



Global Fund Proposal Development – a Philippines experience

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This paper has been written by Ruthy Libatique, the lead technical writer of the Philippines HIV/AIDS Global Fund Round Three proposal. It aims to provide insight into the Global Fund proposal development process, drawing out practical and policy lessons for others undergoing similar processes. This paper is a draft and represents the lead writer's experience. The International HIV/AIDS Alliance (Alliance) would welcome feedback from other stakeholders.

The Alliance Emerging Practice Series consists of reports and papers which are currently in draft form, which we feel may contain useful information for people working on HIV/AIDS policy and programming, and for people providing support to NGOs and CBOs in developing countries. The series is intended to provide updates on issues in areas where practice is being developed, and where debate and learning about good practice is still largely emerging

Introduction

The Philippines Country Coordinating Mechanism (CCM) submitted proposals for HIV/AIDS to the Global Fund three times. The first two attempts were not successful. The third submission was approved in August 2003 under Category 2: recommended for funding provided that clarifications were met within a limited timeframe. The clarifications required by the Global Fund in the proposal have since then been complied with by the Philippines CCM. The development of the Philippine proposal to the Global Fund Round 3 was a long process that was a result of the lessons learned from the experiences of the previous two submissions.

The following paper begins with (A) a brief overview of some of these lessons from the unsuccessful Rounds 1 and 2, then goes on to (B) detail the process and experiences of the development of the HIV/AIDS country proposal for Round 3. The paper ends with (C) a summary of the key lessons learned from the Philippines experience that were identified by the lead technical writer.

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Summary of Key Lessons

Timing

- **Allow adequate time for consultation with all stakeholders.** Consultation can add time and sometimes be difficult, but in the Philippines it has proven to result in a more successful proposal.
- **Factor and plan for the approval process and the need to gather relevant data.** The difficulties in convening all the relevant CCM members and stakeholders mean that forward planning is essential. Also, the reliance on stakeholders to provide relevant data requires constant following up and flexibility on timing.

Participation

- **Ensure the participation of all stakeholders.** This includes people living with HIV and AIDS (PLHA), affected and vulnerable communities, NGOs working with these communities and also technical advisors within government, UN and donor bodies.

Tools

- **Develop transparent methodologies and tools for intervention identification and selection processes.** Disagreements and competition amongst stakeholders can be managed when participants have agreed upon clear and analysis-based processes.

Focus

- **Identify specific and achievable objectives.** Proposals have been unsuccessful where there were multiple, over ambitious or unconnected objectives.

Support

- **Draw on technical and financial support from NGOs, bi-lateral and multi-lateral agencies.**

A. The Unsuccessful Rounds 1 and 2.

The First Round Philippines HIV/AIDS proposal submission was developed by a well-known health and development consultant with almost no input from the community or other stakeholders such as the local AIDS service organizations. Inputs reportedly only came from the government and the Secretariat of the Philippine National AIDS Council (PNAC), the multi-sectoral body that advises the President of the Philippines on HIV/AIDS. The NGO community criticised the lack of consultation, while the government programme people argued this was due to a lack of time between the announcement from the Global Fund and the deadline for proposal submission.

The Second Round Philippines HIV/AIDS proposal had more time for development than the first one, although time was still inadequate. The government, NGO and PLHA communities were involved in its development and a series of meetings were held. The stakeholders were divided into groups according to their field of activity and/or interest in HIV/AIDS. These groups developed specific sub-proposals for consolidation into a final country proposal to the Global Fund.

A different kind of problem emerged from the inclusive process of proposal development. Each group fought for the inclusion of their constituency in the proposal so that they would benefit from the funding from the Global Fund. No one group wanted to be left out of the priorities in the proposal. Each sub-proposal had individual specific objectives with individual budgets. A new consultant from the academic community was hired to consolidate and write the other major sections of the proposal. However, they had a very short timeframe and had no remit to edit the sub-proposals submitted by the working groups. The result was an incoherent medley of objectives and target groups with no unifying overall objective. Feedback on the proposal from the Global Fund Technical Review Panel (TRP) included:

- Need to review and strengthen all indicators and targets;
- Need to review and strengthen links between objectives and activities;
- Need a more in-depth gap and situation analysis;
- Need to address key vulnerable groups that were omitted, e.g. injecting drug users and men who have sex with men.

B. Development of the HIV/AIDS Country Proposal for Round 3

The development of a new proposal for HIV/AIDS for Round 3 took place between the end of April and the beginning of June 2003. The following section sets out this process, starting with the initiation and formation of a 'Sounding Board', then the development of analysis tools, the consultation process, the proposal writing and finally the submission to the Global Fund.



