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Introduction

The Global Fund Strategy 2023-2028¹ focuses on empowering communities, including people who use drugs, to ensure no one is left behind. It emphasises the importance of community leadership and involvement in decision-making and improving access to essential services. By supporting community-led monitoring and using strategic data, the Strategy aims to deliver better health services throughout the entire grant lifecycle.

Engaging communities ensures that the Global Fund programmes are adapted to the actual needs and priorities of the most affected people, including people who use drugs. To support this, new measures were established at the beginning of Grant Cycle 7 (GC7) to give communities a stronger voice in shaping their country's funding requests. According to the Global Fund's Community Engagement guide², the three 'minimum expectations' were introduced to enhance accountability, transparency, and opportunities for community participation throughout the grant cycle.

Yet, despite an increase in the inclusion of community-led programming in country funding applications in GC7, community engagement across the entire grant life cycle needs to be more robust in order to address weaker participation during the grant-making, oversight, and, mainly, grant revision stages.

Global Fund grant revision (reprogramming) is the process of adjusting the Global Fund programmes within the existing grant to adapt to the changing country context and requirements. These adjustments are made in response to new challenges, shifting priorities, or lessons learned during the project's implementation. As people who use drugs, our engagement in this process means we can use the grant revision opportunity to push for funding for our community's needs and priorities that were overlooked during the funding request or grant-making process. Indeed, the grant revision is the only opportunity for changing the programming once the grant has been signed off in your country.

This brief is intended to demystify the concept of the grant revision, provide an overview of revision types and processes, and address key barriers and opportunities for meaningful community engagement.

^{1.} The Global Fund (2022). Global Fund Strategy (2023-2028) https://www.theglobalfund.org/en/strategy/

^{2.} The Global Fund (2022). Community Engagement: A Guide to Opportunities throughout the Grant Life Cycle https://www.theglobalfund.org/media/12649/core community-engagement guide en.pdf

What is a grant revision?

As mentioned above, **grant revision** is the mechanism that allows the Global Fund to adjust how funds are spent within the country grant to better meet changing needs and contexts during its implementation. These revisions keep the grants flexible, ensuring that resources are used efficiently. Revisions can be initiated by the Country Coordinating Mechanism (CCM), the Principal Recipient (PR), or suggested by the Global Fund Secretariat, including the Country Teams. Usually, the PR initiates the revision process, although the CCM or the Country Team can sometimes do so.

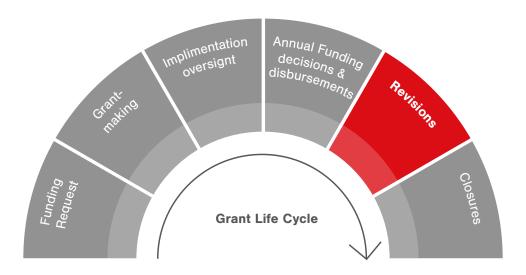


Image 1. Overview of the Global Fund Grant Life Cycle³

The Global Fund (2024). Grant Revisions Information Session on Updated Revisions Operational Policy Note and New Operational Procedures. https://www.theglobalfund.org/media/13700/fundingmodel_grant-revisions-information-session_presentation_en.pdf

Identifying the need for grant revision

Understanding grant revision is crucial as it offers us a powerful opportunity to advocate for our needs, drive necessary changes, and secure funding to lead, implement, and monitor Global Fund programmes.

Revision can be triggered by various factors, including but not limited to:

- New scientific evidence or guidelines: Emerging scientific evidence or updated guidelines may necessitate changes in the grant implementation. These can be new studies that identify a more effective treatment approach, or updated treatment guidelines issued by the Ministry of Health, the World Health Organisation (WHO), or other leading health authorities. One example of this is the revision of the WHO Consolidated Guidelines on Key Populations⁴ that has led to updates in recommended interventions and strategies, ensuring they align with the latest evidence to improve health outcomes and address emerging challenges.
- Shifts in disease patterns or epidemiological trends: Recent epidemiological studies may reveal an increase of incidence in a specific area or a new emerging disease in the region. The grant is, therefore, revised to redirect resources and efforts to the new area or disease.
- Changes in the national context: These may include amendments in funding, laws and policies, or socio-economic conditions. For example, if your government introduces new changes in the drug policy framework, the grant may be revised to incorporate funding for opioid agonist therapy, safe injection sites, and other harm reduction strategies that were previously illegal.
- Adjustments in unit costs or activity expenses: For example, if the costs for medical supplies
 or transportation have risen significantly, the grant budget may be revised to accommodate
 these increased costs.
- Modifications in the grant implementation arrangements: For example, if the grant PR can
 no longer fulfil its responsibilities due to internal issues, such as mismanagement or leadership
 changes, a new PR is appointed, triggering the grant revision to reflect the change in roles and
 responsibilities.
- Recommendations from programme reviews, evaluations, or impact assessments: An
 external evaluation of a grant-funded programme may identify that certain components are not
 as effective as anticipated or that there are gaps in the programme's implementation. Based on
 these recommendations, the grant may be revised to improve effectiveness, address identified
 gaps or incorporate new strategies for better impact.

