
Country Dialogue and Grant Making

LFA TRAINING 2019/2020

Outline

- 1. Objectives of the session**
- 2. Expectations from the LFA in grant development reviews – What**
 - Country Dialogue
 - Funding Request
 - Programmatic gap tables
 - PF and M&E plan
 - CAT
 - Programmatic Budget Review
- 3. What should LFA's review? (content of a quality review)?**
- 4. Group work and consensus building**

Objectives of the session

1. To review the Grant cycle and M&E Requirements and deliverables at various stages.
2. Outline the minimum standards for key LFA deliverable during Country Dialogue and Grant Making.
3. Discuss the added value of LFA M&E specialist work to the completion of key deliverables.
 - ✓ What are key quality aspects for the LFA deliverables?
 - ✓ How do we expect LFAs to engage with stakeholders in country and the CT in preparation of and during these services?;
 - ✓ How we expect LFA experts to collaborate during these services ? (focusing on LFA experts working across their technical expertise to provide holistic analysis to the GF, instead of reports prepared in silo)
4. Come to a consensus on the comparative advantage of the LFA on key activities and areas of focus for LFA



In focused portfolios: What is the *maximum* number of indicators for the PF?

- **8**

- **As much as you need, but limiting impact indicators to 2**
- **2 impact, 2 outcome, and 6 coverage**



Which of the following sentences is **FALSE** for multicounty grants:

- The PF can have **ONLY** WPTMs
- It is recommended to identify WPTMs based on those activities with highest budget
- **At least one impact or outcome indicator is mandatory**
- Coverage indicators are not mandatory for multi-country grants



In focused portfolios: How many WPTM can be included ?

- **Only for those modules with a significant budget (>10%) and without appropriate coverage indicators**
- **Only one by module**
- **WPTM can be included only in exceptional cases, and only related to human rights or RSSH**



Regarding the programmatic gap tables: which of the following is FALSE

- 3-6 priority modules should be agreed (meaning 3-6 tables)
- **Additional blank tables are not allowed anymore**
- Modules which are not quantifiable, should be described in narrative form



Regarding the M&E plan: which one of the following sentences is TRUE

- The PHME must do the sign-off of the M&E plan
- It is mandatory to have the M&E plan approved for GAC submission
- The M&E plan should be budgeted
- Ideally each grant must have its own specific M&E plan. The M&E plan of the NSP in some cases can replace the M&E plan of the grant



Walking together:
“Walking with a friend in
the dark is better than
walking alone in the
light”

The path towards an approved grant: walking together

Perception of current dynamic

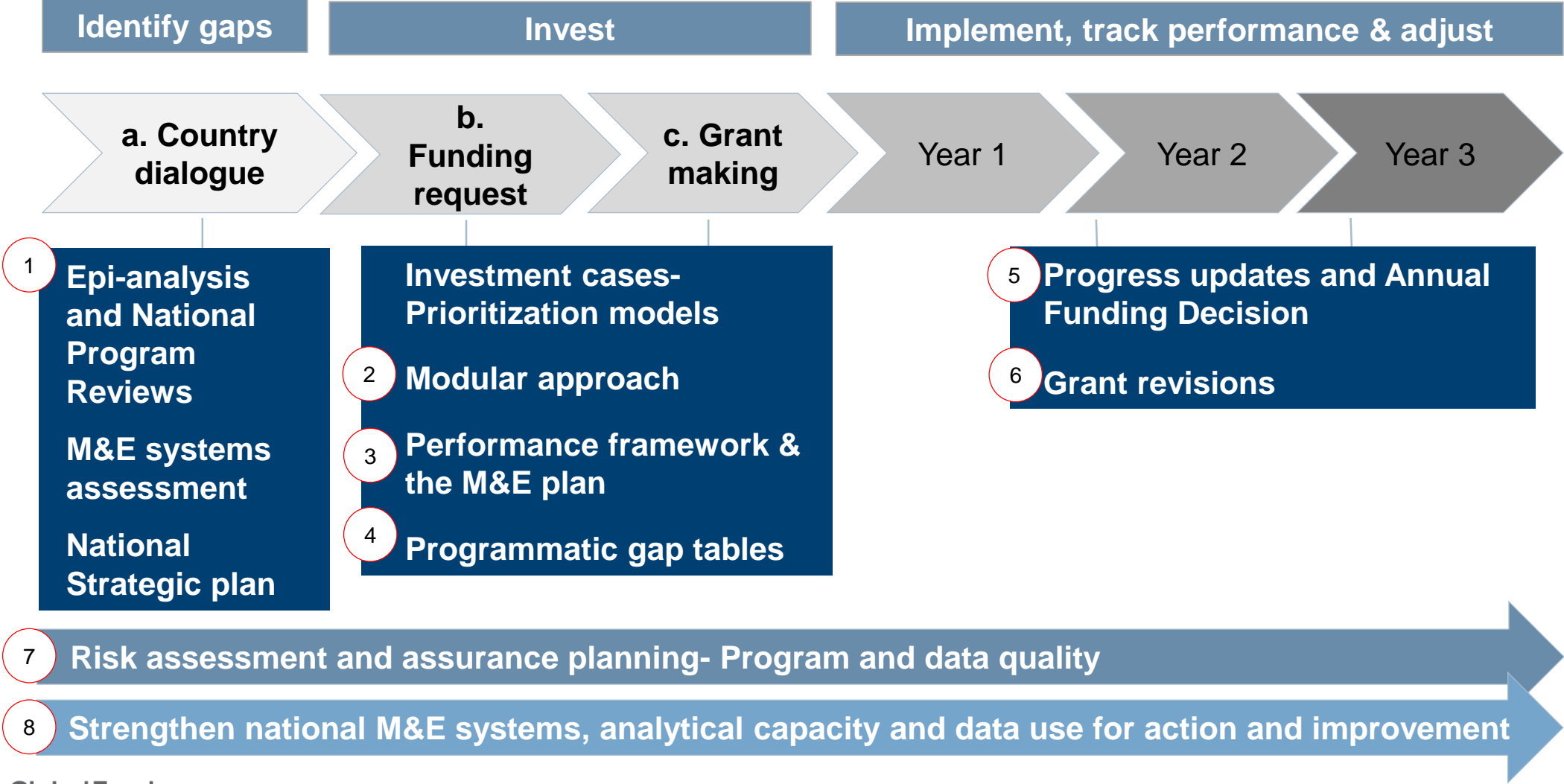
- Ad-hoc request from CTs
- Inconsistency of the support provided across countries and portfolios
- Outputs of variable quality
- Often miscommunication/ different expectations (e.g., what to expect from the review of the M&E plan?)
- Time constrains and competing priorities
- Progressively reduced budgets



