Monitoring and Evaluation

UNDP Global Fund Implementation Guidance Manual

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Overview

Programme monitoring is the routine tracking of the key elements of programme/project performance, usually inputs (e.g. money, staff, curricula, materials) and outputs (e.g. intervention sessions completed, people reached, materials distributed, antiretrovirals (ARVs) distributed etc.) through proper record-keeping, regular reporting and surveillance systems, as well as service delivery point observation and client surveys.

Programme evaluation is the episodic assessment of the change in targeted results that can be attributed to the programme or project intervention.

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

For the Global Fund, there are three main M&E documents: the national monitoring and evaluation plan (M&E plan), the performance framework (PF) and the PR Capacity Assessment Tool (CAT) M&E assessment.

An M&E plan describes how the national M&E systems work and is typically developed by the Ministry of Health or the relevant disease programme, in consultation with the PR and all major stakeholders, and is costed. The M&E plan can be either specific to a disease, combined for all diseases or part of the national health sector strategy/plan.

The performance framework is a statement of intended performance and impact, to be reported to the Global Fund over the grant term. It includes an agreed set of indicators and targets that are used to measure the programme's performance and consequently inform annual funding decisions.

Funding Request Development

Although the Global Fund does not require the submission of a national M&E plan at the funding request stage, 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 and is able 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.

Programmatic Gap Tables

Before attempting to complete the performance framework, the working group developing the funding request must complete the programmatic gap tables. This is important because **the same indicators and modules must be used in the programmatic gap table and in the performance framework**. The indicators and modules used in the programmatic gap table should be used in the performance framework to describe the targets and associated budget. This will show how the gaps will be filled using the resources from the Global Fund to achieve impact. Furthermore, the indicators, targets and reporting intervals should be aligned with the national monitoring and evaluation (M&E) plan.

Programmatic gap tables are not required for all indicators in the performance framework. These tables should be completed for three-to-six priority modules using indicators that reflect key gaps in the national programme. For the recommended indicators to be included in the gap analysis. These gap tables should be filled out for interventions and indicators that are meaningful for your programme and can be quantified. In case of doubt, please consult with the UNDP Global Fund/Health Implementation Support Team or the Global Fund Country Team.

Allocation and above Allocation Targets

'Allocation' refers to coverage targets expected to be achieved from the allocation amount, plus all other available resources.

For example: in the case of the indicator, 'M&E-1: Percentage of Health Management and Information System (HMIS) or other routine reporting units submitting timely reports according to national guidelines', if the allocated amount, plus government and other donor contributions, would allow the country to achieve coverage in 7 out of 12 districts, the applicant would enter 7 in the 'allocation' numerator, and 12 in the 'allocation' denominator, for coverage of 58 percent.

Applicants are no longer requested to include a full expression of demand in their funding request. Instead, a prioritized request for additional funding beyond the allocation is now required in all funding applications. It will be used by all countries to set out additional prioritized interventions to be considered should additional resources become available, and, where applicable, by countries eligible to apply for matching funds available through catalytic

investments. The prioritized above allocation request will be reviewed by the Technical Review Panel and technically strong interventions will be registered as 'unfunded quality demand'.

Prioritized 'above allocation' refers to the total coverage targets that could be achieved using the allocation amount, plus the above allocation amount requested, and all other available resources. The 'above allocation' targets are not simply the incremental coverage or output achieved under 'above allocation' interventions. In our example, if one of the country priorities is to have 100% of HMIS reporting units reporting on time, then the applicant could include a 'prioritized above allocation' request to cover the associated costs. In this case, to achieve coverage in 12 out of 12 districts, the applicant would enter 12 in the 'above allocation' numerator and 12 in the 'above allocation' denominator, for coverage of 100 percent.

Therefore, the targets can reflect two scenarios for coverage under all available funding: i) all other funding, plus funding from the Global Fund allocation amount; and ii) all other funding, plus funding from the Global Fund allocation, plus the requested 'prioritized above allocation' amounts.

Performance Framework (replacing modular template)

The performance framework (PF) is a **statement of intended performance and impact**, to be reported to the Global Fund over the grant term. It includes an agreed set of indicators and targets consistent with the programmatic gap analysis submitted by the country in the funding request. Future Global Fund funding is dependent on country demonstrating impact—i.e. showing a trend towards reducing the impact of the epidemic. The PF 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 routine disbursements to the Principal Recipient (PR) during grant implementation.

At the funding request stage the applicant should submit a simplified performance framework which includes high-level information on: impact and outcome modules, and annual or biannual targets. During grant negotiations (grant-making) the PR and the Global Fund Country Team will determine the coverage indicators, targets and reporting time frames for the PF.

