

# **UNDP Global Fund and Health Implementation Guidance Manual**

## **- Monitoring and Evaluation –**

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# 1. OVERVIEW

This Chapter is structured around the key stages of the Global Fund grant architecture which have their respective M&E requirements – Funding Request preparation, Grant Making and Grant Implementation. The Chapter aims provide guidance to the M&E and Programme specialists at Programme Management Units (PMUs) on the specific M&E components / documents related to each of the above stages. Where applicable, links to more detailed documents are included. At the start of the Chapter, the Differentiation Approach used by the Global Fund for different portfolio categories is explained. (NB: The Grant Closure stage is not covered as it does not have any additional M&E-related requirements besides the routine progress reporting).

The Chapter will be further enhanced based on the practical experience from the GC7 funding cycle, and upon learning specific needs and areas for improvement of PMUs.

If any questions arise on the content of this Chapter or application of specific guidance, please reach out to your GFPHST M&E Specialist.

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**Monitoring and evaluation** (M&E) are a key component of programming. Through M&E, the programme results at all levels can be measured to provide the basis for accountability and informed decision-making at both programme and policy level.

**Programme monitoring** is the routine tracking of the key elements of programme/project performance through proper data systems, regular reporting and surveillance systems, as well as service delivery point observation and beneficiary surveys / spot-checks.

**Programme evaluation** is the episodic systematic examination of the outcomes of a program against its stated objectives. Grant-specific mid-year and final evaluations are not part of the Global Fund's funding model; however, the grant's performance is thoroughly evaluated at predefined intervals (twice a year for Core and High Impact countries, and once a year for Focused countries). Moreover, the Global Fund often funds or co-funds disease-specific program reviews whereby the grant's performance and contributions in the disease response are also evaluated. Also, the grant may become part of a thematic evaluation commissioned by the Global Fund in a sample of countries. Considering the above, the Global Fund grants typically do not fund evaluations commissioned by UNDP.

## 2. DIFFERENTIATION APPROACH

The Global Fund uses the Differentiation Approach, in a bid to respond more effectively to the diverse range of contexts where its grants are implemented. Differentiation is carried out based on multiple factors including disease burden and income level of a country, epidemiologic and other socio-political contextual dimensions; financing gaps; risks and other.

There are three portfolio categories:

- **Focused** Portfolios are generally smaller portfolios, with a lower disease burden, and a lower mission risk.
- **Core** Portfolios are generally larger portfolios, with a higher disease burden, and a higher mission risk.
- **High Impact** Portfolios are generally very large portfolios with mission-critical disease burdens.

The list of countries in each of these categories is updated every allocation period based on the allocation amount, the disease burden, and opportunity for strategic impact of the country.

Approved Dec 2022, Updated Feb 2023

### 2023-2025 Portfolio Categorization: Country and Multicountry\*

FOCUSED			CORE		HIGH IMPACT	
1. Armenia	20. Georgia	38. Peru	1. Afghanistan	16. Lesotho	1. Bangladesh	15. Myanmar
2. Azerbaijan	21. Guyana	39. Russian Federation	2. Angola	17. Liberia	2. Burkina Faso	16. Nigeria
3. Belarus	22. Honduras		3. Benin	18. Madagascar	3. Cambodia	17. Pakistan
4. Belize	23. Iran (Islamic Republic)	40. Sao Tome and Principe	4. Burundi	19. Namibia	4. Cameroon	18. Philippines
5. Bhutan	24. Jamaica	41. Serbia	5. Central African Republic	20. Nepal	5. Congo DR	19. South Africa
6. Bolivia	25. Kazakhstan	42. Solomon Islands	6. Chad	21. Niger	6. Côte d'Ivoire	20. Tanzania
7. Botswana	26. Kosovo	43. Sri Lanka	7. Congo (Brazzaville)	22. Papua New Guinea	7. Ethiopia	21. Thailand
8. Cabo Verde	27. Kyrgyzstan	44. Suriname	8. Eritrea	23. Rwanda	8. Ghana	22. Uganda
9. Colombia	28. Lao PDR	45. Tajikistan	9. Eswatini	24. Senegal	9. India	23. Viet Nam
10. Comoros	29. Malaysia	46. Timor-Leste	10. Gambia	25. Sierra Leone	10. Indonesia	24. Zambia
11. Costa Rica	30. Mauritania	47. Turkmenistan	11. Guatemala	26. Somalia	11. Kenya	25. Zimbabwe
12. Cuba	31. Mauritius	48. Uzbekistan	12. Guinea	27. South Sudan	12. Malawi	
13. Djibouti	32. Moldova	49. Zanzibar	13. Guinea Bissau	28. Sudan	13. Mali	
14. Dominican Republic	33. Mongolia		14. Haiti	29. Togo	14. Mozambique	
15. Ecuador	34. Montenegro		15. Korea (DPR)	30. Ukraine		
16. Egypt	35. Morocco			31. Venezuela		
17. El Salvador	36. Nicaragua					
18. Equatorial Guinea	37. Paraguay					
19. Gabon						
Multicountry Western Pacific	Multicountry Caribbean	Multicountry North Africa	Middle East Response		Regional Artemisinin-resistance Initiative (RAI)	

- Multicountry categorization only covers combined allocation multicountry programs. Regional grants funded from the Multicountry Strategic Initiative will be categorized following approval of allocation for each grant based on the categorization criteria for multi-country portfolios. Exceptions to the criteria to be approved by EGMC.
- Countries eligible but not receiving 2023-2025 allocation not categorized.
- Zanzibar categorized as Focused but managed by HI Africa 2 Department; Malawi and Cameroon categorized as High Impact but managed by AME Department

Source: The Global Fund Operational Policy Manual, May 2024

As part of the differentiation approach, the Global Fund took a decision in prior funding cycles to move Focused countries to the annual reporting schedule. This is still the case in GC7.

The Global Fund also uses two cross-cutting classifications to further differentiate portfolios:

- **Challenging Operating Environments** are countries or regions with complex natural or man-made crises and instability, including strong capacity deficits.

- **Transitioning components** are those that are approaching transition from receiving funding from the Global Fund. A country becomes ineligible for Global Fund financing when its income level designation moves to High Income, or when it has an Upper-Middle-Income designation, and the disease burden is not High.

