

Support from the German BACKUP Initiative

Guidelines for application

General information

This paper aims to explain what the German BACKUP Initiative is designed for and is addressed to organisations and institutions that need technical support related to various Global Fund processes at country level. It describes the type of technical support the German BACKUP Initiative is offering, who is eligible and how to access this support.

Since 2002, BACKUP has been supporting numerous countries in accessing and implementing Global Fund grants. BACKUP is an acronym that stands for Building Alliances, Creating Knowledge and Updating Partners. Funding from the Global Fund offers developing countries the opportunity to significantly improve their health services. However, many of the countries affected lack the expertise and structures needed to submit viable project proposals and put the money acquired to effective use. This is where the German BACKUP Initiative offers assistance. The aim is to enable governmental and non-governmental organisations to increase the efficiency and effectiveness of Global Fund grants in order to implement measures for controlling HIV, tuberculosis and malaria. BACKUP's work centres on the development of capacities in three cross-cutting areas: Health Systems Strengthening, Community Systems Strengthening and gender-oriented approaches. BACKUP takes an active role in the provision of technical support for strengthening health systems (based on WHO concepts) and community systems. In addition, BACKUP provides comprehensive support to five selected countries (Burkina Faso, Cameroon, Kenya, Tanzania and Malawi) in the areas of advocacy, planning, implementation and monitoring of gender-oriented HIV programming.

The German BACKUP Initiative's services for capacity development include (1) short-term and long-term experts to provide in-process and technical consultancy to organisations and networks at national, regional, international level, and (2) subsidies for government and non-government organisations to plan, implement and monitor support activities.

This support is demand-driven and aims to contribute to a flexible and timely response to short-term, medium-term and long-term technical support needs. Eligible partners are Country Coordinating Mechanisms (CCMs), government institutions, civil-society organisations and their networks as well as private sector organisations. Application is possible at any time, independent of Global Fund grant cycles and procedures.

To receive support from the German BACKUP Initiative, the applicant must consider the following:

- Principles of development cooperation
- BACKUP's strategic orientation
- Thematic areas supported by BACKUP
- Monitoring and evaluation
- Organisational and operational requirements
- Eligible partner organisations
- Five-step application process

Principles of development cooperation

The support of the German BACKUP Initiative is provided in line with the principles of the Paris Declaration and the Accra Agenda for Action.

Country ownership and harmonisation

The support requested is compatible with and adds value to national policies, strategies and programmes; it is based on the use of existing structures and a sound knowledge of the technical support needs/gaps. The proposal indicates the country situation, including the link to Global Fund processes. Country-specific information, beneficiaries of the intervention and available budget – national and international –, and leverage or return on investment through BACKUP support should be outlined.

Equity and solidarity, human rights-based approach

The German BACKUP Initiative supports measures that apply a human rights-based policy. The ultimate goal of this policy in the health sector is to improve access of the whole population, and of extremely poor and disadvantaged groups in particular, to health services, health information and healthy living conditions. Core elements are: availability, accessibility, acceptability and quality. This applies for example to activities geared to promoting gender equality and empowerment of women (MDG 3), improving mothers' and children's health (MDG 4 and 5), and to responding to HIV and AIDS and other diseases (MDG 6). In addition, the implementation of human rights such as transparency and accountability contributes to improved governance in the health sector.

Universal access and attainment of the Millennium Development Goals

Activities that help to achieve the Universal Access goals with respect to expanding HIV testing and counselling, accelerating AIDS treatment scale-up, maximising HIV prevention, strengthening health systems, strategic information, supporting women and girls and gender equality are of special interest for the German BACKUP Initiative. Achieving universal access and the MDGs rests on addressing gender equality and the empowerment of women and girls as human rights, as critical public health concerns, and as essential development objectives.

