**LFA Terms of References: Review of Global Fund KPI 6e - Availability, analysis and use of disaggregated data to inform HIV, TB and Malaria programs**

31st March 2021

**Content**

* Background information
* Objectives of GF KPI 6e Country level review
* What approach should LFA apply to perform the review
* What information will LFAs collect and review
* How will the information be analyzed and used
* How often does the review need to be performed and submitted to GF
* Who will this information be shared with
* Estimated LFA level of effort
* Pilot of the review
* Annex 1: The Reporting Tool – overview of questions and response options

**1. Background information**

When health data is disaggregated by sex, age, place of residence, education, wealth quartile, key population or vulnerable populations, programs can identify under-served population groups in need of HIV, TB and Malaria services. These populations become a **priority population** during planning and ongoing program implementation.

The Global Fund has revised KPI 6e to monitor if country programs are using available disaggregated data to inform HIV, TB and Malaria programs. The indicator will track **percent of countries that have documented evidence of using disaggregated data to inform planning and programmatic decision making for priority populations.** The cohort is high impact countries (26 countries). The current KPI 6e tracks availability of disaggregated data at GF level. The proposed revised indicator will enhance support for needed disaggregated data at country level thereby increasing better targeting of populations in need with HIV, TB and Malaria services.

**2. Objectives of GF KPI 6e Country level review**

* The country level monitoring tool aims to collect information from HIV, TB and Malaria national programs on availability, analysis and use of required disaggregated data. Specifically, find out if countries have needed disaggregated data that facilitate identification of populations in need of health services (priority populations) and if **available** disaggregated data is **analyzed** and **used** to inform their response during planning and implementation.
* This information will inform KPI reporting to the board and contribute to measuring outcomes of GF M&E investments that aim to improve availability, quality, analysis and use of data for program improvement in HIV, TB and Malaria.
* The information gathered will trigger necessary actions to strengthen country programs data and information systems to avail, analyze and use required disaggregated data.

The Global Fund will engage LFAs to collect information from the Ministry of Health (MOH) to assess availability, analysis and use of disaggregated data in planning and ongoing implementation. In cases where MOH is not the PR, the respective PR for HIV, TB and Malaria programs will be the entry point to MOH (i.e. HIV, TB and Malaria programs). An overview of the reporting tool, questions and response options is included in Annex 1 of this guidance note.

**4.** **What approach should LFA apply to perform the review**

The LFA will collect required information from HIV, TB and Malaria country programs specifically from national country program managers and data managers and report the findings through an online structured reporting tool. It is recommended that the LFA briefly discusses the findings with the interviewee(s) to check facts and avoid misunderstanding.

**5.** **What information will LFAs collect and review**

The LFA will collect information on the availability of specific disaggregated data, and check if it is being analyzed and used to inform planning and ongoing implementation. The information collected will be gathered through interviews with country program coordinators/managers and document review. The LFA will check that: 1.) data analysis reports include required disaggregated data and 2.) disease specific strategic plans/operational plans and ongoing implementation are considering results from analysis of disaggregated data and including interventions specific for priority populations.

**6. How will the information be analyzed and used**

The information provided by the LFA will be extracted annually from the online data form, cleaned up, further analyzed and interpreted at the Global Fund by MECA team. MECA team will report results to the GF KPI team who will report to the Board alongside other KPIs. The information will be reported to the Board on an aggregate level without country specific data and without references to LFAs.

**7.** **How often does the review need to be performed and submitted to GF**

The information will be collected and submitted to GF annually. The first report is expected by the end of June 2021, subsequent report will be at the same time annually. The LFA may choose an approach that works best for a specific country situation. E.g. in some cases it may be easier to collect this information at the same time when the LFA reviews PUDR.

**8.** **Who will the information be shared with**

Apart from reporting to the Global fund Board, we do not foresee sharing this data with any other stakeholders outside of the Global Fund.

**9. Estimated LFA level of effort**

It is estimated that LFAs will spend up to a total of 6 days per year per country for 3 diseases to plan, collect, review the information and submit to GF through online platform. The LFA will need to agree the proposed Level of Effort with their Country Team prior to the start of the work, as per usual practice.

