APMG HEALTH

FOCUSED COUNTRY EVALUATIONS

BASIC PROTOCOL

MAY 2020

Table of Contents

OVERVIEW

These evaluations are part of the Global Fund's Framework for Data Use for Action and Improvement. During the Differentiation for Impact (D4I) process in 2016, the Global Fund divided countries eligible for Global Fund support into three groups: High Impact, Core and Focused. For greater efficiency and enhanced impact, investments in the three groups of countries are now managed in a differentiated manner, with major resources allocated to the High Impact portfolios and streamlined processes put in place for management of investments in Focused portfolios. As of August 2018, there are 25 High Impact countries, 29 Core countries and 53 Focused Countries plus regional grants covering Focused portfolios.

APMG Health (APMG) has been contracted to carry out HIV, TB and/or malaria evaluations in most Focused Countries in 2018-2020. Eighty-two evaluations will be conducted. As well as providing an evaluation and accountability tool for Global Fund purposes, these independent evaluations are intended to be as useful as possible to the country program, to assist the countries to better understand the progress they are making in each particular disease area, and to tailor future interventions to improve effectiveness and impact.

They will be used to gauge the extent of progress towards the intended programmatic goals, guide future investment decisions and ongoing program improvement efforts at different levels and inform grant management decisions such as grant revisions or changes in implementation arrangements where there is need.

Evaluation Objectives

The core task of these evaluations is to evaluate the effectiveness and outcomes of Global Fund investments in Focused Countries, and the extent to which these investments have helped countries prepare for a sustained response to the three diseases over time.

Specific evaluation objectives are:

1. To evaluate the extent to which – and how – the Global Fund grants have helped enable countries to achieve a) the goals and objectives described in their national disease strategic plans and overall health sector strategy, and b) the goals and objectives agreed in the grant agreements.
2. To evaluate the extent to which service delivery systems (health facility and community) deliver quality services.
3. To evaluate the extent to which country data systems generate, report and use quality data.
4. To evaluate the extent to which Global Fund investments have helped countries prepare financially and programmatically for a sustained response to each disease.
5. The overall plan is to support countries to use the findings from the evaluations to help inform investment decisions and efforts to improve the quality, efficiency and sustainability of the response to each disease.

DESIGN

Core Indicators

The evaluation process is designed to be flexible and adaptable to suit the context and needs of 82 unique evaluations. However, in order to assure capture of some basic, standardized information, a set of core indicators will be used for Objectives 1-3.

Performance against core indicators will be measured by level of achievement, as further defined below, in Metrics and Investigative Questions.

Domains of Inquiry

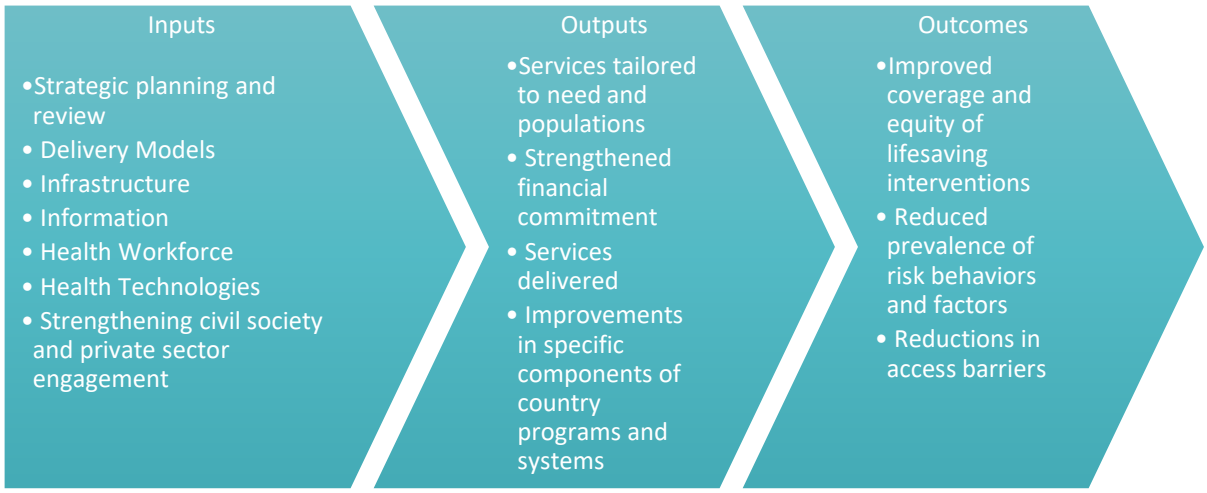
Beyond the core indicators, the evaluation process will employ a customizable approach, using Domains of Inquiry for deeper investigation of pertinent issues under each objective. Which Domains are pursued in-depth, and the specific topics or questions therein, will be guided by the priorities of the Global Fund Country Team.

Under each of the four main evaluation objectives, there are domains of inquiry, as shown below.

	Objective 1	Objective 2	Objective 3	Objective 4
Domains of Inquiry	1.1. Strategic information, planning, and investment	2.1. Prevention	3.1. Epidemiology, surveillance and context data	4.1. Improved case finding, treatment and viral suppression/cure
	1.2. Resilient and sustainable systems for health	2.2. Screening/testing and diagnosis/knowledge of status	3.2. Service use and program data and reporting	4.2. Improved prevention of new cases
	1.3. Supportive and sustainable policy and financial environments	2.3. Linkage to treatment and care	3.3. Using data to drive service design and practice	4.3. Increased funding available for disease response
		2.4. Treatment, clinical care and monitoring		4.4. Reduced costs of fighting the disease
		2.5. Approach and methods for quality assurance		

Results Chain

In answering the questions that arise in each Domain of Inquiry, the evaluation process will use a results chain framework to evaluate the specific results of Global Fund investments, as shown below:



This means that the focus of inquiry throughout the evaluation will be on examining the links between what has been invested in terms of time and money, and in terms of system, technical and service inputs, and what has been achieved in terms of outcomes and impact.

