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The Global Fund

To Fight AIDS, Tuberculosis and Malaria

**Eleventh Board Meeting
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**GF/B10/15
Revision 2**

REPORT OF THE TECHNICAL REVIEW PANEL ON HONDURAS ROUND 1 HIV/AIDS GRANT AND SENEGAL ROUND 1 HIV/AIDS GRANT PHASE 2 RENEWALS REVISED

Outline: At its tenth meeting, the Board decided upon a procedure for processing the Honduras Round 1 HIV/AIDS grant (HND-102-G01-H-00) and the Senegal Round 1 HIV/AIDS grant (SNG-102-G01-H-00). As part of that process, the Board requested that the Technical Review Panel (the "TRP") review the Honduras Country Coordinating Mechanism's *Revised Request for Continued Funding* and the Senegal Country Coordinating Mechanism's *Revised Request for Continued Funding* and provide its recommendations to the Board. Accordingly, this paper provides the Board with the TRP's recommendations on the Phase 2 decision for Honduras Round 1 HIV/AIDS grant and Senegal Round 1 HIV/AIDS grant.

Procedural Note to the Board:

The Board-mandated procedure for processing the Honduras and the Senegal grants stipulated that "[i]f the TRP recommends to continue funding, the Board shall vote by email on the TRP's recommendation under its no-objection procedure". Since the TRP's recommendation has been delivered close to the Board's eleventh meeting, it has been suggested that an email vote is now unnecessary and that instead the Board may prefer to vote on the TRP's recommendations at its eleventh meeting. However, in order to comply with the Board-mandated procedure, the Board should vote under its no-objection procedure unless it decides to do otherwise.

Summary of Decision Points:

TRP recommendations:

1. The TRP recommends to the Board that the Honduras CCM's request for continued funding for Phase 2 of Grant HND-102-G01-H-00 be classified as a 'Conditional Go', with a recommended incremental Phase 2 amount determined as described in Decision Point 1 below.
2. The TRP recommends to the Board that the Senegal CCM's request for continued funding for Phase 2 of the Senegal grant SNG-102-G01-H-00 be classified as a "Conditional Go", with a recommended Incremental Phase 2 amount determined as described in Decision Point 2 below.

Part 1: Honduras Round 1 HIV/AIDS Grant Phase 2

1. Milestones

1.1 Honduras' CCM submitted its request for Continued Funding on 1 December 2004. The CCM gave the program a rating of having adequately achieved intended results to date. The CCM gave the PR a rating of having inadequately managed the grant, but demonstrated potential. The CCM requested US\$ 14,914,119; the original Board approved amount for Phase 2.

1.2 The Secretariat issued the Grant Score Card and recommended not committing additional funds to the proposal on 1 February 2005.

1.2.1 The Secretariat did recognize that the ARV component of the program was successful, that the program had catalyzed some new partnerships in country, and that some improvements were initiated before the Phase 2 deadline

1.2.2 However, the Secretariat believed that the program did not merit continued funding for the following reasons:

1.2.2.1 Failure to fulfill the spirit of the proposal which was based on an integrated approach to fighting HIV/AIDS and partnership between government and civil society;

1.2.2.2 Poor performance in key SDAs that are core to the objectives of the Proposal, notably in prevention activities;

1.2.2.3 Serious issues with the CCM, notably with the resignation of two international NGO representatives, and the lack of collaboration between the government and civil society; and

1.2.3 Poor PR management, notably in weaknesses in disbursing to sub-recipients, conducting monitoring and evaluation, and collecting and reporting data.

1.3 The TRP conducted an external review and recommended continuing the proposal as a Revised Go.

1.3.1 The TRP recognized the following weaknesses:

1.3.1.1 Poor communication and coordination among different parties within the government sector and between the government sector and other sectors;

1.3.1.2 Serious concerns about the resignation of two civil society CCM members;

1.3.1.3 Poor PR management;

1.3.1.4 Consistently weak Monitoring and Evaluation;

1.3.1.5 Consistently poor performance in prevention activities (programs for target populations, diagnosis and treatment of sexually transmitted infections, and Prevention of Mother to Child Transmission).

1.3.2 However, the TRP believed those weaknesses should be mitigated by the following factors and that the program should be revised and then continued:

1.3.2.1 The Program's strong performance in antiretroviral scale-up;

1.3.2.2 Honduras' inclusive CCM and the emergence of some new partnerships;

1.3.2.3 Honduras' weak infrastructure;

1.3.2.4 The fact that Honduras is one of countries most affected by HIV in Central America.

1.4 Objections to the Secretariat's recommendation came from 7 Donor Board constituencies and 6 Recipient Board constituencies.