Programme Details

The Principal Recipient (PR) begins by selecting the component (HIV, TB, TB–HIV, malaria or health systems strengthening) and entering information about the country, programme start date and PRs.

On the online platform, the country, applicant and component information is pre-populated. The programme start date is entered on the concept note home page, while PRs are entered on a separate page accessed in the sidebar.

Programme Goals and Impact Indicators

Goals are broad and overarching statements of a desired programme impact in the medium-to-long term, and should be consistent with the national strategic plan. There may be one or more goals per funding request. Goals are not standardized, so the Principal Recipient (PR) will enter them as free text.

For example, a TB funding request might contain the following two goals:

1. By 2025, reduce the incidence of TB by 70 percent to 112/100,000
2. By 2025, reduce TB mortality by 80 percent to 15/100,000

Impact indicators are related to the defined goal or goals. A list of standard indicators is provided. The Global Fund encourages the use of the proposed standard indicators, as far as possible.

For example, the PR might link the indicator 'TB Indicator-2: TB incidence rate' to the goal of reducing the incidence of TB by 70 percent by 2025. The indicator 'TB Indicator-3: TB mortality rate' could be linked to the goal of reducing TB mortality by 80 percent. An indicator can be linked to more than one goal, and a goal can have more than one indicator.

The impact indicators, baselines and targets should be aligned with the national strategic plan.

Programme Objectives and Outcome Indicators

Each goal should have a set of related and more specific objectives that will permit the programme to reach the stated goals. These objectives should be consistent with the objectives of the national strategic plan. As with the goals, they are entered as free text.

For example, an objective might be 'To increase case notification rate of all forms of tuberculosis from 230/100,000 in 2013 to 320/100,000 in 2017.'

Outcome indicators are related to the defined objectives, just as impact indicators are related to defined goals. A list of standard indicators is provided in the performance framework. As with goals and impact indicators, an outcome indicator can be linked to more than one objective, and an objective can have more than one outcome indicator. As with goals and impact indicators, targets for objectives and outcome indicators should be consistent with the national strategic plan or any other updated and agreed-upon country targets.

Modules, Interventions and Coverage and Output Indicators

The term 'module' refers to areas of programming such as:

- vector control (for malaria)
- TB care and prevention (for tuberculosis)
- prevention programmes for general population (for HIV)
- health and community workforce (for health systems strengthening)
- removing legal barriers to access (for human rights-related programming)

The Principal Recipient (PR) can include all modules for which gaps in coverage exist and funding is being requested. The PR can list more than the three-to-six priority modules included in the programmatic gap table.

Coverage indicators show the percentage of population covered by an intervention. Output indicators represent the number of people reached by services. Coverage or output indicators are entered directly under each module in the measurement framework section of the offline version of the modular template. On the online platform, they are added for each selected module on a page accessed in the sidebar under 'coverage and output indicators'. PRs will only be able to access the coverage and output indicator page for a certain module after it has been added on the modules and interventions page. As for interventions, list which PR will be responsible for reporting on each indicator.

Global Fund M&E System Requirements

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 monitoring and evaluation (M&E) system/Health Management and Information System (HMIS) for public-sector facilities shouldhave coverage of at least 50 percent, and there should be a costed plan to improve coverage to 80 percent.**

The relevant HIV, TB and malaria indicators should have clear definitions, 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 annually verify data.

M&E budget and funding request

If the national M&E system does not meet the necessary requirements, 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 systems of reporting (analytical capacity and reviews, strengthening HMIS, population-based and risk group surveys, and birth and death statistics), with the following exceptions:

1. When the grant M&E budget is less than five percent, the Principal Recipient (PR) should demonstrate that sufficient funds are available from other sources to support implementation of the grant and the national M&E plan.
2. In cases of M&E system-strengthening proposals; when the proposal includes specific studies, surveys or reviews/evaluations to measure the outcome/impact of the disease control or health systems strengthening (HSS) investments; or when there is evidence of an extremely weak M&E system that requires funding for strengthening, the grant M&E budget may exceed the 10 percent indicative upper limit.

For more guidance on M&E budgeting, see the Global Fund Budgeting Guidelines. The M&E activities must be included in the funding request under the module 'Health information system and M&E'. 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. Other costs related to programme supervision and site visits should be included under the module 'Programme management'.

The **health information systems and M&E** module has five standard interventions and associated indicators, activities and budget lines, plus a sixth undetermined intervention allowing applicants to lay out their own M&E priorities.

