

C19RM Monitoring and Evaluation Framework

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1. Purpose and Objectives

The COVID-19 Response Mechanism (C19RM) is a temporary, timebound mechanism established to address the current global emergency related to the COVID-19 pandemic. The C19RM Monitoring and Evaluation (M&E) framework provides an integrated approach to measurement of global investments that gives end to end visibility from inputs to outcomes. It aims to provide comprehensive reporting, monitoring and evaluation of C19RM investments, while acknowledging the challenges of measuring performance in a context of emergency response to a rapidly evolving pandemic.

The C19RM M&E Framework has been developed through widespread consultations across the Global Fund partnership. It is based on and draws from the COVID-19 M&E frameworks developed by the World Health Organization (WHO) and partners and complements them. It builds on and uses existing programmatic indicators and data from partners to avoid duplication of data collection efforts. In addition, data on financial, procurement and service disruption will be sourced from Global Fund grants as well as in-country surveys and spot checks.

The framework was presented in Disease Situation Rooms and the Joint Working Group with partners. Consultations with partners are ongoing to identify specific measures to improve the quality, timeliness, non-duplication, sharing and use of COVID-19 response data. These include WHO, the WHO Health Emergencies Programme (WHE), the United States Government (USG), the Access to COVID-19 Tools Accelerator (ACT-A) partners, and others.

The C19RM M&E Framework allows consistent reporting of investments and progress in C19RM across countries. It was developed to respond to Global Fund data needs for implementation oversight, agility in investment decisions and course correction during implementation. In addition to providing information on COVID-19 burden in countries and extent of service disruption, it addresses the reporting commitments outlined to the Global Fund Board. The C19RM M&E framework is being operationalized together with C19RM assurance and enhanced monitoring and oversight of C19RM activities at country level.

C19RM does not follow the traditional approach to target-setting used for regular grants. Similarly, this framework used to monitor interventions related to COVID-19 is different from the current HIV, tuberculosis and malaria monitoring and evaluation frameworks. This approach puts emphasis on measuring inputs such as the scale-up of diagnostics, PPE and treatment, and outputs such as timely availability of commodities, expenditure tracking and in-country assurance activities of service delivery. The key outcome/impact measure lies on whether countries are able to achieve their HIV, tuberculosis and malaria grant(s) targets for the 2020-2022 allocation period and for the overall 2017-2022 Strategy period, despite service disruptions from COVID-19.

The objectives of the M&E framework are to:

- Ensure accountability and consistent reporting of investments in C19RM across countries.
- Produce systematic analyses of service continuity/disruptions in countries.
- Compare results against the epidemiological progression of the pandemic.
- Support the prioritization of response activities and inform decision-making.
- Promote transparency and information sharing.
- Apply best practices and lessons learned.

Keeping the process and tools agile to learn and adapt.

Key questions that the M&E framework will answer

1. What is the Global Fund investing in under C19RM?

Investments and expenditures by three priorities of C19RM (COVID-19 control and containment, mitigation measures for HIV, TB and malaria, health and community systems), investments by ACT-A pillars, National Strategic Preparedness and Response pillars, and others.

2. What is being procured under C19RM?

- Diagnostics, PPE, therapeutics and oxygen.

3. What is the pace of implementation?

- Translation of awards into grants, disbursements and expenditures.
- Procurement and delivery of C19RM health products.

4. What are the results/key services delivered and trends?

- Last mile distribution and availability of key products: do health workers have PPE? Do facilities have oxygen?
- Diagnostic capacity: is national testing capacity expanding?
- Direct service delivery measures: COVID-19 tests done and cases managed.
- COVID-19 morbidity/mortality and trends on HIV, tuberculosis and malaria services: are COVID-19 deaths reducing? Are HIV, tuberculosis and malaria grants reaching targets?