1.4.1 The following Donor Board Constituencies objected to the Secretariat's recommendation: Canada / UK / Germany / Switzerland, European Commission and Belgium; France / Luxembourg / Spain, Italy, Japan, USA, and Point Seven.

1.4.2 The following Recipient Board Constituencies objected to the Secretariat's recommendation: Communities representing people living with the diseases; Developed Countries NGO, Developing Countries NGO, Latin America and the Caribbean, and Eastern and Southern Africa.

1.4.3 The main points contained in the objections are as follows:

- 1.4.3.1 It is a round 1 grant, and accommodation should be made for institutional learning;
- 1.4.3.2 Honduras is one of the countries most critically-affected by AIDS in Central America;
- 1.4.3.3 An independent external review of the program showed progress, improvements occurred in recent months or quarter 7;
- 1.4.3.4 Partners have committed to help improve the program;
- 1.4.3.5 The Secretariat contributed to some of the program's problems (inconsistent messaging, change in management).

1.5 After reviewing the Board constituencies' objections, the Secretariat decided to re-confirm its recommendation to not commit additional funding to the proposal.

1.5.1 The Secretariat did not believe that the objections contained any new information that would change its original evaluation of the program's performance.

1.5.2 The Secretariat's response to the Board's objections is as follows:

1.5.2.1 The Secretariat considered the fact that it was a Round 1 grant into account, not only for the Honduras proposal but for all Round 1 proposals;

1.5.2.2 The Secretariat does not consider how affected a country is by a disease as a criterion for performance-based evaluation;

1.5.2.3 The Secretariat decided to review the independent external assessment issued by the Government of Honduras, since there were claims that the Local Fund Agent had submitted incorrect data. After reviewing the assessment, the Secretariat identified only 2 indicators that had outdated results, and the new information did not change the service delivery area's performance rating;

1.5.2.4 The Secretariat took the recent improvements in the program's supportive environment and the proposed implementation changes into account in its original performance evaluation. At that time it based its evaluation on the entire 18 months of the grant term, and did not believe that changes in the supportive environment resulted in improved performance;

1.5.2.5 The Secretariat took its own weaknesses (messaging, changes in Fund Portfolio Manager) into account, but did not believe it justified the Program's overall poor performance or additional funding.

1.6 Objections to the Secretariat's recommendation came from 6 Donor Board constituencies and 7 Recipient Board constituencies.

1.6.1 The following Donor Board Constituencies objected to the Secretariat's second recommendation: France / Spain / Luxembourg, European Commission and Belgium, Canada / UK / Germany / Switzerland / Australia, Japan, Italy, Point Seven.

1.6.2 The following Recipient Board Constituencies objected to the Secretariat's second recommendation: Latin America and the Caribbean, Eastern Europe, East and Southern Africa, West and Central Africa, Developing Country NGO, Developed Country NGO, and Communities living with the diseases.

1.6.3 The main points contained in the second objections to the Secretariat's recommendation are as follows:

1.6.3.1 Several constituencies cited the different recommendations from the Secretariat and TRP;

1.6.3.2 The program did show sufficient performance in some areas to merit additional funding;

1.6.3.3 The program had made sufficient improvements and demonstrated enough potential, especially in CCM functioning, to merit additional funding;

1.6.3.4 The time and money needed to develop another proposal would be better spent in reprogramming and improving this grant.

1.6.3.5 Some constituents cited the need to bring this case to the Board meeting for discussion.

2. Brief description/summary

2.1 The TRP has reviewed the *Revised Programme Implementation Strategy HIV/AIDS Component* for this programme, together with the attached workplan, budget and other documents submitted by the CCM Honduras, as well as Board and Secretariat documents provided to the TRP.

2.2 Taking into account the progress made to date in achieving the targets set for Objective 3 (Strengthening comprehensive treatment, care and support for people living with HIV/AIDS) and the revised strategy proposed for continued expansion and scaling up of activities in support of this objective, the **TRP recommends that Phase 2 continuation should be fully supported for accomplishing Objective 3 for the remaining three years** (subject to satisfactory clarifications as outlined below).

