

Summary Report of the  
Technical Evaluation  
Reference Group (TERG) of  
the Global Fund

First Meeting

Glion, Switzerland, 15-17 September 2004

## **1 Introduction to the meeting, overview of the scope of the TERG**

As recommended in the Evaluation Strategy for The Global Fund to Fight AIDS, Tuberculosis & Malaria (GFATM) and agreed by the Board in its meeting in October 2003, the GFATM has established the Technical Evaluation Reference Group (TERG).

This document reports on the first TERG meeting, which took place from 15 to 17 September 2004 in Glion, Switzerland. It gives a summary of key issues discussed and TERG's recommendations.

## **2 Election of Chair and Vice Chair**

After a brief review of the operating procedures for the TERG, the group elected the Chair and Vice Chair. A proposal was made to elect Dr. Rolf Korte as the Chair, and Dr. Rose Leke as the Vice-Chair. The proposal was strongly supported by a number of TERG members and confirmed unanimously by the group.

The TERG includes 9 appointed plus 4 ex officio members representing the broad range of disciplines and constituencies for independent oversight of Monitoring and Evaluation of the Global Fund (See Annex 1).

## **3 Measurement Framework for the Global Fund**

### **3.1 Background**

The concept of System Wide Effects and Broad Principles of the Fund as a “force for change” are fundamental to the Global Fund, and are featured in its key policy documents. While substantial progress has been made in making the Fund operational, the system wide effects and broad principles of the Fund as a “force for change” require much greater analysis and understanding as part of the existing Global Fund monitoring and evaluation strategies /mechanisms.

During its meeting in May 2004 the Monitoring & Evaluation and Finance & Auditing Committee of the Board (MEFA) has discussed priority areas for measurement of systems effects and asked the Secretariat to develop a workplan to address these. The three priority areas to be addressed were:

- Partnerships: Development and effectiveness of partnerships (including public-private partnerships, functioning of CCMs, donor harmonization, etc.).
- Additionality: additionality of resources at global and country level, potential for distortion of national efforts by massive inflow of disease specific resources, etc.
- Sustainability: Concerning the Global Fund as an organization and Fund programs (including sustained and longer term contributions, reduction of prices and transaction cost, integration into and ownership of national programs, etc.).

A high level workshop has taken place on September 6-8, 2004 in Chexbres, Switzerland, based on extensive review incorporating papers prepared by three

expert consultants, and an executive summary linking these papers. By the end of the workshop, a selection of simple indicators was proposed to strengthen the Measurement Framework for the Global Fund's purposes and core principles in the areas of systems effects, with a focus on sustainability, partnership and additionality.

The TERG reviewed and discussed the overall Measurement Framework, including the measurement of systems effects.

### **3.2 Recommendations**

- I. The TERG welcomed and approved the overall Measurement Framework of the Global Fund which covers operational, grant, system and impact levels. They emphasised that equal weight should be placed on each level, and that the importance of impact is given adequate attention as the ultimate goal of the Fund. The role of the TERG itself in its oversight and advisory function was also incorporated.
- II. The TERG approved a condensed list of systems effects indicators with reference to the main dimensions (additionality, partnerships and sustainability) to be included in the Framework. (See Annex 2). The overall principles of the Global Fund are covered by the proposed indicators; some dimensions of the purpose require special studies particularly into impact.
- III. The TERG identified the need for further development in the measurement of health systems effects and impact (See Additional Needs).

## **4 Quality Assurance for Grant Reviews**

### **4.1 Background**

The TERG is to assess the soundness of the phase 2 review and decision process and report to MEFA and the Board. In particular, a formal review of the phase 2 grant renewal policies and procedure based on lessons learned will be undertaken in 2005, and the TERG should advise on a quality assurance system for the phase 2 process.

A discussion paper including a proposal for a quality assurance system has been submitted to the TERG prepared by an expert consultant. The system will provide criteria on which to base the decisions for the formal review of the phase 2 grant renewal policies. The proposal described a system which will encourage self assessment and an external audit of programme performance data reported by Principal Recipients (PRs) and Sub-Recipients (SRs) to the GF. It will also provide regular confirmation of the quality of the evaluation process which includes the secretariat.

### **4.2 Recommendations**

- I. The TERG recommends a systematic quality assurance mechanism as a continuous process beginning before and extending beyond phase 2 renewal decision.
- II. As regards phase 2 grant renewal request, the TERG recommends 3 levels of measures regarding quality assessment :

- a) PRs should be provided with recommendations on self-assessment of the quality of data validation, of management of information and reporting, of the management process for service delivery and facilities. A simple list of areas that can be covered and checked will be provided after field testing.
- b) A self-assessment report on data validation should be produced by the PRs as part of phase 2. These reports should be made available on the GFATM website.
- c) An external review of data quality and validation should be conducted among a sample of the programs. (e.g. of between 10-20% of these reports could be randomly and purposively sampled). The TERG recommends the development of a protocol for a QA system for phase 2 for implementation building on the draft submitted by the consultant.

In addition, the TERG points out the importance of making use of partners' experience for data validation, and accreditation in self assessment; these partners could include for example WHO, GTZ and Global Fund structures.

## **5 CCM standards and measurement**

### **5.1 Background**

The GF considers the transparent governance of Country Coordinating Mechanisms (CCMs) an essential pre-requisite for successful proposal development and program implementation. TERG has been requested by the MEFA committee to review and advise on the indicators and measures (see attached paper). Approaches for measurement were discussed to provide greater transparency and prominence to these issues.

### **5.2 Recommendations**

- I. The TERG recommends an initial checklist that CCMs should follow as a guideline for structuring the work of the CCM and for self-assessment. The contents of the checklist were reviewed and accepted by the TERG (included in Annex 3).
- II. External assessments on a sample of CCMs should be undertaken annually to confirm findings.
- III. The TERG also recommended that a supplementary study be conducted to explore functional and effective community involvement in CCMs.

## **6 Review of the workplan and budget of the Global Fund Strategic Information and Evaluation unit**

### **6.1 Background**

The TERG was asked to make recommendations concerning priorities, potential gaps and the need for supplementary evaluations, in the proposed workplan for the Strategic Information and Evaluation (SIE) unit (Annex 4). The M&E strategic workplan was presented to and discussed by the TERG including progress and plans for the coming year.