^{4.} The World Health Organisation (2022). Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations https://www.who.int/publications/i/item/9789240052390

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• Additional funding during implementation: Extra funding, such as those provided through the Unfunded Quality Demand (UQD) process may necessitate changes in grant implementation. You can learn more about UQD from the 'What is Unfunded Quality Demand, and how can the community use it to engage in the grant revision?' section on page 7.

When any of these **triggers** are observed, the CCM and PR(s) will have to perform a thorough analysis of the situation, document the reasons for proposed changes, ensure all internal stakeholders (including CCM members and the key population representatives on the CCM) are informed and agree with the proposed changes, and submit a formal request for revision to receive approval from the Global Fund Country Team (CT).

Consequently, the CT must work closely with grant recipients to assess the need for changes, ensure that proposed revisions align with the factors mentioned above, and ensure necessary adjustments.

What are the types of grant revisions?

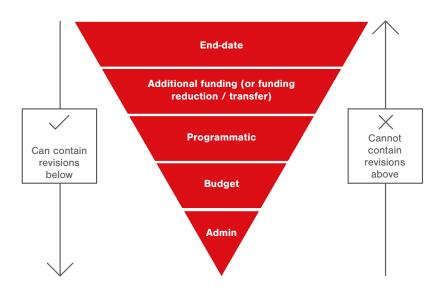


Image 2. Types of the Global Fund Grant Revision⁵

Grant revision allows Global Fund partners and communities, including people who use drugs, to make changes to the budget and programmes during the grant cycle. This means our efforts to influence grant implementation should continue beyond the initial funding request and grant-making stages. We must stay alert and active, taking every chance during the three-year grant cycle to ensure these programmes meet our needs and priorities.

There are *five types* of revisions, including 1) End-date, 2) Additional funding, 3) Programmatic, 4) Budget, and 5) Administrative (see Image 2. Types of Global Fund Revision). These types are organised hierarchically, with 'higher level' revisions, like 'End-date' and 'Additional funding,' able to include 'lower level' revisions. However, the reverse does not apply. For example, the 'Administrative' revision type cannot include changes to the 'Budget' or 'End-date'.

Type of revision	Definition	Triggers
End-date	An end-date revision can extend or shorten the implementation period (IP) end date to allow for continued implementation and to avoid programmatic disruptions while addressing operational challenges or completing grant-making.	 Joint programming⁶ Early termination of a grant or change of PR during grant implementation Challenges in timely submission of funding requests and completion of grant-making beyond the control of CCM/PR Longer review and processing times of applications by the Global Fund Transition from Global Fund funding to other sources of funding
Additional funding	An additional funding revision can increase or reduce (funding reduction/transfer) the Grant Funds without amending the duration of the IP.	 Increase: Permitted restricted financial contributions by private donors or Debt2Health; Portfolio Optimisation Reduction: Non-compliance with cofinancing commitments; Failure to refund recoverable amounts; Shifting activities/budgets from one grant/PR to another
Programmatic	A programmatic revision refers to changes in the scope and/or scale of a grant within the approved funding ceiling and current IP, resulting in changes to the modules, interventions and/or targets in the Performance Framework	 Need for more strategic investments Emerging scientific evidence/guidance Changes in the national context that result in non-compliance with co-financing commitments
Budget	A budget revision refers to the reallocation of approved Grant Funds across modules, interventions, or cost categories. It does not change the approved funding ceiling, duration of the IP, or the Performance Framework.	 Changes to grant context and circumstances (e.g., increase in admin costs) Foreign exchange gains/losses Cases of transfer and/or disposal of programme assets during the IP
Administrative	An administrative revision captures adjustments that are purely administrative or require modifications to Grant Entity Data and/or grant requirements.	 Changes to Grant Entity Data (PR contacts, PR/LFA organisation info) Administrative changes to the Performance Framework that do not change targets Changes to existing grant requirements Administrative adjustments to Grant Funds (such as for new IPs to deduct the final incountry cash balance from the closing IP)

^{6.} Joint programming is the process that involves aligning the end dates of different grants, such as an HIV grant and a TB grant, to submit a combined HIV/TB application. By changing the end dates to match, it aligns the implementation periods, facilitating more coordinated and efficient use of resources. This approach ensures that interventions are synchronised, optimising the impact and effectiveness of the programmes by addressing the two grants together.