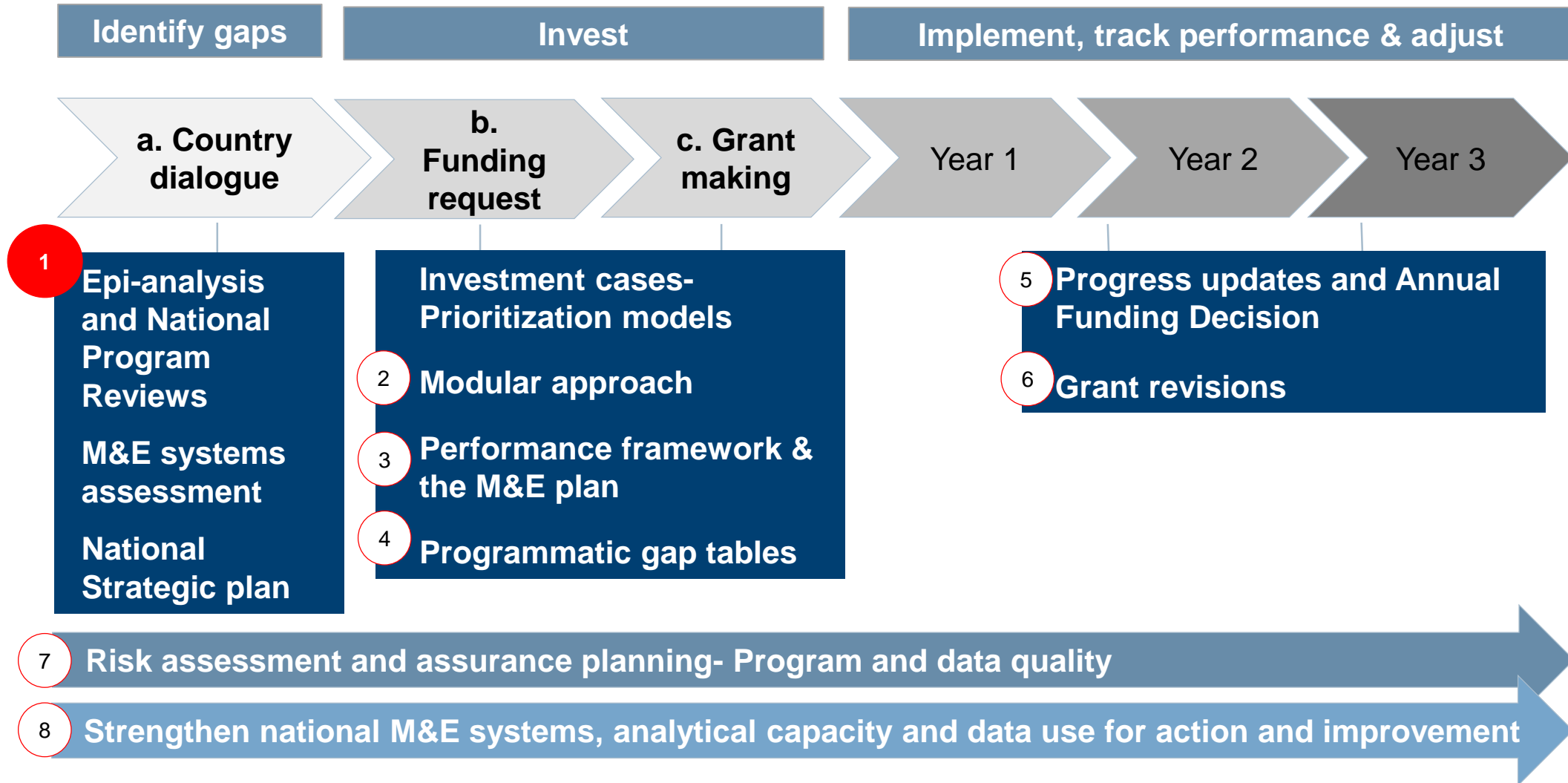
What we want to achieve?

- Clear understanding of roles and responsibilities
- Consistency of the support provided (CTs know what to expect from the LFA)
- Timely, high-quality deliverables from LFA
- Predictability of CT requests, planning in advance!
- Support based on added-value and LFA expertise
- Better understanding of the needs in differentiated portfolios

