FRONTLINE AIDS

COSTING GUIDE

FOR CIVIL SOCIETY AND COMMUNITY PRIORITIES IN NFM 4

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GLOSSARY OF TERMS

Costing

The process of estimating the monetary value of inputs that are necessary to deliver a particular service or product. The total cost of services is determined by the number of resources consumed and the unit cost of each resource. Therefore, costing involves (a) measuring the quantity of inputs (resources) that are needed to deliver particular services in natural units and (b) the valuation of these inputs in monetary terms. For example, for an intervention involving training, costing would include the number of participants x transportation x food x number of days, etc. The word "costing" in this document means the same thing as the accounting word "Budgeting".

Unit-cost

The cost incurred by an implementing organization to produce one unit (output) of a particular product or service, with output measured in different ways (i.e., the cost per patient treated, the cost per test, the cost per patient retained, the cost per person counselled, etc.). Unit costs include all fixed costs and all variable costs involved in the implementation of a particular activity.

Activities

In general terms, activities can be defined in several ways (with different levels of aggregation), according to the needs of the costing exercise. The main rule for defining the "activities" of an organization is that the activities should be comprehensive, have quantifiable costs associated with them, and have well-defined relationships to programs and outputs of the implementing organization. Activities are tied to specific outputs and goals.

Direct cost

A cost that can be directly related to producing specific goods or performing a specific service. For example, if the activity involves training individual health care workers, the cost of renting the venue or the honorarium for the facilitator are direct costs.

Fixed cost

A cost that does not change with an increase or decrease in the number of goods or services produced. Fixed costs are expenses that must be paid by a program independent of any activity or level of output. It is one of the two components of the total cost of a good or service, along with variable cost. For example, the annual rent for an office or the staff salaries will make up fixed costs for a program.

Community

Broadly, communities are formed by people who are connected to each other in distinct and varied ways. Communities are diverse and dynamic. One person may be part of more than one community. Community members may be connected by living in the same area or by shared experiences, health, and other challenges, living situations, culture, religion, identity, or values. This widely used term has no single or fixed definition.

Community-based response

Responses that are delivered in settings or locations outside of formal health facilities. They can be provided by a range of stakeholders, including community groups and networks, civil society organizations, the government and the private sector.

Community-based organization

Those organizations that have arisen within a community in response to needs or challenges and are locally organized by community members.

Community-led organizations, groups, and networks

Entities for which most of the governance, leadership, staff, spokespeople, membership, and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organizations, groups and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. Not all community-based organizations are community led.

Community-led responses

Actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups, and networks that represent them. Community-led responses are determined by and respond to the needs and aspirations of their constituents.

Community-led responses include advocacy, campaigning and holding decision-makers to account; monitoring of policies, practices, and service delivery; participatory research; education and information sharing; service delivery; capacity building; and funding of community-led organizations, groups, and networks. Community-led responses can take place at global, regional, national, subnational, and grassroots levels, and can be implemented virtually or in person. Not all responses that take place in communities are community led.

Community response

The means by which communities act on the challenges and needs they face.

Community system

Community-led structures and mechanisms used to interact, coordinate, and deliver responses to challenges and needs affecting their communities.

Community systems strengthening

An approach that promotes the development of informed, capable, and coordinated communities, and community-based organizations, groups, and structures.

Key populations

Populations who experience both increased impact from HIV, TB or malaria and decreased access to services.

While developing a common definition of key populations across the three diseases is not possible, there are several shared characteristics to help clarify who key populations are:

1. They experience increased risk or burden of disease due to a combination of biological, socio-economic, and structural factors.
2. Access to health services that prevent, diagnose, treat, or care for the three diseases is lower than for the general population.
3. They experience human rights violations, systematic disenfranchisement, social and economic marginalization and/or criminalization.

Community-led monitoring

A process and accountability mechanism in which communities, particularly people who use health services, take the lead in identifying and routinely monitoring the issues that matter to them.

Country Dialogue

An ongoing discussion where stakeholders from different sectors (government, non-state, and development partners) discuss country strategies, priorities and jointly define programmes to better align to the country context and increase impact.

Social Dialogue

The part of country dialogue where civil society and people affected by the diseases and civil society share experiences and define programmes that are more responsive to their needs and can maximize impact.

1 BACKGROUND AND RATIONALE

Civil society and communities engaged in the Global Fund's COVID-19 Response Mechanism (C19RM) in 2021 provided repeated feedback that in addition to technical assistance (TA) for identifying, systematizing, and prioritizing community priorities, TA for costing of community priorities is required. During a survey on community engagement in C19RM 2021 with 411 civil society and community respondents, only 16% of respondents indicated having been involved in costing and budgeting of C19RM grants. Even when involved, civil society and communities face significant barriers in accounting (unit costing or activity-based costing) and negotiating for the prioritization of relevant interventions into national funding requests due to difficulties justifying activities and costs. In addition, the costing of the priorities of civil society and communities often presents a challenge when they are represented by an umbrella organization that is not an implementing entity. Without enough information about who would be the final implementers of the proposed activities, the costing is often done based on some general historical assumptions by different stakeholders about what resources would be needed to implement the proposed activities often without adequate coordination and/or collaboration with PRs and/or other implementing organizations.

In response to those challenges, the Global Fund decided to provide dedicated costing support and corresponding tool and guide that are aimed at improving the quality of submitted civil society and community Funding Requests during NFM4 and improve the likelihood of their uptake in funding requests as well as their continued consideration during grant-making. Expanding support for costing work will also help to monitor and manage value for money of community interventions, as was recommended in a 2020 Global Fund Strategic Review.

The document is a guide that accompanies the costing tool. When using this costing tool, it is important for communities to:

- Understand the context (Know your epidemic, Know your response)
- Prioritise interventions that are accessible, acceptable, and affordable.
  - The highest priorities should be included in the "Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria" template included in Annex 6.
- Use this guide and the accompanying costing tool to complement existing tools such as prioritisation and costs calculations for specific interventions

2 OBJECTIVES AND TARGET AUDIENCE

The main objective of this costing guide (and the accompanying excel costing tool) is to help guide the process of costing of civil society and community priorities during NFM4. The costing of civil society and community activities can often be intimidating for its members and this guide, in addition to providing templates for cost calculations, also aims to demystify this by suggesting alternative approaches to traditional costing process such as adjusting existing costs information of similar programs in the country or neighbouring countries before embarking on a full-blown costing exercise.

The audience for this costing guide is civil society and community stakeholders who are directly involved in country-level processes to develop and write funding requests for the Global Fund. This includes representatives of community groups and networks; civil society organizations; government departments; consultants; technical partners; technical assistance providers and community and civil society advocates, and relevant decision-making bodies, such as Country Coordinating Mechanisms (CCMs).

This guide and the accompanying excel costing tool are designed and would be most useful to scenarios where civil society and communities have already gone through a successful engagement, mobilization, and dialogue with all relevant stakeholders, and have (a) identified but not prioritized (costs become part of the prioritization parameters) their community interventions, or (b) where community interventions that they want to be included in the country's NFM4 funding request have been identified and prioritized (adding costs information to the prioritized interventions). **Civil society and communities should be aware that these tools will be most beneficial to them if they also have the support of a costing consultant during the costing process.**

HOW AND WHEN TO USE THIS GUIDE:

This guide can be used by civil society and communities to:

- Become familiar with key issues regarding the costing process for NFM4 before they start using the accompanying excel-based costing tool
- Become familiar with the Global Fund modular framework for NFM4 and its relationship to the costing of civil society and community interventions
- Be better prepared to engage in the entire NFM4 funding request process to increase chances of civil society and community priority activities to be successfully included in the NFM4 funding request
- Become familiar with other resources available to support the costing process

Table 1 below summarizes which phases of the NFM 4 development process this guide could be used, in relation to whether the country has identified and prioritized its community interventions or not. We envision there are 3 broad stages and, as previously mentioned, the scope and design of this guide and its accompanying excel costing tool are applicable to support civil society and communities in stages 2 and 3.

For planning purposes, this guide merely highlights activities that can be performed during the NFM 4 preparation and country dialogue process that will strengthen the costing, review, grant negotiation and grant making outcomes for civil society and community programs.

For guidance in prioritization of community interventions and activities, a link to partner resources has been provided that can direct you to the latest technical guidance specific to each intervention.

It is important to document all the costing integration and prioritization processes and outcomes in the new mandatory funding request annex for civil society and communities most affected by HIV, TB and malaria, since this will be used by the Global Fund's Community Rights and Gender Strategic Initiative to assess, among other things, the level and quality of civil society and community engagement in the Country Dialogue process, and responsiveness of other stakeholders to high impact community and civil society priorities.

Given the country's context and the stage where your community is (Table 1), think and consider some important questions regarding costing such as:

- Without having any accounting expertise, where can you most easily obtain information about how much would it cost to implement the interventions you want to include in the NFM4 funding request:
  - PRs?
  - PEPFAR implementers?
  - Other development implementing partners?
  - Other implementers in neighbouring countries?
  - Regional platforms?
  - UNAIDS?
  - Stop TB?
  - Others?

For communities that have only identified but not prioritized (Stage 1), costing information could become an additional prioritization consideration prior to submitting the costed interventions to the CCM for inclusion in the funding request. For example, the information that the total cost of the prioritized interventions to be submitted to the CCM comes to <1% or >20% of the allocation amount would prompt the community to rethink their priorities to align with the community's aspiration of what % the community components (community service delivery, CSS) should be made up in the funding request (relevant to the epidemic context).

Funding Request Development Phases	Community Intervention Prioritization Stages		
	1 Community interventions not identified	2 Community interventions identified but not prioritized	3 Community interventions identified and prioritized
Planning	›		
Prioritization	›	›	
Development	›	›	›
Review	›	›	›
Negotiation	›	›	›

Table 1: Community intervention prioritization stages by funding request development phases

3 PRIORITIZATION AND COSTING PROCESS

Global Fund priority areas NFM4

While the Global Fund recognizes that a wide range of community systems strengthening interventions can play an important role in a country's response to HIV, TB, and malaria, as well as health in general, the Global Fund prioritizes funding for the following interventions:

Component of Modular Framework	Module of Component	Interventions in Module
Resilient and Sustainable Systems for Health	RSSH: Community Systems Strengthening	Community-led monitoring
		Community-led research and advocacy
		Community engagement, linkages, and coordination
		Capacity building and leadership development

Table 2: Priority community systems strengthening interventions Global Fund's 2023-25 allocation cycle

To strengthen community systems and responses, civil society and communities are encouraged to consider investments in the following priority areas during the NFM4 funding request:.

A COMMUNITY SYSTEMS STRENGTHENING

- Capacity building and leadership development to establish, strengthen, and sustain community-based organizations, to improve community-led and community-based service delivery at scale).
- Community-led monitoring (CLM) to provide information from service user experiences on issues impacting the availability, acceptability, and quality of care.
- Community-led research and advocacy to better understand the barriers and gaps that inhibit effective, people-centred health services from the community perspective, with research findings used to improve access and quality of services).
- Social mobilization, building community linkages and coordination to map and assess the needs of community-led organizations, groups and networks who have the potential to take up a stronger role and be more meaningfully engaged in the health response to develop or strengthen effective, collaborative, and representative relationships to facilitate community responses and their links with the formal health system.