### **6.2 Recommendations**

- I. The TERG expressed full support to the Strategic Information workplan, budget and its focus on four strategic priorities. It welcomed the progress made on performance evaluation in grants and measurement of Global Fund operations, and stressed the importance of wider evaluations and the interpretation of data in priorities 3 and 4.
- II. It included and positioned the TERG function and role in the organisational and functional structures.
- III. The TERG recommended that the measurement of impact (in terms of the three diseases as well as inclusion in grant metrics) should be developed in 2005.
- IV. The TERG set up 2 working groups in order to prepare for developing two issue papers which would supplement the Strategic Information Workplan:
  - a) A conceptual paper on the steps to be taken in order to ensure future evaluation of impact (Responsible Ties Boerma) . This group would also look at health systems effects, seen as an area requiring further development.
  - b) A position paper on operational research priorities related to the Global Fund (with partners) and the rapid scale-up of interventions. Interventions with GF support provide unprecedented opportunities for evaluating (i) effectiveness of interventions at scale and under realistic field conditions and (ii) learning about how to most efficiently and most effectively implement interventions (Responsible Stefano Bertozzi).

The above mentioned papers will be prepared within 2 weeks and submitted to the TERG for review and comments.

- V. The TERG strongly recommends that a significant amount of additional funds (proposed annual additional budget of USD 150.000) should be allocated to specific evaluation activities relating to impact.

## **7 Next Steps**

Two regular meetings of TERG will be organized during the year 2005 (March and September 2005), as well as sub working groups.

Between meetings, TERG members will receive updated documents and issues to be discussed on a regular basis and to keep members informed on current issues.

For this purpose, a website with an access restricted to TERG members will be set up by the GF Secretariat and updated by the TERG Secretariat.

## 8 Annexes

### 8.1 Annex 1 : List of participants

Participants	Title	Address	Telephone	E-Mail
Barr, David	Senior Philanthropic Advisor, Tides Foundation	193, Second Ave. No. 5 New York, N.Y. 10003 USA	001 – 646 – 602 00 27	<a href="mailto:d.barr@earthlink.net">d.barr@earthlink.net</a>
Bertozi, Stefano	Professor Center for Economics Research and Education (CIDE), Mexico City	Instituto Nacional de Salud Publica, Av. Universidad 655, Cuernavaca, Morelos, 62508 MEXICO	0052 – 777 – 311 37 83	<a href="mailto:inspbertozi@hotmail.com">inspbertozi@hotmail.com</a>
Boerma, Ties	Director Measurement and Health Information Systems	World Health Organization MHI – Av. Appia 20, 1211 Geneva SWITZERLAND	0041 – 22 – 791 14 81	<a href="mailto:boermt@who.int">boermt@who.int</a>
Al Haq, Bashir		House 67, Street 96, Sector 9-8/4, Islamabad - PAKISTAN	0092 – 300 – 552 73 52 (mobile)	<a href="mailto:BUH02@hotmail.com">BUH02@hotmail.com</a>
Kita, Etsuko	Professor Center for International Health & Humanitarian Studies The Japanese Red Cross Kyushu International University of Nursing	1-1, Asty Munakata Fukuoka 811-4157 JAPAN	0081 – 940- 35 7036	<a href="mailto:e-kita@jrckicn.ac.jp">e-kita@jrckicn.ac.jp</a>
Korte, Rolf	Senior Advisor on Health Policy, GTZ	GTZ, Dag-Hammarskjöld- Weg 1-5 65760 Eschborn GERMANY	0049 175 433 4018	<a href="mailto:rolf.korte@swiftkenya.com">rolf.korte@swiftkenya.com</a>
Leke, Rose	Associate Professor, Faculty of Medicine and Biomedical Sciences, University of Yaounde	University of Yaounde I, Biotechnology Centre P.O. 3851 Messa – Yaounde CAMEROON	00237 – 995 – 73 29 (mobile)	<a href="mailto:rose.leke@camnet.cm">rose.leke@camnet.cm</a> <a href="mailto:r123@georgetown.edu">r123@georgetown.edu</a>
Peschi, Loretta	Senior Consultant INTERSOS	Via Pegasus 1, 00060 Castelnuovo di Porto (Roma) ITALY	0039 – 347 – 703 41 55	<a href="mailto:peschilo@tin.it">peschilo@tin.it</a>
Massiah, Ernest	Senior Social Development Specialist	Inter. American Development Bank 1300 New York Avenue NW Washington, DC 20057 USA	001 – 202 – 623 3816	<a href="mailto:ernestm@iadb.org">ernestm@iadb.org</a>
<b>ExOfficio Members</b>				
Broekmans, Jaap		KNCV Royal Netherlands TB Ass. P.O.Box 146, Riouwstraat 7 2501 CC – The Hague NETHERLANDS	0031 - 70 – 416 72 77	<a href="mailto:broekmansJ@KNCVTB.C.nl">broekmansJ@KNCVTB.C.nl</a>

