



# **A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24**



2020





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## Executive Summary

In August 2020, Country Coordinating Mechanism (CCM) Nepal successfully submitted the funding applications for national program on HIV, TB and Malaria for the Global Fund (TGF) grant period 2021-2024 which was developed through very transparent and inclusive country consultations. The major processes are mentioned below:

- CCM meeting (16<sup>th</sup> December 2019) followed by CCM Nepal Executive Committee Meeting (19<sup>th</sup> December 2019) was called where it was agreed to prepare and submit the funding application in the final submission window i.e., August 2020.
- CCM Nepal initiated country dialogue process for transparent and inclusive funding application development.
- "Core Task Team" was formed by CCM Executive Committee (12<sup>th</sup> February 2020) to lead, supervise, and monitor the whole country dialogue process (CDP). The team was primarily led by Chief of Health Coordination Division of MoHP, CCM Member representing Ministry of Health and Population (MoHP).
- The "Core Task Team" formed three Disease-Specific Task Teams. Inclusive and meaningful representation of key stakeholders responding to or affected by three diseases were ensured in all teams.
- Considering the COVID-19 pandemic situation and adhering to TGF's guidance, the Core Task Team (3<sup>rd</sup> April 2020) decided to carry on the CDP virtually. General guidelines for conducting virtual consultations were prepared and shared.
- An extensive consultation at all three tiers (Federal, Provincial and Local) of governments were conducted with relevant community and other stakeholders including government, key populations, people living with diseases and vulnerable population.
- National HIV Strategic Plan (NHSP) 2016-2021, National Strategic Plan for Tuberculosis Prevention, Care and Control (NTSP) 2016-2021 and National Malaria Strategic Plan (NMSP) 2014-2025 were reviewed and new strategies were developed based on the findings and the current context of federalization and disease progression. All those consultations were conducted in the lead of respective disease entities.
- While development of the funding applications was almost done, prioritization workshops followed by validation workshops were conducted to come to a consensus on the national priorities ensuring the bottom-up approach planning process.
- The funding applications were presented in CCM Nepal meeting (24<sup>th</sup> August 2020) and was electronically endorsed. The funding applications were submitted to TGF in August 2020.
- TGF Country Team (CT) went thoroughly the funding applications and asked for further clarification and suggested to maintain consistency in three funding applications.
- On 23<sup>rd</sup> November 2020, CCM Nepal received TGF Technical Review Panel (TRP)'s comments on funding applications submitted. The funding applications were appreciated as of good quality, were technically sound and strategically focused and evidence-informed interventions.
- After receiving the TRP's comment, a conference call with TGF CT was organized (27<sup>th</sup> November 2020), at which CT flagged the crucial areas to be focused on during responding to the comments.

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- A three-day (9-11<sup>th</sup> December 2020) preparatory meeting was organized to respond TGF TRP's comments and "Applicant Response Forms" for HIV, TB and Malaria were submitted to Fund Portfolio Manager on 14<sup>th</sup> December 2020.
- TGF CT communicated principal recipient (PR) and CCM Nepal through email in November 2020 where overarching strategic questions and questions related to interventions were shared to start reflection on the budget and Performance Framework. PR involved key partners and the relevant CCM members for grant making process. Parallel meetings were organized for three disease programs on 11<sup>th</sup> December 2020 where strategic and intervention related questions raised by TGF CT were discussed. Written responses were submitted to TGF CT on 14<sup>th</sup> December 2020. During grant-making, PR and TGF identified gaps and risks related to grant implementation and determine mitigation measures, reviewed and agreed on implementation arrangements and plans and developed and negotiated key grant documents.
- Grant Approvals Committee (GAC) reviewed the final grant documentation and submitted a report with recommendations to the Board. After getting the approval by the Board, final amounts, as well as grant conditions, were communicated to the CCM Nepal by the CT.
- In March 2021, the parties (Mr. Mark Eldon-Edington-Head of Grant Management Division from TGF, Mr. David Barth-Vice President International from PR Save the Children, Mr. Laxman Aryal- Chair, CCM Nepal and Mr. Achut Prasad Situala-Civil Society Signatory from CCM Nepal) signed the grant agreement. The grant funds were then committed and released to PR.
- The information related to grant are made publicly available through TGF data explorer website (link: <https://data.theglobalfund.org/investments/locations/NPL>)

There were many enabling factors which made transparent and inclusive funding application development possible. The principal success factors are involvement of high-level government authorities in order to ensure genuine national ownership of the process; consistent involvement of government, Multilateral (ML)/Bilateral (BL) partners, key populations (KPs), people who inject drugs (PWID), Civil Society Organizations (CSOs), national networks, private sector, implementing partners and so on in all stages of the process ; support from TGF Country Team and APCASO, strong leadership of CCM Nepal; detailed and budgeted planning of the CDP, timely identification of issue/risk (e.g. COVID-19) and planning accordingly; and decentralized and consensual approach to identify priorities.

Despite COVID-19 pandemic situation, shift of government priority, huge demand for extension of services and limited budget size, the funding application were developed successfully under CCM Nepal Secretariat's leadership. Almost all CDP were largely carried out virtually, but series of face-to-face meetings were also conducted with government representatives to ensure their commitment and ownership for co-financing and policy inputs. Community and stakeholders were extensively engaged for reviewing national strategies and setting priorities; implementation approaches and modalities; and sharing lessons learned and challenges.

The key learnings from the entire journey of funding application development were:

- Community and stakeholder consultations for reviewing national strategies and developing funding application for TGF could be done simultaneously;

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- Proactive identification of potential risk factor (e.g. COVID-19 pandemic) and planning accordingly is very crucial;
- Online approaches were used for CDP. Virtual consultations allowed greater participations, which could not have been possible with physical consultation.
- Many cross-cutting activities of three disease programs could be integrated and proposed in this funding applications, and
- Proper documentation is very essential so all the process and learning from CDP are systematically documented for future reference.



## Abbreviation

AIDS	Acquired Immunodeficiency Syndrome
ASP	Additional Safeguarding Policy
CB-DOTS	Community-Based Directly Observe Treatment Short Course
CCM	Country Coordinating Mechanism
CDP	Country Dialogue Process
Country Team	CT
CRG	Community, Rights and Gender
CRG TA	Community, Rights and Gender Technical Assistance
CSO	Civil Society Organization
DR-TB	Drug Resistant Tuberculosis
DS-TB	Drug Sensitive Tuberculosis
EDCD	Epidemiology and Disease Control Division
EDP	External Development Partners
FCHV	Female Community Health Volunteer
FGD	Focused Group Discussion
FSW	Female Sex Worker
GAC	Grant Approvals Committee
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information Systems
HRGRB	Human Rights and Gender related Barriers
KP	Key Population
LLG	Local Level Government
LLIN	Long Lasting Insecticide Net
M&E	Monitoring and Evaluation
MoHP	Ministry of Health and Population
MoSD	Ministry of Social Development
MSM	Men Who Have Sex with Men
NAP+N	National Association of People Living with HIV/AIDS in Nepal
NCASC	National Centre for AIDS and STD Control
NHSP	National HIV Strategic Plan 2016-2021
NMA	Nepal Medical Association
NMSP	Nepal Malaria Strategic Plan 2014-2025
NPHL	National Public Health Laboratory

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NSP	National Strategic Plan
NTCC	National Tuberculosis Control Center
NTP	National Tuberculosis Program
NTSP	National Strategic Plan for Tuberculosis Prevention, Care and Control 2016-2021
ORW	Outreach Worker
PAAR	Prioritized Above Allocation Request
PHCC	Primary Health Care Center
PLHIV	People Living with HIV/AIDS
PLWD	People Living with Disease
PPM	Public Private Mix
PR	Principal Recipients
RSSH	Resilient and Sustainable Systems for Health
SCI	Save the Children International
SR	Sub-Recipient
STC	Sustainability, Transition, and Co-Financing
TG	Transgender
TGF	The Global Fund
TRP	Technical Review Panel
UHC	Universal Health Coverage





## 1. Epidemiology of HIV, TB and Malaria in Nepal

In Nepal, HIV remains concentrated epidemic in key populations. Out of a total population of approximately 30 million, there were an estimated 29,503 people living with HIV and 790 new HIV infections in 2019.<sup>1</sup> Similarly, around 117,000 people are living with TB disease and 69,000 people developed TB in 2018, which is 1.6 times higher than previous estimation.<sup>2</sup> Likewise, 1,22,25 people were at risk of malaria and there were 710 positive cases (131 indigenous and 579 imported) in 2019.<sup>3</sup>

Nepal is committed to achieve the Sustainable Development Goal (SDG) goal 3.3 i.e. to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030.<sup>4</sup> HIV, TB and Malaria continue to be public health priorities in Nepal with national aim of ending the AIDS epidemic as public health threat by 2030<sup>5</sup>, eliminating TB by 2050<sup>6</sup> and achieving malaria-free Nepal by 2026.<sup>7</sup> Government of Nepal, Ministry of Health and Population (MoHP) is responding to these diseases through National Centre for AIDS and STD Control (NCASC), National Tuberculosis Control Center (NTCC) and Epidemiology and Disease Control Division (EDCD). These government entities are working in close coordination with Principal Recipient (PR), INGOs, Bilateral (BL)/Multilateral (ML) organization, technical agencies, implementing partners, National networks of key populations (KPs) and people living with diseases (PLWD).

## 2. Introduction to TGF and New Funding Model

The Global Fund (TGF) is a partnership designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. Since its creation in 2002 TGF has disbursed more than US\$45.4 billion in the fight against HIV, TB and malaria and to strengthen systems for health across more than 155 countries, including regional grants, as of June 2020, making it one of the largest funders of global health.<sup>8</sup> TGF partnership has saved 38 million lives since 2002, including 6 million in 2019 alone.<sup>9</sup>

In 2012, TGF made the important but politically difficult decision to move away from its historical allocation model. The development and implementation of a new funding model (NFM), was one of the main elements in TGF's Strategy 2012-2016, adopted by the Board. It has been designed to help TGF invest resources more strategically, draw on partnerships to increase the quality of the programs it supports and incorporate lessons learned from the previous rounds-based system of funding. The key features of the NFM are:

1. Flexible timeline: Eligible countries may apply whenever desired during the three- year allocation period so that funding can be aligned with National budgeting cycles and country-specific demands.
2. Simplicity of the funding application process: Eligible countries are encouraged to base their request to TGF on their National strategy or investment case. A streamlined-concept note, developed through multi-partner consultations, will be used to present the request to TGF.
3. Predictability of overall process: Early feedback aims to ensure general agreement on the strategic direction of the program/project, to reduce waiting time and to improve the overall



success rates of applications. Early discussion of indicative funding provides more predictability.

4. Improved predictability of level of funding: Instead of the "rounds-based" system where countries competed for funds, applicants know how much funding they may receive for indicative funding and compete only for incentive funding.
  - Indicative funding: An indicative funding amount is derived from an allocation formula for each country and communicated to applicants at the start of the three-year period.
  - Incentive funding: A separate reserve of funding will reward high-impact, well-performing programs and encourage ambitious applications.
  - Unfunded quality demand: Countries are strongly encouraged to submit ambitious concept notes. Funding requested through a concept note which is considered technically sound by the Technical Review Panel but above the funding amount available (indicative funding and any additional incentive funding awarded) is registered for possible funding by TGF or other donors if and when new resources become available.
5. Focus on high disease burden and low resources: The new model allows TGF to focus on countries with the highest disease burden and least ability to pay while still retaining TGF's global reach.
6. Enhanced engagement: TGF Secretariat engages more proactively in ongoing country-level dialogue, and provides early feedback prior to Board approval of grants.<sup>10</sup>

## 2.1 The Global Funds Grants in Nepal

TGF has invested US\$233 million in Nepal since 2003. Government of Nepal was also the PR of TGF grants in Nepal before 2015 along with other non-governmental agencies. In 2015, after a review by TGF Secretariat, Nepal's CCM did not meet CCM eligibility requirements; it did however become eligible in August 2017. Following the earthquake in 2015, the Additional Safeguard Policy came into effect and TGF Secretariat nominated Save the Children Federation Inc. as the sole PR of Global Fund grants in Nepal.

Nepal participated in the pilot phase of CCM Evolution, which aims to equip CCMs to facilitate inclusive oversight and meaningful engagement in alignment with National structures for sustained health governance for better deliver on TGF Strategy 2017-2022. Nepal submitted its first funding application under the NFM in 2017.

In the current grant (NFM2 2018-2021), TGF has invested US\$50 million in Nepal. Additionally, USD 1.3 million was allocated under catalytic funding for human rights interventions, with matching funds of US\$1.3 million from the Government. The MoHP, through NCASC, NTCC and EDCCD, is implementing the grants as Key Implementing Entities for interventions in the public sector. Other implementers are non-governmental organizations [HIV-21 Sub-recipients (SRs) and TB-9 SRs], they are mainly responsible to implement interventions for KPs.<sup>11</sup>

## 3. Introduction to Country Coordinating Mechanism (CCM Nepal)

A Country Coordinating Mechanism (CCM) includes representatives of all sectors involved in the response to the diseases: academic institutions, civil society, faith-based organizations,



government, multilateral and bilateral agencies, nongovernmental organizations, people living with the diseases, the private sector and technical agencies. CCM transparently and inclusively:

1. Coordinates the development of the National request for funding
2. Nominates the Principal Recipient
3. Oversees the implementation of approved grants
4. Approves any reprogramming applications
5. Ensures linkages and consistency between Global Fund grants and other National health and development programs<sup>8</sup>

Since its establishment in 2002, CCM Nepal has been working as a central pillar of TGF to fight HIV/AIDS, tuberculosis and malaria to ensure country-driven, coordinated and multi-sector processes for leveraging and effecting additional resources to reduce morbidity and mortality from these three diseases in Nepal.<sup>12</sup>

As envisioned, CCM Nepal is an independent entity that is closely guided by the Global Fund policy on structure and functions. As the cornerstone of its philosophy, CCM Nepal brings together multiple stakeholders to collectively identify Nepal's needs, be responsible for developing and submitting grant proposals, nominate the grantee (s) or Principal Recipients (PR) and also oversee implementation of Global Fund-supported projects.

CCM Nepal has total Seventeen members having Secretary of Ministry of Health and Population as its Chair and Vice Chair elected from Civil Society Constituency.

#### 4. Developing the Funding Application for Grant Cycle 2021-2024

TGF encourages countries to develop their funding application based on the country's national strategic plan rather than a separate project, which can lead to fragmentation of efforts and a heavy administrative burden for both the country and donor.

