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Prospective Country Evaluation

Guatemala

2021 EXTENSION REPORT

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

DISCLAIMER

Views expressed in this report are those of the authors. The authors were 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 the 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.

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ACRONYMS

AHF	AIDS Healthcare Foundations
C19RM	COVID-19 Response Mechanism
CCM	Country Coordinating Mechanism
CDC	US Centers for Disease Control and Prevention
CHAI	Clinton Health Access Initiative
CIESAR	Centro de Investigación Epidemiológica en Salud Sexual y Reproductiva
COMISCA	Council of Ministers of Health of Central America and the Dominican Republic
CSO	Civil society organization
CT	Global Fund Country Team
DUFAI	Data Use for Action and Improvement
GDF	Global Drug Facility
HMIS	Health management information system
IHME	Institute for Health Metrics and Evaluation
INCAP	The Institute of Nutrition for Central America and Panama
KP	Key population
LFA	Local Fund Agent
M&E	Monitoring and evaluation
MoH	Ministry of Health
NFM2	New Funding Model 2 (Global Fund 2017-2019 allocation cycle)
NFM3	New Funding Model 3 (Global Fund 2020-2022 allocation cycle)
NSP	National Strategic Plan
PAAR	Prioritized Above Allocation Request
PAHO	Pan American Health Organization
PCE	Prospective Country Evaluation
PEPFAR	President's Emergency Plan for AIDS Relief
PF	Performance Framework
PMTCT	Prevention of mother-to-child transmission
PR	Principal Recipient
PU/DR	Progress update and disbursement request
RSSH	Resilient and sustainable systems for health
SICOIN	Integrated Accounting System
SR	Sub-recipient
TA	Technical assistance

TERG	Technical Evaluation Reference Group
ToR	Terms of Reference
TRP	Technical Reference Panel
UGL	Ministry of Health Logistics Management Unit
UNAIDS	Joint United Nations Programme on HIV/AIDS (UNAIDS)
USAID	United States Agency for International Development
WPTM	Workplan tracking measures

1. INTRODUCTION AND METHODS

1.1. Introduction

At the conclusion of the 43rd Technical Evaluation Reference Group (TERG) meeting held virtually on February 2, 2021, an extension was approved in seven Prospective Country Evaluation (PCE) countries, from April to June 2021. The extension explored the following topics:

i) country-level understanding and use of the concepts of health system s*upport and strengthening* from a more holistic perspective;

ii) the reasons for limited inclusion of indicators in New Funding Model 3 (NFM3) to track the impact of RSSH investments;

iii) key issues surrounding the revision of New Funding Model 2 (NFM2) grants;

iv) drivers and transparency of the grant making process for NFM3;

v) and any relevant lessons learned from the financial mechanisms of the Global Fund to respond to COVID-19 in the country.

1.2. 2021 Extension Period Methods

The analysis drew on qualitative data obtained by means of semi-structured interviews, and quantitative data extracted from grant documents, i.e., grant budgets, PCE Annual Reports and other relevant sources. An interview guide was developed for each topic of interest based on the Terms of Reference (ToR) elaborated by the TERG.

Table 1. Description of Interviews

Topic of interest	Position of interviewee/level of authority	No. per topic
RSSH	MoH authorities - high level MoH authorities - high technical level PR staff - high level & high technical level Consultants - high technical level	2 1 2 2
Grant making	PR staff CCM board member Members of Key populations HIV Program staff (MOH) LFA Consultant	3 1 1 1 1 1
Grant Revisions	PR staff LFA staff	3 2
	TOTAL	20

2. RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH (RSSH)

2.1. RSSH landscape in Guatemala

Key Messages

- The Global Fund investments in RSSH have not necessarily been complementary to the investments of other donors and technical partners due to gaps in strategic planning in the country.
- Wavering leadership in the Ministry of Health (MoH) has caused a lack of a more coordinated funding landscape.
- International donors operating in the country have maintained for years a focus on competitiveness instead of cooperation. This has resulted in a lack of coordination of interventions, causing duplication of efforts and limiting the capacity to design and implement cross-cutting and sustainable investments.

The Global Fund is considered by stakeholders to be a major donor for RSSH. Another important donor in the country is the US government President's Emergency Fund for AIDS Relief (PEPFAR), channelled through the US Centers for Disease Control and Prevention (CDC) and the US Agency for International Development (USAID) Central American HIV Project. The CDC has worked to build stronger health systems by increasing capacity in the Council of Ministers of Health of Central America and the Dominican Republic (COMISCA), but it has remained focused on HIV. USAID provides additional support for HIV through IntraHealth. Both the Global Fund and the US government provide direct support for implementation, but only the Global Fund transfers grant money into the MoH official budget for specific activities. Therefore, part of the investment of the Global Fund is reflected in SICOIN, the national accounting system. Other important partners in the RSSH landscape include Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Pan American Health Organization (PAHO), who provide technical assistance (TA) focused on capacity building, monitoring and evaluation (M&E), and standardization for reporting epidemiological data.

