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Prospective Country Evaluation

Democratic Republic of the Congo

2018 ANNUAL COUNTRY REPORT

Commissioned by the Global Fund's Technical Evaluation Reference Group (TERG)

PATH IHME

DISCLAIMER

Views expressed in this report are those of the author. The author has been commissioned by the Technical Evaluation Reference Group (TERG) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) to conduct an assessment to provide input into TERG's recommendations or observations, where relevant and applicable, to the Global Fund. This assessment does not necessarily reflect the views of the Global Fund or the TERG.

Contents

Abbreviations

ACTs	Artemisinin-based Combination Therapy
ARVs	Antiretroviral therapy
CCM	Country Coordinating Mechanism
CEP	Country evaluation partner
CSW	Commercial Sex Worker
COE	Challenging Operating Environment
DHIS	District Health Information Software
DRC	Democratic Republic of the Congo
GBV	Gender-based violence
GEP	Global-level evaluation partner
GMS/GOS	Grant Management System / Grant Operating System
IBBS	Integrated HIV Bio-Behavioral Surveillance survey
IDU	Intravenous drug user
IHME	Institute for Health Metrics and Evaluation
INGO	International non-governmental organizations
IRB	Institutional Review Board
ITN	Insecticide treated bed nets
KII	Key Informant Interview
LLIN	long lasting insecticidal bed nets
MOPH	Ministry of Public Health
MSM	Men who have sex with men
NFM	New funding model
NGO	Non-governmental organization
PCE	Prospective Country Evaluation
PNLP	National Malaria Control Program (Programme National de Lutte contre le Paludisme)
PR	Principal Recipient
RCA	Root Cause Analysis
RSSH	Resilient and Sustainable Systems for Health
STC	Sustainability, Transition and Co-financing
TB	Tuberculosis
TERG	Technical Evaluation Reference Group
ToC	Theory of change
TRP	Technical Review Panel

Executive Summary

Introduction

The Prospective Country Evaluation (PCE) is an independent evaluation of the Global Fund commissioned by the Global Fund's Technical Evaluation Reference Group (TERG). The PCE is designed to evaluate how Global Fund policies and processes play out in country in real time and provide high quality, actionable, timely information to national program implementers and Global Fund policymakers. This report describes the PCE establishment in the Democratic Republic of the Congo (DRC), progress to-date, and highlights early findings, with a focus on the funding request and grant-making stages.

Evaluation Platform: Establishing the PCE in DRC

PATH-DRC is the Country Evaluation Partner (CEP) conducting the PCE in the Democratic Republic of the Congo supported by IHME and PATH as Global Evaluation Partners (GEPs). Much of the work in 2017 focused on establishing the PCE at the country level, as well as outlining a clear evaluation framework and identifying, prioritizing, and contextualizing evaluation questions. In order to best understand how the Global Fund operates in DRC, early work centered around stakeholder consultations and mapping, meeting observations, and document review. Once IRB approval was granted in November 2017, data collection began, including key informant interviews, partnership surveys, and secondary data seeking and collation. Between January and February 2018, PATH-DRC, and IHME/PATH systematically analyzed all available data to generate early findings and to make preliminary recommendations, as outlined in this report.

The Global Fund Business Model in Practice in Country

The Global Fund introduced changes to the funding request, review, grant-making, and approval process for the 2017-2019 funding cycle. These changes were designed to simplify and improve the efficiency and experience of accessing funding, enabling greater time to be spent implementing grants. DRC was eligible to submit a program continuation request for malaria and a tailored review request for TB/HIV, and was also eligible for catalytic investment funding as an additional funding stream intended to incentivize programing country allocations toward strategic priorities of the Global Fund.

There was strong evidence that changes in the funding request and grant-making process, coupled with improved country readiness based on experience from previous grant cycles, enabled faster grant processing. The differentiated application approach lightened the application process in terms of the number of documents needed at the funding request submission stage, and less time was needed to identify and discuss priorities and strategies. Other factors that contributed to the overall success of the process were more involvement from the Global Fund Country Team and more effective management of the progress by the CCM proposal development committee.

There is substantial evidence that the funding request and grant-making process was generally seen as inclusive and transparent with major stakeholder groups represented. However, perceptions of transparency were sometimes challenged by measures intended to mitigate risk. Representation at the country dialogue and provincial level dialogues was inclusive, yet some perceived that the process did not have adequate and meaningful participation of civil society groups.

The findings reveal that the process was largely perceived as country-led and aligned with national priorities, but required significant support from the Global Fund and technical partners. The Global Fund Country Team's involvement in the process contributed to a well-developed, high-quality application and an on-time submission and approval. Lastly, there is early and limited evidence on the provincial approach, as it is still a new strategy. The approach has been positively received thus far, though questions remain about how it will be

operationalized. Evidence will continue to be collected and triangulated during grant implementation in 2018 and 2019.

Translation of Global Fund Strategy and Policy in Country

Resilient and sustainable systems for health (RSSH) investments in new grants remain strong and aligned with country priorities. However, details on how RSSH plans will be operationalized were lacking in the funding requests.

Investments in reducing human rights barriers to health services, and addressing gender inequalities were strong, and while there was broad representation from key population groups in the application process, their capacity to meaningfully contribute was considered weak. There is an opportunity to reinforce the capacity of these groups to enhance their ability to contribute meaningfully to the process. In addition, emphasis on addressing gender inequalities started well before the 2017-2019 application cycle and there is little evidence to suggest the level of participation was strengthened compared to previous cycles.

Attention to sustainability and co-financing (STC) has likely been greater in the current funding request and grant-making processes than in past cycles, however increases in government co-financing commitments are more likely attributed to strong advocacy efforts by the Global Fund Country Team than as a result of the STC policy. Although widely disseminated and explained, the understanding about how to operationalize the policy varied among stakeholders at different levels, and remained focused on co-financing.

Conclusions

This report offers some strategic and operational considerations for the DRC. In brief, communication between the CCM and in-country stakeholders is key to proper interpretation of procedures, and could benefit from strengthening. Overall, details on operationalization of new policies and strategies could be better outlined at the country-level, especially in the cases of the provincial approach, RSSH and STC policies. Further, the Global Fund should consider incorporating the catalytic investments within the disease funding requests to streamline the process and ensure that countries are adequately prepared, with access to technical resources early in the process. Finally, we suggest more contextual examples and advice on how to operationalize Global Fund guidance on human rights and gender, as well as seek opportunities to reinforce the capacity of groups representing key and vulnerable populations to enhance their ability to contribute meaningfully to the process.

This report suggests future directions and next steps for the PCE in DRC in 2018-2019. As the upcoming grant activities begin, PATH-DRC will prospectively track and evaluate grant implementation. The work will concentrate on: 1) tracking national program performance; 2) tracking Global Fund grant implementation; and 3) evaluating the extent to which Global Fund's strategic priorities are being addressed at the country level. Assessment of the Global Fund's contribution to health systems outputs and broader health outcomes will be included through impact evaluation. The PCE will continue to triangulate findings on the provincial approach as more data is collected during implementation. Evaluation frameworks will also be developed and utilized for the key priority thematic areas to be explored in 2018: RSSH, Gender, Human Rights, Key and vulnerable populations, and Partnership.

Chapter 1: Introducing and establishing the PCE

Introduction and background

Global Fund in the Democratic Republic of the Congo

Total funding allocation for 2017-2020 in the Democratic Republic of the Congo (DRC) was over US$526 million, making it the Global Fund's third largest portfolio.

Since 2003, the Global Fund has signed 22 grants with DRC worth US$1.5 billion, with US$1 billion disbursed by the time of the most recent 2016 audit.(1) In the Democratic Republic of the Congo, the Global Fund has active grants with the Ministry of Public Health (MOPH) funding the national malaria, HIV, and TB programs as well as grants with four civil society recipients (two local non-governmental organizations (NGOs) and two international NGOs (INGOS)). The total grant portfolio equals US$846.3 million. The Global Fund classifies DRC as a "Challenging Operating Environment" largely due to a long history of conflict and a political context that creates challenges for implementation.(1)

About the Prospective Country Evaluation

The Prospective Country Evaluation (PCE) is an independent evaluation of the Global Fund's business model, investments, and impact commissioned by the Global Fund's Technical Evaluation Reference Group (TERG). The PCE is designed to generate real-time evidence to inform stakeholders at the global-, regional-, and national-level and accelerate progress towards achieving the strategic objectives of the Global Fund. These objectives are 1) Maximize impact against HIV, TB and malaria; 2) Build resilient and sustainable systems for health; 3) Promote and protect human rights and gender equality; and 4) Mobilize increased resources.

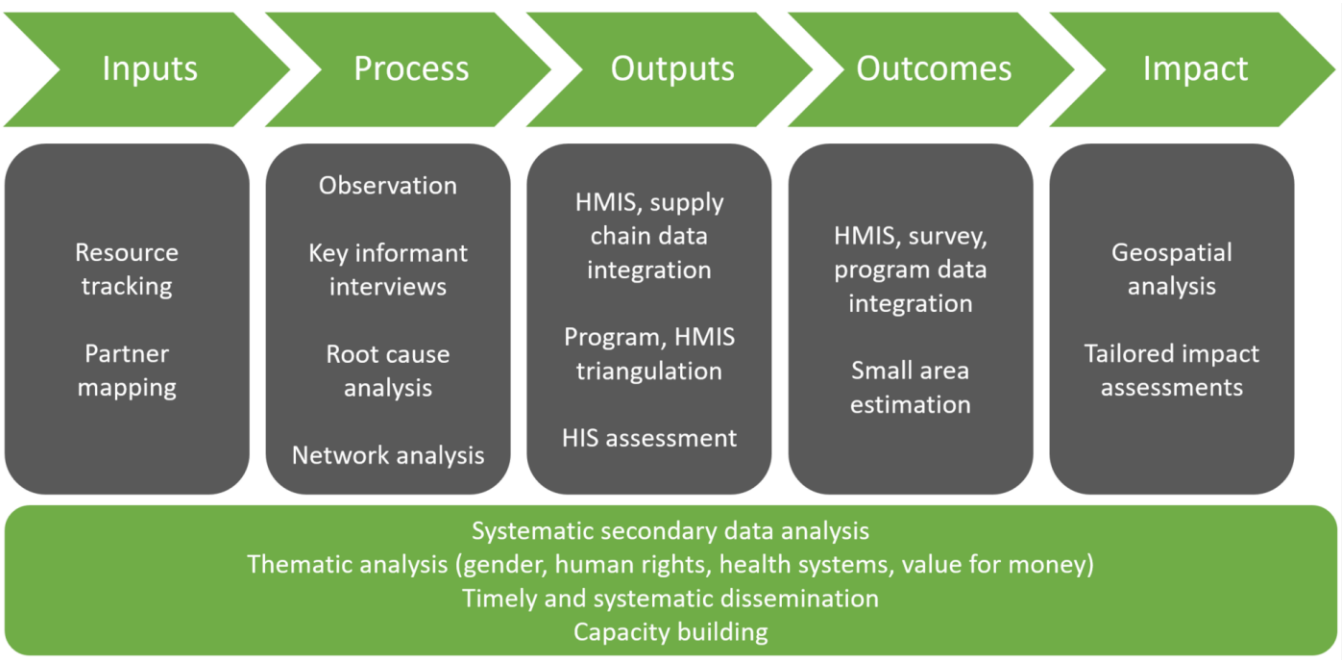
The TERG selected eight countries for the PCE: Cambodia, Democratic Republic of the Congo, Guatemala, Mozambique, Myanmar, Senegal, Sudan, and Uganda. As one of three global-level evaluation partners (GEP), the PATH-IHME consortium is working in the Democratic Republic of the Congo with PATH DRC as the country evaluation partner (CEP).

The PCE aims to assess the entire Global Fund impact chain, from inputs to grant application to implementation, and ultimately, to impact (Figure 1). A mixed methods evaluation will be implemented using multiple sources, types of data, and analytical approaches. Additional details can be found in the 2017 inception report.

The value of the PCE is its ability to evaluate how Global Fund policies and processes play out in country in real time, providing actionable and timely information to national program implementers and Global Fund policymakers. Because it is prospective, the PCE offers opportunities for dynamic, continuous learning and problem solving. It is an opportunity to explore what is working (or not) in more detail, and to understand why.

The PCE plan of work includes two phases: The Inception Phase (March to September 2017) and the Evaluation Phase (October 2017 to March 2020). This report details the progress made towards establishing the PCE during the Inception Phase, the progress (and subsequent initial findings) during the first six months of the Evaluation Phase, specifically related to the Funding Request and Grant-Making process, and future evaluation plans.

Figure 1. Key evaluation components across the full results chain.



Establishing the PCE at country-level

As the CEP for DRC, PATH-DRC is responsible for engaging with key in-country stakeholders, ensuring a country-driven process, defining evaluation questions, collecting data and performing data analysis in conjunction with the GEP. The PATH-DRC PCE team is composed of public health professionals with backgrounds in Monitoring & Evaluation and quantitative and qualitative research who are well adapted to the country context in DRC.
The inception phase of the PCE ran from June through September 2017 (Figure 2). This phase was a designated planning and development period, during which partnerships were formed and early investigative work was undertaken to better understand the context, priorities, and opportunities at the country and global levels. PATH-DRC engaged in stakeholder mapping, document review, and stakeholder consultations, as well as observing meetings, and began process mapping the funding request and grant-making process.

PATH-DRC developed an evaluation protocol and submitted it to the Internal Review Board (IRB) at the Kinshasa School of Public Health in October 2017. In November 2017, the Ethics Committee granted IRB approval.