Metrics & Investigative Questions

Each objective is achieved through the review of key documents, as listed below. Investigative methods also include key informant interviews with stakeholders in-country.

High-Level Questions

For Objectives 1-3, the results chain will be investigated at the Domain level as described above. In addition, there are three over-arching, high-level evaluation areas defined by the Global Fund which will guide the overall analysis of findings from Objectives 1-4:[1]

- **Impact**. To what extent – and how – have the Global Fund investments contributed to helping countries achieve impact in the response to HIV, tuberculosis and malaria?
- **Effective strategic investment**. To what extent have Global Fund grants been strategically invested in national disease strategies? To what extent have they helped achieve national strategic objectives?
- **Sustainability**. To what extent – and how -- have the Global Fund investments contributed to helping countries build up in-country systems and mechanisms for a response to HIV, tuberculosis and malaria that can be effectively sustained over time?

[1] Note: All Objective 4 findings will be addressed in the analysis section, based on the framework of the Blueprint for Country Portfolio Priorities Analysis (v1.0)

OBJECTIVE 1: EVALUATE THE EXTENT TO WHICH – AND HOW – THE GLOBAL FUND GRANTS HAVE HELPED ENABLE COUNTRIES TO ACHIEVE A) THE GOALS AND OBJECTIVES DESCRIBED IN THEIR NATIONAL DISEASE STRATEGIC PLANS AND OVERALL HEALTH SECTOR STRATEGY, AND B) THE GOALS AND OBJECTIVES AGREED IN THE GRANT AGREEMENTS.

Core Indicators

The core indicators for Objective 1 are measured using the scale below.

Component	Level Definitions			
	Very Poor	**Poor**	**Moderate**	**Good**
Strategic planning: Availability of National Strategic Plan	No disease-specific National Strategic Plan in place.	Recently outdated[2] disease-specific National Strategic Plan in place.	Current National Strategic Plan in place but does not include costed Action Plan.	National Strategic Plan is current and includes costed Action Plan.
Component Score:	**= 1**	**= 2**	**= 3**	**= 4**
Strategic investment: Appropriateness of goals and objectives for epidemic context	No analysis available[3] to determine appropriate goals and objectives for National Strategic Plan.	Analysis available to determine appropriate goals and objectives for National Strategic Plan, but investments only partially mirror recommendations.	Goals, objectives and investments in National Strategic Plan mirror recommendations from available analyses, but there are significant funding gaps in some areas.	Goals, objectives and investments of National Strategic Plan mirror recommendations from available analyses, and all elements are fully funded in line with epidemic burden.
Component Score:	**= 1**	**= 2**	**= 3**	**= 4**

[2] End-date of National Strategic Plan is within the last calendar year.
[3] Such as efficiency analysis, Optima, efficiency inputs to Investment Case, etc.

Performance: Achievement of targets set in grant agreement[4]	Most recent grant rating score of C. No evidence[5] of significant improvement. *OR* Most recent grant rating of B2, but evidence of significant regress.	Most recent grant rating score of B2, no evidence of significant improvement. *OR* Most recent grant rating score a C, but evidence of significant improvement. *OR* Most recent grant rating of B1, but evidence of significant regress.	Most recent grant rating score of B1, no evidence of significant improvement. *OR* Most recent grant rating score a B2, but evidence of significant improvement. *OR* Most recent grant rating score of A2 or A1, but evidence of significant regress.	Most recent grant rating score of A2 or A1, with no evidence of significant regress.
Component Score:	**= 1**	**= 2**	**= 3**	**= 4**
Resilient and sustainable systems for health: Stockouts of key commodities[6]	Evidence[7] of stockouts in multiple provinces[8] of at least one key commodity, more than once in a year.	Evidence of occasional (once per year) stockouts in more than 2 provinces/municipalities of at least one key commodity.	Evidence of occasional (once per year) stockouts in 1-2 provinces of at least one key commodity.	No evidence of stockouts of key commodities.
Component Score:	**= 1**	**= 2**	**= 3**	**= 4**

[4] Refers to most recent grant agreement except when the grant was signed less than 12 months before evaluation: in these cases, this refers to previous grant agreement.
[5] Evaluation teams will look for documentation of changes specifically related to previous grant rating shortcomings. This methodology applies to each level of this indicator.
[6] A list of key commodities has been developed for each disease program.
For HIV, these are: Antiretroviral medications, condoms, lubricants, needles and syringes (if harm reduction programs present) and test kits for HIV, CD4 and viral load.
For TB, these are: first line medicines, child friendly formulations of first line medicines, second line medicines and ancillary drugs, consumables for smear microscopy, Xpert cartridges, consumables for culture, consumables for DST for first- and second-line medicines.
For Malaria, these are: LLIN, Insecticide and Indoor Residual Spraying Equipment, Microscopy, RDT, ACT, IPTp, Injectable and Rectal Artesunate.
[7] Evidence may include procurement and supply management records but may also include verbal reports by program beneficiaries. Where verbal reports are received, evaluation teams will work to triangulate reports through other data and/or sources in order to assign a score which best reflects reality.
[8] Provinces or any other administrative level 2 (i.e. municipalities, districts, etc.). Administrative boundaries of the second sub-national level.

