

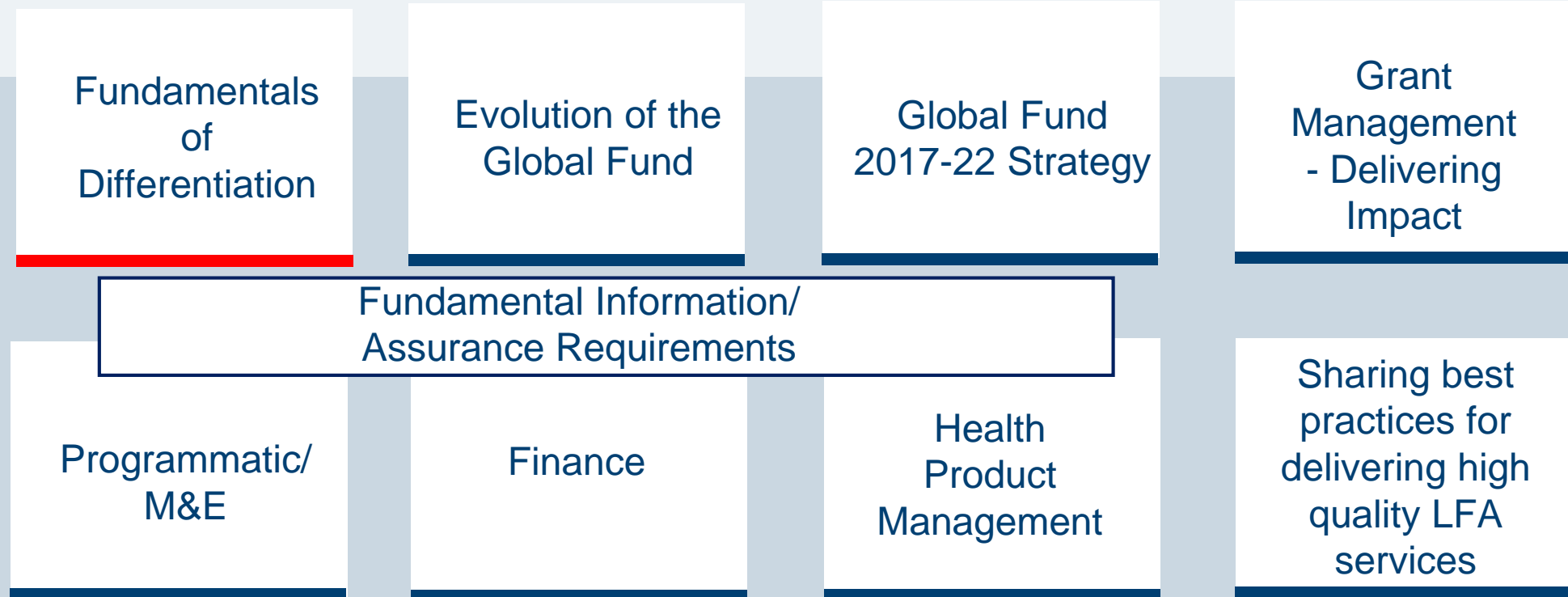
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# Fundamentals for Effective LFA Service Delivery

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LFA TRAINING 2019/20

# Agenda



# Differentiated Portfolio

3

**portfolio categories**  
Allocation & Impact

**FOCUSED**

Smaller portfolios,  
lower disease burden,  
lower risk  
( $< 75M$ )

**CORE**

Larger portfolios,  
higher disease burden,  
higher risk  
( $> 75M$  and  $< 400M$ )

**HIGH IMPACT**

Very large portfolios,  
mission critical disease burden  
( $> 400M$  or High Impact)

**Global Fund portfolio\*:**

333 active programs

Over 100 countries

\$4.0 bn disbursed in 2018

2

**cross-cutting classifications**


Challenging Operating Environment

Transitioning Portfolios



# LFA scope of work in focused portfolios

## Differences to Core/High Impact portfolios

1. Smaller portfolios/lower risks - scope of required LFA assurance = smaller
  2. Grant Reporting:
    - 2.1 No PUs
    - 2.2 PUDRs:
      - Programmatic verification not required, but if deemed necessary by CT, then follows standard PUDR verification
      - Until now, no verification of expenditures
-  **New: re-introduction of financial verification with next PUDRs!**
3. Review of Grant Revisions
    - If required, once a year as part of PUDR
    - Exceptional material budget revisions any time during the year

# Agenda



# Evolution of Global Fund Model

Early Years - Light touch approach / Performance Based Funding Model

Validate the reported results by PR  
Undertake spot-checks to mitigate financial risks (of theft)

Middle Years

Increasing emphasis on establishing systems (HMIS etc.) to improve quality of reporting – systems assessments

2017-2022

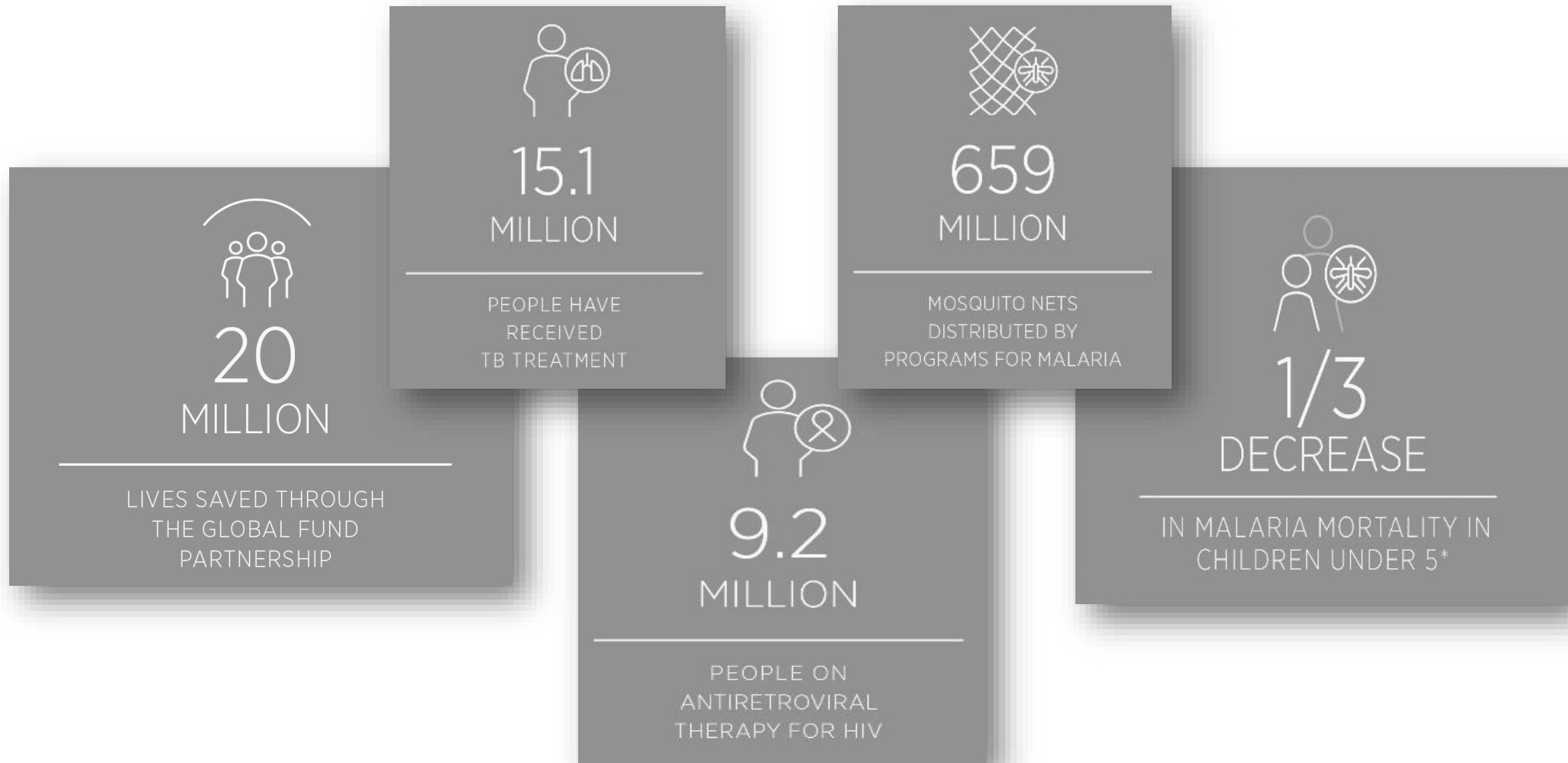
Investing for Impact

- Are our investments making an impact?
- What are we doing right or what do we need to do differently to achieve results and impact?
- Can we improve value for money?

# Agenda



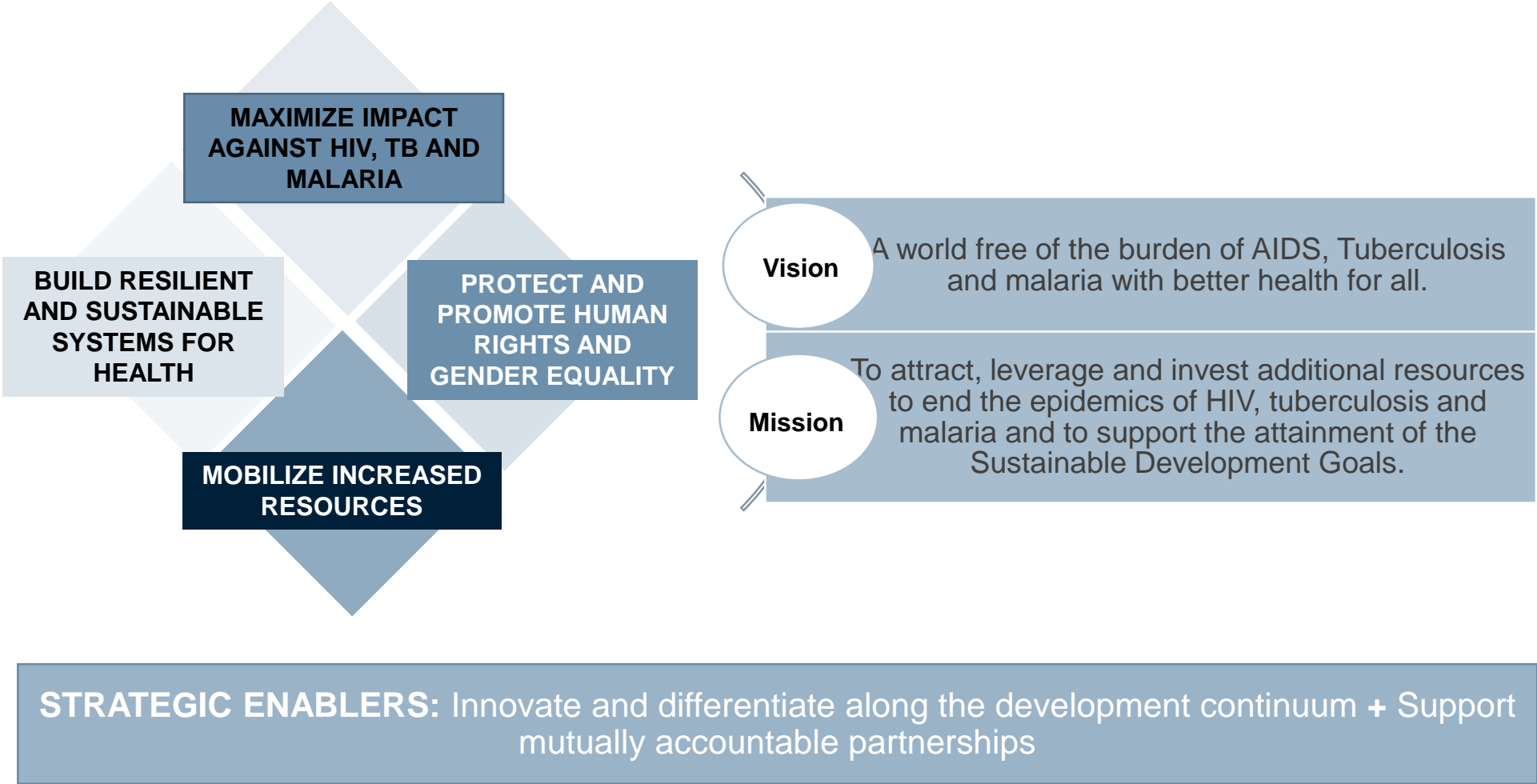
# The why and what of the Global Fund 2017-2022 Strategy





# The why and what of the Global Fund 2017-2022 Strategy

Global Fund Strategy 2017-2022: *Investing to End Epidemics*



# How will we implement and demonstrate performance?

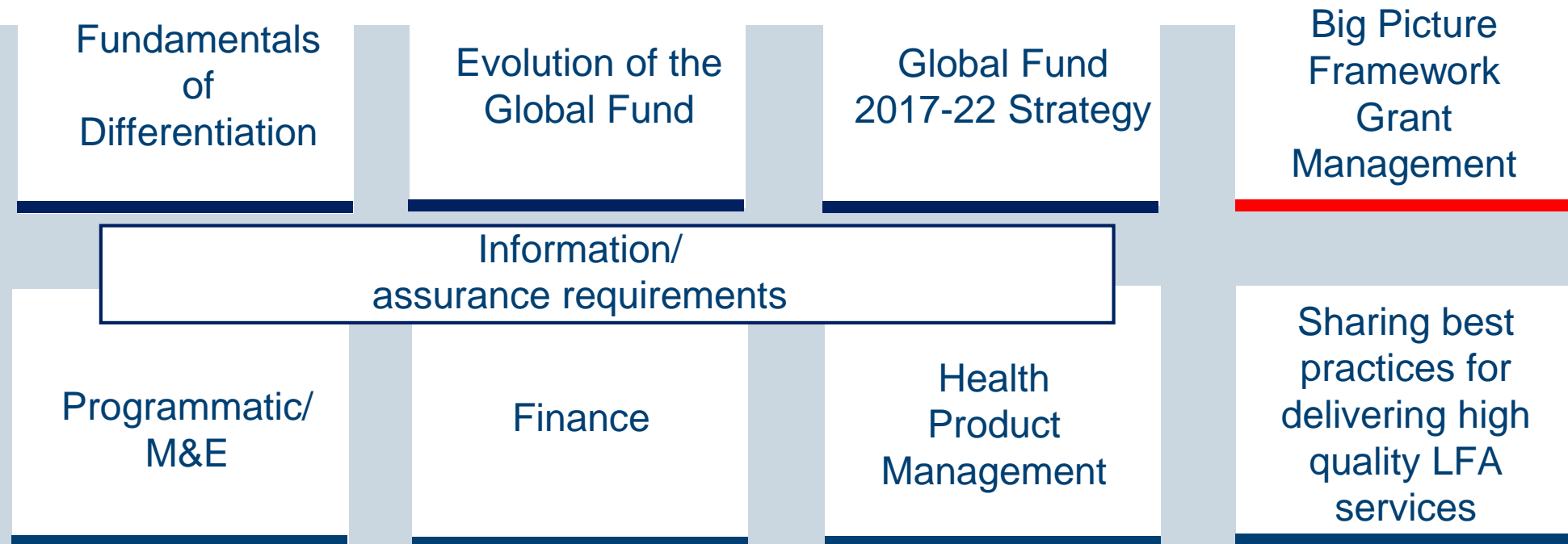
## KPI Framework linked to Strategic Framework

Strategic Targets	Strategic Targets			
	1 Performance against impact targets		2 Performance against service delivery targets	
Strategic Objectives	Maximize Impact Against HIV, TB and malaria	Build resilient & sustainable systems for health	Promote and protect human rights & gender equality	Mobilize increased resources
Strategic KPIs	<ul style="list-style-type: none"> <li>3 Alignment of investment &amp; need</li> <li>4 Investment efficiency</li> <li>5 Service coverage for key populations</li> </ul>	<ul style="list-style-type: none"> <li>6 Strengthen systems for health</li> <li>7 Fund utilization</li> </ul>	<ul style="list-style-type: none"> <li>8 Gender &amp; age equality</li> <li>9 Human rights</li> </ul>	<ul style="list-style-type: none"> <li>10 Resource mobilization</li> <li>11 Domestic investments</li> <li>12 Availability of affordable health technologies</li> </ul>
Implementation KPIs	<ul style="list-style-type: none"> <li>1 Grant level service delivery performance</li> <li>2 Impact modelling coverage</li> <li>3 Transition preparedness</li> <li>4 Access to funding</li> <li>5 Forecast accuracy: Grant expense, Commodity demand, Service delivery</li> </ul>	<ul style="list-style-type: none"> <li>6 Community-based monitoring</li> <li>7 Commodity utilization</li> </ul>	<ul style="list-style-type: none"> <li>8 Gender programming</li> <li>9 Human rights program implementation progress</li> <li>10 CCM Key Population engagement</li> </ul>	<ul style="list-style-type: none"> <li>11 Post-replenishment private sector contributions</li> <li>12 Commodity procurement under management</li> <li>13 Roll out of innovative products (triggered KPI)</li> </ul>