1. Proposal Development Sounding Board – 25 April, 2003

Owing to the experiences and lessons learned from the previous two submissions, in March 2003 (shortly after news of the rejection of the second proposal was received) the country stakeholders agreed to form a 'Proposal Development Sounding Board'. It was a mechanism to ensure that the proposal process was consultative and inclusive, composed of representatives from government and UN agencies and NGOs with a stake in the HIV/AIDS response in the Philippines. This included representatives from organisations working with people living with HIV/AIDS, domestic labour, youth, migrant workers or overseas Filipino workers, men who have sex with men (MSM), and

sex workers. In addition, support for the Sounding Board was provided by the PNAC Secretariat, WHO-Western Pacific Regional Office (WHO-WPRO), UNAIDS, UNICEF, and ILO. UNAIDS Philippines provided the logistics for the meetings.

A meeting of the 'Sounding Board' took place on April 25, 2003. In that meeting, WHO-WPRO, UNAIDS and UNICEF and other observers were also present. They discussed the comments of the Global Fund Technical Review Panel on the unsuccessful second country proposal and identified factors that would increase the chances of getting a third proposal approved. The WHO- WPRO Regional HIV/AIDS Team provided substantial input into this process. The Sounding Board reached the following key major decisions in the meeting:

- Show that the proposal is additional, complementary and sustainable, filling existing gaps and scaling-up;
- Provide plans on co-financing; moving over time towards greater reliance on domestic resources.
- Simplify goals and objectives, with all components supporting the same goal.
- Focus on particular groups that are most at risk based on epidemiological data of the country. Even within each group, such as youth and migrant workers, the proposal should focus on particular sub-sectors that are more vulnerable e.g. out of school youth, seafarer migrant workers. Men who have sex with men (MSM) and injecting drug users (IDUs) should be included in the proposal.
- Monitoring and evaluation of interventions with vulnerable groups should be included as part of activities to measure the outcome of interventions. More broadly there should be more outcome/output indicators than process indicators and behavioural surveillance needs to be integrated into the monitoring and evaluation of components.

2. Focusing the Proposal

An additional decision of the Sounding Board meeting was the recruitment of a lead technical writer. The fees for the writer and a support editor were funded by GTZ, the German bilateral agency that is also a member of the Country Coordinating Mechanism of the Philippines.

The first task of the lead technical writer was to review the second proposal, based on the assumption that the proposal only had to be improved and re-submitted. In that proposal, three crosscutting objectives emerged, namely:

- To build awareness, educate and change behaviour;
- To build capacities of AIDS service organizations, personnel and volunteers;
- To strengthen care and support.

It was obvious upon review of the proposal that an entirely new proposal had to be written, narrowing the focus to the most vulnerable. However, it was not clear what the focus should be. To overcome this problem and to help the Sounding Board members realise the urgent need to trim down on the target sectors, the writer devised an 'Analysis Matrix' (see headings below). It was sent out to those involved in the preparation of the Round 2 proposal, including NGOs working with the various populations identified as programme recipients. All columns in the analysis matrix needed to be filled in by each proponent, showing the reasons why their sector should be a priority target of the Global Fund proposal.

Headings in the 'Analysis Matrix'; specifying sector, e.g. workers/migrant workers, sex workers, Youth, PLHA, MSM, IDU.

1. Specific Target within Sector (e.g. dockworkers in major ports of Visayas; seafarers; young MSM)
2. Vulnerability Factor
3. Proof of Vulnerability (Epidemiological Data and Source of Data)
4. Existing Intervention Program/ Activity to Address Vulnerability
5. Geographic Area of Intervention
6. Implementer (state specific govt, NGO, private sector body)
7. Financing of Existing Intervention
8. Intervention Gaps or What Needs More to be done

Another matrix, 'Proposed Additional Intervention/Activity Matrix for Specific Targets Within Sector' (see headings below), was developed and sent out to facilitate the identification of the more vulnerable sub-populations within the major sector classification, in keeping with the agreement at the 25 April Sounding Board meeting.

Headings in the 'Proposed Additional Intervention/Activity Matrix' for specific targets within each sector.

1. Specific Target Group Within Sector
2. Objective
3. Broad Activities
4. Output Indicators
5. Outcome Indicators
6. Source/Mean of Verification (whether outputs/outcome were realised)
7. Budget Estimates, broken down into broad classification (1. Human Resources, 2. Infrastructure/Equipment, 3. Training/Planning, 4. Commodities/Products, 5. Drugs –ARVs, OI drugs, etc), 6. Monitoring and Evaluation, 7. Administrative – overhead, cost of Principal Recipient, etc.)

The matrices were also used as tools to facilitate the process of the two-day consultative 'write shop' scheduled for 6-7 May 2003. The participants were asked to complete the matrices before attending the 'write shop'.

