The Global Fund to Fight AIDS, Tuberculosis and Malaria

INDEPENDENT EVALUATION OF GLOBAL FUND INVESTMENTS IN COUNTRY MONITORING AND EVALUATION SYSTEMS

Final Report

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ACRONYMS

ACSM	advocacy, communication, and social mobilization
ADB	Asian Development Bank
AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
CCHD	Center for Community Health and Development
CCM	Country Coordinating Mechanism
CCORE	Collaborating Centre for Operational Research and Evaluation
CDC	United States Centers for Disease Control and Prevention
CHBC	community-and home-based care
COHED	Centre for Community Health and Development
CSO	civil society organization
CTA	Country Team Approach
DFID	UK Department for International Development
DHIS	District Health Information System
DOLISA	Department of Labor, Invalids and Social Affairs
DOTS	Directly Observed Treatment-Short Course
DQA	Data Quality Audit (referring to Global Fund-specific procedures and tools)
DQA	data quality assessment
DR	Disbursement Request
EC	European Commission
ESP	Expanded Support Program
FHI	Family Health International
FSW	female sex worker
FU	Farmer's Union
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBC	high burden country
HIS	health information system
HIV	human immunodeficiency virus
HSS	health systems strengthening
HSS	HIV sentinel surveillance survey
HSS+	HIV sentinel surveillance survey with behavioral component
IBBS	integrated biological and behavioral surveillance
ISDS	Institute for Social Development Studies
ITN	insecticide-treated net
KfW	German Development Bank
LFA	Local Fund Agent
LLIN	long-lasting insecticidal net
M&E	monitoring and evaluation
MDG	Millennium Development Goal
MDR-TB	multi-drug resistant tuberculosis
MERG	Monitoring and Evaluation Reference Group
MESS Tool	M&E System Strengthening Tool
MMT	methadone maintenance therapy
MOH	Ministry of Health
MOHSW	Ministry of Health and Child Welfare
MOLISA	Ministry of Labour, War Invalids and Social Affairs
MOPS	Ministry of Public Security
MSF	Médecins Sans Frontières
MSM	men who have sex with men

MTCT	mother-to-child transmission
MTDP	Mid-Term Development Plan
MWID	men who inject drugs
NAC	National AIDS Council
NAP	National AIDS Program
NASA	National AIDS Spending Assessment
NGO	nongovernmental organization
NHIS	National Health Information System
NICC	National Interagency Coordinating Committee
NIHE	National Institute of Hygiene and Epidemiology
NMCP	National Malaria Control
NORAD	Norwegian Agency for Development Cooperation
NSP	needle and syringe program
NTP	National Tuberculosis Control Program
OI	opportunistic infection
OSDV	on-site data verification
OVC	orphans and vulnerable children
PAC	Provincial AIDS Center
PATH	Program for Appropriate Technology in Health
PBM	performance-based management
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PM	Portfolio Manager
PMI	United States President's Malaria Initiative
PMU	Project Management Unit
POS	Program of Support
PPMD	public-private mix DOTS
PR	Principal Recipient
PU	Progress Update
PWID	people who inject drugs
RNE	Royal Netherlands Embassy
SADC	Southern African Development Community
SARN	Southern African Regional Network
SDA	Service Delivery Area
SMEO	Surveillance, M&E and Operational Research subcommittee
SR	Sub-Recipient
SSF	Single Stream of Funding
SSR	Sub-Sub-Recipient
STI	sexually transmitted infection
SW	sex worker
TB	tuberculosis
TBCAP	TB Control Assistance Program
TEC	Treatment and Education Center
TERG	Technical Evaluation Reference Group
TRP	Technical Review Panel
TWG	Technical Working Group
UA	Universal Access
UIC	unique identification code
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on AIDS Declaration of Commitment
UNICEF	United Nations Children's Fund

USAID	United States Agency for International Development
VAAC	Viet Nam Administration of AIDS Control
VCT	HIV voluntary counseling and testing
VNP+	National Network of People Living with HIV in Viet Nam
VUSTA	Viet Nam Union of Science and Technology Associations
WHO	World Health Organization
ZACH	Zimbabwe Association of Church-related Hospitals
ZAN	Zimbabwe AIDS Network
ZNASPII	Zimbabwe National HIV and AIDS Strategic Plan 2011-2015
ZNNP+	Zimbabwe National Network of People living with HIV

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SYNOPSIS OF RECOMMENDATIONS

[Note: Recommendations are presented in prioritized order]

1. Encourage the use of grant M&E budgets for a broad range of M&E activities that directly support M&E of national disease programs linked to the Health Information System including integrated data analysis, operational research and program evaluations, and effective data use. Provide adequate financial resources and technical expertise to support a greater emphasis on outcome and impact data.

2. Demonstrate greater flexibility in dealing with shortfalls in M&E budgets during the grant implementation period and in addressing important gaps in country M&E systems and data availability.

3. Operationalize the Global Fund as a learning organization at all levels. Focus on maximizing country ownership and country system effects; supporting institutional capacity-strengthening for M&E technical leadership; support for integrated data analysis and use of data for decision-making, and an operational research/program evaluation agenda that is relevant to national disease programs not just Global Fund-supported activities. Emphasize the crucial role of involving local M&E expertise early on in the proposal writing and grant negotiation processes as well as throughout the grant implementation period.

4. Document country experiences with M&E system-strengthening including integrated Health Information Systems. Implement a knowledge management approach that supports communities of practice for M&E to encourage exchange and problem-solve across countries. Improve the specificity of M&E guidance based on country needs and experiences in collaboration with existing M&E Reference Groups and technical partners.

5. Develop funded work plans for the provision of M&E technical assistance by global partners in support of the implementation of the Global Fund 5-year M&E agenda and focused on strengthening country M&E systems through Global Fund grants.

6. Commission analyses of the nature and extent of M&E investments and in-depth evaluations of the effects on national M&E systems. Share lessons learned widely and in a manner that supports increased understanding of effective and sustainable M&E system-building within diverse country contexts and conditions.

7. Engage a small pool of independent M&E experts to work within the Technical Review Panels to critically review and provide pragmatic recommendations on grant M&E plans and budgets, data availability and quality, and adherence to country M&E system-strengthening.

8. Engage with countries to plan for continued investment in national M&E systems through alternative funding sources when Global Fund resources decrease/come to an end.

EXECUTIVE SUMMARY

Evaluation Aims

The Global Fund Technical Evaluation Reference Group (TERG) commissioned an independent evaluation to assess the effects of grant-related investments in monitoring and evaluation (M&E) on alignment with and strengthening of country M&E systems.

The evaluation assessed:

(1) whether Global Fund policies, guidelines and communications are consistent with the purpose of alignment and strengthening of country M&E systems and sufficiently clear for local application [Evaluation Domain 1]

(2) what methods have been used for determining M&E budgets and tracking M&E expenses in grants and, what M&E activities have been funded [Evaluation Domain 2]

(3) the extent to which Global Fund performance-based monitoring is aligned with and strengthens country M&E systems and, what the facilitators and barriers are for strengthening these systems through grants [Evaluation Domain 3]

(4) what the positive and negative effects have been of Global Fund policies, practices, and funding on country M&E systems [Evaluation Domain 4]

Evaluation Methods

The evaluation used a mixed methods approach including:

- interviews with Global Fund Secretariat staff and global partners;
- review of Global Fund policies, guidelines and communications related to M&E and documentation related to specific country M&E systems;
- two on-line surveys with M&E-designated staff of Principal Recipients (PRs) and Local Fund Agents (LFAs) in 30 countries (response rates: 48% and 71%, respectively);
- three in-depth country case studies (i.e., Liberia, Viet Nam, Zimbabwe) including site visits which focused on a desk review of key documents and extensive interviews with a wide range of key informants (more than 50 individuals were interviewed in each country).

Key Findings and Recommendations

[Note: Findings and recommendations are presented in a logical, rather than a prioritized, order]

1. Global Fund M&E guidance and technical review process

Key Findings

1.1 Global Fund policies provide an explicit mandate for using existing M&E systems and furthering national M&E strengthening. While M&E guidance is consistent with this mandate, emphasis on and specificity about national M&E systems has only recently improved. There is also greater emphasis on M&E alignment in recent proposal forms. While PRs, Sub-Recipients (SRs) and LFAs, overall, confirm the clarity of Global Fund M&E documents, there is need for better guidance on M&E budgeting and on aspects of community-based M&E.

1.2 It was found that the Technical Review Panel (TRP) does not provide sufficiently detailed and solid M&E reviews to ensure consistency of Performance Frameworks with national M&E systems and procedures.

Recommendations

1.1 The Global Fund Secretariat should continue to improve the specificity of M&E guidance based on country needs and experiences. This should be done through collaboration with existing M&E Reference Groups and technical partners. Rather than revising full guidance documents, technical addenda should be considered to allow for a more focused and timely response to identified needs (e.g., monitoring and evaluation of community-based services).

1.2 The Global Fund Board and Secretariat should consider engaging a small pool of independent M&E experts working within the Technical Review Panels. These M&E experts should be tasked with reviewing M&E plans and budgets, identifying issues related to data availability and quality, and recommending key actions for follow-up that adhere to county M&E system-strengthening. They should identify and pinpoint important M&E challenges arising from the proposal which may be subject to Conditions Precedent during grant negotiation. As experienced M&E professionals, this group would push for feasible solutions within the reality of the specific country context. The Secretariat's M&E Team should continue to take responsibility for tailored follow-up.

2. Global Fund M&E budgets

Key Findings

2.1 Over the last three proposal rounds, more than US$1.5 billion was requested for M&E. Although grant negotiations considerably reduced the requested M&E budgets, Global Fund support represents a substantial investment in M&E.

2.2 Budgets for M&E are determined through various methods. In the best case scenario, a systematic assessment of the existing M&E system is conducted to identify gaps and the budget is determined through detailed costing of prioritized activities. Unfortunately, many respondents reported that the 5-10% M&E budget recommendation in itself constituted a budgeting method.

2.3 Overall, M&E monies appear to be used for supervisory and monitoring visits as this was the single largest category in the set of grants reviewed. Countries with "stronger" M&E systems appear to be more likely to use their budgets for evaluation, special studies and surveys.

2.4 Despite the considerable investment, funding shortfalls were still noted for primary data collection, specifically outcome and impact indicators, and in cases where M&E capacity and systems were particularly weak.

2.5 Lack of appropriate M&E budgeting methods and lack of a single consolidated M&E budget in grants make it difficult to track how money is spent and with what results.

Recommendations

2.1 The Global Fund Secretariat should demonstrate flexibility where shortfalls in approved M&E budgets are noted during implementation in order to secure essential data and avoid compromising program implementation. Where important gaps in country M&E systems are noted that are of shared concern between country and international partners, the Secretariat should engage with other donor agencies/technical partners at country level to resolve the issues in a timely fashion. For outcome and impact measurement, increased flexibility is needed with regard to disbursements as primary data collection must take into account seasonality issues (such as for malaria surveys) or other data quality issues.

2.2 The Global Fund Secretariat should conduct regular analyses on the use of M&E budgets with particular attention to the category of *supervisory and monitoring visits*. The Secretariat should closely track the budgeted amounts and the requested activity details (as per the Budgetary Guidelines) and report on a regular basis to the TERG on the effectiveness of these investments.

2.3 The Global Fund Secretariat should strongly encourage the use of grant M&E budgets for a broad range of M&E activities that directly support M&E of national disease programs linked to the Health Management Information System –thus, explicitly going beyond M&E for grant management. A much bigger focus on integrated data analysis, operational research and program evaluations, and on support for effective data use is needed.

2.4 The Global Fund should anticipate the considerable additional cost associated with the push for outcome and impact data and ensure that the requisite financial resources as well as the technical expertise are available to support these efforts. This will require closer collaboration and coordination with partner agencies both at global and country levels.

2.5 The Global Fund Secretariat should create a consolidated M&E budget so that the entire resource portfolio for M&E can be tracked in sufficient detail. The Secretariat should commission regular analyses of the nature and extent of M&E investments and in-depth evaluations of the effects on national M&E systems. These evaluations should be conducted in collaboration with country and international partners as the Global Fund is not the only contributor to M&E. Lessons learned should be shared widely and in a manner that supports increased understanding of effective and sustainable M&E system-building within diverse country contexts and conditions. The TERG should take responsibility for guiding these M&E analyses and evaluations.

3. Global Fund target/indicator alignment and modifications

Key Findings

3.1 Respondents pointed to inconsistencies between indicators at the national and service-delivery levels and indicators for Global Fund reporting and felt that these inconsistencies are often introduced at the grant-writing/negotiation stage. This is due to the late involvement of M&E experts; schedules for national M&E plan development/revision differing from grant schedules; and/or the lack of understanding of local realities on the Global Fund Secretariat's part. In cases where good alignment and incorporation of global standards in M&E system-strengthening have been achieved, the active involvement of a

multi-stakeholder M&E Technical Working Group and/or the maturity of the M&E system have played a major role.

3.2 Where overall budgets need to be cut –as almost always is the case during grant negotiations, M&E-dedicated resources frequently take the first cut and targets and activities are not adjusted accordingly. The lack of flexibility in amending Performance Framework targets – in relation to budget reductions, increased implementation costs or other implementation challenges, was perceived by virtually all respondent categories as illogical and problematic within the context of effective performance-based management of the grants.

Recommendations

3.1 The Global Fund Secretariat should clearly describe and emphasize in its guidance the crucial role of local M&E expertise early in the proposal writing and grant negotiation processes. The Country Team Approach at the Secretariat level includes an M&E Officer as an essential team member and can provide an analogous model for the country level. Such a team at both Secretariat and country levels should be involved in all communications/decisions regarding the grant.

3.2 The Global Fund Secretariat –in its new way of doing business, should include a more flexible management of Global Fund-supported M&E activities. This requires an in-depth and up-to-date understanding of the country situation on the part of Secretariat staff without micro-management and relies on a trust relationship with country partners without compromising risk management or disregarding country ownership.

4. Global Fund grant-related M&E practices

Key Findings

4.1 Global Fund-supported M&E activities are generally perceived as helping to bridge gaps in current M&E approaches and systems in grant countries. Especially for many civil society organizations and networks of PLHIV, support from the Global Fund has put much needed program monitoring in place, often for the first time. Global Fund support for M&E-dedicated staff and for improving underlying infrastructure –including the use of new technologies for M&E, are particularly valued. However, the lack of clear roles and responsibilities for coordinated M&E across different diseases, variations in M&E capacity and renumeration in different government departments and by-passing of central MOH M&E units have hindered effective integration of health data collection and management systems.

4.2 The utility of Global Fund-required or recommended M&E processes –such as the M&E System-Strengthening (MESS) assessment and On-Site Data Verification (OSDV) procedures– was noted by virtually all key informants. However, Global Fund performance reporting to ensure disbursements is often over-emphasized at the expense of building sustainable national M&E systems. In addition, Secretariat M&E staff and LFAs both pointed to the need for follow-up on proposed actions arising from the MESS assessments.

4.3 Global Fund M&E communications should be improved: the TRP provided little, if any, feedback on issues related to M&E system-strengthening and alignment; LFA PR assessments were skewed towards M&E for grant management but also included brief feedback on the status of national M&E systems; Conditions Precedent appeared to be formulaic only.

Recommendations

4.1 The Global Fund Secretariat should systematically gather and document country experiences with M&E system-strengthening including integrated Health Information Systems. This should be done as part of a knowledge management approach for M&E that includes and supports communities of practice to benefit exchange and problem-solving across countries.

4.2 The Global Fund Secretariat, in collaboration with country and technical partners, should expand the scope of the MESS and OSDV and institutionalize such procedures within government, implementing partner and independent institutions.

5. Technical support for M&E

Key Findings

5.1 The Global Fund as a financing instrument is highly dependent on technical support from partner agencies at all levels of implementation. A range of technical partners provide M&E technical assistance for the Global Fund Secretariat and for country M&E system-strengthening. Key informants noted agency representation in long-established global standards-setting bodies, Country Coordinating Mechanisms (CCMs) and various national Technical Working Groups and committees. They also noted tailored M&E support to PRs, SRs and SSRs directly. Partner support is not limited to M&E activities funded by the Global Fund, but is broader and almost exclusively funded through their own mechanisms/organizations.

Recommendations

5.1 The Global Fund Secretariat should develop funded work plans for the provision of M&E technical assistance by its global partners in support of the implementation of the Global Fund 5-year M&E agenda. Technical assistance should focus on strengthening country M&E systems through Global Fund grants.

6. Effects of Global Fund M&E investments

Key Findings

6.1 Global Fund M&E funding *and* M&E requirements: increased M&E visibility and greater appreciation for M&E at all levels; introduced a more comprehensive focus on performance of projects/programs not just process measures; introduced or revitalized planning for M&E including costed M&E work plans; pushed for implementation of routine monitoring in organizations (e.g., CSOs) that may otherwise not have been engaged in standardized (or any other type of) data collection; facilitated a shift in focus from data availability to data quality; pushed for standardized data collection on Global Fund performance indicators; forged links with national M&E systems through M&E plans and shared data; introduced tools to help identify and resolve data availability and data

quality issues for Global Fund performance indicators supported M&E-staff and M&E capacity-building through trainings; supported M&E-related infrastructure including procurement or upgrading of hardware and communication capacities; and, enabled continued funding for grants with demonstrated performance.

6.2 A much better balance between M&E for Global Fund accountability and risk management and M&E for learning is needed; Global Fund reporting requirements often dominated M&E practices. The more aligned grant M&E was with country M&E systems, the greater the effectiveness of Global Fund investments on national M&E system-strengthening. Close alignment was more likely in mature M&E systems and with well-functioning multi-stakeholder M&E Technical Working Groups. Non-alignment was most often noted at decentralized levels where M&E capacity is the most constrained.

6.3 M&E systems are dynamic and dependent on continued investments. Grant money utilized for staffing central M&E units as well as for sub-national and disease program-specific M&E officers are most crucial in strengthening a country's M&E system. Following a long-established pattern, there is a substantial risk of dissolution of those capacities when the funding comes to an end.

Recommendations

6.1 The Global Fund should profile itself as a learning organization at all levels. The Board and the Secretariat should explicitly define and operationalize this concept and what it means for the role of each of the entities in it. This should include a focus on maximizing country ownership and country system effects; supporting institutional capacity-strengthening for M&E technical leadership; support for integrated data analysis and use of data for decision-making, and an operational research/program evaluation agenda that is relevant to national disease programs not just Global Fund-supported activities.

6.2 The Global Fund Secretariat should engage with countries to plan for continued investment in national M&E systems. The Secretariat should commission a cohort study of existing Global Fund-supported M&E human resources to understand how capacity can be sustained through alternative funding sources when Global Fund resources decrease. The Secretariat should also require a formal assessment of the effectiveness of Global Fund-supported M&E trainings in increased job competencies.

Recommendations by key audience

GLOBAL FUND SECRETARIAT

1. Adapt Global Fund M&E processes and ensure maximum benefit for country M&E systems

- Engage a small pool of M&E experts to support the TRP review of M&E plans for Global Fund grants to asses overall technical strength and alignment with and support for country M&E system-strengthening. This should include identifying the availability of outcome and impact data.
- Expand the scope of current OSDV procedures in order to maximize their effect on country system-strengthening and assess whether the new procedures strengthen country M&E systems in a sample of countries.

- Implement a mechanism for regular follow-up on action plans from national M&E systems that respects country ownership and is cognizant of local conditions. Provide additional support where needed.
- Pro-actively engage technical partner agencies and fund work plans for their technical assistance support at Secretariat and country levels in order to further alignment and harmonization of M&E approaches across different actors and agency-agendas, and support a learning organization approach.

2. Support the Global Fund as a learning organization (i.e., M&E for learning and continued improvement)

- Define what it means for the Global Fund and its component entities to be a true 'learning organization' at all levels.
- Develop a clear operational plan for the Global Fund as a learning organization which is included in the M&E agenda for the next five years.
- Provide support for building institutional capacity of key organizations/institutions in grant countries to become learning organizations.
- Follow up on progress made and share experiences widely.

3. Support regular assessment and analysis of Global Fund M&E investments including sustainability

- Revise the guidance for determining M&E budgets based on learning from country experiences in different M&E scenarios and country contexts.
- Consolidate the Secretariat's internal system for budget and expenditure tracking on M&E investments ensuring consistency between M&E as line item and as Service Delivery Area.
- Conduct regular analyses of the nature and extent of M&E investments and the effects on country M&E systems. Evaluate M&E activities which represent a large proportion of the M&E budget (i.e., supervisory and monitoring visits) in order to ensure their effectiveness in building stronger and more sustainable M&E systems. Emphasize a comprehensive M&E portfolio through grant support including a strong focus on integrated data analysis, operational research and program evaluations, and effective data use.
- Support countries in planning for adequate and sustained M&E funding with governments progressively taking on an increased share of M&E investments.

GLOBAL FUND-RELATED ENTITIES IN COUNTRY

4. Ensure early and active engagement of local M&E experts in Global Fund grant proposal, grant negotiation, grant management and support for learning organizations

Ensure that local M&E experts are full members of proposal development and grant negotiation teams to support grant-related M&E with the aim:

- To ensure realistic target-setting and full alignment of Global Fund M&E with country M&E systems;
- To provide a transparent and technically strong rationale for M&E budget requests including M&E technical capacity support;
- To implement Global Fund M&E requirements in a manner that maximizes country M&E system-strengthening;
- To define, implement and evaluate approaches to building the institutional capacity of key local organizations/institutions that use M&E for learning and continued improvement.

5. **Actively engage with and support accountability of the Global Fund in becoming a true learning organization at all levels**

6. **Act as the advocate for countries with the Global Fund Secretariat and formalize technical assistance efforts at Secretariat and country levels to ensure country M&E systems are strengthened through Global Fund grants**

BACKGROUND

In the past decade, a key characteristic of the global health aid architecture has been an extraordinary expansion of resources and a parallel increase in the number of global health partnerships and programs aimed at advancing internationally-agreed goals (e.g., the Millennium Development Goals, MDGs, United Nations General Assembly Special Session on AIDS Declaration of Commitment, UNGASS). Between 2000 and 2008, the total resources for health development assistance more than doubled, driven largely by increases in funding for HIV/AIDS[1]. In an effort to maximize the long-term impact of these resources, development partners have crafted an aid effectiveness agenda with underlying principles of alignment, harmonization, accountability and country ownership, among others.

Much of the current global burden of disease can be prevented or cured with known, affordable technologies. The key challenges are getting drugs, vaccines, information and other forms of prevention, care or treatment –on time, reliably, in sufficient quantity and at reasonable cost, to those who need them. Failing or inadequate health systems are one of the main obstacles to scaling-up interventions to make achievement of the MDGs a realistic prospect.[2]

In this context, a health system refers to all organizations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence determinants of health as well as more direct health-improving activities. Hence, a health system is more than the publicly owned facilities that deliver personal health services. A health system is a set of inter-connected parts that have to function together to be effective. The World Health Organization (WHO) health systems framework defines six essential building blocks: (1) service delivery; (2) health workforce; (3) information; (4) medical products, vaccines and technologies; (5) financing; and, (6) leadership and governance[3].

As part of *information* building block, comprehensive and timely monitoring and evaluation (M&E) data are crucial to guide the optimal use of limited resources and to ensure the programs are effective in addressing the identified health issues. M&E data are also important for demonstrating that investments in health are averting infections, illness and deaths and therefore warrant continuation and expansion[4]. M&E is also the cornerstone for managing for results[5] and results-based funding spearheaded by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

A major shortcoming of M&E efforts has been fragmentation across various agencies of government and development partners, resulting in duplication of effort, an increased data collection and reporting burden and ineffective data flows. Global agreements such as adherence to the ‘‘Three Ones Principles” within national AIDS programs aimed to address the prevailing dysfunctions in coordinating national HIV responses and emphasized the integration of various M&E efforts in support of one national M&E system[6]. As one of the major funders to

[1] Financing Global Health 2010: Development assistance and country spending in economic uncertainty. Seattle: Institute for Health Metrics and Evaluation, 2010.
[2] Strengthening health systems to improve health outcomes. WHO’s framework for action. Geneva: WHO, 2007.
[3] ibid
[4] Piot P. AIDS: from crisis management to sustained strategic response. Lancet 2006; 368:526–530.
[5] The Paris Declaration on Aid Effectiveness and Accra Agenda for Action, Paris: OECD, 2005.
[6] Three Ones Principles: A commitment to concerted action. Geneva: UNAIDS, 2004.

fight three of the world's most devastating diseases (i.e., HIV, TB, malaria), the Global Fund has devoted considerable attention to national M&E systems which were seen as long-term investments to help achieve sustainable impact. Given the substantial financial and other resources that have been invested in M&E in conjunction with Global Fund grants, the Technical Evaluation Reference Group (TERG) commissioned an independent evaluation to assess the effectiveness of Global Fund investments in strengthening country M&E systems.

1 EVALUATION OBJECTIVES AND METHODS

Evaluation Aims

The evaluation aimed:

(1) To assess Global Fund policies, guidelines and communications related to M&E:
   - 1a. Assess whether the Global Fund policies and guidelines are consistent with the purpose of country M&E alignment and system-strengthening
   - 1b. Assess the continued commitments of the Global Fund to country M&E system-strengthening

(2) To assess Global Fund financing for country M&E systems:
   - 2a. Assess the methods used for determining M&E budgets in Global Fund grants and for tracking M&E expenses
   - 2b. Assess what use has been made of these funds

(3) To assess Global Fund-related M&E practices:
   - 3a. Assess the extent to which Global Fund performance-based monitoring is aligned with and strengthens the national M&E system
   - 3b. Identify facilitators and barriers in strengthening national M&E systems through Global Fund grants

(4) To determine the effects of Global Fund investments in country M&E systems:
   - 4a. Determine the positive effects of Global Fund policies, practices, and funding on country M&E systems
   - 4b. Determine the negative effects of Global Fund policies, practices, and funding on country M&E systems

Evaluation Use and Users

Expectations for the use of the evaluation results were solicited through the exploratory interviews with key informants from the Global Fund Secretariat and global partners and are included below.

The evaluation provides pragmatic recommendations for improvement in Global Fund M&E policies, guidelines, communications, funding arrangements and practices. Recommendations address the Global Fund Secretariat; the country-based Global Fund entities (i.e., Country

Coordinating Mechanism/CCM, Principal Recipients/PRs, Sub-Recipients/SRs, the Local Fund Agent/LFA), and key international agencies/organizations.

Evaluation Framework

The evaluation was structured to examine four main domains (see **Figure 1**). For each domain, evaluation questions appear below:

Domain 1: Global Fund policies, guidelines and communications related to M&E
Evaluation focus: Alignment and harmonization with country M&E systems; commitment to country M&E system-strengthening.

1.1 To what extent are Global Fund policies, guidelines[7] and communications consistent with the purpose of country M&E alignment and system-strengthening?
   1.1(a) To what extent are funding, use and strengthening of country M&E systems part of the Global Fund's policies and guidelines in favor of harmonizing and aligning M&E requirements of international donors?
   1.1(b) Are Global Fund guidelines and communications sufficiently clear for local application?

1.2 To what extent are funding, use and strengthening of country M&E systems part of the mandate of the Global Fund?

1.3 How do funding, use and strengthening of country M&E systems reflect Global Fund policies and guidelines?

1.4 What is the strategic vision of the Global Fund for country M&E system-strengthening in the next 5 years? How will this strategic vision be implemented?

Domain 2: Global Fund financing for country M&E systems
Evaluation focus: budgeting and expenditures.

2.1 What are the methods used for determining M&E budgets in Global Fund grants?

2.2 What is the budget amount dedicated by the Global Fund to funding country M&E systems?

2.3 What use is made of those funds? How much of the funding is used for monitoring versus evaluation?

2.4 What are the methods used for tracking M&E expenses in Global Fund grants?

2.5 Are other development assistance organizations funding country M&E systems?

[7] Global Fund M&E-related policies, guidelines and tools have evolved over time and thus, the evaluators made note of the versions and tools referred to by respondents as their responses are dependent on the version(s) they have used.

Domain 3: Global Fund-related M&E practices

Evaluation focus: Alignment and harmonization with country M&E systems; facilitators/barriers in country M&E system-strengthening through Global Fund grants.

3.1 In how many cases and to what extent are the M&E plans of Global Fund grants based on national M&E plans?

3.2 How are deficiencies in M&E plans submitted at the time of proposal identified? Which actor in the Global Fund architecture is responsible to flag these deficiencies? What mechanisms are in place to follow up and rectify deficiencies? Are they effective?

3.3 What are typical problems observed when a country's national M&E plan is not considered adequate to form the basis of a Global Fund grant M&E plan?

3.4 To what extent is Global Fund performance-based monitoring: (a) aligned with the national M&E system; and, (b) strengthening the national M&E system? What are the facilitators and barriers to strengthening national M&E systems through Global Fund grants?

3.5 Which type of activities aimed at developing or strengthening country M&E systems are funded by the Global Fund?

3.6 What are the respective roles of partner organizations (i.e., other international financing or development organizations) and of implementing partners (e.g., PRs, LFAs) in designing, funding and implementing those activities?

3.7 To what extent are the M&E plans and practices in Global Fund grants consistent with internationally-agreed standards? What are the inconsistencies, if any, and why?

3.8 To what extent are typical Global Fund processes (such as M&E plan development, M&E system assessment, DQA) still relevant or to what extent have adaptations served to keep processes relevant?

Domain 4: Effects of Global Fund investments on country M&E systems

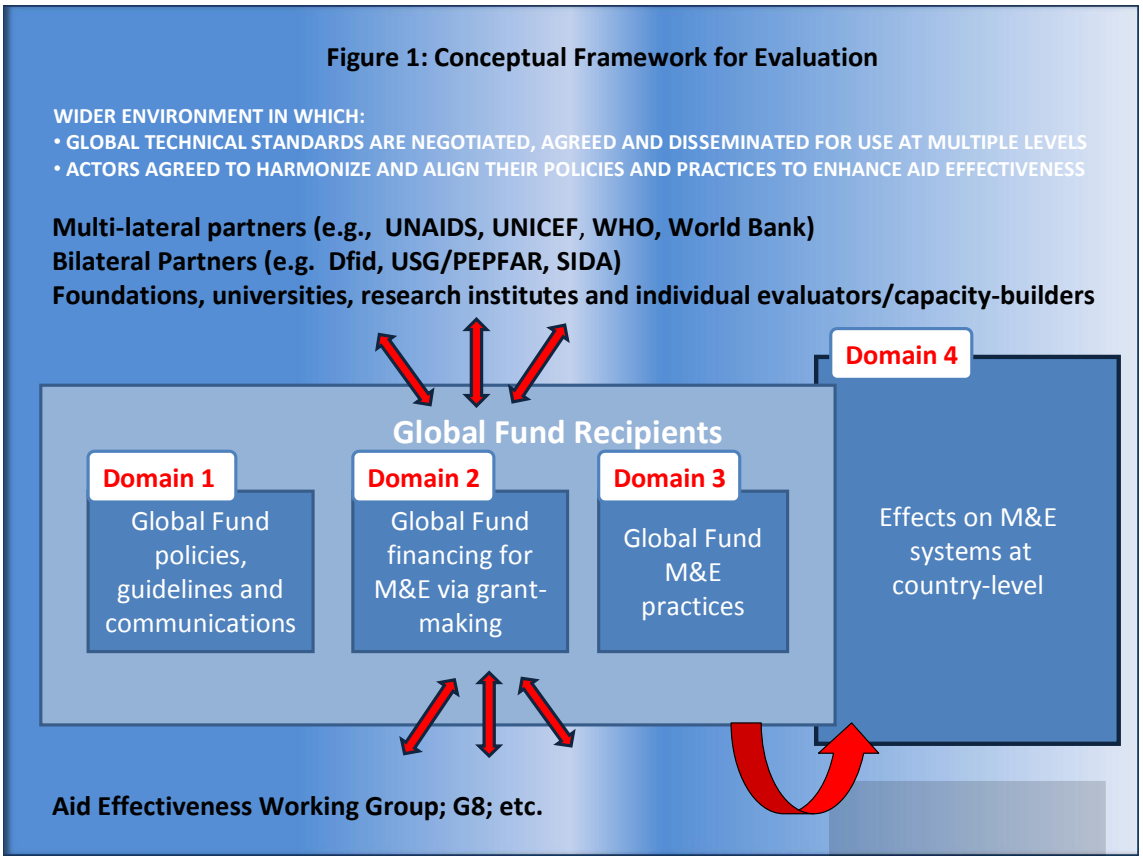
Evaluation focus: Positive and negative effects of Global Fund policies, practices and funding on country M&E systems.

4.1 Are the grant-related M&E activities funded by the Global Fund effective for the purposes of: (a) sound Global Fund grant management including performance-based funding?; and, for (b) local program improvement and contributing important data to the country M&E system?

4.2 Does the effectiveness of Global Fund investments in M&E differ by: (a) grant type; (b) magnitude of the targeted health problem; (c) size, duration and type of the M&E investment; and/or (d) maturity of the national M&E system?

4.3 Are the M&E activities funded by the Global Fund contributing to robust and sustainable country M&E capacity that goes beyond the management of Global Fund grants?

4.4 How successful are the M&E activities funded by the Global Fund in ensuring harmonization and alignment of M&E practices: (a) with the national M&E system?; and, (b) between international financing and development agencies?



The Conceptual Framework in **Figure 1** highlights two important, cross-cutting issues: Firstly, it must be noted that the Global Fund works within a context in which: (a) global technical standards for M&E are negotiated, agreed and disseminated by technical reference groups [such as the HIV M&E Reference Group (MERG); and the Malaria MERG] in which Global Fund representatives participate; and, (b) key agencies and organizations involved in the health and development arena have agreed to harmonize and align their policies and practices to enhance aid effectiveness. These dynamics cut across all four Evaluation Domains and are considered throughout the evaluation.

Secondly, the fourth Evaluation Domain which sought to determine the "effects" of Global Fund investments must be seen as brought about through the combined efforts of all actors involved in M&E system-strengthening. The team sought to determine unique contributions of the Global Fund investments on country M&E systems, where possible, while recognizing that many organizations and agencies are actively engaged in funding and providing technical support for these same systems.

Evaluation Methods

The evaluation employed a mixed methods approach including document reviews, secondary data analysis, surveys, and interviews. The main methods used across the Evaluation Domains are highlighted in **Table 1** and are described further in this section. A more detailed Evaluation Methods Matrix is provided in **Annex A** including specific evaluation questions, performance indicators, data collection techniques and sources, respondents/sampling plan, and data collection instruments. Data collection instruments (including structured interview guidelines, electronic surveys, case study protocol) were developed to ensure a systematic and standardized approach to data collection and analysis.

Table 1. Overview of key methods by Evaluation Domain

Evaluation Methods	Evaluation Domains			
	1. M&E policies, guidelines, communications	2.M&E financing	3. M&E practices	4. M&E effects
Document review	X		X	
Secondary data analysis		X	X	
Electronic survey	X	X	X	X
Key Informant Interviews	X	X	X	X

The evaluation was carried out in four phases. In the *First Phase*, the evaluation team conducted exploratory interviews with Global Fund staff and global partners to help focus the evaluation through assessing existing data sources and soliciting expectations on the use of the evaluation findings. As part of this phase, a draft Inception Report was submitted on 15 August 2011 and reviewed by the TERG focal points.

Subsequently, the two team members conducted an inception visit to Geneva from 21 to 23 September 2011. The visit focused on: (a) interviewing representatives from the Global Fund Secretariat and technical partners to confirm the key M&E issue of focus for the evaluation and to refine the evaluation methodology; and, (b) obtaining relevant M&E data compiled by the Global Fund M&E Team in conjunction with grants. A list of individuals interviewed and the interview guides are included in **Annex B**. Based on the findings from the inception visit, a revised Inception Report was submitted on 15 November 2011 and signed off on.

In the *Second Phase*, a set of key documents including Global Fund policies, guidelines and communications related to M&E were reviewed as well as documentation related to specific country M&E systems. Key documents used in the evaluation are listed in **Table 2**.

Table 2. Key documents utilized in the evaluation

Global Fund-wide policies and guidelines	Materials for sampled grants/countries
The Global Fund Framework Document	Original proposals
The Global Fund Strategy 2012-2016: Investing for Impact	Grant Agreements
Performance Framework templates and instructions	Legally-approved Performance Frameworks (PF)
Operational Guide: The Key To Global Fund Policies and Processes	Summary and detailed budgets
Global Fund Budgeting Guidelines	Implementation Letters
Operational Policy Notes related to M&E	Enhanced Financial Reports (EFR)
M&E Toolkit (version 4)	Grant Performance Reports
M&E Systems Strengthening Tool (MESS Tool)	Health Sector Strategies
On-Site Data Verification (OSDV) Tool	National Disease Control Strategies
Data Quality Audits (DQA) Tools	National M&E Plans
Tools used by LFA in assessing M&E capacity of PRs	
Board meeting reports	
Technical Review Panel (TRP) reports to the Board	

The *Third Phase* of the evaluation consisted of the development of on-line surveys of PR and Local Fund Agent (LFA) staff responsible for M&E. The surveys were implemented in January 2012 and consisted of open and closed questions related to Global Fund M&E practices with a specific focus on M&E alignment and harmonization with and support for strengthening country M&E systems. **Annex C** provides the on-line surveys as they appeared when activated on-line. For both surveys, e-mail contact information was provided by the Global Fund Secretariat and invitations were sent directly from the evaluators to the targeted respondents. The surveys were piloted with the targeted audiences in Zimbabwe as part of the first country visit (see below). The surveys were launched in English and respondents were provided approximately 10 days to complete the survey. The first survey targeted the M&E designated staff of the LFAs in sampled countries (see **Table 3**). Twenty-two individuals responded, representing a response rate of 71%. A second survey was targeted at the M&E designated staff of the PRs in the sampled countries. Thirty-eight individuals responded, representing a response rate of 48%. Overall, participants provided information on their experiences with Global Fund grants in 30 countries. Results from the surveys are presented throughout the report in differing forms. Where little to no difference was found in responses of LFAs and PRs, those categories have been grouped for ease of presentation.

The two team members carried out three in-depth country case studies in the *Fourth Phase* of the evaluation. These included site visits which focused on a desk review of key documents and extensive interviews with a wide range of key informants. Of the countries selected for the evaluation (see **Table 3**), five were contacted to gauge their availability for a country visit. The basic criterion was that these countries represent different strengths of country M&E systems. Three countries were visited; the first visit was conducted jointly by both team members in order to ensure consistency in the use of methods. Country visits were conducted in Zimbabwe (12-16 December/both team members), Liberia (9-12 January/Beth Plowman) and Viet Nam (16-20 January/Greet Peersman). These visits provided an opportunity for face-to-face interviews with different categories of respondents. Questions guides were tailored to each respondent category including: PR, Sub-Recipients (SRs), government officials responsible for health information systems and disease-specific M&E systems, the LFA, representatives from bi/multi-lateral agencies/organizations, and networks of PLHIV (see **Annex D**). More than 50 individuals

were interviewed in each country in both individual and group interview settings. Interviews focused on: (a) M&E practices including facilitators and barriers in Global Fund-related M&E and building country M&E systems (Evaluation Domain 3); and, (b) the effects of Global Fund investments in country M&E systems (Evaluation Domain 4). The visits also provided an opportunity to gather documentation for in-depth review. The detailed reports on each case study are provided in **Annex E** (Zimbabwe), **Annex F** (Liberia), and **Annex G** (Viet Nam).

The selection of countries for inclusion in the evaluation was guided by a set of clearly defined variables. A description of the selection procedure is provided in **Annex H**. One criteria used to select countries was the strength of the existing M&E system. A simple scale was created and utilized to group countries into "stronger" and "weaker" national M&E system. This grouping was intended to allow the evaluation team to examine whether Global Fund investments and/or effects in M&E systems strengthening differed by country type. The resulting set of countries appears in **Table 3**. Countries included as case studies are highlighted in yellow.

Table 3: Countries selected for in-depth review

"Weaker" national M&E system	"Stronger" national M&E system
Central African Rep.	Azerbaijan
Congo, Dem. Rep.	Brazil
Ethiopia	Dominican Republic
Ghana	Guatemala
Liberia	Guyana
Mozambique	Moldova
Pakistan	Ukraine
Sierra Leone	Uzbekistan
Timor-Leste	Viet Nam
Yemen, Rep.	
Zimbabwe	

Evaluation Assumptions and Limitations

- Global Fund M&E-related policies, guidelines and tools have evolved considerably over time. The evaluation was not able to review the Global Fund approach to M&E from a historical perspective. The approach instead focused on "current status" as represented by Rounds 7 through 9 and the guidelines and procedures applicable during this window. Likewise, the evaluation does not account for activities funded through prior rounds. Therefore, the country information pertains to experiences during Rounds 7-9 with limited reference to inputs provided under prior rounds.

- The evaluation design was based on an assumption that access to all documents and data relevant to the evaluation would be facilitated (e.g., grant budgets and expenditure reports, LFA assessments of M&E capacity). It was also assumed that the evaluation team members would have access to all relevant key informants. While much information was provided, not all requests for documentation were met. Not all key informants were interviewed due to restrictions on their availability during the specific evaluation phases.

- We also assumed that members of the TERG would be consulted at key stages during the evaluation and that they would be provided with feedback at key junctures. TERG comments on the Inception Report were received and addressed. Evaluation progress reports were provided to the TERG in February and May but no further guidance was received.

- While recognizing that there are substantial differences between the structures and requirements of disease-specific M&E systems, the evaluation scope did not allow for full

reflection of the effects of Global Fund investments on each disease-specific M&E system (i.e., for HIV/AIDS, TB, malaria separately).

2 INTRODUCTION

Global Fund M&E requirements

Overall M&E requirements for Global Fund grants are listed in **Table 4**. Within these, the core M&E requirements for the Principle Recipient (PR) of each grant agreement[8] are:

(i) submitting an M&E Plan;

(ii) making available needed source materials and information to the LFA for conduct of On-Site Data Verification (OSDV);

(iii) making available needed materials and information for a data quality audit (DQA) for grants selected for the exercise;

(iv) facilitating communication and meetings with country partners and providing required documentation to the LFA for development of the M&E Plan;

(v) scheduling for and ensuring budgets are available for program review and evaluation.

It should be noted that there is a distinct difference between M&E requirements – which are generally about grant oversight and accountability and need to be adhered to strictly (i.e., not doing so may affect grant ratings and disbursements), and M&E guidelines –which provide technical and operational guidance or recommendations on how to implement grant management within the specific context of the Global Fund and are informed by global standards or good practice.

Table 4. Global Fund requirements during each stage of the grant cycle and responsible entity[9]

Stage in grant lifecycle	Global Fund M&E requirements	Responsible entity
Grant Negotiation	M&E Plan Performance Framework	Principal Recipient Country Coordinating Mechanism
Grant implementation	Progress Update (PU)/Disbursement Request (DR) that includes a update on programmatic performance, conditions and management actions.	Principal Recipient

[8] The Global Fund to Fight AIDS, Tuberculosis and Malaria. Operational Policy Note on monitoring and evaluation systems strengthening and data quality, 20 September 2011.

[9] Global Fund Monitoring and Evaluation Microsite [http://www.theglobalfund.org/en/me/requirements/; accessed 10 January 2012]

Stage in grant lifecycle	Global Fund M&E requirements	Responsible entity
	On-site data verification (OSDV) [the Global Fund requires the LFA to annually conduct an OSDV for each PR, per disease] Rapid Service Quality Assessment (RSQA) [in general, conducted in conjunction with OSDV; roll-out starting 1 January 2012]	Local Fund Agent
	Data Quality Audit (DQA): Each year, the Global Fund selects up to 20 grants to a DQA carried out by independent institutions contracted by the Global Fund.	Global Fund Secretariat/ Independent institution
Phase 2 or Periodic Review	Request for continued funding M&E Plan Performance Framework	Principal Recipient Country Coordinating Mechanism

Perhaps the most important document is the Performance Framework (PF) which is used for the identification and negotiation of indicators and their associated targets. As such, the PF is a key document for performance-based funding (PBF) and –as a part of the Grant Agreement, forms a legally-binding document between the PR and the Global Fund Secretariat. It not only provides the template for performance reports to the Global Fund throughout the grant but also forms the basis for disbursements to the PR. Through the PF, the grant's objectives are reflected in specific categories of programming called Service Delivery Areas (SDAs). SDAs are a critical element in the PBF model as they serve as the "lynchpin" between groups of activities with associated indicators and targets and the budgets.

As a separate requirement, grantees must also submit an M&E plan. The PF differs from the M&E plan in several substantial manners. The PF includes only a subset of indicators from the M&E Plan with the aim of measuring program performance and informing disbursement decisions. Being a legally binding document, any change to the PF amounts to a change in the Grant Agreement and should be formalized in an implementation letter issued by the Portfolio Manager (PM). In contrast, the M&E Plan is typically a document developed in consultation with major in-country stakeholders that describes how the national (or the Global Fund grant-specific) M&E system works; actions needed to strengthen it and associated costs. At grant signing, a PR needs to have an M&E plan in place, although the submission of the M&E plan often appears as a Condition Precedent (CP) to be completed during the first months of the grant. In many cases, the PR submits the national M&E plan (per a specific disease or combined) agreed by stakeholders, to monitor the national strategy to which the Global Fund grant contributes.

A periodic M&E assessment –preferably every two to three years, of the national M&E system is recommended in order to identify strengths and weaknesses and develop a costed M&E system-strengthening action plan to address challenges identified. The Global Fund website indicates

that various tools are available to conduct a periodic self-assessment of the national M&E system and provides links to the recommended M&E system-strengthening (MESS) tools. The Global Fund Secretariat M&E Team verifies the quality of the M&E plan and the costed M&E action plan before signing a new grant. Countries with active grants (excluding those that are in their last year of implementation) are recommended to perform a similar M&E assessment if the last one was conducted more than two to three years ago[10].

We discuss the content and clarity of Global Fund policies and guidelines related to M&E under Evaluation Domain 1 –except for the budget guidelines which are discussed under Evaluation Domain 2. Effectiveness of Global Fund Secretariat communications about M&E are discussed under Evaluation Domain 3.

3 EVALUATION FINDINGS AND CONCLUSIONS BY EVALUATION DOMAIN

Domain 1: Global Fund policies, guidelines and communications related to M&E

Evaluation Focus and Questions

The first Evaluation Domain focused on the degree to which Global Fund policies, guidelines and communications are consistent with the purposes of alignment with and strengthening of country M&E systems. The specific evaluation questions included:

- To what extent are Global Fund policies, guidelines and communications consistent with the purpose of country M&E alignment and system-strengthening?
  - To what extent are funding, use and strengthening of country M&E systems part of the Global Fund's policies and guidelines in favor of harmonizing and aligning M&E requirements of international donors?
  - Are Global Fund guidelines and communications sufficiently clear for local application?
- To what extent are funding, use and strengthening of country M&E systems part of the mandate of the Global Fund?
- How do funding, use and strengthening of country M&E systems reflect Global Fund policies?
- What is the strategic vision of the Global Fund for country M&E system-strengthening in the next five years? How will this strategic vision be implemented?

Evidence Base

The evidence base for Evaluation Domain 1 relies primarily on a review of key Global Fund guidelines and, for a sub-set of grants, a structured review of communication documents and materials including reviews of the Technical Review Panel (TRP), clarifications to the TRP reviews, LFA assessment of PR capacities and Conditions Precedent (CP) incorporated into grant agreements. We devoted particular attention to the specific wording related to M&E in the Global Fund strategy and guidance documents as these set the tone for the whole organization and the way it does business. Specific quotes that support the findings are provided in **Annex I.**

[10] Source: Global Fund website; accessed August 2011.

Supplemental sources of information include responses from the on-line surveys with PR and LFA M&E experts; and, extensive interviews conducted with Global Fund Secretariat staff and global partners during the inception visit in Geneva and with a range of stakeholders in the three case study countries.

Findings

1.1 To what extent are Global Fund policies, guidelines and communications consistent with the purpose of country M&E alignment and system-strengthening?

1.1(a) To what extent are funding, use and strengthening of country M&E systems part of the Global Fund's policies and guidelines in favor of harmonizing and aligning M&E requirements of international donors?

- ***Global Fund strategy documents***

The Framework Document for the Global Fund. The Framework Document defines programmatic accountability and sets out the broad parameters for monitoring, evaluation and auditing approaches and the responsible mechanisms/entities. The Framework Document is clear on the issues that Global Fund monitoring: should be country-driven and that setting up parallel systems should be the exception rather than the rule; that harmonized indicators based on global standards should be used; and, that system-strengthening is deliberate. The overall Global Fund investment –and thus, including the M&E investment, is seen as long term and achieving sustainable results. The Document emphasizes the need to measure "rapid" progress, but is explicit in the need for learning and sharing experiences to achieve these results:

> "The Global Fund will require sound processes for specifying, tracking and measuring program results to ensure a sufficient level of accountability, *and to ensure that lessons learned are shared.*" [2012: 100; emphasis added]

The Global Fund Strategy 2012-2016: Investing for Impact. The Strategy is firmly grounded in the global goals for HIV/AIDS, TB and malaria[11] and linked to relevant Millennium Development Goals. It acknowledges that alignment with national strategies and systems is key to aid effectiveness but that it has not always been achieved within the Global Fund context. Here again –as in the Framework Document, the exceptionality of the need for parallel systems is clearly stated and the need for increased efforts to ensure alignment endorsed as "Strategic Action 1.2 – Fund based on quality national strategies and through national systems". The Strategy is also explicit that –in case of parallel systems, a schedule to transition to national systems is required. The need for national system-strengthening through capacity-building measures and plans is also referred to. There is also a clear 'systems' approach, particularly in relation to health systems strengthening (HSS) support and an emphasis on specific data collection needs including operational research.

[11] UNAIDS 2011-2015 Strategy, 2011 Investment Framework, and UNGASS June 2011 Declaration; Global Plan to Stop TB 2011-2015; Roll Back Malaria Malaria Action Plan 2008 and May 2011 updated goals and targets.

In the Strategy –as in the Framework Document but with increased emphasis, 'learning' is an important function of the organization:

> "26. This more focused approach to investment ***will require that the Global Fund move further down the path of being a learning organization***. Working with partners, it will continuously stay updated on the latest developments and evidence; help improve the identification, evaluation and dissemination of good program practices; and build the flexibility to adjust its investment approach as the knowledge base and disease situations evolve." [2012:9; emphasis added]

In the context of this evaluation, it is also important to mention the revised Funding Model of the Global Fund specifically pertaining to the following:

> 44. The combined action of Elements A, B and C of the new funding model will bring about significant change: The Global Fund will improve the funding process to become more flexible, iterative and better-informed. The Secretariat will move from being passive to proactive, and get more engaged in a dialogue with countries and partners on ensuring funding maximizes impact, and value for money while identifying and mitigating risk. It will ensure that this process builds constructively towards application approval and implementation success while retaining independent technical review and performance-based funding. [2012:13]

The Strategy also indicates that the Global Fund Key Performance Indicators and its Monitoring and Evaluation Strategy will need to be revised to take account of the new strategic direction, but there are no 'bold changes' (as per item 99 in the Strategy) related to M&E in the Strategy itself –perhaps to be considered as a missed opportunity. We will pick up on these issues again throughout this report.

- ***Global Fund guidelines for grant proposal writing***

Core questions on M&E in proposal guidelines Rounds 8, 9, 10. A comparison of the core questions on M&E to guide proposal writing for Rounds 8 through 10 is provided in **Table 5**. In the Round 10 proposals, the Global Fund already made important modifications to the proposal forms requesting greater specificity on the use of national systems and whether the proposal activities are based on M&E assessment and include a costed plan. The Global Fund should further request that these materials (i.e., M&E assessment, costed M&E action plan) are submitted with the proposal or otherwise made available for independent technical review.

Table 5. Monitoring and evaluation section of Global Fund proposal format, Rounds 8 – 10

Proposal Format - Rounds 8 and 9	Proposal Format - Round 10
4.8.1. Impact Measurement Systems Describe the strengths and weaknesses of in-country systems used to track or monitor achievements towards national malaria outcomes and measuring impact. *Where one exists, refer to a recent national or external evaluation of the IMS in your description.*	**4.6.1 Impact and outcome measurement systems** Describe the impact and outcome measurement systems, including strengths and weaknesses, used to measure achievements of the program at impact and outcome level.
4.8.2. Avoiding parallel reporting To what extent do the monitoring and evaluation	**4.6.2 Impact and outcome measurement** (Table) a) Has impact and/or outcome data been collected in

('M&E') arrangements in this proposal *(at the PR, Sub-Recipient, and community implementation levels)* use existing reporting frameworks and systems (including reporting channels and cycles, and/or indicator selection)?	the last 2 years? b) What was the source(s) of the measurement? c) It is important to guarantee that there are systems in place to measure all impact and outcome indicators in the performance framework. In order to do this, fill in the table below, fully describing all planned surveys, surveillance activities and routine data collection in country used to measure impact and outcome indicators relevant to the proposal. Add rows as needed. (Columns include: Data Source, Funding, Years of Implementation, Impact/Outcome Indicators relevant to the proposal to be measured by data source)
4.8.3. Strengthening monitoring and evaluation systems What improvements to the M&E systems in the country (including those of the Principal Recipients and Sub-Recipients) are included in this proposal to overcome gaps and/or strengthen reporting into the national impact measurement systems framework? *_ The Global Fund recommends that 5% to 10% of a proposal's total budget is allocated to M&E activities, in order to strengthen existing M&E systems.*	**4.6.3 Links with the National M&E System** (a) Describe how the monitoring and evaluation (M&E) arrangements in the proposal (at the Principal Recipient, Sub-recipient, and other levels) use existing national indicators, data collection tools and reporting systems including reporting channels and cycles. (b) Are all of the M&E arrangements planned for the proposal using the national M&E system? (c) If no, explain why not and list any service delivery areas (SDAs) and/or activities that will not be monitored through the national M&E system.
	4.6.4 Strengthening monitoring and evaluation systems (a) Has a multi-stakeholder national M&E assessment been recently conducted (in last 2 years)? (b) If yes, has a costed M&E action plan been developed or updated to include identified M&E strengthening measures? (c) Describe whether the proposal is requesting funding for any M&E strengthening measures. These strengthening measures may have been identified through a national M&E assessment or any other relevant evaluation or review process.

- ***Global Fund M&E guidance***

It should be noted that the introduction to Global Fund M&E microsite on the Global Fund public website states the importance of strengthening national M&E systems:

> "Investing in strengthening a national monitoring and evaluation system is important as it will eventually save resources that may otherwise be spent in inefficient programs or overlapping activities supported by different partners." [http://www.theglobalfund.org/en/me/; accessed 26 June 2012]

Global Fund Monitoring and Evaluation Toolkit. Through the M&E Toolkit, the Global Fund's main guidance document on M&E for applicants, proposal developers are provided with guidance on target-setting and indicator selection. The fourth edition of the M&E Toolkit is explicit in its reference to alignment and harmonization with national M&E systems as well as to using standardized indicators based on global standards. Specific guidance is provided for the *M&E plan* associated with the grant, and specifics about what the M&E plan should entail are also clearly described. This updated version –among other specified sections, includes more guidance on "M&E systems" including (a) guidance on M&E assessments and monitoring the implementation of an M&E plan (M&E of M&E); and, (b) greater emphasis and guidance on data quality assessments, including routine data quality assessments.

Part 1 of the Toolkit also includes a section on "Advancing the M&E agenda" which provides a snapshot of where M&E systems are today and a general road map for strengthening these systems to provide more useful data in the future. This section includes a framework for national M&E system-strengthening (referred to as the "M&E systems strengthening cycle"). The Toolkit provides suggested reference materials, resources and an overview of the components of robust M&E systems. The addition of M&E of M&E is an important one. We discuss the strategic vision and agenda for M&E in more detail under **Question 1.4** below.

The section on the *Performance Framework* which –as discussed in the introduction above, is legally-binding and provides the basis of performance-based disbursements, provides further details on setting targets and selecting indicators.

For target-setting, the Global Fund advises that targets should be drawn from national strategies and associated M&E plans in line with the national disease control strategy. Ideally, these should be linked to a comprehensive and up-to-date analysis of the epidemiological situation, including size estimates of population sub-groups considered to be most at risks. The Toolkit also mentions three key steps for good target-setting and for distinguishing between targets to which the Global Fund contributes and those that are linked to Global Fund support only.

When selecting indicators for the PF, the guidance recommends to review the national M&E plan and align indicators in the PF with the indicators for which data are already being collected by the national M&E system and –to the extent possible, harmonize indicators with the standard lists recommended by technical partners, as outlined in other (disease-specific and HSS) parts of the Toolkit. A few other parameters to take into consideration about internal consistency with objectives and service delivery areas and the relative weight of indicators are provided. An important point is made about having adequate systems in place to collect and report high-quality data for all indicators included in the PF.

Interestingly, there is no reference here to using "SMART" objectives[12] to push for as much specificity as possible and to link performance indicators more easily. Separate work conducted by the evaluation team members on the appropriateness of Global Fund grant targets[13] found

[12]Objective—a statement of a desired program/intervention result that meets the criteria of being Specific, Measurable, Achievable, Realistic, and Time-phased (SMART). Included in various *Glossaries of M&E Terms* from organizations such as the Organisation for Economic Co-operation and Development (OECD) (2002); the US Centers for Disease Control and Prevention (2003); UNAIDS (2009).

[13] Peersman G, Plowman B, Morales I (2012). Review of the indicators selection and appropriateness of target-setting in relation to the budget in Global Fund grants. Review Report, April 2012.

that of 75 objectives across a sample of 17 grants, only 13 included *measurable* objectives; these were all found in four malaria grants from the sub-Saharan Africa region. Notable was the common occurrence of an objective without a corresponding SDA, a situation found in six of the 17 grants examined. Without an SDA, an objective would have no associated indicators or targets and therefore no apparent means of gauging progress. The authors' review also found little attention to objectives and/or SDAs in the TRP comments. Of the 17 grants, there were eight instances where the TRP made any comment on indicators, targets or PFs. It was found that with grants which had vaguely worded objectives, the TRP either did not comment or even lauded these poorly-phrased objectives (e.g., TRP comment on THA-809-G13-T: "the objectives and SDAs are well developed"; TRP comment for ZIM-809-G12-T: "clear objectives").
We will discuss the effectiveness of Global Fund review procedures in the context of this evaluation under Evaluation Domain 3 below.

Of note is the M&E Toolkit section on "Program reviews, evaluations and implementation research[14]" [p.31-34]. While the increased focus on evaluation is welcome and one of the underlying principles is 'to ensure independence' from the country process, independence from the Global Fund Secretariat does not seem to be a criterion. With more pro-active engagement of the Secretariat –but even under the 'old' funding model where the functioning of the Secretariat influences a country's program, independence from 'any' Global Fund-related entity should be an important consideration in the development of the new Global Fund Evaluation Strategy 2012-2016. The Toolkit also states:

> "Where possible, the program evaluations will build on program reviews already planned by countries and partner institutions." [2012: 34]

Again, it should be stressed that –given Global Fund money contributes to national disease programs together with a range of other funding sources, this should be a paramount consideration, rather than a tentative 'where possible".

Overall, it can be concluded that, the M&E Toolkit and other guidance for targets, but especially for indicators, has improved over time as evidenced from comparing different versions. This is also the case for the stronger emphasis placed on national M&E system-strengthening. However, specific examples reflecting on-the-ground realities in countries to support shared learning are not included. By now, one could expect the Global Fund Secretariat to have a wealth of data and other information that can be analyzed to that effect.

- ***Global Fund Operational Guidance documents***

<u>The Global Fund Operations Policy Manual.</u> The Operational Policy Manual[15] was developed to assist Global Fund Secretariat staff in providing guidance on Global Fund policies and processes relating to grant management. The Operational Policy Notes (OPNs) and Information Notes (INs) contained in the Manual are based on policies approved by the Global Fund Board and operational procedures developed by the Secretariat. OPNs and INs are updated, as necessary, to reflect changes in grant management policies and approaches.

[14] Implementation research is the same as operational research
[15] The Global Fund Operations Policy Manual. Date of Issue 19 July 2012.

The following specific OPNs were the most pertinent to this evaluation:

(1) OPN on changes to scope and/or scale of a Performance Framework in an approved proposal and/or a signed Grant Agreement [2012:207-211]

According to the Operations Policy Manual, the targets in a PF should not be reduced after Board approval. However, there are circumstances in which a change to the scope and/or scale of a PF is allowed. Illustrative reasons for such changes include new scientific evidence, changes in the epidemiological profile of the disease, major fluctuations in the price of goods/services, performance-based funding review during grant renewals or the value for money review during grant signing.

Changes to the scope and/or scale of a PF that affect the achievement of goals, objectives or key SDAs or shift the balance of program activities are considered as material changes. All materials changes should be referred to the TRP. Non-material changes do not require TRP review.