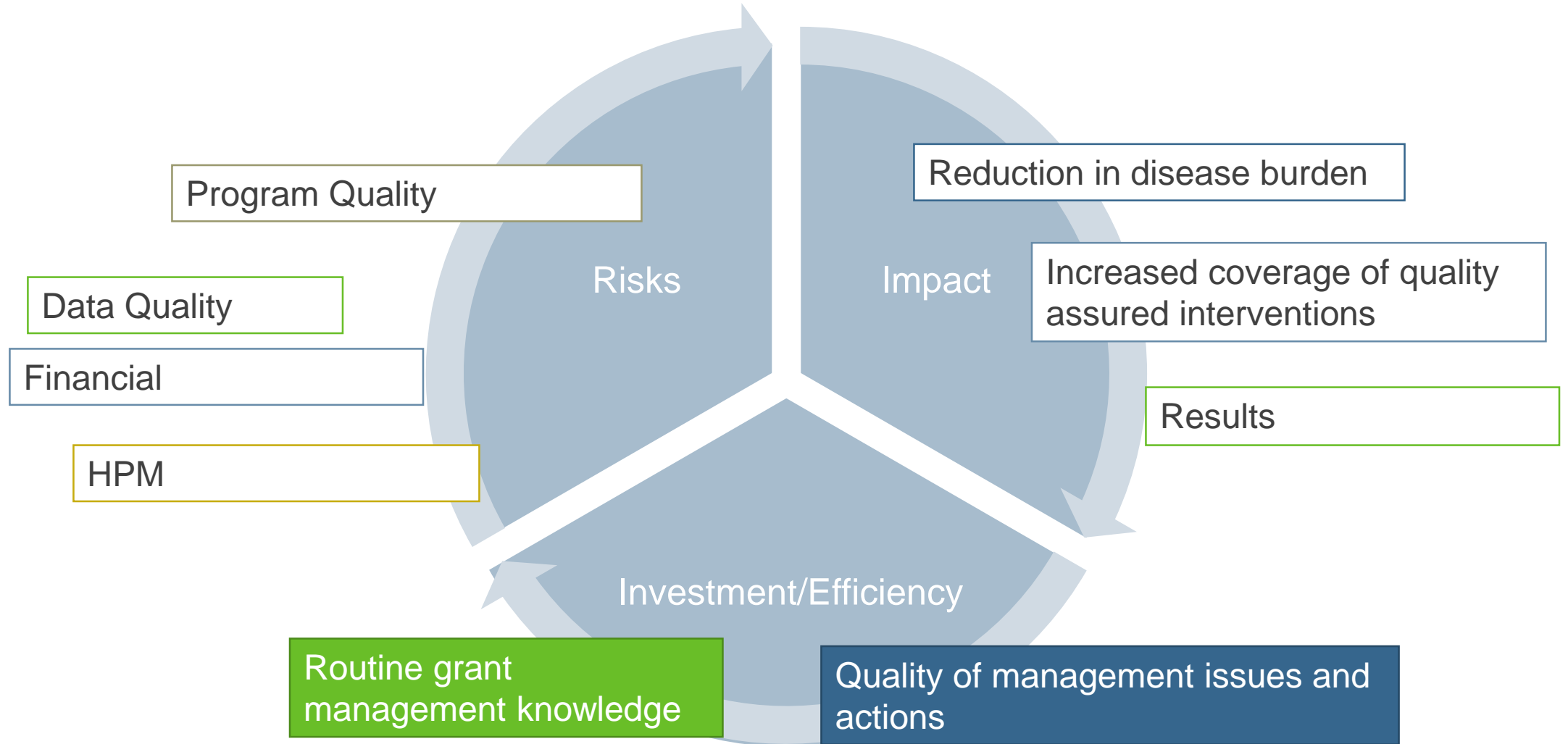
10

LFA Critical Role in achieving efficiency and results along the cycle of grant implementation: Are we investing in high impact interventions?

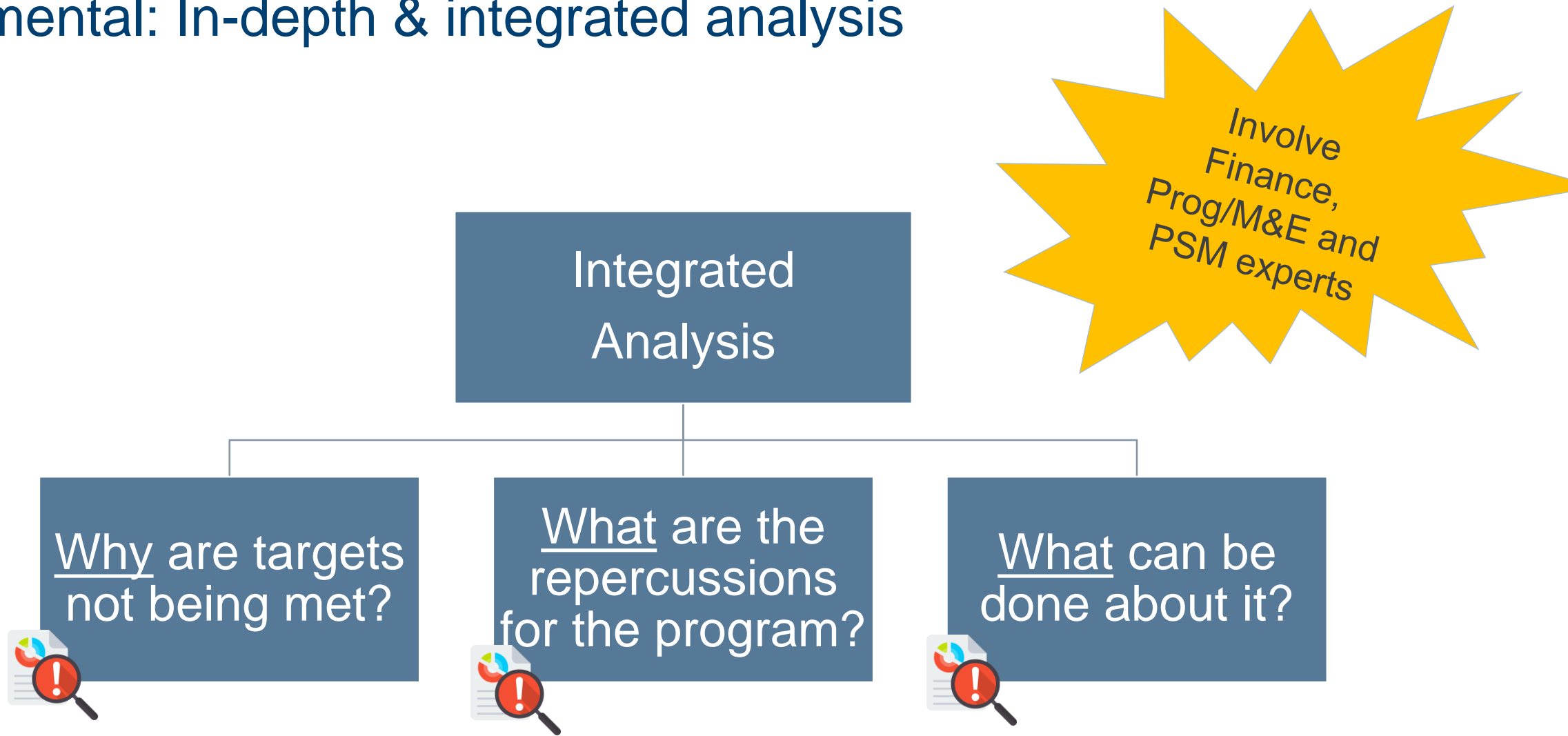
# Agenda



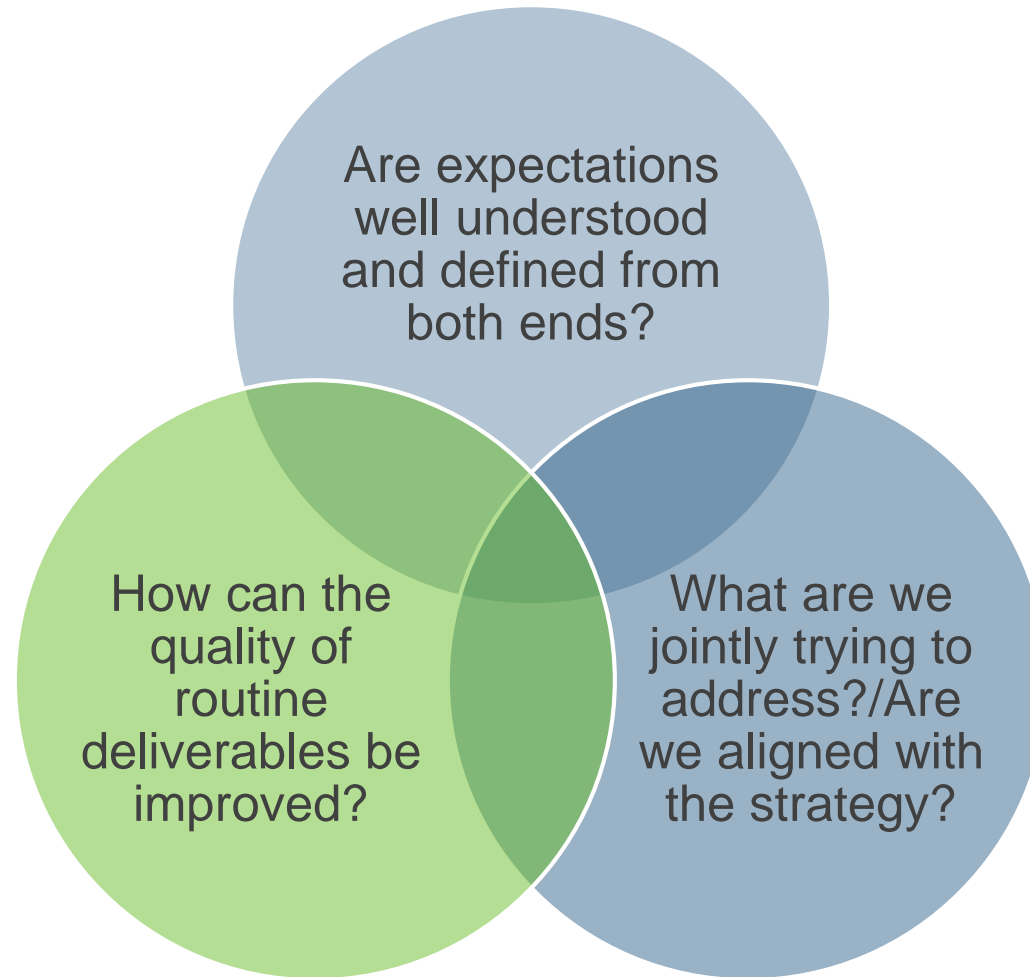
# Big Picture Framework to enhance value for investment



# Fundamental: In-depth & integrated analysis



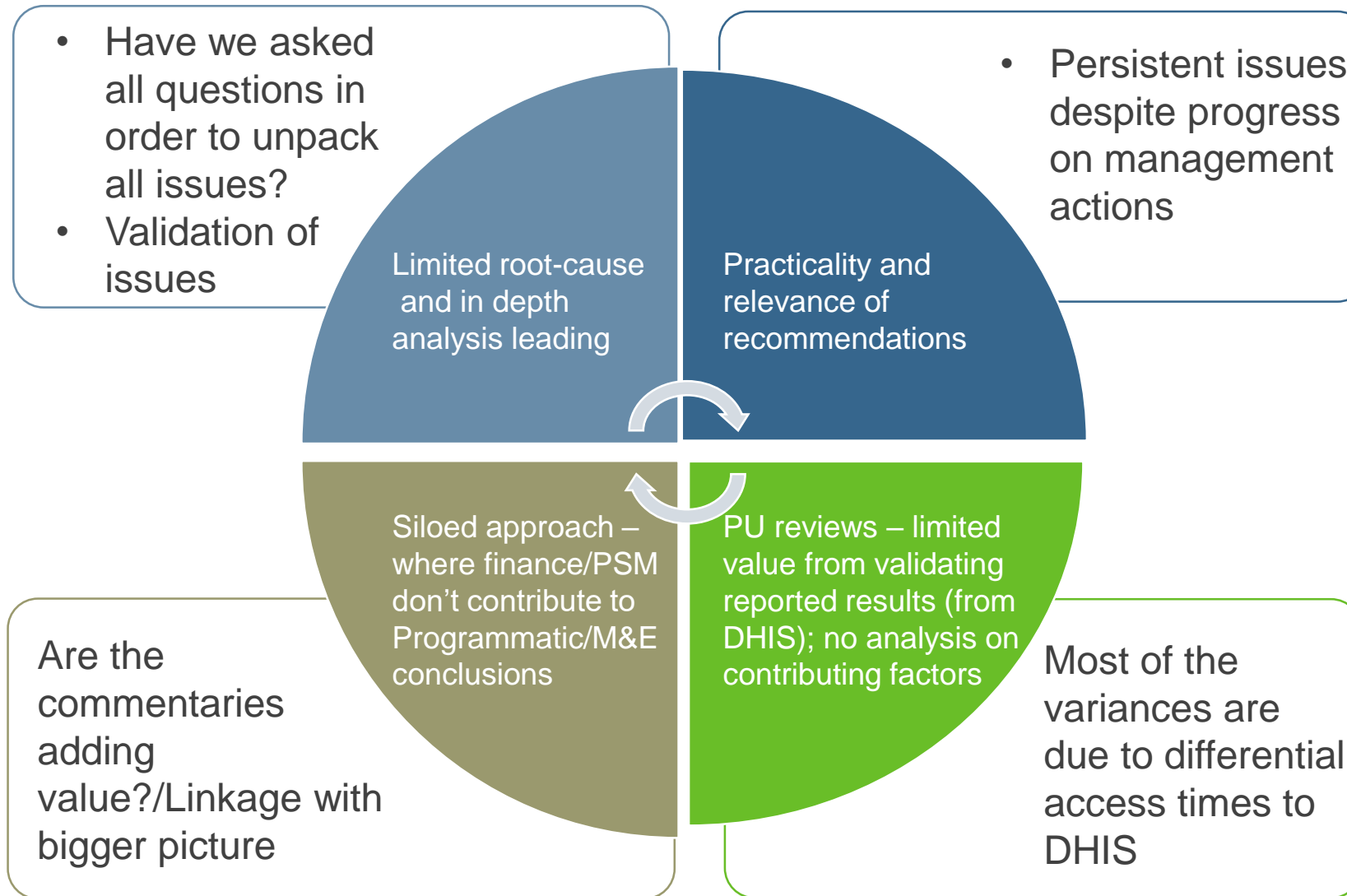
# Leveraging Multidisciplinary Teams



# Leveraging Multidisciplinary and partner engagement

- Building the right team of experts to look at specific programmatic domains
  - Have a mix of Public Health Specialists, Finance and HPM to review implementation
  - Have the right Public Health Expert – each disease requires a specific expertise – if we wish to make the best of resources being spent
  - Have the best HPM expert that turns program figures into adequate product quantities to meet the demand and cost all the components (using all the relevant parameters) so the finance knows the budget needs
- Capitalize on local expertise
  - LFA panel of Public Health experts and or PSM experts is limited/restrictive
  - Not enough effort being undertaken to identify local expertise or liaise with local institutions (a lot of in-country capacity has been built over the years!)
- Engage with partners
  - Very few LFA teams engage with partners to inform their reviews/spot checks
  - Alignment of assurance plans with work by partners e.g. vector control reviews feeding into PMI work & vice versa

# Fundamentals: Grant Management

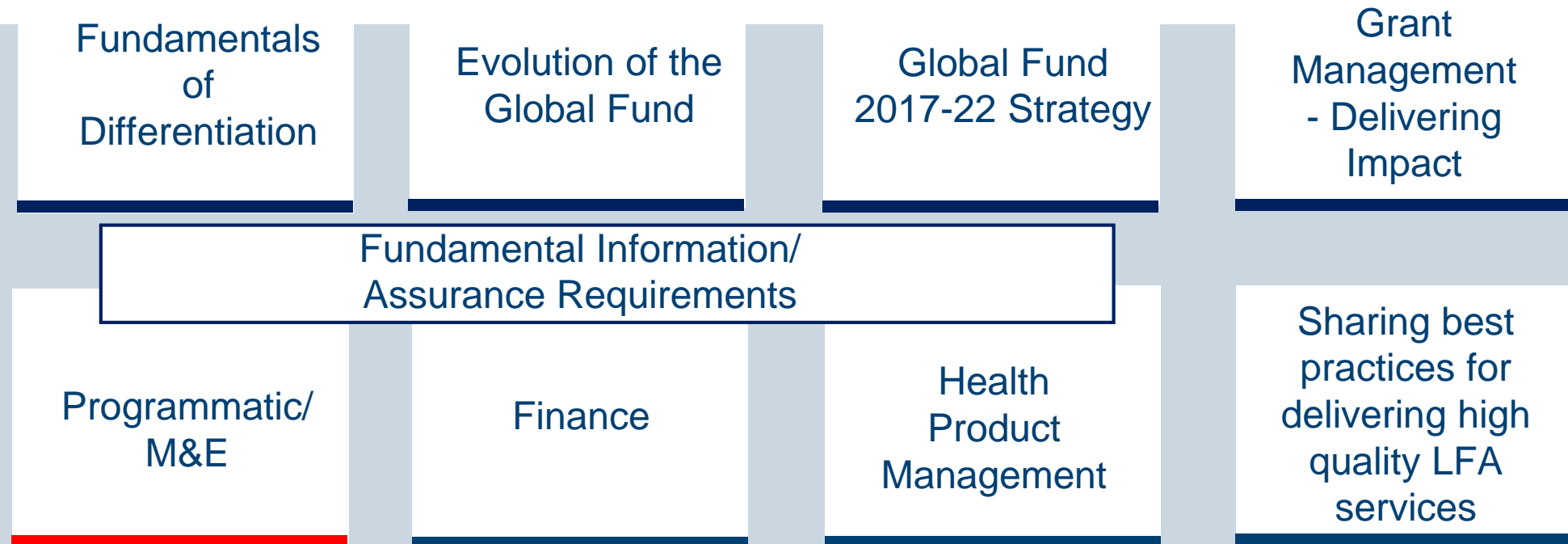




# Some examples of how things can be done differently

- **Joint reviews by LFA specialists – lead to improved review of operational challenges/bottlenecks**
  - End to End review of LLIN campaign / /Comprehensive IRS reviews undertaken in enabled by assembling of right local expertise with right skill sets (catch was issue of conflict of interest)
  - Review of Xpert roll-out and utilization
  - Review of HRH strategy, including training of community health workers
  - Cost-efficiency reviews
  - Procurement execution (projected/actuals/savings/space for re-investing or gaps)
- **Joint reviews with partners**
  - Jointly LLIN distribution/case management review with PMI
  - Joint ARV utilization/supply chain review with PEPFAR/USAID
- **Engaging institutions/experts**
  - Exploring innovative ways of tapping into technical/universities expertise