Resilient and sustainable systems for health: Recognition and realization of role of community response and systems in the national response	The importance of community is not explicitly recognized in the National Strategic Plan.	The importance of community is recognized in the National Strategic Plan, but specific roles in service delivery are not specified.	Specific roles in service delivery by community sector are in the National Strategic Plan but implementation is mostly supported by donors.	Specific roles in service delivery by community sector are in the National Strategic Plan and implementation is supported by domestic and external funding.
Component Score	**Component score = 1**	**Component score = 2**	**Component score = 3**	**Component score = 4**
Supportive and sustainable policy and financial environments[9]: Identification and addressing of access barriers to health outcomes for individuals and populations	No policy-related barriers assessment carried out and no/minimal activities planned to address barriers.	Policy-related barriers assessment has been carried out but no/minimal activities planned or implemented to address barriers.	Assessment carried out, activities identified to address barriers, but minimal funding available for planning and implementation of these activities[10].	Assessment carried out, activities identified to address barriers, and substantial funding available for planning and implementation of these activities.
Component Score:	**= 1**	**= 2**	**= 3**	**= 4**
Composite across all six components:	**Composite score (average of component scores) less than 2.**	**Composite score (average of component scores) equal to or greater than 2 and less than 3.**	**Composite score (average of component scores) equal to or greater than 3 and less than 4**	**Composite score (average of component scores) equal to 4.**

[9] Supportive environments may vary considerably by population. Once an indicator receives a score, rationale will be provided. In some cases, this indicator may be sub-divided and scored for different populations, and then an average score will be calculated for the indicator overall.

[10] In some cases, it is possible that funding may be available for and implementation may occur for activities in this track, without an assessment having been conducted. If this is the case, the evaluator may use their judgment to assign a score of 3 even in the absence of an assessment having been conducted; however, this deviation and rationale for scoring should be clearly noted in the justification column.

Domains of Inquiry

In most cases the country's HIV National Strategy will contain goals and objectives that are not just about preventing transmission and treating illness but are also about how services and programs are planned, managed and monitored. They may also include attention to objectives in cross-cutting areas of inclusivity, and in creating an enabling environment and a set of systems that need to be in place to ensure that programs and services can function effectively. The Domains of Inquiry are presented in further detail below, including key elements for investigation.

Domains	*Key questions: What role has Global Fund investment played in this? What gaps/opportunities exist?*
1.1. Strategic information, planning, monitoring, evaluation and learning	*Elements: National Strategic Plan* (NSP) based on epidemiology (highest priorities in Plan reflect those most at risk[11] of or already living with the disease); NSP reflected in programming (highest priorities in the Plan are highest priorities in programming); connection between data and practice
1.2. Resilient and sustainable health and community systems	*Elements: Procurement and supply systems in place that adequately support the program;* adequate health workforce training and health financing; mechanisms exist to allow community organizations to contribute/participate in the response
1.3. Supportive and sustainable policy and financial environments	*Elements: Access barriers to health outcomes for individuals and populations identified and addressed*

Results Chain by Domain

To evaluate the extent to which – and how – the Global Fund grants have helped enable countries to achieve a) the goals and objectives described in their national disease strategic plans and overall health sector strategy, and b) the goals and objectives agreed in the grant agreements.

Questions will focus on the results chain:

- *What **inputs**[12] have been made?* Inputs include resources, contributions, and investments that go into a program.
- *What **outputs** came from those inputs?* Outputs are the activities, services, events and products that result from the inputs.
- *What **outcomes** have been observed and reported as a result of the outputs?* Outcomes are the results or changes related to health programming results from the outputs.

[11] It should be noted that at-risk populations vary greatly by disease. For HIV, depending on circumstance, at-risk populations in Focused Countries are likely to be key populations

[12] The starting point for a results chain can vary based on the perspective of the individual planning or evaluating a program. For the purposes of these evaluations, which focus on the use o
f Global Fund investments, the starting point for the results chain is the resources invested by the Global Fund (and any relevant co-financing from the country). Activities implemented as a result of those investments are classified as outputs for the purpose of these evaluations.

Examples of the areas on which to focus are set out below under each Domain of Inquiry. The actual areas that will be focused on will depend on country context and will be specified during the detailed evaluation planning process.

1.1. Strategic information, planning, and investment

**Note: Data quality evaluation (the extent to which country data systems generate, report* on and use quality data) is covered under Objective 3.

Inputs	Outputs	Outcomes
What support to the national program is planned in the Global Fund Funding Request, Grant Agreement and/or budget? - Staffing - Technical assistance - System support	What was accomplished as a result of the inputs (from PUDR and interviews)? - Revised policies and guidance materials - National Strategies and Action Plans - Uptake of new evidence-informed methods, e.g. medicines or diagnostic tools - Gender and age disaggregation of infection, testing and treatment data - Costing information/ investment case -Use of data to change models/programing - Coordination - Sector development	What has changed as a result of these accomplishments? - Updated National Strategy - Increased range, coverage, consistency of services - Increased political or financial support for the program - Improved management of the program: o Increase in consistent access to essential medicines and commodities o Improved risk assessment and risk management o Stronger, more stable service delivery sector - Improved outcomes resulting from changes linked to data analysis [also Objectives 2 & 3]

1.2. Resilient and sustainable health and community systems

**Note: Service delivery and quality issues are included under Objective 2. Data quality is included under Objective 3. Financial sustainability and programmatic sustainability are included under Objective 4.*