B RIGHTS AND GENDER

- Human Rights Interventions
- Gender

C RIGHTS AND GENDER

- RSSH: Community Health Workers, Volunteers or Resource Persons
- Community health information systems
- Health Products and Commodities for Key and Vulnerable Populations

D BETTER INTEGRATING COMMUNITIES INTO PROGRAM DESIGN

- Disease prevention, treatment, and mitigation interventions for key populations
- Disease prevention, treatment, and mitigation for Vulnerable Populations
- Mitigating TB/ HIV. Malaria impact in communities

To support civil society and communities with the prioritization of their interventions, CRG will make available a "**Decision Making Tool for Community Systems Strengthening Interventions in Global Fund Grants**" This tool will help guide civil society and communities through a set of critical questions that will help to design a prioritized set of community systems strengthening interventions to be included in Global Fund requests, relevant to the country context and priorities from national/community health strategies and operational frameworks.

Annex 2 provides details on the prioritization of HIV Community-led Monitoring (CLM) and an example of costing table of CLM activities.

For the costing component of the funding request process to be successful, it is key that civil society and communities are fully engaged at every step of the funding request process.

Successful engagement of civil society and communities in NFM4 funding request development process:

- Mapping of relevant civil society and community stakeholders
- Organizing of consultative process to determine priority areas and related activities that civil society and communities want to be included in the NFM4 funding request
- Cross-checking with national HIV, TB, and malaria programs for any duplication of activities
- Consolidation and costing of activities (in collaboration with relevant PRs)
- Active participation and collaboration with CCM and other relevant stakeholders (writing team) to advocate and clarify rationale and costs for the inclusion of civil society and community activities in NFM4 funding request
- Active participation in grant-making negotiations

WHAT GOES WHERE IN A FUNDING REQUEST

Countries should include **community-based service delivery** interventions in:

- Relevant Modules in the HIV, TB, or Malaria components of the Modular Framework.

Countries should include CHWs including peers in:

- Human Resources for Health, Including Community Health Workers Module in the RSSH component of the Modular Framework. This applies if the CHWs operate across different diseases and areas of health (the integrated approach to RSSH recommended by the Global Fund).
- Relevant Modules in the HIV, TB, or Malaria components of the Modular Framework. This applies if CHWs are focused on an individual disease.

Protection from Sexual Exploitation, Abuse, and Harassment (PSEAH):

- It is recommended to include PSEAH in community awareness activities, such as outreach strategies, communication campaigns, trainings and other activities which target grant beneficiaries..

Annex 3 provides detailed guidance on 'what goes where' in the NFM4 funding request to the Global Fund using examples of interventions for areas of work related to community systems strengthening.

Integrating Community Program Costing into the Country Dialogue Process

The budgeting and costing process often comes at the end of the country and social dialogue. This need not be the case, since most of the people with accurate knowledge of community needs and programmes are then not available to explain to costing specialists, the Technical Working Group, LFA, Global Fund, Technical Review Panel (TRP) or the Grant Approvals Committee (GAC) the exact problems that they were attempting to solve and with what assumption and cost elements. During the last Funding Request process, only 16% or one in six civil society groups participated in the costing process. In addition to easing the costing process, integrating community program costing from the onset of planning to grant making can safeguard critical activities in the community budget and in some cases increase the overall proportion allocated to communities when stakeholders can link activities to desired impacts and costs.

HOW TO INTEGRATE CIVIL SOCIETY AND COMMUNITY PROGRAM COSTING INTO THE COUNTRY DIALOGUE PROCESS:

It is never too early to plan for community program costing. Ideally, the costing process for civil society and communities should be integrated right from the onset of country planning or roadmap drafting for the NFM 4 Funding Request process, through the grant making process.

Regarding priority activities that civil society and communities want to be successfully included in the NFM4 funding request, the following five phases - planning, development, prioritization, review, and negotiation – offer opportunities to engage in the costing process more fully. The five phases are summarized below:

1 Planning	**Consultations with CCMs, TWGs and (TORs), formation of civil society teams ; resource mobilization for dialogue**	**Affirmation of civil society inclusion; finalized**	**Orientation of communities, KVPs Data collection; gap analysis**
2 Prioritization **3 Development**	**Dialogue on interventions and activities**	**Workplanning and shadow budgeting on community friendly budgeting tool**	**Civil Society Review and justification of all costs; justification at TWG and CCM level**
4 Review **5 Negotiation**	**Review of entire grant budget for synergies and redundancies**	**Selection of civil society negotiation team**	**Justification and negotiations with GF and LFA**

Table 3: Summary of Funding Request phases relevant to the costing process

1 PLANNING

During this phase, countries:

- Receive allocation letters from the Global Fund, and decide on the funding split between the HIV, TB, malaria, and Resilient Sustainable Systems for Health (RSS). CCMs can make clarifications with the Global Fund secretariat and are expected to make a disease split.
- CCMs forms a dedicated funding request Technical Working Group or TWG (this group can have different names in different countries such as "funding request steering team," or the "Proposal or Funding Request Development Committee"
- This technical working group is organized into teams with different specializations either by disease, module, or technical area (such as HIV, TB, malaria, communities/civil society, RSSH, Human Resources for Health (HRH), Labs, and others).

This phase is particularly relevant for countries that have not prioritised. During this stage, the following costing-related activities may be implemented:

A Include the collection of cost assumptions in the terms of reference of the team(s) that will be developing or reviewing community programs and share the community-friendly costing tool. Often, community views are sought when analysing gaps and barriers that communities face. These are then channelled as recommended activities to address these gaps and barriers. However, the dialogue should not stop at naming activities and geographical areas where they will be implemented. Ideally, the community-based groups and other community stakeholders suggesting these activities should be allowed to explain how they believe the activities should best be implemented, and provide some cost assumptions even if they do not know the exact price of items (e.g. if country X has difficulty finding missing TB cases in a conflict zone, where government health services cannot reach, and communities suggest working with community groups, it is important for communities to 'justify' in the costing tool, what this work with community groups will look like:

- Will it involve collaborating with Community Based Organizations (CBOs) or Key Population networks?
- How many CBOs and/or community members are required to find missing cases?
- What does this case-finding activity entail?
- What health products and commodities are required, if any?
- Will they require transportation and other support?
- How will they be reimbursed?
- Will there be any trainings and or outreach activities?
- Other relevant information?

Having these questions answered early makes it much easier for the review, prioritization, and alignment with other teams to identify areas where activities could be grouped together, scaled up, and reorganized to avoid duplication. Lack of detailed information mentioned above makes it difficult for costing and other technical teams and puts the activities at risk of being eliminated during the grant review and negotiation stages. **From a purely financial planning perspective, an activity that is not justified is always in danger of being deleted, irrespective of how programmatically sound it is. The most effective justification begins as soon as the activity is recommended.**

B Countries and civil society groups should reach out to Technical Support providers (Global Fund Community Rights and Gender Strategic Initiative, Stop TB, WHO, UNAIDS, ITPS, Frontline, APCASO, EANNASO and others) for guidance on resources for prioritization and costing of community programmes where needed. There is a wide array of knowledge and technical resources gained so far that can assist with planning processes and partners have planned to offer support for NFM 4 Funding Request development.

C Adequately map all civil society and community groups representing key populations and civil society, guided by a budgeted concept note including ToRs to optimize constituency engagement in social dialogues. It is important to budget enough funds for social dialogue and to develop ToRs that include leaders and community program specialists, who will accompany the process from planning up to the grant-making stage (after submission). Often civil society and communities run out of human and financial resources leaving no community specialists in the room to justify important budget lines. Ideally, the community members who most deeply understand specific components of community programmes should be present in all relevant discussions alongside the CCM and the TWG's civil society representative.

D If the country has a history of not allocating adequate budgets for community programmes or not integrating communities into health systems, it may be advisable to split or allocate a realistic proportion of the budget for community programmes at this stage. This consideration entirely depends on the country context.

E This phase also includes literature review, data collection, gaps and constraints analysis, collation of evidence and reference documents.

F Available historical unit costs are gathered at this stage from implementers and grant managers. The CCM should request PRs to avail such information, while TWGs should work with the PRs, implementers, and social dialogue participants to avail this information. Where historical unit costs are not available, prices are sought from at least three service providers and if not available, other unit cost estimation techniques such as the price of providing a particular service or commodity to one individual are used. Recommended sources for such prices include your national AIDS strategic plan, previous year's grants, resource needs estimation tools, Stop TB Partnership, WHO RBM End Malaria Program, PEPFAR Reports and Country Operational Plan and others..

2 PRIORITIZATION

At this stage activities are prioritized by the communities and civil society groups based on:

- Their potential contribution to impact.
- Alignment to MOH and NAC national strategic plan goals.
- Capacity to accelerate results of ongoing grants and meet SDG 3 targets.
- Contribution to increasing coverage and access to services for communities and KP.
- Value for money considerations, including Economy, Equity, Effectiveness and Efficiency (among other considerations).

Following is a list of guidelines to assist in prioritizing specific activities. It is important to note that these are guidelines and that the non-listing of an innovative activity prioritized and found to have value for money during your country dialogue should not deter you from using it.

Community Modules and Interventions	Source of Guidance on prioritization and recommended cost elements	Link to guidance on prioritization and cost elements
A Resilient and Sustainable Strengthening for Health: Community Systems Strengthening:		
Capacity building and leadership development	Information Note Resilient and Sustainable Systems for Health (RSSH) Allocation Period 2023-2025	
Community-led monitoring (CLM)	Communities Engagement Hub International Treatment Preparedness Coalition (ITPC): CLM toolkit (English, French, Spanish. Russian version coming soon) UNAIDS CLM Guidance Costing: *Integrating CLM into GF funding requests:*	
Community-led research and advocacy	Information Note Resilient and Sustainable Systems for Health (RSSH) Allocation Period 2023-2025	
Social mobilization, building community linkages and coordination	Community Engagement Toolbox (Global Fund Regional Communication and Coordination Platforms Platforms)	
B Rights and Gender		
Human Rights Interventions	UNAIDS/ User guide for HIV-related Human Rights Costing Tool	
Gender	Global Fund, Gender Equity Technical Brief	
C Other RSSH-CSS areas		
RSSH: Community Health Workers, Volunteers or Resource Persons	Information Note Resilient and Sustainable Systems for Health (RSSH) Allocation Period 2023-2025	
Community health information systems		
Health Products and Commodities for Key and Vulnerable Populations		
(EANNASO)	Social Contracting: A mutual agreement made between CSOs and the Government (EANNASO) Guidance for NGO Social Contracting Mechanisms – The Experience of Europe and Central Asia (UNDP) Namibia's Experience with Social Contracting (EANNASO, NANASO)	
D Integrating communities and individuals into disease program design		
Global Fund	The Crucial Role of Communities: Strengthening Responses to HIV, Tuberculosis and Malaria	
HIV, TB and malaria prevention, treatment, and mitigation interventions for Key Populations	ONE Impact, Budgeting using the OneHealth Tool	
MSM	Global Fund. Modular Framework Handbook December 2022	
FSW and their clients		
PUD / PWID		
Disease prevention, treatment, and mitigation for Vulnerable Populations		
AGYW	Global Fund, Ending HIV Among Adolescent Girls and Young Women	
People in humanitarian settings	Working with Refugees Engaged in Sex Work (Women's Refugee Commission)	
Migrants		
Mitigating HIV impact in communities		
Community leadership and engagement in Malaria	Information Note Malaria Allocation Period 2023-2025 (Global Fund)	
Community leadership and engagement in Tuberculosis	Information Note Tuberculosis Allocation Period 2023-2025 (Global Fund)	

Table 4: Guidelines on prioritization and budgeting elements (more resources and links to be added)

3 DEVELOPMENT

Detailed Costing and Use of the Community-Friendly Budgeting Tool

This phase involves the individual community constituencies using the costing tool to produce the costs of the prioritized interventions. The process will be participatory using social dialogue methods such as KIIs, FGD, virtual costing meetings/workshops; development of the social dialogue report, and completion of the community-friendly costing tool by each constituency. These will later be consolidated into a single budget combining all community constituencies' prioritized interventions for community discussion during the next phase "review" before sharing with the CCM and its technical working group.