# Agenda



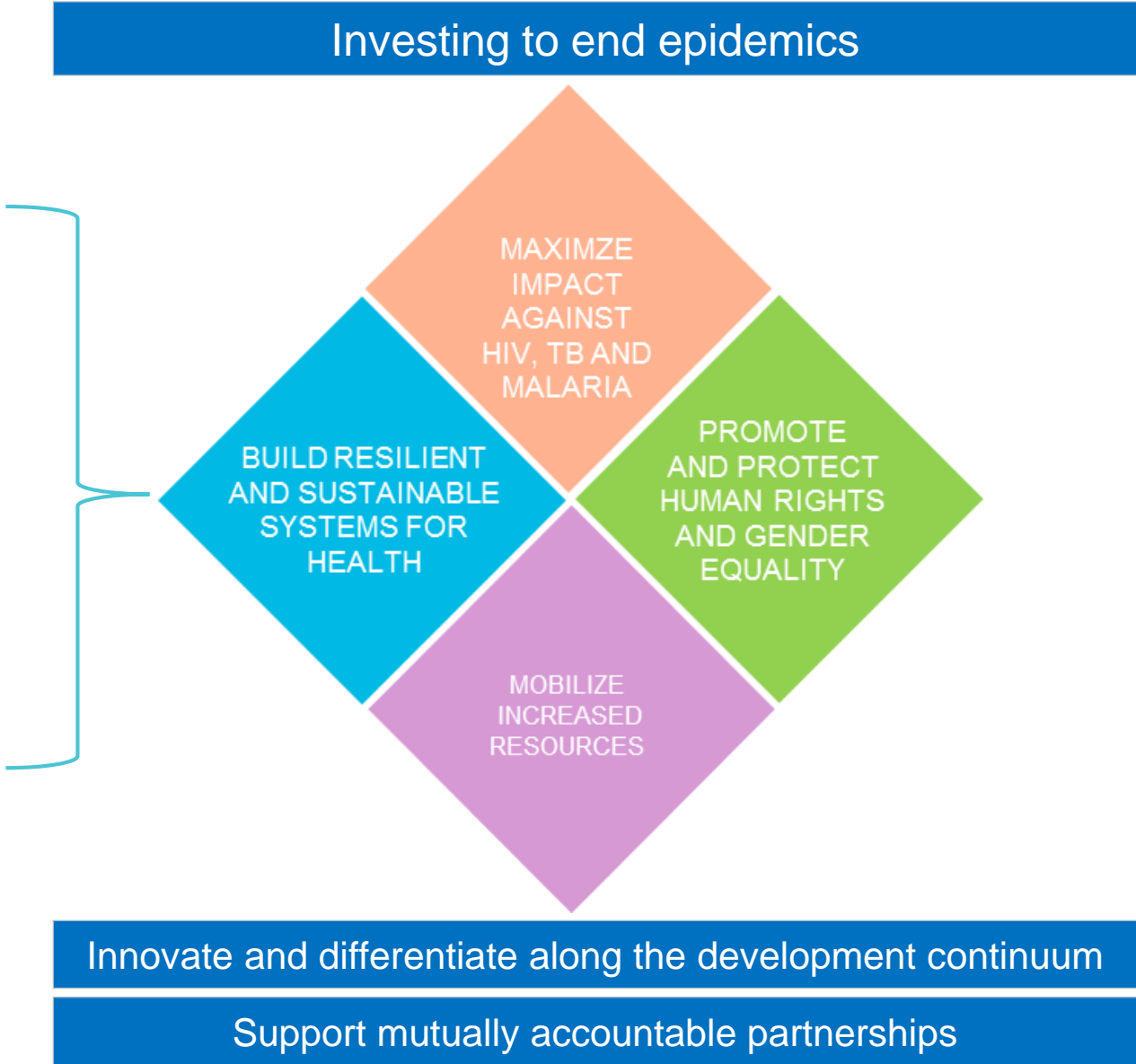
# M&E systems strengthening, one of the key objectives of the Global Fund strategy 2017-2022

## Strategic Objective 2

Build resilient and sustainable systems for health

### Sub objective- 2e

Strengthen data systems for health and countries' capacities for analysis and use

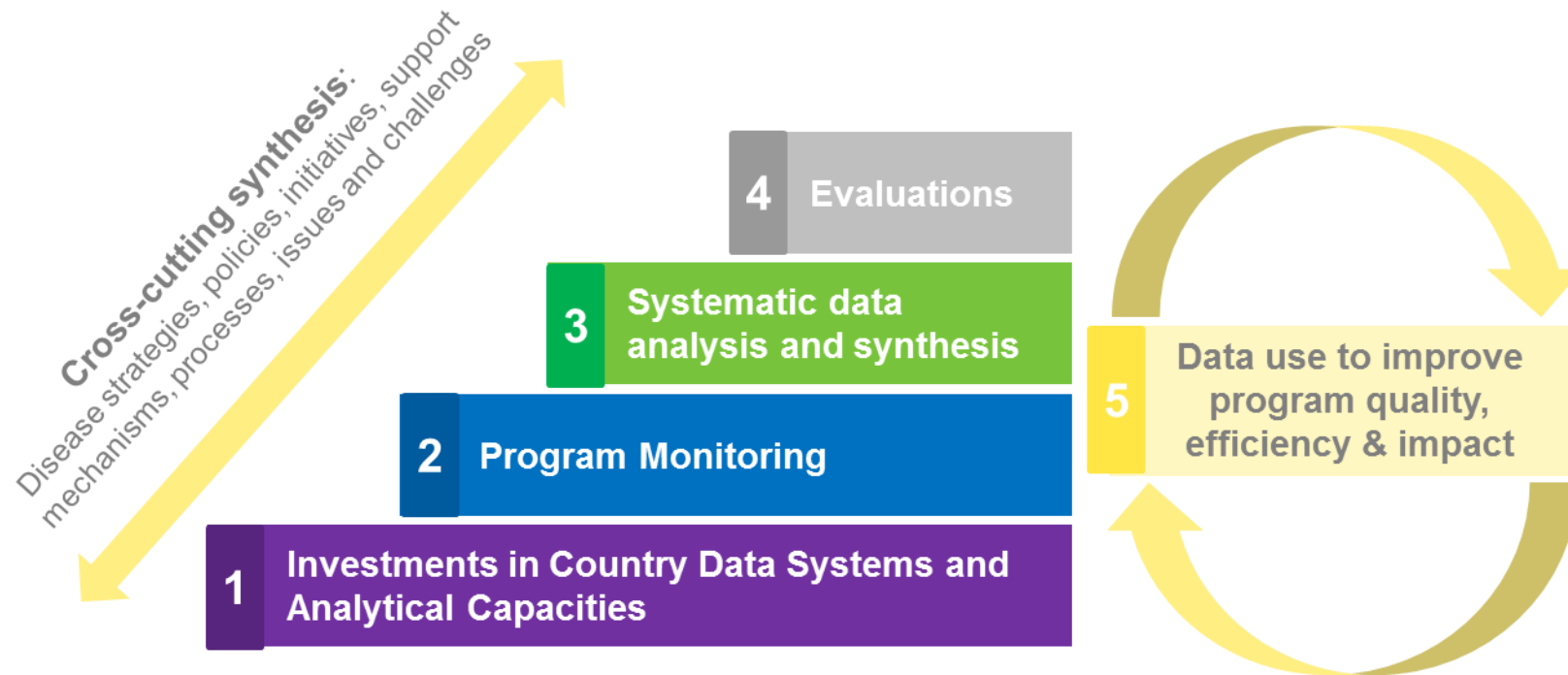


# Data Use for Action and Improvement framework at country level

**Vision:** To strengthen data availability, quality and use of data in order to drive Global Fund supported programs towards program improvement and maximized impact.

**Mission:** To strengthen capacity and build systems to collect, analyze and use data across all levels of program implementation

Comprises of five interrelated components often taking place simultaneously in countries





## Key outcomes of interest

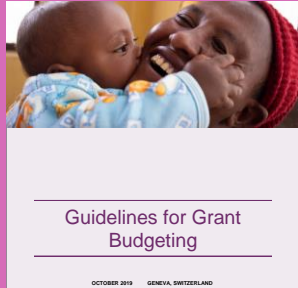
**Improved data availability and quality, data disaggregation and analytical capacity at different levels, sustained for long term**

## Sources of funding

- M&E investments through grants to countries: Approximately USD 400 million over 2018-2020
- Strategic Initiative for M&E (2017-2019): USD 20 million
- **Key areas of investments**
- Routine reporting- e.g. HMIS/DHIS, system interoperability (including LMIS), data disaggregation, case-based reporting, surveillance (including GIS mapping & mobile technology), hospital/ community reporting
- Program and data quality
- Surveys
- Program reviews and evaluations
- Administrative and financial data sources
- Civil Registration and Vital Statistics (CRVS)

# Key M&E Investments and Activities

LFA review of Concept Notes and Grant making budgets to consider the following:



## Upcoming Concept Notes and Grant making Budgets

Data quality review

Investment in routine HMIS

System interoperability

Analytical capacity

Evaluations

Program reviews

Investments in community systems

Patient tracking

## 2 Program Monitoring

### Key outcomes of interest

- Progress reporting and funding decisions based on sound, fit for purpose M&E frameworks
- Generate learning during program implementation and identify and address bottlenecks
- Assess progress, reprogram where necessary
- Scale up innovative approaches

### Key areas of focus

- Coverage, outcome and impact indicators, aligned with global norms and recommendations
- Disaggregated data- by age, sex, key populations

### Key principles

- Align with country reporting cycles
- Harmonized indicators with partners
- Unified data collection and reporting

## 2 Program Monitoring – program and data quality

- Support planning and implementation of national program and data quality monitoring activities in countries using available assessment tools/review mechanisms
- **Quality assurance of in-country processes in selected cases using external service providers or LFAs**
- Mobilize and fund technical assistance where necessary
- **Review the findings and recommendations, identify areas for improvement and action plans to strengthen national HMIS and data and program quality**
- Work with partners to support and fund data & program quality improvement activities-
  - domestic financing,
  - partner funding/technical support,
  - new Global fund grants
  - reprogramming of on-going grants



## 2 Program Monitoring – Program Quality



1. Program quality has many dimensions and is complex to measure.
2. Use of 3-4 tracer indicators for the three diseases
  - HIV: PLHA known their status, ART coverage, retention and viral suppression
  - Tuberculosis: Treatment coverage, success rate (drug sensitive and MDR TB), ART or TB/HIV
  - Malaria: ITN use, diagnostic coverage, IPTp coverage
3. Based on performance a program quality risk level is defined (very high risk, high risk, moderate risk and low risk)
4. Risk levels are used by the CTs to identify and support appropriate program improvement measures
5. In addition, one of the following methods is used to get further insight into quality of programs supported by the Global Fund:
  - In-country review and dialogue including national program reviews, evaluations, special studies, regular national and sub-national data analysis, partner reviews
  - Country Portfolio Reviews at the Global Fund secretariat assessing what is working well and not working well
  - Health facility assessments and/or data quality reviews
  - Periodic assessment of laboratory systems
  - Program and/or data quality spot checks
  - Thematic reviews and Prospective Country Evaluations (PCE) led by TERG

### 3 Systematic data analysis and synthesis

**Objective:** Strengthen regular in-country assessment of what is and is not working well, identify bottlenecks to be addressed and opportunities to increase grant and program performance, quality of service delivery and efficiency to maximize impact.

- In order to **monitor the progress of overall national response to diseases** including the **progress of its grants in-country**, Global Fund supports **regular review of available data from various sources**
- Health sector & national disease programs ideally work on an aligned 5 year planning cycle, with annual reviews, mid-term review and final review. Some countries also have an effective process for more regular data analysis at national and sub-national level.
- Global Fund engages with countries in periodic reviews (six monthly/annually/every 2-3 years) and **data driven dialogue** with key stakeholders including technical partners throughout the grant life cycle **to help drive program improvements**
- The data analysis process should **support, strengthen, build on and align with existing in-country review processes**

# 3 Systematic data analysis and synthesis

## Critical areas to consider

- 1. Epidemiological trends and program performance-** intervention scale-up, access to and uptake of services
- 2. Health systems and program management- in particular:**
  - Surveillance and M&E systems, including data availability, quality and use
  - Supply chain, health products management and lab
  - Human resources constraints
- 3. Quality and efficiency of service delivery**
- 4. In-depth reviews** of specific issues as needed- for example:
  - Missing cases
  - Adolescent & Girls and Young Women
  - Mobile populations, etc.
- 5. Financing**
  - Domestic financing, Global Fund grant information, other partner investments
  - Absorption, financial gaps, unit costs, allocative efficiency

## 4 Country Evaluations

5
Country Evaluations
3
2
1

### Country evaluations – GF led

- Portfolio evaluations planned in most Focused countries, addressing transition, key populations, human rights and other issues

### Country evaluations – country led

- Global fund supports relevant country led evaluations including by providing funding through grants, facilitating technical support, etc.
  - For example, on program effectiveness, impact, sustainability, evaluations of innovative approaches
- Enhancing Global Fund-GAVI collaboration on Prospective Country Evaluations

### Thematic reviews

- To provide additional information on progress of specific areas supported by GF strategy
  - For example, ICCM, intervention packages for KPs, factors contributing to favorable MDR-TB treatment outcomes etc.
  - 8 thematic reviews to be completed until end of 2020

## 5 Data use for improved health outcomes, efficiency and impact

Use all available data at national and sub-national level to increase access to services and to attain improved health outcomes

Examples of data use at country level include the following:

- Development or revision of national strategic plans
- Program design, planning and implementation
- Prioritization and resource allocation
- Targeting risk groups and geographic areas
- Learning and course correction/reprogramming
- Risk identification, management and assurance
- Preparing funding requests to the Global Fund and other donor

# Current Programmatic and M&E Assurance and role of LFA

# Programmatic and M&E assurance planning - approach

- Country Teams to consider the full range of data and program quality assurance options and service providers
- Diversified pool of service providers to ensure appropriate expertise for the quality assurance country needs
- Approach is based on “Who is best suited to provide specific quality assurance” and can vary a lot in different countries
- Objective is to ensure a sustainable approach, aiming for cost-effectiveness and value for money
- Consistent increase in budget for programmatic spot-checks
- HFA remains an assurance option, however is no more a ‘must do’ for HI/Core countries

# Key Programmatic and M&E risks (see details in Annex)

Risks as defined in IRT	Programmatic Assurance
<ol style="list-style-type: none"><li>1. Inadequate program design and relevance</li><li>2. Inadequate design and operational capacity of M&amp;E systems</li><li>3. Inadequate program quality and efficiency</li><li>4. Limited data availability and inadequate data quality</li><li>5. Limited use of data</li></ol>	<ol style="list-style-type: none"><li>1. Review of data systems (community/ facility)</li><li>2. Program quality/ data quality spot checks</li><li>3. Health facility assessment (national or targeted)</li><li>4. Data quality reviews (national or targeted)</li><li>5. Review of Laboratory systems</li><li>6. Routine programmatic analysis</li><li>7. Program reviews</li><li>8. Partner reviews</li><li>9. Country evaluations</li><li>10. Thematic reviews</li><li>11. Prospective Country Evaluations</li><li>12. Population-based surveys</li><li>13. Community-based monitoring</li></ol>



