**Applicant Response Form**

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| **SECTION 1: Overview** |
| **Applicant Information** |

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| **Country** | EL Salvador | **Currency** | USD |
| **Applicant type** | CCM | **Component(s)** | HIV/AIDS |
| **Envisioned grant(s) start date** | 01/01/2022 | **Envisioned grant(s) end date** | 31/12/2024 |
| **Principal Recipient 1** | Ministry of Health | **Principal Recipient 2** | Plan International |

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| **SECTION 2: Issues to be addressed during grant-making and/or grant implementation** | |
| **Issue 1:**  **Delayed implementation of revised HIV testing and treatment guidelines, insufficient differentiation of HIV services, and insufficient sustainability of the prevention of mother to child transmission (PMTCT) program.**  While the TRP commends the applicant for appropriately targeting key populations - men who have sex with men, transgender people, female sex workers, and people deprived of liberty, the TRP is concerned that community- based peer-led interventions are not sufficiently detailed by key population, to ensure proper targeting and effective coverage. Proposed testing and linkage to treatment activities are also not sufficiently differentiated by key population.  Furthermore, the TRP is concerned that the funding request describes but does not sufficiently address the issues of late diagnosis, delayed treatment initiation, and the poor 95-95-95 cascade, with only an estimated 52% of people living with HIV currently on antiretroviral therapy. The TRP is also concerned with the delayed implementation of the revised HIV testing and treatment guidelines.  In addition, while the TRP commends the applicant on implementing a robust PMTCT program which ensured that of the 101 HIV positive pregnant women diagnosed in the previous year, 92.1% were on ART and 87.1% had a suppressed viral load, the TRP notes that the applicant requests the Global Fund to continue paying for 50% of PMTCT tests. The TRP is concerned that this is not sustainable. | **Cleared by:** TRP |
| **TRP Input and Requested Actions:**  The TRP recommends that the applicant work with the Secretariat to develop an operational plan (3 pages) providing further detail on key sections of the funding request addressing key populations, testing, and treatment, including: more detailed planning of community-based peer-led interventions; details on testing and treatment differentiated by key population; and accelerated implementation of test and start revised HIV testing and treatment guidelines.  In addition, the TRP recommends that the applicant works with the Secretariat on a plan for the Government to progressively increase its share of PMTCT costs from the current 50% of tests, enabling the applicant to reallocate funding to the differentiated HIV program for key populations. | |
| *Please provide an executive summary on the actions taken:* | |

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| **Issue 2: Insufficient detail and resources for removing human rights- related barriers to services.**  Interventions to remove human rights-related barriers to services are limited to roundtables, awareness-raising, and advocacy, which are not directly linked to concrete changes to services that increase key population voice and rights at the community level. These interventions do not include the full range of activities recommended by global normative guidance, such as training for healthcare workers, sensitization for lawmakers and law enforcement, legal literacy and legal services programs. Furthermore, the funding request does not adequately budget for these interventions, allocating approximately US$46,000, or 0.29% of the total budget. The funding request mentions provision of “comprehensive care” for people who survive gender-based violence, but there is no budget for this. | **Cleared by:** TRP |
| **TRP Input and Requested Actions**  The TRP requests that the applicant seeks opportunities to expand interventions to address human rights-related barriers to services. The TRP requests that the applicant develops an action plan (not more than 5 pages) which commits to consultation with key populations at every stage, names priorities for advocacy (i.e. specify which law or policies represent the most significant barriers to services according to key populations), sets out roles and responsibilities of all actors, and indicators of progress. The action plan should also explain the details of how the educational, awareness-raising, and advocacy activities will deliver service changes at the community level, and how work will be carried out jointly with other human rights actors in the country. Furthermore, the TRP recommends that the applicant works with the Secretariat to identify cost-savings in other areas, such as program management, that can be applied to increase the budget for the action plan. As a priority, the TRP requests that the applicant ensures that funds are available to provide planned services for survivors of gender-based violence. | |
| *Please provide an executive summary on the actions taken:* | |

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| **Issue 3:**  Inappropriate focus and budgetary allocation in the Health Management Information System module.  The TRP notes that the country has a functional health management information system and national HIV surveillance system (Sistema Único de Monitoreo y Evaluación y Vigilancia Epidemiológica del VIH, SUMEVE). In this funding request, the Health Management Information System (HMIS) module includes an update of population size estimates of key populations. While the TRP appreciates the inclusion of the update, the bulk of the budget in the module is directed towards SIGPRO, the civil society Principal Recipient’s project management information system. While the funding will allow interconnectivity with SUMEVE, it is not clear how SIGPRO drives improvements in the prevention-to-treatment cascade, or how this investment over time will improve the functioning of SUMEVE or the national HMIS. The TRP also notes that high- impact activities, such as key population prevalence and behavior change studies and Stigma Index, as well as capacity strengthening of health care system actors for data capture and entry into SUMEVE, are placed in the PAAR. | **Cleared by:** TRP |
| **TRP Input and Requested Actions**  The TRP requests that the applicant seeks opportunities to prioritize and budget for high-impact activities within the HMIS module. The applicant should consider:  a. Moving key population prevalence and behavior studies, Stigma Index, and SUMEVE HMIS strengthening activities from the PAAR into the allocation,  b. Including key populations in the next Stigma Index; these may include men who have sex with men, transgender people, sex workers, young key populations, people who use drugs, and people deprived of liberty, and  c. Reducing the proposed investment in SIGPRO, with savings to be used in the strategic information activities a and b above. | |
| *Please provide an executive summary on the actions taken:* | |

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| **Issue 4:**  **Insufficient ambition in developing long-term solutions to strengthen the role of community-led and civil society organizations.**  The TRP appreciates the applicant’s emphasis in this funding request on key populations, in an environment where stigma, discrimination, and violence make access to prevention, testing, and treatment challenging for people who are most affected by HIV. However, the TRP considers that the applicant is insufficiently ambitious in developing long-term solutions for impact and sustainability, in particular, in advancing the role of community leadership, peer interventions and making progress towards social contracting. Social contracting would simultaneously increase access to services, realize rights, promote programmatic and financial sustainability, and place the country on a stronger base for a future transition. Within the framework of the Ley de Adquisiciones y Contrataciones de la Administración Pública (LACAP, the Public Administration Procurement Law of 2000), the Salvadoran Social Security Institute can advance social contracting. There are active key population civil society organizations recognized by government - Entre Amigos (men who have sex with men), Colectivo Alejandria (transgender people), Orquideas del Mar (sex workers), and Redsal (people living with HIV). However, activities to prepare for social contracting – information-sharing, training, and advocacy – are left in the PAAR | **Cleared by:** Secretariat |
| **TRP Input and Requested Actions:**  The TRP requests that the applicant seeks opportunities to prioritize social contracting, starting with the key population and people living with HIV civil society organizations mentioned above, and to move preparatory activities for social contracting from the PAAR into the allocation. The TRP encourages the applicant to work with the Secretariat to identify budget efficiencies in program management and related costs to free up funds to finance these activities. | |
| *Please provide an executive summary on the actions taken:* | |

Your replies to the clarifications requested must be provided to the Fund Portfolio Manager.