Costing Process

Initially (before detailed costing is done), it is recommended that civil society and communities carry-out some preliminary activities such as:

- Hold informational meetings with civil society and community constituencies about relative costs and benefits to country of proposed priority interventions to be included in NFM4 RSSH funding requests and in disease-specific funding requests.
- Update the list of stakeholders and partners who are engaged or who might be engaged in estimating cost of proposed civil society and community interventions
- Document the processes for regular engagement of all relevant stakeholders
- Start working on providing specific content for writing teams to include in Global Fund funding requests including details about the communities who would lead proposed interventions and benefit from them
- Gather information and evidence that shows how in the context of the response to HIV, tuberculosis, and malaria, civil society and community interventions has been shown to be effective in improving the availability, accessibility, acceptability, and quality of services and the related estimated costs and affordability of those interventions
- Adjust unit costs of similar interventions within the country or in neighbouring countries to triangulate with the units calculated via detailed costing.

Detailed costing is important since it will ensure adequacy of funding. Ultimately, the costing will be informed by the nature, type, and scope of the intervention.

Activity-based costing should be used as a primary method to estimate the financial costs of implementing the mechanism over a defined period. The costs for each activity are estimated as the actual costs of the service or product; or in the case of people, the number of people expected to receive the service multiplied by the unit costs of that service.

The common feature of the above costing method is that it requires **country-specific and intervention-specific unit costs as input**. For measuring unit costs, **detailed activity costing of implementer** (PR or others) is necessary.

Unit costs should be obtained as early as possible during the planning process. Ideally, civil society and community stakeholders engaged in the development of the civil society and community proposed interventions/ activities for NFM4 should work in direct collaboration with the PR implementing community activities to obtain unit costs.

Where unit costs are not readily available in terms of prices, and the service has been performed previously, the total costs of the services may be divided by the number of people to find out the cost per person, and this cost multiplied to ascertain totals. This can be done by (1) requesting costing data from other in-country organizations implementing community activities (e.g., PEPFAR, UNICEF, etc.), or (2) requesting costing data from other implementers of community activities in the region.

Annex 4 provides an example to help civil society and communities think about costing as it relates to their specific context and to illustrates the need for civil society and communities to "**know their epidemic**" (HIV incidence in this case) to make the best cost estimation.[2]

Some common costs associated with civil society and community interventions:

- Direct costs of the service or activity: e.g., costs for each element of the activity or service, how many people will be reached, staff/volunteer costs, travel, outreach, communication, venue, refreshments, materials/supplies
- Communication costs for promotion of the service, advocacy, education, or campaigning: e.g., design, printing, online distribution, physical distribution, research, website design/ development/maintenance and advertising
- Technical assistance: e.g., what technical assistance might be beneficial for the activity, what is available, what are the costs involved
- Overhead costs

Costing Tool

During and following prioritization of community and civil society activities, community and civil society constituencies are encouraged to insert these activities and assumptions into the community-friendly budgeting tool. It helps communities group activities into the right area and collect information that will ensure the activities are tracked, adequately budgeted, are justifiable and can be scaled up in case savings are found during the NFM process, or scaled down instead of being deleted altogether, in case funding is reduced. Different constituencies can use the tool to initially cost their activities. This would be followed by a meeting of all constituencies to review and discuss all civil society and community activities using the costing tool and reach agreement on funding level. Finally, the costing tool would be used to consolidate for input by writing team into overall funding request budget.

This tool is based on the official Global Fund Detailed Budget template for NFM 4. It simplifies the budgeting process for civil society, communities and consultants working with CS to prioritize community interventions. It will be updated on a continuous basis.

Once activities have been prioritized, the tool allows for their input in a manner that can be picked and consolidated directly into the main budget.

The "Detailed Budget" tab of the community-friendly tool includes the following columns:

- Budget line number: this will help track activities throughout the NFM 4 phases
- Module (as a drop-down menu) – This refers to the Global Fund module
- Interventions (as a drop-down menu)- Refers to the intervention activity, Unit cost (and source references), Quarterly quantities and cost, justification, and a comment tab (e.g., alignment with NSP, why the activity was retained and how it contributes to impact and program goals)
- Prospective implementers and geography (areas) where the program will be implemented
- Unit of measurement that provides an idea of what is being costed in each budget line, and is related to the assumptions tab
- Quarterly quantities/ targets and annual unit costs
- Justification which provides a reason why the activity is critical an explains how it will contribute to program impact (including lives saved and the improvement of quality of life, as well as value for money.)

The "Templates for Community Modules" tab includes community interventions cost calculation tables by CSS and the 3 diseases:

- CSS
- HIV
- TB
- Malaria

Other tabs are summaries of the detailed budget and NFM4 modular framework (it is automatically generated based on the detailed budget and do not require the users to fill in) include:

- Summary budget by modules
- Summary budget by interventions
- Community Interventions in NFM4 Modular Framework

[2] UNAIDS - Decision-making-aide-AGYW-investment-Version-March-2020-Final.pdf

4 REVIEW

Upon completion the budget will be subjected to a tiered review process. Communities should follow up and be present at each stage to ensue relevant clarifications are made and the community budget is safeguarded, and not unnecessarily reduced to make way for other sectors' activities. If budget cuts are necessary, communities should be available to advise on the quantities or activities to reduce. Following are the main stages of budget review:

A Before submission of the budget to the CCM/ Technical Working Groups or the national committee(s) in charge of submitting the NFM 4 funding request where there is no national or regional CCM, the various community constituencies are expected to review the detailed community combined budget together. This review will focus on whether the activity as described and envisaged is well costed, correct assumptions used and unit costs provided, and quantities included correctly in the right quarters. The review will also check if each activity is well justified (accessibility, availability, affordability).

B The TWG and other stakeholders including government, private sector and development partners will also help review the detailed community combined budget for alignment, avoid duplication and find opportunities where activities can be designed better to integrate communities and ensure better impact.

C The CCM or national committee will review the budget and may request changes prior to submission.

D Upon submission during the selected application window, the LFA and Global Fund will review the consolidated national budget, make clarifications, request a justification of each budget line, including community ones, and submit it to the Technical Review Panel.

Key documents to align with the budget at review stage will include the national disease, community and health sector strategies, programmatic gap analysis, prioritized Above Allocation Request, gaps in the Funding Landscape, targets in the performance framework, the detailed workplan and quarterly quantities, and the implementation arrangement maps to ensure all community implementers including those collaborating directly with government and partners are adequately resourced.

5 NEGOTIATION

Following submission of the funding request, communities are advised to retain their teams, technical support providers and prepare for at least two meetings during the grant negotiation stage.

- After a period of several weeks after submission of the budget to the Global Fund, the TRP will revert to the country and may request clarifications on several activities, interventions, or methods for implementation. Communities should be available to respond and make clarifications. It is important therefore that the budget and ToRs allows for continued engagement of, at least, group discussion and constituency leads as well as costing specialists throughout the funding request process.
- Upon approval of the Funding Request, the budget will be forwarded to the Grant Approvals Committee at different stages. Prior to grant signing, communities will be requested to disaggregate activities to the level of detail provided and thought out in the tool and justify each budget line to finance and programming specialists.

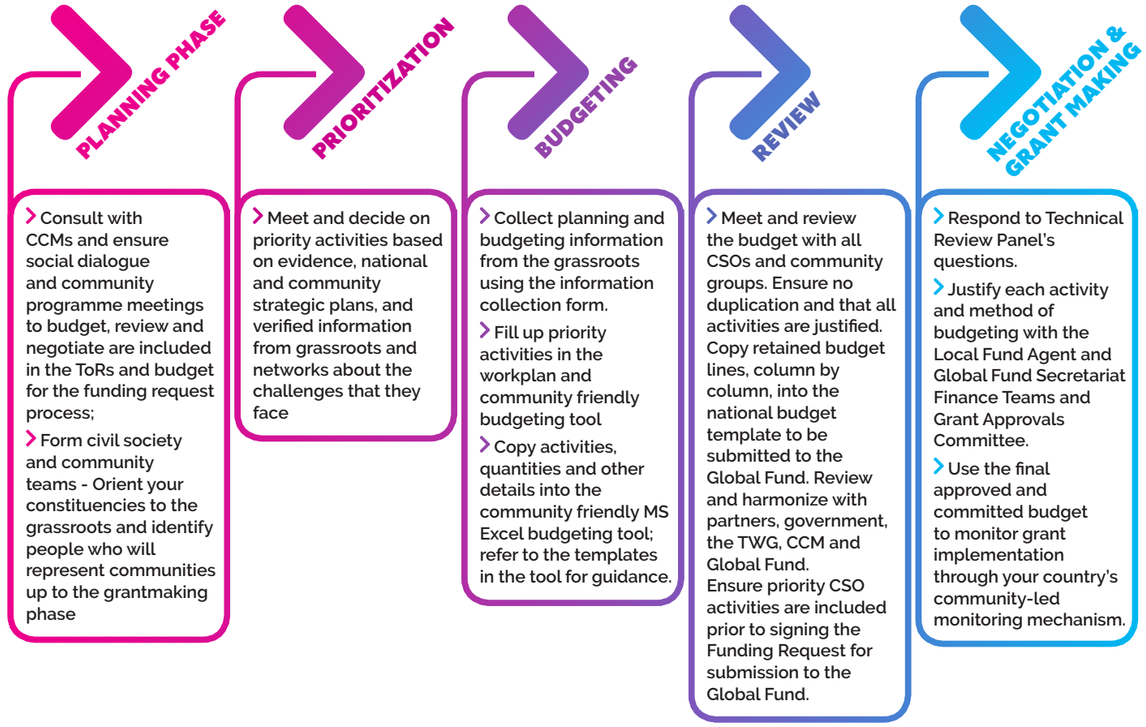
Using and completing the costing tool early will ensure that community activities are well thought out, aligned to the national priorities, and stand a high chance of being funded from the onset. Using the tool will also assist communities not to lose institutional memory during the months between prioritization and grant signing.

As highlighted previously, the costing tool is aligned to the Global Fund modular framework and cost classification and is also informed by the Global Fund budgeting principles which are detailed in Annex 5.

To ensure that funds approved by the TRP are safeguarded through the Grant making stage, communities should fully justify their activities on the budgeting tool and refer to it during subsequent reviews by the Local Fund Agent and Global Fund finance team on behalf of the GAC during grant-making.

The diagram summarizes the costing process flowchart and provides a simplified sheet to assist in collecting information from the grassroots communities and network, including justification of activities, which may assist in strengthening the case for prioritized funding of community activities.

Costing Process Flow Chart



Annex 1: Abridged Costing Tool for the Community

COMMUNITY/ GRASSROOTS BUDGET INFORMATION COLLECTION SHEET

Name of community group/ constituency: .....

Organization: .....

Telephone number/ email of person(s) completing template: .....

Line number	Activity Description	Assumptions - Explain what you are costing	Geography / Location	Quantity year 1	Quantity year 2	Quantity year 3	Justification/ Comments
	Provide as much detail as you can, to help the person who will put together the budget understand exactly what you need to implement	For example, how many people? meetings, sites, hotspots, people per meeting, how many times activity will be done, and when	Will the activity be implemented nationally or in a certain area? Which area?	How many times per year will this activity be implemented?			How will the activity contribute to improved results including population coverage and impact? Which objectives/ sub-objectives of the NSP does this activity contribute to? Is it being implemented in the most affordable and quality manner? Does it extend services to those who did not have? Why is this activity a priority?

