



# **GRANTS MANAGEMENT SERVICES**

## **NATIONAL AIDS COMMISSION HIV AND AIDS GRANTS FACILITY PROCEDURES AND GUIDELINES**

**(WORKING DOCUMENT)**

## List of Acronyms

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AIDS	Acquired Immunodeficiency Syndrome
ASO	AIDS Service Organisation
ARV	Antiretroviral
BCC	Behaviour Change Communications
BCI	Behaviour Change Interventions
CBO	Community Based Organisation
CHBC	Community Home Based Care
CSO	
DACC	District AIDS Coordinating Committee
CHW	Community Health Workers
DATFs	District AIDS Task Forces
FBOs	Faith Based Organisation
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GTZ	German International Development Technical Assistance
HIV	Human Immune Deficiency Virus
IPs	Implementing Partners
IE&C	Information Education & Communication
INGO	International Non Governmental organisation
M&E	Monitoring and Evaluation
MIS	Management Information System
MOHSW	Ministry of Health and Social Welfare
MOFDP	Ministry of Finance and Development Planning
MOLG	Ministry of Local government
MTCT	Mother-to-Child-Transmission of HIV
NAC	National AIDS Commission
NAS	National AIDS Secretariat
NGO	Non-Governmental Organisation
OI	Opportunistic Infections
PLWA	People Living With AIDS
PMTCT	Prevention of Mother-to-Child-Transmission of HIV
RFP	Request For Proposal
SC	Steering Committee
STI	Sexually Transmitted Infections
TAC	Technical Advisory Committee
TOT	Training of Trainers
TWG	Technical Working Group
VCT	Voluntary Counselling and Testing

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# 1 Section 1: Background and Introduction

## 2 Background

The Government of Lesotho (GOL) has obtained assistance from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) that amounts of US\$29,312,000 towards its response to HIV and AIDS pandemic. The support will contribute to the partnership against HIV and AIDS in Lesotho by augmenting the Government's programme as is articulated in the proposal and the National HIV and AIDS Policy and National HIV and AIDS Strategic Plan 2006-2011 and The core challenge facing Lesotho is therefore to build necessary capacity for effective management of GFATM facility and implementation of the national HIV and AIDS response. As such the World Bank has provided a grant support to facilitate capacity building and technical assistance for the implementation of the Global Fund activities.

To address the challenge, World Bank support is to strengthen the capacity of the National AIDS Commission (NAC) and its executing arm, the National AIDS Secretariat (NAS), to effectively plan, coordinate, monitor and evaluate the national response to HIV and AIDS.

The NAC is taking up leadership in guiding the implementation and allocation of the various resources coming into Lesotho for the HIV and AIDS response. The World Bank support therefore in part aims at strengthening the capacity of NAC to effectively assume critical responsibilities for evaluating proposals, disbursements of funds, monitoring and evaluation of projects supported through GFATM and other financial resources available to NAC through the National HIV and AIDS Fund.

At the operational level, the GFATM funded project is guided by the content of the proposal, grant agreements, Local Fund Agent (LFA) assessment and existing capacities. The GFATM mechanism is currently organized in such a way that resources are channelled through an entity and/or entities known as recipients.

In Lesotho, the Ministry of Finance and Development Planning (MFDP) is the Principal Recipient and the Ministry of Health and Social Welfare (MOHSW) and the NAC/NAS are Sub—Recipients. The two sub-recipients (MOHSW and NAC/NAS) are expected to submit annual work plans and proposals to the Country Coordinating Mechanism (CCM) for approval upon the basis of which the (verification of process by NAC Directorate required !!)

MOFDP will authorize disbursements of funds to the sub-recipients' account. Subsequently, NAC in collaboration with the District AIDS Committees (DACs) and umbrella bodies, are responsible for channelling funds to civil society, public and private sector implementing agencies at the community level.

### **3 Purpose and Objectives of the Grants Facility**

#### **3.1.1 Grants Facility and National HIV and AIDS Strategic Plan**

The National AIDS Commission (NAC) is coordinating the implementation of the National HIV and AIDS Strategic Plan. The implementation and ultimate success of the national response to the HIV and AIDS epidemic depends on concerted and collaborative efforts by public, private and nongovernmental sectors to support the implementation of HIV and AIDS, prevention, care, support, treatment and mitigation programmes at all community levels.

The NAC recognizes that civil society, including communities, Faith- Based Organisations (FBOs), NGOs/CBOs, private businesses, local government and central ministries, National Training Institutions - understand and appreciate the gravity of the HIV and AIDS situation in Lesotho. They are they are willing to organize themselves for concerted action, if given the necessary support. NAC, with support from international donors, has established a Grant Facility to engage all of these players.

#### **3.1.2 Purpose**

In support of the goals of the National HIV and AIDS Strategic Plan, the purpose of the Grants Facility is to facilitate an expansion of the resource base for reducing the spread of HIV and mitigate the impact of AIDS in Lesotho.

Specific purposes of the facility are:

- To increase financial resource base available to civil society organizations to implement HIV and AIDS services and activities;
- To increase number and range of civil society partners receiving resources and technical support for the HIV and AIDS response;
- To improve human and organizational capacities to implement quality HIV and AIDS response services.

The Grants Management Services will operate with accountability and transparency. Systems developed will be responsive to both grass-roots partners and national actors and have been developed with input from many stakeholders.

The interaction will also draw from lessons learnt and proven GFTAM standards in grant-making experiences from other GFATM or World Bank or other similar donor beneficiary programs in the region, to benefit Lesotho.

This document describes the scope, components and management arrangements of the Grants Facility for use by NAC. This system will be reviewed annually and revised as, and when needed, based on changing needs and priorities.

#### **4 Guiding Principles**

The guiding principles for the Grants Management Services Facility are:

- Respect for the human rights and dignity of each person, irrespective of behaviour, HIV status, gender, age, religion, sexuality, or race;
- Confidential, voluntary, non judgmental and non discriminatory service delivery;
- Inclusive and supportive management, that recognizes that all indigenous Lesotho and foreign organisations have a potential to contribute to the HIV and AIDS response;
- Respect for and compliance with the National Strategy and the National HIV/AIDS Policy and any protocols and guidelines deriving from the above;
- Accountability to Stakeholders and the Government of Lesotho.

#### **5 Partners and Implementing Agencies**

The Grants Facility aims to provide support to all organizations across civil society that can contribute to the national response, and have the capacity to implement services and are able to account for funds received. Potential implementing partner organizations may include:

- Communities and CBOs. where needed, communities will be supported through intermediary organizations, e.g. NGOs;
- NGOs, including general development NGOs and AIDS Service Organisations (ASOs). International Development NGOs can also apply for support;
- Faith-based organizations (FBOs), including mission hospitals and faith communities
- Professional associations, such as Medical Associations and trade unions among others;
- For-profit organizations, including companies that want to develop workplace interventions or supportive policies in the context of their own staff or communities in their catchment area;
- Media groups, journalists, and commercial training organizations;
- Local government representatives such as District Administrators (DAs) and District AIDS Committees (DACs), but also schools and the University;
- Central government institutions such as line Ministries and Government Departments.

## 6 Services and Activities to be Supported

The National HIV and AIDS Policy and National HIV and AIDS Strategic Plan 2006-2011, form the framework for prevention, prevention, care support and mitigation services to be supported to be implemented in Lesotho to respond to the HIV and AIDS pandemic. Services will need to be responsive to community needs and ensure equity, sustainability and cost-effective national coverage.

- **Governance and Coordination:** Coordination at all levels, management, transparency and accountability to both NAC, GoL and project beneficiaries;
- **Management Support and Technical Guidelines** should be adapted for all specific interventions, and HIV and AIDS thematic areas and should be provided to grant applicant organizations. Activities that are not service oriented, but help to create a supportive environment and increased capacity of civil society for service delivery are also supported;
- **Creation of a Supportive Environment:** policy guidelines, technical and/or organizational capacity building of crucial organizations or groups, including DACs and CBOs; strategic planning support for public sector groups such as line ministries, departments and DACs; advocacy activities aiming to reduce stigma and discrimination, or to influence policies, cultural norms or legislation; ensuring that stake holders and implementing partners adhere to the national HIV and AIDS response priorities;
- **Prevention:** improving the quality of interventions by intensifying behaviour change communication addressing factors of:- abstinence, faithfulness and use of condoms in sexual relationships, in the context of Lesotho.; Scaling up prevention messages in all spheres to include: H/VCT; KYS, PMTCT, Safe Blood Transfusion; Infection prevention and sterilization services; Focussed programs aimed at increasing access to HIV and AIDS information and services among special/vulnerable groups such as: commercial sex workers, prisoners, people with disabilities, youth and herd boys; workplace programmes;
- **Treatment, Care and Support:** Scaling up anti retroviral therapy by increasing access to high quality care treatment and support; ensuring the availability of skilled service providers, infrastructure and effective procurement and distribution systems; establishing comprehensive care and monitoring systems for patients on ART for compliance and possible drug resistance.
- **Impact Mitigation:** development of strong community coping mechanisms and social safety nets through sustainable interventions; coordinated multi sector initiatives to provide food and other support to families and individuals affected by HIV and AIDS; policies and programs that protect the rights of OVCs and PLWHA; continuous registration of OVC; appropriate dissemination of policies and legislation on OVCs to ensure the application of policies as appropriate; increased access of OVC households to treatment care and support services including psychosocial support and integration of Orphans into family setups and communities; increase in the involvement of PLWHAs in the provision of care and support and psychological care; capacitating of PLWHAs to be engaged in profitable activities to support their livelihoods.

Assessments and situation analyses will be useful as a basis for efficient planning, to support networking and information to increase collaboration and share best practices in all 6 key areas.

## **7 Section 2: Implementation Arrangements**

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This section outlines the proposed coordination framework in line with each of the above mentioned HIV and AIDS Thematic areas.

### **8 Institutional Framework**

This document is informed by the National Coordination framework and NAC will ensure stakeholder participation through a consultative process. This will be done through workshops where all stakeholders will be represented both at central and district level and other participatory activities.

#### **8.1.1 Goal:**

The goal is to have HIV and AIDS activities aligned to the national strategic plan and coordinated through the NAC, and reports aligned to one national M&E framework by 2011.

#### **8.1.2 Objectives:**

The coordination framework aims to achieve the following objectives:

- To identify focal areas for coordination at all levels;
- To strengthen capacities of the coordinating structures;
- To establish stronger partnerships and synergies with relevant stakeholders;
- To facilitate and promote ownership and support to the national HIV and AIDS response by all stakeholders.

