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Prospective Country Evaluation Uganda

2020-2021 ANNUAL COUNTRY REPORT

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

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Table of Contents

Acronyms and Abbreviations

AGYW	Adolescent Girls and Young Women
C19RM	COVID-19 Response Mechanism
CCM	Country Coordinating Mechanism
CRG	Community, Rights and Gender
CSO	Civil society organization
CSS	Community Systems Strengthening
CT	Country Team
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
EDA	Enterprise Development Assistance
GBV	Gender-based violence
HRG-Equity	Human rights, gender and equity
IDRC	Infectious Diseases Research Collaboration
IHME	Institute for Health Metrics and Evaluation
KADO	Kagumu Development Organization
KII	Key Informant Interview
KP	Key population
KPI	Key performance indicator
LFA	Local Fund Agent
M&E	Monitoring and Evaluation
MoES	Ministry of Education and Sports
MoFPED	Ministry of Finance, Planning and Economic Development
MoGLSD	Ministry of Gender, Labour and Social Development
MoH	Ministry of Health
MoU	Memorandum of Understanding
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
NTLP	National Tuberculosis and Leprosy Program
PAAR	Priority Above Allocation Request
PACE	Program for Accessible Health, Communication and Education
PCE	Prospective Country Evaluation
PEPFAR	President's Emergency Plan for AIDS Relief
PR	Principal Recipient
PU/DR	Progress Update/Disbursement Requests
RMNCH	Reproductive, Maternal, Newborn, and Child Health
RSSH	Resilient and Sustainable Systems for Health
SR	Sub-Recipient
TASO	The AIDS Support Organisation
TERG	Technical Evaluation Reference Group
TRP	Technical Review Panel of the Global Fund
UAC	Uganda AIDS Commission

UGANET	Uganda Network on Law Ethics and HIV/AIDS
UNFPA	United Nations Population Fund
USTP	Uganda Stop TB Partnership
VfM	Value for Money

Executive Summary

Introduction

The Prospective Country Evaluation (PCE) is an independent evaluation commissioned by the Global Fund's Technical Evaluation Reference Group (TERG). The goal of the PCE is to generate evidence to inform stakeholders on program implementation, effectiveness and efficiency to facilitate continuous improvement of programs' implementation and quality. It also aims to evaluate the extent to which the Global Fund business model—the structures, policies and processes—facilitates or hinders the achievement of objectives during grant implementation, while learning lessons for improvement.

The PCE evaluation approach in 2020 aimed at determining the changes that occurred during the design of the New Funding Model 2 (NFM2) and through its implementation along the grant cycle. The evaluation sought to understand when, what, why and how grants were modified: how the Global Fund business model facilitated or hindered modification, how these changes contributed to results achievement, and how they facilitated progress towards equity, sustainability and/or systems strengthening. Additionally, we assessed how investments in the New Funding Model 3 (NFM3) demonstrated a change in trajectory in terms of budget allocations, interventions, scope and scale. To illustrate the changes across the grant cycle and ensure a deeper understanding of drivers of change, the PCE focused on Global Fund investments in HIV prevention programs for Adolescent Girls and Young Women (AGYW) and Community Systems Strengthening (CSS) interventions.

Methods

The PCE employed a mixed methods approach for the evaluation. Quantitative data from Progress Update/Disbursement Requests (PU/DRs) and sub-recipients (SRs) programmatic reports provided information about the budget variances, grant revisions, grant absorption and indicator performance. Tableau dashboards were developed to aid the exploratory analysis of budget variation and absorption throughout the grant cycle, and PU/DRs and programmatic reports were analyzed using Microsoft Excel to show trends in grant performance and indicator achievement. Grant revisions during the implementation period were further analyzed in relation to Resilient and Sustainable Systems for Health (RSSH), equity and sustainability objectives. Qualitative information from key informant interviews (KIIs), fact checking interviews, meeting observations and documents provided insights on the grant cycle, including information on grant modifications and how the Global Fund business model facilitated or hindered modifications. Key informants were purposively selected based on their experience in designing and/or implementing the Global Fund grants; interviews provided critical context on how and why the grants were modified. Meetings observed both in-person and virtually provided contextual information on the Global Fund grant application processes, including the funding request development and grant making phases. Qualitative analysis and coding of interview and observation data was performed using Dedoose, a qualitative data management and analysis software. Key themes explored reasons for changes at grant making and grant revisions.

Findings: New Funding Model 2 (NFM2)

Changes at grant making: The AGYW total budget (including matching funds) decreased by 0.4% (US$10.0M to US$9.96M), with significant budget shifts within and across interventions. For example, the *keeping girls in school* intervention that initially had no budget in the main grant was allocated US$4.6M (including US$1.2 from matching funds) during grant making. *Social economic approaches*' budget of US$947,750 in the main grant was removed and allocated US$1.7M from the matching funds. These budget shifts were mainly explained by the country's response to the Technical Review Panel (TRP) recommendations on the matching funds request and the need to harmonize the main grant and matching funds' activities. The overall budget for the *Community*

Systems Strengthening module within RSSH by 32% during grant making (US$1,212,973 to US$830,071). The *community-based monitoring* and *institutional capacity building, planning and leadership development* interventions reduced by 65% (US$444,059 to US$155,407) and 56% (US$318,086 to US$138,899) respectively. However, the *community-led advocacy* allocation increased by 42% (US$243,761 to US$345,525). Stakeholders provided limited reasons for CSS changes, in part due to recall bias, but budget analysis indicates changes in unit costs at grant making contributing to a decrease in allocation. For example, to align unit costs with national policies on per diems, the Local Fund Agent (LFA) advised that the allocation to per diems under training related activities be changed from US$43 (UGX 160,000) to US$30 (UGX 110,000) for the respective personnel salary scale.

Grant Implementation:

***AGYW*:** As of June 2020, the progress updates and disbursement reports (PU/DRs) indicated an average cumulative absorption of 46.4% under UGA-C-TASO (US$2,690,061 out of US$5,803,143). The highest absorption of 63.3% was recorded for the *addressing stigma* intervention while the lowest absorption of 19.9% was observed for *socio-economic approaches.* Indicator performance *"percentage of AGYW reached with HIV prevention programs - defined package of services"* improved from 13% to 244% while *"number of AGYW who were tested for HIV and received their results"* improved from 14% to 67% from December 2018 to December 2019, respectively. Whereas the former indicator exceeded targets, the latter was affected by the introduction of new HIV testing guidelines that prioritized testing girls most at-risk rather than the mass testing approach that was previously used.

Under the UGA-H-MoFPED grant, the AGYW had an average cumulative absorption of 1.32% (US$32,129 of the US$2,442,993) across the three SRs and three of the six interventions did not register any expenditure during the first 30 months of grant implementation. Delays in harmonizing the public sector sub-recipient (SR) work plans and Global Fund grant priorities was the main reason for the low absorption for the Ministry of Education and Sports (MoES), an SR responsible for implementing 61.8% of the AGYW budget under the UGA-H-MoFPED. However, as of September 2020, MoES administrative data showed a 22% absorption, an indication that implementation had progressed, although "actual expenditure" (funds expensed and accounted for) had not been realized and verified by the LFA during the Jan-Jun 2020 reporting period. The lengthy public sector procurement and approval processes also contributed to low absorption of funds. For both UGA-C-TASO and UGA-H-MoFPED, in 2020, restrictions on social gatherings and movement in response to the COVID-19 pandemic hampered implementation and thus negatively affected absorption of funds.

***CSS*:** By June 2020, average cumulative absorption across all the four interventions in the UGA-C-TASO grant was 28.8% (US$138,055 of the US$478,854). The *community-led advocacy* intervention exceeded the financial target by 153% in 2019, mainly due to the intensified implementation of community dialogues during the malaria upsurge. Absorption within other interventions was less than 50% because most of the planned activities preceded the community scorecard whose development and distribution were affected by delayed SR onboarding. According to the SR reports, activity-level programmatic performance varied across interventions with some indicators below target, some reaching the target and others exceeding target.

In the UGA-M-MoFPED grant, the *community-based monitoring* intervention was earmarked for implementation during the January-June 2019 reporting period spent 17.3% (US$5,356 out of the US$31,073 allocation). The low absorption was due to changes in the implementation modality where the national data use training activity that was initially planned to be conducted in a hotel was eventually held within the Ministry of Health (MoH) premises. This resulted in savings worth US$25,704. The *social mobilization, building community linkages, collaboration and coordination* intervention had no absorption in all the semesters except in the July-December 2019 reporting

period (US$1,812 (7.8%) out of the allocated US$23,109 was spent). This absorption is explained by the flexibility of MoH, to collaborate with partners and line ministries to implement some activities and as a result, there was lower grant expenditure. For example, the "district epidemic response meetings" (the only activity in this intervention) was fast tracked in response to the 2019 malaria upsurge with support from partners, leaving the SR with savings.

Grant Revisions: Different budgetary shifts were observed across the five grants. With a total allocation of US$63,813,077 including matching funds, human rights, gender, and equity-related (HRG-Equity) budget areas increased by 6.4% through revisions for M-TASO, C-TASO and T-MoFPED. Grant revisions related to RSSH contributed to a 48% (US$2,627,600) increase to the total RSSH approved budget (US$5,517,656) in all the grants. Budget revisions in AGYW were primarily noted in UGA-C-TASO, for example, the *keeping girls in school* intervention increased by US$1.23 million in February 2020 and increased again in July 2020 by US$337,748 (in total, a 59% increase over the original grant approved budget). Over the same period, the allocation for the *socioeconomic approaches* intervention decreased by US$996,043 in February 2020 and decreased again in July 2020 by US$50,000 (61% decrease). These budget revisions were mainly in response to lessons learned during early implementation, such as beneficiaries' preferences. On the other hand, the total investment in the CSS module reduced by 17% (US$830,071 to US$686,565). There were shifts away from interventions that reported low absorption (40%) due to the inability to implement in the first 18 months of grant implementation. These resulted from delayed onboarding of SRs as well as the inability to implement during the COVID-19 pandemic. The Global Fund business model facilitated quick response to the COVID-19 pandemic through grant flexibilities and the COVID-19 Response Mechanism (C19RM) to ensure minimal interruptions of service delivery. As of December 2020, a total of US$10,510,315 was approved under NFM2 grant flexibilities and US$51,935,105 was approved under the C19RM.

Findings: New Funding Model 3 (NFM3)

Changes at Grant Making: While the overall allocation across the disease areas remained the same, there were increases in the budgets for HRG-Equity and for RSSH by 17% and 4.3%, respectively. Budget shifts within AGYW activities were informed by the need to prioritize activities that would have more impact as identified by the mid-term AGYW evaluation and the lessons from NFM2 grant implementation. The 15.2% increase in the CSS budget was in response to the TRP recommendation to increase allocation towards strengthening capacities of communities and civil society organizations (CSOs). As a result, the *institutional capacity building, planning and leadership development* intervention that was initially included in the prioritized above allocation request (PAAR) was shifted to the main grant.

Differentiation: Uganda used the tailored to National Strategic Plan (NSP) application approach for NFM3 in 2020. Stakeholders considered this approach to be more streamlined and efficient compared to the full review process undertaken in 2017. The new approach enabled better alignment of the prioritized interventions in the funding request with interventions in the disease NSPs. However, the development of new NSPs was completed concurrently with grant applications. This was considered challenging as some key actors were involved in both processes, which increased their workload and some sections in the application could not advance unless they were finalized in the NSPs. In addition, both processes required stakeholder consultation for priority setting which duplicated efforts and posed a challenge of how priorities from both processes would be harmonized. The country should ensure that NSPs are reviewed, updated and costed prior to the start of grant application processes.

Inclusion, transparency and country ownership: The NFM3 funding request process was considered more inclusive in terms of stakeholder representation and engagement/participation compared to NFM2. There were continuous efforts to update and consult the stakeholders throughout the process. For example, representatives from the MoES and Ministry of Gender,

Labour and Social Development (MoGLSD) highlighted that unlike in NFM2 where they were peripherally involved, they were fully involved in the different grant application processes. This ensured that interventions right from the grant design were aligned with planned interventions and strategies of MoES and MoGLSD. Transparency was observed throughout the funding request development, with the Country Coordinating Mechanism (CCM) documenting the processes and ensuring access by stakeholders. The CCM members frequently met and worked with the writing teams to ensure that priorities endorsed by the CCM were maintained in the final funding request submission to the Global Fund. However, unlike the funding request processes, the grant making process was perceived by key informants as less transparent. Stakeholders had less access to documentation or communication regarding changes undertaken during grant making: it is not clear how changes (and reasons for changes) are documented and communicated to the broader group of stakeholders that participate in the funding request development. The PCE in 2021 will explore whether and how the changes are communicated and how transparency and documentation could be improved.

Change in trajectory for the NFM3 grants: There was a 27% increase in the Global Fund allocation for the 2020-2022 funding cycle from US$465 million to US$603 million. Allocation to the HIV prevention module under AGYW increased by 40% (US$10,001,633 to US$14,202,144). While there was no allocation in the PAAR for AGYW in NFM2, a total of US$59 million is proposed for AGYW in the PAAR in NFM3. This increase in allocation was driven by the need to increase coverage and scale up of the most effective interventions based on lessons learnt from NFM2 grant implementation. The CSS budget increased by 730% from US$830,071 to US$6.8 million with increased emphasis on integration of CSS investments across the grants. The 7-fold increase in allocation facilitated the increase in the scope and scale of CSS interventions/activities, introduction of innovations and CSS indicators towards improved health outcomes and monitoring of CSS performance.

Conclusion

The 2017-2020 grants were characterized by budget changes at grant making through to grant implementation with an aim of improving grant performance. Changes at grant making were mainly in response to TRP recommendations as well as the need to realign the budget with interventions and activities under the respective budget lines in the grants. NFM2 grant implementation faced start-up delays which affected financial and programmatic performance. Grant revisions were used to improve absorption, although grant specific performance monitoring data to guide revision decisions was limited. The COVID-19 pandemic response measures affected the implementation of grants in 2020. Lessons learned during NFM2 grant design and implementation informed the NFM3 grant application leading to increased allocation, scale up of evidence-based interventions and introduction of new implementation strategies. The application processes were more inclusive, transparent and efficient.

Recommendations

Lengthy in-country procurement processes: Principal Recipient (PRs) and SRs should develop a comprehensive three-year procurement plan at the start of the grant to enable:

- Advanced planning and funds requisitions for activity implementation to allow time for reviews and approvals by different entities;
- Promoting and strengthening the utilization of the Global Fund business model flexibilities for timely implementation through shifting large procurements to earlier in the grant cycle. This allows more time for planning and funds requisitioning and improves financial performance.
- Issuing framework contracts for repetitive procurements to avoid the lengthy procurement processes.