Example 1	Facilitate refreshments during 20 half day village/ community level meetings between 25 members of selected communities per quarter to discuss and validate findings from data collection prior to sharing with coordinators for onward advocacy with our NGO, health clinic and government representative	25 village / community members meet for half a day every quarter, in each of the 20 communities. Each receives a drink / lunch allowance ($5) and a transport refund for local transport ($2) to and from their home to the meeting place. We will meet at the local social hall and pay $20 cleaning fees, under trees. Those near town will hire halls for $100 for that day	Mbale rural municipality	150 village/ community meetings every three months	20 village/ community meetings every three months	20 village/ community meetings every three months	Community validation meetings will be critical because they will generate credible data to monitor, report and advocate with service providers on cases of SGBV, rights violations, stigma, and discrimination as well as access to Covid-19, HIV, TB, and malaria services. Reduction of these barriers will improve population coverage and the likelihood of programme impact. Issues will be based on the provided community-led monitoring guidelines. And it contributes to NSP objective xxx sub-objective xxx.
Example 2	Support quarterly data collection on agreed CLM indicators at community level through 5 registrars /data clerks and 10 enumerators per region in sampled districts over 2 days per quarter - selected indicators on access, quality, availability, rights, policies to be agreed by coordinators, through the 9-person team selected to represent the 3 regions. The same 9-person team will select 3 among them to advocate with government on findings, following a presentation and discussion at community level	5 registrars / data clerks and 10 enumerators per region in sampled districts receive transport, ($25 per day) accommodation ($60 per day), and communication costs ($5) for 2 days per quarter	Lad Prabang District	3 data collection visits per year	4 data collection visits per year	4 data collection visits per year	Data collected each quarter will assist the programs find out why some people are not accessing services, where the quality is not good enough, where patient rights are not being respected to enable us improve services and increase the community's confidence to access the services. And it contributes to NSP objective xxx sub-objective xxx.
Example 3							
Example 4							
Example 5							
Example 6							
Example 7							
Example 8							

Annex 2: Prioritization of HIV Community Advocacy Interventions[3] and example of costing of Community-led Monitoring activities[4]

Looking at your data, identify the **top priorities** you want to push forward. For this it is especially important for civil society and communities to know and understand their context ("**know your epidemic**," "**know your response**") and reaffirm that community priorities include access to acceptable, affordable treatment and prevention technologies/services and that community advocacy goes beyond community interventions per se.

There are two angles you can take when picking priorities, both of which may be useful and strategic depending on your **context**:

Option A: Focus on the biggest gaps. For this option, you can ask yourself questions like, "Where are the biggest gaps between the way the world is and the way the world should be?" In other words, identify the areas where things are most severely off track, where targets are most likely to be missed, or where populations are left furthest behind. These issues may be strategically selected as your top priorities.

Option B: Lean against an open door. Ask yourself, "Where am I most likely to be successful and make a significant difference?" This might include picking issues where you can see there is a positive trend and progress is being made. By selecting this issue, your advocacy may be the catalyst to get an issue over the finish line, especially if there is already some forward momentum. This might include a target that is nearly – but not quite – achieved.

Examples:

- Expand the availability of non-facility-based HIV testing options, including community- led and community-based HIV testing services
- Intensify HIV communication and awareness campaigns to increase demand for HIV testing services
- Include objectives that promote and protect the human rights of people living with HIV and members of key populations in costed HIV strategic plans
- Improve communication along the supply chain to prevent ARV and other stock-outs
- Enhance linkage to – and retention in – care and treatment, especially for members of key and vulnerable populations
- Strengthen community systems and responses to support the roll out of differentiated service delivery (DSD)
- Increase funding to ensure the availability of a sufficient number of viral load testing machines and laboratory supplies for them
- Enhance knowledge among people living with HIV and health care workers to increase demand for high-quality viral load testing services
- Ensure effective treatment monitoring through acceptable turnaround times for viral load test results.

We recommend not selecting to many issues to ensure that your efforts remain focused. This will help you avoid the "shopping list" critique, where civil society and communities are sometimes dismissed for having too many priorities that do not appear well thought through.

Rank your priorities in order of importance.
This will help you plan your time and resources for your advocacy work. It will also help you be more credible at the negotiating table. To pick the top priorities, you might yourself, "Which issues should be attended to first?" or "Which ones are the most urgent?"

Provide a rationale for your priorities.
Clearly explain why you have selected the advocacy priority. It is important to use evidence from CLM data to defend the advocacy priority.

[3] From ITPC's "ITPC_CLM_Design_FullReport06_compressed.pdf"
[4] From EANNASO's "Community Led Monitoring – A Technical Guide For HIV, Tuberculosis and Malaria Programming"

Cost items / Activities	Units	Number of units	Unit cost in $	Total cost in $
I Community empowerment and orientation				
1.1 Supporting CBOs and networks to communicate	Communication and admin costs	Number of groups		
1.2 Supporting communities to meet up and be sensitized	Cost Per person	Number of people meeting		
II Planning and conceptualisation				
2.1 Planning and conceptualization meetings CLM mechanism (between 2 and 4 days; select items that apply from the below list)	days	4	XX	
2.1.1 Transport refunds				
2.1.2 Lunch				
2.1.3 Meeting package (2 Teas & 2 waters)				
2.1.4 Per diem for participants / accommodation				
2.1.5 Printing/ stationery				
2.1.6 Meeting Hall, LCD, and public address system hire				
2.1.7 Communication allowance for meeting coordinators				
2.2 Technical support (technical consultancy fees per day if required)	days	15		
2.3 Travel, & DSA for representatives of communities and key stakeholders				
2.4 Conceptualization meeting (3-day residential retreat with selected representatives of communities and key stakeholders, and TA for 20 pax)				
2.4.1-2.4.X Same assumptions as meetings in 2.1. above				
SUB-TOTAL				
III Human resources - Renumeration				
3.1 CLM Project Coordinator – for the duration of the CLM mechanism				
3.2 CLM Support Officers – 1 for each CLM site				
3.3 M & E, Reporting and Learning Officer				
3.4 IT and Internet / Data base security support				
3.5 Data collectors (2) monthly stipend				
SUB-TOTAL				
IV Stakeholder mapping and engagement				
4.1 Rapid mapping of key stakeholders in each CLM site location (s)				
4.1.1 Research data collectors	Per researcher per day			
4.1.2 Meeting to validate information on sites and contacts				
4.2 Constitute and make functional steering committee	Committee members			
4.3 Steering committee orientation workshop				
4.4 Monthly Steering committee and communities' meetings	As per 2.1 above			
4.5 Launch materials				
4.6 Community Launch – tents, refreshments & transport where applicable				
SUB-TOTAL				

V	**Capacity and building, development of tools**				
5.1	In-depth orientation of all staff and community data collectors				
5.2	Development / procurement of real time data collection software/apps [3]				
5.3	Purchase of data collection gadgets & their configuration				
5.4	Training of data collectors and simulation exercises for the software/apps and gadgets				
5.5	Ongoing Technical support and security for the software (6 months)				
SUB-TOTAL					
VI	**Data collection, analysis and report**				
6.1	Stipends for data collection				
6.2	Communication and internet connectivity costs for data collectors				
6.3	Ongoing technical support provided by software/app developers (4.5), IT support (2.4) and CLM support assistants (2.2).				
6.4	Procure data processing computers and their respective software				
6.5	Monthly data review meetings to triangulate and validate the reports (select data collectors, CLM support assistants, coordinators)	Meeting costs as per 2.1 above			
6.6	Design and layout/ desktop publishing for reports and Printing of info graphs of quarterly reports				
6.7	Quarterly Steering committee meetings to share quarterly reporting and agree on an advocacy strategy				
6.8	Design and layout and printing of annual reports				
SUB-TOTAL					
VII	**Influencing and advocacy**				
7.1	Community /facility level dissemination and feedback meetings and meetings to agree on an advocacy agenda	Meeting costs as per 2.1 above			
7.2	Quarterly dissemination and feedback meetings	Meeting costs as per 2.1 above			
7.3	Dissemination of quarterly reporting to all stakeholders				
7.4	Budget to support the follow up and implementation of agreed upon corrective actions				
7.5	Budget for multi-level advocacy meetings	Meeting costs as per 2.1 above			
SUB-TOTAL					
VIII	**Reviews**				
8.1	Quarterly review meetings	As per 2.1 meeting costs above			
8.2	Annual review meetings and report	Meeting costs as per 2.1 above			
8.3	TA for annual report				
8.4	End of project evaluation and report				
SUB-TOTAL					
GRAND TOTAL					

△
Table 5: Costing of CLM mechanisms

Annex 3: 'What goes where' in NFM4 funding requests

The following table provides further guidance on 'what goes where' in NFM4 funding requests to the Global Fund

RSSH

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
RSSH: Community Systems Strengthening	Community-led monitoring	Activities related to accountability mechanisms led and implemented by local community-led organizations to improve accessibility, acceptability, affordability, quality (AAAQ) and impact of health services. For example: • Development of national community-led monitoring frameworks and strategies for public health facilities, private facilities and in community-based settings (e.g., observatories, alert systems. Surveys, Scorecards, health policy, budget, and resource tracking and/or complaint and grievance mechanisms). • Implementation of community-led monitoring of barriers to accessing services. • Piloting of new community-led monitoring mechanisms and programs for learning and refinement. • Tools and equipment including appropriate technologies for data management and storage. • Technical support and training: e.g., indicator selection, data collection, collation, cleaning and analysis, development, or adaptation of data collection tools, using community data to inform programmatic decision-making and advocacy, informed consent, ethics approval, etc. • Presentation and discussion of community-led monitoring data and recommendations in various governance structures, oversight mechanisms and other decision-making fora. › **Community-led monitoring is complementary to routine program monitoring. Routine monitoring and evaluation related activities should be included under the module "RSSH: Monitoring and Evaluation Systems".** › **Activities for intermittent community-led data collection activities such as surveys, assessments, research, and ad hoc troubleshooting, should be included in the intervention "Community-led research and advocacy".** › **Engagement of community actors in decision-making fora should be included in the intervention "Community engagement, linkages and coordination".**
RSSH: Community Systems Strengthening	Community-led research and advocacy	Activities to support local-, provincial-, national- and/or regional-level advocacy led by community organizations, networks, and civil society actors, particularly those representing marginalized, under-served and key and vulnerable populations. Advocacy activities can relate to health services, disease-specific programs, human rights violations, including stigma and discrimination and confidentiality, age and gender inequities, sustainable financing, and legal and policy reform. For example: • Qualitative, quantitative, and operational community-led research and the production, publication and dissemination of reports and communication materials. • Community-led mapping of legal, policy and other barriers that hinder/limit community responses (including barriers that impede registration, funding of community organizations). • Community-led situational analyses or participatory needs assessments. • Assessments of program implementation (e.g., shadow reports). • Advocacy to sustain/scale-up access to services among key and vulnerable populations. • Technical support and training to develop and undertake campaigns, advocacy and lobbying for improved health services and/or enabling environments. • Community-led advocacy activities, such as using community-led monitoring data to influence decision-making around, laws, regulations or policies that limit the registration and/or operation of community organizations, engagement and representation in policy processes, accountability mechanisms and processes and in the development of local, regional, and national health and disease-specific strategies and plans, community health and UHC. › **Activities that enable public financing of civil society organizations, including social contracting mechanisms, should be included under the module "RSSH: Health Financing Systems".** › **Activities related to non-community-led legal environment assessments and advocacy for legal and policy reform, should be included under respective disease and RSSH modules.**