### **9 Proposed National Response Coordination Mechanisms<sup>1</sup>**

#### **9.1.1 National Level**

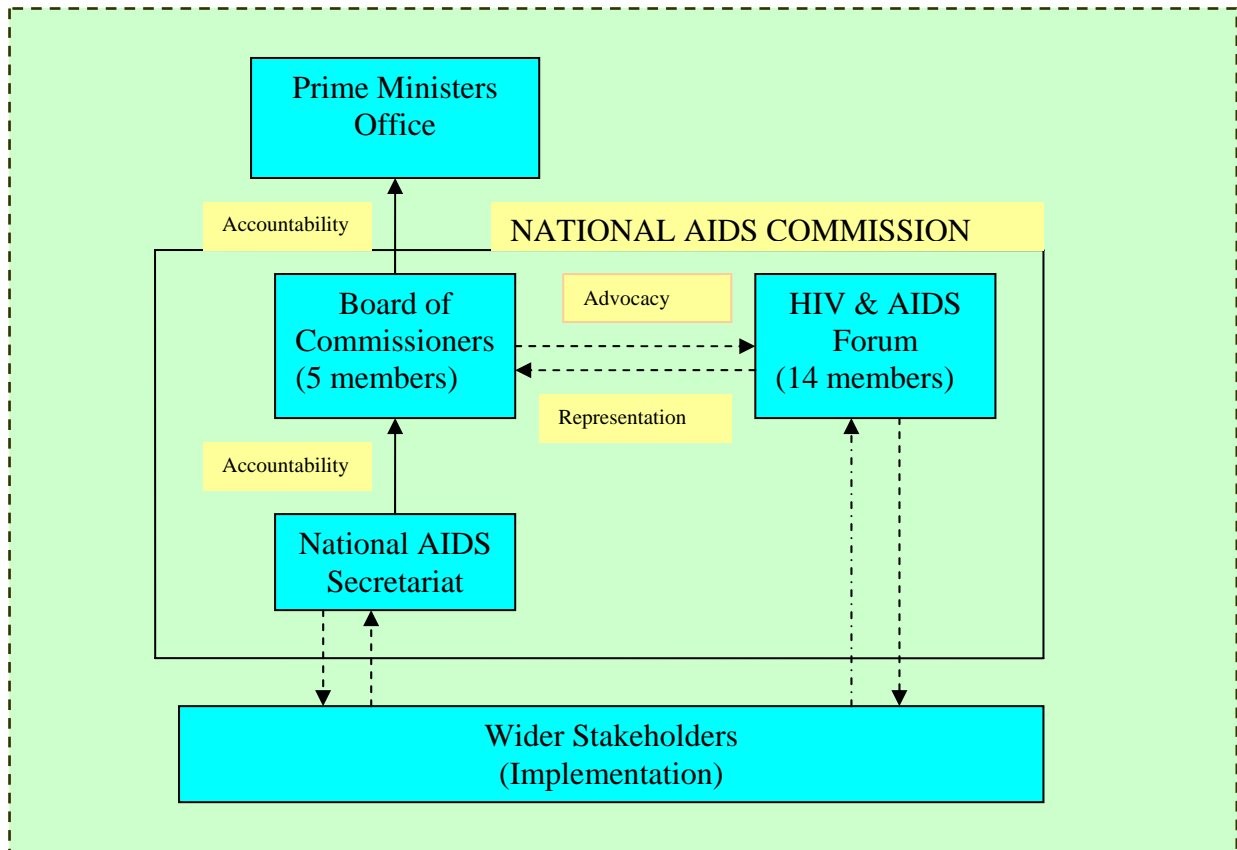
The NAC is mandated to guide and direct establishment of structures for effective coordination of the multi-sector response. The effectiveness of such a structure will depend on the formation of a multi-sector national management and coordination system. The membership comprises Government institutions, Non-governmental Organizations, Civil Society Organizations, Private Sector, Youth Groups, National Training Institutions, Professional Associations, Faith Based Organizations and National Organizations of People Living with HIV and AIDS (PLWHAs).

This body would become the main body to spearhead the implementation of National HIV and AIDS Strategic Plan. The National HIV & AIDS Forum which represents the multi-sector management and coordination system, is stipulated in the NAC Act 2005. The forum together with the National AIDS Secretariat and the Board constitute the National AIDS Commission that reports to the Cabinet Sub Committee on HIV and AIDS. At the highest level we have the Parliamentary Sub Committee on HIV and AIDS. The Commission comprises of the Board, the Secretariat and the HIV & AIDS Forum (Figure 1).

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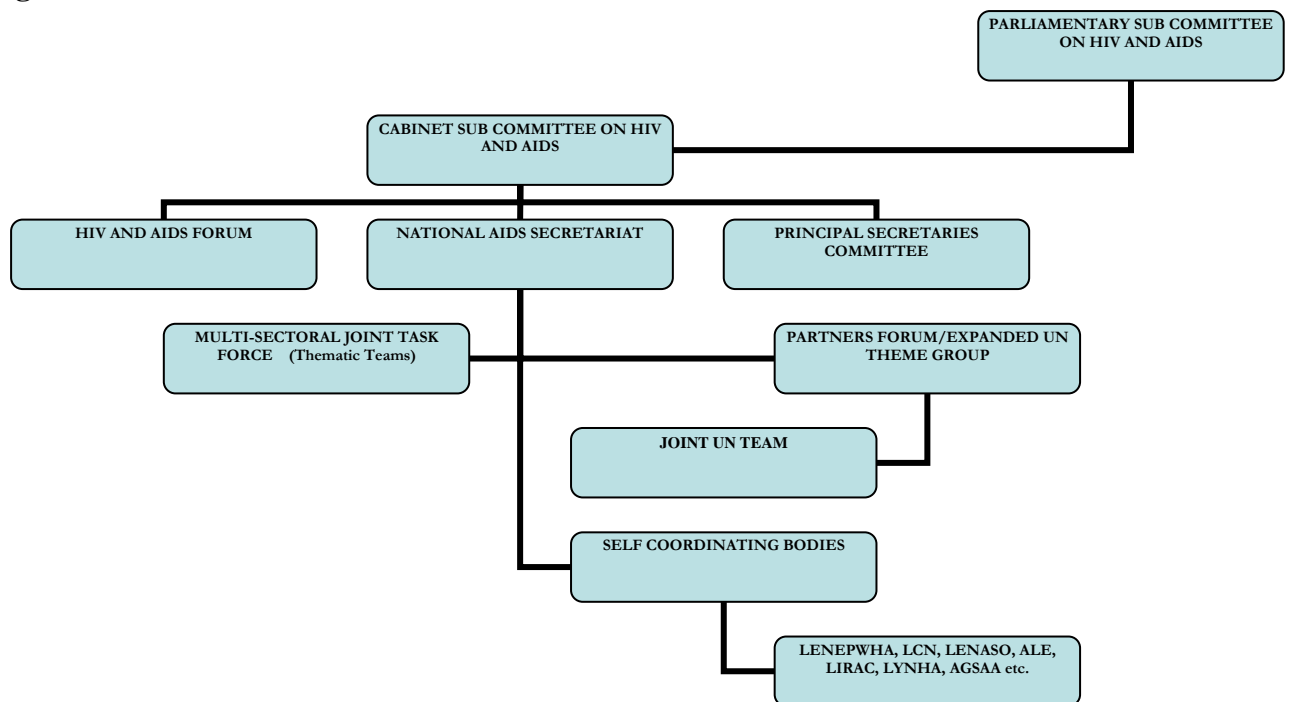
<sup>1</sup> Summarised from Draft NAC National Coordination Framework, DSCS

**Figure 1: National AIDS Commission**



In facilitating effective coordination at this level, NAC will also recognize and promote the multi sector and self coordinating structures. This is illustrated in the functional coordination structure in figure 2 below.

**Figure 2: National Level Coordination Structure<sup>2</sup>**



<sup>2</sup> Could be revised to include NAC at the centre.

- Parliamentary Sub Committee on HIV and AIDS: This Committee was established to strengthen coordination and advocacy on HIV and AIDS issues at the highest level of governance. This also ensured that the Parliamentarians advocated on HIV and AIDS issues in their constituencies country wide.
- Cabinet Sub Committee on HIV and AIDS: The NAC is expected to report to the Cabinet Sub Committee on HIV and AIDS as a function that is sublet by the office of the Right Honourable the Prime Minister. It is proposed that in addition to the seven Cabinet Ministers who are members of the Committee, the Minister in the Prime Minister's office should be included as the focal person in that office.
- HIV and AIDS Forum: This is the representative arm of Government and all Non Government actors to ensure more divergent interest groups participate and advice the Commission. The Forum is composed of 14 members. Representatives from PLWHAs, Women and Youth organizations, Business Sector, FBOs, LCN, MOHSW, MOFDP and MOLG, Member of Senate, National Training Institutions, National Assembly and Sporting Bodies. The Forum is mandated to meet as and when necessary but not less than four times a year. The responsibilities of the Forum<sup>3</sup> towards are as follows:
  - To provide a formal and representative coordination platform for discussion, consensus building, joint and mutual support for constituencies in the national response;
  - To encourage stakeholders and constituencies to harmonize the national response;
  - To provide communication channel for more effective information sharing within the various constituencies in society;
  - To recommend to the Commission, the emerging policy and Programme issues and challenges;
  - To advise the Commission on the implementation of the National Strategy;
  - To advocate demystification of HIV and AIDS, and the removal of stigma and discrimination associated with HIV and AIDS; and for the protection of rights of orphans and other vulnerable groups;
  - To encourage constituencies to submit annual action plans and reports with indicators in relation to the implementation of the national response to HIV and AIDS.
- Principal Secretaries Committee: The Committee of Principal Secretaries shall be revived. This Committee will advocate for HIV and AIDS related activities in the public sector. It will therefore be the entry point for coordination between NAC and the public sector. Its mandate will be inclusive off but not exclusive to the following:
  - To ensure absorptive capacity of all HIV and AIDS related funding to the public sector irrespective of the source;
  - To ensure a coordinated approach in the response in the public sector;
  - To ensure alignment of the public sector response to the national strategy;
  - To ensure reporting and accountability of the funding to the public sector;

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<sup>3</sup> As stipulated in the NAC Act 2005

### 9.1.2 Multi Sector Coordinating Bodies

- **Multi Sector HIV and AIDS Task Force:** The Multi Sector HIV and AIDS Task Force will be revived and it will be chaired by the NAC. This body constitutes membership from all stakeholders including Development Partners. With expertise from the five thematic areas: Governance, Prevention; Care and Support; Impact Mitigation and Monitoring & Evaluation, the key responsibilities of this body will be:
  - To serve as an information sharing and dissemination forum on HIV and AIDS Programmes;
  - To draw experts from the thematic areas on key technical issues for discussion and consensus building;
  - To serve as an advisory body to the NAC on all issues related to HIV and AIDS;
  - To ensure transparency and accountability to all stakeholders.
  
- **Expanded UN Theme Group:** The Expanded UN Theme Group is a forum for information sharing and exchange of ideas and experiences. The interaction between NAC and all Partners and Stakeholders will be under the Multi Sector HIV and AIDS Task Force. The Theme Group may serve as a Forum for the Development Community (Multilateral, Bilateral and UN Agencies) only. The forum can play a role in:
  - Technical HIV and AIDS Programme situation analyses;
  - Provision of technical assistance guidelines and/or TORs;
  - Provision of Technical HIV and AIDS Programme Design, Management and M&E guidelines;
  - Provision of up to date guidelines for: capacity building, prevention, treatment, care support and mitigation programming;
  - Provision of guidelines addressing advocacy for service delivery targeting special target groups e.g. persons with disabilities; OVCs, the aged; or new program initiatives.
  
- **Joint UN Team on AIDS in Lesotho:** The function of this structure is to ensure streamlining of the UN Family support to the national response within the country. Unlike in the Expanded UN Theme Group the membership therefore draws only from the Internal UN Community. The specific mandate of the Team is as follows:
  - To provide technical advice to and follow up on decisions made by the UN Country Team;
  - To develop, facilitate implementation and monitor the joint HIV and AIDS Programme of support within the framework of the National AIDS Strategic Plan;
  - To assist Partners/National stakeholders to access technical assistance on HIV and AIDS from the UN system when necessary;
  - To support the National AIDS Commission in carrying out its coordination and oversight role.

### 9.1.3 Self Coordinating Bodies

The following structures have been proposed to play a key coordinating function in specific clusters in order to simplify the coordinating role of NAC. This is in addition to the already existing coordination arrangements discussed above i.e. the LCN, LENASO, ALE, and LENEPWHA.