Any changes to portfolio categorization for the 2023-2025 allocation period will be published in the Applicant Handbook and the Global Fund’s Operational Policy Manual.

### 2023-2025 Allocation Period (GC7):

Portfolio Categorization and Challenging Operating Environment (COE) List

Approved 12 June 2023

1. Afghanistan	12. Iraq**	23. Palestine**
2. Burkina Faso	13. Korea (Democratic Peoples Republic)	24. Papua New Guinea
3. Burundi	14. Lebanon**	25. Sierra Leone
4. Central African Republic	15. Liberia	26. Somalia
5. Chad	16. Libya**	27. South Sudan
6. Congo (Democratic Republic)	17. Mali	28. Sudan
7. Ethiopia (Tigray)*	18. Myanmar	29. Syrian Arab Republic**
8. Eritrea	19. Nicaragua	30. Ukraine
9. Guinea	20. Niger	31. Venezuela
10. Guinea-Bissau	21. Nigeria	32. Yemen**
11. Haiti	22. Pakistan	

 **THE GLOBAL FUND** \* For Ethiopia, only Tigray region is COE  
\*\* Managed as part of MER grant

Source: *The Global Fund Operational Policy Manual, May 2024*

### Differentiated approach for Challenging Operating Environments (COEs)

According to the Global Fund GC7 indicator guidance, flexibilities may apply to grants in the COE contexts. Different flexibilities in terms of indicator selection, reporting deadlines and verification approaches can be considered depending on the situation. It is important to note that COE flexibilities are not a predefined list of options or eligibilities. To request specific flexibilities CTs will need to provide the required justification. This can best be done through a dialogue between the CT and PRs and an agreement on what is important and feasible to measure. Based on this, respective bodies at the Global Fund

According to the Global Fund guidance, the requirement for indicator inclusion depending on the indicator group described in the sections Performance Framework and Indicator Selection does not apply to COEs. The Performance Framework for COE portfolios may be tailored to the context and simplified (i.e., include a limited number of indicators, in line with the Performance Framework simplification guidelines for the Focused portfolios or work plan tracking measures).

In practice, there are instances where COE countries have excessive numbers of indicators in their Performance Frameworks due to the pressure to include Group 1 indicators. Case-by-case discussions are needed. Refer to your Global Fund PHM&E and/or GFPHST M&E Specialist in case of specific concern.

### **Differentiated approach for Focused countries in GC7**

Based on a holistic set of criteria including allocation size, allocation focus, in-country capacities and political context, in consultation with in-country and Global Fund stakeholders, each Focused portfolio is designated a specific model type.

There are four model types – Aligned, Targeted, Light and Legacy. Each type is described in-depth under the [Global Fund page on Focused Portfolio Management Models](#). The Allocation Letter informs Focused portfolios of their model for the 2023-2025 Period.

See the sections Performance Framework and Indicator Selection for further information on the application of the differentiated approach.

## 3. M&E COMPONENTS OF FUNDING REQUEST

### 3.1. Overview

As one of the initial steps of the Funding Request preparation the working group developing the funding request must complete the Programmatic Gap Tables described in the next section.

Development of the Funding Request is guided by the [Global Fund's modular framework](#) (updated for allocation period 2023-2025), which sets out the key areas of programming ('modules') for each of the three diseases and for building resilient and sustainable health systems. Example of modules include:

- Vector control (for malaria)
- TB care and prevention (for tuberculosis)
- Prevention programmes for general key populations (for HIV)
- Health and community workforce (for health systems strengthening)
- Removing legal barriers to access (for human rights-related programming)

Each module is broken down into individual interventions, the associated budget and the indicators against which the program progress is to be measured.

The outputs of the Programmatic Gap Table are then translated into a Performance Framework and, after negotiations during the Grant Making stage, becomes a part of the Grant Agreement.

The Performance Framework sets out what the grant is intended to achieve, specific targets and how achievement should be measured. The menu of impact, outcome and coverage indicators provided in the modular framework supports the selection of relevant indicators for grant performance assessment.

The Global Fund has developed disease-specific for more detailed information to assist with data collections and reporting on the HIV, TB, malaria and RSSH indicators outlined in the Modular Framework Handbook.

The Global Fund does not require the submission of an M&E Plan at the funding request stage. However, the National disease-specific Strategic Plan (NSP) which should be developed prior to, or in concert with, the funding request needs to include an appropriate review and evaluation mechanisms, and to describe how the results from these mechanisms will be used to improve the particular disease programme.

It is important for UNDP as Principal Recipient (PR) to start working early with the ministry of health, national disease programmes and the Country Coordinating Mechanism (CCM) to achieve the following:

1. Ensure that a functional routine reporting system with reasonable coverage is in place to report against national targets timely and accurately; if not, a plan to address the gaps in coverage must be developed and included in the National costed M&E Plan;
2. Engage technical partners (WHO, UNAIDS) to support required data collection and analysis at the national and subnational levels; and
3. Share tools and practices related to M&E with the ministry of health and national disease programmes.



## 3.2. Programmatic Gap Tables

The purpose of the Programmatic Gap Tables is to identify key coverage gaps in the country by module/intervention, and to analyse how these gaps can be filled by the Global Fund and other support.

It is important to **ensure consistency between the Programmatic Gap Table and the Performance Framework**. The same indicators and modules as in the programmatic gap table should be used in the Performance Framework to describe the targets and associated budget. Furthermore, the indicators, targets and reporting intervals should be aligned with the Monitoring and Evaluation (M&E) Plan.

Programmatic Gap Tables should be completed for priority modules using interventions and indicators that are meaningful for your programme and can be quantified. The Performance Framework may include more indicators than the Programmatic Gap Table. In case of doubt, please consult your M&E Specialist in the UNDP GFPHST or the Global Fund Country Team. From GC7, Programmatic Gap Tables on community workers must be submitted with the Funding Request. For guidance when completing the Programmatic Gap Tables, please refer to the Global Fund application forms and instructions listed under [Funding Request Forms and Materials](#).

### 3.3. Performance Framework

The Performance Framework is a **statement of intended results and impact**, to be reported to the Global Fund over the grant term. The Performance Framework shows how performance will be tracked over the course of the program. It includes an agreed set of indicators and targets consistent with the Programmatic Gap Analysis submitted by the country in the funding request. The Performance Framework is an essential part of the Grant Agreement between the Principal Recipient (PR) and the Global Fund.