2.3 In light of the challenges encountered in implementing achieving Objectives 1 and 2, and after considering the proposed changes to strategies to address these challenges (and the related workplan and budget), the **TRP does not recommend continuation of support in Phase 2 for activities under these objectives**. While the TRP appreciates that substantial changes have taken place in the newly proposed strategies (when compared with strategies and activities used in Phase I), these proposed changes are not explained in sufficient detail (nor are budgets and work plans elaborated with sufficient detail) to enable the TRP to confidently predict that the revised strategies will prevent problems encountered in Phase I from continuing into Phase II. Further specific weaknesses and problems issues are noted below.

2.4 On other matters, the TRP has noted concerns about the PR and the *Transfer Plan and Timeline for the Change in Principal Recipient*. In view of the current success in scaling up ART provision, which involves the procurement, logistics and administrative support of the current arrangement under the current PR, the TRP believes that any change to the PR at this time would seriously disrupt plans for continued scale-up. The **TRP therefore finds that it is crucial to continue with the same PR for the implementation of Objective 3 activities for Phase 2**. The TRP has noted the revised bylaws for the CCM and welcome full implementation of these revised bylaws. It also welcomed the description of the new monitoring and evaluation system.

2.5 In view of the importance of scaled-up, appropriate HIV prevention efforts in Honduras, the CCM is strongly encouraged to critically appraise the prevention needs of the country and formulate a feasible, carefully planned and costed proposal for submission to a future Round of grants by GFATM or other partners.

3. TRP response related to Objectives 1 and 2

The *Revised Programme Implementation Strategy HIV/AIDS Component* acknowledges of the difficulties faced in attempting to achieve Objectives 1 and 2 in Phase I. There are some strengths among the revised strategies to address these difficulties, but there are many weaknesses in the strategies and associated budget and workplan. For these reasons, as noted above, the TRP recommends that these activities are not provided further funding in Phase 2 of the GFATM grant.

4. TRP response related to Objective 3

TRP agrees with the general assessment that the ARV component under objective 3 is making significant progress (scaling up from a baseline of 200 to 3000 people on ART in Phase I, exceeding the target of 2,138). Recommend continuation for Phase II in accordance with CCM's revised programme strategy for this objective.

6. Strengths and weaknesses

6.1 Strengths

Institutional plans are provided to overcome identified weaknesses in the areas of HIV prevention among youth, prisoners, sex workers, men who have sex with men and Garifuna; support for people living with HIV and AIDS; and prevention of mother to child transmission (though with few details – see below). Proposed approaches (as described in general form in the strategies document) are generally sound. Mention is made of different strategies being used for different groups in PMTCT program.

6.2 Weaknesses

6.2.1 Insufficient detail is provided of the specific ways in which the new institutional arrangements will assist in overcoming problems faced in Phase I. Where new models, organisations, structures and networks are proposed, they are either not named or they are named with very little additional detail relating to their focus, experience and capacity to carry out their designated tasks.

6.2.2 There are activities mentioned in the narrative which do not appear to be reflected in the budget and workplan; and conversely, there are items in the budget and workplan which are difficult to reconcile with the narrative.

6.2.3 Insufficient detail is provided in the budget or workplan to enable the TRP to assess the merit or otherwise of proposed activities. Some examples include:

1.1.5.1. Develop a Baseline Survey: US\$23,995

2.2.1.1. Supply equipment and provide physical space for ITS/ HIV/ AIDS attention clinics in Juvenile Detention Centers: US\$15,000

2.2.1.2. Develop interventions that promote behavioural change through the use of interactive and innovative tools: US\$140,000.

6.2.4 There appear to be no plans to address out-of-school youth, with the possible exception of activities which might be carried out by Youth without Borders (though this is not specified). Work by Youth without Borders, COMVIDA and PETSIDAH are mentioned in the narrative but not specified in the budget.

6.2.5 All BCC activities among a wide range of groups are covered under the single budget item:

2.2.3.1. Implement projects or interventions organized by umbrella organizations that target the Garifuna population, CSW, youth and other vulnerable populations: US\$1,365,212.

6.2.6 Improving STI services for sex workers and men who have sex with men are regarded as highly significant yet total funding to UMIETS in Year 1 appears to total US\$21,000.

6.2.7 Specific strategies to be used for different groups in PMTCT program are not defined.

6.2.8 Co-ordination section: it is difficult to understand what is being paid for in the budget and how this relates to the narrative.