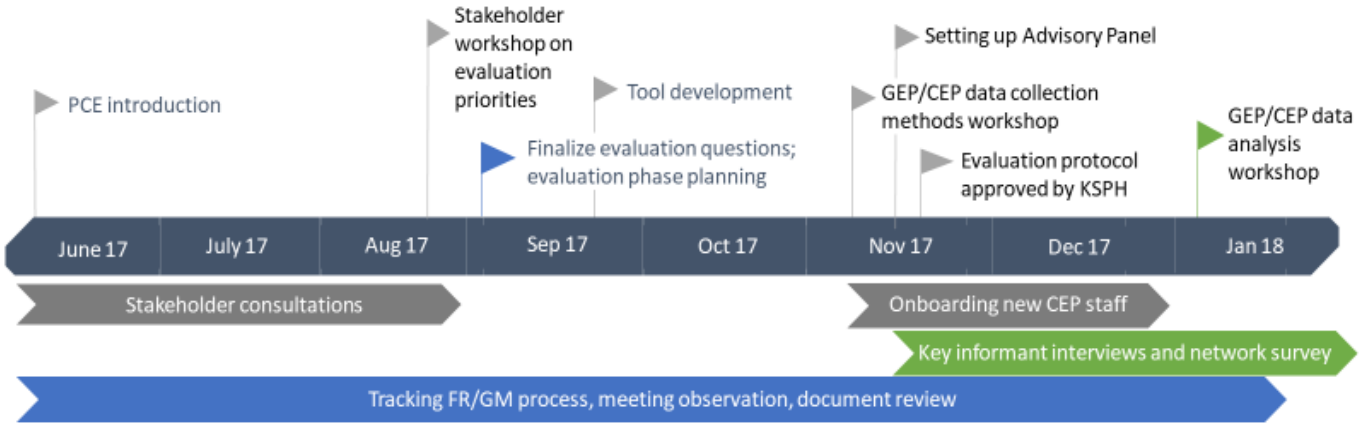
Capacity building workshops were conducted in Kinshasa in November 2017, focusing on data collection and methods, developing evaluation tools, and familiarizing the team with resource tracking and impact evaluation analyses. In January of 2018, a member of the PATH-DRC team joined the PCE team in Uganda for a workshop on resource tracking and impact evaluation including training on coding in R for analyzing quantitative data.

The PATH-DRC team was also reinforced with the hiring of a Senior Evaluation Officer and two Provincial Officers in November and December of 2017. The Provincial Officers will be based in Maniema and Tshopo provinces beginning in April 2018. This will allow for up-close examination of the provincial approach in Maniema, which is a new approach to Global Fund support focused on enhancing Global Fund's engagement at the provincial level. For comparison purposes, the PCE will also evaluate how Global Fund support is delivered in Tshopo, a province not selected for the provincial approach.

An Advisory Board was formed, comprised of representatives from the Ministry of Health, Kinshasa School of Public Health, and the University of Kinshasa. Their mandate, laid out in the Terms of Reference (Annex I), is to

provide supportive oversight; monitor progress; review reports prior to dissemination; and advocate for the PCE. In addition to the Advisory Board, PATH-DRC developed a standard operating procedure to clarify means of working and communicating with stakeholders.

Figure 2. Key PCE Milestones, June 2017 – January 2018.



Mobilizing leadership, stakeholders, and advocacy

Country-level stakeholder mapping and engagement were early priorities for establishing the PCE platform. To this end, PATH DRC, supported by IHME-PATH, led a PCE Stakeholder Workshop on June 1, 2017 at which the PCE was formally introduced, country priorities discussed, and potential evaluation questions defined. From July to August 2017, PATH-DRC completed 25 stakeholder consultations to build rapport, collect input on bottlenecks and evaluation priorities, and to understand the Global fund context in DRC. A stakeholder workshop and formal PCE Launch was held on August 31, 2017 that included 50 participants from various stakeholder groups. The PCE objectives and methods were presented, giving stakeholders the opportunity to give their views and provide feedback on the proposed priorities, suggest additional evaluation priorities, and select their top priorities. This also provided an opportunity for stakeholders to learn more about the data collection methods. This meeting resulted in 21 evaluation questions, ranked by priority and grant cycle phase.

Additional consultation, both formal and informal, was held with the Global Fund Secretariat and Global Fund Country Teams to identify their priorities and which evaluation topics are most pertinent in each country. GEPs also obtained input from the TERG Secretariat and discussed lessons learned across countries and consortia throughout the contextualization of evaluation questions.

Process of exploring and agreeing on the key evaluation questions for the country

Key bottlenecks associated with implementing Global Fund grants and evaluation priorities that arose during stakeholder consultations in July and August and in the August 31 stakeholder meeting were used to draft evaluation questions. Evaluation questions were prioritized based on stakeholder enthusiasm and buy-in; feasibility of actionable results; and data availability. The questions fell into the broad themes: 1) Grant application/ grant-making processes; 2) Implementation and impact; 3) Financing and sustainability; 4) Governance, partnerships, and provincial approach (including challenging operating environments. A full list of evaluation questions is available in Annex II.

The first phase of the evaluation began in October 2017 and focused on the funding request and grant-making phase for the 2017-19 grant cycle. Table 1 below shows the prioritized evaluation questions in the first phase of the evaluation, and tools and methodologies that will be utilized in investigating them.

Table 1. DRC-specific evaluation questions for funding request and grant-making phase and associated tools and methodologies.

Evaluation Question	Tools and methodologies
1. What is the nature and role of partnerships between Global Fund and in-country stakeholders participating in the grant application and making processes?	• KIIs • partnership analysis
2. What are the barriers and facilitators for a successful grant application/making process, including responsiveness to country priorities, perceived needs, and resource allocation decisions?	• Document review • Process tracking • Meeting observation • KIIs • Root-cause analysis
3. How effectively does the CCM coordinate stakeholders and partners for grant-application/making and program implementation?	• Document review • Meeting observation • KIIs • Partnership analysis
4. To what extent at expected implementation bottlenecks anticipated and planned for in the grant application and making phase?	• Process tracking • Meeting observation • KIIs • Root-cause analysis
5. How effectively are key and hard-to-reach populations considered, defined, and addressed in the grant application and making process?	• Document review • Process tracking • Meeting observation • KIIs
6. How has the differentiated funding request approach enabled a more efficient and streamlined application and review process compared to previous application processes?	• Document review • Process tracking • Meeting observation • KIIs
7. What barriers and facilitators have been experienced in negotiating co-financing commitments, as compared to previously?	• KIIs • Resource tracking

Chapter 2: Evaluation framework and methods

The PCE is utilizing a mixed methods approach for process evaluation, resource tracking, and impact assessment. The three methodological components, and by extension the analyses that compose them, are designed to allow data triangulation on a range of assessment topics, with each element providing additional information that helps more holistically address the evaluation questions.

The primary function of process evaluation is to understand the experience of countries in applying for and implementing Global Fund investments. The process evaluation incorporates a variety of methods and tools for data collection, analysis, and interpretation that are best aligned to each evaluation question. To evaluate the funding request and grant-making phase, meeting observations, document review, key informant interviews (KIIs), and a partnership network survey were undertaken. Table 2 below shows the number, type, and description of the process evaluation data sources collected.

Table 2. Process evaluation data sources in the funding request and grant-making phase of evaluation.

Source of data	#	Description of Data
Meeting Observations	4	• Bi-annual program reviews • CCM general assembly meetings • Grant management meetings
Document Review	68	• Allocation letter and associated memos • Funding request and related materials • TRP reviews • Global Fund audit • Current grant documents • Newspaper articles • National strategic plans • Meeting minutes
KIIs	27	• Ministry of Health program managers • CCM members • Local Fund Agent • Principle Recipients • Sub-Recipients • Technical partners • Global Fund Secretariat
Partnership Survey	10	• Additional data collection planned for Feb-Mar 2018

Methods

Meeting observation: PATH-DRC participated in the biannual program review, the general assembly meeting of the CCM, and grant follow-up meetings. Meeting participation and observation has allowed the team to deeply understand the nature of the discussions and decisions that affect planning and implementation of Global Fund investments. Further, the team has been able to track the process in DRC and describe in detail how the business model is implemented in country. One facet that has already been detailed by the PCE is the process of preparing the funding application, and decision-making around the planning and implementation of the upcoming Global Fund investments.

Document review: PATH-DRC has reviewed various documents (e.g. allocation letters and associated memos; funding application and related documents; TRP reviews; Global Fund audits and lessons learned; current grant documents; newspaper articles; national strategic plans; and reporting meetings). Document review allowed the team to track and describe how the process played out in DRC as compared to the Global Fund business model, as well as mapping the process itself.

Process mapping: As an early exercise, PATH-DRC engaged in a process mapping exercise to understand the Global Fund process. By comparing the observed process to the theorized process described in the Theory of Change (ToC) and process maps, the fidelity and quality of process implementation can be better understood.

KIIs: PATH-DRC performed semi-structured KIIs to elicit stakeholder perspectives on key components of the global- and country-specific evaluation questions, and to better understand the funding request and grant-making processes and stakeholder relations. A total of 27 interviews (as of February 23, 2018) were conducted with the participation of MOPH program managers, CCM members, LFA, PRs, SRs, technical partners, Civil

Society Organizations, representatives from key and vulnerable populations, and members of the Global Fund Secretariat. KIIs support data triangulation, interpretation, and validation of results generated through other methods.

Partnership survey and network analysis: The partnership network survey is being conducted among actors involved in the various stages of the Global Fund funding request and grant-making cycle. The survey collects data to measure relationships between the partnership context and enabling environment, the partnership structure, the performance of partners and partnership practices, and finally the added value of the partnership (effectiveness, efficiency and country ownership), which will be analyzed through network analysis.(2) This data will be used for mapping and analysis of the Global Fund partner network.

Future tools/methods to be used: Root cause analysis (RCA) will be used to further explore, analyze and understand the root causes underlying observed challenges or successes identified through a variety of triangulated data sources. RCA moves beyond identifying *what* challenges or successes have occurred to help determine *why* a particular challenge or success has occurred. The identification of the root causes will rely on differing data collection tools and methods depending on the question at hand.

Through mapping out variables, the relationships between variables, and feedback loops, causal loop diagrams aim to represent the dynamic changes in systems. These diagrams draw on both qualitative and quantitative data to represent visual models of system structures, and the patterns that cause the system structure. PATH-DRC will construct causal loop diagrams and/or build them collaboratively through participatory group modeling sessions with key stakeholders.

Case studies are ideal for exploring "how'" and "why" questions, using in-depth exploration of context to distinguish it from other traditional evaluative approaches. Case studies rely on triangulation of evidence from multiple sources of data. The PCE may undertake case studies at sub-national levels to understand particular processes in more depth. For example, in DRC, a case study could be designed to elucidate whether, how, and why the provincial approach is functioning as designed.

Dashboards for data synthesis and visualization will be used to keep track of trends and progress across the evaluation framework. Dashboards will include simple benchmarking graphics to visualize current progress and trends. Dashboards will automatically pull in HMIS or other quantitative data from national data systems when it is available (e.g. monthly for most HMIS/DHIS-2 systems). Evaluators will manually enter additional relevant data and indicators as they collect them.

To complement the process evaluation data described above, PATH-DRC together with IHME have been successful in collecting and analyzing secondary data sources (Table 3).

Table 3. Secondary data sources obtained and analyzed to date.

Secondary Data Sources	Level of detail, years
TB Case notifications	Health zone, 1996-2016
National Malaria Control Program	Health zone, 2014-2016
DHIS2 health system outputs	Health facility, 2015-2016
Routine viral load data	Individual, 2016
Modeled estimates of ITN coverage, antimalarial coverage, and malaria incidence, prevalence, and mortality; modeled estimates of education	5x5 km grid, 2000-2015
Demographic Health Surveys; multiple indicator cluster surveys	Household, 2007, 2010, 2013-2014,
Detailed budgets from Global Fund funding requests	Quarter, service delivery area TB: 2015-2020 HIV: 2015-2020 Malaria: 2015-2020
Global Fund records from GOS and GMS tracking systems	HIV: 2005-2015 Malaria: 2005-2016 TB: 2003-2016

Resource tracking: PATH-DRC has begun collecting, and will continue to monitor, financial data. These data are used to follow and analyze Global Fund grant budgets, expenditure and disbursements and compare them to domestic spending and other health spending. Four secondary data sources are in use for tracking resources:

- Detailed final [Global Fund] budgets for the interventions granted to each Principal Recipient in the DRC;
- Detailed disbursement records for Global Fund grants to each recipient in the DRC;
- Detailed Global Fund grant spending reports attributed to each Principal Recipient in the DRC as reported by the Principal Recipient or the sub recipient; and
- Tables of health expenditure inputs used to compile national health accounts and national evaluations of spending for the three diseases by the Ministry of Finance and technical partners in the DRC.

Impact evaluation: The impact evaluation component is composed of rigorous measurement of health indicators and linkages between resources and outputs. PATH-DRC has begun gathering and analyzing data across the impact chain, as shown in Table 3. Data sources are already being used to understand baseline estimates of health systems outputs, intervention coverage and burden of disease, including how those estimates are changing over time (see Chapter 7). Concurrently, analysis of upcoming grant activities has commenced in order to ensure the relevance of impact evaluation indicators to implementation plans. Impact evaluation will utilize subnational outputs from resource tracking and subnational health indicators to provide insights about the contribution of Global Fund grants to changes in outcomes.

Analytical Approach

Data from document review, observations, and KIIs formed the basis of the process evaluation of the funding request and grant-making processes. This section describes our analytical approach in evaluating the funding request and grant-making process for the 2017-2019 application cycle.