Grant Revisions: The PRs in consultation with CCM should consider establishing a systematic and detailed grant revisions tracking mechanism. For example, this could take the form of a dashboard to facilitate timely and comprehensive documentation of regular budget revisions beyond the internal PR tracking documents of Global Fund implementation letters and PU/DRs. This will be fundamental in not only promoting transparency but also guiding ongoing grant monitoring and oversight decision making during implementation.

Grant application: Country stakeholders should ensure that NSPs are reviewed, updated and costed prior to the start of the Global Fund grant application process. This will enable alignment of constituencies' priorities with strategic priorities in the NSP and eventually inform the Funding Request application development.

1. Introduction

1.1 Prospective Country Evaluation Overview

The Prospective Country Evaluation (PCE) is an independent evaluation of the Global Fund commissioned by the Global Fund's Technical Evaluation Reference Group (TERG). This evaluation is conducted in eight countries: Cambodia, the Democratic Republic of the Congo, Guatemala, Mozambique, Myanmar, Senegal, Sudan and Uganda. The PCE aims to evaluate the Global Fund's business model, investments and impact to generate timely evidence to inform global, regional and national stakeholders and to accelerate progress towards meeting the Global Fund Strategic Objectives.

The PCE was launched in Uganda in May 2017, with a five-month inception phase. During this phase, the Infectious Diseases Research Collaboration (IDRC) and Global Partners i.e., Institute for Health Metrics and Evaluation (IHME) and PATH worked together to build an effective mixed-methods platform for ongoing prospective data collection. In 2018, the PCE presented findings related to Uganda's funding request and grant making processes for the 2017-2019 allocation cycle. In 2019, the PCE presented findings related to early grant implementation of the 2018-2020 HIV, TB and malaria Global Fund grants. In 2020, the PCE presented findings from deep dive focus areas on TB and the alignment of government and Global Fund budgeting processes. The PCE was extended for a fourth year to allow for analysis of the full Global Fund New Funding Model 2 (NFM2) grant cycle and the design of the New Funding Model 3 (NFM3) grants in 2020.

1.1.1 Problem Statement

Anecdotal evidence shows that grants are modified along the grant cycle. However, what, when, how, why grants change and what informs the decisions and who makes the decisions is not well known to the Global Fund TERG. It is also not clear whether and how these changes impact on the performance of grants and achievement of results and how lessons from implementation inform the design of the subsequent grant cycle specifically for equity and Resilient and Sustainable Systems for Health (RSSH) investments. This evaluation therefore sought to analyze the extent to which grants change over time and document the reasons for the changes. Additionally, the evaluation sought to understand how the Global Fund business model has facilitated or hindered implementation and achievement of results in the 2018-2020 grant cycle.

1.1.2 Purpose and specific objectives

This phase of the PCE focused on analyzing what, when, how and why grant contents and investment levels change over time throughout the 2018-2020 grant cycle, including any other factors that influenced the implementation of, and changes to, the original grant. Specifically, the evaluation aimed:

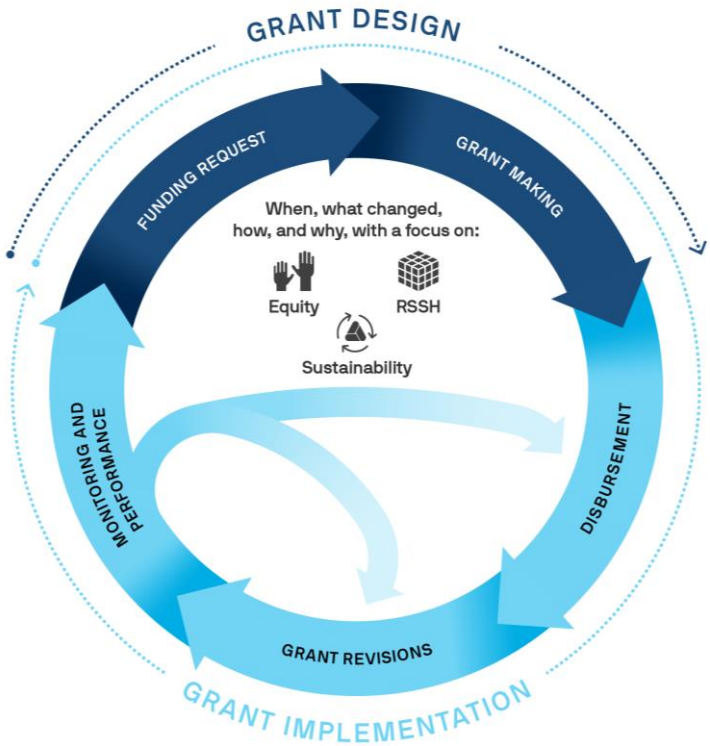
1. To evaluate how and why the 2018-2020 grants have been modified along the grant cycle.
2. To explore how the Global Fund business model facilitates or hinders modifications along the grant cycle.
3. To examine how grant modifications contribute to result achievement and progress towards (or away from) equity, sustainability and/or systems strengthening objectives.
4. To assess how the 2020 funding request and grant making processes are designed towards a change in trajectory to achieve intended objectives, including equity, RSSH, and sustainability. This assessment was based on five themes: 1. Differentiation: Tailored to National Strategic Plan (NSP) vs full review application; 2. Transparency, country ownership, and inclusion; 3. Moving beyond 'business as usual' to change in trajectory for achieving impact; 4. Data use and target setting; and 5. Value for money (VfM).

1.2 Methods

1.2.1 Evaluation approach and framework

The evaluation approach was informed by TERG's guidance to the PCE to analyze the changes made to grants throughout the grant cycle and the implications for RSSH, equity, and sustainability. The Global Fund grant cycle was used as an evaluation framework (Figure 1) for examining the changes at each stage and exploring the reasons for the observed changes. The evaluation focused on investments in HIV prevention programming for Adolescent Girls and Young Women (AGYW) and Community Systems Strengthening[1] (CSS) interventions to illustrate the changes along the grant cycle.

Figure 1. Global Fund grant cycle framework and associated PCE questions



PCE questions 2020

1. How and why have the 2018-2020 grants been modified along the grant cycle?
2. How has the Global Fund business model facilitated or hindered modifications along the grant cycle in NFM2?
3. How have the grant modifications contributed to result achievement and progress towards or away from equity and sustainability?
4. Whether and how the 2020 funding request and grant-making processes are designed towards a changing trajectory to achieve intended objectives, including equity, RSSH, and sustainability.

Rationale for topic selection

Topic 1: Adolescent Girls and Young Women (AGYW)

The Global Fund's 2017-2022 strategy highlights the need to "*Promote and protect human rights and gender equality"* by scaling up programs to support women and girls and increasing investments to reduce health inequities.(1) In Uganda, the estimated annual HIV incidence among AGYW is 0.46% with prevalence estimated at 3.3% (three times higher than that of young men.(2) The adolescents and young people living with HIV continue to lag behind on the clinical cascade with about 68% identified, 68% on treatment and 77% of these were virally suppressed.(3) According to the Global Fund, targeting marginalized populations with a higher disease burden or risk fulfills their equal rights in accessing care

[1] The Global Fund's modular framework naming for this RSSH module shifted from 2017 'Community Responses and Systems' to 2020 'Community Systems Strengthening'. We use CSS throughout the report.

and brings more sustainable public health results. Consequently, there has been an increasing trend in Global Fund investments in AGYW programming in Uganda with a target of reducing new HIV infections. In the 2018-2020 grant, US$5,001,633 was allocated to AGYW activities, along with an additional US$5 million in matching funds. PCE findings from early grant implementation indicate that the AGYW component was most affected by delayed start up due to late onboarding of sub-recipients (SRs). The focus on AGYW presents an opportunity to assess interventions in terms of implementation progress and to understand what, when, where, why and how contents and investments in AGYW within the 2018-2020 grant changed throughout the grant cycle and how these changes informed the 2020 funding request.

Topic 2: Community Systems Strengthening (CSS)

Communities are the first point of health care play an important role in identifying health challenges, opportunities and in responding to health crises.(4) To achieve improvements in health outcomes for HIV, TB and malaria, national and global targets, the Global Fund recognizes that more needs to be done to incorporate community systems and responses into national disease and community health plans.(4) Community systems are recognized as important for ensuring equity and promoting sustainability of health interventions.(4) Increasing Global Fund investments in community systems have been identified by the Technical Review Panel (TRP) as critical to RSSH but remain less prioritized and underfunded.(5) In Uganda's 2018-2020 grants, investments in RSSH were allocated across three of the five grants (UGA-M-MoFPED, UGA-M-TASO and UGA-C-TASO). The CSS module was allocated 15% of the total "direct" RSSH investments, mostly within The AIDS Support Organization (TASO's) grants. The PCE 2019 annual report indicated challenges in community systems and responses that were hindering achievement of health outcomes, especially the treatment success rate for TB.(6) The report also highlighted that community systems are minimally integrated and sub-optimally functional to address community related aspects across the three diseases. Implementation of CSS activities started in July 2019 (18 months after grant start up) due to delayed SR selection. The focus on CSS presents an opportunity to assess the interventions in terms of implementation progress and to understand what, when, where, why and how contents and investments in CSS within the 2018-2020 grant changed during the grant cycle and how these changes informed the 2020 funding request.

1.2.2 Overview of Data collection methods and analysis

The evaluation was undertaken between March and December 2020 and it employed a mixed methods approach in collecting and analyzing data. Quantitative data from Progress Update/Disbursement Requests (PU/DRs) and SR programmatic reports provided information about budget variance, grant revisions, absorption and indicator performance. Qualitative information from key informant interviews (KIIs), meetings observations and document review provided insights on the grant cycle. For details on the number of documents reviewed, interviews conducted and meetings attended, see Annex 6.

Document review: The PCE reviewed Global Fund guidance documents, Grant budgets and requests; NSPs; TRP comments; Country Coordinating Mechanism (CCM) minutes; Implementation plans; PU/DRs; and performance frameworks among other related documents. Document review was conducted to understand the conceptualization of AGYW and CSS at both Global and country level, grant processes, grant changes and grants performance.

Key Informant Interviews (KII) and Fact Checking Interviews: Participants were purposively selected based on their knowledge, experience, and participation in the planning and implementation of Global Fund grants at both country level and in the Global Fund Secretariat. Interviews were conducted with the aid of an interview guide to understand the reasons for grants modifications and how they contributed to the achievement of results and progress towards (or away from) equity and sustainability.

Meeting observations: Meeting observations were conducted both in-person and virtually to understand NFM2 grant implementation progress and NFM3 grant application processes. The selection

of meetings was based on topics of discussion and their proximity to the focus areas of the evaluation. With a meeting observation guide, we documented NFM2 grant implementation progress as well as NFM3 funding request and grant making processes.

Analysis and triangulation of qualitative and quantitative data: Qualitative information from interviews, observation meetings and key documents provided insights on the processes of the different grant cycle stages including discussions, decisions and final budget allocation. The PCE used an analysis matrix to organize information from document review and observation notes, which were used to generate preliminary codes as well as refine the KII guide. Documents reviewed, observation notes and interview transcripts were exported to Dedoose (an online qualitative data management and analysis software) for coding. Key themes explored reasons for grant changes, grant performance and design of NFM3 grants.

Quantitative analysis was conducted to determine budget variance across grant revisions, absorption and indicator performance. Data from the PU/DRs, budgets, implementation letters were uploaded to Tableau. Subsequently, dashboards were created to visualize grant performance, budget variations and revisions across all grants. Financial performance was analyzed across all grants with a focus on investments for AGYW and CSS interventions. Expenditures were tracked against approved budgets to determine the proportion of funds spent per semester as well as cumulative expenditures. Analysis of PU/DRs and SR reports was conducted using Microsoft Excel to examine trends in performance targets. The results from the analysis were presented in figures and tables for validation with in-country stakeholders and the Global Fund Secretariat.

Data was triangulated from multiple sources including documents, interviews, observation meetings, and performance monitoring metrics. This improved the strength of evidence of the findings.

HRG-Equity and RSSH Analysis: In order to track RSSH and human rights, gender and equity (HRG-Equity) investments through the grant cycle, the PCE identified relevant modules and interventions within the Global Fund's modular framework for each strategic objective. Within the Modular Framework Handbook, the Global Fund specifies the modules and interventions that fall within the RSSH strategic objective, so these were used directly as the basis for tracking RSSH-related investments.(7) HRG-Equity-related investments, however, are not identified explicitly by the modular framework. Therefore, the PCE relied upon the Global Fund gender and human rights disease-specific technical briefs as well as conversations with the TERG Secretariat and the Community, Rights and Gender (CRG) team to identify modules and interventions that contain investments related to HRG-equity.(8–11) Using the technical briefs, an initial list of modules and interventions related to HRG-Equity was compiled and then shared with the Global Fund CRG team for review and feedback. The PCE had a consultative discussion with the CRG team and reviewed the CRG team's draft methodology for tracking human rights-related investments to finalize the list of HRG-Equity modules and interventions and categorize them into three sub-categories: human rights-related investments, key and vulnerable populations-related investments, and other equity-related investments (which includes interventions such as "*Gender-based violence prevention and post-violence care*" and "*Community-led advocacy and research*"). This methodology was based on the approach adopted by the Secretariat to measure progress towards key performance indicators (KPIs).

RSSH Support vs. Strengthening "2S" analysis: The PCE analyzed the RSSH activities in NFM2 and NFM3 to ascertain whether they contributed to "systems support" or "system strengthening", drawing on definitions from Chee et al. (2013).(12) A coding methodology was developed, aligned to Global Fund's RSSH modules in the modular framework, to designate each RSSH activity in the budget as either predominantly support or strengthening. Three parameters i.e., scope, longevity, and approach were examined for each RSSH intervention/activity pair, adapting upon the methodology previously used by the TRP's examination of RSSH in the 2017-2019 funding cycle (Table 1).(13)

Table 1 RSSH system support and strengthening coding parameters

Parameter	System Support	System Strengthening
Scope	May be focused on a single disease or intervention	Activities have impact across health services and outcomes; and systems may be integrated into the overall health sector
Longevity	Effects limited to period of funding	Effects will continue after funded activities end
Approach	Provide inputs to address identified system gaps	Revise policies and institutional relationships to change behaviors and resource use to address identified constraints in a more sustainable manner

Two coders independently applied a determination of support or strengthening after reviewing each intervention and activity description, the cost input, and any relevant text in the funding request narrative. A third coder reviewed the analysis to identify any discrepancies in code application and the coding team met to reach consensus on the final designation.

1.2.3 Ethical approval

Approval was obtained from Makerere University School of Biomedical Sciences Research and Ethics Committee and the Uganda National Council for Science and Technology. Consent was provided by all study participants.