I. Grant cycle and M&E Requirements at various stages



Grant cycle and M&E Requirements at various stages



Country dialogue

PHME role

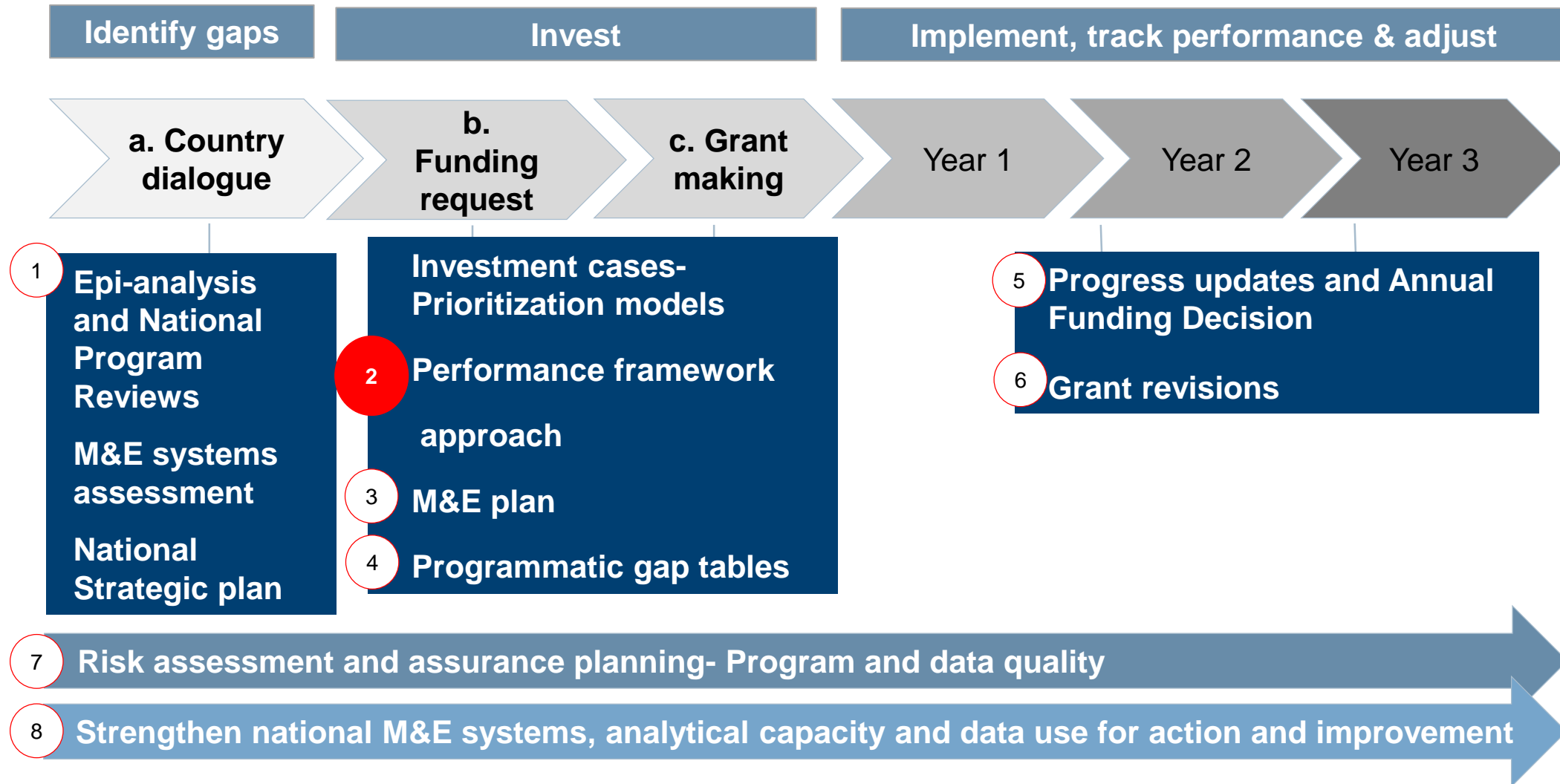
- **EPI analysis and National Program Reviews**
 - ✓ Share the epi and impact analysis guidance note
 - ✓ Check any need for external technical assistance
 - ✓ Review ToRs, progress and the draft and final reports vis-a vis the TORs
 - ✓ Provide feedback
- **M&E system assessment**
 - ✓ Review ToRs, assess needs of TA
 - ✓ Provide feedback and use the findings to inform grant-making
- **National Strategic Plan**
 - ✓ Contribute to discuss the process with MoH and partners, inputs to the process
 - ✓ Discuss needs of TA, provide technical inputs if needed, participate in missions, advocate for alignment with GF priorities.
- **During all country dialogue: participate in the process by focusing on prioritizing the appropriate package of interventions , ensure alignment with NSP, and gap analysis**

LFA role

LFA to share their experiences and identify the potential added value.

Where can LFA contribute better to the country dialogue process?

Grant cycle and M&E Requirements at various stages



3 (A) What is it?

Tool that links program goals and objectives to program areas (modules), interventions, related indicators

Essential **part of the Grant Agreement** between the Principal Recipient and the Global Fund

Focuses on **impact, outcome and coverage indicators**

Submitted at funding request stage and developed further during grant making stage

Forms the basis for **routine disbursements** to the Principal Recipient during grant implementation

Needed for NSP application, Full review, Tailored, RBF, not required for Programme Continuation
Focused countries maximum of 8 indicators per single disease grant

3

(B) What does a Performance Framework include?

Goals and objectives

- Program goals and objectives to be achieved over grant term

Modules

- List of modules for which funding is being requested

Indicators and targets

- Impact, outcome and coverage indicators with baselines and targets
- Report due dates for impact and outcome indicators

Geographic coverage

- Geographic area for coverage/output indicator reporting - National or Sub-national (to be specified in comments)

Disaggregation

- Disaggregation categories for which results will be reported later on (once a year)
- Baselines for the disaggregation categories

Target Accumulation

- Option for selecting how semi-annual targets would be aggregated for annual funding decisions

Sub-set of

- Identify if an indicator is a sub-set of another indicator

Work-plan tracking measures

- Qualitative milestones and/or input/process measures with numeric targets for modules and interventions that do not have suitable coverage indicators to measure progress

(D) Performance framework at funding request and grant making (4/4)

Funding request stage	Grant making stage
Requested by the applicants indicating the component(s) for which funding is being requested and generated through GOS by CTs	Pre-populated with the indicators and baselines from the TRP reviewed funding request and shared by the CTs with each nominated Principal Recipient(s)
Specific for each applicant- covering the full funding request for all nominated PRs	In case of multiple PRs- split by each PR
Reporting frequency is set at 12 months as default	Reporting frequency may be adjusted- e.g. 6monthly for core/HI portfolios, 12months for focused
Reporting periods get prepopulated based on implementation period start date. To align with country reporting cycle, the start and end dates of the first and last reporting periods can be changed.	Reporting periods will be pre-populated based on the country reporting cycle and the reporting frequency agreed with the country.
	Additional information required- <ul style="list-style-type: none"> - Indicate if an indicator is sub-set of another indicator - Cumulation type in case of 6 monthly reporting - Baselines for disaggregation categories

3 (I) Who does what?

