**PROGRAM CONTINUATION REQUEST COVER LETTER**

We, the undersigned Chair, Representative of Civil Society and Representative of Key Populations of the [XXX] Country Coordinating Mechanism (CCM), declare that, after an inclusive country dialogue within the CCM, including civil society partners, key and vulnerable populations, communities and other relevant stakeholders, and in accordance to the CCM Eligibility Requirements[[1]](#footnote-2), made a decision to *(please select one)*:

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| [ ]  | **Request Program Continuation** * Requestcontinuing the implementation of the Global Fund [disease component(s)] grant(s) [grant(s) number] for an additional three years under substantially the same goals, strategic objectives and similar programmatic interventions of the current grant(s). We do so with the understanding that no material changes[[2]](#footnote-3) have occurred in the scope and scale of strategic focus, technical approaches/soundness and potential for impact of the investments in a disease program as indicated in the attached “Applicant Self-assessment”.
* As part of the assessment for Program Continuation, we understand that opportunities for programmatic adjustments should be identified for reprogramming as appropriate, and that reprogramming of grants can take place at any time throughout the grant cycle to ensure that the program is on track to deliver results and achieve highest impact. We understand that should changes requiring material reprogramming occur in the future, we will immediately notify the Global Fund.
* The CCM also acknowledges that this request will be subject to validation by the Technical Review Panel (TRP) for continued relevance of strategic focus and technical soundness, and that the program objectives have potential to achieve highest impact with available resources.
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| [ ]  | **Submit a Funding Request (Tailored or Full Review) as the Program Continuation approach does not apply based on the outcome of the “Applicant Self-assessment.”**Place and date:

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CCM Chair | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative of Civil Society at the CCM | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Representative of Key Populations at the CCM |

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**APPLICANT SELF-ASSESSMENT TO INFORM PROGRAM CONTINUATION**

*The Applicant Self-Assessment is the mechanism by which applicants provide their rationale for continuation of existing Global Fund-supported grants to deliver on program objectives and highest impact with the available resources. As part of the assessment for Program Continuation, opportunities for programmatic adjustments should be identified for reprogramming as appropriate, taking into account that the revision of grants can take place at any time throughout the grant cycle to ensure that the program is on track to deliver results and achieve highest impact.*

*Responses to each question should be brief and should clearly demonstrate how the current investments are in line with the country’s need to maximize impact. Reference to supporting documents and evidence is strongly encouraged. This self-assessment must be submitted together with Annex 1 to confirm the inclusiveness of the process.*

*If the applicant confirms material change for any of the questions below, it is required to explain whether this change will have an immediate impact on the programming (i.e. require a Tailored or Full review) or can be addressed at a later stage (i.e. through reprogramming during grant implementation).*

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| **SUMMARY INFORMATION** |
| **Applicant** |  |
| **Component(s)** |  | **Funding amount as per Program Split** |  |
| **Principal Recipient(s)** |  |
| **Envisioned grant(s) start date**  |  | **Envisioned grant(s) end date**  |  |
| **Funding amount requested for Program Continuation** |  | **Prioritized above** **allocation** **request (PAAR)** | N/A[[3]](#footnote-4) |

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| 1. **Epidemiological contextual updates**
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| Are there any relevant changes in the country’s epidemiological context as compared to the previous funding request (e.g. important changes in trends in incidence/notification rates or prevalence, key drivers of the epidemics, emerging high risk behaviors, drug/insecticide resistance, or coverage of interventions in the general population or specific key and vulnerable populations based on the latest surveys or other data sources)?  | [ ] Yes[ ]  No |
| *Applicant rationale (max. 300 words)* |
| 1. **National policies and strategies revisions and updates**
 |
| Are there new approaches adopted within the national policy or strategy for the disease program as compared to the previous funding request (e.g. “treat all” guidelines for HIV, short-term regimens for MDR-TB, shift in interventions from malaria control to pre-elimination, expanded role of the private sector)?  | [ ] Yes[ ]  No |
| *Applicant rationale (max. 300 words)*  |
| 1. **Investing to maximize impact towards ending the epidemics**
 |
| Referring to available evidence and inputs from technical partners and key stakeholders, does the current program continue to be relevant, and is it progressing and generally on track to achieve results and impact? Please provide rationale for the appropriateness of continuation of the goals, strategic objectives and key interventions. As relevant, explain the most important challenges being faced and any mitigation measures that have been put in place.  | [ ]  Yes[ ]  No |
| *Applicant rationale (max. 300 words)* |
| 1. **Alignment with 2017 – 2022 Global Fund Strategy Objectives 2 and 3**
 |
| **Objective 2 to Build Resilient and Sustainable Systems for Health** |
| Does the current grant include an appropriate focus on investments in Resilient and Sustainable Systems for Health (RSSH)? If changes in RSSH investments are needed (in order to maximize reproductive maternal neonatal and child health or other areas) please explain how and when these changes should be addressed.  | [ ]  Yes [ ]  No |
| *Applicant rationale (max. 300 words)* |
| **Objective 3 to Promote and Protect Human Rights and Gender Equality** |
| Is there a need for intensifying or modifying efforts to address human rights and gender-related barriers to services and to ensure appropriate focus on interventions that respond to key and vulnerable populations? If changes are needed, please explain how and when they should be best addressed.  | [ ]  Yes [ ]  No |
| *Applicant rationale (max. 300 words)* |
| 1. **Effectiveness of implementation approaches**
 |
| Are the current implementation arrangements effective to deliver on the program objectives and anticipated impact (including the PR and the main SRs)? If major changes to the implementation arrangements are needed, please explain how and when they should be best addressed.  | [ ]  Yes [ ]  No |
| *Applicant rationale (max. 300 words)* |
| 1. **Sustainability, Transition, and Co-Financing**
 |
| Are there changes in domestic or international financing (e.g. due to withdrawal of a major donor or significant increase in domestic allocation/funding), resulting in material impact on funding availability for programmatic interventions and sustainability? If yes, describe how these changes impact the country’s ability to meet co-financing (previously referred as ‘willingness to pay’) commitments for the current grant implementation period and if these changes will impact the country’s ability to make and realize future co-financing requirements in the next implementation phase.  | [ ]  Yes [ ]  No |
| *Applicant rationale (max. 500 words)* |
| Is your country’s 2017-2019 Global Fund allocation for the disease component significantly lower as compared to the current grants’ spending level[[4]](#footnote-5)? If yes, please provide an explanation on how the scope of the program will be maintained/increased and what are the alternative sources of funding to maintain/increase the current level of coverage. | [ ]  Yes [ ]  No |
| *Applicant rationale (max. 500 words)* |