The following steps were followed:<sup>14</sup>

1. Preparing for the next funding cycle
  - Ensure Country Dialogue is Open
  - Plan for submission
  - Analysis of health and community system needs
  - Conduct program reviews and update National strategic plans
  - Request technical cooperative if appropriate
  - Strengthen sustainability and prepare for transition
  - Keep CCM eligibility in mind
2. Allocation
  - Replenishment
  - Eligibility
  - Allocation
  - Catalytic investments



- The allocation Letter
  - The Five Application Approaches
  - Portfolio categorized
3. Developing the Funding Application
    - Country Dialogue during Funding application Development
    - Confirming Program Split
    - Joint Funding Applications
    - Components of the Funding application Applications
  4. After Submission
    - Technical Review Panel(TRP)
    - Grant Making
    - Grant Approvals Committee(GAC)
    - Grant Signing
    - Publicly Available Information

## 4.1 Preparing for the Next Funding Cycle 2021-2024

### 4.1.1 Ensure Country Dialogue is Ongoing

Country dialogue is an ongoing process at the country level that should include a broad range of stakeholders, including civil society, key and vulnerable populations, youth, adolescent girls and young women, implementers, faith-based organizations, country governments, academia, the private sector, donors, and bilateral, multilateral and technical partners.<sup>14</sup>

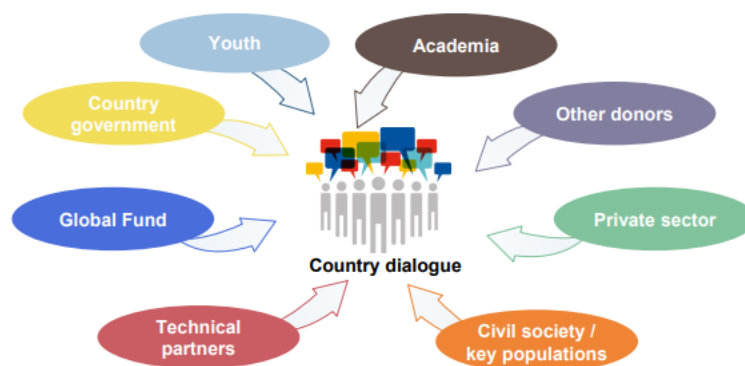


Figure 3: Inclusive Country Dialogue

Country dialogue is an open, transparent, and inclusive conversation with people responding to and affected by the three diseases. While CCM itself includes representatives of a wide variety of stakeholders, the purpose of the country dialogue is to go beyond its membership and reach out to all those involved in the prevention, care and treatment of diseases, including those key populations (KPs) affected by the diseases at the grassroots level. It is based on a participatory framework to identify needs, build resource mobilization efforts and prioritize programs that will have the most impact. It not only encourages consultation with stakeholders on National priorities based on participatory approach, but also provides evidence to TGF the needs expressed in the funding application which are based on reliable data and reflect the



strategic, harmonized and consensual guidance of the National stakeholders in connection with the three diseases. The purpose of country dialogue is to achieve maximum impact in health outcomes.<sup>15</sup>

Country dialogue is an ongoing process, beginning well before the development of the funding application and continuing through implementation of the grant.<sup>15</sup> Country dialogue is important throughout the entire grant lifecycle, and especially important for funding application development. When meaningful and inclusive country dialogue is used to influence the design and prioritization of programs, the results are often that services better reach impacted communities and are more relevant to them, addressing specific barriers to health access. This means better results and higher impact from investments.<sup>14</sup>

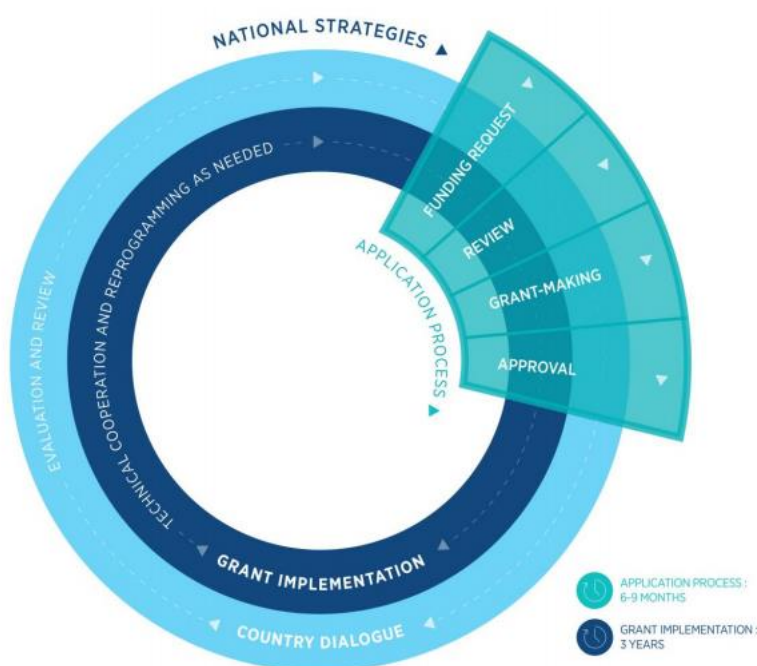


Figure 4: The Process Point –the Funding Cycle<sup>16</sup>

Depending on the stage of the funding cycle, different groups take the lead in coordinating Global Fund-specific country dialogue input from other partners.

**Funding Application:** CCMs lead country dialogue process. It is an eligibility requirement that applicants be able to demonstrate that the funding application has been developed through a transparent and inclusive process that engages a broad range of stakeholders, including civil society and key and vulnerable populations.

**Grant-making:** Principal Recipients, with CCM oversight, lead country dialogue focused on the development of the grants. Country dialogue should inform program design to ensure interventions reach relevant populations.



**Grant implementation:** CCM and Principal Recipients jointly lead on-going country dialogue, focused on increasing the impact and effectiveness of TGF grant. Ongoing country dialogue supports the Principal Recipient and key implementers in successfully optimizing the implementation of the grant.

CCM Nepal ensured that country dialogue is ongoing in different stage of the funding cycle (detail in 5.3.2 Country Dialogue Process before Development of Funding application 2021-2024)

#### *4.1.2 Plan for submission*

TGF has defined dates for funding application submissions and associated review windows. There are three windows for funding application submission during 2020. Funding windows for 2021 will be communicated at a later date.<sup>14</sup>

Window	Submission Date	Technical Review Panel Dates
1	23 March 2020	27 April – 2 May 2020
2	25 May 2020	29 June – 5 July 2020
3	31 August 2020	5-11 October 2020

CCM Nepal worked with TGF Country Teams to identify an appropriate review window. The 108th CCM Nepal meeting held on 16th December 2019, agreed to prepare and submit the funding application for the 2021-2024 funding cycle in August 2020. Then, the Country Team registered CCM Nepal for the review window. All grant documents were completed offline using relevant templates, and then were loaded into TGF system by the Country Team.

#### *4.1.3 Think carefully about health and community system needs*

Building resilient and sustainable systems for health (RSSH) is essential for ending HIV, TB and malaria as epidemics. Common constraints in both community and formal health services impede the delivery of essential health services and threaten progress in the fight against the three diseases. Investing in RSSH yields broad health outcomes and enables health care to be delivered in a sustainable, equitable and effective way while accelerating progress toward better health and wellbeing for all. The Global Fund, in partnership with our many stakeholders, is committed to helping deliver this by 2030. In parallel to examining the programmatic gaps in each of the National disease responses, applicants should also perform a robust needs assessment and gap analysis of health and community systems, using evidence to drive investment priorities. In order to efficiently and effectively deliver patient-centered health services, applicants are encouraged to explore opportunities for integration across the three diseases and within broader systems for health. <sup>14</sup>

CCM Nepal explored critical dimensions of health systems such as labs, supply chains, data systems, community-based monitoring, community mobilization, advocacy and organizational



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development, and human resources for health at the community and facility level. CCM Nepal also systematically assessed how to engage with the private sector, which accounts for a sizeable proportion of health care in Nepal.

Series of meetings were conducted where RSSH components were discussed.

Date	Meeting	Topic/decisions
25-Jun-20	National Level consultation meetings with National Networks on RSSH	National Network focal points gave inputs on how to ensure CSS/RSSH under Universal Health Coverage (UHC).
02-Jul-20	Meeting on Cross Cutting Issues among the three diseases	Discussed catalytic fund, financial landscape and financial gaps, and TB-HIV collaboration. COVID-19 was noted as a cross-cutting issue for TB-HIV-Malaria. Discussed how to synergize RSSH, private sector engagement, human rights barriers to the disease services in the funding applications.
9-Jul-20	Consultation meeting on Resilient & Sustainable Systems for Health	Discussed on current RSSH related interventions from different implementing partner; Identified the key RSSH gaps especially related to HIV, TB and Malaria programs in Nepal and discussed on the possible areas of RSSH activities to be included in the next funding application of HIV, TB and Malaria.
17-Aug-2020	Meeting on Synergies among Three Diseases through their National Program Intervention (RSSH)-TGF 2021-2024	The possible areas of collaboration were explored to bring synergy among three diseases. Decided to share 50-50 cost between TB and HIV for periodic TB-HIV coordination meeting at central level and preparation of TB-HIV collaboration guideline. Decided to collaborate with TB and Malaria program on the screening and testing of migrants for HIV at nine transits. The maintenance cost for GeneXpert will be cost shared between HIV and TB. Storage and distribution capacity assessment will be costed under HIV while if substantial improvement is required in each component, then cost will be shared. Procuring dedicated autoclave for waste management is currently planned for three labs in three provinces under the HIV. And more autoclave machines will be put under the PAAR by other two diseases each. TA at HMIS, other logistic and M&E HR will be cost shared by three diseases. Overall community-based monitoring and community system strengthening can be integrated among all three diseases. The team agreed to be able to synergize while implementing.

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Photo: Mr. Mahesh Sharma, the Consultant presenting during RSSH workshop



Photo: Dr. Roshan Pokhrel, CCM chair/Chief Specialist MoHP expressing his viewpoints during RSSH workshop



Photo: Mr. Achut Prasad Sitaula, Vice-chair, CCM Nepal discussing during RSSH workshop



Photo: Discussion session during RSSH workshop

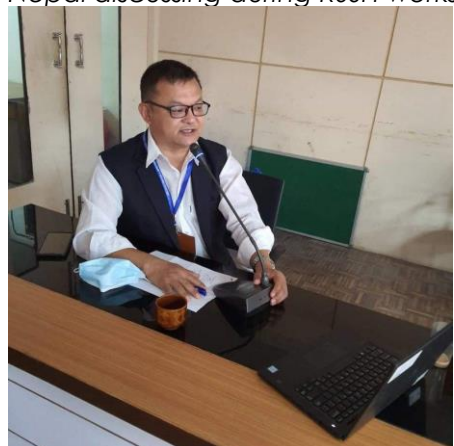


Photo: Dr. Sagar Kumar Rajbhandari discussing during RSSH workshop

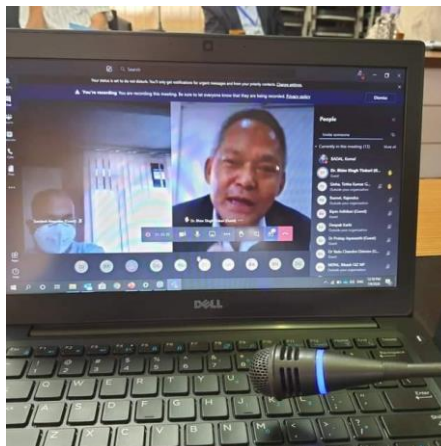


Photo: Dr. Bhim Singh Tinkari expressing his view points during RSSH workshop

4.1.4





### *Conduct program reviews and update national strategic plans*

Rather than providing funding on the basis of a separate project, which can lead to fragmentation of efforts and a heavy administrative burden for both countries and donors, TGF encourages applicants to prepare funding applications that fully aligns with the National Strategic Plans for the diseases to ensure coherence and alignment in programming. National Strategic Plans are country-owned and provide the overall strategic direction for a country over a period of time. The plans may be further supported by implementation plans and other operational documents, including a costed and prioritized budget. National Strategic Plans should be aligned with the overarching National health strategy, National health plan and Long-term Periodic Development Plan of the country.<sup>14</sup>

In the absence of an up-to-date National Strategic Plan, applicants should consider conducting a program review at the country level to strengthen their National planning. In cases where a country does not have a strong National Strategic Plan, a disease specific investment case can be developed with technical cooperation.<sup>14</sup>

Nepal has National HIV Strategic Plan (NHSP) 2016-2021 and National Strategic Plan for Tuberculosis Prevention, Care and Control (NTSP) 2016-2021, which underwent review. Series of meeting were conducted along with Country Dialogue Process. (Detail in 5.3.2 Country Dialogue Process Before Development of Funding Application 2021-2024). Under the leadership of NCASC, six national thematic consultants along with an International Consultant completed NHSP review, which took place between March and July 2020. Similarly, NTCC led NTSP review, which took place between February to July 2020. After vigorous document review and consultation meetings, write up of new strategic plan for HIV and TB kicked off. Nepal Malaria Strategic Plan (NMSP) 2014-2025 was revised considering the present context of federalization. It was led by EDCD and took place between May to July 2020. The funding applications were developed based on revised NMSP and drafts of new NHSP and NTSP.

### *4.1.5 Request technical cooperative resources if appropriate*

Global Fund defines technical cooperation (sometimes also referred to as 'technical assistance or 'technical support') as the engagement of people with specific and relevant technical expertise to support inclusive country dialogue, preparatory activities, grant-making processes or implementation of Global Fund-supported programs. Technical support, which can be short or long term, seeks to strengthen the capacity of individuals and institutions to undertake the relevant activities.

In addition to the Technical Cooperation resources available through our partners, TGF provides assistance through the Community, Rights and Gender Technical Assistance Program (CRG TA) and other technical partners like WHO, UNAIDS etc. This program supports civil society and community organizations to meaningfully engage in Global Fund processes, including during:

- Country dialogue,
- Funding application development,
- Grant-making, and



- Grant implementation and oversight.

In addition, CRG TA supports civil society and community engagement in national processes that relate to TGF such as the National Strategic Plan development for the three diseases.<sup>14</sup>

On request of CCM Nepal, APCASO provided technical assistant on CRG. A workshop on CRG was conducted on 26<sup>th</sup> February for KP, National Network focal points and other stakeholders to understand key concepts on CRG, its importance and how it can be operationalized.

The platform was used to share information funding application development for the grant cycle 2021-2024 and the upcoming country dialogue process, as well as the importance of community rights and gender (CRG) concepts, and to prepare for the community consultations.



*Photo: CCM Coordinator sharing information on Nepal's Global Fund application for the next cycle and the upcoming country dialogue process during workshop on CRG*



*Photo: Director of APCASO briefing about CRG during workshop on "CRG in Nepal's Global Fund Country Grant"*

#### 4.1.6 Strengthen sustainability and prepare for transition

As part of its significant efforts to support countries to strengthen sustainability, there are several thematic areas that TGF recommends all countries consider to enhance the sustainability of HIV, TB, and malaria programs as well as the overall health sector. These include:

- Strengthening National planning, including development of robust, costed, and prioritized National Strategic Plans;
- Strengthening domestic resource mobilization for health and the three diseases;
- Implementing through National systems and strengthening alignment of Global Fund support with those systems, where possible and feasible;
- Enhancing strategic investments in Resilient and Sustainable Systems for Health (RSSH), including (but not limited to) developing strong Health Management Information Systems



(HMIS), strengthening procurement and supply chain systems, and fostering integration of systems and services (where appropriate).

- Maintaining and strengthening access to affordable, quality health products; Strengthening Value for Money, including overall efficiency; and
- Advancing human rights and gender and supporting activities to reduce barriers to access related to gender and human rights.

The Sustainability, Transition, and Co-Financing policy sets out two core co-financing requirements to access each National Global Fund allocation:

**Requirement 1:** Progressive government expenditure on health to meet National universal health coverage (UHC) goals; and

**Requirement 2:** Demonstrate increasing co-financing of Global Fund supported programs over each allocation period, focused on progressively taking up key costs of National strategic plans. In addition, to further encourage domestic investment, at least 15% of a country's allocation (but in some cases more) is a co-financing incentive made available if countries make – and eventually realize – additional domestic commitments over the implementation period (relative to expenditures over the previous implementation period).<sup>14</sup>

Series of meeting were conducted where sustainability and co-financing were discussed.