CCM

- Oversees the progress on the development of performance framework; may be consulted / engaged as necessary

PR

- Finalizes the performance framework based on the funding request, TRP comments, GAC guidance and inputs from the Country Team

LFA

- Varied level of involvement in performance framework related discussions, as specified by Country Team

Country team

- PHME specialists in the Country Team undertake in depth review, proactively work towards finalizing the document and sign-off on the final document for grant signing
- PHME specialists involve technical partners and country stakeholders in discussions

Dialogue is the key!

Challenging Issues

Disaggregation baselines

- ✓ Disaggregation categories (section E) will be prepopulated with required disaggregation categories when applicable
- ✓ Ensure baselines are available for required disaggregation/s
- ✓ Include plans to collect missing baselines

Description in comments:

- ✓ Please use the indicator sheet
- ✓ Assumptions
- ✓ Numerator, denominator, target population source of baseline, MOV,
- ✓ Program description e.g. package of intervention services for KP

Rely on GF Indicators as much as possible. Custom indicators should be minimized, needs to be cleared by MECA

WPTM do not use unless indicated

Ensure correct cumulation of targets

Performance Framework template- enhancements

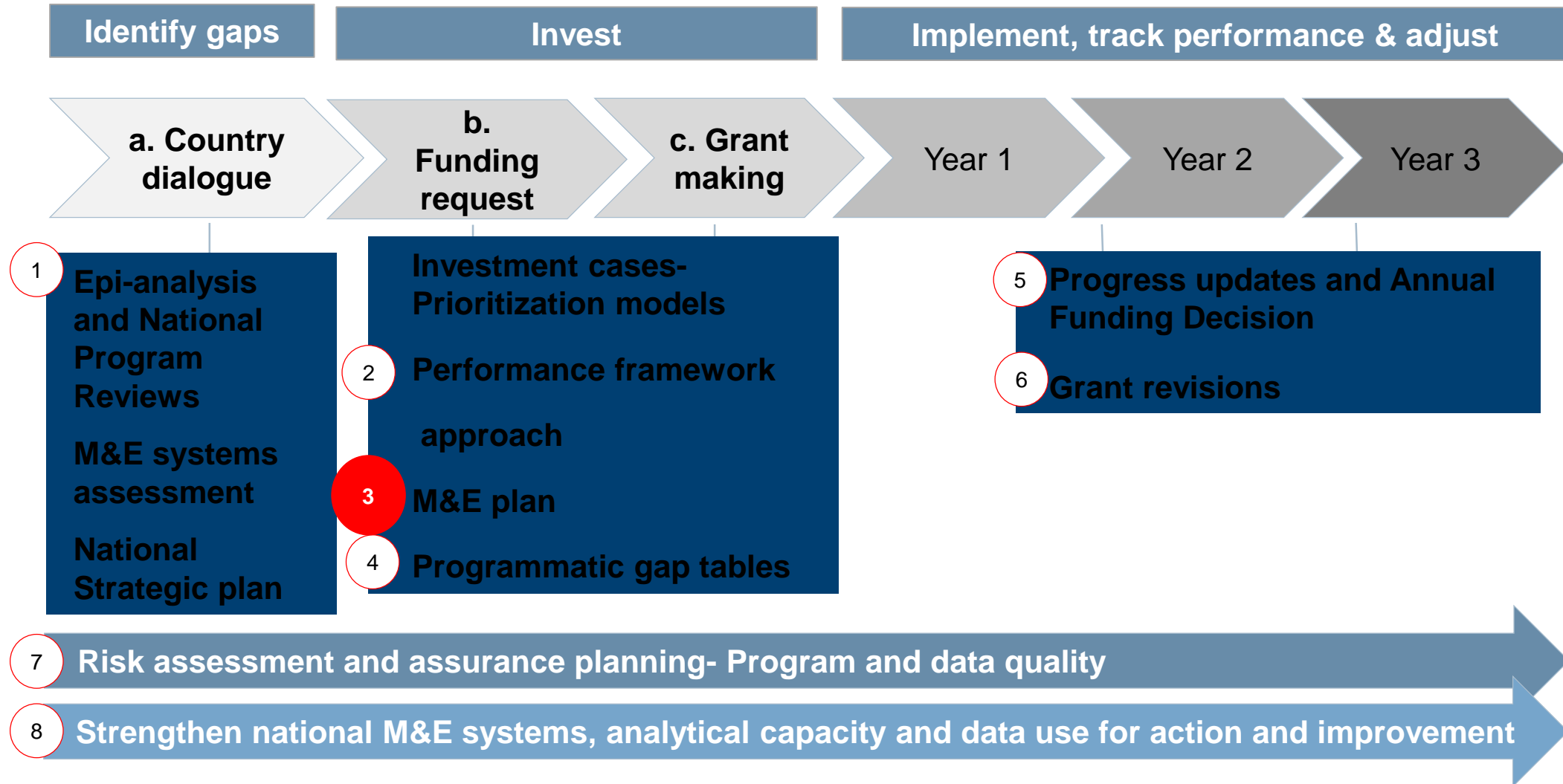
1. Baselines and targets captured in the same table, no scrolling up and down required
2. New column to capture target population introduced. Will apply to some HIV modules as indicated in the modular framework. For other modules select "Not applicable"
3. All baseline and targets (N, D and %) fields are number fields. Will not allow adding any alphanumeric characters or comments (e.g. <, > or TBD)
4. "Subset of" column replaced with "Include in GF results"- to be filled by the CT/PHME.
 - To help identify which results to use for portfolio-wide reporting when multiple PRs in a country report on the same indicator- simplify deduplication
4. Title of the column "Geographic coverage" changed to "Scope of targets" and menu of options expanded to clarify whether the targets are geographically national or sub-national and whether these are total national program targets or a part of it
5. The category "Cumulative annually" has been dropped. All targets, with some exceptions, will be included as "Non-cumulative" or "Non-cumulative-other". Each indicator with an assigned cumulation type, with a few exceptions

