

Guidelines for submission of an M&E plan for Global Fund grants

These guidelines are intended to inform the Country Coordinating Mechanisms (CCM), the Principal Recipient (PR), the Sub-recipients, the Local Funding Agent (LFA) and the Fund Portfolio Managers on the minimum requirements needed for submission of an M&E plan for Global Fund grants. Submission of an M&E plan is one of the early steps in grant negotiation, and should occur before the Local Funding Agent assessment¹.

A. General Principles

Performance-based Funding is central to the Global Fund (GF) mechanism, to ensure raising, spending and proving the contribution of funds are closely related. Funds are released when progress against agreed targets is demonstrated. This requires clearly formulated goals, well defined and goal oriented service delivery, and, most importantly, that indicators are selected, targets set and progress reported on regularly. The Monitoring and Evaluation (M&E) plan contains the above information and is therefore a fundamental tool in order to implement Performance-Based Funding successfully.

The Global Funds' principle is to **harmonize wherever possible with existing country M&E systems and to strengthen and expand these systems wherever necessary**. Parallel monitoring and evaluation structures and mechanisms should be limited as much as possible. Frequency of data collection should also be harmonized with existing data collection systems.

A1. Submission of an M&E Plan

The following procedures should be applied, depending on the country context, for the development and submission of the M&E plan to the GF:

- **Scenario 1:** A comprehensive M&E Plan in place for the component(s) the Global Fund grant supports.

When a comprehensive M&E plan exists, the PR should ensure that all the information mentioned in the "M&E plan minimum requirements" (section B) is included and submitted to the LFA. If key elements are not present in the existing plan, the missing information should be included. The grant money could be used to strengthen and if necessary increase the scope of the existing plan to collect, analyse, report and disseminate the results.

- **Scenario 2:** No comprehensive M&E Plan in place for the component(s) the Global Fund grant supports.

For selected programs. it is possible that some new M&E arrangements will need to be established where none currently exist or works. If a comprehensive M&E plan is not in place, the GF requires the submission of a simplified M&E plan before grant signing. If the PR cannot fulfill that condition, due to lack of capacity

¹ The high level sequences of Monitoring and Evaluation requirements for the Principal Recipient prior to grant signing are described in the Operation Policy Note on Monitoring and Evaluation requirements for the Principal Recipient prior to grant signing.

or other reasons, the PR would be required to submit a 4-5 pages plan on how it plans to prepare an M&E plan. On the long term, the country should work towards developing a National M&E plan with the support from technical experts (in-country or from technical partner agencies). The M&E plan should be linked to /drawn from the National Strategic plan (Health Sector Strategic Plan or specific disease control strategic plan).

A2. Ensuring quality of reporting

The M&E plan for GF grants should include brief information on the indicators relevant to the GF grant and the methodology used to collect this data. The “M&E plan minimum requirements” highlights the key fields to be included in the M&E plan specific for the GF grants.

The M&E plan provides the basis for quality reporting. It includes, in addition to the input and process indicators, output, outcome and impact indicators, appropriate measurement tools, frequency and source of data collection and quality control measures. The indicators to be included in the M&E attachments of the grant agreement should be derived from the M&E plan.

The GF relies on the existing measurement systems in the country and a good M&E plan provides confidence in the quality of data reported. It should help in demonstrating how the GF grant(s) contribute to the performance of the disease control program and impact mitigation of one or more of the three diseases. There should be a provision of relevant evaluation studies in the M&E plan submitted to the GF.

As part of the Data Quality Assurance Framework, the GF, in collaboration with technical partners, is currently developing two main tools:

- The M&E self assessment checklist is being piloted in selected countries and may provide a useful management tool to identify capacity gaps and resource needs.
- The Data Quality Audit protocol is an on-site assessment of data-management systems (based on the checklist) and verification of reported data. Approximately 10% of the grants in 2006 will undergo the data quality audit (*still to be developed*)

A3. Consistency with the work plan

The M&E plan and the attachment to the grant agreement should be consistent with the grant work plan.

The work plan for the GF grant should include all activities related to the M&E of the grant including the planned surveys, sentinel site activities, planned operational research etc.

Sufficient budget must be allocated for M&E of the grant (7-10% is recommended)

In addition, the procurement and supply management plan and grant budget should also be consistent with the grant work plan. The quantity of health products procured should be consistent with the targets to be achieved.