Other external partners in the funding landscape, also focused on TA, are mainly geared toward care and treatment, and not as much on RSSH, i.e., the Clinton Health Access Initiative (CHAI), Damien Foundation and the Aids Healthcare Foundation (AHF).

The MoH has not yet established a comprehensive plan to guide the nature and directionality of foreign investment, which has caused donors to remain vertical and disease-specific. There is no intentional planning to combine actions between specific programs in relation to building resilient systems. The result is duplication of actions and mismatch in the priorities between donors and the MoH. According to one key informant, *"...it comes to a point, where the lack of rectorship by the MoH causes agencies to go their own way and address their agendas. Rather than responding to well-designed strategies, the MoH is forever putting out fires."* Another key informant noted that *"...cumulative coverage targets are reported as more than 100% in some territories, putting into evidence the distribution and overlap in geographical areas and populations [between various agencies and sub-recipients (SRs)]."*

There are a few efforts to gain synergy in care and treatment through integration across disease programs. For example, the TB and HIV programs are conducting joint actions to diagnose and treat co-infection, but such coordination is less evident for RSSH. The Country Coordinating Mechanism (CCM) oversees all three programs, but usually they work in parallel, not building upon each other´s experiences, and the CCM has not catalysed greater coordination across RSSH investments. For example, the three disease programs have all invested substantially in the health management information system (HMIS) module, but have not coordinated between each other to ensure complementarity and to share lessons learned, which further compounds the fragmentation of information systems in Guatemala. Likewise, the experience gained in working with community systems, even when there are successes in the three diseases, remains program specific.

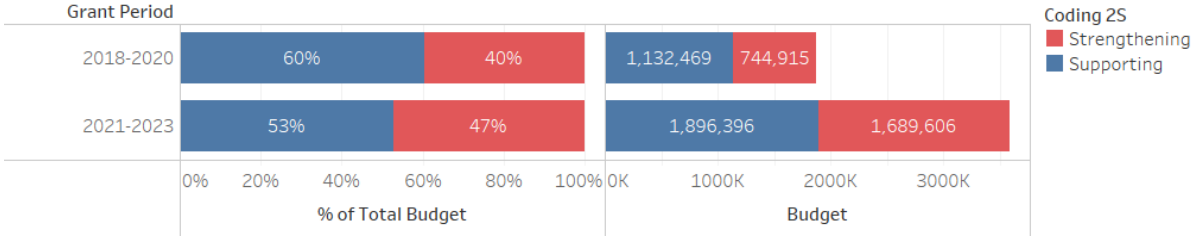
A more efficient coordination of investments in RSSH is compromised by the constant turnover in leadership positions in the MoH, at all levels. For instance, over the course of the PCE there have been four Ministers of Health and five changes in the head of the national HIV program. This situation is further exacerbated by a high turnover of technical staff, too. Currently, most of the staff, including the head of the HIV program, are new arrivals. Therefore, the MoH fails to consolidate its oversight functions and exercise due leadership to guide RSSH investment in HIV. The TB program has been more stable, but has also changed leadership at least twice, as has the malaria program. The void created is filled by the external partners themselves who aid the MoH by presenting proposals to address diverse needs and urgent matters. According to one stakeholder, *"The MoH is at the centre of the external cooperation, but as a recipient of foreign aid, not as the rector."*

Nevertheless, there was consensus across the interviews that the situation has improved in recent months, under the present authorities, better planning and leadership by the MoH is observed by respondents, conducive to a more efficient coordination between partners which could strengthen complementarity across donor-funded RSSH initiatives. Unfortunately, the COVID-19 epidemic has taken a toll on the overall functioning of the MoH and efforts to launch the vaccination are overriding other key actions like strategic planning and coordination with external donors, who are also stretched to respond to the pandemic.

2.2. RSSH support vs strengthening

The 2020-2021 PCE found that 47% of activities planned for the HIV Funding Request in NFM3 were designed to strengthen the system, up from 40% in the approved budget of NFM2. The main activity coded as strengthening was the development of a new HMIS for HIV M&E (Fig 1).

Figure 1. 2S Framework Analysis between NFM2 and NFM3 Funding Request



Source: NFM Funding Request approved budgets (2019-2020) and NFM3 Approved Budget

Key Messages

- There is a general comprehension of the concepts of strengthening vs. support among those involved in planning and writing the HIV Funding Request (NFM2 or NFM3), but there was no evidence of intentional investment in strengthening health systems, with the exception of the HIV information system planned in NFM2 and carried over to NFM3.
- The reasons are attributed to the lack of strategic vision in the MoH and absence of national policies and statutes guiding sustainable health investments beyond the MoH realm.
- Donors and technical partners remain vertical/siloed and tend to implement in accordance with their own priorities.