Future Global Fund funding is dependent on country demonstrating impact—i.e. showing a trend towards reducing the burden of the epidemic. The Performance Framework targets are milestones in that direction. In the short term, the results reported against the indicators and targets included in the Performance Framework form the basis for grant performance assessments and disbursements to the Principal Recipient (PR) during grant implementation.

Goals are broad and overarching statements of a desired programme impact in the medium- to-long term, they should be consistent with the National Strategic Plan.

Impact indicators are related to the defined goal or goals. The impact indicators, baselines and targets should be aligned with the National Strategic Plan.

Outcome indicators are related to the defined objectives, just as impact indicators are related to defined goals. As with goals and impact indicators, (1) an outcome indicator can be linked to more than one objective, and an objective can have more than one outcome indicator, and (2) targets for objectives and outcome indicators should be consistent with the National Strategic Plan or any other updated and agreed-upon country targets.

Coverage indicators refer to the proportion of individuals needing a service or intervention who actually receive it. In other words, it is the percentage of the population in need that has received the service or intervention.



#### NEW in GC7 Funding Cycle

In previous funding cycles, a simplified version of the Performance Framework was expected in the Funding Request stage which was then elaborated further during Grant Making. From GC7, a comprehensive Performance Framework should be submitted as part of the Funding Request. This Performance Framework is then refined further during the Grant Making stage based on TRP feedback and detailed negotiations between the Global Fund Country Team and the PR. Major changes to the Performance Framework are rarely possible during grant making in GC7.

Previously, all Funding request and Grant making related templates were shared via email by the Global Fund Country Team. From GC7, the templates, including the Performance Framework, can also be downloaded from the Partner Portal.

### 3.3.1. Selection of Indicators

The Performance Framework (PF) provides a standardized menu of core HIV, TB, malaria and RSSH indicators, drawn from the Global Fund Modular Framework and Indicator Guidance Sheets.



#### Practice Pointer

It is also possible to define customised indicators if the local situation requires country-specific indicators that are more appropriate; they are referred to as 'custom indicators'. It can be difficult and expensive to collect and analyse data for each indicator, and COs are advised not to try to collect data in areas that are not particularly relevant.

The [Global Fund Modular framework handbook](#) and [Indicator Guidance Sheets](#)<sup>[66]</sup> contain all indicator definitions and measurement guidance.

### 3.3.2. Key considerations for indicator selection

When developing a Performance Framework, please:

- 1) Ensure that the selected indicators are:
  - relevant to the type of the epidemic and aligned with the national programme priorities and interventions supported by the grants;
  - appropriate for measuring the goals and objectives of the programme;
  - selected from the core list, including the following:
    - impact and outcome
    - coverage of population receiving services
    - quality (for example, attrition rate on ART, treatment success rate for TB, External Quality Assessment (EQA) of labs)
    - gender, and
    - equity (disaggregation by target population/target area)
  - appropriate for monitoring progress of impact, outcome and coverage at national level (in some cases, these may be reported at subnational or project level);
  - relevant to the target groups being reached by the grant;
  - supported by adequate systems for the collecting and reporting of high-quality data, or by M&E system strengthening investment to enable such reporting;
  - ideally, the selected indicators should be captured in the national M&E Plan.
- 2) Identify indicators for which disaggregated data will be required (at the time of results reporting) to assess equity across various age and sex groups and the key populations. **NEW in GC7:** disaggregated results reporting will be expected only once a year (in NFM3/GC6 the High-Impact and Core Countries reported disaggregated results each semester).
- 3) Check the capacity for data collection, reporting and analysis and identify any need for system strengthening / technical assistance.
  - Indicators with no related M&E system in place should be supported by a clear plan and adequate budget to develop the required system.
  - If baselines and denominators are not available, propose an action plan to the Global Fund Country Team for collecting these; the plan should include clear timeframes.

Note that process and input indicators are not included in the Performance Framework.



### NEW in GC7 Funding Cycle

Under GC7, the inclusion of coverage indicators is prioritized by groups. The following prioritization guidance should be used **by non-COE countries** when selecting indicators into the Performance Framework.

- **Group 1** - Selected HIV, TB, malaria, RSSH and Equity, Human Rights and Gender (EHRG) KPIs and indicators critical for monitoring success of the Global Fund strategy - to be included in all grants. Must have for modules supported by the grant with possibility to "opt-out" i.e. If a "Group 1" indicator is not included in the Performance Framework, the PHME/Country Teams will need to explain the rationale in the Grant Making Final Review Form (GMFRF).
- **Group 2** - Indicators essential for monitoring implementation of key disease and RSSH interventions - at least 1-2 to be included per module as applicable to the grant.
- **Group 3** - Indicators specific to a particular context or for routine grant monitoring – advised to be included as per relevance and relative funding for these specific modules/interventions.
- Inclusion of Equity, Human Rights and Gender (EHRG) indicators is mandatory.
- Priority in selecting indicators should be given to Group 1, followed by Group 2 indicators. **IMPORTANT:** All indicators once included in the Performance Framework are of equal value. Classification as Group 2 or 3 does not make the indicator non-essential or less important during grant performance assessment.

See detailed guidance in the [Indicator Guidance Sheets](#) for each disease and RSSH (available in English, French and Spanish).



### Practice Pointer

In the selection of Group 3 indicators the criteria of relevance and relative funding is used. Thus, if a country is undertaking an important initiative/intervention (in line with its NSP) and the budget is deemed considerable\*, then a group 3 indicator needs to be included. Example: If Indoor Residual Spraying (IRS) is one of the strategies of malaria prevention in the NSP and if the intervention has meaningful budgets from the GF, then the CCM can propose the inclusion of the Group 3 indicator "Proportion of population at risk receiving at least one round of IRS within the last 12 months in areas targeted for IRS"

*\*There is no predefined budget threshold and indicators should be selected based on relevance to the grant.*



### Indicator selection for Focused Countries

Based on a holistic set of criteria including allocation size, allocation focus, in-country capacities and political context, in consultation with in-country and Global Fund stakeholders, each Focused portfolio is designated a specific model type.