2. Reporting and Impact

1. The Secretariat is fully committed to transparent and frequent reporting on C19RM investments and its impact. The Global Fund C19RM M&E Framework includes indicators for all stages of C19RM funding cycle and will facilitate reporting internally and externally to the Board.
2. **At the award stage**, the Secretariat will provide detailed monthly reporting on C19RM on:

- a. Cumulative awards (whether approved by the Board or by the Secretariat through delegated authority) categorized by country, regional, and global level.
 - b. Award funds grouped by priority area – (i) reinforcement of national COVID-19 responses, (ii) risk mitigation activities for HIV, tuberculosis and malaria, and (iii) urgent improvement to health and community systems.
 - c. Disaggregated data on the types of investments e.g., investments in diagnostics (with disaggregation of molecular assays and RDTs), PPE, Oxygen support, therapeutics, community-led support; Gender Based Violence/ IPV; human rights, RSSH investments.
 - d. Updates on funding requests pipeline, top-ups awarded, and details on unfunded demand. Reporting will also append award notifications issued to countries (which will detail approved interventions and related amounts) as well as the national plans and funding requests on which awards were based.
3. Since Global Fund investments are fully aligned with the ACT-Accelerator priorities and the ten COVID-19 Strategic Preparedness and Response Plan pillars, the Secretariat has aligned its reporting with those of partners, to enable transparency and coordination across partners. The Global Fund will report against the ten national response pillars.
 4. The Secretariat will also highlight emerging themes and issues from C19RM to the Board, either through detailed monthly reporting or through the informal Board calls on COVID-19. The emerging themes/issues are expected to reflect: C19RM Funding Request review, C19RM Investment Committee discussions, feedback from the HIV and TB Situation Rooms and Malaria Country/Regional Support Partners Committee (CRSPC), and Grant Approvals Committee (GAC) and COVID-19 Technical Advisory Group (CTAG) feedback.
 5. The Secretariat will also share detailed data on investments, award notifications, and funding requests on the Global Fund external website ([Monthly Update](#)) to further enhance transparency.
 6. **At the implementation stage**, to assess the contribution of Global Fund investments through C19RM, the Secretariat will use a comprehensive monitoring, evaluation and results reporting approach (see Figure 1) including qualitative and quantitative measures covering a range of:
 - a. Financial inputs e.g., volume¹, budgets allocated, expenditure on commodities and community-led support.
 - b. Outputs e.g., number of people tested for COVID-19 and stock availability of tracer HIV, tuberculosis, malaria and COVID-19 commodities.

¹ Global Fund will report on volume of products transacted through WAMBO and procurement partners (UNDP, UNICEF). It represents approximately 80% of the procurement. Local procurement will be reported as part of periodic PR reporting.

- c. Outcome/impact data e.g., grant performance on programmatic results, performance on KPIs 1 and 2, COVID-19 cases averted, COVID-19 case fatality rate and COVID-19 deaths averted).
7. C19RM investments will increase the capacity of countries to test for COVID-19, to protect front line health and other essential workers by providing PPE, to provide treatment that can reduce deaths from COVID-19, and to mitigate the impact on HIV, TB and malaria programs. The monitoring and evaluation approach for C19RM focuses on measuring the impact of COVID-19 on disruptions to HIV, TB and malaria services and health systems. In addition, available partner data will be used to report on COVID-19-related indicators. The Global Fund will work with WHO and other partners to improve the availability and completeness of data on COVID-19. Global Fund Principal Recipients will provide regular updates on C19RM implementation through PR reporting processes.
8. A key impact measure of C19RM investments will be to assess if countries are able to achieve their HIV, tuberculosis and malaria grant targets for the 2020-2022 allocation period and for the overall 2017-2022 Strategy period, despite service disruptions from COVID-19. This is measured through targets set in HIV, tuberculosis and malaria grants which largely maintain pre-COVID-19 levels of ambition. This metric is readily available and indicates if C19RM is operating effectively and at scale, to mitigate the impact that COVID-19 is having on programs for the three diseases.
9. Measuring the direct impact of C19RM on the COVID-19 pandemic through cases and deaths is also essential but poses a number of challenges. These are different from the challenges faced when measuring the Global Fund's impact through the current KPIs. For HIV, tuberculosis and malaria KPIs, the Global Fund relies on costed and prioritized technical plans based on models that estimate the expected impact on incidence and mortality if specific interventions are implemented at scale with an estimated amount of available funds. None of these factors are currently present for the COVID-19 response. Components such as public health interventions, the political response of governments, societal acceptance of public health measures, the age structure of and co-morbidity within populations influence the COVID-19 incidence and deaths. They vary over time and are difficult to measure. Furthermore, potential vaccine scale-up, the further spread of more transmissible and lethal variants, and potential new treatments all complicate measurement of the impact of specific funding over time, as does the lack of widespread availability of diagnostic tests, which limits the understanding of basic metrics such as the number of COVID-19 cases in a country.