1. **Routine reporting** – included in the scope of this intervention are activities related to the establishment, maintenance and/or strengthening of the national M&E system.
2. **Analysis, review and transparency** – activities related to programme evaluation including analysis, interpretation and use of data generated through integrated programme reviews, implementation research, and evaluations of the national strategic plans and/or health sector strategies.
3. **Surveys** – including surveys/studies related to morbidity, mortality and behavioural surveys in general population or identified risk groups.
4. **Administrative and finance data sources** – including establishing systems for periodic (annual) reporting on key health administrative and service availability statistics, setting up financial reporting/accounting systems, annual reviews of health sector and/or disease programme budget.
5. **Vital registration systems** – including establishing/strengthening and scaling up vital registration information system, including sample vital registration systems, strengthening reporting of hospital morbidity and mortality statistics, cause of death, establishment of SMS system of reporting; training of community health workers on reporting vital events, drug stock-outs etc.
6. **Other** – other interventions related to health information and M&E systems.

M&E Components of Grant-Making

The grant-making process is the translation of the funding request into disbursement-ready grants. Grant-making takes place after the review of the concept note by the Technical Review Panel (TRP) and Grant Approval Committee (GAC) and leads to a signed grant agreement following Global Fund Board approval.

There are three important M&E-related documents that are required during grant-making: *Performance framework, M&E component of the Principal Recipient Capacity Assessment Tool (CAT)*, and the national (or grant-specific) *M&E plan*.

Practice Pointer	Many applicants in the funding model found that it was helpful to start work on their performance framework, CAT and M&E plan during the time needed for TRP and GAC review

Performance Framework

The performance framework is a **statement of intended performance and impact**, to be reported to the Global Fund over the grant term. 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, and it is completed during grant-making and builds on a simplified version of the performance framework (PF) submitted as part of the funding request.

Key information included in the performance framework
In addition to the programme goals, objectives, associated indicators and targets, the performance framework includes the following information for each selected indicator:

- Baseline and year of the data
- Method of data collection/data source for baseline and targets
- Targets for the periods when the planned activity will take place
- Report due dates for impact and outcome indicators
- Principal Recipient responsible for reporting results
- Geographic coverage/target area (for coverage indicators) from where the results will be reported
- Whether the target is a subset of another indicator in the grant
- Required disaggregation categories
- Baselines for the required disaggregation categories
- Target cumulation (noncumulative or cumulative annually)

Additional information in the comments box that helps to explain the indicator, targets and their measurement, any assumptions and provisions. Comments should fully explain any such assumptions, for future reference in the case of any issues with target achievement. This could include sources of funding for different activities contributing to results measured by a specific indicator in case the activities are not fully funded by the Global Fund.

Differentiation Approach & Focus Countries

The Global Fund has begun to implement 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; fiscal space; absorptive capacity; risk; and where and how the Global Fund with partners can have the most catalytic impact.

The Global Fund has classified 87 portfolios as Focused Countries. Focused countries have lower disease burden, are low risk and have smaller portfolios (<$75 million).

As part of the differentiation the Global Fund took a decision to revise the performance framework (PF) in order to move Focused countries to **the annual reporting schedule** and to **reduce the number of indicators** the countries would have to report on.

Although the Global Fund is yet to publish a formal guidance on the revised PF for Focus Countries, the practice thus far has been to include **only one or two indicators per priority module.**

For more information on the simplified PF please contact the Global Fund/Health Implementation Support Team.

Selection of Indicators

The performance framework (PF) provides a standardized menu of core HIV, TB, malaria, health systems strengthening (HSS), health information systems and M&E indicators, drawn from the Global Fund measurement guidance. They represent a core set and will not address all the monitoring and evaluation needs of the programme or the project. It is highly recommended that indicators be selected from the list of indicators made available; these depend on the module and programme component that is selected. It is also possible to choose other indicators if the local situation requires country-specific indicators that are more appropriate.

	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.
Practice Pointer	Where necessary, countries should include plans for strengthening M&E systems so that they can report on these core indicators in their funding applications to the Global Fund.

The Global Fund core list of indicators for HIV, tuberculosis, malaria and health systems strengthening is provided in annexes A-C of the Global Fund Measurement Guidance.

Key considerations for indicator selection

When developing a performance framework, ensure that the selected indicators are:

- relevant to the type of disease 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, adherence to treatment, external quality assessment (EQA) of labs)
  - equity (disaggregation by target population/target area)
- appropriate for monitoring progress of impact, outcome and coverage at national level (in some specific 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 for all indicators;
- captured in the national M&E plan.

In addition, the following guidelines must be applied:

- 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.
- Check the capacity for data collection and analysis and identify any need for 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 data collection and reporting system.

- o If baselines and denominators are not available, agree on an action plan with the PR for collecting these with clear timeframes.
  - o The Top 10 list of indicators no longer exists; all indicators are weighted equally.
- Process and input indicators are not included in the PF and will not be used for performance ratings. They are replaced by the work-plan tracking measures, where required.