There are four model types – Aligned, Targeted, Light and Legacy. Each type is described in-depth on the [Global Fund webpage on Focused portfolio management models](#). The Allocation Letter informs Focused portfolios of their model for the 2023-2025 Period.

**Focused country models 1 (Aligned) and 2 (Targeted)** - Required indicators selected based on Payment for Results (PfR) objectives to be measured. The indicator prioritization guidance does not apply.

**Focused country models 3 (Light) and 4 (Legacy)** - Recommended to include "Group 1" indicators with possibility to opt out. Additional indicators may be included as applicable.



### NEW in GC7 Funding Cycle

In the NFM3/GC6 funding cycle, for Focused portfolios, it was recommended to have a limited number of indicators in Performance Framework (e.g., 1-5 impact/outcome and 3-5 coverage indicators, approximately 6-8 in total) covering only the key program area/modules supported by the grant. Please note that in GC7 this is no longer the case – there is no longer an upper ceiling for a number of indicators in the Performance Framework. It is the indicator grouping that drives prioritisation.

### 3.3.3. Types of indicators

#### 3.3.3.1. Impact and Outcome Indicators

Impact and outcome indicators relevant for various epidemic types are provided in the Modular Framework and will be used to assess achievement of the programme goals and objectives. These indicators are reported at the national programme level and should demonstrate progress of the overall national programme (a total of all contributions from various domestic and international sources), unless the grant has a targeted sub-national focus. Key impact indicators to include are incidence and mortality.



#### Practice Pointer

Impact and outcome indicators will not be used to measure the performance of the grant and thus have no impact on grant ratings or annual funding decisions. Nevertheless, trends in the impact and outcome indicators will be used as inputs in future funding decisions during funding allocation conducted every three years.

The PR should ensure that M&E systems exist to capture data on these indicators or are planned to be put in place during the implementation period; this refers to reporting either through a routine health information system or surveys.

### 3.3.3.2. Coverage and Output Indicators

Coverage refers to the proportion of individuals needing a service or intervention who actually receive it. In other words, it is the percentage of the population in need that has received the service or intervention.

The numerator of the coverage indicator should be linked to the number of people reached by services. **The denominator and the assumptions used to estimate population in need, as well as the data sources, should be agreed upon during the funding request preparation and confirmed during grant making and should generally be aligned with internationally agreed indicators.** In cases where the estimates of population in need are not available at the time of Concept Note submission, numerical targets (output indicators) could be set, and appropriate timeframes must be agreed upon as to when the denominator will be provided.

Coverage indicators will be used regularly for the performance rating of grants, every 6–12 months. These ratings will inform the annual disbursement decisions as well as the allocation of funding every three years. A list of coverage/output indicators is provided in the [Global Fund Modular Framework Handbook](#) to measure success of the programme in reaching people with services through the selected modules and interventions. Detailed guidance on the measurement of each indicator (numerator, denominator, data sources, cumulation type) are provided in the **Global Fund's [Indicator Guidance Sheets](#)** developed for each module.

As of July 2024, the Performance Framework is an Excel document that is downloaded from and uploaded through the Global Fund's Partner Platform. For further guidance on see [Partner Portal Interactive Guide](#).



### 3.3.3.3. Additional consideration for selection of coverage indicators

The choice of indicators and, therefore, of data collection instruments will depend on the epidemiological context and the goals, objectives and interventions that constitute the national response. This may require additional efforts and resources in strengthening the underlying monitoring and evaluation systems, including mapping and size estimations.

In addition to the relevance and importance of an indicator in monitoring the grant and the indicator group (as explained above) consider the following when selecting indicators:

- Look at the budget per module and intervention and identify indicators related to the modules /interventions with big grant investments.
- In case a module/intervention is considered important and is key to demonstrate the achievement of a programmatic component, you may consider including an indicator even if the budget is low compared to other intervention.
- In case if the number of indicators has to be reduced, consider the amount of the budget and/or the programmatic importance of the intervention and consult your Global Fund PHM&E and/or GFPHST M&E Specialist.

### 3.3.3.4. Indicator Parameters

The name of the module should be selected to activate the drop-down menu for the related indicators. For each selected indicator the following information should be included in the Performance Framework:

- Baseline and year of the data
- Method of data collection/data source for baseline and targets
- Principal Recipient responsible for reporting results
- Geographic coverage/target area (for coverage indicators) from where the results will be reported – National or Sub-national
- Target cumulation type (non-cumulative, non-cumulative other, non-cumulative special)
- Targets for the periods when the planned activity will take place
- Report due dates for impact and outcome indicators
- Additional information in the Comments box that helps to explain the indicator, coverage of interventions, targets any important assumptions. which can help during performance assessment, as well as their measurement and data sources. This could include information on the sources of funding for different activities related to the indicator in case the activities are not fully funded by the Global Fund.

### 3.3.3.5. Data Sources

All indicators should be measurable and supported by an existing reporting system to ensure that the data can be collected and verified. There should be a good balance between data collected on a routine basis and data collected through survey and sentinel sites. The project should not rely only on survey-based data, as there is a risk that such surveys may not be implemented due to financial or operational risks. Duplication in data collection should be avoided. The project should plan on using existing data collection systems as much as possible.

For any indicators that require reporting systems to be implemented before monitoring can take place, targets should not be set for the periods during which the reporting system is being established. The PR is advised to indicate the timeline when the baseline for such indicator is expected to be established.

### 3.3.3.6. Target-setting

Programmatic targets in the Performance Framework should be based on the comprehensive and up-to-date analysis of the epidemiological situation, as described in the Concept Note. Targets should be consistent with the National Strategic Plan and Programmatic Gap Tables.

The targets in the Performance Framework usually reflect the coverage levels expected to be achieved with the Global Fund grant funding. For certain indicators, Global Fund Country Team might request that targets are set based on all available funding (from the GF and other donors). The information on whether the targets are tied to the GF funding, or all funding should be included in the indicator comments.

When setting targets, countries also need to consider current and anticipated constraints to scaling up programmes. Progress can be hindered by challenges such as a lack of skilled human resources, infrastructure, facilities, equipment and systems that support the provision of services, as well as human rights barriers. Defining the problem and taking into consideration the health system and community system constraints and human rights barriers, is critical to the development of the most appropriate and technically responsive set of interventions and targets. Measures to overcome these obstacles should be addressed through health and community systems strengthening activities in collaboration with the relevant technical partners.