Inputs	Outputs	Outcomes

- What technical, financial and staffing support is planned in the Global Fund Funding Request, Grant Agreement and/or budget for: ○ commodity procurement and supply management systems (PSM) ○ laboratories ○ health financing ○ community systems strengthening ○ community monitoring	What has been implemented/achieved (from PUDR and interviews)? - Improvements in PSM systems from ordering to stocks available at point of service delivery - Laboratory strengthening - Appropriately structured health budget, including allocation to community services and integrated Community Case Management (iCCM)	What has changed? - Improvement in consistent supply of essential commodities and services: medicines, test kits, means of prevention (condoms, lubricant, clean needles and syringes for people who use drugs, bed nets) - More accurate, timely monitoring of PSM issues through community monitoring - Improved health outcomes due to improvements to financing health activities

1.3. Supportive and sustainable policy and financial environments

Inputs	**Outputs**	**Outcomes**
What support to the national program is planned in the Global Fund Funding Request, Grant Agreement and/or budget? - Support for policy assessments - Support for policy and law reform - Support to remove access barriers to access services	What has been implemented/achieved (from PUDR and interviews)? - Training, reporting and redress mechanisms - Legal clinics and services - inclusivity/access training for key populations - Initiatives to address practices that create inequity in access to services - Policy and procedure reform in particular settings e.g., prisons - Collaboration between public health and other potentially conflicting policy areas (illicit drug use, security, defense, immigration)	What has changed? - Increased access to services by key and vulnerable populations - Improved health among key and vulnerable populations - Decrease in access barriers

OBJECTIVE 2: EVALUATE THE EXTENT TO WHICH SERVICE DELIVERY SYSTEMS (HEALTH FACILITY AND COMMUNITY) DELIVER QUALITY SERVICES

Core Indicators

Core indicators for Objective 2 are disease-specific. Therefore, a scale is presented below for each disease component.

Component - HIV	**Level Definitions**			
	Very Poor	**Poor**	**Moderate**	**Good**
Key populations reached: % of 2 key populations with highest prevalence reached by defined packages of services	Key population #1: Coverage is less than 20%.	Key population #1: Coverage is equal to or greater than 20% and less than 50%.	Key population #1: Coverage is equal to or greater than 50% and less than 70%.	Key population #1: Coverage is equal to or greater than 70%.
	Sub-component Score = 1	**Sub-component Score = 2**	**Sub-component Score = 3**	**Sub-component Score = 4**
	Key population #2: Coverage is less than 20%.	Key population #2: Coverage is equal to or greater than 20% and less than 50%.	Key population #2: Coverage is equal to or greater than 50% and less than 70%.	Key population #2: Coverage is equal to or greater than 70%.
	Sub-component Score = 1	**Sub-component Score = 2**	**Sub-component Score = 3**	**Sub-component Score = 4**
Component Score: *Average of two Sub-component Scores*	**= 1**	**= 2**	**= 3**	**= 4**
PLHIV who know their status: % of estimated people living with HIV who know their positive status	is less than 40%.	is equal to or greater than 40% and less than 55%.	is equal to or greater than 55% and less than 70%.	is equal to or greater than 70%.
Component Score:	**= 1**	**= 2**	**= 3**	**= 4**
Linkage to treatment and care: Availability and types of linkage programs	Little evidence[13] of linkage to care or linkage from TB and antenatal programs.	Some evidence of linkage to care or linkage from TB and antenatal programs but with consistently reported gaps	Evidence of linkage to care or linkage from TB and antenatal programs, but with consistently	Evidence of linkage to care or linkage from TB and antenatal programs but with no consistently reported gaps

[13] There are no universal, agreed-upon measurements for tracking linkage to care. In the absence of reliable, HMIS-driven data on this indicator, evidence in this area is likely to arise from reports by health care workers or program beneficiaries, collected during key informant interviews or focus groups. Once evaluators feel that credible evidence has been obtained from these sources, they will work to triangulate this evidence with other sources, in order to select a score for this indicator which best reflects reality.

between diagnosis/ screening and treatment		related to multiple key populations or geographic areas.	reported gaps related a single key population or geographic area.	related to any key population or geographic area.
Component Score:	**= 1**	**= 2**	**= 3**	**= 4**
ART coverage: % of estimated people living with HIV currently on ART (adults and children)	is less than 30%.	is equal to or greater than 30% and less than 50%.	is equal to or greater than 50% and less than 70%.	is equal to or greater than 70%.
Component Score:	**= 1**	**= 2**	**= 3**	**= 4**
12-month ART retention: % of people who ever initiated ART and are still on ART at 12 months after ART initiation (adults and children)	is less than 60%.	is equal to or greater than 60% and less than 75%.	is equal to or greater than 75% and less than 85%.	is equal to or greater than 85%.
Component Score:	**= 1**	**= 2**	**= 3**	**= 4**
Viral suppression: % of people who are retained in ART for at least 6 months with viral load <1,000 copies/ml	is less than 20%.	is equal to or greater than 20% and less than 35%.	is equal to or greater than 35% and less than 50%.	is equal to or greater than 50%.
Component Score:	**= 1**	**= 2**	**= 3**	**= 4**
Composite across all six components:	**Composite score (average of component scores) less than 2**	**Composite score (average of component scores) equal to or greater than 2 and less than 3**	**Composite score (average of component scores) equal to or greater than 3 and less than 4**	**Composite score (average of component scores) equal to 4**

