

# Guidance Note on Essential Monitoring and Evaluation Investments

February 2020

## I. Purpose

This guidance note is aimed to facilitate discussions between applicant countries and the Global Fund Public Health and Monitoring and Evaluation (PHME) Specialists who are involved in reviewing funding applications and negotiating grants and supporting grant implementation. The purpose of this note is to direct the focus of country dialogue towards essential Monitoring and Evaluation activities required for successful program planning, management and quality improvement. It also seeks to ensure that sufficient funding is available to support these activities from Global Fund and/or government or other partner resources. It does not prevent countries from investing in other data elements essential to a particular country context and where gaps exist.

## II. Context

National health sector and disease programs require data for program planning, program management and assessment of progress. Various data collection systems and data sources are required to ensure data availability for routine monitoring and assessing impact of disease control efforts. In addition to investments in data sources and collection methods, countries should also focus on the capacity to disaggregate, analyze and use data for program quality improvement and impact.

## III. Prioritizing investments in data systems

In order to ensure best use of limited resources, it is essential to identify a set of prioritized areas and activities to be supported by the Global Fund. The purpose of this guidance is to emphasize areas that require special attention and should be budgeted for in the Global Fund grants if not already supported by other resources.

### a) What:

**Table 1** summarizes Essential M&E activities/interventions and indicative investment amounts. The Global Fund Country Teams (especially PHME Specialists) should proactively discuss these specific elements with the countries and identify the areas that could benefit from Global Fund support. These interventions should be supported through Global Fund grants taking into account the availability of domestic and other resources. The full range of M&E activities that can be supported by the grants are described in the Modular Framework handbook<sup>1</sup> as well as in the Information Note on Resilient and Sustainable Systems for Health through Global Fund Investments<sup>1</sup>.

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<sup>1</sup> Available at: <http://www.theglobalfund.org/en/applying/funding/resources/>

b) **When:**

Funding request stage: Applicants to the Global Fund should be encouraged to proactively include investments to scale up capacities, establish and/or maintain sustainable systems for data generation, analysis, and use at country and sub-national levels in their funding requests. If sufficient resources are available from domestic or other sources, this should be described in the funding applications.

Grant making: At this stage, the Country Teams & country applicants (CCMs) /Principal Recipients (PRs) should ensure that adequate funds are allocated in grant M&E budgets to support the priority activities.

Grant Implementation: Once the grant is in the implementation phase, grant revisions<sup>2</sup> are possible. PHME/CTs or PRs/CCMs could propose reprogramming of grant funds in order to fund and/or cover any additional costs related to the priority activities, where needed. These could benefit from any savings in grant or any additional funds that become available, for example, through portfolio optimization exercise.

c) **How:**

The prioritization should be done through an iterative process between the applicants/Principal Recipients and the Global Fund Country Teams. It will ensure that required data is available at the right time to inform and drive continuous improvements in the design and implementation of programs and evaluation of the results. The country dialogue at the time of preparation of the funding request should continue during grant making and implementation phase to mobilize necessary resources for generating data for decision-making.

#### IV. Annexes:

[Frequently Asked Questions](#)

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<sup>2</sup> Refer to the OPN on grant revisions for details.

[https://www.theglobalfund.org/media/3266/core\\_operationalpolicy\\_manual\\_en.pdf](https://www.theglobalfund.org/media/3266/core_operationalpolicy_manual_en.pdf)