#### **Key considerations for target-setting:**

- Targets should be realistic but should also demonstrate increasing coverage commensurate with the volume of resources being allocated. It is not necessary to have a target for each period. They should be included according to the frequency of their measurement. For example, if surveys are conducted in years 1 and 3, targets should be provided for those years only and the report due date should be realistic, taking into account the time required to conduct the survey and make survey reports available. As survey results may not always become available within the lifetime of a grant, reporting timeframes beyond the grant end date may be included in the Performance Framework. *See guidance on reporting such indicators in the Reporting chapter.*
- Proposals including two or more PRs for the same disease component should prepare one consolidated Performance Framework (PF) for all PRs during the Funding Request stage. The consolidated PF should indicate the names of all the implementing entities against each coverage indicator. During the Grant Making stage, each PR will complete a PR-specific PF and targets will be split based on discussions with the Global Fund Country Team and other PR in line with the scope of their activities.
- If after the start of implementation any of the targets needs to be revised, the PR should provide the rationale for doing so—for example, referring to the results of a recent programme review or a survey which indicate considerable changes to the epidemiological situation. The Global Fund Secretariat shall review and decide whether to approve revised targets based on the evidence and rationale furnished by the PR. If the proposed change significantly changes the programme from what was originally approved (e.g. resulting a significant reduction in targets or a shift in programme strategy/focus), the updated PF will

be submitted by the Secretariat to the Technical Review Panel (TRP) for approval. Refer to the section “Programmatic Revision” for further detail.

- Since targets are expected to be consistent with the National Strategic Plan (NSP), UNDP, as the PR or potential PR, should participate and contribute to the process of NSP development and target-setting. Past performance and existing contextual factors should be taken into account during target-setting.
  - Countries tend to be optimistic and are inclined to choose targets on what they would like to achieve under ideal circumstances. However, the Global Fund bases its evaluation of programmes on whether they achieve their set targets. Therefore, targets must be ambitious but feasible. When targets set in the PF are not aligned with the NSP targets, adequate explanation must be provided in the Comment section of the PF (insufficient funding, subnational coverage...)
- The PR should ensure that the indicators can be monitored for reporting. The Programme and M&E Specialists should be a part of the budget review to ensure that a reasonable budget is allocated to relevant activities for achievement of the targets.
- If there is no data collection system to obtain a baseline for specific indicator(s) or there is no baseline for some other reason (e.g. a new intervention), the targets in the PF can be left as “to be confirmed” until the system is in place and first baseline results become available. This is particularly recommended for indicators covering activities with many variables which can affect performance (e.g. unreliable information about population size estimation, lack of other data for predicting percentage coverage with specific intervention, a new activity that depends on co-funding from other donors or is otherwise not under the grant control)



### Practice Pointer

If the target is set as “to be confirmed” during a specific reporting period, it is essential to confirm it and get the Performance Framework revised accordingly at least 4-6 weeks before the end of the reporting period. Failure to define the target may result in the performance rated as 0%, even if activities are implemented.

- While in the Performance Framework targets can be set as a percentage alone, projections of numeric targets are needed to support quantification of health products required for these activities for the PSM part of the budget. Also, during the reporting process, the denominator, the numerator and the corresponding percentage (automatically calculated) must be reported. The achievement rate (performance) will be calculated comparing the achieved result (in percentage) to the target set as a percentage.
- To the extent possible, please make sure that the baseline selection, target-setting and results-reporting are done based on the same data source.
- It is essential to include in the 'Indicator comments' field any relevant information on the interventions, target groups (e.g. how are 'migrants' defined), explain the target-setting assumptions, define the numerator and the denominator about sources of funding (if not fully GF-funded activity), and how the results will be collected and reported etc.

Note: During the Funding Request stage, countries are also required to present Programmatic Gap Analysis for priority modules per disease. These tables are intended to help countries identify the gaps in selected priority modules, set targets and reprioritize accordingly.

### 3.3.3.7. Data Disaggregation

For some selected indicators, the data reported to the Global Fund are to be disaggregated by relevant categories in order to gauge equity in service provision and to ensure that at-risk populations are receiving required services. Among categories of data disaggregation, age and gender are important characteristics. If the existing data collection system cannot provide disaggregated data for the baseline, this should be noted in the comments. The PR should also include measures to improve the data collection system to allow for the disaggregated reporting that will be budgeted and implemented during grant period.

### 3.3.3.8. Workplan Tracking Measures

In addition to impact, outcome and coverage indicators, the Performance Framework includes the Workplan Tracking Measures (WPTMs). These are qualitative milestones and/or input/process measures with numeric targets that are to be included for modules and interventions that do not have suitable coverage/output indicators to measure progress over the grant implementation period.

Each WPTM is linked to a specific intervention supported by the grant and comprises specific milestones or targets, each with specific timelines. WPTMs are also recommended when the module/ intervention budget constitutes  $\geq 30$  percent of the component budget. This is most often the case in regional grants and other grants that include modules related to, for example: Community Systems Strengthening (CSS), removing legal barriers to access, some interventions related to Health Systems Strengthening (HSS), and interventions addressing gender inequalities, Reproductive, Maternal, Newborn and Child Health (RMNCH) linkages, gender-based violence, or any other disease-specific interventions. The WPTMs are agreed between the country and the GF Country Team and are included in the Performance Framework template.

For Global Fund grants which do not have coverage indicators, the WPTM will be used to monitor and assess grant performance.

### 3.3.3.9. Allocation and Prioritized Above Allocation Requests (PAAR)

Applicants are expected to submit with their funding request a list of costed and prioritized interventions for which funding is needed, but which cannot be included in the country allocation. This prioritized above allocation request will be reviewed by the Technical Review Panel and technically strong interventions will be registered as ‘Unfunded Quality Demand’ (UQD). These investments are to be funded through savings or efficiencies during grant-making but can also be funded through additional resources that may become available during the cycle, such as Portfolio Optimization [1]. This ensures countries have pre-approved interventions to integrate into grants when savings or efficiencies are found during grant-making, or to include through Programmatic Revisions (previously known as ‘reprogramming’) during implementation if additional funding becomes available. Countries are encouraged to actively reprogram potentially unutilized amounts within the same country-disease component throughout the grant lifecycle. This reprogramming may include priorities registered as UQD.