Key informant interviews revealed a general comprehension on the difference between 'supportive' investments in inputs, equipment, human resources, and filling gaps as opposed to 'strengthening' investments in systems, policies and sustainable achievements in public health. However, the terms were not used explicitly during the Funding Request/Grant Making process to designate the investments in RSSH.

By and large, key informants agreed that like with donor coordination and harmonization, the lack of strategic vision in the MoH precludes an intentional shift toward more strategic strengthening investments, resulting in an emphasis on short-term outcomes. These shortcomings were related to the following causes:

- A vertical (based on specific diseases) approach for public health does not elicit cross-cutting investments, both from MoH and international donors. This is embedded in the way public health is conceived and therefore organized in practice.
- The urgent becomes the priority and filling gaps of equipment and staff is more attractive to short-lived leaders and managers than long-term endeavours like designing a new information system, which can take longer to implement than their own permanence in the program.
- Sustainability of investments in health systems is hard to achieve from the disease programs level in the MoH hierarchy. The management positions in the MoH change often, even between electoral cycles, which interrupts the efforts made by the investments of the Global Fund. Decisions on the directionality of investments in RSSH to move toward strengthening and eventual sustainability transcends the realm of the disease programs and even the MoH. It should come from national **policies** and national health statutes, which will prevail regardless of the shifts in leadership and circumstances. National policies should inform the national strategic plans (NSPs). Without a well-drafted and costed NSP, the HIV program and others will hardly orient investment toward structural, long-term interventions.
- The political will and support of high authority levels is necessary to achieve investment objectives. *"Even when the funds did address structural interventions, they fall when funding ends because due administrative processes to ensure continuity are not in place."*

Nonetheless, the Global Fund is perceived as being an influential driver in the move toward strengthening investments after years of investing in critical infrastructure and capacity building in the MoH and civil society organizations. The advances in creating a new information system for HIV, mostly funded by the Global Fund grants, is the culmination of

long years of work to reach this point. Systemic investments tend to take a long time to move forward in the MoH, and often require a mix of support (equipment purchases, training, etc.) and strengthening.

2.3 RSSH indicators

2.3.1. Shifts in RSSH indicators during grant making (including addition of work plan tracking measures (WPTMs))

Key Messages

- The performance framework (PF) for the current grant (2021-2023) contains no indicators or WPTM to monitor and evaluate the investments in RSSH activities for the NFM3 HIV grant in Guatemala, even in areas of relatively high investment, such as the proposed new HIV information system.
- Despite the acknowledged need to better track RSSH investments by the national programs and the Global Fund, the Technical Reference Panel (TRP) did not comment on this issue.
- The HIV program has recognized as an important weakness that neither the MoH nor the principal recipient (PR) monitor external investments in health systems which is a gap that should be addressed by the HIV program in the future, and would entail the provision of resources to carry out said assessment.

The gap in monitoring instruments for RSSH investments in the country cannot be filled by the grant PF. Nonetheless, the indicators and tracking measures designed by the Global Fund for the grant PF can measure some aspects of these investments but no RSSH indicators were included in the current grant. The following causes were provided by the stakeholders to explain the continuous absence of indicators to measure the impact of investments in RSSH in the PF for the current grant (2021-2023):

- The indicators in the PF are set by the Global Fund beforehand and therefore the participants in the Funding Request/Grant Making process do not feel they are negotiable. The template of indicators is often taken as predetermined and not changed by the programs when drafting the Funding Request.
- The indicators in the modular framework usually measure coverage of health services while RSSH activities are not measurable by simple coverage quantities. RSSH investments are focused on changing management practices, training of personnel in management or analysis skills, supporting information systems, logistics systems, technical aid for strategic planning, which do not match with coverage of routine services or reporting.
- Indicators are discarded if they cannot exhibit progress in the grant activities. Some indicators are regarded by in-country stakeholders as “punishing” if the PR or the MoH cannot ensure success in achieving the set goals or showing considerable improvement in the quantitative measurements. Indicators are selected with a survivorship bias in favour of grant recipients. There is an incentive to track what can be shown that has improved. For example, in the case of the new health information system for HIV, there was a matching indicator in the Modular Framework (HSS O-7) but it was discarded because even though this new system is being implemented during the current grant (NFM3), it will not be completely deployed to all health services

in the country. Therefore, the answer to this indicator by the end of the grant would be negative.