1. The Consultative 'Write shop' – 6-7 May, 2003

The 'write shop' aimed to define a common overall goal and objectives for the Round 3 proposal and, having agreed on these, draft the broad activities and coverage of the proposal. There were around 20 persons present during the 'write shop' from the government (PNAC Secretariat, Department of Health), the UN (UNAIDS, WHO, ILO, UNICEF, UN Commission on Migration), care and support organizations (Pinoy Plus, Positive Action Foundation, Remedios AIDS Foundation), ACHIEVE (working with overseas Filipino workers), the Trade Union Congress of the Philippines, Lunduyan Foundation (working with children and youth) and The Library Foundation (working with men who have sex with men).

An outside facilitator was hired by UNAIDS to facilitate the 'write shop' with the lead technical writer assisting. As a first step, the participants examined the completed matrices to determine the priorities of the new proposal, analysing the epidemiological data provided on vulnerability and assessing the urgency of interventions. As a result the domestic labour sector as well as the general youth sector recognised the need to narrow down the targets to the sub-population of migrant workers in the case of labour, and the disadvantaged youth within the sex worker sector.

Initially, the participants of the 'write shop' agreed to cover 38 'risk zones' throughout the country. This was later recognised as too ambitious and trimmed down to only 11 areas after consultation with the proposal development Sounding Board, WHO, UNAIDS and PNAC.

The goal and objectives were discussed and agreed upon in the 'write shop' to enable the lead technical writer to develop a cohesive proposal. Key to this was having one overall goal and two specific objectives, one on prevention and one on care and support. This was a clear lesson learned from the disjointed proposal submitted in the previous round, which had multiple and disconnected objectives. The strategies and broad activities were also discussed and agreed upon, providing the skeleton for the lead technical writer to draft the 3rd Round proposal.

2. Drafting the Proposal

The lead technical writer developed the draft of the proposal from the results of the 2-day write shop. As each section of the proposal was drafted it was sent electronically for comment and input to all the Sounding Board members, UNAIDS, WHO, and PNAC. By 9 May, the writer had completed the 4th draft version of the new proposal; "**Accelerating STI and HIV prevention and care through intensified delivery of services to vulnerable groups and people living with HIV/AIDS in strategic areas in the Philippines**".

Some of the key problems encountered in completing the draft within the specified timeframe were:

- i. Some members of the Sounding Board had not completed the target outputs per activity, e.g. on how many people should be on ARVs. By 9 May, most targets had yet to be filled in by the respective Sounding Board members, and an overall budget had yet to be consolidated.

- ii. The section on Procurement could not be written due to the absence of basic inputs and data needed from the Department of Health Logistics and Procurement Service.
- iii. The Executive Summary and the 2-year indicative work plan had to be put on hold as their completion was contingent upon the submission of the target inputs from some of the members of the Sounding Board.

The technical writer and the editor set a self-imposed deadline for the proposal to be completed by 26 May to enable the PNAC Secretariat to have the proposal signed by members of the Country Coordinating Mechanism (CCM) and all the necessary attachments appended. This deadline however was not realized due to the lack of data on some of the major parts of the proposal.

3. Concept Approval by the Country Coordinating Mechanism (CCM)

The overall concept of the proposal was presented by Dr. Rhoderick Poblete, officer-in-charge of the PNAC secretariat to the CCM in a meeting on 22 May, 2003, where it was approved in principle. At this point, the lead technical writer was more than halfway through drafting the proposal. This late approval was mainly a result of the fact that the CCM only meets once a month and it is difficult to convene 28 members scattered over the numerous islands that make up the Philippines.

4. Final Proposal Writing Team

The final writing team composed of the lead technical writer, the Editor, and representatives from the Sounding Board and PNAC met for the whole week of 26-30 May, at the WHO-WPRO headquarters for the completion of the country proposal. The UNAIDS Country Programme Advisor and the Department of Health AIDS Programme Manager also helped during the initial days. The WHO-WPRO HIV/AIDS regional team provided advice throughout the development of the new proposal, working with the writing team for the whole week.

The group went over the proposal line by line, section by section to ensure that the country proposal would be logical, based on relevant data and well-written. However, the five days allocated stretched the team's capacity to complete and polish the proposal according to the comments of the Global Fund TRP and the requirements of the country programme objectives. This was compounded by the lack of information on the prices of drugs, reagents and other commodities.

Finally, the Philippine country proposal was sent electronically to the Global Fund in Geneva on 31 May. The hard copy signed by at least 3 CCM members and the attachments were sent by courier later that day. Another more complete copy of the attachments and signatures of most CCM members were sent on 4 June, 2003. There were difficulties in getting signatures due to the geographic separation of the members of the CCM.