The volatility of the COVID-19 pandemic, and limited understanding of the natural course of the disease also limits the ability to set targets besides measuring inputs and proximal outputs. Therefore, there are no separate targets set for C19RM (see

section IV). Transparent reporting on Global Fund-supported COVID-19 inputs such as the scale-up of diagnostics, PPE, and treatment (and other response pillars) and relevant outputs and outcomes measured at the country level will serve as the appropriate proxy measures for impact.

10. Evaluation of the impact of C19RM. The Technical Evaluation Reference Group (TERG) developed an evaluation approach under the overall steer and guidance from the Strategy Committee and the Board to evaluate the impact of C19RM investments. It will also include case studies in selected countries. Evaluations will be independently conducted in 2021, 2022 and 2023 by the TERG and subsequently by a new Evaluation Unit with oversight from a new Independent Evaluation Panel. The costs associated with enhanced reporting, monitoring, and evaluation, including TERG support, will be financed through the C19RM OPEX funding.

11. Enhanced PR reporting. It will improve the visibility on C19RM investments and the impact on HIV, TB and malaria grants. It builds on existing grant implementation, reporting and assurance structures, and integrates other existing PR reporting tools. The approach balances demand for recency of data and higher frequency of reporting with operational feasibility.

a. Routine PR reporting through routine Progress Updates is being adapted to provide visibility on C19RM investments. This will include reporting on:

- i. Programmatic results on grant indicators.
- ii. Grant Expenditures, including expenditure reporting for C19RM investments.
- iii. Updates on C19RM procurements; and
- iv. Stock levels of HIV, TB and malaria commodities.

b. Pulse Checks are also being introduced. PRs will report quarterly through Pulse Checks on:

- i. PR self-assessment of whether HIV, TB and malaria modules and C19RM interventions are on-track.
- ii. PR reporting on a subset of proximate HIV, tuberculosis and malaria indicators to assess extent of disruptions and/or progress plus self-assessment of whether they are on track to meet programmatic targets.
- iii. PR reporting on expenditure and forecast for HIV, TB and malaria grants and C19RM.

12. Spot checks: In addition to the above-mentioned data, the Secretariat is introducing a more robust collection methodology to understand whether C19RM

investments are reaching the people we serve and improving services for them. It will collect verified health facility data (via in-person visits), every quarter from [45 countries](#) to provide improved visibility of supply chain performance and commodity and service availability. The selected countries represent the highest burden and levels of investment for HIV, TB and malaria and C19RM allocation of >US\$ 20 million accounting for 90% of the C19RM investment envelope.

It includes information on:

- a. HIV, TB, malaria and COVID-19 commodities and service availability.
- b. Service disruption and effects of adaptive measures.
- c. Impact of COVID-19 on health workers and correct use of PPE.

The Global Fund is working with ACT-A partners including WHO to support implementation of nationally representative health facility surveys to monitor essential health services in select countries.