## LFA Service categories and programmatic assurance services will vary across portfolios and be based on CT requests

Strategic Advisory	Review of Implementers' Systems, Controls and Capacities	Verification of Implementation
<ul style="list-style-type: none"><li>• Grant making (Review of performance Framework and M&amp;E plan)</li><li>• Ensure key and needed M&amp;E investments included in budget</li></ul>	<ul style="list-style-type: none"><li>• Implementer capacity assessment</li><li>• Review of medical lab systems/services, including lab-related supply chain (Programmatic/M&amp;E &amp; PSM/SC service)</li></ul>	<ul style="list-style-type: none"><li>• PU/PUDR (Verification of programmatic performance – sections 1A,1B,1C).</li><li>• Program and/or Data Quality spot checks</li><li>• Targeted data quality checks and program quality checks at health facility</li><li>• Specific (or joint with finance) programmatic implementation verifications and spot checks</li></ul>

# Programmatic and M&E assurance planning - 2019 updates

- **Risk handbook and toolbox** available



Adobe Acrobat  
Document

- **OPN on program and data quality** has been replaced by guidance provided in the Data Use for Action and Improvement [HERE](#)
- **Integrated Risk Tool (IRT)** integrated as part of GOS with updated Programmatic and M&E categories that will facilitate risk identification. Definition of a Key Risk Matrix

- **MECA oversight and planning template:** A tool that enables PHME to review program and data quality assurance activities conducted in past 3 years, identify gaps and document plans for next year. Aligned with Key Risk Matrix and reviewed and signed-off by MECA



Microsoft Word  
Document

- **Remapping of LFA services:** completed across all areas and a clearer definition of the role of LFA in programmatic assurance

# Programmatic and M&E Assurance options and main service providers

Assurance	Main service provider	Assurance	Main service provider
Review of data systems (community/ facility)	Country led (TA as needed) QA by identified service provider/ LFA	Program reviews	Country led (TA as needed) QA by identified service provider
Program quality/ data quality spot checks	Country led/ LFA/ identified service provider	Partner reviews	Partner led
Health facility assessment (national or targeted)	Country led (TA as needed)/ Targeted HFA by LFA QA of national HFA by identified service provider	Country evaluations	GF-led with identified service provider (e.g. evaluations in focused countries, or evaluation of specific areas Country led with TA if needed
Data quality reviews (national or targeted)	Country led (TA as needed)/ Targeted DQR by LFA QA of national DQR by identified service provider	Thematic reviews	Secretariat-led with service providers (one RFP per thematic review)
Review of Laboratory systems	Country led (TA as needed) QA by identified service provider/ LFA	Prospective Country Evaluations	Secretariat (TERG-led) with service provider
Routine programmatic analysis	Country led (TA as needed) QA by identified service provider	Population-based surveys	Country led (TA as needed) or partner contracted service provider QA by identified service provider
Community-based monitoring	Country-led (TA as needed)	<b>The LFA and/or the service providers identified should have technical skills and competencies (as defined in the SoW)</b>	

# Additional M&E slides

# 1 Investments in Country Data Systems and Analytical Capacity



**HMIS coverage:** % of countries with > 80 % of facilities/reporting units submitting monthly/quarterly reports to the electronic HMIS

**Disease data in the national HMIS:** % of countries where HIV, TB and malaria aggregate data integrated or interoperable with the national HMIS

**Completeness of facility reporting:** % of countries where > 80 % of expected facility monthly reports were actually received

**Timeliness of facility reporting:** % of countries where > 80% of submitted facility monthly reports were received on time

Measure	End-2018 Result	Key takeaways																																		
<p>Percent of high impact &amp; core countries with fully deployed and functional HMIS</p>	<p>26% (13) of countries with fully deployed and functional HMIS</p> <p><b>Target</b> 70% (38 countries) by 2022</p>	<ul style="list-style-type: none"> <li>• <b>Strengthened coordination between GF and GAVI</b> on central investments and country level TA in country data systems</li> <li>• <b>28% (14) countries have achieved 3 of 4 sub-indicators;</b> need to focus on remaining countries and appropriate investments in country data systems.</li> <li>• <b>Good achievement on HMIS coverage,</b> Now the focus is on integration/ interoperability of aggregate disease reporting into national HMIS, and improving quality of data in the HMIS</li> </ul>																																		
<p><b>Overall Progress Against Target</b></p>	<p><b>Achievement Rate by Sub-Indicator</b></p>																																			
<table border="1"> <caption>Overall Progress Against Target</caption> <thead> <tr> <th>Year</th> <th>Results (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr> <td>2016</td> <td>~8</td> <td>0</td> </tr> <tr> <td>2017</td> <td>~12</td> <td>0</td> </tr> <tr> <td>2018</td> <td>~26</td> <td>~25</td> </tr> <tr> <td>2019</td> <td>0</td> <td>~50</td> </tr> <tr> <td>2020</td> <td>0</td> <td>0</td> </tr> <tr> <td>2021</td> <td>0</td> <td>0</td> </tr> <tr> <td>2022</td> <td>0</td> <td>~70</td> </tr> </tbody> </table>	Year	Results (%)	Target (%)	2016	~8	0	2017	~12	0	2018	~26	~25	2019	0	~50	2020	0	0	2021	0	0	2022	0	~70	<table border="1"> <caption>Achievement Rate by Sub-Indicator</caption> <thead> <tr> <th>Sub-Indicator</th> <th>Achievement Rate (%)</th> </tr> </thead> <tbody> <tr> <td>HMIS Coverage</td> <td>90%</td> </tr> <tr> <td>Disease data integrated in national HMIS</td> <td>46%</td> </tr> <tr> <td>Reporting completeness</td> <td>78%</td> </tr> <tr> <td>Reporting timeliness</td> <td>48%</td> </tr> </tbody> </table>	Sub-Indicator	Achievement Rate (%)	HMIS Coverage	90%	Disease data integrated in national HMIS	46%	Reporting completeness	78%	Reporting timeliness	48%	
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# 1 Investments in Country Data Systems and Analytical Capacity

## ➤ Facilitating technical assistance to strengthen M&E systems

Investment

A pool of  
“certified  
consultants”  
created that can  
be selected based  
on country needs  
and request  
2018-2020

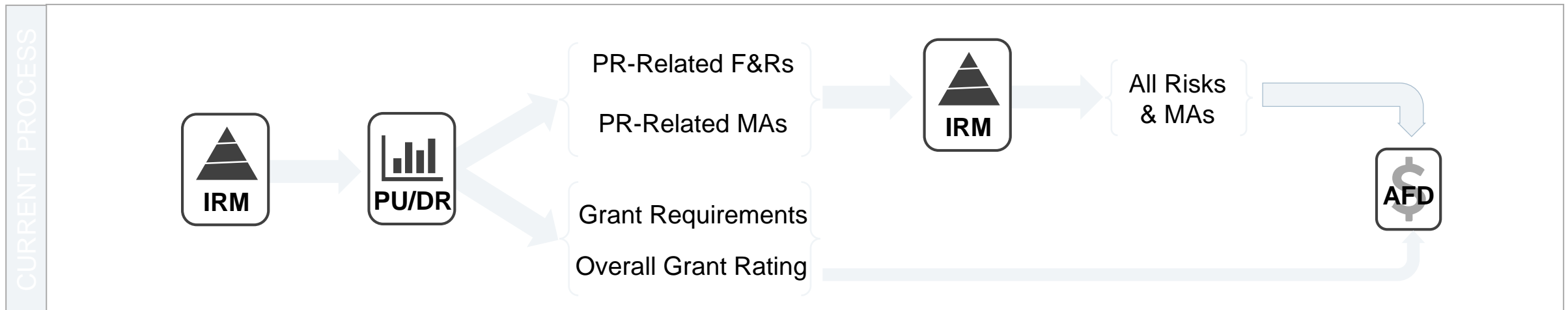
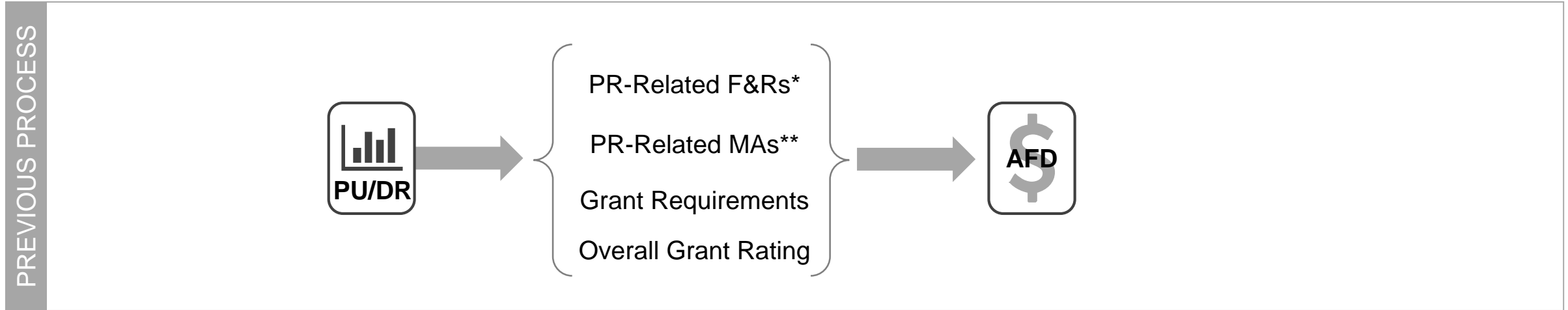
1. Country M&E frameworks, M&E plans, tools and guidance
2. Health Information Systems, including community reporting, surveillance
3. Program and data quality monitoring
4. Evaluations, program reviews and impact assessments
5. HIV service delivery cascade and treatment outcome analysis
6. Civil Registration and Vital Statistics
7. Measurement and analysis of data on Adolescent Girls & Young Women
8. Measurement and analysis of key population programs
9. Program quality monitoring
10. Technology solutions for strengthening health information systems

# Agenda



# Key Findings and Recommendations\_Overview of the new vs. old processes

How risks will be managed differently with the integration of IRM, PR Reporting and AFD modules





# Key Findings and Recommendations from LFA

Progress Report | Disbursement Request | Global Fund Review | Related Documents

Impact/Outcome Indicators | Coverage Indicators | WPTM | PR Cash Reconciliation | SR Cash Reconciliation | Budget variance | Procurement & Supply Management | Grant Management | Findings & Recommendations | PR Expenditure

Save | Cancel | New Finding and Recommendation

Record has been saved successfully.

**Click to add Risk, Root Cause, and Mitigating Action to Risk Tracker.**

Risk Category Issue Levels

Programmatic and M&E Risk Issue Level: --None--

Financial & Fiduciary Risk Issue Level

HPM & Supply Chain Risk Issue Level

Govern., Over. & Mgmt Risk Issue Level

Programmatic and M&E

Risk & Root Cause	Root Cause Comment	Mitigating Action	Actor Type & Actor	Timeline	Status	GF Comments	Add to RT
Inadequate program design and relevance There is no economic analysis of the cost		Using TA, conduct a unit cost analysis of KP program delivery costs.	PR Finance Manager	06/11/2018 [ 06/11/2018 ]	Not Started		<input type="checkbox"/>

Financial & Fiduciary

Risk & Root Cause	Root Cause Comment	Mitigating Action	Actor Type & Actor	Timeline	Status	GF Comments	Add to RT
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Health Product Management & Supply Chain

Risk & Root Cause	Root Cause Comment	Mitigating Action	Actor Type & Actor	Timeline	Status	GF Comments	Add to RT
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Displays what LFA has identified in PUDR.

## Feedback to LFAs

- Consolidate small issues that fall under the same Risk and Root Cause into one list of mitigating actions.

## Feedback from LFAs

- What has your experience been using the new defined Root Causes?
- What guidance or reference materials would help you to complete this section moving forward?

# Agenda

Presentation of Facilitators and Module Objectives

I

II

Evolution of Global Fund Assurance requirements

Overview of Global Fund Strategy to Financial Assurance

III

IV

Fundamentals of Grant Financial Management

# Agenda

Presentation of Facilitators and Module Objectives

I

II

Evolution of Global Fund Assurance requirements

Overview of Global Fund Strategy to Financial Assurance

III

IV

Fundamentals of Grant Financial Management



## Objective of this module

- Provide an overview of the evolving financial assurance needs from Global Fund grants
- Provide an overview of the **Global Fund Strategy** (& KPIs) and Financial Risk Assurance framework
- Discuss the fundamentals of grant financial management and assurance: including **linkage of financial and programmatic information for decision making**
- Create a **forum for feedback** on improving GF/LFA collaboration and delivering on the Global Fund Strategy



# Rules during this session



## Interactive session

Be present, participate, comment, ask, speak up, challenge and be ready to be challenged.

## Mutual respect

No work, no phones, no laptops, no emails



## Quick Quiz

Small quizzes will pop up to reinforce or clarify objectives.

# Agenda

Presentation of Facilitators and Module Objectives

I

II

Evolution of Global Fund Assurance requirements

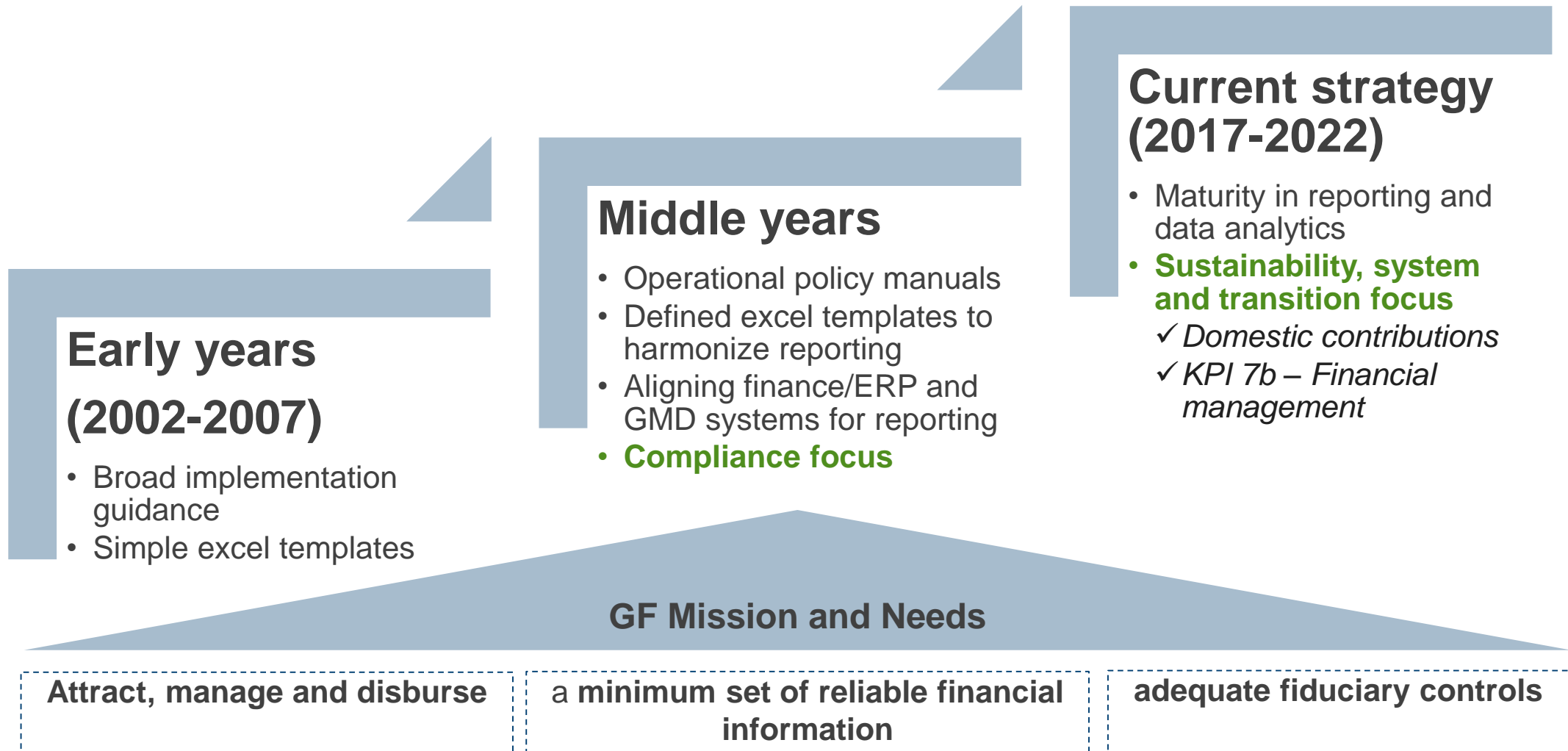
Overview of Global Fund Strategy to Financial Assurance