de Lay, Paul		UNAIDS Monitoring and Evaluation 20, Ave. Appia, 1211 Geneva SWITZERLAND	0041 – 22 – 791 45 34	<a href="mailto:delayp@UNAIDS.org">delayp@UNAIDS.org</a> Paul De Lay
Mogedal, Sigrun		Global Initiatives NORAD Ruselokkvn 26, N-0032 Oslo NORWAY	0047 – 2224 – 02 02	<a href="mailto:sigrun.mogedal@norad.no">sigrun.mogedal@norad.no</a> <a href="mailto:sigrun.mogedal@tgf.org">sigrun.mogedal@tgf.org</a>
Nahlen, Bernard		World Health Organization - Roll Back Malaria – 20, Ave. Appia, 1211 Geneva SWITZERLAND	0041 – 79 – 448 93 18	<a href="mailto:nahlenb@who.int">nahlenb@who.int</a>
<b>Consultants</b>		<b>Address</b>	<b>Telephone</b>	<b>E-Mail</b>
McGreevey, William				W.McGreevey@tfgi.com
Kruse, Stein Erik		Center for Health and Social Development P.O. Box 133 Sentrum 0102 Oslo NORWAY	0047 – 224 03924	sekruse@online.no
Haran, David		INOQUA 98, Brookhouse Scholes Wigan Lancaster WN1 3 RR UNITED KINGDOM	0044 – 7803 – 177 984	dharan@liv.ac.uk
<b>GF Secretariat</b>		<b>Address</b>	<b>Telephone</b>	<b>E-Mail</b>
Schwartzlander Bernhard	Director Strategic Information and Measurement	GFATM 53, Avenue Louis- Casaï CH - 1216 Geneva- Cointrin	+41 22 791 10 80	<a href="mailto:Bernhard.Schwartzlander@TheGlobalFund.org">Bernhard.Schwartzlander@TheGlobalFund.org</a>
Low-Beer, Daniel	Senior Manager Strategic Information and Evaluation	GFATM 53, Avenue Louis- Casaï CH - 1216 Geneva- Cointrin	+41 22 791 19 29	<a href="mailto:Daniel.Low-Beer@TheGlobalFund.org">Daniel.Low-Beer@TheGlobalFund.org</a>
<b>TERG Secretariat</b>		<b>Address</b>	<b>Telephone</b>	<b>E-Mail</b>
Dubois-Arber, Françoise		Rue du Bugnon 17 CH – 1005 Lausanne	+41 21 314 72 90	<a href="mailto:Francoise.Dubois-Arber@hospvd.ch">Francoise.Dubois-Arber@hospvd.ch</a>
Spencer, Brenda		Rue du Bugnon 17 CH – 1005 Lausanne	+41 21 314 72 97	<a href="mailto:Brenda.Spencer@hospvd.ch">Brenda.Spencer@hospvd.ch</a>
Danon-Hersch, Nadia		Rue du Bugnon 17 CH – 1005 Lausanne	+41 21 314 73 27	<a href="mailto:Nadia.Danon@hospvd.ch">Nadia.Danon@hospvd.ch</a>
Maeder, Myriam		Rue du Bugnon 17 CH – 1005 Lausanne	+41 21 314 72 92	<a href="mailto:Myriam.Maeder@hospvd.ch">Myriam.Maeder@hospvd.ch</a>



## 8.2 Annex 2 : Measurement priorities and indicators for systems effects

PRIORITIES	INDICATORS	DIMENSIONS & SOURCES
<p>Leverage additional financing globally; closing the gap;</p> <p>Externalities - reducing poverty; increasing health human resources (Purpose and Principles 2 and 3)</p>	<ul style="list-style-type: none"> <li>▪ Levels and trends in donor assistance, public and private allocations to spending on development, health and the three diseases; progress in reducing 'unmet need' for AIDS, TB malaria spending</li> <li>▪ % of Households allocating &gt;0.25 Household income to health services (catastrophic health expenditure)</li> <li>▪ Numbers and change in trained health professionals</li> </ul>	<p>Additionality, partnerships &amp; sustainability</p> <p>National Health Accounts, WHO, OECD/DAC, UNAIDS and GF Secretariat data,</p>
<p>Improve purchasing economy and efficiency for key commodities (Principle 2)</p>	<ul style="list-style-type: none"> <li>• Prices for key commodities procured with GF funds (drugs, diagnostics, preventive supplies etc.) <ul style="list-style-type: none"> <li>◦ trends over time, comparison across countries, establish benchmarks for operational comparison</li> </ul> </li> </ul>	<p>Additionality and sustainability improved</p> <p>GF data plus benchmarks from UNICEF, WHO, ILO, PAHO, others</p>
<p>Improve sustainability and manage risk via growing commitment of own-government resources (Purpose, Principle 3)</p>	<ul style="list-style-type: none"> <li>▪ Total health expenditure/GDP;</li> <li>▪ Government Health/Govt Total Spending (Abuja);</li> <li>▪ Malaria, TB, HIV spend/Total Health (if available)</li> <li>▪ Inter-year change in Malaria, TB, HIV spending (all sources) &gt; Global Fund grant spending</li> <li>▪ Ratio of donor to local spending allocated to the 3 diseases</li> <li>▪ Pledges and projections of GF funding against estimated requirements 10 year forward planning</li> </ul>	<p>Additionality and sustainability improved</p> <p>Governments and WHO national health accounts; UNAIDS national AIDS accounts and related data Secretariat</p>
<p>Improve partnerships via:</p> <ul style="list-style-type: none"> <li>▪ Global partnership and harmonisation</li> <li>▪ Country partnership and harmonization</li> <li>▪ Effective CCM Composition and representation</li> </ul> <p>(Purpose and Principle 3)</p>	<ul style="list-style-type: none"> <li>• Joint activities with other agencies which produce outputs to support alignment and harmonization in support of GF activities (with documentation) <ul style="list-style-type: none"> <li>- Including GF participation in OECD/MDG/ UN harmonisation initiatives including bilateral agencies</li> </ul> </li> <li>• Countries with relevant national strategies (PRSPs, health sector etc.) which specifically refer to GF funding</li> <li>• Number of CCMs which show evidence of functional membership of people living with and/or affected by the diseases</li> <li>• Number of CCMs where all NGO members are selected by their own constituencies based on a documented, transparent process</li> <li>• Number of CCMs in which all constituencies are represented in the CCM</li> <li>• Number of CCMs which have a documented, transparent process to solicit and review submissions, nominate PRs, and oversee program implementation</li> <li>• Number of CCMs which have a documented, transparent process to ensure a broad range of stakeholders in proposal development and oversight</li> <li>• Number of CCMs that have the Chair and Vice Chair from different constituencies</li> <li>• Number of CCMs that have a written plan to mitigate against conflicts of interest</li> </ul>	<p>More effective partnerships, donor harmonization, and representation achieved.</p> <p>Secretariat documentation</p> <p>National strategies,</p> <p>UN assessment of strategies and progress</p> <p>CCM records and independent reviews as appropriate Partnership Forum/ Regional Meetings/ Sample surveys by independent assessor</p>

PERFORMANCE STANDARDS  
AND INDICATORS FOR CCM  
MONITORING

21 September 2004

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# 1. INTRODUCTION

## 1.1. Purpose and Utilization of Monitoring Information

The purpose of this paper is to suggest indicators for measuring and monitoring CCM progress and performance. The indicators are based on CCM guidelines and subsumed under the following dimensions: Composition and representation, participation and communication, governance and management, harmonization and alignment. Indicators are operational criteria for measuring various aspects of CCM performance. Standards on the other hand reflect values and targets as they are expressed in policy statements. An indicator is in itself neutral, but standards can be linked to every indicator<sup>a</sup>. Most of the original guidelines for CCMs<sup>b</sup> have no clear standards or targets, but express intentions and broad direction. The recent recommendations for strengthening CCMs as public-private partnerships<sup>c</sup> have more specific targets, but they are still recommendations not requirements.