Domains of Inquiry

Domains	*Key questions: What role has Global Fund investment played in this? What gaps/opportunities exist?*
2.1. Prevention	*Elements:* Prevention programs among general and key/vulnerable populations; community-led outreach and interventions
2.2. Screening/testing and diagnosis/knowledge of status	*Elements:* Screening and testing, including attention to populations under-diagnosed; extent of community involvement in prevention, screening and diagnosis
2.3. Linkage to treatment and care	*Elements: Specific linkage initiatives to assist people to access treatment & care; extent of community* involvement in linkage; implementation of effective models, including evidence of innovation
2.4. Treatment, clinical care and monitoring	*Elements: Monitoring of treatment success – (for HIV, sustained, undetectable viral load; for TB, successful treatment; for TB-HIV coinfection, integrated care; for malaria, successful treatment and access to bed nets); attention to under-treated populations; systems to assist people to maintain/complete treatment; attention to co-morbidities and critical enablers to treatment success*
2.5. Approach and methods for quality assurance	*Elements: Disease-specific or National Quality Policy and Strategy; governance structures*; stakeholder analysis; situation analysis; methods used to define quality; interventions for which quality is being assessed; interventions for which quality is being improved; methods to improve quality; metrics of quality improvement

Results Chain by Domain

Under each Domain of Inquiry, the evaluation will focus on the extent to which the Global Fund allocations have helped enable service delivery systems (health facility and community) to deliver quality services.

Questions will focus on the results chain:

- *What **inputs*** have been supported?
- *What **outputs*** came from those inputs?
- *What **outcomes*** have been observed and reported?

Examples of the areas on which to focus are set out below under each Domain of Inquiry. The actual areas that will be focused on will depend on country context and will be specified during the detailed evaluation planning process.

2.1. Prevention

Inputs	Outputs	Outcomes
What support to the national program is planned in the Global Fund Funding Request, Grant Agreement and/or budget? - Information/education campaigns among general population/key populations - Specific outreach and behavior change communication to key and vulnerable populations - Provision of means of prevention (commodities e.g. condoms and lubricant; needles & syringes; bed nets and IRS) - Supporting treatment for prevention: PrEP, PEP, PMTCT for HIV; preventive therapy for TB; Seasonal Malaria Chemoprevention - Attention to risk environments – e.g. malaria vector control; TB 'cough desks' in clinics	What has been implemented/achieved? - Campaigns - IEC materials - Outreach services to key and vulnerable populations - Increased access to prevention commodities	What has changed? - Increased reach into key and vulnerable populations and coverage with prevention services - Greater geographical coverage and frequency of vector control initiatives - Safer environments: vector control

2.2. Screening/testing and diagnosis/knowledge of status

Inputs	Outputs	Outcomes
What support to the national program is planned in the Global Fund Funding Request, Grant Agreement and/or budget? - Support to services for increased screening and testing - Support for new models (e.g. community testing and counseling; self-testing) - Support for new guidance materials, policies - Laboratory support - Purchase and supply of test kits - Support for testing in harder to reach settings e.g. closed settings, migrant	What has been implemented/achieved? -More options for testing access: community testing, youth-friendly services; after-hours clinics; testing integrated into other services – STI, SRH, MCH, Primary care -Cross-program integration of testing where relevant /indicated (HIV/TB/malaria) -Consistent access to test kits and microscopy (for malaria)	What has changed? - Increased coverage of testing services - Increase in proportion of people with the infection or illness who know their status – by general and key/ vulnerable populations - Increased positivity and yield

camps, geographically isolated populations		

2.3. Linkage to treatment and care

Inputs	Outputs	Outcomes
What support to the national program is planned in the Global Fund Funding Request, Grant Agreement and/or budget? - Accompanied referral of people tested to clinical care sites - Support to community organizations for ongoing partnerships with clinics - Expansion of treatment and care access to isolated areas/populations - Support to community organizations for case finding	What has been implemented/ achieved? - Outreach services to key and vulnerable populations by NGOs, clinics and community organizations - Key and vulnerable population peers on staff in clinics as navigators - Counseling at testing sites, with immediate accompanied referral where appropriate	What has changed? - Increased proportion of people tested positive that reach clinical services and commence treatment - Reduced loss to follow up

2.4. Treatment, clinical care and monitoring

Inputs	Outputs	Outcomes
What support to the national program is planned in the Global Fund Funding Request, Grant Agreement and/or budget? - Technical and staffing support to treatment clinics - Support for health worker sensitivity training, development of protocols and standards of care - Support for follow-up of patients on treatment in community - Support for innovation in treatment delivery and adherence support - Support to NGOs and community groups to link with clinics for case management/ peer support - Point-of-care clinical monitoring - Establishment of complaints management, community input	What has been implemented/achieved? - Staff appropriately trained - Increase in availability of key population-friendly services - Standards of care established and adopted in treatment centers - Complaints and feedback mechanisms in place - Wider range of treatment center options – community clinics, public health clinics - Wider availability of point-of-care clinical monitoring (HIV Viral load testing, TB testing)	What has changed? - Increased geographical coverage of treatment services - Increase in competent and sensitive workforce - Increase in the number of people completing treatment - Decreased loss to follow-up

and quality improvement systems in care clinics - Support for expansion of treatment sites		