RSSH: Community Systems Strengthening	Community-led research and advocacy	Activities to support local-, provincial-, national- and/or regional-level advocacy led by community organizations, networks, and civil society actors, particularly those representing marginalized, under-served and key and vulnerable populations. Advocacy activities can relate to health services, disease-specific programs, human rights violations, including stigma and discrimination and confidentiality, age and gender inequities, sustainable financing, and legal and policy reform. For example: • Qualitative, quantitative, and operational community-led research and the production, publication and dissemination of reports and communication materials. • Community-led mapping of legal, policy and other barriers that hinder/limit community responses (including barriers that impede registration, funding of community organizations). • Community-led situational analyses or participatory needs assessments. • Assessments of program implementation (e.g., shadow reports). • Advocacy to sustain/scale-up access to services among key and vulnerable populations. • Technical support and training to develop and undertake campaigns, advocacy and lobbying for improved health services and/or enabling environments. • Community-led advocacy activities, such as using community-led monitoring data to influence decision-making around, laws, regulations or policies that limit the registration and/or operation of community organizations, engagement and representation in policy processes, accountability mechanisms and processes and in the development of local, regional, and national health and disease-specific strategies and plans, community health and UHC. › **Activities that enable public financing of civil society organizations, including social contracting mechanisms, should be included under the module "RSSH: Health Financing Systems".** › **Activities related to non-community-led legal environment assessments and advocacy for legal and policy reform, should be included under respective disease and RSSH modules.**
RSSH: Community Systems Strengthening	Community engagement, linkages, and coordination	Activities to mobilize communities, particularly of marginalized, under-served and key and vulnerable populations, in responses to the three diseases, barriers to accessing health and other social services, social determinants of health and progress towards Universal Health Coverage (UHC) and the realization of the Sustainable Development Goals (SDGs). For example: • Building community capacity on the use of appropriate new information communication and coordination tools and technologies, including digital tools. • Community-led development/revision of strategies, plans, tools, resources, and messages for social mobilization. • Mapping of community-led and community-based organizations and networks and their service packages. • Creation and/or strengthening of platforms that improve coordination, joint planning and effective linkages between communities and formal health systems, other health actors and broader movements such as human rights and women's movements. • Establishing or strengthening formal agreements between community-led service providers and health facilities or private health service providers, linkages with community health worker associations, joint outreach activities and bi-directional referral mechanisms between health and community-led service delivery points. • Representation, participation, and engagement of community actors in high-level health advisory or governing bodies, oversight committees (including clinic health committees), disease councils and other decision-making fora. › **Disease-specific community mobilization activities should be included under the relevant disease module.** › **Support for country coordinating mechanisms (CCMs) or community representation/ engagement on CCMs should not be included in country grants.**

RSSH: Community Systems Strengthening	Capacity building and leadership development	Activities related to the establishment, strengthening and sustainability of civil society organizations, especially those that are community-led (informal and formal), key population-led, women-led, led by people living with or affected by the three diseases, community networks and associations. For example: • Capacity building and mentorship of community organizations. • Capacity strengthening (technically and programmatically) to deliver high quality integrated community-led and community-based health services. • Small grants to community-led organizations to increase their capacity in health service delivery, social mobilization, community-led monitoring, community-led research, and advocacy, understanding labor rights and social dialogue, etc. • Development of strategy, governance, and policy documents for community organizations, such as human resource policies, resource mobilization strategies and social dialogue strategies, etc. • National- or regional-level peer-learning initiatives. • Legal registration of community organizations, especially those led by and/or working with marginalized populations, including preparation and/or revision of necessary documents. • Development and/or revision of tools and other forms of support for community organizations and networks to assess capacity and develop appropriate capacity building plans. • Infrastructure (furniture and equipment) and core costs of community organizations and networks to support/strengthen service provision, social mobilization, community monitoring and advocacy, organizing and social dialogue.
RSSH: Community Systems Strengthening - Capacity building and leadership development	Community-led advocacy and monitoring of domestic resource mobilization	Activities related to the establishment, strengthening and sustainability of civil society organizations, especially those that are community-led (informal and formal), key population-led, women-led, led by people living with or affected by the three diseases, community networks and associations. For example: • Capacity building and mentorship of community organizations. • Capacity strengthening (technically and programmatically) to deliver high quality integrated community-led and community-based health services. • Small grants to community-led organizations to increase their capacity in health service delivery, social mobilization, community-led monitoring, community-led research, and advocacy, understanding labor rights and social dialogue, etc. • Development of strategy, governance, and policy documents for community organizations, such as human resource policies, resource mobilization strategies and social dialogue strategies, etc. • National- or regional-level peer-learning initiatives. • Legal registration of community organizations, especially those led by and/or working with marginalized populations, including preparation and/or revision of necessary documents. • Development and/or revision of tools and other forms of support for community organizations and networks to assess capacity and develop appropriate capacity building plans. • Infrastructure (furniture and equipment) and core costs of community organizations and networks to support/strengthen service provision, social mobilization, community monitoring and advocacy, organizing and social dialogue.
RSSH: Health Financing Systems	Social contracting	Activities related to establishing or strengthening mechanisms for public financing of provision of services by private sector (non-state actors), especially civil society/ community-led and -based organizations. For example: • Analysis of the legal and policy context. • Costing of services and implementation arrangements. • Tendering and selection processes. • Resolution of legal, administrative, political and resourcing (financing and human resources) bottlenecks for public financing of private sector (non-state actors), especially civil society organizations. • Developing technical capacity of government entities for outcome-based contracting to private sector, especially NGOs and CSOs in service delivery, issuing tenders, conducting transparent selection, monitoring, supervision and evaluating projects. • Strengthening institutional capacity of CSOs to engage with government and social contracting processes for tendering, planning, budgeting, managing and monitoring of implementation. › **Activities related to broader private sector engagement should be included under the module "RSSH: Health Sector Planning and Governance for Integrated People-centered Services"**

HIV

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Prevention Package for Men Who Have Sex with Men (MSM) and Their Sexual Partners	Community empowerment for MSM	Activities related to enhancing empowerment. For example: • Community mobilization. • Training on HIV, sexual and reproductive health, and sexuality. • Capacity development for MSM-led organizations. • Provision of safe spaces. • Community roundtables and dialogue. • Community surveys, including participatory assessment of community needs for program design. • Community involvement in service delivery. • Participation in technical working groups, national, provincial, and local decision-making fora.
Prevention Package for Men Who Have Sex with Men (MSM) and Their Sexual Partners	Removing human rights-related barriers to prevention for MSM	Activities related to removing human rights-related barriers to prevention for MSM including screening and response to sexual, physical, emotional and gender-based violence. For example: • Anti-homophobia campaigns, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support. • Legal support, human rights and legal literacy and legal empowerment of MSM. • Advocacy for legal and policy reforms, including decriminalization. • Assessments of the gender-responsiveness of prevention programs for MSM. • Sensitization/training of law enforcement and health care providers. • Crisis prevention & response. › **"General" activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module "TB/HIV".**
Prevention Package for Men Who Have Sex with Men (MSM) and Their Sexual Partners	HIV prevention communication, information, and demand creation for sex workers	Activities related to individual-level and community-level behavioral interventions, including virtual interventions, for the promotion of personal preventive/adaptive strategies for sex workers and use of HIV prevention options. It includes promotion of condom use, PrEP, HIV testing, safer sex, violence protection, HIV positive partner virally suppressed. For example: • Development of Information, Education and Communication (IEC) materials. • Targeted internet-based information, education, communication, including social media. • Social marketing-based information, education, communication. • Venue-based outreach. • One-on-one and group risk reduction activities. • Program design, delivery, and related training. • IEC activities appropriate for young sex workers, focusing on uptake of prevention options and skills- based risk reduction (including at clubs, festivals, and other non-traditional settings). › **Activities related to integrated (multiple prevention options) communication, information and demand creation should be budgeted here. Communication, information, and demand creation for specific prevention interventions (e.g., PrEP, condoms) should be budgeted under these specific interventions.**
Prevention Package for Sex Workers, their Clients, and Other Sexual Partners	Community empowerment for sex workers	Activities related to enhancing community empowerment. For example: • Community mobilization. • Training on HIV, sexual and reproductive health, and sexuality. • Capacity development for sex worker-led organizations. • Provision of safe spaces. • Community roundtables and dialogue. • Community surveys, including participatory assessment of community needs for program design. • Community involvement in service delivery. • Participation in technical working groups, national, provincial, and local decision-making fora.
Prevention Package for Sex Workers, their Clients, and Other Sexual Partners	Removing human rights-related barriers to prevention for sex workers	Activities related to removing human rights-related barriers to prevention, screening, and response to sexual, physical, emotional and gender-based violence for sex workers. For example: • Campaigns for the rights and dignity of sex workers, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support. • Legal support, human rights and legal literacy and integrated legal empowerment of sex workers. • Community-led and other advocacy for reforms to laws, policies and practices that hinder prevention efforts, including decriminalization and police practices. • Assessments of the gender-responsiveness of all prevention programing for sex workers and activities to change programing. • Participation of sex workers in activities to sensitize/train law enforcement and health providers. • Crisis prevention & response, for example, security assessments, mitigations and response planning for sex workers and their organizations and organizations providing services for them, crisis response teams, dissemination of information, installation of security equipment in facilities, encryption of client data, emergency legal aid, dissemination of reports on aggressors. › **"General" activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module "TB/HIV".**
Prevention Package for transgender people	Community empowerment for transgender people	Activities related to enhancing community empowerment. For example: • Community mobilization. • Training on HIV, sexual and reproductive health, and sexuality. • Capacity development for transgender-led organizations. • Provision of safe spaces. • Community surveys, including participatory assessment of community needs for program design. • Community roundtables and dialogue. • Community involvement in service delivery, monitoring, data collection.
Prevention Package for Sex Workers, their Clients, and Other Sexual Partners	Removing human rights-related barriers to prevention for transgender people	Activities related to removing human rights-related barriers to prevention, screening, and response to physical, emotional and gender-based violence for TGs. For example: • Anti-transphobia campaigns, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support. • Legal support, human rights and legal literacy and integrated legal empowerment of TGs. • Community-led and other advocacy for reform of laws, policies and practices that hinder effective prevention among TGs. • Assessments of the gender-responsiveness of all prevention programing for TGs and activities to change programing. • Participation of TGs in activities to sensitize/train law enforcement and health providers. • Crisis prevention & response. › **"General" activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module "TB/HIV."**

Prevention Package for People Who Use Drugs (PUD) (injecting and non- injecting) and their Sexual Partners	Community empowerment for PUD	Activities to enhance community empowerment for people who use drugs (PUD), injecting and non-injecting, and their sexual partners. For example: • Community mobilization. • Training on HIV, harm reduction and sexual and reproductive health. • Capacity development for PUD-led organizations. • Provision of safe spaces. • Community roundtables and dialogue. • Community involvement in service delivery. • Community surveys, including participatory assessment of community needs for program design. • Participation in technical working groups, national, provincial, and local decision-making fora.
Prevention Package for People Who Use Drugs (PUD) (injecting and non- injecting) and their Sexual Partners	Removing human rights-related barriers to prevention for PUD	Activities related to removing human rights-related barriers to prevention, screening, and response to sexual, physical, emotional and gender-based violence, for people who use drugs (PUD), injecting and non- injecting, and their sexual partners. For example: • Campaigns for the human rights of PUD, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support. • Legal support, human rights and legal literacy and integrated legal empowerment of PUD. • Community-led and other advocacy for legal and policy reforms, including decriminalization. • Assessments of the gender-responsiveness of prevention programs. • Participation of PUD in activities to sensitize/train law enforcement and health care providers. • Crisis prevention & response. › **"General" activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module "TB/HIV".**
Prevention Package for People in Prisons and Other Closed Settings	Removing human rights-related barriers to prevention for prisoners	Activities related to removing human rights-related barriers to prevention, screening, and response to sexual, physical, emotional and gender-based violence for people in prisons and other places of detention. For example: • Sensitization of prison staff, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support. • Legal support, human rights, legal literacy, and legal empowerment of people in prisons. • Assessing the gender-responsiveness of prevention programs for people in prisons. • Involving people in prisons in awareness activities towards prison staff and prison health providers. › **"General" activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module "TB/HIV".**

