

Frequently Asked Questions

Guidance Note on Essential Set of Data System Investments

15 June 2017

Q1: Why this guidance note?

The “Guidance Note on Essential Set of Data System Investments” is for countries/applicants to help identify essential data elements to be included in Global Fund grants if not already funded by other sources. It is also to help the Global Fund Country Teams (Public Health and M&E specialists) to proactively engage with countries at funding application and grant making stage and make sure that these activities are adequately budgeted for.

It is not a replacement to the general guidance and comprehensive list of M&E activities outlined in the *Modular Framework Handbook* as well as in the *HSS Information Note*.

Q2: Does this mean the countries/applicants should budget for the M&E activities/surveys/studies highlighted in the guidance note in their grants?

Yes, the table in the guidance note provides essential areas where the Country Teams are expected to proactively engage with countries/applicants to ensure that these activities are planned and funded through the Global Fund grants and/or any other available sources.

Q3: In their funding request, could applicants include other M&E activities that are not listed in the guidance table?

The activities identified in the guidance table constitute a critical sub-set that must be budgeted and implemented among the broad range of other M&E activities. Yes, the applicants can request funding for other M&E activities not listed in the guidance table based on prioritized country need and availability of grant funds.

Q4: Should applicants stick to the amounts indicated in the guidance table?

No, the amounts in the table are indicative only and are based on review of historical data. The applicants can request for a higher or lower amount in the respective category with clear justification and assumptions behind those numbers.

Q5: Are these amounts per grant cycle?

Yes, the amounts indicated in the table are per grant cycle i.e. for three years.

Q6. Are there circumstances where it may not be necessary to plan and budget for some of the areas listed in the table?

Yes. Some of the activities may not be relevant for a given country context. For example, a plan for TB prevalence survey (expected to be carried out every 7-10) may not fall within the current grant cycle. Likewise, in a country where DHIS is not a reporting platform, it is not expected to be included in the funding request.

Q7: It seems we are not suggesting much for focused countries in this guidance. Why is that?

We are suggesting only a few items in the essential list for focused countries because most of these grants are targeted towards specific population groups or programmatic areas. The M&E investments would largely depend on available grant resources and relevance of such activities to the focus of the grant. The Global Fund may not invest in HMIS in a focused country where the grant is targeted towards key populations in a specific geographic area. However, if for example, the grant is supporting a national malaria control program, strengthening HMIS would be a priority.

Q8: Should the program review/evaluations & epi analysis be budgeted under each disease component?

Yes, program reviews/evaluations and epi & impact analysis should be budgeted under each disease component (~USD 250k per disease component in high-impact and ~USD 200k per component in core countries). Regarding implementation of these activities, countries may choose to conduct combined reviews/evaluation of more than one disease component or separate program review/evaluation of each disease component.

Q9: Does the Global Fund require investments in program reviews and evaluations in focused countries and how often should these be conducted?

Targeted program evaluations are required in all focused countries and should be conducted at least once during the grant cycle. As much as possible, these should be funded through the grant M&E budgets. In some cases where grant funds are not sufficient to cover these costs, these could be funded through catalytic funding available during the current allocation period.

Whenever possible, the evaluations required by Global Fund could be combined with any planned or on-going country processes such as national program review/evaluation and supported using grant funds.

Q10: Is technical assistance limited to HMIS? Is it possible to consider other forms of technical assistance for data systems?

Technical assistance is not limited to HMIS. It can be requested to support any of the areas identified in the guidance note, however priority should be given to certain areas like building analytical capacity for the three diseases, routine reporting/surveillance systems, and electronic reporting platforms such as DHIS.

Q11: Investment in DHIS2 is included as an essential investment. Does Global Fund prescribe this one platform as mandatory for use in countries?

The Global Fund does not prescribe DHIS2 as a reporting platform. Countries can use any reporting platform relevant for them. DHIS2 is suggested as a useful platform to consider. It is only when countries choose to use DHIS2 that it is mandatory that adequate funding is available through Global Fund grants and/or any other sources in order to ensure that the system is fully developed and delivering the required information.

Q12: Can we include Health Facility Assessments in the grant M&E budgets?

Yes. The Health Facility Assessments fall under “Program and Data Quality Reviews & Assessments”.

Q13: Can we include funding for supervision visits in the M&E budgets?

Routine program supervision is an important activity that should be supported by the national program budgets. If sufficient funding is available in the grants, after ensuring adequate funding for the essential set of data system investments, these may be included in the Global Fund grants. Please note that the overall program supervision related costs should be included under the module “Program management”. However, if the supervision related activities are specifically for data collection, reporting and/or data validation these can be included under the module “Health Information system and M&E” under the intervention “Routine reporting”.