PF development and review- role of by CT/PHME

- **Negotiate the PF with the PR and country stakeholders**
 - ✓ Agree on the indicators (# and content)
 - ✓ Discuss targets
 - ✓ Review assumptions, means of verification
 - ✓ Ensure participation of relevant stakeholders .
- **Quality assurance process (3 levels)**
 1. PHME of the CT: QA check-list
 2. PHME of the same region (“peer review”)
 3. MECA: QA review

NOTE: in each step iterations with the PR could be needed
- **Final CT/PHME sign-off, Final MECA sign-off.**

Grant cycle and M&E Requirements at various stages



M&E Plan (1/2)

What is an M&E Plan?

Document that describes the components and functioning of the national M&E system, and the mechanisms to strengthen the existing system

Includes the following information:

- ✓ Description of routine programmatic data collection and reporting
- ✓ Indicators definition and measurement methods
- ✓ Planned evaluation, surveys, surveillance, special studies
- ✓ Planned National program reviews, mid term reviews
- ✓ Mechanisms for data quality assurance
- ✓ M&E work plan and budget (in case of National M&E Plan)
- ✓ Information dissemination and communication

3

What type of M&E Plan should be submitted? (2/2)

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

Required at grant making. Exceptions include the following-

Scenario	Recommendation
National M&E Plan exists but does not include sufficient details	Submission of National M&E Plan and annex required with complementing information for Global Fund reporting (indicators and measurement methods and data sources)
No National M&E Plan exists	<ul style="list-style-type: none"> • Submission of grant specific M&E plan for grant signature • Subsequent elaboration of National M&E plan in case of government PRs

Resources for M&E Plan

HIV: <https://www.who.int/hiv/topics/me/en/>

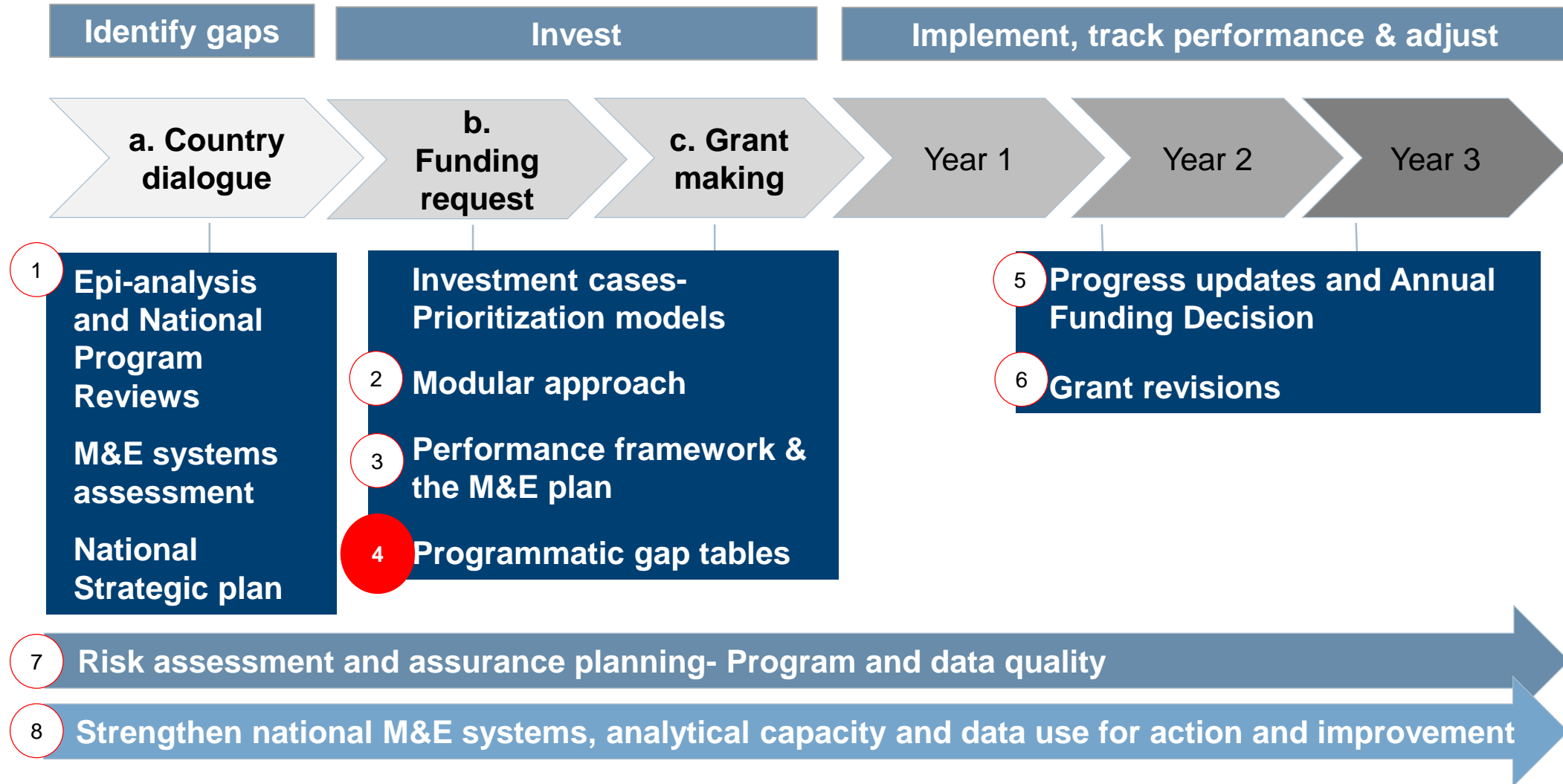
TB: reference https://www.who.int/tb/publications/m_and_e_document_page/en/