- BMZ 2008: [A Human Rights-Based Approach in the Health Sector. Fact Sheet: Human Rights, p. 11-12](#) (1.53 MB pdf).
- UNAIDS Reference Group on HIV and Human Rights 2008: [Statement on Human Rights & Universal Access to HIV Prevention, Treatment, Care & Support](#) (0.27 MB pdf)

BACKUP's strategic orientation

In general, BACKUP works to develop capacity. Capacity can be defined as 'the ability of people, organisations and society as a whole to manage their affairs successfully'. Capacity development (CD) is seen as a process whereby people, organisations and society strengthen and maintain capacity over time. Capacity development is crucial in increasing the effectiveness of aid at country level. On an individual level, e.g. for training, the term capacity building is frequently used.

Technical support for capacity development comprises three dimensions: human resource development through the transfer of knowledge, skills and values and the development of communication systems and networks; organisational development through training of staff, the establishment of management systems and the improvement of work processes; institutional and policy development by improving legal and administrative frameworks for development and cooperation. A comprehensive capacity analysis and assessment of needs looks at all three dimensions of capacity development, addressing among others systemic factors that discourage country-led CD. We see CD as a necessary endogenous process, strongly led from within a country, with donors playing a supporting role (Paris Declaration 2005, p.7).

- OECD 2006: [The challenges of capacity development: working towards good practice, p.7](#), (0.4 MB pdf)

In the current international dialogue on improving the performance and implementation of Global Fund grants, there are three key themes: (1) Health Systems Strengthening (HSS), (2) Community Systems Strengthening (CSS) and (3) gender-oriented approaches through which the German BACKUP Initiative intends to develop capacity. They constitute BACKUP's strategic pillars.

Health Systems Strengthening (HSS)

International dialogue and evidence suggest that disease-specific investments have a complex range of positive and negative effects as compared with broader health systems. The Global Fund is making concerted efforts to address key HSS issues within its programmatic approach in response to the three diseases. In order to give guidance on the relationship between vertical, disease-specific interventions and their contribution to horizontal, Health Systems Strengthening efforts, WHO has proposed a framework for action comprising six building blocks:

- Service Delivery
- Health Workforce
- Health Information Systems
- Medical products, vaccines and technologies
- Health systems financing
- Leadership and governance

Interventions that aim at contributing towards these blocks lead to achieving overall health outcomes. The German BACKUP Initiative aligns its approach towards HSS with this framework and supports activities and projects that contribute to strengthening health systems as defined by the six building blocks.

- WHO 2007: [WHO Framework for Action – Everybody’s Business: Strengthening Health Systems to Improve Health Outcomes](#) (0.85 MB pdf)
- GFATM 2010: [The Global Fund's approach to health systems strengthening](#) (0.13 MB pdf)

Community Systems Strengthening (CSS)

The mounting scale of the three epidemics HIV, tuberculosis and malaria has increased pressure on national systems to scale up and improve the quality and effectiveness of implementation efforts. This will only be successful if community systems are strengthened. Community-based organisations and NGOs are critical actors in policy development and programme design, delivery and measurement of health interventions.

The goal of CSS is to achieve improved health outcomes by developing the role of key affected populations and communities and of community-based organisations in the design, delivery, monitoring and evaluation of services and activities related to prevention, treatment, care and support of people affected by HIV, tuberculosis, malaria and other major health challenges.

Community Systems Strengthening (CSS) is therefore an approach that promotes the development of informed, capable and coordinated communities and community-based organisations, groups and structures. CSS involves a broad range of community actors, enabling them to contribute to the long-term sustainability of health and other interventions at community level, including an enabling and responsive environment in which these contributions can be effective.

Civil society refers to all voluntary civic and social organisations and institutions that occupy a position between the household, the state and the private sector. These often form the basis of a functioning society and include, for example, self-help groups of people living with HIV, most-at-risk populations and faith-based organisations engaged in prevention and care.