2.5. Approach and methods for quality assurance

Inputs	Outputs	Outcomes

What support to the national program is planned in the Global Fund Funding Request, Grant Agreement and/or budget?
- Technical, financial and staffing support to:
  ○ Center disease responses around evidence-informed approaches
  ○ Design disease-specific quality improvement processes
  ○ Develop National Quality Policy and Strategy
  ○ Define services whose quality should be improved
- Support for developing national definitions of quality comprising:
  ○ effectiveness
  ○ efficiency
  ○ accessibility
  ○ acceptability
  ○ patient-centeredness
  ○ equity
  ○ timeliness
  ○ safety
- Support for stakeholder analysis and situation analysis
- Support for developing service quality improvement methods and interventions addressing:
  ○ effectiveness
  ○ efficiency
  ○ accessibility
  ○ acceptability
  ○ patient-centeredness
  ○ equity
  ○ timeliness
  ○ safety
- Support for development of quality improvement indicators and measuring progress
	What has been implemented/achieved?
	- Service quality assessment and improvement plans
	- National Quality Policy and Strategy
	- Quality definition standards and/or statements for aspects of disease-specific service delivery
	- Stakeholder analysis reports
	- Situation analysis reports
	- Quality improvement interventions implemented
	- Quality improvement measures published, with regular reports against progress
		What has changed?
		- Service quality prioritized
		- Increased understanding of service quality, stakeholders to be involved in quality improvement and service quality situation
		- Increased effectiveness, efficiency, accessibility, acceptability, patient-centeredness, equity, timeliness and safety of key disease-specific services which are consistent with current professional knowledge

OBJECTIVE 3: EVALUATE THE EXTENT TO WHICH COUNTRY DATA SYSTEMS GENERATE, REPORT AND USE QUALITY DATA.

Core Indicators

Note: this scale has been developed to feed into Global Fund reporting requirements for key populations. Please refer to detailed definition guidance from Global Fund for accurate scoring support.

The core indicators for Objective 3 are measured using the scale below.

Note: The definition of a health management information system (HMIS), for the purposes of this project, is *a data system which consolidates health service data for the purposes of planning, management and decision-making for health programs*. In some countries, reporting on HIV, TB or malaria may be a component of a larger health system. In other countries without integrated HMIS, disease specific HMIS may be in use.

HIV Core Indicators

Component	Score 1	Score 2	Score 3	Score 4	Score 5	Justification
*Case surveillance functionality**	No data or no evidence that any of the five aspects is in place	One or two features are in place, but the remainder are missing or at a low level.	Three features are in place, but two are missing or at a low level.	Four features are in place, but one is missing or at a low level.	All five features are in place and functioning	Appropriate case surveillance should have all five of the following features: • An approved methodology and protocol for data collection is available at all sites. Quality standards are in place. • Staffing and supervision are adequate for data collection. Reporting procedures are functioning at central, regional and local levels. • Adequate laboratory capacity is available and sufficient

						equipment, supplies, trained staff, and procedures are in place for HIV and viral load testing. • Ethical standards are in place to protect privacy and all identifying information has been removed from case reporting data. • Sufficient budget and resources are provided for the activity.
Indicator	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**	**Justification**
Availability and quality of PSE	No data.	Undocumented (no PSEs exist even at local levels) or untimely (most or all PSEs older than 5 years).	Documented estimates for some KP listed in country's National HIV/AIDS Strategic Plan but inadequate methods used to develop PSEs.	Nationally inadequate but locally adequate data available on PSEs for some KP listed in country's National HIV/AIDS Strategic Plan in some sites.	Nationally adequate data available on PSEs for all KP listed in country's National HIV/AIDS Strategic Plan. Data sources/ processes: Check dates and method used to calculate PSEs for each KP listed in NSP. Check methods to determine if methods are adequate.	*Provide details.*

Indicator	Score 1	Score 2	Score 3	Score 4	Score 5	Justification
*Country capacity to report coverage of preventive interventions among key populations***	No evidence of a monitoring system.	Monitoring contacts, which disallows de-duplicated reporting.	Partially using UIC, which disallows de-duplicated reporting. This includes scenarios where UICs are used in some regions of the country or different UICs are used in the country but not harmonized.	Nationally using unique identification code (UIC) for **each** KP, which allows for deduplicated reporting. This includes the scenario where different UICs are used but harmonized.	Nationally using the same unique identification code (UIC) system for **all** KP, which allows for deduplicated reporting. This includes the scenario where different UICs are used but harmonized.	*Provide details.*
Indicator	**Score 1**	**Score 2**	**Score 3**	**Score 4**	**Score 5**	**Justification**
*Completeness of ART data reporting****	No data or data system found.	ART treatment numbers collected at local level, but not reported at provincial or national level on routine basis.	Routine aggregation of ART data on provincial basis, but no aggregation at national level. Or incomplete reporting at national level	Routine aggregation at national level. At least 90% completeness of reporting. No verifiable data on loss to follow-up.	Routine aggregation at national level and publication of results, together with verifiable data on loss to follow-up. At least 90% completeness of reporting.	*Provide details.*
Composite Score across all (4) components	**Average = 1**	**Average = 2**	**Average = 3**	**Average = 4**	**Average = 5**	None

Domains of Inquiry

This indicator examines the contribution of Global Fund allocations to strengthen the data systems that are used to track individual health outcomes, to monitor the response to each disease, to report internally and to donors, and to guide improvements in efficiency, effectiveness and quality across the programs.