We used the **framework method**, the recommended analytic technique for applied policy research, to organize document review, observation, and KII data by key thematic areas and stakeholder group. The framework method is a form of thematic analysis of qualitative data useful for organizing and summarizing data within a

structure that allows for analytic comparisons across groups, by thematic area.(3,4) During November-December 2017, the evaluation team extracted relevant information and data from document review and observation notes into the "PCE analysis matrix", an Excel file organized by proposition and sub-question (rows) and stakeholder groups (columns), with tabs for data organization by funding request type: malaria and TB/HIV. This initial approach helped identify data gaps and additional areas to probe during KIIs. From November 2017 through February 2018, PATH-DRC conducted KIIs related to the funding request and grant-making phase. Two members of the PATH-DRC team attended each interview, one as a lead interviewer and one as note taker. Notes were expanded, typed, and shared with the evaluation team for review. Data summaries from KIIs were extracted into the PCE analysis matrix to organize the data by sub-question and stakeholder group.

A joint GEP-CEP analysis workshop was held in Kinshasa in early-January 2018 to review the emerging findings and assess data robustness and strength of evidence to support each finding. During this workshop, detailed evidence tables were created, pulling in data from the document review, observations, and KIIs conducted by that point in time (n=18). The evidence tables include succinct summaries of participant responses for each stakeholder group plus document or observation data where applicable. These tables were used to assess patterns of convergence and divergence in the data, and ultimately to determine preliminary finding statements. Robustness was rated according to three criteria: triangulation, fact vs. perception, and quality of the data.

Triangulation: refers to the breadth of qualitative and quantitative data sources (e.g. surveys, documents, KIIs, etc.). Greater triangulation across multiple sources equates to findings that are more robust.

Fact versus perception: Complements triangulation in that fact-based information generally requires less triangulation to be considered robust. It is noted that many evaluation questions are largely perception-based, however, these can still be considered robust findings if supported by well-triangulated data across stakeholders. Fact-based information can be drawn from document review, observations, and fact-checking interviews.

Quality of the data: High-quality data contribute to greater robustness. Several indicators of quality were used in qualitative data, including recentness (for example timing of KII relative to the topics discussed to minimize recall bias); conditions of an interview or group discussion (includes rapport with the respondent, appropriate pacing, interruptions, appropriate level of privacy for interview, balanced as opposed to one-sided group discussions); and degree of proximity to topic or event in question (first hand observation by the evaluation team or a respondent's first-had experience participating in the funding request or grant-making process vs. second-hand information).

The evidence tables include a few notes qualitatively assessing each robustness dimension for the evidence related to each sub-question. Considering the robustness dimensions, a strength of evidence rating was assigned using a four-point scale as a general guide for ranking findings and describing the rationale behind the ranking (Table 4). The ranking process helped identify which findings needed additional triangulation and validation, particularly if rated as a "3" or lower. The evaluation team underwent a validation process, which included adding additional data to the evidence tables. Findings were further supported through triangulation with Global-level interviews.

Table 4. Strength of evidence 4-point scale.

Rank	Rationale
1	The finding is supported by multiple data sources (good triangulation) which are generally of decent quality. Where fewer data sources exist, the supporting evidence is more factual than subjective.
2	The finding is supported by multiple data sources (good triangulation) of lesser quality, or the finding is supported by fewer data sources (limited triangulation) of decent quality but perhaps more perception-based than factual.
3	The finding is supported by few data sources (limited triangulation) and is perception based, or generally based on data that are viewed as being of lesser quality.
4	The finding is supported by very limited evidence (single source) or by incomplete or unreliable evidence. In the context of this prospective evaluation, findings with this ranking may be preliminary or emerging, with active and ongoing data collection to follow-up.

Chapter 3: The Global Fund Business Model in Practice in Country

3.1 Rationale for Evaluating the Funding Request and Grant-making Process and DRC Context

In its 2017-2022 Strategy, the Global Fund committed to increase the flexibility of the business model including improving country experiences of accessing funding through simplifying and differentiating the ways of applying and approving grants. The Global Fund therefore in 2017 introduced three funding request approaches – a full review request, a tailored review request and a program continuation request.

DRC was eligible to submit a program continuation request for malaria and a tailored review request for HIV/TB. This decision was based on the continued relevance of the current grants in terms of strategic focus and acceptable grant performance. It was also due largely to the fact that DRC's grants from the 2014–2016 funding cycle had experienced significant delays and were only one year and a half into implementation when the 2017–2019 funding cycle started. Many of the strategies proposed under the current grants had only recently started or had not begun implementation at all (such as the 'one stop shop' for TB/HIV service delivery). While the new malaria funding request allowed for the continuation of the same activities under the same assumptions, the new TB/HIV funding request only required material changes to the Multi-Drug Resistant TB (MDR-TB) treatment and TB/HIV co-infection components of the funding request while all other components remained the same. A description of the new funding request application types used in the DRC and their principal changes are summarized in Table 5 below.

Table 5. Description of new funding request application types

Application type	Description	Principal changes
Program Continuation	This approach permits grant implementation for a further three years under the same assumptions of the current grant if no material changes have occurred in the scope and scale of the strategic focus and technical soundness and potential for impact.	• No new funding request but a 'self-assessment' submitted. • TRP validation not full review. • Performance framework and budget submitted at grant-making (not earlier). • Grant-making focuses on updating/finalizing previously agreed grant documents.
Tailored Review	Aimed at better matching specific objectives and applicant type with a view to streamlining the funding request and review process. Tailored to the specific context and/or applicant such as COEs with material change.	• Tailored funding request exists • Tailored TRP • More flexibility with Principal Recipient assessments and audit requirements at grant-making stage.

In addition to the two disease program funding requests, DRC was also eligible for catalytic investment funding as an additional funding stream intended to incentivize programing and the use of country allocations toward strategic priorities of the Global Fund. These include removing human rights barriers in access to HIV services, finding the missing TB and drug resistant TB cases, and contributing to resilient and sustainable systems for health. Table 6 summarizes the funding made available to DRC for the 2017–2019 funding cycle, and the change in allocation relative to the 2014-2016 cycle.

Table 6. Summary of funding allocations made available to DRC

Disease component	2014-2016 Allocation in US$	2017-2019 Allocation in US$	% Change
HIV	164,660,722	122,678,456	-25.5%
TB	74,976,804	56,656,946	-24.4%
Malaria*	461,841,352	347,651,023	-24.7%
Total	***701,418,878***	***526,986,425***	***-24.9%***
Catalytic investment funding			
HIV: Programs to remove human rights-related barriers to health services		3,000,000	
TB: Finding missing TB cases		10,000,000	
RSSH: Data systems, data generation, data use		3,000,000	
Total		***16,000,000***	
** Includes funding for RSSH*			

3.2. Findings from the Funding Request and Grant-making Process

Finding 1: Changes in the funding request and grant-making process, coupled with improved country readiness, enabled faster grant processing.

Robustness: *(Ranking = 1) The finding is supported by multiple data sources, including both data from key informants and documented evidence (including funding request documents, TRP and Secretariat reviews). There was a mix of factual evidence and perception-based evidence that indicated broad convergence of opinion across*

a wide variety of stakeholder groups and was deemed high quality given key informants' proximity to the topic, which limited the potential for bias.

There was broad consensus that the 2017-2019 funding cycle in DRC was a success, leading to grant signature within the planned timeframe. Most noticeable was the speed in which the funding requests were prepared and approved, compared to the previous cycle, which had experienced significant delays. There was concerted effort by the stakeholders involved to set and follow ambitious timelines, such as deciding to submit in Window 1 so that new grant implementation could start in January 2018, as intended by the Global Fund, without interruption to activities.

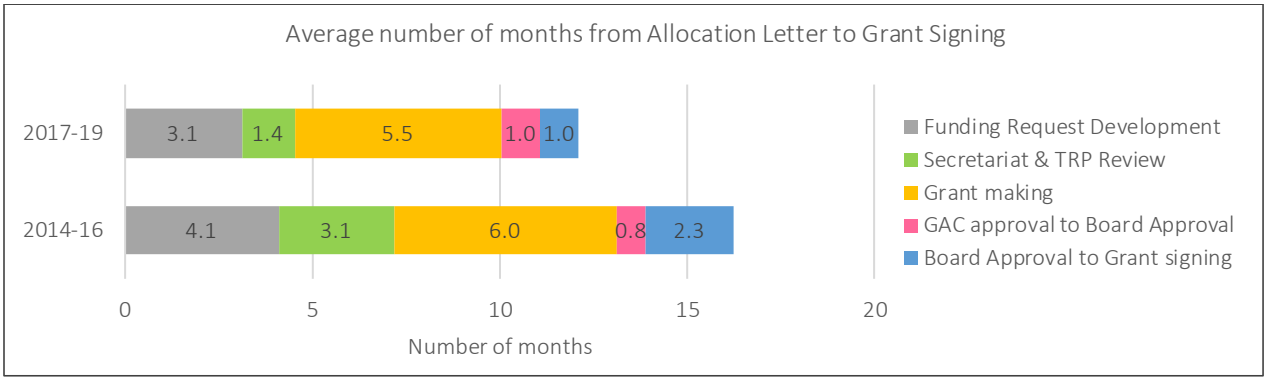
This success was largely attributed to the changes introduced by the Global Fund, including the differentiated application approach, which lightened the application process in terms of the number of documents needed at the funding request submission stage. For program continuation, the only document required was an applicant self-assessment with the DRC's rationale for continuing the existing grants. In comparison, the tailored review funding request was more complex and time consuming. A total of five core documents were required at funding request submission, along with references to existing country documentation. Although only two program components underwent material change (MDR-TB and TB/HIV co-infection activities), the process was still considered intense and time-consuming by nearly all stakeholders interviewed. The most complex part was collaboration between the two national programs on operationalizing the strategy for addressing TB/HIV co-infection. Collaboration between the two national programs on developing a joint application for TB/HIV co-infection has historically been challenging; despite the existence of a roadmap, there has been limited implementation. During the 2017 application process, stakeholders perceived a more concerted effort from both national programs to work together from the beginning, rather than each program developing its own application and merging them under a joint funding request at the end, as was reportedly done in the past.

Factors that contributed to a lighter funding request process for program continuation and tailored review requests:

- Fewer documents needed, including the use of previous grants' documents which reduced time needed for the application process.
- Reduced time required to identify and discuss priorities and strategies.
- Continuation of the same Principal Recipient for malaria (negating the need for a Principal Recipient selection process);
- Less time needed for the country dialogue processes.

When comparing the average number of months from receiving the allocation letter to grant signing under the New Funding Model (NFM1) and NFM2 application cycles, there was a clear reduction in the amount of time required for funding request development and review by the Global Fund Secretariat (4.5 months compared to 7.2) (Figure 3). Reinforcing this observation, stakeholders noted that during the previous application cycle, a primary reason for long delays was the extensive amount of time required to develop and translate program strategies into operational activities. This process, which starts during the funding request development but continues to undergo iteration as the funding request, is reviewed by the Global Fund Secretariat and TRP. Difficulties mobilizing technical assistance and identifying suitable technical experts with both technical and French language skills also drew out the process. Considering the significant amount of deliberation and negotiation that goes into the process, and its complexity given the multitude of stakeholder groups and interests in DRC, the 2017 funding requests saved time by not having to entirely repeat this process.

Figure 3. Comparison of DRC's 2014-16 and 2017-19 application cycles



"Program continuation made the process simpler. When writing, it was really easy for us as there was no priority identification step; everything was already known via PSN NMCP 2016-2020 which did not experience a major change" (Quote from key informant)

"The change was noticeable given that before we wrote the entire proposal, but with the NFM2 the CCM's proposal development committee's efforts were targeted with a focus on TB/HIV co-infection" (Quote from key informant)

In addition to the application process changes implemented by the Global Fund Secretariat, there were other factors that contributed to faster grant processing. In particular, country stakeholders noted that they were generally better prepared, more coordinated, and benefited from greater involvement by the Global Fund Country Team compared to previous application cycles. Workshops were organized to introduce new funding request documents and grant templates, and many stakeholders noted effective management of the application process by the CCM proposal development committee as a success factor. Meanwhile, because of differentiation of the Global Fund business model, staff resources have been reallocated to higher impact portfolios. In DRC, the Country Team has grown from 10 to 16 members, which meant that it was able to increase its level of support during the application cycle. Country stakeholders generally viewed this positively as it helped to keep the application process on track while ensuring a higher quality application.

Although changes to the 2017 application process resulted in a lighter and more streamlined funding request (which also made it easier to submit the funding request in the first application window), there was limited evidence to suggest that these changes enabled more time to be spent implementing the current grants. For the TB/HIV tailored review funding request, in particular, most stakeholders interviewed reported that the work was heavy and intense (requiring support from over 20 consultants), but was shorter in duration since the funding request was submitted in the first application window. Large-scale, off-site workshops were held involving large numbers of participants for two weeks to understand the funding request templates and drafting the request. Many found it challenging to implement the current grants while at the same time participating in the funding request development as conveyed by the stakeholder quotes below.