1.2.4 Limitations

The evaluation is subject to several limitations. Some aspects of the evaluation were retrospective and had the potential for recall bias. This was counteracted by continuous engagement with stakeholders and validation of information from other data sources. The PU/DR data, the primary source for Global Fund expenditure data, does not reflect commitments for ongoing activities and is considered out-of-date by the time of grant reporting, thus failing to present a real-time reflection of grant absorption and program performance. The evaluation examined implementation progress reports from the Principal Recipients (PRs) and SRs to get an updated status of implementation. Additionally, the PCE conducted analysis for CSS programmatic performance based on the SR reports, given the lack of relevant CSS indicators in PU/DRs. However, the SR reports are prone to data quality issues including data entry errors and incomplete reporting. Data from the SRs was verified through interviews with the PRs.

The government restrictions in response to the COVID-19 pandemic affected movements and this limited PCE access to stakeholders and key Global Fund meetings. Nevertheless, meetings and interviews were conducted virtually. However, the virtual approach had its limitations as non-verbal communication cues could not be captured and the meetings were often affected by internet interruptions. Further, the duration of the interviews was shortened. To address this, the team further engaged interviewees by email to get in-depth analysis of the discussion topics. Despite the challenges noted, the evaluation triangulated findings across both qualitative and quantitative data sources.

2. NFM2 funding request to grant making

Uganda received US$478,043,197, including the US$9.5m through matching funds allocated across HIV, TB, Malaria and health systems strengthening. This section presents the changes made to AGYW and CSS modules during grant making and the drivers to those changes.

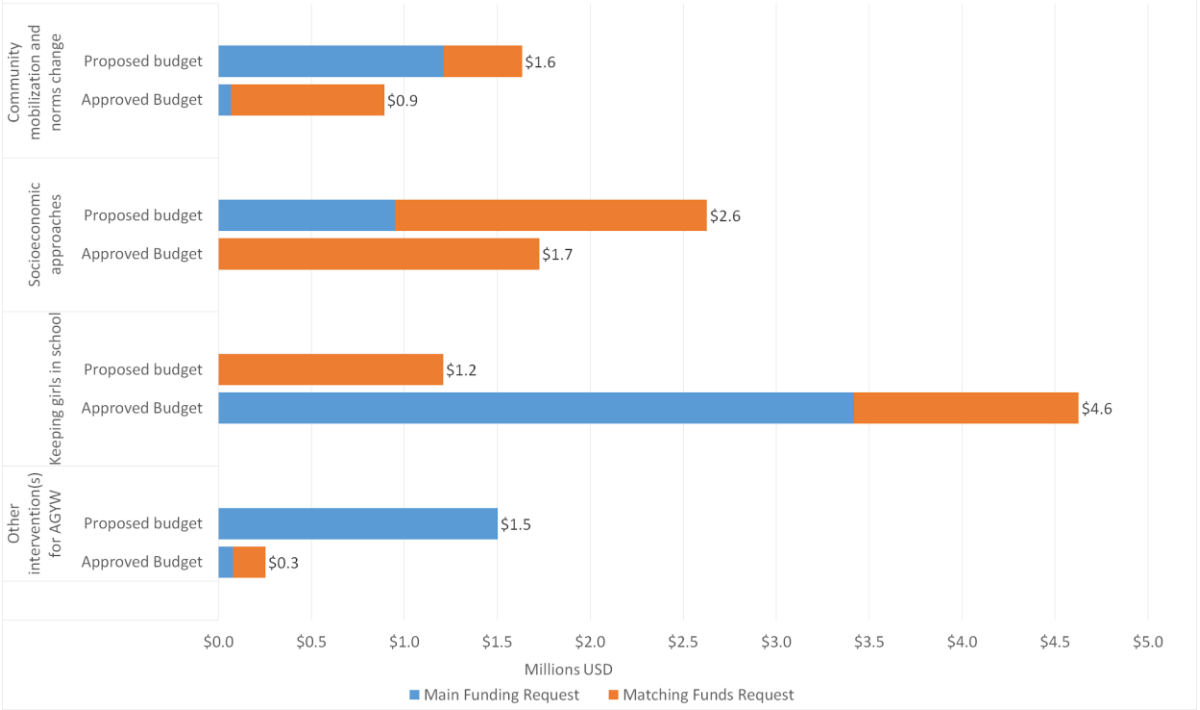
2.1 Changes at grant making

Changes during grant making are negotiated by key stakeholders involved in the grant making process. These include PRs Ministry of Finance, Planning and Economic Development (MoFPED)/Ministry of Health (MoH) (PR1) and TASO (PR2), Local Fund Agent (LFA), Country Team (CT) and CCM Secretariat. The PRs and CT discuss and agree on implementation modalities, finalize the budgets and ensure that the grants are ready for implementation. The LFA reviews the documents as requested by the CT to ascertain that the grants mitigate risk and reflect VfM. The TRP requests and clarifications on the funding request are processed through the CCM Secretariat and addressed by the PRs in consultation with the CT and these are reflected in the final grant making documents. Any response and changes to the proposal or grants based on a TRP request are always completed and endorsed by the CCM. The CCM Secretariat administratively supports the grant making process and provides necessary updates to the wider CCM Board.

Changes were made to the CSS and AGYW modules that led to reductions in their total budget allocations and/or shifts in budget allocations within and across interventions. The scope and design were changed within some intervention areas; however, changes did not affect intended performance objectives but were meant to improve the grants, as discussed below.

AGYW changes: The AGYW total budget (including matching funds) decreased by 0.4% (US$10,001,634 to US$9,965,567) as a result of budget shifts within and across interventions. Out of the seven AGYW interventions, four had notable budget changes. The *keeping girls in school* intervention that initially had no budget in the main grant was allocated US$4.6M including US$1.2M from matching funds. The *social economic approaches* intervention budget of US$947,750 in the main grant was removed and allocated US$1.7M from the matching funds. The *community mobilization* intervention, which had an allocation of US$1,210,675, was reduced to US$68,153 at grant making for the main allocation, but US$824,104 was added through the matching funds. Figure 2 below shows the budget changes made to four of the seven AGYW interventions during grant making.

Figure 2 Variance (US$) between funding request budget and approved grant making budgets for select AGYW interventions, NFM2, by main funding request (blue) and matching funds request (orange)



Source: Global Fund detailed budgets

These budget changes were in response to TRP comments and recommendations about the matching funds request and the need to align main grant activities to the matching funds activities (detailed explanation in 2.1.1 section below).

CSS Changes: The total budget for CSS decreased by 32% (US$1,212,973 to US$830,071) during grant making with shifts between interventions as shown in Table 2. The *community-based monitoring* intervention had the biggest reduction (65%), while *institutional capacity building and leadership* reduced by 56.5%. More funds were allocated to *community-led advocacy*, increasing its budget from US$243,761 to US$345,525 representing a 41.7% increase. Changes to the *social mobilization, building community linkages, collaboration and coordination* intervention, resulted in an 8.1% decrease.

Table 2 Funding request to grant making budget variance for CSS interventions, NFM2

Intervention	FR budget (US$)	Approved budget (US$)	Variance (US$)	Change (%)
Community-based monitoring	444,059	155,407	-288,652	-65.00%
Community-led advocacy	243,761	345,528	101,767	41.70%
Social mobilization, building community linkages, collaboration and coordination	207,067	190,237	-16,830	-8.10%
Institutional capacity building, planning and leadership development	318,086	138,899	-179,187	-56.30%
TOTAL	**1,212,973**	**830,071**	**-382,902**	**-31.60%**

Source: Global Fund detailed budgets

The specific reasons for the budget changes within interventions were not sufficiently explained due to recall bias by key informants. However, one of the reasons given was the need to align unit costs for some activities with national policies and prevailing market rates.

2.1.1 Key drivers of grant changes during the 2017 grant making

Finding: There were four main drivers of change during the grant making phase: (1) The need to align activities with interventions to address misalignment and miscatergorization; (2) The need to address TRP comments and recommendations on the funding request; (3) VfM considerations; and (4) Harmonization and alignment of interventions/activities with other donors/partners and additional Global Fund funding (such as catalytic funding).

The need to align activities with interventions to address misalignment and miscatergorization. The key informants stated that there was minimal coordination between the costing consultants and the technical writing teams during the funding request development process, which led to miscatergorization of activities. Whereas the writing teams identified and justified inclusion of priorities in the funding request, the breakdown of how activities would be implemented was not sufficiently discussed. This affected the progress of the costing teams that needed this information to guide the budgeting process. This, coupled with insufficient human resources allocated to budgeting/costing, led to a rushed process characterized by errors, misclassification and omission of some activities in the budgets submitted with the funding request.

At grant making, PRs analyze budget details and careful considerations are made per activity to include what was left out, and place activities under corresponding interventions, a process that led to the increase or decrease in budget lines for different interventions. For example, under the AGYW module,

the "Develop second chance guidelines to guide selection processes and disseminate the guidelines at the regional and district levels" activity under *social economic approaches* was moved to *keeping girls in school* at grant making. Another activity "training District Health Teams to analyze and use data as part of SME system strengthening" was originally placed under the *integrated service delivery* module under RSSH and transferred to the *community-based monitoring* intervention within the CSS module. In addition, "conducting community dialogues, films and sports events in various selected stations" an activity initially categorized under the *social mobilization* intervention was moved to *community-led advocacy* intervention during grant making. However, for the 2020 funding request, there was improved coordination as costing teams were embedded within the writing teams. This led to fewer errors, omissions and less miscatergorization of activities.

***Response to TRP comments and recommendations*:** Overall, response to TRP comments contributed to changes in proposed content and budgets during grant making. These responses could require modifying interventions in the main allocation, removing some activities and/or including some additional activities or interventions. Some of the TRP comments and recommendations required that interventions originally included in the prioritized above allocation request (PAAR) at funding request be shifted into the main allocation at grant making. The PAAR activities are priority programs that are not funded because of limited resources. The list of activities in the PAAR is reviewed by the TRP and strategically focused and technically sound interventions are registered as "unfunded quality demand" and may be funded through savings and efficiencies at grant making and during grant implementation.(14)

The AGYW module had changes to the budget due to TRP comments on the submitted matching funds request. The TRP sent the original matching funds request for AGYW (April 7, 2017) back for iteration primarily because the proposed matching funds were spread across too many interventions and geographical scope with many interventions unrelated to outcome achievement and unlikely to be catalytic. The TRP considered the activities involving the development of tools and guidelines, organization of meetings and workshops not directly related to accelerating progress and enhancing outcomes in the programs to be funded under the main allocation. The TRP, therefore, recommended inclusion of a few interventions for which there was strong evidence that they would contribute to reducing risk and vulnerability among AGYW, and/or which pilot critical measures to address persistent challenges. In response to this recommendation, changes were made to activities, budgets and scope for some AGYW interventions and were later approved.

There were no TRP comments related to CSS investments in either the TB/HIV or the malaria funding requests. The TB/HIV TRP form, however, identified weaknesses in the original funding request where the National Tuberculosis and Leprosy Program (NTLP) included very limited detail on their proposed approach to training Community Health Workers and establishing stronger integrated outreach in the Karamoja Sub-Region serving pastoral and migratory populations. However, this funding would be captured under disease-specific TB community investments rather than the CSS module within RSSH.

Harmonization and alignment with confirmed or anticipated or funding from other partners. There are grant changes that happen due to the need to align and harmonize Global Fund supported activities/programs with those supported by other donors. Harmonization and alignment is usually an ongoing activity throughout the grant cycle and therefore changes may happen at any stage of the grant.

VfM considerations: Whereas VfM considerations are discussed during funding request development, budgets are further scrutinized during grant making to ensure VfM. Negotiations between PRs, LFA and the CT ensure that the unit costs reflect the prevailing market rates, align with national policies/guidelines, will deliver effective services and ultimately achieve maximum impact. For example, in order to align unit costs with national policies, the LFA advised that the allocation to per diems under training related activities be changed from US$43 (UGX 160,000) to US$30 (UGX 110,000) to match the government set per diems for the respective personnel salary scale.

Summary: Evidence from the PCE analysis of the grant cycle shows that grants are modified during grant making. During the NFM2 grant making, changes were made to CSS and AGYW modules, including changes in budget and in the design of activities. The changes were made in response to TRP comments and recommendations, the need to address errors made at funding requests and to harmonize activities with funding from other donors. Equity considerations were reflected in adjustments within the AGYW module through designing interventions to reach more girls with programming aimed at building self-reliance skills and safeguarding from engaging in risky behaviors. CSS changes during grant making reflected VfM and sustainability considerations.

3. Grant Implementation

The PCE report of 2018/2019 on early implementation progress indicated that despite the timely disbursements of NFM2 grant funds to PRs (by November 2017), many of the activities planned for Q1-Q3 2018 did not start on time with the exception of offshore procurement of commodities.(6) This was mainly attributed to the late onboarding of SRs. With SRs on board, the last quarter of 2018 was characterized by accelerated implementation of most grant activities facilitated by top MoH leadership engagement with implementers and continuous CT engagement with in-country stakeholders, consequently improving grant performance. However, due to restrictions in response to the COVID-19 pandemic, implementation of activities slowed in the first half of 2020.

Financial performance: Average cumulative absorption for all grants as of June 2020 was 66.3% as shown in Table 3 below. Absorption reported in PU/DRs reflects the financial performance of funds spent and accounted for in a particular reporting period. However, committed funds for ongoing activities are not reflected thus masking the true absorption picture. Additionally, accrued savings in the form of efficiency gains from implementation of specific activities, forex/dollar currency exchange gains and over-budgeting for some activities during the planning phase are major contributory factors to low financial performance across all grants. Administrative financial data has been used to show absorption, including committed funds for AGYW.