In supporting civil society, we contribute to Community Systems Strengthening. In doing so, we contribute to a series of advantages and are confronted with a number of challenges:

Advantages	Challenges
<ul style="list-style-type: none"> • Long-term planning and early involvement • Compliance with international standards • Better access to global financing • Improved integration of interests/rights of PLWHA • Empowerment of watchdog functions • Strengthening of service provision in remote regions 	<ul style="list-style-type: none"> • Lack of capacity and skills • Insufficient participation of CSOs in national processes • Insufficient interest of governmental structures to support and fund CSOs • Difficulties in accessing technical assistance

The German BACKUP Initiative supports activities that enable civil-society organisations (CSOs) to gain access to funding from the Global Fund in order to enhance the community’s response to HIV, tuberculosis and malaria and to promote access to and utilisation of health services. By strengthening community systems, our aim is to foster demand for quality services by enabling the community to play a greater role in their design, delivery, monitoring and evaluation. The components of Community Systems Strengthening are capacity building, partnership building and ensuring sustainability. The stigma and discrimination associated with disease can create barriers that make it more difficult to prevent further infections and provide care and support. Civil-society organisations represent those most vulnerable to discrimination, i.e. organisations of people living with HIV and AIDS (PLWHA).¹ We therefore see our support as being related to human rights and the creation of empowering environments, especially for marginalised and/or criminalised groups.

- GFATM 2010: [Community Systems Strengthening Framework](#) (1.67 MB pdf)
- GFATM 2010: [Community Systems Strengthening](#) (0.12 MB pdf)

¹ This was formally adopted as a principle at the Paris Summit in 1994, where 42 countries declared the Greater Involvement of People Living with HIV/AIDS (GIPA) to be critical to ethical and effective responses to the epidemic.

Gender-oriented approaches

The German BACKUP Initiative provides its support in line with the Global Fund's strategy on sexual orientation and gender identities in the context of the HIV epidemic (SOGI). The GFATM is committed to ensuring that its grants support equal and equitable access to prevention, treatment, care and support for all those who need it, and to ensure that men having sex with men (MSM), transgender communities and/or people, women having sex with women (WSW) and sex workers, for example, benefit from the most appropriate and effective interventions.

Because a gender-oriented approach increases the efficiency of programmes, protects human rights and concords with the MDGs, there is a need for HIV and AIDS policies and programmes that are sensitive to women's and men's gender-specific HIV-related risks and vulnerabilities. Strategies should not merely be gender-sensitive; they should also strive to adopt gender-transformative approaches.

- GFATM 2010: [Sexual orientation and gender identities in the context of the HIV epidemic](#) (0.14 MB pdf)
- GFATM 2010: [Women, girls, and gender equality](#) (0.14 MB pdf)

Definition of gender-sensitive and gender-transformative approaches

It describes as gender-sensitive programmes that attempt to 'redress existing gender inequalities by addressing gender norms, roles and access to resources in so far as needed to reach project goals' and as gender-transformative, programmes aiming to 're-define women and men's gender roles and relations by transforming unequal gender relations to promote shared power, control of resources, decision-making, and support for women's empowerment'

In this context, the German BACKUP Initiative supports civil society and government partners in Malawi, Tanzania, Kenya, Burkina Faso and Cameroon to increase capacity for gender-oriented HIV and AIDS programmes. The partnerships with civil society platforms in Malawi and Burkina Faso, for example, will focus on coalition-building and networking among organisations and on advocacy for more political will towards gender-responsive HIV programmes. This includes the promotion of rights of and access to prevention and HIV services for sexual minorities and other vulnerable groups (e.g. young women, MSM and sex workers). In Burkina Faso and Cameroon, the National AIDS Councils will benefit from technical support to integrate gender dimensions into the forthcoming National HIV Framework.