- Selection of indicators is also limited by the lack of data availability to answer them, *"...even if we included indicators to evaluate the impact of investments in HIV systems, we do not have the resources or tools to measure them."*
- The participants of the Funding Request/Grant Making process have not studied in depth the Modular Framework documentation in order to make informed decisions about indicators in the PF. The most knowledgeable participants are the grant writers, *"...in general, people [in the MoH or SRs] do not read the instructions and the documents to write the funding request."*

The lack of indicators to monitor and evaluate the investments in systems of health that go beyond programmatic monitoring, not only in the PF but also in the MoH processes, was recognized as a weakness by the HIV program. This confirms the lack of a strategic vision with focus on sustainability for the national response to the HIV epidemic and in general for the country's public health system. The strategic framework for data use for action and improvement (DUFAI) of the Global Fund is not well known by the grant writers, who are the experts in the grant making documentation. This is a comprehensive framework that can guide the monitoring and evaluation efforts for investments in data systems which are an important part of RSSH investments, especially in Guatemala given its important weaknesses in M&E capacity.

2.4. Recommendations

The indicators for RSSH in the Modular Framework (1) are mostly quantitative, oriented to measure coverage, not the impact of the investments in the RSSH module[1]. However, the WPTM is better suited for this purpose and can be a useful tool to gauge advances qualitatively

- The CCM should encourage greater integration of cross-cutting RSSH activities across the three disease programs. As part of its effort to improve coordination and integration across the three diseases, the Global Fund could promote cross-cutting RSSH interventions between donors, thereby adding value to the overall investments in RSSH. An example is the need to share the relevant information in order to avoid overlapping efforts between the external aid agencies and the MoH through data governance policies. These policies should be established by the MoH and adopted by the external organizations. It is necessary to identify other opportunities to enhance the coordination and governance of external aid.

- A formal landscape of donor investments in the three epidemics would improve coordination and directionality of external aid. The CCM could spearhead this endeavor since it seats all interested parties in its board and assembly. The CCM could also play a more analytical role to move toward more strengthening investments (vs. support to fill in gaps).

- Involve key partners and design sustainable structures capable of surviving turnover of staff and management officials by means of joint planning with other government relevant ministries and entities, e.g., Minister of Finance.

[1] Full list of RSSH Module and WPTM indicators can be consulted in Annex 1

The WPTM can help track advances qualitatively and should be considered and discussed by the stakeholders involved in the FR/GM processes. The Global Fund could recommend or even require some of these measurements, given the passive attitude from the country stakeholders in this subject. The next step is to ensure that the HIV program and the PR actually have the resources to measure whichever indicators and measures are selected. An example of a measure in the WPTM is provided in Table 2 below.

Table 2. Example of indicator relating to health sector governance and planning

Health sector governance and planning	Numeral 4. Number of actions taken by MoH with internal and external partners during the reporting period on aligning objectives, budget and/or operational plans with the national disease control programs

Although valuable efforts have been undertaken in the past to improve the coordination between external partners, they are falling short of achieving optimal synergy and true integration.

3. HIV GRANT MAKING

3.1. Background on Grant making process and overall changes

Two sets of consultants were hired for the preparation of the Funding Request. After the Funding Request form was completed, the financial consultants were hired to prepare the budget. Despite the knowledge of the Modular Framework by the staff of the PR and The Institute of Nutrition for Central America and Panama (INCAP), the limited time to prepare the budget produced a long and exhausting revision during grant making to recategorize modules and interventions.

The approved total budget increased by 4.9% in relation to the Funding Request due to the addition of the COVID-19 Response Mechanism (C19RM) and the one-year extension of the Comic Relief Prevention of Mother to Child Transmission (PMTCT) project. Even when the NFM3 budget had to absorb pending payments of NFM2 surveys, the surveys only represented 2.8% of the total grant budget. The prioritization of activities resulted in savings that allowed the inclusion of health products, tests and refurbishing of facilities, which were programmed in the Prioritized Above Allocation Request (PAAR).

The TRP Issues had a low impact on the budget. Three out of six issues in the review were addressed with resources already planned in the grant. The inclusion of few new activities to

fulfil recommendations in Issues 3 and 5 of the TRP and the Global Fund country team (CT) only represent 2.7% of the total budget.[2]

3.2. Findings in relation to inclusivity, transparency and country ownership

The grant making process for the NFM3 HIV grant entailed two related sets of activities at various stakeholder levels. The main activity was a detailed revision of the budget executed, which involved staff of PR INCAP and the HIV Program, with the validation of strong budget assumptions by the Local Fund Agent (LFA). The purpose of the revision was to make amendments in miscategorised budget lines in the Funding Request budget.

The second part of shifts during grant making were to address the TRP recommendations. The CT is providing ongoing TA to respond to TRP issues on RSSH and equity.