Table 3 Cumulative absorption across all January 2018- June 2020 grants

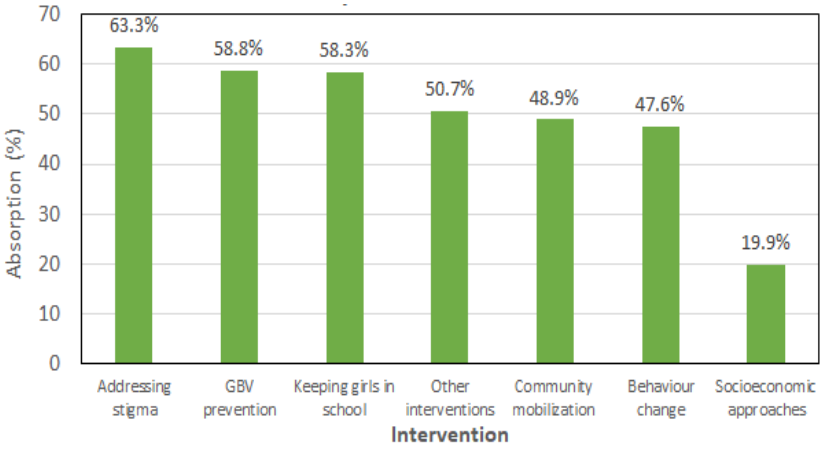
Grant	Cumulative budget (US$)	Cumulative expenditure (US$)	Absorption rate (%)
UGA-M-TASO	$12,236,634	$9,139,032	74.7%
UGA-C-TASO	$16,656,592	$10,696983	64.3%
UGA-H-MoFPED	$217,049,990	$179,746,131	82.8%
UGA-T-MoFPED	$28,497,095	$19,595,111	68.8%
UGA-M-MoFPED	$174,458,595	$78,300,562	44.9%
TOTAL	**$448,898,906**	**$297,661,707**	**66.3%**

3.1 Performance of AGYW interventions

The overall objective of AGYW investments is to reduce new HIV infections among this population group. This is achieved through implementation of an intervention mix that addresses risk factors exposing AGYW to HIV. To achieve this, a total of US$9,965,565 was allocated across seven AGYW interventions. MoFPED received US$2.6M, partnering with SRs: Ministry of Education and Sports (MoES); Ministry of Gender Labour, and Social Development (MoGLSD); Uganda AIDS Commission (UAC). TASO received US$7.4M, partnering with SRs: Baylor Uganda; Program for Accessible Health, Communication and Education (PACE); Uganda Development and Health Associates.

Financial Performance (TASO): According to the PU/DRs, average cumulative absorption as of June 2020 under UGA-C-TASO was at 46.4% (US$2,690,061 spent out of US$5,803,143 cumulative budget). The intervention *addressing stigma* had the highest absorption at 63.3% and *socioeconomic approaches* lowest at 19.9% (Figure 3).

Figure 3 AGYW Cumulative Absorption for UGA-C-TASO Grant (Jan 2018 - June 2020)



Source: Global Fund PU/DRs Jan 2018 - June 2020

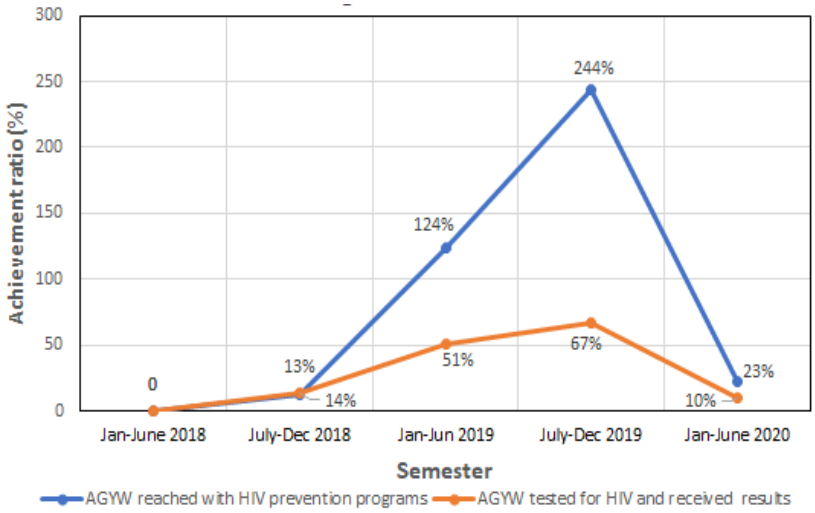
One contributor to low absorption for *socioeconomic approaches* is the modality of disbursing the financial support where funds were sent in installments from SRs to beneficiaries under the Enterprise Development Assistance (EDA) activity. This strategy that was aimed at mitigating risk, as voiced by an informant:

> "*... and even when giving money, because of the risks involved, you don't give a whole chunk to beneficiaries. You give in instalments so that's the reason as to why social economic approaches have not performed well like other interventions." (National level KII, PR)*

Additionally, the lengthy startup processes for EDA activities, characterized by several stages such as the identification, profiling, vetting, enrollment, risk analyses, viability assessments of businesses among other processes contributed to sub-optimal absorption since expenditures on these processes could not be reflected until Semesters 4 and 5. The above processes should be considered during planning of grants in order to minimize challenges caused by the lengthy startup of processes that precede implementation of interventions.

Programmatic Performance (TASO): Indicator performance under the UGA-C-TASO grant shows that the *"percentage of AGYW reached with HIV prevention programs-defined package of services*" and the *"number of AGYW who were tested for HIV and received their results"* improved from 13% to 244% and 14% to 67% from December 2018 to December 2019 respectively (Figure 4).

Figure 4 AGYW indicator performance over time reported by PR2 (TASO)

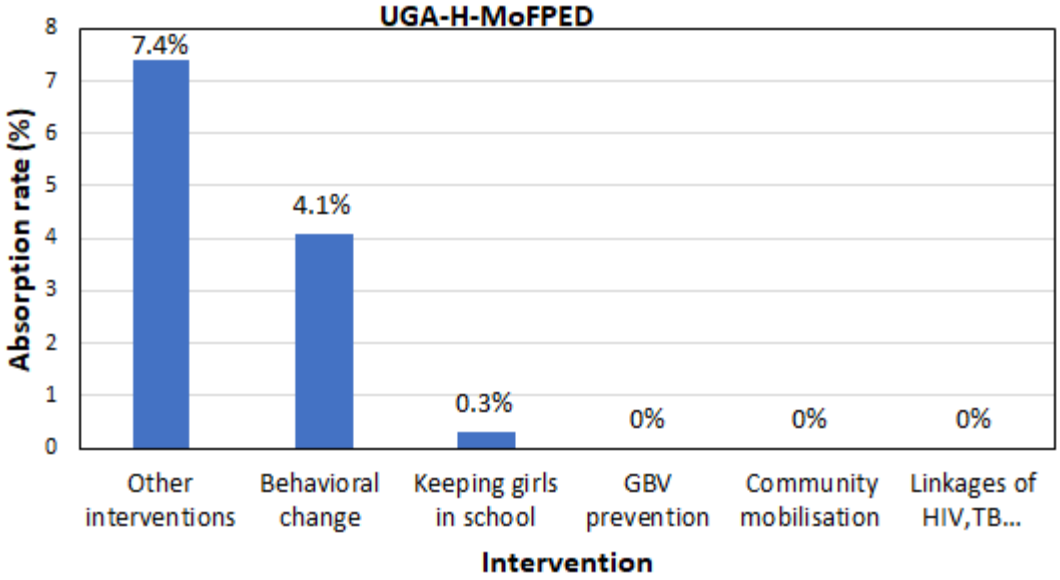


Source: Global Fund PU/DRs Jan 2018 - June 2020

Whereas the former indicator exceeded targets with the adoption of the accelerated implementation plans, the latter was affected by the release of new HIV testing guidelines that emphasized testing girls most at-risk rather than the mass testing approach that was previously used.(15) Performance between Jan–June 2020 was significantly affected by restrictions in response to the COVID-19 pandemic, which included a ban on social gatherings and restricted movements. These affected implementation of AGYW activities including dialogues, sports campaigns, outreaches and trainings. Cumulatively, the overall target achievement throughout the five semesters was 89.8% (target 45,150; actual 40,550) for the *adolescents reached with HIV prevention defined package* and 32% (target 40,635; actual 12,985) of those *tested for HIV and received their results.*

Financial Performance (MoFPED): According to the June 2020 PU/DRs, the AGYW module within the UGA-H-MoFPED grant had an average cumulative absorption of 1.32% (US$32,129 of the US$2,442,993 cumulative allocation) across the six planned AGYW interventions (Figure 5). The observed absorption was attributed to delayed submission of accountabilities by SRs to PRs under the *linkages of HIV, Reproductive, Maternal, Newborn, and Child Health (RMNCH), and TB programs* or *gender-based violence (GBV) prevention and treatment programs* interventions, each with activities related to procurements of computers. For the *community mobilization and norms change* intervention, late onboarding of SRs, delayed contracting of cultural institutions and the effects of COVID-19 affected implementation thus the low absorption.

Figure 5 AGYW Cumulative Absorption under UGA-H-MoFPED Grant



Source: Global Fund PU/DRs Jan 2018 - June 2020

As stated in the 2019/2020 PCE annual report, delays in harmonizing the differences between public sector SR work plans and Global Fund grant priorities coupled with protracted discussions to get "political buy in" from top management contributed to delayed startup for MoES, an SR responsible for implementing 61.8% of the AGYW budget.(6) Analysis of AGYW administrative data for MoES indicates a cumulative absorption of 22% (US$408,080 out of US$1,867,429) as of September 2020 across three interventions (*keeping girls in school, linkages of HIV, RMNCH, and TB programs* and *other interventions for AGYW*). US$750,189 (40.2%) had been committed for ongoing activities, which included procurement and distribution of subsidies, printing copies of sexuality education package messages, procurement of emergency sanitary pads and routine monitoring, among others. Cumulative financial performance reported in the PU/DR as of June 2020 was at 0.3% (US$8,008 spent of the US$2,309,785 cumulative budget). However, by September 2020, administrative data indicted progress in performance with 22% cumulative absorption. This increase in absorption was due to accountability of most activities whose implementation started in the first half of 2020 were submitted to the PR after the June 2020 reporting period, and thus not reflected in the Jan-Jun 2020 PU/DR. Additionally, the government policy of *"deliver fully then get paid"* affected AGYW absorption, especially the procurement related activities (education subsidies, emergency sanitary wear, enrollment tools among other AGYW related procurements), which constitute 54% of the AGYW allocation under UGA-H-MoFPED grant. This was exacerbated by the lengthy government procurement and approval processes, which are characterized by several signoffs (both within MoES and between MoES and MoH). The back-and-forth discussions and decision-making processes were protracted, impacting not only timely implementation but also leading to delayed accountabilities and therefore low absorption. Such delays subsequently affected implementation of other activities that relied on procurements.

MoES administrative data showed that COVID-19 prevention measures affected implementation of activities worth US$659,223, which included music and drama competitions for primary and secondary schools. Through discussions with and guidance from the PR, MoES proposed to the CT to change implementation modalities from school based in-person activities to multimedia implementation such as radio, television and online programs with the aim of achieving the same objective. As of December 2020, the CT had approved the changes and new implementation modalities had been executed.

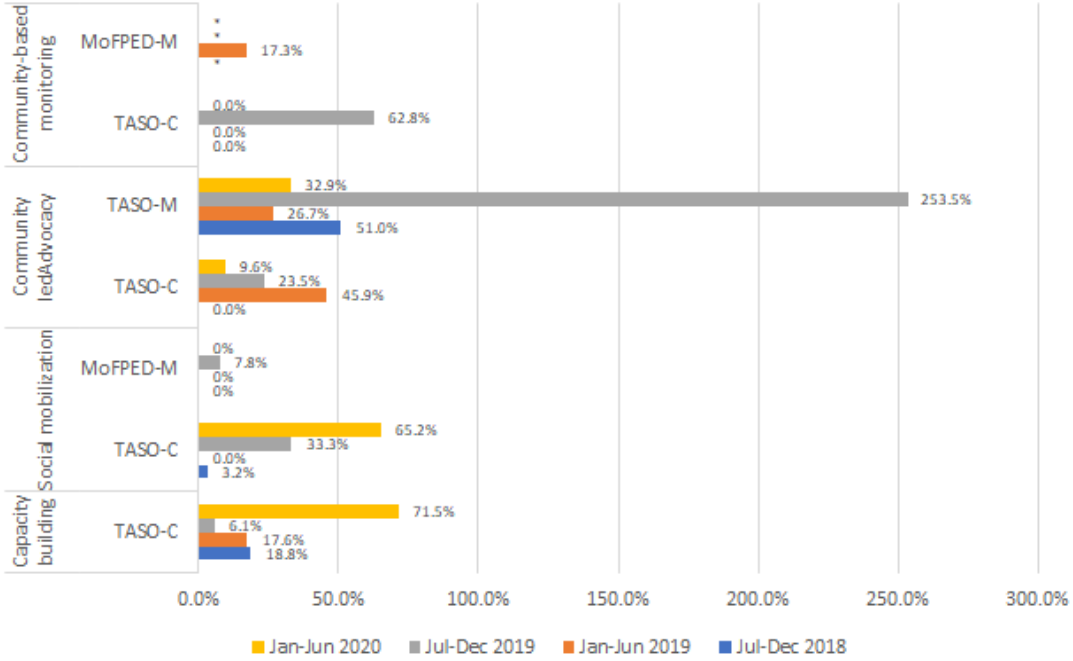
3.2 Performance of CSS interventions

To improve health outcomes for HIV, TB and malaria, the Global Fund recognizes that more effort is needed to incorporate community systems and responses into national disease and community health plans.(4) The CSS module was allocated 15% (US$830,071) of the total RSSH investments (US$5,517,656) covering four interventions: 1) *community-led advocacy*, 2) *community-based monitoring*, 3) *institutional capacity building, planning and leadership development*, and 4) *social mobilization, building community linkages, collaboration and coordination*. These interventions are implemented across three grants: UGA-M-MoFPED allocated US$185,657; UGA-C-TASO allocated US$ 606,685 (implemented through Uganda Network on Law Ethics and HIV/AIDS (UGANET) and Uganda Stop TB Partnership (USTP)); and UGA-M-TASO allocated US$38,729 (implemented through Kajumu Development Organization (KADO) and PACE). By June 2020, the average cumulative absorption across all four interventions under UGA-C-TASO was 28.8% (US$138,055 of the US$478,854 cumulative budget) and 5.4% (US$5,820 of the US$108,104 cumulative budget) for two interventions under UGA-M-MoFPED.

Financial performance under TASO: The *community-led advocacy* intervention under the two TASO grants had a varied trend in financial performance, with absorption under UGA-M-TASO exceeding the financial target by 153% in 2019 (Figure 6). This is partly explained by the revision from a social mobilization approach with less community engagement to a more participatory approach at the community level to increase awareness, especially during the malaria upsurge in 2019. On the other hand, absorption for the *community-led advocacy* intervention under UGA-C-TASO was less than 50% in all four semesters because most of the planned activities were preceded by the community scorecard whose development and dissemination had been affected by delayed SR onboarding.

Financial performance under MoFPED: MoFPED implements two interventions within UGA-M-MoFPED: *social mobilization, building community linkages, collaboration and coordination;* and *community-based monitoring. Social mobilization, building community linkages, collaboration and coordination* activities had no absorption in all the semesters except in the July-December 2019 reporting period where US$1,812 (7.8%) out of the allocated US$23,109 was spent (Figure 6). This absorption is explained by the flexibility of MoH to collaborate with partners and line ministries to implement some activities and as a result, there was low grant expenditure. For example, the "district epidemic response meetings" (the only activity under this intervention) was conducted to fast track the 2019 malaria upsurge with support from partners, like the World Health Organization, thus leaving the SR with savings. *Community-based monitoring* that was earmarked for implementation during the January to June 2019 reporting period spent 17.3% (US$5,356 out of the US$31,073 allocation). The low absorption for this intervention was due to changes in the implementation modality where the national data use training activity that was initially planned to be conducted in a hotel was eventually held within the MoH premises. This resulted in savings worth US$25,704.