The Manual further stipulates that material changes apply if a reduction of more than 20% to the targets for any output indicator (i.e. measuring number of people reached by a service) is sought *if that change implies a significant departure from the goals and objectives of the approved proposal(s)* [emphasis added]. In addition, material change procedures apply to any increase of more than 100% to targets (again for output indicators that measure the number of people reached by a service) if the change implies a significant departure from the goals and objectives of the approved proposal(s).

We will discuss PR and SR feedback on the understanding and operationalization of this specific guidance under Evaluation Domain 3 below.

(2) OPN on M&E systems strengthening and data quality [2012:194-201]

This OPN dates from 20 Sept 2011 and its purpose is to define the Global Fund M&E requirements; and, to outline the Global Fund mechanisms for mitigating M&E risks (such as data quality) and to strengthening M&E systems at country level. The OPN starts with three policies and principles which include an explicit reference to M&E processes in the grant management cycle to be fully aligned to the country's M&E system and processes; and, to a requirement for collaboration with a range of partners to strengthen country M&E systems, at each of the global, regional and local levels. These clearly set the tone for how grant M&E should be approached.

The OPN refers to the grant M&E plan as 'generally being a national M&E plan'. In case the national M&E plan does not include sufficient detail for Global Fund purposes, then an annex or separate document should be provided but these still need to be consistent with the National M&E Plan. In case there is no national M&E plan and the process of its development will take longer than the grant negotiation period, a provisional document should be developed but later updated or replaced with a national M&E plan. Hence, country ownership and a focus on the national M&E system cannot be mistaken.

The OPN also addresses the OSDV and DQA procedures as well as identification and follow-up actions (which may include M&E Conditions Precedent and Special Conditions depending on the severity of risk) of M&E capacity gaps.

Newer elements are also addressed such as the M&E System Country Profile to comprehensively review the capacity of the national M&E system, PR M&E processes and alignment with national systems, and follow-up on progress on M&E system strengthening. Depending on the effectiveness of the roll-out of this procedure, it may provide a way to systematically track the results from M&E investments in country M&E systems. The link –if any, with the 'recommended' M&E self-assessment and the regularity of updating are, however, not entirely clear from this OPN.

Program Review and Evaluation by the country/PR are intended to be 'ideally' part of an existing country-led review processes and should be budgeted from the grant (in addition to other funding sources). The Secretariat is supposed to approve these studies and provide quality control. The OPN does not address how 'independence' can be preserved and given the grant provides the funding and the Secretariat is intended to have the final say, the proposed procedure may constitute a conflict of interest.

The OPN also states recommended M&E budget levels of 5-10% of the program budget which may be exceeded in cases of M&E system strengthening proposals or support for specific studies, surveys, or reviews/evaluations to measure the outcome/impact of the disease control or HSS investments are requested, or when there is evidence of extremely weak M&E system that requires funding for strengthening. The OPN only deals with the 'general' M&E budget guide and what should be done in case do an M&E funding gap during grant implementation (see Evaluation Domain 2 for more specifics on the Budget Guidelines).

As with other M&E guidance provided, this OPN is clear on the intent of harmonization and the opportunities for country M&E system strengthening.

(3) OPN on Costed Technical Assistance Plans [2012: 158-166]

Beginning in Round 10, countries are encouraged to include a Costed Technical Assistance (TA) Plan in the grant proposal. In exceptional cases, the Costed TA Plan may be submitted after grant signing, up to one year from the grant start date. The OPN defines TA as:

> "is defined as knowledge transfer or capacity-building through the provision of human resources (national, regional and international experts and/or consultants) and other resources that might be required to improve strategic planning and implementation of programs, reinforce implementer's management capacity, and/or address specific technical or systems gaps. TA activities should be aimed at strengthening grant management systems and/or building capacities of implementers to ensure more efficient and effective grant implementation." [2012:158]

TA is aimed at strengthening grant management systems and/or building capacities of implementers mainly through consultancies, trainings, and related activities in the area of – among others, "Monitoring, Evaluation and Implementation Research". At the proposal stage,

applicants are recommended to include a TA budget amount that is within 3-5% of the total proposal budget. The OPN states that:

> "This range is indicative and the percentage must be based on the actual program needs and grant context." [2012:159]

For trainings, an extract of training activities that aim to build capacities of implementers with relevant costing from the Work Plan and Budget should be included. It should be noted that training activities are to be detailed in a Training Plan which is required by the Global Fund (guidance on the Training Plan is part of the Training Module of the Budgeting Guidelines) and attached to the Costed TA Plan.

Hence, the importance of this OPN is that it clearly defines M&E as a technical area where an important part of the overall proposal budget can be dedicated to needed TA.

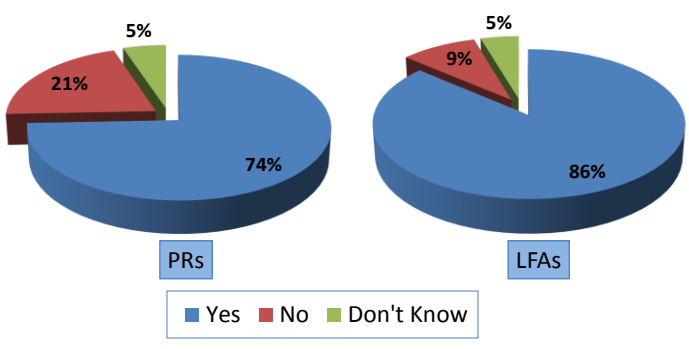
Important note

Several of documents discussed above are fairly recent (e.g., Round 10 onwards; newly released in 2011 or 2012) and thus, had the benefit of M&E experience gained over time. Other documents have been revised several times over the years (e.g., M&E Toolkit) and the current version generally reflects improved emphasis and clarity on M&E matters based on feedback from partners and countries. Many PRs and SRs interviewed for this evaluation have been on the receiving end of earlier versions of Global Fund documents or have felt the need for additional guidance which has only recently been provided. Thus, their feedback –as presented below, may reflect these different situations.

1.1(b) Are Global Fund guidelines and communications sufficiently clear for local application?

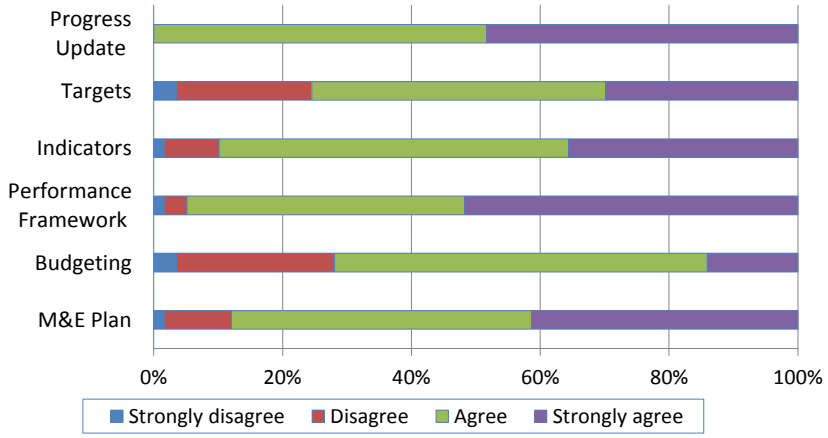
Based on key informant interviews and survey responses, respondents were fairly consistent in their opinions on the clarity of Global Fund guidelines and communications for local application. As seen in **Figure 2**, the majority of respondents to the on-line survey were of the opinion that guidelines and communications were clear for local application (i.e., 74% of PR respondents and 86% of LFA respondents). The responses did not differ by country type (i.e., countries with "stronger" versus countries with "weaker" M&E systems). LFA respondents were further asked if Global Fund guidelines and communications were clear on strengthening of existing country M&E systems. A majority of LFAs responded yes (77%), while 18% responded no and 5% did not know.

Figure 2. On-line survey respondents: *"In your opinion, are Global Fund guidelines and communications clear on alignment with existing country M&E systems?"*



With regard to specific types of guidelines, survey respondents provided a more nuanced assessment (**Figure 3**). For guidelines on Progress Updates and Performance Frameworks, respondents (LFA and PR together) were in near unanimous agreement on their clarity for use. In contrast, one of every four respondent disagreed with the statement that guidelines on budgeting for M&E and selected targets were sufficiently clear for local application. These survey responses are consistent with interviews conducted as part of the country case studies. In terms of the Budgeting Guidelines, several key informants pointed to the lack of clarity in budgeting M&E as a Service Delivery Area (SDA) versus M&E as a budget line item. Some of the Secretariat staff interviewed, reported that countries were not clear what to report in the M&E budget because of the lack of specificity in the Budget Guidelines. Different approaches to M&E budgeting are discussed further under Evaluation Domain 2 below.

Figure 3. On-line survey respondents:
"Are Global Fund guidelines and communications adequately clear for use by applicants and Principal Recipients?



Notes: The question for PR respondents was worded as "Are Global Fund guidelines and communication adequately clear for your use as Principal Recipient?" A very small number of "no opinion" responses are excluded from this figure.

Key informants in the country case studies provided the following feedback:

Zimbabwe:

- All entities supported by the Global Fund were fully aware of the grant Performance Framework (PF) and were actively involved in quarterly reporting. Inconsistencies regarding the interpretation of some of the indicator definitions occurred but were resolved over time with capacity-building from the PR. The PR indicated that the PF facilitates tracking of key procurement and program progress, but does not –in itself, allow for full management of the Global-Fund supported program. Among some implementers and technical partners, there was stark criticism of the PF which was seen as disconnected from activities on the ground. Examples were provided where there was little or no linkage between the targets set for a program area and resources available for that target (e.g., behavior change communication for malaria programs). Numerous complaints were heard about reduction in budgets accompanied by an explicit message that targets must remain the same. To many experienced programmers, this defies the entire logic underlying a results framework (e.g., "*how can they say that the inputs have changed but not the targets*?").

- Some M&E officers within the MOHCW used the Global Fund M&E Toolkit as training material at sub-national level (e.g., "*we tried to make copies for each province for capacity-building"*). They felt that the Toolkit had a use beyond its technical content by making M&E much more visible and appreciated (e.g., "*the Toolkit doesn't bring something different, as the same guidance can be found in results-based management and WHO materials, but brings something more in that M&E becomes much more visible product"*). However, not all Sub-Recipients (SR) and Sub-Sub-Recipients (SSR) were aware of M&E Toolkit. When the content of the Toolkit was described, some indicated a keen interest to receive the document as they felt generally isolated from access to new developments in global M&E guidelines and standards to support their own professional development.

Viet Nam:

- PR and SRs suggested that more specific guidance from the Global Fund Secretariat would help the target-setting process for the grant –especially given the importance of 'realistic' targets in the performance-based funding mechanism.

- Key informants from CSOs commented on the lack of specificity in the Global Fund Performance Framework and M&E Toolkit in relation to, for example, what is considered a civil society organization (CSO) and what constitutes a community-based organization (CBO) (these are very different organizations within the Viet Nam context). Greater emphasis on what it takes to set up new CBOs and how best to initiate and maintain M&E functions – especially in a context of low overall capacity, high organizational instability (especially in self-help and grassroots groups and networks) and high staff turn-over, should also be explicitly addressed in Global Fund guidance.

- CSOs also pointed out that Global Fund policies and guidelines do not sufficiently emphasize the centrality of meaningful engagement of affected communities in an effective HIV response and in a fully functioning M&E system. Identifying PLHIV views on what constitutes success and involving them in participatory M&E and capacity-building around data use for advocacy and accountability of government and donor programs are some examples of what needs to be addressed more thoroughly in Global Fund guidance.

- M&E guidance for CSO/CBO would benefit from standardization of commonly used care and support indicators and what can be learned from similar situations in other countries including effective M&E capacity-building approaches (such as mentoring and coaching as well as formal M&E trainings).

- Another area that can be improved in Global Fund guidance according to civil society SR and SSRs, is increased clarity about the level of flexibility and the process for requesting changes in Global Fund targets or specific activities planned, based on genuine challenges encountered in field implementation or increased activity costs. More specific guidance on M&E budgets was requested; the Secretariat's advice on allotting 7% of the overall program budget to M&E was very much seen by the SR and SSRs as a 'regulation' rather than a guide, and in their case, led to M&E being severely under-budgeted as new systems had to be set up (see further discussion under Evaluation Domain 3).

- The LFA noted that the ability to add comments to the Global Fund Performance Framework has been beneficial in creating a shared understanding between different Global Fund entities (i.e., Secretariat, LFA, PR, SR) of both local context and program progress.

- The LFA indicated that OSDV procedures of the grant-supported HIV projects –because of their size and complexity, have also included interviews with beneficiaries. While OSDV is necessarily focused on data quality issues, the Global Fund Secretariat may consider further expanding OSDV and take full advantage of the inclusion of beneficiary feedback to include a basic assessment of service accessibility and quality.

Liberia:

- Key informants felt that the M&E materials available on the Global Fund website were very good and constituted a "best practice". However, more guidance and clarification was requested on issues including proposal review and feedback and value for money arguments.

- Direct contact with the M&E Unit at the Secretariat was appreciated without first going through the LFA or Fund Portfolio Manager. These communications were appreciated and noted for their willingness to share assumptions on targets and to adjust targets. An example provided came from the consolidations of Round 7 and 10 TB grants into a single stream of funding. Based on a desk review, the Principal Recipient sought to reduce an impact indicator target prior to grant signing. The rationale provided was supported by the WHO country office and notated in the Performance Framework as follows: "*The total estimated number of cases is for 2015 is 127,000 of which these targets represent a case notification rate of 92%. These targets differ from Round 7 and proposal due to revised calculation on the number of cases estimated to be notified versus the total number of estimated cases (assuming 100% case detection*)."

- Respondents complained that tools and guidelines changed too frequently and that they found it difficult to keep up with the changes.

1.2 To what extent are funding, use and strengthening of country M&E systems part of the mandate of the Global Fund?

There is a clear mandate for funding, use and strengthening of country M&E systems.
As noted above, both the "Framework Document for the Global Fund" and the "Global Fund Strategy 2012-2016: Investing for Impact "underscore the deliberate intent of the Global Fund to use existing country systems and the willingness of the Global Fund to invest in them.

The extent to which country M&E systems are supposed to be used is indicated in these documents through stating that only in exceptional cases –where M&E risk is high, parallel systems can be established. The credibility of Global Fund performance based funding relies on the availability of good quality data, hence, the need to ensure that the grant-related M&E system can provide these.

The opportunity for requesting funding for strengthening country M&E systems is also clearly noted in these strategy documents and further specified –to some extent, in technical and operational guidance as discussed above. Guidance on the total amount of funding requests for M&E in general (i.e., not system-strengthening per se) is expressed as a percentage of the total proposal amount. This percentage has changed somewhat over time (i.e., in earlier guidance it was up to 7%; in current guidance it is 5-10%). The costed TA Plan can add to this (3-5% of the total proposal amount for all –not just M&E TA including training) although the relationship between the M&E budget and the TA budget is not clear (i.e., should be non-duplicative but it is unclear to what extent 'additional' M&E monies can be obtained through the TA Plan). It is interesting to note that the percentage budget for the TA Plan is clearly labeled as 'indicative'. This is not the case for the percentage M&E budget. In most recent guidance documents, there is explicit mention of queries or conditions related to going below the lower limit or going above the upper limit.

1.3 How do funding, use and strengthening of country M&E systems reflect Global Fund policies and guidelines?

This question is extensively addressed –with several examples, under the Evaluation Domains 2, 3 and 4 below.

1.4 What is the strategic vision of the Global Fund for country M&E system-strengthening in the next 5 years? How will this strategic vision be implemented?

In terms of country M&E system-strengthening, the new "Global Fund Strategy 2012-2016: Investing for Impact" re-confirms the principles of country ownership, harmonization and alignment. The need for a systems approach and increased alignment in HSS support and for continued collaboration with other donor agencies and international organizations is acknowledged (see specific quotes under question 1.1(a) above).

The most significant changes are in the ways of doing business as exemplified by each of the five strategic objectives: (1) invest more strategically…; (2) evolve the funding model…; (3) actively support grant implementation success…; (4) promote and protect human rights…; and, (5) sustains the gains… Specifically, the Global Fund will:

> "…improve the funding process to become more flexible, iterative and better-informed. The Secretariat will move from being passive to proactive, and get more engaged in a dialogue with countries and partners on ensuring funding maximizes impact, and value for money while identifying and mitigating risk. [2012:13]

Clauses relating to the M&E system-strengthening are linked to strategic objectives "(1)" and "(3)". In essence, we would argue that all of these strategic objectives should be reflected in how the Global Fund supports country M&E system-strengthening. There should also be a very explicit link of M&E at all levels (i.e., Secretariat, grant programs, national systems) to the Global Fund's move towards being a true "learning organization" [p. 9]. No explicit mention was made about this necessary link. In addition, more formalized partnerships between technical agencies and a "more pro-active and better informed" Secretariat will be crucial in the new way of doing business as the top Guiding Principle is still "being a financing instrument' [2012:5] (i.e., the Global Fund does not portray itself as a technical agency). We look towards all of these issues being addressed in the transformation of the Global Fund.

The most recent M&E Toolkit (version 4) provides an agenda for M&E in the next five years (**Table 6**). There do not seem to be any 'bold' changes in the M&E approach. Several highlights do emerge however. The agenda appropriately flags private sector and civil society data as needing to be integrated into a single national system and notes a paucity of tools for community-level monitoring. Perhaps most notable is the emphasis on support for country vital registration systems and willingness to support household surveys. While 'generating strategic information' is included, the agenda does not stress the need for data use support and does not 'operationalize' the Global Fund as a 'learning organization'. While there are references to using operational research and program evaluations, these in themselves do not constitute a 'learning organization'.

Table 6. The M&E agenda for the next five years [Global Fund M&E Toolkit, 4th edition, 2012:11]

Area	M&E current status	Agenda over next five years
Strengthen routine data monitoring (health facility-based and community-based)	Existing data collection systems do not always include data from the public sector, private sector and civil society; health management information system (HMIS) is often dysfunctional and not adequately integrating disease programs. Information generated by programs at the community level is still poor and incomplete.	A high percentage of data collected from the private sector and civil society and communities are integrated into the national reporting, which will provide a comprehensive view of the sector's performance. Capacity is built into integrated HMIS. A set of indicators, tools and the M&E system are adapted to monitor and evaluate community-level service delivery.
Improve data quality	Data quality framework at country level is still weak. Attempts to check inconsistencies in data collection and reporting remain ad hoc.	Agreed data quality framework included in the M&E plan with regular monitoring and supervision. Expand on-site data verification and data quality audits to support continued data quality improvement.

Measure the quality of services delivered	Measurement of the quality of services or use of data for program quality management at all levels is often not embedded in program management	A set of indicators and tools to monitor the quality of service delivery at all levels is defined and systematically implemented.
Monitor service delivery among key populations and by sex	Data for key populations are often not fed back into the program and used for planning and decision-making. Reliable population size estimates are often not available. Addressing gender is limited to disaggregating data and indicators by sex.	Strategic information from programs is generated by identifying (1) the risks associated with disease transmission, (2) inequities in health and (3) the populations most at risk (including gender considerations). Strategic information is used at all levels for program planning, resource allocation and improved monitoring.
Further fund and strengthen vital registration systems	In many countries, vital registration systems are not complete enough to accurately monitor overall and cause-specific mortality.	The vital registration system is improved using domestic resources as well as resources allocated through partners and the Global Fund, so that reliable vital statistics can be produced in each country.
Strategically invest in population-based surveys	Overlap and duplication exist in the surveys implemented. Too much information is collected that is not subsequently used for decision-making.	Surveys are implemented cost-efficiently through good planning, design and coordination. Surveys respond to program and donor needs by providing reliable data and trends for evidence-based decision-making. Increased investments from donors in surveys that measure incidence and prevalence.
Generate strategic information	There is lack of appropriate tools and mechanisms to collect and store core data. There is a lack of analytical capacity at the country level to generate strategic information to address challenges and improve program implementation.	Modern and innovative solutions are implemented to collect, archive and retrieve data. Capacity is strengthened to analyze, interpret and use program data for informed decision-making. An annual review process is institutionalized with a high level of participation from stakeholders.
Fund and implement evaluations	Focus is on monitoring and reliance on routine system and quantitative data. Evaluation function is weak and uncoordinated; conducting evaluations remains ad-hoc.	Periodic evaluations are conducted to complement existing information, in particular for assessing the program impact and outcome and specific areas such as gender, equity, quality of services, and ability of interventions to reach key populations.
Gradually introduce operations research	Focus is monitoring and reliance on routine system and quantitative data.	Periodic research activities to respond to program implementation questions.

M&E of M&E	Many countries have an M&E plan, but it is not always implemented. Implementation is not followed up routinely or the resources needed are not allocated.	Regular M&E system assessment is used to identify priorities for strengthening the M&E system and to allocate resources efficiently. Implementation of M&E plan and costed work plan is followed up as part of the program review process.

Key Findings and Recommendations

KEY FINDINGS

- Global Fund strategy and operational policy documents explicitly state the Global Fund's intent to use existing country M&E systems for grant-related M&E –the need to set up a parallel system to comply with Global Fund M&E requirements is noted as 'exceptional'.
- Strategy and operational policy documents provide a mandate for using Global Fund money to strengthen country M&E systems where needed.
- Funding requests need to adhere to specific requirements for national/grant M&E plans, and plans for training and technical assistance including for M&E. These requirements have been only recently introduced and/or more clearly specified.
- While M&E guidance is consistent with the strategies, emphasis on and specificity about national M&E systems has only recently improved. There is also greater emphasis on M&E alignment in recent proposal forms.
- The majority of M&E experts from PRs, SRs and LFAs indicated that Global Fund M&E-related policies and guidelines are sufficiently clear, but there is need for better guidance on M&E budgeting and on aspects of community-based M&E.
- The Global Fund strategic vision and M&E agenda for the next five years continue to endorse the principles of M&E alignment and strengthening of country M&E systems. The Secretariat's M&E agenda is ambitious but does not address how Global Fund M&E will explicitly support and advance the intent of the Global Fund to move further towards being a 'learning organization'.

RECOMMENDATIONS

- The Global Fund Secretariat should continue to improve the specificity of M&E guidance based on country needs and experiences. This should be done through collaboration with existing M&E Reference Groups and technical partners. Rather than revising full guidance documents, technical addenda should be considered to allow for a more focused and timely response to identified needs.
- To bridge the gap between M&E guidance and practice, the Global Fund Board and Secretariat need to explicitly define and operationalize the role of M&E as a tool for learning at all levels of the organization and within grants.

Domain 2: Global Fund financing for country M&E systems

Evaluation Focus and Questions

The focus of the second Evaluation Domain addressed Global Fund financing for country M&E systems and sought to assess the relative value of the investment, methods used to determine M&E budgets and to track expenses in Global Fund grants, and to characterize the expenses in M&E system-strengthening. The specific evaluation questions included:

- What are the methods used for determining M&E budgets in Global Fund grants?
- What is the budget amount dedicated by the Global Fund to funding country M&E systems?
- What specific use is made of those funds? How much of the funding is used for monitoring versus evaluation?
- What are the methods used for tracking M&E expenses in Global Fund grants?[16]
- Are other development organizations funding country M&E systems?

Evidence Base

For Evaluation Domain 2, an important element of the evidence base was a structured review of grant materials including original proposals, grant agreements, implementation letters, disbursement requests and performance reports. For the sampled grants, key variables pertaining to M&E were extracted from summary and detailed budgets and expenditure reports and then tabulated and analyzed. Using both open- and close-ended questions, the on-line survey also provided insight on the opinions of PRs and LFAs on budgeting practices and use of the Global Fund resources for M&E systems strengthening. Finally, key informant interviews were conducted with Global Fund Secretariat staff and global partners during the inception visit in Geneva as well as with stakeholders in the three case study countries.

Findings

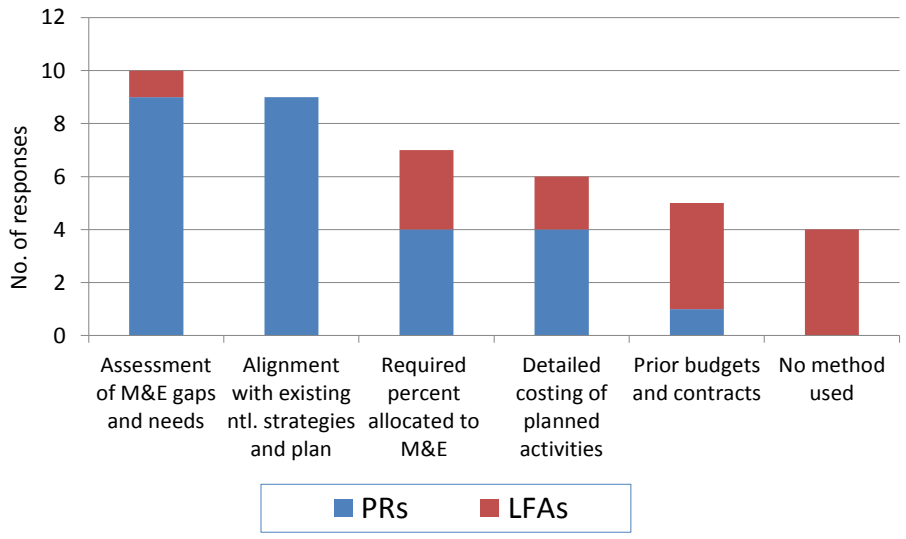
1. What are the methods used for determining M&E budgets in Global Fund grants?

In response to an open-ended question, on-line survey respondents provided a variety of perspectives on the methods used to determine M&E budgets. Of those surveyed, 33 PR respondents and 18 LFA respondents provided written responses to this question. There appear to be some divergent opinions on budgeting methods by group (**Figure 4**). PRs were more likely to cite the use of different analyses and assessments (e.g., MEEST) and aligning budgets with the existing national strategies and plans. In contrast, LFAs were more likely to describe a reliance on prior budgets and contracts as a guide for determining M&E budgets. Several LFA respondents felt that no specific method was utilized in budgeting and characterized the process as "ad hoc". In the words of one respondent: "*There is no clearly defined method to determine*

[16] Although this was an intended question in the evaluation framework, the evaluation team did not address this in a substantive manner as M&E expenses are tracked in exactly the same manner as any other expense using uniform LFA procedures.

M&E budgets. Budgets are ad hoc and therefore do not reflect the M&E system-strengthening requirements". A number of respondents from both PRs and LFAs described a process of detailed costing of planned activities. Similarly, respondents from both groups simply cited the Global Fund general guidelines that 5-10% of the program budget be devoted to M&E as the determining factor without specification of any actual method[17].

Figure 4. On-line survey respondents: *"What methods are used to determine M&E budgets in Global Fund grants?"*



LFA survey respondents were also asked about the challenges that they encounter in assessing the adequacy of M&E budgets. Their responses uniformly pointed to two factors: a lack of clarity and inadequate detail in the identification of M&E activities and lack of systematic assessments (e.g., MEEST) and well-defined M&E Plans. In the countries visited, Program Managers and M&E Officers cited difficulties with getting M&E included in the proposal budgets. Difficulties clearly arose with the cross-cutting nature of M&E. In one case, an HIV/AIDS Program Manager fought to have a percent set-aide for M&E to be programmed according to gaps. Instead, M&E was "piggy-backed" in small increments onto each activity with the sum aggregated from these small, activity-specific items. Others reported that M&E experts are brought in at the end of the proposal development process after major decisions have been made and therefore have limited input into budgets.

2.2 What is the budget amount dedicated by the Global Fund to funding country M&E systems?

[17] It is interesting to note that respondents had varying knowledge about the guidance. Of those respondents who referred to the percentage guidance, several correctly cited 5-10% while others mentioned the following: "up to 7%", "7 -10%", "no less than 5-10%", "5-7%", "5-12%; and "5%".

In those cases where M&E is included in a grant proposal as a SDA, the Global Fund guidance on the 5%-10% budgetary allocation to M&E appeared to be largely achieved. As evidenced in **Table 7**, proposal budgets typically devoted 8.1% of the total program budget request to M&E activities when structured as a SDA. In contrast, the more narrowly-defined M&E cost category averaged only 3.7% of the total program budget. **Annex J** includes a more detailed description of these allocations by country proposal.

Table 7. Percent of total proposal budget allocated to M&E as cost category and as Service Delivery Area

		Cost category (%/n)	Service Delivery Area (%/n)
By round	Round 7	6.2 (11)	8.0 (12)
	Round 8	4.2 (18)	8.9 (12)
	Round 9	6.6 (15)	8.7 (11)
By component	HIV/AIDS	3.6 (13)	3.7 (9)
	Malaria	5.9 (14)	10.9 (11)
	TB	8.2 (13)	6.3 (11)
	HSS	1.6 (4)	18.9 (4)
By country M&E system	"Stronger" systems	5.6 (14)	10.5 (12)
	"Weaker" systems	5.0 (30)	7.5 (23)
	Average	3.7 (44)	8.1 (35)

There were no clear trends in the M&E budget percentages by grant round. By component, HIV/AIDS proposals had notably smaller budgetary allocation to M&E both as a cost category and as a SDA. Original proposals from the sampled malaria grants had the highest allocations to M&E system development with 10.9% of proposed budgets targeted to this area. Health systems strengthening (HSS) proposals had quite low M&E allocations (1.6%) for the cost category and robust proposed investments (18.9%) in M&E as a SDA. Finally, categorization by strength of national M&E system found that both countries with "weaker" and countries with "stronger" M&E systems had similar levels of proposed investments in M&E expressed as a cost category (5.0% and 5.6%, respectively).

The evaluation team examined a dataset provided by the Global Fund Secretariat in which all M&E-related SDAs from Round 8 through Round 10 were categorized with requested budgets[18]. These data allowed examined of funding requests for M&E systems strengthening in absolute dollar figures[19]. Over these three proposal rounds, US$ 1.511 billion was requested for M&E system-strengthening. Of that amount, 49% (or US$ 735 million) was requested for HIV/AIDS inclusive of components labeled "HIV for most-at-risk populations" and "HIV cross-cutting/HSS". Comparable figures for TB M&E system-strengthening inclusive of a TB cross-cutting/HSS component were US$ 433 million, representing 29% of the total. Malaria M&E components including malaria cross-cutting/HSS, accounted for 23% of the total proposal M&E budgets or US$ 342 million.

[18] These SDAs are drawn from all proposals submitted including those that were screened as ineligible and those that eventually received TRP non-approval recommendations (i.e., categories 3 and 4).

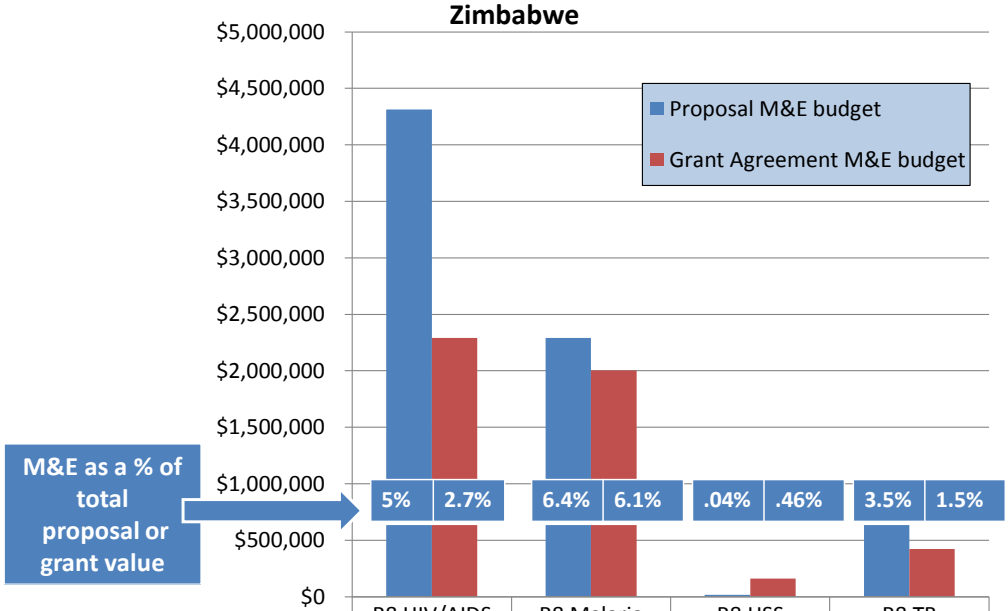
[19] Proposals were submitted with budgets in both US$ and Euro. To facilitate comparisons, the evaluators converted Euro to US$ using current exchange rates.

In the Global Fund grant management process, TRP recommendations and Board approval are followed by a period of grant negotiation. These negotiations include LFA assessments of the capacity of the nominated PR and the robustness of the national M&E system. The resulting Grant Agreement represents a legally-binding agreement which defines detailed budgets and work plans for the first two years of the funded program (i.e., Phase 1) as well as a Performance Framework which specifies performance measures, data sources and targets. During grant negotiation, it is common that the budget requested in the proposal is reduced.

The evaluation team examined the effects of the negotiation process on M&E requested budgets both as a cost category and as a SDA. In order to do so, the evaluation team required access to Grant Agreements which were available for some, but not all, of the sampled grants. This form of assessment is also complicated by the fact that a single proposal submitted for a specific component may result in multiple grants, each with specific M&E activities and associated costs. In some cases, grants were consolidated in subsequent rounds, rendering the assessment impossible to conduct; such grants were removed from the analysis presented here. In **Table 8**, the transformation in M&E budgets is presented for both scenarios - both single grants and multiple grants.

As an illustration, the four Round 8 grants for Zimbabwe are depicted in **Figure 5** with indication of the change in M&E budgets between proposal and Grant Agreement in both absolute value (in US$) and as a percent of the total proposed or approved budget. We can see here that the HIV/AIDS proposed M&E budget was significantly reduced in dollar value as well as a percent of total grant value. In contrast, the malaria proposed budget was reduced only slightly. The HSS grant (which was included in the malaria proposal albeit with a clearly separate budget) is one of the few instances where the amount devoted to M&E increased during the negotiation. However, in percentage terms, both the proposal and approved grant budget are exceedingly small in proportion to the overall value (i.e., less than half of a percentage point).

Figure 5. Comparison of M&E budgets in original proposals and Grant Agreements expressed in absolute value ($) and as a percentage of total proposal or grant value, Zimbabwe



	R8 HIV/AIDS	R8 Malaria	R8 HSS	R8 TB
Proposal M&E budget	$4,311,830	$2,292,348	$15,000	$1,040,070
Grant Agreement M&E budget	$2,291,405	$2,004,378	$160,000	$423,544

As a summary measure, the evaluation team calculated the "net effect of negotiation" which represents the percentage difference between the monetary value of the proposal (first two years) and that of the resulting Grant Agreement. The net effect measure can be either a positive value (i.e., in cases where the Grant Agreement represents an increase in M&E budget in absolute terms compared to the original proposal) or negative (i.e., cases where the Grant Agreement M&E budget represents a reduction compared to the proposal budget). In the majority of cases reviewed, the net effect is a substantial reduction in M&E budget from proposal to approved grant budget. A few observations from **Table 8** include:

- In only one case (i.e., Mozambique Round 7 TB) is there no change made in the M&E budgeted amount from proposal to approved grant budget.
- In several cases, there is a significant increase in M&E budgets (as a cost category) from proposal to Grant Agreement – most notably the Round 7 TB grant in Timor Leste which increased almost seven fold.
- M&E cost categories had variable net effect (i.e., cases with both increases and decreases). However, budgets for M&E as a Service Delivery Area invariably decreased over the grant negotiation process.
- Approved grants budget do not consistently follow recommendations for 5-10% allocation to M&E.

A similar exercise was conducted for those cases in which multiple grants were generated from a single proposal (**Table 9**). These grants have more limited comparability than those presented in **Table 8** (i.e., the single proposal – single grant scenario). Nonetheless, because the sampled set of grants included a number of this type of grant, the team felt it important to examine this

issue to the fullest extent possible. Therefore, in **Table 9**, the approved M&E budget from each resulting grant is identified and then summed for comparison with the proposal. In most of these cases, the net effect was quite modest ranging from a 18% increase to an 11% decrease. An exception is the Round 8 HIV/AIDS proposal from Ghana and its resulting grants. In this case, a single proposal yielded four separate grants which taken together have M&E resources 7 times greater than originally proposed.

Based on available information, expenditure rates of the approved grant budgets were also examined. This aspect of the evaluation depended on the availability of Enhanced Financial Reports (EFRs) which were available for a limited number of grants only. In **Table 10**, M&E expenditures are tabulated for nine of the sampled grants. For M&E both as a cost category and as a Service Delivery Area, expenditures to date are compared to budgets to date. An expenditure rate is calculated based on these variables. For the majority of these grants, budget to date and expenditures to date refer to the first six quarters of the grant as an EFR is produced in preparation of the request for continued funding (i.e., Phase 2).

With a few exceptions, expenditure rates for M&E as a cost category exceeded 50% of all budgeted funds. The Global Fund Secretariat notated the reasons for variance from expected expenditures as part of the EFR. In some cases, those reasons were delays in activities supporting M&E (e.g., procurement of vehicles for M&E and completion of internet connectivity for regional DOTS centers). In other cases, M&E activities that were underway including relatively costly special studies and surveys did not yet appear as expenditures. Finally, in a small number of cases, expenditures were delayed due to more substantive reasons such as the need for further assessment of large-scale HIS requirements and grant-wide re-programming which included re-allocation of M&E funds to an External Quality Assurance function.

Table 8. Comparison of M&E budgets between original proposals and Grant Agreements for M&E as a cost category and M&E as Service Delivery Area

	Original Proposal budget (first two years)				Grant Agreement budget (Phase 1)				Net effect of negotiation process	
	M&E cost category		M&E SDA		M&E cost category		M&E SDA		M&E cost category	M&E SDA
	$	%	$	%	$	%	$	%		
MOZ-708-G07-T	$1,057,139	15.7%	$149,340	2.2%	$1,057,139	15.7%	--	--	0%	--
TMP-708-G04-T	$61,425	2.1%	$59,070	2.0%	$467,008	16.1%	$44,946	1.6%	660%	-24%
ZIM-809-G11-H	$4,311,830	5.0%	$2,929,163	3.4%	$2,291,405	2.7%	$1,074,919	1.3%	-47%	-63%
ZIM-809-G13-M	$2,292,348	6.4%	--	--	$2,004,378	6.1%	--	--	-13%	--
ZIM-809-G14-S	$15,000	0.04%	$3,278,306	8.6%	$160,000	0.46%	$1,391,106	4.0%	967%	-58%
ZIM-809-G12-T	$1,040,070	3.5%	$1,039,200	4.4%	$423,544	1.5%	$188,685	0.7%	-59%	-82%
AZE-910-G05-H	€ 1,003,240.00	8.5%	--	--	€ 122,718.00	2.4%	--	--	-88%	--
GYA-809-G05-S	$125,500	2.7%	$1,869,672	40.3%	$110,000	2.8%	$1,744,020	44.5%	-12%	-7%
MOL-809-G06-H	$72,100	0.84%	--	--	$161,630	2.3%	--	--	124%	--
UZB-809-G05-T	$1,159,466	8.3%	--	--	$392,442	3.2%	$446,870	3.7%	-66%	--

Table 9. Comparison of M&E budgets between original proposals and Grant Agreements for M&E as a cost category for multiple grants from a single proposal

	Original proposal budget (first two years)				Resulting Grants Grant Agreement budget				Net effect of negotiation process
Country	Round	Component	M&E cost category		Grant	M&E cost category		M&E budget summed across grants	
			($)	(%)		($)	(%)		
Congo (Democratic Republic)	8	Malaria	$ 5,077,678.00	3%	ZAR-810-G08-M	$146,618	0.41%	$5,988,681	18%
					ZAR-810-G07-M	$435,000	1.00%		
					ZAR-810-809-M	$5,407,063	21.6%		
Ethiopia	7	HIV/AIDS	$ 2,885,734.00	4%	ETH-708-G07-H	$630,250	7.0%	$3,210,868	11%
					ETH-708-G08-H	$2,400,394	5.7%		
					ETH-708-G09-H	$180,224	1.0%		
Ghana	8	HIV/AIDS	$ 735,000.00	1.4%	GHN-809-G09-H	$ 369,370.00	8%	$ 5,443,176	641%
					GHN-809-G10-H	$ 224,109.00	8%		
					GHN-809-G11-H	$ 1,777,406.00	6%		
					GHN-809-G12-H	$3,072,291.00	22.0%		
Pakistan	8	Tuberculosis	$ 534,192.00	5%	PKS-809-G09-T	$ 185,402.00	3%	$ 477,584	-11%
					PKS-809-G-10-T	$ 292,182.00	2%		

Table 10. Comparison of M&E expenditure rates for M&E as a cost category and M&E as Service Delivery Area

	Grant Agreement M&E budget		M&E Cost category			M&E Service Delivery Area			Overall grant expenditure rate	
Grant	M&E Cost category ($)	M&E SDA ($)	Budget to date	Expended to date	Expenditure Rate	Budget to date	Expended to date	Expenditure Rate	Overall grant expenditure rate	Quarters
ZAR-810-G08-M	$146,618		$ 124,837	$ 90,866	72.8%				78.2%	6
ETH-708-G08-H	$2,400,394		$ 630,372	$ 359,943	57.1%	$ 569,479	$ 142,484	25.0%	28.9%	8
GHN-809-G12-H	$3,072,291		$ 850,604	$ 763,341	89.7%	$594,453	$ 568,504	95.6%	87.0%	6
LBR-810-G07-H			$1,112,423	$ 625,336	56.2%				104.0%	4
MOZ-708-G07-T	$1,057,139		$1,057,139	0	0.0%				28.2%	8
PKS-809-G09-T	$185,402		$ 137,739	$ 7,644	5.5%				73.6%	6
ZIM-809-G14-S	$160,000	$1,391,106	$ 80,000	0	0.0%	$1,078,494	$ 567,182	52.6%	94.2%	6
ZIM-809-G12-T	$423,544	$188,685	$ 305,651	$ 139,466	45.6%	$ 103,375	$ -	0.0%	67.9%	6
UZB-809-G05-T	$392,442	$446,870	$ 304,632	$ 200,576	65.8%	$ 352,140	$ 175,140	49.7%	35.1%	6

Figures 6 and 7 compare the amounts budgeted for M&E with actual expenditures for both M&E as a cost category (**Figure 6**) and M&E as a SDA (**Figure 7**). In sum, we see that for every dollar designated for M&E in an approved grant budget, approximately US$0.44 was expended as the grant approaches the CCM request for continued funding. Albeit based on a small number of available cases to explore this issue, this figure is essentially the same for M&E as a cost category (US$0.44) and as a SDA (US$0.45). These expenditure patterns for M&E fall slightly below the overall grants expenditure rates which average US$0.66 for the same period of time.

Figure 6. M&E budgets (as cost category) budgeted and expended to date

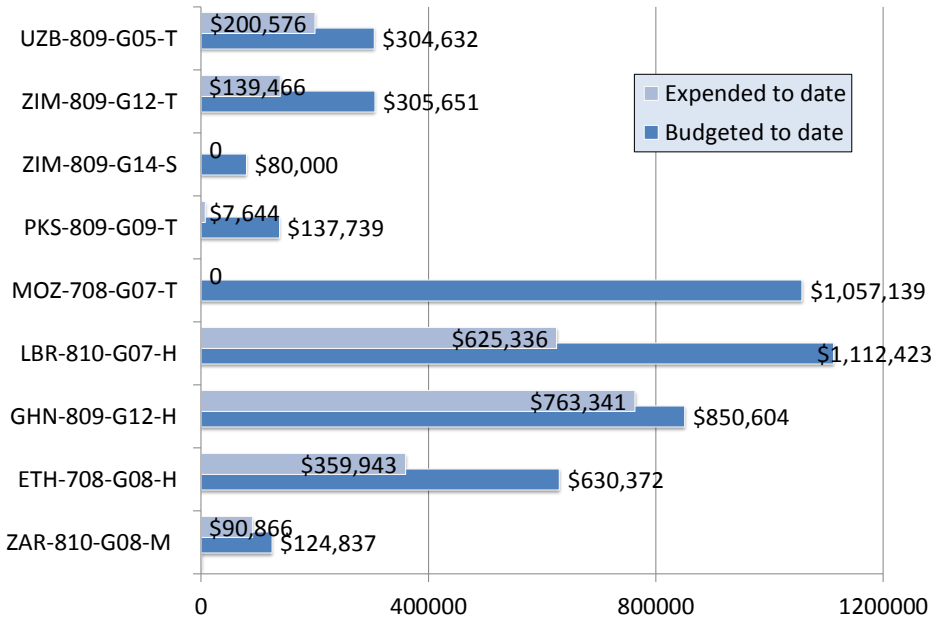
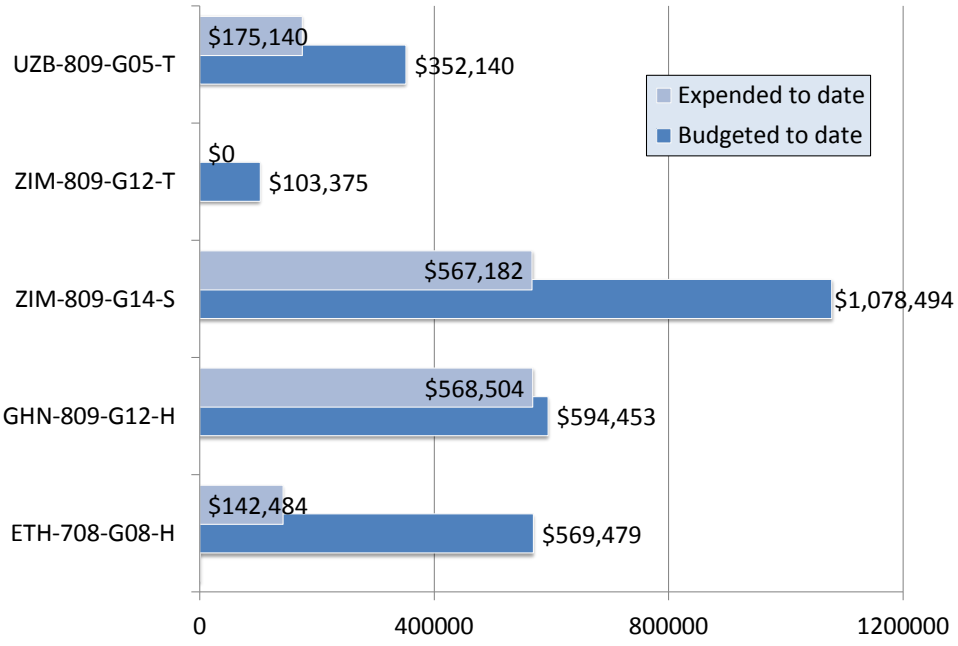


Figure 7. M&E Service Delivery Areas budgeted and expended to date



2.3 What use is made of those funds? How much of the funding is used for monitoring versus evaluation?

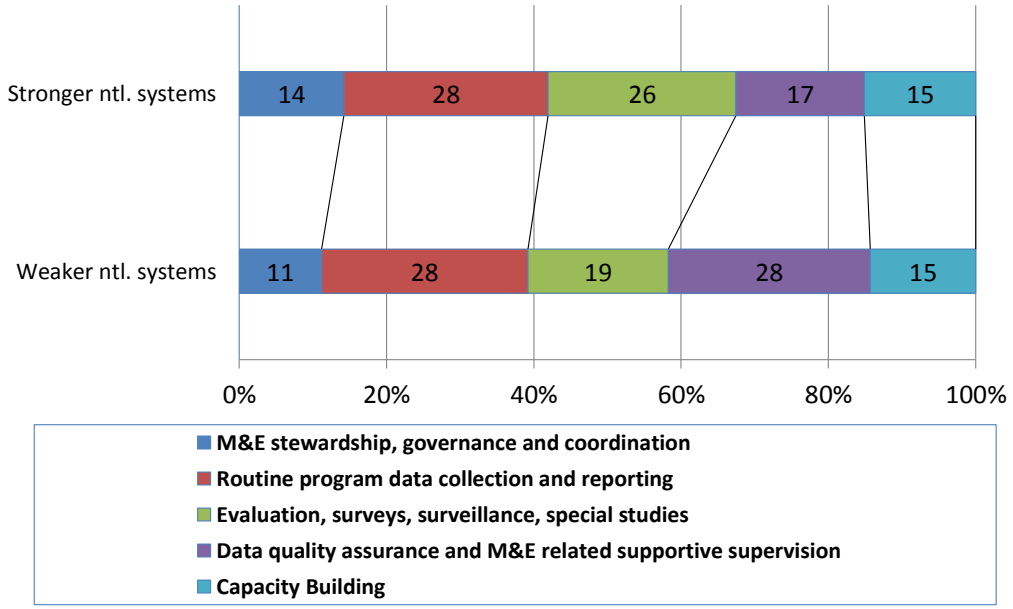
The use of M&E funds were determined through review of approved detailed budgets, key informant interviews and on-line survey responses.

Figure 8 depicts the opinions of on-line survey respondents on the use of M&E funds. Respondents were asked "What types of activities are most frequently carried out with M&E budgets?" and were requested to provide a percentage distribution totaling 100%. The five categories of activities were derived from several Global Fund guidance documents and were defined for survey respondents (**Table 11**). Due to strong similarities in responses between the PR and LFA respondents, their responses have been combined. Responses were categorized and analyzed according to country type (i.e., based on strength of M&E system). In several of the categories, responses by country type are very similar (i.e., M&E stewardship, governance and coordination; Routine program data collection and reporting; and Capacity-Building). The remaining two categories almost appear inversed. The category of Data quality assurance and M&E-related supportive supervision accounts for 28% of funded activity based on respondents' perspective in countries with "weaker" systems compared to 17% in countries with "stronger" systems. In contrast, funding for activities related to evaluation, surveys, surveillance and special studies represented 26% of the total in countries with "stronger" systems compared to 19% in countries with "weaker" systems.

Table 11. Specified activity categories carried out with Global Fund M&E budgets (as used in the on-line surveys of PRs and LFAs)

Category	Description
M&E stewardship, governance and coordination	This category includes development of M&E plans, development of general M&E training and guidelines, training on basic M&E, M&E self-assessment, M&E coordination and management, and establishment of functioning M&E Technical Working Groups (TWGs) or fora.
Routine program data collection and reporting	This category includes strengthening routine health information system, strengthening vital registration systems, strengthening disease surveillance systems, recruiting and training staff for routine information systems, enhancing staff skills in data analysis, synthesis and use, publication and dissemination of M&E reports.
Evaluation, surveys, surveillance, special studies	This category includes implementing population and facility surveys/census, conducting health systems research and epidemiological studies, recruiting and training staff for episodic data collection, strengthening data quality procedures for episodic data collection, conducting policy analysis, analysis of National Health Accounts, disease sub-accounts and other resource tracking studies, operational research (OR), program evaluation and program reviews, development of tools and guidelines for surveys, surveillance, OR, and special studies, workshops and meetings on evaluation, surveys, surveillance, OR and special studies.
Data quality assurance and M&E-related supportive supervision	This category includes data quality assessments, supportive supervision on M&E, development of tools and guidelines and checklists for data quality assessment or supervision, workshops and meetings to share information on data quality assurance and supportive supervision.
Capacity Building	This category includes capacity needs assessment, capacity building plans, training on basic M&E, training, workshops and meetings to build human resource capacity on: routine data collection, processing, analysis and reporting, surveys, surveillance, OR and special studies (including dissemination of findings), data quality assurance, and supportive supervision.

Figure 8. "*What type of activities are most frequently carried out with M&E budgets*?", on-line survey respondents combined, by country type



To better understand the types of activities funded, the evaluation team reviewed detailed budgets, where available and categorized major activities. In most cases, the budgets reviewed were approved budgets attached to a Phase 1 Grant Agreement (i.e., a detailed budget for years 1 and 2). In **Table 12** and **Table 13**, these budget breakdowns are presented for a limited number of grants with M&E as a cost category (**Table 12**) and M&E as a SDA (**Table 13**).

The review of detailed budgets does not strictly follow the categories presented in **Table 11** above. In part, the review allowed a more "granular" look at budget allocation below the level of these broad categories. Examining M&E as a stipulated cost category –with several notable exceptions, the grants included in this assessment utilized the majority of their M&E funds for supervisory and monitoring visits as reflected in per diems and fuel for this purpose. Three of the grants utilized between 64%-68% of their M&E budget for supervisory and monitoring visits. Exceptions include the Round 8 HSS grant in Zimbabwe where funds are devoted exclusively to tools development as the new HIS is rolled out nation-wide and the Round 7 HIV/AIDS grant in Ghana which has a robust agenda and budget for special studies. With the exception of the Ghana grant, there appears to be little investment in activities labeled as evaluation.

It is also notable that items which are supposed to be excluded from the M&E cost category nonetheless, appear in these approved budgets. Among these items are training expenses and personnel costs.

Table 12. M&E cost category budgets disaggregated by major activity area on approved, detailed budgets for select grants

Grant (Phase)	Major activity area						
	Costs associated with supervisory and monitoring visits		Meetings	Studies/ surveys	Training	M&E tools [1]	Other
	Per diems	Fuel					
ZIM-809-G14-S (P1)						100%	
						120,000[2]	
ZIM-809-G12-T (P1)	59%	7%	15%			4%	22%
	$ 222,994	$31,200	$62,850			$15,000	$91,500[3]
ZIM-809-G13-M	64%		18%	6%	0.3%	10%	
	$1,306,460		$368,913	125,$657	$5945	$197,402	
ZIM-809-G11-H	45%		9%	6%	7%	20%	13%
	$1,103,862		$217,041	$147,520	$170,400	$477,161	$316,409
LBR-708-G05-M (P2)	47%	21%	10%	8%		1%	13%
	$168635	$74670	$36300	$27,924		$3,900	$45000[4]
GHN-809-G11-H (P1)	30%			44%	5.4%	14.3%[5]	5.4%[6]
	$528,000			$784,406	$96,000	$260,000	$96,000
MOZ-708-G07-T					42.5%	11.2%	46.3%[7]
					$68,340	$18,000	*$74,500*

Table notes:

[1] A wide range of tools and materials, e.g., facility registers and service cards including printing, epidemiological reports, and M&E plan development

[2] Annual servicing of radio and cell phone network including site visits

[3] Labeled as technical assistance for external quality assurance

[4] Labeled as service related PSM.

[5] Includes cost of MESST and developing costed work plan

[6 & 7] Personnel cost

Table 13. M&E-related Service Delivery Areas budgets disaggregated by major activity area from approved, detailed budgets for select grants

Major activity area										
Grant (Phase)	**Per diem**	**Fuel**	**Salary**	**Infrastructure / IT**	**Meetings and travel**	**Studies/ surveys**	**Training**	**TA**	**M&E tools[1]**	**Other**
ZIM-809-G14-S (P1)				*35%*	*6%*	*1%*	*5%*	*2%*	*22%*	*29%*
				$465,720	*$79,976*	*$10,450*	*$69,470*	*$26,500*	*$300,000[3]*	*$381,600[2]*
ZIM-809-G12-T[4]				*8%*		*44%*		*48%*		
				$15,075		*$82,110*		*$91,500*		
LBR-708-G05-M (P2)	*24%*	*15%*			*29%*	*10%*	*6%*			*16%*
	$67,260	*$43,320*			*$81,300*	*$27,924*	*$16,421*			*$45000[4]*
ZIM-809-G11-H (P1)	*3%*		*6%*			*3%*	*23%*		*43.7%*	*21%*
	$33,139		*$71,673*			*$30,000*	*$245,044*		*$470,164*	*$224,877*

Table notes:

[1] A wide range of tools and materials, e.g., facility registers and service cards including printing, epidemiological reports, and M&E plan development

[2] Zimbabwe communications costs (BAP: double-check this activity)

[3] Printing of registers for newly developed HMIS.

[4] Labeled as PSM Services

Not surprisingly, major activity areas budgeted under M&E as a SDA (**Table 13**) cover several areas that are to be excluded in the cost category (i.e., training, technical assistance and salaries). Based on the small number of grants, it is difficult to draw further observations. It is interesting to note that the detailed budgets often include human resources which are not captured under M&E either as a cost category or SDA. As an illustration, positions related to M&E which do not appear to be reflected in the M&E budgets are highlighted in **Table 14**.

Table 14. M&E-related staff positions funded with Global Fund grants

Grant	M&E Officer[1]	Data Manager	Data Entry Clerk	National Information Officer	TB Data Analyst	Assistant Program Manager	Senior Demographer
ZIM-809-G12-T	1	1			1		
ZIM-809-G11-H	6	1	3	1			
LBR-708-G05-M[2]	2	1				1	1

Table Notes:

1 Includes National ART M&E Officer and Research/M&E Officer

2 Budget refers to 6 additional staff for the National Malaria Control Program without designation

2.4 What are the methods used for tracking M&E expenses in Global Fund grants?

Although this was an intended question in the Evaluation Framework, the evaluators do not address it in a substantive manner as M&E expenses are tracked in exactly the same manner as any other expenses using uniform LFA procedures.

2.5 Are other development assistance organizations funding country M&E systems?

It is without question that other development agencies are making substantial investments in country M&E systems. Although it was not possible for the evaluation team to identify specific monetary contributions per partner, key informants interviews provided insight on the nature of collaboration between the Global Fund and other partners. The nature of that support takes several forms including support for Global Fund grantees in M&E (e.g., via monies for technical assistance for PR-requested support). Technical partners also bring complementary technical skills and provide quality assurance to M&E activities undertaken with Global Fund grant monies.

All development partners interviewed, recognized the importance of Global Fund monies in strengthening country M&E systems. However, for some, the process of utilizing those funds requires improvement. Several development assistance partners felt Global Fund-supported M&E activities were conducted with poor oversight leading to questionable results and were not well harmonized with other partners. Some reported that budgets did not adequately account for the costs of primary data collection resulting in partner agencies having to absorb the cost of activities needed primarily for Global

Fund-related reporting. Multiple partners interviewed in case study countries reported that the Global Fund emphasis remains on the reporting of performance indicators and that there is limited focus on the wider system.

Some implementers and technical partners cited problematic disconnects between budgets and targets. Examples were provided where there was little or no linkage between the targets set for a program area and resources available for that target (e.g., behavior change communication for malaria programs in Zimbabwe). Numerous complaints were heard about reduction in budgets accompanied by an explicit message that targets must remain the same. To many experienced programmers, this defies the entire logic underlying a results framework (e.g., "*how can they say that the inputs have changed but not the targets*?"). In other cases, funding was received late and resulted in substantially delayed activities, yet targets remain unchanged. Others reported that the Performance Framework is negotiated at the end of the grant negotiation process and new ideas that arise or are introduced at that point are not taken into account in the budget.

On the positive side, partners reported that Conditions Precedent have worked to catalyze necessary products such as M&E plans. Global Fund monies have also made a difference in strengthening M&E capacity (i.e., through placement of M&E Officers) in PR and SR organizations. M&E strategies, plans and particularly identification of M&E gaps were initially developed at the behest of the Global Fund but are also used by other partners (e.g., GAVI, DFID). In some cases, major developments such as a new HMIS for Liberia was a country-led, collaborative effort with the Global Fund, the World Bank, GAVI and USAID taking responsible for different inputs.

The roles of partner organizations and the effects of Global Fund M&E investments in country M&E systems are further detailed in Evaluation Domain 3 and 4 below.

Key findings and Recommendations

KEY FINDINGS

- There is no single consolidated "M&E budget" for Global Fund grants. Items are budgeted either as M&E as a cost category in the financial reporting system or as Service Delivery Area. There is overlap between these categories but no single site where they are cross-tabulated.
- M&E as a cost category is fairly consistently budgeted below the recommended 5-10% level. Across the sampled grants, the average proposed M&E budget represented only 3.1% of the total program budget. This is problematic as many of the reviewed proposals are very ambitious in their scope for M&E.
- M&E as a Service Delivery Area represents a greater proportion of the proposal budget –8.1% on average, and in some cases represent a substantial investment.
- Budgets for M&E are determined through various methods. In the best case scenario, a systematic assessment of the existing M&E system is conducted to identify gaps and the budget is determined through detailed costing of prioritized activities. Unfortunately, many respondents reported that the 5-10% M&E budget recommendation itself constituted a budgeting method.
- For every $1 of M&E included in the two-year Grant Agreement, an average of $0.44 is expended by month 18.

- Overall, M&E monies appear to be used for supervisory and monitoring visits with this being the largest single category in the set of grants reviewed. Countries with "stronger" M&E systems appear to be more likely to use their budgets for evaluation, special studies and surveys.
- Partners recognize the substantial financial contribution of the Global Fund in M&E system-strengthening but report a myriad of difficulties with the underlying processes.