III

IV

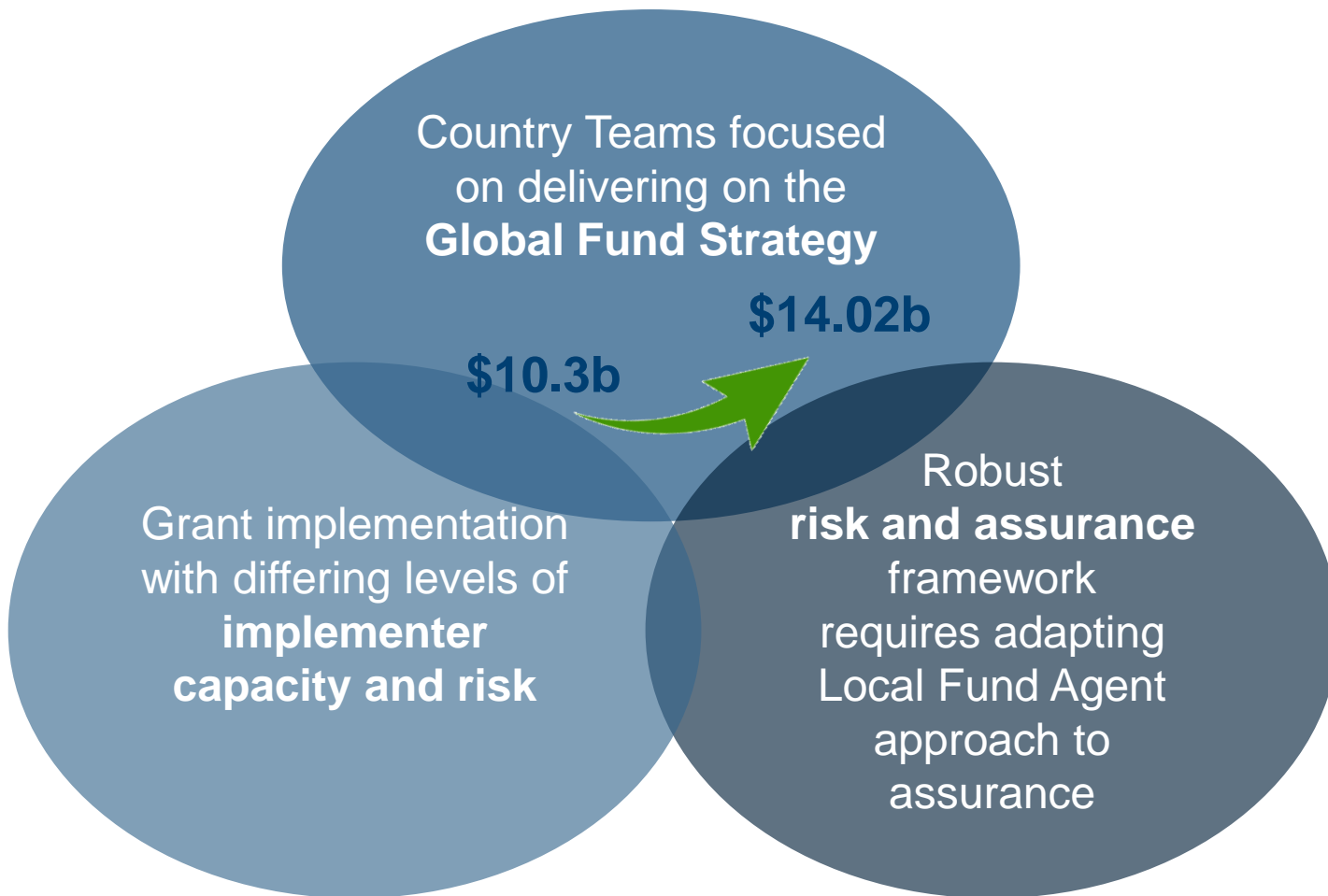
Fundamentals of Grant Financial Management

# How has grant financial management evolved?





# How do we bridge the Expectation Gap?



## Key Considerations

- ▶ Shift from compliance to sustainability and system strengthening .From a culture of compliance to a culture of continuous improvement/learning
- ▶ Changing assurance needs must be recognized (e.g. domestic investment tracking)
- ▶ Changing risk landscape must be addressed (e.g. gaps between Malaria medicines and reported cases in M&E systems)
- ▶ Innovations in assurance are encouraged (e.g. *Survey on lessons learnt implementing LLIN mass campaigns in Africa*)
- ▶ Emphasis on value for money in LFA report is under scrutiny (i.e. risk materiality vs. cost and quality of assurance)
- ▶ LFA interactions and challenges with low capacity implementers not well captured

# What are the critical financial KPIs within the Global Fund Strategy?

Strategic Targets	Strategic Targets			
	1 Performance against impact targets		2 Performance against service delivery targets	
Strategic Objectives	Maximize Impact Against HIV, TB and malaria	Build resilient & sustainable systems for health	Promote and protect human rights & gender equality	Mobilize increased resources
Strategic KPIs	<p>3 Alignment of investment &amp; need</p> <p>4 Investment efficiency</p> <p>5 Service coverage for key populations</p>	<p>6 Strengthen systems for health</p> <ul style="list-style-type: none"> <li>a) Procurement</li> <li>b) Supply chain: OSA</li> <li>c) <b>Financial management</b></li> <li>d) HIV/S coverage</li> <li>e) Results disaggregation</li> <li>f) NSP alignment</li> </ul> <p>7 Fund utilization</p>	<p>8 Gender &amp; age equality</p> <p>9 Human rights</p>	<p>10 Resource mobilization</p> <p>11 <b>Domestic investments</b></p> <p>12 Availability of affordable health technologies</p>
Operational KPIs	<p>a Grant level service delivery performance</p> <p>b Transition preparedness</p> <p>c Funding access</p> <p>d <b>Forecast accuracy: Grant expense, Commodity demand Grant expense</b></p>		<p>e Gender programming</p> <p>f CCM Key Population engagement</p>	<p>g Commodity procurement under management</p> <p>h PPM OTIF delivery</p> <p>i <i>Roll out of innovative products (triggered KPI)</i></p>

# Linking LFA Assurance with financial KPIs

Key decisions	Primary KPI linkage	Examples of LFA Reports Used
<b>Attract funds</b>	KPI 10: Resource mobilization <b>KPI 11: Domestic investments</b>	Reports on tracking of government contributions/co-financing compliance
<b>Allocate funds</b>	<b>KPI 7: Fund utilization</b>	Qualitative adjustments for absorption are based on information in <b>Annual Financial Reporting (AFR)</b>
<b>Approve (sign) grants</b> (including implementer capacity)	KPI3: Alignment of investment with need KPI4: Investment efficiency KPI5: Service coverage for key populations <b>KPI 6c: Financial Management-RSSH</b>	Reporting to Grant Approvals Committee (GAC) is based on <b>LFA review</b> of Funding Requests and <b>Grant making documents</b> , AFR absorption, <b>Capacity Assessments</b> and other LFA analysis
<b>Disburse funds</b>	All KPIs	Approval of <b>annual funding decisions</b> are based on the PUDR and <b>Annual Forecast Tab</b>
<b>Validate results</b> (linking financial and programmatic performance)	KPI1: Performance against impact targets KPI2: Performance against service delivery targets KPI5: Service coverage for key populations <b>KPI 7: Fund utilization</b> <b>KPI d: Forecast accuracy</b>	Reporting to Board and Donors are based on <b>programmatic results and expenditure</b> reported in <b>PUDR and AFR</b>
<b>Portfolio Risk Appetite</b>	All KPIs	Determination of risk levels are based on LFA reports such as <b>PUDR Findings &amp; Recommendations</b> , PUDR absorption, Status of Grant Covenants, <b>Capacity Assessments</b> , <b>Spot Check reports</b> , etc.

# Agenda

Presentation of Facilitators and Module Objectives

I

II

Evolution of Global Fund Assurance requirements

Overview of Global Fund Strategy to Financial Assurance

III

IV

Fundamentals of Grant Financial Management

# Importance of LFA to Global Fund Risk and Assurance Framework

- The Global Fund manages risk across its portfolio of grants, focusing especially on high impact countries. It employs a robust risk and assurance system to identify, mitigate, monitor and manage risk across four areas (see next slide).
- Bringing assurance, risk management, and grant management experts together, the Global Fund Secretariat develops portfolio level assurance plans to gauge the effectiveness and efficiency of its investments in the fight against the three diseases.
- There are a number of assurance mechanisms which the Global Fund adopts as a means by which it gauges the effectiveness of portfolio-related controls and mitigants. These include: implementers themselves; surveys; international and in-country partners, including major donor agencies, their implementers and UN technical agencies; community-based watchdog or advocacy groups; national audit authorities; and **Local Fund Agents**.
- The Global Fund Model continues to be underpinned by **Local Fund Agents** as our '**eyes and ears**' in country. LFA assurance supports evidence based decision making. **As risks evolve, so must we all.**



The Global Fund's investment in assurance mechanisms should be inversely proportional to the reliability of implementers' own assurance mechanisms.

## Advantages of Assurance Planning

Robust assurance planning allows stakeholders to:

- **Demonstrate impact**
- **Prioritize and manage key risks**
- **Promote mutual accountability**
- **Accelerate absorption rates**
- **Decrease fraud**
- **Respond to findings of the Office of the Inspector General**

# Global Fund defined Risk Categories for Finance

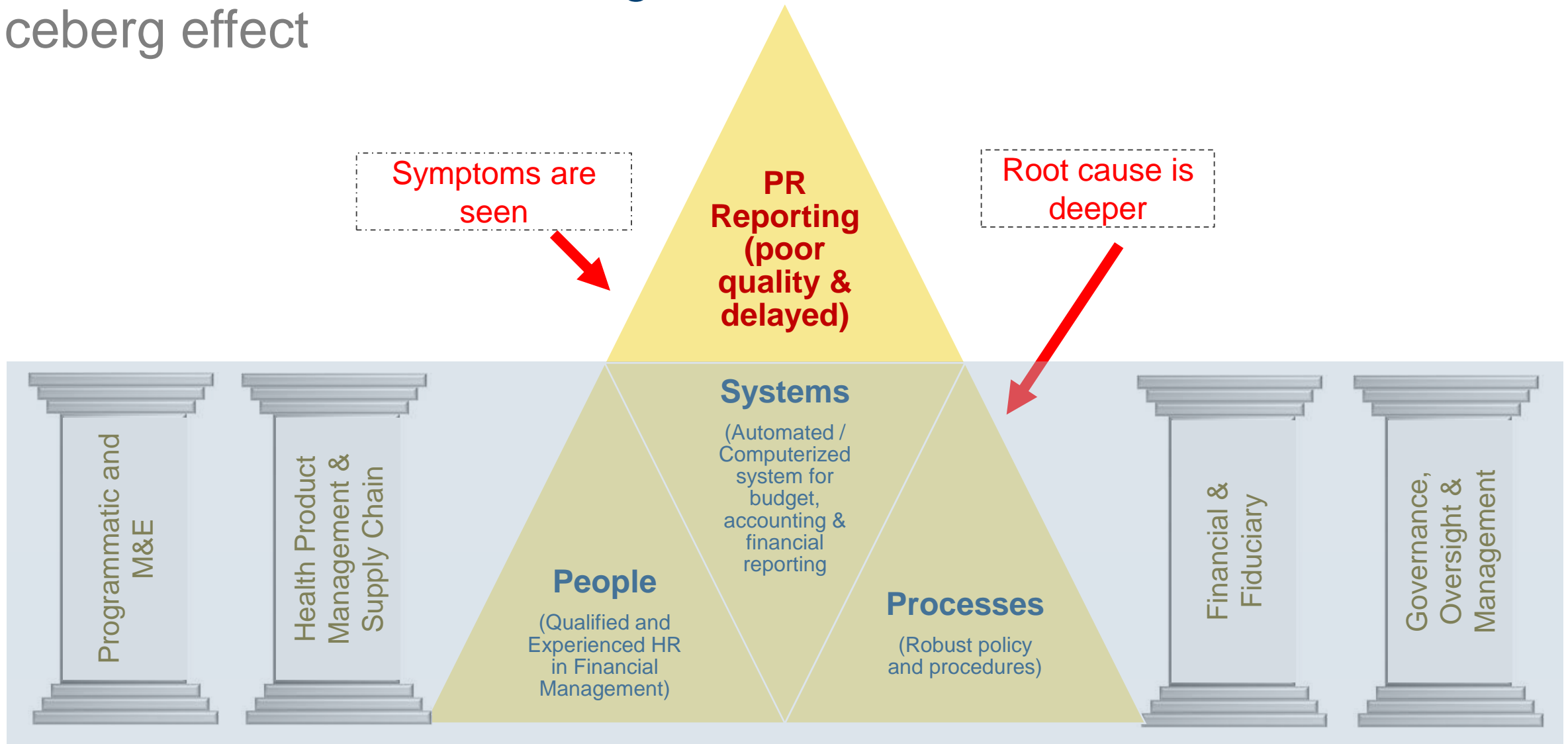


Risk thematic areas	1 Programmatic and M&E Risks	2 Financial and Fiduciary Risks	3 Health Product Management and Supply Chain Risks	4 Governance, Oversight and Management Risks
Risk elements	1.1 Inadequate program design and relevance	2.1 Inadequate flow of funds and arrangements	3.1 Inadequate selection of health products and equipment	4.1 Inadequate national program governance
	1.2 Inadequate design and operational capacity of M&E systems	2.2 Inadequate internal controls	3.2 Unreliable forecasting, quantification and supply planning	4.2 Ineffective program management
	1.3 Inadequate program quality and efficiency	2.3 Financial fraud, corruption and theft	3.3 Inefficient procurement processes and outcomes	4.3 Inadequate program coordination and SR oversight
	1.4 Limited data availability and inadequate data quality	2.4 Inadequate accounting and financial reporting	3.4 Inadequate warehouse and distribution systems	
	1.5 Limited use of data	2.5 Limited value for money	3.5 Limited quality monitoring and inadequate product use	
	1.6 Inadequate Promotion of Human Rights and Gender Equality	2.6 Inadequate auditing arrangements	3.6 Inadequate information (LMIS) management systems	

Several **LFA reports contribute to identification of risks and mitigating actions** including PUDR, capacity assessment, meetings with external auditors, spot checks and follow up investigations requested by OIG

# Presentation of Risk Findings and Recommendations

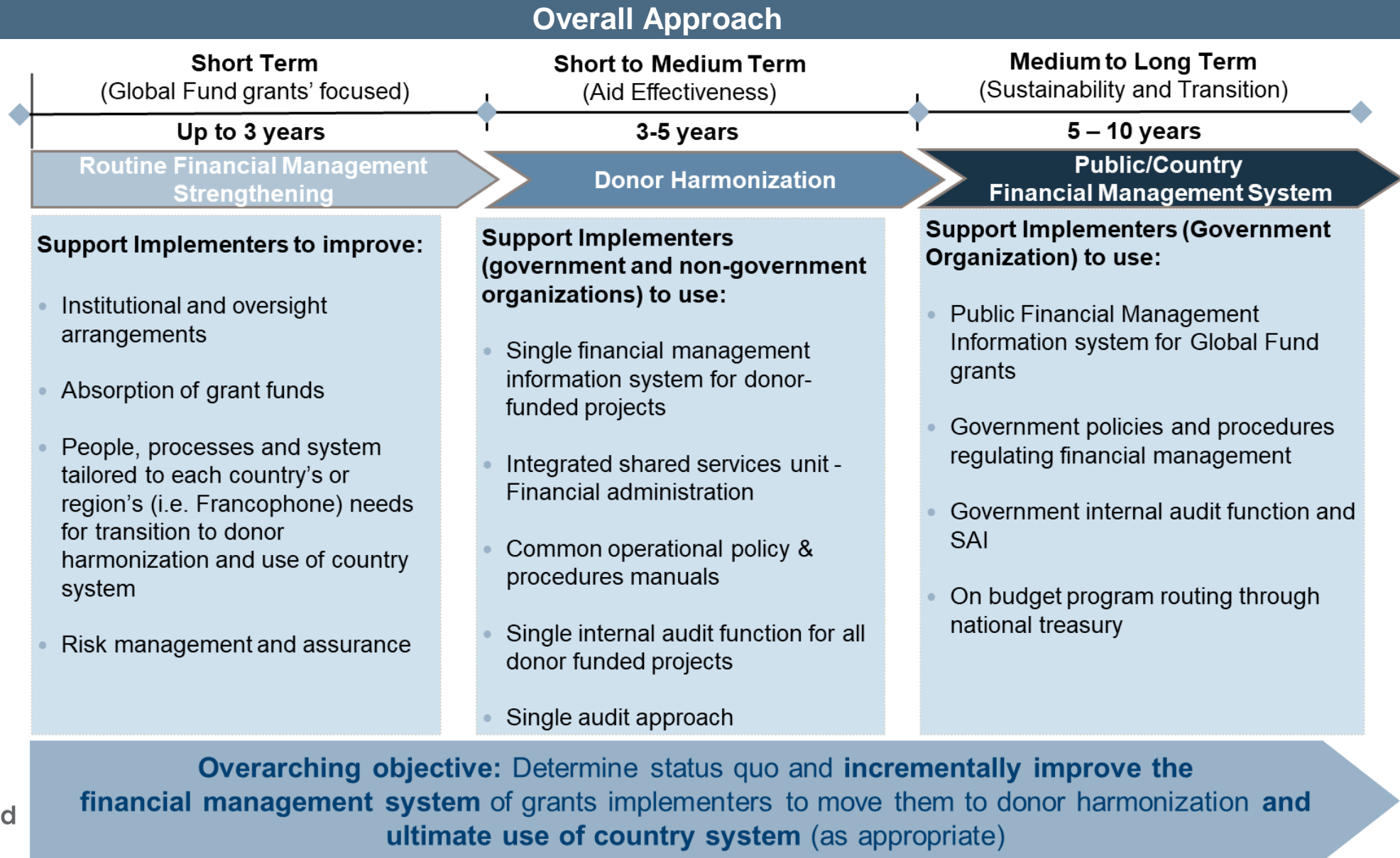
## Iceberg effect



Findings should **address root causes** with recommendations that address Country Systems and **align with strategic priorities for RSSH**



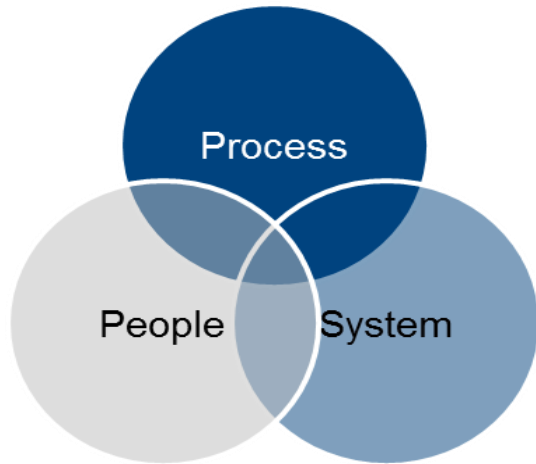
# Strengthening Public Financial Management (PFM) systems - KPI6c





# Eight (8) components of the Public Financial Management System (PFM)

As part of RSSH, the Global Fund would like to prepare countries for sustainability and transition which will rely on use of country systems. Below are the **8 pillars of PFM** assessed by World Bank that LFA should consider in engagement.