The targets of the Performance framework reflect the activities funded through the allocation. When additional funding becomes available during the grant lifecycle, a revision of the performance framework might be required to include additional targets related to the funding of UQD interventions (refer to the Programmatic Revision section for more information on the process).

*[1] The Portfolio Optimization is the process of providing additional funding to countries, when additional resources become available, based on a prioritization framework. The Global Fund Secretariat conducts a review of the UQD Register to prioritize registered needs and direct the investment of the additional sources of funds at the portfolio level.*



### 3.4. Global Fund M&E System Requirements and Budgeting

The Global Fund requires a functional routine reporting system with reasonable coverage to be in place to report programme performance accurately and in a timely manner. The relevant HIV, TB, malaria and RSSH indicators should be aligned with international definitions and should be coded in the HMIS. The M&E system also needs to have a data-assurance mechanism in place to regularly verify data.

Sufficient grant funds should be dedicated to strengthening M&E systems in the country. The Global Fund recommends that grants allocate 5–10 percent to M&E, which includes strengthening national data collection and reporting systems (including routine HMIS, analytical capacity and reviews, population-based and risk group surveys, and birth and death statistics).

The M&E activities must be included in the funding request under the module ‘RSSH - Monitoring and Evaluation Systems’. All M&E activities should be included under this module, whether disease-specific or cross-cutting. All M&E-related activities under this module will be considered as HSS, irrespective of the disease grant for which this module is included. Only those supervision-related activities that are specifically for data collection, reporting and/or data validation should be included under this module. Costs related to the supervision of other programme aspects should be included under the module ‘RSSH/PP: Human Resources for Health (HRH) and Quality of Care’. For more guidance on M&E budgeting, see the [Global Fund Modular Framework Handbook - RSSH module](#).

The RSSH - Monitoring and Evaluation Systems module has 9 standard intervention packages that covers the whole universe of activities to strengthen Health Information Systems and M&E. The table below provides an overview of the M&E module of the Global Fund’s Modular Framework (May 2023). Specific examples and detailed guidance can be found in the Modular Framework.

## Overview of intervention packages in the modules RSSH-Monitoring & Evaluation Systems

<u>Module</u>	<u>Intervention package</u>	<u>Description</u>
RSSH - Monitoring and Evaluation Systems.	Routine reporting	<p>Activities related to establishment, expansion, maintenance, strengthening of national programmatic data systems, such as health management information systems (HMIS), both disease specific and/or cross-cutting. This includes aggregate and/or patient level reporting, any level (national, sub-national) and providers (public, private, community), for either paper based or digital reporting systems (such as DHIS2 or j other software).</p> <p><u>Note:</u> disease-specific routine reporting activities should be planned as integrated and/or interoperable parts of the national routine health information system.</p>
	Surveillance for HIV, tuberculosis and malaria	<p>Activities related to setting up and operationalization of systems for continuous and systematic collection, analysis, interpretation and the use of disease-specific or behavioural data for public health response for HIV, TB and malaria.</p>
	Pandemic preparedness: Surveillance for priority epidemic-prone diseases and events	<p>Activities related to supporting the development and implementation of a national public health disease surveillance systems based on IHR requirements with emphasis on early warning surveillance, event verification and investigation and analysis and information sharing.</p>
	Surveys	<p>Activities related to assessment of morbidity, mortality, service coverage and bio-behavioural surveys/studies in general populations or identified populations at risk.</p> <p><u>Note:</u> This intervention package also includes national and targeted health facility assessments (HFA) with a quality of services component and other assessments of program quality including cost efficiency analyses</p>
	Data Quality	<p>Activities related to monitoring and improving data quality. It includes data generated through routine systems (facility, community and private health sector), surveys and assessments.</p> <p><u>Note:</u> Training and supportive supervision specific to data collection, data quality assurance, reporting and implementation of data quality improvement plans should also be included under this intervention package.</p>
	Analyses, evaluations, reviews and data use	<p>Activities related to analysis, visualization, interpretation and use of available data at national and sub-national level, collected through various sources, such as routine reporting, surveys, special studies, evaluations, reviews and others.</p> <p><u>Note:</u> The intervention package also includes training and mentoring of national and subnational staff on data analysis and use, as well as annual, biannual and quarterly performance reviews at national and sub-national levels.</p>
	Administrative data sources	<p>Activities related to establishment, expansion, maintenance or strengthening, including digitalization, of national administrative and service availability data sources, systems and registries, whether disease specific and/or crosscutting.</p>

<u>Module</u>	<u>Intervention package</u>	<u>Description</u>
	Civil registration and vital statistics	Activities related to establishing/strengthening and scale-up of vital registration information system.
	Operational research	Operational research studies for HIV, TB, malaria and RSSH programs.



#### NEW in GC7 Funding Cycle

Budgets for M&E Technical Assistance provided by the Global Fund centrally are considerably reduced in GC7. The Global Fund’s guidance is to include technical assistance requirements in the grant budgets.

## Resources

- [Global Fund Modular Framework Handbook](#)
- [Global Fund Information Note on Resilient and Sustainable Systems for Health \(RSSH\) – Annex 4 Essential M&E investments](#)

### 3.5. Resourcing of the Monitoring & Evaluation function

The recommendation to Programme Management Units (PMU) is to budget at least one dedicated M&E position of the appropriate level of seniority depending on the program complexity (number of service delivery areas, number and capacity of sub-recipients and other). It is not advisable to have a combined Programme/M&E position, unless it is in the managerial / oversight role, for the following reasons:

- Integrating M&E tasks into the job description of Programme analysts does not provide an optimum level of independence to exercise the oversight role linked to M&E activities, as observed by OAI audits.
- The multitude and, typically, a high priority of programme tasks could leave a lot of monitoring and evaluation work without due attention and time commitment.
- Finding specialists who combine programme experience with strong M&E expertise is a challenge in many contexts.
- Insufficient M&E capacities may prevent the PMU from benefiting from lessons learned to manage performance and support evidence-based decision-making. This could also undermine provision of support necessary for strengthening national health management information systems.