It is preferable that the review is done by the LFA Programmatic/M&E experts as they are best suited to perform this service. The service should be included in the country LFA work plan in the service Program and Data Quality Spot Checks with a description referring to the KPI 6e review.

**10. Pilot of the review**

A pilot of the draft data collection tool and LFA approach was conducted in 4 countries (Cote d’Ivoire, Uganda, Cambodia and South Africa) in January 2021 mainly to determine the feasibility of reporting on the revised indicator. Consequently, findings from the pilot have informed further refinement of the tool and approach leading to a presentation of the proposed revised KPI 6e to Strategy Committee.

**11. Roll out of the review**

As part of the roll out, GF team will conduct a brief orientation session with LFAs from HI countries to familiarize these teams with the tool and answer any clarification questions. A link to the SurveyMonkey will be shared with LFA teams immediately after the orientation session.

**Annex 1: Review tool/Questionnaire**

SurveyMonkey online tool (also available in French)

**Global Fund KPI 6e**

LFA country level monitoring tool

**Review of availability, analysis and use of disaggregated data to inform HIV, TB and Malaria programs**

**Objectives of GF KPI 6e Country level review**

1. The country level monitoring tool aims to collect information from HIV, TB and Malaria national programs on availability, analysis and use of required disaggregated data. Specifically, find out if countries have needed disaggregated data that facilitate identification of populations in need of health services (priority populations) and if **available** disaggregated data is **analyzed** and **used** to inform their response during planning and implementation.
2. This information will inform KPI reporting to the board and contribute to measuring outcomes of GF M&E investments that aim to improve availability, quality, analysis and use of data for program improvement in HIV, TB and Malaria.
3. The information gathered will trigger necessary actions to strengthen country programs data and information systems to avail, analyze and use required disaggregated data.

**Date of review:**

**MM/DD/YYYY**

**Contact of Interviewer:**

LFA conducting review:

Name of Expert conducting the review:

Electronic mail for contact person:

**Select country:**

**PART 1: HIV Program**

**Respondent:**

O National program manager/coordinator

O National data manager/coordinator

O National data manager and program manger

O Other (Specify)

If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q1H.** Based on the country’s HIV/AIDS epidemiological profile, the view of the respondent(s) and the LFA analysis, what are the required data disaggregation for HIV program ***(select all that applies)***

|  |  |  |
| --- | --- | --- |
| **Priority population** | Yes | No |
| Males <15, >15 |  |  |
| Males 15-24, > 24 |  |  |
| Females <15, >15 |  |  |
| Females 15-24, > 24 |  |  |
| Key population - MSM |  |  |
| Key population - SW |  |  |
| Key population - TG |  |  |
| Key population - PWID |  |  |
| Key population - Prisoners |  |  |
| Other -fisher folks |  |  |
| Other - uniformed staff |  |  |

**Q2H**. For each of the priority population identified in Q1H above, indicate if disaggregated data is available, analyzed and used with respect to each indicator below: *(See instruction below for guidance to complete tables Q2H1, Q2H2, Q2H3 and Q2H4)*

**Q2H1) TCS-1 – Percent of people on ART among all people living with HIV *(Key Populations category does not apply)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority population** | \*Q2H1a - Is required disaggregated data available at national level?  *(Yes/No/Not applicable)* | \*Q2H1b - Is available disaggregated data analyzed regularly?  *(Yes/No/Not applicable)* | \*Q2H1c - Is the program using disaggregated data to plan for priority populations (PP)?  *(Yes/No/Not applicable)* | \*Q2H1d - Is the program using disaggregated data to inform ongoing programmatic decisions for PP?  *(Yes/No/Not applicable)* |
| Males <15, >15 |  |  |  |  |
| Males 15-24, > 24 |  |  |  |  |
| Females <15, >15 |  |  |  |  |
| Females 15-24, > 24 |  |  |  |  |
| Other -fisher folks |  |  |  |  |
| Other - uniformed staff |  |  |  |  |