RECOMMENDATIONS

- The Global Fund Secretariat should create a consolidated M&E budget so that the entire resource envelope may be understood. The consolidated budget would include items from the narrowly-defined M&E cost category, items in other cost categories which are M&E inputs (e.g., human resources, infrastructure) as well as M&E items in Service Delivery Areas which are not otherwise captured in the afore-mentioned. In addition, the Global Fund Secretariat should compile lessons learned about M&E budgeting methods and based on an in-depth review, provide more specific guidance on appropriate budgeting methods.
- The Global Fund Secretariat should conduct a regular budget analysis on the uses of M&E budgets with particular attention to the *category of supervisory and monitoring visits*. The Budgetary Guidelines request a considerable amount of detail on supervisory budgets (e.g., supervisory strategy including the nature, scope and frequency of each supervision, role of functions of each participant and expected outcome of each supervision). The Secretariat should closely track the budgeted amounts and the requested details and report to the TERG on a regular basis as to the effectiveness of these investments.
- The Global Fund should anticipate the additional cost which will accompany the push for outcome and impact data and make certain that both the requisite financial resources and the technical expertise is available to support these efforts. This will require closer collaboration and coordination with partner agencies both at global and country levels. The Global Fund Secretariat should also consider putting in place more specific guidelines and support for applicants looking to invest in primary data collection. The Global Fund will also have to demonstrate increased flexibility in regard to disbursements as primary data collection must take into account seasonality issues (i.e., for malaria surveys) and other issues of data comparability.
- The Global Fund Secretariat should commission more systematic follow up and evaluation of the effects of investments in country M&E systems. These should not be confined to Global Fund-specific effects but be joint evaluations with country and international partners. The leading indicators of stronger country M&E systems should be agreed and more widely disseminated[20]. Lessons learned should be shared widely and in a manner that contributes to effective M&E system-building within diverse country contexts and conditions.

[20] For example, the nine recommended indicators found in the Health Metrics Network's *Guidance on Recommended Indicators* and *Technical Manual for costing the Health Information System gap*.

Domain 3: Global Fund-related M&E practices

Evaluation Focus and Questions

This Evaluation Domain assessed the extent to which Global Fund performance-based monitoring is aligned with and strengthens the national M&E system and identifying facilitators and barriers in strengthening national M&E systems through Global Fund grants. The specific evaluation questions included:

- In how many cases and to what extent are the M&E plans of Global Fund grants based on national M&E plans?
- How are deficiencies in M&E plans submitted with the grant proposals identified? Which actor in the Global Fund architecture is responsible to flag these deficiencies? What mechanisms are in place to follow up and rectify deficiencies? Are they effective?
- What are typical problems observed when a country's national M&E plan is not considered adequate to form the basis of a Global Fund grant M&E plan?
- To what extent is Global Fund performance-based monitoring (a) aligned with the national M&E system?; and, (b) strengthening the national M&E system? What are the facilitators and barriers to strengthening national M&E systems through Global Fund grants?
- Which type of activities aimed at strengthening country M&E systems are funded by the Global Fund?
- What are the respective roles of partner organizations (i.e., other international financing or development organizations) and of implementing partners (e.g., PRs, LFAs) in designing, funding and implementing those activities?
- To what extent are the M&E plans and practices of Global Fund grants consistent with internationally-agreed standards? If any, what are the inconsistencies and why?
- To what extent are typical Global Fund processes (such as M&E plan development, M&E system assessment, data quality assessment) still relevant or to what extent have adaptations served to keep these processes relevant?

Evidence Base

The evidence base for Evaluation Domain 3 consists of analyzing:

- data on M&E characteristics of all countries receiving Global Fund grants as compiled by the Global Fund Secretariat M&E Team for the purpose of the Country Profiles[21];
- key variables pertaining to M&E extracted from summary and detailed budgets and expenditure reports for the sampled grants;

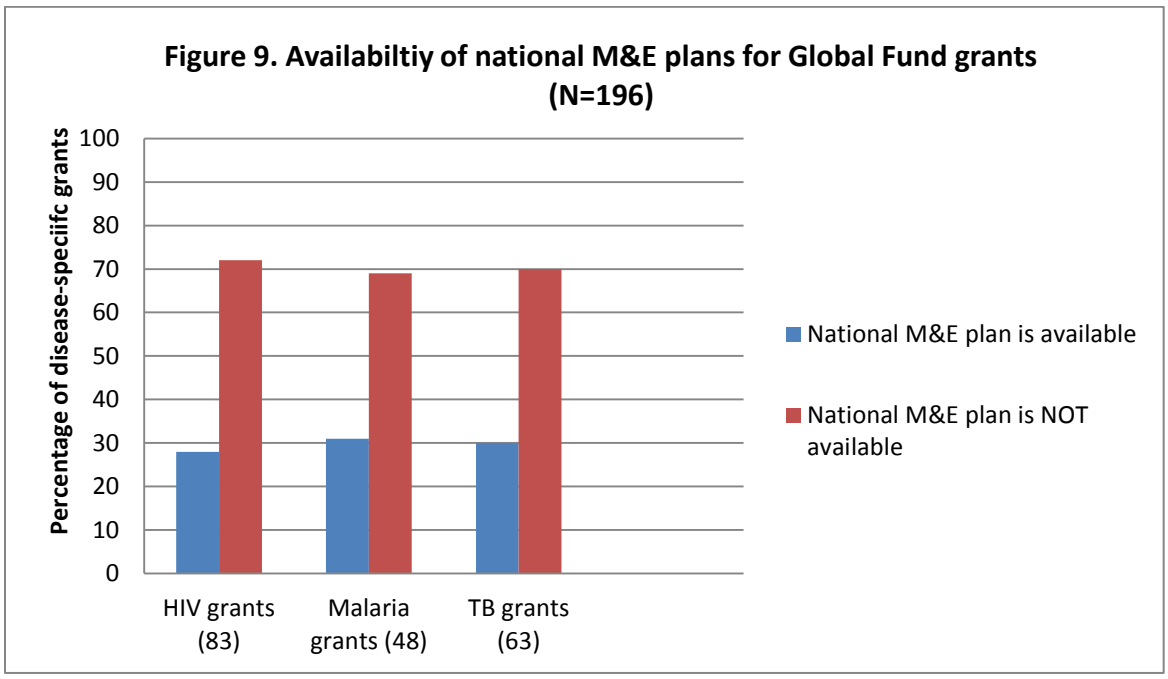
[21] Caveat: It should be noted that the M&E Country Profiles are completed by Global Fund Secretariat M&E Officers. The data/information reflects what M&E Officers have synthesized from their review of source documents available to the Secretariat. These documents are primarily Global Fund-specific (i.e., not necessarily national reports) and include: M&E plan, M&E self-assessment reports, OSDV/DQA reports, LFA PR assessment, Phase 2 reports. The Global Fund plans to task Local Fund Agents with the creation of M&E Country Profiles using in-country stakeholder consultations. This system was not yet implemented during the evaluation.

- review of TRP review forms, the LFA assessment of PR capacities and Conditions Precedent in Grant Agreements;
- open-ended and closed questions of the on-line surveys with PRs and LFA M&E experts;
- key informant interviews conducted with Global Fund Secretariat staff and global partners during the inception visit in Geneva; and,
- key informant interviews conducted with a wide range of stakeholders in the three case study countries (i.e., Liberia, Viet Nam, Zimbabwe).

Findings

3.1 In how many cases and to what extent are the M&E plans of Global Fund grants based on national M&E plans?

Figure 9 provides an overview of the availability of national M&E plans by disease-specific grant category. These reflect 2011 data which were available for 196 (61%) of 319 grants in the Global Fund Secretariat's Country Profile data set. As can be noted, national M&E plans were available for about one third of each of the disease-specific grants (28% of HIV grants; 31% of malaria grants; 30% of TB grants). Data were only available for two HSS grants and for neither one of them was there a health sector-wide M&E plan or HIS strategic plan.



The Secretariat's M&E Officers also rated the quality of national and PR/grant-specific M&E plans. Their judgments were based on a checklist assessing the extent to which each M&E plan addressed the following: indicator measurement framework; data collection for health facility-based indicators; data collection for community-based indicators; data quality assurance mechanism; M&E action plan; M&E budget; information products and dissemination; data management; capacity-building; and, evaluation

and research. The rating scale used for the quality assessment was: A – no gap; B1 – minor gap; B2 – major gap; C –unacceptable level. **Table 15** compares the quality of national M&E plans with those of PR/grant-specific plans.

Table 15. Quality of national M&E plans compared to quality of PR/grant-specific M&E plans (as percentage of plan category by disease; quality judged by Secretariat M&E Officers)

Disease-specific Grant (N)		Quality Rating by Global Fund Secretariat M&E Officers					
		A	B1	B2	C	N/A	Total (N)
HIV (83)	**National M&E Plan**	17%	74%	9%	0%	0%	23
	PR/Grant-specific M&E Plan	22%	50%	28%	0%	0%	60
Malaria (48)	**National M&E Plan**	0%	73%	27%	0%	0%	15
	PR/Grant-specific M&E Plan	0%	70%	27%	0%	3%	33
TB (63)	**National M&E Plan**	11%	63%	26%	0%	0%	19
	PR/Grant-specific M&E Plan	5%	73%	18%	2%	2%	44

Note: Quality rating: A – no gap; B1 – minor gap; B2 –major gap; C –unacceptable level. N/A is not applicable.

Overall, only one M&E plan (PR/grant-specific for TB) was considered unacceptable, but many M&E plans had major gaps ranging from one in ten to almost one in three plans. National M&E plans for HIV were generally of higher quality than PR/grant-specific plans which may be related to the emphasis placed on national M&E planning within the HIV arena in the past decade and the availability of global standards for what should be contained in national HIV M&E plans as developed by the HIV MERG. For malaria and TB grants, the percentage of good quality (A or B1 rating) of national compared to PR/grant-specific plans was about the same.

The extent to which Global Fund indicators align with national indicator sets and draw on national M&E data collection and management procedures cannot be derived from the Country Profile data. But the on-line surveys (see immediately below) and key informants in the country case studies (see Question 3.4) were used to gain insight into this issue.

On-line survey respondents were queried on the nature of the M&E plan used for grants[22]. Findings are tabulated for both groups surveyed and appear in **Table 16** below. Albeit based on small numbers, respondents in countries with weaker national M&E systems appeared more likely to use existing national M&E plans compared to countries with more robust national systems. There may be several reasons for this pattern. The Global Fund attempts to direct the use of M&E assessments to countries with particularly weak and/or fragmented M&E systems as a precursor to creation of M&E plans. In addition, countries with relatively stronger systems are also those where a broad range of PR types may be represented. In countries where, for example, civil society groups serve as PR for grants focused on most at-risk populations, the use of an existing national M&E plan may be less feasible/relevant. Indeed,

[22] PRs were asked to indicate the statement which best reflects their current situation and LFAs were asked to indicate the statement based on their most recent grant signing.

Global Fund Secretariat staff commented that these types of grantees encounter difficulties in using existing national M&E plans.

Table 16. On-line survey respondents on the use of national M&E Plans for Global Fund grants, by country type, respondent groups combined

	A national M&E Plan ….			
Country type	…exists and is used for grant(s) monitoring, evaluation and results reporting to the Global Fund	…exists, but does not provide enough detail about how the grant(s) would be monitored and evaluated and results reported to the Global Fund	…does not exist and a grant-specific M&E plan was required.	N
"Weaker" national M&E system	16 (45.7%)	14 (40%)	5 (14.2%)	35
"Stronger" national M& system	6 (30%)	7 (35%)	7 (35%)	20
Total sets[1]	22 (36%)	26 (42.6%)	13 (21.3%)	61

[1] *Refers to the small number of LFA responses where the respondent supports countries in both categories.*

3.2 How are deficiencies in M&E plans submitted at the time of proposal identified? Which actor in the Global Fund architecture is responsible to flag these deficiencies? What mechanisms are in place to follow up and rectify deficiencies? Are they effective?

We examined the documentation linked to key Global Fund Secretariat procedures during the review of grant proposals and the grant negotiations for the extent to which they re-enforce principles of country M&E system-strengthening as well as attempt to correct identified M&E deficiencies. These include the Technical Review Panel review forms, the LFA assessment of Principal Recipient capacities and the Conditions Precedent which are incorporated into grant agreements.

Table 17 provides a cross-sectional look at key documents communicating M&E challenges and necessary remedial action to be taken by the PRs for a small sample of grants. We describe the Global Fund Secretariat procedures first before discussing the findings in **Table 17**.

The Technical Review Panel (TRP), per their Terms of Reference[23], is tasked with reviewing proposals, requests for revisions and re-programming against specified technical criteria. Using four broad headings (i.e., soundness of approach, feasibility, potential for sustainability and impact, and value for money), the following specific criteria could prompt TRP review of M&E strengthening activities:

- Proposal is aligned to and complements existing programs and supports national policies, strategies and plans;
- Proposal includes specific impact and outcome (quantitative and qualitative) indicators for proposed interventions and will allow for a time-bound assessment of progress toward goals and objectives;
- Targets for impact and outcome indicators are set realistically, are linked to baseline data and situation analysis, and rationale for choosing these levels is explained;

[23] Global Fund to Fight AIDS, Tuberculosis and Malaria. Technical Review Planel. Terms of Reference. As amended June 2011.

- Proposal has a clear and well-defined logical framework for its implementation and performance framework for its impact that draw on and feed into national monitoring and evaluation systems and processes, where appropriate;
- Proposal clearly specifies how it will contribute to health and community systems strengthening;
- For any cross-cutting health systems strengthening (HSS) request, proposal clearly demonstrates why and how it will strengthen health outcomes related to HIV, TB and malaria.

These criteria provide the TRP with a mandate not only to assess the quality of the M&E component proposed for the funded activities, but also to examine the alignment of M&E investments to existing country systems and contributions to system-strengthening. As applicants include SDAs focused on M&E strengthening in their proposals, the TRP has an important role in determining the soundness and feasibility of those investments.

Another key document is the LFA assessment of capacities within the nominated PR which includes an M&E Assessment Checklist[24]. This assessment is conducted during the grant negotiation period. The purpose of the M&E Checklist list is to assess existing M&E systems and capacities with focus on the content of the M&E plan including comprehensiveness and adequacy of the budget (i.e., for grant implementation), the PR's capacity and resources to implement the M&E plan, and the PF. For these purposes, the M&E Plan refers to either the national M&E plan or relevant portions of it; or, a PR-specific M&E plan where a national M&E plan does not exist or is not comprehensive enough.

In cases where the nominated PR has served in the PR role previously, the LFA examines any major achievements made in strengthening the national M&E systems (e.g., human resource capacity-building, surveys, studies, program evaluation/review, information system-building, M&E coordination, etc.). New grants are assessed in terms of their contribution to strengthening the national M&E system. The PR assessment gives considerable weight to M&E requirements of grant management. However, there is also ample provision to assess adherence to Global Fund principles such as –most importantly in this context, the use of existing M&E systems (rather than creasing a parallel M&E system for grant management).

Communications from the Global Fund Secretariat on M&E may take several forms. The grant agreement may include legal obligations in the form of either a Conditions Precedent or a special condition related to M&E. Management actions, transmitted through a letter, may also be used to communicate with the PR on actions deemed important to implementation. Four areas are identified for Global Fund staff as areas of potential M&E risks and, therefore, subject for conditions and management actions. These include:

(i) M&E plans –whereby communications would seek to ensure PR compliance with the Global Fund requirement;
(ii) M&E Progress Updates (PU) –as a means of prompting recommended M&E system-strengthening measures (e.g., data quality issues identified in a data quality audit/DQA);
(iii) Data requirements –to direct PRs to establish baselines and targets as needed for the PF; and,
(iv) M&E self-assessment –to ensure that PRs take the needed actions to conduct a structured review of the M&E system, identifying gaps and required action to strengthen the system.

[24] The evaluation team did not review the original M&E Checklists as these are not submitted to the Global Fund but reviewed PR Capacity Assessments which incorporate checklist findings.

Based on the data provided in **Table 17**, it can be observed that the TRP provides little, if any, feedback on M&E system-strengthening. This is somewhat surprising given that fact that five of the six grants reviewed, included SDAs specifically focused on M&E system-strengthening. Of the review criteria selected for assessment, the TRP was most likely (four out of six cases) to comment on gaps in outcome/impact indicators. No comments were provided on those criteria that are more directly related to M&E system-strengthening (i.e., M&E alignment, M&E system-strengthening, consistency of logical framework or PFs with national M&E systems and procedures).

The LFA PR assessments in most cases included brief, yet substantive, feedback of existing national M&E systems and plans and proposed activities to support these. Overall, the PR assessments were skewed towards the M&E requirements of grant management and oversight. Nonetheless, it appears that the LFA assessment do provide an independent technical perspective on key issues related to national M&E systems and the relationship of Global Fund-related M&E to those systems.

Finally, the Conditions Precedent included in Grant Agreements –as per reviewed in Grant Performance Reports, appeared to be heavily formulaic. Indeed, the Operational Policy Note on this issue provides uniform language for communication with PRs. However, CP communications (e.g., Pakistan TB grant) can steer PRs to ensure close alignment with national M&E plans and frameworks. It should be noted that in one case (i.e., Mozambique TB grant), the LFA assessment clearly flagged that an M&E plan was not available – yet no CP was included on this essential requirement.

Table 17. Select Global Fund communications addressing issues related to alignment with and system-strengthening of country M&E systems

		DRC	Ghana	Liberia	Mozambique	Pakistan	Zimbabwe
Proposal	**Round / Component**	R8/Malaria	R8/HIV/AIDS	R7/Malaria	R7/TB	R8/TB	R8/TB
	Did proposal include an M&E SDA?	No	Yes[1]	Yes	Yes	Yes*	Yes
	Did TRP Review mention:	None	Minor	None	None	None	None
	M&E alignment	No	No	No	No	No	No
	Outcome/impact indicators	Yes	Yes	Yes	Yes	No	No
	M&E systems strengthening	No	No	No	No	No	No
	Log frame or PF consistent w/ ntl. M&E systems & procedures	No	No	No	No	No	No
Grant	**Selected grant**	ZAR-810-G08-M	GHN-809-G12-H	LBR-708-G05-M	MOZ-708-G07-T	PKS-809-G09-T	ZIM-809-G12-T
	LFA Assessment describes:	Alignment of M&E Plan; MEEST assessment; justified M&E budget	Gaps in existing M&E plan; inadequate budget	Issues/ status of ntl. HMIS; M&E plan & budget; HR for M&E; data quality issues	M&E budget; M&E personnel; ("no M&E Plan has yet been developed")	--	Issues/status of ntl. HMIS; alignment of M&E plans; challenges detailed
	M&E Conditions Precedent	None	Completed MEEST; updated M&E Plan; revised budget as needed, GF approval of Plan and budget	Completed MEEST; updated M&E Plan; revised budget as needed, GF approval of Plan and budget; PR M&E personnel	(Special Terms) Revised PF to include indicators cited by TRP	Completed MEEST; updated M&E Plan; revised budget as needed, GF approval of Plan & budget; refers to consistency w/ ntl. TB strategy & M&E framework	Revised PF incorporating indicators/ targets of capacity building plans (non-M&E specific)

*Proposal resulted in multiple grants. The individual grant traced through the documentation included a SDA related to M&E systems strengthening.

The Board-mandated High Level Panel[25] noted that, "*The Global Fund does not uncover the vast majority of M&E gaps with its PRs until the implementation process begins, since the difficulties have to do with how data-collection systems actually work*." As Global Fund reporting data are ideally drawn from national M&E systems, national M&E system assessments are perhaps the most important mechanism for identifying M&E deficiencies and understanding to what extent these may jeopardize performance-based management of grants by the PRs and the Global Fund Secretariat. The M&E system assessments typically use the recommended Global Fund M&E System-Strengthening (MESS) Tool or the M&E assessment tools based on global standards (such as the 12 components M&E system-strengthening tool developed by the MERG for HIV; the HIS tool developed by HMN).

Based on data provided by the Global Fund Secretariat, an estimated 236 M&E system assessments were conducted in 104 countries between 2007 and 2010 (**Table 18**). Detailed reports on the process used and the findings are available and include a prioritized action plan for addressing important M&E challenges.

Table 18. M&E system assessments, 2007-2010

Disease-focused grants	Number of M&E assessments conducted
HIV	91
HIV/TB	1
TB	79
Malaria	64
HSS	1
Total	**236**

In all three case studies, key informant pointed to the M&E assessments as pivotal in their national M&E development efforts. In the Zimbabwe case study, several respondents commented that a Conditions Precedent on the need to conduct a national M&E assessment clearly contributed to the development of a national M&E plan. Key informants during the case study in Viet Nam indicated that the national M&E system assessment –which used the MESS Tool and was led by the national M&E TWG, represented an important collaborative exercise in 2007 that drew out both strengths and weakness of the national M&E system and will be used as a benchmark against which to assess M&E progress over time. However, the assessment reports are not necessarily easily accessible; ideally they should be available in the public domain for a range of country and technical assistance partners to determine support and assess progress made. In Liberia, a respondent said that the MEES Tool gave them their first look at their system in comparison to what it should look like and the resulting action plan set the course for the work.

The Global Fund Secretariat has a team of M&E officers –which has increased in numbers over the years, whose responsibility it is to communicate regularly with PRs on M&E-related issues and help problem-solve any challenges. Interviews with Secretariat M&E staff pointed to the lack of authority and involvement of the M&E team at crucial decision points in the grant management cycle at the Secretariat level. However, the new Country Team Approach (CTA) which includes an M&E Officer in every Team should take address this issue. M&E staff also noted the need for a more formal mechanism to follow up on the proposed action plans resulting from M&E assessment exercises. Likewise, a number of LFA staff interviewed and

[25] The Final Report of the High-Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria. September 19, 2011.

surveyed pointed to the weak follow-up on the exercise with the MESS Tool as a barrier to national system strengthening. In the words of one respondent … "*The MESS workshop may result in a set of actionable activities, but it is unclear how effectively those strengthening activities are being followed up. To be effective, there needs to be some independent evaluation of the follow-up to the MESS plan and progress monitored based on the action plan".* Several LFA staff cited the lack of assessments of strengthens and weaknesses in the national M&E system – "*national stakeholders design a plan for strengthening without knowing the realities of the national system. Generally, PRs believe that things are done in a certain way and the reality is completely different*."

As national M&E systems are dynamic and their status heavily dependent on continued investments (see below), there is also need for regular implementation of national M&E system assessments (just as there is a repeat assessment of the M&E capacity of the PR during Phase 2 grant negotiations). It was noted by Secretariat staff that this should be more explicitly demanded –if not required, and more closely monitored.

3.3 What are typical problems observed when a country's national M&E plan is not considered adequate to form the basis of a Global Fund grant M&E plan?

Via an open-ended question on the on-line survey, PRs and LFAs were asked to describe obstacles to the use of national M&E plans for Global Fund M&E. Based on these written responses, PRs were likely to cite the Global Fund requirements differing from the national M&E plan primarily in terms of overall degree of detail required, reporting timelines and indicators (e.g., lack of indicators on communication and community-based activities in Global Fund frameworks). Another frequently cited issue was timing – often, a Global Fund grant is signed while a national M&E plan is in some stage of development or revision. In these situations, grant M&E may differ from the final approved national M&E plan. In some countries, it was reported that the Global Fund Secretariat exhibited little flexibility to make adjustments in the Performance Framework in these situations. However, in other settings, respondents pointed to Secretariat willingness to adjust targets thereby suggesting inconsistent practices within the Secretariat. Finally, some respondents noted that while a national M&E plan may exist, it is difficult to implement the entire M&E plan due to lack of resources. In these situations, the elements of the M&E plan which are most likely to be carried out are those required for Global Fund reporting purposes.

LFA respondents were more likely to point to deficiencies in the national M&E plans as the main obstacles in their use. Several LFA respondents pointed to the lack of operational guidance in national M&E plans as severely limiting their utility. Most LFAs saw national M&E plans as insufficiently detailed to serve grant monitoring purposes and lacked indicators needed for the Global Fund. Several LFAs wrote of "*tendencies to align national M&E plans with the Global Fund grants instead of the other way around where Global Fund grants are aligned to national systems*".

The Global Fund Secretariat does not keep a systematic record of reasons why national M&E plans –where they exist, are considered inadequate for grant M&E. The Secretariat's Country Profile data are limited to providing data on the quality of national and PR/grant-specific M&E plans, but they do not indicate cases in which existing national M&E plans were rejected. However, even where national M&E plans are used, these may still have major gaps as the

examples indicated in **Table 19** for ten (out of 57) national plans given an overall B2 rating (i.e., the content had major gaps) by Secretariat M&E staff. All ten plans had deficiencies in a range of areas, not just one or two weak components; and, eight plans had components that were considered unacceptable in term of their content (i.e., components receiving a C rating). There are no apparent patterns (i.e., there seem to be no components that are consistently more challenging than others) but of course, our sample is very small.

Table 19. National M&E plan deficiencies as listed by Global Fund Secretariat M&E Officers for plans given an overall B2 rating (i.e., major gaps identified)

Disease-specific grants with B2 rating of the national M&E plan (N)	Identified deficiencies in national M&E plans by Global Fund Secretariat M&E Officers
HIV (2)	Country 1: *B2-rated components*: Data quality assurance mechanism; M&E action plan; Data management *C-rated components*: Information products and dissemination mechanisms; Capacity-building; Evaluation and Research Country 2: *B2-rated components*: Data management; Capacity-building *C-rated components*: Data quality assurance mechanism; M&E action plan; M&E budget; Evaluation and Research
Malaria (4)	Country 1: *B2-rated components*: Data quality assurance mechanism; M&E action plan; M&E budget; Information products and dissemination mechanisms; Capacity-building; Evaluation and Research *C-rated components*: Indicator measurement framework; Data collection for health facility-based indicators; Data collection for community-based indicators Country 2: *B2-rated components*: Indicator measurement framework; Data collection for health facility-based indicators; Data collection for community-based indicators; M&E action plan; M&E budget; Capacity-building; Evaluation and Research *C-rated components:* none Country 3: *B2-rated components*: Data quality assurance mechanism; Data management; Information products and dissemination mechanisms; Capacity-building; Evaluation and Research *C-rated components:* M&E action plan Country 4: *B2-rated components*: Data collection for health facility-based indicators; Data collection for community-based indicators; Data quality assurance mechanism; M&E action plan; M&E budget; Information products and dissemination mechanisms *C-rated components:* none

Table 19. National M&E plan deficiencies as listed by Global Fund Secretariat M&E Officers for plans given an overall B2 rating (i.e., major gaps identified)

Disease-specific grants with B2 rating of the national M&E plan (N)	Identified deficiencies in national M&E plans by Global Fund Secretariat M&E Officers
TB (5)*	Country 1: *B2-rated components*: M&E budget; Capacity-building; Evaluation and Research *C-rated components:* M&E action plan Country 2: *B2-rated components*: Data collection for community-based indicators; Data quality assurance mechanism; M&E action plan; M&E budget; Data management; Information products and dissemination mechanisms; Capacity-building; Evaluation and Research *C-rated components:* none Country 3: *B2-rated components*: Data quality assurance mechanism; M&E budget; Data management; Evaluation and Research *C-rated components:* Data collection for community-based indicators Country 4: *B2-rated components*: Data quality assurance mechanism; M&E action plan; M&E budget; Data management; Information products and dissemination mechanisms; Capacity-building; Evaluation and Research *C-rated components:* Indicator measurement framework; Data collection for health facility-based indicators; Data collection for community-based indicators

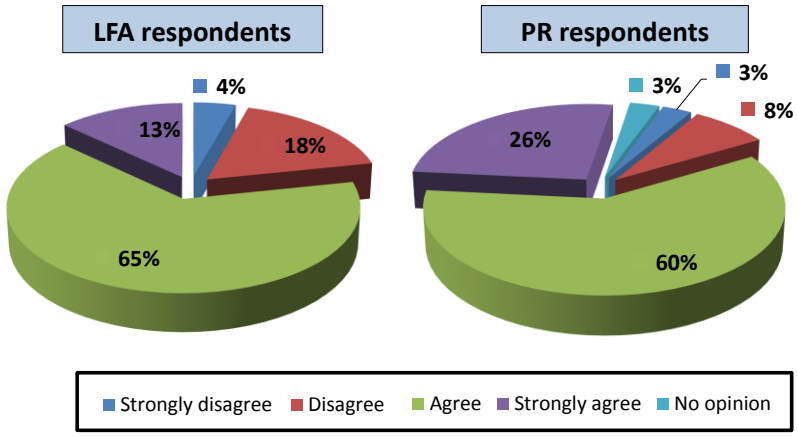
Notes:
*No component-based scoring included in data set for one country with overall B2 rating
B2 –major gaps; C –unacceptable

3.4 To what extent is Global Fund performance-based monitoring: (a) aligned with the national M&E system?; and, (b) strengthens the national M&E system? What are the facilitators and barriers to strengthening national M&E systems through Global Fund grants?

3.4(a) Extent to which Global Fund PBM is aligned with national M&E systems

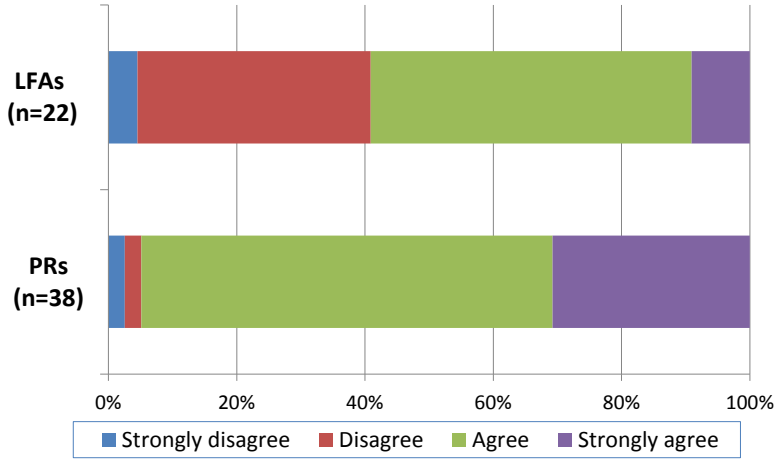
The on-line survey results indicated that, overall, most PR and LFA respondents agreed or strongly agreed that Global Fund practices are aligned with national M&E systems (**Figure 10**). However, almost one in four LFA respondents disagreed or strongly disagreed. More specific questions were also asked about alignment of indicators and of targets with national strategies/M&E plans.

Figure 10. On-line survey respondents: "*Are Global Fund practices aligned with the national M&E system?*"



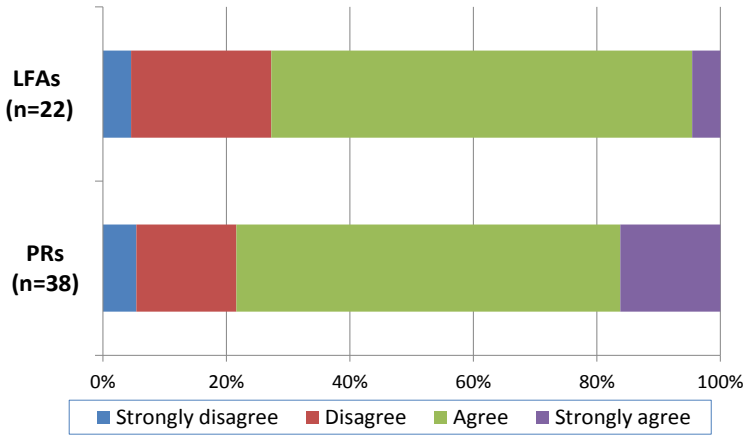
Respondents largely perceived there to be alignment between the indicators used to monitor the Global Fund grant and those found in national program strategies/M&E plans. Substantial differences were noted between the respondents from the PRs and the LFAs. As seen in **Figure 11**, 97% of PR respondents either agreed or strongly agreed that Global Fund grant indicators are aligned with the national strategy/M&E plans. In comparison only, 59% of LFA staff held a similar opinion. Here too, it is of interest to note that one in four LFA staff either disagreed or strongly disagreed with the same statement.

Figure 11. On-line survey respondents: *"Are the indicators used for Global Fund grants the same as those found in national M&E plans?"*



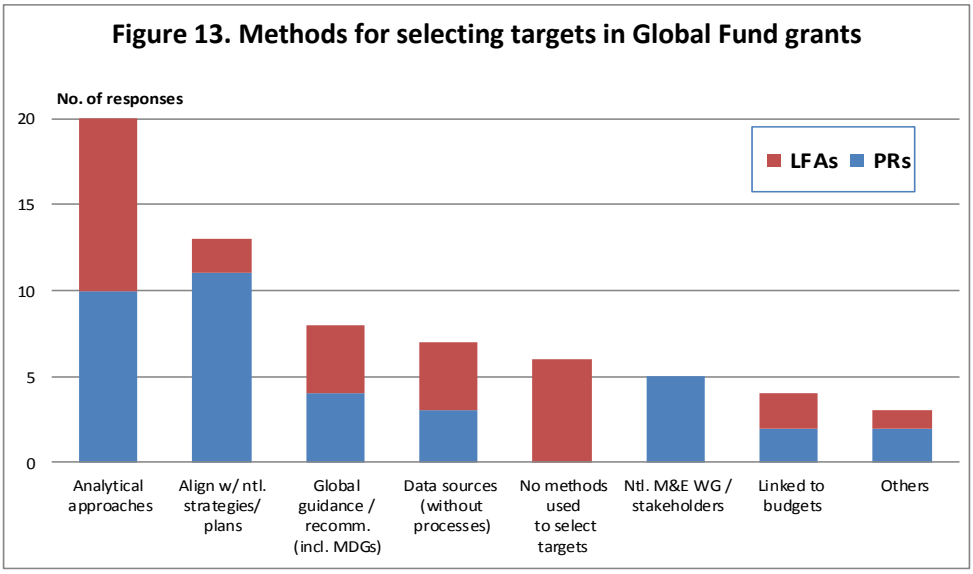
As seen in **Figure 12**, the survey found that the majority of respondents (both from LFAs and PRs) either agreed or strongly agreed with the statement: "*Global Fund grant targets are the same as those in national strategies and plans*".

Figure 12. On-line survey respondents: *"Are the targets used for Global Fund grants the same as those found in national strategies / M&E plans?"*



On-line survey participants were also asked to describe the methods used to select targets for Global Fund grants (**Figure 13**). Not surprisingly, methods frequently cited were alignment with existing national strategies and/or M&E plans and an array of analytical process (e.g., gap and trend analyses, target population size estimation). PRs were far more likely to mention that

target-setting aligned with existing national program strategies/M&E plans and pointed to the role of national M&E working groups or other stakeholders. Several LFA respondents reported that no specific methods were used to establish targets and cited target-setting as a primary weakness of PRs. Few respondents of either type reported that targets were set taking into consideration the available budget.



Key informants from the Ministry of Health and Child Welfare (MOHCW) in Zimbabwe pointed out that the need for good quality data in the Global Fund performance-based funding approach was the main impetus for developing a parallel M&E system for Global Fund data. Several senior-level interviewees saw the Global Fund as culpable in the creation of vertical systems as the funds come with Global Fund-specific requirements and procedures which were seen as quite separate from other M&E efforts.

In Viet Nam, one PR indicated that the Viet Nam government has a tradition of managing donor-supported programs and associated M&E requirements in a donor-focused manner and, thus, has been known to establish parallel systems which satisfy each specific donor's needs. Harmonization and integration of different M&E systems is a new way of doing business in Viet Nam and systems are now moving slowly towards deliberate integration with the help of M&E coordination bodies such as the national M&E Technical Working Group for HIV.

Hence, while Global Fund policies and guidelines are explicit about the intent to use existing country M&E mechanisms and systems to comply with reporting requirements, there seems to be a (natural) tendency of countries to ensure that Global Fund requirements are taken care of first. Unfortunately, this often happens at the expense of ensuring that a solid M&E foundation is in place to benefit all programs (see detailed discussion under Evaluation Domain 4). For example, there was concern voiced by multiple respondents in Zimbabwe that the Global Fund approach over-emphasizes certain indicators and is not focused on the performance of the wider system. A recent Mid-Term Review of the National Malaria Program (NMCP) found that

quarterly data collection and reporting was primarily for Global Fund required measures to the exclusion of other indicators in the national M&E plan. In Liberia, the general impression is that the Global Fund requirements and conditions have helped the country to develop M&E plans where no plan or weak plans previously existed. However, in Liberia as well respondents noted that the Global Fund approach can encourage a program focus rather than a health system focus.

Despite the above mentioned challenges, Global Fund targets and indicators in all three case study countries were generally derived from the national disease control strategies and/or the associated national M&E plans and M&E Toolkit-recommended indicators were included where relevant and feasible. However, Global Fund procedures need to acknowledge that harmonization of targets and indicators is not a one-off task but has to be revisited regularly. Factors that were noted to affect alignment include: the dynamic nature of disease epidemics (e.g., people affected, emerging treatment issues); the maturity of the national M&E data collection and management system; the extent to which M&E is aligned with global standards; country time frames for revision of national disease strategies and M&E plans; and, the extent to which coordination across diseases is required for good program management.

For example, the fact that the national TB M&E system in Viet Nam was already aligned to global standards and was fully operational before the Global Fund grant was awarded, was considered by staff from the National TB Program (NTP) to be a major benefit to Global Fund-related target-setting and progress reporting. Standardized data collection guidelines and tools –based on WHO guidance, are used in all 62 provinces in Viet Nam, supported by training at national and decentralized levels. Data collection and reporting forms had to be revised and newly implemented to accommodate updated WHO guidelines on multi-drug resistance TB (MDR-TB) and public-private mix DOTS (PPMD). The NTP M&E system is able to provide all necessary data for national level use (e.g., strategic planning; annual reports compiled by the MOH Statistics Department), and for Global Fund, WHO and other international/donor agencies. NPT representatives pointed out that a common understanding of and strict adherence to data collection and reporting guidelines at all levels was also considered key. However, the NTP also indicated several challenges in tracking clients for HIV-TB co-infection and explicitly noted this as an important area for additional support in terms of coordination and collaboration such as joint planning between the NTP and the National AIDS Program (NAP). NTP informants also pointed out that the NTP had not been involved in the HSS project supported by the Global Fund and that they were concerned that this may lead to potential overlap in M&E planning and implementation –especially for MOH and NTP reporting at the local level.

An emerging practice – to devise a single consolidated M&E policy and strategy was evident in Liberia. As reported by informants there, the pool of national indicators serve the needs of multiple funders (e.g. GAVI, Dfid) as well as national health system reconstruction program. The exception to use of common national indicators was Global Fund output measures.

There are several examples from the country case studies that indicate a need for improvement in the process for selecting Global Fund targets and indicators as local M&E expertise is regularly by-passed. Reasons for this –as we will address below, are related to the perception of M&E at country level or the lack of country ownership vis-à-vis authority exerted by the Global Fund Secretariat.

Some of the programmatic targets are linked to 100% Global Fund-supported activities, but for most targets, Global Fund support represents a contribution to overall funding (i.e., in addition to government and other donor sources). While alignment of Global Fund and national targets is not so much an issue, the fact that targets are usually set over-ambitiously is of concern for performance-based funding. This issue was reported by key informants in Viet Nam as well as in Zimbabwe. Setting over-ambitious targets appears to be linked to:

(a) recruitment of external experts to write the Global Fund proposals –a situation characterized by one respondent in Zimbabwe as "*one technical expert writing the proposal for review by another technical expert*" without full understanding of local capacities;
(b) national strategy targets that tend to be motivational in nature –often in line with global disease targets; and,
(c) Genuine technical challenges such as difficulty to estimate the size of most-at-risk populations and the variety of methods used for this; difficulty to set realistic targets for behavioral outcomes and disease impact as their relationship with program output thresholds is not well-understood and not all factors influencing these measures (such as social drivers) are under the direct control of the program.

In all three case study countries, respondents indicated that some of the indicators used for Global Fund reporting are not routinely collected or there may be slight differences in indicator definitions/formats. Such inconsistencies are introduced at the stage of grant proposal writing/grant negotiations. Individuals within the MOHCW in Zimbabwe acknowledged that they had played a role in selecting indicators during grant proposal writing which are not part of the national HIS. They noted that MOHCW M&E Unit is largely by-passed during this process as it was seen as weak and understaffed. MOHCW M&E Officers felt that with M&E being a cross-cutting area, it was often overlooked or that they were brought into the proposal process too late. During key decision points, there was no one present to query programmatic experts by asking "*how are we going to monitor that*?". There were, further, some reports that indicators were "picked under pressure" (i.e., coming at the end of the process) without a clear understanding of the budgetary requirements for data collection.

The NAC in Zimbabwe indicated instances where Global Fund proposal-based indicators were not already 'in use' in the country and the national M&E plan had to be revised to accommodate them. A specific challenge for HIV here is the dynamic nature of the epidemic and thus core indicators are regularly revised, discontinued and/or new indicators added. This has the added challenges that trend data are disrupted and that previously agreed Global Fund indicators may be affected. The LFA in Viet Nam also noted that some Global Fund-related activities in the Round 9 HIV grant were new activities for which there were no indicators in the national indicator set. These will be then be considered for inclusion in the national set when the national M&E plan is updated in 2012.

With regards to negotiations around indicators in Performance Frameworks, several interviewees in Zimbabwe described capitulating to the Global Fund Secretariat against their technical judgment for the following reasons:

> "*Because they are such a big donor, we tend to cave - but then we go to the facility and see the effect on the nursing staff and feel pity*"
> "*Negotiations with the Global Fund were difficult. We met with different people each with different understanding. They (Global Fund staff) are not technical people and they*

do not understand programs. All they know is what was on paper – "it should be this indicator and that target". In the end, we'd agree just not to delay the process any longer."

Other major challenges –as indicated by members of the national M&E TWG in Viet Nam, include the non-alignment of budget cycles between government and different agencies/organizations; non-standardized AIDS spending categories, and different data reporting schedules resulting in extra work for M&E officers at both government and international/donor agency levels. Respondents in Zimbabwe noted that The Global Fund quarterly reporting timeline was not aligned with the timing of routinely used data validation processes in Zimbabwe, posing challenges for timely and comprehensive data reporting. However, these incompatibilities were discussed with the Global Fund Secretariat and eventually resolved.

3.4(b) Extent to which Global Fund PBM strengthens country M&E systems

This issue is addressed in detail under Evaluation Domain 4 (see Question 4.1) below.

✓ Key facilitators for strengthening Global Fund grant M&E & country M&E systems

The findings we present here are mostly based on key informant interviews conducted during the country case studies (see also full reports in **Annexes E, F, G**).

In general, the Global Fund has facilitated an appreciation for performance-based management (PBM) with an increased focus on outcome/impact results. For example, the government of Zimbabwe recently introduced performance-based contracts in various Ministries, not only those that directly receive Global Fund money.

A common response from interviewees was that –while other donors also contributed to national M&E systems, Global Fund resources helped to bridge important gaps in the prevailing M&E approaches and systems. Respondents often cited a new visibility of M&E based on the Global Fund role. For example:

- The requirement/strong endorsement for the implementation of the MESS Tool resulting in a M&E action plan has helped to coordinate M&E support between different stakeholders. As noted above, the national M&E TWG in Viet Nam noted that the MESS activity represented an important collaborative exercise and provided clear benchmark against which to assess M&E progress over time.
- The PR for the HIV grant in Viet Nam noted that given the relatively high cost of a regular implementation of national surveillance/surveys, the Global Fund contribution to these data collection methods has helped fill an important gap. The availability of good quality outcome/impact data has helped to strengthen the national HIV M&E system and supported improved strategic planning.

In Viet Nam, the Global Fund requirement to report results against targets has also pushed for the harmonization of a national indicator set which is used to monitor progress of the overall NAP. Global Fund money has supported the further integration of different M&E systems to

eliminate unnecessary overlap and improve overall coordination between different partners involved in the HIV response. This has been most pronounced at the national level through a functional and active M&E TWG.

Global Fund support has been provided in areas where government support has not been possible or has been woefully inadequate. Some examples include:

- Global Fund resources have increased the opportunity for human capacity-strengthening both in terms of increasing M&E staffing levels as well as in supporting training to increase overall M&E skill levels. In Zimbabwe, M&E officers in the NTP are funded by Global Fund; all M&E positions in the NAP are funded through donor support, two of which are funded through the Global Fund grant. Given the dire economic situation in Zimbabwe and the associated brain drain, positions supported by the Global Fund have been highly valued by the national programs.
- In Liberia, the Global Fund is supporting M&E officers within each of the 15 counties. These officers are widely seen as a pivotal element in the functionality of the system. In addition, the Global Fund, as well as other donors, supports staff in the central M&E unit where disease-specific M&E officers sit together rather than within the vertical programs.
- The purchase and installation of IT equipment at decentralized levels in Zimbabwe and the innovative use of cell phones for reporting of surveillance data to the HIS has proven to be successful as the reporting rate increased from approximately 30% to more than 70%. Such infrastructure support would have not been possible from government resources.

M&E is universally accepted as a necessary component of Global Fund work. For many of the national program staff, M&E has to some extent or other been part of the life of the national programs. However, for many civil society organizations (CSOs) and especially for networks of PLHIV (e.g., Zimbabwe National Network of People living with HIV/ZNNP+, National Network of People Living with HIV in Viet Nam/VNP+), receiving support from the Global Fund has meant that program monitoring had to be put in place. This has not only benefitted the organizations/networks themselves (e.g., being able to do better advocacy based on data) but has also allowed for their role in the disease response to be 'counted' and recognized. For example, CSO interviewees in Viet Nam referred to the following specific achievements: standardized data collection and reporting forms have been implemented; data quality checks through supervisory visits are being conducted regularly; data flow mechanisms have been established; and, linkages to the national HIV system forged.

Global Fund has made important contributions to improving data quality through support for the standardization of data collection and reporting tools, regular data quality assessments, supervisory visits, focused trainings, and basic data analysis software. All Global Fund entities at country level (i.e., PR, SR, SSR, LFA) in both Viet Nam and Zimbabwe acknowledged that the frequency of Global Fund reporting pushed for the resolution of data comprehensiveness and accuracy issues and resulted in data improvements over time. As many of the indicators are shared between the national disease programs and the Global Fund grants, this has benefited national M&E systems. Organizations also valued the application of the OSDV process and the DQA for understanding strengths and weaknesses in their organization's internal M&E systems.

More recently, the Global Fund Secretariat has encouraged the inclusion of operations research in Global Fund proposals and provided specific guidelines to that effect. For example, some TB-grant SRs in Viet Nam were involved in the implementation of special studies such a formative

assessment for the mobilization of the private sector in TB control. While it was not possible to investigate the extent to which this provision has been taken up, an increased focus on studies dealing with pragmatic issues in the context of continued program improvement is recognized at global and country levels alike. The CCM Chair in Viet Nam expressed an explicit interest in the need for going beyond routine monitoring to include evaluation studies which can contribute to a better understanding of how best to tailor implementation of programs to the specific context of different localities and how best to use the limited funding to reach specific programmatic targets.

- ✓ **Key barriers to strengthening Global Fund grant M&E & country M&E systems**

As with the key facilitators discussed above, the findings presented here are mostly based on key informant interviews conducted during the country case studies (see also full reports in **Annexes E, F, G**).

While the intent of the Global Fund guidance is clearly focused on using national indicators where relevant and available, the fact that quarterly disbursements are dependent on actual performance influences what gets measured. Hence, –as mentioned above, there is an explicit intent to satisfy Global Fund requirements first which involves a narrow focus on achievable targets and ensuring availability and quality of specific indicator data. This focus on what can easily be achieved and measured today, may be at the expense of a broader, more longer-term strategy for system-strengthening. It was noted by key informants in Zimbabwe that a lack of a systems approach may be exacerbated by the fact that the PR is not a government department (such as the NAC or the MOH). However, the same tension was mentioned in countries (i.e. Liberia) where government now serves as Principal Recipient.

There is no orientation about the Global Fund grant when new staff joins. Such an orientation was seen as beneficial for creating a common understanding of the Global Fund requirements, but especially for discussing how to make full use of the potential for synergistic effects between Global Fund grant-related M&E and national M&E systems.

By the time a Global Fund grant is awarded, considerable time may have passed since proposal submission. Virtually all key informant categories in Viet Nam and Zimbabwe argued for more flexibility in amending budgets and targets to address unanticipated cost increases or other implementation challenges. SR and SSRs in Viet Nam also pointed out that Global Fund-supported entities not only have to adhere to Global Fund procedures but also to government regulations –especially in relation to financial management regulations, posing additional challenges to program and M&E implementation. The HIV M&E TWG in Viet Nam noted that Phase 2 of the Global Fund grant negotiations provide an opportunity for program/M&E adjustments but felt that the existing procedures do not provide the level of flexibility needed. Partner agency staff in Zimbabwe noted the same pressure to "*keep doing the same things*".

Intimate knowledge of the country program and context was considered key to understanding country realities and jointly (Global Fund Secretariat and PRs) resolving any implementation challenges. One of the challenges in an effective and supportive relationship between the Global Fund Secretariat and the Global Fund entities at country level –as mentioned by PRs and LFAs, has been the frequent turn-over of the Fund Portfolio Manager (FPM). For example, it was

noted that there have been four different FPMs for Viet Nam in the past 5 years. The more recent Country Team Approach (CTA) at the Global Fund Secretariat level may help to reduce steep learning curves and trust issues in case of staff changes. In at least instance however, it was noted that the CTA approach also contributed to long delays on decisions as members changed and new members were brought up to speed. The lack of country authority and/or the lack of Global Fund Secretariat presence in country were noted as barriers to timely resolution of challenges.

Flexibility seems to be particularly pertinent to M&E support. While major national level data collection schedules can be planned and costed in advance (such as HHS+, IBBS), inexperience with CSO M&E –such as in Viet Nam for example, led to under-budgeting and unforeseen challenges in M&E capacity-strengthening. Not accommodating such challenges has a negative effect on Global Fund M&E but also on national M&E systems in terms of, for example, lack of essential data, incomplete reporting, inadequate data for effective program planning. In Liberia, several respondents mentioned a struggle to convince the Global Fund to allow support for a community-based systems of health volunteers and associated monitoring.

It is clear that Global Fund requirements have introduced a strong external oversight and data audit emphasis. While these undoubtedly supported recognition for and instigated necessary improvements in data quality, they have also reinforced a notion that M&E is heavily dependent on conducting supervisory visits rather than on a need to promote local ownership for and a culture that values good quality M&E for continued program improvement. In both Viet Nam and Zimbabwe, the perceived utility of M&E for local program improvement is still low. For example, the NAC in Zimbabwe provided a specific example of a workplace program indicator that was perceived to be collected only for the sake of obtaining disbursements from the Global Fund.

In practice, it appears that budgeting for M&E may be overlooked in proposal development and grant negotiation as was reported by respondents in Zimbabwe. A particular challenge is determining a realistic M&E budget; budgeting is done at the beginning of a project but may need to be revised during the lifetime of the program to support effective implementation. Other challenges included: anticipating how widely varying levels of M&E capacity (in terms of both numbers and skill levels) needs to be figured into M&E budgets and the level of funding needed to start up a new M&E system rather than maintaining or further enhancing an existing one. An added problem, overall, is the continued lack of understanding the unit cost for some M&E activities, compounded by the lack of good monitoring systems for M&E expenditures.

Civil society SR and SSRs commented on the inadequacy of M&E funding, especially for work at the community-based level. It is clear from the CSO experience in Viet Nam that a larger M&E budget is required when new systems need to be established. CSOs also recommended support for increased salaries for M&E positions to facilitate the retention of skilled people as staff turn-over is high. In general, it seems that many of the benefits seen in M&E systems at the PR-level do not necessarily translate to SRs and SSRs (e.g. respondents from these groups were often unfamiliar with the M&E Toolkit). In Liberia, civil society SRs were appreciative of the training that they did received but, in general, felt that much more effort was needed.

Inadequacies of M&E budgets were also mentioned by national programs and national M&E TWGs in relation to tracking of behavioral outcome indicators which require costly surveys. For

example, there was a concern that M&E budgets in Zimbabwe do not adequately capture the costs of primary data collection and that the Global Fund's emphasis on outcome and impact measures will only exacerbate this situation. It was also noted that, while Global Fund supported important M&E infrastructure improvements, maintenance costs or consumables for IT equipment are not included in budgets and thus, the upkeep of the infrastructure may suffer and directly affect data collection, analysis and reporting. On top of this, as was discussed in detail under Evaluation Domain 2, the "net effect of grant negotiations" in the majority of cases reviewed, is a substantial reduction in M&E budget from proposal to approved grant budget.

The lack of sustained investment in M&E systems has been identified globally as one of the main reasons why national M&E systems fail. Hence, sustainability is a key issue to be considered. In Zimbabwe, for example, the Global Fund has made substantial contributions for the support of salaries of essential M&E positions. While the levels of staffing have overall improved, low enumerations play an important role in high staff turn-over. The relative share of government financial support has been encouraged to increase, especially to support critical positions, but enumerations by the government are generally lower than currently provided by the Global Fund for the same positions. In addition, there is no clear exit strategy and the current politico-economic situation in Zimbabwe remains frail and unpredictable. It was also noted by the NAC that where budget cuts needed to be made, M&E-dedicated resources frequently take the first –not necessarily founded, cuts.

Most of the Global Fund-supported M&E budget remains focused on supporting monitoring and progress reporting. An example of a missed opportunity for evaluation of the effectiveness of interventions is seen in the HSS grant in Zimbabwe. The HSS grant included a US$ 26 million component to retain health workers which represented 82% of the entire grant. The Phase 1 re-programmed budget included a line item to conduct an external review of effectiveness and appropriateness of retention scheme at end of Phase 1. Such an endeavor represented an important opportunity for the Global Fund, the MOHCW and partners to learn about the use of performance-based grants for human resources for health efforts. The external review was budgeted for US$ 10,000, an insufficient amount for the scope of the activity. Unfortunately, within 10 months of the grant start date, the Global Fund concluded that "*The Regional Team in agreement with the Senior Management team are of the opinion that the current structure of the retention scheme is not sustainable. This disbursement request is only approved for payment of arrears of the scheme and for activities in Q3 and Q4"*. It would appear that the decision to suspend the retention program was based on opinion rather than evidence. Likewise, the budgeted amount for external review (i.e., US$ 10,000) does not instill confidence that a serious and robust effort was planned.

3.5 Which type of activities aimed at developing or strengthening country M&E systems are funded by the Global Fund?

This question is extensively addressed under Evaluation Domain 2 above including specific examples from the country case studies (see full reports in **Annexes E, F, G**).

3.6 What are the respective roles of partner organizations (i.e., other international financing or development organizations) and of implementing partners (e.g., PRs, LFAs) in designing, funding and implementing those activities?

The Global Fund Operations Policy Manual includes several Information Notes (INs) on operational partnerships and special initiatives including the Green Light Committee, UNAIDS, UNICEF, Roll Back Malaria (RBM) partnership, Stop TB partnership, WHO, the World Bank, PEPFAR and the US President's Malaria Initiative (PMI). In terms of explicit mention of strengthening country M&E systems[26], the following agencies include this in their scope of work:

- *UNAIDS* (and by extension its co-sponsors, but specifically referring here to the Secretariat and the M&E Advisors at regional and country levels as well as its Technical Support Facilities/TSF): "Monitoring and Evaluation (M&E): a. Support countries in designing national M&E plans and strengthening national M&E systems; and, b. Harmonizing data collection." [p.53]
- *RBM* (with Secretariat at WHO): "helping countries with capacity building of management systems" [p61] [Note: this is not explicitly defined but is likely much broader than M&E only]
- *WHO* provides technical support at country level in "Monitoring and Evaluation (M&E): WHO helps countries develop and implement national M&E plans. This may include improving national health systems and disease surveillance systems, and supporting operational research, survey methods and data analysis." [p.68]
- *World Bank* provides technical assistance for "strengthening country M&E systems" [p.86]
- *PMI* is "helping NMCPs finalize their M&E plans and implement key recommendations from the MESS workshops." [p.91]

There is also an IN on Technical Assistance through Partners indicating the following overall purpose and strategy of partnerships:

> "Partnership forms the very basis of the Global Fund model. As a financing mechanism and not an implementing entity with a country presence, the active engagement of and collaboration with a range of partners – including recipient governments, donors, civil society, the private sector, foundations, representatives of communities living with the three diseases, the UN and other technical partners – is essential. The Partnership Strategy, adopted by the Board in November 2009, demonstrates where and how the innovative capacity of partnership is essential for the Global Fund model to function effectively, outlines the roles and responsibilities of the Global Fund Board, the Secretariat and partners in making this partnership work, and provides a Performance Framework to enable the Global Fund and its partners to assess the effectiveness of the partnership to deliver results at country level." [2012: 66]

The IN specifically mentions "Facilitating the M&E Systems Strengthening workshop and ensuring follow-up actions" as a common area of technical support." [p.70]

Interviews with informants from key international agencies/donor organizations, provided insights into their support provided for country M&E system-strengthening. This included support directly to the Global Fund Secretariat, as part of global standards-setting bodies (such as the HIV MERG, the malaria MERG), and at regional and/or country-levels. It should be noted that partner support is not limited to M&E activities funded by the Global Fund, but is broader

[26] Other types of M&E support may also be mentioned in the INs such as for national M&E planning, specific data collection methods including evaluation studies, but these are not the focus here.

and almost exclusively funded through their own mechanisms/organizations. An exhaustive listing of partner support is outside the scope of this evaluation, but the examples provided below can be considered indicative.

Examples of *partner support at the global/regional level* include:

- Compiling and reporting global disease surveillance data and estimates including providing training and technical assistance to individual countries;
- Validating monitoring data from countries across different agencies' global reporting systems;
- Developing global standards, normative guidance, operational guidance and standardized tools for M&E in the context of a global Reference Group (such as the HIV MERG for HIV; the malaria MERG) or as individual lead agency (but usually in partnership with other international agencies). Examples include: the new version of the MESS Tool for HIV for a comprehensive assessment of national M&E systems; Standards and benchmarks for TB surveillance systems.
- Providing technical input/review to the Global Fund Secretariat on key Global Fund policies, guidelines and tools. Examples include: M&E Toolkit, DQA tools and guidelines; M&E Country Profiles;
- Ad-hoc consultations on Global Fund Secretariat M&E issues;
- Reviewing country proposals for adherence to Global Fund M&E requirements and M&E plans;
- Participating in LFA and PR M&E workshops/trainings.

Examples of *partner support at the country level* include:

- Providing M&E technical assistance on strategic planning, M&E, to national governments with responsibility for national disease control programs and national departments/institutions with responsibility for data systems;
- Participating in program reviews;
- Trouble-shooting M&E implementation issues;
- Supporting operations research and program evaluation studies. For example, UNAIDS supported national agenda-setting for research/program evaluations in Bolivia, Botswana, DRC, India, Kenya, Namibia, Tanzania, Thailand, Lesotho, Mozambique, Nicaragua, PNG, Rwanda, South Africa. Research/evaluation priorities are determined through a country-led, coordinated process involving all relevant stakeholders with the aim to implement studies that are relevant to key decisions in the national HIV response; avoid duplication of effort; and, support better use of evaluation findings to formulate policies and improve programs. Another example is the UNICEF-supported Collaborating Centre for Operational Research and Evaluation which aims to support and promote operational research and evaluation and strengthen the use of quality data in guiding policies and programming in Zimbabwe (see **Annex E**).
- Both in Viet Nam and in Zimbabwe, a national M&E TWG for HIV/AIDS exists and meets regularly. Members include a wide range of stakeholders from government, international agencies, NGO/CBO and local academia. The TWG is led by the government entity responsible for the NAP and international agencies (including but not limited to PEPFAR, UNAIDS, WHO) are represented by trained M&E experts which provide a strong technical

backbone for the TWG. The TWG is involved in standard-setting and approval of M&E normative guidance; M&E coordination between different stakeholders; and provision of technical guidance and problem-solving related to HIV M&E. The TWGs actively work on the harmonization and coordination of M&E responsibilities and activities of a wide range of governmental, nongovernmental and international partners involved in the disease response;

- In Zimbabwe, UNAIDS –in collaboration with other partners, provided support for: standardized tool development for and application of M&E system assessments for HIV (building on the global HIV standards and tools); standardized curriculum development and piloting; development of M&E position descriptions; development of job work plans and other job aides for M&E staff; and ongoing mentoring of M&E officers. These guidance and tools are an important step in helping to professionalize M&E in Zimbabwe.
- In Viet Nam, both UNAIDS and WHO provided substantial technical support in national M&E system-strengthening such as in M&E planning, implementation of the National AIDS Spending Assessment/NASA, data collection on peer outreach activities, TB drug resistance monitoring.
- In Liberia, partners including the World Bank, USAID and GAVI have made significant contributions to revitalizing the national HMIS and M&E functions at varying levels in the system. Under MOHSW leadership, these resources were coordinated to address gaps and avoid duplication.