"The amount of work was very intense during the process and this even resulted in delays in the implementation of the current grant with consequences as far as the absorption rate." (Quote from key informant)

"At the same time that we were supposed to monitor the implementation of the current grant we were focusing on writing the next grant. It was not easy. Other institutions even had consultants who accompanied them even to Geneva [for grant negotiations]." (Quote from key informant)

"Yes, the process has impacted some monitoring of the implementation of our activities at the field level. During this same time we received calls from SRs on supply chain stock outs and it was very difficult for us to respond." (Quote from key informant)

In comparison, the level of effort required to develop the program continuation funding request for malaria was considerably lighter and therefore freed up time to focus on the implementation of current grants. However, the fact that fewer details and supporting documents were required for the funding request submission meant that the majority of the work, such as negotiating grant budgets and program targets, was shifted to the grant-making phase. However, fewer stakeholders were impacted since grant negotiations were primarily conducted between Global Fund and the Principal Recipients. Nonetheless, those who were involved in grant-making noted that the process for finalizing grant budgets was particularly laborious, budget templates were not easy to use, and numerous rounds of revisions were required because the initial budgets proposed by the three PRs amounted to nearly double the malaria allocation. It is unclear if this was a consequence of the streamlined program continuation application, since the budgets were not reviewed until the grant-making phase, or if the reduced malaria allocation for 2017-2019 (down nearly 25% compared to the 2014-2016 allocation) was responsible for the large gap.

One unanticipated event that arose at the end of the malaria application process was the failure to sign one of the malaria grants for a continuing NGO PR (PSI), which was the result of an internal conflict within the organization and its local implementing partner. The inability to resolve the conflict led to the NGO's decision to voluntarily withdraw, which was only communicated to Global Fund in December 2017. The process for identifying a new malaria PR will be launched in March 2018 and it is expected that a new PR will not be fully operational until the end of July 2018. In the meantime, the bed net distribution activities that would have been covered by PSI will be assumed by SANRU and the National Malaria Control Program (PNLP). The PCE will continue to examine in 2018 how the process of identifying a new malaria PR unfolds and what kinds of consequences the delay has on program implementation.

Furthermore, it will be important for the PCE to examine the longer-term outcomes of the differentiated application approach in 2018 and 2019. For example, whether key bottlenecks were potentially missed through the streamlined application process and the extent to which the continuation of the same strategies and interventions remain valid throughout the implementation period.

Finding 2: The process of applying for matching funds was unclear, confusing, and unnecessarily repetitive, resulting in additional work

Robustness: *(Ranking = 2) The finding is supported by a few different data sources, including key informants and process tracking. Perception-based evidence, although collected from a small number of key informants, was deemed high quality given key informants' proximity to the topic and was corroborated by other data sources.*

Replacing the incentive funding from the NFM cycle, the Global Fund Board approved US$800 million as catalytic investments for the 2017-2019 funding cycle. This additional funding stream was intended to incentivize programing and the use of country allocations toward Global Fund strategic priorities such as removing human rights barriers in access to HIV services, programs to address HIV among adolescent girls and young women, finding the missing TB and drug resistant TB cases, and contributing to resilient and sustainable systems for health. DRC was eligible for US$16 million across the three strategic priority areas and in order to access the matching funds had to demonstrate that an increasing amount of the country allocation was invested in the relevant catalytic investment priorities, along with increases in the corresponding programmatic targets.

Findings from DRC indicated that the process of applying for matching funds was unclear, confusing, and repetitive. There was misunderstanding that the matching funds requests were intended to be submitted along with the disease funding requests. It was also unclear how countries were supposed to demonstrate eligibility according to the catalytic investments criteria. The request for finding missing TB cases was the only request submitted jointly with the TB/HIV funding request. The other two requests were submitted separately because they were of insufficient quality and risked stalling the TRP's approval of the TB/HIV and malaria funding requests. In the case of the HMIS and data systems matching funds requests, stakeholders involved had confusion about the application process. The department of the MOPH that manages the national health information system worked independently for more than two months on the matching funds application only to realize upon submission to the Global Fund that they needed to coordinate with the CCM. In both cases, technical assistance was recruited to help re-write the funding requests.

> *"The intention was [for the matching funds requests] to be written at the same time as the main disease request, but since expectations and criteria were not well understood some submissions were delayed." (Global KII)*

On the one hand, having the flexibility to submit the matching funds requests separately helped avoid holding up approval of the disease funding requests. On the other hand, the process was unnecessarily repetitive and required extra workload. In the future, the Global Fund should consider incorporating the catalytic investments within the disease funding requests to streamline the process and ensure that countries are adequately prepared, with access to technical resources early in the process.

Finding 3: The funding request and grant-making process was generally considered inclusive, but ensuring meaningful participation of civil society groups remains challenging.

Robustness: (Ranking = 1) The finding is supported by multiple data sources, including both data from key informants and documented evidence (including country dialogue meeting minutes). There was a mix of factual evidence and perception-based evidence that was extensively triangulated among key informants with close proximity to the topic.

Many of the stakeholders, including those most closely involved in preparing the funding request, thought that the process was highly inclusive, participatory, and that all of the major stakeholder groups were represented in the country dialogue. In the case of the TB/HIV funding request, they spoke positively of the provincial level dialogues, which were held jointly alongside the national TB and HIV program mid-term reviews and allowed a wide array of provincial-level stakeholders to participate in the country dialogue. Some of the civil society groups interviewed, however, tended to have a different opinion. In contrast, they did not think that the process had adequate and meaningful representation from civil society groups. Although civil society groups were present, there were perceptions that their participation was not taken seriously but rather served the purpose of meeting a Global Fund requirement.

> *"I felt that there was no space for us from civil society on the pretext that we did not have much to contribute. For me the process was not participatory, most of the civil society actors were observers. The expertise was there, but it was not capitalized." (Civil society KII)*

> *"If civil society had not been in Matadi as part of the writing process, then the document would not have been signed. That's why civil society was called to participate." (Civil society KII)*

This finding is reinforced by other evidence suggesting that community interests were not well represented in the funding request. In particular, community activities, such as integrated TB and HIV supportive activities for

improving treatment adherence, have been recognized by country and Secretariat stakeholders as lacking in the overall strategy. While budget limitations appear to be one factor, the PCE will explore in greater depth over the next year the potential root causes. For example, a perception that will be examined further is the reportedly inadequate organization and coordination among civil society groups. The fact that the HIV, TB, and malaria landscape are composed of a multitude of stakeholders, each with their own agendas, makes coordination among stakeholder groups ever more important. In this environment, generating consensus on decisions and priorities can be difficult and lengthy. As pointed out by some stakeholders, there needs to be balance and strategic choices about which individuals to include so as not to jeopardize the overall efficiency and effectiveness of the country dialogue process.

> *"The budget does not meet the needs of community activities with the consequence of a lot of difficulty in implementation; we do not have the resources to establish our policy." (Quote from key informant)*

> *"Civil society really needs to be organized if we want change. Civil society is multiple and multifaceted at the level of the General Assembly of the CCM. This multiplicity does not facilitate the debate." (Civil society KII)*

Finding 4: The funding request and grant-making process was generally considered transparent, although perceptions of transparency were sometimes questioned in relation to the PR selection criteria.

Robustness: (Ranking = 1) The finding is supported by multiple data sources, including both data from key informants and documented evidence (including PR solicitation documents and PR selection meeting minutes). There was a mix of factual evidence and perception-based evidence that was extensively triangulated among key informants with close proximity to the topic.

Broadly speaking, the process for both malaria and TB/HIV funding requests was considered transparent with the exception of the PR selection process for TB/HIV. While the malaria grants did not undergo a PR selection process given the continuation of the same PRs, a PR selection process was conducted to identify an NGO PR for the TB/HIV grant. Despite confirmation by certain stakeholders and documented evidence (such as PR selection meeting minutes) that the process was conducted openly and transparently, there were still a considerable number of stakeholders that perceived a certain lack of transparency. Some were unaware of the decision to shift to a single NGO PR for both TB and HIV activities, as opposed to one PR for each disease, as in the past. Others questioned how the selection criteria were applied, and concluded that the decision placed greater weight on minimizing financial risk than on technical merit.

> *"We don't think that the PR selection process (TB/HIV) was transparent since we don't know based on what criteria the PR was selected. We thought that it was the choice of the Global Fund." (Quote from key informant)*

> *"The greatest weakness was the PR nomination process (TB/HIV). We ultimately have the feeling that the choice was predetermined because the selected PR does not have the background in TB." (Quote from key informant)*

Since the country is under the Additional Safeguard Policy (ASP), the Global Fund Secretariat has additional authority to intervene in the PR selection process and select grant implementers based on risks identified. This was also communicated in the 2017 allocation letter, which stated that the Global Fund may directly nominate the PR. The Country Team, however, chose to provide a supportive rather than directive role. Together with the CCM, the Country Team reviewed the Local Fund Agent's (LFA) analysis of the PR candidates and made a joint decision. Although there were perceptions from the broader stakeholder community regarding the transparency

of PR selection, the Country Team's active role in the process was both necessary and appropriate. Their decision to play a supportive role was also an opportunity to reinforce CCM capacity and country ownership.

Finding 5: Although there was significant Global Fund involvement, the funding request and grant-making process was perceived as country-led and responsive to country priorities.

Robustness: (Ranking = 2) The finding is supported by mostly perception-based evidence. The evidence is considered to be of high quality and robust given ample triangulation across a broad selection of stakeholder groups.

Overall, there was a perception of strong country ownership owing to the following factors:

- Active participation in the funding request and grant-making process from a broad range of stakeholders;
- Strong alignment of funding requests with national priorities, which was supported by national strategic plans; and
- Inclusion of provincial considerations in the funding requests through involvement of stakeholders at provincial-level dialogues.

Compared to previous rounds of funding, the Country Team's involvement in the process was much stronger, as discussed previously. It helped to keep the process on track and contributed to a higher quality application.

> *"The contribution of the [Country Team] has been very useful and I think we would have had great difficulty without their contribution - especially as they supported us in adhering to the deadlines." (Quote from key informant)*

The CCM also has a critical role to play in assuring country ownership. Its ability to effectively coordinate the funding request processes including convening and engaging stakeholders in inclusive country dialogues, developing and submitting the funding request, and nominating PRs for grant implementation determines the overall success of the process and its adherence to Global Fund's country ownership principles. There was broad consensus among the stakeholders interviewed that the CCM's coordination of the funding request process, including the role played by the funding request development committee in particular, was effective and stronger compared to previous funding cycles. However, there was also evidence from the funding request process of ways in which the CCM's ability to assure country ownership was limited. Concerning decision-making, there was a perception that some decisions lacked transparency (such as with PR selection, as previously discussed) or were influenced by the Global Fund. Heavier oversight by the Country Team and tighter risk mitigation controls, although necessary given the size and high-risk nature of the portfolio, tended to contribute to this perception, as illustrated by the quote below.

> *"It is important to emphasize that major decisions emanate from the CCM. However, the CCM is only the representation of the Global Fund in the DRC. We must consider the status of our country (high-risk environment) which limits the strategic decisions of our country. Any decision in the country requires approval from the Global Fund. It does not mean that it decides in place of the country, but helps the country to align with its priorities and limit the risks related to the management of funds." (CCM member)*

A number of stakeholders also thought that some decisions were made by the CCM secretariat without broader vetting among members of the CCM general assembly. This finding was reinforced by reports of a strained relationship between the CCM secretariat and general assembly. In some cases, certain topics were not brought to the general assembly for discussion for strategic reasons. For example, there was no discussion regarding

changes to the proposed program split because it was considered a futile effort and one that could potentially delay the process. Otherwise, there was a strong perception among stakeholders of Global Fund influence over decision-making without objection from the CCM.

> *"Regarding the decision-making, the CCM accepts all proposals from the Global Fund." (Civil society KII)*

> *"The CCM does not show that it is the coordinating body that can make a decision and that the Global Fund will listen." (CCM KII)*

> *"The great weakness of the CCM is that there were no questions about the new implementation arrangements. One has the impression that the CCM did not express itself." (Technical partner KII)*

3.3 Grant Implementation Processes

Outside of the funding request and grant-making process, the PCE also analyzed process evaluation findings from the implementation of current grants. These findings are considered preliminary and will continue to be triangulated as additional data is collected during 2018 and 2019.

Finding 6. CCM reforms have contributed to improvements in CCM functionality, but continued capacity building and support is required to ensure that the benefits of these reforms are fully realized.

Robustness: (Ranking = 3) The finding is supported by few data sources and is mostly perception-based, but considered high quality given they key informants' proximity to the topic.

In 2015, the CCM underwent several reforms in response to a 2014 CCM evaluation that revealed a number of issues related to CCM governance. In particular, the evaluation found a lack of conflict of interest regulations, inefficiency of the CCM's oversight committee, and problems related to representation. The reforms put in place to address these issues included replacing the Permanent Secretary of the CCM Secretariat who was suspected of misappropriation, renewing and downsizing the CCM membership from 50 members to 27.(5) In addition, a system of automatic renewal was created so that after each three-year term, one-third of the longest serving members would be required to leave the CCM, thus creating more opportunity for stakeholders from all sub-sectors to participate.

Early evidence suggests that these reforms have improved the CCM's functionality, making it more operational. For example, before there were only 1-2 CCM meetings per year and minimal oversight of Global Fund supported interventions. Now, CCM meetings are reportedly more frequent (twice per month). In addition, the CCM has demonstrated improved functionality through its ability to more frequently identify program savings and reprogram those resources throughout the year. Its successful coordination of the funding request and grant-making process was another recent marker of improved capacity. However, there remained some stakeholders who voiced their expectations about the success of the reforms and thought the benefits had yet to be fully realized. There were also perceptions that the current CCM leadership is slower to react and slower to make decisions. This could be related to the reportedly weaker relationship between the CCM and Ministry of Public Health. For example, integration of the CCM into the National Health Sector Steering Committee (*Comité de Pilotage du Secteur de la Santé*) was originally planned as part of the 2015 reforms but has failed to occur given limited willingness from the Ministry of Public Health. Since the Ministry of Public Health previously occupied the Permanent Secretary position, the closer relationship may have facilitated swifter action.

