

THE GLOBAL FUND PROSPECTIVE COUNTRY EVALUATION (PCE)

What is the purpose of the PCE?

The Prospective Country Evaluation is an embedded mixed-methods evaluation platform designed to examine the Global Fund business model, investments and contribution to disease program outcomes and impact in eight countries. The PCE generates timely evidence to support program improvements and accelerate progress towards the objectives of the Global Fund 2017-2022 Strategy.

Key aspects of the PCE



Prospective – timely data collection, analysis, visualization, and interpretation aligned with program implementation



Mixed methods – combine quantitative impact results and qualitative process evaluation for a deeper understanding of 'what', 'why', and 'how'



Data triangulation – triangulate across a variety of primary and secondary data sources

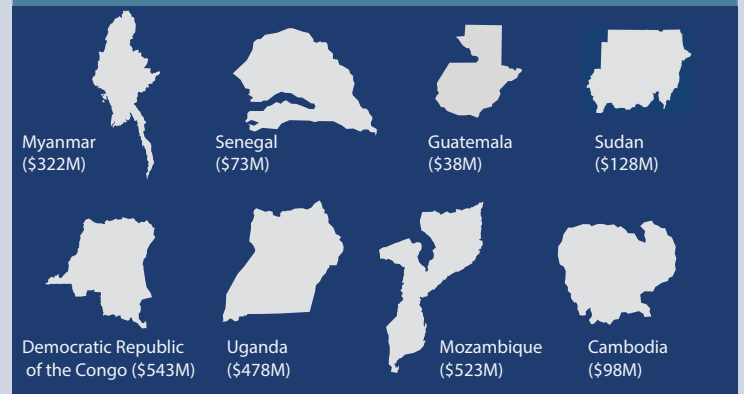


Cross-country synthesis – to inform Global Fund business model processes



Dissemination & use – provide regular feedback to stakeholders to enable use of the findings

Eight Countries (Global Fund Investments, 2017-2019 allocation period, USD)



Framework of the PCE's Thematic Areas



The PCE is commissioned by the Technical Evaluation Reference Group (TERG) of the Global Fund. Synthesis findings do not necessarily reflect the views of the Global Fund or the TERG. This document shall not be duplicated, used, or disclosed in whole or in part without proper attribution.

Read more here: www.theglobalfund.org/en/technical-evaluation-reference-group/prospective-country-evaluations/

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UGANDA FINDINGS


 Business model: sub-recipient selection and onboarding process

- The misalignment between the actual timing of sub-recipient selection, contracting and disbursement, and the schedule reflected in grant implementation plans contributed to low absorption levels in Q1 and Q2 2018.
- The sub-recipient selection, contracting, and disbursement process in Uganda took five months for PR1, which was not sufficiently reflected in the grant implementation plans, and led to implementation delays.
- There are unclear guidelines for sub-recipient selection, resulting in a lack of clarity surrounding the selection process and implementation delays when the process was restarted.


 Disease-specific

- While diagnostic capabilities for TB and MDR-TB have improved, case notifications remain low due to limited funding for active case finding at facility and community-level.


 Gender, human rights, key & vulnerable populations

- Delayed implementation of gender and other human rights-related activities is primarily due to the delay in sub-recipient selection for PR2 and delays in onboarding of preselected sub-recipients for PR1.
- The Global Fund business model mechanism for separate catalytic funds application and approval resulted in delays in implementation of gender and other human rights-related activities for PR1.
- Suboptimal involvement of key populations and adolescent girls and young women (AGYW) organizations during early grant implementation.


 Resilient and sustainable systems for health

- In the 2018-2020 grants, Uganda failed to increase the overall level of investment in resilient and sustainable systems for health (RSSH) compared to the prior allocation period. Although many RSSH activities were shifted into the malaria prioritized about allocation request (PAAR), the total RSSH investments across the main allocation and PAAR still only account for 3.8% of the overall portfolio, which suggests limited progress in meeting the Global Fund's Strategic Objective on RSSH.
- As has been the case in previous grant cycles, the RSSH modules of the current grant are facing suboptimal implementation due to the delayed onboarding of sub-recipients, the bureaucratic sign-off processes required for research activities, and stakeholders' hesitation to use funds for non-procurement/commodity activities.
- Preliminary evidence suggests Uganda's RSSH activities are predominantly supporting disease-specific rather than crosscutting systems strengthening improvements, in part as a result of the RSSH funds being primarily embedded within the malaria grants.


 Sustainability, transition and co-financing

- There is no formal mechanism for stakeholders to confirm Uganda's fulfillment of co-financing commitments over the course of the grant cycle.
- Though there has been increased domestic financing of national disease response over the years, there is still a big gap in funding of the three diseases.