The “old” and “new” CCM guidelines are listed in Annex 1. The checklist of questions is based on these guidelines – by turning guidelines into questions about compliance. Most of the guidelines are covered by one or more question. The number of questions is limited. All guidelines are not equally important and the list of questions should not be too long.

The measurement framework can be used for different purposes:

- (a) *For internal assessment and self improvement:* The guidelines reflect ideal models for CCM performance and a checklist of questions serves as a mirror for CCM members against which they can assess their own roles and performance. If CCMs acknowledge their own failures and weaknesses as a result of such a process it is a much higher chance that they will change than when being told by others that they are underperforming.
- (b) *For Global Fund monitoring and reporting:* Self-reporting from CCMs will often be biased and subjective, but CCMs internal assessment can be validated through a verification process carried out by for instance Fund Portfolio Managers. In going through the CCM assessments they can clarify in what areas they disagree or agree and record their judgment. The results of such a gap analysis could be used in a dialogue between CCMs and the Global Fund Secretariat for discussing and making corrections to current practices, identifying opportunities for technical support, and potentially also for reporting purposes.

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<sup>a</sup> An indicator tells for instance that 15% of CCM members are women and nothing about quality of performance. For assessing value a standard or target is required, e.g. that CCMs should have a specific percentage for representation of women.

<sup>b</sup> “Guidelines on the Purpose, Structure, Composition of CCMs, June 4, 2003.

<sup>c</sup> “Strengthening CCMs as Public-Private Partnerships”. Recommendations from the Eight Board meeting June 2004.

(c) *For external evaluation:* The checklist can also be used as a basis for an external evaluation of CCM performance in order to support accountability and decision making. The questions are also evaluation questions and external evaluators can assess to what extent CCM meet Global Fund guidelines and standards.

If the Global Fund decides to make all or some of the CMM guidelines into requirements it is also feasible to take out questions linked to requirements and follow the same procedure – from self assessment through verification to external evaluation. If the guidelines are turned into requirement, the Global Fund will also have to agree on sanctions for underperformance. For many of the indicators it will be difficult to find global standards which can be applied in all countries, but it could be possible for a small selection of core indicators.<sup>a</sup>

## 1.2. Background

The Governance and Partnership Committee (GPC) was mandated by the Board at its Sixth meeting to report on the extent to which CCMs are following the guidelines and principles of the Global Fund. The Secretariat prepared a comprehensive paper based on observations and findings from several country studies.<sup>b</sup> From this analysis GPC during its meeting in May 2004 proposed recommendations for strengthening guidelines relating to the composition, roles and responsibilities of the CCM.

The recommendations were adopted by the Board at its Eighth Meeting in June 2004 and incorporated into the existing CCM guidelines in order to *“improve CCMs functioning as public-private partnerships and strengthening their participation in proposal development and implementation of approved grants”*.

The Board also requested GPC to develop *“auditable standards”* for CCMs and develop a measurement framework for monitoring to what extent CCMs have operationalised and met the agreed standards. Guidelines were presented as recommendations and not formal requirements. Strictly speaking, it is therefore difficult to talk about auditable standards which should be linked to a set of agreed sanctions. Performance standards seem to be a more adequate term and used in this paper.

There is also another parallel and relevant monitoring initiative. During its meeting in May 2004, the Monitoring and Evaluation, Finance and Auditing Committee (MEFA) agreed that an overall measurement framework should be developed for monitoring

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<sup>a</sup> Full gender equity or senior level representation could for instance be goals, but not universal requirements while representation from all stakeholders could.

<sup>b</sup> CCM case studies from 17 countries, a tracking study to describe the introduction of the Global Fund in four countries, two studies on the involvement of People Living with HIV/AIDS in Country Coordinating Mechanisms in 15 countries and a review of private sector involvement.

Global Fund core principles. The ultimate success of the GF will be measured against its impact on the three diseases, but there is a need to assess systematically to what extent the Global Fund is operating in line with and progressing towards its core principles.

Such a global framework is in the process of being developed – with a special emphasis on partnerships, additionality and sustainability. The overall framework and three supporting papers were discussed in a consultation 7-8 September 2004 and reviewed by the Technical Evaluation Reference Group (TERG) 16-17 September.

The global monitoring framework suggests a small number of indicators capturing important, but only a few aspects of CCM issues at country level. This proposal is focusing exclusively on CCMs and is suggesting a broader set of performance standards and indicators for regular use.

The CCM guidelines specify that CCM performance will be assessed both as part of the annual assessment of implementation and as part of the application process for Phase 2 funding (as outlined in the Policy paper on grant renewal). Section 11d of the Framework Document states that: *“The monitoring and evaluation will include an assessment of the functioning of the CCM and the processes of developing the CCP, including the functioning of partnerships at country level”*.

## **2. CCM COUNTRY LEVEL DIMENSIONS**

The guidelines can be subsumed under a smaller number of dimensions which are used in this chapter. The original and new CCM guidelines are listed in Annex 1 for ease of reference.

### **2.1. CCM Composition and Representation as a Public/Private Partnership**

This dimension consists of basic information on who are the Global Fund partners at country level and the extent to which different partners are represented in the CCM and in planning and implementation of GF funded programmes – in other words: both the composition of CCMs and the level of representation of various stakeholders during planning and implementation.

### **2.2. Participation and Communication**

The first dimension is focusing on numbers and representation of stakeholders in CCMs. This is a necessary dimension, but not sufficient. It is also important to measure the qualitative aspects of representation – in other words to what extent CCMs represent

and involve their constituencies at central and local level, the accountability of the CCMs vis-à-vis their stakeholders and the level and type of communication between CCMs and stakeholders. Quantitative information is required, but also qualitative assessments by stakeholders on the level and perceived quality of participation and communication.

### **2.3. Governance and Management**

This dimension refers to how Global Fund operates at country level – the structure, roles and functions of CCMs – and the extent to which they contribute to transparent, predictable and participatory decision making.

