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Data collection and use in Global Fund grants: a multi-country report

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Preface

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Table of Contents

Preface	2
Background.....	4
Method.....	4
Results.....	5
Map of Africa with highlight of Cameroon, Kenya, Malawi, Rwanda and Zambia	5
Five countries in Central, Southern and Eastern Africa.....	6
...with different epidemiological contexts... ..	6
... different levels of funding by the Global Fund	6
... and different mechanisms in countries	6
Data collection and reporting	7
Data quality control	8
Issues.....	8
Lack of capacity of the sub-recipients (SRs) and sub-sub-Recipients (SSRs)	8
Fragmented system of data collection.....	8
Key Performance Indicators (KPI).....	9
Strengths of KPI	9
Data utilization beyond the grant	10
Limitations of the KPI.....	10
Conclusion	11

Background

The Global Fund 2017- 2022 strategy highlights the need to strengthen the capacity of countries to collect, analyze, and use localized, granular and gender and age disaggregated data to inform programming. Such capacity requires strengthening health systems including health management information system, human resources for health including actors' capacities to demand, collect, and use these data. The lack of robust data makes setting priorities, monitoring and evaluating programs at national and community levels difficult. Indeed, setting priorities and monitoring the course towards their accomplishment implies deciding on a range of useful indicator that allows stakeholders to monitor progress.

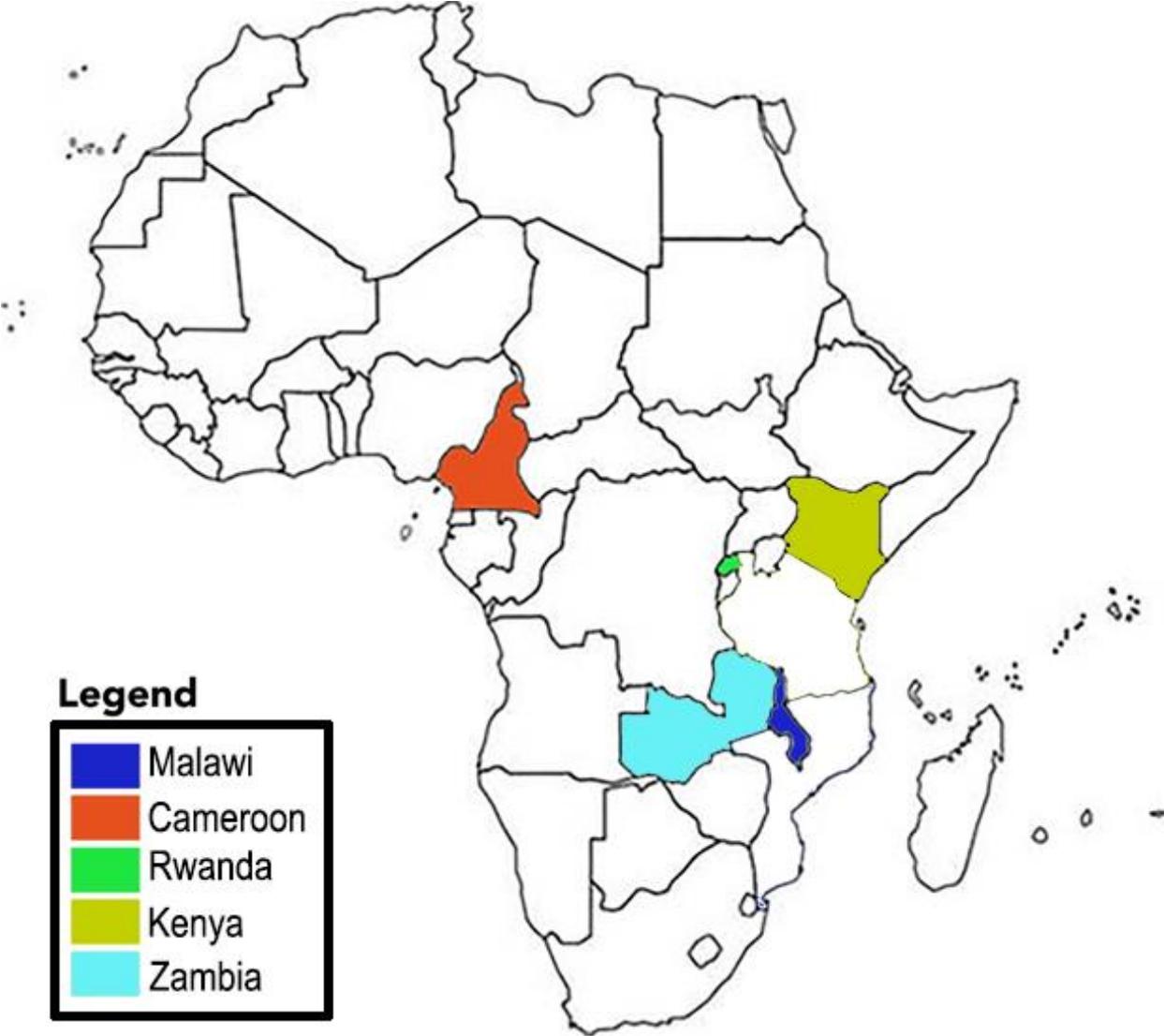
Thus, it becomes important to actually understand the current (1) flow of information from the Country Coordinating Mechanism, implementers (principal, sub-recipients and sub-sub-recipients) to the Global Fund and vice-versa as well as the (2) perception of the Global Fund Key Performance Indicators used in grant reporting.