Figure 6 Absorption for CSS interventions across three grants from July 2018-June 2020



*Source: Global Fund PU/DRs Jan 2018 - June 2020 ***-Means no allocation for that semester*

Programmatic performance (TASO): Due to the lack of coverage and outcome indicators for the CSS module in Global Fund's 2017 modular framework, performance of CSS interventions is tracked at the process level through reports provided by the SRs. As of September 2020, activity-level programmatic performance varied across interventions with some indicators below the target, some reaching the target, and others exceeding the target. For example, awareness meetings to strengthen capacities of networks of people living with and affected by the three diseases under the *institutional capacity building* intervention and identification of facilities to administer scorecards under *community-based monitorin*g intervention met their targets (101% and 156%, respectively). This was mainly attributed to the accelerated implementation that facilitated the achievement of targets despite the late start of implementation. On the other hand, activities that were dependent on the development of the scorecard had not met their targets. For example, as of September 2020, the district level meetings to present preliminary findings had only been conducted in 35 of the planned 56 districts (63%). Orientation meetings on the scorecard for district leaders and health service providers were planned for 56 districts, however, these were implemented in 34 districts (60%).

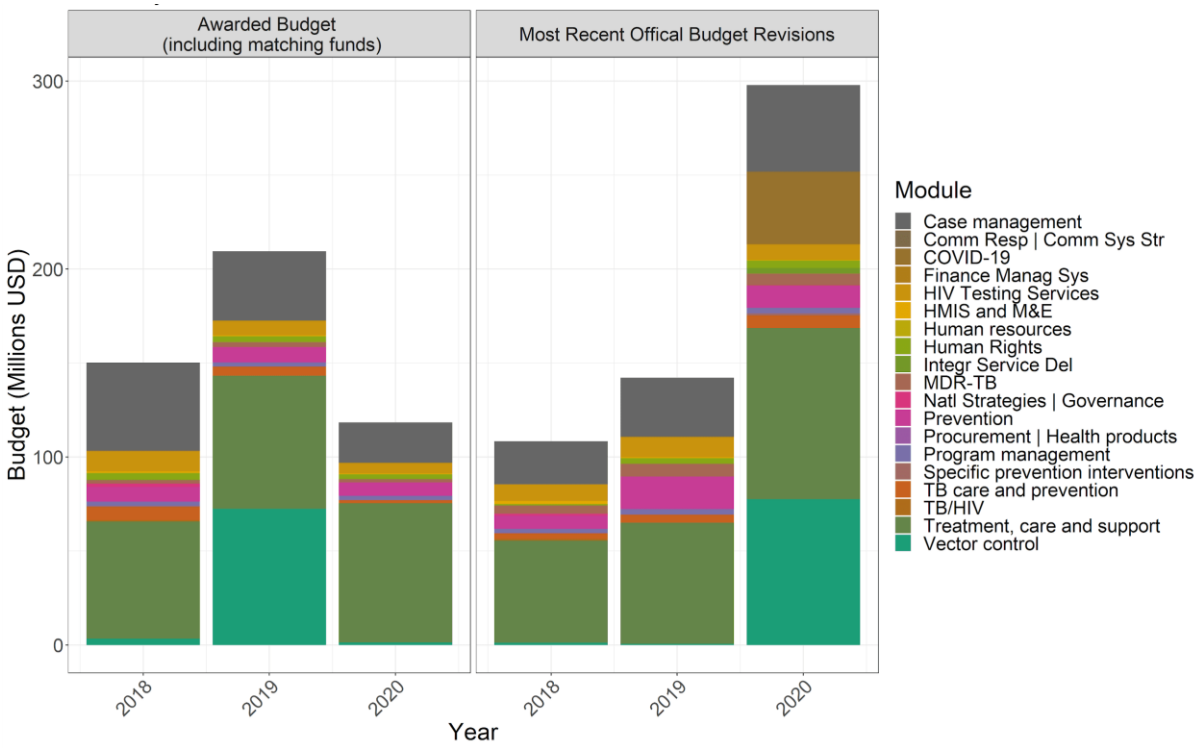
3.3 Grant Revisions

The Global Fund has continued to demonstrate flexibility in its grant revisions policies to facilitate implementation of the 2018-2020 grants with the objective of maximizing grant impact through a variety of revision mechanisms. Revision types utilized in Uganda ranged from additional funding through portfolio optimization, non-material program revisions, non-material and material budget revisions, as well as incorporation of COVID-19 Response Mechanism (C19RM) funding. However, there were no instances of material program revisions (scope/scale changes) as of September 2020. The number and type of revisions varied by grant. We first present an overall picture of the total budgetary shifts over the full course of the grant cycle, followed by a concentrated look at revisions within two of the four Global Fund Strategic objectives (HRG-Equity and RSSH), using AGYW and CSS focus areas as examples to explore the drivers of revisions as explained later in this section.

We examined the overall shift in year over year grant budgets to assess the magnitude of change over time, by module, due to grant revisions. According to NFM2 grant award budgets (including matching

funds), Year 3 of the grant (2020) was originally allocated US$118.5 million. However, as of August 2020, budgets released with implementation letters for UGA-C-TASO, UGA-M-TASO, UGA-H-MoFPED for UGA-T-MoFPED and UGA-M-MoFPED, show a 151% increase in the overall allocation to US$297.8 million. These shifts resulted in more than 54% of the total budget (US$297.8 million out of total US$548.3 million) being shifted to Year 3 implementation, rather than the initially planned 25% (US$118.5 million) (Figure 7). RSSH and HRG-Equity also showed an increase in the Year 3 allocation by 434% and 89%, respectively (Annex 7). These patterns are partly attributed to the implications of slow implementation in 2018 leading to budget revisions towards Years 2 and 3. The opportunity costs of such budgetary shifts to later in the grant cycle warrant further exploration.

Figure 7 Comparing changes in annual awarded budgets and most recent official budget revisions (aggregated across all five grants)



Source: Global Fund detailed budgets

Equity revision: A total of US$63,813,077, including matching funds, was allocated to equity-related activities across the five grants. Grant revisions resulted in an overall increase of 11.6% (US$7,426,504) in the total approved allocation. Despite the increase in the overall grant during the 2020 revisions, increments were observed for the UGA-H-MoFPED and UGA-M-MoFPED grants by US$9,567,445 and US$407,287, respectively, while all the other grants had reductions in the equity-related budgets. The observed increase under the UGA-H-MoFPED equity-related budgets was for the differentiated HIV testing services activity. The UGA-T-MoFPED allocation had the highest reduction of 62% (see Figure 8 in section 4.3) within the TB care and treatment activity for key populations particularly the annual mass screening of inmates in 50 prisons. Due to the SR's inability to account for advanced funds in the first half of 2018, the PR together with LFA agreed not to advance more funds to the SR as one of the financial risk mitigation measures. Reductions in AGYW- and human rights-related activities contributed to the overall equity reductions. However, two equity-related interventions (*keeping girls in school* and *other interventions for AGYW*) increased consistently across all revisions as will be explained in the AGYW revisions section below.

RSSH Revisions: Grant revisions contributed to a 48% (US$2,627,600) increase to the total RSSH approved budget (from US$5,517,656 to $8,145,256) across all the grants (see Figure 9 in section 4.3, and Annex 3). Although UGA-M-MoFPED registered a reduction of 18% in its allocation, all other

grants had positive gains to RSSH through grant revisions. UGA-H-MoFPED and UGA-T-MoFPED, for example, did not have allocation to RSSH-related activities but received a boost of US$2,233,269 and US$16,713, respectively, to support RSSH-related activities.

Reallocations vs Reprogramming: Stakeholders explained the preference for non-material budget revisions because they can be leveraged to fill existing and emerging resource gaps in planned activities especially through savings/efficiency gains as opposed to embarking on the lengthy material program revision processes. Additionally, strong alignment of planned activities with disease NSPs overtime has reduced the significant need to change the vision, objectives and strategic interventions during grant implementation, thus less need for program revisions to scale or scope (e.g., "reprogramming").

> *"In principle, the primary reason why grants are not revised is because the planning of the grants is guided by the NSP and the general principle behind the allocations is informed by trends under each intervention with the NSPs, so no scale/scope changes...what is happening now is moving money in the form of savings from activity lines where there is poor absorption to activity lines where there is good absorption to make sure the general performance of the grant is good." (National level KII, MoH)*

Furthermore, key informants perceived the current governance structures spearheaded by top leadership in the MoH as a significant facilitator to grant implementation. Bottlenecks are quickly identified, discussed and actionable recommendations suggested, thus improving grant implementation without changing the objectives of interventions and still achieving the same outcome. Relatedly, the experience acquired by program personnel and lessons learned from implementing the Global Fund grants over time informs decisions of how, when and the extent to which grants can be revised to achieve objectives.

In contrast, some stakeholders perceived material program revisions to be cumbersome, as they require changes to key grant documents (performance frameworks, budgets and implementation arrangements). The process is considered time consuming, characterized by back-and-forth negotiations, which lessens the "would be" time for implementation. This contributes to low absorption and/or loss of unspent funds at the end of the implementation period, which is perceived to affect the next grant allocation decisions.

Finding: Budget revision data indicates budgetary shifts in AGYW and CSS intervention areas over time. The revisions correlate with the low-absorbing interventions as decisions were responsive to lessons learned and new evidence generated during implementation as well as the effects of the COVID-19 pandemic on grant implementation. However, there is limited evidence on how performance indicator data guides revision decisions.

AGYW revisions: There were budget shifts in the AGYW HIV prevention interventions especially for the UGA-C-TASO grant. Budget revisions in February and July 2020 led to increases (blue shading) and reductions (orange shading) in allocation of interventions (Table 4). Some budgetary shifts were above the 15% threshold, and thus considered as "material" budget revisions. These revisions were attributed to some lessons learned during early implementation, including the beneficiaries' preferences of some activities over others, which had contributed to the initial low uptake of activities. For example, the "second chance education" activity attracted fewer AGYW than was planned because the beneficiaries preferred the "vocational training" activity. As a result, PR2—with approval from the CT—shifted funds from the *second chance education* to *vocational training* activity under the *keeping girls in school* intervention, leading to an increase of US$1.23 million. This increased again in July 2020 by US$337,748. There was a 59% total increase over the original grant approved budget. Concurrently, the *socioeconomic approaches* intervention decreased by US$996,043 in February 2020 and decreased again in July 2020 by US$50,000 (in total, a 61% decrease from the matching funds approval, at which time this intervention was added). Stakeholders perceived such budget adjustment to not only improve absorption but also address beneficiaries needs, leading to improved ownership, better outcomes of interventions and their sustainability.

There were no budget reallocations registered for AGYW interventions within the UGA-H-MoFPED grant through the first two years of the grant (Table 4), despite low absorption as detailed above (Figure 7. However, in September 2020, there were discussions between PR1, MoES (SR) and the CT to reallocate 38% of the AGYW allocation under UGA-H-MoFPED (US$686,048) to *GBV prevention*, which was approved by October 2020.

Table 4 Grant revisions for AGYW across UGA-C-TASO and UGA-H-MoFPED grants (US$)

Grant	Gf Intervention	Approved	Approved and Catalytic/Matching Funds	Revision 1	Revision 2
UGA-C-TASO	Addressing stigma, discrimination and legal barriers to care for adolescents and youth	141,175	141,175	141,175	141,175
	Behavioral change as part of programs for adolescent and youth	1,240,377	1,560,407	1,536,262	1,453,750
	Community mobilization and norms change	68,153	862,421	887,887	551,603
	Gender-based violence prevention and treatment programs for adolescents and youth	0	426,747	259,346	309,013
	Keeping girls in school	2,669,758	2,669,758	3,894,836	4,232,584
	Other interventions for adolescent and youth	22,930	22,930	22,930	104,238
	Socioeconomic approaches	0	1,725,747	729,704	679,704
UGA-H-MoFPED	Behavioral change as part of programs for adolescent and youth	0	321,838	321,838	321,838
	Community mobilization and norms change	0	29,836	29,836	29,836
	Gender-based violence prevention and treatment programs for adolescents and youth	14,026	14,026	14,026	14,026
	Keeping girls in school	748,004	1,956,241	1,956,241	1,956,241
	Linkages between HIV programs and RMNCH	4,571	4,571	4,571	4,571
	Other interventions for adolescent and youth	56,571	229,868	229,868	229,868
Grand Total		**4,965,567**	**9,965,568**	**10,028,521**	**10,028,449**

% change
-100% 100%

Source: Global Fund detailed budgets

CSS Revisions: Analysis of the revised budgets compared to grant approved budgets indicate that the total investment in the CSS module reduced by 17% (from US$830,071 to US$686,565). Revisions to budgets in Year 3 indicate budget shifts away from three of the four CSS interventions, whose average absorption was 40% (Table 5). The observed absorption is partly attributed to savings accrued from non-implemented activities during Year 1 before onboarding of SRs. In addition, COVID-19 restrictions instituted in March 2020 led to reallocations in July 2020 as discussed in the next section.

Table 5 Grant revisions towards CSS interventions across two grants (US$)

		Budget Version		
Grant	Gf Intervention	Approved	Revision 1	Revision 2
UGA-C-TASO	Community-based monitoring	62,188	62,188	62,188
	Community-led advocacy	306,799	269,832	258,537
	Institutional capacity building, planning and l..	138,899	137,168	124,888
	Social mobilization, building community linka..	97,799	98,333	49,122
UGA-M-MoFPED	Community-based monitoring	93,219	31,073	
	Social mobilization, building community linka..	92,438	92,438	
UGA-M-TASO	Community-led advocacy	38,729	68,319	68,319
Grand Total		**830,071**	**759,351**	

% change
-100% 100%

Source: Global Fund detailed budgets; Note: UGA-M-MoFPED did not have a second revision, so this column and the grand total value have been left intentionally blank.

COVID-19 revisions: The Global Fund business model facilitated the rapid response to the COVID-19 pandemic through grant revision flexibilities and the C19RM, while ensuring minimal interruptions in grant implementation.(16) A total of US$10,510,315 was approved under Uganda's NFM2 grant flexibilities and US$51,935,105 was approved under the C19RM grant by December 2020. Most of the funds for C19RM and NFM2 grant flexibilities were allocated to reinforcing the national COVID-19 response. The revisions supported continuity of health services delivery and adherence to treatment and care among key and vulnerable populations such as AGYW, sex workers and people living with and affected by the three diseases. For example, reallocations from some CSS interventions were used to support the community health systems by facilitating Village Health Teams to make home deliveries of refills to minimize interruption in treatment.