"The real bottleneck is conflict of interest. With regard to the reorganization of the CCM office, the reform of the CCM did not produce the expected effect, because of clientelism in place of objective considerations [in filling the CCM posts]. This bias discredits the CCM's credibility." (Civil society KII)

"The implementation of the CCM reforms are still underway; some weaknesses are being corrected so that the CCM can play its role at 100%. The CCM has a clear and defined mandate and must assume its responsibilities in regular communication with the PRs. Things are not yet done this way, but with the current reforms we are hopeful for change." (Civil society KII)

"There is a lack of nimbleness at the CCM level for handling different issues when the Global Fund shares feedback with the country. By that, I mean that when the CCM receives feedback from the Global Fund, it must approach the Minister's cabinet already with technical answers so that the Minister can respond with its inputs." (Government KII)

Other challenges included the strained relationship between the CCM Secretariat and CCM General Assembly, as previously discussed. Although more investigation into the root causes of this challenge is required, some potential constraining factors include the lack of communication between the two CCM bodies and limited funding for organizing General Assembly meetings. Likewise, lack of adequate funding for monitoring activities was cited as a key element undermining the ability of the CCM's Strategic Monitoring Committee (*Comité de Suivi Stratégique*) to carry out its responsibilities.

"The CCM's Funding Request Development Committee (Comité d'Elaboration de Proposition) coordinates the development of the concept note and is responsible for the reprogramming of activities. This role is carried out well. On the other hand, it must be acknowledged that the CCM's Strategic Monitoring Committee (Comité de Suivi Stratégique) does not function such as the CEP for lack of sufficient resources." (CCM KII)

Going forward, the PCE will continue to examine in 2018 and 2019 how the CCM continues to be strengthened, including assessing the extent to which CCM reforms are upheld and operationalized, and how they affects the successful implementation of Global Fund support.

Finding 7. The provincial approach has been positively received but questions remain about how the approach will be operationalized.

Robustness: (Ranking = 4) The finding is supported by limited evidence (fewer sources) and is mostly perception-based. Findings with this ranking are preliminary or emerging with ongoing data collection.

In 2017, the Global Fund launched the provincial approach pilot as part of its strategy for differentiated engagement at the country-level to increase impact against the three diseases. The strategy involves greater engagement by the Global Fund with provincial authorities and aims to build capacity, improve provincial level planning, implementation and monitoring in order to maximize provincial-level results. Implementation has been slow to start but broader implementation was launched in August 2017 following the Ministry of Public Health's approval of the final list of provinces (Kinshasa, Kongo Central, Kwilu, Ituri, and Maniema) and the terms of reference for the engagement with provincial health authorities. Through direct engagement with provincial authorities, including visits to four of the five selected provinces during Q4 of 2017, the Country Team has worked to define goals and objectives for Global Fund support that are tailored to each province based on its the specific needs and priorities.

To-date the PCE has examined how the provincial approach has been rolled out, including how its objectives have been communicated to stakeholders and how the process of identifying provincial level priorities has been

implemented. While data collection is ongoing, early evidence from national level KIIs suggests that stakeholders have a positive perception of the provincial approach and view it as an opportunity to introduce greater flexibility so that responses are better adapted to the specific challenges encountered in each province. They also expect that it will make the outcomes of Global Fund investments more visible at the sub-national level. On the other hand, some aspects of the approach that have not been received well by stakeholders, such as the Global Fund's decision on prioritization of provinces for the provincial approach. Other stakeholders did not entirely understand the objectives of the provincial approach and how it is intended to change the way in which Global Fund investments are delivered. There is also a concern that direct engagement between Global Fund and provincial authorities could have the unintended consequence of undermining the authority of the national government. The PCE will continue to triangulate these findings as more data is collected during grant implementation in 2018 and 2019.

Chapter 4: Translation of the Global Fund Strategy in Country

This chapter examines how the Global Fund Strategy 2017-2022 and related policies are playing out in the DRC. Findings in this section are preliminary and are based mainly on evidence of how the Global Fund's policies and strategies were operationalized through the 2017 funding request and grant-making process. There will be more detailed findings as the PCE continues to observe and evaluate how the Global Fund's policies and strategies are operationalized through implementation during 2018 and 2019. This chapter considers Resilient and Sustainable Systems for Health (RSSH), gender and human rights, key and vulnerable populations, and the Sustainability Transition and Co-financing (STC) policy.

4.1 Resilient and Sustainable Systems for Health (RSSH)

Finding 8. Investments in RSSH in new grants remain strong and aligned with country priorities. However, details on how RSSH plans would be operationalized were lacking in the funding requests.

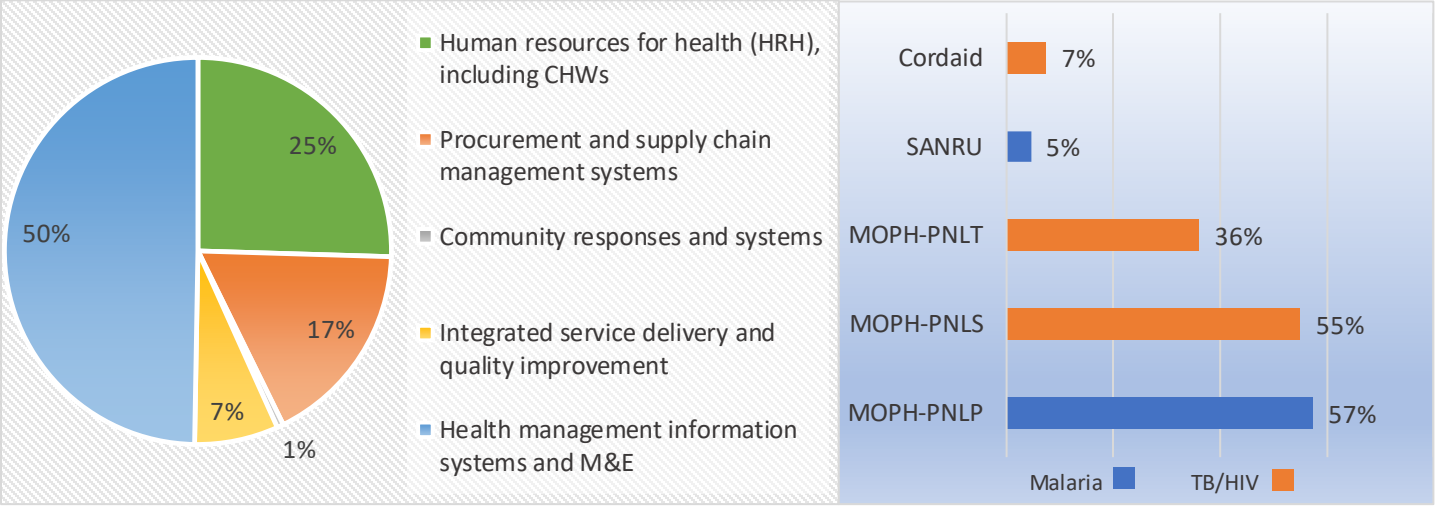
Robustness: (Ranking = 1) The finding is supported by mostly factual evidence that is triangulated across multiple data sources (e.g., allocation letter, grant budgets, TRP and Secretariat reviews).

RSSH is one of the four strategic objectives of the new Global Fund Strategy. In the 2017-2019 application cycle, Global Fund emphasized the need for countries to make strong investments in crosscutting resilient and sustainable systems for health to improve health outcomes. The DRC's 2017-2019 allocation letter noted that US$120.8 million, representing 19% of the grants signed in the 2014-2016 allocation period, was invested in RSSH and encouraged the country to maintain or increase its level of investment in the 2017-2019 funding requests.

At the time of writing this report, five of the six grants were signed, limiting a comparison between investments in RSSH between the current grant cycle and the 2014-2016 allocation period. The sixth grant to a civil society PR for malaria interventions will be signed following PR selection and grant negotiation and is anticipated by Q3 of 2018. Among the five grants that were signed, US$76 million was approved for RSSH activities, representing 20% of the five grant budgets. As shown in Figure 4, the largest portions of the RSSH budget were allocated to investments in the health management and information systems and M&E (41%) and human resources for health (21%). The MOPH principal recipients also tended to have the largest proportion of their grant budgets dedicated to RSSH, including over 50% in the case of the national HIV program (PNLS) and national malaria program (PNLP) PRs. This analysis is based on figures in the approved grant budgets and does not include an

additional $10 million in program management costs that the secretariat considered part of Global Fund's investment in RSSH although it was not classified as such in the approved budget.

Figure 4. 2018-2020 RSSH investments by RSSH category and as a percent of total grant budget



Source: 2018-2020 Approved Grant budgets

In addition, US$3 million in matching funds was requested for investments in the health information system and activities aimed at improving data generation and data use. According to interviews with stakeholders and document evidence, the funding requests did not provide adequate details on the RSSH component and was flagged as a concern in the Global Fund's review. The funding request stated that the RSSH component will support implementation of the 2016-2020 National Health Development Plan (NHDP) but lacked details on how exactly it would be done. It was recommended that the country design an operational plan for RSSH interventions to provide greater clarity on how health systems support will be delivered, and that it work on developing a long-term health workforce plan to addresss the shortage and maldistribution of health workers. The analysis of the approved grant budgets indicates that through the grant-making process a strong emphasis was placed on addressing human resources for health (21% of the total RSSH budget). The PCE will continue to evaluate how the recommendations and approved activities are carried forward during grant implementation.

4.2 Human Rights, Gender, and Key and Vulnerable Populations

The Global Fund recognizes that human rights barriers, stigma, discrimination and gender inequality undermine an effective response to the three diseases. Promoting and protecting human rights and gender equality is therefore a core objective of Global Fund Strategy 2017-2020. As such, the 2017-2019 application process emphasized a stronger involvement of organizations and individuals representing key and vulnerable populations, human rights, and gender. The PCE considered whether these priorities had a stronger focus compared to previous funding cycles through exploring the involvement of human rights and gender experts in grant development processes, the extent to which key and vulnerable populations are defined and addressed in funding requests, and whether investments are adequate in proposed grants.

Finding 9. There was broad inclusion of groups representing key population in the application process, yet their capacity to meaningfully contribute was considered weak.

Robustness: (Ranking = 2) The finding is supported by multiple data sources including both factual evidence from document review and perception-based evidence from KIIs. Perception-based evidence was triangulated among a smaller number of stakeholders, however was considered high quality with general convergence of opinion.

Key informant interviews and document review of meeting minutes indicated that groups representing key and vulnerable populations, human rights, and gender were present in the country dialogue and funding request development working groups, including: People Living with HIV/AIDS organizations, youth organizations, women's groups, organizations fighting against tuberculosis, and key affected populations. However, some stakeholders tended to find their participation weak. Some stakeholders pointed to the need to reinforce the capacity of these groups to enhance the ability to contribute meaningfully to the process.

> *"The issue [of key populations] was well addressed in the grant and these different specific groups were represented by NGOs." (Government KII)*
>
> *"There was a strong presence of specific groups but with low participation." (Technical partner KII)*
>
> *"Strengthen the institutional capacities of these groups; it will allow them to mobilize and to be heard." (Technical partner KII)*

There is little evidence to suggest that this level of participation has changed or was strengthened compared to previous cycles. In fact, emphasis on addressing gender inequalities started well before the 2017-2019 application cycle. In the development of the current grants, there was strong mobilization of partners on strategies to reduce gender inequalities, and particularly the vulnerability of adolescents and young women to HIV and gender-based violence. A national task force was created with representation from a broad group of stakeholders and technical partners to work on designing the pilot project.

Finding 10. Despite difficulty defining certain key populations, approved grants demonstrated a strong commitment to reducing human rights barriers and addressing gender inequalities.

Robustness: (Ranking = 2) The finding is supported by multiple data sources including both factual evidence from document review and perception-based evidence from KIIs. Perception-based evidence was triangulated among a smaller number of stakeholders, however was considered high quality with general convergence of opinion.

There was some difficulty defining certain key populations affected by the HIV epidemic (such as commercial sex workers (CSW), men who have sex with men (MSM), and intravenous drug users (IDU)) due to limited data availability on key populations, including geographic distribution and size estimation. However, a key population mapping and size estimation study is currently underway. For the first time, in 2017 the Integrated HIV Bio-Behavioral Surveillance (IBBS) survey will determine nationally representative HIV prevalence among MSM, IDUs, and provide an updated measure for CSWs. In the new grants, prevention and treatment packages for key populations were based on key population estimates; however, stakeholders expect that budget revisions will be necessary to make programmatic adjustments once the updated population figures are available. For TB interventions, although key populations were identified in the funding request (e.g., children below 15 years, prisoners, refugees, and miners) there were gaps in data, which made it difficult to define targeted interventions to ensure effective case finding. During grant implementation, PRs are expected to map key and vulnerable populations and barriers to access and adherence to TB care and treatment.

> *"We still do not have the data at the beginning of the current grant on these groups, but we have nevertheless included them in the grant hoping that the study we're conducting to estimate of their size will generate the evidence for defining these targets." (Technical partner KII)*

Evidence from document review shows strong investment in addressing human rights barriers to health services, gender inequalities, and support for key populations in the TB/HIV grants. Activities include:

- Complete prevention and treatment packages to CSW, MSM, and IDU.
- Prevention services and psychosocial support for women and girl victims of sexual violence.
- Strengthened referral system for victims of sexual and gender-based violence.
- Prevention/communication activities to raise awareness on HIV/TB, human rights, sexual and gender-based violence, and gender inequalities through mass media and peer training.
- Scale-up TB screening among the general population, including key and vulnerable populations.