Method

This qualitative study focuses on five countries: Cameroon, Malawi, Kenya, Rwanda and Zambia. The information comes from several sources: a review of the literature and grant related documents, in-country interviews conducted with members of the CCM, Principal Recipients (PRs), Sub-recipients (SRs) and the Local Fund Agents (LFAs) and Global Fund portfolio managers between March 2017 and February 2018. In addition, Aidspace convened a round-table with representatives of those countries cited above, Nigeria and Uganda in March 2018 to discuss preliminary findings.

Results

Map of Africa with highlight of Cameroon, Kenya, Malawi, Rwanda and Zambia



Five countries in Central, Southern and Eastern Africa...

The five countries belong to different geographical areas: Cameroon is located in Central Africa, Malawi and Zambia are in Southern Africa while Kenya and Rwanda are in Eastern Africa. Their populations vary greatly, from 12 million in Rwanda to about 48 million in Kenya (Table 1)ⁱ.

...with different epidemiological contexts...

Epidemiologically, those countries are different for all the three diseases. HIV prevalence ranges from 3.1% in Rwandaⁱⁱ to 12.4%ⁱⁱⁱ in Zambia with Cameroon, Kenya and Malawi in between with 3.8%^{iv}, 5.4%^v, and 9.2%^{vi}, respectively. Laboratory confirmed pulmonary TB detected & treated are lowest in Malawi at 3840 persons compared to Kenya at 222 000. In term of Malaria epidemiology, more than two-thirds of the population in those five countries lives in high transmission areas with more than 1 case for 1000 population according to the WHO^{vii}.

... different levels of funding by the Global Fund

The Global Fund had invested US\$5.48 billion for programs in these five countries since 2003 (as of March 2018). Among those countries, Malawi had received the highest amount about US\$1.8 billion^{viii} ix while Cameroon had received US\$442 million^x.

Table 1: country profiles

Country	Population ^a (million) (2016)	HIV prevalence (2016) ^b	Total Global Fund investments as of March 2018 (US\$) ^c	Number of people currently on ART ^c	Laboratory confirmed pulmonary TB detected & treated ^c	Insecticide- treated nets distributed ^c	Corruption perception index ranking (2016) ^d
Cameroon	23,439,189	3.8%	442,270,236	210,000	127,000	11,000,000	145
Kenya	48,461,567	5.4%	980,307,725	1,000,000	222,000	21,000,000	145
Malawi	18,091,575	9.2%	1,806,216,144	680,000	3,840	7,740,000	120
Rwanda	11,917,508	3.1%	1,211,381,206	160,000	39,300	12,900,000	54
Zambia	16,591,390	12.4%	1,041,414,644	800,000	122,000	17,100,000	87
Total	118,501,229		5,481,589,955	2,850,000	514,140	69,740,000	

Source, see endnotes for reference: ^a World Bank, ^b UNAIDS, ^c The Global Fund Overview, ^d Corruption perceptions index 2016

... and different mechanisms in countries

All the selected countries except Rwanda follow the dual-track financing and have both State and non-State PRs. The State PRs are either the Treasury or Ministry of health or another equivalent institution. The non-State PRs are national or international NGO. In those countries, the Global Fund grants are managed separately from other donors' and government programs.