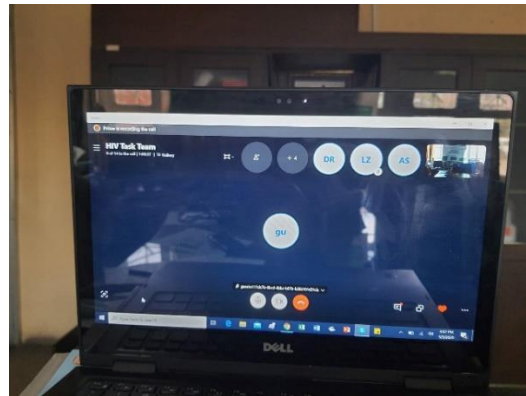
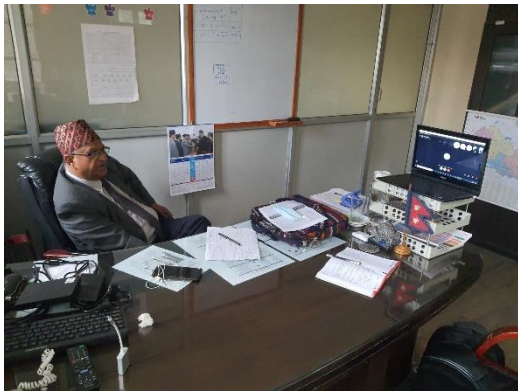
Date	Meeting	Topic/Decision
20-May-20	Core Task Team meeting	The Government committed to co-finance 20% to access the TGF grant, as well as the matching fund of the catalytic fund. Regarding, the team Decided to call an Executive Committee meeting in the near future to thoroughly discuss the donors working on the three diseases in Nepal.
25-Jun-20	National Level consultation with National Networks on RSSH	National Network focal points gave inputs on how to ensure CSS/RSSH under Universal Health Coverage (UHC).
21-Jul-20	HIV Task Team meeting on Funding Alignment	Discussed creating a common consensus and commitment among implementing partners on funding alignment for the upcoming years. However, due to the absence of one of the key implementing partners, the discussion was further extended to 23 <sup>rd</sup> July 2020.
23-Jul-20	HIV Task Team meeting on Funding Alignment, follow up meeting	Discussed about common consensus and commitment among the implementing partners on funding alignment for the upcoming years.

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Date	Meeting	Topic/Decision
		<p>PLHIV, Migrant and PWID component would be covered by Global Fund Support; FSW and MSM.TG would be covered by PEPFAR.</p> <p>Prioritization workshop as a part of Global Fund's Proposal development process would be conducted on 30 July 2020. The workshop will be facilitated by CCM Nepal. NCASC will present the SSP and the findings of NHSP 2016/2021 revision process would be shared to the participants.</p>
10-Aug-20	HIV Task Team meeting/Funding Alignment meeting	<p>Building consensus and commitment among the implementing partners on funding alignment for the upcoming years.</p> <p>Update on the progress of the HIV proposal development process.</p>
10-July-20	112 <sup>th</sup> CCM Nepal meeting	All the CCM members and alternate members agreed to endorse the existing PR with the condition that the PR should work closely with MoHP, CCM and National counterparts on building Government's capacity to take the PR role in future, and that the CCM/MoHP should oversight the grant implementation by the PR, including crucial areas like Procurement, M&E and others.
12-Feb-2020	FGD with district stakeholders, Karnali Province	Discussed on TB case notification, governance and financing
23-Jan-2020	NSP-Consultative meeting with private sectors and implementing partners	Discussed on TB and PPM

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Photos: HIV Task Team meetings

### 4.1.7 Keep CCM eligibility in mind

There are six eligibility requirements with which CCMs must comply.<sup>17,18</sup>

- Eligibility Requirement 1: Transparent and inclusive funding application development process
- Eligibility Requirement 2: Transparent and documented Principal Recipient (PR) selection process
- Eligibility requirement 3: Oversee program implementation and implement an oversight plan
- Eligibility requirement 4: Document the representation of affected communities
- Eligibility requirement 5: Ensure representation of nongovernmental members through transparent and documented processes
- Eligibility requirement 6: Adopt and enforce a code of conduct and conflict of interest policy

Requirements 1 and 2 are assessed by TGF Secretariat at the time a Country Coordinating Mechanism submits a funding application for its disease programs. Requirements 3 through 6 are regularly assessed through the Eligibility and Performance Assessment carried out by the Country Coordinating Mechanism.<sup>17,18</sup>

For eligibility requirement 1, TGF requires applicants to

- a. Coordinate the development of all funding applications through transparent and documented processes that engage a broad range of stakeholders – including CCM members and nonmembers – in the solicitation and the review of activities to be included in the application; and
- b. Clearly document efforts to engage key affected populations in the development of funding applications.

For eligibility requirement 2, TGF requires applicants to

- a. Nominate one or more PR(s) at the time of submission of their application for funding1;
- b. Document a transparent process for the nomination of all new and continuing PRs based on clearly defined and objective criteria; and

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- c. Document the management of any potential conflicts of interest that may affect the PR nomination process.

Since Nepal was one of the countries that were part of the 'CCM Evolution Strategic Initiative' hence no additional assessments were required. All other countries are required to complete a 'light EPA' self-assessment annually. At the funding application submission stage, TGF conducts a screening of CCM eligibility criteria one and two, related to the inclusive funding application development process and the open and transparent Principal Recipient selection process.

Adhering TGF process and keeping eligibility in mind, CCM Nepal conducted NSP review along with transparent and inclusive CDP. Based on NSP review, CDP and relevant studies, funding applications application were developed. (Detail in 5.3.2 Country Dialogue Process before Development of Funding application 2021-2024).

Furthermore, CCM Nepal ensured open and transparent PR selection process.

Date	Meeting	Topic/decisions
19-Apr-20	Meeting of CCM Nepal members representing Key Affected Populations and Civil Society Organizations	Discussed the agenda of the upcoming CCMN Executive Committee meeting. The members agreed on this topic to brainstorm SR selection during the meeting (at the suggestion of the CSO/KP/PLWD representative).
21-Apr-20	Executive Committee meeting	Discussed the endorsement of the PR for the upcoming TGF funding cycle (2021-2024). All agreed the PR should not be the major issue, but the lives of people infected and affected by HIV, TB and Malaria should be the prime goal of the country. The Ministry therefore decided to discuss the PR-ship before the CCMN meeting.  Agreed to hold an Executive Committee Meeting on 26th April to finally decide on the PR before the CCMN Meeting on 28th April 2020.
26-Apr-20	Follow-up to Executive Committee meeting	Agreed to that CCMN would negotiate with the Ministry's spokesperson and Secretary before the CCMN meeting on 28th April to endorse the existing PR based on the performance evaluation of the existing PR as recommended by the CCMN CSO/KP/PLWD meeting on 19th April as well as the CCMN Executive Committee meeting on 21st April 2020.



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Date	Meeting	Topic/decisions
28-Apr-20	109 <sup>th</sup> CCM Nepal meeting	<p>Updates on the proposal development process and executive committee meeting.</p> <p>Decided to postpone PR endorsement until the next CCM Nepal meeting, agreed for 5<sup>th</sup> May 2020.</p>
05-May-20	110 <sup>th</sup> CCM Nepal meeting	<p>Endorsement of the PR. All the members of CCM Nepal agreed with no reservation to endorse the existing PR (SCI) as Principal Recipient for the 2021-2024 funding cycle. The letter from MoHP to CCM Nepal nominating the two members from MoHP was shared.</p> <p>Decided to form a Task Team to closely collaborate with MoHP; members will be nominated by the CCM members and selected by the Executive Committee.</p>
12-May-20	Executive Committee meeting	<p>Formed a Task Team to prepare to lift the Additional Safeguarding Policy (ASP) from Nepal. The CCM Secretariat was assigned to work as secretariat for this Task Team. Agreed to endorse this at the next CCM meeting.</p>
15-May-20	111 <sup>th</sup> CCM Nepal meeting	<p>All the CCM members agreed with no reservation to endorse the two MoHP nominees, of which one will be elected as CCM Nepal Chair.</p> <p>Endorsed the 5-member Task Team formed by the Executive Committee meeting on 12<sup>th</sup> May 2020, along with the proposed ToR to work on overcoming ASP in Nepal.</p> <p>Dr. Roshan Pokhrel, Chief Specialist, MoHP was elected as the new CCM chair without any reservation or dispute.</p>
10-July-20	112 <sup>th</sup> CCM Nepal meeting	<p>All the CCM members and alternate members agreed to endorse the existing PR with the condition that the PR should work closely with MoHP, CCM and National counterparts on building Government's capacity to take the PR role in future, and that the CCM/MoHP should oversight the grant implementation by the PR, including crucial areas like Procurement, M&amp;E and others.</p>



## 4.2 Allocation

The 2020-2022 Allocation Period began with allocation letters that were sent in December 2019. CCM Nepal received allocation letter from TGF on 16<sup>th</sup> December 2019.

### 4.2.1 Replenishment

TGF partnership raises and invests funding in three-year cycles known as Replenishment Periods. The amount available for allocations to countries depends on the funding raised during the Replenishment Conference.

CCM Nepal received allocation letter from TGF dated 16<sup>th</sup> December 2019 avowing US\$51,639,112 been allocated to Nepal for HIV, TB, Malaria and building Resilient and Sustainable Systems for Health (RSSH) for next grant cycle 2021-2024.

### 4.2.2 Eligibility

Nepal was listed in "Eligibility list 2020" as low-income country with high burden of HIV and TB and not high burden of Malaria. Nepal was eligible for all three diseases.<sup>19</sup>

### 4.2.3 Allocation

Allocations among the three diseases at a global level are based on the following distribution:

- HIV: 50%
- Tuberculosis: 18%
- Malaria: 32%

The Global Fund's allocation methodology for 2020-2022 drives an increased proportion of funding to higher burden, lower income countries, and specifically accounts for HIV epidemics among key populations, the threat of multidrug-resistant tuberculosis, and for malaria elimination efforts, while considering sustainable reductions with decreasing funding where appropriate.

Allocations to individual countries are calculated using a formula that is predominantly based on each country's disease burden and economic capacity, and the allocations are then refined to account for important contextual factors through a transparent and accountable qualitative adjustment process.<sup>14</sup>

Allocation amounts were communicated to countries in the Allocation Letter, sent in December 2019. Nepal was allocated US\$51,639,112 with following budget split.





Eligible Disease Component	Allocation (US\$)	Allocation Utilization Period
HIV	26,926,654	16 March 2021 to 31 July 2024
Tuberculosis	20,556,048	16 March 2021 to 31 July 2024
Malaria	4,156,410	16 March 2021 to 31 July 2024
<b>Total</b>	<b>51,639,112</b>	

#### 4.2.4 Catalytic Investments

In addition to the funds for country allocations, TGF uses Catalytic Investments to support programs, activities and strategic investments that are not adequately accommodated through country allocations but that are essential to achieve the aims of TGF Strategy 2017-2022 and global partner plans.

For the 2020-2022 cycle, Catalytic Investments comprise:

- Matching funds to incentivize the programming of country allocations for specific priority areas;
- Multi-country approaches for critical, pre-defined areas that span National borders; and
- Strategic initiatives that are needed to support the success of country allocations but cannot be funded through country grants.

#### **Matching Fund**

Matching funds are designed to inspire ambitious programming approaches driven by evidence, to maximize impact in specific strategic priority areas. They require applicants to meet specific programmatic and financial conditions to access this additional funding. Matching funds are designated to specific countries, for specific priority areas. This information is indicated in their allocation letter.

The Allocation Letter received by CCM Nepal in December also stated that Nepal is eligible for additional catalytic matching funds beyond the allocation amount. US\$1,100,000 may be accessed for the Human Rights priority area. As per the instruction, CCM Nepal submitted an integrated funding application including interventions for both the total matching fund amount as well as the matched allocation amount. In the 2020-2022 funding cycle there is no separate matching funds application form; CCM Nepal describe within their funding application how they have met the programmatic and financial conditions tied to their matching funds award. TRP assessed how well CCM Nepal has met the conditions and make Matching Funds recommendations while reviewing the funding request



#### 4.2.5 The Allocation Letter

After eligibility, allocation and catalytic investment decisions have been made, the Allocation Letter is sent to the Country Coordinating Mechanism from the Global Fund.

As well as sharing the country's overall allocation amount, the Allocation Letter includes an indication of:

- The suggested program split of how the allocated funds could be divided between each disease component;
- Detailed co-financing requirements to access the full allocation amount;
- The recommended Application Approach; and
- Country-specific messages with considerations related to the focus of the allocation funding

CCM Nepal received Allocation Letter from the Global (in annex) with following information:

- Nepal has been allocated US\$51,639,112 for HIV, tuberculosis, malaria and building resilient and sustainable systems for health (RSSH). TGF has proposed an indicative split of funds across eligible disease components (US\$26,926,654 for HIV, US\$20,556,048 for TB and US\$4,156,410 for Malaria) stating that CCM has the responsibility to assess and propose the best use of funds across these disease components and related investments in the health system.
- All countries are expected to
  - i. progressively increase overall health spending in accordance with recognized International declarations and National strategies and
  - ii. Progressively take on key program costs, including those currently financed by the Global Fund.

In addition, 20% of Nepal's allocation is a co-financing incentive, accessible only when Nepal makes and realizes additional domestic commitments targeted as per the requirements of the Sustainability, Transition, and Co-Financing (STC) policy.

- Nepal was requested to submit its applications for funding using the Full Review funding request. It was requested to share a complete set of application materials to TGF country team. It was suggested to develop funding applications through inclusive and transparent country dialogue with a broad range of stakeholders including key and vulnerable populations.
- It was requested to develop a Prioritized above Allocation Request (PAAR) and submit this along with the allocation funding request.

#### 4.2.6 The Five Application Approaches

The application approaches are designed to allow funding applications to be developed more efficiently, so greater time can be spent implementing grants. For the 2020-2022 Allocation Period, there are five different funding application forms:

1. Program Continuation enables well-performing programs which require no significant changes to continue implementation with minimal distraction.
2. Tailored for National Strategic Plans has documentation requirements which rely primarily on suitable National strategic plans referenced in place of the funding application narrative.



3. Tailored for Transition is suitable for countries approaching transition from Global Fund financing which are building sustainable programs with decreasing Global Fund support.
4. Full Review applications are a comprehensive overall review of a program's approach and strategic priorities.
5. Tailored for Focused Portfolios is an application which is streamlined and designed to meet the needs of countries with smaller funding amounts and disease burden, and to ensure targeted investments have the greatest impact.

As per the instruction on Allocation Letter sent by TGF, CCM Nepal developed full review applications and submitted them to TGF on August 2020.

#### **4.2.7 Portfolio Categorized**

TGF uses three portfolio categories to ensure that operational policies and processes reflect contextual needs for countries. These categories are updated every allocation period based on the allocation amount, the disease burden, and strategic impact of the country.

- Focused Portfolios are generally smaller portfolios, with a lower disease burden, and a lower mission risk.
- Core Portfolios are generally larger portfolios, with a higher disease burden, and a higher mission risk.
- High Impact Portfolios are generally very large portfolios with mission critical disease burdens.

TGF also use two cross-cutting classifications to further differentiate portfolios:

- Challenging Operating Environments are countries or regions with complex natural or manmade crises and instability.
- Transitioning components are those that are approaching transition from receiving funding from the Global Fund.

As per Operation Policy Manual of TGF for 2020-2022 allocation cycle, Nepal is categorized as country with core portfolio.<sup>16</sup>

### **4.3 Developing the Funding application**

#### **4.3.1 Confirming Program Split**

After eligibility, allocation and catalytic investment decisions are made, TGF sent the Allocation Letter to the Country Coordinating Mechanisms.

CCMs have the flexibility to revise the allocation between eligible disease components and sustainable health systems activities to better suit the country context. During country dialogue, the CCM uses a documented and inclusive process to determine how they wish to split the funding. CCMs are encouraged to decide up front how the process will work, set up meetings to determine the program split, and ensure discussions are data-based and include representatives for health systems. TGF recommends that at minimum the Programmatic Gap Table is updated before program split is discussed to ensure the discussion is informed by recent data. The CCM must endorse the proposed split and submit this to TGF before the first funding application is submitted. The program split can continue to be revised until grants are approved

## A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



by the Board, provided the CCM discusses and votes on any new split and submits an updated program split confirmation.<sup>14</sup>

CCM Nepal received allocation letter from TGF dated 16<sup>th</sup> December 2019 avowing US\$51,639,112 been allocated to Nepal for HIV, TB, Malaria and building Resilient and Sustainable Systems for Health (RSSH) for next grant cycle 2021-2024. The funding split for three diseases is mentioned below:

Eligible Disease Component	Allocation (US\$)	Allocation Utilization Period
HIV	26,926,654	16 March 2021 to 31 July 2024
Tuberculosis	20,556,048	16 March 2021 to 31 July 2024
Malaria	4,156,410	16 March 2021 to 31 July 2024
<b>Total</b>	<b>51,639,112</b>	

### Agreement on Funding Split and Submission Window

The 108<sup>th</sup> CCM Nepal meeting was called on 16<sup>th</sup> December 2019, at which it was agreed to prepare and submit the funding application for the 2021-2024 funding cycle in the last submission window i.e. August 2020.