Malaria: <https://www.who.int/malaria/publications/atoz/9789241565578/en/>

Data use guidance (based on DHIS2)

(https://www.who.int/healthinfo/tools_data_analysis_routine_facility/en/)

Grant cycle and M&E Requirements at various stages



4 Programmatic gap table

- A. What it is?
- B. What do TRP and GAC look for in a programmatic gap table?
- C. Key pointers for CCM while filling out programmatic gap table

(A) What is it? (1/4)

Summary of **national goals** and targets and the change achievable by national and partner contributions **and the additional effect of GF support**

Snapshot of the **key programmatic needs and gaps** in coverage at national level

Displays the **impact on selected modules (3-6)** achievable with Global Fund investment in partnership with the country

Reflects needs of **key populations** and **geographic areas with highest prevalence rates**

Includes coverage targets for the allocation and prioritized above allocation request (PAAR) amount

Includes figures related to **gaps in coverage (# of people or commodities)** and not financial gaps (\$ amounts)

4

(B) What do TRP and GAC look for in a programmatic gap table

Holistic view

Holistic view of the strategic investments and related expected outcome
Snapshot of all priority modules put together and the associated targets and coverage levels to attack the epidemic

National Strategic Plan

Strategic directions of the funding aligned to NSP / investment plan

Partners' contribution

Contribution of other stakeholders – government, other donors – in achieving national targets

Prioritized investment

Displays prioritized funding request among various modules / interventions and among geographical areas based on transmission rates

Ambitious but feasible

Coverage targets (overall) strike a good balance between ambition and feasibility, while ensuring quality and investments for supporting infrastructure

Value for money

Demonstrates good value for money based on strategic goals and appropriate budget / cost inputs

(C) Highlights of the programmatic gap tables (3/4)

Some tables are customized to specific interventions- condoms, male circumcision, PrEP, LLIN, IRS, malaria case management (diagnosis and treatment) and should be filled as per the instructions provided

In most cases the programmatic gap is based on country needs (row A)

In some cases the gap is calculated based on country target (row B)- IRS, condoms, PrEP, male circumcision

Most gap tables reflect gaps in coverage; some tables elaborate gaps in commodities (LLINs, condoms)

Blank cells highlighted in white require input. Cells in purple will be filled automatically.

The programmatic gap tables should be aligned to the planning and reporting cycle of the country (e.g. Jan-Dec or Jul-June, etc.) even if the funding request might cover the gap for a shorter period during the year based on the expected grant start and end dates

- For example, if the National Strategic Plan and the fiscal and programmatic reporting follows Jan-Dec cycle and the expected grant start date is 1st July 2018, the gap tables should cover the gaps during the entire 12 months of 2018 and 2021 and not just the 6 month period to be covered by the Global Fund grant.
- The first column in the gap table will reflect the need already covered by domestic and other resources during the first six months of 2018, the targets to be financed by the Global Fund allocation amount during the period Jul-Dec 2018 and any gaps remaining in 2018.
- If the first six months (Jul-Dec 2018) are covered by the current grant, it should be included under “external resources” category under “country need already covered

(C) Key pointers for filling the programmatic gap tables (4/4)

Before filling in

- **Read the instructions** in the *Instructions tab*
- Agree on **3-6 priority modules** (based on impact)
 - key to fight the diseases
 - where currently gap in coverage exists
 - **May result in >3-6 tables**
- Priority **modules which are not quantifiable**, should be described in **narrative form** in the funding request
- **Validate coverage** by other development partners and government

While filling in

- Select **modules from the drop-down menu**
 - **Use blank tables if additional tables are required**
- Explain **assumptions** and provide **data sources**
- Provide **relevant additional information** in comments box if needed
- Explain / specify if some information is not available
- Ensure investment is focused to address epidemic areas

After filling in

- Ensure coverage levels are **consistent** with the coverage targets in the performance framework
- Ensure gaps under core supportive modules such as removing legal barriers and CSS are addressed in the narrative
- **Base funding request on**
 - **programmatic gaps identified**
 - **investments needed to achieve targets** – service delivery, system strengthening, technical assistance, etc.

Programmatic gap tables - updates

No major changes except the following:

1. New indicator added on TB preventive therapy for PLHIV
2. Revised gap table for net distribution to include PBO nets
 - GF currently supports 'pyrethroid-only' nets and PBO nets in line with WHO policy
 - PBO nets can only be considered if there is no gap in coverage for at-risk populations targeted for vector control. Both pyrethroid-only nets and PBO nets can be considered for funding within the allocation amount. However, if there is a gap in pyrethroid-only nets, PBO nets can NOT be requested. The gap in pyrethroid-only nets must be filled first.
3. Revised gap table for condom distribution
 - One table for overall condom gaps and needs including for key populations and male and female condoms
 - Aligned with UNAIDS condom needs estimation and resource requirements tool
4. PrEP gap table aligned with the updated WHO definition- “% of eligible KPs who initiated PrEP”

Additional Processes

Capacity Assessment Tool

Used to assess a new PR: It establishes whether an implementer proposed by the CCM has the appropriate capacity to implement the program

An assessment must also be conducted to review the capacity of an existing PR if it will be implementing new activities that have not been previously assessed.