Rwanda has only a State PR, with some civil society organizations (CSOs) as SR. The country implements a pilot result-based financing policy with the Global Fund: resources from various donors (including those from the Global Fund) and the government are pooled to implement the national strategic plan for HIV and AIDS.

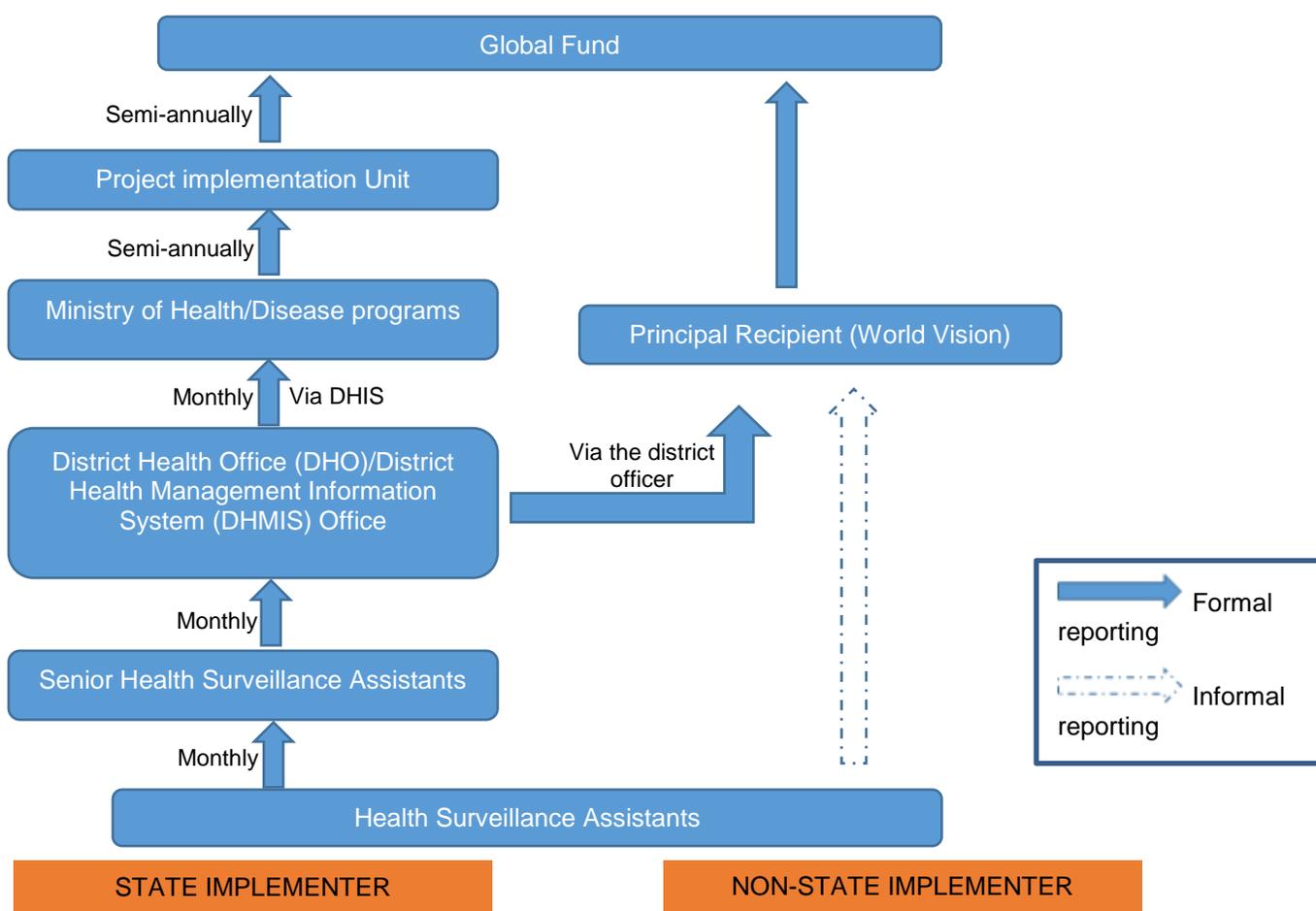
The differential treatment results from the Fund approach to differentiated risks in the country portfolios.