Types of indicators

Impact and outcome indicators

Impact and outcome indicators relevant for various epidemic types are provided 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).

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 the periodic reviews conducted every three years. The PR should ensure that M&E systems exist to capture data on these indicators.

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, or the assumptions used to estimate population in need, as well as the data sources, should be agreed upon during the NSP preparation and development of the national M&E plan 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/output 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 allocation of funding every three years. A list of coverage/output indicators is provided to measure success of the programme in reaching people with services through the selected modules and interventions.

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.

Data sources

All indicators should be measurable and supported by an existing reporting system to ensure that the data can be collected and verified. Data sources can be selected from a drop-down menu in the PF. 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 quarters during which the reporting system is being established.

Setting of Targets

Targets should be consistent with the national strategic plan or any other updated and agreed country targets. 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 feasible 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 make survey reports available.

As survey results may not become available within the lifetime of a grant, the Global Fund may include in the performance framework reporting timeframes beyond the grant end date. This should not present an issue, as the results for these indicators are typically publically available through national disease programmes and do not affect grant performance ratings.

The targets in the performance framework are based on coverage levels expected to be achieved with all available funding. These reflect the part of national strategic plan targets that are funded, including the final approved Global Fund amount. In the concept note, countries are also required to present programmatic gap analysis for three-to-six priority modules per disease. These tables are intended to help countries identify the gaps in selected priority modules, set targets and reprioritize accordingly. 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, including 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.

For countries that have multiple-disease Global Fund grants (and therefore multiple performance frameworks (PFs)), the Principal Recipient (PR) should ensure that the indicators and targets align across all PFs. More specifically, indicator wording and targets should be consistent across all relevant PFs.

Proposals including two or more PRs for the same disease component should prepare one consolidated PF (including all PRs). The consolidated PF should indicate the names of all the implementing entities against each coverage indicator. In cases where two or more PRs are contributing to the same indicator, the PF should disaggregate targets (to the extent possible) by PR.

When, in extraordinary circumstances, the PR feels that a target in the proposal needs to be revised, the PR should provide the rationale for doing so—for example, if the results of a programme review or a survey, which indicate that substantial revision of the targets is required, became available in the meantime). The Global Fund Secretariat shall review and approve revised targets based on the evidence and rationale furnished by the PR. If the proposed change would significantly change the programme from what was originally approved (i.e. if there would be a significant reduction in targets or a shift in programme strategy or focus), the issue would be referred to the TRP for approval.

Key considerations for target settings

- Since targets have to be consistent with the national strategic plan (NSP), UNDP (as the PR) should, as much as possible, help the ministry of health or national disease programme set realistic targets at the time of the drafting of the NSP. Countries tend to be optimistic and are inclined to choose targets on what they would like to achieve under ideal circumstances. Also, they may be influenced by the Global Fund telling them to set "ambitious" targets. However, the Global Fund bases its evaluation of programmes on whether they achieve their original targets. Thus a programme that completely achieves modest targets will be evaluated more favourably than a programme that fails to achieve ambitious targets. It is important that, in the NSP, the country set reasonable targets that take into account the process that needs to be implemented before substantive results can be achieved.
- The PR is strongly encouraged not to underestimate the importance of these indicators and targets. The Global Fund makes its funding decisions based on the performance of these indicators against the set targets. To the extent possible, the PR should ensure that the indicators and targets in the NSP and, consequently, the PF are reasonable, achievable and can be monitored for reporting. The finance officer should be a part of the target-setting process to ensure that a reasonable budget is allocated for achievement of the targets, if applicable.

- 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" once the system is in place and first baseline results become available. This is particularly recommended for indicators covering activities with many variables (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) , which can affect performance.

- When setting targets for the priority, in terms of a percentage, there is no strict requirement for absolute numbers (e.g. number of TB cases successfully treated/number of TB cases diagnosed), which give the percentage, because these are difficult to predict. However, these numbers are needed to support quantification of health products required for these activities for the PSM part of the budget. Note that, 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 target set as a percentage, with results set as a percentage (not absolute numbers).

- Make sure that the baseline is calculated using the same source of data and calculation as for the targets and the results that will be reported. This is to ensure that targets are set using reliable baselines and that they are realistic. It also ensures that a collection system is in place for the data required for reporting.

- It is good practice to use the 'comments' box to include any additional information on the target groups (e.g. how are 'migrants' defined), define the numerator and the denominator, add information about sources of funding (if not fully GF-funded activity) etc. Based on the indicator definition and additional comments, it should be clear how the results will be collected and reported.

- It is good practice to use the 'comments' box to include any additional information on the target groups (e.g. how are 'migrants' defined), define the numerator and the denominator, add information about sources of funding (if not fully GF-funded activity) etc. Based on the indicator definition and additional comments, it should be clear how the results will be collected and reported.