It was noted by many partner representatives that Global Fund grant implementation and M&E is heavily dependent on the technical support from partner agencies/organizations which are members of the CCM and various national TWGs and committees, and also provide tailored support to PRs, SRs and SSRs directly.

In terms of *support provided by PRs and LFAs* for country M&E system-strengthening, a few specific issues were noted during key informant interviews –over and above the funded activities discussed elsewhere in this report:

- In Viet Nam, the M&E TWG noted that the LFA has strong monitoring oversight but seems to lack capacity in other M&E arenas;
- In Zimbabwe, it was noted by key informants from the MOHCW that the lack of a systems approach through the Global Fund grants may be exacerbated by the fact that the PR is not a government department (such as the NAC or the MOH), therefore is more concerned with Global Fund management per se (also because the special conditions under which the grant operates in Zimbabwe).

Representatives from global agencies also provided insights into their *working relationship* with the Global Fund Secretariat and with Global Fund entities at country level:

- There seems to be a shared understanding at the global level about the Global Fund principles of alignment and harmonization with country M&E systems which is often not there at the country level. Parallel systems are still being set up for Global Fund-specific purposes. It was acknowledged that the PBF system of the Global Fund 'by default' pushes for Global Fund-specific rather than integrated data systems;

- The Global Fund Secretariat should not be seen as a homogenous in thinking and approach; there are a range of different views and perspectives on M&E for grant management versus country M&E system-strengthening;
- There are missed opportunities for technical input and guidance during grant proposal writing as partners are not always included in this process at the right time;
- The Secretariat should be more pro-active in involving technical partners. There seems to be a lack of experience in working collaboratively with global partner agencies;
- Defining the roles of different partner agencies in providing support to different Global Fund entities would be beneficial as well as developing a 5-year strategy for support. Providing technical support to the Global Fund Secretariat and to Global Fund entities at the country level takes time and effort and many of the partners have other responsibilities. The Secretariat should make use of seconding partner agency staff and funded (i.e., with Global Fund money) work plans (such as are currently used with some partner agencies or departments thereof). These measures would provide a more structured and feasible approach for partner agency staff to work with the Global Fund;
- Technical comments provided by partners and global standards/best practices were not always taken into account in the development of Global Fund M&E guidelines (such as the M&E Toolkit). It was also noted that technical input often has to be provided on short timelines which does not result in having the best possible product. A formal and funded work plan with partners would address this issue.
- Finally, a number of respondents, from within the Global Fund Secretariat, among PRs and partner agencies, reported that some Secretariat M&E staff lack the technical skills and experience needed to play any form of technical role vis-à-vis M&E. Notably, previous versions of M&E Toolkit, which were widely viewed as non-aligned and resistant to partner input, linger in the memory of many technical partners.

Partners also commented on the need for *better information-sharing on M&E investments* and on particular *M&E achievements and remaining challenges*:

- There is no global system to track how much money has been invested in country M&E systems and in what types of activities;
- There is no global mechanism for sharing what operations research/program evaluation studies have been funded by different partners. UNAIDS and DFID recently supported a stock-taking exercise to this effect, but it was difficult to obtain a synthetic view due to restrictions on sharing this information;
- There has been improvement in national M&E plans but implementation is still weak; M&E support still seems to be piecemeal rather than part of a coherent, long-term strategy;
- The RBM approach of the Global Fund has increased the visibility of M&E. However, it is often understood as a punitive approach rather than a tool for management and learning;
- Providing clear M&E guidance is not sufficient; many PRs do not know what to do in practical terms. More (formalized) implementation support should be provided at the country level (such as through a pool of trained consultants/technical assistance providers) and a support network should be set up. The Secretariat should also consider funding more support through regional platforms.
- 'Grant writers' are focused on the specific disease focus and should work more closely with general health staff as many opportunities for HIS system-strengthening are lost (especially an issue for malaria);

- There are still key data lacking (e.g., vital registration data, outcome/impact data for trends); and many systems remain paper-based;
- More emphasis on and targeted support is needed for integrated data analysis and for data use in decision-making at different levels;
- The Global Fund has not put its full weight behind country M&E system-strengthening; For example, Global Fund efforts to strengthen the overall HIS in countries have been minimal and piecemeal. The Secretariat is too much focused on risk management and producing data quickly for performance reporting –often with low data quality. Sustainable and strong M&E systems take time to build. There has been too little effort on institutional capacity-building.

3.7 To what extent are the M&E plans and practices in Global Fund grants consistent with internationally-agreed standards? If any, what are the inconsistencies and why?

To answer this question in detail, the evaluation team draws on separate work conducted for the Global Fund on selection of grant performance indicators[27]. This work compared impact and outcome indicators found in the PFs with those recommended by partner agencies or otherwise considered international standards. Overall, 69% of impact/outcome indicators in the PFs of a sample of 17 grants matched with international standards/recommendations. The HIV grants were particularly well-harmonized; malaria grants were the least well-harmonized (**Table 20**). For the seven HIV grants, 88% of those PFs measures matched with international standards. A similar analysis focused specifically on malaria grants from Rounds 1-9. In the Asia region overall, 59% alignment between the PFs and the Global Fund's M&E Toolkit[28] was noted.

The higher number of partial matches in the malaria grants can be traced to several indicators where PF indicators consistently failed to match international standards. These included parasitemia prevalence and anaemia prevalence where international standards refer to children 6-59 months of age but the sampled Global Fund grants consistently used all children under five years of age.

[27] Peersman G, Plowman B, Morales I (2012). Review of the indicators selection and appropriateness of target-setting in relation to the budget in Global Fund grants. Review Report, April 2012.

[28] Zhao J, Lama M, Sarkar S, Atun R (2011). Indicators Measuring the Performance of Malaria Programmes Supported by the Global Fund in Asia, Progress and the Way Forward. PLoS ONE 6(12): e28932. doi:10.1371/journal.pone.0028932.

Table 20. Match between impact and outcome indicators in PFs and international standards/recommendations (N=17 grants)

Disease (# of grants)	Degree of match (in number of indicators) for PF impact/outcome with global standards			Total number of impact/outcome indicators
	Complete match	Partial match	No match	
Malaria (4)	19	15	3	37
HIV (7)	37	4	1	42
Tuberculosis (4)	11	5	0	16
HSS (2)	7	3	2	12
Total (17)	74	27	6	107

Based on key informants in the in-depth case studies:

- The national M&E plans for HIV which are used for the HIV grants in both Viet Nam and Zimbabwe include, for example, all relevant UNGASS indicators. Both countries have regularly submitted UNGASS reports to the UNAIDS Secretariat indicating functional reporting on global standards. NAC representatives in Zimbabwe noted that the national indicators also allow for standardized reporting on MDGs, SADC and Africa Union Commitments on AIDS. These are clear indications that the national indicators are aligned with global standards. Issues with non-alignment are typically due to: national M&E planning cycles or country data collection systems lagging behind changes made in global standards; or, the need for local adaptation of global standards based on the country's NSP. It was noted that in both countries, there is an active national M&E TWG for HIV which takes responsibility –among a range of other work, for alignment of indicators with global standards and harmonization of indicators between different donors/international agencies.

  Apart from incorporating global standards for indicators, key informants also noted other examples such as: In Zimbabwe, the adaptation and local implementation of the global MERG tools for national M&E system assessment, M&E competency assessments, and M&E curriculum development; in Viet Nam, The TWG led an M&E system assessment using the M&E System Strengthening Tool (MESS Tool) developed by the Global Fund and partners. TWG interviewees noted that this activity represented an important collaborative exercise that drew out strengths and weakness of the national M&E system and will be used as a benchmark against which to assess M&E progress over time.

- In terms of TB, the NTP representatives in Viet Nam noted that every health facility providing TB diagnosis and treatment, uses laboratory registers, TB registers and TB treatment records based on standardized WHO forms. Revised tools were implemented nationwide in accordance to WHO revisions to accommodate TB-HIV, MDR-TB and PPMD. There are common TB indicators for the NTP and the Global-Fund supported activities within it; harmonization of indicators with other donors was also said to be complete. Disease outcome and impact data are published and disseminated in-but also internationally through the annual WHO Global Tuberculosis Report. There is no national M&E plan for TB nor a national M&E TWG to coordinate M&E in Zimbabwe; lack of guidelines for, for examples, TB-MDR monitoring was noted. Hence, it seems incorporation

of global standards needs improving. It should be noted that M&E Officers in the Zimbabwe NTP are supported through Global Fund money.

- For malaria, the case study in Zimbabwe found that while the first national M&E plan was developed in 2008, some misalignment with indicators of the PR. A recent joint review conducted by the Southern African Regional Network (SARN) and the PMI concluded that NMCP program management was strong but that there is a need to strengthen M&E. While indicators are largely reflective of global standards, interviewees noted that the focus of reporting is on indicators in the Global Fund performance framework. Other indicators in the malaria M&E framework have proven more difficult to track due to lack of funds. OSDV procedures for malaria indicators use a standard format with action points for follow-up and the findings are shared with the CCM sub-committee. This represents an example of good practice in support of data quality improvement.

3.8 To what extent are typical Global Fund processes (such as M&E plan development, M&E system assessment, data quality audits) still relevant or to what extent have adaptations served to keep processes relevant?

Overall, the MESS Tool and OSDV procedures were repeatedly cited as valuable contributions.

The OSDV which is conducted by the LFA was seen by a majority of implementers as a separate, stand-alone process. Their knowledge of any issues arising is limited to those communicated back to the PR via a Management Letter from the Global Fund Secretariat. However, the OSDV procedure seems to have a "cross-over effect" in that the exercise is regularly replicated by the PR and, at times, SRs and SSRs. In several countries visited, the PR conducts a joint exercise on a quarterly basis with the SR and SSRs to identify shortfalls and implementation issues. Although the specifics vary by country, respondents generally described a data quality assessment process whereby districts (or facilities) are visited along with the provincial medical officer (or district health officers) and feedback is provided immediately to the relevant staff. The investments in these types of field visits, done quarterly, for most of the programs examined, are likely substantial and thus the 'pay-offs' need to be worth the investment.

As noted above, M&E system assessments have been carried out in more than 100 countries. Several LFAs wrote compellingly of the real effect of the MEEST exercise being diffused due to lack of follow-up. Similarly, Secretariat M&E staff noted the need to bolster the effectiveness of the MESS Tool through more regular follow-up of action plan implementation – this is envisaged for implementation in the Global Fund M&E agenda for the next five years (see under Evaluation Domain 1, Question 1.4).

As country M&E systems are dynamic and dependent on continued investment in terms of financial resources and skilled staff, there is a clear need for repeated assessments of overall system strengths and weaknesses including data quality. M&E plans do not guarantee M&E implementation, but without a clear plan (that follows quality standards for what needs to be covered), coordination and collaboration of the different M&E actors becomes very challenging indeed.

In sum, Global Fund support for regular M&E planning, M&E system assessments and data quality assessment remain relevant. The way these are carried out including the financial investments and what they focus on may need to be adjusted based on feedback the extent to which they strengthen national M&E systems versus grant management per se (see Evaluation Domain 4). Ideally, these processes should become fully country owned and institutionalized within country M&E systems. In the meantime, keeping or making these 'funded' M&E 'requirements' rather than 'recommendations' will help with increasing their visibility and ensuring their implementation.

Key Findings and Recommendations

KEY FINDINGS

- National M&E plans were available for about one third of each of the disease-specific grants in a sample of 196 grants. For HIV, national M&E plans were generally of higher quality than PR/grant-specific plans; this trend was not seen for TB or malaria.
- PRs were most likely to cite the Global Fund requirements differing from the national M&E plan in terms of degree of detail required, reporting timelines and indicators as a reason for not using national M&E plans. LFA respondents were more likely to point to deficiencies in the national M&E plans as the main obstacles.
- While, 97% of on-line PR respondents agreed or strongly agreed that Global Fund grant indicators are aligned with the national strategy/M&E plan, only 59% of LFA staff held a similar opinion. Both PRs and LFAs agreed on the alignment of targets as overall good. The country case studies found that in the process of selecting Global Fund targets and indicators, local M&E expertise is often sought (too) late or by-passed.
- Global Fund M&E communications can be improved: the TRP provided little, if any, feedback on M&E system-strengthening or alignment; LFA PR assessments were skewed towards M&E for grant management but also included brief feedback on the status of national M&E systems; Conditions Precedent appeared to be formulaic only.
- Overall, 236 M&E system assessments have been conducted in 104 countries (2007-2010) but Secretariat M&E staff and LFAs both pointed to the need for follow up on proposed actions.
- Virtually all key informant categories in Viet Nam and Zimbabwe argued for more flexibility in amending budgets and targets to address cost increases or unanticipated implementation challenges in M&E.
- Global Fund-related M&E is heavily dependent on the technical support from partner agencies through direct support to the Global Fund Secretariat and as members of various national TWGs and committees.
- Incorporation of global standards in Global Fund-related indicators and M&E practice seemed to be linked to well-functioning national M&E TWGs or maturity of M&E systems.
- As country M&E systems are dynamic and dependent on continued investment in terms of financial resources and skilled staff, M&E planning, MESS, OSDV and DQA procedures remain valid but may need to be revised to get maximum benefit for country M&E systems.

RECOMMENDATIONS

- Far greater attention should be paid to the role of and gaps in national M&E systems during the technical review process. It is essential that, in approving proposals, the TRP understands how the grant will draw data from, contribute data to and further strengthen the existing national M&E systems. The detailed M&E-related information in proposals must be carefully and critically assessed and clarified –as needed, just as *other technical areas* of the proposal. Full advantage should also be taken in specifying Conditions Precedent for follow-up on key M&E challenges but these should be cognizant of the reality of the country situation. Quick fixes in M&E are not necessarily the best way forward.
- The Global Fund should consider engaging a small, qualified pool of independent M&E experts working with the TRP to take responsibility for examining M&E alignment and country system-strengthening as well as the overall coherence of the Performance Framework in the context of the national M&E system. This M&E expert pool could be tasked with examining M&E plans, identifying issues related to data availability and quality in light of recent M&E assessments and recommending key actions for follow-up to ensure that a solid evidence base is in place for both the grant-related Periodic Review and the benefit of national AIDS, TB and malaria programs.
- The Global Fund Secretariat should outline and stress the crucial role of local M&E expertise in the proposal writing and grant negotiation processes. The new Country Team Approach at the Secretariat level which requires the involvement of a M&E Officer as an essential team member should be also be adopted at the country level for all communications/decisions regarding the grant. With regards to M&E budgets and implementation, it is clear from country experiences that there is no one-size-fits-all approach for M&E and this should be better reflected in Global Fund guidance provided.
- The Secretariat should systematically gather and document in detail country experiences with M&E system-strengthening and data use for decision-making. This should be done as part of a knowledge management approach for M&E that includes and supports communities of practice to benefit exchange and problem-solving across countries. In turn, the knowledge management approach should be part of an overall Global Fund strategy towards becoming a 'learning organization' (Note: a 'learning organization' strategy for the Global Fund needs to be developed, as recommended under Domain 1). As part of this learning approach and consistent with the new way of doing business within the Global Fund Secretariat, more flexible management of Global Fund-supported M&E activities would benefit both grant management and sustainable country system strengthening. This requires an in-depth and up-to-date understanding of the country situation on the part of Secretariat staff without micro-management, and the building of a trust relationship with country partners without compromising risk management or disregarding country ownership.
- In addition to learning from M&E experiences across countries (as noted in recommendation 2 above), the Global Fund Secretariat should continue to support MESS and OSDV procedures but may need to adjust the content and implementation mechanisms in order to maximize country M&E system-strengthening (see Evaluation Domain 4). The Global Fund should support the institutionalization of these procedures for sustainability. In the meantime, keeping or making these 'funded' M&E

'requirements' –rather than 'unfunded' M&E 'recommendations' will help with increasing their visibility and ensuring their implementation.

- The Global Fund Secretariat in collaboration with its technical partner agencies should develop a 5-year strategy and work plan for each agency's technical assistance role in support the new Global Fund M&E agenda on country M&E system-strengthening. The Secretariat should use funded (i.e., with Global Fund money) work plans and secondment of skilled M&E staff to implement technical assistance at Secretariat and country levels. These measures would provide a more structured and feasible approach for partner agency staff to work closely with Global Fund entities at all levels.

Domain 4: Effects of Global Fund investments on country M&E systems

Evaluation Focus and Questions

The fourth Evaluation Domain was focused on the positive and negative effects of Global Fund policies, practices and funding on country M&E systems. The evaluation team sought to measure and assess the positive and negative effects of Global Fund policies, practices and, funding on country M&E systems by addressing the following questions:

- Are the grant-related M&E activities funded by the Global Fund effective for the purposes of: (a) sound Global Fund grant management including performance-based funding? and, (b) local program improvement including contributing important data to the country M&E system;
- Does the effectiveness of Global Fund investments in M&E differ by (a) grant type; (b) magnitude of the health problem; (c) size, duration and type of investment; (d) maturity of the national M&E system?
- Are the M&E activities funded by the Global Fund contributing to robust and sustainable country M&E capacity that goes beyond the management of the Global Fund grants?
- How successful are the M&E activities funded by the Global Fund in ensuring harmonization and alignment of M&E practices (a) with the national system?; and (b) between international financing and development institutions?

Evidence Base

The evidence base for Evaluation Domain 4 consists of:

- data on M&E characteristics of all countries receiving Global Fund grants as compiled by the Global Fund Secretariat M&E Team for the purpose of the Country Profiles;
- open-ended and closed questions of the on-line surveys with PRs and LFA M&E experts;
- key informant interviews conducted with Global Fund Secretariat staff and global partners during the inception visit in Geneva; and,
- key informant interviews conducted with a wide range of stakeholders in the three case study countries (i.e., Liberia, Viet Nam, Zimbabwe).
-

Important note: Much of the detailed evidence on which this chapter draws, has already been presented under Evaluation Domains 1, 2 and 3 above and can be found in the country case studies for which full reports are included in **Annexes E, F, G**. In this concluding chapter, we aim to summarize the evidence and provide additional examples –where pertinent. We refer to the section on 'facilitators and barriers to strengthening national M&E systems through Global Fund grants' (see Evaluation Domain 3, Question 3.4) as particularly relevant to this chapter.

Findings

4.1 Are the grant-related M&E activities funded by the Global Fund effective for the purposes of: (a) sound Global Fund grant management including performance-based funding?; and, for (b) local program improvement and contributing important data to the country M&E system?

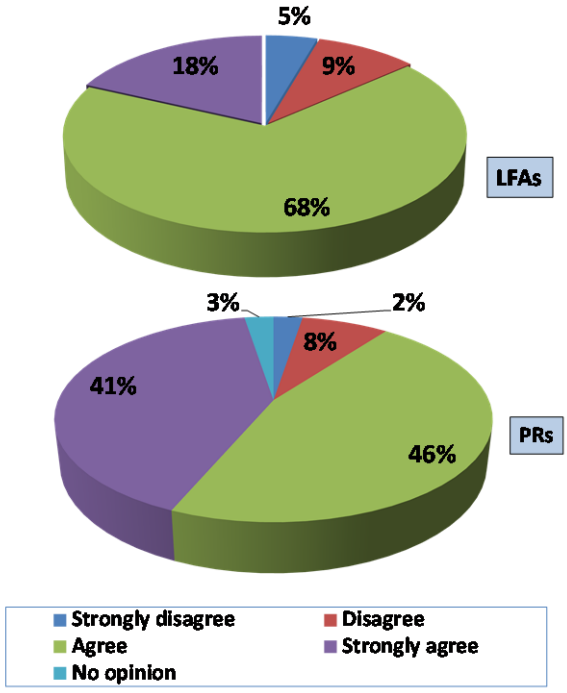
On-line survey respondents were strongly of the opinion that M&E activities funded by the Global Fund were effective both for grant management purposes as well as local program management (**Table 21**). Between the two respondent categories, between 86% and 95% of LFAs and PRs, respectively, agreed or strongly agreed that M&E activities were effective for grant management. Likewise, 82% of LFAs and 87% of PRs felt that M&E activities funded by the Global Fund were effective for the purposes local program management including long-term strengthening of country M&E systems.

Table 21. On-line survey respondents answer the question "*Are M&E activities funded by the Global Fund effective for ….*"

	LFAs		PRs	
	Agree	Strongly agree	Agree	Strongly agree
…. grant management including performance-based funding	41%	45%	58%	37%
…. local program management including long-term strengthening of country M&E systems	68%	14%	58%	29%

Overall, respondents to the on-line survey were of the opinion that Global Fund practices indeed strengthened national M&E systems (**Figure 14**). However, from open-ended questions in the on-line survey with PRs and LFAs and from in-depth key informant interviews a more nuanced picture emerged. Multiple stakeholders interviewed in the country case studies reported that Global Fund-supported M&E remains heavily focused on reporting of performance indicators with limited attention to the performance of the wider M&E system. The following sections address the effectiveness of Global Fund investments on grant management first, and subsequently address the effect on country system-strengthening. The practices that promote or hinder these effects have been described in the previous section (Domain 3) and will be referenced throughout.

Figure 14. On-line survey respondents answer the question "*Do Global Fund M&E practices strengthen the national M&E system*?"



4.1(a) Effectiveness of grant-supported M&E activities for grant management

Based on the in-depth evidence provided in Domains 1-3 and the detailed accounts of the case studies provided in **Annexes E-G**, we conclude that Global Fund M&E funding *and* M&E requirements had the following positive effects on PRs, SRs and SSRs:

- increased M&E visibility and greater appreciation for M&E at all levels;
- introduced a more comprehensive focus on performance of projects/programs not just process measures;
- introduced or revitalized planning for M&E including costed M&E work plans;
- pushed for implementation of routine monitoring in organizations (e.g., CSOs) that may otherwise not have been engaged in standardized (or any other type of) data collection;
- facilitated a shift in focus from data availability to data quality;
- pushed for standardized data collection on Global Fund performance indicators;
- forged links with national M&E systems through M&E plans and shared data;
- introduced tools to help identify and resolve data availability and data quality issues for Global Fund performance indicators supported M&E-staff and M&E capacity-building through trainings;
- supported M&E-related infrastructure including procurement or upgrading of hardware and communication capacities;
- enabled continued funding for grants with demonstrated performance.

In sum, the grant-related M&E activities funded by the Global Fund were found *effective in providing the building blocks* for sound Global Fund grant management. As was seen in the case study countries, Global Fund support was appropriately utilized to either revitalize a defunct system (i.e., Zimbabwe) or to create one (or parts of the system) almost anew (i.e., Liberia, Viet Nam). In these and most other cases, several years are needed for the development and scale-up of the M&E system to deliver performance data for funding decisions. Hence, unless a grantee already has a fully operational M&E system, the Global Fund M&E investments are crucial in moving the Principal Recipients and sub-Recipients towards the intended effect.

The greatest challenge for PRs, SRs and SSRs is the lack of flexibility in the Global Fund performance-based management including the inability/difficulty in adjusting:

- work plans (for example, to accommodate the time required for hiring new staff and/or for capacity-building of existing staff);
- targets and indicators (for example, to respond to unanticipated implementation barriers; to incorporate more appropriate measures).

These challenges are explained in more detail by the following case study examples:

- In Viet Nam, civil society SSRs indicated that active involvement of PLHIV in program and M&E design and implementation often requires additional efforts. Individuals may need capacity-strengthening and literacy levels are often low –especially in rural/remote areas. The award of a Global Fund grant requires the immediate start of program implementation including the collection and reporting of performance indicators to secure continued funding. However, by the time contractual arrangements have been established[29], initial capacity-building has been conducted and new program activities have been started up, the planned implementation period may already be severely reduced. According to the civil

[29] For example, due to differences in financial management between different partners, contract arrangements between VAAC and VUSTA were signed on 28 April 2011 and work was able to start mid-June 2011, but contracts between VUSTA and, for example, PACT were signed much later (i.e., 15 September 2011).

society SR and its SSRs, this is particularly a problem in the case of new CSOs. In addition, key informants in Viet Nam noted that most staff involved in M&E for Global Fund-supported activities is already in established positions with specific duties and demands, and thus, Global Fund reporting requirements often pose an additional burden. The SR acknowledged that while new staff can he hired (if included in the budget) this may take considerable time. As funding is not available ahead of the implementation schedule, new program and thus, M&E staff is hired after implementation has already started or was intended to start. In addition, staff needs to be familiarized with the Global Fund requirements which not only takes time –especially for those newly involved with Global Fund-supported activities, but can be quite challenging due to varying experience and technical skill levels. Staff turn-over –which was said to be a frequent occurrence, also added to the challenges of staying on track with agreed work plans. The Zimbabwe AIDS Network (ZAN) –and umbrella organization of NGOs/CBOs involved in AIDS service provision, noted that delayed funding disbursements have a direct impact on service delivery (quantity and quality) and on performance reporting for the next reporting round as NGO/CBO do not necessarily have the means to buffer funding fluctuations, especially if they do not have a diverse funding base.

- In almost every respondent category in Zimbabwe, lack of Global Fund flexibility was seen as a major challenge to effective grant management. It must be noted, of course, that the Round 8 grants had a difficult start with a 14-month grant negotiation process during which the PR role was handed over to UNDP, revisions were needed in operational aspects of the proposal and a re-programming exercise undertaken. During this period, there were major development in technical guidance and standards (e.g., WHO treatment guidelines for HIV; malaria control standards regarding the number of bed nets needed per household). For the malaria program, shifting the timeframe for grant inception negated most of the underlying analyses on disease prevalence, population-at-risk estimations etc. Reportedly, the Global Fund Secretariat was unwilling to modify indicators and targets in the original proposal(s) regardless of these developments and other changes in the situation on the ground. In some cases, the PR also appeared reluctant to approach the Global Fund Secretariat to revisit indicators/targets, based either on trepidation of a need for a Technical Review Panel (TRP) review or lack of programmatic knowledge of importance of the modifications sought. Some key informants reported that the incentive to “do the same” also prevailed in the Phase 2 discussions (this situation appears more applicable to the HIV/AIDS grant as targets in the malaria were indeed modified and aligned with the NMCP for Phase 2).

- Lack of flexibility was seen in Viet Nam as a major challenge to effective CSO work. Especially for community-based activities that typically have less well-defined or common standardized indicators; moreover, these activities also need to benefit from qualitative approaches to M&E including participatory evaluation methods over and beyond the narrowly defined quantitative performance indicators in the Global Fund Performance Framework. Global Fund guidelines, tools and requirements do not accommodate these important M&E components. The SR and SSRs also requested more specific guidance and feedback on the fledgling CSO M&E system and Global Fund Secretariat input in terms of what can be learned from similar situations in other countries including effective M&E capacity-building approaches (such as mentoring and coaching as well as formal M&E trainings). Greater emphasis on what it takes to set up new CBOs and how best to initiate and maintain M&E functions –especially in a context of low overall capacity, high

organizational instability (especially in self-help and grassroots groups and networks) and high staff turn-over, should also be explicitly addressed in Global Fund guidance and in considering program performance.

Noted barriers to achieving effective grant management included:

- the lack of sign-off authority for CCMs and/or PRs on some of the grant-related changes and the lack of Global Fund Secretariat presence in country were perceived as barriers to timely resolution of M&E issues;
- the frequent turn-over of Portfolio Manager (PM) (for Viet Nam, it was noted that there have been four different PMs in the past 5 years) was noted as a barrier to an effective and supportive relationship between the Global Fund Secretariat and the CCM, PR and LFA. However, the LFA pointed out that a new PM also has the benefit of offering a fresh perspective. Staff turn-over at the level of the LFA was also mentioned as an issue, and a recommendation for continuity in staff for 2-3 years requested.
- the inadequate medical knowledge of the LFA which hampered the LFA's understanding of the TB program in Viet Nam and resulted in some dis-agreements;
- lack of standardized indicators, for example, the need for more appropriate and harmonized indicators in the area of AIDS care and support was explicitly mentioned by CSOs in Viet Nam and Zimbabwe. This need has also been identified by key agencies at the global level based on experience in a range of countries and thus, reflects a universal challenge;
- the lack of feedback and learning from other countries in the region was mentioned as an important missed opportunity for TB program improvement in Viet Nam. While learning from other countries is of benefit, key informants also indicated that there are several examples of good practice from their own experience which can be shared more widely. The following examples were offered in Viet Nam: use of unique identifier codes (UIC) by CSOs to avoid double-counting; joint work planning and active collaboration of CSOs (i.e., CARE, ISDS and PACT, VUSTA) that draws on the comparative strengths of each of the organizations; involvement of CSOs in research to benefit Global Fund-supported program.

4.1(b) Effectiveness of grant-supported M&E activities for local program improvement and contributing data to the country M&E system

Much of the tension between a focus on M&E for grant management and a focus on strengthening country M&E systems in a strategic and sustainable manner comes from the need for quick, regular and credible data to support the Global Fund performance-based disbursements. While Global Fund strategies and guidelines explicitly state that only in exceptional circumstances should parallel (i.e., Global Fund-specific) systems be established for grant management and reporting, existing systems are often weak and require substantial support to produce regular and accurate data.

Analyses carried out by the High-Level Independent Review Panel in 2011 found that nearly 70% of grants examined, had problems with the quality of reporting and evaluations of grant activities.[30] This was not a new observation. Since 2005, independent assessments conducted by

[30] Turning the page from emergency to sustainability. Panel on fiduciary controls and oversight mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The final report of the High-Level Independent Review. September 19, 2011.

the US Government Accounting Office and the Global Fund's Office of the Inspector General concluded that not only does the quality of performance data vary greatly across countries but that Global Fund Secretariat systems could not consistently align programmatic results to financial inputs[31,32,33.]

National programs themselves also noted data issues in country M&E systems. For example, senior MOHCW staff in Zimbabwe acknowledged that the quality of routinely collected data was not yet adequate in terms of both completeness and quality. Hence, data use for national decision-making tended to rely more heavily on commissioned evaluations and other special studies as these could be more directly managed in terms of their validity. One of the key barriers to ensuring data quality was the overall lack of capacity (i.e., availability and skill levels) in human resources due to the recent brain-drain from which Zimbabwe has not yet recovered.

Based on key informants in this evaluation study, there is an explicit intent of PRs to satisfy Global Fund requirements first as these are directly linked to disbursements. This influences what gets measured and often by-passes a system approach that addresses the performance of the wider M&E system. Specific examples were noted where this focus on what can easily be achieved and measured today may be at the expense of a broader, more longer-term strategy for system-strengthening. For example, concern was voiced by multiple respondents in Zimbabwe that the Global Fund approach over-emphasizes certain indicators at the expense of a systems perspective. A recent Mid-Term Review of the Zimbabwe NMCP, for example, found that quarterly data collection and reporting was primarily for Global Fund required measures to the exclusion of other indicators in the national M&E plan. It was noted by key informants in Zimbabwe that a lack of a systems approach may be exacerbated by the fact that the PR is not a government department (such as the NAC or the MOH).

At the same time, the utility of Global Fund-required or recommended M&E processes –such as the M&E System-Strengthening (MESS) assessments and the On-Site Data Verification (OSDV) procedures was noted by virtually all key informants and with an indication of wider benefit than just grant-related reporting. For example, the OSDV procedure as carried out in Zimbabwe seemed to have a "cross-over effect" in that the exercise is regularly replicated by the PR and, at times, SRs and SSRs. On a quarterly basis, the PR conducts a joint exercise with the SR and SSRs and provincial staff to identify shortfalls and implementation issues at the district level. A standard format is used with action points for follow-up and findings shared with the CCM sub-committee (in this case for malaria). Some MOHCW programs have suggested that the Director of Preventive Services share this experience with provincial medical officers and encourage them to use of the OSDV as well. The PR and several SRs in Zimbabwe valued the application of the OSDV process and the DQA as a means for understanding strengths and weaknesses in the data for Global Fund reporting but also –by extension, in their organization's internal M&E systems. The fact that data quality is assessed repeatedly (every quarter) required that data

[31] U.S. Government Accounting Office. The Global Fund to Fight AIDS, TB and Malaria Is Responding to Challenges but Needs Better Information and Documentation for Performance Based Funding. June 2005. GAO-05-639.
[32] Ryan L, Sarriot E, Bachrach P, Dude B, Cantor D, Rockwood J, Lissfelt J, Barnes V. Evaluation of the Organizational Effectiveness and Efficiency of the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Results from Study Area 1 of the Five-Year Evaluation. October 2007.
[33] The Office of the Inspector General. Report on Lessons learnt from the country audits and reviews undertaken. Report No: TGF-OIG-09-002 Issue Date: 3 September 2009.

issues necessarily have to be dealt with in a timely and effective manner benefiting both Global Fund and organizational M&E systems.

The effects of the Global Fund's investments in M&E can also be tracked through the performance indicators selected by Principal Recipients for their service delivery areas coded as M&E. This form of assessment is complicated by the differing codes used for these SDAs[34] and the multitude of indicators used. Although varied, these indicators group roughly by capacity-building (e.g., percentage of CSO staff trained in M&E curriculum who receive a passing score on the training post-test; number of health and social workers trained in M&E: R&R system and/or data management and strategic information), system-functioning (e.g., percentage of reporting units at oblast level submitting timely quality reports according to national guidelines; percentage of TB treatment facilities submitting timely quarterly data according to the national guidelines) and supervisory visits (e.g., number of data verification/supervision visits to sub-national level by NAA; number of counties visited by provincial supervisory team for monitoring competencies).

Effects of Global Fund investments in M&E can be seen in organizations such as the Zimbabwe National Network of People living with HIV (ZNNP+). This Network learned to appreciate M&E as a necessary component of their work. The Global Fund supported an M&E officer in Phase 1 of the grant and also received support for coordination including Global Fund-supported and other activities. ZNNP+ appreciated the value of data beyond the need to respond to Global Fund requirements, such as for use in their advocacy work. CSO interviewees in Viet Nam referred to achievements of standardized data collection and reporting across a range of CSOs and data flow mechanisms being set up including with the national HIV system. CSO/CBO data have typically not been included in the national M&E system, hence, data-sharing with the national government is a major achievement. The development of a formal M&E plan and a data management system are underway and both will specifically target further opportunities for data-sharing.

The overload of data that needs to be collected at the service-delivery level, was mentioned as a major challenge for staff. In Zimbabwe, this was due to different donors still requiring different indicators for reporting in addition to what is collected for local and national program management and reporting. This situation was compounded by deficiencies in the standardization of data collection and reporting forms (e.g., T5 form, DOTS reporting tools), insufficient supporting documentation (e.g., lack of guidelines for TB-MDR monitoring, lack of specificity indicator definitions) and continued need for training in the context of high staff turn-over. The focus on increasing human capacity for M&E through Global Fund grants was located mostly at the national level. However, it has been possible –with Global Fund support, to print revised data collection tools for all service delivery sites to facilitate a common understanding of indicator requirements and to support data quality improvements. Key informants also reported that many NGOs and CBOs still work with paper-based systems and the lack of IT infrastructure also influences the extent to which data can be easily compiled and analyzed for use at the local level. It was noted that the Global Fund M&E budget was mostly focused on data quality

[34] Service delivery areas related to M&E were found to be coded as either M&E, supportive environment: monitoring, evaluation and operational research; information system and operational research; HSS: information system and operational research; or HSS: information system.

assessments and supervisory visits and not as much on strengthening community-based M&E systems per se.

In sum, Global Fund M&E requirements and investments catalyze or strengthen M&E partnerships and contribute to organizational as well as national M&E systems. However, the heavy focus on and high demands of M&E for grant management often get in the way of a strategic approach to building a sustainable national M&E system through Global Fund grants.

4.2 Does the effectiveness of Global Fund investments in M&E differ by: (a) grant type; (b) magnitude of the targeted health problem; (c) size, duration and type of the M&E investment; and/or (d) maturity of the national M&E system?

Overall, the effectiveness of Global Fund investments in M&E does not appear to differ by grant type or magnitude of the targeted health problem. The effectiveness of Global Fund investments in M&E appeared to be influenced most by the extent to which Global Fund M&E is aligned with national program M&E. Close alignment seems to be more likely in mature national M&E systems and/or where well-functioning, technically strong multi-stakeholder M&E Technical Working Groups (TWGs) exist (regardless of disease area or magnitude of the health problem). In addition, investments made via M&E-related SDAs appear more effective than undesignated investments under the 5% guideline. Some examples are:

- The NTP in Viet Nam noted that the fact that the TB M&E system was already aligned to global standards (i.e., WHO) and was fully operational before the Global Fund grant was awarded, was considered a major benefit to Global Fund-related target-setting and progress reporting. NPT representatives pointed out that a common understanding of and strict adherence to data collection and reporting guidelines at all levels was also considered key. The NTP M&E team noted its long-standing experience with TB M&E practices and management of information. Standardized data collection guidelines and tools are used in all 62 provinces in Viet Nam, supported by training at national and decentralized levels. Output indicators are reported on a monthly and quarterly basis, results indicators tied to impact assessment are reported on an annual basis. Implementation of electronic reporting from the district level up is underway and envisaged to be completed by 2015. Regular (i.e., monthly or quarterly) supervisory visits are carried out at the provincial, district and commune levels; these are conducted by joint teams of TB and M&E technical experts from national and local levels. The TB M&E system is able to provide all necessary data for national level use (e.g., strategic planning; annual reports compiled by the MOH Statistics Department), and for Global Fund, WHO and other international/donor agencies; additional information and feedback is provided to program managers. Specialized data systems are in place for financial data and for monitoring MDR-TB. Data review and discussion workshops are held regularly with all provinces as well as information exchange meetings with the various economic regions.

- In Viet Nam, the multi-stakeholder HIV M&E TWG promoted a collective understanding that Global Fund and other donor/international targets and reporting need to draw on national strategies and data from the national M&E system; and in turn, data from donor-supported programs need to be shared with the national system. While there is room for improvement, key informants from the PR and from donor agencies noted that consensus on targets,

indicator harmonization, using common population size estimates, and data-sharing between different partners have improved. Given Global Fund-supported activities are covering the vast majority of the country, it was noted that the grant provides a good opportunity for addressing any remaining challenges in harmonization and alignment. M&E TWG members did note that parallel data systems still exist, especially at the service delivery level. The TWG led an M&E system assessment using the M&E System Strengthening Tool. TWG interviewees noted that this activity represented an important collaborative exercise that drew out strengths and weakness of the national M&E system and is used as a benchmark against which to assess M&E progress over time.
Likewise, a national HIV M&E TWG in Zimbabwe takes responsibility –among a range of other work, for alignment of indicators with global standards and harmonization of indicators between different donors/international agencies. In both countries, the national HIV M&E plan is also used as the grant M&E plan. It is not clear to what extent –if at all, these important coordination bodies are supported by Global Fund money. Most often, HIV M&E TWGs are led by the government authority that leads the HIV response in country and heavily supported by technical partner agencies such as UNAIDS and WHO; they also often include representatives from USG agencies working within PEPFAR.

In Liberia, a process of negotiation and strong leadership resulted in Global Fund support for integrated HMIS and M&E staffing. Despite pressure to place M&E officers in disease-specific programs, the PR prevailed in acquiring support for cross-cutting M&E officer within the counties and a central unit where M&E officers of differing programs are housed together to encourage collaboration.

We have presented several examples under Question 4.1(b) above where non-alignment or an over-emphasis on Global Fund needs had negative effects on country M&E functioning.

The size of the M&E investment also seems to matter for effectiveness, in a simple equation of adequacy of the M&E budget compared to needs. In terms of size of M&E budgets, we found that the outcome of the negotiation process –for M&E as a cost category as well as a SDA, results in a substantial reduction in the majority of cased reviewed. For example, for the Round 8 grants for Zimbabwe, we see that the HIV/AIDS-proposed M&E budget was significantly reduced in dollar value as well as a percent of total grant value. In contrast, the malaria proposal was reduced only slightly. The HSS grant was one of the few instances where the amount devoted to M&E increased during the negotiation. However, in percentage terms, both the proposal and approved grant budget are exceedingly small in proportion to the overall value (i.e., less than half of a percentage point).

Not only are there reduced M&E budgets to work with, but it was also noted that targets in many cases were not (allowed to be) revised. In the example of Viet Nam, where a new CSO M&E system had to be developed within a context of differing M&E capacities and organizational stability, the size of the M&E budget was found to insufficient (though guidance on using 7% of the total proposal amount had been adhered to). Other areas mentioned in terms of shortfalls in funding were: primary data collection for outcome/impact indicator (i.e., surveys), regular reporting of all national indicators not just Global Fund performance indicators, and unmet staffing and training needs in the context of high staff turn-over, especially at the decentralized levels. All of these shortfalls also have a direct negative effect on data availability and quality in the national M&E systems.

Continued investments in M&E systems are crucial. In the case of the HIS in Zimbabwe, for example, we have seen that even mature M&E systems can collapse. In the past, the Zimbabwe HIS has been seen as a reference model of good practice for the Southern Africa region. However, the politico-economic situation over the past decade eroded much of the existing HIS. While HIV and TB M&E systems continued to be funded throughout the recession, the overall HIS was not and this has a negative impact on data collection and reporting of crucial disease surveillance data. For example, HIV surveillance reporting rates from the decentralized level to the national level dropped to about 30% overall, and for some areas there were no data at all. Often maintenance costs or consumables for IT equipment are not included in original budgets and thus, the upkeep of the infrastructure may suffer and directly affect data collection, analysis and reporting.

While the TB system is generally considered a well-established M&E system in Viet Nam (see example provided above), NTP staff worried about the effect of the unexpected postponement of the Global Fund Round 11 and the end of the current grant in 2011 (as well as the end of funding by some other donors) on the extent to which continued M&E capacity-building could be conducted. While the NTP indicated that overall funding for the M&E system was adequate under 'normal' conditions (i.e., with donor contributions), the government budget is not able to bridge the expected shortfalls from donor money withdrawal.

In terms of types of M&E activities or support provided, perhaps the dire situation with human resource shortages in Zimbabwe underscores best the need for recruiting and retaining skilled M&E-dedicated staff. Global Fund resources have increased the opportunity for human capacity-strengthening both in terms of increasing M&E staffing levels as well as in supporting training to increase M&E skill levels. Several key organizations have benefitted from this support. For example, M&E officers in the NTP are funded by Global Fund; all M&E positions in the NAP are funded through donor support, two of which are funded through the Global Fund grant. Lack of human resources was also frequently noted as a key barrier in ensuring data quality. The LFA indicated the lack of M&E-dedicated staff at the provincial level and the varying M&E capacity at lower levels to be the main reasons for data quality concerns in Viet Nam. In Liberia, the Global Fund has invested in long-term training at the Master's degree level for a number of M&E Unit staff.

Investing in M&E capacity-building is not a one-off event; given high staff turn-over in many situations, training needs to be a recurrent budget item and the extensive training plans for Global Fund are testament to this need. Low enumerations play an important role in high staff turn-over, and several key informants at national and CSO levels indicated the value of financial incentives to keep people in critical positions. In Zimbabwe, enumerations by the government are generally lower than currently provided by the Global Fund for the same positions. There is no clear exit strategy and the current politico-economic situation in Zimbabwe remains frail and unpredictable, so sustainability is a key concern noted by many key informants.

Sustainability of M&E investments was also recognized as a major issue by members from the HIV M&E TWG in Viet Nam. With overall decreasing donor inputs for AIDS programs (due to the global financial crisis but also due to the economic progress of Viet Nam), securing adequate funding for M&E over the long-term with an increasingly greater share taken by the Viet Nam

government is a pertinent concern. Enhancing coordination and complementarity between different sources of support was noted as even more crucial within this context.

Investment in infrastructure also has notable positive effects. The timeliness of data reports had been frequently undermined by poor internet connectivity in Zimbabwe. An assessment was conducted at all health facilities for basic needs (such as electricity, phone connection) and a plan for reliable internet connectivity was established from the district level up. The Global Fund supported the purchase and installation of IT equipment at decentralized levels and the innovative use of cell phones for reporting of surveillance data to the HIS. The use of technological advances in rebuilding the HIS with Global Fund support has proven to be successful as the reporting rate increased from approximately 30% to more than 70%. This type of infrastructure support would not have been possible with government funding. A few challenges were, however, noted: Global Fund procedures for infrastructure support are not always clear and there is no clear strategy for long term maintenance/sustainability of the improved infrastructure.

Data quality assessments –as discussed under Evaluation Domain 2, are the largest investments compared to other Global Fund-supported M&E activities. While benefits have been noted for both grant-related M&E and PR/SR/SSR internal M&E, the extent to which they benefit the national M&E system depends very much on the extent of overlap (i.e., alignment) between national and grant M&E systems.

4.3 Are the M&E activities funded by the Global Fund contributing to robust and sustainable country M&E capacity that goes beyond the management of Global Fund grants?

MOHCW interviewees mentioned the role of the Global Fund in enhancing an appreciation for performance-based management (PBM) within the government of Zimbabwe. PBM has recently been introduced through performance-based contracts in various Ministries. There is enthusiasm for the new results-based approach at national level, championed by high-level policy-makers, but the value of PBM is not widely understood at lower levels. The full implementation of the PBM practice will depend on broad buy-in and on regular reviews and adjustments to make the system work. Lessons learned from the Global Fund experience in a range of countries would help in understanding the conditions that need to be created within organizational structures and the adaptations that need to be anticipated.

The shift towards RBM including the need for measurable objectives/time-bound targets has also resulted in more explicit demand for data from decision-makers at the national level. This was seen as an important improvement over the previously mostly supply-driven data collection approach.

An important strength of a Global Fund grant is that they can provide an additional impetus for governments to implement more collaborative and participatory approaches in program planning, implementation and M&E. Key informants from CSOs pointed to the significance of the Global Fund support for the formal recognition of their role in the HIV response by the Viet Nam government. Round 9 represented the first time that Global Fund money had been directly received by CSOs and this has provided the opportunity for these organizations to implement programs side-by-side with the government. VUSTA (the largest CSO in Viet Nam) is –also for the

first time, an appointed member of the National Committee for AIDS, Drugs and Prostitution Prevention and Control and coordinates and supports the Global Fund activities carried out by various SSRs. Before Global Fund support, there was civil society activity for addressing AIDS in communities but it was largely fragmented and governed by a variety of rules and regulations. SSRs indicated that Global Fund support has marked an important new way of collaborative work between themselves as well as with the government.

We noted under Question 4.2 above, the importance of Global Fund support for addressing gaps in human resources. Several key organizations at the national level in Zimbabwe have benefitted from this support. The positive focus on M&E capacity and placement of officers can, however, also lead to multiple M&E officers attached to MOHCW program areas (e.g., HIV/AIDS testing, circumcision, ART) each developing separate set of tools for data collection. Hence, ensuring coordination and collaboration is essential.

Important progress has also been made in the provision of M&E training through Global Fund grants. The LFA in Viet Nam pointed to the extensive training plans –not just for M&E, as part of the grant (e.g., 250 trainings in 2011). The review and approval of the training plans have recently become a condition for disbursement, but the LFA indicated the challenge of reviewing these plans in terms of: the vast number of trainings proposed, their match with identified needs, whether they target the appropriate audience, the appropriate length of the training course etc. Apart from the time commitment, this is typically not an area of expertise of the LFA. The LFA in Viet Nam also noted the lack of evaluation or other follow-up on the effectiveness of these trainings including those targeting M&E competencies. The lack of formal assessment of M&E trainings was also noted in Zimbabwe. Training effectiveness was compromised by decisions about who receives training; these are not necessarily based on actual needs in supporting existing job functions. There was also a level of competition between trainings in terms of differences in per diems offered. As a minimum, standardization of incentives for training and formal pre- and post-training assessments need to be encouraged and included the detailed training plans for Global Fund support. As significant donors (such as PEPFAR) are moving towards a focus on technical assistance rather than direct service provision support, effective capacity-building and technology transfer was indicated to be key in effective and sustainable M&E system-strengthening.

The development of a new M&E system that harmonizes the approach and implementation of M&E for Global Fund-supported CSOs in Viet Nam also had a wider beneficial effect on national HIV M&E system. For the first time, M&E is coordinated between different CSOs/CBOs including PLHIV networks. It is also the first time that CSO data were included in the national M&E system which contributes to better strategic planning and resource allocation at the national and decentralized levels. Indicators for community-based HIV prevention programs targeting men who have sex with men and supported by the Global Fund, were derived from Global Fund guidance as these were not yet part of the national indicator set. It was noted that these may be incorporated in the next revision of the national M&E plan.

The effectiveness of Global Fund M&E investments in building country M&E systems, depends not only on direct investments made in strengthening these systems, but also on the extent to which grant-related M&E is aligned with country M&E needs. As noted above, the intent of the Global Fund is to use and contribute to country M&E systems for Global Fund reporting but the pressure of performance-based disbursements tends to over-emphasize Global Fund needs.

Comprehensive performance-related frameworks are available and have been tested in overall health and development contexts in other countries. There is a need for the Global Fund Secretariat to draw on these global experiences to ensure that performance is not overly simplified at country level for the sake of ensuring continued funding.

A focus on Global Fund-specific needs was also evident in the way in which OSDV and DQA procedures are carried out. However, PEPFAR representatives in Viet Nam noted that with PEPFAR support, the Global Fund DQA tools were simplified for wide application and progress towards institutionalization of DQA procedures is now underway. The M&E TWG commented that data from the project level have become more reliable and valid, which has had benefits for the use of data in country but also for better quality international reporting towards Universal Access (UA) and UNGASS targets.

Global Fund requirements have certainly introduced a strong external oversight and data audit emphasis. While these undoubtedly supported recognition for and instigated necessary improvements in data quality, -as noted above, they have also reinforced a notion that M&E is heavily dependent on (and sometimes equated with) supervisory visits. Representatives from technical agencies noted that M&E within the performance-based funding approach of the Global Fund is often understood as a punitive approach rather than a tool for management and learning. The Global Fund should profile itself more explicitly as a learning organization. More support is also needed for promoting local ownership of M&E and a culture that values M&E for continued program improvement. With this, a key challenge noted by the HIV M&E TWG in Viet Nam was the lack of data analysis capacity –including integrated analysis or triangulation of different data sources, to obtain a comprehensive picture of the HIV epidemic and the impact of the response. Key informants indicated this to be an important area for capacity-building, including at decentralized levels in order for program managers to obtain a better understanding of where programs can be further improved and what the practical implications of data trends are. More focused support from Global Fund in this area can make a big contribution to increasing data use in decision-making.

Even with mature M&E systems such as the TB M&E system in Viet Nam, the need for additional coordination support was clear. The NTP representatives indicated remaining challenges in service provision and in tracking clients for HIV-TB co-infection. The NTP noted this as an important area for additional support in coordination and collaboration and pointed out that a new approach within the new national strategy is to conduct joint planning between NTP and NAP to attempt to address TB/HIV challenges. Also, NTP informants pointed out that it had not been involved in the health systems-strengthening project supported by the Global Fund. They were concerned that this may lead to potential overlap in M&E planning and implementation and pose problems in MOH and NTP reporting at the local level. The lack of clear roles and responsibilities for coordinated M&E across different diseases, coupled with differences in M&E capacity and renumeration in different government departments hinders effective integration of data collection and management. The manner in which Global Fund support is provided for M&E Officers at that level, may –inadvertently, have contributed to this situation. Ensuring support for well-functioning national M&E TWGs that can also work across different diseases should be considered. Strengthening M&E for grant management in a manner that is supportive of country M&E system-strengthening, also requires a coordinated and long-term strategic approach involving all key M&E actors in country (i.e., not just PRs and SRs).

The Global Fund has encouraged the inclusion of operational research in Global Fund proposals but the extent to which this provision is used cannot easily be determined. It was noted by key informants that funding for program evaluation studies is typically leveraged from other sources than Global Fund. The CCM Chair in Viet Nam expressed an explicit interest in the need for going beyond routine monitoring to also include evaluation studies which can contribute to a better understanding of how best to tailor implementation of programs to the specific context of different localities and how best to use the limited funding to reach specific programmatic targets. Important examples of effective support for a national agenda of research and evaluation in support of the needs of the national disease programs have been provided under Domain 3 (see Question 3.6). We noted: UNAIDS support for a national agenda-setting for research/program evaluations in a range of countries in which priorities are determined through a country-led, coordinated process involving all relevant stakeholders; and, the UNICEF-supported Collaborating Centre for Operational Research and Evaluation which aims to support and promote operational research and evaluation and strengthen the use of quality data in guiding policies and programming in Zimbabwe (see **Annex E**). Technical partners also noted that there is no global mechanism for sharing what operations research/program evaluation studies have been funded by different partners. UNAIDS and DFID recently supported a stock-taking exercise to this effect, but it was difficult to obtain a synthetic view due to restrictions on sharing this information. The Global Fund Secretariat should consider supporting a more coordinated effort in this area.

Some technical partners noted that the Global Fund has not put its full weight behind country M&E system-strengthening. For example, Global Fund efforts to strengthen the overall HIS in countries have been minimal and piecemeal. Sustainable and strong M&E systems take time to build. There is need for more focus on institutional capacity-building.

Issues of the need of continued investments in national M&E systems have been discussed under Question 4.2 above. Global Fund-supported M&E activities are perceived to be complementary to government and other donor/international agency support but national programs and technical partners are concerned about long term sustainability and the lack of institutionalized M&E procedures in a context of overall decreasing donor support. These issues should be addressed in an explicit country strategy and agenda towards increased sustainability.

4.4 How successful are the M&E activities funded by the Global Fund in ensuring harmonization and alignment of M&E practices: (a) with the national M&E system?; and, (b) between international financing and development agencies?

This question has been addressed in detail under Evaluation Domain 1 (see Question 1.4) and Evaluation Domain 3 (see Question 3.4).

Key Findings and Recommendations

KEY FINDINGS

- Global Fund M&E funding *and* M&E requirements increased visibility of M&E and a focus on results, supported M&E staff and capacity-building, achieved greater standardization of data collection and reporting across PR/SR/SSR, and enhanced data availability and quality.
- Global Fund M&E budgets were often not matched to actual, documented needs.
- Flexibility to address implementation challenges was very limited and was noted by almost all respondent categories as a major challenge to effective grant management.
- Frequent turn-over of Global Fund Secretariat staff was often mentioned as a barrier for a supportive relationship and effective problem-solving.
- The lack of exchange with and learning from other countries were noted as missed opportunities for more effective grant management.
- Global Fund performance reporting to ensure disbursements was often over-emphasized and overtook a focus on building sustainable country system-strengthening. Global Fund-related M&E procedures can be adapted and institutionalized in country M&E systems.
- The more aligned grant M&E is with country M&E systems, the greater the impact of Global Fund investments on national M&E system-strengthening.
- The size and duration of M&E investments matter for effective system-strengthening which takes a long time; there are no quick fixes and no one-size-fits-all.
- Continued investment in skilled M&E-dedicated staff and M&E capacity-building are key but effectiveness of training for increased job competency needs to be assessed.
- A Global Fund grant can catalyze governments into implementing more collaborative and participatory approaches in program planning, implementation and M&E. Coordination between different M&E actors is crucial and should be directly supported.
- More support is needed for promoting local ownership of M&E and a culture that values M&E for continued program improvement. Data analysis and data use are under-supported through Global Fund grants. Systematic support for operational research/program evaluation agendas is a key gap.
- Explicit country strategies to secure sustainability of M&E investments are urgently needed.

RECOMMENDATIONS

- A better balance between M&E for accountability and M&E for program improvement is highly needed. There is no one approach that will guarantee best return for Global Fund M&E investments in every country, but: a more flexible and supportive grant management role of the Secretariat; adaptation of Global Fund-related M&E procedures (such as DQA, OSDV) to maximize country ownership and country system effects; support for institutional capacity-strengthening for M&E technical leadership; and formalized and funded involvement of technical partner agencies are all important elements of a more tailored approach to countries' M&E system needs. In this new way of doing business, the Global Fund should provide more systematic support and follow up for program improvement through supporting integrated data analysis and use of data for decision-making, and through supporting an operational research/program

evaluation agenda that is relevant to national disease programs not just Global Fund-supported activities.

- In countries classified as lower middle income, the Global Fund utilizes Conditions Precedent to push for the transitioning of human resources from external to national funding sources. Indeed, the Global Fund uses the Conditions Precedent to ensure that grantees have adequately staffing in M&E roles. In parallel, the Global Fund should encourage low income countries to plan for their M&E resource requirements. It is unrealistic that national governments in low income countries could assume full responsibility for externally-funded M&E officers. However, governments could push to ensure that M&E, as a core function, is adequately resourced through other means (e.g., pooled health funds). The Global Fund should commission prospective analysis of existing Global Fund-supported M&E human resources to provide an evidence base for the next steps. Such an analysis could create a cohort of M&E officers to follow prospectively to understand how the capacity is sustained (or not) through alternate funding sources when Global Fund resources are decreased. In addition, the Secretariat should also consider making formal assessments of the effectiveness of M&E training for increased job competency if not a requirement, then at least a strong recommendation and provide funding for special studies.

4 OVERALL CONCLUSIONS

Key informants at country and global levels were asked what constitutes 'success' in national M&E system-strengthening. The following perspectives were offered:

- a shared understanding of M&E and country ownership of the M&E system
- presence of a coherent M&E framework and a realistic implementation plan focused on key M&E deliverables (such as timely data availability, good quality data, effective data use) with buy-in from all relevant stakeholders to ensure joint action
- standardized tools for M&E implementation are available
- there is a system for regular assessments of the strengths and weaknesses in the M&E system
- investments are aligned with areas in need of M&E system-strengthening and there is a system for tracking these investments
- data collection and reporting is comprehensive, timely and of high quality
- there is adequate capacity for data analysis
- M&E data are used for results-based management linked to increased program performance and improvement of program impacts
- Donors can draw on country M&E systems for timely and accurate reporting
- Ultimately, achievements in M&E system-strengthening should result in improved health outcomes. However, this is difficult to measure.

Over the last three proposal rounds, more than US$1.5 billion was requested for M&E. Although grant negotiations considerably reduced the requested M&E budgets, Global Fund support represents a substantial investment in M&E. This support has helped to bridge gaps in current M&E approaches and systems in grant countries. Global Fund M&E funding *and* M&E requirements have increased visibility of M&E and the demand for results; supported M&E staff and capacity-building; achieved standardization of data collection and reporting across PRs/SRs; enhanced data availability and quality; and achieved good performance ratings for most grants.

Despite the considerable investment, funding shortfalls were still noted for primary data collection, specifically outcome and impact indicators, and in cases where M&E capacity and systems were particularly weak. Effective integration of health data collection and management systems is still a big challenge. The required performance reporting to secure continued disbursements has often been over-emphasized at the expense of building sustainable M&E systems. The more aligned grant M&E is with the country's M&E system, the more beneficial Global Fund investments seem to be for national system-strengthening. A much better balance between M&E for Global Fund accountability and M&E for learning at all levels needs to be sought.

Table 22 provides an overview of where Global Fund M&E support is currently focused and where more attention is needed. For this overview, we have used the components of a fully functioning national M&E system as per global standards[35] (and is linked to the Global Fund-recommended MESS Tool). These standards include performance goals (as included in **Table 22**)

[35] UNAIDS (2008). Organizing framework for fully functional national HIV monitoring and evaluation system. Geneva: UNAIDS-led Monitoring and Evaluation Reference Group.

and performance results for each system component which can be used as benchmarks to assess progress over time. The 12 components are not 12 steps intended to be implemented sequentially; rather, these components all need to be present and work to an acceptable standard for the national M&E system to function effectively.

Global Fund support, so far, has pre-dominantly focused on the availability and quality of routine program monitoring data. The largest M&E budget category in grants is represented by supervisory visits. While this has paid off in terms of increased data quality and is essential for credible performance-based funding, increasing direct support for M&E coordination mechanisms (including across diseases) and for data analysis and effective use is now needed.

Based on the evidence presented, it is clear that M&E systems and capacity is very variable across countries but also across different organizations in country. The Global Fund Secretariat – in its new way of doing business, should include a more flexible management of Global Fund-supported M&E activities so that support can be tailored to meet needs. While most M&E activities can be planned well in advance, there are also unanticipated challenges especially in areas/organizations where M&E capacity is low. We have seen that M&E systems are very dependent on continued investments, thus working towards increased country ownership and a culture where M&E is valued is very important to sustain leadership and funding for systems.

Finally, the main purpose for doing M&E is program improvement. A much bigger focus on integrated data analysis, operational research and program evaluations, and on support for effective data use is needed. M&E for learning needs to be emphasized and operationalized at all levels of the Global Fund. The Global Fund should profile itself as a learning organization at all levels. The Board and the Secretariat should explicitly define and operationalize this concept; what it means for the role of each of the entities in it; and, how it relates to making performance-based funding decisions. Given the context of more severe financial resource constraints, the next five years will be crucial in consolidating M&E investments along the principles of country ownership and sustainability.