The discussions on these issues have been inclusive according to the level involved (CCM, PR, National HIV Program), but complex. Civil Society representatives participate in the general planning and prioritization, but complain that several of their proposals are disregarded during grant making without their consensus.

MoH difficulties in addressing TRP issues underscores the challenges faced in achieving greater country ownership. The following reasons were mentioned to explain the difficulties: i) the lack of an information system that provides updated and disaggregated data timely; ii) the lack of coordination between the different programs; iii) the lack of leadership by the National HIV Program; and, iv) the absence of decision-makers from the MoH during the work sessions which precluded reaching agreements.

3.3. Explaining shifts in RSSH investments at grant award

Key Messages

- Influence from local stakeholders such as the MoH and the Ministry of Health Logistics Management Unit (UGL), helped drive some of the larger shifts.
- Recommendations from TRP guided only a few of the changes.
- Changes to correct errors in the application of the modular framework were also common.

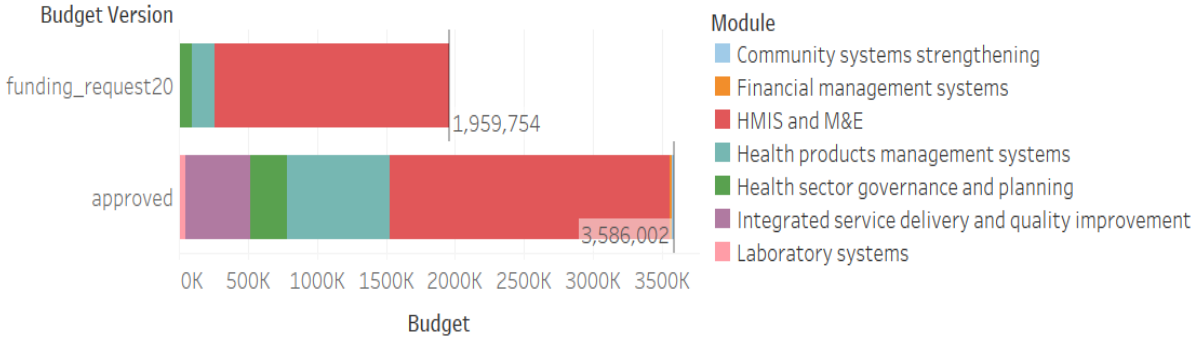
The revision of the total budget allowed savings for $852,432. The savings allowed the inclusion of two budget lines in RSSH for refurbishing health facilities ($618,219) in accordance with the strategic plan of the UGL.

The recategorization of activities accounted for 7.70% of the budget of all the RSSH modules. During this process, the exercise mainly involved moving around the activities that

[2] New activities that required adding budget lines were the salary of a consultant for technical assistance to the HIV Program under the supervision of PAHO; a bio behaviour study to characterize risks of KP; and an allocation of funds for an evaluation of the CSO capacity for governance and financial management, and consultations to KP to trigger demand. To address TRP Issue 3, a new budget line for procurement of computer equipment for HMIS was also included.

were miscategorized in other modules when drafting the Funding Request, which entails a thorough understanding of the modular framework. As a result, the total number of RSSH modules grew from four to seven modules, with an overall upward shift in RSSH budget by 83%. The modules that underwent the highest shifts were Health products management to include refurbishment and equipment, and HMIS/M&E. Integrated service delivery and Quality Improvement module changed due partly to allow hiring a consultant (Figure 2).

Figure 2. Comparison between the Funding Request and the final approved budget for RSSH modules

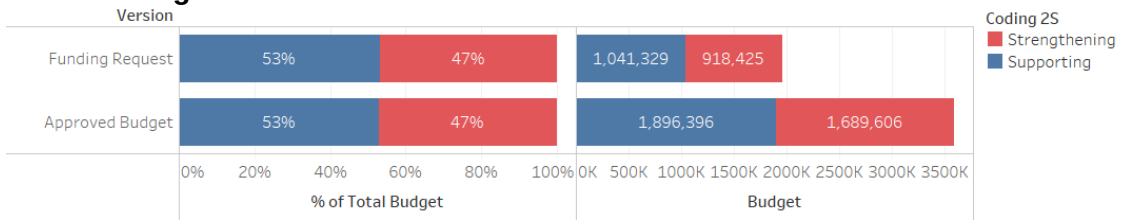


Source: NFM3 Funding Request and Final approved budgets (2021-2023)

Activities from NFM2 and PAAR were added to RSSH modules. The HMIS and M&E module budget increased by $762,470.21 to pay for NFM2 surveys that will be concluded in NFM3 (14.80% of the RSSH modules and PAAR activities 17.23%).