*Photo: CCM members and alternatives agreeing to prepare and submit the funding application for grant cycle 2021-2024 in last window (August 2020) during the 108<sup>th</sup> CCM Meeting*



Likewise, an extended CCM Nepal Executive Committee meeting including directors of three government entities was held on 19<sup>th</sup> December 2019 and was agreed on the funding split and final submission window (Program Split Confirmation Letter in Annex).



*Photo: CCM Nepal Executive Committee members, government entities and PR agreeing on funding split and final submission window during Extended Executive Committee meeting*

#### **4.3.2 Country Dialogue Process before development of funding application 2021-2024**

An ongoing participatory and inclusive country dialogue process must form part of the grant lifecycle, from funding application development and throughout implementation. The findings and conclusions of this ongoing dialogue should be reflected in the submitted funding request. Prospective Principal Recipients are involved in the development of the funding application in order to ensure the resulting request can be implemented. It is also expected that meaningful community engagement is ensured throughout the grant lifecycle including during the differentiated funding application processes, grant-making and oversight of grant implementation. TGF Secretariat shares with the applicant implementation issues that need to be addressed in the funding request, as well as relevant regional and country analysis with the aim of informing the country dialogue process to prioritize highest impact interventions based on epidemiological context and guidance from technical partners, and clarifying relevant policies and processes.<sup>16</sup>

After receiving allocation letter from TGF on December 2019 stating US\$51,639,112 been allocated to Nepal for HIV, TB, Malaria and building Resilient and Sustainable Systems for Health (RSSH) for next grant cycle 2021-2024, CCM meeting (16<sup>th</sup> December 2019) followed by CCM Nepal Executive Committee Meeting (19<sup>th</sup> December 2019) were called. It was agreed to prepare and submit the funding application in August 2020. For transparent and inclusive funding application development, CCM Nepal initiated country dialogue process. It was also decided to conduct CDP and NSP review simultaneously.





## Dissemination of Information on the CDP and Funding application Development

On 8th January 2020, Oversight Committee meeting was organized where OC members were updated on TGF's New Funding Allocation for Nepal for funding cycle 2021-2024.



*Photo: CCM Nepal Oversight Committee members being updated on New Funding Allocation for Nepal for funding cycle 2021-2024*

On 3rd February 2020, TGF Portfolio Manager had meeting with Hon'ble Minister and Chief, Coordination Division at MoHP, at which the national priorities on HIV, TB and Malaria and way forward were discussed. Furthermore, another meeting was conducted, at which TGF Portfolio Manager briefed CCM Nepal Members on the process and content of proposal development.



*Photo: Discussing on national priorities for three diseases during meeting between Hon'ble Minister, Chief, Coordination Division at MoHP and TGF Portfolio Manager*



*Photo: TGF Portfolio Manager briefing Chief, Coordination Division at MoHP and CCM Nepal Members on process and content of proposal development*



National Networks meeting was conducted in 7th January 2020, at which focal person from networks were updated on TGF board's funding decision for Nepal and Prioritized Above Allocation Request (PAAR).



*Photo: CCM Nepal Vice-Chair briefing focal person from National Networks on New Funding Allocation for Nepal for funding cycle 2021-2024 and PAAR*

## Formation of Core Team and Task Team

CCM Nepal Executive Committee meeting held on 12<sup>th</sup> February 2020 formed a Core Task Team<sup>1</sup> to lead the overall Country Dialogue Process.

The 1<sup>st</sup> Core Task Team meeting held on 10<sup>th</sup> March 2020 formed Disease Specific Task Teams, which to be over sighted by the respective Program Directors. The Disease Specific Task Teams are responsible for the development of the respective disease funding application and consultations at Palika, Province, and National levels.



*Photo: Core Task Team meeting discussing on formation of disease specific task team*

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<sup>1</sup> The Core task team was led by Chief of Health Coordination Division of MoHP and comprised of 11 members including CCM Nepal (Vice-chair representing PLWD constituency and CCM members representing KP and CSO-NGO constituency), directors of NCASC, NTCC and EDCD, representatives from ML/BL partens (UNAIDS, WHO and USAID) and PR (an invitee member).

## Country Dialogue Process in COVID-19 Situation

Coronavirus disease (COVID-19) outbreak originating from Wuhan, China in late 2019 has spread worldwide claiming many lives all over the world. On 11<sup>th</sup> March 2020, the World Health Organization (WHO) declared it as a pandemic.<sup>20</sup>

The COVID-19 pandemic becomes a serious global health threat. The whole world was affected by the COVID-19 pandemic and Nepal was not the exception. The Government of Nepal announced 1<sup>st</sup> nation-wide lockdown which came into effect on 24<sup>th</sup> March 2020, and ended on 21<sup>st</sup> July 2020, prohibiting domestic and International travels, border closures and closure of non-essential services.<sup>21</sup>

COVID-19 pandemic situation and nation-wide lockdown added further challenges to conduct consultation meetings smoothly. With zeal to develop inclusive and transparent funding request, CCM Nepal followed all steps of CDP taking boon of technology and conducted virtual consultation whenever physical consultation was not possible.

Core Task Team meeting was organized on 12<sup>th</sup> March 2020, at which "Response to COVID-19 in Nepal" focusing on three diseases were discussed.



*Photo: Core Task Team discussing on response to COVID-19 in Nepal*

In the meantime, Government of Nepal announced 1<sup>st</sup> nationwide lockdown, effective from 24<sup>th</sup> March 2020. This caused a bit of confusion in the CDP raising a big question on timely submission of inclusive and transparent funding applications meeting the deadline of August 2020.

The virtual Core Task Team meeting was held on 3<sup>rd</sup> April 2020, at which it was decided to carry on the consultation meetings virtually using various means of communication, such as Skype, WhatsApp, Viber, Zoom, Google Meet, SMS, phone calls and e-mails. This was also based on TGF's guidance suggesting not to proceed with physical interactions during the COVID-19 pandemic. General guidelines were prepared on conducting virtual consultation and shared with the National Networks.





#### 4.3.2.1 Country Dialogue Process- HIV Program

Review of national strategic plan is essential to measure progress, identify gaps and priorities for the development of funding request. Nepal has National HIV Strategic Plan 2016-2021, which underwent review.

#### Foundation and Preparation for NHSP Review

- A meeting with HIV stakeholders was called on 27<sup>th</sup> December 2019, at which it was decided to prepare a National HIV Strategic Plan (NHSP) as part of the CDP, and to assign one focal point from the Ministry of Health and Population (MoHP) (Ms. Yeshoda Aryal, SPHA, MoHP) for both the CDP and NHSP review.
- Preparatory meeting on NHSP Review was conducted on 27<sup>th</sup> December 2019, at which it was agreed to form a Core Team to review the NHSP under six thematic areas (Lab, Prevention, Treatment, RSSH, SI and Supply Chain) and decided to recruit six thematic consultants and an International consultant to lead the review. Focal points for each theme were endorsed to support the thematic consultant.
- Stakeholders meeting was conducted on 10<sup>th</sup> January 2020 to update progress on the NSP review of the three diseases and planning for provincial level CSO (KP and PLHIV) consultation meetings. It was also decided to hold provincial CSO-KP and PLHIV level consultations from 13<sup>th</sup> January 2020, to be conducted by CCM Executive Committee and supported by SCI-TGF and FHI 360/LINKAGES Nepal.
- On 24<sup>th</sup> January 2020, a meeting was conducted at which the roadmap of the National HIV Strategic Plan (NHSP) review and country dialogue were prepared, and the budget for NHSP review and country dialogue were estimated.
- National Consultants were finalized for Lab, Treatment, RSSH and PSM on the meeting held on 28<sup>th</sup> January 2020.

Date	Meeting	Topic/decisions
27-Dec-19	Meeting with HIV stakeholders	Decided to prepare a National HIV Strategic Plan (NHSP) as part of the country dialogue process (CDP), and to assign one focal point from the Ministry of Health and Population (MoHP) (Ms. Yeshoda Aryal, SPHA, MoHP) for both the CDP and NHSP review.
27-Dec-19	Preparatory meeting on NHSP Review	<p>Agreed to form a Core Team to review the NSP under 6 thematic areas (Lab, Prevention, Treatment, RSSH, SI and Supply Chain).</p> <p>Decided to recruit 6 thematic consultants and an International consultant to lead the review. Focal points for each theme were endorsed to support the thematic consultants (see annex for detailed information).</p>

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Date	Meeting	Topic/decisions
10-Jan-20	Stakeholders meeting	<p>Progress update on the NSP review of the three diseases and planning for provincial level CSO (KP and PLHIV) consultation meetings.</p> <p>Decided to hold provincial CSO-KP and PLHIV level consultations from 13<sup>th</sup> January 2020, to be conducted by CCM Executive Committee and supported by SCI-TGF and FHI 360/LINKAGES Nepal.</p>
24-Jan-20	Update on the NHSP review Roadmap meeting	Prepared the roadmap of the National HIV Strategic Plan (NHSP) review and country dialogue, and estimated the budget for NHSP review and country dialogue.
28-Jan-20	NHSP review thematic consultant finalization meeting	National Consultants were finalized for Lab, Treatment, RSSH and PSM.

### NHSP Review

For NHSP review process, six national thematic consultants were on board from 14<sup>th</sup> February 2020. Under the leadership of NCASC, six national thematic consultants along with an International Consultant completed NHSP review, which took place between March and July 2020. On the very first meeting with HIV stakeholders it was decided to prepare National HIV Strategic Plan (NHSP) as part of the country dialogue process. Series of meeting were conducted for NHSP review. After vigorous document review and consultation meetings, write up of new strategic plan for HIV kicked off. The funding application for HIV program were developed based on draft of new NHSP.

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Date	Meeting	Topic/decisions
14-Feb-20	NHSP Review kick-off meeting	<p>Introduction of NCASC and Thematic consultants. Plan of NHSP review was shared.</p> <p>NCASC agreed to support the overall process with guidance and information.</p>  <p><i>Photo: Core Team for NHSP review and Consultants discussing on timeline for NHSP and plan of National Thematic Consultants visit at the provincial level during the meeting</i></p>
04-Mar-20	NHSP core task team and consultant meeting	<p>Progress update by the consultants and discussion of ways forward.</p> <p>Task team gave feedback on the review timeline and guidance on consistency in the thematic reports.</p>
08-Jul-20	Consultative meeting on NHSP thematic review findings	<p>Main findings of thematic review were shared and the requirements to improve quality of HIV - treatment, care and support in HIV grant further discussed.</p>
19-Jul-20	Consultative meeting on NHSP thematic review findings	<p>Prevention and Strategic Information findings were reviewed.</p> <p>The team gave feedback on the gaps and made further recommendations.</p>



## Formation of Core Task Team and HIV Task Team

- A Core Task Team was formed to lead the process of the funding application development for HIV, TB and Malaria program for TGF grant cycle 2021-2024.
- The 1<sup>st</sup> Core Task Team meeting held on 10<sup>th</sup> March 2020 formed Disease Specific Task Teams including HIV Task Team to be oversighted by NCASC director. It was responsible for the development of the funding application as well as consultations at Palika, Province, and National levels for HIV program.

## Meetings of the Core Task Team

Core task team conducted series of meeting leading the overall CDP and funding application development.

Date	Meeting	Topic/Decision
12-Mar-20	Core Task Team Meeting on response to COVID19	Discussed on "Response to COVID-19 in Nepal" focusing on three disease
03-Apr-20	Core Task Team meeting (virtual meeting).	Taking into account the COVID-19 situation and TGF's guidance, it was agreed to carry on the country dialogue process virtually. Guidelines on conducting virtual consultations were discussed (primarily based on the previously discussed HIV consultation guidelines).
20-May-20	Core Task Team meeting	The Government committed to co-finance 20% to access the TGF grant, as well as the matching fund of the catalytic fund. It was decided to call an Executive Committee meeting in the near future to thoroughly discuss the donors working on the three diseases in Nepal.
26-Jun-20	Core Task Team meeting	Three diseases updated their respective CDP and funding applications. It was decided to speed up the CDP to meet the August 2020 window for the funding application submission.  Decided to hold a meeting for the three diseases on cross-cutting RSSH, private sector engagement and Human Rights & Gender in July.
13-Aug-20	Core Task Team meeting	CCM Nepal shared a timeline to be followed to be able to submit the funding application to TGF on 30 <sup>th</sup> August 2020. All three diseases shared their progress so far and shared their alignment with the timeline.

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Photos: Meetings of Core Task Team

### Meetings of HIV Task Team

HIV Task Team conducted series of meeting leading the CDP and funding application development for HIV program. The team also updated the Core Task Team about progress made so far.

Date	Meeting	Topic/Decision
19-Mar-20	1 <sup>st</sup> HIV Task Team <sup>2</sup> meeting	<p>Team members were updated about the formation of different committees to proceed the funding application process.</p> <p>The draft HIV consultation guidelines were finalized, and proposal writing was discussed</p>

<sup>2</sup> HIV Task Team was formed by Core Task Team on 10<sup>th</sup> March 2020, which was responsible for the development of the HIV funding application and consultations at Palika, Province, and Federal levels. The team comprised of total ten representatives including CCM Nepal (Vice- Chair cum PLWD-HIV Constituency and CCM members representing CSO and KP), director and focal persons from NCASC, ML/BL (WHO, UNAIDS, USAIDS), and PR.