Prevention Package for Other Vulnerable Populations (OVP)	Community empowerment for OVP	Activities related to enhancing community empowerment. For example: • Community mobilization. • Training on HIV, sexual and reproductive health, and sexuality. • Strengthening and supporting vulnerable populations to organize themselves. • Capacity development for community-led organizations. • Providing safe spaces. • Community roundtables. • Community surveys, including participatory assessment of community needs for program design. • Community involvement in service delivery. • Participation in technical working groups, national, provincial, and local decision-making fora.
Prevention Package for Other Vulnerable Populations (OVP)	Removing human rights-related barriers to prevention for OVP	Activities related to removing human rights-related barriers to prevention, screening, and response to sexual, physical, emotional and gender-based violence, for OVP. For example: • Anti-discrimination campaigns, access to justice and linkages to other services. • Documenting violence and other human rights violations and referral to redress and support. • Legal support, human rights and legal literacy and integrated legal empowerment. • Community-led and other advocacy for legal and policy reforms, including decriminalization. • Assessments of the gender-responsiveness of all prevention programing and activities, to change programing if needed. • Participation in activities to sensitize/train law enforcement and health providers. • Crisis prevention & response. › **"General" activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module "TB/HIV".**
Prevention Package for Adolescent Girls and Young Women (AGYW) and Male Sexual Partners in High HIV Incidence Settings	Removing human rights-related barriers to prevention for AGYW in high HIV incidence settings	Activities related to addressing harmful social and cultural norms, perceptions, and practices at multiple levels- individual, couple, family, community, and society. For example: • Enactment or enforcement of laws and policies, including training of police, lawyers, and judges to enforce existing laws around equal protection. • Gender norm-changing programs in and out of school for AGYW and their male partners, including providing gender, sexuality, and HIV education. • Educational activities for communities on the equal rights of women and AGYW. • Advocacy and programs that remove punitive laws and practices against AGYW. • Training and sensitization activities to promote adolescent friendly behavior and attitudes in health care workers. • Keeping girls in school. › **"General" activities (not HIV prevention/key population specific) related to reducing human rights-related barriers to TB/HIV services should be included in the module "TB/HIV".**
Differentiated HIV Testing Services	Community-based testing for KP programs	Activities related to HIV testing services provided in a community setting. For example: • Outreach/mobile (including index-testing), door-to-door, fixed community sites, workplace, and HIV testing in educational institutions. • Test for triage to support community-based HIV testing services provided by lay providers. • Activities for demand creation and mobilization of HIV testing, such as virtual interventions, motivational interviewing and self-efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment and incentives. • Linkage to HIV treatment and care/for people who are found to be HIV positive, risk assessment and linkage to prevention services for those found to be negative.

Differentiated HIV Testing Services	Community-based testing for AGYW and their male sexual partners' programs	Activities related to HIV testing services provided in a community setting through the following approaches: • Outreach/mobile (including index testing), door-to-door, fixed community sites, workplace, and educational institutions. • Test for triage to support community-based HIV testing services provided by lay providers. • Activities for demand creation and mobilization of HIV testing, such as motivational interviewing and self- efficacy-focused counseling, educational programs and campaigns, peer norming or comparisons, peer mentorship and navigation, community mobilization and empowerment and incentives. • Linkage to HIV treatment and care/for people who are found to be HIV positive, risk assessment and linkage to prevention services for those found negative.
TB/HIV	TB/HIV - Community care delivery	Activities related to involvement of communities in TB and HIV screening/diagnosis, care, and prevention. For example: • Policy guidance, implementation and scale-up. • Advocacy and communication. • Training and supportive supervision for TB and HIV service providers, such as ex-TB patients, people living with HIV. • Supply of essential commodities and equipment to community service providers for community TB/HIV care. • Community-based interventions/approaches aimed at improving quality of collaborative TB/HIV services. • Community-based interventions and outreach services for people with TB and/or HIV, such as contact tracing, specimen collection, treatment support and prevention. › **Applicants are encouraged to integrate interventions and investments in capacity building of TB and HIV service providers in national systems aligned with HRH/CHW policies and programs.** › **Community services for only TB or HIV should be under respective TB and HIV modules.**
TB/HIV	TB/HIV - Key populations	For key populations and high-risk groups, such as: children, miners and mining communities, mobile populations, refugees, migrants and internally displaced people, prisoners, ethnic minorities/indigenous populations, urban slum dwellers, elderly, health workers and people who use drugs, people with mental illness. Activities related to adapting models of TB/HIV care to meet the needs of specific groups to make services people-centered and improve accessibility, appropriateness, and availability. For example: • Active case finding of TB among PLHIV and HIV testing and counseling in TB patients among the key populations. • Community-based TB care and prevention. • Mobile outreach to remote areas, community-based sputum collection, sputum transport arrangements. • Infection control measures depending on the settings, including appropriate administrative measures, coordination of infection control activities, personal protection, and environmental control measures. • Provision of TB preventive therapy. • Provision of treatment and support. • Development of appropriate linkages with social services (for example, nutritional support, social housing). • Linkages with harm reduction programs for people who use drugs. • Development and rollout a cross border referral system or a regional health management information system, including geospatial mapping for mobile populations. • Developing appropriate linkages to ensure continuation of TB treatment at all stages of detention: people undergoing treatment before detention, between different stages of detention and on exit from detention for prisoners. › **Interventions that are not TB/HIV related should be included under the modules on TB key and vulnerable populations or HIV key populations.**

Reducing Human Rights- related Barriers to HIV/TB Services	Eliminating stigma and discrimination in all settings	Activities related to eliminating stigma and discrimination in each of the six settings identified by the Global Partnership for "Action to Eliminate All Forms of HIV-Related Stigma and Discrimination". Individual, household, and community settings • Community mobilization and sensitization on HIV/TB-related stigma and discrimination. • Public engagement of people living with HIV and with HIV/TB, religious and community leaders and celebrities. • Programs and strategies to shift community norms that drive stigma and discrimination. • Training of journalists and media professionals. • Media campaigns. • On-going community-led and community-based monitoring of health and social service quality, including stigma, discrimination, and other rights violations. • Peer mobilization and support groups to counter internalized stigma. Emergency and humanitarian settings. • Linkage between communities and formal health systems in emergency settings, and support community health workers to provide rights-based and gender-responsive services. • Engagement of community-based and community-led organizations/groups on HIV, TB, and human rights in camps/group residence of refugees and internally displaced persons. • Activities to prevent, address, monitor and report violence against (including but not limited to) people living with HIV and TB, key populations, and in particular women and youth. › **Activities related to healthcare settings should be included under the intervention "Ensuring nondiscriminatory provision of health care".** › **Activities related to justice settings should be included under the interventions "Improving laws, regulations and polices relating to HIV and HIV/TB" and "Ensuring access to justice".** › **Applicants must mention the name of the setting in the activity description.**
Reducing Human Rights- related Barriers to HIV/TB Services	Legal literacy ("Know Your Rights" campaign)	Activities related to increasing people's knowledge of their rights and mobilization around them. For example: • Community-level legal empowerment efforts, including "Know-Your Rights" and legal literacy trainings, for people living with HIV and/or TB, key populations, indigenous populations, people in prisons and other incarcerated people, migrants, refugees, and women and girls, particularly AGYW. • Development and dissemination of communication materials on patient rights and other human rights. • Integration of human rights and legal literacy into peer educator trainings, including peer human rights educators. • Integration of human rights and legal literacy into key populations outreach and treatment literacy. • Establishment of crisis response mechanisms to prevent abuse, including gender-based violence.
Reducing Human Rights- related Barriers to HIV/TB Services	Ensuring nondiscriminatory provision of health care	Activities related to ensuring health care settings are places of welcome, acceptance, care, and support for those at risk of and affected by HIV. For example: • Collaboration between health care facilities and community organizations for patient support and quality control. • Periodic and ongoing community-led and community-based monitoring, including "mystery shoppers," suggestion boxes, and exit surveys. › **Qualitative assessments of attitudes of healthcare providers, including pre- and post-intervention assessments should be included under the module "RSSH: Monitoring and Evaluation Systems".**

Reducing Human Rights- related Barriers to HIV/TB Services	Increasing access to justice	Activities related to increase access to justice for people living with HIV and/or TB, key populations, indigenous populations, people in prisons and other incarcerated people, migrants, women, and girls, particularly AGYW. For example: • Establish or expand peer/community paralegals and evaluate the extent and content of their HIV & TB work. • Support to alternative and community forms of dispute resolution, including engagement of traditional leaders and customary law in support of people affected by HIV and HIV/TB. • Community-led and community-based monitoring of share of stigma, discrimination and other rights violations referred for redress. Strengthen linkage of community-led monitoring (CLM) to legal counselling and support. • Hotlines and other rapid response mechanisms in cases of HIV and TB-related rights violations.
Reducing Human Rights- related Barriers to HIV/TB Services	Reducing HIV-related gender discrimination, harmful gender norms and violence against women and girls in all their diversity	The following programs and activities should be designed and implemented to be gender responsive. Activities to reduce gender discrimination, harmful gender norms and violence. For example: • Community consultations to identify specific gender-related barriers to accessing HIV/TB services. • Meaningful engagement, community-led advocacy, and leadership of women in all their diversity. • Sensitization and engagement of community, religious and opinion leaders on gender-based violence, harmful gender norms and traditional practices. • Supporting women's groups to raise awareness of HIV and TB-related rights and to monitor violations and advocate for change. • Monitoring of HIV and/or TB-related violations against women and young people. › **Activities related to addressing discrimination against women and girls in delivering specific HIV services should be included under respective HIV interventions.**
Reducing Human Rights- related Barriers to HIV/TB Services	Community mobilization and advocacy for human rights	Activities related to community mobilization and advocacy for human rights. For example: • Community-led advocacy for law and policy reform, particularly decriminalization. • Community leadership and engagement in efforts to monitor and reform laws that relate to HIV and TB. • Community-led monitoring of law and policy implementation. • Community-led outreach campaigns to address harmful gender norms and stereotypes and other gender and human rights-related barriers. › **Applicants must mention specific communities in the activity description in the detailed budget.**

TB

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Collaboration with Other Providers and Sectors	Community-based TB/DR-TB care	Activities related to engagement of community in TB/DR-TB service planning and delivery, including diagnosis, treatment, care and prevention, and monitoring and evaluation. For example: • Community-led monitoring and assessment of the barriers, linkage to appropriate services and advocacy. • Scaling up community-led screening to ensure early access to quality diagnosis, treatment support/adherence. • Engagement of communities and community-led organizations and affected people, in advocacy and communication including stigma reduction and human rights literacy. • Training/capacity-building of community TB service providers, advocates, TB/DR-TB survivors. • Implementation of community-based and led interventions/approaches aimed at improving availability, accessibility, acceptability, and quality of TB/DR-TB services, such as outreach services for TB/DR-TB, contact tracing, specimen collection and transportation, treatment support and support for TB prevention. › **Integrated services (beyond TB) provided by community-based and led-organizations (e.g., community systems strengthening, community-led monitoring), should be included under the module "RSSH: Community Systems Strengthening."**
TB/HIV	TB/HIV - Community care delivery	Activities related to involvement of communities in TB and HIV screening/diagnosis, care, and prevention. For example: • Policy guidance, implementation and scale-up. • Advocacy and communication. • Training and integrated supportive supervision for community TB and HIV service providers, such as ex-TB patients, PLHIV. • Activities related to supply of essential commodities and equipment to community service providers for community TB/HIV care. • Support to community-based interventions/approaches aimed at improving quality of collaborative TB/HIV services. • Support (including funding) to community-based interventions and outreach services for people with TB and/or HIV, such as contact tracing, specimen collection, treatment support and prevention. › **Applicants are encouraged to integrate interventions and investments in capacity building of community TB and HIV service providers in national systems aligned with HRH/CHW policies and programs.** › **Community services for only TB or HIV should be under respective TB and HIV modules.**
Removing Human Rights and Gender-related Barriers to TB Services	Eliminating TB-related stigma and discrimination	Activities related to elimination of stigma and discrimination. For example • Programs to reduce all forms of internalized stigma among TB-affected communities. • Engagement with religious and community leaders and celebrities. • Peer mobilization and support developed for and by people with TB and affected communities, aimed at promoting well- being and human rights. • Training of journalists and media professionals on TB and stigma, including the use of non-stigmatizing language in TB communication materials, media shows. • On-going community-led and community-based monitoring of service quality, including stigma, discrimination, and other rights-violations.