Support vs strengthening. Despite the significant increase in budget for RSSH modules during grant making, the PCE did not find a notable shift in the level of investment in NFM3 directed to strengthening vs. support activities (Figure 3), partly influenced by support to improve infrastructure in HIV clinics. Strengthening activities account for upgrades to the UGL which crosses the three disease programs and the effects outlast the grant.

Figure 3. Supporting and strengthening investments in NFM 3, from Funding Request to Grant Making



Source: NFM3 Funding Request and approved budgets (2021-2023)

3.4. Explaining shifts in equity investments at grant award

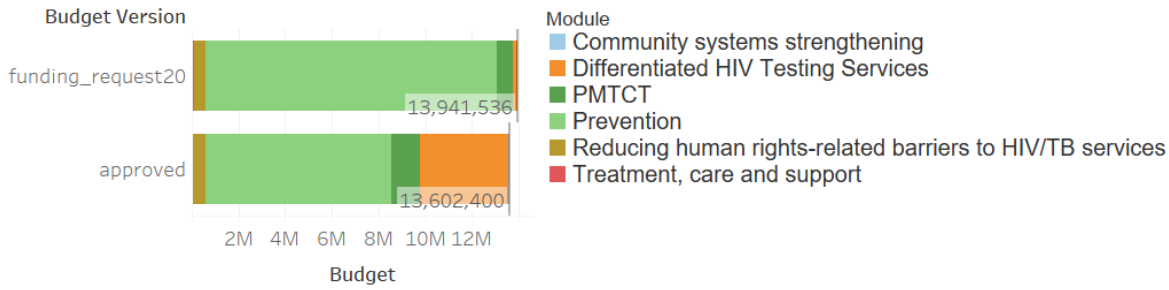
Key Messages

- CT and TRP recommendations guided several of the changes relating to HIV testing strategies
- Much re-categorization to properly organize activities took place, resulting in a slight decrease in funds considered related to equity.

The main shifts in equity-related interventions were the following:

- The HIV tests were assigned to a different module, Differentiated HIV Testing Services, according to the new format of the Health Products List.
- The CT recommended to split the costs of the promoters in relation to the work they perform, thus, half of the costs of the promoters (salaries and travel expenses) were moved from the Prevention module to the Differentiated HIV Testing Services module.
- The CT and the LFA also recommended that the advocacy plans for key populations (KPs) and the travel expenses for citizen monitoring be moved to the Reducing Human Rights-related Barriers to HIV/TB Services module, see Figure 4.

Figure 4. Comparison between investments in equity in the Funding Request and the approved budget



Source: Funding Request and approved budget of NFM3 (2021-2023)

Activities from NFM2 and PAAR were added to the equity budget. Pending surveys from NFM2 were added to the new grant: Comic Relief allowed for one-year extension for PMTCT and some surveys belonging to the Reducing Human Rights-related Barriers to HIV/TB Services module and Treatment, care and support module pending from NFM2 for the amount of $979,518.51. Savings allowed that PAAR activities were moved to the approved budget. HIV rapid tests for $234,123 to be used by the National HIV Program are going to be purchased by the approved budget.

New HIV tests were introduced to fulfil CT and TRP recommendations. New budget lines were added to procure DUAL tests in the Differentiated HIV Testing Services module, supported by the fact that these tests were already in the national algorithm.

Note: There was also an increase in the amount of OraQuick tests to be used by the SRs to amend a miscalculation that occurred in the pilot conducted by the PR in NFM2, and also for

birth attendants to increase access to HIV testing for pregnant women based on the TRP recommendations on PMTCT.

Two surveys were eliminated to avoid duplicity. The study on the legal analysis to decriminalize condom-holding by female sex workers was added to the advocacy plan by recommendation of the LFA and the study about gender violence in the transgender community is being financed by the Global Fund's Strategic Initiative of Community, Rights and Gender.

The modification of the citizen monitoring strategy seeks to improve efficacy of this intervention in detriment of direct participation of KPs in the process. The new modality assigns hired lawyers to conduct the citizen monitoring and precludes KPs their participation in monitoring provision of health services.

3.5. Recommendations for increasing transparency in reporting changes between funding request and grant award.

- Civil society representatives and the CCM should be briefed on key changes to the budget during grant making, and the justification for such changes. The PR can prepare a document reporting changes made to each module signalling the most significant changes.

- By the time the CCM and civil society organizations (CSOs) are presented with final budgets, there is little time for feedback and further changes. Briefings on grant making changes should take place early enough in the grant making process to allow time for feedback from the CCM and CSOs.

4. GRANT REVISIONS

Our analysis was based on the recently concluded budget revision conducted by the TB program and COVID-19-related revisions of the TB grant in 2020.