13. **Community-led monitoring (CLM).** CLM data, which already contributes to reporting and monitoring of performance under Global Fund grants, will complement data from PR reporting and spot checks wherever CLM mechanisms are already in place. In addition, for countries which have included investments in CLM in their C19RM funding request, the Secretariat will support scaling-up of CLM in coordination with civil society and technical partners such as Stop TB Partnership and UNAIDS.
14. **Data systems strengthening.** The Secretariat will leverage and support the strengthening of in-country data systems to enhance available data. For example, the Global Fund is supporting updating of HMIS for COVID-19 surveillance (e.g., DHIS2 or other COVID-19 modules) in many countries.
15. **Monitoring and Oversight data analysis, synthesis and use for decision-making.** The Secretariat will put in place a process to support operational level monitoring and oversight of C19RM investments. It will help Global Fund Country Teams and the Investment Committee to problem solve and take decisions on course correction and improvement actions. It will also help in engaging technical experts/partners as needed and inform requests for grant revisions. Data drawn from various available sources will be analyzed, and analytical reports will be shared with relevant stakeholders for timely decision-making. The cross-cutting analysis and reports will leverage the M&E framework and facilitate monitoring and oversight of implementation. It will include following processes and corresponding reports:
 - a. Weekly monitoring and oversight meetings.
 - b. Quarterly Investment Committee review.

- c. Ad hoc individual country follow-up by the Investment Committee.
- d. Monthly report to the Board.

3. Monitoring of C19RM Investments and List of Indicators

C19RM M&E Framework lists key indicators to monitor preparedness and response to the COVID-19 pandemic. It identifies the data sources, frequency of reporting and assigns accountability and ownership for data collection and reporting throughout the continuum. It leverages existing reporting tools, processes and systems while making necessary modifications to allow for timely reporting and required granularity. At the same time, it ensures use of information already available from partners and in countries.

Data will be collected from multiple sources including programmatic, financial and procurement related data from grants, Global Fund supported assessments and spot checks as well as available programmatic indicators from various partners.

This framework remains a working document and will be updated regularly based on learnings and potential data needs. The existing data collection channels can be expanded and used for future data collection.

Figure 1: C19RM - End to end data collection and reporting

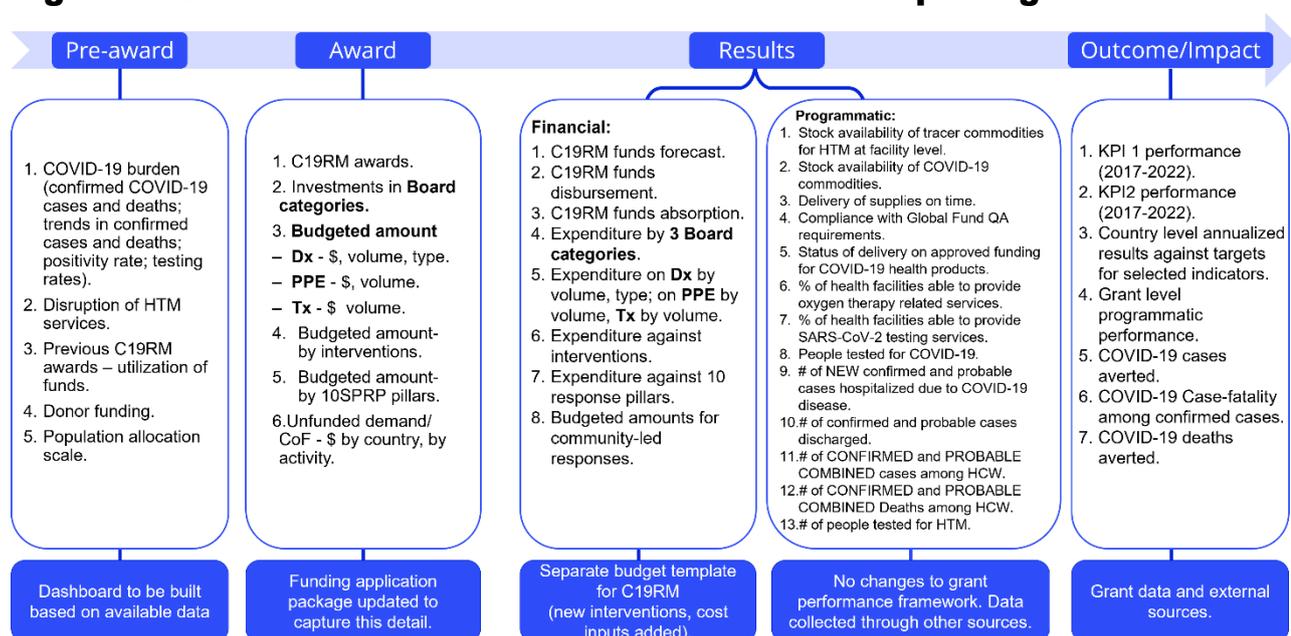


Table 1 below includes the list of indicators to monitor the Global Fund investments in COVID-19 response.