This is done by functional areas

Monitoring and Evaluation,

Procurement and Supply Management,

Financial Management and Systems and Governance and

Program Management (including Sub-Recipient Management)

Tailored based on CT guidance

Main areas assessed for M&E

- Program design and relevance
- Design and operational capacity of M&E systems
- Program quality and efficiency
- Data availability and data quality
- Data use
- Promotion of human rights and gender equality



Microsoft Excel
Worksheet

Triggers for CAT

- Potential triggers for conducting an assessment of an existing PR:
- Material changes in scale of the program (e.g., expanding from covering 2 states to 10 states)
- Changes in scope of the program for activities they have not previously been assessed for (i.e. community outreach, BCC activities, etc.)
- PRs with specific experience in one disease being selected to manage a disease where they do not have explicit expertise.
- PRs with no or limited past experience in specific activities (i.e. procurement of non-health products, procurement, etc.) being tasked to take over such tasks.
- PRs with recurrent performance issues.

Classification of issues

- No Issues: Adequate capacities and systems are in place to implement the grant.
- Minor Issues: Required capacity and systems are generally in place. Capacity gaps pose minor risks that can be managed and/or strengthening measures can be implemented prior to grant signing or in less than 6 months.
- Moderate Issues: There are gaps in capacities and systems that pose moderate risks to successful program implementation. Addressing these gaps requires medium-term actions (six to 12 months) to be taken by the implementer, possibly including technical assistance and/or capacity building.
- Major Issues: There are significant gaps in capacities and systems that pose major risks to a successful grant implementation. Addressing these gaps requires longer-term (more than six months) technical assistance and/or capacity building and/or a temporary outsourcing of the function (e.g. fiduciary agent, procurement agent, etc.)
- Not applicable: The requirement is not relevant to the scope of responsibilities of an implementer

Program Budget Review

- Ensure consistency of activities with the targets in PF
- Ensure key activities are budgeted and occur at the right time
- Ensure M&E budget is adequate includes capacity building and studies
- Ensure data systems investments have been considered
- Consistency of the linkage of program goals and objectives to modules and interventions and related indicators and budgets.
- Ensure correct categorization of modules
- Draft workplan?

3

M&E budget

- All M&E activities, disease specific and/or cross-cutting, should be included under the module “Health management information systems and M&E”. This RSSH module **can be included in disease specific as well as standalone RSSH applications/grants.**
- All M&E investments should be classified under one of the six standard interventions-
 - ✓ Routine reporting; Program and data quality; Analysis, review and transparency; Surveys; Administrative and financial data sources, and Civil registration and vital statistics system
- **Program supervision related costs are included under the module “Program management”**
 - ✓ If the supervision related activities are specifically for data collection, reporting and/or data validation these can be included under the intervention “Routine reporting” under the module “Health Information system and M&E”
- All the activities and associated costs related to delivery of disease specific modules, including procurement, service delivery and health & community work force, should be included in the disease specific modules.
- RSSH modules should be selected when such interventions and activities are supporting more than one disease, with the exception of the M&E module.

Key areas for data system investments (3/3)

Component	Key areas of investment	HI	Core	Focused
HIV	HIV service cascade analysis	X	X	
	Case-based surveillance and patient monitoring	X	X	
	ART Cohort analysis (annually)	X	X	
	Sentinel surveillance, IBBS, key population size estimation (once every 3-5 years)	X	X	X
	Key populations – service coverage monitoring (once every 3-5 years)	X	X	X
	Drug resistance surveillance (once per grant cycle)- to be budgeted under Treatment, care and support module	X		
TB	TB prevalence survey (as needed)	X	X	
	Drug Resistance Surveillance	X	X	X
	Inventory studies (in countries with big private sector) (once every 3-5 years)	X		
Malaria	Surveillance system assessment & strengthening	X	X	X
	Malaria indicator survey (as needed)- every 3-5 years in high burden countries	X	X	
	Insecticide resistance monitoring- to be budgeted under vector control module, every year	X	X	
	Therapeutic Efficacy Surveillance (TES) to be budgeted under case management module, annually	X	X	
Cross-cutting	HMIS (including hospital HMIS module and laboratory information system)	X	X	
	DHIS2*- In countries that use DHIS as a platform	X	X	
	Hospital mortality reporting & analysis; community reporting (as needed)	X	X	
	Program and Data Quality Reviews & Assessments- once per grant cycle	X	X	
	Analytical capacity – (epi profiling, sub-national analysis of the three diseases and health systems)	X	X	
	Data use for program quality improvement, better resource allocation & improved program management- Local capacity development (workshops, training, on-site support)	X		
	Data use – systematic in-country portfolio reviews & dialogue	X	X	X
	Technical assistance- e.g. analytical support across the three diseases; DHIS2 (HISP) support, etc.	X	X	
Evaluations and reviews	Evaluation & reviews- including epi & impact analysis (integrated or disease specific)- once per grant cycle	X	X	X ¹
	Evaluation – Multi-country grants	X	X	X

Ensure that areas highlighted in red are funded through the Global Fund grant(s) and/or with domestic or other partner resources

¹ Can be funded through catalytic funds.