Finding: Grant revision processes are participatory and consultative although perceived by stakeholders to be less transparent due to lack of a centralized repository to track the changes over time beyond the implementation letter documentation and PU/DRs.

The processes of grant revisions are consultative and participatory. Stakeholders ranging from SRs, PRs, CCM constituency representatives, LFA and CT were actively engaged in the decision-making processes. However, as mentioned in the PCE 2019/2020 Annual Report, tracking of budget revisions continues to be challenging since there is no systematic process of documentation, which has implications for transparency beyond the PRs and LFA.(6) The reasons for revisions, gaps filled, sources of funds within the grant and how the revisions will facilitate grant implementation are not well documented. We utilized Global Fund grant implementation letters (accompanied by official updated budgets) to track revisions; however, the implementation letters often did not include explanation of material budget revisions. Therefore, to conduct this analysis, the PCE team examined budget revisions through detailed comparison of official budgets over time to identify modules and interventions with large budgetary shifts. There is a need to develop a centralized repository for tracking grant revisions, especially budget revisions to enable stakeholders to track changes made across the grant cycle.

3.4 Facilitators and barriers to grant implementation

This section summarizes facilitators and barriers to grant implementation in the 2018-2020 grant cycle (Table 6). Most of the identified facilitators from early grant implementation as indicated in the PCE 2018/19 Annual Report continue to influence implementation. Flexibilities of the Global Fund policies, processes and structures are still strong facilitators to implementation.(17) These have been observed in the flexibility to revise grants to address the prevailing circumstances. For example, grant flexibilities allowed for commodity shipments resulting from the malaria epidemiological changes to be deferred and response to the COVID-19 pandemic. Significant barriers to early grant implementation such as delayed SR selection and buy-in from top management have since been resolved. However, the lengthy procurement processes in-country, especially for public implementers, continue to be a challenge. These are characterized by several signoffs and challenges with requisitions, such as late requisitions and no specifications attached to the requisition, which lead to back-and-forth discussions and prolong the processes. There is a need for an in-depth exploration of the root causes of lengthy procurement processes to generate clearer, actionable and comprehensive recommendations.

The COVID-19 pandemic and lockdown measures substantially affected grant implementation in 2020. The ban on social gatherings, free movement, and closure of schools impacted the implementation of activities such as dialogues, sports campaigns, outreaches, in-school activities and trainings.

Summary*:* By December 2020, the NFM2 grant implementation was on track with improved absorption of funds and some interventions reaching or exceeding targets, despite the late start up. Global Fund's grant revision flexibilities facilitated shifts of budgets from low absorbing interventions to interventions that would deliver better results. Lessons learned during NFM2 implementation informed budget shifts aimed at achieving VfM for Global Fund grants.

Table 6 Summary of facilitators and barriers to 2018-2020 grant implementation

Facilitators	Barriers
2019/2020	

Global Fund policy/ process flexibility to:
• Respond to epidemiological changes.
• Revise grants via less bureaucratic process.
• Disburse funds in advance to avoid disruption of grant implementation (e.g., funds for Quarter 4-6 disbursed Nov. 2018).
 	
Contextual country facilitating factors:
• Continued implementation support through adaptive management and oversight:
  ○ Accelerated implementation plans.
  ○ Continued support from CT.
  ○ Continued oversight by CCM.
  ○ Stakeholder alignment/coordination.
  ○ Strong engagement by MoH top leadership.
	Contextual country hindering factors:
	• Bureaucratic in-country processes (protracted and with several approval levels)
	• COVID-19 response measures restricted mobility/national lockdown.
	• Continued delay in implementation of some activities until the first half of 2019, due to:
	  ○ Protracted PR/SR admin negotiations.
	  ○ Protracted time for top management buy-in within SRs (Line Ministries).
	  ○ Delay in orientation of new SRs to Global Fund processes (financial processes, procurements, reporting). PR and SR orientation by CCM was conducted in May 2019, ~18 months into grant implementation.

2018 (early grant implementation, 2018 PCE annual report)(17)	
Global Fund business model facilitating factors: • Flexibility to pre-order commodities before grant signing. • Simplicity of requesting and receiving Global Fund disbursements. • Flexibility in budget reallocation. • "Acceleration" planning to catch up on delayed implementation: a potential facilitator if activities are implemented as designed/quality is maintained. • Strong CT engagement to facilitate open communication. • Enhanced grant reviews. **Country contextual facilitating factors:** • National stakeholder harmonization and alignment efforts (including meetings) • Staff "validation" exercise: performance assessments led by the government, an innovation intended as a facilitator of stronger grant implementation and performance. • Strong leadership from top management at MoH (PR1), including introducing monthly progress/oversight meetings.	**Global Fund business model hindering factors:** • Misalignment in timing of matching funds requests with the main application hindered Memorandum of Understanding (MoU) signing with public sector SRs (to avoid two MoUs: main grant and matching funds) • Insufficient guidance on SR selection policies/procedures. SR selection delays caused implementation delays. • Overlapping grant closure of NFM1 and grant startup of NFM2 was lengthy (11 months) and challenging for implementers. • Misalignment of Global Fund financial systems with Uganda's financial system. • Complexity of Global Drug Facility for procurement of TB drugs (Lead time: minimum 8 months; no mechanisms for reversal logistics; no flexibility). **Country contextual hindering factors:** • Protracted public sector SR onboarding. • Protracted MoH program recruitment following staff validation: vacant positions as a driver of low absorption of program management costs. • Lengthy approval process for in-country procurement (layered requisition signoffs) • Global Fund investments sent from MoFPED to district-level accounts with inadequate accompanying communication or guidance on the purpose and use of funds. • Inadequate coordination between national and subnational levels, particularly in developing

	the funding request and aligning to district planning cycles. This resulted in: ○ Misalignment between investments and district needs. ○ Lack of awareness among districts for when to expect Global Fund support, thus hindering annual planning. ○ District reprioritization of Global Fund activities • Challenges of public sector SR (MoGLSD) reporting to non-public sector PR2

4. NFM3 funding request to grant making

Uganda submitted two funding requests in Window 1 (March 2021) during the 2020-2022 allocation cycle using the tailored to NSP application approach. A total of US$579,001,931 was allocated across HIV, TB, malaria and health systems strengthening compared to the US$478,043,197 in the previous allocation cycle. To catalyze investments in the main grant, an additional US$23.5 million was allocated through matching funds to the different disease components. The PCE analysis compared NFM2 and NFM3 grant application processes and focused on: (1) the changes to the funding request budgets during grant making; (2) stakeholder's experiences with the tailored to NSP application; (3) Global Fund's policy aspects of inclusion, transparency and country ownership; and (4) how investments in NFM3 demonstrated a change in trajectory in terms of budget allocations and scope and scale of interventions, using AGYW and CSS as focus areas. The analysis sought to understand how equity, RSSH, and sustainability were factored into the application discussions, decisions and grant design.

4.1 Changes at grant making

Overall allocation across the disease areas remained the same at grant making but there shifts across modules. Analysis of changes made during grant making was conducted with an emphasis on budgetary |modifications in HRG-Equity related interventions (17% increase) and RSSH modules (4.3% increase). Budgets for AGYW and CSS also increased by 13.8% and 15.2%, respectively (Table 7).

Table 7 Overall Changes from Funding request to Grant Making in NFM3

Focus Area	FR Budget (US$)	Approved Budget (US$)	Variation (US$)	% Change
HRG-Equity	99,711,398	116,653,560	16,942,162	17.0%
RSSH	30,672,062	31,986,362	1,314,300	4.3%
AGYW	12,481,135	14,202,144	1,721,009	13.8%
CSS	5,981,759	6,889,800	908,040	15.2%

Source: Global Fund detailed budgets

The increase in CSS budget at grant making was in response to a TRP recommendation to increase allocation towards strengthening capacities of communities and civil society organizations (CSOs). As a result, the *institutional capacity building, planning and leadership development* intervention that was initially included in the PAAR was shifted to the main grant. Although there were minor reductions in the budgets for the other three interventions, the inclusion of US$909,930 for *institutional capacity building* contributed to the 15% overall increase in the CSS allocation at grant making.

The 13.8% increase in total allocation for AGYW activities at grant making is attributed to the need to prioritize activities that would have more impact as identified by the midterm AGYW evaluation and lessons learned during implementation in NFM2 (discussed in section 4.3 below). Activities with the highest increase included vocational skills training (222.3% increase), sub-national level meetings (182.2% increase) and out of school tournaments (88.9% increase). On the hand, there were decreases in second chance education (87.5% decrease), district level meetings (72.7% decrease) and procurement of promotional materials (27% decrease).

4.2 NFM3 funding request process

4.2.1 Differentiation: Tailored to NSP approach vs. full review

Uganda used the tailored to NSP application approach that was designed by the Global Fund to help countries reduce narrative responses for the funding request. This approach is also aimed at using the disease national strategic plan(s) as the main application document. Our analysis sought to understand whether the tailored to NSP approach led to a more streamlined grant as expected by the Global Fund compared to the full review approach utilized in the previous application cycle.

Finding: Stakeholders considered the tailored to NSP approach of 2020 more streamlined and efficient compared to the full review approach of 2017. Despite this, the process was challenging for key actors involved as the finalization of the disease NSPs occurred concurrently with the funding request development process. In addition, both processes required stakeholder consultation for priority setting which duplicated efforts and posed a challenge of how priorities from both processes would be harmonized.

Stakeholders noted that the tailored to NSP approach facilitated the alignment of prioritized interventions/activities in the funding requests with the NSPs. Reference was made to the NSPs for priorities to include in the funding request which promoted national programs. This shift is in line with the Global Fund's key considerations for promoting sustainability.(18) The writing process was considered much *"lighter"* given that the tailored to NSP application template was easier to follow than the full review application template.

There were no significant changes between the tailored to NSP application and the full review in terms of the grant writing processes. The two approaches underwent constituency engagement meetings and consultations for priority setting. While these engagements were intended to enhance and broaden meaningful stakeholder involvement in the grant writing processes, they were perceived by some stakeholders as a duplication of efforts. By the time the allocation letter was received (December 2019), indicating the new tailored to NSP approach, constituency engagement and priority setting processes had occurred and yet a new process involving the same activities had to be started. This posed a challenge of harmonizing the priorities from the two processes. Additionally, the finalization of the disease NSPs occurred concurrently with the funding request development process. This was considered challenging for key actors involved in both processes (increased workload) and because some sections of the application could not advance until they were finalized in the NSP, especially for the HIV grant**.**

Stakeholders recognized the merits of the NSP approach despite its challenges as indicated by a key informant below:

> *"…I think the NSP tailored approach is very good because it allows for better alignment of interventions with the NSPs but I also think the country wasn't ready for this approach since the NSPs needed to be updated and it doesn't have to be a rushed process but this time people were thinking working on the NSPs and at the same time writing the grant and during the writing some sections had to lag behind so as to advance writing specific sections in the NSP." (National KII, PR)*

Irrespective of the application type, country stakeholders need to ensure NSPs are reviewed, updated and costed prior to the start of the grant application processes, thereby avoiding a concurrent process, and enabling stronger alignment of constituencies' priorities with strategic priorities in the NSP.

4.2.2 Inclusion, Transparency and Country ownership

Finding: Compared to NFM2, the funding request development process for NFM3 was more inclusive in terms of stakeholder representation and participation. The CCM documented all the processes, including engagement of key and vulnerable populations.

The Global Fund requires grant applicants to demonstrate that the funding request is developed through a transparent and inclusive process that engages a wide range of stakeholders, including civil society and key and vulnerable populations.(19) Stakeholder engagements and consultations were held for all three disease programs. Specific to AGYW, there was involvement and participation of key stakeholder entities as recommended by Global Fund, including MoGLSD, MoES, different departments under MoH, UAC, TASO, UNAIDs, UN women, President's Emergency Plan for AIDS Relief (PEPFAR), United Nations Population Fund (UNFPA), Youth representatives to the CCM, AGYW organizations and academia. The findings of the social network analysis in the PCE 2017/2018 report showed that the ministries had been peripherally involved in the funding request development process.(20,21) However, in NFM3, stakeholders acknowledged more updates and consultation throughout the funding request development process. For example, representatives from the MoES and MoGLSD highlighted that they were meaningfully involved in the grant application processes compared to NFM2. This ensured stronger alignment of the Global Fund-supported AGYW activities with strategic plans of implementing SRs (MoES, MoGLSD), as was mentioned by a key informant:

> *".... We did play a critical role in the development of the proposal because the people here were actively participating, this time round unlike in the first proposal... The ministry was always represented and we participated right from the beginning. In the current grant that we are implementing, yes there was participation, but it was limited that is why we had challenges at the beginning…" (National level KII, MoES)*

For CSS, evidence from KIIs, meeting observations and review of CCM meeting documents indicated that a wide range of country-level stakeholders, including representatives of civil society, development partners, CCM members, relevant government ministries and departments, representatives of key population groups and people living with the three diseases were involved.

> *"...Also, the Key Population (KP) consortium organized several meetings including communities and beneficiaries from all regions and that fed into the priorities. So I would say, compared to the previous process, this time around, there was more involvement. We had reports from all regions of the country and also people were sending inputs through emails, so I really think there was great improvement." (KII, Key Populations representative)*

In addition, health system strengthening experts across several entities were actively involved in the grant application compared to NFM2. This facilitated improvement in the strategic direction of implementation arrangements and coordination for RSSH investments.

Transparency: All processes were documented by the CCM and documents can be accessed by stakeholders, which promoted transparency. From our observation at meetings, CCM members met frequently with the writing teams to ensure that endorsed priorities were maintained in the final documents. Additionally, the CCM members also fully endorsed the final funding request documents. Several stakeholders perceive the grant making process not to be as transparent as the funding request process because by design fewer stakeholders are involved. However, it is not clear how changes (and reasons for changes) are documented and communicated to the broader group of stakeholders that participate in the funding request development. The PCE in 2021 will explore whether and how changes

are communicated and how transparency and documentation could be improved during grant making.

4.3 Change in trajectory vs "business as usual"

During the 2020-2022 funding cycle, the Global Fund urged partners and countries to step up the fight to end HIV, TB and malaria through increased resource commitments, innovation, and scaling up prevention and treatment.(22) In addition, the Global Fund received the highest replenishment in its history and thus called for new ways of conducting business to ensure that added investments lead to a change in the face of the three epidemics. Uganda's allocation for the 2021-2023 period increased by 27% and by 150% for matching funds (Annex 5). Table 8, below, shows a comparison between the 2017-2019 and 2020-2022 disease specific and matching funds allocations.