7. Specific issues to be clarified or adjusted

7.1 Impact indicators

Present indicator is appropriate but a further indicator should be added, providing total number covered on ART, with targets for each of the three years of Phase II.

7.2 Monitoring & Evaluation indicators for objective 3

Provide annual targets for each of the indicators elaborated in the Monitoring & Evaluation system description and link to the activities under this objective.

7.3 Budget detailing

Please combine the estimate of lab equipment, reagent and medication unit, amount, description and relate these to each budget line item. For each budget line item, provide unit type, unit cost, and number of units procured per quarter.

7.4 Year 3 quarterly workplan and budget

In view of the continuous scaling up of ART including home based care and support, it is difficult to understand why there is front loading of the budget in Quarter 1 and diminishing support over time which are not proportional to the scaling up. This situation needs to be reviewed, revised or justified.

7.5 TB/HIV program interaction

Clarification is needed of interaction between the TB and HIV programs.

Decision Point 1

The Board decides to approve additional funding for the Phase 2 period of the Honduras Grant (HND-102-G01-H-00 – Program entitled “Strengthening of the National Response for Protection and Promotion of Health in HIV/AIDS”), and delegates to the Chair and Vice Chair of the Technical Review Panel the authority to approve, in their sole discretion, the final amount of funding following budget negotiations conducted by the Secretariat and taking into account the effect of the conditions to this approval, described below. Such funding shall not exceed \$14,273,782, the maximum incremental amount available for the Honduras Grant. This approval is subject to satisfaction of each of the following conditions:

- (a) The Program shall only continue activities under Objective 3 (“To Strengthen Integral Treatment Services for People Living with HIV/AIDS”) as described in the Honduras CCM’s Revised Request for Continued Funding.***
- (b) The Program shall exclude activities under Objectives 1 and 2 (“To Promote and Defend the Human Rights of People Living with HIV/AIDS” and “To Promote Conduct Change and the Adoption of Healthy Practices to arrest the Spread of HIV”) as described in the Honduras CCM’s Revised Request for Continued Funding.***
- (c) The CCM shall submit to the Global Fund a summary proposal, with detailed workplan and budget, showing how the Program will be revised to reflect the conditions described above in clauses (a) and (b) of this decision. The CCM’s summary proposal, together with workplan and budget, is subject to the approval of the TRP prior to the execution of Phase 2 documentation.***
- (d) The Principal Recipient of the Grant shall continue to be the United Nations Development Programme – Honduras for the duration of the Program.***
- (e) The CCM shall provide clarification, satisfactory to the Global Fund, of each of the issues outlined in Part 1, Section 7 of the Report of the Technical Review Panel on Honduras Round 1 HIV/AIDS Grant and Senegal Round 1 HIV/AIDS Grant Phase 2 Renewals (GF/B10/15, Revision 2). Such clarifications are subject to the approval of the TRP prior to the signing of Phase 2 documentation.***

The Board reaffirms that the maximum funding amount for Phase 2 of this grant shall be the sum of (i) the amount approved by this decision and (ii) any funds available under the existing grant agreement, including bridge funding, that have not been disbursed by the Global Fund.

Part 2: Senegal Round 1 HIV/AIDS Grant Phase 2

1. Milestones

1.1 Senegal's CCM submitted its Request for Continued Funding on 1 December 2004. The CCM gave the program a rating of having adequately achieved intended results to date. The CCM gave the PR a rating of having adequately managed the grant, but demonstrated potential. The CCM requested US\$ 5,714,285; the original Board approved amount for Phase 2.

1.2 The Secretariat issued the Grant Score Card and recommended not committing additional funds to the proposal on 1 February 2005.

1.2.1 At the time of review the Secretariat recognized that there had been some recent improvements in the program's supportive environment (changes to the CCM and MoH focal points) and in implementation (procurement of ARVs).