Data Disaggregation and in-depth Analysis

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. In addition, a good understanding of the geographic areas with the highest disease burden and rate of transmission is required, as is a detailed analysis of national and subnational data. If the existing data collection system cannot provide disaggregated data for the baseline, this should be noted in the comments. However, the work plan should include measures to improve the data collection system to allow for the disaggregated reporting that will be required during grant implementation.

Workplan Tracking Measures

In addition to impact, outcome and coverage indicators, the performance framework under the new funding model 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, and are selected from key activities supported by the grant and are broken down into more detailed milestones or targets, each with specific timelines. WPTMs are also recommended when the module/ intervention budget constitutes ≥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 country team and are included in the performance framework template, below the section on coverage indicators.

For Global Fund grants with insufficient coverage indicators, the WPTM will be used to monitor and assess grant performance.

Changes to the Performance Framework

Any change to the performance framework (PF) has to be reflected in a Grant Agreement amendment agreed by the Global Fund and UNDP by signing an implementation letter (IL). Changes to the PF (i.e. scope and scale of the Global Fund-supported programme) during grant implementation are considered as reprogramming. The Global Fund process for approving reprogramming depends upon materiality of the change. Please contact the Global Fund/Health Implementation Support Team to receive further guidance on reprogramming. Changes to the PF during grant implementation can be considered if new information became available during grant implementation and required revision of initially agreed interventions and/or targets. Some examples include:

- 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;
- findings and recommendations from programme reviews, evaluations or impact assessments;
- re-focusing of the grant on vulnerable and at-risk populations and high transmission geographies to ensure high impact, human rights and gender equality; and/or
- reallocating funding or reassessing interventions to reflect identified capacity gaps and risks.

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 with the aim of achieving maximum impact against the three diseases. The assessment of these systems and capacities is carried out in the following functional areas, using the Capacity Assessment Tool (CAT):

- monitoring and evaluation
- procurement and supply management
- financial management and systems
- governance and programme management (including Sub-recipient management)

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 M&E section requires the description of the following:

1. National strategic plan and M&E coordination mechanisms
2. National M&E unit capacity
3. Health Management Information System (HMIS)
4. Quality of services
5. Surveys
6. Administrative and financial data tracking mechanisms
7. Civil registration and vital statistics system
8. Data quality assurance mechanisms
9. Programme reviews and evaluation
10. Grant-related M&E issues

💡 Practice Pointer	As 9 out of the 10 sections refer to national 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.

M&E Plan

The Global Fund requires a (national) monitoring and evaluation (M&E) plan **at the time of grant signing.** The M&E plan is an essential document for a country, containing detailed information regarding indicators, data management, data quality assurance, evaluations, M&E coordination, capacity-building for M&E and an M&E budget/work plan. This section contains guidelines for developing or updating an M&E plan.

Principal Recipients (PRs) are required to submit the national monitoring and evaluation plan (specific to a disease or for a combination of the three diseases, depending on the country context), as agreed by in-country partners for monitoring the national strategy to which the Global Fund-supported programme contributes. In exceptional cases, a grant-specific M&E plan may be submitted. The table below provides an overview of the M&E plan requirements.

M&E plan requirements

- National M&E plan linked to the disease or health sector strategic plans
- Regional M&E plan in case of multi-country application

Exceptions

Scenario	Recommendation
National M&E plan exists but does not include sufficient details	Submission of national M&E plan, in addition to an annex detailing indicators, programmatic data collection, reporting and measurement methods for indicators that are not captured in the national M&E plan but are required by the Global Fund
No national M&E plan exists	- Submission of Global Fund-specific M&E plan for grant signature - Subsequent elaboration of national M&E plan in case of government PRs

The main elements of a robust monitoring and evaluation plan are described in the [Global Fund guidelines.](#)

M&E Components of Grant Implementation

The Global Fund has a series of monitoring and evaluation requirements that take place during grant implementation:

(i) Health facility assessments (HFA): Focus on nationally representative, country-led HFAs (including data quality reviews) in High-Impact countries;

ii) On site data verification (OSDV)/ rapid service quality assessment (RSQA) assessments have been replaced with a set of assessment options customizable to the country context including national health facility assessments, targeted health facility assessments, special studies, programmatic spot checks, national data quality reviews, and/or targeted data quality reviews.