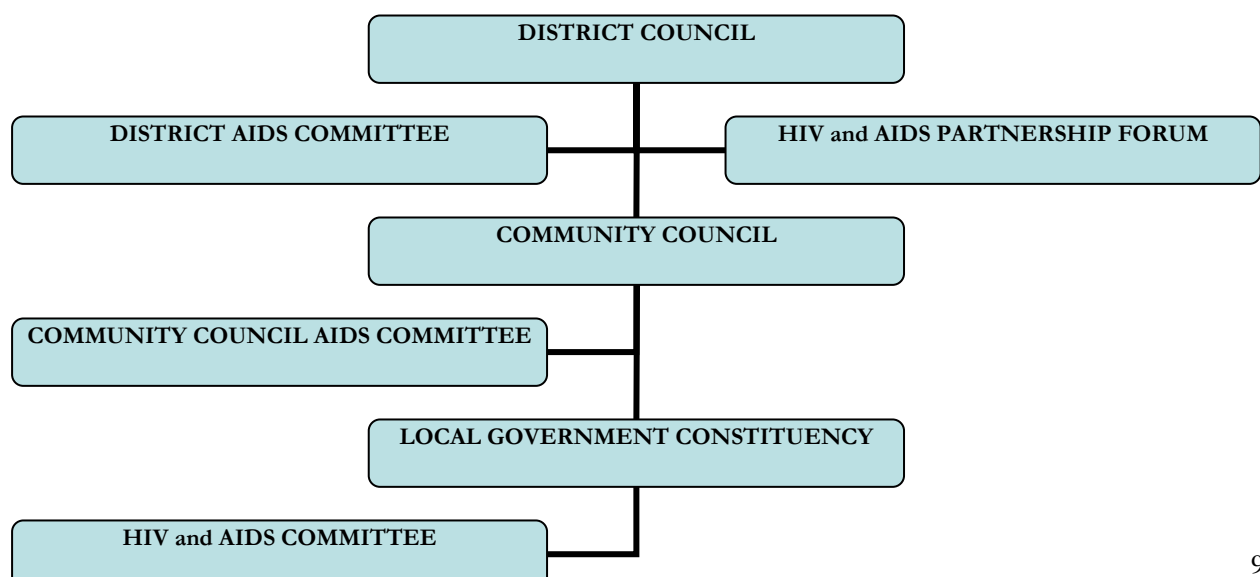
- **Lesotho Inter-Religious AIDS Consortium (LIRAC)**: This structure is currently being established to coordinate HIV and AIDS Programs within the faith-based groups that include the Christian Health Association of Lesotho (CHAL), Catholic Relief Services (CRS), Christian Council of Lesotho (CCL), Lesotho Catholic Bishop's Conference (LCBS), etc;
- **Lesotho Youth Network on HIV & AIDS**: Plans are currently in place for the establishment of a national youth network on HIV & AIDS. It will be responsible for coordinating HIV and AIDS activities among organized youth groups engaged in the fight against the pandemic.
- **Action Group in sports Against AIDS (AGSAA)**: In the 2006 an umbrella body for sports organizations was set up to primarily harmonize the efforts of various sports associations in scaling up the national response through sports.
- **Gaps**: Gaps have been identified for establishment of umbrella bodies for coordinating the following areas: teaching associations, women associations and senior citizens.

### 9.1.4 District Level

The MOLG Guidelines for Scaling Up the Fight Against HIV and AIDS using the Local Authorities as the Gateway in Lesotho, propose that the District Councils are strengthened by the District AIDS Committees that are responsible for all HIV and AIDS issues at the district level.

Community Councils also have Community Council AIDS Committees, and smaller committees are also established at constituency level. Figure 3: below illustrates the structures at the district and community levels.

**Figure 3: District Level Coordination Structure**



- **District Councils:** The District Council is responsible for approving the District HIV and AIDS action plans and also overseeing the response at district level. This will be done through the reports submitted by the Community Councils. The reports will further be used to inform decision making on future interventions at the district level. The Councils are charged with mobilizing resources, ensuring advocacy for all activities and facilitating collaboration between the councils and other stakeholders. The Councils are also responsible for establishing and managing a District HIV and AIDS Information Centre.
- **District HIV and AIDS Committees:** The Committees were established following the launching of the MOLG Guidelines. They have replaced the former District AIDS Task Forces. The Committee comprises: health professional staff at the district level; Social Service and Planning & Finance Committees of the Council; representation of NGOs, FBOs, CBOs, Business Community and PLWAs. The chairperson of the committee is selected from the two members representing the Social Service Committee of the Council.
- The District M&E officer and the Human Resource Manager are ex-officio members to ensure reporting to the District Administrator and District Council Secretary, respectively. The mandate of the committee is to:
  - Consolidate the district HIV and AIDS Plan for submission to the District Council;
  - Consolidate inventory of all respective implementers involved in HIV and AIDS activities;
  - Appraise and authorize proposals for funding from respective implementers;
  - Ensure coordination of HIV and AIDS activities at all Community Councils;
  - Develop M&E Plan aligned to the district action plan;
  - Monitor the District Information Centres;
  - Consolidate quantitative and qualitative reports from the implementers for submission to the Community Councils, Central Government and the NAC.
- **District HIV and AIDS Partnership Forum:** The forum will be constituted of all sector representatives and interested groups in the fight against HIV and AIDS. It will provide a platform for information sharing and making recommendations to the District HIV and AIDS Committee.
- **District M&E Officer:** The position of the District AIDS Coordinator shall be transformed into an M&E officer. This officer is answerable to the District Administrator and will be responsible for the overall monitoring of policy level issues at the district.

### 9.1.5 Local/Community Level <sup>4</sup>

- **Community Councils:** The community council is the entry point for all development issues at this level. The responsibilities of the Councils are as follows:
  - Establishment of the HIV and AIDS Committee at this level;
  - Approve consolidated HIV and AIDS action plans;
  - Coordinate monitoring of HIV and AIDS activities implemented by various stakeholders;
  - Approve registration of CBOs;
  - Promote community HIV and AIDS initiatives and innovations.
  
- **Community Council AIDS Committees:** These committees are multi-sector and comprise members from Community Service Organizations, locally based public officers and FBOs. Their mandate is to:
  - Coordinate implementation of all HIV and AIDS activities;
  - Ensure stakeholder involvement in planning;
  - Compile reports and disseminate them to the District AIDS Committee;
  - Appraises proposals from locally based NGOs, CBOs and FBOs;
  - Appraise registration of CBOs and recommend to Community Council.
  
- **Local Government Constituency AIDS Committee:** This is the lowest administrative level of the community where all plans should emanate from to ensure a bottom-up approach to planning. The key responsibilities of the committee are to:
  - Advocate for sustained and expanded response at the local level;
  - Facilitate the planning processes in a participatory manner;
  - Develop situational analysis on the determinants and vulnerable groups;
  - Appraise community HIV and AIDS initiatives;
  - Coordinate implementation of HIV and AIDS action plans at local level;
  - Monitor and document process and outcomes;
  - Compile inventory of implementers and service providers;
  - Compile local HIV and AIDS statistics;
  - Collate constituency reports;
  - Evaluate progress of the local response.
  
- **Support Groups:** The role of the support groups will continue in a standardized and streamlined manner. They shall be registered as CBOs in the Community Councils and this will be coordinated by the Community Council AIDS Committee. NAC and MOHSW will ensure clarification on the roles of the support groups in relation to the Community Health Workers.

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<sup>4</sup> All functions are as stipulated in the GTZ & MOLG Guidelines on Scaling Up the Fight Against HIV and AIDS Using Local Authorities as the Gateway in Lesotho

## **10 Capacities of the coordinating structures**

NAC will work together with the identified multi sector and self coordinating bodies to review their mandates and ensure their legal status is defined. NAC will assess the capacity needs of the coordinating structures and will facilitate capacity building of these structures to ensure that they can execute their revised mandate effectively. This will include: human resource skills and numbers, financial management, presentation and report writing skills, organizational needs etc. It will also be necessary to look into the sustainability issues of these bodies. It is the mandate of NAC to ensure that the affiliated structures work in harmony with their coordinating body.

## **11 Partnerships and synergies with relevant stakeholders;**

NAC will strategize in institutionalizing partnerships through formalization of responsibilities and arrangements. Formalization of the delegated responsibilities to the coordinating structures will ensure commitment and accountability and thus strengthen the partnership. This will be done through mutually agreed: Codes of Conduct, Memoranda of Understanding, Contracts, Accreditation, Registrations to strengthen partnerships.

## **12 Institutional Framework**

The National AIDS Commission is responsible for the implementation of the Grants Facility, as it supports the implementation of the National Strategic Plan. Within the NAC, the GMU will be responsible for coordinating all activities related to the Grants Facility. However, the NAC will concentrate on coordination and facilitation, and will delegate the actual activities as much as possible as follows:

**Governance** (ideally, strategy and policy oversight) of the Grant Facility will be delegated to a Steering Committee (SC).

**Organisational Development support** for implementing agencies will be contracted through Intermediary NGOs or training institutes, and partly provided by the GMU for financial management development and M&E.

**Strategic Planning**: The National HIV and AIDS Policy and National Strategic Plan 2006-2011 will be the guiding documents for the coordinated response to HIV and AIDS in Lesotho. The NAC through assistance of the multi-sector coordinating structures will assist in ensuring that all the sector specific efforts are informed by the national strategy. All operational plans of the implementers are integrated into the sector specific mandates and therefore the thematic areas. This will in the long run ensure comprehensive coverage for all segments of the population.

**Financing**: NAC is mandated to mobilize resources in order to finance the implementation of the National Strategic Plan. All resource mobilization efforts for the coordinated response will be channelled through NAC. The ideal strategy as defined by the policy is to have pooled resources “basket funding” however NAC with all stakeholders will jointly guide the utilization of earmarked resources, such as GFATM funding which has specific contractual requirements. Resources will be allocated based on a defined resource allocation criteria informed by available evidence to ensure that resources are targeted according to jointly set priorities and where they are mostly needed. NAC will ensure annual joint planning, budgeting and financing of the national response with all stakeholders and grant recipients.

**Financial management** of contracts and grants will be managed by the Grants Management Unit GMU at NAC.

**Procurement Management** The main objective of the HIV and AIDS Fund Grants procurement is to procure quality assured products at the lowest price and in accordance with national and international law. Procurement must be conducted in a transparent fashion. The NAC has identified several guiding policies and principles with which implementing partners needs to comply. NAC recognizes that the varied situations of grant recipients will result in programs being implemented differently.

NAC does not present prescriptive procedures but minimum standards to which grant recipients must adhere. In many cases there are different ways to comply with such standards. Recipients may, therefore, choose the means that are most appropriate to their programs, defining within their programs a clear procurement policy to be followed for the implementation of their proposed project(s).

**Technical Assistance:** Regular updates of Technical Guidelines for prevention, care, support treatment and mitigation services) will be provided through existing and/or newly formed subcommittees of the Thematic Teams (TWGs)

**Service delivery** will be implemented by Implementing Partners (IPs) and/or their sub recipients.

**Monitoring & Evaluation:** The NAC together with all stakeholders will define and agree on a National M&E framework and indicators to measure the performance of the national response at the national and program level as defined in the national strategy. Reporting requirements will be agreed upon and organizations will be capacitated to meet the reporting requirements to continue accessing funds from the facility. Joint reviews of Programs will be facilitated through the GMU and M&E Unit at NAC.

## 13 NAC and Stakeholders' Roles and Responsibilities

### 13.1.1 National AIDS Commission

In line with its mandate, the NAC is responsible for: resource mobilisation, coordinating the implementation of the National AIDS Strategy and M&E plan, and accountable for the expenditure of funds received for the NAC Grants Facility from the Global Fund and other sources. The NAC Secretariat shall:

- Convene the Steering Committee, and provide the Secretary;
- Report progress monthly and quarterly to the Steering Committee;
- Report to international funding agencies on progress and expenditure;
- Facilitate establishment of a Grants Management Unit;
- Make resources available in a timely manner for further disbursement to sub sub recipients;
- Facilitate quarterly and annual reviews and re-planning exercises for the Grants Facility;
- Facilitate annual Situation and Response analyses including a mapping of needs and services;
- Update the Scale Up Strategy for the Grant Facility annually, specifying HIV and AIDS priority services, areas and partners;
- Develop annual capacity building work plans, and Contract Capacity building providers for Implementing Agencies;
- Design and implement a Monitoring and Evaluation system;

### 13.1.2 Steering Committee

The Grant Facility is part of the overall NAC structure. The Steering Committee can be a subgroup of other funding Organisations, professional organisations, with the inclusion of international donors and appropriate UN agencies. The NAC will act as Secretary. The SC shall meet quarterly.

The Steering Committee's activities will include:

- Ratify annual work plans and budgets of the NAC;
- Monitor progress towards achievement of NAC goals and objectives;
- Ratify contracts with implementing agencies;
- Participate in the annual review and re-planning exercises.

### 13.1.3 Technical Working Group-subgroups

The National AIDS Commission convenes several subgroups of the Thematic Teams on technical issues in prevention, care & support and management, e.g. Monitoring and Evaluation (M&E).

These TWG subgroups assess international and local best practices and draft national guidelines for HIV and AIDS and STD service delivery. The Grants Facility is meant to rapidly scale-up coverage of basic HIV and AIDS services.

The role of these TWG subgroups is crucial. Membership of these committees should be based on relevant expertise, and typically includes NGOs, Ministry of Health & Social Welfare (MOHSW); UNAIDS, Ministry of Finance and Development Planning (MOFDP), Technical Agencies such as WHO or UNICEF, representatives of PLWHA, among others. The Parent Ministries will convene and chair the subgroups. The subgroups shall:

- Develop work plans detailing outputs, for approval of the NAC;
- Produce guidelines for basic services for use by implementing agencies in project design and service delivery;
- Advise on proposal scoring guidelines and support proposal review and processing when requested;
- Report to the NAC on progress.