Components	Use of country system	Use of donor harmonised system
Information System	Use of integrated public financial management information system (IFMIS) or Ministry of Finance-managed software for budgeting, accounting & reporting	Use of single financial management information system for donor-funded projects including TGF
Institutional arrangements & management oversight	Use of government civil servants for managing and providing oversight on government & donor budgets	Use of an integrated shared services unit (finance, procurement, M&E) with dedicated resources (civil servants or directly recruited donor staff, based on country context)
Operational policy & procedures manuals (Finance, Procurement & HR etc.)	Use of government policies and procedures regulating financial management as outlined by Ministry of Finance/Accountant-General	Use of common operational policy & procedures manuals in line with applicable laws & regulations and donor requirements (i.e. government policies adopted with harmonized donor needs)
Internal Audit	Use of government internal audit function (internal audit function of organization or central internal audit function) for providing internal audit services on donor funding	Use of shared internal audit function for all donor funded projects
External Audit	Use of supreme audit institution (SAI) for providing external audit services on donor funding through single audit framework as approved by national parliament. This also includes SAI audits outsourced.	Use of supreme audit institution (SAI) for providing external audit services on donor funding through single audit framework as approved by national parliament. This also includes SAI audits outsourced.
Chart of Accounts	Use of government-wide chart of accounts mapped to donor cost elements	Use of government-wide chart of accounts mapped to donor cost elements
Planning & budgeting	*Follows country planning & budgeting cycle *Donor funding fully integrated in national plan and budget (budget support)	Projects/donor-based budget integrated and managed as a consolidated plan. Countries are strongly encouraged to include donor funding in the overall budget for information.
Treasury & Funds Flow	Donor funding disbursed into central treasury main account & managed through government system (Central Bank)	Use of integrated banking arrangements through central or commercial bank and use of single account per donor or for all donors (i.e. no separate bank account per grant/project)

# Agenda

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Fundamentals of Grant Financial Management

# What is not working?

LFA X: This is new! I am not clear on GF closure template ...

LFA Y + CT Y: Another iteration on the same deliverable? What will PET look like?

LFA: **PR weak capacity** is impacting timely submission and evidencing of numbers

CT X: The figures in FCR do not reconcile from start of grant to close!

ALL: We need to **get on the same page** to get to the same objective!

LFA Z: I am not sure I understand what the CT requirements are on this task... how different is this from previous reports we have completed?

ALL: We need to document final amount validated for consistency of subsequent reporting

# Fundamentals of Grant Financial Management



Deep dive on Day 3 & 4

- ◆ Maximize impact against HIV, TB and malaria.
- ◆ Build resilient and sustainable systems for health
- ◆ Promote and protect human rights and gender equality
- ◆ Mobilize increased resources



- ◆ Emphasize alignment of investment and need (linking budget to programmatic targets and RSSH)
- ◆ Apply principles of value for money in procurement, PMC costs, TRC costs
- ◆ Early identification of risks based on material cost categories, implementation maps, funds flow, etc.



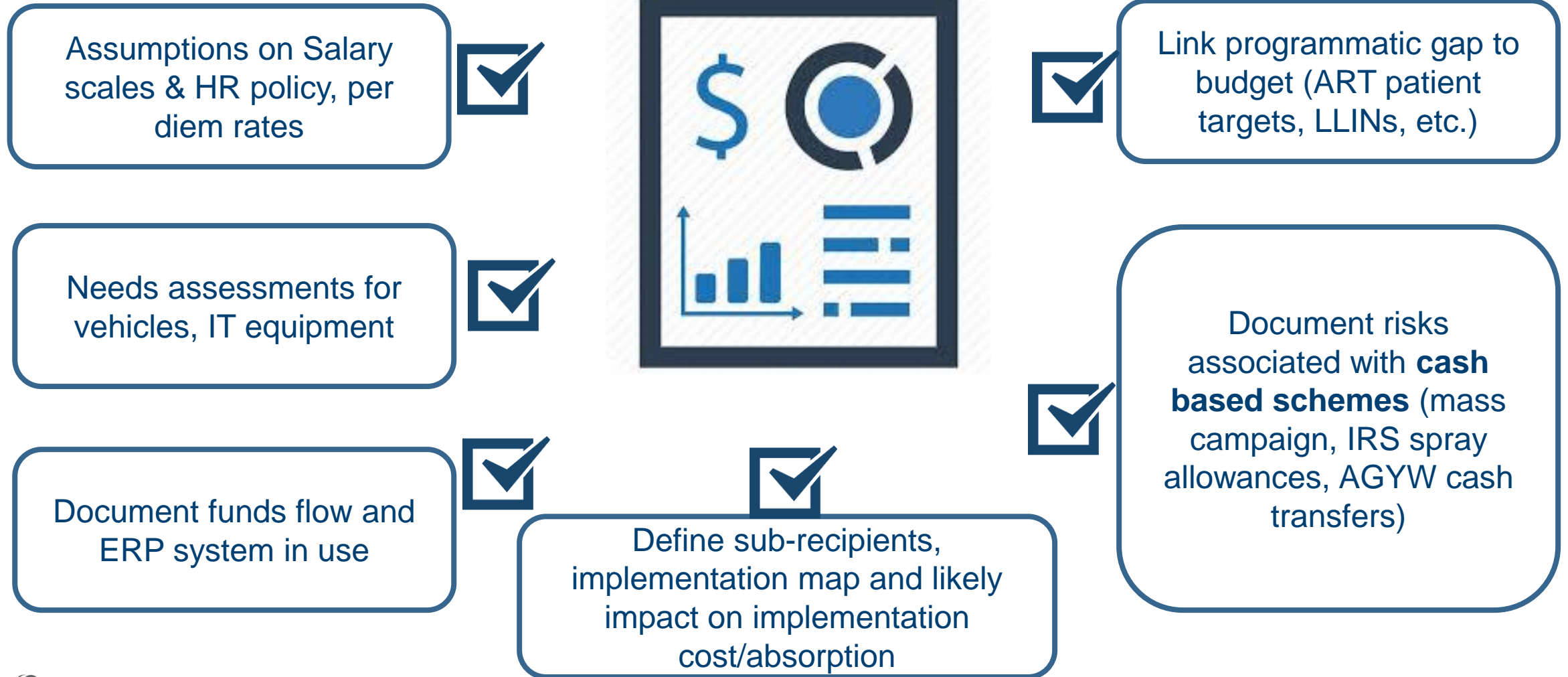
- ◆ Increasingly risk based and alignment of various assurance providers (LFA, external audit, internal audit, fiscal agents, development partners)
- ◆ Assurance reports need to align with new strategy, providing succinct information/recommendations on fund utilization, VfM, accuracy of financial reporting, internal control environment, fraud risk, etc.



- ◆ Emphasis on capacity building and adoption of PFM, for grant and domestic finance reporting
- ◆ Delivering impact requires accurate and timely data to monitor in-country absorption and influence re-investments (portfolio optimization)



# Fundamentals of Grant Making/Budgeting



# Test our Grant Making skills

- **Q1:** Does the programmatic gap table have some relevance to the grant budget for ART targets?
- **Q2:** Where does LFA document risks identified during grant making?





# Solution

- **Q1:** Does the programmatic gap table have some relevance to the grant budget for ART targets?
  - ✓ **Yes. The targets defined in the allocation section, determine the quantification and grant budget for ARV/medicines**
- **Q2:** Where does LFA document risks identified during grant making?
  - ✓ **Capacity assessment**
  - ✓ **Cover letter submission of grant making document review**
  - ✓ **LFA Debrief pre/post grant making**



# Fundamentals of Grant Financial Reporting



There are **4 key financial reports** required by implementers for decision making and tracking of KPIs

<b>Progress Update (PUDR)</b>	Required to report on grant performance, use of grant funds, absorption, reporting on KPIs, cash balances and forecast to inform annual funding decision, and non-compliant expenditure (recoveries)
<b>External Audit Report</b>	Required for accountability on use of funds, validating expenditure, <b>internal controls</b> and non-compliant expenditure (recoveries)
<b>Tax Report</b>	Required for reporting to donor on funds subject to taxation and track <b>PR ability to recoup VAT and other taxes paid</b> from grant funds
<b>Financial Closure (FCR)</b>	Required to validate <b>final expenditure</b> , allocation cut off, grant absorption level, <b>establishing final closing cash balance</b> for refund or transfer to next IP as well as final recoverable non-compliant expenditure



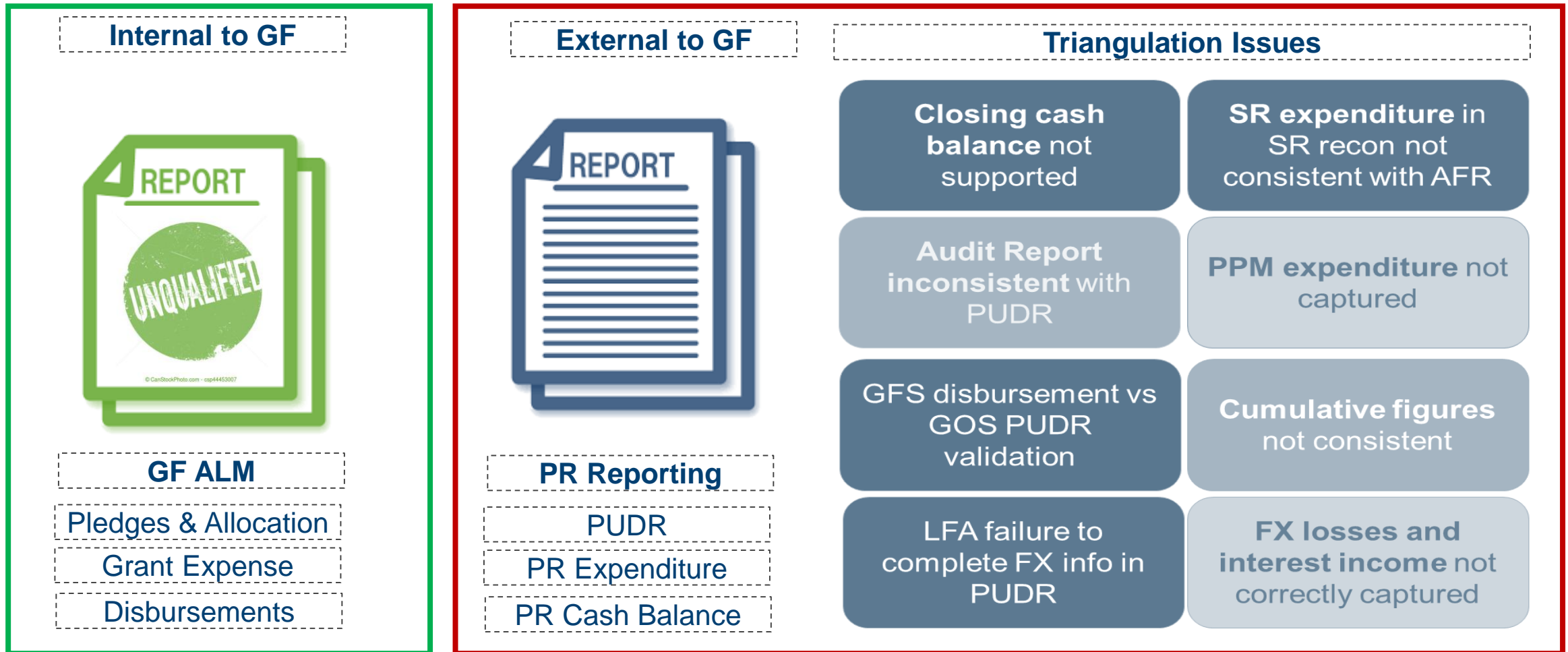
# Key ratios (KPIs) derived from Financial Reporting

Ratios	Basis of calculation	What does it tell you?	Ideal Range	KPI/MTI
Allocation Utilization	<b>(Disbursement Forecast / Allocation)</b>	Total amount of funds forecasted to be disbursed to a country against its allocation amount. This indicator is monitoring financial performance by the AFC and opportunities for portfolio optimization	At least 90%	Key performance Indicator
In-Country Absorption	<b>(In-Country Expenditure / Budget)</b>	Indicative of the amount expensed against the grant budget within the reported timeframe	At least 75%	Key Performance Indicator
Budget Utilization	<b>(Disbursement incl. starting cash balance* / Budget)</b>	This provides visibility on the actual disbursement against the latest approved budget and implementation period.	At least 85%	Management Tracking Indicators
Disbursement Utilization	<b>(Expenditure / Disbursement)</b>	This is measured at grant level and is indicative of funds disbursed within the implementation period. It is the first assessment of absorptive capacity.	At least 90%	Management Tracking Indicators

## Other Considerations from financial report-

- ▶ What is the potential to fill emerging gaps / UQD in context of portfolio optimization? Savings?
- ▶ What does the budget variance analysis indicate for health products and PSM costs (i.e. status in implementing the list of health products)?
- ▶ How much was annual spend (expenditure) for the previous year to inform the next annual funding decision

# Importance of Triangulation (in PUDR and FCR)



$$\text{Disbursement} + \text{Other Income} = \text{Expenditure} + \text{Cash Balance}$$

# Test your expertise on risk & assurance

- **Q1:** How many finance risk categories are monitored by GF?
- **Q2:** How many risk categories are monitored by GF across all functional areas?
- **Q3:** Who should test for internal control (LFA or external audit)?



# Solution: Test your expertise on risk & assurance

- **Q1:** How many finance risk categories are monitored by GF? **6**
- **Q2:** How many risk categories are monitored by GF across all functional areas? **21**
- **Q3:** Who should test for internal control (LFA or external audit)?
  - **External auditor.**
  - **However, LFA may observe weaknesses during capacity assessment or spot checks and should report to GF**



# Agenda



# Overall objectives of this training

To add value to the CT in managing the Portfolio, we expect the LFA (PSM Specialist) to have:

- A full understanding of the end-to-end HPM system, including stakeholders and partners;
- The ability to diligently assess the Global Fund investments within the country context;
- A long-term HPM system strengthening mindset;
- The ability to work with other LFA Team Members to analyze and link PSM information with financial and programmatic data; and
- The insight to identify the root cause of a problem and propose practical solutions or risk-mitigation measures.