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03-May-20	HIV Task Team meeting	<p>Discussion on the way forward for the provincial consultations.</p> <p>Agreed to hold virtual provincial consultations from 15th May 2020.</p> <p>Consultants for the HIV proposal writing were finalized.</p>
31-May-20	HIV Task Team meeting	Discussed details of the presentation prepared for the provincial consultation meetings, and the consultation dates. Decided to set 10th June for the start of the provincial consultations
24-Jun-20	HIV Task Team meeting	<p>Updated the Core Task Team on the progress of the CDP and NHSP revision, and discussed further plans for the country level consultations.</p>  <p><i>Photo: HIV task team discussing on plan and priority for country level consultation</i></p>
21-Jul-20	HIV Task Team meeting on Funding Alignment	Discussed creating a common consensus and commitment among implementing partners on funding alignment for the upcoming years. However, due to the absence of one of the key implementing partners, the discussion was further extended to 23 <sup>rd</sup> July 2020.
23-Jul-20	HIV Task Team meeting on Funding Alignment, follow up meeting	Discussed about common consensus and commitment among the implementing partners on funding alignment for the upcoming years. Conclusion

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		<p>PLHIV, Migrant and PWID component would be covered by Global Fund Support; FSW and MSM.TG would covered by PEPFAR and Prison component would be cover by AHF following the standard service package guided by National HIV strategic Plan.</p> <p>Prioritization workshop as a part of Global Fund's Proposal development process would be conducted on 30 July 2020. The workshop will be facilitated by CCM Nepal. NCASC will present the SSP and the findings of NHSP 20162021 revision process would be shared to the participants.</p>
10-Aug-20	HIV Task Team meeting/Funding Alignment meeting	<p>Building consensus and commitment among the implementing partners on funding alignment for the upcoming years.</p> <p>Update on the progress of the HIV proposal development process.</p>

## Community Consultation:

**CCM Nepal works very closely with National Network. There are eight National Networks for HIV program representing the key populations, which is mentioned below:**

S.N.	Name of National Networks	Component
<b>1</b>	National Migrant Network against HIV AIDS and SRHR (NMNHAS)	<b>Migrant</b>
<b>2</b>	Recovering Nepal (RN)	<b>PWID</b>
<b>3</b>	National NGOs Network Group Against AIDS (NANGAN)	<b>PLHIV</b>
<b>4</b>	National Association of People Living with HIV/AIDS in Nepal (NAP+N)	<b>PWID</b>



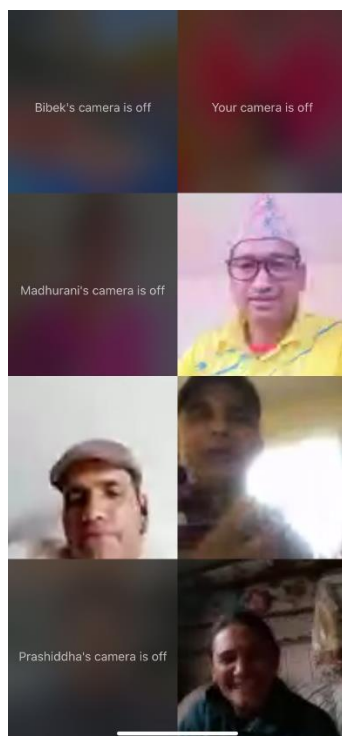
S.N.	Name of National Networks	Component
5	Nepal Prison Health Society (NPHS)	<b>Prison</b>
6	Recovering Nepal (RN) Women	<b>PWID Women</b>
7	Federation of Sexual and Gender Minorities Nepal (FSGMN)	<b>TG, MSW</b>
8	Jagriti Mahila Maha Sangh (JMMS)	<b>FSW</b>

***Taking into account of crucial role of National Network, they were mobilized for community level consultation for HIV program. Series of meeting were conducted.***

- Workshop on Community Rights and Gender (CRG) in Nepal was conducted on 26<sup>th</sup> February 2020. The platform was used to share information with Key Populations, National Network focal persons and other stakeholders on funding application development for the grant cycle 2021-2024 and the upcoming country dialogue process, as well as the importance of community rights and gender (CRG) concepts, and to prepare for the community consultations.
- Sharing meeting was conducted on 13<sup>th</sup> March 2020 at which, National networks were updated on TGF funding application
- On 4<sup>th</sup> April 2020, a meeting with National Networks was called at which they were informed to conduct virtual consultative meetings using feasible means of communication such as, Skype, WhatsApp, Viber, Zoom, Google Meet, SMS, Phone Call, E-mails, considering the COVID-19 pandemic situation, General guidelines on virtual consultations were shared with the National Networks.
- Consequent meeting was organized on 9<sup>th</sup> April 2020 at National Networks were updated on the budget for community consultation and the process of community consultation and timeline were discussed.
- National Networks conducted virtual community consultation in all seven provinces during April-May 2020. After the consultation meeting, they submitted detail report of community level consultation to CCM Nepal.



## A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



*Photos: National networks conducting virtual consultations at community level*

### Provincial Level Consultation

#### Provincial Civil Society Engagement Consultation meeting

Before COVID-19 situation in Nepal, CCM Nepal successfully conducted Civil Society Engagement consultations in five provinces to foster harmony and solidarity among Civil Society (CS) and Key Population (KP) community members in the provinces and to build an understanding about HIV, TB, and Malaria epidemiology, National Strategic Plan and TGF. CCM members representing KP and CSO, KP along with representatives from networks working in respective Provinces participated in the meeting.

## A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



Photo: Group photo session at the end of Provincial Level Civil Society Engagement consultation meeting in Sudurpaschim Province



Photo: Participants discussing for group work during Provincial Level Civil Society Engagement consultation meeting in Karnali Province



Photo: Participants engaged in group work during Provincial Level Civil Society Engagement consultation meeting in Lumbini Province



Photo: Group photo session at the end of Provincial Level Civil Society Engagement consultation meeting in Gandaki Province



Photo: Participant presenting group work during Provincial Level Civil Society Engagement consultation meeting in Bagmati Province



Photo: Group photo session at the end of Provincial Level Civil Society Engagement consultation meeting in Bagmati Province


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Date	Meeting	Topic/decisions
13-Jan-20	CS and KP Consultation	Sudurpaschim Province
15-Jan-20	CS and KP Consultation	Karnali Province
17-Jan-20	CS and KP Consultation	Lumbini Province
19-Jan-20	CS and KP Consultation	Gandaki Province
27-Feb-20	CS and KP Consultation	Bagmati Province

### Provincial Consultations with Government Stakeholders

Provincial level consultation was conducted virtually under the leadership of NCASC. The attendees of the provincial consultation meeting were representatives from Ministry of Social Development, Provincial Health Directorate, Provincial Labs, Provincial Training centre, provincial hospitals, ART centres, some health Offices of districts and local level representatives

Date	Meeting	Topic/decisions
24-May-20	Meeting with provincial MoSD Public Health Unit	Chief-policy, Planning, Law, Public Health Division, MoSD of 7 Provinces discussed the modality for provincial level consultative meetings and received suggestions/feedback from province focal points. Decided to send all province focal points an official letter regarding the consultative meetings from the respective entities (NCASC, EDCD and NTCC) with dates for the consultations to be communicated with them soon.
14-19 Jun-20	Provincial level consultation meetings in all seven provinces	 <p><i>Photo: Virtual consultation at provincial level led by NCASC</i></p>



## National Level Consultation: National Level Engagement

Once community level consultations, provincial CS engagement consultation, and provincial level consultations were accomplished, the National level engagement for the NSP review and CDP was initiated. Series of meeting was conducted with different stakeholders at national level.

Date	Meeting	Topic/decisions
25-Jun-20	National Level consultation with National Networks on RSSH	National Network focal points gave inputs on how to ensure CSS/RSSH under Universal Health Coverage (UHC).
15,16,17,29-Jun-20	Young Key Populations consultation	Discussed how to address barriers and increase access to HIV prevention and care services for the Young Key Populations (YKP) in Nepal in the upcoming funding cycle of TGF.
02-Jul-20	Meeting on Cross Cutting Issues among the three diseases	Discussed catalytic fund, financial landscape and financial gaps, and TB-HIV collaboration. COVID-19 was noted as a cross-cutting issue for TB-HIV-Malaria. Discussed how to synergize RSSH, private sector engagement, human rights barriers to the disease services in the funding applications.
03-Jul-20	CABA consultation	Discussed how to address health and social security needs of Children Affected by AIDS (CABA) in Nepal.
08-Jul-20	Treatment Care and Support National TWG meeting	Shared the main findings of NHSP review in TCS thematic area and discussed further the requirements to improve quality of HIV - treatment, care and support in HIV grant.
9-Jul-20	Workshop on Resilient & Sustainable Systems for Health	Discussed on current RSSH related interventions from different implementing partner; Identified the key RSSH gaps especially related to HIV, TB and Malaria programs in Nepal and Discuss on the possible areas of RSSH activities to be included in the next funding application of HIV, TB and Malaria.
16-Jul-20	Human Rights and Gender related Barriers (HRGRB)	All constituencies, three disease entities, bilateral/multilateral implementing partners, and consultants discussed priorities for the TGF Proposal.



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Date	Meeting	Topic/decisions
19-Jul-20	Consultation Meeting on HIV Strategic Information Area	Shared the findings of the NSHP review on this theme from the consultant and discussed additional gaps and activities required to reach the global target and end the HIV epidemic and strengthen the SI system.
19-Jul-20	HIV Prevention Thematic area Consultative Meeting	Shared the findings of the NSHP review from the consultant; and discussed additional gaps in NHSP and recommendations for TGF funding application 20212024.

### Application Writing Process

Funding application for HIV program was drafted by national and international consultant considering the findings from NHSP review, CDP, recent studies and other guiding documents. The “HIV Task Team” worked together with the consultants for the entire period through providing information, resources and national situation in making of funding request.

- A meeting between the writing consultant and MoHP was organised on 30th July 2020, at which special arrangements that need to be incorporated in the TGF proposal to support the MoHP/CCM agenda of strengthening MoHP capacity to take on the PR role in future grant cycles was discussed.



Photo: Meeting with writing consultant for developing fund request application for HIV program

## A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



- A three-day meeting was held from 11-13th August 2020, at which NCASC and HIV proposal writing consultants provided the first final draft of the proposal with costing and prioritization of interventions as recommended during the consultative process.



Photo: Discussing on draft of funding application for HIV program

- Meeting on Synergies among Three Diseases through their National Program Intervention (RSSH)-TGF 2021-2024 was held on 17th August 2020, at which the possible areas of collaboration were explored to bring synergy among three diseases and the following decisions were made:
  - Decided to share 50-50 cost between TB and HIV for periodic TB-HIV coordination meeting at central level and preparation of TB-HIV collaboration guideline;
  - Decided to collaborate with TB and Malaria program on the screening and testing of migrants for HIV at nine transits;
  - The maintenance cost for GeneXpert will be cost shared between HIV and TB;
  - Storage and distribution capacity assessment will be costed under HIV while if substantial improvement is required in each component then cost will be shared;
  - Procuring dedicated autoclave for waste management is currently planned for three labs in three provinces under the HIV and more autoclave machines will be put under the PAAR by other two diseases each;
  - TA at HMIS, other logistic and M&E HR will be cost shared by three diseases.
  - Overall community-based monitoring and community system strengthening can be integrated among all three diseases.
  - The team agreed to be able to synergize while implementing.





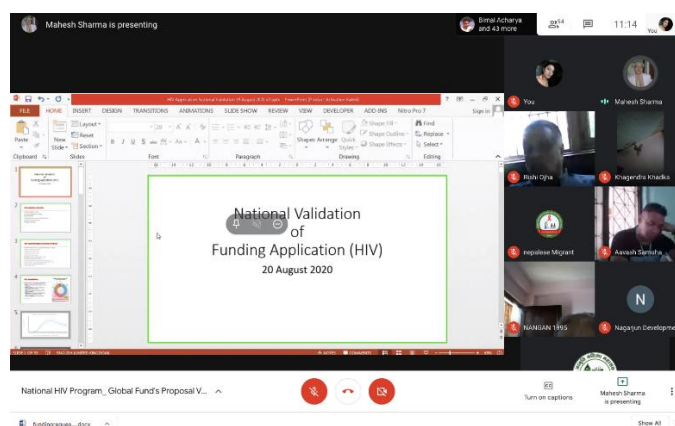
## Prioritization, Validation and Endorsement

- Prioritization workshop for HIV program was conducted on 2<sup>nd</sup> August 2020 where government, LFA, BL/ML, National Networks and KPs and implementing partners prioritized the recommendations received from different levels of consultation, as part of country dialogue process.



*Photo: Participants discussing during prioritization workshop for HIV program*

- The national validation workshop for HIV program was organized virtually on 20<sup>th</sup> August 2020 focusing on the summaries coming from the series of consultations at different level from community-provincial to federal in order to come to a consensus on the national priorities and, in so doing, reflect a bottom-up approach. Representatives from MoHP and NCASC, CCM members, PR, National networks, key populations, ML/BL and implementing partners reviewed and ensured whether the proposal is prepared and prioritized as per the recommendations from different levels of country dialogue or not.



*Photo: National Consultant presenting the updated draft of funding application for HIV program during virtual validation workshop for HIV program. The floor was opened for discussion after the presentation.*

- On 24<sup>th</sup> August 2020, the funding applications for HIV, TB and Malaria were presented in CCM Nepal meeting and inputs were collected and incorporated. The final draft of funding application was electronically endorsed by all the CCM members and alternatives.



Despite COVID-19 pandemic situation, CCM Nepal successfully completed transparent and inclusive CDP and submitted funding applications to TGF in August 2020 within the deadline.

#### **4.3.2.2 Country Dialogue Process- TB Program**

After receiving allocation letter from TGF on December 2019, CCM meeting (16<sup>th</sup> December 2019) followed by CCM Nepal Executive Committee Meeting (19<sup>th</sup> December 2019) were called. It was agreed to prepare and submit the funding application for the 2021-2024 funding cycle in August 2020. For transparent and inclusive funding application development, CCM Nepal initiated country dialogue process.

Furthermore, Oversight Committee members were updated on TGF's New Funding Allocation for Nepal for funding cycle 2021-2024 (8<sup>th</sup> January 2020). On 3<sup>rd</sup> February 2020, TGF Portfolio Manager had meeting with Hon'ble Minister and Chief, Coordination Division at MoHP, at which the national priorities on HIV, TB and Malaria and way forward were discussed. Furthermore, another meeting was conducted, at which TGF Portfolio Manager briefed CCM Nepal Members on the process and content of proposal development.

It was agreed to conduct consultation meetings for NTSP review and CDP simultaneously.

#### **NTSP Review**

Review of national strategic plan is essential for development of funding request. Nepal has National Strategic Plan for Tuberculosis Prevention, Care and Control 2016-2021, which underwent review. Consultation meetings for review and country dialogue process were conducted simultaneously. NTCC led NTSP review, which took place between February to July 2020. After vigorous document review and consultation meetings, write up of new strategic plan for TB kicked off. The funding application for TB program was developed based on draft of new NTSP.

#### **Foundation and Preparation Meetings for NTSP Review and TGF's Request Development Process**

- A planning meeting for Consultation and Country Dialogue for National TB Strategic Plan (2021-2025) was conducted on 13<sup>th</sup> January 2020 where ways forward for consultation and CDP were discussed and decided to start CDP from 9<sup>th</sup> February 2020.
- On 14<sup>th</sup> January 2020, consultative meeting for the NSP (2021-2025) prioritization and TGF funding application was conducted and guidelines and reporting formats were developed.

#### **Formation of the Core Task Team and TB Task Team**

- CCM Nepal Executive Committee meeting was conducted on 12<sup>th</sup> February 2020 and a core task team was formed to lead the process of the funding application development for HIV, TB and Malaria program for TGF grant cycle 2021-2024.
- The 1<sup>st</sup> Core Task Team meeting held on 10<sup>th</sup> March 2020 formed Disease Specific Task Teams including TB Task Team to be oversighted by NTCC director. It was responsible for the development of the funding application as well as consultations at Palika, Province, and National levels for TB program.



- Task team formation meeting was held on 17<sup>th</sup> March 2020, at which nominee for TB task team was finalized and was planned to conduct 1st meeting on funding application development on 27<sup>th</sup> March 2020.

## COVID-19 Pandemic Situation

Like other countries, Nepal was also affected by the global pandemic situation. The 1<sup>st</sup> nation-wide lockdown was announced and came into effect on 24<sup>th</sup> March 2020, and ended on 21<sup>st</sup> July 2020. <sup>21</sup> Fortunately, TB team has completed majority of community and provincial consultations before COVID-19 hit Nepal harder and nation-wide lockdown in its response. Remaining consultations were conducted virtually.

The virtual Core Task Team meeting was held on 3<sup>rd</sup> April 2020, at which it was decided to carry on the consultations virtually using various means of communication, such as Skype, WhatsApp, Viber, Zoom, Google Meet, SMS, phone calls and e-mails. This was also based on TGF's guidance suggesting not to proceed with physical interactions during the COVID-19 pandemic. General guidelines were prepared on conducting virtual consultation and shared.

## Meeting of the Core Task Team related to COVID-19 situation

Date	Meeting	Topic/Decision
03-Apr-20	Core Task Team meeting (virtual meeting)	Taking into account the COVID-19 situation and TGF's guidance, it was agreed to carry on the country dialogue process virtually. Guidelines on conducting virtual consultations were discussed.

## Core Task Team Meeting

Core task team was responsible for the development of the funding application as well as consultations at Palika, Province, and National levels for TB program. The team conducted meeting on co-fincinaing, and also provided support and guidance to TB Task Team.