Table 8 Change in grant allocation to NFM3 compared to NFM2

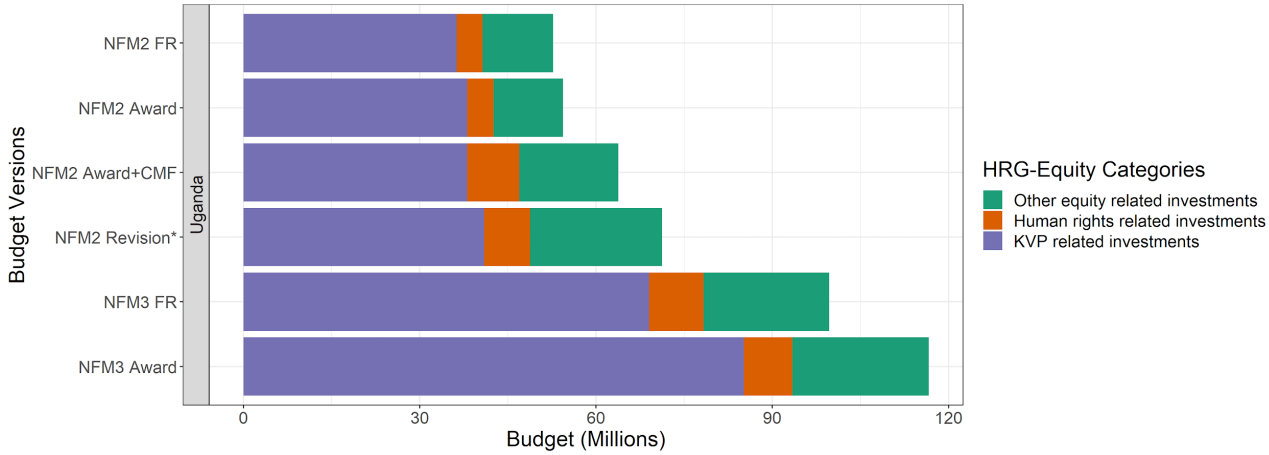
Disease	NFM2:2017-2019 Allocation (US$)	NFM3: 2020-2022 Allocation (US$)	% Change
HIV	$255,632,244	$289,203,023	**13.1%**
TB	$21,101,922	$29,773,958	**41.1%**
Malaria	$188,322,878	$260,024,950	**38.1%**
Matching Funds	$9,400,000	$23,500,000	**150.0%**
Total	**$465,057,044**	**$602,501,931**	**27.0%**

Source: Allocation letters

Finding: There is a demonstration of a change in trajectory in investments for HRG-Equity-related activities such as AGYW interventions and within RSSH modules (CSS interventions) through increased allocation and scale up of innovative and evidence-based interventions.

The HRG-Equity-related budget increased by 83% (US$63,813,078 in NFM2 to US$116,653,560 in NFM3) (Figure 8). Reasons for the increase will be explored by the PCE during 2021.

Figure 8 Change in HRG-equity-related investments (NFM2 to NFM3, summarized across all grants)



Source: Global Fund detailed budgets

*Notes: CMF is Catalytic/Matching Funds. *Revision is the most recent official budget revision available at the time of our analysis: August 2020 for UGA-C-TASO, UGA-M-TASO and UGA-H-MoFPED and February 2020 for UGA-T-MoFPED and UGA-M-MoFPED.*

***AGYW Investments in NFM3*:** The budget for HIV prevention programs for AGYW increased by 40% from US$9,965,567 in NFM2 to US$14,202,144 for NFM3. There was also a proposed US$59.9 million

in the PAAR for NFM3 compared to no AGYW-related investments in the PAAR in NFM2. The increase in allocation was driven by the need to increase coverage and scale up of the most effective interventions based on lessons learned from NFM2 grant implementation. Uganda has implemented AGYW evidence-based interventions like *keeping girls in school* and *social economic empowerment approaches for the out of school*, mainly supported by Global Fund, PEPFAR and UN agencies. However, evidence shows that only about 11% of AGYW had been reached with HIV-related services by 2017 and therefore, there was need to scale up these innovative interventions in to reach more girls and maximize impact of investments.(3) In NFM2, the Global Fund supported the country to implement comprehensive AGYW HIV prevention packages in 16 high burden districts and the scope was increased to 20 districts in NFM3. Additionally, the coverage in the planned districts was also increased from 24% to 80%, targeting 125,000 vulnerable girls with HIV prevention programs. This will supplement the PEPFAR DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) program expected to be expanded from 15 to 19 districts increasing coverage to 64% of the 61 high burden districts.

The increase in allocation was informed by several factors: 1) National strategic documents with new evidence on the strategic direction and priorities for AGYW, such as the National HIV Strategic Plan 2021-2026 and the HIV Prevention Strategy for AGYW 2020-2025, among other guidance documents; 2) Evidence from the *Formative Assessment of HIV, sexual and reproductive health and Gender-Based Violence Status of AGYW* highlighting issues related to HIV, sexual and reproductive health, and GBV status of AGYW in 20 priority districts; and 3) Lessons learned during implementation of NFM2 by PRs and SRs, which also contributed to the investment case for AGYW in NFM3.(23) During implementation, PR2 observed and analyzed the trend in implementation of AGYW interventions, with a focus on **what activities were preferred**, **what gives better results**, and **where more emphasis is needed to maximize impact**, among other parameters. For example, sports events and tournaments were found to be a more effective way of reaching many AGYW with health information and HIV testing and counseling, leading to the increase in investment in this area. Idea generation and the sexual and reproductive health adolescent innovation camps activity was not only found to be efficient but also cost effective thus allocation and targets in these areas increased for NFM3, in line with VfM considerations for intervention and activity prioritization.

> *"... From the analysis, we realized that with the innovation camps, we stay with the girls for a shorter time...you reach more girls and the results are quick. Girls who attended the innovation camps went and started practicing the skills they learnt in their groups. Many of them are actually doing much better but in terms of cost it's also cheaper." (KII National level, PR)*

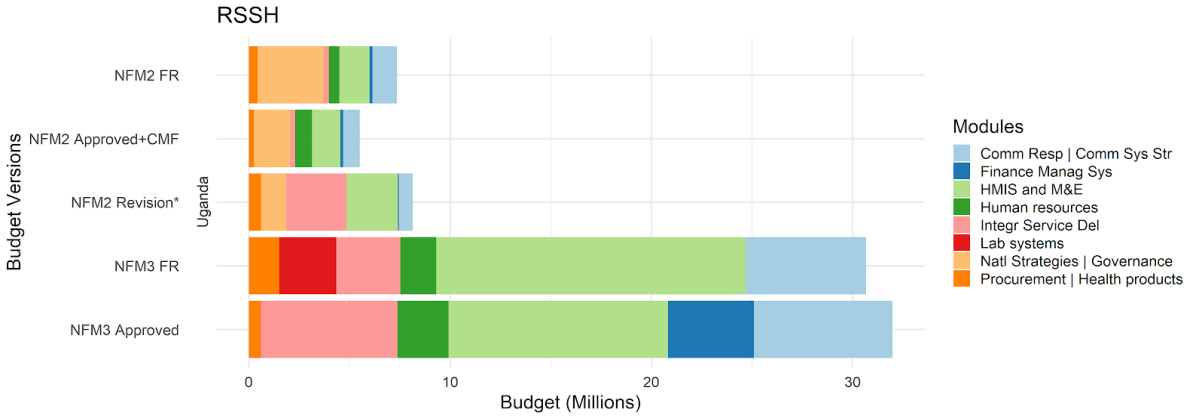
The investments in AGYW in NFM3 show a change in trajectory with increased allocation. This came with an increase in scale and scope of interventions and activities to supplement the efforts of other partners to reach many at risk AGYW and make a difference in reducing new HIV infections among this population group. This will contribute to promoting local ownership of these interventions and sustainability.

RSSH investments in NFM3: In the 2019 Modular Framework, there were changes made to the RSSH module naming conventions with the aim of better aligning modules to interventions and activities (Figure 9).(7) Overall, there was a 479% (US$5,517,656 in NFM2 to US$31,986,362 in NFM3) increase in RSSH investments in NFM3, including an increase of 4.2% during NFM3 grant making.

CSS investments in NFM3: Compared to NFM2, NFM3 had more funds allocated for all community-related activities spread across the modules within the grants. Holistic allocation to community-related activities overall increased by 109% from US$9,669,942 in NFM2 to US$20,197,732 in NFM3 (Annex 4). Investments for the four core interventions under the CSS module ("direct RSSH") increased by 730% (from US$830,071 in NFM2 to US$6,889,800) in NFM3 (Table 9). The 7-fold increase facilitated the increase in the scope and scale of CSS interventions/activities, introduction of innovations and CSS

indicators towards improved health outcomes and monitoring of CSS performance.

Figure 9 RSSH investments NFM2 compared to NFM3, summarized across all grants



Source: Global Fund detailed budgets;

**Revision is the most recent official budget revision available at the time of our analysis: August 2020 for UGA-C-TASO, UGA-M-TASO and UGA-H-MoFPED and February 2020 for UGA-T-MoFPED and UGA-M-MoFPED*

Notes: CMF is Catalytic/Matching Funds. Modules Key: Given updates to the Modular Framework in 2019, we compared similar RSSH modules across NFM2 and NFM3, e.g., "community responses and systems" (NFM2) and "community systems strengthening" (NFM3); "national health strategies" (NFM2) and "health sector governance and planning" (NFM3); "procurement and supply chain" (NFM2) and "health products management systems" (NFM3). In NFM2, "laboratory systems" (red) was an intervention within the "Integrated Service Delivery" module (pink) but was made a distinct module in NFM3.

Table 9 Change in CSS allocation from NFM2 compared to NFM3

Intervention	**NFM2 approved budget (US$)**	**NFM3 approved budget (US$)**	**Change (%)**
Community-based monitoring	155,407	1,674,798	978%
Community-led advocacy and research	345,528	1,182,839	242%
Institutional capacity building, planning and leadership development	138,899	909,930	555%
Social mobilization, building community linkages and coordination	190,237	3,122,233	1,541%
Total	**830,071**	**6,889,800**	**730%**

Source: Global Fund detailed budgets

Increase in scope and scale of CSS activities: The increase in scope and scale was informed by: 1) The TRP recommendations on CSS in the 2017-2019 allocation cycle that highlighted the need for countries to increase community engagement in the response to the three diseases through comprehensive and scaled activities to fill gaps in coverage, and increase impact of CSS investments; 2) New evidence from the National CSS framework, which observed that previous efforts to build advocacy and social mobilization capacities have been largely within national-level organizations and networks, whereas sub-national community-based organizations and networks have not been reached directly for capacity building; and 3) Lessons learned during NFM2 grant implementation, e.g., observations that the community scorecard enhances social accountability, which plays a critical role in promoting service delivery. As a result, several interventions and activities were scaled up in NFM3 to address the above observations and strengthen CSS. For example, scaling the *institutional capacity building* intervention from seven CSOs in Kampala and Wakiso during NFM2 to 153 CSOs across regions of Uganda. There

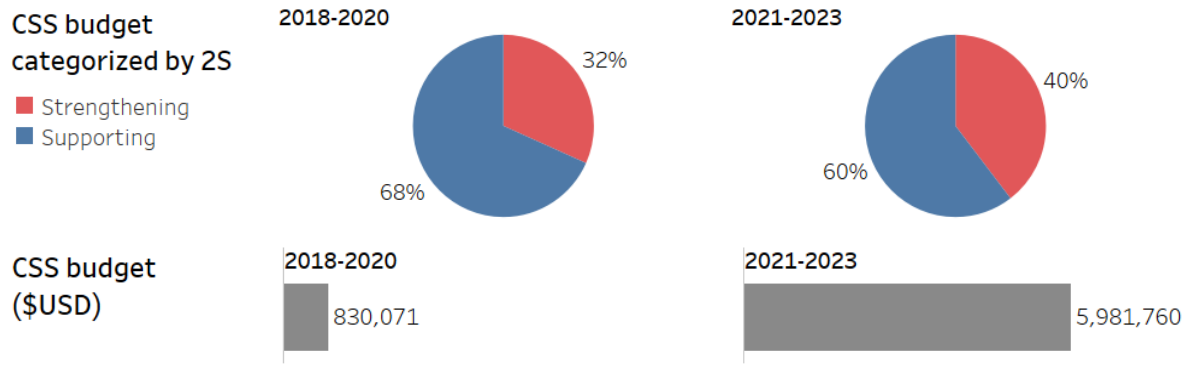
was also an increase in the number of districts implementing the community scorecard from 32 to 53 districts.

Innovations: As part of operationalizing and scaling up of the community health information systems *to strengthen different elements of the community system*, the country introduced digitization of the community scorecard. Based on the lessons learned from NFM2 implementation, the paper-based system of data collection was considered cumbersome with limited utilization of the data in decision-making at the national level. In NFM3, the process will be digitized and data will be consolidated at the national level in order to match it with other existing monitoring systems like DHIS2 and HMIS. This will optimize data utilization to inform decision-making for improved health service delivery and health outcomes. Additionally, new implementation arrangements and coordination for the community systems strengthening component of the cross-cutting RSSH program interventions will be managed under the existing structures for the civil society PR2 (TASO).

Introduction of CSS indicators: To improve monitoring of CSS activities, the Global Fund included two new coverage indicators in the revised modular framework. (16) Uganda incorporated one CSS indicator in the NFM3 grants: *Percentage of community-based monitoring reports presented to relevant oversight mechanisms (CSS-1*), included for M-MoFPED (but without any targets set at the time of grant award). In addition, the M-TASO grant includes a new RSSH Monitoring and Evaluation (M&E) coverage indicator to assess reporting from community systems: *Percentage of service delivery reports from community health workers integrated into HMIS (M&E-4).*

Supportive vs. strengthening CSS investments: The TRP, in its "lessons learned" review of 2017-2019 applications, recommended that countries increase investments in strengthening the health system, rather than continued funding toward systems support.(24,25) The TRP noted that among the 2017-2019 applications "many funding requests are still focusing on short-term interventions such as externally driven and sometimes non-essential technical assistance support rather than prioritized interventions that will strengthen and/or sustain the system."(5) As highlighted above in Figure 9 and Table 9, the total RSSH investment in the CSS module increased substantially from NFM2 to NFM3. In addition to the overall budget increase, there was a moderate shift in the proportion of strengthening investments within the CSS module, increasing from 32% of the approved budgets in NFM2 to 40% in the funding request budgets (Figure 10).

Figure 10 Support vs. strengthening investments within the CSS module comparing NFM2 approved budget vs. NFM3 funding request budget.