The Global Fund supports flexibility on governance issues at the country level – how the countries should organize and manage CCMs. Broad guidelines are provided, but to a large extent it is up to the countries to decide how the CCMs should be organized. Based on findings from the CCM study a need was identified for setting certain minimum standards and the June 2004 recommendations filled important gaps – still as guidelines not instructions to CCMs.

### **2.4. Harmonization and Alignment**

Harmonization and alignment reflect to what extent the Global Fund is in line with and support national policies, programmes, procedures (alignment) and if effective coordination mechanisms are in place between the Global Fund and other donors (harmonization). All issues of harmonization and alignment are not relevant for monitoring CCMs, but two areas are selected: the linkages between CCMs and other coordinating bodies for the three focal diseases and the coordination/harmonization of technical assistance.<sup>a</sup>

The following table presents a checklist of questions for each dimension.

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<sup>a</sup> Assessment of the extent to which CCMs are submitting proposals in line with national policies, programmes, systems and procedures is not covered.



### 3 PERFORMANCE CHECKLIST

<b>Composition and Representation</b>	
<p>Are all constituencies represented in the CCM?</p> <ul style="list-style-type: none"> <li>- Academic/Research/Educational Sector</li> <li>- Government</li> <li>- NGOs/Community-Based Organisations</li> <li>- People living with and/or affected by HIV/AIDS, TB and/or Malaria</li> <li>- Private Sector</li> <li>- Religious/Faith-Based Organisations</li> <li>- Multilateral and Bilateral Development Partners in-country</li> </ul> <p>Attach list of members (including constituency)</p> <p>If no, what is planned to address this situation?</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>
What proportion of CCM members are women?	Proportion
What proportion of CCM members represents the non government sector?	Proportion
<p>Are CCM members representing the non-government sectors selected by their own constituencies following a documented transparent process (please attach)?</p> <ul style="list-style-type: none"> <li>- Academic/Educational Sector</li> <li>- NGOs/Community-Based Organisations</li> <li>- People living with and/or affected by HIV/AIDS, TB and/or Malaria</li> <li>- Private Sector</li> <li>- Religious/Faith-Based Organisations</li> </ul> <p>If no, are there plans to change the selection process?</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>
<p>Does the CCMs include representation from state/province/districts?</p> <ul style="list-style-type: none"> <li>- If yes, attach list</li> <li>- If no, what is planned to address this situation?</li> </ul>	Yes/No
<p>Has a list of CCM members been</p> <ul style="list-style-type: none"> <li>- made public in country?</li> <li>- submitted to the Global Fund Secretariat?</li> </ul> <p>If no, what will be done to address this situation?</p>	<p>Yes/No</p> <p>Yes/No</p>
<p>Are constituencies represented at the highest level of each constituency?</p> <ul style="list-style-type: none"> <li>- Academic/Educational Sector</li> <li>- Government</li> <li>- NGOs/Community-Based Organisations</li> <li>- People living with and/or affected by HIV/AIDS, TB and/or Malaria</li> <li>- Private Sector</li> <li>- Religious/Faith-Based Organisations</li> <li>- Multilateral and Bilateral Development Partners in-country</li> </ul> <p>If no, what will be done to address this situation?</p>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>
<p>Have senior officers regularly attended CCM meetings over the last 12 months (more than half of all meetings)</p> <ul style="list-style-type: none"> <li>- Academic/Educational Sector</li> <li>- Government</li> <li>- NGOs/Community-Based Organisations</li> <li>- People living with and/or affected by HIV/AIDS, TB and/or Malaria</li> <li>- Private Sector</li> </ul>	<p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p> <p>Yes/No</p>

<ul style="list-style-type: none"> <li>- Religious/Faith-Based Organisations</li> <li>- Multilateral and Bilateral Development Partners in-country</li> </ul> <p>If no, what will be done to address this situation?</p>	<p>Yes/No Yes/No</p>
<b>Participation and Communication</b>	
<p>Does the CCM have regular meetings?</p> <p>If yes, please tick:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> once per year</li> <li><input type="checkbox"/> Up to twice per year</li> <li><input type="checkbox"/> Up to four times per year</li> <li><input type="checkbox"/> More than four times per year</li> </ul> <p>- If no, what is planned to address this situation?</p>	<p>Yes/No</p>
<p>Do all the CCM members have access to key documents (minutes, PR disbursement reports, LFA reviews, disbursement decisions)?</p> <p>- If yes, how is this assured?</p> <p>- If no, what is planned to address this situation?</p>	<p>Yes/No</p>
<p>Can all the constituencies in the CCM document a consultation process with their members?</p> <p>- If yes, how is it assessed and documented?</p> <p>- If no, what is planned to address this situation?</p>	<p>Yes/No</p>
<p>Is relevant information related to the Global Fund made available to all interested parties in the country?</p> <ul style="list-style-type: none"> <li>- call for proposals</li> <li>- decisions taken by CCM</li> <li>- information on approved proposals</li> </ul> <p>If yes, how is information made available?</p> <p>If no, what is planned to address this situation?</p>	<p>Yes/No Yes/No Yes/No</p>
<p>Are CCM constituencies satisfied with their level of participation (in proposal development and implementation oversight)?</p> <ul style="list-style-type: none"> <li>- Academic/Research/Educational Sector</li> <li>- Government</li> <li>- NGOs/Community-Based Organisations</li> <li>- People living with and/or affected by HIV/AIDS, TB and/or Malaria</li> <li>- Private Sector</li> <li>- Religious/Faith-Based Organisations</li> <li>- Multilateral and Bilateral Development Partners in-country</li> </ul> <p>If yes, how is it assessed and documented?</p> <p>If no, what is planned to address this situation?</p>	<p>Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No Yes/No</p>
<b>Governance and Management</b>	
<p>Are the Chair and Vice Chair from different constituencies?</p> <p>- If no, what is planned to address this situation?</p>	<p>Yes/No</p>
<p>Is the PR from the same entity as the Chair or Vice Chair?</p> <p>- If yes, is there a written plan to mitigate against inherent conflict of interest (please attach)?</p>	<p>Yes/No</p>