- GTZ/BACKUP 2010: [What makes HIV programmes gender-responsive? A guideline document produced by the German BACKUP Initiative](#) (0.22 MB pdf)

Thematic areas supported by BACKUP

Make sure the proposed intervention fits into one or more of the thematic areas listed below:

Thematic areas supported by BACKUP	
TS needs assessment	The proposed intervention assists partners to identify capacity gaps and resulting needs for technical support in the areas of Health Systems Strengthening, Community Systems Strengthening and/or gender-oriented approaches, or identifies other gaps and needs of organisations that are clearly linked to the GFATM.
Organisational & institutional development	The proposed intervention supports the strengthening of capacity to manage national coordination of the health sector and of HIV and AIDS, tuberculosis and malaria programmes
Advocacy	The proposed intervention supports organisations in their endeavour to become significantly involved in Global Fund financing processes or changing of policies.
Human resources development	Capacity development measures include institutional training, on-the-job training, mentoring, improvement of regional training capacity and the sustainable development of human resource capacity plans.
Policy/Strategy/Guidelines development	The proposed intervention assists partners in the development of policies, strategies and guidelines, thus improving legal and administrative frameworks of national relevance and in line with international standards, involving all stakeholders concerned.

Quality management	Development and introduction of quality management within the national health sector or selected programmes on HIV and AIDS, TB and malaria. The proposed intervention contributes to the safety and effectiveness of care, as well as systemic quality improvement (SQI).
Knowledge management	The proposed intervention focuses on analysing, documenting and disseminating experiences and lessons learned that have a bearing on better utilisation of global finance.
M&E	The proposed intervention focuses on developing and/or improving the M&E system of the national response (which is also used for monitoring the use of funding from the Global Fund).
Proposal development	The proposed intervention includes technical support for the development of country-coordinated proposals to the Global Fund.

Monitoring and evaluation

Monitoring and evaluation serve different, but complementary purposes. **Monitoring** refers to routine efforts to track and analyse the implementation of a project or initiative, to assess whether the inputs, activities and outputs are unfolding as planned.

In other words: While implementing a project, all involved partners should check on a regular basis whether the persons and institutions assigned do what was planned, and where there might be obstacles and/or a need to adapt procedures or approaches.

It allows those implementing the project to see where greater effort, or a change in approach, may be required in order to meet objectives. Monitoring occurs on a continuous basis and relies largely upon routinely collected information, such as programme reports, clinical records or data from health information systems.

Evaluations, by contrast, are systematic inquiries conducted episodically to determine the merit or worth of an intervention in terms of its relevance, effectiveness, efficiency, sustainability and impact. Evaluations assess the achievements of a project or intervention in relation to a set of defined objectives and provide strategic information that can be used to improve project implementation and to inform future decisions about resource allocation.

In other words: Evaluations should be planned at a certain point of the implementation process, for example in the middle and at the end of the intervention. They try to answer the following questions: does the way the intervention is being implemented prove to be useful in terms of the defined purpose? Does the project achieve the intended objectives? Are the resources used in an efficient way? etc.

Monitoring and evaluation (M&E) need to be an integral part of the planning process. This is important in order to know from the beginning which information will be needed at later stages of the project and for making respective provisions in the budget. Monitoring and evaluation can strengthen all aspects of programmes, if well designed and integrated from the outset. M&E systems call for clear standards and well-chosen indicators.

A standard is a statement of what is to be provided (the goal), e.g. in the field of Health Systems Strengthening, state-of-the-art voluntary counselling and HIV testing services for everyone in need in a specific region. Standards guide service providers to review their performance.

An indicator, on the other hand, is a quantitative or qualitative measure of change. Some common principles for developing indicators are often referred to as SMART, an acronym comprising the following characteristics: Specific, Measurable, Attainable, Relevant, Time-bound.

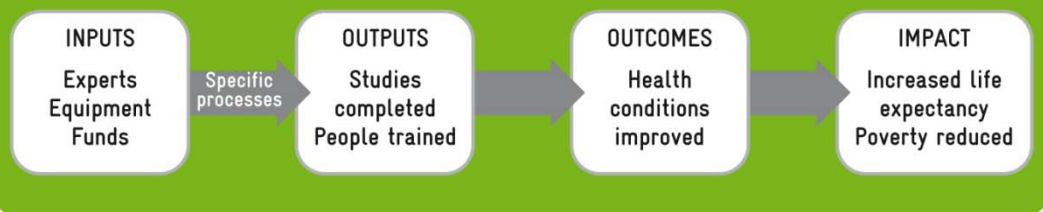
In other words: You need to define the **standards** that will guide the performance of specific activities **and** you need to define **indicators** to measure changes (outcomes) and achievements (outputs). With regard to **outcomes** you should ask yourself: 'At the end of this intervention, what would we like to have changed and how do we propose to measure these changes?' With regard to **outputs**, you should be able to answer the question: 'In the framework of this intervention, what would we like to achieve and how do we want to measure these achievements?' Beyond that you should also define the **impact** of your intervention: what are the effects, i.e. long-term changes that you expect to happen, and what might be unintended, indirect effects? How would you measure them?