Table 22. Key components of a fully functioning national M&E systems in countries with a Global Fund grant

Key component of a fully functioning national M&E system	Focus of *current* Global Fund support	
A. People, partnerships and planning		
M&E system component	**Stronger focus**	**Weaker focus**
1. Organizational structures with M&E functions *Performance Goal:* Establish and maintain a network of organizations responsible for M&E at the national, sub-national, and service-delivery levels.		**X**
2. Human capacity for M&E *Performance Goal:* Ensure adequate skilled human resources at all levels of the M&E system in order to complete all tasks defined in the annual costed national M&E work plan.	**X**	
1. Partnerships to plan, coordinate, and manage the M&E system *Performance Goal:* Establish and maintain partnerships among in-country and international stakeholders who are involved in planning and managing the national M&E system.		**X**
4. National multi-sectoral M&E plan *Performance Goal:* Develop and regularly update a national M&E plan including identified data needs, national standardized indicators, data collection procedures and tools, and roles and responsibilities for implementation of a functional national M&E system.	**X**	
5. Annual costed national M&E work plan *Performance Goal:* Develop an annual costed national M&E work plan, including the specific and costed M&E activities of all relevant stakeholders and identified sources of funding. Use this plan for coordination and assessing progress of M&E implementation throughout the year.		**X**
6. Advocacy, communications, and culture for M&E *Performance Goal:* Ensure knowledge of and commitment to M&E and the M&E system among policymakers, program managers, program staff, and other stakeholders.		**X**

Key component of a fully functioning national M&E system	Focus of current Global Fund support	
B. Collecting, verifying, and analyzing data		
M&E system component	**Stronger focus**	**Weaker focus**
7. Routine program monitoring *Performance Goal:* Produce timely and high quality routine program monitoring data.	**X**	
8. Surveys and surveillance *Performance Goal:* Produce timely and high quality data from surveys and surveillance.		**X**
9. National and sub-national databases *Performance Goal:* Develop and maintain national and sub-national databases that enable stakeholders to access relevant data for policy formulation and program management and improvement.		**X**
10. Supportive supervision and data auditing *Performance Goal:* Monitor data quality periodically and address any obstacles to producing high-quality data (i.e., data that are valid, reliable, comprehensive, and timely).	**X**	
11. Evaluation and research *Performance Goal:* Identify key evaluation and research questions, coordinate studies		**X**
C. Using data for decision-making		
M&E system component	**Stronger focus**	**Weaker focus**
12. Data dissemination and use *Performance Goal:* Disseminate and use data from the M&E system to guide policy formulation and program planning and improvement.		**X**

5 RECOMMENDATIONS BY AUDIENCE

GLOBAL FUND SECRETARIAT

1. Adapt Global Fund M&E processes and ensure maximum benefit for country M&E systems

- Engage a small pool of M&E experts to support the TRP review of M&E plans for Global Fund grants to asses overall technical strength and alignment with and support for country M&E system-strengthening. This should include identifying the availability of outcome and impact data.
- Expand the scope of current OSDV procedures in order to maximize their effect on country system-strengthening and assess whether the new procedures strengthen country M&E systems in a sample of countries.
- Implement a mechanism for regular follow-up on action plans from national M&E systems that respects country ownership and is cognizant of local conditions. Provide additional support where needed.
- Pro-actively engage technical partner agencies and fund work plans for their technical assistance support at Secretariat and country levels in order to further alignment and harmonization of M&E approaches across different actors and agency-agendas, and support a learning organization approach.

2. Support the Global Fund as a learning organization (i.e., M&E for learning and continued improvement)

- Define what it means for the Global Fund and its component entities to be a true 'learning organization' at all levels.
- Develop a clear operational plan for the Global Fund as a learning organization which is included in the M&E agenda for the next five years.
- Provide support for building institutional capacity of key organizations/institutions in grant countries to become learning organizations.
- Follow up on progress made and share experiences widely.

3. Support regular assessment and analysis of Global Fund M&E investments including sustainability

- Revise the guidance for determining M&E budgets based on learning from country experiences in different M&E scenarios and country contexts.
- Consolidate the Secretariat's internal system for budget and expenditure tracking on M&E investments ensuring consistency between M&E as line item and as Service Delivery Area.
- Conduct regular analyses of the nature and extent of M&E investments and the effects on country M&E systems. Evaluate M&E activities which represent a large proportion of the M&E budget (i.e., supervisory and monitoring visits) in order to ensure their effectiveness in building stronger and more sustainable M&E systems. Emphasize a comprehensive M&E portfolio through grant support including a strong focus on integrated data analysis, operational research and program evaluations, and effective data use.
- Support countries in planning for adequate and sustained M&E funding with governments progressively taking on an increased share of M&E investments.

GLOBAL FUND-RELATED ENTITIES IN COUNTRY

4. Ensure early and active engagement of local M&E experts in Global Fund grant proposal, grant negotiation, grant management and support for learning organizations

Ensure that local M&E experts are full members of proposal development and grant negotiation teams to support grant-related M&E with the aim:

- To ensure realistic target-setting and full alignment of Global Fund M&E with country M&E systems;
- To provide a transparent and technically strong rationale for M&E budget requests including M&E technical capacity support;
- To implement Global Fund M&E requirements in a manner that maximizes country M&E system-strengthening;
- To define, implement and evaluate approaches to building the institutional capacity of key local organizations/institutions that use M&E for learning and continued improvement.

KEY TECHNICAL PARTNER ORGANIZATIONS

5. Actively engage with and support accountability of the Global Fund in becoming a true learning organization at all levels

6. Act as the advocate for countries with the Global Fund Secretariat and formalize technical assistance efforts at Secretariat and country levels to ensure country M&E systems are strengthened through Global Fund grants

Annex A. EVALUATION METHODS MATRIX

Specific Evaluation Questions	Performance Indicators	Data Collection Techniques & Sources	Respondents/ Sampling Plan	Data Collection Instruments
<u>EVALUATION DOMAIN 1.</u> GLOBAL FUND POLICIES, GUIDELINES AND COMMUNICATIONS RELATED TO M&E ***Evaluation Focus*:** **1a. To assess whether the Global Fund policies and guidelines are consistent with the purpose of country alignment and system strengthening** **1b. To assess the continued commitments of the Global Fund in M&E system-strengthening**				
Review of Global Fund policies and guidelines related to: ***financing; use; and, strengthening*** of country M&E systems to answer the following questions:				
1.1 To what extent are Global Fund policies, guidelines and communications consistent with the purpose of country M&E alignment and system-strengthening? 1.1(a) To what extent are funding, use and strengthening of country M&E systems part of the Global Fund's policies and guidelines in favor of harmonizing and aligning M&E requirements of international donors? 1.1(b) Are Global Fund guidelines and communications sufficiently clear for local application? 1.2 To what extent are funding, use and strengthening of country M&E systems part of the mandate of the Global Fund? 1.3 How do funding, use and strengthening of country M&E systems reflect Global Fund policies and guidelines?	1.1/1.1(a) - Degree of consistency between policies, guidelines and communication and M&E alignment/system - strengthening 1.1(b) - Degree of shared understanding among stakeholders on funding, use and strengthening of country M&E - Knowledge of local users of GF policies, guidelines and communication.	1.1-1.3: - Review of GF policies as expressed in documents of the Board and its committees as well as the Framework Document, long-term and operational strategies. - Review of guidelines and communications related to country M&E. These can include a wide range of formal communications (TRP reviews, condition precedent documents etc.) and	1.1-1.3: - Comprehensive review of GF policy documents as found in electronic archives of Board/committee meetings. - Comprehensive review of GF guidelines. - Communication materials will require sampling and will be assessed via structured document review. - Purposive selection of external documents to review. - Selection of countries/grants for	1.1-1.3: - Document review template(s) - Key informant interview guide tailored to audience and purpose - Electronic survey

Specific Evaluation Questions	Performance Indicators	Data Collection Techniques & Sources	Respondents/ Sampling Plan	Data Collection Instruments
1.4 What is the strategic vision of the Global Fund for country M&E system-strengthening in the next 5 years? How will this strategic vision be implemented?	1.3 Degree of concordance between GF policies, guidelines and communications	informal communications. - Review documents on GF commitments to wider aid environment (Paris, G8, etc.) - Key informant interviews with Board and committee members; technical experts in partner agencies; recipient organizations and governments. - Electronic questionnaire	country visits. - Purposive selection of key informants - Sampling for electronic questionnaire based on availability/ completeness of contact information	
<u>EVALUATION DOMAIN 2.</u> GLOBAL FUND FINANCING FOR COUNTRY M&E SYSTEMS ***Evaluation Focus:*** **2a. To assess the methods used for determining M&E budgets in Global Fund grants and for tracking M&E expenses** **2b. To assess the continued expenses of the Global Fund in M&E system-strengthening**				
2.1 What are the methods used for determining M&E budgets in Global Fund grants? 2.2 What is the budget amount dedicated by the Global Fund to funding country M&E systems? (data will be disaggregated by country, disease and grant cycle)	2.2 Trends in the estimated value of resources devoted to country M&E systems (absolute	2.1-2.5: - Review of internal documents and interviews of staff responsible for generating M&E budgetary estimates as reported in documents	2.1-2.5: - Purposive selection of staff to be interviewed based on their direct involvement in generating budget estimates. - Selection of an	2.1-2.5: - Document review template(s) - Key informant interview guidelines tailored to audience and purpose - Electronic questionnaire - Standardized case study protocol

Specific Evaluation Questions	Performance Indicators	Data Collection Techniques & Sources	Respondents/ Sampling Plan	Data Collection Instruments
2.3 What use is made of those funds? How much of the funding is used for monitoring versus evaluation? (data will be disaggregated by country, disease and grant cycle) 2.4 What are the methods used for tracking M&E expenses in Global Fund grants? (data will be disaggregated by country, disease and grant cycle) 2.5 Are other development assistance organizations funding country M&E systems? (data will be disaggregated by country, disease and grant cycle)	value where possible) and percentage of overall resources 2.3 Distribution of estimated funding by M&E purpose/task 2.5 Estimated contributions from other development partners by type of M&E activity supported	- 5 Year Evaluation of the Global Fund examination of M&E budgets including interviews with principal investigators. - Structured review of grants materials including proposals, grant agreements, performance reports, LFA assessments, etc. - Key informant interviews with GF staff, PRs, and country officials responsible for HIV/AIDS, malaria and TB M&E systems	expanded set of countries/grants to be examined through a structured document review. - Selection of countries/grants for country visits. - Purposive sample for key informant interviews based on respondent knowledge and responsibility for M&E systems	including desk review checklists, interview guides tailored to audience and purpose, observation checklists

EVALUATION DOMAIN 3. GLOBAL FUND-RELATED M&E PRACTICES ***Evaluation Focus*:** **3a. To assess the extent to which Global Fund performance-based monitoring is aligned with and strengthens the national M&E system** **3b. To identify facilitators and barriers in strengthening national M&E systems through Global Fund grants**				
Gather empirical evidence on the following questions: 3.1 In how many cases and to what extent are the M&E plans of Global Fund grants based on national M&E plans? (data will be disaggregated by country, region, disease, Principal Recipient type, and if possible, government characteristics)	3.1 Degree of concordance between grant-related M&E plans and national M&E plans	3.1: Desk review of M&E plans submitted as part of GF proposals	3.1: Selection of disease-specific grants and disease- integrated grants	3.1: Frequency table
3.2 How are deficiencies in M&E plans submitted with the grant proposals identified? Which actor in the Global Fund architecture is responsible to flag these deficiencies? What mechanisms are in place to follow up and rectify deficiencies? Are they effective? 3.3 What are typical problems observed when a country's national M&E plan is not considered adequate to form the basis of a Global Fund grant M&E plan?		3.2/3.3: - Review of data in the GF M&E information system linked to the GF Grant Management System (GMS) - Interviews with Global Fund staff responsible for M&E - Brief questionnaire	3.2/3.3: Purposive sample for key informant interviews based on respond knowledge and responsibility for M&E systems.	3.2/3.3: - Key informant interview guidelines tailored to audience and purpose; electronic questionnaire
3.4 To what extent is Global Fund performance-based monitoring (a) aligned with the national M&E system?; and, (b) strengthening the national M&E system? What are the facilitators and barriers to strengthening national M&E systems through Global Fund grants? 3.5 Which type of activities aimed at strengthening country M&E systems are funded by the Global Fund? (data will be disaggregated by country and disease) 3.6 What are the respective roles of partner	3.4 Degree of concordance between GF indicators and national indicators	3.4-3.6: In-depth country case study based on document review, interviews with key informants, observations	3.4-3.6: Selection of countries/grants for country visits	3.4-3.6: Standardized case study protocol including desk review checklists, interview guides tailored to audience and purpose, observation checklists

organizations (i.e., other international financing or development organizations) and of implementing partners (e.g., PRs, LFAs) in designing, funding and implementing those activities? 3.7 To what extent are the M&E plans and practices of Global Fund grants consistent with internationally-agreed standards? If any, what are the inconsistencies and why? 3.8 To what extent are typical Global Fund processes (such as M&E plan development, M&E system assessment, DQA) still relevant or to what extent have adaptations served to keep these processes relevant?		3.7 Desk review of M&E plans submitted as part of GF proposals compared to normative guidance of global M&E Reference Groups (HIV, malaria, TB) 3.8: In-depth country case study based on document review, interviews with key informants, observations	3.7 Selection of disease-specific grants and disease-integrated grants 3.8: Selection of countries/grants for country visits	3.7: Frequency table. & qualitative information listings 3.8: Standardized case study protocol including desk review checklists, interview guides tailored to audience and purpose, observation checklists
EVALUATION DOMAIN 4. EFFECTS ***Evaluation Focus*:** **4a.To determine the positive effects of Global Fund policies, practices, and funding on country M&E systems** **4b.To determine the negative effects of Global Fund policies, practices, and funding on country M&E systems**				
Measurement and assessment of the positive and negative effects of Global Fund (a) policies; (b) practices; and, (c) funding on country M&E systems by addressing the following questions:	4.1 Degree of perceived effectiveness of GF support for (a) GF grant management; (b) local program improvement;	4.1-4.4: - Key informant interviews with Global Fund staff, PRs, development partners and country program managers and	4.1-4.4: - Selection of countries/grants for country visits - Purposive sample for key informant interviews based on respondent	4.1-4.4: - Key informant interview guidelines tailored to audience and purpose - Electronic questionnaire - Standardized case study protocol

4.1 Are the grant-related M&E activities funded by the Global Fund effective for the purposes of: (a) sound GF grant management including performance-based funding? and, (b) local program improvement including contributing important data to the country M&E system; 4.2 Does the effectiveness of Global Fund investments in M&E differ by (a) grant type; (b) magnitude of the health problem; (c) size, duration and type of investment; (d) maturity of the national M&E system? 4.3 Are the M&E activities funded by the Global Fund contributing to robust and sustainable country M&E capacity that goes beyond the management of the Global Fund grants? 4.4 How successful are the M&E activities funded by the Global Fund in ensuring harmonization and alignment of M&E practices (a) with the national system?; and (b) between international financing and development institutions?	(including key characteristics of effectiveness). 4.4 Extent to which Global Fund M&E activities are perceived as (a) aligned with national systems; and, (b) harmonized with other development partners	those responsible for HIV/AIDS, malaria and TB M&E systems. - Electronic questionnaire (potential).	knowledge and responsibility for M&E systems - Sampling for electronic questionnaire based on availability/ completeness of relevant contact info	including desk review checklists, interview guides tailored to audience and purpose, observation checklists

Annex B. INCEPTION VISIT INTERVIEWEES & INTERVIEW GUIDES

Inception Visit – Geneva, 21–23 September 2011

Purpose

The two members of the evaluation team conducted a three-day visit to Geneva:

1. To gain a greater understanding of and obtain direct access to available documentation and data housed in Global Fund systems relevant to the evaluation including both current and historical Global Fund documents, M&E assessment reports and grant performance information;

2. To conduct key informant interviews with Global Fund Secretariat staff and representatives key partner organizations;

3. To obtain further guidance from Global Fund Secretariat staff on the context, priority purposes, the specific M&E needs of the three diseases, and intended use of the evaluation in order to maximize its utility;

4. To discuss key factors and processes for the country/grant sampling.

Overall structure

The site visit consisted of: an orientation to the evaluation; several working sessions with members of the M&E Unit to obtain an overview of available information and access to databases and documentation; individual and group interviews with Global Fund Secretariat staff; individual and group interviews with partner organizations.

Interviewees

Individual	Position/Organization
Global Fund Secretariat	
Rifat Atun	Director, Strategy, Performance and Evaluation Cluster
Nathalie Zorzi	Manager, M&E Team, Africa
Nicolas Bidault	Team Leader, M&E Support Team, EECA, LAC
Oren Ginzburg	Unit Director, Quality Assurance and Support Services Team
Patricia Kuo	Manager, Renewals and Process Management Team
Michael Byrne	Manager, Local Fund Agent Team
Daniel Low-Beer	Unit Director, Performance, Impact and Effectiveness
Patrick Osoro	Technical Officer, Data Quality, M&E Unit
Silvio Martinelli	Fund Portfolio Manager, LAC (former M&E officer)
Matias Gomes	Manager, Performance Team, Performance, Impact and Effectiveness Unit
Nibretie Workneh	Senior Technical Officer, M&E Unit
Olga Aveeva	Senior Technical Officer, M&E Unit
John Puvimanasinghe	Manager, M&E Unit, Asia
Annette Reinisch	Senior Technical Officer, M&E Support Team
Global Partners	
Taavi Erkkola	Country monitoring team, UNAIDS
Rosalia Rodriguez-Garcia	Team Leader, Evaluation of the Community Response to HIV and AIDS, World Bank

Yves Souteyrrand	Coordinator, Strategic Information and Planning, HIV/AIDS Department, WHO
Cyril Pervilhac	Public Health Specialist, Operations and Technical Support, HIV/AIDS Department, WHO
Mazuwa Banda	Global Fund Focal Point, HIV/AIDS Department, WHO
John Cutler	Senior Technical officer, Health Metrics Network, WHO
Eric Mouzin	Medical Epidemiologist, Roll Back Malaria Partnership, WHO
Richard Cibulskis	Coordinator, Strategy, Economics and Elimination, Global Malaria Program, WHO
Katherine Floyd	Coordinator, TB Monitoring and Evaluation, Stop TB Partnership, WHO
Ties Boerma	Director, Health Statistics and Information Systems, WHO
Trent Ruebush	Senior Malaria Advisor, USAID
Christie Hershey	Infectious Disease, M&E advisor, USAID
Stephanie Weber	Senior Malaria and Global Fund Advisor, USAID
Misun Choi	M&E Advisor, USAID
Julie Wallace	PMI Team Leader, USAID
Rene Salgado	Malaria Advisor, USAID
Erin Eckert	Senior Technical Advisor, USAID

Interview Guides

Global Fund – Heads of Department

1. Could you please describe the role of your department?
2. In your opinion, to what extent does the mandate of the Global Fund include the *funding, use and strengthening* of country M&E systems? Is this an explicit or implicit element of the Global Fund's mandate?
3. Do you feel that Global Fund policies are consistent with the purpose of country M&E alignment and system-strengthening? What about guidelines and communications? Do you see these as consistent with alignment and system strengthening?
4. To what extent are typical Global Fund processes (such as M&E plan development, M&E system assessment, DQA) still relevant or to what extent have adaptations served to keep these processes relevant? How have these systems evolved?
5. In your opinion, are the grant-related M&E activities funded by the Global Fund effective for the purposes of: (a) sound Global Fund grant management including performance-based funding? and, (b) local program improvement including contributing important data to the country M&E system? Could you describe the most typical strengths and weaknesses in grant-related M&E activities for grant management? For local program monitoring and improvement?
6. In your opinion, are M&E activities funded by the Global Fund contributing to robust and sustainable country M&E capacity that goes beyond the management of the Global Fund grants? What would you point as the best evidence of that effect?
7. How successful are the M&E activities funded by the Global Fund in ensuring harmonization and alignment of M&E practices (a) with the national system?; and (b) between international financing and development institutions?
8. How would you describe 'success' in relation to Global Fund investments in M&E?
9. What are your expectations for the use of the evaluation findings?

Global Fund – M&E Team Leaders & M&E Team Members

1. Could you please describe the role of the M&E Team?
2. How does your team work with other clusters/units/teams at the Global Fund?
3. Do you feel that Global Fund policies are consistent with the purpose of country M&E alignment and system-strengthening? What about guidelines and communications? Do you see these as consistent with alignment and system strengthening?
4. To what extent are *funding, use and strengthening* of country M&E systems part of the Global Fund's commitment to harmonizing and aligning M&E requirements of international donors? How are guidelines and communications used to support this commitment?
5. Could you please describe how deficiencies in M&E plans submitted with the grant proposals are identified? Which actor in the Global Fund architecture is responsible to flag these deficiencies? What mechanisms are in place to follow up and rectify deficiencies? Are they effective? In your opinion what are their strengths and weaknesses?
6. In your opinion, to what extent is Global Fund performance-based monitoring (a) aligned with the national M&E system?; and, (b) strengthening the national M&E system? What are the facilitators and barriers to strengthening national M&E systems through Global Fund grants?
7. To what extent are the M&E plans and practices of Global Fund grants consistent with internationally-agreed standards? If any, what are the inconsistencies and why?
8. To what extent are typical Global Fund processes (such as M&E plan development, M&E system assessment, DQA) still relevant or to what extent have adaptations served to keep these processes relevant? How have these systems evolved?
9. In your opinion, are M&E activities funded by the Global Fund contributing to robust and sustainable country M&E capacity that goes beyond the management of the Global Fund grants? What would you point as the best evidence of that effect?
10. How would you describe 'success' in relation to Global Fund investments in M&E?
11. What are your expectations for the use of the evaluation findings?

Global Fund - Portfolio Managers

1. Could you please describe your role?
2. How do you work with other clusters/units/teams at the Global Fund?
3. Do you believe that *funding, use and strengthening* of country M&E systems reflect Global Fund policies? If so, how? Are there certain policies that you feel are instrumental to guide Global Fund investments and practices?
4. In particular, do you feel that Global Fund policies are consistent with the purpose of country M&E alignment and system-strengthening? What about guidelines and communications? Do you see these as consistent with alignment and system strengthening?
5. Do you believe that Global Fund policies, guidelines and communications sufficiently clear for local application? Why or why not? [REQUEST EXAMPLE]
6. In your opinion, to what extent is Global Fund performance-based monitoring (a) aligned with the national M&E system?; and, (b) strengthening the national M&E system? What are the facilitators and barriers to strengthening national M&E systems through Global Fund grants?
7. To what extent are typical Global Fund processes (such as M&E plan development, M&E system assessment, DQA) still relevant or to what extent have adaptations served to keep these processes relevant? How have these systems evolved?

8. In your opinion, are the grant-related M&E activities funded by the Global Fund effective for the purposes of: (a) sound Global Fund grant management including performance-based funding? and, (b) local program improvement including contributing important data to the country M&E system? Could you describe the most typical strengths and weaknesses in grant-related M&E activities for grant management? For local program monitoring and improvement?
9. In your opinion, are M&E activities funded by the Global Fund contributing to robust and sustainable country M&E capacity that goes beyond the management of the Global Fund grants? What would you point as the best evidence of that effect?
10. How would you describe 'success' in relation to Global Fund investments in M&E?
11. What are your expectations for the use of the evaluation findings?

<u>Global partners: Key international agencies/organizations</u>

1. Could you please describe the role of your Unit?
2. Could you describe your unit's role in supporting (funding, technical assistance, other support) country M&E systems?
3. How does your unit work with the Global Fund on M&E-related activities?
4. In your opinion, to what extent are *funding, use and strengthening* of country M&E systems part of the Global Fund's commitment to harmonizing and aligning M&E requirements of international donors?
5. In your opinion, to what extent is Global Fund performance-based monitoring (a) aligned with the national M&E system?; and, (b) strengthening the national M&E system? What are the facilitators and barriers to strengthening national M&E systems through Global Fund grants?
6. To what extent are the M&E plans and practices of Global Fund grants consistent with internationally-agreed standards? If any, what are the inconsistencies and why?
7. In your opinion, are M&E activities funded by the Global Fund contributing to robust and sustainable country M&E capacity that goes beyond the management of the Global Fund grants? What would you point as the best evidence of that effect?
8. How successful are the M&E activities funded by the Global Fund in ensuring harmonization and alignment of M&E practices (a) with the national system?; and (b) between international financing and development institutions?
9. How would you describe 'success' in relation to Global Fund investments in M&E?
10. What are your expectations for the use of the evaluation findings?

Independent Evaluation of the Global Fund investments in country M&E systems: On-line Survey for Principal Recipients

Page One

Introduction: Welcome to the on-line survey which is being carried out as part of an independent evaluation of the Global Fund's investments in strengthening country M&E systems. This independent evaluation has been commissioned by the Global Fund's Technical Evaluation Reference Group to assess the effectiveness of Global Fund investments in strengthening country M&E systems.

Your contribution: This on-line survey is designed to elicit opinions and experiences of Principal Recipient personnel who are most directly involved in the monitoring and evaluation of Global Fund grants. As Principal Recipient, your organizatio has responsibility for key M&E activities including the M&E Plan, Performance Framework, Progress Updates and reports for grant renewal. PR staff responsible for these activities are a critical source of information for this evaluation. The on-line survey is not intended to assess the performance of the PR's M&E staff nor the PRs. All responses will remain confidential to the Evaluation Team. We encourage you to be candid and comprehensive in your responses and to rely on your own opinions, experiences and/or observations. The survey consists of 19 questions and will require approximately 15 minutes of your time.

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1. In which country(ies) do you serve as a Principal Recipient for a Global Fund grant(s)? *

- ☐ Afghanistan
- ☐ Albania
- ☐ Algeria
- ☐ Andorra
- ☐ Angola
- ☐ Antigua
- ☐ Argentina
- ☐ Armenia
- ☐ Australia
- ☐ Austria
- ☐ Dominican Republic
- ☐ Ecuador
- ☐ Egypt
- ☐ El Salvador
- ☐ Equatorial Guinea
- ☐ Eritrea
- ☐ Estonia
- ☐ Ethiopia
- ☐ Fiji
- ☐ Libyan Arab Jamahiriya
- ☐ Liechtenstein
- ☐ Lithuania
- ☐ Luxembourg
- ☐ Macedonia
- ☐ Madagascar
- ☐ Malawi
- ☐ Malaysia
- ☐ Maldives
- ☐ Saint Vincent and the Grenadines
- ☐ Samoa
- ☐ San Marino
- ☐ Sao Tome and Principe
- ☐ Saudi Arabia
- ☐ Senegal
- ☐ Serbia
- ☐ Seychelles
- ☐ Sierra Leone

- [ ] Azerbaijan
- [ ] Bahamas
- [ ] Bahrain
- [ ] Bangladesh
- [ ] Barbados
- [ ] Barbuda
- [ ] Belarus
- [ ] Belgium
- [ ] Belize
- [ ] Benin
- [ ] Bhutan
- [ ] Bolivia
- [ ] Bosnia
- [ ] Botswana
- [ ] Brazil
- [ ] Brunei Darussalam
- [ ] Bulgaria
- [ ] Burkina Faso
- [ ] Burundi
- [ ] Cambodia
- [ ] Cameroon
- [ ] Canada
- [ ] Cape Verde
- [ ] Central African Republic
- [ ] Chad
- [ ] Chile
- [ ] Finland
- [ ] France
- [ ] Gabon
- [ ] Gambia
- [ ] Georgia
- [ ] Germany
- [ ] Ghana
- [ ] Greece
- [ ] Grenada
- [ ] Guatemala
- [ ] Guinea
- [ ] Guinea-Bissau
- [ ] Guyana
- [ ] Haiti
- [ ] Herzegovina
- [ ] Honduras
- [ ] Hungary
- [ ] Iceland
- [ ] India
- [ ] Indonesia
- [ ] Iran
- [ ] Iraq
- [ ] Ireland
- [ ] Israel
- [ ] Italy
- [ ] Jamaica
- [ ] Japan
- [ ] Mali
- [ ] Malta
- [ ] Marshall Islands
- [ ] Mauritania
- [ ] Mauritius
- [ ] Mexico
- [ ] Micronesia
- [ ] Moldova
- [ ] Monaco
- [ ] Mongolia
- [ ] Montenegro
- [ ] Morocco
- [ ] Mozambique
- [ ] Myanmar
- [ ] Namibia
- [ ] Nauru
- [ ] Nepal
- [ ] Netherlands
- [ ] New Zealand
- [ ] Nicaragua
- [ ] Niger
- [ ] Nigeria
- [ ] Northern Ireland
- [ ] Norway
- [ ] Oman
- [ ] Pakistan
- [ ] Palau
- [ ] Singapore
- [ ] Slovakia
- [ ] Slovenia
- [ ] Solomon Islands
- [ ] Somalia
- [ ] South Africa
- [ ] Spain
- [ ] Sri Lanka
- [ ] Sudan
- [ ] Suriname
- [ ] Swaziland
- [ ] Sweden
- [ ] Switzerland
- [ ] Syrian Arab Republic
- [ ] Tajikistan
- [ ] Tanzania
- [ ] Taiwan
- [ ] Thailand
- [ ] Tibet
- [ ] Timor-Leste
- [ ] Tobago
- [ ] Togo
- [ ] Tonga
- [ ] Trinidad
- [ ] Tunisia
- [ ] Turkey

- [ ] China
- [ ] Colombia
- [ ] Comoros
- [ ] Congo (Brazzaville)
- [ ] Congo (Kinshasa)
- [ ] Costa Rica
- [ ] Cote d'Ivoire
- [ ] Croatia
- [ ] Cuba
- [ ] Cyprus
- [ ] Czech Republic
- [ ] Denmark
- [ ] Djibouti
- [ ] Dominica
- [ ] Jordan
- [ ] Kazakhstan
- [ ] Kenya
- [ ] Kiribati
- [ ] North Korea
- [ ] South Korea
- [ ] Kosovo
- [ ] Kuwait
- [ ] Kyrgyzstan
- [ ] Lao
- [ ] Latvia
- [ ] Lebanon
- [ ] Lesotho
- [ ] Liberia
- [ ] Palestine
- [ ] Panama
- [ ] Papua New Guinea
- [ ] Paraguay
- [ ] Peru
- [ ] Philippines
- [ ] Poland
- [ ] Portugal
- [ ] Qatar
- [ ] Romania
- [ ] Russian Federation
- [ ] Rwanda
- [ ] Saint Kitts and Nevis
- [ ] Saint Lucia
- [ ] Turkmenistan
- [ ] Tuvalu
- [ ] Uganda
- [ ] Ukraine
- [ ] United Arab Emirates
- [ ] United Kingdom of Great Britain
- [ ] United States of America
- [ ] Uruguay
- [ ] Uzbekistan
- [ ] Vanuatu
- [ ] Venezuela
- [ ] Vietnam
- [ ] Yemen
- [ ] Zambia
- [ ] Zimbabwe

2. Which disease components does your organization/agency serve as Principal Recipient for Global Fund grants? Check all that apply. *

- [ ] HIV/AIDS
- [ ] Malaria
- [ ] Tuberculosis
- [ ] Health Systems Strengthening

3. What type of organization/agency serves as Principal Recipient? *

- ○ Government
- ○ Civil Society

- Multilateral Organization
- Private Sector
- Other

4. How long have you been involved as a Principal Recipient for Global Fund grants (your personal involvement)? *

- Less than 1 year
- 1-3 years
- 4-6 years
- Greater than 6 years

5. Are Global Fund guidelines and communications adequately clear for your use as Principal Recipient? *

	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opinion
Preparing an M&E Plan *					
Budgeting for M&E *					
Preparing a Performance Framework *					
Selecting and Defining Indicators *					
Selecting Targets *					
Preparing a Progress Update *					

6. In your opinion, are Global Fund guidelines and communication clear on how to align grant resources with existing country M&E systems? *

- Yes
- No
- Don't Know

7. What methods are used to determine M&E budgets in Global Fund grants? What are the strengths and weaknesses of those methods? *

8. What type of activities are most frequently carried out with M&E budgets? Please provide a percentage distribution totaling 100%. *

1. M&E stewardship, governance and coordination. This category includes development of M&E plans, development of general M&E training and guidelines, training of general M&E, M&E self-assessment, M&E coordination and management, and establishment of functioning M&E TWGs or forums.

2. Routine program data collection and reporting. This category includes strengthening routine health information system, strengthening vital registration systems, strengthening disease surveillance systems, recruiting and training staff for routine information systems, enhancing staff skills in data analysis, synthesis and use, publication and dissemination of M&E reports.

3. Evaluation, surveys, surveillance, special studies. This category includes implementing population and facility surveys/census, conducting health systems research and epidemiological studies, Recruiting and training staff for episodic data collection, strengthening data quality procedures for episodic data collection, conducting policy analysis, National Health Accounts, disease subaccounts and other resource tracking studies, operational research, program evaluation and program reviews, development tools and guidelines for surveys, surveillance, OR, and special studies, workshops and meetings on evaluation, surveys, surveillance OR and special studies).

4. Data quality assurance and M&E related supportive supervision. This category includes data quality assessments, supportive supervision on M&E, development of tools and guidelines and checklists for data quality assessment or supervision, workshops and meetings to share information on data quality assurance and supportive supervision.

5. Capacity Building. This category includes capacity needs assessment, capacity building plans, training on general M&E, training, workshops and meetings to build HR capacity on: routine data collection, processing, analysis and reporting, surveys, surveillance, OR and special studies [including dissemination of findings] data quality assurance, and supportive supervision.

- [ ] M&E stewardship, governance and coordination
- [ ] Routine program data collection and reporting
- [ ] Evaluation, surveys, surveillance, special studies
- [ ] Data quality assurance and M&E related supportive supervision

Capacity Building

0 out of 100 Total

9. In your current role as Principal Recipient, is the existing national M&E Plan used for the purposes of Global Fund grant management? Indicate the statement which best reflects your current situation. *

- An existing national M&E Plan is used for grant(s) monitoring, evaluation and results reporting to the Global Fund.
- A national M&E Plan exists, but it did not provide enough detail about how the grant(s) would be monitored and evaluated and results reported to the Global Fund.
- A national M&E Plan does not exist and a grant-specific M&E plan was required.

10. What are the main obstacles to using existing national M&E plans to fulfill Global Fund requirements?

11. Are Global Fund practices aligned with the national M&E system? *

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- No Opinion

12. What are the facilitators and barriers to aligning Global Fund resources with national M&E systems?

13. Are the indicators used for Global Fund grants the same as those found in national M&E plans? *

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- No Opinion

14. Are the targets used for Global Fund grants the same as those found in national M&E plans? *

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- No Opinion

15. What methods did the Principal Recipient use to select targets for the Global Fund grant? *

16. Do Global Fund practices strengthen the national M&E system? *

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- No Opinion

17. Are the M&E activities funded by the Global Fund effective for grant management including performance-based funding? *

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- No Opinion

18. Are the M&E activities funded by the Global Fund effective for local program management including long-term strengthening of country M&E systems? *

- Strongly disagree
- Disagree
- Agree
- Strongly agree
- No Opinion

19. How could the Global Fund more effectively support and strengthen national M&E systems? Please describe.

Thank You!

Thank you for taking our survey. Your response is very important to us.

Independent Evaluation of Global Fund investments in country M&E systems: Local Fund Agents

Page One

Introduction

Welcome to the on-line survey which is being carried out as part of an independent evaluation of the Global Fund's investments in strengthening country M&E systems. This evaluation has been commissioned by the Global Fund's Technical Evaluation Reference Group to assess the effectiveness of Global Fund investments in strengthening country M&E systems. Broadly, the evaluation aims to assess: (a) Global Fund policies, guidelines and communications related to M&E; (b) Global Fund financing for in-country M&E systems; (c) Global Fund-related M&E practices; and the (d) effects of Global Fund investments in country M&E systems.

Your Contribution is requested

This survey is to be completed by Monitoring and Evaluation Experts and Officers employed by the Local Fund Agents. The M&E experts are a critical source of information for this evaluation and we would like to hear your opinions and experiences. The on-line survey is not intended to assess the performance of the M&E experts nor the LFAs. All responses will remain confidential to the two-person Evaluation Team. We encourage you to be candid and comprehensive in your responses and to rely on your own personal opinions, experiences and/or observations. This survey consists of 22 questions and will require approximately 15 minutes of your time.

All responses are requested no later than Friday January 27th at 12 noon (EST).

---

1. What country(ies) do you support in your work for the Global Fund? *

- ☐ Afghanistan
- ☐ Albania
- ☐ Algeria
- ☐ Andorra
- ☐ Angola
- ☐ Antigua
- ☐ Argentina
- ☐ Dominican Republic
- ☐ Ecuador
- ☐ Egypt
- ☐ El Salvador
- ☐ Equatorial Guinea
- ☐ Eritrea
- ☐ Estonia
- ☐ Libyan Arab Jamahiriya
- ☐ Liechtenstein
- ☐ Lithuania
- ☐ Luxembourg
- ☐ Macedonia
- ☐ Madagascar
- ☐ Malawi
- ☐ Saint Vincent and the Grenadines
- ☐ Samoa
- ☐ San Marino
- ☐ Sao Tome and Principe
- ☐ Saudi Arabia
- ☐ Senegal

- [ ] Armenia
- [ ] Australia
- [ ] Austria
- [ ] Azerbaijan
- [ ] Bahamas
- [ ] Bahrain
- [ ] Bangladesh
- [ ] Barbados
- [ ] Barbuda
- [ ] Belarus
- [ ] Belgium
- [ ] Belize
- [ ] Benin
- [ ] Bhutan
- [ ] Bolivia
- [ ] Bosnia
- [ ] Botswana
- [ ] Brazil
- [ ] Brunei Darussalam
- [ ] Bulgaria
- [ ] Burkina Faso
- [ ] Burundi
- [ ] Cambodia
- [ ] Cameroon
- [ ] Canada
- [ ] Cape Verde
- [ ] Central African Republic
- [ ] Ethiopia
- [ ] Fiji
- [ ] Finland
- [ ] France
- [ ] Gabon
- [ ] Gambia
- [ ] Georgia
- [ ] Germany
- [ ] Ghana
- [ ] Greece
- [ ] Grenada
- [ ] Guatemala
- [ ] Guinea
- [ ] Guinea-Bissau
- [ ] Guyana
- [ ] Haiti
- [ ] Herzegovina
- [ ] Honduras
- [ ] Hungary
- [ ] Iceland
- [ ] India
- [ ] Indonesia
- [ ] Iran
- [ ] Iraq
- [ ] Ireland
- [ ] Israel
- [ ] Italy
- [ ] Malaysia
- [ ] Maldives
- [ ] Mali
- [ ] Malta
- [ ] Marshall Islands
- [ ] Mauritania
- [ ] Mauritius
- [ ] Mexico
- [ ] Micronesia
- [ ] Moldova
- [ ] Monaco
- [ ] Mongolia
- [ ] Montenegro
- [ ] Morocco
- [ ] Mozambique
- [ ] Myanmar
- [ ] Namibia
- [ ] Nauru
- [ ] Nepal
- [ ] Netherlands
- [ ] New Zealand
- [ ] Nicaragua
- [ ] Niger
- [ ] Nigeria
- [ ] Northern Ireland
- [ ] Norway
- [ ] Oman
- [ ] Serbia
- [ ] Seychelles
- [ ] Sierra Leone
- [ ] Singapore
- [ ] Slovakia
- [ ] Slovenia
- [ ] Solomon Islands
- [ ] Somalia
- [ ] South Africa
- [ ] Spain
- [ ] Sri Lanka
- [ ] Sudan
- [ ] Suriname
- [ ] Swaziland
- [ ] Sweden
- [ ] Switzerland
- [ ] Syrian Arab Republic
- [ ] Tajikistan
- [ ] Tanzania
- [ ] Taiwan
- [ ] Thailand
- [ ] Tibet
- [ ] Timor-Leste
- [ ] Tobago
- [ ] Togo
- [ ] Tonga
- [ ] Trinidad

- [ ] Chad
- [ ] Chile
- [ ] China
- [ ] Colombia
- [ ] Comoros
- [ ] Congo (Brazzaville)
- [ ] Congo (Kinshasa)
- [ ] Costa Rica
- [ ] Cote d'Ivoire
- [ ] Croatia
- [ ] Cuba
- [ ] Cyprus
- [ ] Czech Republic
- [ ] Denmark
- [ ] Djibouti
- [ ] Dominica
- [ ] Jamaica
- [ ] Japan
- [ ] Jordan
- [ ] Kazakhstan
- [ ] Kenya
- [ ] Kiribati
- [ ] North Korea
- [ ] South Korea
- [ ] Kosovo
- [ ] Kuwait
- [ ] Kyrgyzstan
- [ ] Lao
- [ ] Latvia
- [ ] Lebanon
- [ ] Lesotho
- [ ] Liberia
- [ ] Pakistan
- [ ] Palau
- [ ] Palestine
- [ ] Panama
- [ ] Papua New Guinea
- [ ] Paraguay
- [ ] Peru
- [ ] Philippines
- [ ] Poland
- [ ] Portugal
- [ ] Qatar
- [ ] Romania
- [ ] Russian Federation
- [ ] Rwanda
- [ ] Saint Kitts and Nevis
- [ ] Saint Lucia
- [ ] Tunisia
- [ ] Turkey
- [ ] Turkmenistan
- [ ] Tuvalu
- [ ] Uganda
- [ ] Ukraine
- [ ] United Arab Emirates
- [ ] United Kingdom of Great Britain
- [ ] United States of America
- [ ] Uruguay
- [ ] Uzbekistan
- [ ] Vanuatu
- [ ] Venezuela
- [ ] Vietnam
- [ ] Yemen
- [ ] Zambia
- [ ] Zimbabwe

2. Which types of grant do you support ? *

- [ ] HIV/AIDS
- [ ] Malaria
- [ ] Tuberculosis
- [ ] Health Systems Strengthening

3. How long have you held the position of M&E Expert /Officer for the LFA? *

- ◌ 6 or less months

- 7-12 months
- 12-24 months
- 24-36 months
- 36+ months

4. What types of activities do you most frequently conduct? *

	Have not yet conducted	Have conducted 1-2 times	Have conducted 3-5 times	Have conducted 6 or more times
PR assessment *				
Performance Framework negotiation *				
Progress Updates *				
On-Site Data Verification (OSDV) *				
Monitoring implementation of actions from MEEST *				
Grant Renewal *				
M&E Country Profile *				

5. Are Global Fund guidelines and communications adequately clear for use by applicants and Principal Recipients? *

	Strongly disagree	Disagree	Agree	Strongly Agree	No Opinion
Preparing an M&E Plan *					
Budgeting for M&E *					
Preparing an Performance Framework *					
Selecting and defining indicators *					
Selecting targets *					
Preparing a Progress Update *					

6. Global Fund guidelines and communication are clear on alignment with existing country M&E systems. *

- ○ Yes
- ○ No
- ○ Don't Know

7. Global Fund guidelines and communications are clear on strengthening existing country M&E systems. *

- ○ Yes
- ○ No
- ○ Don't Know

8. What methods are used to determine M&E budgets in Global Fund grants? What are the strengths and weaknesses of those methods? *

9. In assessing the adequacy of M&E budgets, what problems do you most frequently observe?

10. What type of activities are most frequently carried out with M&E budgets? Please estimate the percent distribution across activity type with a total of 100%. *

1. M&E stewardship, governance and coordination: This category may include development of M&E Plan, development of general M&E training and guidelines, training of general M&E, M&E self-assessment, M&E coordination and management, establishment of functioning M&E TWGs or forum.

2. Routine program data collection and reporting: Category includes strengthening routine health information system, strengthening vital registration systems, strengthening disease surveillance systems, recruiting and training staff for routine information systems, enhancing staff skills in data analysis, synthesis and use, publication and dissemination of M&E reports.

3. Evaluation, surveys, surveillance, special studies: Category includes implementing population and facility surveys/census, conducting health systems research and epidemiological studies, recruiting and training staff for episodic data collection, strengthening data quality procedures for episodic data collection, conducting policy analysis, National Health Accounts, disease subaccounts and other resource tracking studies, operational research, program evaluation and program reviews, developing tools and guidelines for surveys, surveillance, OR, and special studies, workshops and meetings on evaluation, surveys, surveillance OR and special studies.

4. Data quality assurance and M&E related supportive supervision: Category includes data quality assessments, supportive supervision on M&E, development of tools and guidelines and checklists for data quality assessment or supervision, workshops and meetings to share information on data quality assurance and supportive supervision.

5. Capacity Building: Category includes capacity needs assessment, capacity building plans, training on general M&E, training, workshops and meetings to build HR capacity on: routine data collection, processing, analysis and reporting, surveys, surveillance, OR and special studies [including dissemination of findings] data quality assurance, and supportive supervision.

	M&E stewardship, governance and coordination
	Routine program data collection and reporting
	Evaluation, surveys, surveillance, special studies
	Data quality assurance and M&E related supportive supervision
	Capacity Building

0 out of 100 Total

11. In your most recent experience with a Global Fund grant signing, which of the following best describes the use of an existing national M&E plan? *

- ○ A national M&E Plan exists that is sufficiently detailed on how the grant(s) will be monitored and evaluated and results reported to the Global Fund.
- ○ A national M&E Plan exists, but it does not provide enough details about how the grant(s) will be monitored and evaluated and results reported to the Global Fund.
- ○ A national M&E Plan does not exist and a grant-specific M&E plan is required.

12. Does the use of existing national M&E plans for Global Fund grants differ by disease component? *

- ○ Yes
- ○ No
- ○ Don't know

13. What are the main obstacles to using existing national M&E plans?

14. Are Global Fund practices aligned with the national M&E system? *

- ☐ Strongly Disagree
- ☐ Disagree
- ☐ Agree
- ☐ Strongly Agree
- ☐ No Opinion

15. Are the indicators used for Global Fund grants the same as those found in national M&E plans? *

- ○ Strongly Disagree
- ○ Disagree
- ○ Agree
- ○ Strongly Agree
- ○ No Opinion

16. Are the targets used for Global Fund grants the same as those found in national M&E plans? *

- ○ Strongly Disagree
- ○ Disagree
- ○ Agree

- Strongly Agree
- No Opinion

17. In your experience, what methods are used by applicants and Principal Recipients to select targets? *

18. What are the facilitators and barriers to aligning Global Fund resources with national M&E systems?

19. Do Global Fund practices strengthen the national M&E system? *

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- No Opinion

20. What are the facilitators and barriers to use of Global Fund resources to strengthen national M&E systems?

21. Are the M&E activities funded by the Global Fund effective for grant management including performance-based funding? *

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- No Opinion

22. Are the M&E activities funded by the Global Fund effective for local program management including long-term strengthening of country M&E systems? *

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- No Opinion

Thank You!

Thank you for taking our survey. Your response is very important to us.

Annex D. INTERVIEW GUIDES FOR COUNTRY CASE STUDIES

CCM Chair and/or CCM members

1. Could you please describe for us the functioning of the CCM? How engaged are they/What role did the CCM play in grant negotiations etc? How frequently do they meet?
2. How is the CCM positioned vis-à-vis disease-specific coordinating groups?
3. Where does M&E fit or rank among the CCM's areas of greatest concern/attention? What about data quality issues?
4. In your opinion, are Global Fund policies and communications regarding strengthening of M&E systems clear?
5. To what extent are data used for program management/improvement? Do you have an example? Possible prompt: What role does the Global Fund play in encouraging data use?
6. In your opinion, is Global Fund performance-based funding aligned with the national M&E system? Does the Global Fund PBF approach strengthen the national M&E system? What do you see as the facilitators and barriers to strengthening national M&E systems through Global Fund grants?

Principle Recipient

First, I would like to focus on M&E-related policies, guidelines and communications:

1.1 Do you feel that Global Fund-related guideline documents on M&E (such as the Global Fund M&E toolkit) support alignment with country M&E systems and strengthening of those systems? What about specific formal or informal communications you receive from the Global Fund?
1.2 In your opinion, are the Global Fund policies, guidelines and communications sufficiently clear for local application? Why or why not? Can you give an example?
1.3 To what extent does the Performance Framework help you monitor the grant in terms of results achieve by the Global Fund-supported program? To what extent can the programmatic indicators be linked to outcome and impact indicators? What are some of the key challenges? How can they be addressed?

I would now like to focus now on M&E budgets and expenditures:

2.1 How do you determine M&E budgets for the grants? What are the strengths and weaknesses of the methods used? Did you find Global Fund guidelines helpful in establishing a budget?
2.2 Is there any disaggregation of the M&E budget by category of M&E activity funded? If so, please describe the categories and how they are estimated. Is it possible to differentiate how much of the funding is used for monitoring versus evaluation? How much of the funding/effort goes to M&E for grant management versus M&E for country M&E system-strengthening?
2.3 The Global Fund recommends that 7-10% of the overall program budget is dedicated to M&E. The [country] grants have M&E budgets that reflect about x% (on average) of the overall program budgets. Why only x%?
2.4 Separate from budgeted amounts, are the *M&E expenses* tracked? If so, could you please describe the methods used?

The following questions are related to actual M&E practices in country:

3.1 To what extent is the M&E plan of the Global Fund grants based on national M&E plans. Are there any weaknesses in the national M&E plans that were of particular concern for Global Fund grant management? If so, are any Global Fund-supported activities focused on rectifying those deficiencies?
3.2 What mechanisms are in place to ensure coordination and complementarity with M&E support provided by other donors? How well do they mechanisms work? What are strengths and weaknesses?
3.3 What methods are used to set targets? To select performance indicators? What are the key challenges? To what extent are grant-related targets and indicators aligned with targets and indicators in the national strategic plan and the national M&E plan? What are the key challenges with alignment?
3.4 What mechanisms are used to identify needs for M&E capacity-building of the PR and of the sub-recipients? What are typical key weaknesses in M&E capacity? Are the challenges similar across the 3 diseases? If not, what are key challenges for each disease? What is the Global Fund guidance in response to identified capacity gaps? Are grant funds available to be used to strengthen capacity?
3.5 What are the typical capacity-building activities provided? How do you monitor progress in M&E capacity?
3.6 In your opinion, to what extent is Global Fund performance-based monitoring (a) aligned with the national M&E system?; and, (b) strengthening the national M&E system? What are the facilitators and barriers to strengthening national M&E systems through Global Fund grants?

Finally, some questions related to the positive and negative effects of Global Fund investments in M&E:

4.1 In your opinion, what constitutes success in Global Fund grant management (monitoring aspects)? In strengthening country M&E systems?
4.2 In your opinion, are the grant-related M&E activities funded by the Global Fund effective for the purposes of: (a) sound Global Fund grant management including performance-based funding? Could you describe the most typical strengths and weaknesses in grant-related M&E activities for grant management? (b) local program improvement including contributing important data to the country M&E system? Could you describe the most typical strengths and weaknesses in grant-related M&E activities for local program monitoring and improvement?
4.3 In your opinion, are the grant-related M&E activities funded by the Global Fund effective for the purposes of local program improvement including contributing important data to the country M&E system? Could you describe the most typical strengths and weaknesses in grant-related M&E activities for local program monitoring and improvement?
4.4 In your opinion, are M&E activities funded by the Global Fund contributing to robust and sustainable country M&E capacity that goes beyond the management of the Global Fund grants? What would you point as the best evidence of that effect?
4.5 In your opinion, how successful are the M&E activities funded by the Global Fund in ensuring harmonization and alignment of M&E practices (a) with the national M&E system?; (b) between international financing and development institutions?
4.6 In your opinion, are there any negative effects of the Global Fund investments as far as M&E systems are concerned?
4.7 In your opinion, to what extent are M&E data used in (a) program planning and resource allocation, and in (b) program improvement. Can you give an example. What are the key challenges in data use? Do you see a specific role for the Global Fund in strengthening data use?

Sub-Recipient

First, I would like to focus on M&E-related guidelines and communications:

1.1 Do you receive any specific guidelines or communications from the Global Fund PR related to M&E for grant management and/or country M&E system strengthening? If so, are these guidelines and communications sufficiently clear for application? Why or why not? Can you give an example?

I would like to focus now on M&E budgets and expenditures:

2.1 How do you determine your M&E budget? Is this specifically linked to Global Fund money received or overall? Is there any disaggregation of the M&E budget by category of M&E activity funded? If so, can you please describe the categories and how they are estimated?
2.2 Separate from budgeted amounts, are the *M&E expenses* tracked? If so, could you please describe how this is done? What are the challenges and how can they be overcome?

The following questions are related to actual M&E practices:

3.1 What methods do you use to set targets for your program? To select performance indicators? What are the key challenges? Do you have specific Global Fund targets and indicators? Are there any challenges with alignment with other part of your program? With the national targets and indicators?
3.2 How does Global Fund-related M&E for grant management impact on your overall M&E activities/efforts?
3.3 What mechanisms are used to identify needs for M&E capacity-building for your department/organization? For the program implementing organizations? What are key weaknesses in M&E capacity?
3.4 What are the typical capacity-building activities provided? How do you monitor progress in M&E capacity?
3.5 In your opinion, to what extent is Global Fund performance-based monitoring (a) aligned with the national M&E system?; and, (b) strengthening the national M&E system? What are the facilitators and barriers to strengthening national M&E systems through Global Fund grants?

Finally, some questions related to the positive and negative effects of Global Fund investments in M&E:

4.1 In your opinion, what constitutes success in strengthening country M&E systems?
4.2 In your opinion, is Global Fund support for M&E effective for the purposes of: (a) sound Global Fund grant management including performance-based funding? Could you describe the most typical strengths and weaknesses in grant-related M&E activities for grant management?
4.3 In your opinion, is Global Fund support for M&E effective for the purposes of local program improvement including contributing important data to the country M&E system? Could you describe the most typical strengths and weaknesses in grant-related M&E activities for local program monitoring and improvement?
4.4 In your opinion, are M&E activities funded by the Global Fund contributing to robust and sustainable country M&E capacity that goes beyond the management of the Global Fund grants? What would you point as the best evidence of that effect?

4.5 In your opinion, how successful are the M&E activities funded by the Global Fund in ensuring alignment of M&E practices (a) with the national M&E system?; (b) between international donor requirements?
4.6 In your opinion, are there any negative effects of the Global Fund investments as far as country M&E systems are concerned?
4.7 In your opinion, to what extent are M&E data used in (a) program planning and resource allocation, and in (b) program improvement. Can you give an example? What are the key challenges in data use?

Local Fund Agent

1. For the LFA M&E expert: What types of activities do you typically support?
2. In your opinion, are Global Fund policies and communications regarding strengthening of M&E systems clear for use in country?
3. What are the methods used for determining indicators and targets for Global Fund grants?
4. What are the methods used for determining M&E budgets for Global Fund grants?
5. What use is made of those funds?
6. What are the methods used for tracking M&E expenses in Global Fund grants?
7. Could we talk about the tools (requirements) that the Global Fund has to identify and correct deficiencies in M&E in the grant?
   - The M&E Plan. Are the M&E Plans for Rx grants (MAL, HSS, HIV/AIDS, TB) the same as the National M&E Plans? Does this vary by disease? How effective are the M&E Plans to guiding the M&E work conducted by the grant? Do they clearly define responsibilities for data collection and reporting? Frequency? Budgets?
   - Conditions and Management Actions. What has been your experience in the use of conditions precedent and management actions to strengthen elements of the M&E system? How effective are these conditions in bringing about stronger national M&E? For example, Rx Malaria, TB and HIV all had conditions precedent related to Performance Frameworks.
   - On-site data verification. What has been your experience with OSDV? How does the OSDV help to mitigate risk? How does OSDV strengthen the M&E system? Have you seen specific changes put in place to improve systems performance based on OSDV?
   - Data Quality Audits. What has been your experience with DQA? How does the DQA help to mitigate risk? How does DQA strengthen the M&E system? Have you seen specific changes put in place to improve systems performance based on DQA? For example, the [date] DQA for Rx [grant] – have any of those recommendations resulted in changes/improvements?
   - M&E System Country Profile – Have you been involved in the development of a M&E Systems Profile for this country? [Note: Version 2 will be the responsibility of the LFA but is not fully rolled out]

   Do you have any examples where these tools (or any others) have resulted in a stronger national M&E system? If so, please describe? What were the actions taken to remedy the problems? Who were the key actors? Did the systems improvements last over time?
8. To what extent are data used for program management/improvement? Do you have an example? What role does the Global Fund play in encouraging data use?
9. To what extent is Global Fund performance-based monitoring (a) aligned with the national M&E system?; and, (b) strengthening the national M&E system? What are the facilitators and barriers to strengthening national M&E systems through Global Fund grants?

Development partners

1. Could you please describe your role in the R8 proposal process? The grant negotiation process? (Please specify malaria, HIV/AIDS, TB or HSS)
2. What are your observations on the process? Did you consider the guidelines or communications from the Global Fund to be sufficiently clear for local application? Overall? In regards to M&E for the proposed program?
3. Could you please describe the process through which the proposal indicator and targets were created? [prompt for use of national M&E plans]
4. Were there any efforts at the proposal stage to link (make a judgment on whether targets would be achievable based on budgeted amounts) targets with amount of budget available?
5. In the proposal process, did you specific consider the use of grant funds to strengthen the national M&E program? If not, why? If so, please describe.
6. In your opinion, is the M&E [refer to PF] of the Global Fund grant aligned to national program strategies and M&E plans?
7. Could you please describe your own program of support for (HRH, HSS, malaria, HIV/AIDS, TB)?
8. Could you please describe how you monitor your program of support?
9. Do you consider the Global Fund grant M&E requirements to be harmonized with other donors working in the program area? [prompt: are the same indicators used? same data collect methods? targets?]
10. In your opinion, are the Global Fund practices effective for the purposes of grant management including performance-based funding?
11. In your opinion, are Global Fund practices effective to strengthen national program performance in M&E? What would you point to as the best evidence of that?
12. In your opinion, are there any negative effects of Global Fund investments as far as country M&E systems are concerned?
13. In your opinion, to what extent are M&E data used in program planning and resource allocation? In program improvement? Can you give an example? What are key challenges?

National M&E Technical Working Group

1. What is the role of the M&E TWG? Who is the Chair? Who are the members [agencies/organizations]?
2. Does the M&E TWG have any direct role in Global Fund-related M&E? [prompt: target-setting, indicator selection/harmonization, M&E budgeting, prioritization of M&E activities, other?]
3. There are many capacity-building activities going on, especially many different trainings. How are the results in terms of capacity built monitored or evaluated?
4. There are several M&E tools for Global Fund grant management (e.g., MESS Tool, DQA, OSDV). Are they mainly being used within the context of Global Fund programs or are they also finding wider application?
5. What is the process for conducting OSDVs – who is involved, how frequently do they happen and how are the findings used to strengthen data collection systems? If the latter, can you provide specific examples?
6. To what extent does Global Fund monitoring promote use of data at all levels in addition to encouraging reliable data collection to meet reporting requirements?

7. If the Global Fund wanted to support more robust and more sustainable country M&E systems (i.e., beyond grant management), what would be the best way of doing this through the Global Fund grants?
8. A few years ago, the Global Fund Secretariat pushed for and provided guidelines on the inclusion of operational research (OR)/program evaluation into grant applications to encourage more attention to evaluation in addition to monitoring. How was this communicated at country level? Did you receive the specific OR guidelines? Was there any follow up on this at country level (i.e., considered in the Rx proposal writing)?
9. In your opinion, how could the Global Fund support better integration of different data systems rather than parallel systems at country level?
10. What would be the ideal role of country M&E officers in the grant-writing process? How best could alignment and harmonization of Global Fund-M&E requirements with country M&E systems be obtained? How best can country M&E system-strengthening be addressed through Global Fund grants?
11. What would be your recommendations towards the Global Fund Secretariat about opportunities and procedures for re-programming, revision of targets and adjustments of budgets (such as related to a new national strategic plan or Phase 2 of a grant)?