Data collection and reporting

Data collection and reporting are closely related. Data originate from the lower level facility or provider and aggregated by the higher level in cascade so as to obtain district, county or national level data. There is an effort to collect information by age (or age-group) sex and specific conditions. The health provider captures information in registers depending on its category: specific disease or condition, age-group with identifier like name. The individual information is summarized and loaded on the DHIS without identifier, if the SR or the PR is linked to the DHIS.

Figure 1 details the data collection for malaria grant in Malawi. In terms of reporting, we found variation across PR and countries. In Kenya, Cameroon, Malawi and Zambia, the reporting is done in cascade from the lowest level (SSR) to the next higher (SR) level and from the SR to the PR monthly; The PR consolidates and sends either a quarterly (Kenya) or a 6-month report to the CCM. The PR also sends the 6-month report and the Progress Update and Disbursement Report (PU/DR) to the Global Fund. In Rwanda, the report process is different because of the differentiated risk approach: the country reports annually following its strategic plan; it does not use a PU/DR.

Figure 1: Data collection and reporting for malaria grants in Malawi



Across Cameroon, Kenya, Malawi, Zambia, the Global Fund reporting requirement is standard: the PR reports to the Global Fund using the Progress Update and Disbursement Request (PUDR) through the Local Fund Agent (LFA) every 6 months.

In all five countries, the CCM appears to use the data for strategic decision making but not operationally. The CCM thus is not involved in data collection, its quality, and verification.

Data quality control

To ensure data quality, the Global Fund has often implemented a system of data collection and quality checks that are verified by the Local Fund Agent (LFA). The system helps check on the data that is used for the indicators of grant performance.

However, several respondents in Cameroon criticized the data collection and reporting tools for their perceived lack of adaptation to Cameroon realities; in addition, they complained about the multiplicity of forms or registers to fill leading to inaccurate data. To improve data quality, PRs applied various remedies. For instance, CAMANAFW, a non-state PR in Cameroon, offers training, supportive supervision and data validation workshops with SR and SSR staff where data in-depth analyzes are presented. The Malaria disease program—an implementer acting on behalf of the ministry of health which is the state PR—closely monitors field activities especially those conducted by SRs and SSRs to ensure their appropriateness.

In Zambia, respondents indicated that the LFA rarely conducted data quality control involving field visits and check on the facilities level data thus inviting caution with the final data. In addition, two systems of data collection, one electronic and the other paper-based, coexist and offer dissimilar results symptomatic of issues with data quality.

Issues

Lack of capacity of the sub-recipients (SRs) and sub-sub-Recipients (SSRs)

Many responders highlighted the lack capacity and information of the Monitoring and Evaluation staff of SRs and SSRs. Two types of explanations are offered for this lack of capacity at the SR or SSR level:

- The organization was not involved in the elaboration of the performance framework (including the choice of the indicators) and associated training,
- Or the organization experiences high personnel turnover: the trained staff has left their positions and their replacements were not yet fully competent in the area.

The lack of skills or training in M&E leads to issues with compliance, inefficiency in data collection and reporting, misunderstanding of the reporting tools. Either way, inaccurate or untimely reporting on program and budget leads to grant underperformance and/or funding delays.

Fragmented system of data collection

Two kinds of issues are related to the fragmentation of the data systems. The first is that the Global Fund data may not always feed the national health data system. The second is that other implementers (not supported by the Global Fund) establish a parallel system of data collection that duplicates efforts on the ground; Data system thus established “do not talk to each other” i.e. data collected may or may not feed the national health data system

Our informant from Malawi told us:

“There are so many players in HIV AIDS, we have the Global Fund, we have PEPFAR and other small players, but [...] it becomes a challenge [...] when all these players have their own systems of capturing data; so PEPFAR will have their system [...], Global Fund they have theirs and us Government we have our own, the DHIS; and these systems don't talk to each other, so there are some variances. [...] For you to connect these different sets of data it becomes a challenge so maybe we need to be moving towards the harmonization of these tools so that they are talking to each other”

Key Performance Indicators (KPI)

Key Performance Indicators aim to monitor grant performance at the output, outcome and impact level. The specific KPIs depend on the disease funded but the general template indicates the goal, indicator, target, results and data source. Theoretically, the KPIs stem from the country strategic plan and aligned with the Global Fund principles and strategic objectives including global disease control goals and normative guidelines.

For the HIV and TB grants, countries choose the indicators usually from a list provided by international expert agencies like UNAIDS, WHO. **For Malaria grants**, countries have more flexibility in choosing indicators owing to the absence of strong expert agencies for this disease.