<p>Is the CCM secretariat supported by designated staff?</p> <p>- If yes, please explain how.</p> <p>- If no, what is planned to address this situation?</p>	<p>Yes/No</p>
<p>Does the CCM have written TOR/ bylaws/operating procedures?</p> <p>- If yes, do they include (please tick and attach)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> procedure for selection of chair/vice-chair,</li> <li><input type="checkbox"/> mechanism for decision making,</li> <li><input type="checkbox"/> defined roles and responsibilities vis-a-vis other relevant coordinating bodies,</li> <li><input type="checkbox"/> conflict of interest policy</li> <li><input type="checkbox"/> equal voting rights of all members/constituencies,</li> <li><input type="checkbox"/> guidelines ethical behavior</li> </ul> <p>- If no, what is planned to address this situation?</p>	<p>Yes/No</p>
<p>Does the CCM have a documented transparent process to (please attach)</p> <ul style="list-style-type: none"> <li>▪ solicit and review submissions for possible integration into the proposal,</li> <li>▪ nominate of the Principle Recipient</li> <li>▪ oversee program implementation</li> </ul> <p>- If no, what is planned to address this situation?</p>	<p>Yes/No Yes/No Yes/No</p>
<p>Does the CCM have a documented transparent process to ensure the input of a broad range of stakeholders (please attach)</p> <p>- in the proposal development, including</p> <ul style="list-style-type: none"> <li>▪ CCM members</li> <li>▪ Non-CCM members</li> </ul> <p>- in the oversight process, including</p> <ul style="list-style-type: none"> <li>▪ CCM members</li> <li>▪ Non-CCM members</li> </ul> <p>- If no, what is planned to address this situation?</p>	<p>Yes/No Yes/No  Yes/No Yes/No</p>

## 4. OPTIONS FOR DATA COLLECTION

### 4.1. Type of Indicators and Data Collection Methods

All the four dimensions are complex and multi-faceted. There are basically three types of indicators in the table:

- (a) *Indicators for representation and composition* – numbers of members, officers, men/women, national/district, etc. Such data should be easily available from CCM records – if minutes from meetings are prepared and information reliable. It will not be sufficient to use data from the country programme proposal since actual participation may differ from what was intended.
- (b) *Indicators for availability of documents and to what extent procedures and mechanisms are in place.* Such indicators should in principle consist of yes/no questions. The inherent problem is quality of information. Rules may exist for selection of PRs and CCM Secretariats are established, but the rules do not meet the required standards and the Secretariats are not functioning. Assessments of quality and effectiveness are often subjective and views on how well CCMs are functioning will differ.
- (c) *Indicators for perceived level of involvement and satisfaction among stakeholders.* Quantitative information should be complemented and supported by qualitative data. Qualitative indicators reflect stakeholders' assessment of participation, communication, level of harmonization, etc. It is not sufficient to document that meetings take place, procedures are in place and stakeholders are represented in meetings – if the participants are unsatisfied with the usefulness and importance of their involvement and the quality of procedures and outcomes of meetings.

If all data are collected – they will document certain preconditions for effective partnerships (that members participate, rules and procedures are in place, etc.) and some overall assessment of how country stakeholders evaluate CCM partnerships. A deeper understanding of the CCM dynamics will still be missing, e.g. to what extent the CCM plays an effective role in programme oversight, risk management, ensures national ownership and offer useful support and guidance to Principal Recipients and Sub Recipients.

A global monitoring framework for all countries should select a small number of indicators. If more in-depth knowledge and understanding of CCM processes are needed, country case studies are required. A monitoring framework should include the use of selected case studies to enrich data and information collected by the use of indicators – focusing in particular on the understanding and analysis of interaction and outcomes.

Two methods of data collection are suggested: Documentation and survey. Most of the quantitative information should be available in the programme proposal or CCM documents (reports, minutes from meeting, etc.). If not, CCM members need to be consulted.

For the qualitative data a small survey instrument would be required (using e-mail, telephone interviews, etc.). Most of the questions will be for CCM members, but also representatives from donors and constituencies (e.g. people living with HIV/AIDS, private sector, civil society organisations, etc.)

#### **4. 2. Scope of Measurement**

The problem is often not to design a monitoring system, but to operationalize its various components, regularly collect reliable data and effectively use the information. Scope of measurement is often the underlying variable and several options are available from the most comprehensive to the most limited. Three alternatives are:

- (a) To establish a global monitoring system for all countries and all indicators – to be used annually or biannually and supplemented/supported by selected case studies (maxi model).
- (b) To collect basic data for all countries (using only a few core indicators) and broader information from an agreed sample of countries, e.g. the twenty most important countries (all indicators + case studies) (medium model).
- (c) To collect data and information from only a sample of countries (either the same sample every time or changing countries) using all indicators (minimum model).

There are several other options – combining number of countries and indicators, types and frequency of data collection.

## **Annex 1: CCM Guidelines and Standards**

### **On Composition and Representation as a public-private partnership**

- The Global Fund will promote and ensure involvement and participation among a broad range of new public and private partners:
  - Promote new and innovative partnerships where none exist.
  - Promote partnerships among all relevant players within the country and across all sectors of society, including governments, NGOs, civil society, multilateral and bilateral agencies and the private sector.
  
- CCMs should:
  - Be as inclusive and representative as possible with memberships from a variety of stakeholders, each representing an active constituency with an interest in fighting one or more of the three diseases.
  - Seek representation at the highest possible level of each sector.
  - Representation of a gender perspective in the CCMs is desirable.
  - The role of the UN agencies, multilateral and bilateral agencies and other development agencies should be country partnership driven and reflect the roles of these partners in AIDS, TB and malaria programmes in the country.
  
- New guidelines (June 2004):
  - Membership of the CCM comprises a minimum of 40% representation of non-government sector.
  - All CCMs include people living with and/or affected by the diseases.
  - CCMs include representation from state/province/districts either through direct geographical representation in national CCMs or through mechanisms such as sub national CCM or state/province level committees.
  - All CCMs submit annually to the Global Fund Secretariat CCM membership list with member's name, organization, sector at contact details and to make this list public in-country.

### **On Participation and Communication**

- GF should strengthen the participation of communities and people, particularly those affected by the three diseases.
- All members of a CCM should be treated as equal partners with full rights to participation, expression and involvement in decision making in line with their areas of expertise.
- A CCM should be responsive to all national stakeholders. Individual members should hold regular meetings with their constituents to ensure that representative views and concerns are expressed in the national forum.
- A CCM should ensure that all relevant actors are involved in the process and provide transparency to the general public.