Annex E. ZIMBABWE COUNTRY CASE STUDY REPORT

Acronyms

AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
CDC	United States Centers for Disease Control and Prevention
CCM	Country Coordinating Mechanism
CCORE	Collaborating Centre for Operational Research and Evaluation
CHBC	community-and home-based care
CSO	Civil society organization
CTA	Country Team Approach
DFID	United Kingdom Department for International Development
DHIS	District Health Information System
DOTS	Directly Observed Treatment-Short Course
DQA	Data Quality Audit (referring to Global Fund-specific procedures and tools)
DQA	data quality assessment
DR	Disbursement Request
EC	European Commission
ESP	Expanded Support Program
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBC	high burden country
HIS	health information system
HIV	human immunodeficiency virus
HSS	health systems strengthening
HSS	HIV sentinel surveillance survey
IBBS	integrated biological and behavioral surveillance
ITN	insecticide-treated net
LFA	Local Fund Agent
LLIN	long-lasting insecticidal net
M&E	monitoring and evaluation
MDG	Millennium Development Goal
MDR-TB	multi-drug resistant tuberculosis
MERG	Monitoring and Evaluation Reference Group
MESS Tool	M&E System Strengthening Tool
MSF	Médecins Sans Frontières
MTCT	mother-to-child transmission
MOH	Ministry of Health
MOHSW	Ministry of Health and Child Welfare
NAC	National AIDS Council
NAP	National AIDS Program
NASA	National AIDS Spending Assessment
NGO	nongovernmental organization
NHIS	National Health Information System
NMCP	National Malaria Control Program
NSP	National Strategic Plan
NTP	National Tuberculosis Control Program
OI	opportunistic infection
OSDV	on-site data verification
OVC	orphans and vulnerable children

PBM	performance-based management
PEPFAR	United States President's Emergency Plan for AIDS Relief
PF	Performance Framework
PLHIV	people living with HIV
PM	Portfolio Manager
PMI	United States President's Malaria Initiative
PMU	Project Management Unit
POS	Program of Support
PPMD	public-private mix DOTS
PR	Principal Recipient
PU	Progress Update
SARN	Southern African Regional Network
SADC	Southern African Development Community
SDA	Service Delivery Area
SMEO	Surveillance, M&E and Operational Research subcommittee
SR	Sub-Recipient
SSF	Single Stream of Funding
SSR	Sub-Sub-Recipient
STI	sexually transmitted infection
SW	sex worker
TB	tuberculosis
TBCAP	TB Control Assistance Program
TERG	Technical Evaluation Reference Group
TRP	Technical Review Panel
TWG	Technical Working Group
UA	Universal Access
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNGASS	United Nations General Assembly Special Session on AIDS Declaration of Commitment
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VCT	HIV voluntary counseling and testing
WHO	World Health Organization
ZACH	Zimbabwe Association of Church-related Hospitals
ZAN	Zimbabwe AIDS Network
ZNASPII	Zimbabwe National HIV and AIDS Strategic Plan 2011-2015
ZNNP+	Zimbabwe National Network of People living with HIV

I. Introduction

This case study is part of an independent evaluation to assess the effectiveness of Global Fund investments in strengthening country M&E systems. Specifically, the evaluation aimed to assess: (1) Global Fund policies, guidelines and communications related to M&E; (2) Global Fund financing for country M&E systems; (3) Global Fund-related M&E practices; and, (4) the effects of Global Fund investments in country M&E systems.

The evaluation employed a mixed methods approach including: review of key documents including Global Fund policies, guidelines and communications related to M&E and documentation related to selected country M&E systems; an on-line survey of Primary Recipients and Local Fund Agent (LFA) M&E

officers; interviews with Global Fund staff and representatives from global partner agencies; interviews with key informants in selected countries as part of three in-depth country case studies (Liberia, Viet Nam, Zimbabwe).

The evaluation aimed to provide pragmatic recommendations for improvement in Global Fund M&E policies, guidelines, communications, funding arrangements and practices at Secretariat, country, and global partners' levels.

II. Case Study Methods

The aim of this case study was:
(a) to document M&E practices including strengths and weaknesses of existing national M&E systems for the three diseases and Global Fund support for grant-specific and national M&E system-strengthening (Evaluation Domain 3); and,
(b) to determine the effects of Global Fund investments in M&E including facilitators and barriers for using Global Fund resources to strengthen national M&E systems (Evaluation Domain 4).

A five-day site visit was conducted in December 2011 and consisted of:
- an in-depth review of key documents including health policies and national strategies for disease control, national M&E plans and assessment reports, national and international progress reports on disease status and response, Global Fund grant-related documents etc.(see **Annex 1**);
- individual and group interviews with key informants including: selected government officials including those responsible for M&E of HIV, TB and malaria programs; representatives from the Country Coordinating Mechanism (CCM), the Principal Recipient (PR), selected Sub-Recipients (SRs), the Local Fund Agent (LFA), and selected representatives of international agencies/organisations (see **Annex 2** for individuals interviewed).

III. Background

From 2000 to 2009, Zimbabwe went into a recession which resulted in a humanitarian crisis and a decline in social and health service delivery, poor availability of essential drugs, and a severe reduction in skilled human resources due to migration to other countries. Recently, the situation in Zimbabwe has started to improve but the socio-economic challenges continue to be substantial including a prevailing and increasing poverty level, especially among the urban poor and in rural areas[36].

HIV, Tuberculosis and Malaria Epidemics and Responses in Zimbabwe

- ***HIV epidemic and response***

Zimbabwe is one of several sub-Saharan African countries where the HIV epidemic has shown a consistent decline in the past decade: adult HIV prevalence declined from 27.2% in 1998 to 14.3% in 2010[37]. This is thought to be due to a significant reduction in sexual risk behavior and high AIDS mortality due to low ART coverage for most of this period (below 5% during 1999-2006; expanded to

[36] MOHCW (no date). National Tuberculosis Control Programme. Five year Strategic Plan 2010-2014. Harare: MOHCW.
[37] UNGASS 2010 Report.

54% by 2010). HIV is predominantly sexually transmitted and accounts for over 80% of infections; mother-to-child transmission (MTCT) is the second most important transmission route. An estimated 62,000 new infections occurred in 2010, and the total number of people living with HIV (PLHIV) was estimated to be approximately 1.2 million by 2010.

The current Zimbabwe National HIV and AIDS Strategic Plan 2011-2015 (ZNASPII) advocates for strengthened national commitment and increased respect for human rights in the HIV response. Strong political leadership, strategic partnerships and meaningful participation of civil society, affected populations and communities are considered key. The ZNASPII also reflects a shift towards results-based management and innovation and re-engineering of existing strategies are supported in order to address new challenges in the HIV epidemic today. Linkages between the ZNASPII and the National Health Strategy are seen as critical for ensuring service integration and achieving better synergy and efficiency. Social and structural factors –such as poverty, gender inequality, migration, and transactional sex, are important drivers of the HIV epidemic in Zimbabwe and thus, the ZNASPII is also anchored in a broader development framework.

Financing for the HIV response[38] included: government funding; an AIDS levy (US$19 million in 2010); bi/multi-lateral funding and international foundations (US$38 million in 2009); Global Fund grants Round 1 (US$11 million), Round 5 (US$56 million) and Round 8 (US$84 million); and donor-supported *Expanded Support Program* (ESP) (US$ 42 million) and *Program of Support* (PoS) for orphans and vulnerable children (OVC) (US$84 million).

- ***Tuberculosis epidemic and response***

Tuberculosis (TB) is among the top 10 diseases in Zimbabwe and the country is ranked 17th among the 22 countries with the highest TB burden in the world. It is estimated that 80% of TB cases are co-infected with HIV and TB is the leading cause of death among PLHIV[39]. TB case detection rates are very low (37% in 2007). The estimated incidence of all TB cases was 782/100, 000 in 2007 (compared to 97/100,000 in 1990). The estimated prevalence was 714/100,000 in 2009[40]. Notification of all forms of TB and new smear positive cases is compromised by poor recording of TB cases.

The National Tuberculosis Program (NTP) was established in the sixties and, in 1983, the government adopted a policy of integrating all TB prevention and treatment activities into the general health services. The NTP officially adopted the Direct Observed Treatment Short-course (DOTS) as a treatment strategy in 1997. The National Tuberculosis Program Strategic Plan (2010-2014) and the national guidelines for co-management of TB/HIV, include strategies for intensified case finding and infection control in healthcare settings.

Financing for the TB response[41] included: government funding; Global Fund grants Round 5 (US$10 million) and Round 8 (US$28 million); European Union support for drugs, human resource development and integrated TB care for PLHIV; the TB Control Assistance Program (TBCAP) of the United States Agency for International Development (USAID); laboratory strengthening support by the US Centers for Disease Control and Prevention (CDC); and, support from The Union and the Association of Church-related Hospitals (ZACH).

[38] UNGASS 2010 Report.
[39] MOHCW (2009). National TB Control Programme Database. Harare: MOHCW.
[40] WHO (2009). WHO Global Tuberculosis Control Report 2009. Geneva: WHO.
[41] Ibid.

- ***Malaria epidemic and response***

Malaria in Zimbabwe accounts for 30% of all out-patient visits, 12% of hospital admissions and is the second leading cause of morbidity in the country. Malaria is a significant cause of both maternal and child mortality. Although updates are needed in malaria risk maps, it has been estimated that 50% of the population in Zimbabwe resides in malaria endemic areas. Malaria is seasonal in Zimbabwe with a potential for epidemics during the rainy season[42]. High transmission foci exist along the Northern and Eastern borders of the country. In total, 45 of Zimbabwe's 62 districts have conditions that support moderate to high malaria transmission.

The Government of Zimbabwe designates malaria as a key target disease in its national health strategy. Between 2009 and 2011, the government allocated up to US 2.1 million to malaria control, the highest allocation for any disease program in the Ministry of Health and Child Welfare (MOHCW). The National Malaria Control Program (NMCP) operates with a national policy and strategic plan with overall goals of reducing malaria incidence from 95/1000 in 2007 to 45/100 in 2013 and case fatality rate from 4.5 (2007) to 2.5 (2013). A recent joint review conducted by the Southern African Regional Network (SARN) and United States President's Malaria Initiative (PMI) concluded that NMCP program management is strong - but also noted a need to strengthen monitoring and evaluation and to address delays in disbursement and provision of commodities[43].

In terms of funding, the NMCP has seen gradual improvement in funding over the past several years. Zimbabwe has attracted funding from the Global Fund with malaria grants awarded in Rounds 1, 5, 8 and 10. In mid-2011, Zimbabwe was selected as a country for full implementation under the PMI. The NMCP also receives support from WHO, UNICEF, the United Kingdom Department for International Development (DFID), the European Commission (EC) and private sector entities.

Global Fund Support for HIV, TB and Malaria Programs

Zimbabwe received Global Fund support in Round 1 (HIV, malaria), Round 5 (HIV, TB, malaria), Round 8 (HIV, TB, malaria), and Round 10 (malaria). While the Principle Recipients (PR) for Round 1 and part of Round 5 were local institutions (i.e., National AIDS Council/NAC, MOHCW, Zimbabwe Association of Church Related Hospitals/ZACRH), the United Nations Development Programme (UNDP) became the exclusive PR due to the political situation in Zimbabwe resulting in the grants being operated under the additional safeguard policies of the Global Fund.

- ***HIV grants***

Round 1 (closed; PRs: NAC, UNDP; approx.US$11 million) focused on strengthening and scaling up disease prevention and care for HIV in 12 districts. The program provided support for improving sexual and reproductive health for youth; improving access to voluntary counseling and testing (VCT) services; expanding PMTCT services; strengthening provision of community-and home-based care (CHBC) services for PLHIV; and providing ART to 7,000 PLHIV at public health facilities.

Round 5 (closed; PRs: NAC, ZACRH, UNDP; approx.US$56 million) focused on scaling up of ART and HIV testing and counseling services in 22 districts including 12 districts covered under Round 1. The program

[42] Ministry of Health and Child Welfare. Zimbabwe Malaria Programme Performance Review Aide Memoire. June 2011.
[43] SARN / RBM Partnership in Southern Africa. Press Release. Southern African Regional Network and Presidential Malaria Initiative. Joint Assessment and Support Mission, April 2012.

also provided support for treatment advocacy; PMTCT services; treatment for opportunistic infections; information, education and communication, behavior change communication and mass media campaigns; workplace policy development; and, laboratory quality assurance. It provided salary support and incentives for 17,000 health care workers to improve recruitment and retention in order to stem the growing numbers of critical staff abandoning their posts for financial reasons.

Round 8 (ongoing; PR: UNDP; approx. US$84 million) focuses on addressing critical gaps in HIV prevention, treatment, care and support. The grant targets PLHIV, youth, women and children and aims to bring best practice interventions to scale in order to curtail new infections, and scale up ART and PMTCT services.

- ***Tuberculosis grants***

Round 5 (closed; PRs: ARCH, UNDP; approx.US$10 million) focused on supporting the national program to reduce TB morbidity and mortality. The grant supported: strengthening of managerial and supervisory capacity of the NTP; upgrading of infrastructure (i.e., central laboratory, diagnostic centers); improving coordination with the National AIDS Program (NAP) and providing HIV testing for TB patients and conversely, TB screening for PLHIV; providing training of health care workers; improving data collection; and, recruitment and retention of critical staff through salary support and provision of incentives.

Round 8 (ongoing; PR: UNDP; approx. US$28 million) focuses on improving accessibility to high quality DOTS. The program targets TB patients, PLHIV and populations at risk. The grant aims to further strengthen and expand the activities funded under Round 5 including: improving DOTS; establishing two peripheral microscopy centers per rural district; developing a national TB policy; recruiting a focal person for training; providing training; conducting social mobilization; and, providing salary support and provision of incentives for the recruitment and retention of critical staff.

- ***Malaria grants***

Round 1 (closed; performance rating: B1, PR: MOHSW; US$ 6,926,197). Grant funds were used to procure and distribute insecticide for indoor residual spraying and insecticide-treated bed nets and retreatment kits as well as trucks, motorcycles and bicycles and training for health workers in malaria vector control and malaria diagnosis and case management.

Round 5 (a) Phase I – closed, performance rating: C; PR: MOHSW, US$ 8,337,196 (b) Phase II - in closure; PR: UNDP/Zimbabwe, US$ 15,443,123). Grant funds were used to increase the proportion of mothers and caregivers who are able to identify early symptoms and signs of uncomplicated and severe malaria; build the capacity of health workers to enable them to diagnose and detect malaria cases according to new standard treatment guidelines; procure and distribute microscopes and rapid diagnostic tests; conduct equality assurance of malaria laboratory diagnosis; and train healthcare workers in various areas of malaria case management to increase the number of patients with uncomplicated malaria that receive the correct diagnosis and treatment.

Round 8 (Phase I – ongoing; progress performance rating: B1; PR: UNDP/Zimbabwe, US$ 32,810,290). The grant supports the implementation of the National Malaria Control Strategic Plan of Zimbabwe 2008–2012, which calls for rapid scale up for universal coverage of key interventions by 2010 and further consolidation until the plan ends in 2014 (i.e., “catch up” and “keep up”).

Round 10 (Phase I – ongoing; PR: UNDP/Zimbabwe, US$ 13,739,115). Grant funds will be used for long-lasting insecticidal net (LLIN) distribution the same 30 districts targeted in Round 8, focusing on 478

wards with approximately 3.2 million people. Using Round 10 funds, the NMCP seeks to lay the groundwork for pre-elimination in the southern province.

Single Stream of Funding (Phase I – ongoing; PR: UNDP/Zimbabwe, US$ 19,069,239). Funded activities include prevention (i.e., indoor residual spraying/vector control, insecticide-treated nets (ITNs), presumption treatment of malaria in pregnancy), treatment (i.e., improved diagnosis and prompt, effective antimalarial treatment) as well as epidemic preparedness and response and enhanced surveillance.

- ***Health systems strengthening grant***

Round 8 (Phase II – ongoing; performance rating: A2; PR: UNDP/Zimbabwe, US$ 54,312,274). This HSS component is a cross-cutting element of the Round 8 malaria grant. The grant is supporting retention of health workforce, strengthening community health systems and the scale-up in community programs for the three epidemics. The grant also supports the integration of M&E systems for the three diseases in a strengthened national health management information system (HMIS) including the communication and information technology support required. It should be noted that the Global Fund Secretariat concluded that the structure of the retention scheme, the single largest element of the grant, was not sustainable and set conditions for further disbursements.

National M&E Systems

- ***National health information system***

In its broad health systems strengthening approach, the Zimbabwean government explicitly refers to the need for strategic information to inform decisions for program planning and resource allocation, while at the same time acknowledging that there is currently inadequate capacity to do so[44]. The government, therefore, supports strengthening of national M&E systems for health including consolidation of various existing databases for monitoring diseases and programmatic responses, as well as a functional mechanism for operational research and program evaluation.

Zimbabwe had a functioning HMIS until the mid-2000s when the system was significantly weakened due to breakdown of telecommunication equipment, attrition of human resources and inadequate public transport systems. In the revamped HMIS[45], all health-related data is managed by the HIS Unit in the Department of Health Information. The HMIS is to serve as an integrated system that captures morbidity and mortality data on weekly, monthly and quarterly basis. The District Health Information System (DHIS) is being introduced as the platform for all routine, facility-based data collection in the districts. During the transition from the old system (i.e., T5) to the new (i.e., DHIS), personnel at the facility, district, province and head office levels were trained on the data collection tools and report production. The HIS Unit produces reports on the completeness and timeliness of reporting by the health facilities. This situation is in transition and a majority of respondents spoke of the existence of *parallel systems* to the national HMIS largely driven by data demands from donors. A factor in the creation of parallel systems was the nature of the routine HIS (i.e., T5) which was deemed inflexible (i.e., code-locked software) and which inspired little confidence in data quality. The DHIS is seen as a more flexible system. While the MOHCW is committed to the roll out of the DHIS, one decision-maker described the process as going slow in order to "get it right". The trade-off with this approach was that

[44] MOHSW. National Health Strategy, 2009 – 2013: Equity and Quality in Health-A People's Right
[45] MOHSW and UNFPA. National Health Information Strategy, 2009-2014

initially, there may be only a few indicators included for higher-level management while program managers would rely on the older, more detailed HIS. Additionally, the MOHCW is in the process of restructuring and including a Department of Planning, Monitoring and Evaluation to manage M&E across different diseases, but this integration has not been achieved yet[46]. Hence, M&E systems remain fragmented and centered around each of the three diseases, partly due to organizational structures but also due to shortage of staff and skill levels.

There were differences perceived between the three diseases with NMCP widely seen as the program with data most integrated into the DHIS. Respondents were uniform in describing the TB program as the weakest of the three with the least management capacity. Similarly, respondents often cited the system utilized by the National AIDS Council (NAC) to collect information in parallel down to the ward level. Overall, much progress has been made towards the strengthening of the HMIS over the past several years. However, gaps still remain in health-related data collection and management mechanisms. Independent assessments have concluded that those mechanisms remain, to some extent, fragmented and that human resources with the needed skills and experience are lacking at all levels.

- ***HIV M&E system***

A national M&E plan was developed for HIV (2011-2015) and focused on tracking the implementation of the National Strategic Plan (NSP) for AIDS and on international reporting related to donor support received and to global and regional commitments –such as the Millennium Development Goals (MDGs), UNGASS, the Southern African Development Community (SADC) and Africa Union Commitments on AIDS. Most of the national indicators did not change from the previous national M&E plan period (2006-2012) but some adjustments needed to be made to ensure alignment with the current NSP. A national agenda for HIV-related research exists and mid- and end-term evaluations of the NAP aim to assess progress towards achieving national objectives and the fundamental attributes of programs such as relevance, appropriateness, equity and efficacy in order to improve or re-direct existing programs where needed. A strategy for strengthening data use in decision-making has been developed but largely focuses on advocacy for data use rather than capacity development in using data.

- ***Tuberculosis M&E system***

The lack of a national M&E plan for TB and of an adequate surveillance system for multi-drug resistant TB (MDR-TB) have been acknowledged as major weaknesses. Key M&E strategies are, however, described in the NSP for TB and include: monitoring TB case detection and treatment outcomes at health facilities; supportive supervision; record-keeping and updating of the National TB Register; annual review of NTP activities; and, the promotion of program-based operational research in collaboration with research institutions.

- ***Malaria M&E system***[47]

[46] A MOHSW-wide M&E strategy document (*MOHCW and UNFPA. National Health Information Strategy, 2009-2014*) was developed involving consultation with key government departments and international donors/agencies, but there was no concrete implementation plan at the time of the case study country visit.

[47] Sources include: MOHSW. National Malaria Control Programme Strategy 2008-2013, MOHSW. National Malaria Control Programme. Zimbabwe. Malaria Programme Review Report. June 2011, SARN - Roll Back Malaria Zimbabwe Mission. 7th to 11th March 2011 SARN Secretariat. Gaborone, Botswana.

The NMCP Strategic Plan 2008-2013 seeks to establish a functioning malaria database operational at district, provincial and national levels to collect malaria-specific data. As part of the NMCP Strategic Plan, a Surveillance, M&E and Operational Research subcommittee (SMEO) was established to spearhead M&E activities and advise the NMCP. The SMEO is also responsible for ensuring full implementation of the M&E plan. Upon completion of an M&E Systems Strengthening Assessment (2008), the first malaria M&E plan was produced covering the period 2009-2011. The M&E plan was developed with participation of stakeholders, endorsed by the SMEO and approved by the Global Fund. There are, however, reports of some misalignment among the indicators in the NMCP M&E plan with those of the PR.

The NMCP collects the data from the HMIS for use in programmatic M&E. Only IRS-related programmatic data does not follow the routine flow of health information. It is transmitted using the same structures but in a parallel manner. A portfolio of non-routine data sources complements routine data collection activities. These methods include surveys, audits and rapid assessments. A Malaria Indicator Survey was conducted in 2008 to assess intervention coverage. In 2009, a case management audit was held to assess the quality of care and to take stock of achievements and challenges in the implementation of the malaria strategy.

Data utilization appears centered around regular review meetings to ensure implementation of NMCP strategy activities as prioritized by the strategic framework (e.g., the SMEO subcommittee meets quarterly). During these meetings, focal persons submit reports to provide updates on progress and challenges met per thematic area. On a quarterly basis, updates are prepared to summarize progress on selected indicators. Assessments and interviewees noted that the focus of reporting is on indicators in the Global Fund Performance Framework. Other indicators in the malaria M&E framework have proven more difficult to track due to lack of funds. Quarterly monitoring and supervision visits are carried out in selected districts (i.e., including health facilities, district and provincial health offices). Existing assessment and interviewees reported that these visits do not always make use of a standard checklist to assess compliance with standards, thereby compromising the quality of supervisory visits.

IV. Findings

Domain 1: Global Fund policies, guidelines and communications related to M&E

All entities supported by the Global Fund were fully aware of the grant Performance Framework (PF) and were actively involved in quarterly reporting. Inconsistencies regarding the interpretation of some of the indicator definitions occurred but were resolved over time with capacity-building from the PR. The PR indicated that the PF facilitates tracking of key procurement and program progress, but does not –in itself, allow for full management of the Global-Fund supported program.

Among some implementers and technical partners, there was stark criticism of the PF which was seen as disconnected from activities on the ground. Examples were provided where there was little or no linkage between the targets set for a program area and resources available for that target (e.g., behavior change communication for malaria programs). Numerous complaints were heard about reduction in budgets accompanied by an explicit message that targets must remain the same. To many experienced programmers, this defies the entire logic underlying a results framework (e.g., "*how can they say that the inputs have changed but not the targets*?").

Some M&E officers within the MOHCW use the Global Fund M&E Toolkit as training material at sub-national level (e.g., "*we tried to make copies for each province for capacity-building"*). They felt that the Toolkit had a use beyond its technical content by making M&E much more visible and appreciated (e.g., "*the Toolkit doesn't bring something different, as the same guidance can be found in results-based management and WHO materials, but brings something more in that M&E becomes much more visible product"*). However, not all Sub-Recipients (SR) and Sub-Sub-Recipients (SSR) were aware of M&E Toolkit. When the content of the Toolkit was described, some indicated a keen interest to receive the document as they felt generally isolated from access to new developments in global M&E guidelines and standards to support their own professional development.

While the Data Quality Audit (DQA) tools, developed by the Global Fund and its global partners, were much appreciated by the PR and SRs, it was noted by the NAC that there were implementation challenges due to the need for IT infrastructure which was not readily available.

The On-site Data Verification procedure (OSDV) conducted by the LFA was seen by a majority of implementers as a separate, stand-alone process. Their knowledge of any issues arising is limited to those communicated back to the PR via a Management Letter from the Global Fund Secretariat. However, the OSDV procedure seems to have a "cross-over effect" in that the exercise is regularly replicated by the PR and, at times, SRs and SSRs. On a quarterly basis, the PR conducts a joint exercise with the SR and SSRs to identify shortfalls and implementation issues. Key informants described a process whereby districts are visited along with the provincial medical officer and feedback is provided immediately to the province. A standard format is used with action points for follow-up and findings shared with the CCM sub-committee (in this case for malaria). Some MOHCW programs have suggested that the Director of Preventive Services share this experience with provincial medical officers and encourage them to use of the OSDV as well.

Finally, several respondents linked an earlier Conditions Precedent (CP) on the conduct of the M&E Systems Strengthening Tool (MESS Tool) clearly contributed to progress in the form of an M&E plan.

Domain 2: Global Fund financing for country M&E systems

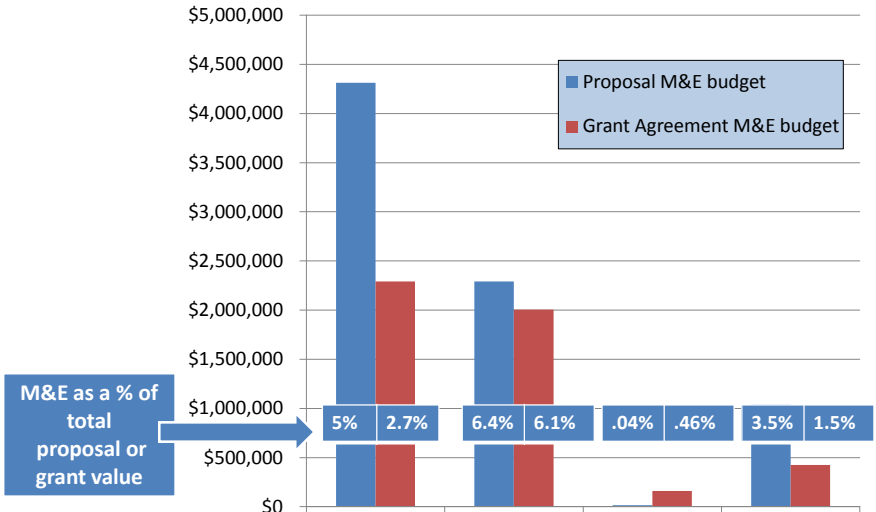
A synopsis of the use of M&E funds –as per the original proposal, appears in **Annex 3**. As seen in **Annex 4**, **Table 1**, the budgetary component devoted to the M&E cost category in the original Round 8 proposals ranged from 3.7% to 8.3%[48]. Several of these allocations fall below the Global Fund 's general recommendation that 5% to 10% of a proposal's total program budget is allocated to M&E activities. However, these funds should be considered alongside budgets for specific Service Delivery Areas (SDA) that are focused on improvements in disease-specific M&E. Budgets associated with these SDAs appear in **Annex 4**, **Table 2**. Global Fund budgets do not include a cross-tabulation of these separate, yet overlapping, categories in a single consolidated "M&E budget".
By the completion of the grant negotiation process, all budget items have been revised including funds devoted to M&E. The Round 8 grants for Zimbabwe are depicted in **Figure 1** with indication of the change in M&E budgets (as a cost category) between proposal and Grant Agreement for both absolute value (in US$) and as a percent of the total proposed or approved program budget. We see here that the HIV/AIDS-proposed M&E budget was significantly reduced in dollar value as well as a percent of total grant value. In contrast, the malaria proposal was reduced only slightly. The HSS grant is one of the few

[48] The M&E budget found in the HSS proposal is so exceptionally low as to be considered an outlier.

instances where the amount devoted to M&E increased during the negotiation. However, in percentage terms, both the proposal and approved grant budget are exceedingly small in proportion to the overall value (i.e., less than half of a percentage point).

The outcome of the negotiation process on M&E budgets both as a cost category and as a SDA appears in **Annex 4, Table 3**. As a summary measure, a "net effect of negotiation" measure was calculated to represent the percentage difference between the monetary value of the proposal (first two years) and that of the resulting Grant Agreement. The net effect measure can be either a positive value (i.e., in cases where the Grant Agreement has an increase in M&E monies in absolute value as compared to the original proposal) or a negative value (i.e., cases where the Grant Agreement M&E budget represents a reduction from the proposal budget). In the majority of cases reviewed, the net effect is a substantial reduction in M&E budget from proposal to approved grant budget.

Figure 1: M&E budgets in original proposal and Grant Agreement in absolute value ($) and a percent of total proposal or grant value, Zimbabwe

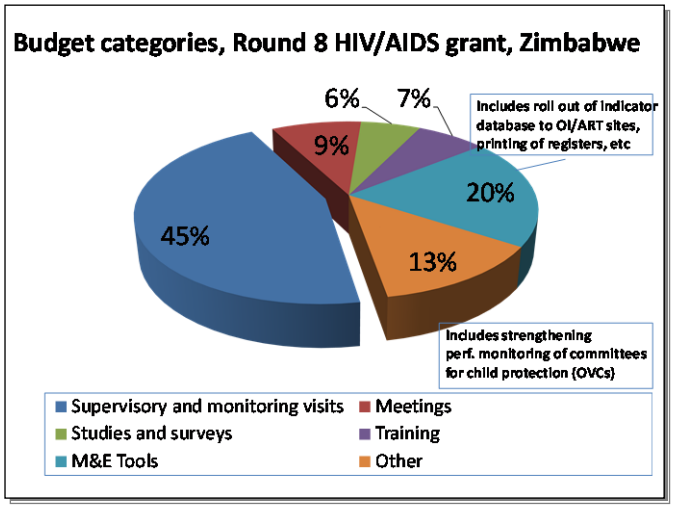


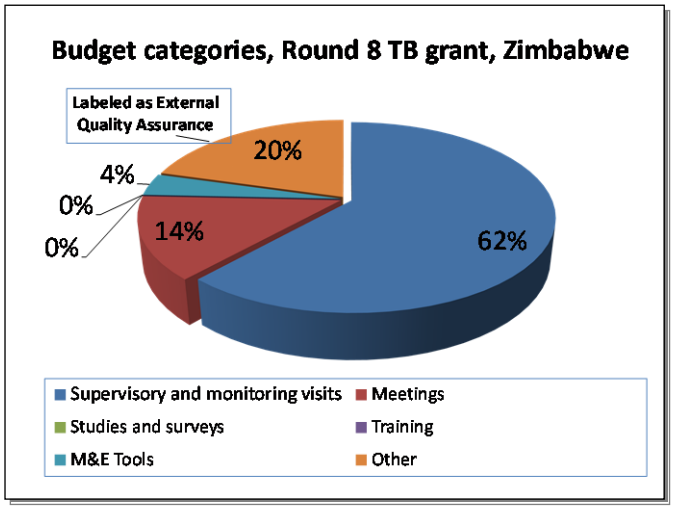
	R8 HIV/AIDS	R8 Malaria	R8 HSS	R8 TB
Proposal M&E budget	$4,311,830	$2,292,348	$15,000	$1,040,070
Grant Agreement M&E budget	$2,291,405	$2,004,378	$160,000	$423,544

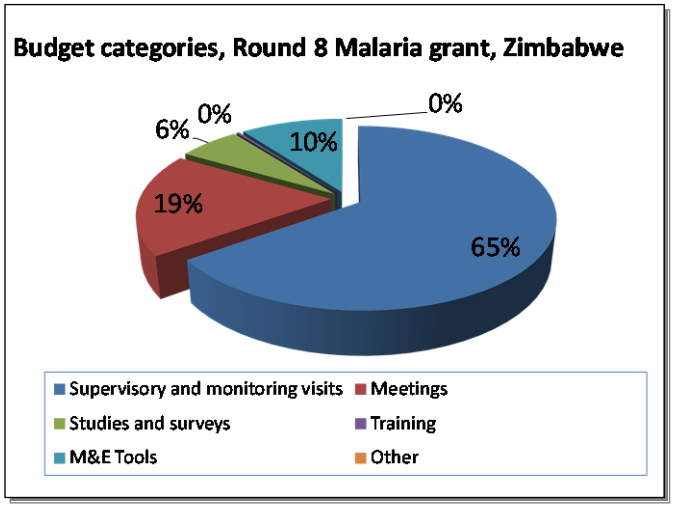
The team also examined the expenditure rates of the approved grant budgets where Enhanced Financial Reports (EFRs) were available. In **Annex 4, Table 4**, M&E expenditures are tabulated for two of the Round 8 grants. For these grants, M&E budget to date and M&E expenditures to date refers to the first six quarters as the EFR was prepared in advance of the request for continued funding (i.e., Phase 2). Variance between budgeted and expended amounts is typically notated in the EFR; for example, the lack of expenditure in the HSS grant for M&E was noted as follows: "*These funds have been reallocated to pay for consultancy services for the assessment of the health information needs in 78 sites. The tender exercise has been completed and a firm has been recommended to conduct the assessment. The process is expected to be completed in period 8*". The M&E budget in the Round 8 TB grant has been expended at a rate of 45% compared with 68% for the TB grant overall.

Finally, detailed budgets were reviewed (from Grant Agreements) to better understand how M&E funds were being utilized. This review of did not strictly follow the budget categories in Global Fund Budgeting Guidelines (see **Annex 3** for broad categories). In part, the review allowed a more "granular" look at budget allocation below the level of broad categories. As seen in **Annex 4, Tables 5 and 6** and the series of **figures below**, the largest category M&E costs for the three grants examined, are monitoring and supervisory visits (as captured in budgets for per diems and fuel). A notable exception is the Round 8 HSS grant where funds are devoted exclusively to tools development to support the nation-wide roll-out of the new HIS (therefore, no figures for HSS).

Program officers reported that M&E sometimes gets lost in budgeting during proposal development and grant negotiation. Many felt that the M&E budget is included in the proposal without using clear guidelines and that the technical sub-committees preparing the proposal take different approaches for each disease area. There were, further, some reports that indicators were “picked under pressure” (i.e., coming at the end of the process) without a clear understanding of the budgetary requirements for data collection. In general, there was a concern that budgets do not adequately capture the costs of primary data collection and that the Global Fund’s emphasis on outcome and impact measures will only exacerbate this situation.


Budget categories, Round 8 HIV/AIDS grant, Zimbabwe
6%
7%
9%
20%
45%
13%
Includes roll out of indicator database to OI/ART sites, printing of registers, etc
Includes strengthening perf. monitoring of committees for child protection (OVCs)
Supervisory and monitoring visits
Meetings
Studies and surveys
Training
M&E Tools
Other


Budget categories, Round 8 TB grant, Zimbabwe
Labeled as External Quality Assurance
20%
4%
0%
0%
14%
62%
Supervisory and monitoring visits
Meetings
Studies and surveys
Training
M&E Tools
Other


Budget categories, Round 8 Malaria grant, Zimbabwe
6%
0%
0%
10%
19%
65%
Supervisory and monitoring visits
Meetings
Studies and surveys
Training
M&E Tools
Other

Domain 3: Global Fund-related M&E practices

Harmonization and Alignment

While the Global Fund policies and guidelines explicitly indicate the intent to use existing country M&E mechanisms and systems to comply with reporting requirements, senior staff in the MOHCW indicated that the need for good quality data in the Global Fund performance-based funding approach was the main impetus for developing a parallel M&E system for Global Fund data. Several senior-level interviewees saw the Global Fund as culpable in the creation of vertical systems as the funds come with Global Fund-specific requirements and systems which were seen as quite separate from other efforts.

Targets and indicators are generally derived from the national disease control strategy and the associated national M&E plan, where available; M&E Toolkit-recommended indicators were included where possible. While Global Fund target-setting does provide focus for the program to increase the coverage in various geographical districts, the targets are usually set over-ambitiously. This dynamic appears to be linked with the recruitment of external experts to write the proposals resulting in overly ambitious indicators sets – a situation characterized by one respondent as "one technical expert writing the proposal for review by another technical expert". In general, setting realistic targets for behavioral outcomes and disease impact is difficult as their relationship with program output thresholds is not well-understood and not all factors influencing these measures (such as social drivers) are under the direct control of the program. Some of the programmatic targets are 100% Global Fund-supported, but for most targets Global Fund support represents a contribution to overall funding, i.e., in addition to government and other funding sources. Hence, national results achieved cannot be attributed to Global Fund support only.

Some of the indicators used for Global Fund reporting are not collected in the country's routine monitoring systems or there may be slight differences in indicator definitions/formats. Inconsistencies between national indicators on the one hand, and indicators selected for Global Fund reporting on the other hand, are introduced at the stage of grant proposal writing/grant negotiations. Individuals within the MOHCW acknowledged that they played a role by writing proposals and selecting indicators which are not part of the national HIS. In the proposal preparation process, the MOHCW M&E Unit is largely by-passed as it was seen as weak and understaffed. Within MOHCW programs (e.g., NMCP), M&E Officers felt that as a cross-cutting area, they were often overlooked or brought into the proposal process too late. During key decision points, there was no one present to query programmatic experts by asking "*how are we going to monitor that*?". As another example, the NAC indicated instances where Global Fund proposal-based indicators were not already 'in use' in the country and the national M&E plan had to be revised to accommodate them. A specific challenge for HIV here is the dynamic nature of the epidemic and thus core indicators are regularly revised, discontinued and/or new indicators added. This has the added challenges that trend data are disrupted and that previously agreed Global Fund indicators may be affected. Harmonization of indicators is not a one-off task but has to be revisited regularly. Depending on when national indicator revisions occur in the grant lifecycle, indicators for Global Fund reporting cannot easily be adjusted. In addition, the tracking of selected behavioral outcome indicators requires survey methods that need to be applied in the same manner over time to ensure validity and reliability of the data. Surveys are costly, hence, leveraging of funding from different donors is important.

In regards to negotiations around indicators in Performance Frameworks, several interviewees described capitulating to the Global Fund against their technical judgment for the following reasons:

"*Because they are such a big donor, we tend to cave - but then we go to the facility and see the effect on the nursing staff and feel pity*"

"*Negotiations with the Global Fund were difficult. We met with different people each with different understanding. They (Global Fund staff) are not technical people and they do not understand programs. All they know is what was on paper – "it should be this indicator and that target". In the end, we'd agree just not to delay the process any longer.*"

There was also concern voiced by multiple respondents that the Global Fund approach over-emphasizes certain indicators and is not focused on the performance of the wider system. A recent Mid-Term Review of the NMCP found that quarterly data collection and reporting was primarily for Global Fund required measures to the exclusion of other indicators in the national M&E plan.

The Global Fund quarterly reporting timeline was not aligned with the timing of routinely used data validation processes in country, posing challenges for timely and comprehensive data reporting. These incompatibilities were discussed with the Global Fund Secretariat and eventually resolved.

In almost every respondent category, Global Fund flexibility was seen as a major challenge. It must be noted, of course, that the Round 8 grants had a difficult start with a 14-month grant negotiation process during which the PR role was handed over to UNDP, revisions were needed in operational aspects of the proposal and a re-programming exercise undertaken. During this period, there were major development in technical guidance and standards (e.g., WHO treatment guidelines for HIV; malaria control standards regarding the number of bed nets needed per household). For the malaria program, shifting the timeframe for grant inception negated most of the underlying analyses on disease prevalence, population-at-risk estimations etc. Reportedly, the Global Fund Secretariat was unwilling to modify indicators and targets in the original proposal(s) regardless of these developments and other changes in the situation on the ground. In some cases, the PR also appeared reluctant to approach the Global Fund Secretariat to revisit indicators/targets, based either on trepidation of a need for a Technical Review Panel (TRP) review or lack of programmatic knowledge of importance of the modifications sought. Some key informants reported that the incentive to "do the same" also prevailed in the Phase 2 discussions[49].

M&E Strengths

The shift towards results-based management including the need for measurable objectives/time-bound targets has resulted in more explicit demand for data from decision-makers at the national level. This is an improvement over the previously mostly supply-driven data collection approach.

There is a clear vision and strategy for the further integration of different M&E systems and good progress has been made over the years continuously building on previous efforts.

A national HIV M&E Technical Working Group (TWG) exists and meets regularly. Members include a wide range of stakeholders from government, international agencies, NGO/CBO and local academia. The Committee is involved in standard-setting and approval of M&E normative guidance; M&E coordination between different stakeholders; and provision of technical guidance and problem-solving related to HIV

[49] This situation appears more applicable to the HIV/AIDS grant as targets in the malaria were indeed modified and aligned with the NMCP for Phase 2.

M&E. Likewise, the CCM sub-committee on malaria appears to be actively engaged in reviewing data on a regular basis and discussing areas needing attention. There is no national M&E TWG to support the coordination of TB M&E.

UNAIDS, among others, provided support standardized tool development for and application of M&E system assessments for HIV (building on global standards and tools); standardized curriculum development and piloting; development of M&E position descriptions; development of job work plans and other job aides for M&E; and ongoing mentoring of M&E officers. These guidance and tools are an important step towards helping to professionalize M&E in Zimbabwe.

M&E Challenges

An important condition for coordinated M&E across different diseases is the formulation of clear and agreed roles and responsibilities between different government departments at national and decentralized levels. At the national level, the NAC is responsible for coordinating the multi-sectoral HIV response which includes, among others, coordination with the other government departments such as the Ministry of Health (MOH) and the Ministry of Education (MEd), as well as with a range of nongovernmental organizations as implementing partners. Especially the relationship between the NAC –as a parastatal of the MOH, and the MOH asks for clear agreements on their respective authority in the HIV response in general and in M&E in particular. The NAC obtains data from partners to satisfy the overall data needs of the NAP; it has established well-functioning coordination bodies at the decentralized levels (e.g., District M&E Task Force) which play an important role in ensuring an efficient data flow to the national level. M&E capacity within the MOH, however, is generally lower than in the NAC, mostly because decentralized staff has responsibilities for a range of disease data, not just HIV. Additional challenges are that MOH staff receive lower renumeration than NAC staff and that there is less MOH staff at decentralized levels with a dedicated role to M&E and thus, competing demands hinder efficient data collection and reporting. Renumeration differences are difficult to resolve but the Global Fund support for data clerks at decentralized levels has made a major contribution to addressing some of the data flow bottlenecks.

A major challenge is the overload of data that needs to be collected at the service delivery level. This is due to different donors still requiring different indicators for reporting in addition to what is collected for local and national program management and reporting. This situation is compounded by deficiencies in the standardization of data collection and reporting forms (e.g., T5 form, DOTS reporting tools), insufficient supporting documentation (e.g., lack of guidelines for TB-MDR monitoring, lack of specificity indicator definitions) and continued need for training in the context of high staff turn-over. With Global Fund support, it has been possible to print revised data collection tools for all service delivery sites to facilitate a common understanding of indicator requirements and to support data quality improvements.

There are particular challenges to M&E for service delivery at the community level. There is a wide range of nongovernmental organizations (NGOs) and community-based organizations (CBOs) that play a role in HIV, TB and malaria prevention and control. There is a wide range of supported interventions, especially for HIV prevention, and thus a challenge in coordination, avoiding overlap and ensuring synergies. These organizations also reflect a wide range of capacity for service delivery as well as for M&E and range from big international NGOs (backed with technical assistance and other resources from their head offices) to small local CBOs and even informal, grass-roots support groups (generally less-well resourced). M&E at the community level is heavily donor-driven rather than driven by program

management needs. In addition, many NGOs and CBOs still work with paper-based systems and the lack of IT infrastructure also influences the extent to which data can be easily compiled and analyzed for use at the local level. It was noted that the Global Fund M&E budget was largely focused on data quality assessments and supervisory visits and not as much on strengthening community-based M&E systems per se. Likewise, the focus on increasing human capacity for M&E is located at the national level.

The Zimbabwe AIDS Network (ZAN) –an umbrella organization for AIDS service organizations in Zimbabwe, established a special unit to deal with grants management (not exclusive to Global Fund). Staff were familiar with the Global Fund Performance Framework but not with the M&E Toolkit. ZAN provides support for M&E including capacity assessments of new partners; training, mentoring and supportive supervision; development and dissemination of data collection tools and reports. ZAN draws on its long-standing expertise with civil society in Zimbabwe. A particular challenge is determining a realistic M&E budget; budgeting is done at the beginning of the projects but may need to be revised during the lifetime of the project to support effective project implementation. Other challenges included: inadequate staffing levels; high staff turn-over resulting in a continued need for training; use of data. Global Fund support was acknowledged as complementarity to and enhancing of existing activities; it also allowed for networking and problem-solving around common M&E issues. The need for better and standardized indicators in the area of AIDS care and support was explicitly mentioned. This need has also been identified by key agencies at the global level based on experience in a range of countries and thus, reflects a universal challenge. The Global Fund Secretariat setting an agenda for tackling this long-standing issue with global and country partners, would be beneficial not only to Zimbabwe, but to many other countries supported by Global Fund for AIDS care and support. It was also noted by ZAN that delayed funding disbursements have a direct impact on service delivery (quantity and quality) and on performance reporting as NGO/CBO do not necessarily have the means to buffer funding fluctuations, especially if they do not have a diverse funding base.

Several NGOs and some global partner organizations mentioned the limited flexibility in reprogramming and the long approval process (nearly one year) for Phase 2 of the grant. This affected the scope and implementation timeline of service delivery; in some instances it also limited responsiveness to emerging issues and new global guidelines as was mentioned above. It was noted by that while the HIV program is expanding under Phase 2, new staff positions were dis-allowed. Some stakeholders also indicated the shift towards an increasingly medicalized approach to HIV at the expense of community-based HIV prevention while long-term strategies for effectively addressing AIDS –as identified in recent expert groups and initiatives[50], all point to the need for more emphasis on involving affected communities in programs and M&E; increasing the CBO response; and, on synergies with wider health and development interventions at the community level.

A well-known challenge to data collection and –by extension, data quality assurance, is the perceived utility of the data at the local level. Some of the indicators used at national level and/or for Global Fund reporting are perceived to be a waste of time as they add little value to the work at local level. The NAC provided an example of a workplace program indicator that was perceived to be collected only for the sake of obtaining disbursements from the Global Fund.

[50] See for example: aids2031 Social Drivers Working Group (2010). Revolutionizing the AIDS response. Building AIDS resilient communities. Synthesis Paper. April 2010. Worcester: International Development, Community and Environment (IDCE), Clark University & Washington DC: International Center for Research on Women (ICRW); and, Schwartlander B, Stover J, Hallett T, Atun R, Avila C, Gouws E, Bartos M, Ghys P, Opuni M, Barr D, lsallaq B, Bollinger L, de Freitas M, Garnett G, Holmes C, Legins K, Pillay Y, Anderson E, McClure C, Hirnschall G, Laga M, Padian N, on behalf of the Investment Framework Study Group (2011). *Towards an improved investment approach for an effective response to HIV/AIDS.* Geneva: Investment Framework Study Group

Senior MOHCW staff acknowledged that the quality of routinely collected data is not yet adequate in terms of both completeness and quality. Hence, data use for national decision-making tends to rely more heavily on commissioned evaluations and other special studies as these can be more directly managed in terms of their validity. One of the key barriers to ensuring data quality is the overall lack of capacity (i.e., availability and skill levels) in human resources due to the recent brain-drain from which Zimbabwe has not yet recovered.

Domain 4: Effects of Global Fund investments on country M&E systems

Facilitators to using Global Fund for strengthening national M&E systems

The Global Fund has facilitated an appreciation for performance-based management (PBM) within the government of Zimbabwe which recently introduced performance-based contracts in various Ministries. There is enthusiasm for the new results-based approach at national level, championed by high-level policy-makers, but the value of PBM is not widely understood at lower levels. The full implementation of the PBM practice will depend on broad buy-in and on regular reviews and adjustments to make the system work. Lessons learned from the Global Fund experience in a range of countries would help in understanding the conditions that need to be created within organizational structures and the adaptations that need to be anticipated.

While other donors also contributed to M&E support, it was overall acknowledged that Global Fund resources helped to bridge a lot of the gaps in the current M&E approaches and systems.
Global Fund resources have increased the opportunity for human capacity-strengthening both in terms of increasing M&E staffing levels as well as in supporting training to increase overall M&E skill levels. Several key organizations have benefitted from this support. For example, M&E officers in the NTP are funded by Global Fund; all M&E positions in the NAP are funded through donor support, two of which are funded through the Global Fund grant. It was, however, noted that recruitment of Global Fund-supported positions took almost a full year. The positive focus on M&E capacity and placement of officers can, however, also lead to multiple M&E officers attached to MOHCW program areas (e.g., HIV/AIDS testing, circumcision ART) each developing separate set of tools for data collection. Hence, ensuring coordination and collaboration is essential.

A key issue with training remains the lack of formal assessment of the effects of training on M&E competencies. This is compounded by the fact that decisions about who receives training are not necessarily based on actual need in relation to job functions; there is also a level of competition between trainings in terms of differences in per diems offered. As a minimum, standardization of incentives for training and formal pre- and post-training assessments need to be encouraged and included the detailed training plans that the Global Fund Secretariat now requires.

The Global Fund has made important contributions to improving data quality through support for the standardization of data collection and reporting tools, regular data quality assessments, supervisory visits, focused trainings, and basic data analysis software. While there were initial challenges in data reporting, the PR and several SRs acknowledged that the frequency of Global Fund reporting pushed for the resolution of data comprehensiveness and accuracy issues and resulted in data improvements over time. They also valued the application of the OSDV process and the DQA as a means for understanding strengths and weaknesses in the data for Global Fund reporting but also –by extension, in their

organization's internal M&E systems. The fact that data quality is assessed repeatedly (every quarter) required that data issues are necessarily have to be dealt with in a timely and effective manner.

In the past, the Zimbabwe HIS has been seen as a reference model of good practice for the Southern Africa region. However, the politico-economic situation over the past decade eroded much of the existing HIS. While HIV and TB M&E systems continued to be funded throughout the recession, the overall HIS was not. Currently, the timeliness of data reports has frequently been undermined by poor internet connectivity[51]. An assessment was conducted at all health facilities for basic needs (such as electricity, phone connection) and a plan for reliable internet connectivity was established from the district level up. The Global Fund supported the purchase and installation of IT equipment at decentralized levels and the innovative use of cell phones for reporting of surveillance data to the HIS. The use of technological advances in rebuilding the HIS with Global Fund support has proven to be successful as the reporting rate increased from approximately 30% to more than 70%. This type of infrastructure support would not have been possible with government funding. A few challenges were, however, noted: Global Fund procedures for infrastructure support are not always clear; the indirect flow of funding to the MOH is perceived as inefficient and has resulted in delayed implementation of some activities; there is no internal flexibility in the budget to accommodate emerging issues or correct any oversights in activity needs; there is no clear strategy for long term maintenance/sustainability of the improved infrastructure.

For organizations such as the Zimbabwe National Network of People living with HIV (ZNNP+), receiving support from the Global Fund for coordination (including a Global Fund-supported and other activities has also meant that program monitoring had to be put in place. M&E is seen as a necessary component of the work and the Global Fund supported an M&E officer in Phase 1 of the grant. ZNNP+ appreciated the value of data beyond the need to respond to Global Fund requirements, such as for use in their advocacy work. However, there were many challenges to data collection and data management for PLHIV support groups including basic infrastructure challenges (electricity, internet connectivity etc.) and low overall capacity for M&E. It was also noted that involvement of ZNNP+ in the grant proposal writing is important. However, there is little experience within the network with regard to such processes but also within the partner organizations in terms of supporting meaningful participation. The strength of a Global Fund grants is that they can provide an additional impetus for governments to address participatory approaches in program planning, implementation and M&E.

The PR organized regular meetings with SRs and SSRs to review program progress and discuss any implementation challenges within the context of meeting Global Fund targets to ensure continued funding. These meetings were focused on sharing experiences and on problem-solving and were also a good conduit for learning feeding into continued program improvement.

The Global Fund encouraged the inclusion of operations research in Global Fund proposals but the extent to which this provision is used cannot easily be determined. Funding for program evaluation studies typically is leveraged from other sources than Global Fund. An example of good practice for supporting a more systematic approach to operations research and skills-building is the Collaborating Centre for Operational Research and Evaluation (CCORE) supported by UNICEF (see Box).

[51] For remote areas such as Binga, HIV data are still submitted by mail and may take up to 3 months to reach the NAC.

Box. Example of good practice
The Collaborating Centre for Operational Research and Evaluation (CCORE)

CCORE was established as a non-profit organization which aim is to support and promote operational research and evaluation and strengthen the use of quality data in guiding policies and programming in Zimbabwe.

CCORE aims to be a 'one stop shop for operations research' to build the capacity within Zimbabwe to conduct quality operational research and evaluation which can inform evidence-based practice across all sectors. Its mandate is to build capacity through undertaking targeted research projects and providing technical assistance, and to disseminate evidence through a dedicated knowledge hub.

The Centre works through and supports existing high level task forces and technical working groups (including the National AIDS M&E TWG) within government departments and across government sectors and involving a wide range of stakeholders. This collaborative approach allows for the identification of studies that are deemed critical to national and local program needs and for the harmonized implementation of high quality studies that provide actionable findings to improve practice. CCORE also provides support for the analysis of already existing data.

An important focus of CCORE is capacity-building through hands-on short training courses and dissemination of research/evaluation evidence through presentations, seminars, publications, a website and a local resource center.

CCORE is currently supported by UNICEF Zimbabwe; for more details, see http://www.ccore-zw.org/

Barriers to using Global Fund resources for strengthening national M&E systems

While the intent of the Global Fund guidance is clearly focused on using national indicators where relevant and available, thereby encouraging national ownership and utility, the fact that quarterly disbursements are dependent on actual performance influences what gets measured. Hence, there is an explicit intent to satisfy Global Fund requirements first which involves a narrow focus on achievable targets and ensuring availability and quality of specific indicator data. This focus on what can easily be achieved and measured today, may be at the expense of supporting a broader, more longer-term strategy for system-strengthening. It was noted by key informants that a lack of a systems approach may be exacerbated by the fact that the PR is not a government department (such as the NAC or the MOH). Comprehensive performance-related frameworks are available and have been tested in overall health and development contexts in other countries. There is a need for the Global Fund Secretariat to draw on these global experiences to ensure that performance is not overly simplified at country level for the sake of ensuring continued funding.

There is no orientation about the Global Fund grant when new staff joins. Such an orientation would be beneficial for creating a common understanding of the specific Global Fund requirements, especially in relation to the time-bound targets and the indicator reporting. This would also create an opportunity for

discussing the specific funded activities for national M&E system-strengthening as well as how to make full use of the potential for synergistic effects between Global Fund-related M&E and national M&E.

There is limited internal flexibility (i.e., ability to transfer money between different line items) in the Global Fund budget to absorb any unforeseen changes, such as increased cost of activities since the planning stage or due to inflation of Zimbabwe dollar (i.e., grant agreement was made during Zimbabwe dollar era) which directly affects the extent to which planned activities can be implemented. Often maintenance costs or consumables for IT equipment are not included in original budgets and thus, the upkeep of the infrastructure may suffer and directly affect data collection, analysis and reporting. An added problem is the continued lack of understanding the unit cost for some M&E activities, compounded by the lack of good monitoring systems for M&E expenditures. Analyzing and sharing examples of good practice in this area from other countries by the Global Fund Secretariat would help in developing some basic standards. It was also noted that M&E experts are rarely involved in budgeting for M&E at the grant proposal stage as discussed above.

The lack of sustained investment in M&E systems has been identified globally as one of the main reasons why national M&E systems fail[52]. Hence, sustainability is a key issue to be considered in the Zimbabwean context. The Global Fund has made substantial contributions for the support of salaries of essential M&E (and other) positions. While the levels of staffing have overall improved, low enumerations play an important role in high staff turn-over. The relative share of government financial support has been encouraged to increase, especially to support critical positions, but enumerations by the government are generally lower than currently provided by the Global Fund for the same positions. In addition, there is no clear exit strategy and the current politico-economic situation in Zimbabwe remains frail and unpredictable. It was also noted by the NAC that where budget cuts needed to be made, M&E-dedicated resources frequently take the first –not necessarily founded, cuts. There is still no common appreciation for the utility of M&E nor a requirement for an adequate percentage of the program funding to be set aside for M&E.

The manner in which M&E system-strengthening is captured in performance indicators occurs at the level of processes/activities. It is questionable whether these types of measures adequately reflect improved system capacities. For the HSS grant, performance indicators include:

- Percentage completeness of the T5 HIMS Reports
- Percentage completeness of weekly surveillance (HIMS Reports)
- Percentage of rural sentinel sites providing timely HMIS reports
- Percentage timeliness of the weekly sentinel surveillance HMIS reporting

As the HMIS system was largely in transition during the period, actual values for many of these indicators fell below targets.

Most of the Global Fund-supported M&E budget is focused on supporting monitoring and progress reporting rather than on evaluation. An example of a missed opportunity for generating an evidence-base on the effectiveness of interventions is seen in the HSS grant. The HSS grant included a US$ 26 million component to retain health workers which represented 82% of the entire grant. The Phase 1 re-programmed budget included a line item to conduct an external review of effectiveness and appropriateness of retention scheme at end of Phase 1. Such an endeavor represented an important

[52] Peersman G, Rugg D, Erkkola T, Kiwango E, Yang J. Are the investments in HIV M&E systems paying off? *Journal of AIDS 2009: 52(Suppl2):S87-S96.*

opportunity for the Global Fund, the MOHCW and partners to learn about the use of performance-based grants for human resources for health efforts. The external review was budgeted for US$ 10,000, an insufficient amount for the scope of the activity. Unfortunately, within 10 months of the grant start date, the Global Fund concluded that "*The Regional Team in agreement with the Senior Management team are of the opinion that the current structure of the retention scheme is not sustainable. This disbursement request is only approved for payment of arrears of the scheme and for activities in Q3 and Q4"*. It would appear that the decision to suspend the retention program was based on opinion rather than evidence. Likewise, the budgeted amount for external review (i.e., US$ 10,000) does not instill confidence that a serious and robust effort was planned.

V. Conclusions

1. **Conclusion:** The PR, SRs and SSRs indicated that Global Fund targets are often set at unrealistic levels –especially when they are aligned with national strategy targets that tend to be motivational rather than based on data and capacity considerations. Inconsistencies between indicators at the national and service-delivery levels and indicators for Global Fund reporting are usually introduced at the grant-writing/negotiation stage. This is due to the late involvement of M&E experts, different schedules for national M&E plan revisions, or the lack of understanding of local realities on the Global Fund Secretariat's part. All entities receiving Global Fund monies are fully aware of and contribute to performance reporting through the Performance Framework though some implementers and technical partners criticized the disconnect with activities on the ground. While the M&E Toolkit is valued by the PR and Global Fund-supported M&E Officers, a number of SRs/SSRs were not aware of it and felt isolated from new developments in global M&E standards. The utility of the M&E System-Strengthening Tool, the Data Quality Audit and On-Site Data Verification procedures was noted by virtually all key informants.

2. **Conclusion:** Global Fund Budgeting Guidelines lack specificity and Program Officers reported that M&E budgets were developed without the use of clear guidelines or using different approaches for the different disease grants. Primary data collection –especially for outcome/impact indicators, is often under-budgeted. In addition, where overall budgets need to be cut as is generally the case during grant negotiations, M&E-dedicated resources frequently take the first cut and targets are not adjusted accordingly. The lack of flexibility in amending PF targets –in relation to budget reductions, increased implementation costs or other implementation challenges, was perceived by virtually all respondent categories as illogical and problematic within the context of effective performance-based management of the grants.

3. **Conclusion:** Supervisory and monitoring visits represent the biggest M&E budget category which seems in line with the Global Fund Secretariat's emphasis on data quality. DQA and OSDV are appreciated by PR, SRs and SSRs and have some spin-off benefits for their organization's internal M&E systems. While these Global Fund requirements have contributed to better data quality, they remain narrowly focused on a handful of Global Fund-relevant indicators (to the exclusion of other indicators in the national indicator set) and demand considerable additional resources. The extent to which Global Fund procedures truly strengthen country M&E systems is questionable. There is an explicit intent to satisfy Global Fund requirements first as these are directly linked to disbursements. Global Fund-supported M&E activities are generally perceived as helping to bridge a lot of the gaps in the current M&E approaches and systems. Especially, Global Fund support for human resources

for M&E and for improving the infrastructure –including the use of new technologies for M&E, is greatly appreciated.

4. **Conclusion:** At the national level, the lack of clear roles and responsibilities for coordinated M&E across different diseases, coupled with differences in M&E capacity and renumeration in different government departments hinders effective integration of data collection and management. The manner in which Global Fund support is provided, may –inadvertently, have contributed to this situation. At the service delivery level, there is still an overload of data to be collected –some of it linked to non-harmonized donor requirements including Global Fund indicators. Specifically for community-based services which involve a range of NGOs and CBOs, there is a wide range of M&E capacity and insufficient resources to address M&E weaknesses. Competing demands on staff time and perceptions of the limited utility of data for local use call for increased attention to M&E support by the Global Fund. Capacity in terms of numbers and skill levels of human resources for M&E (as it is for service delivery) remains a huge challenge. Zimbabwe has not yet recovered from the severe downward trend in its economy and sustainability of Global Fund support was a big concern to interviewees at all levels.