On 12 June the Philippines received comments from the Global Fund Secretariat which noted amendments that needed to be completed and sent back by 17 June. Minor discrepancies in the budget, particularly on the cost of drugs, as well as incomplete signatures from the CCM were noted. The Philippines managed to comply with the requirements on the appointed date.

On 11 November, 2003, the DOH received the formal notification on the approval of the country proposal under Category 2 from the Global Fund (<http://www.theglobalfund.org/search/portfolio.aspx?countryID=PHL#HIV/AIDS>).

The TRP cited no weaknesses of the proposal. The strengths noted were:

- Very well structured plan with clear strategic focus, clear objectives, and well-defined activities linked to the objectives;
- Proposal focuses on 11 high risk areas and rolls out interventions based on experience with the same package of interventions in other high risk areas; very well integrated with existing strategies and programmes;
- Good use of a wide range of implementing partners;
- Clear focus on vulnerable groups, meets co-financing requirements and shows shift over time to increasing use of domestic resources;
- Strong Principal Recipient, financial and governance arrangements;
- Strong Monitoring and Evaluation framework.

Specific issues for clarification were in the number of IDUs to be reached with services and the actual number of patients to receive ARVs. The lead technical writer and the Editor, together with the PNAC Head of Secretariat, UNAIDS and WHO met again to respond to the clarifications requested.



C. Lessons Learned from the Philippines Experience

1. Role of Civil Society and the PLHA Community

The relationship between the Philippines government and the NGOs working on HIV/AIDS is dynamic and evolving. The volatility of the relationship between the two sectors is a natural outcome of their respective natures. The experience in the first submission of the country proposal, where almost no consultation occurred, resulted in the NGOs and the PLHA communities actively lobbying to ensure their involvement in the process of proposal development and decision-making within PNAC and the CCM in the next rounds.

The tendency, however, of many of these NGOs to defend their 'turf' also contributed to the incoherent nature of the unsuccessful second proposal submitted to the Global Fund. The process of multi-sectoral involvement may be long and difficult but the successful outcome of the third round submission proved that constructive engagement of government and NGOs and between NGOs can lead to a successful result.

The role of civil society and the PLHA community representatives is to ensure that the interests of their respective constituencies are considered, protected and responded to by programmes designed to address their needs. The success of the Round 3 proposal has shown that their involvement can result in a more effective and successful proposal.

2. Collaboration between Stakeholders from Various Sectors

In the process of developing the proposal, government, civil society, PLHA and the donor communities mustered their respective strengths, gave way to other priorities when needed, pooled their resources (brainpower, logistics, funds, data, etc) in order to achieve one objective – the country proposal to the Global Fund. The active collaboration, cooperation and the goodwill shown to each other by all the actors in this endeavour were exceptional and historic.

3. Issues to Consider when Developing the Proposal to the Global Fund

Several issues and/or considerations vital to the completion of the 3rd proposal emerged:

- The need to involve all the stakeholders from the very beginning; not only the target communities and the NGOs serving them, but also technical advice from support donor agencies like UNAIDS, WHO. Their inputs are invaluable.
- The need to pay particular attention to the comments that are raised by the TRP and address them in the next proposal.
- Narrowing down the focus of the proposal should be the overarching principle in proposal writing. Being realistic about what can be accomplished within a timeframe, the burden or potential burden of HIV/AIDS in the country, the current efforts and the budget are basic considerations.
- The formation of a mechanism like the 'Proposal Development Sounding Board' was a masterstroke that helped in facilitating quick communication and discussion between the NGOs and government, between and among NGOs and other stakeholders.
- The writing workshop where stakeholders – PLHAs, NGOs, government and support donor agencies- were present also facilitated the work of putting the proposal together.
- Three months is the adequate timeframe for an exercise like the Global Fund proposal development where processes of continuing dialogue and concerted work among the actors lengthens the process but ensures the best results.
- A discovery from this exercise is that data and documentation on the many pilot intervention initiatives in HIV/AIDS in the Philippines were utterly lacking. The processes of interaction and cooperation between and among key actors in HIV/AIDS work are not documented well.
- The proposal cannot be written by just anyone with the skills for writing. It helped that the technical writer is herself immersed in the country's HIV/AIDS programme planning and implementation and evaluation.



The International HIV/AIDS Alliance (the Alliance) is an international non-governmental organisation (NGO) that supports communities in developing countries to make a significant contribution to HIV prevention, AIDS care and to the provision of support to children affected by the epidemic. Since its establishment in 1993, the Alliance has provided financial and technical support to NGOs and community-based organisations (CBOs) from more than 40 countries.

This series of draft reports and papers is available in electronic form for people to download and print if they wish. The text of these reports and papers will be subject to change as additional information becomes available, and we would appreciate your feedback.

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