Date	Meeting	Topic/Decision
20-May-20	Core Task Team meeting	The Government committed to co-finance 20% to access the TGF grant, as well as the matching fund of the catalytic fund. It was decided to call an Executive Committee meeting in the near future to thoroughly discuss the donors working on the three diseases in Nepal.
26-Jun-20	Core Task Team meeting	Three diseases updated their respective CDP and funding applications. It was decided to speed up the

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Date	Meeting	Topic/Decision
		CDP to meet the August 2020 window for the funding application submission.  Decided to hold a meeting for the three diseases on cross-cutting RSSH, private sector engagement and Human Rights & Gender in July.
13-Aug-20	Core Task Team meeting	CCM Nepal shared a timeline to be followed to be able to submit the funding application to TGF on 30 <sup>th</sup> August 2020. All three diseases shared their progress so far and shared their alignment with the timeline.

### Meetings of TB Task Team

Series of TB task team<sup>3</sup> meeting was conducted leading the prose of preparing funding application for TB program.

Date	Meeting	Topic/Decision
10-April-2020	TB Task Team Meeting	Team members were updated about the formation of different committees to proceed the funding application process. Guideline for the funding application process to TGF for the next grant cycle 2021-2024 was briefed. The country dialogue process including the NTSP revision followed by NTCC so far was updated. Decided to hire consultants to write the Global Fund's Proposal.
01-June-2020	TB Task Team Meeting	Updated that NSP costing will be completed within a week. Fund gap analysis was done. Updated that total 45 consultative meetings were completed which were held at community, provinces, and National level. Updated that National consultant is already on board, whereas, International consultant is onsite and waiting for the process to furthered and in place to starting boarding for the proposal writing process. Discussed on timeline preparation of funding application

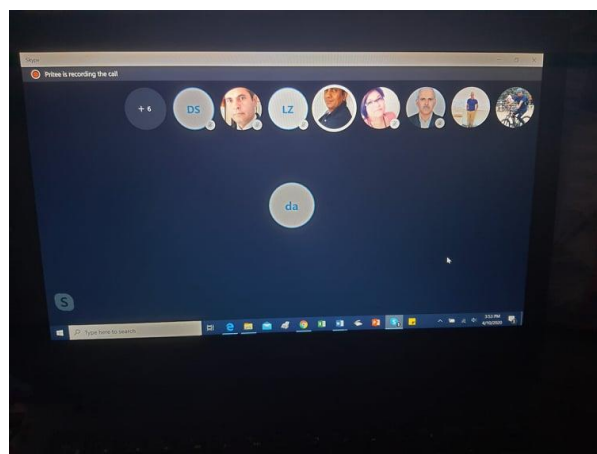
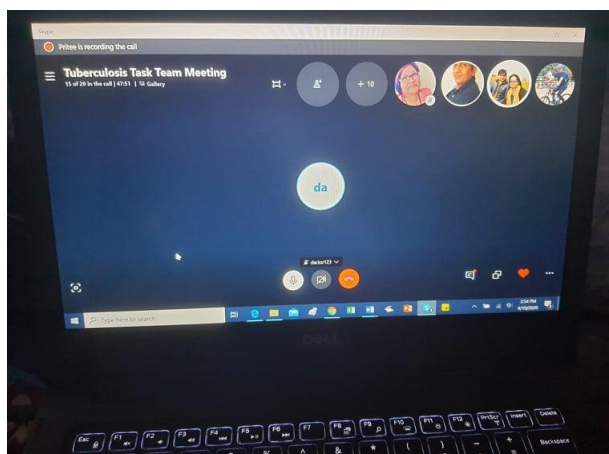
<sup>3</sup> TB Task Team was formed by Core Task Team on 10<sup>th</sup> March 2020, which was responsible for the development of the TB funding application and consultations at Palika, Province, and Federal levels. The team comprised of total 15 representatives from director and focal persons from NTCC, CCM Nepal (CCM member and alternative member representing PLWD-TB), ML/BL (WHO) and PR.

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Date	Meeting	Topic/Decision
12-18-July-2020	TB Task Team Meeting	Discussed on funding application development for TB program
3-8-Aug-2020	TB Task Team Meeting	Updated on NTSP review and discussed on funding application development for TB program
12-Aug-2020	TB Task Team Meeting	Updated on NTSP review and discussed on funding application development for TB program
21-23-June-2020	Workshop -TB Task Team	Discussed on finalization of NTSP 2021-2025
29-June-2020	Workshop -TB Task Team	Discussed on finalization of NTSP 2021-2025
30-Jun-2020 to 3-July 2020	TB Task Team Meeting	Discussed on finalization of NTSP 2021-2025
13-July-2020	TB Task Team Meeting	Discussed on finalization of NTSP 2021-2025
6-July-2020	TB Task Team Meeting	Discussed on finalization of NTSP 2021-2025
28-July-2020	TB Task Team Meeting	Discussed on funding application development for TB program
2-Aug-2020	Workshop -TB Task Team	Discussed on finalization of NTSP 2021-2025

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Photos: TB Task team meetings

### Community Consultations and Meetings

After completing one level of consultation at Bagmati Province, six teams were formed including government, disease experts, technical experts, key implementing partners, and ML/BL. The team conducted community and provincial level consultation meetings simultaneously in all six provinces.

Date	Meeting	Topic/decisions
08-Feb-2020 to 12-Feb-2020	FGD with Mushar community, pharmacy and factory worker of Province number 1	Acquired suggestions on the draft National Strategy Plan for 2021-2025
09-Feb-2020	FGD with DR patient in Province number 1	Discussed on diagnosis, treatment of DR-TB, referral mechanism, barriers of treatment adherence of drug-susceptible TB patient, access to quality DR-TB treatment, support



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Date	Meeting	Topic/decisions
		 <p>Photo: FGD with DR patient in DR Hostel-NATA, Morang, Province no. 1</p>
09-Feb-2020	Consultative meeting with private sectors in Province number 1	Discussed on PPM
09-Feb-2020	FGD at Prison in Province number 1	Discussed on case finding, infection control, mobile outreach, provision of treatment and support, lab, developing appropriate linkages
09-Feb-2020	FGD with geriatric populations and management team in Gandaki Province	<p>Discussed on TB and geriatric population</p>  <p>Photo: FGD with geriatric populations in Gandaki Province</p>


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Date	Meeting	Topic/decisions
		 <p>Photo: FGD with management team in Gandaki Province</p>
09-Feb-2020	FGD with PLHIV, Sudurpaschim Province	Discussed on TB/HIV collaboration
09-Feb-2020	FGD with SR-TB patient, Sudurpaschim Province	Discussed on DR-TB management
10-Feb-2020	FGD with Jailor, prison guard, health focal person and inmates in Province number 1	 <p>Photo: FGD with Jailor, prison guard, health focal person and inmates in Province number 1</p>

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Date	Meeting	Topic/decisions
10-Feb-2020	FGD with worker of cement factory in Province number 5	Discussed on knowledge and attitude on TB, treatment seeking behaviour, suggestion at community level
10-Feb-2020	FGD with TB patients and their family, Karnali Province	Discussed on TB case notification, treatment and care, advocacy, communication and social mobilization
10-Feb-2020	FGD with FCHVs, Sudurpaschim Province	Discussed on TB and community activities
11-Feb-2020	FGD with FCHVs in Lumbini Province	Discussed on knowledge and attitude on TB, treatment, finding missing hidden case, functioning of mother's group and collected suggestions
11-Feb-2020	Consultative meeting and FGD in hard to reach area in Province number 1	Discussed on case notification, diagnosis and treatment, HR, role of FCHVs and other community group, discussion on TB during the planning and review meeting
11-Feb-2020	FGD with Tibetan Refugee Camp in Gandaki Province	Discussed on knowledge and attitude of inhabitants living in the refugee camp on TB, service delivery. HR
11-Feb-2020	FGD with seasonal Migrant People and health staff, Sudurpaschim Province	Discussed on seasonal migrants and TB activities   <p><i>Photo: FGD with seasonal migrant people and health staff in Sudurpaschim province</i></p>
12-Feb-2020	FGD with CB-DOTS provider in Naudanda, Gandaki Province	Discussed on treatment, supply, effort of FCHVs.

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Date	Meeting	Topic/decisions
12-Feb-2020	Meeting with DR-TB patient of TB-Nepal, Province number 5	Discussed on TB diagnosis, treatment seeking behaviour, support, stigma and discrimination, expenses
12-Feb-2020	FGD with community people at Mugu, Karnali Province	Discussed on TB case notification, treatment and care, recording and reporting
12-Feb-2020	FGD with FCHVs and cured TB patients at Mugu, Karnali Province	Discussed on TB case notification, advocacy, communication and social mobilization
13-Feb-2020	Meeting with DS-TB patient of TB-Nepal, Province number 5	Discussed on TB diagnosis, treatment seeking behaviour, support, stigma and discrimination, finding missing cases
13-Feb-2020	FGD with poor housing/malnourished at Rova Village, Mugu, Karnali Province	Discussed in community awareness on TB, stigma and discrimination, community involvement in referral of TB cases, accessibility, quality of services, utilization, pocket expenses in diagnosis and treatment of TB
13-Feb-2020	Meeting with NAP+N staff including ORWs at boarder, Sudurpaschim Province	Discussed on TB and cross boarder activities
13-Feb-2020	FGD with TB patients diagnosed through SR intervention, Sudurpaschim Province	Discussed on TB and community activities
14-Feb-2020	FGD wit FCHV and cured TB patient, Health Office, Beni, Gandaki Province	Discussed on knowledge and attitude on TB, role of FCHVs, and mother's group, experience of TB patient  <p>Photo: FGD with FCHV and cured TB patients at Health Office, Beni, Gandaki Province</p>



Date	Meeting	Topic/decisions
26-Feb-20	Workshop on Community Rights and Gender (CRG) in Nepal	Discussed key concepts on community's rights and gender (CRG), its importance and how it can be operationalized. This platform was used to share information on Nepal's Global Fund request for the next cycle and the upcoming country dialogue process. CCM Alternate member PWID-TB along with other members, KP and CSO focal person participated in the workshop.

### Provincial Consultations with Government Stakeholders

After completing one level of consultation at Bagmati Province, six team were formed including government, disease experts, technical experts, key implementing partners, and ML/BL. The team conducted community and provincial level consultation meetings simultaneously in all six provinces.

The attendees of the provincial consultation meeting were representatives from Ministry of Social Development, Provincial Health Directorate, Provincial Labs, Provincial Training centre, provincial hospitals, DOTS centres, some health offices of districts and local level government.

Date	Meeting	Topic/decisions
20-Jan-2020	Meeting with directors of Provincial Health Directorate, Bagmati Province	Discussed on strategic plan for TB 2022-2025 focusing on objective 1,2, 4,5,8 and 9
08-Feb-2020 to 12-Feb-2020	Meeting with municipalities authorities, FGD with health workers in Province number 1	Acquired suggestions on the draft National Strategy Plan for 2021-2025
08-Feb-2020 to 12-Feb-2020	Meeting with Hon. Ministry of Social Development, representatives of Lab, training and provincial authorities of health sector in Province number 2	Discussed on strategic plan for TB 2022-2025



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Date	Meeting	Topic/decisions
09-Feb-2020	Meeting with Provincial Government of Province number 1	Discussed on strategic plan for TB 2022-2025   <i>Photo: Provincial level consultation with provincial government in Province number 1</i>
09-Feb-2020	Meeting with Provincial Government, representatives of Lab, training and provincial authorities of health sector in Province number 5	Discussed on strategic plan for TB 2022-2025
09-Feb-2020	Meeting with Provincial Government, representatives of Lab, training and provincial authorities of health sector in Karnali Province	Discussed cuss on strategic plan for TB 2022-2025
09-Feb-2020	Meeting with government person, I/NGO person and service provider	Discussed on strategic plan for TB 2022-2025
10-Feb-2020	FGD with health worker at Surkhet, Karnali Province	Discussed on TB case notification, diagnostic lab, treatment and care, infection control, recording and reporting, accountability and responsibility
10-Feb-2020	Consultative meeting with hospital staffs and health coordinator, Sudurpaschim Province	Acquired the suggestions on the draft National Strategy Plan for 2021-2025
10-Feb-2020	Meeting with LLG, Gadwa Rural municipality, Dang, Province#5	Acquired suggestions on the draft National Strategy Plan for 2021-2025



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Date	Meeting	Topic/decisions
11-Feb-2020	Consultative meeting with LLG for NSP development in Gandaki Province	Acquired suggestions on the draft National Strategy Plan for 2021-2025
11-Feb-2020	Consultative meeting with health worker, palika staff and presentative from NGP and PHCC Province number 5	Acquired suggestions on the draft National Strategy Plan for 2021-2025
11-Feb-2020	Consultative meeting with health office staff, district hospital staff and health unit staff at Palika level, Sudurpaschim Province	<p>Acquired the suggestions on the draft National Strategy Plan for 2021-2025</p>  <p><i>Photo: Consultative meeting with health office staff, district hospital staff and health unit staff at Palika level, Sudurpaschim Province</i></p>
12-Feb-2020	FGD with district stakeholders, Karnali Province	Discussed on TB case notification, governance and financing
12-Feb-2020	FGD with District stakeholders (Palika and district health Office) at Mugu, Karnali Province	Discussed on TB case notification, diagnostic lab, treatment and care, infection control, recording and reporting, accountability and responsibility

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Date	Meeting	Topic/decisions
		 <p>Photo: FGD with Palika and District health Office at Mugu, Karnali Province</p>
13-Feb-2020	FGD with HFOMC, Darbang PHC, Myagdi, Gandaki Province	<p>Discussed on community perception on TB, diagnosis, treatment, HR</p>  <p>Photo: FGD with HFOMC, Darbang PHC, Myagdi, Gandaki Province</p>
13-Feb-2020	Consultative meeting with health office staff and representative from NGOs, Province number 5	Acquired suggestions on the draft National Strategy Plan for 2021-2025

## A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



Date	Meeting	Topic/decisions
15-April-2020	NSP-Youth Consultation Meeting, Bagmati Province	Discussed on how youth can contribute to increase TB case notification and how can youth be mobilized to identify presumptive cases.
24-May-2020	Meeting with provincial MoSD Public Health Unit	Chief-policy, Planning, Law, Public Health Division, MoSD of seven provinces discussed the modality for provincial level consultative meetings and received suggestions/feedback from province focal points. Decided to send all province focal points an official letter regarding the consultative meetings from the respective entities (NCASC, EDCC and NTCC) with dates for the consultations to be communicated with them soon.


### Federal Level Consultation-National Level Engagement

Once the community level, provincial level and the stakeholder consultations were completed, the federal level consultation for National level engagement was kicked off. Series of meeting were conducted which are mentioned below:

Date	Meeting	Topic/decisions
19-and-20-Jan 2020	Workshop for Development of National TB Lab Plan	Discussed on National TB Lab Plan
22-Jan-2020	NSP-Consultative meeting with NTP partners, NGOs and INGOs	Discussed on strategic plan for TB 2022-2025 focusing on objective 1,3,7, 8 and 9
23-Jan-2020	NSP-Consultative meeting with private sectors and implementing partners	Discussed on TB and PPM
02-Jul-20	Meeting on Cross Cutting Issues among the three diseases	Discussed catalytic fund, financial landscape and financial gaps, and TB-HIV collaboration. COVID-19 was noted as a cross-cutting issue for TB-HIV-Malaria. Discussed how to synergize RSSH, private sector engagement, human rights barriers to the disease services in the funding applications.

# A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



Date	Meeting	Topic/decisions
16-Jul-20	Human Rights and Gender related Barriers (HRGRB)	All constituencies, three disease entities, bilateral/multilateral implementing partners, and consultants discussed priorities for the TGF Proposal.
22-Jul-2020	Meeting with Nepal Medical Association(NMA)	Explored the involvement of NMA in NTP
23-Jul-2020	Meeting with Family Welfare Division, NCASC, NPHL, EDCD	Discussed on collaborative approach and feedback for NSP 2021-2025 were collected  <p><i>Photo: Discussing on collaborative approach during meeting with Family Welfare Division, NCASC, NPHL, EDCD</i></p>

## Application Writing Process

Funding application for TB program was drafted by national and international consultant considering the findings from different levels of consultations, NTSP review, and recommendations from Joint Monitoring Mission (JMM), IOG and other guiding documents. The “TB Task Team” worked together with the consultants for the entire period through providing information, resources and national situation in making of funding request.