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For Round 8 grants, materials reviewed included the following:

- Original Proposals
- Grant Agreements
- Grant Performance Reports

- Progress Update/Disbursement Requests
- Detailed Implementation Plans (including work plans and detailed budgets)
- Implementation Letters
- Enhanced Financial Reports

Annex 2. Individuals Interviewed

Name	Position	Organization
Taurai Daka	Finance Officer	City of Harare Health Department
Paolo Barduagni	Health Adviser	Delegation of the European Union to Zimbabwe
Louise Robinson		DFID
Michael Sande	Director, Conditions of Service and Industrial relations	Health Services Board
Patience Chonzi	Human Resources Officer	Health Services Board
Sivukile Mlambo	Information Officer	Health Services Board
Dr. Mhlanga	Director, Preventive Services	MOHCW
H. Chidawanyika	Information Management and M&E	MOHCW
Arthur Sanyanga	Pharmacist	MOHCW/ DPJ
Dr. George Rae	Consultant	MOHCW/ M&E Unit
Joseph Mtenkunashe	Malaria Manager	MOHCW/ NMCP
Fortunate Manjoro	IEC/BCC Officer	MOHCW/ NMCP
Shadreck Sande	Vector Control Officer	MOHCW/ NMCP
Wonder Sithole	Data Manager	MOHCW/ NMCP
Andrew Tangmena	M&E Officer	MOHCW/ NMCP
Tandirayi Murimwa	Program Officer	MOHCW/AIDS & TB Unit
Nicolas Siziba	M&E Officer	MOHCW/AIDS & TB Unit
Christopher Nulbe	M&E Officer	MOHCW/AIDS & TB Unit
Christopher Niube	M&E Officer	MOHCW/ATP
Sandra Simons	Medical Coordinator	MSF
Amon Mpofu	M&E Director	NAC
Isaac Taramusi	National M&E Coordinator	NAC
John Marondo	M&E Officer	NAC/ZCTU/EMGOZ
Joshua Katiyo	Acting Deputy Director	National Health Information and Surveillance Systems

Anthony Sox	Software Developer/Analyst	National Health Information and Surveillance Systems
Henry Chidawanyika	Senior Information Management Technical Advisor (MOHSW AIDS/TB)	National Health Information and Surveillance Systems
Zvidzai Chidhakwa	Program Support Manager	Plan International
Joy Chikena	National Malaria Coordinator	Plan International
Daniel Muchemwa	Associate Director	PricewaterhouseCoopers
Christopher Muzhingi	Manager	PricewaterhouseCoopers
Farai Chieza	Director, Maternal and Child Health	PSI Zimbabwe
Regis Magauzi	Malaria Manager	PSI Zimbabwe
Kumbirai Chatore	Deputy Country Director	PSI Zimbabwe
Phineas Jasi	Head of Research and Metrics	PSI Zimbabwe
Sara Page	Deputy Director	SafAIDS
Juliet Mkanonda	Program Manager	SafAIDS
Raphael Chigumira	Finance and Admin Manager	SafAIDS
Masauso Nzima	M&E Officer	UNAIDS
Lawrence Maboreke	M&E Officer	UNAIDS
Emmanuel Boadi	M&E Specialist	UNDP
Sunday Manyenya	Planning, Monitoring and Evaluation Analyst	UNFPA
Sue Laver	Head	UNICEF/Collaborating Centre for Operational Research and Evaluation (CORE)
Tendai Mharadzet	Global Fund Liaison	US Centers for Disease Control and Prevention
Anderson Chimusoro	NPO/Malaria Capacity Development	WHO
Alford Phiri	Acting Grants Manager	ZAN
Innocent Mujajati	Acting M&E Officer	ZAN

Tinotenda Muchena	M&E Assistant	ZAN
Dadiraiji Manyarara	CHBC Coordinator	ZAN
Rangarirai Chiteure	Coordinator CCM Secretariat	Zimbabwe
Tendai Mhaka	Program Manager	ZNNP+
Joseph Mugase	M&E Officer	ZNNP+
Batsirai Mutata	Health Information Systems Officer	ZUITAMBO

Annex 3. Synopsis of the M&E Activities included in Round 8 Proposals (M&E as SDA)

Disease component	Budget requested M&E-related SDAs)	Summary of proposed activities
HIV/AIDS	$6,554,658	• Addition M&E staff within MOHCW, at province and district levels and within each PR and SR, as needed • Annual trainings at PR, SR, SSR, community and public/private facility level • Quarterly supportive supervision and data verification at each level • An electronic database will be developed, all PRs and SRs to have electronic databases linked to national M&E system and mechanisms to extract electronic data from sub-national to national level will be developed • Connectivity and communication including intranet, internet and telephones will be put in place • Printing of national registers and monitoring tools included • In BCC, formative evaluation, behavior surveys and a summative evaluation will be conducted • PSI TRaC surveys annually and impact evaluation in conjunction with PSI
TB	$1,039,200	• Conduct a national-level TB prevalence survey and an HIV sero-prevalence survey among TB patients. • Implement the Electronic Tuberculosis Register and extend to the private sector • Supply all hospital diagnostic centers with a computer and printer
Malaria	*	• National malaria data manager is proposed as well as dedicated-province- level malaria coordinators to assist with data collection and analysis • Evaluations of each component of the proposal budgeted • Radios will be procured so that all key malaria epidemic prone areas have adequate reporting capacity • For IRS and LLINs, existing systems of data collection, collation and transmittal from community to national-level supported • Supervisory visits from district health teams to health facility level will support diagnosis and administration of ACT and visits from health facility down to community level will ensure proper use of RDT and ACT by CHWs Checklists for health facility outreach teams to be developed • Review how IPTp and LLIN distributions can be monitored at ANC level, revise and reproduce ANC registration books to incorporate in changes
HSS	$4,061,438	• Contribute to implementing an integrated NHMIS through the following: (i) emergency salary augmentation to Health Information Officers at national, as well as provincial and district levels covered in intervention 1; (ii) computerize NHMIS from district level up with relevant training; (iii) provide communication systems: radios in sentinel rural clinics and broadband internet at district, provincial and central level; and (iv) procure computers for use at district level where data sets are collated

Annex 4. Assessment of M&E Budgets and Expenditures in Round 8 Grants in Zimbabwe

Table 1. M&E as a cost category in budgets as per original Round 8 proposals, Zimbabwe

Disease component	Year 1	Year 2	Year 3	Year 4	Year 5	Total	% of proposal budget
TB	526,500	513,570	532,164	542,807	553,663	2,668,704	4.6%
HIV/AIDS	2,321,093	1,990,737	2,289,786	1,951,954	2,361,729	10,915,299	3.7%
Malaria	1,068,103	1,224,245	1,084,046	653,499	930,625	4,960,518	8.3%
HSS	-	15,000	-	-	-	15,000	>.01%

Table 2. Service Delivery Areas focused on strengthening M&E as per original Round 8 proposals, Zimbabwe

Disease component	Year 1	Year 2	Year 3	Year 4	Year 5	Total	% of proposal budget
TB (SDA 1.3.1)	1,029,000	10,200	-	-	-	1,039,200	1.8%
HIV/AIDS (SDA 4.4)	1,842,993	1,086,170	1,405,662	883,687	1,336,146	6,554,658	2.2%
Malaria[i]							
HSS (Obj. 3)	3,017,262	261,044	261,044	261,044	261,044	4,061,438	4.9%

[i] M&E integrated into each SDA and not disaggregated in proposal budget

Table 3. Comparison of M&E budgets in original proposals and in Grant Agreements for M&E as a cost category and M&E as a SDA, Round 8 grants, Zimbabwe

	Original Proposal Budget (first two years)				Grant Agreement Budget (Phase 1)				Net effect of negotiation process	
	M&E cost category		M&E SDA		M&E cost category		M&E SDA		M&E cost category	M&E SDA
Grant	$	%	$	%	$	%	$	%		
ZIM-809-G11-H	$4,311,830	5.0%	$2,929,163	3.4%	$2,291,405	2.7%	$1,074,919	1.3%	-47%	-63%
ZIM-809-G13-M	$2,292,348	6.4%	--	--	$2,004,378	6.1%	--	--	-13%	--
ZIM-809-G14-S	$15,000	0.04%	$3,278,306	8.6%	$160,000	0.46%	$1,391,106	4.0%	967%	-58%
ZIM-809-G12-T	$1,040,070	3.5%	$1,039,200	4.4%	$423,544	1.5%	$188,685	0.7%	-59%	-82%

Table 4. M&E budgets and expenditures for both M&E as cost category and as a SDA, selected Round 8 grants, Zimbabwe

	Grant Agreement M&E Budget		M&E Cost Category			M&E Service Delivery Area			Overall Grant Expenditure Rate	
Grant	M&E Cost category ($)	M&E SDA ($)	Budget to date	Expended to date	Expenditure Rate	Budget to date	Expended to date	Expenditure Rate	Overall grant expenditure rate	Quarters
ZIM-809-G14-S	$160,000	$1,391,106	$ 80,000	0	0.0%	$1,078,494	$ 567,182	52.6%	94.2%	6
ZIM-809-G12-T	$423,544	$188,685	$ 305,651	$ 139,466	45.6%	$ 103,375	$ -	0.0%	67.9%	6

Table 5. M&E cost category budgets disaggregated by major activity area on approved, detailed budgets for Round 8 grants, Zimbabwe

Grant (Phase)	Major activity area						
	Costs associated with supervisory and monitoring visits		Meetings	Studies/ surveys	Training	M&E tools [1]	Other
	Per diems	Fuel					
ZIM-809-G14-S (P1)						100%	
						120,000[2]	
ZIM-809-G12-T (P1)	59%	7%	15%			4%	22%
	$ 222,994	$31,200	$62,850			$15,000	$91,500[3]
ZIM-809-G13-M	64%		18%	6%	0.3%	10%	
	$1,306,460		$368,913	125,$657	$5945	$197,402	
ZIM-809-G11-H	45%		9%	6%	7%	20%	13%
	$1,103,862		$217,041	$147,520	$170,400	$477,161	$316,409

[1]This category includes a wide range of tools and materials (e.g., facility registers and service cards including printing, epidemiological reports)

Table 6. M&E-related Service Delivery Areas budgets disaggregated by major activity area on approved, detailed budgets Round 8 grants, Zimbabwe

Grant (Phase)	Major activity area									
	Per diem	Fuel	Salary	Infrastructure / IT	Meetings and travel	Studies/ surveys	Training	TA	M&E tools[1]	Other
ZIM-809-G14-S (P1)				35%	6%	1%	5%	2%	22%	29%
				$465,720	$79,976	$10,450	$69,470	$26,500	$300,000[3]	$381,600[2]
ZIM-809-G12-T[4]				8%		44%		48%		
				$15,075		$82,110		$91,500		
ZIM-809-G11-H (P1)	3%		6%			3%	23%		43.7%	21%
	$33,139		$71,673			$30,000	$245,044		$470,164	$224,877

[1]This category includes a wide range of tools and materials (e.g., facility registers and service cards including printing, epidemiological reports)

Annex F. LIBERIA COUNTRY CASE STUDY REPORT

I. Introduction

This case study is part of an independent evaluation to assess the effectiveness of Global Fund investments in strengthening country M&E systems. Specifically, the evaluation aimed to assess: (1) Global Fund policies, guidelines and communications related to M&E; (2) Global Fund financing for country M&E systems; (3) Global Fund-related M&E practices; and, (4) the effects of Global Fund investments in country M&E systems.

The evaluation employed a mixed methods approach including: review of key documents including Global Fund policies, guidelines and communications related to M&E and documentation related to selected country M&E systems; an on-line survey of Primary Recipients and Local Fund Agent (LFA) M&E officers; interviews with Global Fund staff and representatives from global partner agencies; interviews with key informants in selected countries as part of three in-depth country case studies (Liberia, Viet Nam, Zimbabwe).

The evaluation aimed to provide pragmatic recommendations for improvement in Global Fund M&E policies, guidelines, communications, funding arrangements and practices at Secretariat, country, and global partners' levels.

II. Case Study Methods

The aims of this case study were:

(c) to document M&E practices including strengths and weaknesses of existing national M&E systems for the three diseases and Global Fund support for grant-specific and national M&E system-strengthening; and,

(d) to determine the effects of Global Fund investments in M&E including facilitators and barriers for using Global Fund resources to strengthen national M&E systems.

A five-day site visit was conducted in January 2012 and consisted of:

- in-depth review of key documents (see **Annex 1**);
- individual and group interviews with key informants including: selected government officials including those responsible for M&E of HIV, TB and malaria programs; representatives from the Country Coordinating Mechanism (CCM), the Principal Recipient (PR), selected Sub-Recipients (SRs), the Local Fund Agent (LFA), and selected representatives of international agencies/organisations (see **Annex 2**).

III. Background

In 2003, Liberia emerged from 14 years of civil war and conflict that destroyed government institutions, forced thousands of Liberians to flee the country and decimated infrastructure in the country[53]. Since the signing of a peace accord in 2004, Liberia has embarked on a process of national reconstruction, including rebuilding government institutions and needed infrastructure. Great effort has been made to improve economic, political, and social governance in Liberia. The economy is expanding with an 8% annual growth rate in gross domestic product in 2011. In January 2012, Ellen Johnson Sirleaf, took office as Liberia's president and Africa's first female head of state.

Post-conflict Liberia's national development strategies have included the Interim Poverty Reduction Strategy (2006-2008), the Poverty Reduction Strategy (2008-2011), and a medium term PRS II (2012-2018) under development. A critical element of these national plans is the rehabilitation and rebuilding of systems to deliver basic services.

HIV, TB and malaria burden and responses in Liberia

- ***HIV epidemic and response***

HIV and AIDS represent a significant public health and development problem in Liberia with primary modes of transmission through heterosexual contact and prenatal transmission. Reliable HIV-prevalence data in Liberia is dated with a 2007 Demographic and Health Survey providing the best data on HIV prevalence in the general population. HIV prevalence in the general population aged 15-49 in Liberia is estimated at 1.5% with higher rates in urban (e.g. 2.9% in Monrovia) compared to rural areas (i.e. 0.8 percent). The overall HIV prevalence rate is considered to mask its well established presence in urban settings.

Considerable gender difference exists with prevalence among women 1.5 times higher than among men. Among those ages 15-24, data reveal a particular vulnerability of young women and girls with rates among females three times higher than males. Antenatal surveillance (ANC) surveys conducted over recent years (i.e. 2006, 2007,2008, 2011) have found prevalence rates of 5.7%, 5.4%, 4.0%, and 2.6% respectively[54,55].

Through 2004, efforts to establish a coordinated HIV/AIDS response were hampered by the lack of political support and resources. The current National HIV/AIDS Strategic Framework II (2010-2014) replaces the first framework which expired in 2007. The current national framework has five strategic

[53] Republic Of Liberia. 2012 National Sustainable Development Report. May 30, 2012
[54] Republic of Liberia. Country Progress Report, 2012. Presented at the United Nations High Level Meeting on HIV and AIDS. United Nations General Assembly Special Session on HIV and AIDS. New York.
[55] National AIDS Commission. Republic of Liberia. National HIV/AIDS Strategic Framework II (2010-2014).

objectives, which address the key issues that emerged from the comprehensive analysis of the Liberian HIV situation: 1) To ensure effective coordination and management of a decentralized, multisectoral national response; 2) To reduce the number of new HIV infections among most-at-risk populations and vulnerable groups in the general population, with a special focus on women and girls; 3) To strengthen quality, and scale up coverage and use of treatment, care and support for PLHIV, OVC, and other affected persons; 4) To strengthen the availability, sharing and use of strategic information to guide the planning and implementation of policies and programmes; 5) To promote supportive environments for women, men and children living with HIV, and reduce HIV/AIDS-associated stigma and discrimination. HIV has also been integrated into national development frameworks including the Liberia Poverty Reduction Strategy 2008-2012.

It is estimated that almost half (49%) of the financial resources needed for implementation of the NSF 2010-2014 is already available, or will be available soon. The majority of resources required to implement the National HIV/AIDS Strategic Framework II are from the Global Fund to Fight AIDS, Tuberculosis and Malaria. To date, government funds have covered personnel costs of government staff in the MoHSW, NACP, and NAC. In addition, the UN Joint Program and bilateral donors (e.g. USAID, Irish Aid) have made contributions. Detailed information on HIV/AIDS spending will become available through an on-going National HIV/AIDS Spending Accounts exercise.

- ***Tuberculosis burden and response***

TB is a major health burden in Liberia. The WHO estimates of incidence rate for all forms of tuberculosis is 293 per 100,000 population (2010) with estimated incidence of all forms of TB cases in 2010 is 12,000 and that of new smear positives is 3,750. Case detection has risen steadily and currently stands at 56%. The increased detection rate is attributed to the expansion of TB services to all parts of the country and improvement in capacity of the health system to diagnose and report cases.

TB control activities have been organized and coordinated by the National Leprosy and Tuberculosis Control Program (NLTCP) since its establishment in 1989. The interruption of leprosy and TB service delivery during the civil war has contributed to the increased burden of both leprosy and TB. In a bid to address this increase, Liberia endorsed and adopted the global Stop TB Partnership strategy and the directly observed treatment short course (DOTS) strategy and developed a 5-year strategic plan (2007-2012) aimed at reducing the national burden of TB.

Financing for the TB response included: government funding; Global Fund grants Round 2 (US$4.2 million), Round 7 (US$11.6 million); and a new consolidated Single Stream of Funding (US$6.7 million). Major partners also include the World Health Organization, the Global TB Drug Facility and the German Leprosy and TB Relief Association. Other partners have provided support in a wide range of activities including operating public health facilities, using their private facilities to provide TB services, payment of incentives to health workers and in-kind contributions.

- ***Malaria burden and response***

Malaria remains a major public health problem in Liberia and the leading cause of death among children under five years. According to health facility survey data, malaria accounts for over 34.6% of outpatient department attendance and 33% of in-patient deaths. While pregnant women and children under five are the most affected groups, the entire population of Liberia is at risk of contracting the disease. Progress is being made with recent data indicating that half of Liberian households own at least one insecticide-treated net and that over one-third of under -fives and pregnant women (37% and 39% respectively) slept under an ITN the night before the survey.

Replacing the previous Strategic Plan (2004-2008), the current National Malaria Control Strategic Plan (2010 - 2015) aims to reduce morbidity and mortality caused by malaria by 50% by 2013. The current Strategic Plan addresses gaps observed in the implementation of the First and Interim Strategic Plans and incorporates a detailed and well-assessed strategy. The present situation continues to present myriad challenges including inadequate human resources, poor remuneration of health workers, inadequate number of health facilities and limited capacity of the drug procurement and supply system. Specific objectives of the current strategy include: (1) to increase access to prompt and effective treatment at health facility and community levels to 70% by 2013, (2) to increase the use of Intermittent Preventive Treatment (IPT) among pregnant women to 70% by 2013, (3) to increase to 85% the use of Insecticide Treated Nets (LLITNs) among the whole population, especially vulnerable populations such as pregnant women and children under five by 2013, (4) to ensure effective stewardship of malaria control activities by the NMCP, and (5) to increase the use of combination of personal and community protective measures (e.g. IRS) among those at risk of malaria in targeted communities.

The estimated cost of the current National Malaria Strategic program is US$ 170.3 million for the five year period. The malaria response in Liberia has been funded by government, Global Fund contributions including grants in Round 3 (US$11.8), Round 7 (US$20.7) and two new Single Stream of Funding grants (US$30.2 and US$ 7.7 million). In addition, since 2008, Liberia participates fully in the U.S. President's Malaria Initiative which has provided US$ 71.7 million in support since that time.

Global Fund support for HIV, TB and malaria programs

Liberia has received support from the Global Fund starting in Round 2. Grants have been approved in all three disease components. Health systems strengthening has been addressed as a cross-cutting element within disease –specific grants. There has been no stand-alone HSS grant. In Rounds 2 through 7, the United Nations Development Programme served as Principal Recipient. Starting with Round 8, the Ministry of Health and Social Welfare has assumed the role of Principal Recipient. One Round 10 proposal resulted in the creation of two single stream of funding grants in malaria. Plan International serves as Principle Recipient for one of the SSF grants, the first time a non-governmental has played this role in Liberia. All grants are listed below.

- ***HIV***

Round 2 - US$ 7,423,268, Strengthening of HIV and AIDS Prevention, Care and Treatment. PR: United Nations Development Programme.

Round 6 - US$ 16,828,475, Strengthening and Scaling Up HIV/AIDS Prevention and Control in Liberia. PR: United Nations Development Programme.

Round 8 - US$ 32,809,911. Increasing Facility-based Expansion and Health Systems Strengthening while Strengthening prevention and Community-based Initiatives. PR: Ministry of Health and Social Welfare of Liberia

- **Tuberculosis**

Round 2 - US$ 4,288,516, Strengthening of Tuberculosis Control and the Management of People with TB/HIV Coinfection. PR: United Nations Development Programme.

Round 7 - US$ 11,687,919, Strengthening Tuberculosis Controland Management of People with TB/HIV Coinfection. PR: United Nations Development Programme.

Single Stream of Funding Grant -US$ 6,708,478. PR: Ministry of Health and Social Welfare of Liberia.

- **Malaria**

Round 3 - US$ 11,868,992, Malaria control and prevention through partnership. PR: United Nations Development Programme.

Round 7 - US$ 20,774,047, Scaling Up Malaria Control in Libaria through Partnership. PR: United Nations Development Programme.

Malaria Single Stream of Funding Grant - US$ 30,210,266, Scaling up malaria prevention and control interventions through all sectors in Liberia for sustained universal impact. PR: Ministry of Health and Social Welfare of Liberia.

Malaria Single Stream of Funding Grant - US$ 7,709,085, Scaling up Malaria Prevention and Control Interventions through all sectors in Liberia for Sustained Universal Impact. PR: Plan International Liberia

National M&E systems

- ***Overall health information system***

The Ministry of Health and Social Welfare has developed a coordinated data collection strategy which includes implementation of the District Health Information System (DHIS). The DHIS entails data collection from the community, health facility (public, private, NGOs, etc), district and county to the national levels. Data are collected on a monthly basis, complied at county level (sub-national administrative areas) and sent to central Ministry. In addition, county health teams submit quarterly narrative reports and summary progress on key targets of Liberian Basic Package of Health Services (including HIV/AIDS, HSS, TB, and Malaria).

A central M&E Unit is responsible for the overall coordination and implementation of the national M&E Policy and Strategy. These responsibilities include coordination and implementation of all M&E related activities such as monitoring and supervision, information management, research and evaluation of the basic package of health services and the support systems(finance, logistics, HR, Communication, etc) coordination and harmonization of donor supported M&E.

- ***HIV***

In 2010, after the development of the HIV/AIDS National Strategic Framework II, a National Multisectoral HIV and AIDS M&E Plan and Operational Plan covering period 2010 – 2014 were developed. The M&E plan describes how to assess the degree to which interventions are contributing to the achievement of national HIV NSF II targets, while consistently monitoring trends in HIV prevalence and HIV related behaviours in the population as well as trends in HIV service delivery. Facility-based M&E is led by the MOHSW mainly through the NACP, the HMIS unit, blood safety program and other departments which undertake monitoring, surveys, surveillance and research related to clinical HIV&AIDS issues. Community-based elements of the M&E system are managed primarily by the Liberia Institute of Statistics and Geo-Information Services. These activities can include monitoring, surveys, surveillance, research and documentation related to community based non-clinical HIV&AIDS interventions. Within the 15 counties, the M&E functions are undertaken by county M&E focal persons who work closely with the LISGIS M&E Officers.

- ***Tuberculosis***

There is no national strategy or M&E plan for TB. However, the development of the coordinated data collection strategy, inclusive of TB measures has started to have a positive impact on the NTLCP. Placement of the M&E focal points in each county established the platform for on-going supervision and monitoring of health facility performance and quality assurance. For the TB program, these additional resources meant that focal persons in charge of TB treatment and laboratory diagnosis could focus on the supervision and performance of the DOTS centers. As a result, the number of TB microscopy centers performing according to the national quality control guidelines as a proportion of all microscopic centers rose from 44% in 2008 to 92% in 2011.

- ***Malaria***

The NMCP has embarked on a elaborating a National Malaria Monitoring and Evaluation Plan (2010-2015) to accompany the current National Malaria Strategic Plan in collaboration with the Department of Planning at the Ministry of Health and Social Welfare, PMI/USAID and other technical partners. The National M&E Strategy & Plan of the MOHSW forms the basis for the Malaria M&E Plan.

IV. Findings

Domain 1: Global Fund policies, guidelines and communications related to M&E

All respondents were aware of the **Performance Framework** and were actively involved in quarterly reporting. The Principal Recipient (MOHSW) has developed a National Essential Indicator and Data Set that was agreed with partners, piloted and rolled out. The data needs of all programmes, including donors, are largely met through an integrated health management information system. Reportedly, a few Global Fund indicators (e.g. financial reporting, human resources and LMIS) are still outside of the HMIS. The Performance Framework is seen as a tool required for the purposes of Global Fund grant management.

Key informants felt that the **M&E materials available on the Global Fund website** were very good and constituted a "best practice". However, more guidance and clarification was requested on issues including proposal review and feedback and value for money arguments. Some complaints were heard that Global Fund tools and forms are constantly changing making it difficult for them to keep up. The complexities of the processes can overwhelm local capacity.

The **MESS Tool** was cited as useful in that it gave them their first look at their system in comparison to what it should look like and the resulting action plan set the course for the work. Prior to the MESS exercise, the focus of M&E was simply on activity reporting without a focus on where data was coming from or how it was collected.

The **On-site Data Verification procedure** (OSDV), as conducted by the LFA, is sometimes accompanied by staff from the M&E Unit. Moreover, the Unit covers the cost of having county M&E and data officers join as a learning exercise. The LFA shares the results of the OSDV with the PR and donors/partners are invited for a de-briefing. The process is seen as an assessment of the M&E system itself and not only data quality. Sub-recipients interviewed understood the process and reported that they received reports/feedback from the exercises.

There were multiple on-site data verification exercises underway and many calls for greater harmonization of these efforts. In addition to the Global Fund LFA OSDV, the Ministry-led pooled fund also carries out a similar effort albeit with different methods (i.e. a twice yearly census rather than a sample) and use that data to determine performance bonuses. The USAID-supported Reconstruction of Basic Health Services also conducted routine data verification but that process will transition into the pooled fund procedures. The Presidents' Malaria Initiative also conducts a quarterly data verification exercise.

Direct contact with the M&E Unit at the Secretariat was appreciated without first going through the LFA or Fund Portfolio Manager. These communications were appreciated and noted for their willingness to share assumptions on targets and to adjust targets. An example provided came from the consolidations of Round 7 and 10 TB grants into a single stream of funding. Based on a desk review, the Principal Recipient sought to reduce an impact indicator target prior to grant signing. The rationale provided was supported by the WHO country office and notated in the Performance Framework as follows: "*The total estimated number of cases is for 2015 is 127,000 of which these targets represent a case notification*

rate of 92%. These targets differ from Round 7 and proposal due to revised calculation on the number of cases estimated to be notified versus the total number of estimated cases (assuming 100% case detection)."

Domain 2: Global Fund financing for country M&E systems

Throughout multiple rounds and disease components, Liberia has received significant support from the Global Fund for the re-establishment of its monitoring and evaluation structures and capacities. This section will provide a "snapshot" of that support through examination of only two grants – the Round 7 malaria grant and the Round 8 HIV/AIDS grant. The analysis was further limited by paucity of documentation specifically Expanded Financial Reports (EFRs) and approved, detailed budgets.

As seen in Table 1, the budgetary component devoted to the M&E cost category in the original Round 8 proposals ranged from 1.2% to 4.3%. These percentages all fall below the Global Fund recommendation that 5% to 10% of a proposal's total budget is allocated to M&E activities as a means to strengthen existing M&E systems. A synopsis of the use of these funds, per the original proposal, appears in Annex 3. The proposed allocations of funds, across years, appear in Annex 4 Tables 1 and 2.

Table 1: Summary of M&E budgets included in Round 7 and 8 proposals, Liberia

Disease Component	Round	M&E line item (summary budget table)		M&E SDA or otherwise with substantive M&E elements		
		% of total budget	**$**	**Yes/No**	**% of total budget**	**$**
HIV/AIDS	8	4.2%	$2,478,467	No		
HSS[1]	8	4.3%	$829,113			
Malaria	7	1.2%	$ 460,218	Yes	1.3	490,862

[1] Sub-component of HIV/AIDS proposal

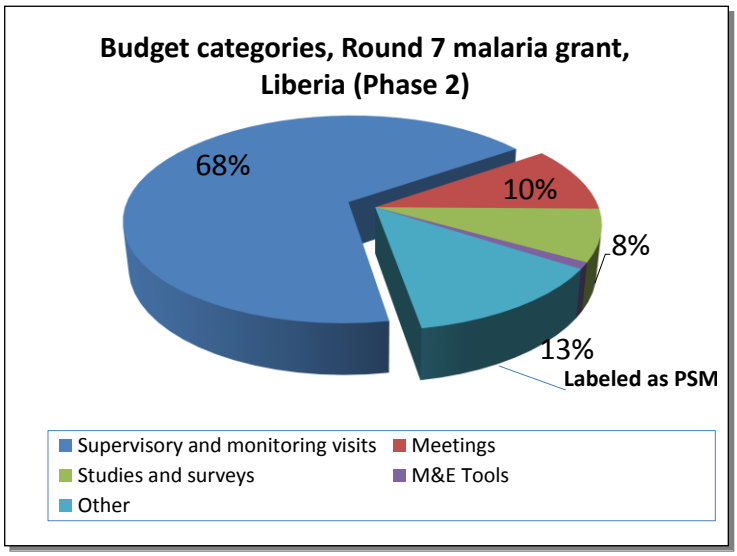
Where Enhanced Financial reports (EFRs), we examined expenditure rates for the M&E line item. In Table 2, M&E expenditures are tabulated for the Round 8 HIV/AIDS grant. For these grants, budget to date and expended to date refers to the first four quarters of the grant. The M&E budget in the Round 8 HIV/AIDS grant has been expended at a rate of 56% compared with 104% for the grant overall. The variance in expenditure in the M&E cost category was notated in the EFR as follows: "*The variance represents ongoing activities such as cohort study, OVCs and STI study, direct support to major health facilities, condom distribution strategy and ANC survey*."

Table 2: M&E budget versus expenditure, Liberia Round 8 HIV/AIDS grant

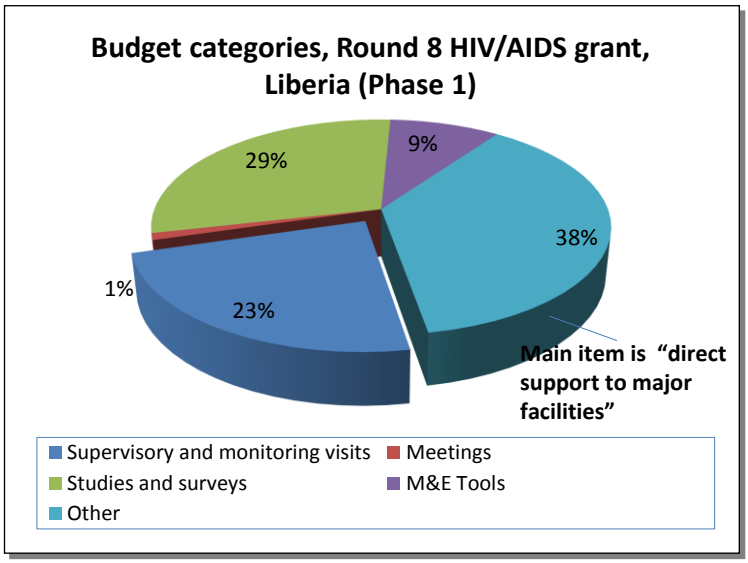
	M&E Cost category			Overall grant expenditure rate	
Grant	**Budget to date**	**Expended to date**	**Expenditure Rate**	**Overall grant expenditure rate**	**Quarters**

LBR-810-G07-H	$1,112,423	$ 625,336	56.2%	104.0%	4

Finally, we reviewed detailed budgets (from Grant Agreements and M&E Plans) to better understand how M&E fund were being utilized. The review of detailed budget does not strictly follow the budgets categories in Global Fund budgeting guidelines. In part, the review allowed a more "granular" look at budget allocation below the level of broad categories. As seen in Annex 4 Tables 1 and 2 and the figures below, the single largest categories for the two grants examined are either costs associated monitoring and supervisory visits (malaria grant) or the "other" category (HIV/AIDS grant).



Both of these budgets, but particularly, the HIV/AIDS budget suggests some laxness in budgeting and review process as the largest single item (i.e. the "other" category) is comprised of activities which are not clearly related to monitoring and evaluation. The HIV/AIDS budget is also notable is the significant percentage of funds used for studies and evaluation. Among these budgeted studies were: qualitative research on HIV messaging and new message development; a cohort study for ART patients, STI incidence and prevalence study, and evaluation of current adherence tools, modification of those tools and piloting of innovative methods to improve adherence.



Although not included in the M&E budget, the Global Fund grants fund a number of M&E officers at various levels including the central MOHSW M&E Unit, individual programmes including the NACP and the NMCP and county-level M&E officers. The financial support provided by the Global Fund in Liberia is also notable for the following:

(1) Through the proposals and grant agreement, heavy emphasis is placed on the need for a centralized M&E function rather than multiple disease-specific M&E officers working independently within programmes. In regards to dialogue with the Global Fund on the integrated system and placement of M&E officers, one key informant stated:

"*We've tried to convince them for two years on reporting systems and indicators. We cannot have separate M&E Officers for malaria, HIV, TB, etc…. We'd rather have one consolidated system, a single platform which the Global Fund (and others) draw from*. "

(2) The inputs required to revitalize national systems after the civil conflict has been well coordinated across multiple donors. Contributors to the newly developed HMIS and M&E functions have included the World Bank, GAVI, USAID, Dfid and the Global Fund. Each partners seems to have had a well-defined role and set of expectations which, taken together, have resulted in the rolling out of new, integrated systems. Coordinating bodies, organized by the MOHSW and supported with Global Fund monies, have been active in overseeing the effort.

Domain 3: Global Fund-related M&E practices

Harmonization and alignment

Most respondents spoke of the revitalization of the health management information system, creation of a central M&E Unit and development of a National Essential Indicators and Database as at the center of **alignment efforts**. In regards to the Global Fund, Principal Recipient staff saw their requirements now as well-aligned with the national system and structures. They acknowledged that a few of the Global Fund required indicators (e.g. outputs) fell outside of the national dataset but didn't perceive this as a problem.

Areas in which the Global Fund practice appear to diverge from country efforts included the following: (1) According to some respondents, the Global Fund continues to see grants in terms of programme performance and not as health systems performance (e.g. they are more focused # of women on IPT; # of bednets distributed). (2) As per above citation, the Global Fund apparently required some convincing on the development of a consolidated system and single platform. (3) Likewise with the support of community systems, the form of linkage between community health volunteers and health facilities and monitoring arrangements was the subject of a long debate. Eventually, an agreement was reached. (4) The fact that there are multiple grants with differing reporting periods was a problem for the PR. However, there are several single stream of funding grants in place now which should ameliorate these difficulties. (5) Finally, the Global Fund operates outside of the performance-based pooled fund. Many other donors contribute to the pooled fund and support the data verification procedures of that fund. It may eventually become a burden for the country to manage two forms of performance-based payments with parallel (and sometimes coordinated) systems of verification.

A variety of experiences were shared on the Global Fund willingness to **adjust targets**. Coming from a long-term conflict, Liberia had very little data in place to serve as baselines and weak systems, thus target-setting was difficult (e.g. both under- and over-estimations). In the Round 8 HIV/AIDS grant, a projection used during grant negotiation resulted in an unrealistic target for the number of people to be put on ARTs. The Global Fund was resistant to adjustment but UNAIDS supported the adjustment which was subsequently allowed. There was a corresponding adjustment in budget. A similar issue arose

with the target for women receiving IPT- with a target set too high based on a faulty assumption on the number of pregnant women. Several respondents felt that their ability to set targets was improved with improved HMIS and successive rounds of population-based data collection. The ability to project and set more accurate targets has improved.

Several respondents mentioned **Conditions Precedent** as useful in the evolution and strengthening of country M&E systems. For example, for the Round 7 malaria grant, the following Conditions Precedent related to M&E were included in the grant agreement: (1) the delivery by the Principal Recipient to the Global Fund of a completed version of the Monitoring and Evaluation Systems Strengthening Tool, (2) an updated plan for monitoring and evaluating Program activities, (3) a revised budget if amendments incorporated into the Updated M&E Plan necessitate amendments, (4) the Principal Recipient shall ensure that its Program Execution Unit (PEU) keeps on staff persons with appropriate qualifications and experience to fill the position of Monitoring and Evaluation Coordinator.

M&E strengths

An **M&E Technical Working Group (TWG)** has been established (December 2008) with the mandate to provide technical guidance to develop and implement Monitoring and Evaluation systems and the National M&E Strategy at central and county levels. The group is composed from MOH/SW (members are from Planning, Health Services, HRH, M&E, Research, and HMIS, Epidemiology, Community Health, External AID), National Program(Malaria, AIDS, TB, Family Health), UN (WHO, UNAIDS, UNICEF, UNDP), NGO (SC-UK, RBHS), Research and Academic institutions (Medical School, Liberia Institute for Statistics and Geo-information Systems) donors(USAID, EU) and CCM Coordinator. The TWG met regularly (i.e. monthly) during the development of M&E Policy and Strategy and somewhat less frequently after completion of those key documents. The M&E unit serves as the secretariat. The TWG also provides technical support for training needs assessment relating M&E and HMIS and capacity building, advises on Integrated Supportive Supervision and review processes related to data collection at all levels, and regularly evaluate the functions and quality of the M&E system.

Since its inception in June 2008, the **M&E Unit within the MOH/SW** has embarked on a participatory course of actions to coordinate and strengthen the M&E systems within the health sector. The M&E Unit has been instrumental in the development of National M&E Policy and Strategy with agreed upon national level indicators, establishment of a national M&E technical working group, capacity assessment of M&E at central and county level, and dissemination of M&E culture and use of information for decision making through presentations, meetings and national MOH/SW forum. Between 2008 and 2009, twenty-five senior and middle level MOH/SW staff were trained on M&E systems and best practices by MEASURE Evaluation. The Unit is also responsible for monitoring and evaluation of outcomes of the implementation of Global Fund grants and a standardized data collection plan, analysis, simplified and comprehensive reporting format with collaboration amongst partners/ stakeholders.

The Unit also organizes periodic Integrated Supportive Supervision visits and reviews of county-based M&E systems and develops capacity building plans. Supportive supervision is based on visits to

selected health facilities based on need during which managers and staff engage in discussions on challenges that impede service delivery. For the Round 7 malaria grant, over a three year period, 52 visits were made to the 15 counties for the purposes of supportive supervision

A National HMIS strategy has been designed to ensure the required health and management information are available and that information is appropriately used in predefined intended purposes. As part of implementation of HMIS, **integrated data collection strategies** have been established through the national essential indicators and dataset (NEIDS*)* which meet the needs of the MOH/SW pooled fund, partners programs including the Global Fund and others. A District Health Information System was recently rolled with training of over 450 MOH/SW data managers on DHIS and the health facilities' OICs on the NEIDS. The DHIS is currently functional in all 15 counties in Liberia with over 85 % reporting rate.

The Round 8 HIV/AIDS grant included a substantial amount of **implementation-focused research and evaluatio**n. Findings from several of these studies were cited repeatedly in interviews as important in providing new information and guiding program focus.

M&E weaknesses

Numerous respondents referred to the **data verification processes** conducted on a regular basis. Oftentimes, these exercises were designed to serve as learning opportunities as well by including county and facility staff as observers. However, the multiple nature of these exercises (e.g. for individual Global Fund grants, for the multi-donor pooled fund, for individual partners such as PMI and the USAID-supported Reconstruction of Basic Health Services) was largely uncoordinated and presumably an unnecessary burden on lower level staff. This problem was noted by numerous interviewees and appears to be on the agenda for greater coordination efforts.

Respondents provided examples of **data use** and the gradual processes through which program staff come to appreciate the relationship between data monitoring/review and program improvement. Examples from the NACP include a process the last 10 charts are reviewed for key variables, score tallied and meetings convened with clinicians to review. Hospital staff come back and ask "why this score?" prompting a discussion of priority actions. This can lead to an acceptance of the need to refocus their actions and requests for additional training and support to do so. Granted, several of the new systems were just being rolled out (e.g. DHIS and community-HIS), however, there was little discussion of data use and few examples provided.

As described in the section above, there appear to be **non-M&E items included in budgets** suggesting a laxness in the preparation and approval processes.

D**omain 4: Effects of Global Fund investments on country M&E systems**

Facilitators to using Global Fund for strengthening national M&E systems

A clear facilitator to using Global Fund resources to strengthen national M&E systems was development **a consolidated M&E system platform**. Underlying this was the vision and perseverance of recipient organizations (notably the MOH/SW) which lead to the creation of National M&E Policy and Strategy, the national essential indicators and dataset (NEIDS*)*, integrated data collection strategies and a centralized M&E Unit. These strategies and structures, along with the partner support and alignment, have helped to optimize Global Fund resources for national systems strengthening.
Multiple partners and sub-Recipients commended the MOH/SW in its work as Principal Recipient. In particular, the MOH/SW was seen as providing **consistent monitoring and support**.

The **M&E Technical Working Group** has also been an important facilitator in the in many of the M&E strengthening efforts noted above. Partner commitment to support capacity development in M&E appears to have been well-coordinated under the auspices of the TWG.

It was widely acknowledged that Global Fund resources helped to bridge gaps in M&E systems by **human capacity-strengthening** both in terms of increasing M&E staffing levels as well as in supporting training to increase M&E skills. Respondents cited the willingness of the Global Fund to fund long-term training (Master degree programs in HMIS) outside of Liberia. An important element in M&E systems performance was the placement of an integrated M&E focal point in each county to analyze reports and provide information using the Health Management Information System (HMIS). Numerous M&E officers, within the central M&E Unit and elsewhere, are supported through Global Fund grant resources.

Global Fund has made important contributions to improving **data quality** through support for the standardization of data collection and reporting tools, regular data quality assessments and supervisory visits. A robust quarterly review process is also attributed to Global Fund support.

Barriers to using Global Fund resources for strengthening national M&E systems

Despite the use of their resources for national M&E systems strengthening, the Global Fund's own requirements emphasize monitoring for the purposes of grant management (described by some partners as overly focused on numbers not rates or percentages). This was seen by some as a "healthy tension" as data is required for performance-based funding and contracting, which, when collected through national systems, in turn strengthens those systems.

Several respondents pointed to the circumstances of Liberia as requiring greater flexibility and more tailored approaches on the part of the Global Fund (e.g. " *how the Global Fund works in Kenya cannot be the same in Liberia*"). Global Fund requirements and procedures were seen as "one size fits all" and obstacles to certain aspects of national development. Examples included:

- In early rounds of grants, the country had no adequate baseline data and therefore, target-setting was fair more uncertain than in countries with established systems. While there were

examples given of the Global Fund willingness to adjust targets, this was not uniformly the case. To program managers, there was no clear cut guidance on when and/or why the Global Fund would accommodate target adjustment in some cases and not others. In certain cases, the specter of "materials going back to the TRP" put off requests for program adjustments. Questions were raised why the CTA couldn't address certain issues while allowing the program to continue.

- Global Fund forms and procedures were seen as too taxing and complicated for a country with low overall levels of capacity. Templates available on the website were cited as helpful, although some sub-recipients complained about "hours spent" searching for the correct forms. The forms and procedures were seen as changing very frequently and difficult to keep current with.
- In a country circumstance like Liberia, it isn't realistic to say that the Global Fund is "gap-filing". An example raised was human resources for health - it might sound reasonable for the Global Fund to say that the country is responsible for HR but it impedes the entire program lacking (e.g. "*if you are given commodities but cannot distribute because of lack of human resources, what kind of value for money is that*?").
- Some partners mentioned the Global Fund tendency to claim attribution and felt it would be more beneficial to have a uniform manner to discuss unique contribution. A key to doing this is the MOH/SW ability to quantify the sources of program resources. Support is needed to allow them to do it.
- Sub-recipients were appreciated of the training on M&E that they had received but felt that much more capacity-building for their staffs was needed. An example dealt with the complexity of procedures whereby documents come back from Secretariat review with "this is wrong, that is wrong" and causing delay. There were reports of miscommunication, wrong templates provided, correct forms difficult to find. One sub-recipient suggested: " *they should just come here and explain exactly what they want*". They also felt that it would be helpful to hear of sub-recipient experiences in other countries. Some sub-recipients felt that the Global Fund push to quantify overlooked their contributions in the areas of advocacy and community-outreach.

V. Conclusions

Since the beginning of Global Fund support to Liberia, significant progress has been made in strengthening national M&E systems. Global Fund resources for human resources, both through capacity-building as well as staffing of new positions, have been instrumental in the functionality of the national M&E system. In addition, Global Fund processes, notably quarterly reviews and data verification, have been taken fully on-board by the Principal Recipient. These processes have been adapted to meet local context and needs. In sum, Global Fund resources were essential to these developments. However, it was the vision and perseverance of leaders within the Principal Recipient(s) that set the course for the development of an integrated national system rather than the highly-vertical, disease-specific systems seen in many other countries.

VI. Recommendations

For the Global Fund Secretariat:

- Coming from years of civil conflict and decimated health structures and systems, Liberia was at great disadvantage in many areas including their ability to set targets for performance based funding. In comparison to other countries' experiences, the Global Fund demonstrated willingness to adjust targets for Liberia grants but appeared to do so in an ad-hoc manner. The Global Fund should be willing to tailor its approaches to differing circumstances in a transparent and consistent manner. These approaches should consider not only practical issues like target-setting but broader issues such as the degree to which the Global Fund to actually "gap-filling" in a country like Liberia (e.g. flexibility to cover HRH expenses in a country emerging from conflict and out-migration of skilled and educated personnel).

- As heard in Liberia as well as other countries, the quarterly disbursement systems and delays in decision-making often has a negative impact on program implementation. If grants are performing at the highest levels (i.e. A1), it should be possible to transition to semi-annual rather than quarterly disbursements. Moreover, the Global Fund should consider accepting the performance-based contracting data verification processes and findings (i.e. the pooled fund system) in lieu of the LFA's quarterly verification. There could be exceptions where the grant has sub-recipients not covered under the pooled fund processes. Ideally, a single integrated verification team would cover the needs of all partners and programs.

For the Principal Recipients and partners (e.g. M& TWG):

- The involvement of County Health Teams in data review was widely acknowledged. It was further suggested that the CHTs should be brought together once or twice a year for more in-depth review.
- As a matter of priority, address the multiple data verification exercises to consolidate and reduce burden on staff.
- For the benefit of other countries, document the experience with the development of the single consolidated M&E system including the National Strategy and Policy and essential national indicators and data set.
- Maintain a regular schedule of meetings and prioritized activities for the M&E TWG.
- Document the processes and findings of integrated supportive supervision. Develop a results framework for the supervisory efforts with measurable intermediate results focused on improved staff performance and problem-solving abilities.
- Exercise greater scrutiny of M&E budgets to avoid large line items (i.e. "PSM services" "direct support to major facilities") which do not appear directly related to M&E.

- Rigorously follow-though with the research and evaluation activities included in the M&E budgets.

Annex 1. References/documents reviewed

Kasonde-van den Broek N. Evaluation Report. Scaling up Malaria Control in Liberia through Partnership. Malaria Control Programme Financed by the Global Fund to fight AIDS, Tuberculosis and Malaria. October 2011.

Kiongo DM. Program Evaluation Report. Evaluation of the UNDP GF Program to strengthening tuberculosis control and management of people with TB/HIV co infection in Liberia. October 2011.

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Republic of Liberia. Country Progress Report, 2012. Presented at the United Nations High Level Meeting on HIV and AIDS. United Nations General Assembly Special Session on HIV and AIDS. New York.

World Health Organization. Report 2011. Global Tuberculosis Control.

For the Round 7 malaria and Round 8 HIV/AIDS grants, materials reviewed included the following:

- Original Proposals
- Grant Agreements
- Grant Performance Reports
- Progress Update/Disbursement Requests
- Implementation Letters
- Enhanced Financial Reports

Annex 2. Individuals interviewed

Eisa Hamid	Monitoring and Evaluation Specialist	MOHSW
George Jacobs		MOHSW
David Logan	Global Fund Programme Manager	MOHSW
Luke Bawo	Coordinator, Evaluation, Research and Health Statistics	MOHSW
Stephen Gbanyan	HMIS Unit	MOHSW
Arabella Greaves	Project Coordinator, Health Systems Reconstruction Project (World Bank)	MOHSW
Sonpon Sieh	NACP Programme Manager	MOHSW
Joel Jones	NMCP Programme Manager	MOHSW
Tolbert Nyenswah	NMCP	MOHSW
Jonathan Enders	NMCP M&E Officer	MOHSW
Stanford Wesseh	Chair M&E TWG	MOHSW
Axel Addy		PSI Liberia
Mustapha Koroma	Monitoring, Evaluation and Research Coordinator	Plan International
Wede Seeley	Health Advisor	Plan International
Gemenie Hardy	Accountant	Plan International
Nyema Richards	Monitoring, Evaluation and Research Officer	Plan International
Felicia Nawabo	Planning and Monitoring Coordiantor	Plan International
Christian Gangbo	Finance Manager	Plan International
Moses Jeurolon		WHO
Randolph Augustin		USAID/Monrovia
Filiberto Hernandez		USAID/Monrovia
Kaa Williams		USAID/Monrovia
Soukeynatou Traore		USAID/Monrovia
Roland Myanama	M&E Associate Officer	UNDP
Gabriel Starkes	Executive Director	Starks Foundation
Harrison Togaba	Executive Director	ADAM, Inc.
Isaiah Wissah	Executive Director	ROCH
Love Gibson (and team)	Director	Samatarian Purse
Joejoe Baysah (and team)	Director	LIGHT

Annex 3: Proposed use of M&E funds, original proposals, Liberia HIV/AIDS Round 8 and Malaria Round 7.

Disease component	Summary of proposed activities
HIV/AIDS Round 8	• Evaluate current prevention campaign messages through focus groups and in-depth interviews to understand how to improve efforts and better reach audiences. • Qualitative research to evaluate mass media messaging and identify under-served populations and needs to modify messaging • Additional training and mentoring for the NACP M&E unit • Test and modify M&E tools and forms through focus groups discussions with healthcare workers • Conduct a national study in Year 4 to measure program impacts and outcomes (i.e. either support for DHS planned for 2012 or MoHSW contract with an experienced agency to conduct a similar survey) • Develop a tool and conduct training to better track community-based programming
Malaria Round 7	• Significantly improve the health information system to ensure the provision of quality data and • Supportive supervisory visits encouraged in all aspects of implementation.

Annex 4: Grant budgets by major activity areas, Liberia, Round 7 Malaria and Round 8 HIV/AIDS

Annex 4 Table 1. M&E as a cost category in budgets per original Round 7 and 8 proposals, Liberia

Disease component	Year 1	Year 2	Year 3	Year 4	Year 5	Total	% of proposal budget
HIV/AIDS	$1,097,449	$278,240	$270,375	$621,528	$210,875	$2,478,467	4.2%
Malaria	$82,888	$104,165	$82,625	$107,915	$82,625	$460,218	1.2%
HSS[1]	$70,938	$87,286	$231,180	$221,735	$217,975	$829,113	4.3%

[1] Sub-component of HIV/AIDS proposal

Annex 4 Table 2. Service Delivery Areas focused on strengthened M&E per original proposals, Liberia

Disease component	Year 1	Year 2	Year 3	Year 4	Year 5	Total	% of proposal budget
Malaria (SDA 4.3)	$255,862	$58,750	$58,750	$58,750	$58,750	$490,862	1.3%

Annex 4 Table 3: Budget for M&E cost categories by major activity area, Liberia, Round 7 Malaria and Round 8 HIV/AIDS

	Major activity area						
Grant (Phase)	Costs associated with supervisory and monitoring visits		Meetings	Studies/ surveys	Training	M&E tools [1]	Other
	Per diems	Fuel					
LBR-708-G05-M (P2)	47%	21%	10%	8%		1%	13%
	$168635	$74670	$36300	$27,924		$3,900	$45,000[1]
LBR-810-G07-H (P1)	23%		1%	29%		9%	37%
	$456,75.00		$23,430	$574,024		$184,979	$724,130[2]

[1] Labeled as PSM Services. [2] Includes line items such as “direct support to major facilities”, “implementation condom distribution strategy”.

Annex 4 Table 4: Budget for M&E as a Service Delivery Area by major activity area, Liberia, Round 7 Malaria

Major activity area										
Grant (Phase)	**Per diem**	**Fuel**	**Salary**	**Infrastructure / IT**	**Meetings and travel**	**Studies/ surveys**	**Training**	**TA**	**M&E tools[1]**	**Other**
LBR-708-G05-M (P2)	*24%*	*15%*			*29%*	*10%*	*6%*			*16%*
	$67,260	*$43,320*			*$81,300*	*$27,924*	*$16,421*			*$45,000[1]*

[1] Labeled as PSM Services

Annex G. VIET NAM COUNTRY CASE STUDY REPORT

Acronyms

ACSM	advocacy, communication, and social mobilization
ADB	Asian Development Bank
AIDS	acquired immune deficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
CCHD	Center for Community Health and Development
CCM	Country Coordinating Mechanism
COHED	Centre for Community Health and Development
CSO	Civil society organization
CTA	Country Team Approach
DFID	UK Department for International Development
DOLISA	Department of Labor, Invalids and Social Affairs
DOTS	Directly Observed Treatment-Short Course
DQA	Data Quality Audit (referring to Global Fund-specific procedures and tools)
DQA	data quality assessment
DR	Disbursement Request
FHI	Family Health International
FSW	female sex worker
FU	Farmer's Union
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
HBC	high burden country
HIS	health information system
HIV	human immunodeficiency virus
HSS	national HIV sentinel surveillance survey
HSS+	national HIV sentinel surveillance survey with behavioral component
IBBS	integrated biological and behavioral surveillance
ISDS	Institute for Social Development Studies
KfW	German Development Bank
LFA	Local Fund Agent
M&E	monitoring and evaluation
MDG	Millennium Development Goal
MDR-TB	multi-drug resistant tuberculosis
MERG	Monitoring and Evaluation Reference Group
MESS Tool	M&E System Strengthening Tool
MMT	methadone maintenance therapy
MOH	Ministry of Health
MOLISA	Ministry of Labour, War Invalids and Social Affairs
MOPS	Ministry of Public Security
MSM	men who have sex with men
MTDP	Mid-Term Development Plan
MWID	men who inject drugs
NAP	National AIDS Program
NASA	National AIDS Spending Assessment
NGO	nongovernmental organization
NICC	National Interagency Coordinating Committee
NIHE	National Institute of Hygiene and Epidemiology

NORAD	Norwegian Agency for Development Cooperation
NSP	needle and syringe program
NTP	National Tuberculosis Control Program
OI	opportunistic infection
OSDV	on-site data verification
PAC	Provincial AIDS Center
PATH	Program for Appropriate Technology in Health
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PM	Portfolio Manager
PMU	Project Management Unit
PPMD	public-private mix DOTS
PR	Principal Recipient
PU	Progress Update
PWID	people who inject drugs
RNE	Royal Netherlands Embassy
SR	Sub-Recipient
SSF	Single Stream of Funding
SSR	Sub-Sub-Recipient
STI	sexually transmitted infection
SW	sex worker
TB	tuberculosis
TEC	Treatment and Education Center
TERG	Technical Evaluation Reference Group
TRP	Technical Review Panel
TWG	Technical Working Group
UA	Universal Access
UIC	unique identification code
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNGASS	United Nations General Assembly Special Session on AIDS Declaration of Commitment
USAID	United States Agency for International Development
VAAC	Viet Nam Administration of AIDS Control
VNP+	National Network of People Living with HIV in Viet Nam
VUSTA	Viet Nam Union of Science and Technology Associations
WHO	World Health Organization

I. Introduction

This case study is part of an independent evaluation to assess the effectiveness of Global Fund investments in strengthening country M&E systems. Specifically, the evaluation aimed to assess: (1) Global Fund policies, guidelines and communications related to M&E; (2) Global Fund financing for country M&E systems; (3) Global Fund-related M&E practices; and, (4) the effects of Global Fund investments in country M&E systems.

The evaluation employed a mixed methods approach including: review of key documents including Global Fund policies, guidelines and communications related to M&E and documentation related to selected country M&E systems; an on-line survey of Primary Recipients and Local Fund Agent (LFA) M&E officers; interviews with Global Fund staff and representatives from global partner agencies; interviews

with key informants in selected countries as part of three in-depth country case studies (Liberia, Viet Nam, Zimbabwe).

The evaluation aimed to provide pragmatic recommendations for improvement in Global Fund M&E policies, guidelines, communications, funding arrangements and practices at Secretariat, country, and global partners' levels.

II. Case Study Methods

The aim of this case study was:
(a) to document M&E practices including strengths and weaknesses of existing national M&E systems for HIV and Global Fund support for grant-specific and national M&E system-strengthening (Evaluation Domain 3); and,
(b) to determine the effects of Global Fund investments in M&E including facilitators and barriers for using Global Fund resources to strengthen national M&E systems (Evaluation Domain 4).

A five-day site visit was conducted in January 2012 and consisted of:
- an in-depth review of key documents including health policies and national strategies for disease control, national M&E plans and assessment reports, national and international progress reports on disease status and response, Global Fund grant-related documents etc.;
- individual and group interviews with key informants including: selected government officials including those responsible for M&E of HIV and TB programs, the Chair Person of the Country Coordinating Mechanism (CCM), the Principal Recipients (PRs), Sub-Recipients (SRs), the Local Fund Agent (LFA), and representatives of international agencies/organizations (see **Annex** for individuals interviewed). It should be noted that all interviews were conducted in Vietnamese with the help of a professional interpreter but not through simultaneous translation. For this reason, the case study findings do not include any interviewee quotes.

This case study relates to ongoing HIV and TB grants, with a greater focus on HIV; activities within the ongoing malaria grant were not considered due to time limitations for the visit.

III. Background

HIV and tuberculosis epidemics and responses in Viet Nam

- ***HIV epidemic and response[56]***

Viet Nam continues to have a concentrated HIV epidemic; based on the 2011 sentinel surveillance, overall adult HIV prevalence was estimated at 0.45%. The most recent data on HIV prevalence among most-at-risk populations indicated that the estimated HIV prevalence among people who inject drugs (PWID) was 13.4% (ranging from 1.1% to 45.7% among men who inject drugs, MWID across sites; 2011 sentinel surveillance data;); 16.7% among men who have sex with men (MSM) (ranging from 0% to 20% across sites; 2009 IBBS data); and, 3% among female sex workers (FSW) (2011 sentinel surveillance data).

[56] based on: National Committee for AIDS, Drugs, and Prostitution Prevention and Control (2012). Viet Nam AIDS Response Progress Report 2012. Following up the 2011 Political Declaration on HIV/AIDS. Reporting period: January 2010-December 2011. Hanoi, March 2012.

In 2010, 7.2% of 992 FSW interviewed, reported a history of injecting drug use; HIV prevalence among these women was 25.4% (HHS+ data). In 2011, 2.7% of 2,986 FSW in 12 provinces reported a history of injecting drug use; HIV prevalence among them was 30% (VAAC data). In most provinces, HIV prevalence was higher among street-based than among venue-based FSW. There are indications of a decrease in HIV prevalence among PWID and FSW in some provinces, while in other provinces, HIV prevalence trends remained stable or even increased. Overall, HIV prevalence is mostly concentrated in urban areas and people aged 20-39 years account for more than 80% of all reported cases.

A data triangulation analysis in 2011 suggested that a large proportion of women living with HIV were infected by their husband or long-term partner which is believed to be one of the factors in the steady decline in the male-to-female ratio of new HIV infections seen in recent years; women now represent 31% of newly reported cases. By end 2011, the cumulative total HIV cases reported was 249,660 and the estimated number of PLHIV was 197,335.

The HIV response in Viet Nam has made important progress as exemplified by:

- increased political commitment and leadership over the years;
- increased access to HIV prevention including harm reduction services, most notably more than 6,900 PWID in 41 clinics were receiving methadone maintenance therapy (MMT) in 2011 with an adherence rate of 96% (VAAC 2011 data);
- continued expansion of antiretroviral therapy (ART) with 54.0% of eligible adults and children receiving ART in 2011 up from 47.7% in 2010;
- greater participation of civil society in the national response. For example, members of the National Committee for AIDS, Drugs and Prostitution Prevention and Control were appointed, for the first time, from the Viet Nam Union of Science and Technology Associations (VUSTA) representing civil society organizations (CSOs).