It is strongly recommended to include a written test into the Recruitment Strategy for the M&E roles, prior to interviews. Written tests allow thoroughly assessing technical knowledge and analytical skills, written communication, attention to detail and ability to work under pressure. The selection panel should include professionals with robust understanding of monitoring and evaluation who will evaluate written tests and assess responses of the candidates to technical questions at the interview. Please reach out to your grant M&E Specialist from the UNDP-Global Fund Partnership Team for support in the selection process.

## 4. M&E Components of Grant Making

### 4.1. Finalization of Performance Framework

Beginning from the GC7 funding cycle, a comprehensive Performance Framework has to be developed during the preparation of the Funding Request. During the Grant Making stage the Performance Framework is revised to address the TRP feedback (if any) and further refined. During detailed grant negotiations between the Global Fund Country Team and the PR non-major changes to targets can be discussed, and measurement details further defined and clarified. The indicator comments are enhanced during grant making to include the key information about the intervention, budget coverage of activities, target populations, data source and target-setting assumptions. Major changes to the Performance Framework are rarely possible during Grant Making in GC7.

*Please see detailed guidance on the development of Performance Framework in this **M&E section** of the Manual.*

## 4.2. M&E Plan

Principal Recipients (PRs) are required to submit a national or grant-specific Monitoring and Evaluation plan (specific to a disease or for a combination of the three diseases, depending on the country approach), as agreed with in-country partners and the GF Country Team.

The M&E Plan is an essential document for a country as it describes how the M&E system should be run. It contains detailed information regarding indicators, data management, data quality assurance, M&E coordination, capacity-building for M&E, information products and their dissemination, and M&E budgets. It should be accompanied by an annual costed workplan describing the planned M&E activities for each year including the strengthening measures to improve the M&E system identified through M&E system or data quality assessments. The M&E Plan is instrumental for monitoring the National Strategic Plan(s) to which the Global Fund-supported programme contributes.

The Principal Recipient (PRs) is expected to submit to the Global Fund a detailed plan for monitoring the Program implemented by the Principal Recipient. Not later than ninety (90) days after the grant start date (NB: The 90-day timeline was confirmed by the Global Fund in early July 2024, as the M&E Plan guidelines stipulate submission at the time of grant signing).

There may be certain cases in which submitting a national plan is not feasible, for example:

- for regional multi-country grants. These require developing a specific regional M&E Plan that is aligned as much as possible with the national M&E Plans of all the countries concerned.
- when the national M&E Plan is not sufficiently detailed for Global Fund requirements or does not cover the full scope of the proposal. In this case, the Principal Recipient should prepare an annex to the national M&E Plan to provide the missing information or develop a separate document that is consistent with the National M&E Plan. Whenever relevant, the Global Fund and the Principal Recipient will agree on a timeline to produce an updated version of the National M&E Plan that fully covers the scope of activities supported by the national program and the Global Fund.
- when the country does not have a National M&E Plan and the process of developing one will take longer than the grant negotiation period. In this case, a provisional document can be drawn up and updated or replaced once the National M&E Plan is developed.

See detailed guidance for the preparation of M&E Plan in [Global Fund M&E Plan Guidelines](#). While the format and structure of the M&E Plan are discretionary, the Principal Recipient should ensure that the components outlined in the M&E Plan guidelines are included.

## Resources

- [Global Fund M&E Plan Guidelines](#)

### 4.3. M&E in the PR Capacity Assessment Tool (CAT)

Before signing a Grant Agreement (only for new Principal Recipients (PRs) and PRs implementing new activities for which they have not been assessed), the Global Fund needs to ensure that the proposed implementation arrangements, systems and capacities of key grant implementers are adequate for effective financial and programmatic management of the grant funds. The assessment of these systems and capacities is carried out by the Global Fund Country Team and LFA in the following key functional areas, using the Capacity Assessment Tool (CAT):

- Governance and programme management (including Sub-recipient management)
- Monitoring and Evaluation
- Procurement and supply management
- Financial management and systems

NB: The latest version of CAT also includes broader topics, such as RSSH and Pandemic Preparedness, Human Rights and Gender Equality, and Health Financing.

The capacity assessment supports the process of establishing whether minimum standards for Principal Recipients are met, and of addressing any questions the Country Team may have in verifying the information presented by the Country Coordinating Mechanism (CCM) in the Concept Note on the PR’s compliance with minimum standards.

The Programmatic and M&E sections of the CAT cover the following areas:

- Program Quality
- Data Governance & Management
- Data Generation, Availability & Quality
- Data Analysis and Use
- Human Rights
- Gender Equity



#### Practice Pointer

As all sections refer to national program and M&E systems, the PR needs to work closely with the ministry of health, HMIS department, and national disease programmes to complete the CAT. Please note that samples of completed CATs are available [here](#).

Any information provided in the CAT is subject of Global Fund verification. The PR must therefore make every effort to provide complete and reliable information to facilitate timely Grant-Making.

## 5. M&E Components of Grant Implementation

### 5.1. Programmatic Revision / Changes to Performance Framework

During implementation, revisions allow the PR to adjust investments according to the changing context and other needs. This ensures continued effective and efficient use of Global Fund resources to achieve maximum impact in line with National Strategic Plans and the Global Fund’s Strategy. As part of revisions, changes can be made to the implementation period end date, to the Performance Framework, to adjust or reallocate the approved Grant Funds.

A Programmatic Revision (formerly referred to as a “Reprogramming” or “Program Revision”) refers to changes in the scope and/or scale of a Global Fund grant within already approved funding ceiling and current implementation period resulting in changes to the modules, interventions and/or targets in the Performance Framework:

- a. Changing **the scope** is the process of (i) adding or deleting goals and/or objectives, or (ii) changing key interventions (including those related to RSSH, Human Rights, and Gender Equality) either at the level of a grant, or at the level of the Global Fund supported disease or RSSH program. Changes in the scope may result in the addition or removal of indicators in the Performance Framework.
- b. Changing **the scale** is the process of increasing or decreasing targets for one or more indicators.