Countries that had developed their strategic plans accounting for involving those agencies guidelines usually have all those indicators aligned. This is the case in Kenya where the HIV indicators follow the WHO guidelines. In addition, the country selected those indicators for the District Health Information System (DHIS) as well so that data can be collected routinely. A key informant from Kenya involved in the HIV response says:

The beauty of Global Fund...[...]. You are going to determine what you will do with that money based on the context of your country [...] by way of choosing the indicators. That's the one [area] where I give Global Fund 100% score. It is the country that determines the process of what the resources will do. And of course the country is many entities: we have government, we have civil society organizations, we have partners but somehow during the process of saying what we'll do with the money [...], somehow we end up with consensus as we move along because the data is there, it speaks for itself.

Overall, a key informant from Cameroon explained the existence of four sources of influence on the KPIs. They are: the country strategic plan, the Global Fund list of indicators, the country dialogue recommendations, and the technical assistant preferences. Indeed the Global Fund recommends an inclusive country dialogue led by the CCM to prepare the funding request. Also most countries rely on the help of Technical assistants to develop request for funding.

Strengths of KPI

The KPI have important strengths: they are agreed upon during the grant making period and are included in the contract between the country and the Global Fund. They are objective and assure some predictability in the management of the grant. Such characteristics are important in performance-based grants that they Global Fund offer. The KPIs lead to performance rating which itself is linked to funding. The ratings range from the lowest C, unacceptable grant performance with <30% target reached to A1 the highest (exceeds expectations >100%). The rating translate into corresponding disbursement. For performance of C, the disbursed amount has “to be discussed individually” while performance of A gets “between 90-100% of cumulative

budget through the next reporting period” (Table 2).

Table 2: performance and indicator ratings and cumulative budget amount

Performance rating	Indicator rating	Cumulative budget amount (including current funding request)
A1 >100%	Exceeding expectations	Between 90-100% of cumulative budget through the next reporting period
A2 90-100%	Meet expectations	
B1 60-89%	Adequate	Between 60-89% of cumulative budget through the next reporting period
B2 30-59%	Inadequate but potential demonstrated	Between 30-59% of cumulative budget through the next reporting period
C <30%	Unacceptable	To be discussed individually

Note that the rating can be qualitatively adjusted to reflect the work of a PR. For instance, based on the quantitative indicators only, the Kenya Red-Cross Society a non-state PR performance was rated B2 for the period July to December 2012 as it has missed a target related to outreach of Men who have Sex with Men (MSM). But the PR has exceeded several other targets and showed a very pro-active approach. Thus the country team upgraded its rating to A2.

Data utilization beyond the grant

The data collected is used by the PR and by the State ministry of health for strategic objectives especially in terms of impact, outcome (e.g. number of lives saved, increase in coverage of anti-retroviral). For some non-state PRs and SRs, the data demonstrate high organizational capacity raising the profile of their organizations and helping them grow and attract other grants.

But most SRs and some non-State PR use the data or KPIs collected mainly for the purpose of meeting contractual (including reporting) requirements.

Limitations of the KPI

Some of our interviewees expounded on the limits of the KPIs especially their quantitative nature. For instance, in Malawi a key informant for a PR explained that the indicator is the number of person reached or mosquito nets distributed but little is said about their utilization.

“we only reach [people] with malaria messages, but nothing has been talked on utilization, nothing is being talked about satisfaction ... people they don’t want the four cornered net, but we keep on [saying] “you don’t want okay” and these people they say I don’t want to test death, when you put the four cornered net they have seen Geneza [...] Geneza is like a Coffin, you know that rectangular [mosquito net] so they now say no tonight should I test death no, I am not going to sleep in that.”

Similarly, in Kenya an indicator is number of persons on ART. A key informant told us that while this indicator is useful, it fails to measure whether those who receive the medication take it and why some persons quit treatment.

Thus, they suggest that the KPI should capture deeper or richer information.

Conclusion

The data are collected for several purposes depending on the implementers. State PRs collect the data and use it to measure strategic impact like preventing diseases and saving lives. However, many non-state implementers appear to collect data mainly to meet reporting requirements. The Global Fund offers countries the flexibility to select Key Performance Indicators that are aligned with the country's strategic plan as well as with the Fund's objectives. KPIs that are aligned with the country strategic plan and chosen by all stakeholders are especially useful to guide impactful investments.

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