### 13.1.4 Grants Management Unit

Due to the need for the rapid disbursement of the funds, the limited experience of NAC in administering projects, and the need for the highest degree of transparency and accountability, the NAC contracted Crown Agents (the consultant) and its team of professionals, for a period of 2 years from September 2006 to September 2008.

The team has drafted the following **TORs for the GMU at NAC**;

- Develop, strengthen, adapt and formalise appropriate guidelines and tools for efficient grants management, commensurate with protocols for all HIV and AIDS funding sources;
- Ensure that the call for proposals by NAC to potential applicants, includes approved standard guidelines that meet the set proposal evaluation criteria;
- Implement appropriate grant facility financial and program guidelines and disseminate to NAC grant recipients;
- Conduct pre-funding training of all NAC Grant recipients in reporting requirements: financial and program data collection, analysis reporting and reporting cycles;
- Following mutually agreed and standard guidelines, approve expenditure reports and account for expenditure by implementing agencies prior disbursement of the next trench by NAC Internal Accounting Unit;
- Process and ensure disbursement of funds to implementing agencies on time;
- Conduct scheduled follow up visits or spot checks of implementing partners to ensure adherence to financial expenditure and program guidelines, governance and transparency acceptable to NAC and project target groups;
- Review, verify, monthly, quarterly program and financial reports from implementing partners and provide updates on performance, analyse and provide reports to NAC management and facilitate NAC-approved feedback to implementing partners on an established & regular basis;
- Provide forecasts of grant expenditures and advise the NAC Finance Directorate accordingly;
- Undertake Technical Proposal Review, pre-award organisational appraisals of applicant organisations;
- Participate in contract development and management to ensure that the entire process of Grant Management is systematic, uniform, transparent within NAC and among grant recipients and that contracts are clear to implementing partners and include appropriate guidelines for: reporting, procurement and requests for replenishment of grant funds;
- Organise financial management, and program M&E support to implementing agencies;
- Support and ensure financial and management audits for implementing partners;
- Develop procurement systems and guidelines for goods and service, by implementing partners in line with NAC and other donor guidelines;
- Build internal management and implementation capacity among Line Ministries, NGOs, CBOs and DACs and communities, to ensure successful Contract Execution by all NAC implementing partners;
- Conduct close out procedures for projects that are ending in line with laid down Grant Facility Procedures;

### 13.1.5 Implementing Partners

In contribution to the national response the majority of Implementing Partners from NGO, for profit and public sectors will implement quality HIV and AIDS services for their communities. Others may be contracted to undertake capacity building of others, or deliver specific services (e.g. research and training). Requirements of Implementing Partners;

- Implement planned activities according to approved work plans and contractual obligations;
- Monitor progress and submit monthly; quarterly progress reports to the GMU;
- Allow supervisory visits by NAC or their representatives.
- Comply with national technical guidelines and protocols for service delivery;
- Respect the guiding principles for service delivery: confidentiality, non-discrimination and non-judgemental attitudes; Universal precautions.
- Submit quarterly expenditure reports to the GMU;
- Undertake financial audits as per the contractual requirements;

## 14 Planning and Coordination for Scale up

The National Strategic Plan 2006-2011 clearly identifies potential roles for many civil society sectors, including the central departments and ministries, and the Local Government. Clearly, a staged approach to civil society involvement and grant making is needed, given the management and technical challenges involved. This section describes the steps to be taken by the NAC to rapidly and effectively scale up service coverage.

### 14.1.1 Rapid Situation and Response Analysis

The most recent Situation and Response Analysis for Lesotho was undertaken in 2004/5, in preparation for the current National Strategic Plan. NAC will commission<sup>5</sup> annual mappings of the status of the epidemic against services, according to the 4 strategic objectives of the Strategic Plan. These assessments will be done annually, in order to inform the NAC about gaps in services, partners and geographical coverage.

### 14.1.2 Scale up Strategy

Based on the annual assessment of needs and gaps, NAC and implementing partners and other stakeholders need to annually revise and expand the “scale up strategy” and the National HIV and AIDS Workplan. This work plan should map out broad HIV and AIDS program themes, priorities for services, potential partners to be engaged and geographical areas to be covered.

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<sup>5</sup> Working with national counterparts, UNAIDS normally takes responsibility for annual “Country Updates” and USAID supports dissemination reports of the national surveillance results.

Current scale-up priorities are: <sup>6</sup>

- To make the Local Authorities and other local leaders HIV and AIDS competent;
- To empower local Authorities to be the Gateway in the fight against HIV and AIDS
- To promote a demand-driven support system at national, district and local levels;

#### 14.1.3 Communication Strategy

The NAC will be pro-active in continuously, engaging critical stakeholders and collaborators and important partners in the response and making potential ones aware of the possibility to apply for resources for participation in the national HIV and AIDS response. Based on the priorities in the scale up strategy, NAC will develop a communication strategy detailing activities such as<sup>7</sup>:

- Conceptualization of coordination with partners;
- Liaison and sensitisation of organisations that do not yet see a role for themselves in the National HIV and AIDS response;
- Sustainable advocacy, Information, Education and Communication (IE&C), Behaviour Change Communication (BCC) and other critical components;
- Support for situational analysis and strategic planning for organisations that do not know how to respond;
- Advertisements of requests for proposals for specific activities or services, etc.

#### 14.1.4 Suggested Communication Activities for 2006/07 are:

- Development of specific brochure to advertise the Grant Facility to potential applicants/ audiences;
- Development/provision of additional project planning and proposal writing guidelines and templates for private sector, Line Ministries, and Districts;
- Advertise the Grant Facility through several media and networks; NAC Website;
- Dissemination of the proposal writing guidelines for CBOs, NGOs, ASOs following expressions of interest<sup>8</sup>;
- Request for Proposals for Umbrella Organisations;
- Request for Proposals for development of line ministries, DACs

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<sup>6</sup> GTZ & Lesotho MOLG “Guidelines for Scaling Up The Fight Against HIV and AIDS using Local Authorities as The Gate Way in Lesotho” June 2005.

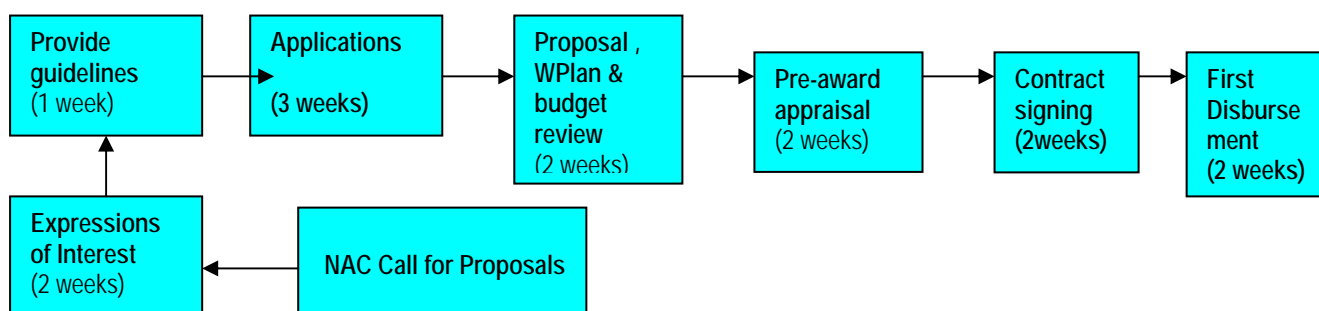
<sup>7</sup> See annex for outline of Communication Strategy

<sup>8</sup> “Proposal Application Guidelines for HIV/AIDS Services”

## 15 Grant Facility Process

As needs of the Grant Facility, NAC and implementing partners develop or change, additional mechanisms may need to be developed.

### 15.1.1 Timeline for Proposal Review<sup>9</sup>



### 15.1.2 Grants for HIV and AIDS

Grants will cover a variety of activities, including: capacity building; prevention, care, support, treatment and mitigation. The Grants Management Unit with the Technical Proposal Review Team, will arrange for proposal review on the basis of fixed criteria, and pre-contract organisational appraisal. In order to encourage submission of appropriate project proposals, NAC will develop a Communications Strategy to create demand and support project planning (through brochures, media announcements, internet, sensitisation workshops etc.).

If future situation and response analyses indicate a need for greater involvement of specific partners, e.g. private sector or faith-based organisations, specific “Incentive Funds” could be established and advertised to attract more proposals to consolidate and broaden the involvement base in the national response.

### 15.1.3 Task Orders

In specific cases, NAC may want to contract organisations for specific services such as IEC material development, training activities, procurement or research. In some cases<sup>10</sup>, the NAC Secretariat may agree on a work plan and budget with a specialist agency. In other cases, GMU could contract an organisation through Requests for Proposals (RFP) and competitive bidding, on the basis of clear terms of reference provided by the NAC.

### 15.1.4 Umbrella Mechanism for Community-level Services

In order to make resources (and capacity building) available to community level initiatives for prevention, care, support and mitigation in an efficient and effective manner, there will be a separate mechanism to engage CBOs into the national response<sup>11</sup>.

To reduce transactional costs and to respond the large needs for technical and organisational support, this mechanism relies on intermediary or Umbrella Organisations to support CBOs.

<sup>9</sup> Final diagram will be different/circular.

<sup>10</sup> E.g. If there is only one organisation able to carry out a specific task, or NAC wants to engage a specific agency.

<sup>11</sup> For details on the project cycle see Section 3.

Umbrella organisations are typically NGOs with experience in sexual health and community development, as well as grant management. They work regionally, in one or several districts, and report to the Grants Management Unit on progress and expenditure on behalf of their local CBO partners.

Umbrella organisations are also responsible for the quality of services, and adherence to national guidelines and protocols. Such organisation would still need to meet the basic criteria of registration as entities or formal structures of government.

A Request for Proposals will be developed with the aim of covering all priority districts (See annex 1 for outline RFP). NAC is committed to decentralisation of government and the role of District Assemblies, and aims to increase the role of DACs in line with the Scale Up Strategy. Therefore, all umbrella organisations will be required to include capacity building of local government functionaries in their proposals, and include NAC, DACs in the local governance of the community level projects.

### 15.1.5 Overview of Sample Grant Mechanisms

Grant Mechanism	Grants for HIV and AIDS services	Task Orders	Community-level services: NGO/CBO grants	Community level services: Umbrella Organisations
<b>Typical grantee</b>	1. NGOs working in one more than 1 district 2. Line Ministries 3. Private Companies	1. NGOs 2. Training institutions 3. Research groups, etc	1. CBO/NGO working at community level 2. NGOs working in one district	1. NGOs
<b>Typical project activities</b>	1. Prevention 2. Treatment 3. Care/support 4. Workplace interventions 5. Mitigation	1. Operations research 2. Capacity building, Training etc.	1. Community care services 2. Prevention	1. CBO support 2. DAC support 3. DATF support
<b>Application process</b>	1. To GMU through DSCS-NAC 2. Approved formats 3. When proposals come in	1. Pro-active by NAC 2. RFP 3. Approved Proposal formats	1. To Umbrella Organisation 2. As and when due 3. Approved Proposal format	1. RFP 2. To NAC 3. On-off 2006
<b>Grant Duration</b>	1 year renewable	Duration of Work plan	1 year renewable	2 year renewable
<b>Grant size</b>	Medium	Medium-large	Small	Large

## 16 Financial Management<sup>12</sup>

The funds for the Grants Facility are part of the NAC budget, and provided by international donors such as Global Fund for AIDS, Malaria and Tuberculosis (GFATM), GoL and other donors. Financial management of the Grants Facility, including disbursement and accounting will be undertaken by The Grants Management Unit at NAC.

<sup>12</sup> See also the "Implementing Partner Operations Manual", for details on grant management responsibilities and processes

### 16.1.1 Guiding Principles for Financial Management

Some guiding principles underlie the financial management systems:

- HIV and AIDS resources need to be accessible rapidly and easily to those implementing services at community level;
- Grants Facility funds, dedicated to the rapid scale up of service delivery, need to be used for that purpose only and cost-effectively;
- Accountability and transparency of the utilisation of funds are crucial, but accountability systems also need to be proportionate to the size of the grant.