Table 1: C19RM Monitoring Framework - Draft 07 April 2021

Indicators	Data source	Frequency of data collection	Data availability (# of countries)	Unit of analysis	Reported to the Board/ frequency	Team/focal point responsible for reporting
Pre-Award stage² (for use in qualitative adjustments)						
1. COVID-19 burden						
a) Confirmed COVID-19 cases (total and among health workers)	WHO/OWID/FIND	Daily	~102 countries	Country	Yes (overall aggregated rationale for adjustment, only in cases of deviation outside of a defined range).	C19RM Secretariat
b) Confirmed COVID-19 deaths (total and among health workers)	WHO/OWID/FIND	Daily	~102 countries	Country		C19RM Secretariat
c) Trends in confirmed cases and deaths	WHO/OWID/FIND	Daily	~102 countries	Country		C19RM Secretariat
d) Testing rates	WHO/OWID/FIND	Daily	~89 countries	Country		C19RM Secretariat
e) Positivity rates	WHO/OWID/FIND	Daily	~89 countries	Country		C19RM Secretariat
f) Trend in positivity rates	WHO/OWID/FIND	Daily	~89 countries	Country		C19RM Secretariat
2. Disruption of HIV, Tuberculosis and Malaria services	Pulse checks	Quarterly	55 countries	Country	Every consolidated Board report	DASH
3. Donor funding: Gap, government & non-Global Fund funding	C19RM 2.0 Funding Landscape Table	One time (At full submission)	All countries (not mandatory for Focused)	Country		C19RM Secretariat
4. Previous C19RM awards – utilization of funds	C19RM 2.0 FR Narrative (validated with PUDR/WAMBO)	One time (At full submission)	All countries	Country		C19RM Secretariat

² These data points will be used to support IC decision making on qualitative adjustment factors for the PAAR

Indicators	Data source	Frequency of data collection	Data availability (# of countries)	Unit of analysis	Reported to the Board/ frequency	Team/focal point responsible for reporting
5. Other						
Population allocation scale	Calculated	One time	All countries	Country		Allocation team
Award stage						
1. C19RM awards	C19RM database	On rolling basis	All countries	Country, Region, Global	Yes, consolidated Board report	C19RM Secretariat
2. Investments in 3 Board categories	FR/ grant budgets (manual mapping)	On rolling basis	All countries	Grant, Country, Region, Global	Yes, consolidated Board report	C19RM Secretariat
3. Budgeted amount: (commodities) a) Dx (molecular and Antigen rapid tests) - \$, volume per type b) PPE - \$, volume c) Therapeutics (Existing COVID medicines including steroids and anticoagulants, Novel COVID medicines and Medical Oxygen)- \$, volume.	HPMT	On rolling basis	All countries	Grant, Country, Region, Global	Yes, consolidated Board report	HPM Specialist/ CT
4. Budgeted amount (by 18 interventions ³ including GBV, Human Rights and CSS)- \$	FR/grant budgets	On rolling basis	All countries	Grant, Country, Region, Global	Yes Ad hoc reporting only	C19RM Secretariat

³ The 18 interventions include the following:

COVID and control and containment- Country-level coordination and planning, Risk communication, Surveillance- Epidemiological investigation and contact tracing, COVID-19 diagnostics and testing, Infection prevention and control and protection of the health workforce (COVID-19), Case management, clinical operations and therapeutics.