4.1. Findings in relation to NFM2 grant revisions processes

All revisions requested by the PR have been budget revisions, both material and non-material. The PR was not familiar with programmatic revisions. This could be due to the fact that the *Operational Policy Manual* is not available in Spanish and they rely on the *Guidelines for Grant Budgeting* (2019) which only covers budget revisions. Non-material revisions are preferred, as their approval is fast and uncomplicated.

Key Messages

- The perceived heaviness of the revision process is due to the documentation required, some of which is considered excessive by the PR.
- Revisions are lengthy due to the detailed review, both by the LFA and the Global Fund. Mistakes and omissions from the PR cause further delays.

According to the TB PR, the revision process is made cumbersome by the detailed justifications requested by the Global Fund. The reprogramming application tool is perceived to be user-friendly and populating the form is said to be done swiftly, given the PR's financial tracking system. The LFA, notwithstanding, does not share this view and considers that financial reports are not up to date, since the PR has a duplicity of budgets (institutional and Global Fund), forcing them to spend a long time reviewing PR's budgets to correct mistakes and to assess where savings actually came from. In addition, since Guatemala is classified as a 'Core Country' (2) revisions can be multiple without necessarily affecting the process. In their view, budget revisions are often not well justified. In the revision analysed by the PCE, the LFA recommended approval conditional on the submission of additional information, some of which included detailed plans for the use and distribution of the proposed amendments. We found out that the additional clarifications required by the CT varied. For example, infrastructure upgrades (entailing 65% of total savings) were swiftly approved, given that they had been approved in earlier revisions in the previous grant but were not implemented. The upgrades required little additional documentation and were sent along the first set of clarifications requested by the CT, which also included an explanation of why the various activities that produced "savings" were not implemented, risk mitigation plans and updated work plans. These clarifications were apparently not complicated and seem to respond to what the LFA considered an imprecise submission. The main point of contention in the budget revision involved the local purchase of lab equipment, disregarding the acquisition via the Global Drug Facility (GDF) due to its tardiness. The CT conditioned its approval upon the submission of detailed clarifications, which took the PR around five weeks to complete, as it also depended on inputs provided by other departments within the MoH.

The grant revision process is certainly lengthy, taking three or four months to be completed. A month after the initial submission in late January 2021, the CT sent its observations based on the LFA recommendations. Within two weeks, the PR submitted the less demanding set of clarifications. Between calls, aide-memoires and friendly reminders of agreed upon due dates, it took the PR five more weeks to provide the requested explanations for the local purchase of lab equipment. A month later the CT sent a few more requirements and asked for the updated budget, which is considered labour-intensive but not difficult. The LFA informed that the CT had sent the implementation letter to the MoH by early May and that it was waiting for the vice-minister's signature, which could take, according to the LFA, three to four weeks.

4.2. Findings in relation to grant flexibilities revisions processes for NFM2 grants

Key Messages

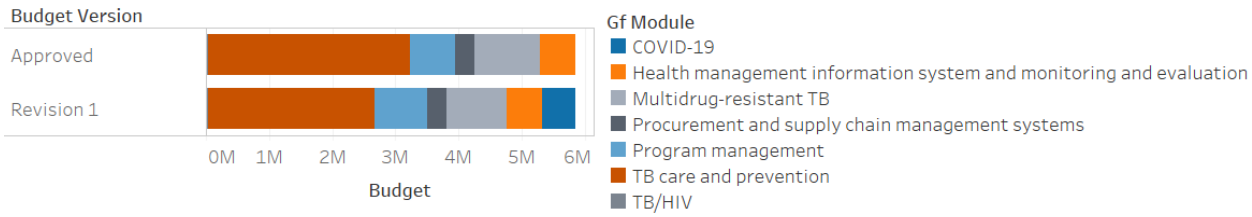
- Grant flexibilities due to the COVID-19 emergency received prompt approval, due to a combination of good documentation and a streamlined review process.
- The COVID-19 revisions were perceived as being more efficient, largely because approval was granted in a timelier manner, although key informants had limited insight into why they were more efficient.

The Global Fund approved the use of up to $292,472 of the budget to support the national response to the COVID-19 pandemic. In response to a five-point plan of needs drafted by the

MoH, the PR decided to allocate the first 5% in a single activity: support of the MoH social communication plan. This was drawn by the MoH PROEDUCA (health education department) and, according to the LFA, was well thought-out and detailed. The subsequent allocation was mostly used to acquire PPE and for emergency nutritional support for TB patients.