- Planning meeting was conducted on 10th May 2020, at which funding application development was discussed. It was decided to share detail plan for proposal development in next meeting between consultant and TB task team.
- A meeting between the writing consultants and MoHP was held on 30th July 2020. Discussion was done on special arrangements that need to be incorporated in the TGF proposal to support the MoHP/CCM agenda of strengthening MoHP capacity to take on the PR role in future grant cycles.

## A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



- Meeting on Synergies among Three Diseases through their National Program Intervention (RSSH)-TGF 2021-2024 was held on 17th August 2020, at which the possible areas of collaboration were explored to bring synergy among three diseases and the following decisions were made:
  - Decided to share 50-50 cost between TB and HIV for periodic TB-HIV coordination meeting at central level and preparation of TB-HIV collaboration guideline;
  - Decided to collaborate with TB and Malaria program on the screening and testing of migrants for HIV at nine transits;
  - The maintenance cost for GeneXpert will be cost shared between HIV and TB;
  - Storage and distribution capacity assessment will be costed under HIV while if substantial improvement is required in each component then cost will be shared;
  - Procuring dedicated autoclave for waste management is currently planned for three labs in three provinces under the HIV and more autoclave machines will be put under the PAAR by other two diseases each;
  - TA at HMIS, other logistic and M&E HR will be cost shared by three diseases.
  - Overall community-based monitoring and community system strengthening can be integrated among all three diseases.
  - The team agreed to be able to synergize while implementing.



*Photos: Discussion on funding application development for TB program*



## Prioritization, Validation and Endorsement

- Prioritization workshop for TB program was conducted on 9th August 2020 where government, CCM members, PR, BL, ML, and implementing partners prioritized the recommendations received from different levels of consultation, as part of country dialogue process.



Photo: Participants discussing during the Prioritization workshop for TB program

- The national validation workshop for TB program was organized virtually on 20<sup>th</sup> August 2020 focusing on the summaries coming from the series of consultations at different level from community-provincial to federal in order to come to a consensus on the national priorities and, in so doing, reflect a bottom-up approach. Representatives from MoHP and NTCC, CCM members, PR, ML/BL and implementing partners reviewed and ensured whether the proposal is prepared and prioritized as per the recommendations from different levels of country dialogue or not.

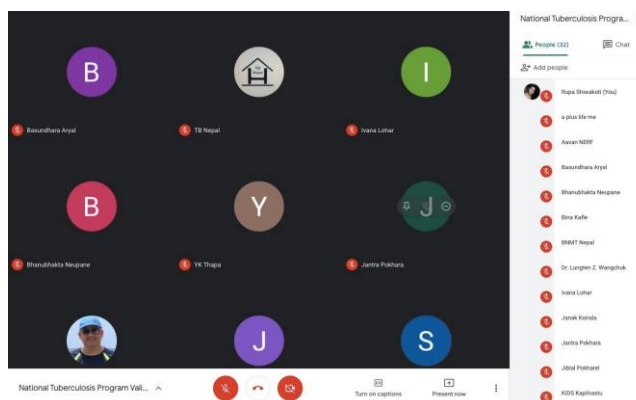


Photo: Participants discussing during virtual validation workshop for TB program

- On 24th August 2020, the funding applications for HIV, TB and Malaria were presented in CCM Nepal meeting and inputs were collected and incorporated. The final draft of funding application was electronically endorsed by all the CCM members and alternatives.

Despite COVID-19 pandemic crisis, CCM Nepal successfully completed transparent and inclusive CDP and submitted funding applications to TGF in August 2020 within the deadline.

### 4.3.2.3 Country Dialogue Process- Malaria Program

After receiving allocation letter from TGF on December 2019, CCM meeting (16<sup>th</sup> December 2019) followed by CCM Nepal Executive Committee Meeting (19<sup>th</sup> December 2019) were called. It was agreed to prepare and submit the funding application for the 2021-2024 funding cycle in August 2020. For transparent and inclusive funding application development, CCM Nepal initiated country dialogue process.





Furthermore, Oversight Committee members were updated on TGF's New Funding Allocation for Nepal for funding cycle 2021-2024 (8<sup>th</sup> January 2020). On 3<sup>rd</sup> February 2020, TGF Portfolio Manager had meeting with Hon'ble Minister and Chief, Coordination Division at MoHP, at which the national priorities on HIV, TB and Malaria and way forward were discussed. Furthermore, another meeting was conducted, at which TGF Portfolio Manager briefed CCM Nepal Members on the process and content of proposal development.

### **NMSP review**

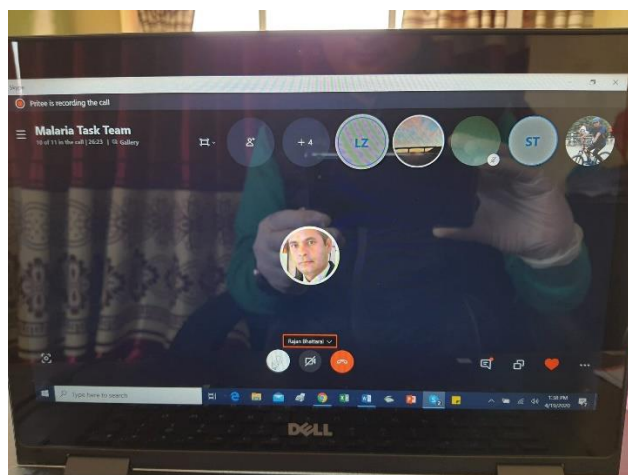
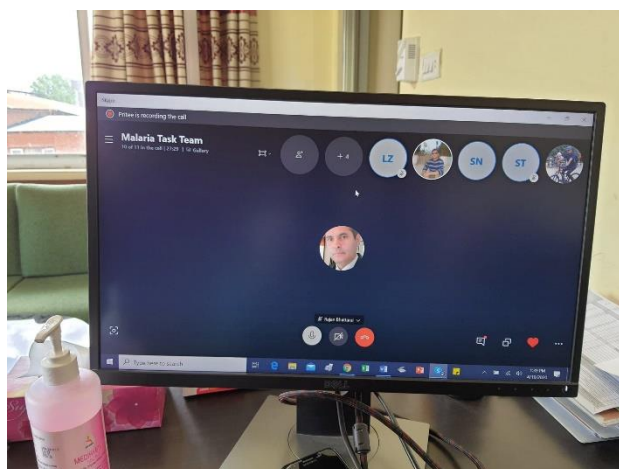
Review of National strategic plan is essential for development of funding request. Nepal Malaria Strategic Plan 2014-2025 exists, which underwent review considering the present context of federalization. It was led by EDCD and took place between May to July 2020. The funding application for Malaria program was developed based on revised NMSP.

### **Formation of the Core Task Team and Malaria Task Team**

- CCM Nepal Executive Committee meeting was conducted on 12<sup>th</sup> February 2020 and a core task team was formed to lead the overall CDP.
- The 1<sup>st</sup> Core Task Team meeting held on 10<sup>th</sup> March 2020 formed Disease Specific Task Teams, including Malaria Task Team which to be oversighted by the EDCD Director. It was responsible for the development of the funding application as well as consultations at Palika, Province, and National levels for Malaria program.
- 



## A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



Photos: Malaria Task Team meetings

### COVID-19 Pandemic Situation

Like other countries, Nepal was also affected by the global pandemic situation. The 1<sup>st</sup> nation-wide lockdown was announced and came into effect on 24<sup>th</sup> March 2020, and ended on 21<sup>st</sup> July 2020.<sup>21</sup>

The virtual Core Task Team meeting was held on 3<sup>rd</sup> April 2020, at which it was decided to carry on the consultations virtually using various means of communication, such as Skype, WhatsApp, Viber, Zoom, Google Meet, SMS, phone calls and e-mails. This was also based on TGF's guidance suggesting not to proceed with physical interactions during the COVID-19 pandemic. General guidelines were prepared on conducting virtual consultation and shared.

### Meetings of the Core Task Team on response to COVID-19 situation

Date	Meeting	Topic/Decision
12-Mar-20	Core Task Team Meeting on response to COVID19	Discussed on "Response to COVID-19 in Nepal" focusing on three diseases
03-Apr-20	Core Task Team meeting (virtual meeting)	Taking into account the COVID-19 situation and TGF's guidance, it was agreed to carry on the country dialogue process virtually. Guidelines on conducting virtual consultations were discussed.



Core Task Team lead the overall CDP. Series of meeting were conducted on co-financing and supporting timely submission of funding application application.

### Meetings of the Core Task Team

Date	Meeting	Topic/Decision
20-May-20	Core Task Team meeting	The Government committed to co-finance 20% to access the TGF grant, as well as the matching fund of the catalytic fund. Regarding, the team Decided to call an Executive Committee meeting in the near future to thoroughly discuss the donors working on the three diseases in Nepal.
26-Jun-20	Core Task Team meeting	Three diseases updated their respective CDP and funding applications. It was decided to speed up the CDP to meet the August 2020 window for the funding application submission.  Decided to hold a meeting for the three diseases on cross-cutting RSSH, private sector engagement and Human Rights & Gender in July.
13-Aug-20	Core Task Team meeting	CCM Nepal shared a timeline to be followed to be able to submit the funding application to TGF on 30 <sup>th</sup> August 2020. All three diseases shared their progress so far and shared their alignment with the timeline.

### Meetings of Malaria Task Team

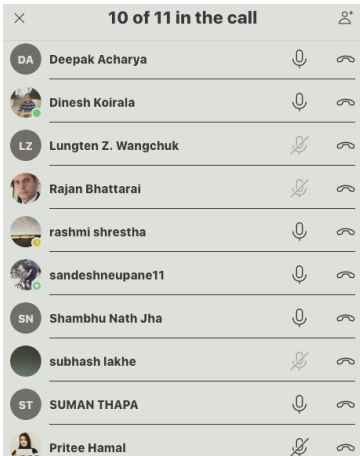
Malaria Task Team conducted series of meeting resulting endorsement of road map for the application development process, orientation on virtual consultation, update of community and provincial consultations and sharing about the major issues, gaps and challenges of the malaria elimination program.

Date	Meeting	Topic/Decision
20-March-2020	Malaria Task Team Meeting <sup>4</sup>	The Road Map/Guideline for the request development process was endorsed by the Task Team.

<sup>4</sup> Malaria Task Team was formed by Core Task Team on 10<sup>th</sup> March 2020, which was responsible for the development of the Malaria funding application and consultations at Palika, Province, and Federal levels. The team comprised of representatives from director and focal persons from EDCD, CCM Nepal (CCM member representing Malaria constituency), ML/BL partners and PR


# A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



Date	Meeting	Topic/Decision
19-April-2020	Malaria Task Team Meeting	<p>Agreed to complete community and provincial level consultation by the end of May 2020 and start writing proposal for Malaria component from beginning of June 2020.</p>  <p><i>Photo: Malaria Task team deciding to carry on virtual consultation at Community, Provincial, and Federal level within the planned timeline of May 2020 during virtual meeting held on 19<sup>th</sup> April 2020</i></p>
21-April-2020	Malaria Task Team Meeting	Discussed on how to conduct the virtual consultation at various level. Agreed to conduct an orientation meeting physically/virtually.
27-Apr-2020	Orientation by Malaria Task Force for Consultative Meeting	Provided orientation on conducting virtual or physical (if possible) meeting in the community for country dialogue process.
27-Apr-2020	Malaria Task Team Orientation to Province Focal for Community Consultation	Provided orientation on conducting virtual or physical (if possible) meeting in the community for country dialogue process
07-July-2020	Malaria Task Team Meeting	The completion of both the Community and Provincial level consultation was updated. Dr. Shampa Nag, an International Consultant to develop Malaria grant proposal was introduced.

# A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



Date	Meeting	Topic/Decision
14-July-2020	Malaria Technical Working Group Meeting	<p>Discussed malaria proposal writing for upcoming grants and share the major issues, gaps and challenges of the malaria elimination program</p>  <p><i>Photo: Malaria Technical Working Group sharing the major issues, gaps and challenges of the malaria elimination program in the meeting in Special Presence of Director General of DoHS</i></p>

## Community Consultations and Meetings


Different community consultations and meetings with vulnerable population and relevant stakeholders were conducted in malaria high risk areas.

Date	Meeting	Topic/decisions
05-May-2020	Local Level Consultative Meeting, Kanchanpur Bhimdatta	Explored current gaps, the perception and needs of the target beneficiaries, acceptance towards the interventions, areas of improvement, role of stakeholders and recommendations



# A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



Date	Meeting	Topic/decisions
05-May-2020	FGD with FCHV, Mother group, public health worker, lab and health staff of PHCC, ORW for malaria in Khadbari Municipality, Sankhuwasabha	Discussed on knowledge of Malaria, its prevention, diagnostic and management of malaria, treatment, reporting and surveillance. HR capacity building, government policy and role of local government, implementation of Malaria program in pandemic like COVID-19 in future
08-May-2020	FGD with FCHV, Mother group, public health department, lab staff of PHCC, Gaurigunj Palika staff, LLIN user, suspected case of malaria in Gaurigunj palika, Jhapa	Discussed on SWOT of existing malaria intervention in the community, the perception and needs of the target beneficiaries, acceptance towards the interventions, areas of improvement, role of stakeholders and recommendations
10-May-2020	FDG of people residing in high risk palika of Bardiya district	Discussed on knowledge of Malaria, its prevention, diagnostic and management of malaria, treatment, reporting and surveillance. HR capacity building, government policy and role of local government, implementation of Malaria program in pandemic like COVID-19 in future
11-May-2020	FGD with FCHV, people affected by malaria, LLIN user in Sammarimai Municipality, Sammarimai, Rupendehi	Discussed on SWOT of existing malaria intervention in the community, the perception and needs of the target beneficiaries, acceptance towards the interventions, areas of improvement, role of stakeholders and recommendations
12-May-2020	Local level consultative meeting in Tikapur, Kailali	

# A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



Date	Meeting	Topic/decisions
		 <p><i>Photos: Local level consultative meeting in Tikapur, Kailali</i></p> <p>Explored current gaps, the perception and needs of the target beneficiaries, acceptance towards the interventions, areas of improvement, role of stakeholders and collected recommendations</p>
12-May-2020	Consultative meeting with local stakeholders, Sisuwa Hospital, Pokhara, Kaski	Discussed on knowledge of Malaria, its prevention, diagnostic and management of malaria, treatment, reporting and surveillance. HR capacity building, government policy and role of local government, implementation of Malaria program in pandemic like COVID-19 in future
13-May-2020	FGD with FCHV, Mother group, public health department, lab and health staff of PHCC, health office Morang, health staff of Palika, SCI staff in Birtanagar Municipality	Discussed on SWOT of existing malaria intervention in the community, the perception and needs of the target beneficiaries, acceptance towards the interventions, areas of improvement, role of stakeholders and recommendations
15-May-2020	Local Level Consultative Meeting, Parsuram Dadeldhura	Explored current gaps, the perception and needs of the target beneficiaries, acceptance towards the interventions, areas of improvement, role of stakeholders and recommendations

## Provincial Consultations with Government Stakeholders

After completion of community level consultations, provincial level consultation meetings were conducted virtually where representatives from Ministry of Social Development, Provincial

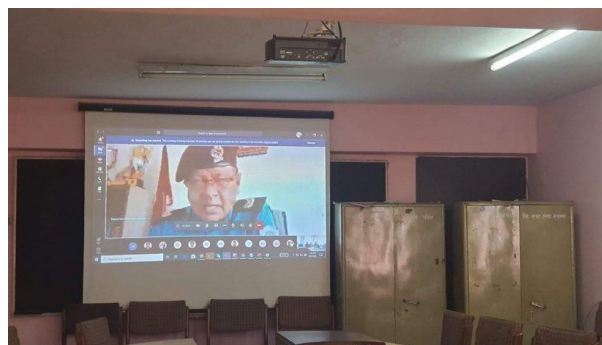
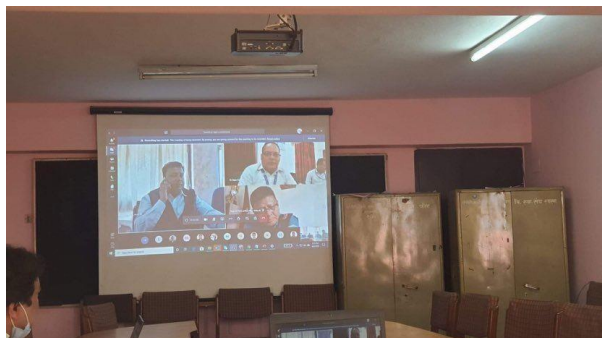
## A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



Health Directorate, Provincial Labs, Provincial Training centre, provincial hospitals, some health Offices of districts and local level government participated in the meeting.