Mitigation for disease programs: HIV programs, TB programs Malaria programs

Health systems: Surveillance systems, Laboratory systems, Health product and waste management systems,

Community responses and systems: Gender-based violence prevention and post violence care, Respond to human rights and gender related barriers to services COVID-19 CSS: Community-led monitoring COVID-19 CSS: Community-led advocacy and research COVID-19 CSS: Social mobilization COVID-19 CSS: Community-based organizations institutional capacity building.

Indicators	Data source	Frequency of data collection	Data availability (# of countries)	Unit of analysis	Reported to the Board/ frequency	Team/focal point responsible for reporting
5. Budget amount by 10 national response pillars	FR/ grant budgets (manual mapping)	On rolling basis	All countries	Grant, Country, Region, Global	Yes, consolidated Board report	C19RM Secretariat
6. Unfunded demand: \$ by country, by activity (only for ad hoc donor relations); by Board category	C19RM database	On rolling basis	All countries	Country, Region, Global	Yes, consolidated Board report	C19RM Secretariat
Implementation stage						
(A) Inputs (financial)						
1. C19RM funds forecast.	Hyperion	Twice a year	HI and Core		Yes Twice a year	Finance
2. C19RM funds disbursement	GOS	As and when	All countries	Grant, Country, Region, Global	Yes Twice a year	Finance
3. C19RM funds absorption	Pulse checks PU/PUDR	Quarterly Semi-annual/ Annual	HI and Core – Semi-annual Focused- Annual	Grant, Country, Region, Global	Yes Twice a year	Finance
4. Expenditure by 3 Board categories	Crosswalk	Semi-annual/ Annual	HI and Core – Semi-annual Focused- Annual	Grant, Country, Region, Global	Yes Twice a year	Finance/C19RM secretariat

Indicators	Data source	Frequency of data collection	Data availability (# of countries)	Unit of analysis	Reported to the Board/ frequency	Team/focal point responsible for reporting
5. Expenditure: (commodities) a. Dx (molecular and antigen RDTs) - \$, volume, type b. PPE - \$, volume c. Therapeutics (Existing COVID medicines including steroids and anticoagulants, Novel COVID medicines and Medical Oxygen)- \$, volume.	PU/PUDR (\$) WAMBO (Volume)	Semi-annual/ Annual	HI and Core – Semi-annual Focused- Annual	Grant, Country, Region, Global	Yes Twice a year	Finance Supply Operations
6. Expenditure (by 19 interventions including GBV, Human Rights and CSS)- \$ (by country)	PU/PUDR	Semi-annual/ Annual	HI and Core – Semi-annual Focused- Annual	Grant, Country, Region, Global	Yes Twice a year	Finance
7. Expenditure by 10 national response pillars	Crosswalk	Semi-annual/ Annual	HI and Core – Semi-annual Focused- Annual	Grant, Country, Region, Global	Yes Twice a year	Finance/C19RM secretariat
8. Budgeted amounts for community-based/led responses- \$	PUDR	Annual	All countries	Grant, Country, Region, Global	Yes Once a year	CRG team
(B) Output (Programmatic)						
1. On shelf-availability of tracer commodities for HTM at facility level (Pillar 9) <ul style="list-style-type: none"> • HIV 1st line drugs • HIV diagnostics • Malaria 1st line drugs • Malaria diagnostics • TB 1st line drugs • TB diagnostics 	Supply Chain and Health Services Spot Checks	Quarterly	45 countries	Sub-national	Yes (KPI6b) Quarterly	SO/RSSH/MECA
2. On shelf-availability of COVID commodities (Pillar 5, 6, 7)	Supply Chain and Health Services Spot Checks	Quarterly	45 countries	Sub-national	Yes, Quarterly Aggregated data	SO/RSSH/MECA