Country Category	Assessment Approach			
	Programme Quality	Data Quality	Programmatic Reporting	Programme Evaluations
Focused countries	Programmatic spot-check, targeted health facility assessment, or special study in selected countries *As required based on risks*	Targeted data quality review (DQR) in selected countries *As required based on risks*	*Report required every year. No Local Fund Agent (LFA) review.*	Targeted and thematic evaluations *Required at least once during the implementation period*
Core countries	Programmatic spot-check, national or targeted health facility assessment, or special study *Required every other year*	National or targeted DQR *Required every other year*	*Report required every 6 months. LFA review required annually, mid-year review optional.*	
High Impact countries	National health facility assessment *Required once during the implementation period, aligned with the country reviews and planning cycle*	If Health Facility Assessment year, include the DQR; if not HFA year, complete a targeted data quality review or desk review *Required every year*	*Report required every 6 months. LFA review required annually, mid-year review optional.*	Evaluations including in-depth assessment of impact *Required once during the implementation period*

For more details on programme and data quality assessment options please see the Global Fund Operational Policy Manual (Note on Data Quality Assessments).

Role of the Principal Recipient in data quality review (DQR)

The role of the Principal Recipient (PR) is primarily to facilitate the exercise and access to sites, as the PRs do for LFA verifications or Office of Audit and Investigations (OAI) and Office of the

Inspector General (OIG). However, the PR continues to be accountable for the quality of the data and should continue its own data quality assurance processes.

Planning and budgeting for DQR

For 2017 the Global Fund has already entered into agreement with 11 external assurance providers who will be conducting the DQR exercises and they will subcontract national service providers for data collection and field work. The Global Fund will determine in which countries the DQR needs to be done and what the scope would be.

The costs for a nationally representative HFA should be planned for within the grant. As the Global Fund moves to this new model of programme and data quality assessments, there will be a transition period and it is recognized that not all grants will be able to absorb these costs immediately. In the short-term (2016-17), additional funding for HFAs will be provided through the central external assurance budgeting process. Beyond this period, it is anticipated that the cost of these assessments will be integrated into the grants. Funding for the quality assurance of these national HFA/DQR surveys (e.g. verification of the sampling methodology, reassessment of 5% of the sites surveyed, etc.) will continue to be funded centrally.

Addressing M&E Gaps during Grant Implementation

If the funding gap is below the threshold for material budget change (see the section on 'Material budget changes' in the Global Fund Budgeting Guidelines), the Principal Recipient (PR) may use grant savings or re-allocate the fund to finance the identified M&E gaps. The PR should report the relevant budgetary changes in the following reporting period.

If the funding gap is above the threshold for material budget change, the PR may submit a request to the Global Fund Secretariat through the Local Fund Agent (LFA) on the reallocation of funds and/or reprogramming within existing grant agreements or use of savings. For details about the process of submitting and reviewing the PR's request, please refer to the Global Fund Operational Policy Manual's Operational Policy Note on Monitoring and Evaluation Systems Strengthening and Data Quality.

Reprogramming during Grant Implementation

Reprogramming is the process of changing the scope and/or scale of a Global Fund supported program. Changes to the performance framework (PF) (adding or deleting goals and objectives, and/or changing key interventions, and/or increasing or decreasing targets) during grant implementation are considered as reprogramming. The GF process of approval of reprogramming depends upon "materiality" of the change. **Please contact the UNDP Global Fund/Health Implementation Support Team for further guidance on reprogramming.**

Reprogramming may be either initiated by the Country Coordinating Mechanism (CCM) and/or Principal Recipient (PR), or suggested by the Global Fund Secretariat and managed in consultation with CCM, PR(s) and technical partners.

All reprogramming requests 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, on a case by case basis.

Triggers of reprogramming

The changes to the performance framework (PF) prior to, or during grant implementation can be considered in cases when new information becomes available which requires revision of initially agreed interventions and/or targets. A non-exhaustive list of examples:

- 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;
- Findings and recommendations from program reviews, evaluations or impact assessments;
- Re-focusing of the grant on vulnerable and key populations and high transmission geographies to ensure high impact, human rights and gender equality;
- Reallocating funding or reassessing 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;
- Changes in unit costs, and/or cost of activities;

Timing of reprogramming

Reprogramming of a grant may be proposed at any time during the grant lifecycle. Entry points for reprogramming include, but are not limited to:

- During a Grant Making period (i.e. after Technical Review Panel (TRP) review of the funding request;
- During grant implementation (e.g., at receipt of relevant Progress Update/Disbursement Request (PU/DR) information, or as a result of an Operational Risk Assessment, a Portfolio review, an annual budget review, or for any other reason identified by the CCM, Principal Recipient (PR) or Global Fund Country Team);

Types of reprogramming

A reprogramming request is classified as either "material" or "non-material". The Global Fund Country Team will determine how the reprogramming request is classified.

A material reprogramming will be referred to the Grant Approvals Committee (GAC) and the TRP for review. Depending on the scope, a non-material reprogramming request will be reviewed and approved either by the Regional Manager or relevant Department Head, or the Global Fund Country Team.