Domains	*Key questions: What role has Global Fund investment played in this? What gaps/opportunities exist?*
3.1. Epidemiology, surveillance and context data	*Elements:* effective monitoring and data systems; evidence of monitoring of data quality; integration of parallel aggregate disease reporting in national HMIS Systems for tracking individual patterns of service use and health outcomes; availability of data across the prevention, testing, treatment continuum, disaggregated by gender, age and population
3.2. Service use and program data and reporting	*Elements:* Systems that generate a clear understanding of disease epidemics (incidence, prevalence, stratification, and disaggregation), risk patterns, burden on particular populations, geographic distribution, changes in notification patterns; evidence of monitoring of data quality
3.3. Using data to drive service design and practice	*Elements:* Data flows that provide the national program, implementation jurisdictions and health services managers with timely information on progress; analysis of data across jurisdictions and populations; evidence of data driving program or service innovation and change, and being used to ensure program sustainability; skills development in the use of data to drive programming

Results Chain by Domain

Under each Domain of Inquiry, the evaluation will focus on the extent to which the Global Fund allocations have helped enable service delivery systems (health facility and community) to deliver quality services.

Questions will focus on the results chain:

- *What **inputs*** have been supported?
- *What **outputs*** came from those inputs?
- *What **outcomes*** have been observed and reported?

Examples of the areas on which to focus are set out below under each Domain of Inquiry. The actual areas that will be focused on will depend on country context and will be specified during the detailed evaluation planning process.

Overall:

Relevant for all three domains:

- What is the leadership/governance structure for M&E in the Ministry of Health both within the disease program and across programs? What about between the HMIS unit and the program units in the Ministry of Health?

- Is there a National M&E plan developed, which is linked to the NSP? Is it costed? Is there any duplication of M&E efforts/ resources across programs and partners?
- Is there a process or mechanism for coordination of M&E activities at sub-national level (e.g., partners' investments at sub-national level are coordinated)?
- Are M&E policies and guidance produced and/or disseminated to sub-national and service level providers?

3.1 Epidemiology, surveillance, key indicator and context data

Inputs	Outputs	Outcomes
What support to the national program is planned in the Global Fund Funding Request, Grant Agreement and/or budget? - Technical support and additional staff for Department of Health national epidemiology unit or disease-specific epidemiology units - Support for surveillance/IBBS - Support for size estimations of key populations - Data System support – databases, e-epi systems - Support for social research, qualitative studies - Support to improve data quality	What has been implemented/ achieved? - Timely, accurate and comprehensive GAM (Global AIDS Monitoring) and other global monitoring reports for the country - IBBS studies and PSE in key and vulnerable populations - Timely surveillance reports - Sentinel surveillance sites - Indicator data available in line with indicators in National Strategy - Data review systems, data quality improvement program in place	What has changed? - Improved data on incidence, prevalence, context of risk and impact, key indicators - Improved data quality across the four dimensions of the WHO DQR: ○ completeness and timeliness of data, ○ internal consistency of reported data, ○ external consistency, and ○ external comparisons of population data Is there analysis of available data (i.e., triangulation) to assess coverage, quality and impact at the national and/or sub-national level? Is this analysis used for program planning, strategic investments and improvements to program quality (at national and/or sub-national level)? To what extent have grant-specific goals (based on inputs for this domain) been achieved and what have these contributed to (or not) effective national data availability, quality and use?

3.2 Service use and program data and reporting

Inputs	Outputs	Outcomes
What support to the national program is planned in the Global	What has been implemented/achieved?	What is the structure and data flow of the national aggregate

Fund Funding Request, Grant Agreement and/or budget? - Support for strengthening routine reporting - Support for integrating parallel aggregate reporting systems - Support for establishment or strengthening of individual client service use data - Support for report preparation and dissemination - Support to improve data quality	- Integrated national HMIS for aggregate data - Unique Identifier Code (UIC) or equivalent system for service use tracking - Harmonized data systems across prevention, treatment and care - Timely and accurate reports on key issues	and/or patient level reporting systems for facility systems? Does the data collection and reporting for the grant rely on the national M&E system? If using a PR specific reporting system, what plans are there for the PR to integrate the data into the national systems? What has changed? - Improved routine data - Improved integration/linkages/interoperability of data and/or data systems - Improved data quality same as above - Patterns of service use by individuals available to health system - Reduced loss to follow up - Increased treatment adherence (HIV) or success (TB, malaria) - Reduced stock-outs of essential commodities - Service design modifications based on regular access to data reports To what extent have grant-specific goals (based on inputs for this domain) been achieved and what have these contributed to (or not) effective national data availability, quality and use?

3.3 Using data to drive service design and practice

Inputs	Outputs	Outcomes
What support to the national program is planned in the Global Fund Funding Request, Grant Agreement and/or budget?	What has been implemented/ achieved? - Reports based on data analysis	What has changed? -Increased use of data in program planning -Increased integration/interoperability of data use e.g. using programmatic, survey

- Skills-building in data collation and analysis, including Spectrum workshops - Technical assistance in using data for planning - Support for data dissemination and analysis exercises at service and jurisdiction level	- Recommendations on model/service design changes	and logistics, and/or lab data together. -Increased access to appropriate services by key and vulnerable populations -Improved health outcomes for harder-to-reach populations -Decreased loss to follow up -Increased treatment success/adherence To what extent have grant specific goals (based on inputs for this domain) been achieved and what have these contributed to (or not) effective national data availability, quality and use?

Key Documents

The investigative questions above (and those ultimately tailored to each evaluation's context) should be answered by a review of key documents, complemented by field investigation. Documents to inform the evaluation on this specific objective include, but are not limited to, the following:

- National (HIV, TB or malaria) Strategic Plan sections on surveillance, strategic information, monitoring and evaluation
- National Health Sector Strategy sections on surveillance, strategic information, monitoring and evaluation
- National (HIV, TB or malaria) Evaluation(s) and Program Reviews – mid-term, end of Strategy, and/or component-specific reviews, including epidemiological reviews
- Any data reviews carried out to date or descriptions of ongoing data quality improvement processes
- Surveillance and epidemiology reports
- Progress reports on Global Fund grants, (including Performance Framework indicators and their latest available achievements)
- Global Fund Grant Agreements, including TRP comments
- Descriptions of M&E and surveillance systems in GAM or other regular global reports, M&E Plans etc.