Indicators	Data source	Frequency of data collection	Data availability (# of countries)	Unit of analysis	Reported to the Board/ frequency	Team/focal point responsible for reporting
<ul style="list-style-type: none"> Core PPE: Masks, respirators, surgical gloves, apron, face shield Diagnostics: Automated PCR tests, Ag RDTs Therapeutics: Dexamethasone 						
<p>3. Delivery of supplies from central store to health facility/testing site against target date (delivery on time)</p> <ul style="list-style-type: none"> Core PPE: Masks, respirators, surgical gloves, apron, face shield Diagnostics: Automated PCR tests, Ag RDTs Therapeutics: Dexamethasone 	Supply Chain and Health Services Spot Checks	Quarterly	45 countries	Sub-national	Yes, Quarterly Aggregated data	SO/RSSH/MECA
<p>4. Monitoring of sampled shipments of masks/respirators delivered for compliance with GF QA requirements</p>	QA Team PQR (desk review)	Quarterly (for monthly data)	All countries (all procurement channels)	Country	Yes Quarterly	Supply Operations assurance reporting
<p>5a. Status of delivery on approved funding for COVID-19 health products for all procurement channels</p> <ul style="list-style-type: none"> % of approved funds for procurement converted to purchase orders 	Procurement channel reporting	Quarterly (for monthly data)	All countries with approved funding for COVID-19 health products	Country	Yes Quarterly	SO (PPM) HPM (other procurement channels)
<p>5b. Status of delivery on approved funding for COVID-19 health products for all procurement channels</p> <ul style="list-style-type: none"> % of deliveries that arrived in full within 30 days of promised delivery date 	Procurement channel reporting	Quarterly (for monthly data)	All countries with approved funding for COVID-19 health products	Country	Yes Quarterly	SO (PPM) HPM (other procurement channels)
<p>6. % of health facilities able to provide oxygen therapy related services (among those providing the service in the sample): (a) Measure of blood oxygen saturation (pulse oximeter); (b) Oxygen administration (functional)</p>	Supply Chain and Health Services Spot Checks	Quarterly	45 countries	Sub-national	Yes Summary reports as needed	SO/RSSH/MECA

Indicators	Data source	Frequency of data collection	Data availability (# of countries)	Unit of analysis	Reported to the Board/ frequency	Team/focal point responsible for reporting
7. % of health facilities able to provide SARS-CoV-2 testing services (among those providing the service in the sample) (+ specify technology)	Supply Chain and Health Services Spot Checks	Quarterly	45 countries	Sub-national	Yes Summary reports as needed	SO/RSSH/MECA
8. # of people tested for COVID-19 (Pillar 3 and/or 5)	WHO/ OWID / FIND	Weekly	All countries with available data ⁴	Country	Yes	C19RM secretariat/SI
9. # of NEW CONFIRMED and PROBABLE COMBINED CASES HOSPITALIZED country wide (Pillar 3 & 7)	WHO/ OWID / FIND	Weekly	All countries with available data ⁴	Country	Yes	C19RM secretariat SI
10. # of CONFIRMED and PROBABLE COMBINED CASES DISCHARGED country-wide (Pillar 3 & 7)	WHO/ OWID / FIND	Weekly	All countries with available data ⁴	Country	Yes	C19RM secretariat SI
11. # of CONFIRMED and PROBABLE COMBINED Cases among Health Care Workers	WHO/ OWID / FIND	Weekly	All countries with available data ⁴	Country	Yes	C19RM secretariat SI
12. # of CONFIRMED and PROBABLE COMBINED Deaths among Health Care Workers	WHO/ OWID / FIND	Weekly	All countries with available data ⁴	Country	Yes	C19RM secretariat SI
13. # of people tested for HIV, Tuberculosis and Malaria	GF PU/PUDR	Biannually	Varies by disease reporting period	Grant, Country, Region, Global	Yes, (at global/ regional level)	DASH
14. Service delivery (tracer indicators for HTM)- TB case notification, MDR enrollment, TB/HIV on ART, People on ART, Malaria cases diagnosed, LLIN distributed, KPs-reached, KPs tested for HIV	Pulse checks	Quarterly	55 countries	Country	Yes Quarterly	PRI

⁴ Reporting completeness by countries to WHO varies across indicators. Global Fund will only report from countries where data is available.