- New guidelines (June 2004):
  - CCM members representing the non-government sectors to be selected/elected by their own sector(s) based on a documented transparent process, developed within each sector.
  - The Government representatives on the CCM be mandated by, represent the views of and report back to the senior leadership of the government.
  - CCM put in place a transparent, documented mechanism to facilitate the provision of input of all stakeholders, both members and non-members in the proposal development process.
  - CCMs have in place a fair, transparent, documented process for reviewing all qualitatively sound submissions they receive for integration into the Coordinated Country Proposal.

### **On Governance and Management**

- Global Fund should encourage transparency and accountability.
- Each CCM should select Chair and Vice Chair in accordance with the election procedures determined by its members. The structure of CCMs and the role and function of each member will be determined by the CCM itself – safeguarding equity and transparency among the partners.
- New guidelines (June 2004):
  - High level political commitment and commitment be strengthened and demonstrated through their support for a well-working and inclusive CCM.
  - CCMs elect a Chair and Vice Chair from different sectors.
  - The CCM Chair and Vice Chair be from domestic entities.
  - That PRs and Chair and Vice Chair not be the same entity.
  - That when the PRs and Chair or Vice Chairs of the CCMs are the same entity, the CCM have a written plan to mitigate this inherent conflict of interest and cover: selection of PRs, renewal for Phase 2, related to substantial reprogramming, have a financial impact on the PR.

### **On Alignment and Linkages**

GF intends to *“leverage additional resources”* – providing a booster of finance to existing efforts and *“base its work on programmes that reflect national ownership and respect country-led formulation and implementation processes”*.

- The Global Fund will support programmes that reflect national ownership and respect country partnership-led formulation and implementation processes:
  - Base its work on existing programmes by providing additional resources.
  - Operate as a financing mechanism – not an implementing entity.
  - Build on existing coordination mechanisms and national planning and M&E systems.
  - Support national poverty reduction strategies, sector approaches and national health plans for HIV/AIDS, malaria and tuberculosis.
  - Support a multi sector approach involving all relevant partners.

- CCMs should build on and be linked to existing mechanisms for planning at the national level and be consistent with national strategic plans.
  
- New guidelines (June 2004):
  - All proposals include a plan for obtaining technical assistance.
  - To develop a single national technical assistance framework for Global Fund related processes and activities.



## 4 OPTIONS FOR DATA COLLECTION

### 4.1 Type of Indicators and Data Collection Methods

All the four dimensions are complex and multi-faceted. There are basically three types of indicators in the table:

- (d) *Indicators for representation and composition* – numbers of members, officers, men/women, national/district, etc. Such data should be easily available from CCM records – if minutes from meetings are prepared and information reliable. It will not be sufficient to use data from the country programme proposal since actual participation may differ from what was intended.
  
- (e) *Indicators for availability of documents and to what extent procedures and mechanisms are in place.* Such indicators should in principle consist of yes/no questions. The inherent problem is quality of information. Rules may exist for selection of PRs and CCM Secretariats are established, but the rules do not meet the required standards and the Secretariats are not functioning. Assessments of quality and effectiveness are often subjective and views on how well CCMs are functioning will differ.
  
- (f) *Indicators for perceived level of involvement and satisfaction among stakeholders.* Quantitative information should be complemented and supported by qualitative data. Qualitative indicators reflect stakeholders' assessment of participation, communication, level of harmonization, etc. It is not sufficient to document that meetings take place, procedures are in place and stakeholders are represented in meetings – if the participants are unsatisfied with the usefulness and importance of their involvement and the quality of procedures and outcomes of meetings.

If all data are collected – they will document certain preconditions for effective partnerships (that members participate, rules and procedures are in place, etc.) and some overall assessment of how country stakeholders evaluate CCM partnerships. A deeper understanding of the CCM dynamics will still be missing, e.g. to what extent the CCM plays an effective role in programme oversight, risk management, ensures national ownership and offer useful support and guidance to Principal Recipients and Sub Recipients.

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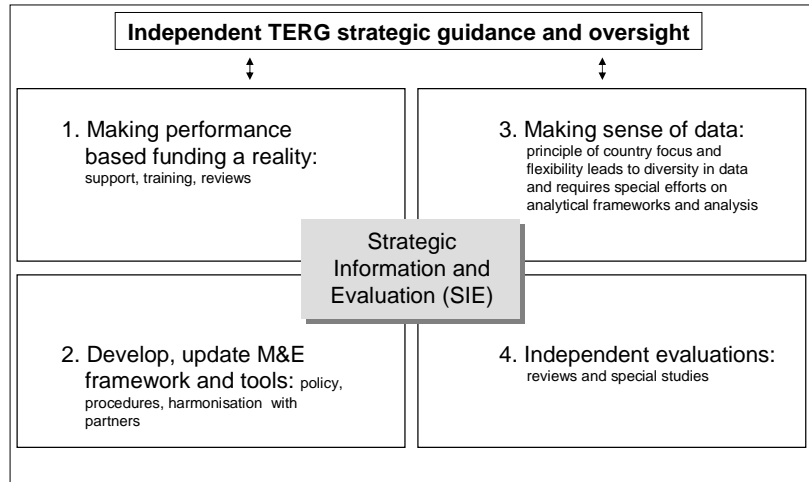
There are several other options – combining number of countries and indicators, types and frequency of data collection.

**Annex 4**

**Strategic Information and Evaluation (SIE):  
Work and Priorities**

Technical Evaluation Reference Group (TERG)  
First Meeting, September 2004

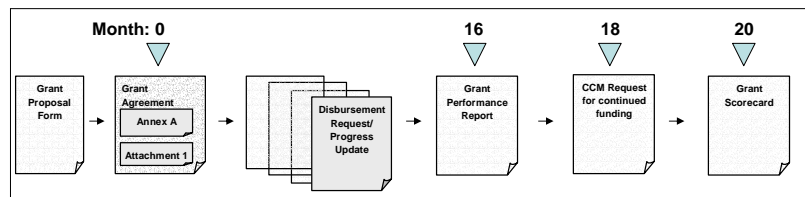
## Strategic priorities, workplan and budget reviewed and agreed by TERG