In DRC, the link between gender-based violence (GBV) and increased risk for HIV is well-established.(6,7) The HIV epidemic is notably higher among women (1.6%) than men (0.6%) and according to data from the DHS 2012-2013, the prevalence of HIV among women doubles in women 25 to 30 years of age. Under the current grants, a pilot project (SASA!) for reducing the vulnerability of adolescents and young women to HIV and gender based violence was launched in 2017 in Kinshasa and Mbuyi Mayi. The project employs an integrated approach to reach adolescents and young girls through three distinct channels including within the community, schools, and health centers. Its three main objectives are: (1) increase the proportion of adolescents and young women with adequate knowledge of sexual and reproductive health, HIV, human rights and GBV; (2) reduce the proportion of adolescents and young women who have been the victim of GBV in schools; and (3) improve access to and the delivery of adolescent-responsive health services. In addition, a request for US$3 million in matching funds to remove human rights-related barriers to health services was submitted and is currently under review.

The concept of key and vulnerable populations in the context of malaria is newer and less well defined relative to HIV and TB.(8) In the malaria grants, key populations targeted include pregnant women and children under the age of five for use of long lasting insecticidal nets (LLINs) and antenatal care uptake. Other key populations addressed in malaria prevention and treatment activities are prisoners, pygmies, street children, displaced populations, refugees, artisanal miners, fishermen and rural farmers. One challenge cited was the lack of technical resources and guidance on addressing key populations in malaria programs.

4.3 Sustainability, Transition, and Co-financing

The Global Fund's 2017-2022 strategy requires countries to demonstrate their commitment towards improving support for sustainable responses for epidemic control and successful transitions. The Global Fund has developed the new Sustainability, Transition, and Co-financing (STC) policy with the aims to guide and support countries to prepare, design, and implement programs that can continue once Global Fund resources are no longer available. The PCE explored the extent to which the STC policy was known and received attention in the funding request and grant-making process.

Finding 11. Increases in government co-financing commitments are more likely attributed to strong advocacy efforts by the Global Fund Country Team than as a result of the STC policy

Robustness: (Ranking = 2) The finding is supported by multiple data sources including both factual evidence from document review and perception-based evidence from KIIs. Perception-based evidence was triangulated among fewer stakeholders, however was considered high quality with general convergence of opinion.

The results from key informant interviews show that the STC policy was presented and explained to stakeholders, but understanding about its operationalization was limited and remained focused on co-financing.

There is limited evidence to suggest that sustainability is being considered in a deliberate fashion, beyond investing in RSSH.

> *"The guidelines have been well explained and well documented but was it understood? It is at this level that there was a problem. This policy is not within everyone's reach as the Global Fund wanted" (Government KII)*

The Global Fund's new co-financing requirements are twofold including: progressive government expenditure on health to meet national universal health coverage (UHC) goals and demonstrate increasing co-financing of Global Fund supported programs over each allocation period. In addition, countries are expected to show willingness to pay commitments from the previous allocation.

In DRC, financial sustainability is a concern given weak government expenditure on health (for malaria control in particular), absence of health financing strategies, and reliance on donor support amidst funding uncertainties (e.g., PEPFAR budget). Evidence from document review shows that DRC is making progress in its commitment to public health financing. In particular, recent legislative reforms and administrative actions (such as a law on universal health coverage and a law on results based public financing) are expected to pave the way for increased domestic spending on health. Although it is difficult to assess exact increases in government expenditure on health since National Health Accounts are only available through 2014, there is evidence of increased expenditure on infrastructure for building RSSH. In particular, the Health Structures Equipment Project (PESS) has demonstrated increased disbursements over 2015 and 2016 for renovation and construction of 95 new health centers across the country. As a low-income country, DRC is only required to demonstrate progressive increases in RSSH investments rather than in disease programs specifically to meet co-financing obligations. The DRC's investments in RSSH through the PESS program counted toward the requirement for demonstrating willingness to pay the 2014-2016 allocation period co-financing commitment. The country, under the leadership of the Ministry of Health, also set up a matching co-financing monitoring commission exclusively to monitor government expenditure toward co-financing commitments. The commission includes the Ministries of Finance, Public Health, Planning, Budget and the CCM.

Key informants reported that the Country Team invested a significant amount of effort in advocating the government to follow-through on its 2014-2016 co-financing commitments. Their efforts, which included multiple meetings with Government ministers, members of parliament, and other donors, were also considered instrumental in securing strong commitments for the 2017-2019 allocation period. DRC's co-financing commitment of $98.8 million for the 2017-2019 allocation period was confirmed in a letter signed by the Minister of Finance and Minister of Public Health on January 9, 2018. This commitment represents a 67% increase over the 2014-2016 allocation period commitment of $59.2 million, and includes direct contributions to the three disease programs, continuation of the PESS program, investments in performance-based financing (PBF), and health care worker salaries and benefits.

Chapter 5: Capacity Development

The PCE has benefited from collaboration and coordination, with frequent opportunities for learning, knowledge sharing, and skills transfer. IHME and PATH HQ have provided continued technical assistance while fostering ongoing learning and mentorship. Frequent communication, team planning, and in-person workshops have

helped strengthen the overall PCE platform. CEP-GEP collaboration has occurred in three main ways during the first six months of the evaluation:

1. Weekly Skype conference calls in which PATH DRC, IHME and PATH HQ teams exchanged updates on the work in progress, discussed data collection, planned for workshops, meetings and deliverables, examined emerging findings, provided feedback on evaluation tools, celebrated milestones reached, and prepared for next steps. Methodological questions or uncertainty were reviewed and clarified.
2. Basecamp, an online work stream platform, is used to upload key documents including CEP observation notes, PCE evaluation instruments, information on quantitative research, official communications shared by the Global Fund, and PCE reports and slide presentations.
3. CEP-GEP in-person workshops (Table 7)

Table 7: DRC PCE Workshops

PCE onboarding workshop July 2017: Addis Ababa, Ethiopia
● Became familiar with the scope of the project, including the Theory of Change ● Trainings on document review, root cause analysis, stakeholder mapping, and data mapping ● Became familiar with DRC health system and Global Fund Governance Structures ● Discussed Provincial Approach and began process of choosing provinces to evaluate ● Began developing approach for country-specific evaluation questions ● Planned details for stakeholder workshop ● Established inception phase priorities
Stakeholder Workshop September 2017: Kinshasa, DRC
● PCE Stakeholder Workshop to introduce objectives of PCE, gain buy-in, and solicit input on key implementation bottlenecks and challenges to inform PCE priority evaluation areas ● Finalized a list of the major evaluation priorities of the country-level stakeholders ● Gained buy-in from stakeholders for the PCE ● Drafted evaluation framework and plan based on reaching consensus around evaluation areas and methods available ● Post workshop briefing and agreements for final Evaluation Questions ● Agreement on key next steps for inception phase ● Developed an evaluation phase work plan
Evaluation Phase Launch November 2017: Kinshasa, DRC
● Created process map for the funding request and grant-making process ● Became familiar with progress for resource tracking and impact evaluation ● Developed and piloted KII topic guide and partnership survey ● Reviewed the PCE tools, reinforcing process evaluation skills ● Data extraction from document review and meeting observation ● Work planning for the early evaluation phase ● Held first Advisory Board meeting
Data Analysis workshop January 2018: Kinshasa, DRC
● Compiled and reviewed the evidence for each sub-question of the funding request and grant-making phase, including rating the strength of evidence ● Identified data gaps and arranged to gather additional evidence

• Began preparations for the Partnership survey • Triangulated data across process evaluation, resource, tracking, and impact evaluation where possible • Drafted a slide deck of country progress and preliminary findings • Early preparations for drafting Annual Country Report • Onboarding for newly hired Senior Evaluation Officer and two provincial officers • **also sent M&E Officer for 2-days of the data analysis workshop in Kampala for additional training on resource tracking, small area estimation, and mapping – which offered cross-learning opportunities with another PCE CEP team.
PCE evaluation results dissemination workshop April 2018: Kinshasa, DRC
• Strong stakeholder participation and representation (69 participants out of 90 invited): Ministry of Health, national programs, CCM members, Global Fund Country Team and TERG members; gave way to open and constructive discussions that allowed for the co-development of actionable recommendations. • The results were well received by the stakeholders.

5.1 GEP-CEP knowledge transfer

As this evaluation is prospective and country-focused, the PCE offers opportunities for dynamic, continuous learning and problem solving, including between the CEPs and GEPs. During the inception phase, a PCE capacity development plan was established that identified opportunities for GEPs to learn from CEPs, including contextual and cultural details as well as an understanding of Global Fund governance structures in-country, and identified opportunities for specific capacity strengthening activities to implement in DRC. Capacity development included key informant interview techniques, qualitative data analysis and triangulation, and conducting partnership network analysis. Quantitative skills transfer has included using small area estimation, coding in R, and understanding the process for resource tracking and impact evaluation. Ongoing qualitative and quantitative analytic skills building will be supported.

5.2 Plans for future learning and skills development

PATH DRC and IHME-PATH HQ plan to continue working together for further skills development based on country-specific needs. Trainings will aim to ensure that skills required for the Evaluation Phase are aligned with the PCE data collection and analytic needs. IHME will continue to lead many analyses for outcome measurement, collaborating closely with DRC on code, tools and data analysis for resource tracking and impact evaluation. PATH will continue to support skills development to strengthen the process evaluation approach, including evaluative thinking through root cause analyses and capacity building to conduct the partnership network survey analysis. Furthermore, there are plans to harmonize across the PCE countries to the extent harmonization is possible and desirable. To this end, a multi-partner meeting is planned for cross-CEP knowledge sharing, and GEP-CEP working sessions in Seattle in June 2018.

Chapter 6: Conclusions and recommendations

6.1 Conclusion

The grant development and approval deadlines for January 2018 have been met. It was a notable success and will allow grant implementation to begin on time without significant delay, which was not the case during

previous cycles. Another success was the fact that grants were approved at the same time which allowed for harmonization and streamlining (by achieving economies of scale). The Country Team worked hard to keep the funding request and grant-making on track, and supported the growth and capacity development of stakeholders during the application process.

The funding request and grant-making process was generally seen as inclusive and transparent with major stakeholder groups represented, although evidence suggests that some community interests were not meaningfully represented in the process. Further, the process was largely perceived as country-led based on broad stakeholder participation and provincial-level dialogues, however required significant support from the Global Fund Country Team. This contributed to the timely and high-quality application.

The anticipated benefits of program continuation and tailored review were evident. The funding application process was lighter, faster and simpler, which was appreciated by the stakeholders. This resulted in an application cycle that was quantifiably shorter than previous cycles. However, the process of applying for matching funds was unclear, confusing, and unnecessarily repetitive and should be reconsidered for future application cycles. Activities and strategies proposed in the funding request were consistent with country priorities and were supported by national strategic plans. The process of developing the funding requests benefited from significant technical and financial support from development partners.

As one of the four strategic objectives of the new Global Fund Strategy, the latest funding cycle was successful in including a greater Global Fund investment in RSSH, but details on the operationalization of these funds remains lessclear and the PCE team will continue to examine these activities as they are carried forward during grant implementation .

Greater consideration was taken regarding human rights, gender issues and the needs of key and vulnerable populations, with strong partner mobilization and adoption of strategies to address them. Still, more meaningful participation by groups representing key and vulnerable populations could be improved, and gaps relating to activities and effective community strategies were noted.

Regarding the new STC policy, there was an increase in government co-financing commitments, owing in large part to strong advocacy by the country team. Although the policy was widely disseminated and explained, the understanding among stakeholders at different levels varied.

6.2 Recommendations

The recommendations provided in this report were co-developed with country stakeholders via multiple participatory channels. Both the PCE Advisory Board and broader stakeholder community were engaged in this process, which was considered necessary to ensure that the PCE recommendations are relevant and actionable for the DRC. The PCE findings and preliminary recommendations were first reviewed in consultation with the Advisory Board and then presented to stakeholders during the PCE Dissemination Workshop that took place on April 18, 2018 in Kinshasa. The workshop attendance was substantial and included participation of 69 stakeholders from all key groups involved in the funding request and grant making phase. During the workshop, stakeholders were divided into groups and worked on developing recommendations in response to the PCE findings. The PCE team then analyzed the proposed recommendations, taking into consideration their relevance, specificity, and the degree to which they would be actionable. Based on this analysis, the PCE team made additional modifications and proposes the recommendations listed below.

Findings	Recommendations
Finding 1: Changes in the funding request and grant-making process, coupled with improved country readiness, enabled faster grant processing.	1. **The Global Fund** should continue to implement the differentiated application approach, including application modalities such as program continuation and tailored review in cases where strategic priorities remain relatively unchanged.
Finding 2: The process of applying for matching funds was unclear, confusing, and unnecessarily repetitive, resulting in additional work.	2. **The Global Fund** should consider incorporating the matching funds request into the disease program funding requests, and ensure that adequate technical assistance is identified early in the process. 3. **The Global Fund** should develop stronger guidance for countries on the process for applying for matching funds and clear expectations for matching funds proposals.
Finding 3: The funding request and grant-making process was generally considered inclusive, but ensuring meaningful participation of civil society groups remains challenging.	4. **Technical partners** should work on strengthening the capacity of civil society groups for more meaningful participation in the funding request development process and that their contributions are leveraged during grant implementation. 5. **The Ministry of Health's co-financing monitoring commission** should (a) formalize the commission and make it functional, (b) make financial resources available to civil society groups in a timely manner to facilitate more meaningful participation of civil society groups in funding request development.
Finding 4: The funding request and grant-making process was generally considered transparent, although perceptions of transparency were sometimes questioned in relation to the PR selection criteria.	6. **The CCM** should work on strengthening communication channels with country stakeholders at all stages of the application process to ensure greater transparency, and active stakeholder participation.
Finding 5: Although there was significant Global Fund involvement, the funding request and grant-making process was perceived as country-led and responsive to country priorities.	7. **The Global Fund** should take the necessary steps to strengthen the decision-making power of the CCM and support its operational capacity.