**Table 1.** Key areas and indicative amounts for data system investments within GF Grants, US\$

Component	Key areas of investment in Global Fund grants	HMIS and M&E Module Intervention	Indicative budgets			Remarks
			High Impact	Core	Focused	
HIV	Case-based surveillance and patient monitoring	Routine reporting	~1M	~500K		Budget may be higher in larger portfolios
	Key Populations - sentinel surveillance		~10K	~10K	~10K	10K estimate is per group per site
	Key populations - service coverage monitoring		~200K	~200K	~200K	Once every 3-5 years
	AGYW- service coverage/outcome monitoring		~200-400K	~150-200K	~30-50K	Required only in AGYW countries. Amount may vary depending on prevailing context
	HIV service cascade analysis	Analysis, evaluations, reviews	~100K	~100K		Could be higher– depends on portfolio size
	ART Cohort analysis		~30-50K	~30K		
	Key populations - IBBS, Key pop size estimation	Surveys	~400K	~300-350K	~100-200K	Once every 3-5 years
	National Joint HIV Data Quality Audit		~150k			Budget amount is assuming additional funding available from other sources
	Drug resistance surveillance	see Remarks	~250K			Should be budgeted under treatment, care module. Once a cycle
TB	Surveillance system strengthening	Routine reporting	~400K	~200K	~100K	Including patient level surveillance per context
	Analysis related to finding the missing TB cases	Analysis, evaluations, reviews and transparency	~50 - 100K	~50K	~25-50K	Frequency and cost vary depending on country-specific approach.
	Treatment cohort analysis		~30-50K	~30K		
	Public-Private mix		~30 - 50K	~30K		Especially in settings with large public non-NTP providers and private-sector providers
	TB/HIV linkages		~30 - 50K	~30K		Especially in high TB/HIV burden settings
	Patient/household cost survey	Surveys	~100-200K	~50-100K		Frequency depends on country need, generally once every 5 years
	TB prevalence survey		~3.5 - 5M	~2.5M		Depends on country need, every 7-10 years. Cost may vary if it is a repeat survey or first survey
	Drug Resistance Survey		~300 - 500K	~200K	~100-150K	Once every 5 years
	Inventory studies		~300K			In countries with large private sector. Once every 3-5 years
Malaria	Surveillance system assessment & strengthening	Routine reporting	~250K	~200K	~200K	Patient level surveillance recommended in elimination phase, which may require a higher budget.
	Malaria Data Repository	Analysis, evaluations,	~300K	~200K		To enable triangulation of data from all sources through a single platform

Component	Key areas of investment in Global Fund grants	HMIS and M&E Module Intervention	Indicative budgets			Remarks
			High Impact	Core	Focused	
	Malaria specific analysis: access, coverage and epi trends; stratification	reviews and transparency	~500K	~250K	~100K	Should include plan for quarterly, bi-annual and annual analysis at national and sub-national levels
	Malaria indicator survey (as needed)	Surveys	~1M	~1M		In high-burden countries, every 3-5 years
	Insecticide resistance monitoring	see Remarks	~200K	~150K		Should be budgeted under vector control module, every year
	Therapeutic efficacy surveillance (TES)		~150K	~120K		Should be budgeted under case management module, every 2 years
M&E Systems - all 3 diseases	Health Management Information System (HMIS) maintenance and strengthening.	Routine reporting	~2% of grant budget	~2% of grant budget		Including aggregate and patient level reporting, community HIS, laboratory information system. Integrated in the national HMIS.
	Expansion/roll-outs/added functionality to the HMIS		~1-2M	~1-2M		Varies depending on what the degree of expansion or what functionality is being added.
	Mortality reporting (Hospital & community) & analysis		~500K- 1M	~250-500K		Amount depends on the stage of CRVS implementation, country size
	Program quality assessments	Program and data quality assessments	~250-500K	~250-350K		
	National Data Quality Review & Data Quality Improvement plan		~500K	~250-350K		Mandatory once per grant cycle in High Impact and Core countries. Implementation of improvement plan will require additional budgeting.
	Capacity building in data analysis and use - epi profiling, sub-national analysis, data use for program management, improvement and resource allocation	Analysis, evaluations, reviews and transparency	~1M	~600K		To strengthen district, regional and national analytical skills and production of periodic analytical outputs. Local capacity development (workshops, on-site support) on data use
	Data use – systematic data analysis linked to quarterly/six monthly reviews, sub-national analysis, by gender, age		~200K	~200K	~25-50K	Ongoing. In-country partners & Global Fund joint forums to review success and challenges, and draw actions
	Technical assistance	see Remarks	~400K	~300K		Mandatory for analytical support across the three diseases, and HMIS maintenance and expansion. Expected to be budgeted across interventions
Evaluations	Country evaluation- including epi & impact analysis (integrated or disease specific)	see Remarks	~750K	~600K	Depends on budget size	Mandatory once per grant cycle. Must be budgeted in each disease grant
	Evaluation – Multi-country grants		~150-250K	~150-250K	~150-250K	Depends on the scope & coverage of grants

# **Annex:**

## **Frequently Asked Questions**

### **Guidance Note on Essential M&E Investments**

February 2020

#### **Q1: Why this guidance note?**

The “Guidance Note on Essential M&E 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 RSSH 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.

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

We are suggesting only a few items in the essential list for focused portfolios 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 & epidemiological analysis be budgeted under each disease component?**

Yes, program reviews/evaluations and epi & impact analysis should be budgeted under each disease component. 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 portfolios and how often should these be conducted?**

Targeted program evaluations are required in all focused portfolios 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 (including CHIS) ? 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.

**Q11: 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”.

**Q12: 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”.