The main difference observed in the grant flexibilities revision was its swift approval. According to the PR, they used the same regular grant revision tools and the review performed by the LFA was as comprehensive as usual, but done soon after submission. The CCM's approval is often timely, and for the COVID-19 flexibilities it was just as expedient. From the PR perspective, the defining characteristic of this revision was the Global Fund's review process, which was perceived as being much more streamlined and had a set timeline for its response. The PR, however, was not familiar with the process and could not pinpoint how this review process changed. The outstanding fact was that it was approved within two weeks, while standard budget revisions take at least three months. The PR staff assumed that given the emergency situation, the review process had been much simplified. Additional clarifications, an integral part of standard grant revisions, were not required. The LFA had a different interpretation. In their view, the grant revision was swift because savings were well known due to the recent progress update and disbursement request (PU/DR), were concentrated in a few modules (86% came from the Care & prevention, see Figure 5) and the proposed modifications involved few and well-detailed activities.

Figure 5. Changes in TB budget after COVID-19 revision



Source: Approved NFM2 budget and first official budget revision (September 2020)

The C19RM provided additional funds granted to the country. The CCM led the funding request, which was reviewed and approved within less than five weeks. According to the CCM, the swift award was due to the emergency response set by the Global Fund, whereby these requests were prioritized, undergoing a streamlined review.

4.3 Recommendations for using COVID-19 flexibilities in regular revisions

Both PR and LFA were unaware of the details of the COVID-19 flexibilities, as the revision process remained unchanged from their end. They had only a vague idea of how the Global Fund's review process had changed. While additional information would be needed for identifying specific recommendations, the PCE has the following observations

- Given that both the LFA and the CT provide a thorough review, the Global Fund could assess the efficiency of having additional reviewers. Careful consideration could be given to identify possible duplication of efforts.

- Setting structured timelines for each review and the final response seems to have streamlined the grant revision flexibilities due to COVID-19. Setting at least some timelines could shorten the process for standard grant revisions.

The PCE identified several difficulties faced by the PR that delay regular budget revision. Solving these could shorten the time the LFA spends revising the budgets.

- The PR's financial tracking system needs to improve and provide updated reports.
- The PR needs to be fully aware of the Global Fund's operational policies regarding grant budgeting and include unit cost assumptions and submit all relevant supporting documents from the very start.
- The PR needs to be more proactive in following the course of the revision process, especially when relying on other divisions of the MoH to provide either current data (i.e., lab equipment specification, epidemiological data) or official signatures of the implementation letter.

REFERENCES

1. The Global Fund. Resilient and Sustainable Systems for Health Indicator Guidance Sheet (August 2020) [Internet]. 2020. Available from: https://www.theglobalfund.org/en/monitoring-evaluation/framework/#modular-framework-handbook

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ANNEX 1

Table 3. RSSH Indicators in the Modular Framework that fit current RSSH investments for HIV

Type of indicator	Indicator code	Indicator
Coverage	M&E-2a	Completeness of facility reporting: Percentage of expected facility monthly reports (for the reporting period) that are actually received
Coverage	M&E-2b	Timeliness of facility reporting: Percentage of submitted facility monthly reports (for the reporting period) that are received on time per the national guidelines
Coverage	M&E-4	Percentage of service delivery reports from community health workers integrated into HMIS
Coverage	M&E-5	Percentage of facilities which record and submit data using the electronic information system
Coverage	M&E-6	Percentage of districts that produce periodic analytical report(s) as per nationally agreed plan and reporting format during the reporting period
Outcome	HSS O-7	National aggregate HMIS fully deployed and functional: Percentage of HMIS components in place (HIS deployment, completeness, timeliness, and integration of aggregate disease reporting for HIV, TB and malaria indicators)
Outcome	HSS O-5	Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting
Coverage	HSG-1	Percent of district health management teams or other administrative units that have developed a monitoring plan, including annual work objectives and performance measures

Table 4. WPTMs that fit current RSSH investments in Guatemala HIV grant for 2021-2023

Module	Indicator
Health products management systems	1.Logistic Management Information System established
Health products management systems	5.Central and/or peripheral level infrastructure upgraded, e.g. warehouses, etc.
Health sector governance and planning	1.National health sector policy/strategy/plan developed
Health sector governance and planning	4. Number of actions taken by MOH with internal and external partners during the reporting period on aligning objectives, budget and/or operational plans with the national disease control programs (The actions should be agreed upon at the time of grant making and should measure the expected progress in ensuring cross-program coordination and efficiency in program implementation)
Health sector governance and planning	5. Framework governing the for-profit private sector developed/updated
Laboratory systems	5.Integrated facility-based laboratory services upgraded/scaled-up
Integrated service delivery & quality improvement	1.Number of facilities rehabilitated/upgraded/equipped
Community systems strengthening	1. National platforms and mechanisms that support community coordination, planning and engagement in country processes established/strengthened
Health Management Information System and M&E	1.Program reviews/evaluations/surveys/studies conducted
Health Management Information System and M&E	2. National Health Information Systems Strategy and costed implementation plan developed
Health Management Information System and M&E	5. Training of health facility, district and regional/provincial staff on SOPs for data use.