The grant revision **timelines** must be completed within three months of starting in the Global Fund's online system. Once the revision request is sent, the CT reviews it and may ask for additional information from the PR or CCM. After all questions are addressed, the CT initiates the revision process in the Global Fund database, ensuring the process **does not exceed three months**.

PRs and CTs are encouraged to combine multiple changes into one grant revision. When doing so, they should follow the process for the most complex type of revision involved (i.e. placed higher in the hierarchy of the above revision types). For instance, if both a Programmatic and a Budget revision are needed, the Programmatic Revision process and requirements would apply. This approach helps make the process smoother and more efficient.

The most relevant revisions to the community are *Budget* and *Programmatic ones*. These types provide greater opportunities for our input and influence, ensuring that resources are allocated effectively and that programmes truly meet our needs. By prioritising these revisions, we can play a more active role in shaping and improving grant outcomes. Other types of revisions, such as *Administrative* or *End-date* changes, are typically managed by implementing partners who handle the internal operational aspects of the grant.

Role of the communities in the grant revision process

Communities play a critical role in the Global Fund processes. While there are certain entry points for communities to participate in the funding request development and negotiations (more detailed information is outlined in our guides: Global Fund Grant Cycle 7: How People who Use Drugs Can Influence Funding Requests, and the Global Fund Grant-making for People who Use Drugs), there is no clear guideline specifying their involvement in the grant revision process.

According to one of the *three minimum expectations*, community and civil society representatives on the CCM must have timely access to information on programme implementation⁷. This underscores the importance of transparency and informed participation in the decision-making process. What is particularly relevant here for the grant revision process is the *"timely access to information"*, which means that the CCM representatives must be kept up-to-date with the latest changes related to the programmes funded by the Global Fund. Additionally, the <u>Global Fund CCM policy</u> stresses the importance of oversight, which provides another leverage to meaningfully engage and advocate for our priorities throughout grant monitoring and revision⁸.

The CCMs must include community representatives, including people who use drugs, in the decision-making process to ensure that their voices and needs are heard. Our role is to support CCMs to identify gaps in current programmes and services, especially those that affect their communities. All CCM members should meet regularly and gather input from their constituencies, including people who use drugs. It is part of their mandate to contribute feedback from the constituencies on access, quality, and equity of grant-sponsored services⁹. Typically, this happens during pre- and post-CCM meetings, before which the CCM community representatives meet with their peers to ensure the information is relayed and added to the CCM meeting agenda.

It is important that even if you or a network representative do not sit on the CCM, you should know which PR/SR is responsible for specific interventions and activities in the grant. This is critical for effective monitoring, oversight, and accountability during grant implementation and revision. If you do not already have the information, you can find it on the Global Fund's official website and use the grant search tool to find detailed information about the grants in your country. This tool will list the PRs and provide links to reports or further details about the grant implementation.

The Global Fund (2022). Community Engagement: A Guide to Opportunities throughout the Grant Life Cycle https://www.theglobalfund.org/media/12649/core_community-engagement_guide_en.pdf

^{8.} According to Requirement 3 of the Global Fund CCM Policy, "recognizing the importance of oversight, the Global Fund requires all CCMs to submit and follow an oversight plan for all Global Fund approved financing. The plan must detail oversight activities, and must describe how the CCM will engage program stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and Key Populations".