Removing Human Rights and Gender-related Barriers to TB Services	Reducing TB-related gender discrimination, harmful gender norms and violence	Activities to address potential gender-related barriers to TB control interventions. For example: • Gender Assessment - Communities, Rights and Gender (CRG Assessment) • Sensitization and engagement of community, religious and opinion leaders on gender-based violence, harmful gender norms and traditional practices. • Creating champions among religious and community leaders to promote elimination of gender-based violence and harmful gender norms and traditional practices. • Community consultations to identify specific gender-related barriers to accessing HIV/TB services. • Empowering women's groups to raise awareness of TB-related rights and monitor violations. • Monitoring of TB-related violations against women and young people.
Removing Human Rights and Gender-related Barriers to TB Services	Community mobilization and advocacy, including support to TB survivor-led groups.	Activities related to community-led outreach campaigns to address harmful gender norms and stereotypes, and other human rights-related barriers. For example: • Community leadership and engagement in reviewing and drafting laws and policies related to TB. • Community-led and based monitoring of service delivery quality, including stigma, discrimination, confidentiality and privacy and informed consent. • Patient group mobilization and building capacity/supporting community-led advocacy efforts. • Community consultations to develop a community-centered approach to treatment and support implementation. • Building the TB community network, including women's TB networks and support groups. • Community-led monitoring of the law and policy development and implementation; and community-led law and policy reform efforts.

MALARIA

Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
Vector Control	Removing Human Rights and Gender-related Barriers to Vector Control Programs	Activities to address potential gender, human-rights related and other equity barriers to all vector control interventions. For example: • Community-based and community-led monitoring of access to vector control. • Activities to promote meaningful participation of affected populations and specific efforts to engage underserved populations in Country Coordinating Mechanisms (CCMs), in planning and delivery of vector control interventions, and in assessing and addressing barriers. • Support to institutional capacity building for malaria civil society organizations (CSOs), social mobilization, community-led advocacy and research, and community-led and community-based vector control services. › **Qualitative assessments and studies on specific risk/underserved groups and access barriers to malaria interventions should be included under the module "RSSH: Monitoring and Evaluation Systems" and the intervention "Analyses, evaluations, reviews and data use".** › **Activities to address any distinct barriers and inequities related to specific vector control interventions should be included under those interventions.**
Case Management	Removing human rights and gender-related barriers to case management	Activities related to assessing and addressing documented gender, socioeconomic, cultural, human rights, and other equity barriers to malaria case management interventions. For example: • Community-based and community-led monitoring of case management. • Activities to promote meaningful participation of affected populations and specific efforts to engage underserved populations in CCMs, in planning and delivery of case management interventions, and in assessing and addressing barriers. • Support to institutional capacity building for malaria CSOs, social mobilization, community-led advocacy, and research, and community-led and based case management services. › **Qualitative assessments and studies on specific risk/underserved groups and access barriers to malaria interventions should be included under the module "RSSH: Monitoring and Evaluation Systems" and the intervention "Analyses, evaluations, reviews and data use".** › **Activities to address any distinct barriers and inequities related to specific case management interventions should be included under those interventions.**
Specific Prevention Interventions (SPI)	Removing human rights and gender-related barriers to specific prevention interventions	Activities to assess and address potential gender, socioeconomic, cultural, human rights, and other equity barriers to specific malaria prevention interventions. For example: • TA and planning for equitable access to specific malaria prevention interventions, based on qualitative assessments of and quantitative data on specific risk/underserved groups and access barriers. • Community-based and led monitoring of specific malaria prevention interventions. • Activities to promote meaningful participation of affected populations and specific efforts to engage underserved populations in CCMs, in planning and delivery of specific prevention interventions, and in assessing and addressing barriers. • Support to institutional capacity building for malaria CSOs, social mobilization, community-led advocacy, and research, and community-led and based SPI. › **Qualitative assessments and studies on specific risk/underserved groups and access barriers to malaria interventions should be included under the module "RSSH: Monitoring and Evaluation Systems" and the intervention "Analyses, evaluations, reviews and data use".** › **Activities to address any distinct barriers and inequities related to specific prevention interventions should be included under those interventions.**

Annex 4: Example of indicative unit cost for HIV prevention packages for adolescent girls and young women in high, very high and extremely high HIV incidence locations[5]

Local HIV incidence *(new HIV infections among young women 15-24/100 person years)*	**High (0.3<1.0)**	**Very High (1.00<2.0)**	**Extremely High (2.0+)**
Health sector platforms (facilities, service delivery points)			
HIV/STI risk assessment profile	Routine offer	Routine offer	Routine offer
HIV risk reduction counselling & testing	Routine offer	Routine offer	Routine offer
Active provider-initiated condom and lubricant distribution & promotion	Routine offer	Routine offer	Routine offer
STI diagnosis (including as indicator of HIV risk) and treatment	Other funding	All sites, AGYW at high risk	Routine offer
HIV & STI service integration into FP *(separate guide under development)*	Selected sites, focused offer	All sites, AGYW at high risk	Routine offer
Male partner testing (invitation letter + self test) + ART referral	Selected sites, focused offer	All sites, AGYW at high risk	Routine offer (for sexually active)
PrEP services	Selected sites, focused offer	All sites, focused offer	Routine offer (for sexually active)
Education platforms (schools, universities)			
Dedicated school-based HIV prevention campaigns (knowledge, risk perception, methods, skills, GBV) linked to services	Selected schools & tertiary institutions	All schools & tertiary institutions	All schools & tertiary institutions
Accelerated introduction of comprehensive sexuality education	Other funding	Selected schools & tertiary institutions	All schools & tertiary institutions
Community platforms (NGOs, CSOs)			
Community mobilization around basic HIV prevention knowledge, risk perception and related social norms	Selected communities	All communities	All communities
Community-based demand generation and outreach HIV prevention services (incl.condoms, self-testing, referrals...)	All AGYM and men 20-39 at high risk	All AGYM and men 20-39	All AGYM and men 20-39
Active PrEP demand generation	AGYW part of key populations	All AGYW at high risk	Community-wide
Structured interpersonal communication outreach (e.g. SASA! etc.)	Selected communities	Selected communities	All communities
Cash transfers, incentives, economic empowerment	Other funding	Other funding	Vulnerable AGYW at high risk
Social asset-building, safe places, parenting programmes, mentoring	Other funding	Other funding	Vulnerable AGYW at high risk
Keep girls in-school/education assistance	Other funding	Other funding	Vulnerable AGYW at high risk
Cross-cutting and management			
Local AIDS Office leads regular review and problem-solving	Recommended	Recommended	Recommended
Full-time AGYW lead within local AIDS Office	Optional	Recommended	Recommended
Indicative cost (per year on average per AGYW aged 15-29 living in the location)	5-20 USD	15-50 USD	40-100 USD

[5] UNAIDS - Decision-making-aide-AGYW-investment-Version-March-2020-Final.pdf

Annex 5: Global Fund Budgeting Principles

When designing impactful and sustainable civil society and community interventions, applicants should focus on activities targeted at the right geographies, age groups, and key populations, based on evidence. The civil society and community proposed activities should be an integral part of the overall country's investment framework to drive health outcomes and programmatic impact.

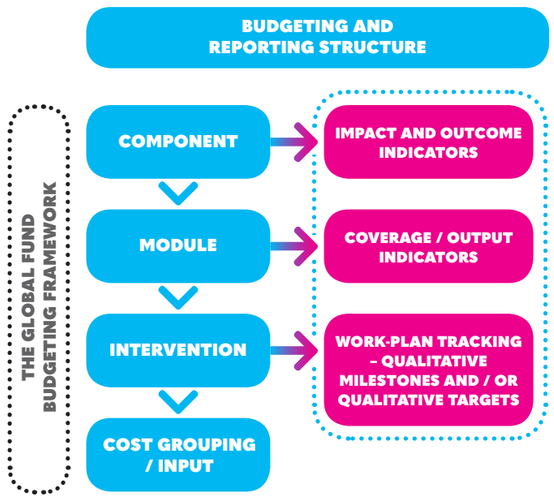
Global Fund grants will cover reasonable costs of interventions considering the country's context, the need to enhance impact and maximize cost efficiency. When the Global Fund deems an intervention to be above reasonable cost, the Global Fund will only fund the amount considered reasonable and request the implementer to adjust the grant budget accordingly.

MODULAR FRAMEWORK AND COSTING DIMENSION

The Global Fund encourages countries to use the Community Systems Strengthening Module in the RSSH component of the **Modular Framework** to resource the four priority interventions areas for NFM4.

The allocation-based funding model uses a modular approach and costing dimension that enhances the linkage between programmatic and financial information. Interventions and activities are defined in the modular approach and the cost groupings and cost inputs in the costing dimension (budgeting framework).

The diagram below illustrates the Global Fund modular approach and costing dimension and its alignment to the strategy to invest for impact and demonstrate efficiency and value-for money:



The modular approach and costing dimension provide information about the physical output of grant interventions and the **estimated costs** of these interventions. It follows the list of modules contained in the funding request. This integrated approach allows strengthened tracking of budget versus expenditure data, facilitates alignment/harmonization with partners and country data systems, and ensures complementarity with other sources of funding. It also serves as a medium to communicate information to Country Coordinating Mechanisms, governments, oversight and assurance providers and any other relevant stakeholders.

Budgets should be presented with the following attributes, which together determine the reasonableness of individual budget lines and the total grant budget. The budget should:;

- Be consistent with the strategic direction to maximize impact and programmatic targets
- Reflect a realistic rate of utilization of funds, taking into consideration absorption capacity of the Principal Recipient and other grant implementers, including procurement and other deliverable lead-times
- Ensure the economy, efficiency, and effectiveness (value for money) and prioritization of interventions that drive health outcomes
- Be consistent with the funding request and reflect any Global Fund's Technical Review Panel and Grant Approvals Committee-required adjustments
- Be built on budget categories defined by the Global Fund
- Include any requirements mandated by the Global Fund Board (for example, inclusion of Green Light Committee fees for approved multidrug-resistant TB programs).
- Clearly identify reasonable quantities and unit prices; and
- Ensure complementarity with other sources of funding (other donors, government subsidies, and other sources) and avoid duplication.

Annex 6: New mandatory funding request annex for civil society and communities most affected by HIV, TB, and Malaria

This mandatory funding request annex aims to capture a list of highest priority recommended interventions from the perspective of civil society and communities most affected by the three diseases, **even if these are not prioritized in the final funding request submitted to the Global Fund.**[6] This information will be used by the Global Fund to assess the effectiveness of country dialogue and to give a fuller picture of community needs.