# Available Resources

## Tools

- LoHP template/ HPMT
- PPM/wambo.org
- GDF/order tracking system
- PUDR - procurement tab
- Procurement Review Tool
- Risk & Assurance Toolbox
- PPM reference prices
- Partner tools e.g. GeneXpert
- LFA draft ToRs
- PQR

## Guidance

- PSM Policy
- QA Approved Lists
- Spot-check ToRs
- PUDR Guidelines (March 2017)
- Budgeting Guidelines

- Health Product Management Fundamentals
- Where are we at the Global Fund? at the country level?
- How do we balance between demand/supply/governance/infrastructure/partners/politics...
- RSSH mindset
- LFA PSM Services – current opportunities and how can we improve further



# Definitions



## Health Products

- Procurement
- Supply Chain (SC)
- Sourcing and Supply Chain (SSC)
- Procurement and Supply Management (PSM)
- Health Product Management (HPM)

**Where does it start? Where does it end?**

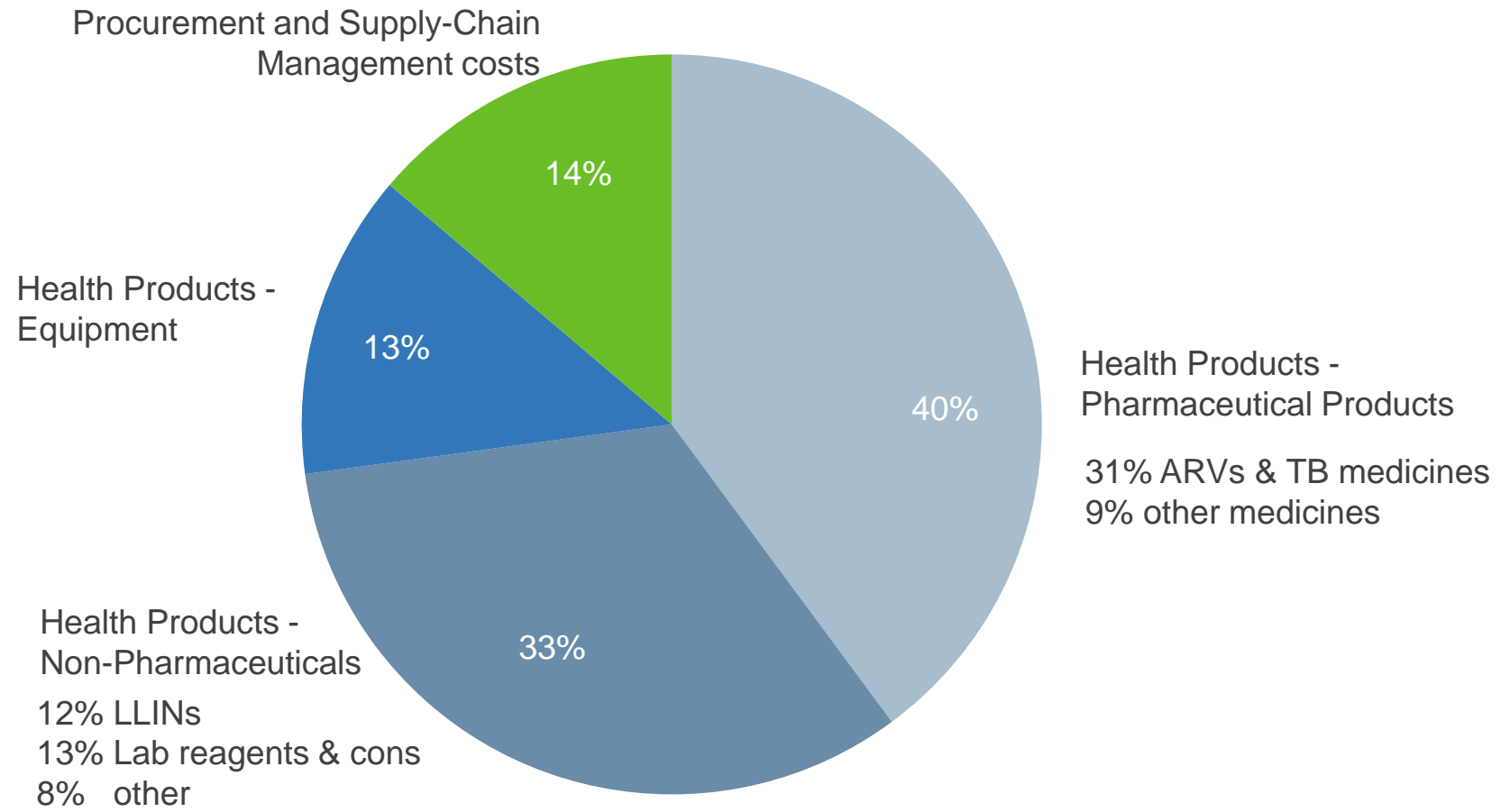
**Are we all having the same understanding? here?**

**...and in countries?**

# The Global Fund funding of Health Products is significant...

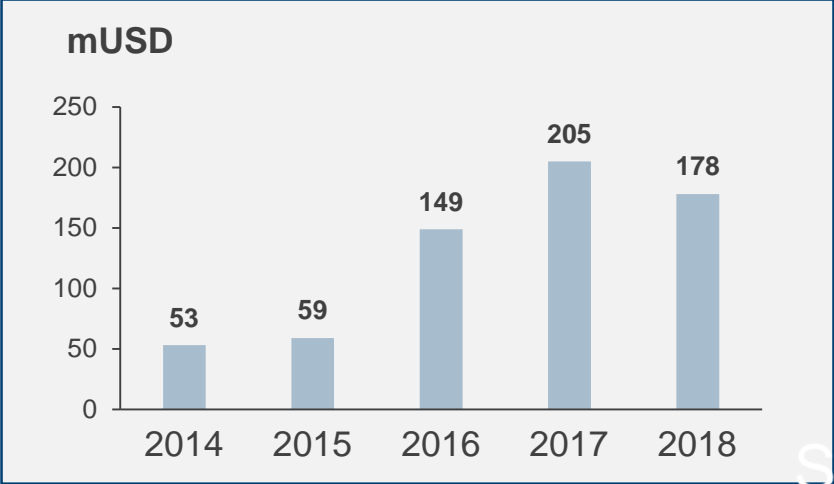
...wide range across portfolios from zero to 90+ %

*% spent per health product categories in the last grant cycle*

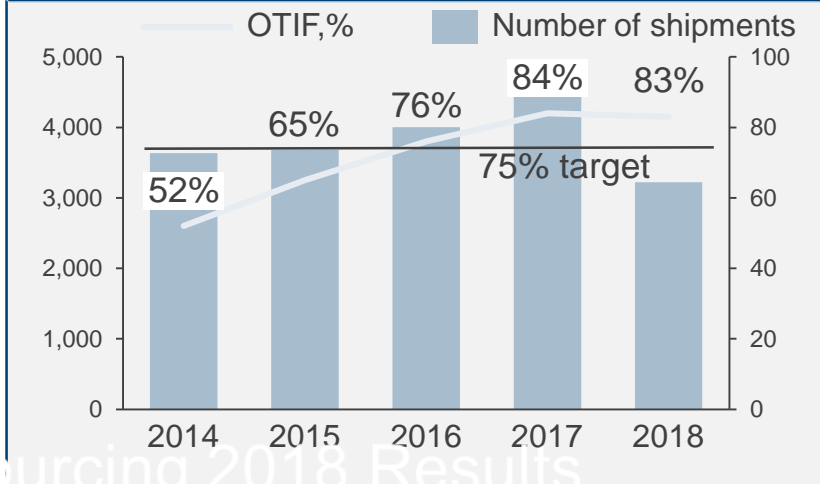


# Sourcing 2018 Results

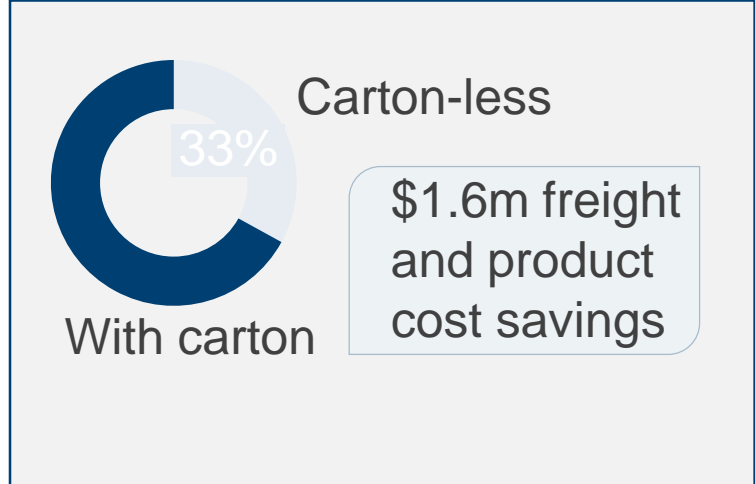
**Strategic KPI12b. Significant return on investment and savings delivered over the past 5 years**



**Implementation KPI h. On-time-in-full delivery – performance above target**



**Switching to carton-less packaging reduces product, freight and storage costs**



**Implementation KPI g. Commodity procurement under management**

**60%**  
PPM out of total GF procurement

**Number of Core products procured in 2018**

- ARVs: 57m packs
- ANTMs: 110m treatments
- LLINs: 108m nets

**Products procured for 63 PPM countries in 2018**

**63**  
PPM countries

# Risk Management - Global Risk Owner

 Focus of this section     Procurement related risk

## Risk and assurance overview

Risk thematic areas	1 Programmatic and M&E Risks	2 Financial and Fiduciary Risks	3 Health Product Management and Supply Chain Risks	4 Governance, Oversight and Management Risks
Risk elements	1.1 Inadequate program design and relevance	2.1 Inadequate flow of funds and arrangements	3.1 Inadequate selection of health products and equipment	4.1 Inadequate national program governance
	1.2 Inadequate design and operational capacity of M&E systems	2.2 Inadequate internal controls	3.2 Unreliable forecasting, quantification and supply planning	4.2 Ineffective program management
	1.3 Inadequate program quality and efficiency	2.3 Financial fraud, corruption and theft	3.3 Inefficient procurement processes and outcomes	4.3 Inadequate program coordination and SR oversight
	1.4 Limited data availability and inadequate data quality	2.4 Inadequate accounting and financial reporting	3.4 Inadequate warehouse and distribution systems	
	1.5 Limited use of data	2.5 Limited value for money	3.5 Limited quality monitoring and inadequate product use	
	1.6 Inadequate Promotion of Human Rights and Gender Equality	2.6 Inadequate auditing arrangements	3.6 Inadequate information (LMIS) management systems	

# Supply Chain KPI for the 2017-2022 Strategic KPI Framework

Target Status **34** For SC Steering review Board approved  
**12** For MEC review

Strategic Targets	Strategic Targets			
Strategic Objectives	<b>1</b> Performance against impact targets	<b>2</b> Performance against service delivery targets		
Strategic KPIs	<b>3</b> Alignment of investment & need  <b>4</b> Investment efficiency  <b>5</b> Service coverage for key populations	<b>6</b> Strengthen systems for health a) Procurement <b>b) Supply chain: OSA</b> c) Financial management d) HMIS coverage e) Results disaggregation f) NSP alignment  <b>7</b> Fund utilization	<b>8</b> Gender & age equality  <b>9</b> Human rights	<b>10</b> Resource mobilization  <b>11</b> Domestic investments  <b>12</b> Availability of affordable health technologies
Implementation KPIs	a) Grant level service delivery performance b) Transition preparedness c) Funding access <b>d) Forecast accuracy: Commodity demand Grant expense</b>		e) Gender programming  f) CCM Key Population engagement	g) Commodity procurement under management h) PPM OTIF delivery i) <i>Roll out of innovative products (triggered KPI)</i>
Supply Chain KPI	i) Product wastage <b>ii) Product turn over</b> iii) Supply Chain cost			

# Global Fund Supply Chain Strategy focused on 16 countries

## Key Countries (6)

- Ethiopia
- DR Congo
- Nigeria
- Bangladesh
- Ghana
- Ivory Coast

### Benefits

- Dedicated in-country resource (contractor)
- +++ SC Specialist time
- SI Funding priority
- SI Capacity & Innovation priority
- Joint SSC & GMD targets
- Monthly Review ME & PF

## Support Countries (10)

- Burkina Faso
- Tanzania
- Malawi
- Uganda
- South Africa
- Pakistan
- India (4 states)
- Haiti
- Liberia
- Niger

### Benefits

- SC Specialist time (current)
- SI Funding available
- SI Capacity & Innovation
- Quarterly Review ME & PF
- Joint SSC & GMD targets

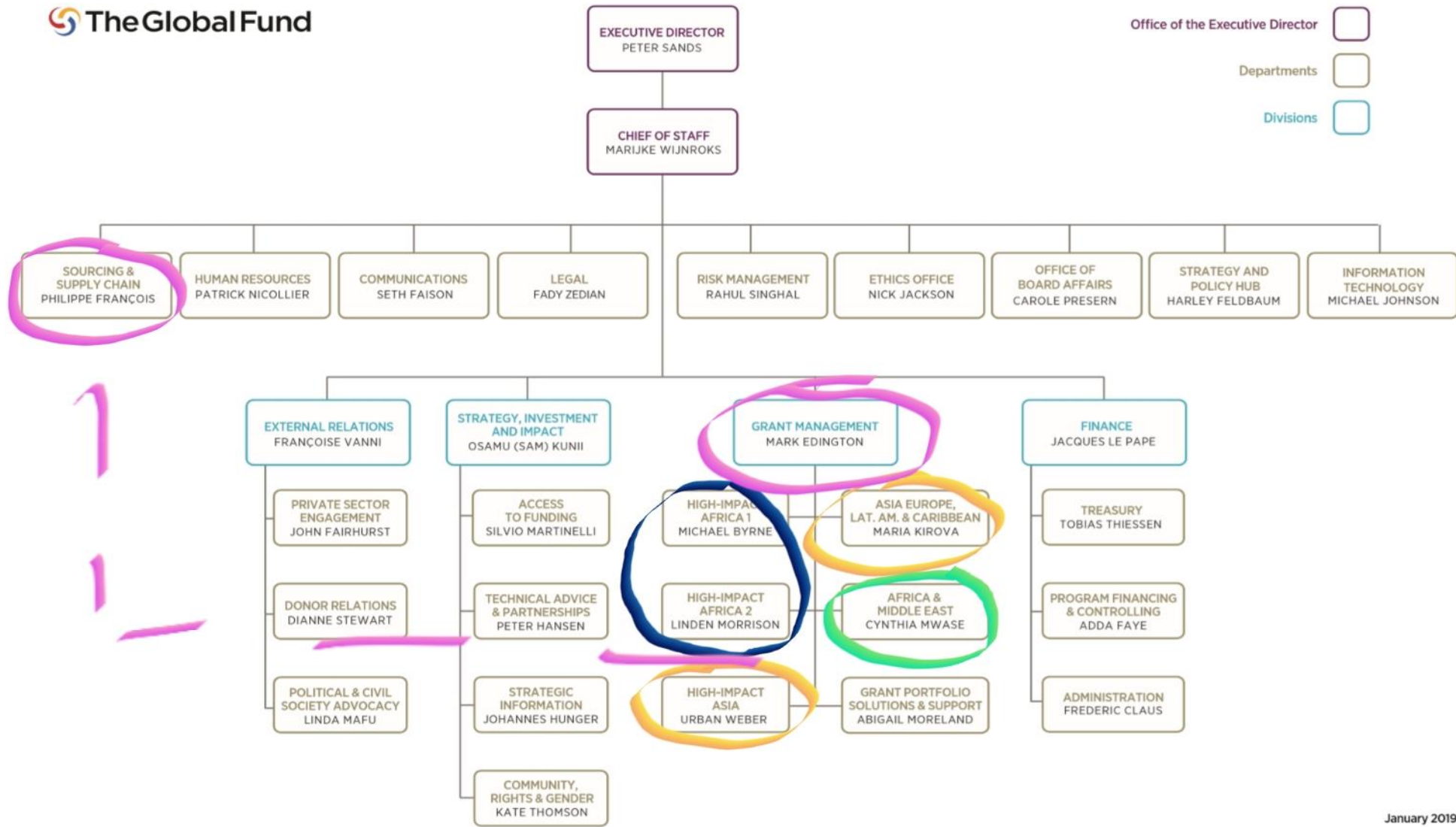
## Other Countries

- All other GF recipients

### Benefits

- Support with:
  - Standardised Logistics contracts
  - Support with SC KPI setting and data collection
- Political / replenishment activities