**Q2H2)** HIV 0-12 - Percentage of people living with HIV and on ART who are virologically suppressed ***(Key Populations category does not apply)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority population** | \*Q2H2a - Is required disaggregated data available at national level?  *(Yes/No/Not applicable)* | \*Q2H2b - Is available disaggregated data analyzed regularly?  *(Yes/No/Not applicable)* | \*Q2H2c - Is the program using disaggregated data to plan for priority populations (PP)?  *(Yes/No/Not applicable)* | \*Q2H2d - Is the program using disaggregated data to inform ongoing programmatic decisions for PP?  *(Yes/No/Not applicable)* |
| Males <15, >15 |  |  |  |  |
| Males 15-24, > 24 |  |  |  |  |
| Females <15, >15 |  |  |  |  |
| Females 15-24, > 24 |  |  |  |  |
| Other -fisher folks |  |  |  |  |
| Other - uniformed staff |  |  |  |  |

**Q2H3)** HIV O-11 - Percentage of people living with HIV who know their HIV status ***(Key Populations category does not apply)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority population** | \*Q2H3a - Is required disaggregated data available at national level?  *(Yes/No/Not applicable)* | \*Q2H3b - Is available disaggregated data analyzed regularly?  *(Yes/No/Not applicable)* | \*Q2H3c - Is the program using disaggregated data to plan for priority populations (PP)?  *(Yes/No/Not applicable)* | \*Q2H3d - Is the program using disaggregated data to inform ongoing programmatic decisions for PP?  *(Yes/No/Not applicable)* |
| Males <15, >15 |  |  |  |  |
| Males 15-24, > 24 |  |  |  |  |
| Females <15, >15 |  |  |  |  |
| Females 15-24, > 24 |  |  |  |  |
| Other -fisher folks |  |  |  |  |
| Other - uniformed staff |  |  |  |  |

**Q2H4)** HIV O-10: Percent of respondents who say they used a condom the last time they had sex with non-marital, non-cohabiting partner.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority population** | \*Q2H4a - Is required disaggregated data available at national level?  *(Yes/No/Not applicable)* | \*Q2H4b - Is available disaggregated data analyzed regularly?  *(Yes/No/Not applicable)* | \*Q2H4c - Is the program using disaggregated data to plan for priority populations (PP)?  *(Yes/No/Not applicable)* | \*Q2H4d - Is the program using disaggregated data to inform ongoing programmatic decisions for PP?  *(Yes/No/Not applicable)* |
| Males <15, >15 |  |  |  |  |
| Males 15-24, > 24 |  |  |  |  |
| Females <15, >15 |  |  |  |  |
| Females 15-24, > 24 |  |  |  |  |
| Key populations - MSM |  |  |  |  |
| Key population - SW |  |  |  |  |
| Key population - TG |  |  |  |  |
| Key population - PWID |  |  |  |  |
| Key population - Prisoners |  |  |  |  |
| Other -fisher folks |  |  |  |  |
| Other - uniformed staff |  |  |  |  |

**\* Instruction for completing the tables above:**  
*a. For availability of disaggregated data - check and confirm availability in data source e.g. DHIS, survey or any other data source identified by respondent  
b. For analysis of disaggregated data - check and confirm latest data analysis report if it has included analysis of required disaggregation identified in Q1H above  
c. For use of disaggregated data in planning - check latest disease strategic plan or NSP for interventions and target for priority populations identified in Q1H above  
d. For use of disaggregated data to inform ongoing programmatic decision making - check quarterly/annual program review report if it includes priority populations identified in Q1H above*

**Q3H)** Identification of opportunities for strengthening availability, analysis and use of disaggregated data in HIV program.