## Strategic Priority 1: Making Performance Based Funding a Reality – Examples in 2004



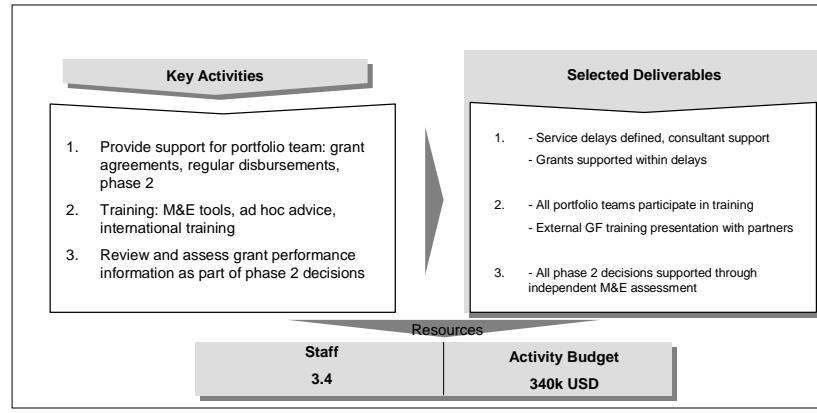
- A suite of tools has been developed and is being implemented to support performance measurement as part of Performance Based Funding
- Performance evaluation of 25 grants at one year completed
  - Initiation of Phase 2 performance evaluation
  - All Grant Performance Reports sent out for 31 grants



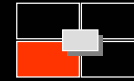
## Strategic Priority 1: Making Performance Based Funding a Reality – Priorities for 2005



Fully operationalize and implement performance based funding as part of regular grant management



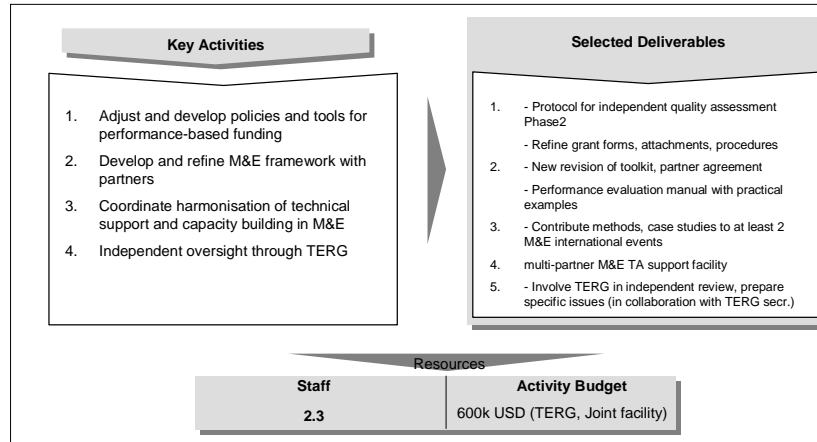
## Strategic Priority 2: Develop and update M&E frameworks and tools – Examples in 2004



Consolidated multi partner Measurement Framework building on common indicators, joint training activities



## Strategic Priority 2: Develop and update M&E frameworks and tools – Priorities for 2005



## Strategic Priority 3: Making sense of data – Examples in 2004



### Grant Analysis

- 25 grants
- Country sheets
- Resource use



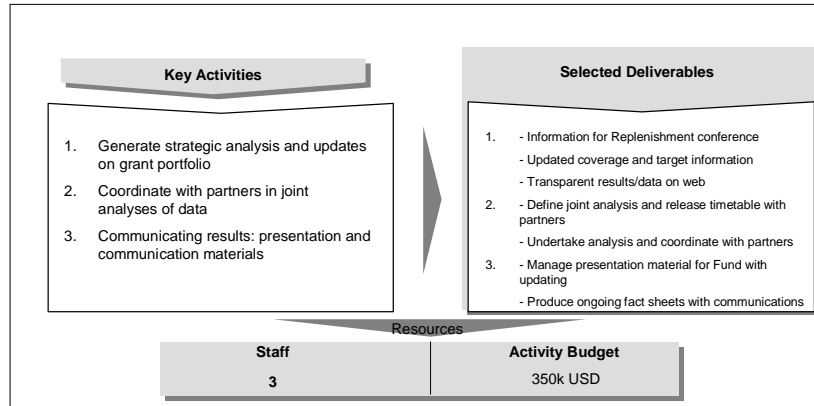
### Portfolio estimates

- High level coverage targets
- Present up to date estimates

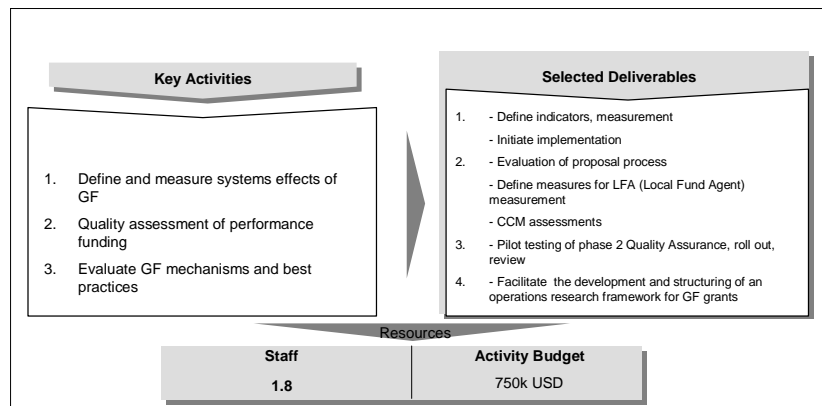


Guides and energises performance based funding  
but does not drop out of routine data, high level effort

## Strategic Priority 3: Making sense of data – Priorities for 2005



## Strategic Priority 4: Independent Evaluations – Priorities for 2005

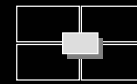


## TERG had initial discussions on additional priorities for evaluation



- Priorities for evaluation
  - Impact evaluations
  - Global Fund impact on Health Systems development
  - Operations Research
- Planning for future evaluation studies and overall evaluation of the Fund

## Overview of SIE Budget and Strategic Priorities



Total budget: 3.6 million USD

- Staff: increase head count to 10 for SIE

Strategic priorities:

1. Making performance based funding a reality 0.9 million USD
2. Develop, update M&E framework and tools 0.9 million USD
3. Making Sense of data 0.8 million USD
4. Independent Evaluations 1.0 million USD



**TERG recommends this plus additional 150,000 USD for independent evaluations as essential funding needs**