### 16.1.2 Overall Contract Restrictions and Principles

For all grants and agreements, some restriction and principles apply. These restrictions and principles will be reviewed regularly by the NAC, the GMU and critical Stakeholders, and revised where needed after one year of operation. Exceptions to these principles may apply in specific RFP's.

- Project budget and supported activities should be for each year based on the work plan;
- The funding limit per project will be determined by NAC and will depend on the project scope, workplan, there will be no preset maximum;
- NAC will not provide funding to an organization in excess of 75% of the organization's previous year's annual budget;
- Only allowable cost categories will be considered for financing. Medicines, condoms and capital assets are allowable, if sufficiently justified;
- Fixed proportions of 60% Direct Costs; 30% Support; 5% for M&E and 5% for Audits. The latter can be retained by NAC contract Auditors in the event the sub recipient has not done one. These should be specified and justified;
- NAC will only award grants to institutions and not individuals;
- No counterpart funding is required from implementing agencies, however community in kind contributions are encouraged to increase sustainability;
- Grant sub-sub recipients must be registered legal bodies and be eligible for receipt of public funds according to Government of Lesotho rules and regulations;
- Grant implementation recipients must open a dedicated bank accounts specific to the GFATM, and other sources to satisfy specific donor accounting, financial management and reporting requirements;
- Conflict of interest, accountability and transparency: (Directorate to suggest this guideline on who) may not apply for grants under this facility.

### 16.1.3 Disbursement system<sup>13</sup>

- An initial advance for the first quarter will be provided by the Grants Management Unit based on the approved work plans and budgets for the first quarter, plus one month extra as a buffer.
- Subsequent funding releases will be made quarterly on the basis of the budget request received justified on the basis of work plans, expenditure, and balance.
- Releases will be made only after approval of financial and program reports by the Grants Management Unit and progress report by NAC.

### 16.1.4 Financial Controls

All implementing agencies will be required and supported to undertake an external financial and management audit annually. Umbrella organisations are responsible for appropriate audit of the CBOs that they support.

The Grants Management Unit may decide at any time during the life of the project to review all financial records and management system of NAC implementing partners.

For small grants, contracts for services and short term projects, the Grants Management Unit will undertake spot checks of projected expenditures reported by implementing agencies, accounting records and systems including procurement. NAC will appoint Auditors.

## 17 Procurement Management

It is important to know that the funds stakeholders and grant recipients receive from HIV and AIDS Fund Grants are public money, and it only transforms into a project grant when the money spent is accounted for.

### 17.1.1 Procurement Policy

Implementing Partners should establish a Procurement Policy is to ensure:

- That resources needed to carry out the Project are procured with due attention to economy and efficiency (lower cost, best quality and timely availability);
- Project funds are used to pay for resources needed; and
- All suppliers have an equal opportunity to compete.

### 17.1.2 Guiding Principles for Procurement Activities

Procurement should be based on competitive procurement methods in order to achieve the lowest price, except in the case of small or emergency orders. In addition, procurement should be effected in the largest possible quantities reasonable under the requirements of the program in order to achieve economies of scale.

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<sup>13</sup> Detailed guidelines will be included in the Implementing Partner Operations Manual being developed.

Procurement procedures should be transparent, follow formal written procedures throughout the process and use explicit criteria to award contracts.

Procurement activities shall be guided by the following general principles:

- Transparency, fairness and fraud prevention is important so that everyone will know that funds are being honestly spent and accounted for;
- Equal opportunity ensures that the suppliers/sellers are provided with equal opportunity;
- Economy and efficiency (value for money) means that goods and services will be purchased at a reasonable price.
- Effectiveness means that the goods and services will fulfill Project objectives.
- The ability of the supplier/seller to provide the goods and services has to be documented so that there is assurance that what is promised can be provided.

### 17.1.3 Procurement and Supply Management Plan

When a project proposal is submitted for approval, the implementation recipient must describe how it will adhere to the Global Fund's procurement requirements in a basic procurement and supply Plan.

The **Procurement and Supply Plan** should:

- Indicate which entity or entities will implement relevant procurement and supply management activities;
- Describe how the implementation partners will ensure adherence to each of the NAC's procurement policies;
- Include a list of key goods, supplies and health products and also durable products with their respective estimated quantities, cost, registration status and patent status;
- Procurement methods for durable products may include either lease or purchase. The recipient should have a plan for service and maintenance of these products.
- Include details about technical assistance requested;

Since the Procurement Plan covers the duration of the project, modifying the plan, with respect to the selection or the quantities of items to be procured, for example, may be necessary, especially in instances where there are changes in national or international treatment guidelines. For significant changes, the implementation partner is required to provide to the NAC a written rationale and highlight the proposed modifications. GMU will assess the proposed rationale and provide its recommendations to the NAC, which will confirm whether these changes are acceptable.

### 17.1.4 Subcontracting Procurement Activities

In the event that local procurement and supply management capacity is insufficient, recipients have three options:

- a) Start procurement and supply management activities only after appropriate capacity is established;
- b) Subcontract (certain) functions to specialized agencies;
- c) Subcontract (certain) functions to specialized agencies while simultaneously building internal capacity.

### 17.1.5 General legal aspects on procurement activities

- There should be a Purchase Committee established by the implementing agencies to ensure transparency and accountability of the process;
- Where appropriate, an agreement/contract signed with the supplier or a service provider, before the purchase;
- Receipts (official, unofficial or signed voucher) should be kept for all expenses;
- A Project can also be terminated if there is any material violation of the obligations set in the agreement signed between the NAC and the HIV and AIDS Grant Fund recipients; or between a Grant Fund recipient and supplier/service provider.
- Mis-procurement occurs when procurement procedures have not been followed by a Grant Fund recipient and expenses are incurred. The NAC has the right to undertake appropriate legal action(s) against such sub sub-recipients.

NGOs and CBOs should establish a Purchase Committee responsible for procurement under the project. The committee should have at least 3 members with expertise in technical, financial and management matters. This committee will be responsible for:

- Preparing a procurement plan and updating it regularly;
- Approving what to buy, and when to buy?
- Finalize technical specifications and terms of references (often very simple) for goods/civil works and services respectively;
- Carrying out the activities within the procurement cycle;
- Keeping procurement and financial records in proper order.

### 17.1.6 NAC supervision and control over procurement activities

NAC is responsible for ensuring that all procurement and supply management conducted under its grant(s), including that conducted by other entities (such as NGOs and CBOs), conforms to HIV and AIDS Fund requirements. Hence, NAC have systems in place to monitor the performance of other actors conducting procurement or supply management under the program.

## 18 Capacity Building

### 18.1.1 Capacity Building Needs and Purpose

Technical and organisational capacity of many potential implementing agencies is limited. In many cases, the technical assistance needs may be bigger than the need for resources. The Grants Facility can only achieve its purpose if there is a strong capacity building component added to the financial support mechanisms:

- Many CBOs need technical assistance and other support to establish project management systems and guidance on the choice of appropriate HIV and AIDS services they can provide based on their capacities.
- Private sector firms and some line ministries and departments may also need support in assessing the impact of HIV and AIDS on their operations, and strategic planning support to develop effective responses.

- More established NGOs often express the need to keep abreast of innovations in strategies and services, such as management of antiretroviral treatment (ARV) and Voluntary Counselling and Testing (VCT).
- The Consultant will need to assess and build NAC and the Grants Management Unit's staff capacities in grants management, NGO and CBO support.

Capacity and training needs of organisations will be assessed and monitored throughout project implementation, through pre-award appraisals, self-assessments, expressed needs in progress reports, etc.

The overall purpose for capacity building is to ensure increased utilisation of services. In order to achieve this, specific capacity building objectives are:

- Enhanced capacity of civil society organisations to design fundable proposals on HIV and AIDS prevention, care and mitigation;
- Enhanced technical capacity of implementing partners to implement sound HIV and AIDS interventions;
- Enhanced institutional capacity of implementing partners to implement and sustain HIV/AIDS prevention, care and mitigation programs
- Support development of management capacities including:- accountability, fund raising, financing plans, and other technical skills.

### **18.1.2 Guiding Principles for Capacity Building**

Several guiding principles underlie the capacity building strategies and approaches:

- Following needs assessment; development of a capacity building strategy, workplan and budget;
- Capacity building will be based on needs identified at the onset to be relevant;
- Sustainability of capacity and capacity building is increased through training of trainers (TOT) as a resource base for the future, and contracting existing local organizations to undertake capacity building;
- Participation of beneficiaries in planning, implementing and evaluating capacity building;
- Evaluation of capacity building strategy, through indicators for process, outcomes and impact of capacity building.
- Mutual learning, through emphasis on the two-way process of capacity development and sustainable skills transfer.

### **18.1.3 Implementation of Capacity Building Activities**

Within the objective of creating an enabling environment, NAC is responsible for capacity building of implementing agencies. As a coordinating body, NAC together with implementing partners, will develop annual capacity building plans, specifying strategies, priorities and activities.

The Division of Stakeholders and Coordination and Support will work closely with the GMU in the development and implementation of capacity building activities. These activities will include:

- Capacity assessments and capacity development strategies for stakeholder;
- Identification and development of support materials to facilitate stakeholders' role in the national response;
- Technical Advisory Teams will develop technical guidelines and protocols for service delivery;
- Umbrella organisations will be responsible for capacity building of CBOs at district level;
- The Grants Management Unit will undertake capacity building in the areas of: financial management, procurement, HIV and AIDS project design and proposal development, monitoring and evaluation in collaboration with the NAC M&E Unit;
- Specialised training institutions will be contracted to design or implement specific capacity building, programmes for specialised HIV and AIDS program skill areas.

#### **18.1.4 Capacity Building Methodologies**

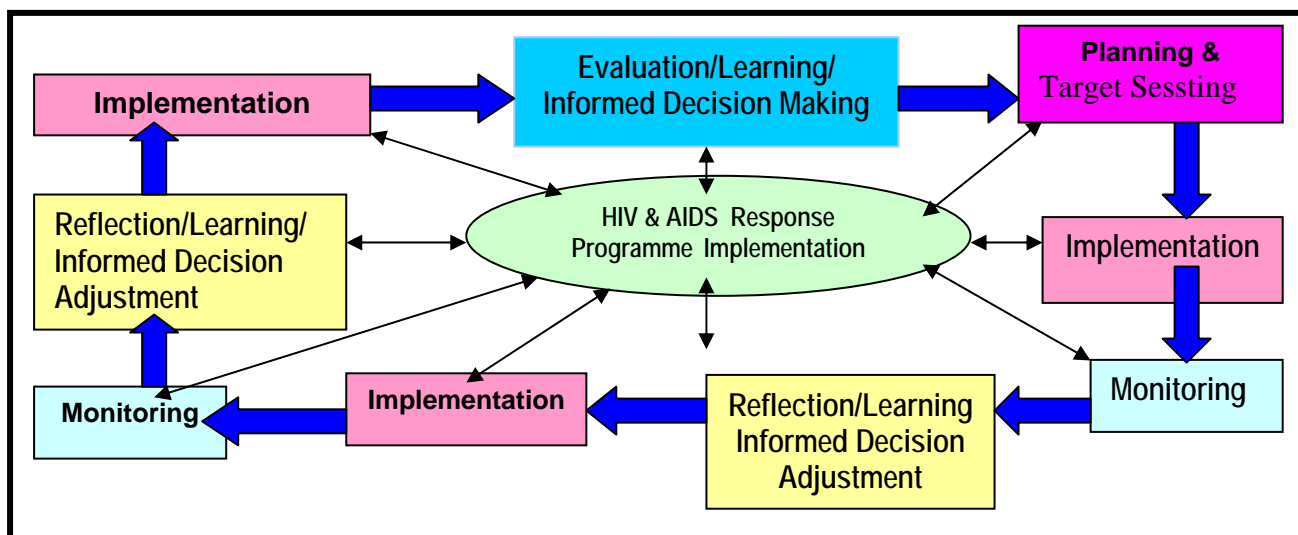
As part of the Grants Facility, NAC will employ several methodologies for capacity building for individual, organizational and institutional development:

- *Information dissemination* - Dissemination of national guidelines and protocols and other relevant information.
- *Mentoring of organizations* - mentoring of organizations by local partners with specific or longstanding experience, e.g. for CBOs through umbrella organisations;
- *Stakeholder Coordination & Support* – NAC through its Directorate of Stakeholders' Coordination and Support will engage existing networks on a formal and regular basis, for joint action and sharing of information, experiences and lessons learned; support documentation and dissemination;
- *Training/workshops* - Trainings will be organized or commissioned to address technical areas. Some training will be contracted out to specialized organizations for effectiveness and coverage;
- *Technical Assistance* - NAC has easy access to experts and global best practice in interventions and policies. Technical Advisors from international organisations can be available as and when needed for project partners in all technical areas;
- *On-site program support* – coaching & mentoring, e.g. visits by NAC and GMU staff or consultants to CBOs;
- *Exposure visits and meetings* – structured exposure trips for partners, to serve as learning experiences, to successful programs to develop new ideas and effect attitudinal change; facilitate documentation of lessons learned.