**Q3Hi)** What are the key gaps in availability, analysis and use of disaggregated data to inform planning and ongoing programmatic decision making for priority population? *(Select all that applies)*

**Q3Hii)** Proposed solutions to identified gaps

**Q3Hiii)** Other relevant comments

**PART 2: TB Program**

**Respondent:**

O National program manager/coordinator

O National data manager/coordinator

O National data manager and program manger

O Other (Specify)

If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q1T)** Based on the country’s TB epidemiological profile, the view of the respondent(s) and the LFA analysis, what are the required data disaggregation for TB program ***(select all that applies)***

|  |  |  |
| --- | --- | --- |
| **Priority population** | Yes | No |
| Males <15, >15 |  |  |
| Males 15-24, > 24 |  |  |
| Females <15, >15 |  |  |
| Females 15-24, > 24 |  |  |
| Vulnerable populations: Prisoners |  |  |
| PLHIV |  |  |
| children 0-4, 5-14yrs |  |  |
| Other vulnerable population - Refugees |  |  |

**Q2T)** For each of the priority population identified in QIT above, indicate if disaggregated data is available, analyzed and used with respect to each indicator below: *(See instruction below for guidance to complete tables Q2T1, Q2T2 and Q2T3)*

**Q2T1)** TCP-1 - Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), new and relapse cases

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority population** | \*Q2T1a - Is required disaggregated data available at national level?  *(Yes/No/Not applicable)* | \*Q2T1b - Is available disaggregated data analyzed regularly?  *(Yes/No/Not applicable)* | \*Q2T1c - Is the program using disaggregated data to plan for priority populations (PP)?  *(Yes/No/Not applicable)* | \*Q2T1d - Is the program using disaggregated data to inform ongoing programmatic decision for PP?  *(Yes/No/Not applicable)* |
| Males <15, >15 |  |  |  |  |
| Males 15-24, > 24 |  |  |  |  |
| Females <15, >15 |  |  |  |  |
| Females 15-24, > 24 |  |  |  |  |
| Vulnerable populations: Prisoners |  |  |  |  |
| PLHIV |  |  |  |  |
| children 0-4, 5-14yrs |  |  |  |  |
| Other vulnerable population - Refugees |  |  |  |  |

**Q2T2)** MDR TB-3 - Number of cases with RR-TB and/or MDR-TB that began second-line treatment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority population** | \*Q2T2a - Is required disaggregated data available at national level?  *(Yes/No/Not applicable)* | \*Q2T2b - Is available disaggregated data analyzed regularly?  *(Yes/No/Not applicable)* | \*Q2T2c - Is the program using disaggregated data to plan for priority populations (PP)?  *(Yes/No/Not applicable)* | \*Q2T2d - Is the program using disaggregated data to inform ongoing programmatic decision for PP?  *(Yes/No/Not applicable)* |
| Males <15, >15 |  |  |  |  |
| Males 15-24, > 24 |  |  |  |  |
| Females <15, >15 |  |  |  |  |
| Females 15-24, > 24 |  |  |  |  |
| Vulnerable populations: Prisoners |  |  |  |  |
| PLHIV |  |  |  |  |
| children 0-4, 5-14yrs |  |  |  |  |
| Other vulnerable population - Refugees |  |  |  |  |

**Q2T3)** TCP – 2: Number of all forms of TB cases (i.e. bacteriologically confirmed plus clinically diagnosed) in a specified period who subsequently were successfully treated

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority population** | \*Q2T3a - Is required disaggregated data available at national level?  *(Yes/No/Not applicable)* | \*Q2T3b - Is available disaggregated data analyzed regularly?  *(Yes/No/Not applicable)* | \*Q2T3c - Is the program using disaggregated data to plan for priority populations (PP)?  *(Yes/No/Not applicable)* | \*Q2T3d - Is the program using disaggregated data to inform ongoing programmatic decision for PP?  *(Yes/No/Not applicable)* |
| Males <15, >15 |  |  |  |  |
| Males 15-24, > 24 |  |  |  |  |
| Females <15, >15 |  |  |  |  |
| Females 15-24, > 24 |  |  |  |  |
| Vulnerable populations: Prisoners |  |  |  |  |
| PLHIV |  |  |  |  |
| children 0-4, 5-14yrs |  |  |  |  |
| Other vulnerable population - Refugees |  |  |  |  |

**\* Instruction for completing the tables above:**  
*a. For availability of disaggregated data - check and confirm availability in data source e.g. DHIS, survey or any other data source identified by respondent  
b. For analysis of disaggregated data - check and confirm latest data analysis report if it has included analysis of required disaggregation identified in Q1T above  
c. For use of disaggregated data in planning - check latest disease strategic plan or NSP for interventions and target for priority populations identified in Q1T above  
d. For use of disaggregated data to inform ongoing programmatic decision making - check quarterly/annual program review report if it includes priority populations identified in Q1T above*

**Q3T)** Identification of opportunities for strengthening availability, analysis and use of disaggregated data in TB program.