The *National Strategy on HIV/AIDS Prevention and Control in Viet Nam till 2010 with a Vision to 2020* was approved in 2004. The strategy served as a framework for all 18 Ministries and their Departments, the 63 provincial authorities, civil society, and international partners and has two goals: (1) to reduce HIV prevalence among the general population to below 0.3% by 2010 with no further increase after 2010; and, (2) to reduce the adverse impacts of HIV on socio-economic development. The Viet Nam Administration of AIDS Control (VAAC) recently coordinated a consultative process for the development of a new *National Strategy on HIV/AIDS Prevention and Control to 2020, with a Vision to 2030.* Its targets support for the *Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS* as agreed at a Special Session of the United Nations (UN) General Assembly in June 2011. The Viet Nam National Assembly also passed a *National Targeted Programme on HIV 2011-2015* with an associated budget and the Communist Party renewed its commitment to continued leadership on HIV prevention and control at both the central and local levels.

Financing for the HIV response has shown a steady increase in external support in the last 10 years. Major donors for HIV projects in a range of service areas included the Asian Development Bank (ADB), the UK Department for International Development (DFID), Norwegian Agency for Development Cooperation (NORAD), the German Development Bank (KfW), the Global Fund, the US President's Emergency Plan for AIDS Relief (PEPFAR), and the World Bank. However, Viet Nam recently achieved the status of middle-income country and several donors are pulling out or are decreasing their HIV funding (e.g., PEPFAR), also due to the global economic crisis. This has brought questions about the sustainability of the gains made in the HIV response. At least until 2015, the National Assembly –as indicated above, has secured a domestic budget.

According to the National AIDS Spending Assessment (NASA), US$266.6 million was spent on supporting the national HIV response in 2009-2010: the government contributed US$38.6 million; US$154.8 million came from bilateral donors (including US$133 million from PEPFAR); and US$40.5 million from multilateral organizations. Households paid about US$31.6 million, while international non-profit organizations provided approximately US$1.1 million. International sources contributed 73.7% of total AIDS resources in 2009 and 2010; PEPFAR –by itself, contributed around 50% of total AIDS resources.

- ***Tuberculosis epidemic and response***[57]

Viet Nam is a high burden country (HBC) for tuberculosis (TB), ranked 12th out of the 22 countries that account for 80 percent of the world's TB burden. A nationwide TB prevalence and tuberculin survey was conducted in 2007. The results showed that prevalence of all smear positive cases was 145/100,000 and of new smear positive case was 114/100,000 population. Fifty-two percent of all cases occurred in the southern 22 provinces. The data suggested that TB incidence may be higher and consequently, the case detection rate lower than previously estimated.

Viet Nam started implementing TB control activities in 1957 with the establishment of the national TB hospital. The Viet Nam National TB Program (NTP) was established in 1986 and a strategy for Directly Observed Treatment-Short Course (DOTS) was formally adopted in 1992 and reaching 100% coverage by 2000. The TB program is fully integrated in the primary care system at the district and commune or village levels; diagnosis by smear microscopy occurs in general hospital laboratories or in the TB unit of a health center at the district level. The NTP has been commended for its political commitment, resource mobilization, good strategic planning, and the DOTS program. Viet Nam was one of the first HBCs to reach the WHO targets for successful DOTS implementation reaching a detection rate of 84% and a treatment success rate of 93%.

The NTP implemented a five-year (2007-2011) Mid-Term Development Plan (MTDP) in close collaboration with national and international partners. Funding has been met primarily through the Ministry of Health (MOH), The Royal Netherlands Embassy (RNE), and the Global Fund. The overall goal of the MTDP is to reduce TB morbidity, mortality and transmission and to prevent the development of drug resistance in order to contribute to the comprehensive poverty reduction and growth strategy of Viet Nam.

Financing for the TB response has been provided by the MOH as the only domestic source at the central level at approximately US$4.2 million in 2008; external sources contributed approximately US$6.6 million at that time.

Global Fund support for HIV, tuberculosis and malaria programs

Overall, Viet Nam received 10 Global Fund grants (5 HIV; 3 TB, 2 malaria) of which 5 (2 HIV; 2 TB, 1 malaria) are still in progress:

- HIV grants: Round 1 (US$12,000,000; closed); Round 6 (US$10,695,906; closed); Round 8 (US$ 8,163,008; closed); Round 9 (US$36,152,654; ongoing); Round 10 health system strengthening grant (US$39,913,575; ongoing). The Principle Recipient (PR) for Round 9 and 10 is the Ministry of Health of Viet Nam;

[57] based on the Viet Nam Global Fund Proposal for Round 9, June 2009.

- TB grants: Round 1 (US$5,404,713; closed); Round 6 (US$13,545,780; ongoing); Round 9 (US$15,205,793; ongoing);
- Malaria grants: Round 3 (US$21,177,956; closed); Round 7 (US$ 20,138,175; ongoing).

Viet Nam has recently embarked on a process to reform the Country Coordinating Mechanism (CCM), establishing an oversight committee and selecting new CCM members. These reforms will enable the CCM to successfully oversee program implementation and prepare future grant applications.

This case study relates to ongoing HIV and TB grants (as described below) but has a greater focus on the HIV grant.

- ***HIV grants***

Round 9 (Principle Recipient, PR: Ministry of Health of Viet Nam (Viet Nam Administration of AIDS Control, VAAC); approximately US$36.2 million; the current grant is a consolidation of the Round 8 and Round 9 HIV proposals under the Single Stream of Funding, SSF) focuses on addressing two major challenges: (1) the expansion of the HIV epidemic among most-at-risk populations (PWID, FSW, MSM); and, (2) the rapid increase of PLHIV who are in need of care and treatment. The grant – in addition to government and other donor resources, supports increased access to HIV harm reduction, care and treatment services in up to 64 provinces through strengthening partnerships between government and civil society. It also supports strengthening of the organizational capacity of CSOs.

- ***Tuberculosis grants***

Round 6 (PR: Ministry of Health of Viet Nam; approximately US$13.5 million) supports the MTDP 2007-2011 to stop TB and specifically targets PLHIV, PWID, SW and prisoners. Grant funds are used to ensure the provision of high-quality DOTS services at all levels of the health service; increase access to and use of health services by ethnic minority groups and the poor; develop and implement public-private mix DOTS (PPMD) in urban areas of 12 provinces/cities; implement a framework to address TB/HIV co-infection; develop and provide diagnosis and treatment services for patients with multidrug-resistant TB (MDR-TB); and, increase access to TB diagnosis and treatment for prisoners and people living in Treatment and Education Centers (TECs) in 16 provinces.

Round 9 (PR: Ministry of Health of Viet Nam (National Hospital of Tuberculosis and Respiratory Diseases/NTP); approximately US$15.2 million) focuses on scaling up essential TB program components such as MDR-TB, TB control in closed settings and advocacy, communication, and social mobilization (ACSM) through new partnerships for expanded impact. The grant targets PLHIV, PWID, FSW, prisoners, and people living in TECs. The grant supports the NTP 2011-2015 and the next MTDP. The activities focus on: obtaining political commitment to increase human and financial resources and integrate TB control nationwide into the national health system; expanding access to quality-assured TB sputum microscopy and quality TB treatment; and, improving M&E and reporting. M&E activities funded through the grant include: information technology (IT) hardware and maintenance; training of health staff in electronic surveillance systems; allowances for M&E staff; establishment of a standardized monitoring system for all health care providers involved with TB patients.

National M&E systems

- ***National health information system***

The Statistics Department of the MOH produces an annual health statistics report which includes approximately 130 socio-demographic and health-related indicators obtained mostly through routine data collection at all levels (national, provincial, district, communes). Indicators represent health inputs (such as health budgets and infrastructure, health insurance), service delivery outputs, and outcome/impact data (such as morbidity and mortality). All government health facilities submit data; data from the private sector are currently not included. Data quality is variable and clearly associated with existing capacity, or lack thereof, at different levels; data checks conducted by the national level are also constrained by available human resource capacity.
Vital statistics data are obtained through national health surveys, though these are not frequently undertaken due to resource constraints. The most recent national health survey was conducted in 2001-2002 with support from the World Bank; a proposal for a new survey was recently approved by the government but does not have a dedicated budget yet.
Data are used at the national and provincial levels for 5-year strategic and annual program planning; planning at lower government levels is mostly budget-based and planning capacity varies from province to province.

While a functioning national health information system (HIS) is in place, it still has several challenges including: lack of long-term strategic vision; insufficient human and financial resources as well as high staff turn-over; gaps in addressing training needs; many vertical programs requiring a wide range of data to be collected that is not integrated into the existing HIS; different programs have different patient registers and data reporting forms; lack of standardization of data management software across different health service sites and internet connectivity challenges; manual data compilation is still common at the level of districts and communes. Several pilot projects to computerize and consolidate health information at different levels have recently been conducted. In the long term, the establishment of a fully integrated disease surveillance and reporting system is envisaged; this will benefit the various national disease control programs by reducing cost to each program and improving efficiency of overall data management and data access for program use. However, it was noted that additional information (over and above the 130 indicators) is needed for program managers to be able to make informed decisions at service delivery and decentralized government levels.

- ***HIV M&E system***

A national HIV M&E framework was developed in 2007 under the leadership of the VAAC and in collaboration with national and international partners; it aimed to harmonize and integrate national indicators and data collection procedures and tools within the existing HIS. The M&E framework – which has progressively been adopted by different donors, defines the structure of the M&E system, delineates responsibilities of different M&E actors, defines a set of standardized indicators and specifies data collection frequency and a work plan. The implementation of the M&E is led by the HIV M&E Unit in the VAAC with technical assistance from the national HIV M&E Technical Work Group (TWG) which consists of M&E experts from government, universities, UN organizations, donors, and international and national nongovernmental organizations(NGOs).

HIV sentinel sero-surveillance (HSS) has been conducted in Viet Nam for over a decade and is currently implemented on a yearly basis among FSW, PWID, women accessing antenatal care (ANC), and national military recruits. Because the sampling among FSW and PWID has been inconsistent over the years, community-based integrated HIV biological and behavioral surveillance (IBBS) was conducted in 7 provinces in 2005. The need for a more systematic approach to estimating the size of most-at-risk populations and a better understanding of sexual networks and behaviors of FSW, PWID and MSM through qualitative research has been acknowledged.

The basic structure of the HIV M&E system is in place and M&E capacity at the national level continues to improve, but some weaknesses remain –especially at the decentralized levels. An assessment of HIV M&E capacity at the provincial level was conducted by the M&E TWG in 2007 and resulted in the revision of standardized data recording and reporting forms and the development of a national M&E capacity-building plan. Additional M&E staff was recruited and M&E training was provided at provincial and service delivery levels. The VAAC, the National Institute of Hygiene and Epidemiology (NIHE) and four regional institutions conducted supervision and monitoring visits. Lack of effective data use for program planning and program improvement at the decentralized levels was also noted as a weakness.

- ***Tuberculosis M&E system***

Overall, the NTP has an effective mechanism in place for data collection, reporting, and feedback. The TB M&E system includes data on program expenditures, activities and results, as well as on equipment and distribution and use of TB drugs and other commodities. The national M&E plan for the NTP is integrated in the MTDP and an operational plan is prepared annually to guide implementation. A National Interagency Coordinating Committee (NICC) of country and international partners meets quarterly and advises on program implementation. In every health facility providing TB diagnosis and treatment, laboratory registers, TB registers and TB treatment records are based on the standardized forms developed by WHO which are used routinely. Case finding and treatment results are reported quarterly and compiled by the NTP in a national report for performance feedback to provincial and district program coordinators. Results from Global Fund-supported activities are included in these progress reports and the NICC assists in their submission to various partners. In 2008, WHO revised TB recording and reporting forms to accommodate TB-HIV, MDR-TB and PPMD; subsequently, the NTP formally implemented the revised tools nationwide in 2009. An internet-based, patient data reporting system to facilitate notification of TB cases was developed and roll out was initiated in 2009. The NTP also has a formal system for monitoring the quality of TB services through regular supervisory visits from the central to the provincial level and from the provincial level to the districts, which in turn supervise different communes. A program review meeting is held bi-annually to inform program planning at all levels. An external evaluation is conducted every five years interspersed with a mid-term review and the findings are used for program improvement. Disease outcome and impact data is published and disseminated in country through annual MOH reports and internationally through the annual WHO Global Tuberculosis Report.

Despite the strengths of the TB M&E system, there are several remaining challenges –especially at the district level: lack of timely submission of paper-based reports from the district to the provincial and central levels due to reliance on the (inefficient) postal system; inadequate sharing of information with and from the district level; limited analysis of data at the district level resulting in limited use of data for timely program correction where needed; lack of committed funding for a computer-based data management system at the district level; data quality concerns in some regions; and, shortage of qualified and skilled staff.

IV. Findings

Domain 1: Global Fund policies, guidelines and communications related to M&E

At the time of the country visit, the CCM had recently been re-organized including newly elected members and was still in the process of hand-over and establishing a new office. An organogram and

responsibilities/functions had been defined in support of enhanced program implementation oversight. It should be noted that the CCM includes two representatives from the National Network of People Living with HIV in Viet Nam (VNP+). The CCM Chair indicated that Global Fund policies and guidelines were generally understood by the new CCM and that a relationship with PRs and SRs had already been established.

Key informants from CSOs commented on the lack of specificity in the Global Fund Performance Framework and M&E Toolkit in relation to, for example, what is considered a CSO and what constitutes a community-based organization (CBO) (these are very different organizations within the Viet Nam context); standardization of commonly used care and support indicators; the definition of training. Another area that can be improved in Global Fund guidance, according to CSOs, is increased clarity about the level of flexibility and the process for requesting changes in Global Fund targets or specific activities planned, based on genuine challenges encountered in field implementation or increased activity costs due to inflation.

The LFA noted that the ability to add comments to the Global Fund Performance Framework has been beneficial in creating a shared understanding between different Global Fund entities (i.e., Secretariat, LFA, PR, SR) of both local context and program progress.

Representatives from the NTP found the Global Fund guidelines to be, overall, comprehensive; sections that were unclear had been discussed extensively and agreed with all local partners. (*Note:* the NTP did not specify the specific sections that had posed challenges).

Domain 2: Global Fund financing for country M&E systems

The CCM Chair acknowledged the substantial contribution of the Global Fund to the AIDS, TB and malaria response in Viet Nam; approximately 40% of total programmatic funding to address these three diseases comes from Global Fund grants. The wider effect of this disease-specific funding on achieving relevant Millennium Development Goals (MDGs) was also noted. (*Note:* Detailed Global Fund budgetary and expenditure data were not available at the time of the country visit).

- ***HIV M&E system***

The PR noted that Global Fund guidance for the M&E budget to be 7% of the total program budget[58] was followed in the proposal writing. Global Fund-supported M&E activities included: support for national surveillance (i.e., HHS+, IBBS); capacity-building activities including M&E training; further development of the M&E system at national and local levels; development and implementation of software for routine reporting; and, support for supervisory visits.

Representatives from CSOs questioned the adequacy of the 7% budget rule for M&E. In their situation in which a common M&E system between CSOs had to be developed, the allotted M&E budget was insufficient. Dealing with widely varying levels of M&E capacity (in terms of both numbers and skill levels) and starting up a new M&E system requires a higher financial input than maintaining or further enhancing an existing M&E system. The Global Fund guidelines did not distinguish between these different needs and the CSO M&E support was under-budgeted in the HIV grant.

[58] Based on the version of Global Fund guidance used in Viet Nam at the time of proposal writing. This was updated in later guidance documents to 5-10% of the total program budget.

Domain 3: Global Fund-related M&E practices

Harmonization and alignment

The CCM Chair indicated that the Global Fund grants contributed to the achievement of national development goals aligned with existing health and development strategies in Viet Nam. One PR indicated that the Viet Nam government has a tradition of managing donor-supported programs and associated M&E requirements in a donor-focused manner and, thus, has been known to establish parallel systems which satisfy each specific donor's needs. Harmonization and integration of different M&E systems is a new way of doing business. Where funding from different donors is combined to support specific activities (as is often the case for ART provision) or infrastructure-building (as in M&E system-strengthening), it was noted that it is challenging to separate out donor contributions to results achieved.

- ***HIV M&E system***

The PR indicated that target-setting was informed by specific HIV epidemiological profiles in the different regions of Viet Nam and focused on achieving the goals and objectives of the national strategy for AIDS. The target-setting process involved program and technical experts from government and national and international partner agencies/organizations. Contributions to achieving time-bound targets were linked to specific support provided by domestic and international funding sources, including government, Global Fund, PEPFAR, World Bank and others.

National indicators were generally derived from the national strategy and the associated national M&E plan and had taken Global Fund indicator guidance in account. The M&E TWG (see M&E strengths below) has promoted a collective understanding that Global Fund and other donor/international targets and reporting needs to draw on national strategies and data from the national M&E system; and in turn, data from donor-supported programs need to be shared with the national system. While there is room for improvement, key informants from the PR and from donor agencies noted that consensus on targets, indicator harmonization, using common population size estimates, and data-sharing between different partners have improved. Given Global Fund-supported activities are covering the vast majority of the country, it was noted that the grant provides a good opportunity for addressing any remaining challenges in harmonization and alignment. M&E TWG members noted that parallel data systems still exist, especially at the service delivery level.

The LFA specifically noted that some Global Fund-related activities in the Round 9 grant were new activities for which there were no indicators in the national indicator set. These will be considered for inclusion in the national set when the national M&E plan is updated in 2012.

- ***Tuberculosis M&E system***

The NTP noted that TB M&E is different from HIV M&E or malaria M&E. There are common TB indicators for the NTP and the Global-Fund supported activities within it. Harmonization of indicators with other donors is also complete. M&E budgeting and expenditure tracking as per Global Fund needs did, however, require adjustment of the annual NTP plans as the methods used, were different.

M&E strengths

The CCM Chair acknowledged the importance of M&E in supporting continued improvement in the Global Fund program as well as in ensuring accountability/transparency. The CCM Chair expressed an explicit interest in the need for going beyond routine monitoring to also include evaluation studies which can contribute to a better understanding of how best to tailor implementation of programs to the specific context of different localities and how best to use the limited funding to reach specific programmatic targets.

- ***HIV M&E system***

The multi-stakeholder M&E TWG meets on a regular basis (bi-monthly and more frequent as needed) and actively works on the harmonization and coordination of M&E responsibilities and activities of a wide range of governmental, nongovernmental and international partners involved in the HIV response. The TWG provides technical input and oversight in the development and implementation of M&E guidelines, tools and systems including the integration of current parallel M&E projects/systems. It functions through a range of sub-groups (e.g., M&E capacity-building; estimates and projections; data reporting). As referred to above, the TWG actively promotes harmonization and alignment with the national M&E system. The TWG led an M&E system assessment using the M&E System Strengthening Tool (MESS Tool) developed by the Global Fund and partners. TWG interviewees noted that this activity represented an important collaborative exercise that drew out strengths and weakness of the national M&E system and will be used as a benchmark against which to assess M&E progress over time.

The newly developed M&E system that harmonizes the approach and implementation of M&E for Global Fund-supported CSOs reflects important progress. CSO interviewees referred to the following specific achievements: standardized data collection and reporting forms have been implemented; data quality checks through supervisory visits are being conducted regularly; data flow mechanisms have been established; and, linkages to the national HIV system forged. The development of a formal M&E plan and a data management system are underway and both will specifically target further opportunities for data-sharing with the national government. Attention has also been paid by the civil society SR and SSRs to identify the data needs of CBOs –mostly PLHIV support groups, and to address their specific M&E technical assistance needs.

- ***Tuberculosis M&E system***

The NTP M&E team noted its long-standing experience with TB M&E practices and management of information. Standardized data collection guidelines and tools are used in all 62 provinces in Viet Nam, supported by training at national and decentralized levels. Output indicators are reported on a monthly and quarterly basis, results indicators tied to impact assessment are reported on an annual basis. Implementation of electronic reporting from the district level up is underway and envisaged to be completed by 2015. Regular (i.e., monthly or quarterly) supervisory visits are carried out at the provincial, district and commune levels; these are conducted by joint teams of TB and M&E technical experts from national and local levels.

The TB M&E system is able to provide all necessary data for national level use (e.g., strategic planning; annual reports compiled by the MOH Statistics Department as referred to under HIS above), and for Global Fund, WHO and other international/donor agencies; additional information and feedback is provided to program managers. Specialized data systems are in place for financial data and for monitoring MDR-TB. Data review and discussion workshops are held regularly with all provinces as well as information exchange meetings with the various economic regions. Key informants from the NTP considered the investment in the TB M&E system to be adequate.

At the level of SRs, support for implementation of standardized data collection forms had –in some instances, not yet reached the community level as activities had not yet been initiated under the grant. In addition to routine monitoring, some SRs were also involved in the implementation of special studies such as surveys and research (e.g., a formative assessment for the mobilization of the private sector in TB control). One of the SRs used teams that consist of representatives from different levels to conduct local project assessments; these were considered to be functioning well for providing program and M&E feedback. Another SR used quarterly feedback meetings to validate and finalize commune and district level TB data.

M&E challenges

- ***HIV M&E system***

The focus of the national AIDS strategy is on addressing the HIV epidemic among most-at-risk populations. Population size estimations have been conducted through various methods at different times (e.g., by the Ministry of Public Security/MOPS and the Ministry of Labor, War Invalids and Social Affairs/MOLISA; by a World Bank-supported mapping exercise; by a PEPFAR-supported project using the capture/recapture method) and most of the results are considered to be under-estimates. The need for a more systematic approach to estimating population sizes was acknowledged by the PR.

Defining the relative contribution of different funding sources (including the Global Fund grant) to achieving specific programmatic targets was noted to be especially challenging in the context of large unmet health needs in Viet Nam. PR and SRs suggested that more specific guidance from the Global Fund Secretariat would help the target-setting process for the grant –especially given the importance of 'realistic' targets in the performance-based funding mechanism; targets that are set over-ambitiously directly affect levels of funding for the grant program.

Important improvements in the national M&E capacity have been achieved, but many of the key informants noted the unmet staff needs due to high staff turn-over. Securing adequate M&E capacity is an even bigger challenge at the provincial and district levels –particularly in rural/remote areas; M&E supervision is limited due to staff shortage and M&E training has not been rolled out everywhere. There is also a limited communication infrastructure in some regions hampering efficient data flow. Compiling and aggregating data across a large number of service delivery sites is time-consuming –especially with paper-based reporting. This increases the level of effort needed from staff and negatively affects timeliness of submissions to higher reporting levels.

Indicator harmonization and data-sharing have steadily improved but some donor representatives on the M&E TWG still referred to the "lack of access to data from other donors" and "sharing of data is unnecessarily difficult". Other major challenges include the non-alignment of budget cycles between government and different agencies/organizations; non-standardized AIDS spending categories, and different data reporting schedules resulting in extra work for M&E officers at both government and international/donor agency levels.

Another the key challenge noted by the M&E TWG was the lack of data analysis capacity –including integrated analysis or triangulation of different data sources, to obtain a comprehensive picture of the HIV epidemic and the impact of the response. Key informants indicated this to be an important area for capacity-building, including at decentralized levels in order for program managers to obtain a better

understanding of where programs can be further improved and what the practical implications of data trends are.

Sustainability of M&E investments was recognized by members from the M&E TWG as a major issue. With overall decreasing donor inputs for AIDS programs (due to the global financial crisis but also due to the economic progress of Viet Nam), securing adequate funding for M&E over the long-term with an increasingly greater share taken by the Viet Nam government is a pertinent concern. Enhancing coordination and complementarity between different sources of support was noted as a crucial need within this context. As significant donors (such as PEPFAR) are moving towards a focus on technical assistance rather than direct service provision support, effective capacity-building and technology transfer was indicated to be key including for M&E system-strengthening. For example, both UNAIDS and WHO provided substantial technical support in national M&E system-strengthening (such as in M&E planning, implementation of the NASA, data collection on peer outreach activities, TB drug resistance monitoring). International representatives recognized that it is crucially important for these activities to become fully owned and institutionalized within government-led M&E mechanisms and procedures.

- ***Tuberculosis M&E system***

The NTP representatives indicated remaining challenges in service provision and in tracking clients for HIV-TB co-infection. For example, 42% of TB patients received HIV testing last year; currently, this figure is around 60%. Likewise, testing for TB in PLHIV is not yet adequate and there is loss to follow-up on referrals between HIV and TB services. The NTP noted this as an important area for additional support in coordination and collaboration and pointed out that a new approach within the new national strategy is to conduct joint planning between NTP and NAP to attempt to address TB/HIV challenges.

Domain 4: Effects of Global Fund investments on country M&E systems

Facilitators to using Global Fund for strengthening national M&E systems

- ***HIV M&E system***

Given the relatively high cost of a regular implementation of national surveillance/surveys, the Global Fund contribution to these data collection methods helped fill an important gap. The PR noted that availability of good quality outcome/impact data has helped to strengthen the national HIV M&E system and supported improved strategic planning. At the same time, it has also benefited accountability reporting to the Global Fund Secretariat.

The Global Fund requirement to report results against targets has pushed for the harmonization of a national indicator set which is used to monitor progress of the overall NAP. Global Fund money has supported the further integration of different M&E systems to eliminate unnecessary overlap and improve overall coordination between different partners involved in the HIV response. This has been most pronounced at the national level through a functional and active M&E TWG. To some extent, harmonization efforts have also taken place at the provincial levels but these need to be further strengthened.

The LFA indicated the lack of M&E-dedicated staff at the provincial level and the varying M&E capacity at lower levels to be the main reasons for data quality concerns. Global Fund support for supervisory visits at different levels of the M&E system (i.e., national, provincial, district, commune) has helped to improve data quality. PEPFAR representatives noted that with PEPFAR support, the Global Fund DQA

tools were simplified for wide application and progress towards institutionalization of data quality assurance procedures is now underway. The M&E TWG commented that data from the project level have become more reliable and valid, which has had benefits for the use of data in country but also for better quality international reporting towards Universal Access (UA) and UNGASS targets. The LFA indicated that on-site data verification (OSDV) procedures of the grant-supported HIV projects –because of their size and complexity, have also included interviews with beneficiaries. While OSDV is necessarily focused on data quality issues, the Global Fund Secretariat may consider further expanding OSDV procedures and take full advantage of the inclusion of beneficiary feedback to include a basic assessment of service accessibility and quality.

Important progress has been made in the provision of M&E training through the Global Fund grant. This has been conducted for national and provincial level staff, but roll-out to lower levels is also needed. The LFA pointed to the extensive training plans –not just for M&E, as part of the grant (e.g., 250 trainings in 2011). The review and approval of the training plans have recently become a condition for disbursement, but the LFA indicated the challenge of reviewing these plans in terms of: the vast number of trainings proposed, their match with identified needs, whether they target the appropriate audience, the appropriate length of the training course etc. Apart from the time commitment, this is typically not an area of expertise of the LFA. The LFA also noted the lack of evaluation or other follow-up on the effectiveness of these trainings including those targeting M&E competencies.

Key informants from CSOs pointed to the significance of the Global Fund support for the formal recognition of their role in the HIV response by the Viet Nam government. Round 9 represented the first time that Global Fund money had been directly received by CSOs and this has provided the opportunity for these organizations to implement programs side-by-side with the government. VUSTA (the largest CSO in Viet Nam) is –also for the first time, an appointed member of the National Committee for AIDS, Drugs and Prostitution Prevention and Control and coordinates and supports the Global Fund activities carried out by various SSRs (including CARE, Centre for Community Health and Development/COHED, Institute for Social Development Studies/ISDS, Pact Viet Nam, Viet Nam Women Union). Before Global Fund support, there was civil society activity for addressing AIDS in communities but it was largely fragmented and governed by a variety of rules and regulations. SSRs indicated that Global Fund support has marked an important new way of collaborative work between themselves as well as with the government.

The Global Fund grant has also allowed for organizational strengthening of VUSTA itself. VUSTA had been considered as a PR for the Round 9 grant, but upon the required LFA capacity assessment, it was decided that it should function as a SR for now. Evidence of strengthened capacity including in M&E will allow VUSTA to become a PR after 2 grant implementation years (i.e., in 2013). This can also be considered a significant contribution from the Global Fund within the Viet Nam context.

- ***Tuberculosis M&E system***

The fact that the TB M&E system was already aligned to global standards and was fully operational before the Global Fund grant was awarded, was considered a major benefit to Global Fund-related target-setting and progress reporting. NPT representatives pointed out that a common understanding of and strict adherence to data collection and reporting guidelines at all levels was also considered key in this.

Barriers to using Global Fund resources for strengthening national M&E systems

- ***HIV M&E system***

By the time a Global Fund grant is awarded, considerable time may have passed since proposal submission. Especially SSRs from civil society pointed out that this may have an effect on the proposed budgets for activities such as M&E trainings as the cost of the training venue, trainer fees and/or supporting materials may have increased. While there is some flexibility in Global Fund-approved budgets, this is typically not sufficient to be able to go ahead without prior approval from the Global Fund Secretariat and can substantially disrupt the implementation schedule. CSOs argued for more flexibility in dealing with budgetary issues –in line with local realities.

The award of a Global Fund grant requires the immediate start of program implementation including the collection and reporting of performance indicators to secure continued funding. However, by the time contractual arrangements have been established[59], initial capacity-building has been conducted and new program activities have been started up, the planned implementation period may already be severely reduced. According to VUSTA and its SSRs, this is particularly a problem in the case of new CSOs (see also below). In addition, most staff involved in M&E for Global Fund-supported activities is already in established positions with specific duties and demands, and thus, Global Fund reporting requirements often pose an additional burden. The SR acknowledged that while new staff can he hired (if included in the budget) this may take considerable time. It was also noted that ss funding is not available ahead of the implementation schedule, new program and M&E staff is usually hired after implementation has already started or was intended to start. In addition, staff needs to be familiarized with the Global Fund requirements which not only takes time –especially for those newly involved with Global Fund-supported activities, but can be quite challenging due to varying experience and technical skill levels. Staff turn-over –which was said to be a frequent occurrence, also added to the challenges of staying on track.

Civil society SSRs indicated that active involvement of PLHIV in program and M&E design and implementation often requires additional efforts. Individuals may need capacity-strengthening and literacy levels are often low –especially in rural/remote areas. They pointed out that Global Fund policies and guidelines do not sufficiently emphasize the centrality of meaningful engagement of affected communities in an effective HIV response and in a fully functioning M&E system. Identifying PLHIV views on what constitutes success and involving them in participatory M&E and capacity-building around data use for advocacy and accountability of government and donor programs are some examples of what needs to be addressed more thoroughly in Global Fund guidance.

The formal participation of civil society in the HIV response in Viet Nam was a recent event. The situation in Viet Nam is quite unique: there is a strong network of existing CSOs with good capacity for AIDS work, but a range of CBOs still need to be strengthened to fulfill their AIDS service role effectively (such as enhancing financial and project management skills). In addition, there is need for more CBOs to be established but the requirements for legal registration are complex and daunting. The new way of working with the government has also meant additional needs for coordination in order to ensure complementarity in service provision. Specifically in relation to community-based M&E, CSO/CBO data have typically not been included in the national M&E system; there has been limited experience with formal M&E and M&E human and financial resources have generally been constrained and do not meet

[59] For example, due to differences in financial management between different partners, contract arrangements between VAAC and VUSTA were signed on 28 April 2011 and work was able to start mid-June 2011, but contracts between VUSTA and, for example, PACT were signed much later (i.e., 15 September 2011).

the needs. VUSTA and the SSRs have only recently completed a common M&E framework and system among CSOs/CBOs and this requires substantial additional support. M&E training and other capacity-building activities targeting M&E officers of NGOs and CBO leaders are ongoing. SR and SSRs noted that the national M&E system can also learn from the CSO M&E experience. For example, CSOs/CBOs use a unique identification code (UIC) for clients to help avoid double-counting; this is not yet in use within the NAP. Indicators for community-based HIV prevention programs targeting MSM were derived from Global Fund guidance as these were not yet part of the national indicator set, but may be incorporated in the next revision.

While Global Fund support has catalyzed the involvement of civil society and affected communities, the SR and SSRs noted the lack of flexibility in Global Fund structures and requirements as a challenge to effective CSO work in Viet Nam. As was noted under Evaluation Domain 2 above, the human and financial resources required to set up a new M&E system are higher than for existing systems needing maintenance or further enhancements. This special situation is not considered in Global Fund guidelines nor is there additional and timely support for dealing with unanticipated challenges during such M&E implementation. The latter is especially crucial for community-based activities that typically have less well-defined or common standardized indicators; moreover, these activities also need to benefit from qualitative approaches to M&E including participatory evaluation methods over and beyond the narrowly defined quantitative performance indicators in the Global Fund Performance Framework. Global Fund guidelines, tools and requirements do not accommodate these important M&E components. The SR and SSRs also requested more specific guidance and feedback on the fledgling CSO M&E system and Global Fund Secretariat input in terms of what can be learned from similar situations in other countries including effective M&E capacity-building approaches (such as mentoring and coaching as well as formal M&E trainings). Greater emphasis on what it takes to set up new CBOs and how best to initiate and maintain M&E functions –especially in a context of low overall capacity, high organizational instability[60] and high staff turn-over, should also be explicitly addressed in Global Fund guidance and in considering program performance. The same arguments were also made for dealing with unanticipated challenges in the implementation of community-based activities, not just the associated M&E. The lack of country authority and/or the lack of Global Fund Secretariat presence in country were noted as barriers to timely resolution of challenges.

While learning from other countries is of benefit, key informants indicated that there are several examples of good practice from the Viet Nam experience which can be shared more widely. A formal and systematic process for gathering these examples and a mechanism for mutual sharing should be considered by the Global Fund Secretariat. For example, the active working together of VUSTA, CARE, ISDS and PACT towards a joint work plan that draws on the comparative strengths of each of the organizations. Not only do these CSOs have experience with service delivery, they have also been active in research, a capacity which should be further exploited to the benefit of the Global Fund-supported program (i.e., going beyond performance monitoring). Another example worth noting is the relationships between the Women's Union and the Viet Nam government in working towards integration of people from TECs into community-based services and vocational trainings.

One of the challenges in an effective and supportive relationship between the Global Fund Secretariat and the CCM, PR and LFA has been the frequent turn-over of Portfolio Manager (PM) for Viet Nam (it was noted that there have been four different PMs in the past 5 years). However, the LFA pointed out that a new PM also has the benefit of offering a fresh perspective. The more recent Country Team

[60] Especially in self-help and grassroots groups and networks

Approach (CTA) at the Global Fund Secretariat level may help to reduce steep learning curves in case of staff changes. Intimate knowledge of the country program and context was considered key to understanding country realities and jointly resolving any implementation challenges. Close follow-up on outstanding issues by both sides (i.e., PR and Secretariat) to achieve timely resolution was identified as a need by the LFA.

Flexibility seems to be particularly pertinent to M&E support. While major national level data collection schedules can be planned and costed in advance (such as HHS+, IBBS), inexperience with CSO M&E –as noted above, led to under-budgeting and unanticipated challenges in M&E capacity-strengthening. The relationship with the CCM is also crucially important as the Global Fund Secretariat requires their input and sign-off on key program adaptations. The M&E TWG noted that Phase 2 of the Global Fund grant negotiations provide an opportunity for program adjustments but felt that the existing procedures do not provide the level of flexibility needed. It was also acknowledged that the inability to make changes in M&E plans, for example, in order to address emerging needs or to overcome challenges, were due to issues with approval by the local Global Fund Program Management Unit (PMU). SR and SSRs also pointed out that Global Fund-supported entities in Viet Nam not only have to adhere to Global Fund procedures but also to government regulations –especially in relation to financial management regulations, this has posed additional challenges to program and M&E implementation.

It was clear that Global Fund requirements have introduced a strong external oversight and data audit emphasis. While these undoubtedly supported recognition for and instigated necessary improvements in data quality, they have also reinforced a notion that M&E is heavily dependent on conducting supervisory visits rather than on a need to promote local ownership for and a culture that values M&E for continued program improvement. The M&E TWG noted that the LFA has strong monitoring oversight but does seem to lack capacity in other M&E arenas.

The civil society SR and SSRs commented on the inadequacy of both program and M&E funding, especially for work at the community-based level. Other resources had to be mobilized to be able to reach the Global Fund targets. Proposals for any changes in relation to targets or specific activities based on on-the-ground realities are hard to get approved.[61] Increased flexibility for internal adjustments of the budgets (i.e., changing line items not overall funding levels) would be beneficial; the PR and CCM could be empowered to sign off on such changes. In terms of M&E funding specifically, it would be useful to have more explicit guidance on the 7% budget advice; this was very much seen by civil society SR and SSRs as a 'regulation' rather than a guide. It is clear from the CSO experience that a larger M&E budget is required when new systems need to be established. Backed by a clear rationale, this should be possible within Global Fund grants if the purpose is indeed to strengthen country systems and not just accountability reporting. CSOs also recommended support for increased salaries for M&E positions to facilitate the retention of skilled people. They also recommended the use of annual budgets rather than 2-year budgets to help with absorbing any unforeseen issues.

- ***Tuberculosis M&E system***

The NTP indicated that is the first time it is managing SRs within the context of a Global Fund grant; the data collection and reporting by SRs/SSRs is not always timely. Gaining more experience with the Global Fund system over time was seen by SRs/SSRs to improve on this.

[61] In the first instance, as was already noted, local PMU/PR approval is hard to obtain; in addition, Global Fund guidance is not explicit/detailed enough about the extent of flexibility and transparency of its procedures for requesting changes.

The NTP informants worried about the effect of the unexpected postponement of the Global Fund Round 11 and the end of the current grant in 2011 (as well as the end of funding by some other donors) on the extent to which continued M&E capacity-building could be conducted. The current government budget is not adequate to alleviate the need in this area. Some SRs also noted the need for the Global Fund Secretariat to provide translation of standardized tools and procedures such as the DQA; this can possibly be done in collaboration with the HIV program to benefit both.

The NTP informants pointed out that it had not been involved in the health systems-strengthening project supported by the Global Fund. They were concerned that this may lead to potential overlap in M&E planning and implementation and pose problems in MOH and NTP reporting at the local level.

The frequent turn-over of the PM in the Global Fund Secretariat and the steep learning curve related to this were also mentioned by the NTP as a challenge. They also noted that the LFA was strong in their auditing expertise but was not well versed in medical expertise which hampered their understanding of the TB program and resulted in some dis-agreements. Staff turn-over at the level of the LFA was also mentioned as an issue, and a recommendation for continuity in staff for 2-3 years requested.

The lack of feedback and learning from other countries in the region, which could be facilitated by the Global Fund Secretariat, was mentioned as an important missed opportunity for TB program improvement in Viet Nam.

V. Conclusions

1. **Conclusion:** Key informants generally agreed that Global Fund M&E requirements are for the most part harmonized with and integrated in national strategy objectives and national M&E systems; the maturity of the M&E system (in the case of TB) and the active involvement of a multi-stakeholder M&E Technical Working Group (in the case of HIV) have played a major role in achieving this. Global Fund-supported M&E activities are perceived to be complementary to government and other donor/international agency support but national programs and technical partners are concerned about long term sustainability and the lack of institutionalized M&E procedures in a context of overall decreasing donor support.

2. **Conclusion:** The Global Fund grant has had a major impact on the recognition by government of the role of civil society in the HIV response in Viet Nam. It has allowed for a collaborative way of working between civil society organizations themselves as well as with the government. Civil society SR/SSRs remarked that the demand for financial and human resources to develop coordinated M&E mechanisms and to build basic M&E capacity had been much higher than anticipated. Global Fund Secretariat guidance and procedures are not set up to support such an effort effectively. Capacity-strengthening typically lags behind agreed implementation schedules; approval for changes in targets or activity plans to address genuine challenges are difficult to obtain. Global Fund guidance is often too generic and there are no formal mechanisms for experience-sharing with other countries working in a similar context.
3. **Conclusion:** M&E capacity in term of numbers and competencies of M&E staff has improved with Global Fund support but staff shortages remain an issue, as well as unmet training needs, especially at the decentralized levels. Support for integrated data analysis and data use in program planning and improvement is lacking at all levels of the national M&E system but does not seem to be prioritized or pushed by Global Fund M&E policies and guidance. It is not clear to what extent

opportunities for program evaluations and other special studies are considered for Global Fund support.

Annex. Individuals Interviewed

Name	Position	Organization
Prof Nguyen Bich Dat	CCM Chair	CCM Viet Nam
Nguyen Viet Thinh	Director, Advisory Services	PricewaterhouseCoopers/LFA
Nguyen Thi Hanh Thuy	Manager, Advisory Services	PricewaterhouseCoopers/LFA
Ha Tran	M&E Officer	PricewaterhouseCoopers/LFA
Dr Bui Duc Dong	Director of Global Fund HIV/AIDS Program	VAAC
Vo Hai San	Deputy Head of M&E Division, CPMU	VAAC
Nguyen Thi Thu Ba	Project Officer	MPS
Trin Van Churh	Project Officer, CPMU	VAAC
Nguyec Thi La Hling	Project Coordinator, CPMU	VAAC
Dinh Minh Triong	M&E Officer, Global Fund	
Nguyen Thi Kim Phuong	M&E Officer, Global Fund	
Dao Sin Ha	Project Officer	MOLISA Component Project
Tran Xinn Sai	Vice Director	MOLISA Component Project
Do Huee Thuy	Head of International Unit, CPMU	VAAC
Phang Thi Giang	Deputy Head of M&E Section, CPMU	VAAC
Masaya Kato	Medical Officer, HIV Care and Treatment	WHO
Nguyen Thi Minh Thu	Program Officer, HIV Care and Treatment	WHO
Hoang Thanh Huong	Expert of Planning & Finance Department	Ministry of Health
Ho Uy Liem	Former President	VUSTA
Le Thi Anh Thao	Project Manager	VUSTA Component PMU
Do Thi Van	Project Director	VUSTA Component PMU
Bui Kim Tuyen	Grant Manager	VUSTA Component PMU
Nguyen Van Luyin	M&E Officer	VUSTA Component PMU
Doan Thi Thu Huyen	Chief Accountant	VUSTA Component PMU
Nguyen Thi Hai Binh	Project Director	Vietnamese Women's Union
Ho Uy Liem	Member of Central Council	
Hi Thi Nguyet Minh	Project Officer	Care Viet Nam
Ta Quang Hung	Project Manager	Care Vet Nam
Nguyen Van Bleu	Project Officer	Care Viet Nam
Do Hong Hien	Project Coordinator	Pact Viet Nam
Nguyen Khanh Hang	Senior Program Officer M&E	Pact Viet Nam
Luong Thi Tinh	Project Officer	COHED
Tran Thi Lan Anh	Assistant Director	COHED
Nguyen Thi Van Anh	Project Manager	ISDS
Duong Thi Kieu Lan	M&E Officer	ISDS
Dong Duc Thanh	Representative	Vietnamese Network of PLHIV
Amy Gottlieb	Strategic Information Team Lead	USAID
Vladanka Andreeva	M&E Advisor	UNAIDS
Nguyen Thi Cam Anh	M&E Program Officer	UNAIDS
Nguyen Cuong Quoc	Manager, Epidemiologic Research, Surveillance and Evaluation	FHI
Phuong Nguyen	Strategic Information Officer	US Centers for Disease Control and Prevention
Nguyen Minh Nglia	M&E Officer	US Centers for Disease Control and Prevention
Drep Vu	Senior Health Scientist	US Centers for Disease Control and Prevention
Thanh Cong Duong	Head of HIV Surveillance Unit	NIHE, Dpt of HIV

Nguyen Hung Ly	M&E Officer	ICD, CCM Secretariat
Ha Minh Nguyet	M&E Officer	VAAC, M&E Department
David Jacka	Comprehensive HIV Prevention	WHO
Keith Sabin	HIV Strategic Information/Epidemiologist	WHO
Chathi	Strategic Information Officer	US Department of Defense
Nguyen Viet Nung	Vice Director	National Lung Hospital of TB and Respiratory Diseases & National TB Program (NTP)
Nguyen Duc Chinh	Project Coordinator	NTP/Global Fund TB Project
Luong Anh Bish	First Project Officer	NTP/Global Fund TB Project
Nguyen Thi Ngoc Minh	Project Officer	NTP/Global Fund TB Project
Nguyen Bil Hoe	Technical Advisor	NTP/Global Fund TB Project
Vai Auynh Hoa	Admin Officer	NTP/Global Fund TB Project
Nguyen Tra My	Admin Officer	NTP/Global Fund TB Project
Nguyen Quoc Ninh	M&E Officer	NTP/M&E group
Nguyen Cong Chi	M&E Officer	NTP/M&E group
Ngo Minh Do	M&E Officer	NTP/M&E group
Duang Quang Tao	M&E Officer	CCHD
Lun Van San	M&E Officer	CCHD
Nguyen Thanh Son	M&E Specialist	Path
Le Anh Dung	M&E Officer	FU
Vu Thu Thaul Han	M&E Officer	FU
Yu Duy Hung	M&E Officer	FU
Pham Huong Cnang	M&E Officer	FU

Annex H. SELECTION OF COUNTRIES FOR INCLUSION

The sampling of countries for both on-site visits (i.e., 3 countries) and in-depth document review (20 grants) were based on key variables indicated in **Table** 1. These were selected after several rounds of data exploration from standard international sources (e.g., Global Fund reporting, UNGASS reporting, World Bank country profiles).

Table 1. Variables and indicators guiding selection of countries for inclusion in the evaluation

Variables	Indicators
M&E system status	• Completeness of birth registration (%) • Completeness of UNGASS indicator reporting
Global Fund country / grants	• Presence of grant from rounds 7-9, by disease • Recent conduct of Data Quality Audits, M&E Systems Strengthening Assessments, and/or Country M&E Profile development • Country is managed by GF through the "Country Team Approach" • Participation in the Global Fund Five Year Evaluation (SA3)
Partner status	• Presence of other major development partners (PEPFAR, PMI, GAVI HSS) • Total ODA commitments for health
Disease burden/outcomes	• Global Fund burden / severity index

The variables/indicators were applied in the following manner:

Step 1: As an initial filter, countries were selected for the presence of a Global Fund grant during rounds 7 to 9.

Step 2: An additional filter was applied by grouping countries according to the quartile ranking on: (a) the proportion of births registered; and, (b) the completeness of UNGASS reporting and tabulated in a 4x4 matrix. Those countries which were considered as "weakest" in M&E systems capacity (with the two lowest quartiles for both indicators) and those considered the "strongest" (within the two highest quartiles for both indicators) were selected to from an eligible candidate pool.

Step 3: The resulting set of countries (19 with "weakest" and 22 with "strongest" M&E capacities were then compared on the other selection criteria and narrowed to twenty based on distribution across these variables (with consideration given to regional distribution as well).

The team also identified a set of factors which would limit the usefulness of a country's inclusion in the evaluation. The following factors were used to exclude countries:

- Countries which ever received 1 or 2 Global Funds grants[62];
- Countries which have only received Global Fund resources through participation in multi-country grants;
- Countries which have signed no new grants since Round 6;
- Countries in which security considerations makes evaluator travel difficult.

[62] These include: Albania, Algeria, Belize, Botswana, Chile, Costa Rica, Croatia, Equatorial Guinea, Estonia, Fiji, Iraq, Jamaica, Korea (PDR), Malaysia, Maldives, Mexico, Mauritius, Panama, Solomon Islands, Syria, Turkey, Turkmenistan, Uruguay, West Bank/Gaza.

The set of countries which were included in the evaluation is provided in **Table 2**.

Table 2. Selected countries with associated characteristics

	Global Fund Burden/ severity index			Round 7 - 9 funding received for:			Global Fund characteristics				Partner presence			
							Total Approved							
Country	HIV/AIDS	TB	Malaria	HIV/AIDS	Malaria	TB	$	Per capita	CTA	DQA	PEPFAR	PMI	GAVI HSS	Total ODA health (US$ '000)
Central African Rep.	severe	severe	extreme	y	y	n	91,955,873	$ 20.41	Yes	2010			Yes	12.87
Congo, Dem. Rep.	high	severe	extreme	y	y	n	653,748,790	$ 9.64	Yes		Yes	Yes	Yes	203.39
Ethiopia	severe	severe	severe	y	y	y	1,351,953,693	$ 15.91	Yes	2010	Yes	Yes	Yes	157.98
Ghana	high	severe	severe	y	y	n	403,550,811	$ 16.58		2009	Yes	Yes	yes	294.57
Liberia	high	severe	extreme	y	y	y	139,018,835	$ 33.89				Yes	Yes	56.86
Mozambique	extreme	severe	extreme	y	y	y	393,141,245	$ 16.80	Yes	2011	Yes	Yes		184.22
Pakistan	high	severe	moderate	y	y	y	184,088,558	$ 1.00	Yes	2010			Yes	161.84
Sierra Leone	high	severe	extreme	y	y	y	193,620,964	$ 33.18					Yes	26.71
Timor-Leste	low	severe	high	y	y	y	40,033,786	$ 34.19						5.62
Yemen, Rep.	low	moderate	high	n	y	y	69,492,378	$ 2.86		2009			Yes	27.01
Zimbabwe	extreme	extreme	severe	y	y	y	302,607,920	$ 23.93	Yes	2010	Yes		Yes	29.2
Azerbaijan	high	severe	moderate	y	y	y	62,517,937	$ 7.00					Yes	18.2
Brazil	high	high	moderate	n	y	n	46,819,109	$ 0.24						11.84
Dominican Republic	High	moderate	low	n	y	y	115,587,655	$ 11.30		2009	Yes			12.06
Guatemala	high	moderate	moderate	y	y	y	127,120,777	$ 8.84	Yes					13.98
Guyana	high	severe	high	y	y	y	51,063,692	$ 67.10			Yes			2.9
Moldova	high	severe	low	n	n	y	63,646,747	$ 17.80						82.33
Ukraine	high	severe	low	n	n	y	361,093,610	$ 7.95	Yes		Yes		Yes	7.63
Uzbekistan	high	severe	low	n	y	y	79,523,939	$ 2.86	Yes	2010			yes	12.48
Vietnam	high	severe	severe	y	y	y	205,862,706	$ 2.31		2009	Yes		Yes	290.64

Annex I. GLOBAL FUND POLICIES AND GUIDELINES ON M&E

We provide the specific wording on country M&E alignment and system-strengthening in key Global Fund strategies and guidelines in support of the findings, conclusions and recommendations provided under Domain 1 in this Report.

1. The Framework Document for the Global Fund

The Framework Document is clear on the issues that Global Fund monitoring: should be country-driven and that setting up parallel systems should be the exception rather than the rule; that harmonized indicators based on global standards should be used; and, that system-strengthening is deliberate. The overall Global Fund investment –and thus, including the M&E investment, is seen as long term and achieving sustainable results:

> "Monitoring at country level will be country-driven, but also linked to the Global Fund's monitoring and evaluation system at a global level. The Global Fund will seek to use, wherever possible, existing monitoring and evaluation mechanisms." [2012:96]
>
> "To the degree possible, a country's monitoring plan will make use of existing monitoring and evaluation structures and mechanisms, including independent mechanisms. The Global Fund should not establish parallel monitoring and evaluation systems, but be willing to invest in the existing systems. However, for selected countries, it is possible that some new monitoring and evaluations arrangements will need to be established where none currently exist" [2012:101]
>
> "The Global Fund will seek to reinforce country information systems, build on existing country indicators, and use a standard set of internationally agreed upon indicators as benchmarks for overall progress. This is a long-term investment and will need interim process indicators to measure rapid progress, within the context of achieving sustainable impact." [2012: 101]
>
> "The Global Fund should primarily utilize existing monitoring and evaluation systems and indicators. For instance, reports from the national TB program which contain the number of identified active cases of TB those completing therapy, and proportions that are under DOTS therapy, should be accepted by the Global Fund." [2012: 102]

The Document emphasizes the need to measure "rapid" progress and explicitly states:

> "The Global Fund will require sound processes for specifying, tracking and measuring program results to ensure a sufficient level of accountability, *and to ensure that lessons learned are shared.*" [2012: 100; emphasis added]

2. The Global Fund Strategy 2012-2016: Investing for Impact

The Strategy is explicit that –in case of parallel systems, a schedule to transition to national systems is required. The need for national system-strengthening through capacity-building measures and plans is also referred to:

> "28. Alignment of grant management arrangements to national systems, procedures and institutions is currently possible and encouraged, but in practice there is still significant use of parallel mechanisms. While this is sometimes necessary to manage risks, the Strategy consultations consistently underscored the need to do better on alignment to national strategies and systems." [2012: 9]

> "30. Increase alignment with national systems and structures. Increase efforts to align grant management arrangements with country financial, procurement-and-supply, and monitoring-and-evaluation systems where these are sufficiently robust. Encourage the use of pre-existing national coordination bodies meeting CCM requirements to improve effective oversight of national strategy-based grants. Where compelling reasons exist to use parallel arrangements, establish capacity-building measures and plans with deadlines for eventual transitioning back to national systems or structures." [2012:10]

The Strategy indicates 'learning' as an important function of the organization. With the emphasis on learning, there is also emphasis on operational research:

> "26. This more focused approach to investment ***will require that the Global Fund move further down the path of being a learning organization***. Working with partners, it will continuously stay updated on the latest developments and evidence; help improve the identification, evaluation and dissemination of good program practices; and build the flexibility to adjust its investment approach as the knowledge base and disease situations evolve." [2012:9; emphasis added]

> 24. Emphasize support for the highest-impact interventions and technologies suitable to the country situation. Proactively engage in discussions with countries and partners to identify and, as relevant, fund the highest-impact interventions and technologies, ***as well as the operational research needed*** to bring them to scale rapidly and ensure they are consistent with the local context and priorities. [2012:9; emphasis added]

There is a clear 'systems' approach in relation to health systems strengthening (HSS) support:

> "33. Enhance effectiveness of HSS investments through better alignment, harmonization, and tracking of HSS outcomes and impact. Ensure alignment of HSS support with national health strategies and systems. Harmonize and coordinate support with other HSS donors and partners. Improve measurement of HSS impact by developing and implementing with partners approaches to better link it to health and systems outcomes." [2012:10]

The Strategy also gives some specifics about M&E data and systems:

> "60. Enhance performance-based funding to increase emphasis on impact. Use performance-based funding together with strategic investment in high-impact interventions as an approach to inform decisions for new funding, reprogramming and grant renewal. Engage with partners (such as GAVI, the World Bank, bilaterals) to share approaches. As part of this, systematically invest in high-quality data through baseline and progress surveys, data modelling, and require increased transparency of financial data. Coordinate more closely with countries and other donors to measure results more precisely, consistent with High-Level Panel recommendations, while avoiding overlapping or inconsistent demands on countries." [2012: 15]

> "62. …encourage inclusion in proposals of independent program evaluations that focus on the quality, consistency, impact and sustainability of services delivered. Incorporate quality-of-service assessments into value-for-money evaluations, without imposing parallel or unnecessary reporting demands on countries. Undertake more extensive evaluations of value for money, including sustainability assessments, to support decisions on continued investment and allocation by countries, the Global Fund and other donors." [2012:15]

3. Global Fund Monitoring and Evaluation Toolkit

The fourth edition of the M&E Toolkit is explicit in its reference to alignment and harmonization with national M&E systems as well as to using standardized indicators based on global standards:

> "The use of one national system to collect, analyze and apply M&E data, rather than using multiple parallel systems, reduces the reporting burden for countries. It is also more cost-effective and improves the quality and consistency of information. Partners and donors work together to strengthen countries' M&E systems through the principles of alignment and harmonization agreed upon through international commitments such as the "Three Ones" principles (2004),2 the Paris Declaration on Aid Effectiveness (2005) and the Third High Level Forum on Aid Effectiveness." [2012:6]

> "Indicators described in the toolkit are largely derived from standard indicators recommended for use by technical partners such as the United Nations World Health Organization (WHO); the Joint United Nations Programme on HIV/AIDS (UNAIDS) and its Global AIDS Indicator set; the Stop TB Partnership; the Roll Back Malaria Monitoring and Evaluation Reference Group; the Health Metrics Network; and the United States President's Emergency Plan for AIDS Relief (PEPFAR). The standardized list improves the harmonization of M&E approaches and reduces reporting demands on countries." [2011:5]

Specific guidance is provided for the M&E plan associated with the grant and reference is made to harmonization and alignment:

> "In general, Principal Recipients should submit a single national M&E plan that is linked to their national disease or health sector strategy. If relevant, the Global Fund recommends that implementers request funding for updating or developing a national M&E plan in their
> grant proposals. The M&E plan should be developed in consultation with various stakeholders, including subnational authorities and representatives from civil society. These stakeholders should also regularly update the costed M&E work plan, and implement or contribute to M&E systems strengthening measures. In countries where both governmental and nongovernmental entities serve as Principal Recipients under the same disease component (dual-track financing), a grant-specific M&E plan can be submitted by the nongovernmental entity. However, this plan should be linked to the national plan and contribute to the national M&E system. Ideally, it should demonstrate coordinated governance arrangements, data flow and data sharing and harmonized supervision." [2012:15]

Annex J. M&E BUDGET SUMMARY FROM ORIGINAL PROPOSALS

Country	Disease Component	Round	M&E line item (summary budget table)		M&E SDA or otherwise with substantive M&E elements		
			% of total budget	$	Yes/No	% of total budget	$
Central African Rep.	HIV/AIDS	7	4.7	2058520	Yes	8.6	3802920
	Malaria	8	6.6	2030001	Yes	1.3	390314
DR Congo	HIV/AIDS	8	5.6	14668379	Yes	2	5381528
	Malaria	8	4.6	18294426	No		
	TB	9	13.7%	17618763	Yes	5.0	6393417
Ethiopia	HIV/AIDS	7	4.0%	4,302,867	Yes	3.8%	4,084,412
	Malaria	8	2.2	5166225	Yes	2.7	6495925
	HSS (sub-grant of malaria)	8	1.4	733200	Yes	53.4	27223025
	TB	9	3.3%	3,294,265	Yes	3.5%	3,514,939
Ghana	HIV/AIDS	8	1%	1,035,000	No		
	Malaria	8	8.5%	13,478,725	No		
Liberia	HIV/AIDS	8	4.2%	$2,478,467	No		
	Malaria	7	1.2%	460,218	Yes	1.3	490,862
Mozambique	HIV/AIDS	9	2.2	3953943	N		
	HSS (sub-grant of HIV)	9	0	0	N		
	Malaria	9	3.4	5348234	Yes	4.8	7607649
	TB	7	13.1	2744677	Yes	2.1	449690
Pakistan	HIV/AIDS	9	1.7	733922	Yes	2.4	1029963
	Malaria	7	3.6	782800	Yes	2.4	516,450
	TB	8	4.8	1276581	Yes	6.1	1629166
Sierra Leone	HIV/AIDS	9	5.3	1547500	Yes	6.4	1898000[63]
	HSS (sub-grant of HIV)	9	5.1	2886408	Yes	16	9033549
	Malaria	7	4.5	116925	Yes	4.2	108,612
Timor-Leste	Malaria	7	6.6	681,496	Yes	7.9	812,200
	TB	7	2.2	156,495	Yes	2.4	171,330
Yemen	TB	9	21%	5130957	Yes	27.3	6753422
Zimbabwe	HIV/AIDS	8	3.7%	10,915,299	Yes	2.2	6,554,658
	Malaria	8	8.3%	4,960,518	No		
	HSS	8	.018%	15,000	Yes	4.9%	4,061,438
	TB	8	4.5%	2,668,704	Yes	1.7%	1,039,200
Azerbaijan	HIV/AIDS	9	9.8	2,655,700	Yes[64]	3.9	1046800
	TB	9	9.1	460,184	Yes[65]		
Brazil	Malaria	8	9.3	3899571	Yes	25.2	10577835

[63] Two SDAs combined from HIV/AIDS budget but with HSS identifiers and clearly M&E-related.
[64] Under Objectives 1 and 3, there are SDA is combined with management, coordination and M&E. Objective 1 SDA was used here as the activity listing has clearly discernible M&E items.
[65] There was a combined SDA with program management, M&E and capacity building. The SDA is not included in this table as it encompassed substantial training components and did not clearly identify M&E items.

Dominican Republic	TB	7	6.0	853905	Yes	9.0	1274076
Guatemala	Malaria	9	1.7	716200	Yes	16.6	6986053
Guyana	HIV/AIDS	8	1.8	335500	Yes	3.5	636134
	Malaria	7	0.8%	29400	Yes	48.7	1786824
Moldova	HIV/AIDS	8	0.6%	102830	No		
	TB	9	9.1	918700	No		
Ukraine	TB	9	1.4	1466888	Yes	3.2	3260799
Uzbekistan	TB	8	5.5	3070032	Yes	2.7[66]	1488640
Vietnam	HIV/AIDS	8	2.8	1364306	Yes	0.9	415253
	Malaria	7	14.2	4260231	Yes	4.4	1333453
	HSS (sub-grant of malaria)	7	---	---	Yes	1.4	414410
	TB	9	12.9	7675218	Yes[67]	6.5	3856548

[66] A SDA with a combination of management, coordination and M&E.
[67] M&E elements were integrated into other SDAs but with discernible activities.