KEY FINDINGS BY THEMATIC AREA

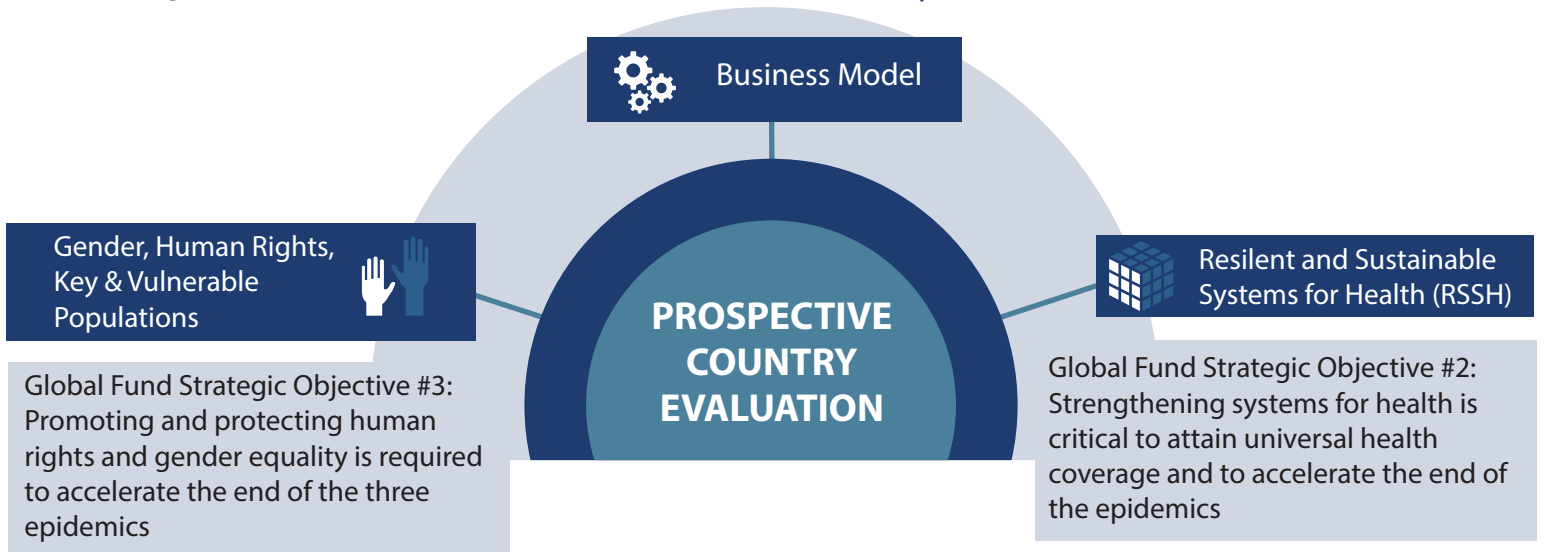
Boxes next to key findings denote:

- Identified facilitator or achievement
- Identified challenge or barrier



- First disbursements (Global Fund to Principal Recipients) for the majority of grants were made on time.
- Approval processes for catalytic matching funds were aligned with main grants in some cases.
- Global Fund Country Teams allowed flexibilities which helped with grant transition.
- Global Fund Country Teams played important roles in resolving early bottlenecks.
- Global Fund Secretariat approved the majority of PCE grants on time.

- Concurrent business model-related processes reduced time and attention from grant start up including for program continuation grants.
- Lengthy selection and contracting of implementers, particularly sub-recipients by Principal Recipients delayed activity implementation.
- Some matching funds approvals and disbursements were misaligned with main grant approvals and this impacted activity implementation.
- Principal Recipient transition created initial implementation delays.



- Activities to reduce human rights-related barriers to services are well represented in HIV grants, but there is less focus in TB and malaria grants.
- Investments by disease program largely cover key and vulnerable populations as defined by the Global Fund, but many country-defined key and vulnerable populations do not align with the Global Fund definitions.
- Gender and human rights dimensions are not well understood or discussed by stakeholders.
- TB and malaria activities are less gender responsive.
- Overall implementation delays occurred due to sub-contracting issues.



- Absorption across RSSH modules during early grant implementation was low, in part due to the factors hindering implementation more generally (for example, sub-recipient selection and contracting, administrative and logistical hurdles, timing of disbursements, staff turnover, etc.).
- RSSH coverage indicators predominantly align with the HMIS/M&E module, missing an opportunity for monitoring other RSSH priorities.
- Many RSSH investments are considered shorter-term gap investments rather than longer-term investments in more sustainable health system strengthening needs.

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CAMBODIA DEMOCRATIC REPUBLIC OF THE CONGO GUATEMALA MOZAMBIQUE MYANMAR SENEGAL SUDAN UGANDA

KEY FINDINGS BY THEMATIC AREA

Looking forward,
moving forward

Value for Money



Optimal use of resources to achieve intended outcomes, assessed utilizing DFID's 4Es framework: Economy, Efficiency, Effectiveness, Equity



Sustainability, Transition & Co-Financing

Global Fund Strategic Objective #4: Innovative approaches to meet diverse country needs are essential to accelerate the end of the epidemics



- Economy has improved over time across grants, with health commodity prices falling, often below global reference points.
- Strong examples of efforts to improve efficiency of grant design and national programs, particularly in countries facing significant reductions in program budgets.
- Cost-effectiveness considerations inform program design and decision-making in most settings (such as through modelling) but not systematically.
- Program management costs vary significantly across countries and by type of Principal Recipient, with substantially higher costs for UN agencies and civil society organizations than for governments.
- Some unit costs used for budgeting do not closely reflect actual costs, potentially leading to Global Fund paying above the lowest possible cost for inputs and/or low budget absorption.
- More could be done to ensure that Global Fund-supported activities are fairly distributed among target recipients.



- All governments of PCE countries have made commitments to meet or exceed Global Fund co-financing requirements.
- External stakeholders (e.g. civil society organizations, advocates, and evaluators) have been unable to verify fulfillment in a timely manner in most countries.
- There is evidence of countries embedding sustainability and transition considerations into program design and implementation.

PCE's Value Add at Country Level



- ★ Targeting PCE findings to national program managers: The ability to disseminate emerging findings in a timely manner is a core strength of prospective evaluations and provides an opportunity for the PCE to contribute to continuous quality improvement.
- ★ PCE findings on lessons learned for key processes will inform planning for the next implementation cycle.
- ★ Synthesis adds value at country level, enabling stakeholders to compare their responses to those of other countries as well as understanding how the PCE is part of a larger strategic process.
- ★ Opportunities for subnational data collection and analysis can add value to national-level perspectives.

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