Date	Meeting	Topic/decisions
05-May-2020	Virtual Provincial Consultation in Province number 1	Generated recommendations to strengthen services within community and health centers, prioritized activities/strategy from NMSP to maximizes the impact from Global Fund Resources and gathered inputs from all level stakeholders to prepare the funding request
05-May-2020	Virtual Provincial Consultation in Gandaki Province	
02-June-2020	Virtual Provincial Consultation in Province number 5	
08-June-2020	Virtual Provincial Consultation in Bagmati Province	
10-June-2020	Virtual Provincial Consultation in Province number 2	
14-June-2020	Virtual Provincial Consultation in Sudurpaschim Province	
17-June-2020	Virtual Provincial Consultation in Karnali Province	
24-May-2020	Meeting with provincial MoSD Public Health Unit	Chief-policy, Planning, Law, Public Health Division, MoSD of seven provinces discussed the modality for provincial level consultative meetings and received suggestions/feedback from province focal points. Decided to send all province focal points an official letter regarding the consultative meetings from the respective entities (NCASC, EDCD and NTCC) with dates for the consultations to be communicated with them soon.

## A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



*Photos: Virtual Provincial level consultations for Malaria program led by EDCD*





## Federal Level Consultation for National Level Engagement

Once the community level, provincial level and the stakeholder consultations were concluded, the federal level engagement for national level engagement were started.

Date	Meeting	Topic/decisions
02-Jul-20	Meeting on Cross Cutting Issues among the three diseases	Discussed catalytic fund, financial landscape and financial gaps, and TB-HIV collaboration. COVID-19 was noted as a cross-cutting issue for TB-HIV-Malaria. Discussed how to synergize RSSH, private sector engagement, human rights barriers to the disease services in the funding applications.
9-Jul-20	Workshop on Resilient & Sustainable Systems for Health	Discussed on current RSSH related interventions from different implementing partner; Identified the key RSSH gaps especially related to HIV, TB and Malaria programs in Nepal and Discuss on the possible areas of RSSH activities to be included in the next funding application of HIV, TB and Malaria.
16-Jul-20	Human Rights and Gender related Barriers (HRGRB)	All constituencies, three disease entities, bilateral/multilateral implementing partners, and consultants discussed priorities for the TGF Proposal.





## A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



*Photos: Malaria national level consultation meetings*

### Application Writing Process

Funding application for Malaria program was drafted by national and international consultant considering the findings from NMSP review, CDP, recent studies and other guiding documents. The “Malaria Task Team” worked together with the consultants for the entire period through providing information, resources and national situation in making of funding request.



*Photo: Meeting with writing consultant for developing fund request application for Malaria program*

- A meeting between the writing consultants and MoHP was held on 30th July 2020 discussion was done on special arrangements that need to be incorporated in the TGF proposal to



support the MoHP/CCM agenda of strengthening MoHP capacity to take on the PR role in future grant cycles.

- Meeting on Synergies among Three Diseases through their National Program Intervention (RSSH)-TGF 2021-2024 was held on 17th August 2020, at which the possible areas of collaboration were explored to bring synergy among three diseases and the following decisions were made:
  - Decided to share 50-50 cost between TB and HIV for periodic TB-HIV coordination meeting at central level and preparation of TB-HIV collaboration guideline;
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  - The maintenance cost for GeneXpert will be cost shared between HIV and TB;
  - Storage and distribution capacity assessment will be costed under HIV while if substantial improvement is required in each component then cost will be shared;
  - Procuring dedicated autoclave for waste management is currently planned for three labs in three provinces under the HIV and more autoclave machines will be put under the PAAR by other two diseases each;
  - TA at HMIS, other logistic and M&E HR will be cost shared by three diseases.
  - Overall community-based monitoring and community system strengthening can be integrated among all three diseases.
  - The team agreed to be able to synergize while implementing.

### **Prioritization, Validation and Endorsement**

- Prioritization workshop for Malaria program was conducted on 5th August 2020 where government, CCM members, PR, BL, and ML prioritized the recommendations received from different levels of consultation, as part of country dialogue process.



*Photo 48: Director EDCD encouraging to discuss and finalize GF grant implementation structure and modality and prioritize program activities during Prioritization Workshop for Malaria program*

- The national validation workshop for Malaria program was organized

## A Journey to Development of Global Fund Funding Applications for HIV, TB & Malaria Program for The Grant Period 2021-24



virtually on 20<sup>th</sup> August 2020 focusing on the summaries coming from the series of consultations at different level from community-provincial to federal in order to come to a consensus on the national priorities and, in so doing, reflect a bottom-up approach. Representatives from MoHP and EDCD, CCM members, PR and ML/BL reviewed and ensured whether the proposal is prepared and prioritized as per the recommendations from different levels of country dialogue or not.



Photo 49: Participants discussing during virtual validation meeting for Malaria Program

- On 24<sup>th</sup> August 2020, the funding applications for HIV, TB and Malaria were presented in CCM Nepal meeting and inputs were collected and incorporated. The final draft of funding application was electronically endorsed by all the CCM members and alternatives.

Despite COVID-19 pandemic crisis, CCM Nepal successfully completed transparent and inclusive CDP and submitted funding applications to TGF in August 2020 within the deadline

### 4.3.3 Joint Funding Applications

TGF recommends that funding applications for eligible components are submitted as joint applications or submitted at the same time. This enables applicants to consider in a more holistic way how the proposed investments in a specific disease relate to other components and the broader health system.

A joint funding application could be for a combination of disease components, and any funding application can include cross-cutting investments in Resilient and Sustainable Systems for Health.

Countries with a high co-infection rate of HIV and tuberculosis are required to submit a joint funding application for these components. This integrated approach to considering systems can improve disease outcomes, improve program sustainability, and generate efficiencies.

### 4.3.4 Components of the Funding application Applications

CCM Nepal submitted full review applications for HIV, TB and Malaria to TGF in August 2020. The applications included context, funding application and prioritization, operationalization and implementation agreements, co-financing, sustainability and transition, essential data tables, PAAR, Programmatic gap table, funding landscape table, performance framework, budget,



CCM Nepal endorsement of the funding request, CCM Nepal statement of compliance, National strategic plans, implementation agreement map, health product management template, co-financing document, sustainability and transition related documents.

The CCM Nepal shared the funding application with all CCM members, Principal Recipients and other groups involved in the funding application development process before it is submitted. After the Funding application has been submitted to the Global Fund, CCM Nepal shared it with participants of the country dialogue process so that they can see the final results and are familiar with what was submitted.

## 4.4 After Submission

### 4.4.1 Technical Review Panel (TRP)

To support TGF in financing programs that are positioned to achieve the highest impact, the Board relies on an independent panel of International experts, called the Technical Review Panel (TRP), to review and assess the prioritized interventions in the funding request.

The TRP is a team of technical experts with expertise in HIV, tuberculosis, malaria, health systems, community systems, human rights and gender, sustainable financing and transition, as well as cross-cutting development issues. They have the responsibility for assessing funding applications on the basis of technical merit, strategic focus, and potential for impact and for providing advisory input to TGF Board. TGF Board relies on TRP recommendations when making decisions on where investments will have the most impact.

TRP review criteria includes whether a funding application maximizes impact for the three diseases, builds Resilient and Sustainable Systems for Health, promotes and protects human rights and gender equality, invests in increasing the effectiveness and efficiency of program implementation, as well as considers sustainability and co-financing requirements.

- Before TRP's review, TGF Country Team (CT) went thoroughly the funding applications and asked for further clarification and suggested to maintain consistency in three funding applications submitted.
- On 23rd November 2020, CCM Nepal received TGF TRP's comments on funding application applications submitted in August 2020 (In Annex). The funding requested were appreciated as of good quality with technically sound and strategically focused interventions. Some issues were pointed by TRP's which need be responded.
- After receiving the TRP's comment, a conference call with TGF Country Team (CT) was organized on 27th November in which, CT flagged the crucial areas to be focused on during responding to the comments.





- A three-day preparatory meeting was organized from 9-11th December 2020 to respond TGF TRP's comments. Finally, Applicant Response Forms for HIV&TB and Malaria were submitted to Fund Portfolio Manager on 14<sup>th</sup> December 2020.



*Photo 50: Sharing TGF TRP's comment and concerns from TGF CT during preparatory meeting to respond TRP's comment. After the presentation, participants were divided into different groups based on their expertise to write up the responses,*

#### 4.4.2 Grant Making

Grant-making is the process of translating the funding request, including recommendations from The Technical Review Panel (and Grant Approvals Committee if relevant), into implementation ready grants for Global Fund Board approval.

Following the TRP assessment, TGF CT converted the funding application into a proposed grant by performing grant making activities which included supporting the funding application with detailed implementation arrangements and plans, budgets and the performance of capacity assessment on the PR.

After getting the green light by the TRP to proceed for grant making, TGF CT communicated PR and CCM Nepal through emails on November 2020 where overarching strategic questions and questions related to interventions were shared to start reflection on the budget and Performance Framework. PR involved key partners and the relevant CCM members for grant making process.

A parallel meeting was organized for three disease programs on 11<sup>th</sup> December 2020 where strategic and intervention related questions raised by TGF CT were discussed. Written responses were submitted to TGF CT. During grant-making, PR and TGF identified gaps and risks related to grant implementation and determine mitigation measures, reviewed and agreed on implementation arrangements and plans and developed and negotiated key grant documents.





#### 4.4.3 Grant Approvals Committee (GAC)

The Grant Approvals Committee (GAC) is the Secretariat's governance body that review funding applications and recommends implementation-ready grants for Board approval. In addition to senior management of TGF, the GAC includes senior technical experts from partner agencies and representatives from civil society with relevant technical expertise.

GAC reviewed the final grant documentation and submitted a report with recommendations to the Board. It took approximately 2 months for GAC Review and Board approval. After getting the approval by the Board, final amounts, as well as grant conditions, were communicated to the CCM Nepal by the CT.

#### 4.4.4 Grant Signing

Following Board approval, TGF shared grant agreement, which was in the form of a Grant Confirmation, issued under a framework agreement, and included:

- A narrative context for the agreement;
- A table capturing details about the agreement and the signing parties; and
- The Integrated Grant Description, describing the program governed by the grant agreement, and including the negotiated Performance Framework and Summary Budget.

On March 2021, the parties [Mr. Mark Eldon-Edington-Head of Grant Management Division from TGF, Mr. David Barth-Vice President International from PR Save the Children, Mr. Laxman Aryal-Chair, CCM Nepal and Mr. Achut Prasad Situala-Civil Society Signatory from CCM Nepal] signed the grant agreement. The grant funds were committed and released to PR.

#### 4.4.5 Publicly Available Information

Following Board approval of a disbursement-ready grant, TGF publish the funding application and grants in the Data Explorer section of TGFwebsite. All grants are included in the "Grants" tab for each country.

The grant information for Nepal can be found in link <https://data.theglobalfund.org/investments/location/NPL>. Funding applications and core documents associated with the approved grants are available on the "Documents" tab for Nepal. Co-financing commitments of Nepal is also published and is available through the Data Explorer.

## 5. Success Factors, Challenges/Issues and Key Learning

### 5.1 The Principle Success Factors for CDP in Nepal

The principal success factors for the CDP in Nepal were:

- Involvement of secretary level government authorities in order to ensure genuine national commitment and ownership of the process



- The consistent efforts and involvement of government, ML/BL partners, KPs/beneficiaries, CSOs, national networks, private sector, implementing partners and so on in all stages of the process
- Support from TGF Country Team and APCASO
- Strong leadership of CCM Nepal
  - Commitment and determination of CCM Nepal members
  - The leadership shown by the Chair and Vice-chair of the CCM Nepal and their relationships with government authorities
  - Proactive CCM Secretariat
- Detailed and budgeted planning of the CDP
- Timely identification of issue/risk (e.g. COVID-19) and planning accordingly
- Decentralized and consensual approach to identifying priorities

## 5.2 Challenges/Issues and Mitigation Measures Applied

S.N.	Challenges/Issues	Mitigation Measures Applied
1	Due to COVID-19 pandemic situation and nationwide lockdown a big question was raised on how to make funding application inclusive and transparent and meet submission window of August 2020.	<p>Based on the decision made by Core Task Team meeting (3<sup>rd</sup> April 2020), CDP was carried out virtually using various means of communication, such as Skype, WhatsApp, Viber, Zoom, Google Meet, SMS, phone calls and e-mails. General guideline on conducting virtual consultation were prepared and shared with the National Networks.</p> <p>Series of consultation meeting at different level from community-provincial- to national level were conducted with different stakeholders responding to or affected by three diseases. All the processes including prioritization and validation workshop were followed to ensure inclusive and transparent funding application development.</p>
2	Shift of government priority to respond COVID-19 pandemic situation, which could possible hit on commitment of government for co-financing	Series of meeting were conducted with government representatives to ensure commitment of government for co-financing.
3	Problem of choice as resource (budget) was limited and demand for services was high.	The series of consultation meeting was done as a part of CDP, which helped to identify the real needs. Furthermore, review of NSP was conducted which guided to



S.N.	Challenges/Issues	Mitigation Measures Applied
		<p>prioritize activities in line with NSP. Likewise, it was ensured that all the representatives of relevant stakeholders responding to and affected by three diseases participate in the prioritization workshop.</p> <p>As there was resource constraint, those activities which could not be mentioned under allocation were mentioned under PAAR.</p>
4	Changes of entity directors during the process	The new director was oriented on TGF and funding application process.

## 5.2 Key Learnings

- The same platform of community and stakeholder consultations could be used for reviewing national strategies and developing funding application for TGF.
- Proactive identification of risk factor and planning accordingly is very crucial. Despite COVID-19 situation, CCM Nepal successfully completed development of inclusive and transparent funding application development for HIV, TB and Malaria programs and submitted them on time, meeting the submission window of August 2020. Alternative ways for consultations were explored and CDP was carried out virtually.
- Online approaches were used for CDP. Virtual consultations allowed greater participations, which could not have been possible with physical consultation.
- Many activities of three disease programs could be integrated. While developing the proposals, meetings were held to bring synergies among three diseases. Integration of human resources and some program activities are proposed in this funding application applications.
- Proper documentation is very essential for future reference and also could be useful for other programs and in various context. Though CDPs were conducted to develop TGF funding application applications in past, they lacked proper documentation. This time all the process and learning from CDP are documented properly.



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## **Annexes**

**Annex I: Allocation Letter**

**Annex II: Program Split Confirmation**

**Annex III: ToR of Task Team**

**Annex IV: ToR of Disease-Specific Task Team**

**Annex V: Guideline for Community Consultations**

**Annex VI: Fund Application Applications to TGF Endorsed by CCM Members  
and Alternative**

**Annex VII: Fund Application Applications submitted to TGF**

**Annex VIII: TRP's Comment on Funding Application Applications**

**Annex IX: Notification for Grant Making**