^{9.} The Global Fund (2021), Code of Ethical Conduct for Country Coordinating Mechanism Members https://www.theglobalfund.org/media/8234/core_codeofethicalconductforccmmembers_policy_en.pdf

Opportunities for community engagement in the Global Fund grant revision process

There are several opportunities for our community to engage during the grant revision, including the following¹⁰:

- ✓ Use new findings and/or assessments to identify gaps in grant implementation (e.g. through community-led monitoring) and the need to improve the existing programme delivery.
 - Use recent findings and/or assessments to find gaps in grant implementation, particularly through community-led monitoring (CLM). CLM can be a powerful tool for documenting gaps in access to and quality of services, as well as the impact of harmful laws, policies, and regulations. We can use this information to identify solutions, advocate for improvements, and work with key stakeholders to implement necessary changes¹¹. For more information about CLM, read INPUD's CLM Guide for People who Use Drugs.
- ✓ Work with your community members and other community-led organisations to develop shared discussion points with the PRs, SRs, Fund Portfolio Manager, and CTs.
 - Engage with your peers and friendly CCM members to create a set of key points before approaching the PR or the Global Fund Secretariat to request a grant revision. If there is no drug user representative on the CCM, reach out to your key population representative at the CCM to emphasise the interest and the need for inclusion in the grant revision discussions. In case of no response from your KP representative and/or CCM, contact INPUD (see Contacts on p.10 below).
- ✓ Set up regular meetings with the assigned PRs and SRs.
 - Establish a consistent schedule with the Global Fund implementing partners to maintain open communication. Ensure that these interactions occur at regular intervals. While receiving a response may not be easy, it will help us to build trust and develop good working relationships and a culture of responsibility in the long run. If you cannot reach the PRs or SRs, we suggest consulting with your key population representative at the CCM. If this is also unsuccessful, please raise your concerns with INPUD.
- ✓ Propose meetings (with CCM community representatives and other constituencies and community organisations) with the Fund Portfolio Manager and CTs when they are in the country.

Use the opportunity of Country Visits of the Global Fund Country Team and the Fund Portfolio Managers to request meetings. These meetings can provide opportunities to share insights and discuss pressing issues face-to-face with the Global Fund. This is also important for building mutual understanding and encouraging collaboration between the donors, implementers, and the community. Regularly communicate with your KP representative at the CCM to stay informed

International Network of People who Use Drugs, 27 June 2024. Amplifying the voices of Communities in the Global Fund Reprogramming. YouTube: https://youtu.be/U9JScCo0Znc?si=fR539mlu6BnqlwMb

^{11.} International Network of People who Use Drugs (2023), Community-Led Monitoring for People Who Use Drugs https://inpud.net/wp-content/uploads/2023/10/000829 INP CLM vol-3 interactive-1.pdf

about the CT's visit schedule. If you still does not have the needed information, reach out to INPUD for assistance to ensure you are always aware of important visits and engagements.

✓ Ensure that your CCM community representatives sit on the CCM Oversight Committee. You can also get involved in the grant revision process through the CCM Oversight Committee. Encourage your key population representative at the CCM to engage with or join the Oversight Committee. Otherwise, you can also participate as an observer. If you are a non-CCM member, find out the composition of the Committee, engage with community-friendly members, and establish good relationships with them. To learn more about the CCM Oversight Committee, read the Global Fund's Country Coordinating Mechanism Guidance Note.¹²

Another important entry point to add to this list is an *Unfunded Quality Demand (UQD)* described in the section below.

What is Unfunded Quality Demand (UQD), and how can the community use it to engage in the grant revision?

All countries must include a Prioritised Above Allocation Request (PAAR) with their funding application. The PAAR lists important interventions necessary for delivering evidence-based services that are not included in the main proposal. The Technical Review Panel (TRP) reviews these requests to ensure the most technically sound interventions are added to the UQD register.

The Unfunded Quality Demand (UQD) register for the 2023-2025 cycle (Grant Cycle 7) is available online and continually updated. The UQD should not be confused with the grant revision process itself. It is a list of predefined and TRP-approved interventions awaiting funding when the reprogramming starts. We can use the UQD to influence the grant revision process by highlighting to the PR, CCM, and CT evidence-based interventions listed in the UQD that match our priorities and also address critical gaps in the current programme. This resource is invaluable for the community, as our priorities often end up in the UQD and we can push for their inclusion in the country's primary grant allocation. We encourage you to review the register and engage in discussions with your CCM key population representative. Ensure that community needs, which may not be covered in the primary allocation, are considered for future revisions.

How can your community engage in the UQD discussions and advocate for funding priorities?