Indicators	Data source	Frequency of data collection	Data availability (# of countries)	Unit of analysis	Reported to the Board/ frequency	Team/focal point responsible for reporting
15. Monitoring of service disruption in Health Facilities and Community Sites (includes 3, 4, 7, 8)	Supply Chain and Health Services Spot Checks	Quarterly	45 countries	Sub-national	Yes, Summary reports as needed ⁵	SO/RSSH/MECA
16. PR self-evaluation of implementation progress and disruptions due to COVID-19	Pulse checks	Quarterly	55	Country	No	DASH
(C) Outcome/Impact						
1. KPI1 performance (2017-2022)	GF and partners	Once a year	All countries included in KPI1	Global	Yes, once a year	SI
2. KPI2 performance (2017-2022)	GF and partners	Once a year	All countries included in KPI2	Country, Region, Global	Yes, once a year	SI/KPI team
3. Country level programmatic performance: country level annualized results divided by targets for 10 modelled KPI2 indicators	GF GOS / CDW	Once a year	All countries with data	Country	Yes, once a year	SI/DASH
4. Grant level programmatic performance: grant results divided by grant targets for a given period for selected indicators	GF GOS	Twice a year	All countries with GF operations	Grant	Yes, only validated data at portfolio level	DASH/SI
5. COVID-19 cases averted	WHO	Annual	All supported countries	Global	Yes, once a year	SI
6. COVID-19 Case-fatality among confirmed cases	WHO	Annual	All supported countries	Country	Yes, once a year	C19RM secretariat SI
7. COVID-19 deaths averted	WHO	Annual	All supported countries	Global	Yes, once a year	SI

⁵ Country level data will not be shared.

4. Assessing Performance of C19RM Grants

C19RM does not follow the traditional approach to target setting as those of regular grants for the three diseases and RSSH. COVID-19 is an evolving epidemic with great uncertainties on transmission. Therefore, the Global Fund will rely on various data sources including grant and partner data on progress made against COVID-19, for example, commodities procured and available, cases tested, people hospitalized and discharged and others.

The COVID-19 pandemic response does not have a well-defined theory of change. Successive waves and new strains further complicate the prediction of transmission patterns and the burden of disease. Total program needs are difficult to forecast, and any targets set may change quickly. Not all cases seek services at health facilities and not all confirmed cases need treatment or hospitalization. Response to treatment and disease outcome is unpredictable. Moreover, Global Fund investments in PPE, diagnostics and therapeutics are primarily focused on health facilities whereas the transmission dynamics are in the general community, requiring robust prevention measures such as social distancing, travel restrictions, and others, which is beyond Global Fund sphere of influence. This hampers target setting and systematic measurement of coverage along the prevention and treatment cascade vis a vis Global Fund's investments.

The focus of the Global Fund's C19RM is ensuring that essential commodities for prevention and care/support are available. Additional funds are also channeled to the three diseases from C19RM where needed, to ensure that HIV, TB and malaria programs do not face disruptions. Programs would also include new activities and adaptations aiming to achieved originally planned targets.

In the specific context of COVID-19, the perceived control gap on implementers in absence of a performance framework and targets is compensated by the presence of a robust financial and Supply Operations (procurement and in-country distribution) reporting i.e., inputs driven monitoring, and triangulation with COVID-19 and HIV, tuberculosis and malaria related programmatic results analytics. The accountability of the implementers and of the Global Fund in ensuring value for money of its investments is being measured despite the absence of a performance framework and targets. Principal Recipients will provide regular updates on C19RM implementation through existing PR reporting mechanisms. Targeted LFA led assurance activities will also complement and strengthen monitoring of grant implementation. The evaluation framework will help in demonstrating the impact, effectiveness, and efficiency of C19RM.

To ensure that the data being collected and reported under the M&E Framework drives effective decision-making, a strengthened approach to monitoring and oversight has also been developed. The C19RM monitoring and oversight approach will facilitate cross-

cutting analysis and triangulation of the data to support ongoing identification of implementation issues, and support problem solving and course correction.