a summary description of activities was provided, without sufficient details regarding implementation, feasibility or demonstrated effectiveness. This lack of information did not allow the TRP to assess the soundness of the proposed activities and approaches.

It should be stressed that this weakness is not related to the length of the response provided, but to the level of detail regarding the relevant and necessary information that must be provided in order for the TRP to be able to base its evaluation on solid information. The page limits in the form give room for clear responses and should be respected.

TRP comments from Round 10:

- *The narrative of the current proposal is vague and does not allow for an objective assessment of implementation feasibility.*
- *There is insufficient description as to how the activities will be implemented, who will implement them and exactly how they will be monitored.*
- *The proposal lacks a clear and specific description of scope and scale of existing needs; this makes the assessment of the implementation feasibility and respective budget reasonableness difficult.*
- *The management, accountability, and leadership sections are described in a vague manner, and would need far more specification in terms of how they fill organizational needs, especially since they are high cost centers in the proposal.*

The impact and/or outcome indicators were inappropriate or poorly defined (weak performance framework).

Weaknesses related to the performance framework mainly consist of poorly defined indicators or incomplete and/or inappropriate targets and baselines that do not allow a proper evaluation of the outcome and impact of the proposed activities. A weak performance framework was cited as a major weakness in 62 percent of the proposals not recommended for funding in Round 10.

The performance framework template provides a drop-down list of indicators that applicants are encouraged to use. The TRP noted that the targets set are often not ambitious enough, or even headed the wrong way in some instances. Further concerns can arise when the way the data will be collected for the impact and/or outcome indicators which have annual targets is not clear.

Impact indicators should be measured at the overall program level to show changes in disease burden, while relevant outcome indicators should be included for each objective. Outcome indicators should not only focus on coverage, but take into account the quality of the interventions. All impact and outcome indicators included in the logical framework should also be included in the performance framework.

Output indicators should be provided with appropriate denominators, wherever applicable. It is understandable that multiple activities may contribute to one output indicator. Only the most overarching output indicators from the logical framework should be included in the performance framework (~15-20, with a focus on coverage indicators).

The TRP has noted that performance frameworks often include too many process and input indicators. While these are important to show the progress in the implementation of the activities, they should not outbalance the focus on outcome and impact indicators, as the TRP will focus on the latter during the review of the proposal.

Guidance and examples of proper indicators are provided in the M&E section of the Global Fund website and the guidance on how to complete the document can be found under the "instructions" tab of the performance framework.

TRP comments from Round 10:

- *The performance framework lacks appropriate indicators to track the improvement and access to HIV/AIDS and sexual health services. In addition, the denominator for impact indicator number two is unclear. Several indicators for the service delivery areas represent process indicators rather than output indicators. Finally, in the performance framework it is proposed to measure the impact and outcome indicators once a year, although it is more useful to conduct a baseline measurement, followed by a mid-term and then a final evaluation at the end of the project.*
- *Several indicators at the output level of the performance framework do not follow programmatic outputs but rather monitor the rate of completion of the work plan. While this is important, it does not reflect programmatic performance and should not be included in the grant Performance Framework.*
- *The Performance Framework has missing targets on impact and outcome indicators and the output indicators are weak and largely low level.*

The budget information was inaccurate, questionable and/or not sufficiently detailed.

Although they do not normally represent the only reason for a proposal not to be recommended for funding, budget-related issues are the most frequent weaknesses raised by the TRP during proposal review and poor budgeting calls into question the soundness of work planning

An analysis of the TRP review comments in Round 10 showed that the TRP identified budget-related weaknesses in 75 percent of the proposals not recommended for funding. Below are some of the most commonly encountered budget issues.

(a) The detailed budget does not appear to address the priorities as outlined in the proposal narrative and work plan. There is an expectation that the main priorities of the proposal as described in the proposal narrative will also be the main budget drivers. If there is discordance between the main priorities of the program and the largest items in the budget, the applicant should provide an explanation in the proposal narrative.

(b) Some costs are included in the budget in the form of lump sums with no reference to the detailed cost assumptions and/or calculations. This is often seen in areas such as training, meetings/workshops, surveys, overheads, planning and administration costs, HR incentives and allowances, procurement of vehicles, etc.

The level of detail required depends on the nature of the budget item in question. As a general rule, applicants must present the breakdown of all budget items that are composed of more than one underlying cost, and all component cost assumptions must be clearly stated so that they can be carefully analyzed. In particular:

- For **meeting or training costs**, the applicant should show the breakdown into venue cost, per diem/transport costs for participants, cost of printing materials, facilitator fees, etc.
- For **vehicle costs**, if other costs such as maintenance and insurance costs have been included in the unit cost of vehicles, this should be clearly indicated. If not, the cost could appear inflated and above current market price.
- When budgeting for **human resources**, make sure to indicate the number and level of the positions and all the associated costs (i.e., benefits, insurance costs). The use of an average salary in calculating HR costs is not encouraged and is likely to be questioned.

Applicants using the Global Fund fully automated template should use the "detailed assumptions" tab in the spreadsheet to show the underlying unit cost assumptions for all budget calculations.

(c) The information/figures in the detailed budget spreadsheet have been pasted in as 'values', making it impossible for the TRP to review and verify the underlying formulas and calculations.

(d) Arithmetic errors are often noted in the detailed budget. This issue is particularly important where the error results in the funding request appearing lower since, should the proposal be recommended for funding, the TRP recommended amount becomes the maximum upper ceiling for the funding request.

(e) There are discrepancies between the budget assumptions, budget calculations and the summary budget tables.

Issues (c), (d) and (e) can be avoided by using one of the two recommended detailed budget and work plan templates.

If instructions are followed carefully when using the Global Fund fully automated template or the WHO Costing Tool, cost calculations (unit cost x quantity), quarterly and yearly

totals, and the summary tables (except the incremental amount calculation table) are generated automatically. If the underlying formulas and macros are not tampered with, these templates are fully verifiable and arithmetically accurate.

TRP comments from Round 10:

- *The soundness of the budget and its underlying determinants (unit prices and projected quantification of the needs over the duration of the proposal) is questionable.*
- *There are numerous budget irregularities, including:*
  a. *Some arithmetical errors and a difference of US$ 123,957 between the overall budget and the yearly detailed budget worksheets were noted;*
  b. *The budget assumptions were insufficiently detailed or missing in some cases; and*
  c. *The Detailed Budget presents the activities on separate worksheets by objective which makes the review of the budget difficult. To facilitate review of the budget a unified detailed budget that presents the budget for all of the activities to be implemented under the program that is described in section 4.3 should be provided in a single worksheet*
  d. *Some unit costs are high compared to standard international prices.*

Further reading/resources

- TRP review criteria for Round 11:
  http://www.theglobalfund.org/en/application/process/trp/
- TRP report on Round 10:

  http://www.theglobalfund.org/en/trp/reports/
- Round 11 Guidelines for Proposals:
  http://www.theglobalfund.org/en/application/materials/
- International best practices:
- Stop TB Strategy

  http://www.who.int/tb/strategy/en/
- Roll Back Malaria Global Strategic Plan

  http://www.rollbackmalaria.org/forumV/docs/gsp_en.pdf
- WHO Global Health-Sector Strategy for HIV/AIDS

  http://www.who.int/hiv/aboutdept/hiv_strategy_consultation.pdf
- Performance framework template and M&E guidance:
  http://www.theglobalfund.org/en/application/materials/

  http://www.theglobalfund.org/en/me/documents/
- Budget templates and associated guidance:
  http://www.theglobalfund.org/en/application/materials/

  http://www.theglobalfund.org/en/lfa/documents/