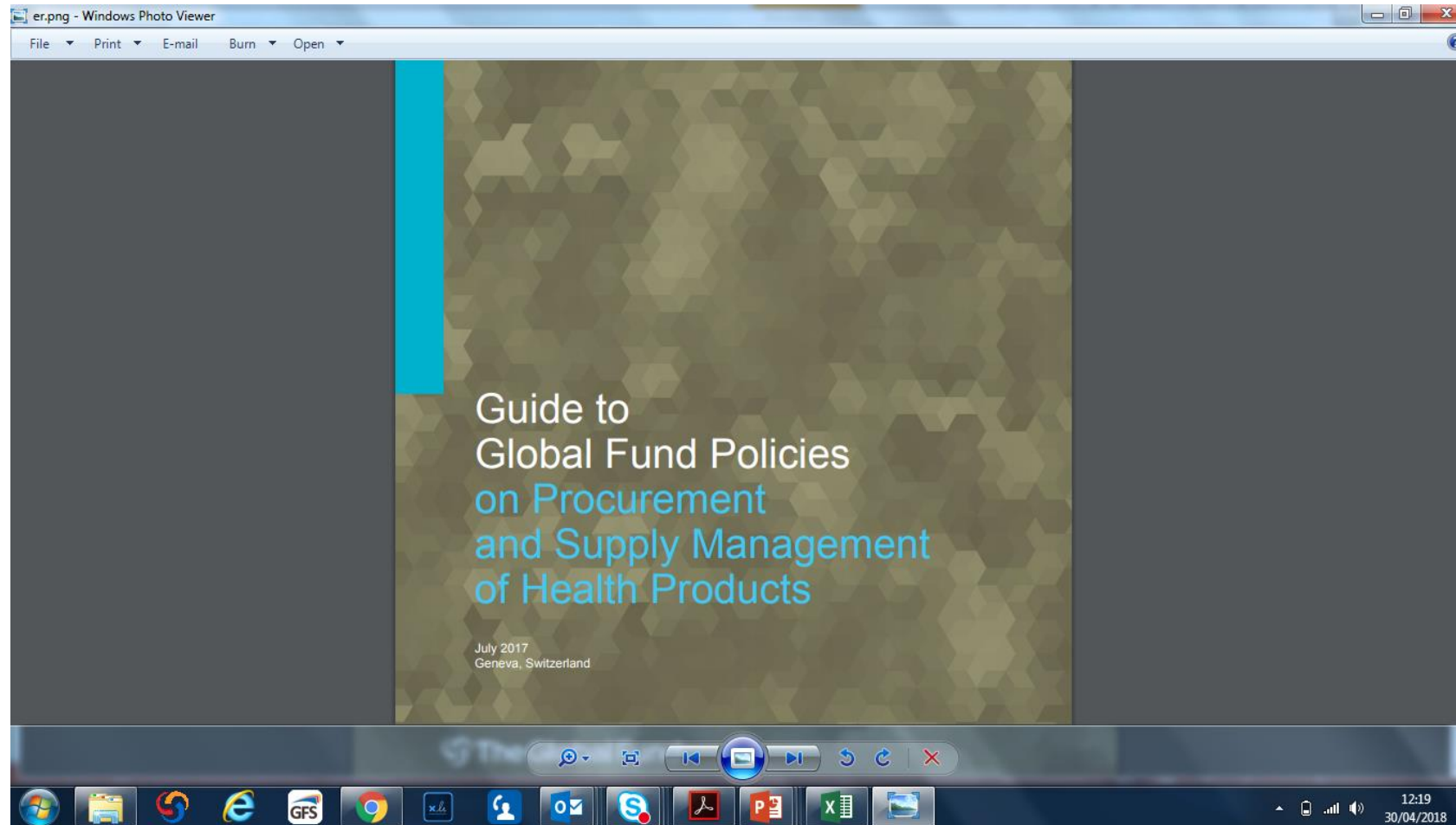
# The new structure – HPM (GMD) and Sourcing and Supply Chain (PPM, Wambo, QA, Supply Chain)





# Guiding principles

[https://www.theglobalfund.org/media/5873/psm\\_procurementsupplymanagement\\_guidelines\\_en.pdf?u=636571539560000000](https://www.theglobalfund.org/media/5873/psm_procurementsupplymanagement_guidelines_en.pdf?u=636571539560000000) or Google search Global Fund Guide Procurement and Supply Management



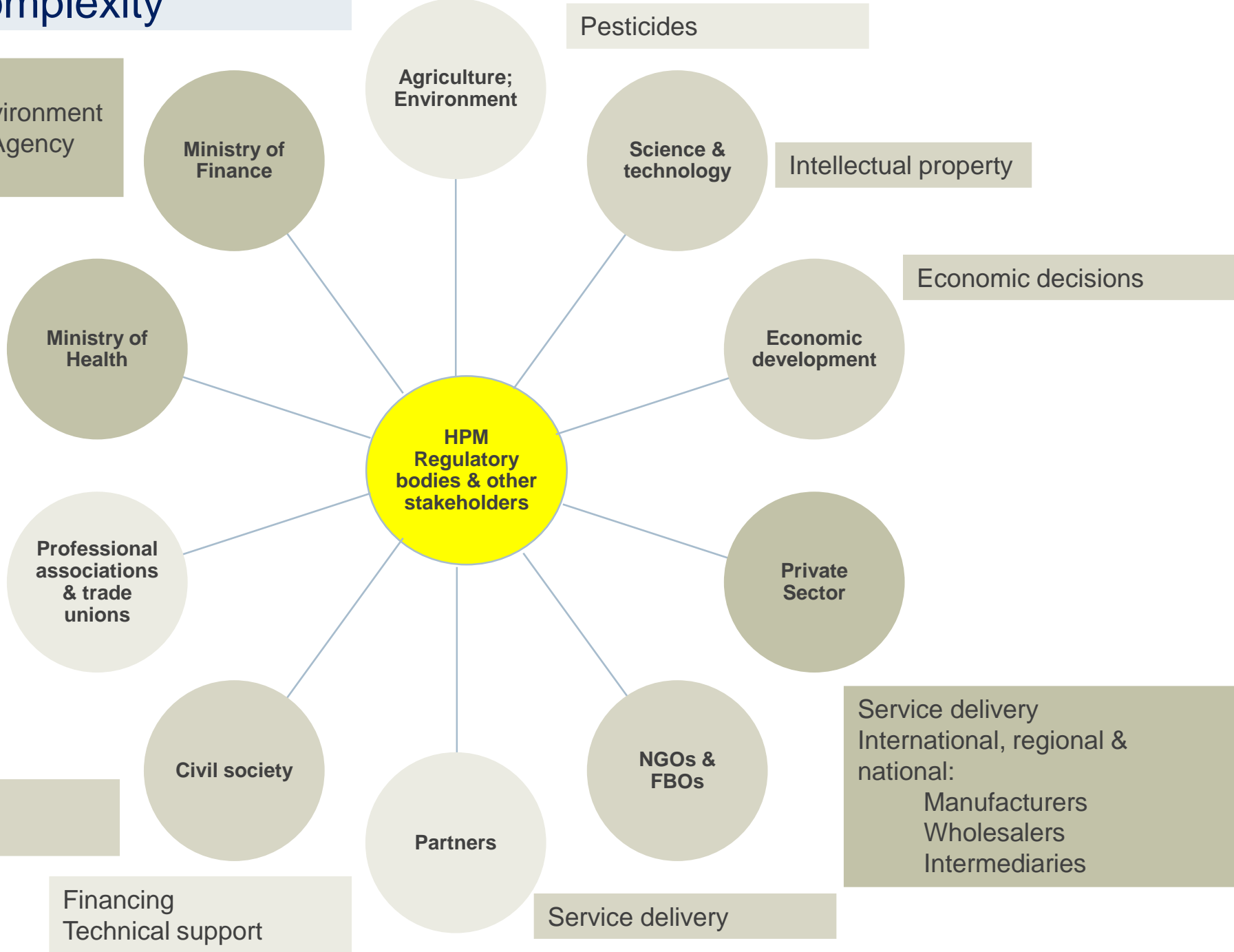
## The PSM Guide (Oct. 2018)

- Provides clarification on the language regarding TRIPS flexibilities, the definition of a **Stringent Regulatory Authority (SRA)**, and on the **price and quality reporting (PQR)** requirements
- Reflects changes related to **vector control (VC)** transitioning from the WHO Pesticide Evaluation Scheme (WHOPES) to the WHO Prequalification Mechanism
- Improved guidance on reporting mechanism for **adverse drug reaction** to NDRA and the Secretariat
- Requires that Principal Recipients designate a **Quality Assurance focal point**
- **Adoption of GS1 Global Data standards** for product identification, location identification, and product master data

# In-country HPM sector complexity

Budget allocation  
Procurement legal environment  
Central Procurement Agency  
Customs & excise

Human Resources  
NRA  
Registration / HTA  
Pharmacovigilance  
Quality control  
Product recall  
Health Programs  
Pharmacy Services/Department  
Policy, STG & EML committees /  
Rational Use  
Central Medical Stores  
Laboratory Services  
SDG & product selection  
committees  
Procurement Department  
Regional departments of health



# Understanding HPM/PSM in-country governance architecture

Where is the entry point for the HPM and the LFA?

- Who are the key stakeholders (current/prospective)
- Is there a national vision/strategy/plan on Pharmaceutical Policy, National Supply Chain Integration, CMS business plan, National Strategy for Lab System Strengthening...
- How integrated are HIV, TB, Malaria medicines and laboratory products in the national system
- Who quantifies? National F&Q? Global Fund specific/ LoHP owners
- LMIS, HMIS, LIMS integration, digital health strategy

# Understanding HPM/PSM in-country governance architecture

Where is the entry point for the HPM and the LFA?

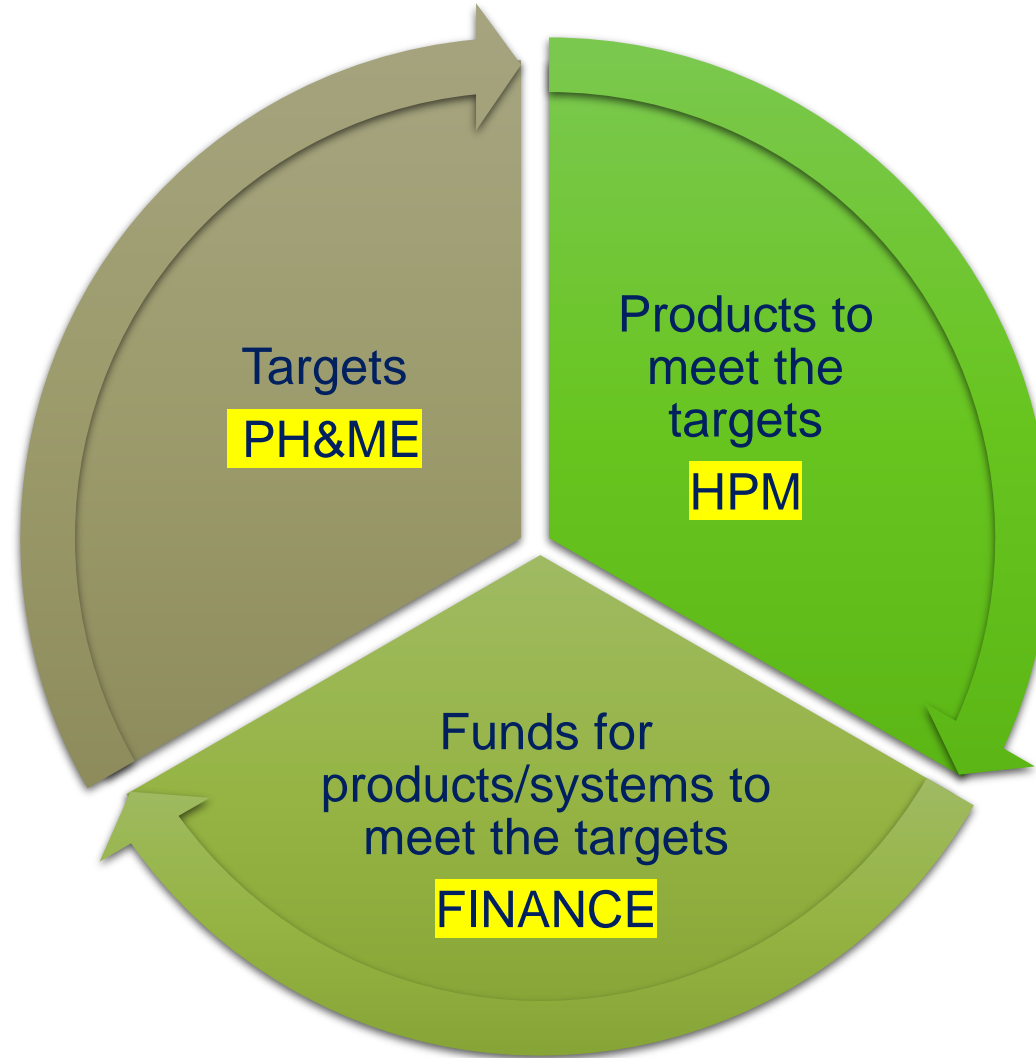
- Procurement rules - who procures and what is the capacity (central/decentralized; contract management)
- Supply chain management – the flow from the port of entry to the end user; 3PL, contracting, storage conditions, Last Mile
- Is there local manufacturing capacity and a policy in place to favor it? What are the risks?
- Legal framework (regulation requirements, enforcement capacity)
- Budget for pharmaceuticals and other health products (laboratory often different channels)
- Incentives influencing the demand (RDF, co-payment)

## Tools

- LoHP template/ HPMT
- PPM/wambo.org
- GDF/order tracking system
- PUDR - procurement tab
- Procurement Review Tool
- Risk & Assurance Toolbox
- PPM reference prices
- Partner tools e.g. GeneXpert
- LFA draft ToRs
- PQR

## Guidance

- PSM Policy
- QA Approved Lists
- Spot-check ToRs
- PUDR Guidelines (March 2017)
- Budgeting Guidelines



# As we enter the new grant making year...

- We expect the LFA to have a full understanding of the end-to-end HPM system
- We expect the LFA team to mirror CT team (PH&ME – HPM – Finance)
- Have the ability to diligently “zoom-in and zoom-out” the Global Fund investments within the country context

Have a long-term HPM system strengthening mindset

*Assuming funding for only diagnostics and treatment is available*

*“If Global Fund funding stops, will the HPM system resist or collapse?”*



# Case Study



# Case study conclusions

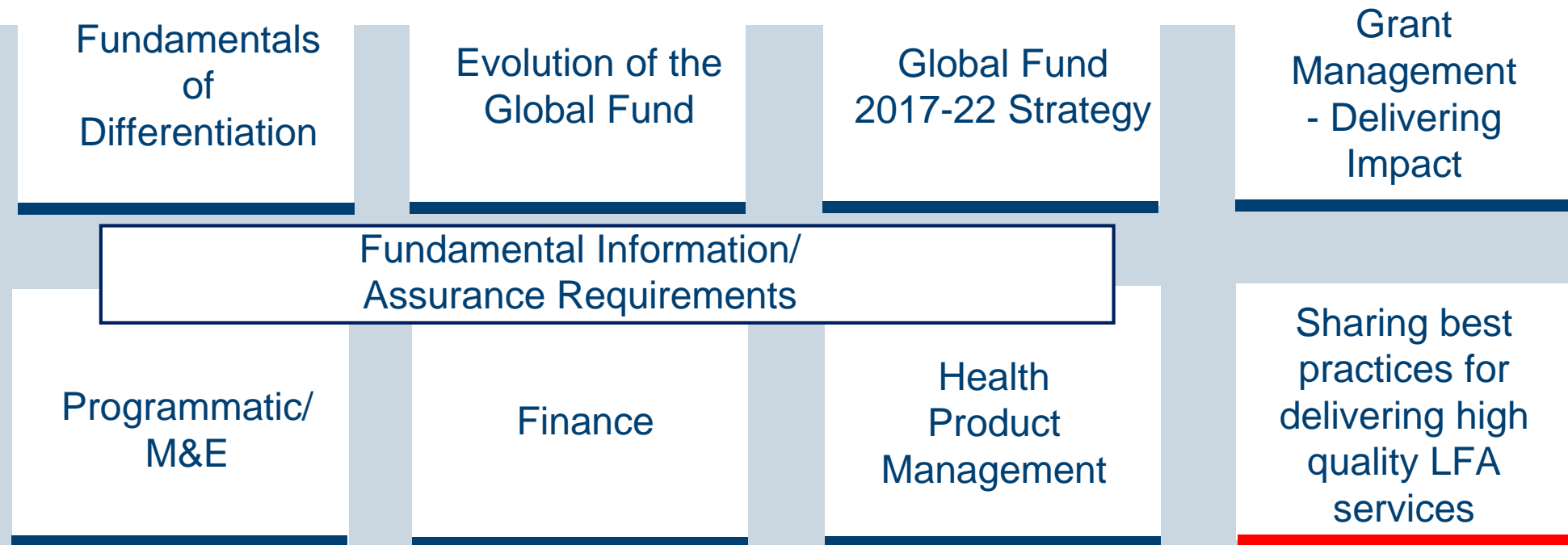
Additional funding up to \$40 million was recommended, by the CT to the GAC, for approval.

This was based on:

1. the increased “funding need” for the country to achieve 85% coverage by 2020 as a consequence of the increased “estimated people living with HIV” arising from the 2017 census data;
2. the outputs of the national quantification exercise which was supported by in-country partners and which considered a downward adjustment to account for the consumption data;
3. a complete view of the ARV supply pipeline up to 31 December 2020, taking into account all funding sources;
4. a comprehensive review of implementation and expenditure to-date, identification of savings and reprioritization of interventions; and
5. the programmatic achievements over the past 36 months related to monthly enrollment and retention rate as well as what the programme has put in-place to achieve the ambitious targets.

*Please refer to your handouts for information on the factors the LFA should have considered in this scenario*

# Agenda



# Group Work

- Discuss the following questions as a group on your tables.
- As much as possible, please discuss each question from the perspective of being an LFA in a Focused and a Core/High Impact portfolio.
- You have 20 minutes.

# Group Work

## Group 1 (3-4 tables)

- Building on what we discussed this morning, what are the key GF expectations and quality criteria for GF LFA deliverables? Do you believe you consistently meet them?
- What steps does the LFA team undertake to ensure the quality criteria of the GF are met, i.e. how do you fact-check and quality assure the report before submitting it to the GF?
- What challenges do you face and how could they be addressed?

## Group 2 (3-4 tables)

- What steps do you take when reviewing a PUDR?
- Who in the LFA team is involved in each step and how does the team prepare for the work?
- How do you manage priorities and conflicting schedules?
- What are the challenges the LFA team faces and how could they be addressed?

## Group 3 (3-4 tables)

- How does the LFA team manage/integrate the findings and knowledge emerging from the review of the different parts of the PUDR?
- How do you ensure that contextual and program-level knowledge is embedded in the review and reflected in the analysis?
- How do you determine and prioritize recommendations and how do you ensure they link to the results reported and findings from your review?