OECD, Development Assistance Committee:

- 2002: [Glossary of key terms in evaluation and results based management](#) (0.16 MB pdf, English, French, Spanish)
- 1998: [Review of the DAC principles for evaluation of development assistance](#) (0.39 MB pdf)

From input to impact: the scope of monitoring and evaluation in national systems

Monitoring and evaluation allows one to assess many aspects of a programme or project, and indicators can be chosen to measure everything from input to impact. For a programme to achieve its goals, inputs, such as money, staff and policies are needed to produce outputs, such as pamphlets about HIV prevention or nurses trained in managing antiretroviral therapy. These outputs are often the result of specific processes, such as training sessions for staff. If these outputs are well designed and reach the populations for which they are intended, the programme is likely to have positive short-term outcomes: increased use of condoms with casual partners or increased access to antiretroviral therapy, for instance. Positive outcomes should also lead to changes in the long-term impact of programmes: for example, lower rates of HIV infection and, among those living with HIV, improved health and lower death rates.



Organisational and operational requirements

The organisational and operational capacity of the applicant organisation to implement the proposed intervention needs to match the objectives and scope of the proposed intervention.

For project mode: N.B.: The prerequisite for applicants is their formal registration as a legal body under national law – and participation in Global Fund-related processes in-country.

Capacity for implementation

The applicant organisation is well positioned to lead and/or implement the proposed intervention. The organisation has the necessary position for an applicant organisation (key stakeholder, influence and authority), technical and management capacity and preparedness for collaboration and networking. The governance structures, past performance and capacity of the applicant organisation are favourable to implement the proposed activities.

Sustainability

This includes both the sustainability of the supported programme component (e.g. development of an M&E system integrated in the national HMIS) and the sustainability of the support activity itself (e.g. support to civil-society organisations and CCM secretariats, in particular when the proposed intervention covers running costs as well). The latter requires the development of appropriate business plans or exit strategies.

Assumptions – Risks

The proposal outlines the assumptions and risks that could jeopardise the efficient and effective implementation of the intervention.

Eligible partner organisations

The following stakeholders in the processes of funding from the Global Fund are eligible for support from BACKUP if they fulfil the function of (a) Country Coordinating Mechanism (CCM) or (b) CCM member or (c) Principal Recipient (PR) or (d) Sub Recipient (SR) of a Global Fund grant, or (e) they plan to do so for the next Round:

- National and international civil-society organisations
- Governments (e.g. Ministry of Health, national AIDS, TB or malaria programmes)
- Capacity-building institutions (e.g. regional HIV Knowledge Hubs)
- Private sector organisations

BACKUP also supports organisations that intend to become a CCM member, PR or SR.

BACKUP's work is demand-driven, meaning that requests for technical assistance originate from eligible partner organisations worldwide.

A request is eligible if it

- is based on in-country needs assessment for technical support.
- is endorsed by the CCM Chair.
- is in line with national health strategies and programmes.
- is linked to Global Fund processes.
- applies a gender-oriented approach.
- discusses expected implications for Health Systems Strengthening and/or Community Systems Strengthening.

Five-step application process

If you are sure you are eligible (see the previous chapter on eligibility criteria) for support from the German BACKUP Initiative, continue as follows.

- ① Identify technical support needs in line with BACKUP objectives, principles and criteria.

Technical support needs assessment

At times capacity gaps are not well known or formulated. In order to ensure a sufficient match between perceived technical support needs, proposed intervention and the 'real problems' with using funding from the Global Fund, a technical support needs assessment is recommended.