1.2.2 However, the Secretariat believed that the program's progress had not translated into better performance, and that the program did not merit continued funding for the following reasons:

1.2.2.1 Poor performance in key areas of the Proposal (VCT, PMTCT, ARV treatment and monitoring);

1.2.2.2 Issues in Monitoring and Evaluation, notably the late reporting of results and questions over data quality; and

1.2.2.3 Acute coordination and partnership problems within the CCM.

1.3 The TRP conducted an external review and recommended continuing the grant as a "Revised Go". The TRP acknowledged that the program had not met performance expectations, had serious weaknesses in CCM functioning and monitoring and evaluation. However, the TRP concluded that sufficient progress had been made in all of these areas to merit continued funding with reprogramming. The improvements cited by the TRP include:

1.3.1 Recent implementation of the procurement and supply management plan and purchase of ARVs.

1.3.2 The CCM had recently undertaken a series of reforms;

1.3.3 The CCM has selected a diverse group of sub-recipients through a transparent process;

1.3.4 The World Bank MAP program has set up a monitoring and evaluation program with the National AIDS Council;

1.3.5 A new information system for program and financial reporting has been installed.

1.4 Objections to the Secretariat's recommendation came from 2 Donor Board constituencies and 4 Recipient Board constituencies.

1.4.1 The following Donor Board constituencies objected to the Secretariat's recommendation: European Commission and Belgium and France/Luxembourg/Spain.

1.4.2 The following Recipient Board constituencies objected to the Secretariat's recommendation: Communities representing people living with the disease, Developed Countries NGO, Eastern and Southern Africa, and West and Central Africa.

1.4.3 The main points contained in the objections are as follows:

1.4.3.1 It is Round 1 grant, and accommodation should be made for institutional learning;

1.4.3.2 The program was adversely affected by disbursement delays that were not entirely attributable to the PR or CCM;

1.4.3.3 The difficult relationship between the LFA and PR negatively impacted the program;

1.4.3.4 There have been improvements in the program's supportive environment (technical partners and renewed political commitment);

1.4.3.5 The proposed changes in implementation arrangements will improve performance in Phase 2.

1.5 After reviewing the Board constituencies' objections, the Secretariat re-confirmed its recommendation to not commit additional funding to the proposal.

1.5.1 The Secretariat did not believe that the objections contained any new information that would change its original performance evaluation.

1.5.2 The Secretariat's response to the Board's objections is as follows:

1.5.2.1 The Secretariat considered the fact that it was a Round 1 grant into account, not only for the Senegal proposal but for all Round 1 proposals;

1.5.2.2 The Secretariat took the disbursement delays and relationship with LFA into account as contextual considerations, but did not believe they justified the program's underperformance;

1.5.2.3 The Secretariat took the recent improvements in the program's supportive environment and the proposed implementation changes into account in its original performance evaluation. At that time it based its evaluation on the entire 18 months of the grant term, and did not believe that changes in the supportive environment resulted in improved performance.

1.6 Objections to the Secretariat's recommendation came from 2 Donor Board constituencies and 4 Recipient Board constituencies.

1.6.1 The following Donor Board Constituencies objected to the Secretariat's second recommendation: France/Spain/Luxembourg, European Commission and Belgium, and Italy.

1.6.2 The following Recipient Board Constituencies objected to the Secretariat's second recommendation: Latin America and the Caribbean, Eastern Europe, East and Southern Africa, West and Central Africa, Developing Country NGO, Developed Country NGO, and Communities living with the diseases.

1.6.3 The main points contained in the second objections to the Secretariat's recommendation are as follows:

1.6.3.1 Several constituencies cited the different recommendations from the Secretariat and TRP;

1.6.3.2 The program did show sufficient performance in some areas to merit additional funding;

1.6.3.3 The CCM reforms, renewed political commitment, and proposed changes in PR demonstrate enough potential to merit additional funding;

1.6.3.4 Some constituents cited the need to bring this case to the Board meeting for discussion.

2. Brief description/summary

The Senegal HIV/AIDS Round 1 grant received two "No Go" recommendations from the Secretariat. The Board decided to allow the CCM to present a revised proposal for continued funding to be reviewed by the TRP.

2.1 The objections to Phase 2 renewal raised in the Performance Review by the Secretariat included:

1. Weak capacity to implement and report on time – the program is significantly behind its implementation and reporting targets
2. Weak monitoring and evaluation – no baseline data collected for the planned indicators
3. Insufficient technical expertise to submit an acceptable procurement and supply plan
4. Absence of systematic approach for selecting and monitoring sub-recipients
5. Difficult relationship between the LFA and the fiduciary agency
6. Dysfunctional CCM
7. Workplan for phase 2 is not sufficiently detailed or justified
8. Need to have multiple PRs for implementation of the program

2.3 The project disbursed US\$4.2 million of US\$6.0 million available in Phase 1.

2.4 The revised proposal contains the following components:

1. Prevention interventions for youth and vulnerable populations
2. Provision of PMTCT, VCT, and ARVs

3. Care and Support for people living with AIDS and their families
4. Operational research for scaling up ARVs

2.5 The Secretariat reviewed the revised proposal for financial reasonableness, and found it adequate.

2.6 Although the initial “No Go” decision of the Secretariat appears appropriate with the benefit of hindsight, the project has been able to subsequently address most of the major objections of the Phase 2 review, although they have not sufficiently addressed the sub par implementation results of the public sector delivery.