Civil society representatives on the Country Coordinating Mechanism (CCM) should coordinate the completion of this form with the support of the CCM Secretariat and submit it through the CCM as part of the formal funding request submission. Only one consolidated list with **maximum 20 items** may be submitted.

Country	
Component(s)[7]	
Civil Society Representative(s)	

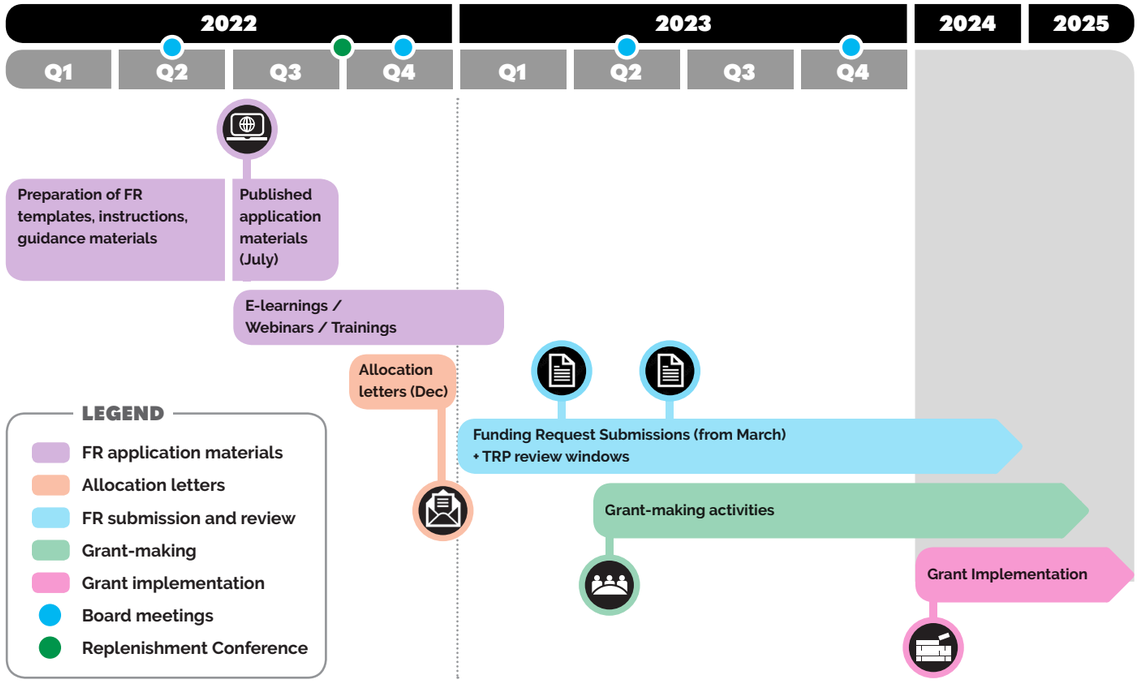
Description of recommended intervention and expected impact or outcome[8]	Activity included in the final funding request submitted to the Global Fund	Activity included in the final PAAR submitted to the Global Fund	Additional comments
	☐ Yes ☐ Partially ☐ No	☐ Yes ☐ Partially ☐ No	
(Add rows as needed)			

List of civil society organizations and constituencies consulted and represented in the development of this list.

Organization, Constituency and Email

[6] For Focused portfolios, these priorities should be in line with the areas of focus (as indicated in the allocation letter or otherwise agreed with the Global Fund).
[7] If a country submits a joint Funding Request (for example, for TB and HIV components) only one list should be presented.
[8] If possible, interventions should be listed in priority order with estimated cost.

Annex 7: NFM4 Application process and grant implementation timelines



2023-2025 NFM4 FUNDING CYCLE APPLICATION MATERIALS

- Funding request templates and instructions
- Performance framework template
- Budget template
- PAAR template
- Programmatic Gap table
- Funding Landscape table
- Health Product Management template
- Implementation Arrangements Map guidance
- Co-financing guidance
- Modular framework handbook
- Core information notes
- Technical briefs
- Remaining Technical Briefs
- Applicant Handbook
- FAQs
- E-learnings
- Webinars
- Training Slides
- Program split template (December)
- Allocation letters (December)

Dec. 2022 – Allocations letters sent to countries by the Global Fund

Mar. 2023 – Windows for funding requests submissions open

Annex 8: CRG Technical Assistance for NFM4

PROPOSED PRIORITIZED TA TRACKS AND SUB-ACTIVITIES FOR NFM4

Pre TA Track A: Situational analysis and need assessment

- A.1 **CRG-related assessment** (desk review and/or KIIs/FGDs) to generate strategic information for decision-making to inform NFM4 funding request development.
- A.2 **NFM3 program review** to ensure community perspectives inform service delivery improvements under NFM4

TA Track B: Engagement in NFM4 country dialogue processes

- B.1 Virtual of face-face **community consultation(s)** to inform priorities for NFM4 funding requests
- B.2 **Coordinating input** into NFM4 funding requests and grant-making (e.g.review of draft funding requests or grant-making documents)

TA Track C: Other

- C.1 **Costing support** (e.g.virtual mentoring or in-country costing support)

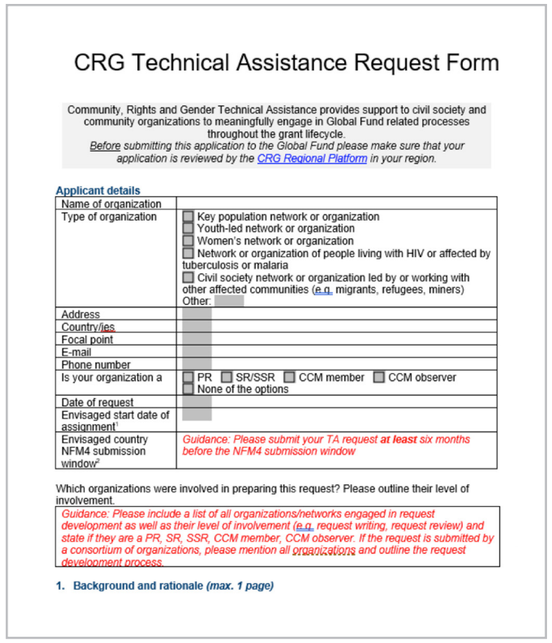
When to Submit a CRG TA Request:

Tentative NFM4 FR submission windows **(projection based on NFM3 dates - TBC by Access to Funding by end of 2022)**	CRG TA request submission deadline **(6 months before NFM4 window)**
W1 -31 March 2023	30 September 2022
W2a -30 April 2023	31 October 2022
W2b -31 May 2023	30 November 2022
W2c -30 June 2023	31 December 2022
W3 -31 August 2023	28 February 2023
W4 -28 February 2024	31 July 2023
W5 -30 April 2024	31 October 2023

- Please submit your CRG TA request related to NFM4 funding request development **at least 6 months** before your country's selected NFM4 window
- Date x = NFM4 submission window
- Date x = minus 1 month- Final TA deliverables
- Date x = minus 4 months- Start TA implementation
- Date x = minus 6 months- Submit TA request

If in doubt about your country's NFM4 submission window, reach out to your CCM or consult with the CRG Platform in your region.

TA Request Form Guidance:



CRG Technical Assistance Request Form

Community, Rights and Gender Technical Assistance provides support to civil society and community organizations to meaningfully engage in Global Fund related processes throughout the grant lifecycle.
Before submitting this application to the Global Fund please make sure that your application is reviewed by the CRG Regional Platform in your region.

Applicant details

Name of organization	
Type of organization	☐ Key population network or organization ☐ Youth-led network or organization ☐ Women's network or organization ☐ Network or organization of people living with HIV or affected by tuberculosis or malaria ☐ Civil society network or organization led by or working with other affected communities (e.g. migrants, refugees, miners) Other:
Address	
Country/ies	
Focal point	
E-mail	
Phone number	
Is your organization a	☐ PR ☐ SR/SSR ☐ CCM member ☐ CCM observer ☐ None of the options
Date of request	
Envisaged start date of assignment[1]	
Envisaged country NFM4 submission window[2]	*Guidance: Please submit your TA request **at least** six months before the NFM4 submission window*

Which organizations were involved in preparing this request? Please outline their level of involvement.

Guidance: Please include a list of all organizations/networks engaged in request development as well as their level of involvement (e.g. request writing, request review) and state if they are a PR, SR, SSR, CCM member, CCM observer. If the request is submitted by a consortium of organizations, please mention all organizations and outline the request development process.

1. **Background and rationale *(max. 1 page)***

- **Reach out** to the **CRG Regional Platform in your region** for assistance with developing the TA request
- **Select TA track(s) and sub-activities** most relevant for your NFM4 planning needs
- **Follow the prompts in red for how to complete form** (e.g.listing organizations/networks involved, providing detailed costing of workshops and data collection related costs)
- Indicate the expected **NFM4 submission window in the form**
- Submit your TA request at **least six months before** your country's NFm4 window

Please reach out to the relevant CRG Regional Platform to receive an NMF4 CRG TA request form (see last slide for contacts) or email crgta@theglobalfund.org

ANGLOPHONE AFRICA:
EANNASO
eannaso@eannaso.org

FRANCOPHONE AFRICA:
RAME
contact@prf-fondsmondial.org

ASIA-PACIFIC:
APCASO
apcrg@apcaso.org

MIDDLE EAST AND NORTH AFRICA ITPC:
MENA
info@itpcmena.org

EASTERN EUROPE AND CENTRAL ASIA:
EHRA
eecaplatform@harmreductionurasia.org

LATIN AMERICA AND THE CARIBBEAN:
VIA LIBRE
ct.plataformalac@vialibre.org.pe

REFERENCES

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https://www.theglobalfund.org/media/4309/fundingmodel_modularframework_handbook_en.pdf

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https://www.theglobalfund.org/media/3261/core_budgetinginglobalfundgrants_guideline_en.pdf

CRG Technical Assistance Guidance Note:
https://www.theglobalfund.org/media/10403/crg_technicalassistanceguidance_note_en.pdf

Resilient and Sustainable Systems for Health Information Note:
https://www.theglobalfund.org/media/4759/core_resilientsustainablesystemsforhealth_infonote_en.pdf

CRG Technical Assistance Request Form:
https://www.theglobalfund.org/media/10401/crg_technicalassistancerequest_form_en.docx

CRG Technical Assistance Provider List:
https://www.theglobalfund.org/media/10402/crg_technicalassistanceprovider_list_en.pdf

Community Led Monitoring – A technical Guide for HIV, Tuberculosis and Malaria Programming:
https://stoptb.org/assets/documents/resources/publications/acsm/CBM%20Guide%20Report_Final%200309_compressed.pdf

Decision-making Aide for Investments into HIV Prevention Programmes among Adolescent Girls and Young Women Version for use in 2020 planning processes March 2020:
https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/06/Decision-making-aide-AGYW-investment-Version-March-2020-Final.pdf

Costing Guidelines for Tuberculosis Interventions:
https://www.who.int/publications/i/item/9789240000094

The user guide for the HIV-related Human Rights Costing Tool: costing programs to reduce stigma and discrimination, and increase access to justice in the context of HIV:
https://files.unaids.org/en/media/unaids/contentassets/documents/document/2012/The_HRCT_User_Guide_FINAL_2012-07-09.pdf

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Community-Led Monitoring (CLM) of programs and policies related to HIV, tuberculosis, and malaria:
A guide to support inclusion of CLM in funding requests to the Global Fund:
DRAFT – being circulated for input
Guide for CLM in GF NFM4 - draft-1_8-August.docx

CLM Costing and Budgeting – Presentation for CLM Academy August 2022
DRAFT
CLM costing and budgeting - DRAFT - 10-August.pptx

[9] This resource is being updated for the 2023-2025 allocation period

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