## 19 Monitoring and Evaluation

Given the importance of the Grants Management Services facility for scaling up coverage of essential HIV and AIDS services and the amount of funds dedicated to the HIV and AIDS response, monitoring and evaluation is crucial. The illustration that follows simplifies the expected roles of M&E in the critical feed back cycle and its critical importance as an effective and management tool<sup>14</sup>.

**Figure 4: Graphic Illustration of the Role of M&E**



National Strategic Plan, to facilitate monitoring and evaluation. Implementing agencies will be required to report on a number of standard process indicators<sup>15</sup>.

Most CBOs, line ministries and government departments will require capacity building and regular technical support to effectively report on their interventions and to meet contractual reporting requirements.

The Grants Management Unit will draw up plans for the provision of this support throughout the project period and plan for sustainable support and capacity.

This support is essential to ensure that all those who receive Grants under this facility have the capacities to meet contractual reporting requirements, that they provide timely, accurate program and financial reports as scheduled.

They will also be assisted to use the data they collect to draw lessons from implementation and to take corrective action within their programs utilising fact based decision making.

Formal progress review meetings will be necessary to enable implementing partners to become comfortable with reporting formats, requirements and the importance of data collection and reporting for effective programme implementation.

<sup>14</sup> (Adapted from Shumba, PSS" WVI CHARMS System Manual, 2006".

<sup>15</sup> See also section 3 for reporting requirements, and details of Process Indicators in the "Grants Operations Manual"

Important considerations for effective M&E.:

1. **Accuracy:** What is recorded on the forms is accurate.
2. **Validity:** What is recorded on the forms meets the standard specification/definition of the indicators at the start of implementation.
3. **Completeness:** The data reported represents a complete and correct record of the activities undertaken and expenses incurred in the reporting period;
4. **Currency:** The data reported relates to the correct reporting period (i.e. correct month or quarter);
5. **Interpretation:** That there is a common interpretation and understanding of definitions of all program indicators and program financial accounting among those who compile the data.

These are important steps to ensure that correct information moves through to higher levels of aggregation and reporting, minimizing hidden errors that may end up in the National M&E Data Base.

Throughout the process of activity implementation and data collection and recording, it is important that supervisors provide technical supportive supervision to all those stakeholders who may have trouble completing the monitoring tools and financial reports.

**[ STANDARD NAC M&E TOOLS AND GUIDELINES TO BE INCLUDED HERE IN FINAL ]**

## 20 Section 3: Project Cycle for Grants for Services

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### 21 Introduction

This section describes the various steps, their rationale and guiding principles, for the “Grants for Service” mechanism. The “project cycle” for grant recipients, describes the process from initial contact by applicant organisation, through proposal review, grant approval, to project implementation and grant closure.

This cycle may be shorter or longer, but basic steps will always take place. As indicated in section 2, there are several other mechanisms, i.e. “Small Grants Scheme for Community Level Interventions” and ‘Service Agreements’. Project cycles for these mechanisms may differ from the steps described below, but guiding principles will be similar.

### 22 Partner Selection and Proposal Review

The aim of the first step of the project cycle is to receive sufficient numbers of high quality proposals from appropriate potential implementing organisations. Guiding principles in this step include:

- **Timeliness:** Strict deadlines will be determined and monitored to respond to applicant organisations
- **Client is king:** Each person or organisation expressing an interest to respond to the HIV/AIDS epidemic should be welcomed, and treated with gratefulness and respect. NAC needs partners, not vice versa.
- **Transparency:** All steps in the identification and proposal review are open to review by applicants. Proposal writing guidelines must explain the processes and criteria.
- **Objectivity:** Proposal review will be through independent and external reviewers, and conflicts of interest will be prevented.

#### 22.1.1 Partner Identification

NAC will identify partners proactively. For the proactive approach, NAC will regularly undertake a Situation and Response Analysis, and update the Scale-up Strategy for the National Response. Through this process NAC will identify priority services, potential civil society partners and geographical areas of highest need to guide potential grant applicants on areas to focus on.

The Stakeholder Coordination, Support, Strategy and Framework will aim to increase applications for grants according to national priorities outlined in the National Strategic Plan and suggest specific activities to reach out to these groups.

### 22.1.2 Proposal submission

NAC will proactively call for proposals for HIV and AIDS. Organisations approaching the NAC with a formal expression of interest, will be advised on proposal development, guidelines, formats, priority strategic HIV and AIDS program areas and where to submit a project proposal with a specific deadlines.

During the process of proposal development, NAC will suggest ways for applicants to obtain support with project design. Final proposals should be submitted to the Grants Management Unit, who will acknowledge receipt immediately, and start the proposal review process.

### 22.1.3 Proposal review

HIV and AIDS Project Proposals will be reviewed according to a set of criteria evolving around;

- Organizational resource needs,
- Intervention design,
- Feasibility and sustainability,
- Organisational capacity and
- Budget<sup>16</sup>.

At least 5 reviewers, experts from a roster of technical reviewers, will work with the GMU score the proposal. Each reviewer judges the proposal as “acceptable as is”, “not acceptable”, or “acceptable under conditions/with clarifications”. If conditions are met and/or clarifications given, the proposal is accepted. If reviewers do not agree, the Grants Management Unit will mediate a joint judgement.

Meanwhile, the Grants Management Unit will assess the proposed budget against budgeting rules and guidelines, and will contact the applicant organisation if any changes are to be made.

A pre-award appraisal will include a site visit to assess the physical location, organisational capacity to implement the intervention and to manage the grant. Appraisal guidelines are developed by the Grants Management Unit and should be accessible to the applicant organisations. The visit to the site may also be needed to clarify some of the reviewers’ queries and to verify the applicant’s submission. The NAC Grants Management Unit and is responsible for this process. After approval, NAC will send an approval letter to the grant applicants, include a list of requirements i.e. a separate bank account and authorized signatories and a contract for signature. Once the agency complies with the requirements in the approval letter, Grants Management Unit obtain approval from the NAC CEO to release funds to the applicants.

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<sup>16</sup> See criteria in annex to “Project planning and proposal writing guidelines for HIV/AIDS services – guide for NGOs”

## 23 Grant Disbursement

The Grants Management Unit is responsible for the disbursement of funds according to the guidelines. Contract letters should include a summary description of the project, a detailed implementation plan and the project budget. An annex to the contract will be a “Grants Management Operations Manual”, explaining in detail issues such as disbursement systems, financial and progress reporting requirements, processes to request changes in the budget and or activities, audits and roles and responsibilities<sup>17</sup>. These guidelines are meant to articulate the requirements for accountability, transparency, and efficiency. This also to ensure successful contract execution by the implementing partners.

## 24 Disbursement

The disbursement system will be one using an imprest account.

- An initial advance for the first quarter will be provided based on the approved work plans and budgets for the first quarter
- Subsequent releases will be made monthly or quarterly on the basis of the budget request, and work plans, accompanied by quarterly financial reports of the preceding quarter and relevant supporting documents especially records of claimed expenditures.

## 25 Accounting and Financial Reporting

Grantees are required to provide quarterly financial reports, including:

- Expenditure report for the preceding quarter
- Supporting bills, vouchers and receipts
- Bank reconciliation statement
- Cumulative expenditure against approved budget
- Budget request for the next quarter

The Grant Management Unit will review both the programmatic and financial reports within 14 days and will notify the implementing partner of the outcome of the review, and any queries thereof. If and when satisfactory, the next tranche of funding will then be released immediately to the implementing partner.

## 26 Audits

NAC implementing partners will be required and supported to undertake an external financial and management audit for all funding disbursed through NAC. The Grants Management Unit may decide at any time during the life of the project, to independently audit the implementing partner and review all financial records and management system. On a sample basis of the small grants, the GMU will undertake spot checks of project expenditures reported by implementing agencies, accounting records and systems including procurement.

<sup>17</sup> Separate document: ‘Grants Management and Operations Manual’ under development.

## 27 Progress Reporting Requirements

Monthly and Quarterly progress reports from the NAC's implementing partners are crucial for several reasons:

- As a management information system for implementing partner project managers: to check progress of planned activities and expenses;
- As feed back from partners to NAC about lessons learnt, emerging support needs, successes and failures;
- As a management information system for the NAC, to monitor the coverage and quality of services according to indicators specified in the National M & E Framework;
- To enable the GMU to monitor and ensure successful contract execution by implementing partners; and
- To effectively monitor contributions to the National Response against the impact of HIV and AIDS; and
- To meet GFATM and other NAC donor reporting requirements.

An important guiding principle for the reporting system is that the system should be meaningful in terms of gathering management information, but extremely user-friendly. Therefore, the system will concentrate on eliciting limited but specific information. Implementing agencies will send programmatic progress reports to the Grants Management Unit, together with the financial reports. A copy of the progress report is sent on immediately to the GMU, for their review and feed back.

### 27.1.1 Quarterly Narrative Report

The quarterly narrative progress report will focus on:

- Achievements versus planned activities
- Problems faced, and lessons learned
- Changes suggested to the work plan and/or budget
- Capacity building support needs
- Any other feed back to NAC Grants Management Unit

### 27.1.2 Project Activity Monitoring Report

All supported services are delivered as part of the National HIV and AIDS Strategy, therefore implementing partners are expected to report on a selected number of indicators for the National Monitoring and Evaluation framework<sup>18</sup>. Monthly (instead of quarterly) reporting is possible without too much effort as this concerns simple service statistics. Besides, more frequent reporting will allow NAC to provide frequent and up-to-date feed back to implementing agencies, other stakeholders, the PR and the GoL.

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<sup>18</sup> NAC has drafted an overall National Monitoring & Evaluation System, that directly relates to the Strategic Plan.

If implementing agencies monitor more indicators than required under the NAC Grants Facility, as part of their own management information system, they are welcome to report on those. Project Activity Monitoring Indicators and Formats for reporting on the broad service areas: prevention, treatment, care & support, and mitigation, will be provided to implementing partners according to their project focus area.<sup>19</sup>.

### **27.1.3 Project Completion Report**

Upon the completion of a project the normal project closeout activities will include:

- Notification of GMU and NAC on project closure in writing;
- A final project closeout report according the standard formats to be provided to Implementing partners;
- A final site visit by the NAC and GMU staff to verify that all project activities have been carried out as agreed in the contract;
- Verification of all assets, if any, acquired under the project and determining their disposal.

These procedures and guidelines will be reviewed and revised as needed drawing on lessons learned by both NAC and implementing partners, to ensure that they are up to date and meet the needs of all stakeholders.

Most of all the efforts must ensure the effective delivery of HIV and AIDS Services and information to all Basotho to effectively respond to the Pandemic.

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<sup>19</sup> See for Process Indicator Format “Grants Management Operations Manual”

## **ANNEXES**

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1. Outline RFP for Umbrella Organisations
2. Outline for Situation and Response Analysis Report
3. Outline for Communication Strategy
4. Grant Application Proposal Formats



## Annex 1

### Outline for Request for Proposals for Umbrella Organisations

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The National AIDS Commission (NAC) seeks Project Proposals from registered organizations to serve as district level “umbrella organisation” for “scaling up community based HIV and AIDS interventions” within the context of the National HIV and AIDS Strategic Plan and response.