B. M&E Plan minimum requirements

The following information serves to assess if the key elements of an M&E plan are in place. This approach allows existing M&E plans to be used. The M&E plan should ideally cover the entire life span of the grant or at least the first two years.

a) Contextual information regarding Monitoring & Evaluation:

Whenever applicable, relevant and succinct information should be provided on the following:

- Major achievements and recent progress in strengthening / harmonizing disease specific or overall M&E systems in-country
- Options selected by the CCM or the PR for reporting on multiple grants for the same disease in the same country: are targets combined? Are indicators harmonized? Any additional information that needs to be taken into account when analyzing targets and results?
- Reporting on targets of a broader national or regional program: the frequency of reporting should be such that it allows for regular disbursements
- Existing quality assurance systems (regular supervision, site checks, data audits) to ensure accuracy and reliability of data
- Sector-Wide Approach and agreed joint reporting mechanisms between the partners (in particular in PEPFAR selected countries)
- Plans for ensuring strengthening (with timelines) of existing Health Management Information Systems.

b) Estimates of costs to implement the M&E Plan

Indications on the budget estimated to implement the M&E plan should be provided. A detailed budget should be available for the coming year.

c) Outcome and impact indicators

For each outcome and impact indicator described in the M&E plan, the following information should be included:

1. Indicator name
2. Indicator description
3. Baseline values with dates and source of data
4. Yearly (or every two years) targets over the total grant period
5. Data source – such as, routine health information system, health facility records, sentinel sites surveillance, household survey, population-based surveys, facility-based surveys, etc.
6. Frequency of data collection
7. Person/agency responsible for data collection and reporting

d) Output and process / input indicator

For each output and process indicator described in the M&E plan, the following information should be included:

1. Indicator name - Usually generic indicator name
2. Indicator description - Country specific
3. *If relevant* - Baseline values with dates and entities responsible for collecting data
4. Targets (quarterly or every 6 months) for the first two years
5. Data source – how the data will be collected (routine health information system, sentinel sites surveillance, household survey, facility-based surveys)
6. Frequency of data collection
7. Person/agency responsible for data collection and reporting

**Important considerations for selecting indicators
for GF reporting**

- Use as much as possible indicators already used in the country
- Align the data collection cycle with the existing reporting system in-country
- Ensure a good mix between indicators collected through routine data collection system (mainly process & output indicators) and those through periodic surveys (mainly outcome and impact indicators)
- Ensure baseline data are defined for outcome and impact indicators by the first 18 months of the grant

e) Surveys planned in country

The PR should provide information on the following surveys or evaluations undertaken in the recent past or planned during the grant period.

Types of surveys
Census Sentinel site surveillance (specify for which disease) DHS – specify if DHS + Behavioral survey / Knowledge Attitude and Practice surveys Other households surveys Facility-based survey List relevant operational research studies Client satisfaction survey Any other surveys Specific evaluations planned

For each of these surveys, please specify:

- Methodology used
- Scope of survey (national versus sub-national)
- The sites where survey results can be found (website, reports, etc.)
- Agency responsible for the survey
- Dates when survey was realized and dates for the next ones foreseen

Please note: The PR can present the information in whatever form, as long as the content remains the same. If this information is already described in the comprehensive

M&E plan and presented in an easily accessible way, it is not necessary to provide this information again.

C. Guidelines and Models of Good Practice are available on:

- Tuberculosis:
 - <http://www.who.int/gtb/publications> or
 - www.who.int/tb/dots/planningframeworks
- Malaria:
 - <http://rbm.who.int/wmr2005/>
 - http://rbm.who.int/cmc_upload
 - [Http://rbm.who.int/partnership/wg/wg_monitoring/docs/GuidelinesForCorePopulationFINAL9-20_Malaria.pdf](http://rbm.who.int/partnership/wg/wg_monitoring/docs/GuidelinesForCorePopulationFINAL9-20_Malaria.pdf)
- HIV /TB:
 - http://whqlibdoc.who.int/hq/2004/WHO_HTM_TB_2004.
- HIV/AIDS:
 - UNAIDS web site: <http://www.unaids.org/en/default.asp>
 - Family Health International web site: <http://www.fhi.org/>
 - MEASURE web site: <http://www.cpc.unc.edu/measure>
 - USG web site: <http://www.globalHIVevaluation.org>
 - UNAIDS web site: <http://www.unaids.org/en/default.asp>
- Health system strengthening:
 - Refer to the above mentioned web sites
- Also refer to the updated version of the Toolkit which will be shortly available on the GF site. Until the updated version is available, the 2004 version may be used.
English version- http://www.theglobalfund.org/pdf/4_pp_me_toolkit_4_en.pdf
Other language version- <http://www.theglobalfund.org/en/apply/call/documents/>