Linking unfunded community priorities (including those excluded from the main allocation from the Community Annex) to the UQD and getting them funded is a significant win for the community. So far, nearly US\$ 1 billion out of the US\$ 5.9 billion recommended UQD in GC7 has been funded through savings during grant-making¹³. Have a look at the steps outlined below to consider for your advocacy during grant revision:

^{12.} The Global Fund (2020). Country Coordinating Mechanism Guidance Note: Oversight, Annex 4 – The Oversight Committee: Role, Composition and Scope of Work https://www.theglobalfund.org/media/10189/ccm_oversight-committeeannex4_annex_en.pdf

^{13.} International Network of People who Use Drugs, 27 June 2024. Amplifying the Voices of Communities in the Global Fund Reprogramming. YouTube: https://youtu.be/U9JScCo0Znc?si=fR539mlu6BnqlwMb

- Review the UQD Register and prioritise interventions for your community to advocate for funding.
- ✓ During CCM meetings, when PRs present updates on the budget, pay attention to reported savings. This is a chance to intervene and push for your top UQD priorities to be funded. If you are not a CCM member, request the meeting agenda in advance and speak with your KP representative to ensure your request for UQD revision is included in the discussion. Additionally, follow up on the key action points from the meeting.
- ✓ Approach private sector foundations, technical assistance donors (e.g. Global Fund Community Rights and Gender Department, L'Initiative, UNAIDS TSM), and other non-Global Fund funding sources and propose funding of your UQD priorities. If you encounter barriers or issues, INPUD can provide support to help you navigate these challenges. Feel free to reach out to them for assistance and guidance.
- ✓ Find out your country's largest donors, including countries that donate significantly to the Global Fund (e.g. USA, Japan, France, Germany). Engage in conversations with supportive Embassies, including those mentioned above, and discuss funding key UQD priorities that align with the interests of these countries. This can be achieved through the so-called Debt2Health Swap (D2H), a mechanism where countries agree to redirect a portion of their debt to support health programmes. More detailed information about D2H is outlined here.

Navigating Challenges in the Grant Revision Process

We continue to face challenges in navigating the Global Fund's decision-making processes. One major issue is the lack of clear information and timelines, leaving communities unprepared to engage effectively. The PRs or SRs often rush the process, making it even harder for community members to contribute. Additionally, the Global Fund grant revision process is complex and bureaucratic, with no clear guidelines or mechanisms for community involvement, making it challenging for us to understand how to participate.

Other challenges include discrimination and power imbalances, particularly for people who use drugs, whose voices are often excluded from the decision-making. Many community-led organisations also face limited capacity and resources, operating with small and overstretched teams. Attending meetings, providing feedback, or engaging meaningfully in the grant revision process can be difficult due to these constraints.

We acknowledge your immense challenges in navigating the grant revision process, especially given its inconsistent and unclear nature. Documenting every barrier you encounter is crucial—your experiences are powerful evidence of the system's flaws. Do not hesitate to reach out to INPUD for support and push together for greater transparency and fairness.

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Conclusion

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Community participation in the Global Fund grant revision process is not just a matter of inclusion. Our expertise, lived experience, and voices are fundamental to the success and relevance of the Global Fund programmes. By actively involving the community and establishing transparent frameworks for us to engage, the Global Fund can ensure that real-world experiences and needs inform its interventions. This grassroots involvement enriches the grant-making process, making it more responsive and adaptable to the unique contexts in which these programmes are implemented.

We play a crucial role in triggering the Global Fund grant revision process. By coordinating with our peers, ensuring a feedback loop with the PRs and SRs, and participating in the CCM and CCM Oversight Committee, we can ensure the community's voice is heard. Using the CLM to identify gaps in grant implementation can highlight the need for revisions. By documenting these gaps, we can present evidence-based reasons for necessary changes. Finally, engaging with the UQD register to push for funding of critical interventions helps prioritise community needs. Communities can advocate for including these interventions during grant revisions or when additional funds are allocated.

Meaningful involvement of community members in the grant revision process is essential to ensure that Global Fund programmes align with the real needs and realities of those they serve. Without this engagement, programmes risk missing the mark. When we are engaged in the grant revision process as partners rather than just beneficiaries, there is a greater sense of ownership and commitment to the outcomes. This collaborative approach ultimately leads to more effective and sustainable programmes that reflect and respond to the needs of the communities they are designed to support.

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The International Network of People who Use Drugs (INPUD) is a global peer-based organisation that seeks to promote the health and defend the rights of people who use drugs.

INPUD will expose and challenge stigma, discrimination, and the criminalisation of people who use drugs and its impact on the drug-using community's health and rights. INPUD will achieve this through processes of empowerment and advocacy at the international level, while supporting empowerment and advocacy at community, national, and regional levels.



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