Finding 6. CCM reforms have contributed to improvements in CCM functionality, but continued capacity building and support is required to ensure that the benefits of these reforms are fully realized.	8. **The Global Fund** should continue to invest efforts in supporting the CCM in its structural and institutional reform and capacity, including (1) ensuring that CCM reforms are fully executed and realized; (2) strengthening the CCM's standing, including its ability to effectively engage with the Ministry of Public Health and the broader stakeholder community. 9. **The CCM** should make a greater commitment to following through on reforms introduced in 2015 and improve communication between the CCM Secretariat and the CCM General Assembly and stakeholders for more effective collaboration.
Finding 7. The provincial approach has been positively received but questions remain about how the approach will be operationalized.	10. **The PCE** should continue to examine the operationalization of the provincial approach.
Finding 8. Investments in RSSH in new grants remain strong and aligned with country priorities. However, details on how RSSH plans would be operationalized were lacking in the funding requests.	11. **The PCE** should monitor how investments in RSSH are operationalized during grant implementation.
Finding 9. There was broad inclusion of groups representing key population in the application process, however their capacity to meaningfully contribute was considered weak.	12. **The CCM and D5, with support from technical partners,** should consider how to reinforce the support provided for community participation in the funding request development process in accordance with the Ministry of Health's strategy for developing community participation. 13. **Technical partners** should work together and with civil society groups to ensure that the community-based approaches that have been developed are finalized and used to guide activities.
Finding 10. Despite difficulty defining certain key populations, approved grants demonstrated a strong commitment to reducing human rights barriers and addressing gender inequalities.	14. **The Global Fund** should consider how the results from key population mapping exercises are utilized to better target and tailor interventions to address barriers to health services among these groups.
Finding 11. Increases in government co-financing commitments are more likely attributed to strong advocacy efforts by the Global Fund Country Team than as a result of the STC policy.	15. **The government** should continue its effort to make more permanent and regular co-financing commitments while establishing a regular monitoring and reporting mechanism.

Chapter 7: Plans for 2018

7.1 Implementation of New Grants

In 2018, the PCE will assess the impact of the 2017-2019 funding cycle by examining the early grant implementation process. This includes looking at the process of closing current grants and transitioning to new grants. In the DRC, many of the same activities are continuing but under different institutional arrangements intended to improve the efficiency and effectiveness of service delivery. These include (1) geographic rationalization that redefined zones of intervention for Global Fund, PEPFAR, and PMI investments; (2) nominating a single civil society PR for both TB and HIV activities; and (3) entrusting one single sub-recipient per province to be responsible for activities pertaining to each of the three diseases. In addition, the PCE will assess how specific service delivery models such as the "one-stop shop" for TB/HIV care and treatment and new initiatives such as the provincial approach and SASA! pilots contribute to maximizing the impact of Global Fund investments. The PCE will continue to apply a mixed methods approach to looking at both what happens and why, including understanding and responding to the root causes of major bottlenecks that emerge during this phase of the grant cycle.

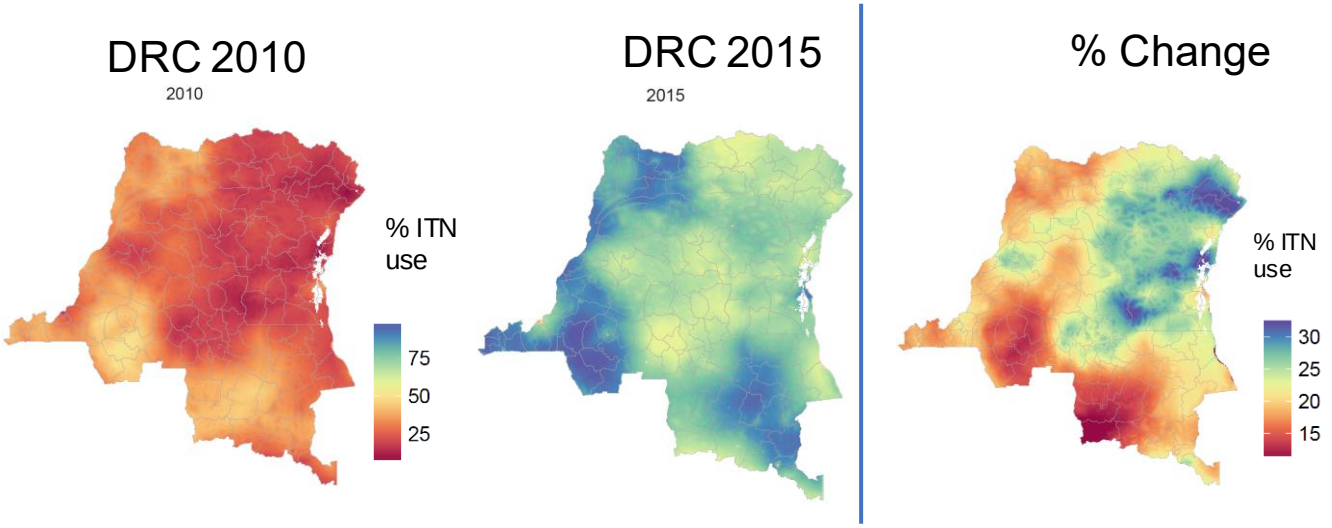
7.2 Resource Tracking and Impact Evaluation

As new grants are starting, in-depth analysis of grant components and resource tracking methods will be applied to study how resources are expended and the relationships between grant investments and achievement of key outputs and outcomes. Included in that will be the assessment of the Global Fund's contribution to health system outputs and broader health outcomes through impact evaluation.

Early progress has been made in measuring baseline indicators for impact evaluation. Key outcomes and burden of disease indicators measured so far include ITN usage, ACT coverage, and malaria incidence, prevalence and mortality, each of which offer useful information for evaluating intervention impact. Measurement of these indicators has been done in collaboration with the Malaria Atlas Project (9,10), a modeling group whose underlying database of survey data, program data and covariates, as well as state-of-the-art statistical models offer the most comprehensive and detailed estimates of these figures to date. Such estimates will be monitored in the context of program activities to understand changes in intervention coverage over time and how they relate to grant implementation. This will be put into perspective with mass campaigns that take place every three years.

Figure 5 demonstrates the utility and granularity of the estimates, highlighting coverage of ITNs in 2010, 2015 and the percent change between them. From these maps, it can be observed that ITN coverage in 2015 was highest (over 75%) in the provinces of Kinshasa (Western), Kwango (Western), Nord-Ubangi (Northwestern) and Haut Katanga (Southeastern), but as low as 50% in certain other areas such as Kasasi (Central) and Bas-Uele (Northern). The percent change map shows that the greatest progress has been made in the Northeastern parts of the country, with Ituri and Maniema increasing bed-net usage by as much as 30% in the five-year span. These figures help to establish a baseline assessment of ITN usage, in order to evaluate the context in which the upcoming grant is operating and set expectations about the trajectory of ITN usage in various parts of the country.

Figure 5. Model estimates of insecticide-treated bed-net (ITN) usage



7.3 Partnership Network Survey

In December 2017, data collection started for the partnership network survey and will continue through the end of March 2018. The purpose of the network survey is to examine the nature of collaboration among Global Fund stakeholders during the funding request and grant-making process. By measuring the relationships between stakeholders, the PCE will be able to assess the partnership context and structure, performance of partners and partnership practices. It will also evaluate the added value of partnerships in terms of effectiveness, efficiency, and country ownership. Results are expected to be available to share with stakeholders during the April country dissemination workshop.

7.4 Advisory Board Meeting

As part of preparations for the stakeholder dissemination meeting, PATH-DRC plans to hold an advisory board meeting in mid-March 2018. This meeting aims to present the PCE findings, receive feedback on the findings, and work on refining the recommendations to maximize their relevance for the country.

7.5 Stakeholder Dissemination Meeting

PATH-DRC plans to have a dissemination meeting with all Global Fund stakeholders including national and sub-national partners, academia, policy makers and political leaders scheduled for mid-April 2018. The meeting is being organized in such a way that will allow for interpretation and discuss of results to facilitate a joint understanding of the PCE findings and implications for work. This is expected to aid joint development of recommendations and further galvanize country ownership of the PCE findings.

7.6 Anticipated Risks and how these will be managed / mitigated

Table 8. Risks and strategies for mitigation

Risk	Description	Mitigation Strategy
Political instability	• Political instability in Kinshasa and in the provinces where the PCE is present undermines and interrupts PATH-DRC's work. Examples include "ville morte" and internet cuts which impede circulation and communication.	• Anticipate blockages and re-arrange data collection schedules accordingly • Allow ample time for finalizing deliverables
Staff retention	• The success of the PCE is highly dependent upon the ability to attract and retain highly trained staff with the requisite qualitative evaluation skills. • Staff fatigue and burnout poses a risk to being able to maintain staff.	• Manage the scope of the PCE to ensure that workloads are manageable and that the team is adequately staffed to deliver results.
Value-Add	• First phase of evaluation was largely retrospective in examining the funding request and grant-making phase, thereby risking insufficient demonstration of the value-add of the "prospective" nature of the evaluation approach.	• At dissemination meeting, highlight value of findings for next application cycle –both in terms of local lessons learned and that findings will feed to global level for consideration • Strong focus in 2018 on documenting use of PCE evidence and findings for decision making
Data collection / access	• Respondent fatigue • Data access • Data quality	• Limit collection of KII data and duration of KIIs to reduce respondent fatigue • Continue building in-country relationships to facilitate data access to routine data and existing surveys • Use multiple data sources for cross-validation
Scope	• The overall scope of PCE is broad. Fatigue among evaluation teams is a potential risk, as PCE scope can seem unmanageable given existing resources (team size).	• Consistently re-iterate scope of evaluation and expectations for what PCE can deliver in 2018 • GEP/CEP brainstorm
Buy-in	• Access to information, meeting observations, data etc. requires strong relationships with country stakeholders and the Global Fund CT.	• GEPs will continue to engage with TERG Secretariat and Country Teams to provide regular updates and request assistance with accessing information • CEPs will continue to engage with Country Team and country stakeholders to provide regular updates and solicit information • TERG Secretariat will facilitate coordination, communication lines, and information requests when necessary

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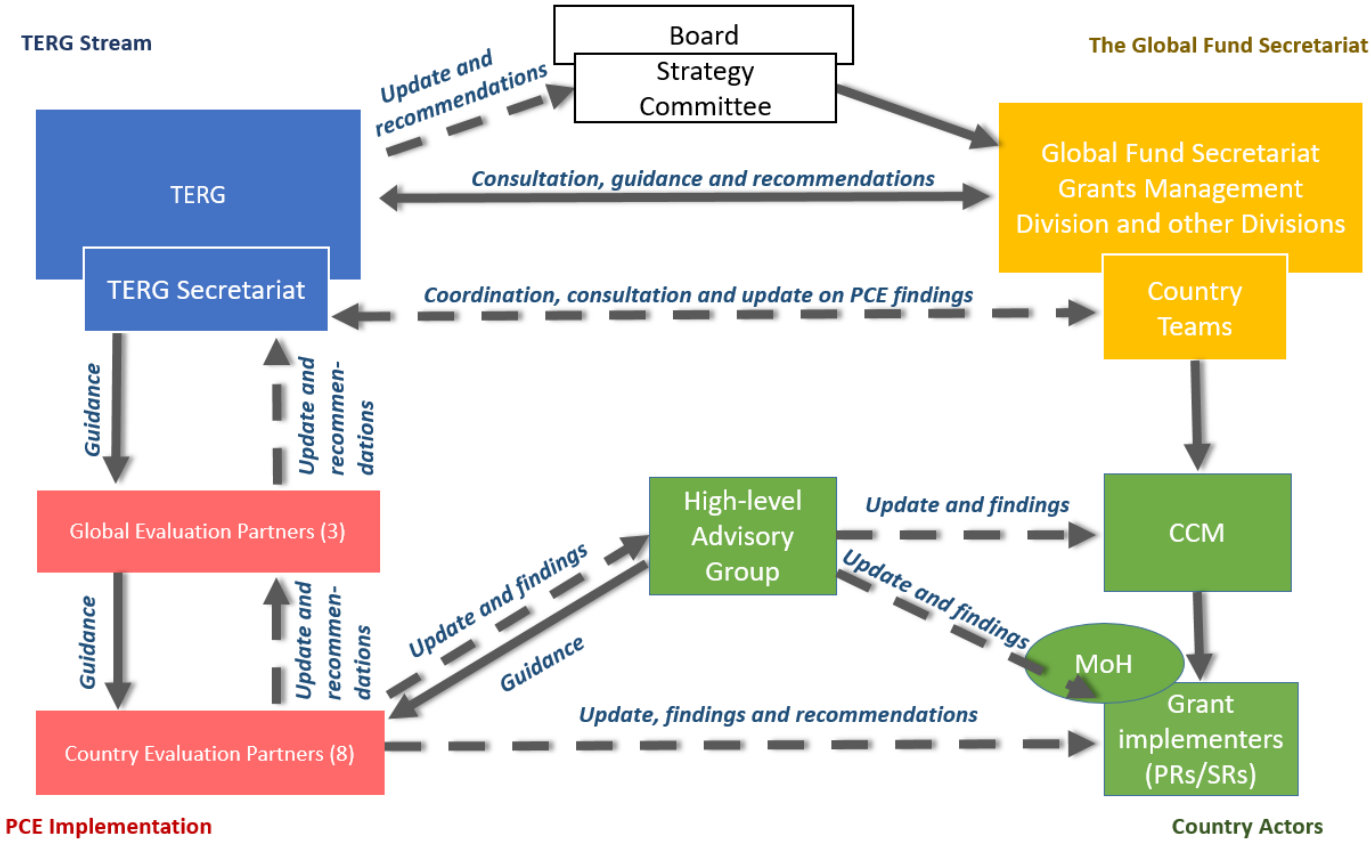
Annex I: PCE Governance