The overall goal of the National HIV and AIDS Strategic Plan is to reduce incidence of HIV and other STI, and to improve the quality of life of those infected or affected by HIV and AIDS. One of the strategies to achieve these goals is a Grants Facility, with the objectives to :

1. Increase financial resources available to civil society organizations to implement HIV/AIDS services and activities, and
2. Improve their human and organizational capacities to implement quality services.

NAC has identified NGOs, CBOs, District AIDS Committees (DACs), and Associations of PLWHAs, line ministries and the Private Sector as priority partners for the Grants Management Services. The NAC seeks competent partners:

- To provide financial, technical and organisational support to local communities and CBOs to design and implement HIV and AIDS prevention, care support and mitigation services throughout Lesotho;
- To provide technical and organisational support to; line Ministries, government departments, DACCs, DATFs and other partners for strategic planning, sub-grant management and resource mobilisation for district and community level HIV and AIDS responses.

The Grants Management Services Facility will be implemented for the duration of 2 years from 2006-2008 and in that period a phase out plan will be developed to place the Grants Management Unit at NAC in charge in the long term.

Interested organisations are invited to submit a full proposal and budget, in English. Proposal guidelines are available from National AIDS Commission, Red Cross House, Maseru Lesotho. The selection process involves a review of proposals, on-site organizational pre-appraisal, and a project-planning workshop for short-listed candidates.

Interested organisations are invited to attend a meeting to present and discuss background, objectives and processes for application and management on Date: / / 2006, Time 00:00 am/pm at the NAC Red Cross House, Maseru Lesotho.

Proposals must be submitted electronically (on email address < >) and in hard copy to the National AIDS Commission, Red Cross House, Maseru Lesotho by 9:00 am Date: / / 2006,

Applicant organizations will be disqualified from the selection process if:

- The proposal is incomplete or not in English
- The organization is established for the sole purpose of applying for this grant.
- The organization is aligned with any political party. (NAC Directorate to Advise)
- The organization lacks financial transparency.
- The organization tries to influence the selection process, or if someone else does so on behalf of the organization.
- The organization's Directors or Senior Staff are in any way linked to the NAC(NAC Directorate To Advise).

## **Annex 2 Outline for Situation and Response Analysis Report**

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### **I. Introduction**

### **II. Geopolitical and socio-economic features**

Geography and socio-economic background  
Issues facing the response  
HIV and AIDS epidemiological situation  
STI epidemiological situation  
Impact of the HIV and AIDS epidemic across all sectors

### **III. The structure of the HIV and AIDS Response**

The Government's response to HIV and AIDS  
Non-government organizations/community-based organizations  
People living with HIV and AIDS  
Corporate/business sector  
Religious organizations  
Media

### **IV. HIV and AIDS related policies**

### **V. HIV and AIDS Prevention**

Prevention education, condom promotion, supply and awareness creation  
IEC material development  
HVCT, BCC/BCI  
STI prevention and care  
Blood safety

### **VIV. Targeted Programs**

School based HIV and AIDS Programs  
Sex industry  
Women and girls  
Youth and young people  
Orphans and Vulnerable Children-OVC  
Mother to Child Transmission  
Military  
Police  
Prisons

### **VIII. Care, Support and Treatment**

Access to / status of care and support  
Access to / status of voluntary testing and counselling  
Access to / status of clinical services  
Access to / status of TB services  
Health care worker training  
Laboratory services  
Continuum of Care and referral networks

**IX. Financial support**

Multilateral and bilateral agencies ,NGOs

## **Annex 3: Outline for Communication Strategy**

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### **1. Background**

In support of the goals of the National HIV and AIDS Strategic Plan 2006-2011 the National AIDS Commission has established a Grant Facility, with the purpose to increase coverage of prevention, care, support and mitigation services across Lesotho. The purpose is to:

1. Increase financial resources available to line ministries, government departments, NGOs, CBOs and civil society organizations to implement quality HIV and AIDS services and activities, and
2. Improve their human and organizational capacities to implement quality HIV and AIDS services.

In order to increase the use and effectiveness of this Grant Facility, many potential partners need to know about its existence, scope and application procedures.

### **1. Purpose and objectives**

The purpose of the Communication Strategy is to create awareness and increase the utilisation of the NAC Grant Facility. Specific objectives are

1. To reach a wide variety of potential civil society partners with appropriate information
2. To engage civil society partners in the National response
3. To increase demand for the grants facility from relevant potential partners
4. To provide information to prospective applicants about proposal development including service protocols
5. To create a favourable environment for application to the Grant Facility through public relations

### **2. Audiences, messages and activities**

Audiences for the communication strategy include (potential) partners and other stakeholders (donors, general population, media).

Audiences will be ranked on the basis of priority, e.g. priority partners for the NAC (CBOs and DACCs), and important stakeholders (donors). For each audience, communication objectives are identified, ranging from basics of HIV/AIDS, their potential role and potential, how to deliver services, etc. Communication strategies and media will vary according to audience and message, and may include workshops, Internet portal, interpersonal communication with opinion leaders, technical guides, etc.

Priority audiences	Communication objectives	Communication Strategies	Communication Tools/media

### 3. Workplan

Annual workplans will describe the specific HIV and AIDS activities to be undertaken, including timing and key people involved and ultimately responsible.

### 4. Resources Inputs

For each year, inputs in terms of human resources, financial resources and materials will be budgeted for, based on the annual workplan.

## **Annex 4: Grant Application Proposal Format Guidelines**

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### **ANNEX 4.1 PROJECT PROPOSAL FORMAT FOR NGOS/ PUBLIC SECTOR AND LINE MINISTRIES**

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All projects submitted should follow the format and guidelines presented below. The level of detail for each section of the format will depend on both the type of project and its overall size.

I. **Project Summary Sheet** (*to be presented as the cover page of proposal*):

- Name of Project
- Name of implementing Organisation
- Address and phone
- Contact person's name and position
- Type of project
- Location of project (village, and location)
- Number of project beneficiaries
- Duration of project
- Total project budget
- Amount of funding solicited from Global Fund

II. **Executive Summary** (*for larger proposals valued at.....*)

Once the proposal is prepared, the implementing agency should write a summary description of the same which highlights the most important features of the project. This summary should give a good sense of what the project proposes to address, how it will work, with and for whom, and how much it will cost. It should be no longer than one page in total.

III. **Background and Problem Statement**

This section of the proposal should describe the problem or problems the project intends to address; who is affected, how they are affected, the effect that HIV and AIDS had on particular target community or beneficiary group, the severity and extensiveness of the problem.

Once the problem is stated, the proposal should:

- i. identify the causes of the problems
- ii. indicate the solution which is being proposed and specifically the type of
- iii. services to be provided under the project, and in general terms describe how these services or assistance will benefit the target population and the community as a whole.

#### **IV. Project Objectives**

Having defined the problem and its solutions, proposals will state the project's objectives. The objective(s) of a project are directly linked to the overall problems and solutions proposed. Objectives are sometimes divided between the general and specific objectives.

The general objective is the overall desire for of the implementing agency for the beneficiary population.

Specific objectives should be logically related to the general objective. The specific objectives often stem from the specific solutions proposed under the project and their achievement will result in the specific outputs or products hoped for in the project. Their achievement (sometimes referred to as project outcomes) should be within the influence of the implementing agency and project design and measuring their achievement will become the focus of the project's evaluation system.

In both cases, the objectives should be described in concrete and quantified terms; such as numbers or percentages of specific population, level of improvement or increases, type of population and the time frame for the objectives' realization. This quantification of objectives leads to the identification of indicators and targets which will be used to monitor and evaluate the project's implementation. If the objective answers the question "what does the project want to do?" The indicators and targets tell us "how much", "for whom", "by when", etc.

#### **V. Implementation Strategy and Activities Plan**

The implementation strategy and plan of activities should follow directly and logically from the project's specific objectives. Each proposal should provide a narrative description of the strategies and components of the project and a list of the key activities to be carried out to realize the intended objectives of the project.

Projects are often divided into components which focus on a particular strategy for project implementation. Each component or strategy should have easily identifiable and quantifiable outputs which will be wholly within the power of the implementing agency to produce. Such outputs are the direct result of inputs which will be provided for under the project. The quantified outputs identified in the project proposal will become the focus of the reporting forms and monitoring system.

The activities plan should be presented in a form similar to that which is provided (implementation plan format attached) and should indicate both the timing and duration of the proposed activities, and identify the responsibility for carrying out each action which the project may call for. The plan of activities should be developed for the duration of the project, indicating the timing of activities by month. Once a project is approved, this plan, will be updated to reflect any necessary changes to the implementation strategy or timing of activities.

#### **IV. Monitoring and Evaluation**

Monitoring and evaluation are the processes used to test if a project is achieving its proposed objectives (both specific and general). Generally, monitoring is concerned with assessing the completion of project activities and the achievement of specific objectives in terms of outputs specified in the work plan. Monitoring involves the collection of information about the project while it is in progress and emphasizes continuous feedback so that adjustments in implementation can be made as necessary. Evaluation measures the achievement of general objectives in terms of effects outcome and impact – or changes – on the quality of life of the beneficiary /targeted population. Evaluation to document what has happened as a result of the project and why it happened – therefore, it is most often done at the end of the project.

## **VI. Institutional Capacity**

Each organization submitting a project proposal must demonstrate that they have adequate administrative and technical capacity to carry out the work indicated in proposal (see attachment). Applying agencies should describe the organization (and any other organization with which you will implement the project jointly), including the institution's history; years of work in Lesotho and the proposed sector; the institution's objectives, structure, and operations by sector and geography; and the human and physical resources which the institution(s) can bring to the implementation of the project. Finally, each agency should identify and briefly describe any other relevant projects or experiences the organization has in relation to the proposed activities.

If the implementation of the project depends on the participation of other institutions (public, private or community-based), the proposal should describe the relevant experience the implementing agency had in working with these other institutions, and in managing inter-agency relationships for project implementation in general.

## **VII. Project Feasibility and Sustainability**

Technically, the implementing agency must demonstrate that the project strategies are adequate to achieve the project objectives and are the most appropriate in respect to other technical options. In doing so, the agency should take into consideration local practices or traditions which may more appropriate, or local groups or individuals which may present obstacles to the achievement of the projects objectives. If your agency lacks the technical capacity to carry out some aspects of the project, you should indicate from where this expertise will come and how will you guarantee sustained support to the beneficiary groups once the project is ended.

The proposal should also discuss the likelihood of sustaining project benefits once the required inputs have been delivered. As a suggestion, the proposing agency should consider sustainability in terms of the following areas:

- a. the level of community participation in the design and implementation of the project,
- b. use of local knowledge and materials in project implementation
- c. level of control the community has over project decisions and resources,
- d. level of increase in and plans to cover operating and maintenance costs for infrastructure and equipment which the community may have to bear,
- e. women's participation in the project,
- f. the capacity of the communities, and permanent institutions from the local area to continue with the assistance or services being provided under the project

## **VIII. Project Budget**

The implementing agency should present the project budget showing the following aspects:-

- All budgets should be presented in LOTI/RAND;
- The budget should be presented in as much detail as possible indicating items, units, and unit costs for the life of the project.
- The budget should include an annex of "budget notes" which explain and justify how total costs were calculated.

## IX. Annexes

Attach as annexes any additional information which you feel will assist the review and evaluation committees determine if the proposed project and your organization merit funding. Examples of such information could include your organization's audited financial statements, annual report on activities, evaluation reports of related project activities, information or documentation or organization administrative systems, procedures, etc.

### 4.2- Objectives and Activities<sup>20</sup>

<b>OVERALL PROJECT OBJECTIVE</b> What changes are expected in the long term?	<b>SPECIFIC PROJECT OBJECTIVES</b> What are the specific expected outcomes over the project period?	<b>PROJECT ACTIVITIES</b> What activities will be implemented to achieve the stated objectives?	
	1.	1.1	
		1.2	
		1.3	
		etc.	
	2.	2.1	
		2.2	
		2.3	
		etc.	
	3.	3.1	
		3.2	
		3.3	

<sup>20</sup> NOTES: Organisations familiar with Logical Frameworks may use that instead

NOTES: If there are more objectives or activities, add extra pages in similar consistent format



## Annex 4.3 – Process Indicator Format Guide

<b>Date of Report:</b>
<b>Name of NGO:</b>
<b>Project Code :</b>
<b>Reporting Month:</b>
Please fill in <b>only</b> what is relevant for your organization or Project activities !