**Projected need for a material change leading to a grant reprogramming**

Please indicate key timing for program and NSP evaluations/reviews, surveys outcomes, or any other relevant information that may inform the potential need for a material reprogramming[[5]](#footnote-6) from now until the expected end of the new grant(s):

|  |  |  |
| --- | --- | --- |
| **Documents, evaluations, surveys and other relevant information** | **Expected availability (month/year)** | **Foresee a need of material reprogramming at that time? (Y/N)** |
|  |  |  |
| *(Insert additional lines as needed)* |  |  |

 ***Note:*** *All funding requests and resulting grants must comply with and follow the application focus*[[6]](#footnote-7) *and co-financing requirements set forth in the Sustainability, Transition and Co-financing Policy.*[[7]](#footnote-8)

**Please complete Annex 1 below to confirm the inclusiveness of engagement with key and vulnerable populations in the process of developing Program Continuation request.**

**ANNEX 1: INCLUSIVENESS OF ENGAGEMENT WITH KEY AND VULNERABLE POPULATIONS[[8]](#footnote-9)**

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| **Inclusiveness of engagement with key and vulnerable population in the process of developing the Program Continuation Request (for malaria programs see footnote[[9]](#footnote-10))** |
| Has the process for developing this request been inclusive, including the views of representatives of key and vulnerable populations, particularly those who are the focus of the program? | [ ] Yes [ ]  No |
| Were representatives of key and vulnerable populations informed of the amount of allocation available? | [ ] Yes [ ]  No |
| In cases of changes in the implementation contexts (i.e. question 1, 2 and 5 above) or increase/decrease in allocation, were representatives of key and vulnerable populations consulted on how risks on the program quality and sustainability can be mitigated? | [ ] Yes [ ]  No |
| Was feedback from representatives of key and vulnerable populations on the quality, content and delivery of the current program taken into account during the assessment process?  | [ ] Yes [ ]  No |
| *Applicant rationale (max. 300 words)* |

1. The CCM may be requested by the Global Fund Secretariat to provide additional documentation to demonstrate that the request has been developed through consultative processes with meaningful engagement of key and vulnerable populations; and with transparent criteria for retaining the existing PR or selecting a new PR. In this case, if the documentation provided by the CCM results in the determination by the Global Fund Secretariat of non-compliance with eligibility requirements(s) 1 and/or 2, as applicable, the Secretariat reserves the right to delay grant signing until such requirements are duly complied with. Please refer to Annex 1 and [Guidelines and Requirements for Country Coordinating Mechanisms](http://www.theglobalfund.org/en/ccm/guidelines/#ccmguidelinesrequirements) [↑](#footnote-ref-2)
2. Please refer to the Global Fund Operational Policy Note on [Reprogramming during Grant Implementation](http://www.theglobalfund.org/en/operational/) [↑](#footnote-ref-3)
3. The Applicant will be invited to present Prioritized above Allocation Request (PAAR) during the grant making process. [↑](#footnote-ref-4)
4. 2017 – 2019 allocation amount stands for 70% or less of the current grants’ expenditure level over the last three years calculated by using the last year expenditures multiplied by three. [↑](#footnote-ref-5)
5. Please refer to the Global Fund Operational Policy Note on [Reprogramming during Grant Implementation](http://www.theglobalfund.org/en/operational/) [↑](#footnote-ref-6)
6. Including ensuring interventions that respond to key and vulnerable populations, human rights and gender-related barriers and vulnerabilities for all countries, regardless of income level. [↑](#footnote-ref-7)
7. [Sustainability, Transition and Co-Financing Policy](http://www.theglobalfund.org/documents/board/35/BM35_04-SustainabilityTransitionAndCoFinancing_Policy_en), GF/B35/04 [↑](#footnote-ref-8)
8. The Global Fund defines key populations as groups that experience both increased impact from one of the diseases and decreased access to services. It also includes groups that are criminalized or otherwise marginalized. For example, in the context of HIV, key populations include: men who have sex with men, transgender people, sex workers, people who inject drugs, and people living with HIV. The Global Fund also recognizes vulnerable populations, who are those who have increased vulnerabilities in a particular context, i.e. adolescent/women and girls, miners and people with disabilities. For a complete definition, refer to the following link to the Global Fund [website](http://www.theglobalfund.org/en/keypopulations/). [↑](#footnote-ref-9)
9. Malaria programs where malaria-focused civil society and/or community organizations are not represented in the CCM are requested to indicate if civil society and community organizations engaged in responding to malaria have been informed and consulted under the “Applicant rationale” section. [↑](#footnote-ref-10)