Source: Global Fund detailed budgets

This shift toward strengthening investments was primarily driven by the *community-based monitoring* and *social mobilization* interventions. For example, the *social mobilization* intervention included increased emphasis on CSO capacity strengthening, as well as mentorship and training of district level advocates to conduct social mobilization; and the *community-based monitoring* intervention included activities to increase use of digital technology in community monitoring of services and orientation

to/implementation of the community scorecards. The overall budget increases allowed for continued system support investments but with room to include additional emphasis on strengthening interventions. Through further analysis in 2021, the PCE will update the support vs. strengthening analysis (to include the final grant award budgets for NFM3), examine stakeholder understanding of health system support vs. strengthening, as well as the drivers of RSSH prioritization decisions, including the continued emphasis on systems support investments across many RSSH modules.

NFM2 to NFM3 process learnings: In addition to the change in trajectory in RSSH and HRG-Equity investment levels and design, several NFM2 lessons learned informed process improvements in NFM3 (Table 10), including those related to matching funds, implementation readiness, and RSSH coordination structure.

Table 10 Lessons learned from NFM2 that informed NFM3

Theme	**NFM2**	**NFM3**
Matching funds	Having separate catalytic matching funds application and approval meant implications for time and cost, resulting in delays in implementation of gender and other human rights activities.	Matching funds were integrated within the main grant applications and were perceived to be more efficient.
Implementation readiness	• Global Fund emphasis on '*disbursement ready*' grants • Delays in onboarding of SRs leading to subsequent delays in year 1 and year 2 of grant implementation.	• Global Fund emphasis on 'implementation ready' grants • Majority of the well performing SRs from NFM2 were retained with the aim of saving time at the start of NFM3 since the SRs are familiar with the Global Fund processes.
Coordination of RSSH	There was no RSSH coordination structure in place. Each disease program was implementing on its own, yet some activities were crosscutting. This affected the achievement of the intended objectives for some of these crosscutting investments.	The country developed a coordination structure and included its activities in the 2020 funding request. This structure details the roles of both PR1 and PR2 in the oversight, management and coordination of RSSH investments, with PR1 providing the overall oversight of implementation of the crosscutting RSSH interventions, while PR2 will manage and coordinate the implementation of crosscutting CSS interventions through their existing structures. This is meant to improve the implementation of RSSH including CSS interventions.

5. Conclusions and Recommendations

Conclusions

The 2017-2020 grants were characterized by budget changes at grant making through to grant implementation with an aim of improving grant performance. Changes during grant making were mainly in response to TRP recommendations as well as the need to realign the budget with interventions and activities under the respective budget lines in the grants. NFM2 grant implementation faced start-up delays, which affected financial and programmatic performance. Grant revisions were used to improve absorption, although grant specific performance monitoring data to guide revision decisions

was limited. Flexibilities of the Global Fund policies, processes and structures continue to facilitate implementation. However, the lengthy procurement processes in-country, especially with public sector implementers, remain a challenge. The COVID-19 pandemic and lockdown measures affected the implementation of grants in 2020. Lessons learned during NFM2 grant design and implementation informed the NFM3 grant application leading to increased allocation, scale up of evidence-based interventions and introduction of new implementation strategies. The application processes were also more inclusive, transparent and efficient.

Recommendations/Strategic considerations

Section	Recommendation
New Funding Model 2 (NFM2)	**Grant implementation: Lengthy in-country procurement processes:** PRs and SRs should develop a comprehensive three-year procurement plan at the start of the grant to enable: • Advanced planning and funds requisitions for activity implementation to allow time for reviews and approvals by different entities; • Promoting and strengthening the utilization of the Global Fund business model flexibilities for timely implementation through shifting large procurements to earlier in the grant cycle. This allows more time for planning and funds requisitioning, and improves financial performance. • Issuing framework contracts for repetitive procurements to avoid the lengthy procurement processes. **Grant Revisions:** The PRs in consultation with the CCM should consider establishing a systematic and detailed grant revisions tracking mechanism. For example, this could take the form of a dashboard to facilitate timely and comprehensive documentation of regular budget revisions beyond the internal PR tracking documents of Global Fund implementation letters and PU/DRs. This will be fundamental in not only promoting transparency but also guiding ongoing grant monitoring and oversight decision making during implementation.
New Funding Model 3 (NFM3)	**Grant application:** Country stakeholders should ensure that NSPs are reviewed, updated, and costed prior to the start of the Global Fund grant application process. This will enable alignment of constituencies' priorities with strategic priorities in the NSP, and eventually inform the Funding Request application development.

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Annexes

Annex 1. Components of Global Fund business model

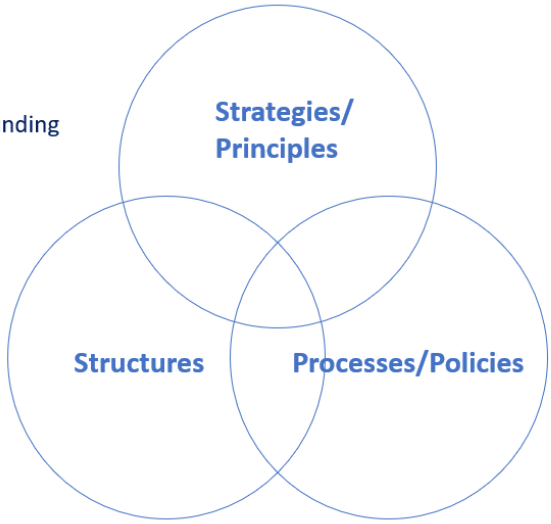
Global Fund Business Model

Strategies/Principles

- Strategic Objectives
- Ownership
- Partnership
- Performance based funding
- Transparency
- Value for Money

Structures

- Country Teams
- TRP
- GAC
- CCM
- PRs, SRs, SSRs
- Technical partners
- LFA
- Consultants



Processes/Policies:

- Funding request
- Grant making
- Grant reporting (PU/DRs)
- Risk Management
- Performance monitoring
- Grant Revisions
- Matching funds and Strategic Initiatives
- Portfolio optimization
- Grant closure
- National strategy focus
- Differentiation
- Technical assistance
- Evidence based decisions
- Priority topic guidance
- COE
- STC

Annex 2. Key indicator progress, NFM2 grants Semester 1 (S1) vs. Semester 5 (S5)

	Jan-June 2018 (S1)			Jan-June 2020 (S5)		
Indicator	**Target**	**Actual**	**Result**	**Target**	**Actual**	**Result**
Malaria						
Proportion of suspected malaria cases that receive a parasitological test at public sector health facilities	80%	69%	86%	95%	100%	105%
Proportion of confirmed malaria cases that received first-line antimalarial treatment at public sector health facilities	95%	96%	101%	95%	99%	104%
HIV						
Percentage of people living with HIV currently receiving antiretroviral therapy	75%	88%	117%	80%	87%	109%
Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy	26%	5%	20%	99%	90%	91%
TB						
Number of notified cases of all forms of TB	24,122	27,774	115%	34,849	29,270	84%
Treatment success rate- all forms	79%	71%	90%	85%	81%	95%

Annex 3. RSSH and Equity revisions in NFM2 grants

SO	Grant	Approved Budget (US$)	Revised Budget (US$)	Variance (US$)	Variance (%)
Equity	UGA-C-TASO	15,737,946	14,493,463	-1,244,483	-7.9%
	UGA-H-MoFPED	33,659,712	43,236,156	9,576,445	28.5%
	UGA-M-MoFPED	5,240,969	5,648,255	407,287	7.8%
	UGA-M-TASO	8,714,253	7,687,486	-1,026,766	-11.8%
	UGA-T-MoFPED	460,198	174,221	-285,978	-62.1%
	TOTAL	**63,813,077**	**71,239,582**	**7,426,504**	**11.6%**
RSSH	UGA-C-TASO	605,685	494,735	- 110,950	-18.3%
	UGA-H-MoFPED	0	2,233,269	2,233,269	100%
	UGA-M-MoFPED	4,335,973	4,404,604	68,631	1.6%
	UGA-M-TASO	575,998	995,935	419,937	72.9%
	UGA-T-MoFPED	0	16,713	16,713	100%
	TOTAL	**5,517,656**	**8,145,256**	**2,627,600**	**47.6%**

Annex 4. Holistic allocation to community-related activities in NFM2 and NFM3

Module	NFM2 (US$)	NFM3 (US$)	Variance (%)
Case management	7,573,953	2,949,132	-61%
Community systems strengthening	830,071	6,889,800	730%
Human resources for health, including community health workers	831,600	891,000	7%
Multidrug-resistant TB	65,369	17,448	-73%
Programs to reduce human rights-related barriers to HIV services	212,406	1,699,012	700%
TB care and prevention	132,445	46,020	-65%
Vector control	24,098	80,335	233%
Prevention	-	255,388	
Health management information system and monitoring and evaluation	-	7,088,621	
Integrated service delivery and quality improvement	-	280,978	
Total allocation	**9,669,941**	**20,197,732**	**109%**

Annex 5. Matching Funds in NFM2 and NFM3

Cycle	Matching fund focus	Allocation (US$)	Total (US$)
NFM2	AGYW	5,000,000	9,400,000
	Programs to remove human rights-related barriers	4,400,000	
NFM3	AGYW	4,700,000	23,500,000
	Differentiated service delivery (HIV self-testing)	2,900,000	
	Condom programming	2,500,000	
	Finding missing people with TB	6,000,000	
	Improved data science for community health	3,000,000	
	Human rights	4,400,000	

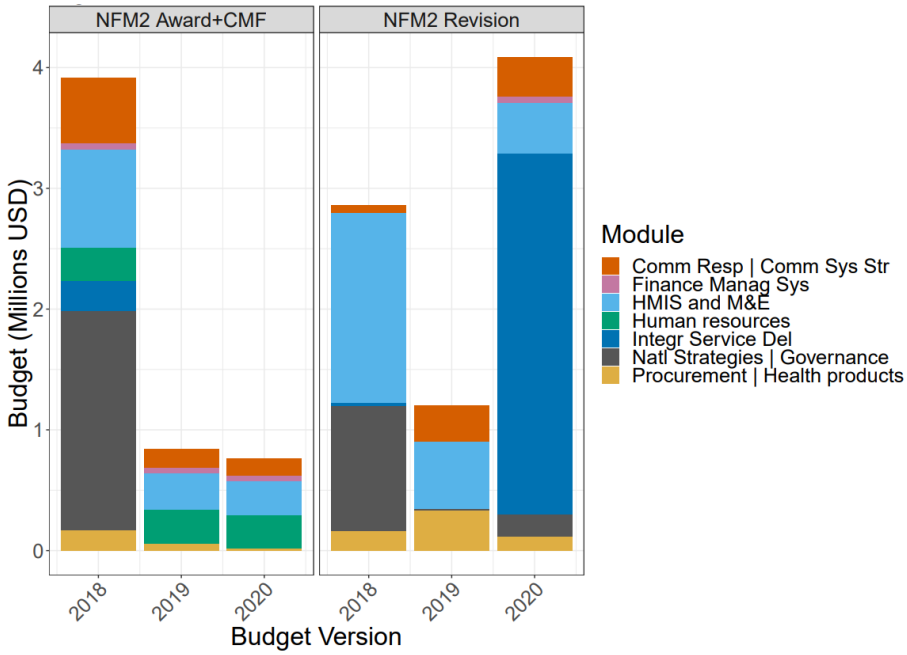
Annex 6. Process evaluation data sources

Type	No.	Description
Document Review	60	Grant funding requests, budgets, implementation plans, and performance frameworks; disease strategic plans, Global Fund guidance documents, progress update/disbursement requests (PU/DR), grant implementation letters, Global Fund guidance documents and reports; CCM meeting minute; Surveys: SR reports
Interviews	17	National level KIIs: MoH and TASO program managers and monitoring and evaluation (M&E) officers; Uganda AIDS Commission (UAC); CCM representatives, SRs
	23	Fact checking interviews: MoH and TASO program managers and M&E officers; CCM Secretariat; SRs,
	03	Global level interview: Country Team and CRG
	01	Group interview: Implementing sub-recipient
Meeting Observations	03	Grant Application: Country dialogue, Priority consolidation meetings
	09	CCM: CCM committee meetings (Program Oversight; Finance and Procurement; Resource Mobilization); PR
	02	National programs: MoH ACP meetings: COVID-19 effects on health systems

Annex 7. Grant award budget versus revised budgets

Comparing change in annual awarded budgets and most recent official budget revisions

RSSH annual budgets by budget version



HRG-Equity annual budgets by budget version

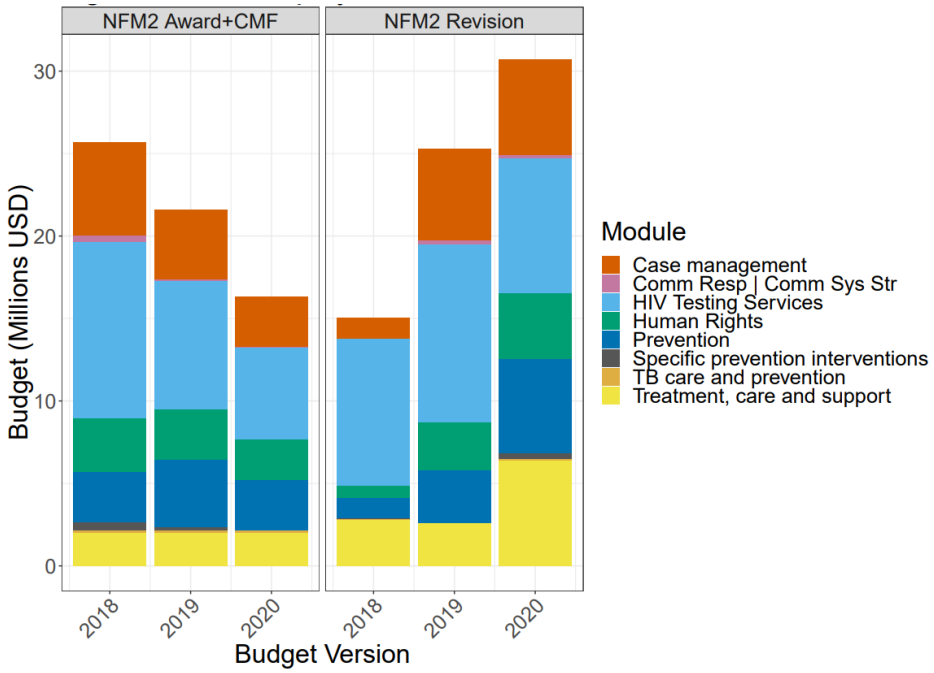


Figure notes: Budgets represented in the above figures are summed across all grant awarded budgets, including matching funds where included. Most recent official budget revisions are summed across all most recent official revised budgets for each grant, which are as of August 2020 versions for UGA-C-TASO, UGA-M-TASO and UGA-H-MoFPED and February 2020 versions for UGA-T-MoFPED and UGA-M-MoFPED. Source: Grant official detailed budgets.