		<b>28 PREVENTION SERVICES</b>				
		<b>0-24 yrs</b>		<b>25+ yrs</b>		<b>tot</b>
		<b>M</b>	<b>F</b>	<b>M</b>	<b>F</b>	
<b>IEC materials</b>						
IEC1	# new IEC materials produced					
IEC2	# IEC materials distributed					
<b>BCC</b>						
BCC1	# 1-1 communication contacts					
BCC2	# first contact					
BCC3	# repeat contact					
BCC4	# people reached through group sessions/mass media					
<b>STD services</b>						
STD1	# people referred for suspected STD					
STD2	# people treated for STD					
<b>29 PMTCT</b>						
PMT1	# ANC attendees counselled on PMTCT					
PMT2	# ANC women tested for HIV					
PMT3	# positive women provided with Nevirapine					
PMT4	# women provided with infant feeding					
<b>VCT</b>						
VCT1	# people receiving pre-test counselling					
VCT2	# people tested					
VCT3	# tested for the first time					
VCT4	# repeat tests					
VCT5	# people receiving result & post-test counselling					

<b>30 CARE AND SUPPORT SERVICES</b>						
		0-24 yrs		25+ yrs		Total
		M	F	M	F	
<b>PLWA support<sup>21</sup></b>						
PWA1	# counselling sessions with PLWA					
PWA2	# first contact					
PWA3	# PLWA receiving additional support services <sup>22</sup>					
PWA4	# new clients					
<b>Orphan support<sup>23</sup></b>						
OVC1	# counselling contacts with orphans					
OVC2	# first contact					
OVC3	# orphans with schooling or foster support					
OVC4	# new orphans					
<b>Widows/carers<sup>24</sup></b>						
WID1	# counseling contacts with widows					
WID2	# first contacts					
WID3	# widows receiving material/community support					
WID4	# new clients					
<b>Home based care</b>						
CAR1	# home visits for nursing/medical care					
CAR2	# new home based care patients					
CAR3	# of home visits for family support					
<b>31 Clinical care</b>						
OI1	# PLWA treated for OI or complications					
OI2	# new patients					
<b>32 ARV Treatment<sup>25</sup></b>						
ARV1	# PLWA currently on ARV					
ARV2	# people started ARV for first time					

<sup>21</sup> Do **not** include orphans/young children with HIV/AIDS

<sup>22</sup> Include income generation/material support, spiritual support, nutritional support – but **not** medical treatment/prophylaxis

<sup>23</sup> Include here children affected and infected with HIV

<sup>24</sup> Includes widowers/grandparents/other who care for bereaved family

<sup>25</sup> Do **not** include Nevirapine for PMTCT – see prevention indicators

ARV3	# PLWA who fail to adhere <sup>26</sup>					
	<b>33 OTHER ACTIVITIES</b>					
		0-24 yrs		25+ yrs		tot
		M	F	M	F	
<b>Training</b>						
CB1	# project staff trained					
CB2	# target population trained					

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<sup>26</sup> Defaulting patients or those who stop (due to side-effects etc.)





## Annex 4.6 Budget Proposal

<b>BUDGET PROPOSAL</b>				
<b>DESCRIPTION</b>	<b>MONTHLY BUDGET</b>	<b>YEARLY BUDGET</b>	<b>FUNDS FROM OTHER SOURCES</b>	<b>BUDGET REQUESTED</b>
		<b>1</b>	<b>2</b>	<b>1-2</b>
<b>PERSONNEL</b>				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
TOTAL SALARIES				
casual labour				
consultants				
<b>TOTAL PERSONNEL</b>				
<b>TRAVEL AND TRANSPORT</b>				
transport				
vehicle operating cost				
<b>TOTAL TRAVEL AND TRANSPORT</b>				
<b>OFFICE OPERATING COSTS</b>				
office rent & utilities				
insurance				
office supplies				
telecommunications & postage				
subscriptions				

TOTAL OFFICE OPERATING				
<b>CORE PROGRAMME DELIVERY</b>				
activity 1:				
activity 2:				
activity 3:				
activity 4:				
activity 5:				
Medicines				
Condoms				
HBC Kits				
Uniforms FOR OVC				
Basic packages for OVC				
<b>TOTAL PROGRAMME DELIVERY</b>				
<b>CAPITAL ASSETS</b>				
Office equipment				
Vehicles				
Furniture				
Other				
<b>TOTAL CAPITAL ASSETS</b>				

**Annex 4.7 Budget Summary**

<b>BUDGET SUMMARY</b>	<b>Total Costs</b>	<b>Funds from other sources</b>	<b>Requested Budget</b>
	<b>(Maluti)</b>	<b>(Maluti)</b>	<b>(Maluti)</b>
TOTAL PERSONNEL			
TOTAL TRAVEL AND TRANSPORT			
TOTAL OFFICE OPERATING COSTS			
TOTAL SERVICE DELIVERY			
TOTAL CAPITAL ASSETS			
<b>TOTAL PROJECT COSTS</b>			





## **Annex 4.8 – Project Proposal Appraisal and Format**

### **NAC HIV and AIDS GRANTS FACILITY GRANT APPLICATION PROPOSAL (SCORE SHEET FOR TECHNICAL REVIEW PANEL)**

#### **1. REVIEWER INSTRUCTIONS/NOTES:**

- This score sheet is meant primarily as a review guide for the proposal content, and the scores assigned are not necessarily the final appraisal of the proposal.
- The proposing organisation will be re appraised separately on site focussing on institutional capacity and financial management, M&E capacity etc, as part of the pre funding assessment, if the initial proposal is accepted, or accepted with conditions. Where appropriate the Grant Management Services Team will support the applicant organization to address technical conditions that may be noted to refine the proposal.
- The review panel must be as objective as possible and clearly record their scores in the spaces provided for each category and sum up sub totals for each section and Grand Total for all sections in the space provided in section (Number 6).
- Where a proposal is accepted with conditions, the reviewer must clearly list them in section (Number 8) for follow up or further assessment or Technical assistance by the GMU. Reviewers must then total compare notes and scores on each proposal and decide on a Final Average Score and limit of: full acceptability of the proposal, acceptance with conditions or total rejection in the extreme.
- Each reviewer must indicate name, signature and date in the spaces provided on each page.

## **1.1 SUMMARY TECHNICAL EVALUATION CRITERIA**

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Ideally a series of agreed upon technical review criteria should be established for each of the 5 broad areas of HIV and AIDS intervention outputs:(prevention, treatment, care, support and mitigation), and distributed to all potential implementing agencies. This should be done at the same time as proposal development guidelines and formats are distributed so that organizations will know how proposals of each sector will be evaluated. There will be no unsolicited submissions under the facility but proposals that are received in response to requests for proposals. While it will be impossible to anticipate all the possible technical aspects of proposals, some core technical characteristics must be specified to both guide the proposal/work plan development process and to keep the evaluation and approval process transparent. These technical criteria will then become the basis for the review, evaluation and recommendation the Technical Review Committee makes to the NAC Chief Executive for the award of grants. Once a project and organization are shown to meet the basic eligibility criteria listed above, the project submitted will be reviewed and evaluated using general and specific technical criteria.

### **1.1.1 General Criteria**

The first stage of project evaluation involves the application of general criteria to each proposal submitted to National AIDS Commission to ensure adequate project design and fundability. Specifically, this assessment would look at institutional, financial, social and environmental criteria, project coherence, and sustainability. These categories are described in more detail below:

### **1.1.2 Institutional criteria**

Including number and types of personnel and skills, available infrastructure and physical resources to carry out project, financial management and administrative systems, years and types of experience, project value relative to overall organizational finances, etc;

### **1.1.3 Project coherence**

Including, relationship between the identified problems, causes and proposed solutions; the clarity of problem description and specificity of project objectives and direct links with project activities; feasibility of achieving the proposed end goals and objectives, completeness and reasonability of the monitoring plan, and the incorporation of best practices or creativity of the project design.

#### **1.1.4 Financial criteria**

Including a clear relation between project activities and budget items, reasonableness of proposed inputs and unit costs, inputs conform with standard specifications and applicable market rates, budget form and substance in agreement with guidelines (i.e., no ineligible expenditure categories, adequate information, etc) and the relative level of ‘direct’ and ‘indirect’ costs. Balance between administrative costs and program implementation in the budgets.

#### **1.1.5 Sustainability criteria**

Including level and substance of community buy-in to the project, involvement and participation in project design, planning and implementation, level of local knowledge or skills required for implementation, level of local labour and/or materials or other resources in the project, level of operation or maintenance costs once project is complete, viability of sustainability plan, impact on disposable time of women, income generating potential of project, and effect project has on environment and natural resources.

This review will be carried out by the National AIDS Commission (NAC), a designated technical review panel, or a qualified technical working group, approving the proposal or work plan for funding. Clearly, the larger, more complex and more costly the project, the more detailed and thorough the general technical review should be. In particular, the district level staff of NAC should assess the extent to which the project reflects the priorities of the communities in which the projects will be implemented.

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2.APPLICANT: \_\_\_\_\_

**3. PROJECT DESIGN SCORE SHEET**

SUB CATEGORIES/PROGRAM ELEMENTS		MAXIMUM POSSIBLE POINTS FOR CATEGORY	SCORE AWARDED BY REVIEWER	COMMENTS
3.1	<b>Magnitude of expected Impact</b>	<b>10</b>		
3.2	<b>Project justification</b>	<b>5</b>		
3.3	<b>How well does the project address needs of the target population</b>	<b>5</b>		
3.4	<b>Target population identification</b>	<b>5</b>		
3.5	<b>Clear description of problem to be addressed</b>	<b>5</b>		
3.6	<b>Sensitivity to gender, social inequalities and coverage</b>	<b>5</b>		
3.7	<b>Logical link of objectives, activities and indicators</b>	<b>5</b>		
3.8	<b>Objectives are specific, measurable, realistic, time-bound;</b>	<b>10</b>		
3.9	<b>Adequacy of monitoring and evaluation plan</b>	<b>10</b>		
3.10	<b>Can stated objectives be achieved within stated project time frame and budget?</b>	<b>10</b>		
3.11	<b>Technical competence and consistency with current best practices</b>	<b>10</b>		
<b>Total possible points for this section</b>		<b>(80)</b>	<b>Total (    )</b>	

Name of Reviewer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 4. INSTITUTION BUILDING AND COLLABORATION SCORE SHEET

SUB CATEGORIES/PROGRAM ELEMENTS		MAXIMUM POSSIBLE POINTS FOR CATEGORY	SCORE AWARDED BY REVIEWER	COMMENTS
4.1	Potential to add value/ make a difference	10		
4.2	Potential for sustainability	10		
4.3	Recognition of other interventions in the project Catchment area	5		
4.4	Involvement of beneficiaries in planning management, supervision and M&E	5		
<b>Total Possible Points for Section</b>		<b>30</b>	<b>Total (      )</b>	

Name of Reviewer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 5. ORGANISATIONAL CAPACITY SCORE SHEET

SUB CATEGORIES/PROGRAM ELEMENTS		MAXIMUM POSSIBLE POINTS FOR CATEGORY	SCORE AWARDED BY REVIEWER	COMMENTS
5.1	Experience in implementing HIV and AIDS or related projects	10		
5.2	Adequacy of skilled staff and financial resources	10		
5.3	Adequacy of support services: Financial Management, Administration, M&E and Communications	5		
5.4	General management skills (i.e. planning, organizing, directing, control, etc.).	10		
<b>Total Possible Points for Section</b>		<b>35</b>	<b>Total (      )</b>	

6. OUT OF (145) POSSIBLE POINTS, TOTAL SCORE AWARDED (\_\_\_\_\_)

Name of Reviewer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**7. PROPOSAL ACCEPTANCE STATUS ( X )**

1. PROPOSAL FULLY ACCEPTED WITHOUT CONDITIONS	2. PROPOSAL ACCEPTED WITH CONDITIONS LISTED IN ( 8 ) BELOW	3. PROPOSAL NOT ACCEPTED
( )	( )	( )

**8. CONDITIONS OF PROPOSAL ACCEPTANCE NOTES/ TA RECOMMENDATIONS:**

1.	
2.	
3.	
4.	
5.	

**Name of Reviewer:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_