Annex of Funding Priorities of Civil Society and Communities Most Affected by HIV, Tuberculosis and Malaria
Frequently Asked Questions

Date: 6 February 2023

1. What is the Annex of Funding Priorities of Civil Society and Communities?

The Annex of Funding Priorities of Civil Society and Communities ("Annex") captures the highest priority interventions collectively identified by civil society and communities most affected by HIV, tuberculosis (TB) and malaria as part of the funding request development process led by the Country Coordinating Mechanism (CCM).

2. Why do we need this Annex?

The Annex is newly introduced for the 2023-2025 funding cycle. It is intended to capture and document the highest priority interventions identified by civil society and communities during the country dialogue process. This information will be used by the Global Fund to assess the effectiveness of country dialogue in terms of meaningful and responsive community and civil society engagement and to give a fuller documented picture of community needs proposed for inclusion in funding requests.

We understand that each context is different, and that communities and civil society often face multiple and complex barriers that hinder meaningful engagement. The introduction of this Annex is not intended to solve all these persistent and significant challenges.

3. Should each constituency complete an Annex?

One Annex consolidating the list of highest priority interventions should be submitted per funding request. Communities and civil society should coordinate and collaborate to define and prioritize highest priority interventions across different communities for funding requests.

4. Should each disease component complete an Annex?

It will depend on the country and how it organizes its submissions, but a single Annex should be completed for each funding request. In some contexts, this will be for a 'single' disease component such as malaria, in others it may be a joint funding request, for example HIV/TB or an integrated funding request HIV/TB/Malaria.

5. How can the priorities of key, vulnerable and underserved populations (e.g., key populations, youth, women, TB and malaria networks) be reflected in the Annex, particularly in contexts where these communities are persistently marginalized?

The process of developing priorities for the Annex must intentionally focus on the inclusion of those communities most impacted by the three diseases in all their diversity. Stakeholder engagement in consultation processes should aim for an appropriate balance in representation of different genders, age groups and geographies (rural and urban). The diversity of stakeholders engaged should be documented as part of the process. Note: the names of participants are not required and should not be included in the submission.

6. How can constituencies prepare for completing the Annex?

Developing the Annex for each funding request should be an inclusive, community-driven process coordinated by community and civil society representatives on the CCM with the support of the CCM Secretariat. Constituencies are encouraged to convene, consult and engage each other early to identify, consolidate and validate the highest priority interventions from the perspective of community and civil society most affected by the three diseases.

Ensuring civil society and communities have a strong understanding of their country context and national responses to the three diseases is critical to them identifying which interventions they believe will deliver highest impact in reducing barriers or increasing the acceptability, accessibility, affordability, availability or quality of services.

7. How many interventions can be prioritized and what is the methodology for prioritizing these community interventions?

Up to a maximum of 20 priority interventions may be included in the Annex. These should be the interventions that communities and civil society have identified as those with greatest

potential for impact in reducing barriers in access to services, or increasing acceptability, accessibility, affordability, availability and quality of services. It is important to record recommended priorities whether or not they have been included in the funding request or Prioritized Above Allocation Request (PAAR). For Focused Portfolios, these priorities should be in line with the areas of focus indicated in the Allocation Letter or otherwise agreed with the Global Fund. See the [Modular Framework Handbook](#) for eligible interventions. For example, a simple step to step process could look like this:

1. Each community constituent should start as soon as possible to convene and consult to discuss and agree on priority interventions.
2. Each community constituency or communities jointly develops a priority list of interventions. We encourage joint developments from the start but also recognize that this may not be feasible in all contexts. Each of the priorities developed in step one should answer and highlight in a few sentences:
   a. The problem statement framed using data or evidence from program implementation, national data and other sources such as community-led monitoring, focus group discussions, and/or others.
   b. The specific evidence-based intervention to address the problem. This could be the introduction or expansion of specific interventions, procurement of specific commodities or funding for specific community-led interventions and activities.
   c. The intended impact or outcome and where possible costing information (costing for community interventions support will be available).
3. If the Annex and priorities have not been developed jointly, all the constituents should meet to consolidate these, populate the Annex for submission and validate it.
4. Communities develop an advocacy and engagement plan and work with the community and civil society representatives on the CCM to ensure these priorities are genuinely considered for inclusion in the final funding request.

8. What level of detail is required for prioritized interventions?

The description of each intervention should ideally include: (a) a problem statement; (b) an evidence-based rationale for the intervention; (c) the expected impact or outcome; and (d) if possible, estimated costings for the intervention. Ideally the shorter, the sharper, the more precise and concrete the priority interventions, the quicker the absorption of the content. It is important to articulate how proposed interventions will contribute to advancing the response to HIV, TB and malaria.

9. What if there is no evidence-based rationale for the intervention yet communities agree on that intervention as being one that provides highest impact?