3. Strengths and Weaknesses

3.1 Strengths

Has belatedly addressed the following conditions raised by the Secretariat review:

- 3.1.1 Added technical officers to the CNLS;
- 3.1.2 Conducted baseline studies to provide baseline indicators;
- 3.1.3 Adding procurement expertise to CNLS and prepared procurement plan supported by WHO and UNAIDS;
- 3.1.4 Developing procedures to monitor sub-recipient activities;
- 3.1.5 Changed the LFA and phasing out the fiduciary agency;
- 3.1.6 Restructured the CCM by adding a technical secretariat, new chairperson from outside health sector and vice chair from civil society;
- 3.1.7 Revised the workplan with a consistent budget and found by LFA and Secretariat to be reasonable and consistent;
- 3.1.8 Added a second PR to implement civil society components.

3.2 Weaknesses

- 3.2.1 Does not fully analyze the reasons why public sector implementation was so slow – the responses do not appear to address underlying management and institutional weaknesses.
- 3.2.2 Targets for PMTCT roll out and VCT expansion are overly ambitious given past performance.
- 3.2.3 HIV Prevention for vulnerable populations is outlined as one of the objectives but the overall targets do not reflect this goal.

4. Specific issues to be clarified or adjusted

- 4.1 Outline the specific causes for slow roll-out of PMTCT and VCT, and how the changes in management will address these weaknesses
- 4.2 Complete the workplan with CBOs, specifically in areas of prevention activities with vulnerable populations by defining which agency will be responsible for specific activities
- 4.3 Provide criteria which will be used for selection of vulnerable children selected for support
- 4.4 The number of “sensitization and advocacy activities for improved access for sex workers” is modest (8), as is the final target for care for men who have sex with men (150), and should be explained or revised

Decision Point 2

The Board decides to approve additional funding for the Phase 2 period of the Senegal Grant (SNG-102-G01-H-00 – Program entitled “Strengthening the Fight Against HIV/AIDS”), and delegates to the Chair and Vice Chair of the Technical Review Panel the authority to approve, in their sole discretion, the final amount of funding following budget negotiations conducted by the Secretariat and taking into account the effect of the conditions to this approval, described below. Such funding shall not exceed \$ 5,714,285, the maximum incremental amount available for the Senegal Grant. This approval is subject to satisfaction of each of the following conditions:

- (a) The CCM shall re-consider and significantly reduce its targets for activities under Voluntary Counselling and Testing (VCT) and Prevention of Mother To Child Transmission (PMTCT) in light of the implementation experience gained during Phase 1 of the Program. Accordingly, the CCM shall propose to the Global Fund for approval a revised Attachment 3 to Annex A of the Grant Agreement reflecting more realistic targets for these activities and a detailed explanation of how the Principal Recipient intends to avoid delays in the roll-out of the VCT and PMTCT programs given slow performance during Phase 1 of the Program. The CCM’s revised Attachment 3 and explanation is subject to the approval of the Global Fund prior to the execution of Phase 2 documentation.**
- (b) The Principal Recipient shall submit to the Global Fund a plan to address delays experienced during Phase 1 resulting from the inefficient and overly cumbersome management structure of the Principal Recipient. The Global Fund must be satisfied that the Principal Recipient has implemented the approved restructuring prior to releasing any funding for Phase 2 of the Program.**
- (c) The CCM shall provide clarification satisfactory to the Global Fund of each of the issues outlined in Part 2, Section 4 of the Report of the Technical Review Panel on Honduras Round 1 HIV/AIDS Grant and Senegal Round 1 HIV/AIDS Grant Phase 2 Renewals (GF/B10/15, Revision 2). Such clarifications are subject to the approval of the TRP prior to the execution of Phase 2 documentation.**

The Board reaffirms that the maximum funding amount for Phase 2 of this grant shall be the sum of (i) the amount approved by this decision and (ii) any funds available under the existing grant agreement that have not been disbursed by the Global Fund.

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