Progress Update/Disbursement Request

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 fulfillment of conditions, management actions and other requirements. 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.

The PU/DR is an Excel template that contains three sections—one each for the PR, Local Fund Agent (LFA) and Global Fund Country Team. Based on the reporting schedule agreed during the grant-making process, the PR prepares and submits either the PU or the PU/DR with their relevant sections completed.

PU & PU/DR preparation

The Principal Recipient (PR) must submit a Progress Update (PU) for every six-monthly reporting period (even when no disbursement is being requested), within 45 days of the end of the reporting period. A full Progress Update/Disbursement Request (PU/DR) must be submitted annually, 60 days after the end of the reporting cycle. In the PU/DR, the PR must provide a consolidated report of all progress and expenditures associated with Global Fund financing for the project. This means that the PR is responsible for aggregating data from all Sub-recipients (SRs) involved in project implementation. It is therefore advisable to collect data from SRs (e.g. quarterly SR reports) well in advance of the deadline for reporting to the Global Fund, so that the data can be verified and analysed before being aggregated into the PU/DR.

The **PU** includes the following three sections:

1. **Programmatic section:**
   - o Progress against impact, outcome and coverage indicators
   - o Disaggregation of impact, outcome and coverage results (when relevant)
   - o Progress against work-plan tracking measures (when relevant)
2. **Procurement and supply management**
3. **Grant management**

The **PU/DR** includes the following five sections:

1. **Programmatic section**
2. **Finance section**
   - Principal Recipient cash reconciliation statement in grant currency
   - Principal Recipient reconciliation of funds provided to Sub-recipients for the current implementation period
   - Total Principal Recipient budget variance and funding absorption analysis
   - Enhanced/annual financial report
   - Annual cash forecast
   - Annual funding request and recommendation
3. **Procurement and supply management**
4. **Grant management**
5. **Evaluation of grant performance**

Please note that starting in 2017, the Global Fund will provide to each PR a PU/DR template that is pre-populated with certain data based on signed grant documents. Please refer to the Global Fund PU/DR guidelines for more information.

Programmatic Update

This section covers reporting for impact/outcome indicators, coverage indicators and/or work-plan tracking measures, if applicable, against the targets or milestones agreed between the Principal Recipient (PR) and the Global Fund and captured in the performance framework (PF). It contains key information from PF (module, indicator descriptions, baselines, performance targets, milestones and criteria for completion), results reported by the PR and verified by the Local Fund Agent, data-collection methods and comments to explain any variance between results and targets, analysis of data quality and reporting issues. Moreover, the PR is expected to provide disaggregated results for selected indicators.

Impact/outcome indicators

Although the PR will not have to report on these indicators in all PU/DRs, it is nevertheless important to keep track of the implementation of the surveys necessary for future reporting (e.g. malaria indicator survey (MIS), Integrated Biological and Behavior Surveillance (IBBS), demographic and health surveys (DHS), etc.) and, if any delays in the surveys are expected, the PR should report the reason for the delay and revised timelines for conducting the survey and reporting results.

If an indicator result is outstanding from the previous year, and there is a higher target for the current year, then the reported result will be compared against the target of the current year. If an indicator result is outstanding from previous years, and there is no target for the present year, then this indicator should still be listed until a result is reported.

If any of the planned baseline surveys are delayed, the PR should report the reason for the delay, as well as revised timelines for conducting the survey.

As survey results may not become available within the typical two-year lifetime of a grant, the Global Fund may include in the PF reporting timeframes beyond the grant end date. This should not present an issue as the results for these indicators would be publically available through national disease programmes.

Disaggregation

Results should be further disaggregated by age, sex, gender, status etc. for a specific set of impact/outcome indicators where disaggregation is required by the Global Fund. These indicators will be shaded in white when selected from the drop-down list.

Coverage indicators

All modules and coverage indicators contained in the current PF should be selected from the drop-down menu or inputted manually for selected custom indicators, regardless of whether there are results for the period covered by the progress update or whether the targets have been met in previous periods. If an indicator is not due for reporting during the period, the indicator target field should state 'Not due'. If results are significantly different from targets, the PR must provide reasons for the deviation. The PR should also comment on deviations from any related activities.

Practice Pointer	In the likely event of a variation between results and agreed-upon targets, the PR must explain and justify the variance. In doing so, the PR may cite, in the comments section, mitigating circumstances beyond its control. This explanation is very important in the PU/DR. The PR should report all specific shortcomings/obstacles that may have impacted the achievement of the target, in addition to the measures taken, planned, in place or required to address these shortcomings in the future. Any progress made in the respective measures, if applicable, should be similarly reported. The PR may provide additional qualitative information on programme results, success stories, lessons learned (or reasons why the PR could not achieve the targets set out in the PF.