- ② Choose application mode: Fast Access, Consultancy or Project Mode

BACKUP's modes of support²

1. Fast Access Mode (up to EUR 10,000)

The Fast Access Mode provides quick funds for one-off activities, e.g. reimbursement for a Country Coordinating Mechanism (CCM) planning exercise, sponsorship for participation in conferences or exchange visits, etc.

2. Consultancy Mode (up to EUR 20,000 per consultancy)

The Consultancy Mode provides an opportunity to assign consultants to support CCMs, Principal Recipients (PRs) and member organisations, especially from civil society, during the Global Fund proposal development and/or implementation stage. Terms of Reference must be defined in the application form.

3. Project Mode (up to EUR 100,000 per contract)

The Project Mode caters for small to medium-size projects to support the application process and implementation of Global Fund-financed activities and programmes. The applicant/implementing organisation must be registered as a legal body under national law. The Project Mode requires a brief summary proposal and a log frame that states purpose, outputs, indicators, activities, time frame and budget. Own contributions and contributions from other partners must be clearly stated.

² If you are not sure which mode to use, please contact the BACKUP Team.

③ Complete the forms according to the selected mode. Downloads:

Fast Access: [English](#), [French](#), [Spanish](#), [Russian](#)

Consultancy Mode: [English](#), [French](#), [Spanish](#), [Russian](#)

Project Mode: [English](#), [French](#), [Spanish](#), [Russian](#)

Note: Relevant local stakeholders must be informed about the requested technical support.

In the case of an application from a civil-society organisation that has not yet been directly involved in coordinating or implementing Global Fund resources, a statement explaining the reasons for the missing endorsement and the aspirations to contribute to such processes (making funding from the Global Fund work) must be attached.

- The total budget requested has to be stated in euros. Contributions from GIZ, the applicant and from other partners should be clearly marked.
- Overhead costs can be included up to 5 % of the total budget.
- The proposed time frame is stated.

④ Sign application and get endorsement from CCM Chair to ensure coordination and alignment of TS request. Please note with regard to the endorsement: In general, all applications should be endorsed by the CCM Chair. If the applicant is the CCM itself, the application should be endorsed by the CCM Vice Chair. If the applicant is a Global Fund Sub Recipient, the application should be endorsed by the CCM Chair or the respective Principal Recipient.

⑤ Submit to GIZ Country Office for quality check and signature.

GIZ Office passes on the application to the BACKUP team at GIZ Head Office in Germany for review and approval.

The duration of the review process differs according to the application mode and the complexity of the proposed interventions. If the first application draft is in line with the BACKUP mandate and the applicant responds directly to the comments, the review process can take approximately

- 2 weeks for Fast Access Mode,
- 1 month for Consultancy Mode and
- 2 months for Project Mode.

Please be aware that after the proposal has been technically approved, it can take up to four weeks for administrative and contract matters to be handled.

**For an overview of frequently asked questions and their answers,
please refer to the [FAQ](#).**

Contact

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Abbreviations

CBO	Community-based organisation
CCM	Country Coordinating Mechanism
CD	Capacity Development
CSO	Civil-society organisation
CSS	Civil-Society Strengthening
FAQ	Frequently Asked Questions
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater involvement of people living with HIV/AIDS
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH
HR	Human Resources
HSS	Health Systems Strengthening
MAP	Multi-Country HIV/AIDS Programme (WB)
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MSM	Men having sex with men
NAC	National AIDS Commission
NGO	Non-governmental organisation
PLWHA	People living with HIV/AIDS
PR	Principal Recipient
SMART	Specific, Measurable, Attainable, Relevant, Time-bound
SOGI	Sexual orientation and gender identities
SQI	System Quality Improvement
SR	Sub Recipient
SRH(R)	Sexual and Reproductive Health and Rights
R8	Round 8 of GFATM
TOR	Terms of Reference
TS	Technical support
WB	World Bank
WHO	World Health Organization
WSW	Women having sex with women

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