Acknowledging that not all communities and civil society organizations are engaged in community-led monitoring (CLM) and/or other evidence-generation interventions, examples

of consistent experiences faced by services users collected over time, or from focus group discussions and consensus reached and priorities agreed during community consultations can be accepted. Communities can use existing national data, partner data (UNAIDS, Stop TB, RBM), and other sources of data to support their prioritization. Global Fund and technical partner guidance materials and information notes can also be used to guide the presentation of prioritized interventions. These reflect the range of evidence-based interventions necessary to have an impact on the epidemics, including the critical role of communities as equal partners across all levels of disease responses, the importance of gender and equity and the critical need to address human rights related barriers in access to services.

10. What criteria determines if an intervention should be included?

The Modular Framework Handbook and related guidance outlines intervention areas eligible for support via Global Fund financing. It is not expected that you will read through it all, but if you are not sure what the Global Fund invests in, it is helpful to consult the Handbook. For Focused portfolios, these priorities should be in line with the areas of focus indicated in the Allocation Letter or otherwise agreed with the Global Fund. A range of technical briefs and guidance notes are available on the Global Fund website including the Community Systems Strengthening Technical Brief. If in doubt, do reach out to your CCM representatives; the CRG Regional Platforms and/or Key and Vulnerable Networks who have developed a range of tools and resources to help guide communities and civil society in the process. Other resources and materials can be accessed on the Applicant Guidance Materials page on the Global Fund's website.

11. Is community-generated data accepted as strong enough evidence for the funding priorities of civil society organizations and communities?

Yes, this is accepted as strong enough evidence. Community-led monitoring data, focus group discussions outcome and consensus, and community-led research are accepted.

12. Should every need mentioned during country dialogue be included in the Annex?

No, the Annex should only contain the highest priority interventions identified by civil society and communities. There is no minimum, however only up to a maximum of 20 interventions may be included.

13. Is there guidance or methodology on how to prioritize interventions?

There is no specific prioritization guidance, but it helps to ensure interventions are aligned with the modular framework core grouping/thematic areas of interventions. It also helps that you prioritize key interventions in the Annex, for funding request consideration, that are high impact. The priorities do not need to appear in any specific order of priority or importance.

14. Should we include prioritized interventions that have been included in the Funding Request or PAAR?

The Annex should reflect the highest priority interventions identified by civil society and communities regardless of whether they have been included in the Funding Request or PAAR.

15. Would it be helpful for communities to categorize the 20 priority interventions as to which should fall in the main funding and those under PAAR?

We would encourage communities and civil society to indicate the activities they strongly recommend for inclusion in the main funding.

16. Will all identified priorities be included for funding in the submitted funding request?

No. Funding available from the Global Fund in any cycle is never enough to respond to all demands and priorities as identified by the full range of stakeholders included in the country dialogue and funding request development processes. In documenting and consolidating their priorities, the Annex can be used by local community and civil society, country partners, and the Global Fund Secretariat to better understand the degree to which they have been included.

17. Who should coordinate and complete the Annex and is there funding for this activity?

Community and civil society representatives on the CCM should coordinate the completion of this form and ensure that it is validated by those communities and civil society groups consulted and engaged. The CCM Secretariat should provide support in this process. Community and civil society representatives can request the CCM to provide funding for support through the 15% budget allocation intended for constituency engagement. Support can also be sought from technical and bilateral partners at the country level.

18. Our constituency does not have a representative on the CCM, how can we ensure that our interests have been included?

See question 5 and 6 above. The CCM community and civil society representatives are mandated to represent the needs and priorities of all communities for the development of this Annex and include a list of all organizations consulted in the development of the Annex.

19. We have not used the Annex, but can we submit our own constituency's priority list as an Annex?

No, only one Annex can formally be submitted with the Funding Request as a required document with the submission.

20. How should the Annex be submitted?

The Annex should be submitted by the CCM as part of the formal funding request submission.

21. Where can we get more information and support on developing funding priority interventions?

For additional information and guidance, please reach out to the CRG Regional Platforms and Key and Vulnerable Networks, and/or technical and bilateral partners supporting communities and civil society to engage in this process in your countries.

22. How will the Annex be used in decision-making during the grant funding prioritization?

The Annex can be used to ensure highest priority interventions collectively identified by communities and civil society have been meaningfully considered for inclusion in funding request development.

23. Is there a mechanism to note if the proposed interventions have been accepted and included in the funding request?

Yes, the Annex Template includes a section where there is an expectation to indicate if the priority has been included in the final funding request or the PAAR. We recommend that community and civil society representatives review this and ensure that it is correct prior to funding request submission.

24. How can we follow up if we are not satisfied with the decision of the CCM to not include prioritized Interventions in the funding request?

Communities and civil society should engage with their CCM representatives to hold their CCM accountable, as it is the CCM that coordinates the development and submission of the national request for funding. If you have concerns about inclusive decision-making, you are welcome to reach out to your Country Team.