Ensuring Data Quality

Ensuring data quality means assessing the accuracy, reliability, precision, completeness, timeliness, integrity and confidentiality of data. The monitoring data collected from each Sub-recipient (SR) will be consolidated by the Principal Recipient (PR).

- For each indicator, data must represent unduplicated results—for example, one person who attends several trainings will only be counted once for each specific topic.
- Measures and systems to avoid double-counting (including unique identification numbers for trainees) have been designed to avoid this.
- Additionally, results accomplished under this grant cannot be reported as results per other donor-funded targets, including national programmes funded by the Global Fund.
- The record-keeping and reporting should ensure that privacy and confidentiality of the target population is maintained. The SRs should adhere to guidance on ethical record-keeping.

The PR will diagnose systematic or procedural weaknesses that lead to inaccurate or delayed reporting. Inaccurate data, incomplete data or delayed reporting from SRs leads to inaccurate, incomplete or delayed reports to the Global Fund and puts funding at risk. Data verification will therefore be critical during implementation.

PR Comments on the Fulfilment of Conditions Precedent and-or Special Conditions

In this section, the Principal Recipient (PR) provides an update on all the conditions precedent (CP) and other special conditions (SC) that were set out in the Grant Agreement, whether or not these were due to be fulfilled during the disbursement period covered by the PU/DR.

PRs must ensure that the information on programme expenditure closely matches the information provided on programmatic progress, so as to link expenditure and activities to progress against targets of output/coverage indicators.

Further information on the programme expenditure section of the Progress Update/Disbursement Request (PU/DR), is available in the Global Fund PU/DR guidelines.

UNDP M&E Requirements

UNDP monitoring and reporting on results in ATLAS

Following the endorsement of the grant by the Local Project Appraisal Committee (LPAC), key indicators, baselines and targets are selected from the performance framework and set up in ATLAS under the project. Depending on the reporting timeline for the indicator, the results are tracked systematically, either per semester or annually through the risk-based management (RBM) platform and ATLAS.

UNDP–Global Fund data harmonization exercise

The UNDP–Global Fund data harmonization exercise is conducted on an annual basis to ensure accurate reporting of results by both institutions, as well as to identify patterns in problems of reporting in countries where UNDP acts as interim Principal Recipient. The Global Fund/Health Implementation Support Team, in consultation with Country Offices, collects results of core indicators (previously the top ten indicators) and compares them to what the Global Fund is reporting for the same period. The harmonization exercise allows UNDP to emerge with a clear snapshot of its contribution in fighting the three diseases. By showing performance, results and impact, UNDP is able to demonstrate value for money and secure financial resources required for countries.

Results-Oriented Annual Report (ROAR)

Annually, UNDP undergoes a mandatory corporate process of reporting results through the Results-Oriented Annual Report (ROAR). The information contained in the report is based on the data entered in the RBM platform and ATLAS during the year. Further guidance on the ROAR can be found in the reporting section of the Manual and in the UNDP POPP.

Integrated Results and Reporting Framework (IRRF)

As part of its integrated results and resources framework (IRRF) reporting, UNDP has developed an annual report card for development performance that provides an overview of development results. The report card assesses progress against two markers: expenditure to budget ratio (the percentage of money spent in a given year against the planned budget) and output performance (results achieved in a given year as a percentage of that year's milestones). Further guidance on IRRF reporting can be found in the reporting section of the Manual and in the UNDP POPP.

Annual funding decisions

Under the Global Fund new funding model, annual funding decisions will be based on two ratings: the indicator rating and the overall grant rating.

These decisions will be based on achievements in service coverage and adjusted for financial performance and grant management. Service coverage refers to the proportion of individuals needing a service or intervention who actually receive it, and is measured using coverage indicators through routine reporting.

As with the previous model, the indicator rating (A, B1, B2, and C) will be based on achievement of results against targets for the coverage indicators. However, the 'top ten' indicators will be abandoned and all indicators in the modular template will be weighted equally. The indicator rating will inform the indicative annual funding decision range—the starting point in determining the final funding amount.

The final funding amount (annual funding decision) and the overall grant rating (A, B1, B2, C) will be determined by adjusting the indicative annual funding decision range, based on financial performance (including the expenditure rate) and grant management issues. The grant management issues can include work-plan execution (which can be measured in terms of progress against work-plan tracking measures), completion of key milestones and progress on conditions precedent, as well as management actions identified to address weaknesses and risks, data quality and reliability of reported results etc.

At the time of the annual funding decision, available impact data will be used to identify areas of reprogramming and course correction where the desired impact is not being achieved.