PCE Governance Structure



PCE High-Level Advisory Board (HLAB) Terms of Reference

TERMS OF REFERENCE FOR GLOBAL FUND PROSPECTIVE COUNTRY EVALUATION (PCE) ADVISORY BOARD IN THE DRC

September 27, 2017

Background:

The Global Fund to Fight AIDS, Tuberculosis, and Malaria is a partnership organization that mobilizes and invests nearly $4 billion per year to accelerate progress toward ending the AIDS, tuberculosis (TB) and malaria epidemics in countries most in need. The Global Fund launched a new Strategy for 2017-2022: *Investing to End Epidemics*. In order to provide a comprehensive assessment of the implementation and impact of the Strategy, the Global Fund's Technical Evaluation Reference Group (TERG) selected eight countries to conduct Prospective Country Evaluations (PCE): Cambodia, Democratic Republic of Congo, Guatemala, Mozambique, Myanmar, Senegal, Sudan, and Uganda. The PCE is an independent evaluation that aims to assess the Global Fund's business model, investments, and impact, in order to generate evidence in real time to inform global, regional, and country stakeholders and accelerate progress towards meeting the Global Fund's Strategic Objectives. These objectives are 1) Maximize impact against HIV, TB and malaria; 2) Build resilient and sustainable systems for health; 3) Promote and protect human rights and gender equality; and 4) Mobilize increased resources. The PCE is an opportunity to explore what is working (or not) in more detail, and to understand why. The PCE aims to assess the whole Global Fund impact chain, from inputs to grant application to implementation and, ultimately, to impact. In doing so, the PCE will identify and disseminate best practices to improve the Global Fund model. Because it is prospective, the PCE offers opportunities for dynamic, continuous learning and problem solving.

The PCE is led by the Institute for Health Metrics and Evaluation (IHME) in collaboration with PATH and country evaluation partners. The PCE includes two distinct phases:

- Phase 1 (May-September 2017), the 5 months inception phase in which early preparatory work was completed to understand context, priorities, evaluation opportunities, and to develop detailed evaluation proposals and work plans for each country.

- Phase 2 (October 2017 – March 2020), the 2.5 years evaluation phase, which will be the implementation of the evaluation proposal in each country.

PATH/DRC, the country evaluation partner for the DRC, will be involved in designing and executing the evaluation framework with support from IHME and PATH. This includes planning and organizing the stakeholder consultation and country advisory board meetings, leading the effort to identify and obtain country level data through systematic review and consultations/fact finding missions, leveraging the resources of other in-country projects, contributing to the development of data collection instruments, and playing a leading role in data collection and analysis, and dissemination of results.

The PCE will be led by Principal Investigators Dr. Leon Mukonkole Kapenga from PATH/DRC, Dr. Steve Lim from IHME, and Dr. Katharine Shelley from PATH/Seattle. In order to facilitate implementation of the PCE in DRC, we seek to assemble a country advisory board consisting of country partners and opinion leaders with expertise in public health research and evaluation, and technical expertise in HIV, TB, and malaria to provide support and advice. In addition to facilitating implementation, the advisory board will ensure the use of findings and evidence in the country.

Advisory Board Functions

The specific roles and functions of the advisory board will be to:

1. Facilitate access to necessary data and coordination among key Global Fund stakeholders in the DRC including the relevant ministries, grant implementers (both government and civil society) for HIV, TB, malaria, and community, Country Coordinating Mechanisms, communities, development and technical partners, donor agencies, and other key stakeholders and experts.

2. Provide links and coordination between the Global Fund PCE and other planned and ongoing HIV, TB, malaria related interventions and evaluations in the region.

3. Act as a source of advice and expertise on the strategic direction and delivery of PCE objectives, including providing input on PCE implementation decisions which the evaluation team seeks consultation.

4. Ensure that PCE activities have the potential to contribute to informing the strengthening of the HIV, TB, and malaria programs in the DRC.

5. Facilitate the use of PCE recommendations among key Global Fund stakeholders in the DRC.

DRC PCE Advisory Board Membership

1. The Global Fund PCE Advisory Board will have five to ten members who will be selected by the Kinshasa School of Public Health in consultation with the PCE Project Manager (Dr. Salva Mulongo). Members will be appointed for their expertise/background in HIV, TB, and malaria related activities, qualitative and quantitative expertise, community advocacy, policy, research, or recognition as a Public Health opinion leader in the DRC. Members will be selected from the government, health and finance arenas, donor agencies, academic institutions, community, private sector and other organizations with the designated expertise. To ensure independence of the advisory boards, members will not be directly involved in Global Fund activities and will not be linked directly to the Global Fund PCE evaluation exercise.
2. Members will disclose conflicts of interest at the board formation and on an annual basis.
3. The board will reach a quorum when four members are present.
4. The board will meet approximately twice a year or as needed.
5. Members of the board will not be remunerated but will be reimbursed transportation costs ($ 20 / day) and facilitation fees ($ 50 / day) every time they held a meeting as a result of their membership.
6. The board will not have any direct executive authority but will be advisory to the Global Fund PCE team and other stakeholders.

Advisory Board Recommendations

Members of the Advisory board will freely elect a President, a Vice-President and a Rapporteur

A member of the PCE team will take the minutes of the advisory board meetings

Minutes and recommendations will be prepared after each meeting of the board which will be forwarded to the Global Fund PCE Principal Investigators.

Advisory board meeting will be held at PATH/DRC Conference Room.

Annex II: Evaluation framework including specific evaluation questions, methods and prioritization

EVALUATION QUESTIONS		SUB-THEMES	ToC Areas	Theme	Global	DRC
Funding Request, Grant Application & Making	1. What is the nature and role of partnerships between Global Fund and in-country stakeholders participating in the grant application and making processes?	• What has been the role and contribution of international development partners in the grant application and making processes? • What has been the quality and impact of technical assistance? • What are the key PR/SR capacity issues identified during grant application/making, and what technical partner support (TA) been budgeted to strengthen program implementation? • How has the nature and role of partnerships evolved compared to previous funding cycles?	Strategic enabling environment			X
	2. What are the barriers and facilitators for a successful grant application/making process, including responsiveness to country priorities, perceived needs, and resource allocation decisions?	• Are funding application tools and templates well understood and simple to use? • Is the country dialogue conducted in a way that supports country strategies and systems? • To what extent is the process transparent, inclusive (including community involvement) and country-led?	Grant application & making; Strategic enabling environment; Inputs (Resources); Inputs (Institutions & Relationships)			X
	3. How effectively does the CCM coordinate stakeholders and partners for grant application/making and program implementation?	• Influence of CCM on MOPH/Gov't priorities	Grant application & making; Strategic enabling environment			X
	4. To what extent are expected implementation bottlenecks anticipated and planned for in the grant application and making phase?	• Procurement challenges • Contractual delays	Grant application & making			X
	5. How effectively are key and vulnerable populations considered, defined, and addressed in the grant application and making process (across program areas)?	• Definition of key and vulnerable populations and strategies for reaching • How much money is devoted to key and vulnerable populations	Grant application & making			X

		• Level of involvement of key and vulnerable constituencies in application				
	6. How has the differentiated funding request approach enabled a more efficient and streamlined application and review process compared to previous application processes?	• Has it reduced the time taken to get to grant approval compared to previous funding cycles?	Grant application & making; Strategic enabling environment			X
	7. What barriers and facilitators have been experienced in negotiating co-financing commitments, as compared to previously?	• How and why were the MoF engaged in STC discussions and has this made a difference compared to previous approaches? • What challenges and opportunities have been experienced with understanding and adhering to the STC policy requirements compared to previously? • How effective has the STC policy been in stimulating co-financing?	Inputs (Policies, (Resources, Institutions & Relationships); Grant application & making			X
SO1 | Impact, Transition, Challenging Operating Environment	8. What are the trends and distribution (geographic, demographic and socio-economic) of HIV, TB and malaria-related health outputs and outcomes?	• What are the epidemiological trends related to prevalence, morbidity, and mortality for the three diseases? • What are the trends among health service output indicators for the three diseases, such as number of people tested?	Outputs; Outcomes			X
	9. To what extent do Global Fund resources contribute to improvement in health outputs and outcomes for HIV, TB and malaria? How does that contribution vary geographically and demographically, and what are the barriers and facilitators to achieving outputs and outcomes?	• What are the barriers and facilitators to achieving outputs and outcomes?	Outputs; Population Health Outcomes; National program implemetnation			X
	10. How effective and efficient are Global Fund risk management and oversight mechanisms at enabling program results?	• To what extent do administrative and financial management procedures impede implementation?	*Not explicit – consider adding to ToC*			X

SO1 | Impact, Transition, COE		• Are administrative procedures well adapted to country contexts, challenging operating environments (COEs) in particular? • Is there adequate balance between managing risk and enabling program impact?				
	11. In COEs, how do partnerships and increased flexibilities in Global Fund processes contribute to greater effectiveness and impact?	• Are there increased flexibilities in the application of Global Fund procedures? • To what extent are the increased flexibilities tailored to the country context to enable efficient transfer of resources with fewer transaction costs? • How have increased flexibilities contributed to greater effectiveness and impact?	Inputs (Policies); Strategic enabling environment			X
	12. How have reforms in country-level implementation models and strategies contributed to improving program efficiency and effectiveness?	• How has the reorganization of geographic coverage zones among implementers and donors affected program performance? • How has the implementation of an integrated HIV and TB service delivery model affected program performance? • What have been the challenges and successes of implementing the provincial approach? • To what extent has PBF contributed to improved access and utilization of maternal and child health services? • What have been the challenges and successes of the model for scaling up PBF? • What are the key coordination challenges and opportunities facing Global Fund stakeholders including, PRs, the MOPH, technical partners, etc.?	Inputs (Policies); Outputs; Population Health Outcomes; National program implemetnation; Strategic enabling environment			X
SO2 | Build RSSH	13. How effectively does Global Fund money move from global to national to sub-national levels?	• How does the provincial approach contribute to more efficient and effective transfer and utilization of resources to the provincial level?	Inputs (Resources; Institutions & Relationships); Strategic enabling environment			X

SO2 | Build RSHH	14. How do Global Fund investments contribute to building resilient and sustainable systems for health?	• How do Global Fund investments strengthen the information system(s) to improve efficiency and effectiveness of implementation? • How do Global Fund investments strengthen in-country procurement and supply chain systems? • How do Global Fund investments contribute to strengthening national M&E systems and mechanisms for continuous quality improvement? • How do Global Fund investments contribute to strengthening financial management and oversight capacity for greater accountability? • How do Global Fund investments contribute to addressing the human resources for health challenges?	Inputs (Resources); Outcomes (Health System outcomes)			**X**
	15. How has the Global Fund supported the government's decentralization of health administration to the provincial level?	• How does the provincial approach contribute to more efficient and effective transfer and utilization of resources to the provincial level? • What have been the challenges and successes in implementing the provincial approach?	Inputs (Policies; Institutions Relationships)			**X**
SO3 | Human Rights & Gender	16. Are Global Fund investments in programs to reduce human rights and gender-related barriers to HIV, TB and malaria services of sufficient amount, quality, and effectiveness?	• How are Global Fund supported programs addressing barriers to services for the most vulnerable, including key populations? • What have been the challenges and successes of implementing gender responsive programs?	Inputs (Resources); Implementation outputs			**X**
	17. To what extent have plans, policies and programs (related to three diseases in 2017-2019 allocation period) been designed and implemented in accordance with gender responsive programming, within country contexts receiving GF support?	• To what extent has gender been addressed in the design of the grant application?	Grant application & making; Inputs (Policies)			**X**

SO4 | Mobilize Resources	18. What are the trends and distribution of Global Fund resources (inputs), and how do they compare with need?	• What are the trends and distribution of resources by program activity area and by province? • Does the allocation of funds by disease program and program activity area remain the same over time? • How well do the geographic trends and distribution of funds correspond with the needs in terms of disease burden and population affected?	Inputs (Resources); Population Health Outcomes			X
	19. What are the drivers of consistently low rates of absorption (financial execution) of Global Fund investments?	• What aspects of the Global Fund business model facilitate or hinder effective and efficient absorption?	*Not explicit – Consider adding to ToC*			X
	20. How are government resources (including co-financing) allocated and utilized to complement Global Fund investments in the three diseases?	• What is the government co-finance commitment and to what extent has the government met its obligations? • How are co-financing resources allocated? • To what extent do Global Fund investments promote increased transparency in how government resources for health are allocated and spent? • What are the co-financing trends over time?	Implementation outputs; Strategic enabling environment			X
Strategic Enablers	21. What are the facilitators and barriers to the CCM functioning effectively within the standards/scope as defined by the Global Fund business model?	• Are roles and responsibilities clearly defined between Global Fund actors (e.g., CCM, LFA, CT, PRs/SRs), and effectively performed? • To what extent does the CCM effectively facilitate coordination among stakeholders/partners?	Strategic enabling environment			X

Questions considered across countries to address a strategic objective – proposed by IHME/PATH or drawn from the Global Fund Request for Proposal 

Prioritization of Evaluation Questions: **High** **Med** **Low**

Thematic Area Symbols Key:

 Partnership  Country ownership  Sustainability, co-financing, transition  Value for money