OBJECTIVE 4: EVALUATE THE EXTENT TO WHICH GLOBAL FUND INVESTMENTS HAVE HELPED COUNTRIES PREPARE FINANCIALLY AND PROGRAMMATICALLY FOR A SUSTAINED RESPONSE TO EACH DISEASE

Core Indicators

There are no core indicators for Objective 4.

Domains of Inquiry

Rather than addressing Inputs, Outputs and Outcomes, answers to the questions under Objective 4 follow the Global Fund's Blueprint for Country Portfolio Priorities Analysis (v1.0).[14]

Domains	*Key questions: What role has Global Fund investment played in this? What gaps/opportunities exist?*
4.1. Improved case finding, treatment and viral suppression/cure	*Elements:* Improved diagnosis and testing; new, shorter treatment schemes; rapid expansion to full coverage • Has diagnosis and testing improved? (better yield, simpler methods, faster results, precise resistance profiles) • Have more effective or shorter treatment schemes been introduced? • Has treatment coverage expanded at an acceptable/ recommended rate?
4.2. Improved prevention of new cases	*Elements:* Prevention services targeting key and vulnerable populations, based on high-quality evidence; positioning of health as a human right • Is there evidence of increased prevention and/or effectiveness of prevention among key populations? • Is health considered and treated as a human right?
4.3. Increased funding available for disease response	*Elements:* • Has government political commitment, accountability and/or transparency improved? • Has the government provided or committed any funds to key population prevention? • Can CSOs be contracted by government to provide health services? • Has domestic financing of the (*disease*) response increased? • Is there any evidence of mobilization of resources beyond Global Fund and the government?
4.4. Reduced costs of fighting the disease	*Elements:* • Have there been any price reductions of programmatic inputs through improved PSM? • Are treatment protocols optimized? • Has task shifting been implemented? • Is there evidence of increased efficiency of prevention activities?

[14] Analysis of these findings are included in the final evaluation report under the high-level topic of Sustainability.

	• Is there evidence of integration of (*disease*) interventions with other health services (vaccines, diagnosis and treatment of other diseases, etc.)

For countries where issues of transition and sustainability are significant, additional information needed to support or explain analytical statements can be captured in the Additional Information document (see Report and Additional Information templates).

OBJECTIVE 5: EVALUATE HOW THE COUNTRY CAN BE SUPPORTED TO USE THE FINDINGS FROM THE EVALUATIONS TO HELP INFORM INVESTMENT DECISIONS AND EFFORTS TO IMPROVE THE QUALITY, EFFICIENCY AND SUSTAINABILITY OF THE RESPONSE TO EACH DISEASE

The fifth objective – and ultimate desired outcome – for the evaluation process is to provide three to five major recommendations based on findings under Objectives 1-4. Recommendations must:

- Be specific as possible (e.g. should not simply indicate "Strengthen X…" or "Improve Y…");
- Concentrate on those actions that can be achieved, within three to five years, using available resources (including both Global Fund grants and others);
- Not exceed the scope of what is reasonably possible within the available resources; where resource limitations present a significant challenge, recommendations may be framed in terms of the need for advocacy to mobilize resources, or other actionable steps which can address resource shortcomings; and
- Consider maximum impact on quality, efficiency and sustainability of disease responses.

Each recommendation must be accompanied by a suggested timeline, as well as roles and responsibilities for its implementation. See the Report Template for more details on this format.

A set of established reference tools and guidance documents that relate to investments in each disease is provided below. For more details on how to structure recommendations, please reference the report template.

HIGH-LEVEL QUESTIONS

The core analytical exercise of each evaluation will be the development of the Analysis section of the evaluation report. This section follows the three over-arching, high-level evaluation areas as defined by the Global Fund.

The following represents an indicative list of questions that should be addressed under each of the high-level questions described above—these should be adapted in consultation with country and Global Fund stakeholders on a country-by-country basis, based on context and need.

Impact

- To what extent – and how – have the Global Fund investments contributed to helping countries achieve impact in the response to HIV?
- To what extent are the improvements in health outcomes shared in an equitable manner across different stratifiers of interest, as relevant to national and sub-national context?

Effective Strategic Investment

Findings from Objective 1 of this evaluation show...

- To what extent have Global Fund grants been strategically invested in development and implementation of national disease strategies?
- To what extent have they helped achieve the national strategic objectives?

Findings from Objective 2 of this evaluation show...

- To what extent have the Global Fund grants helped strengthen in-country capacity to deliver quality services?

Findings from Objective 3 of this evaluation show...

- To what extent have the Global Fund grants helped strengthen in-country data systems and mechanisms to generate, report and use quality data?

Sustainability

- To what extent – and how – have the Global Fund investments contributed to helping countries build up in-country systems and mechanisms for a response to HIV that can be effectively sustained over time? Specifically:
    - To what extent have they built programmatic sustainability to effectively diagnose, and treat most cases, and to prevent new cases?
    - To what extent have they built financial sustainability by increasing available funding and decreasing the cost of fighting the disease?
- What factors are most critical to address in helping ensure that improvements in systems and outcomes are likely to be sustained by the country over time in its ongoing response to each disease?