#### Triggers of Programmatic Revisions

There are a number of potential scenarios which might trigger a Programmatic Revision, such as:

- Changes in the epidemiological pattern of the disease or the trajectory of the disease in the country, resulting in changes to relevant national strategies and key interventions
- Release of new scientific evidence and/or changes to the normative guidance for disease control in the country;
- Changes in implementation arrangements
- The scale-up of effective interventions and innovative approaches, introduction of new health products and removal of health products
- Implementation of interventions to reflect identified capacity gaps and risks;
- Allocation of additional funding to the program;
- Changes in the funding landscape, and/or legal, political and socio-economic environment;
- The need to accelerate the adoption of revised partner technical guidance to ensure patient safety and program efficacy.
- Changes in unit costs, and/or cost of activities;



These scenarios may result in changes to the Performance Framework (adding or deleting goals and objectives, and/or changing key interventions, and/or increasing or decreasing targets).

A Programmatic Revision may be either initiated by the Country Coordinating Mechanism (CCM) and/or Principal Recipient (PR) or the Global Fund Country Team. It can be proposed anytime during grant implementation if warranted by the programmatic context and needs to be completed maximum three calendar months after initiation. All revisions have to be endorsed by the CCM. The Global Fund Country Team may require Local Fund Agent (LFA) review of the request. The scope of the LFA review is to be agreed between the Global Fund and the LFA.

The approval process of the Programmatic Revisions is differentiated based on whether the revision requires the TRP review or not.

Once approved, a Programmatic Revision is reflected in the Grant Agreement through an Implementation Letter. The Implementation Letter is signed by the PR and the Global Fund. For Programmatic Revisions that involve *time sensitive changes* to the Performance Framework with implications to the performance rating and results rating (such as increasing or decreasing targets or adding missing targets), a Notification Email can be issued to capture PR and Global Fund agreement on the Performance Framework changes and enable Performance Framework updates in the Global Fund system. The Performance Framework changes are formalized with an Implementation Letter at a later stage.

## Resources

- [Global Fund Operational Policy Manual](#)

## 5.2. Ensuring Data Quality

Reliable data is essential for program planning, implementation and performance management. Ensuring data quality implies having a system in place - including tools, processes and human resources – to assess the accuracy, reliability, precision, completeness and timeliness of data and to take remedial actions. The monitoring data collected from each Sub-recipient (SR) is consolidated by the Principal Recipient (PR).

The PR will diagnose systematic or procedural weaknesses at the SR level that lead to inaccurate, incomplete or delayed reporting to the PR and to the Global Fund which puts funding at risk. Data verification is therefore critical during implementation. The PR should ensure sufficient investments in HMIS components for data quality and data assurance: Revision of paper/digital tools, printing, training, formative supervision...

The Global Fund also supports routine data quality checks and audits (RDQA), as well as periodic Data Quality Reviews (DQR) at health facility and community levels. The WHO DQR framework is recommended as a harmonized and holistic approach to assess the quality of data collected from health facilities. This approach allows to quantify problems of data completeness, timeliness and accuracy according to program areas, identify weaknesses in the data management system and monitor performance of data quality over time. A national DQR can be implemented in collaboration with partners. The GF Country Team might also coordinate with the LFA the implementation of targeted DQRs. A data quality improvement plan should be developed based on the results of the DQR to address weaknesses in data.

At the Global Fund OIG audit of in-country data and data systems conducted in 2023, the OIG notes that Global Fund has developed detailed guidance and tools on monitoring programmatic data availability and quality at the country level. While there are well-designed guidelines and tools for monitoring and assurance, the OIG noted implementation challenges: “Regarding implementer monitoring of data quality, most issues were identified at the health facility level, where processes and controls over in-country HMIS are not always formalized and followed, and there are significant M&E staff capacity gaps impacting the robustness of monitoring of data quality. Outside health facilities, there are issues with monitoring, oversight, and supervision visits by national and regional entities. These reviews are often delayed, not performed, or do not result in improved data accuracy” (Source: Global Fund audit of In-country data and data systems, OIG, April 2023).

Since 2023, the Global Fund has been working with technical partners to develop the M&E System and Data Quality strategy that will provide an update on the data quality assurance mechanism.

### **GFPHST-led Data Quality Reviews**

At the end of 2023 the GFPHST M&E team introduced Data Quality Reviews of aggregated grant-level results based on the comparison of PR-reported against LFA-verified data. Discrepancies exceeding a 5% threshold are explored by the grant M&E Specialist and PMU M&E Specialist, to understand the reasons. Most differences in reporting are attributable to reporting delays, revision of population estimates or reporting errors. The process of engagement between GFPHST and PMU contributes to better understanding of reporting requirements and reduction of reporting errors in

subsequent reports. The outputs of this exercise feed into GFPHST information sessions on improved reporting.

During the debriefing conducted by the LFA following their verification of reported results, the PR is encouraged to clarify / discuss with the LFA any of the discrepancies identified between the reported and LFA-verified results, unless the reasons are obvious (e.g. improved reporting completeness **between** the PR reporting and LFA verification).

### 5.3. Reporting to the Global Fund - Progress Update / Disbursement Request and Pulse Check

During the lifetime of a grant, the Global Fund periodically disburses funds to the Principal Recipient (PR) based on demonstrated programme performance and financial needs for the following period of implementation. A progress update/disbursement request (PU/DR) is both a progress report on the latest completed period of programme implementation and a request for funds for the following execution and buffer period. Its purpose is to provide an update on the programmatic and financial progress of a Global Fund-supported grant, as well as an update on fulfilment of conditions, management actions and other requirements. All grants must submit the PU/DR report once a year. The PU/DR completed by the PR and verified by the Local Fund Agent, as required, forms the basis for the Global Fund's annual funding decision by linking historical and expected programme performance with the level of financing to be provided to the PR.

In addition to the annual PU/DR, High Impact and Core Countries must submit the Pulse Check report for Q1 and Q3 each year, and a Progress Update (without the Disbursement Request) for the first semester of each grant year.

For Focused countries, only the PU/DR report must be submitted annually.

The Pulse Check and PU/DR reporting requirements are explained in the [Grant Reporting](#) section of the Manual.

*Note: As of early July 2024, the Global Fund is transitioning the PU and PU/DR report onto an online tool accessible through Partners Portal. From S1 2024 onwards all GC7 progress updates have to be submitted in the online tool, however, the reporting requirements in terms of the content of submission remain unchanged.*