GLOBAL FUND REVIEW				
Project proposal n.		**Review date:**		
Main applicant:			**Country:**	
Project title:				
Description	**Evaluation criterion**	**(A) Score:** **0 = Absent/ non applicable** **1 = very usatisfactory** **2 = unsatisfactory** **3 = marginally satisfactory** **4 = satisfactory** **5 = very staisfactory**	**(B) Maximum score for the evaluation criterion**	**Final adjusted score A*B/5**
Global Fund review	Is the initiative complementary to other interventions financed by the Global Fund targeting the same disease(s)?	3	1	0,60
	Does the initiative include components that do not overlap with ongoing Global Fund interventions?	3	1	0,60
	Are the planned activities aligned with the partner country's policy framework and with the strategies/policies of the relevant Country Coordinating Mechanism (CCM)?	3	2	1,20
	Does the initiative contribute to the GC8 Strategic Shifts?	3	1	0,60
			5	**3,00**
		Total	**5**	**3,00**