Summary of PHME Roles

Country Dialogue

EPI analysis and National Program Reviews

- ✓ Share the epi and impact analysis guidance note
- ✓ Check any need for external technical assistance
- ✓ Review ToRs, progress and the draft and final reports vis-a-vis the TORs
- ✓ Provide feedback

M&E system assessment

- ✓ Review ToRs, assess needs of TA
- ✓ Provide feedback and use the findings to inform grant-making

National Strategic Plan

- ✓ Contribute to discuss the process with MoH and partners, inputs to the process
- ✓ Discuss needs of TA, provide technical inputs if needed, participate in missions, advocate for alignment with GF priorities.
- **During all country dialogue: participate in the process by focusing on prioritizing the appropriate package of interventions , ensure alignment with NSP, and gap analysis**

Grant making

Performance Framework

- ✓ Discuss and agree on indicators and baselines per PR
- ✓ Negotiate appropriate indicators and targets in the PF to measure grant performance and demonstrate impact
- ✓ Agree on reporting frequency, means of verification and align to country reporting/ fiscal cycle
- ✓ Ensure participation of appropriate stakeholders
- ✓ Coordinate internal GF QA process (Peer and MECA review)
- ✓ Sign-off on agreed PF

M&E plan

- ✓ Review and clear near final M&E plan

CAT

- ✓ Determine aspects of the CAT to be completed for new or continuing PR
- ✓ Complete the CT component of the CAT based on feedback from PR and LFA
- ✓ Finalize and agree on action plans and implementing entity
- ✓ Communicate the agreed action plans to the PR and incorporate in grant
- ✓ Incorporate CAT in the IRM

Group Work Questions

1. Based on the presentation and your own knowledge and experience , identify key gaps/weakness/ areas that need further support to improve the country dialogue and grant making processes
2. Based on the previous response , and on the LFA competences and expertise, identify which processes of the country dialogue and grant making will benefit more from LFA support
3. Identify 3 good practices/examples where the LFA have contributed to improve the country dialogue/grant making process

Report Back by groups

Consensus and Discussion

Role of PHME and LFA on various deliverables

	PHME / CT	LFA role
Country Dialogue		
Epi analysis	XXX	
Joint Programme Review	XXX	
NSP Development	XXX	
Funding Request development	XXX	
Performance Framework	XXX	
Grant Making		
Performance Framework	XXX	X
Grant Making Discussions	XXX	XX
Gap tables	XX	X
Programmatic Budget Reviews	X	XX
Capacity assessment tool	XX	XX
M&E Plan	X	XXX

Thank you for your attention

Back up slides

Grant Revisions

Grant revisions ensure the continued effective and efficient use of Global Fund resources

It allows adjusting the Global Fund investments according to changing programmatic requirements during grant implementation

A grant revision may also occur due to other changed circumstances and arrangements.

Identify the type of revision planned/required based on the OPN on grant revisions-

<https://tgf.sharepoint.com/sites/inside/grants/operational-policy/operational-policy-manual>

OPN includes five types of grant revisions. Three of these require revision of the performance framework

- End date revisions
- Additional funding revisions
- Program revisions (reprogramming)- material/non-material

Table 1: Key areas and indicative amounts for data system investments within GF Grants, USD

Component	Key areas of investment	High Impact	Core	Focused	Remarks
HIV	HIV service cascade analysis	~100K	~100K		Could be higher- depends on portfolio size
	Case-based surveillance and patient monitoring	~200-300K	~200K		Up to 400K in bigger portfolios
	ART Cohort analysis	~30-50K	~30K		Annually
	Sentinel surveillance, IBBS, Key pop size estimation	~400K	~300-350K	~100-200K	Once every 3-5 years
	Key pops – service coverage monitoring	~200K	~200K	~200K	Once every 3-5 years
	Drug resistance surveillance	~250			Should be budgeted under treatment, care and support module. Once per grant cycle.
TB	<i>TB prevalence survey (as needed)</i>	~3.5M	~2.5M		Depends on country need, every 7-10 yrs.
	Drug Resistance Survey	300K	~200K	~50-100k	Every 3-5 years
	Inventory studies (in countries with big private sector)	~250 K			Once every 3-5 years
Malaria	Surveillance system assessment & strengthening	~250K	~200K	~200K	Focused countries in elimination phase might require higher budget
	<i>Malaria indicator survey (as needed)</i>	~1M	~1M		In high-burden countries, every 3-5 years
	Insecticide resistance monitoring	~200K	~150K		Should be budgeted under vector control module, every year
	Therapeutic efficacy surveillance (TES)	~150K	~120K		Should be budgeted under case management module, every 2 years
Cross-cutting	HMIS (including hospital HMIS module and laboratory information system)	~2% of grant budget	~2% of grant budget		Also includes costs of electronic reporting platforms, infrastructure, connectivity, data validation & use
	DHIS2*	~1-2M	~1-2M		In countries that use DHIS as a platform
	<i>Hospital mortality reporting & analysis; community reporting*(as needed)</i>	~500K- 1M	~250-500K		Amount depends on the stage of CRVS implementation and country size
	Program and Data Quality Reviews & Assessments	~500K	~250-350K		Mandatory budgeting, once in a grant cycle
	Analytical capacity – (epi profiling, sub-national analysis of the three diseases and health systems)	~1M	~600K		To strengthen district, regional and national analytical skills and production of periodic analytical outputs.
	Data use for program quality improvement, better resource allocation & improved program management	~400K			Local capacity development (workshops, training, on-site support) on key analytical outputs and data use for action
	Data use – systematic in-country reviews & dialogue	~200K	~200K	~25-50K	In-country partners & GF joint forums to review success and implementation challenges, and draw actions
Technical assistance	~400K	~300K		Mandatory: analytical support across the three diseases; DHIS2(HISP) support, etc.	
Evaluations and reviews	Evaluation & reviews - including epi & impact analysis (integrated or disease specific)	~750K	~600K	Depends on budget size	Mandatory budgeting: once in a grant cycle Must be budgeted in each disease grant
	Evaluation – Multi-country grants	~150-250K	~150-250K	~150-250K	Depends on the scope & coverage of grants
Indicative Total		~13M	~8.5M	~750K	

* See DHIS2 & CRVS info notes for details; Red highlighted text: Mandatory budgeting either in Global Fund grant(s) or with other resources