**Q3Ti)** What are the key gaps in availability, analysis and use of disaggregated data to inform planning and ongoing programmatic decision making for priority population? *(select all that applies)*

**Q3Tii)** Proposed solutions to identified gaps

**Q3Tiii)** Other relevant comments

**PART 3: Malaria Program**

**Respondent:**

O National program manager/coordinator

O National data manager/coordinator

O National data manager and program manger

O Other (Specify)

If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Q1M)** Based on the country’s Malaria epidemiological profile, the view of the respondent(s) and the LFA analysis, what are the required data disaggregation for Malaria program ***(select all that applies)***

|  |  |  |
| --- | --- | --- |
| **Priority population** | Yes | No |
| Children < 5 years |  |  |
| Above 5 yrs (including 15-49 yrs) |  |  |
| Pregnant women |  |  |
| Mobile and migrant populations |  |  |

**Q2M)** For each of the priority population identified in Q1M above, indicate if disaggregated data is available, analyzed and used with respect to each indicator below: *(See instruction below for guidance to complete tables Q2M1 and Q2M2)*

**Q2M1)** CM-1a: Number of suspected malaria cases that receive a parasitological test at public sector health facilities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority population** | \*Q2M1a - Is required disaggregated data available at national level?  *(Yes/No/Not applicable)* | \*Q2M1b - Is available disaggregated data analyzed regularly?  *(Yes/No/Not applicable)* | \*Q2M1c - Is the program using disaggregated data to plan for priority populations (PP)?  *(Yes/No/Not applicable)* | \*Q2M1d - Is the program using disaggregated data to inform ongoing programmatic decision for PP?  *(Yes/No/Not applicable)* |
| Children < 5 years |  |  |  |  |
| Above 5 yrs, 15-49 yrs) |  |  |  |  |
| Pregnant women |  |  |  |  |
| Mobile and migrant populations |  |  |  |  |

**Q2M2)** CM-2a: Number of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Priority population** | \*Q2M2a - Is required disaggregated data available at national level?  *(Yes/No/Not applicable)* | \*Q2M2b - Is available disaggregated data analyzed regularly?  *(Yes/No/Not applicable)* | \*Q2M2c - Is the program using disaggregated data to plan for priority populations (PP)?  *(Yes/No/Not applicable)* | \*Q2M2d - Is the program using disaggregated data to inform ongoing programmatic decision for PP?  *(Yes/No/Not applicable)* |
| Children < 5 years |  |  |  |  |
| Above 5 yrs, 15-49 yrs) |  |  |  |  |
| Pregnant women |  |  |  |  |
| Mobile and migrant populations |  |  |  |  |

**\* Instruction for completing the tables above:**  
*a. For availability of disaggregated data - check and confirm availability in data source e.g. DHIS, survey or any other data source identified by respondent  
b. For analysis of disaggregated data - check and confirm latest data analysis report if it has included analysis of required disaggregation identified in Q1M above  
c. For use of disaggregated data in planning - check latest disease strategic plan or NSP for interventions and target for priority populations identified in Q1M above  
d. For use of disaggregated data to inform ongoing programmatic decision making - check quarterly/annual program review report if it includes priority populations identified in Q1M above*

**Q3M)** Identification of opportunities for strengthening availability, analysis and use of required disaggregated data in Malaria program.

**Q3Mi)** What are the key gaps in availability, analysis and use of disaggregated data to inform planning and ongoing programmatic decision making for priority population? *(select all that applies)*

**Q3Mii)** Proposed solutions to identified gaps

**Q3Miii)** Other relevant comments