



# **MONITORING & REPORTING OF FINANCIAL AND PROGRAMMATIC PERFORMANCE**

**GFATM SUB – RECIPIENTS’ TOOLKIT**

**HIV/AIDS,  
TUBERCULOSIS  
AND  
MALARIA**

**PROGRAMMES  
SUPPORTED BY GFATM IN NORTHERN- SUDAN**

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**MONITORING & REPORTING OF FINANCIAL  
AND PROGRAMMATIC PERFORMANCE  
GFATM SUB – RECIPIENTS’ TOOLKIT**  
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# Abbreviations

<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ANC</b>	Antenatal Clinic(s)
<b>ART</b>	Antiretroviral Treatment
<b>ARV</b>	Anti Retroviral Drugs
<b>BCC</b>	Behavior Change Communication
<b>BSS</b>	Behavioral Surveillance Survey
<b>CBOs</b>	Community Based Organizations
<b>CCM</b>	Country Coordination Mechanism
<b>DHS</b>	Demographic Health Survey
<b>DOTS</b>	Directly Observed Treatment Strategy
<b>FSWs</b>	Female Sex Workers
<b>GFATM</b>	The Global Fund to Fight AIDS, Tuberculosis and Malaria
<b>HE</b>	Health Education
<b>HIV</b>	Human Immunodeficiency Virus
<b>IEC</b>	Information, Education and Communication
<b>KAPB</b>	Knowledge, Attitude, Practices and Behavior
<b>LFA</b>	Local Fund Agent
<b>LLITN</b>	Long Lasting Nets Infection Treated Nets
<b>M&amp;E</b>	Monitoring & Evaluation
<b>MOH</b>	Ministry of Health
<b>NGOs</b>	Non-Governmental Organizations
<b>OVC</b>	Orphans and Vulnerable Children
<b>PE</b>	Peer Education
<b>PEP</b>	Post Exposure Prophylaxis
<b>PLHIV</b>	People Living with HIV
<b>PMTCT</b>	Prevention of Mother- to -Child Transmission
<b>PR</b>	Principal Recipient
<b>SDAs</b>	Service Delivery Areas
<b>SDPs</b>	Service Delivery Points
<b>SNAP</b>	Sudan National AIDS Control Programme
<b>SR</b>	Sub Recipients
<b>STIs</b>	Sexually Transmitted Infection(s)
<b>TB</b>	Tuberculosis
<b>UN</b>	United Nations
<b>UNAIDS</b>	United Nations Joint Programme on HIV/AIDS
<b>UNDP</b>	United Nations Development Programme
<b>UNFPA</b>	United Nations Funds for Population Agency
<b>UNGASS</b>	United Nations General Assembly Special Session on HIV/AIDS
<b>UNICEF</b>	United Nations Children Fund
<b>VCT</b>	Voluntary Counseling and Testing
<b>WHO</b>	World Health Organization

# SECTION ONE: BACKGROUND TO THIS TOOLKIT

## 1.1 The needs for developing this toolkit

Northern Sudan has been implementing the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) programmes since 2005 (malaria, Tuberculosis and two HIV/AIDS grants). The United nation Development Programme (UNDP) in Sudan is serving as Principle Recipient (PR) of these grants, with full responsibilities of managing the grants. The additional safe guard policy for GFATM, applies for Sudan, thus the field implementation of the grants is being done by Local and International non Government Organizations (NGOs), United Nation (UN) agencies as well as other possible recipients (academia & private sector). Capacity building and proper guideline **on expenditure verification and reporting financial and programmatic performance** requirements of the grants has been noted as one of major requirements for successful use of the grants by Sub Recipients (SRs). This toolkit is therefore developed as one of the modules of the Grants implementation manual. It's intended to serve as a guide and resource tool to all SRs on all grant M&E requirements, reporting guidelines, research and documentation as well as expenditure verification, as well as programmatic performance verifications by PR and Local Fund Agent (LFA).

### **On the other hand, this toolkit is intended to:**

- Strengthen the results-oriented monitoring and evaluation function and capacity building of Global Fund sub-recipients for the purpose of improving performance of projects, learning and accountability.
- Introduce simplified, streamlined and flexible approaches and tools to monitor progress towards Global Fund grants outcomes.
- Provide practical guidance to sub-recipients on monitoring and performance assessment.

## 1.2 The intended users

This toolkit targets all possible sub recipients of the GFATM grants in Northern Sudan. All sub recipients are expected to read and use the provided information as guidelines for daily monitoring and evaluation and reporting of their projects performances.

## 1.3 The content

The toolkit is structured into **four major** sections;-

1. Background information on the GFATM supported programme in North Sudan, the objectives and characteristic of programme management unit M&E systems and activities.
  2. A brief overview on the monitoring and evaluation with definitions and descriptions of key concepts and the way they are applied for the grants and expectations from the grants SRs.
  3. M&E requirements and guidelines for the GFATM implementing SRs. Specific guidelines are provided for SRs on research, project progress reporting, and documentation of success stories. The section includes also the needs for program and financial reporting, tools and frequencies. Verification of the reported results and financial expenditures
  4. Summary of M&E roles and responsibilities of each programme partners.
- At the end references and annexes of grant M&E tools and definition of programme indicators are provided.

#### **1.4 Goals and objectives of the Northern Sudan TB, HIV/AIDS, and Malaria programs supported by GFATM**

The overall goal of the four grants from GFATM for Sudan is to reduce morbidity and mortality and minimize the personal and societal impacts of HIV/AIDS, Malaria and Tuberculosis in Northern Sudan. Specifically;-

**Malaria [SUD-202-G03 – M]** objectives are;-

1. To improve disease management in targeted areas
2. To improve disease surveillance and epidemic management in the epidemic prone areas
3. To implement cost-effective and evidence-based multiple prevention interventions in the target areas

**HIV/AIDS [SUD-305-G04 – H]**, objectives are;-

1. To increase the prevalence of safe behaviors among vulnerable populations with a focus on female sex workers, tea sellers, long distance truck drivers and jail inmates
2. To establish VCT services and quality ARV treatment and support centers for PLWHA
3. To improve knowledge and practice of HIV preventive measures by the general adult population during 2004/08, including the use of high quality STI services
4. To improve screening of blood and blood products for HIV and other blood born infections
5. To improve knowledge of HIV transmission among in-school youth
6. To monitor trend of HIV epidemic through Second Generation Surveillance in selected high-risk population groups by measuring behavioral and biological parameters and guide program planners to realign the program interventions in line with current and future epidemic trends

**HIV/AIDS [SUD-506-G08- H],** objectives are;-

1. Awareness of HIV/AIDS and other STDs are further enhanced and risk behavior reduced in all states
2. Quality VCCT services available and utilized in all states
3. Condoms accessed through free distribution and social marketing and outlets in target communities
4. More than eighty percent of blood transfused in government hospitals is from remunerated blood donors
5. PLWHA receive care and support and 40000 have been started on ARTs after 5 years

**Tuberculosis [SUD-506-G07 – T],** objectives are;-

1. To strengthen DOTs and ensure quality of TB care (scaling-up DOTS)
2. To raise awareness and participation of communities and politicians
3. To strengthen partnership with other health providers
4. To reduce the burden of TB/HIV in Patients and PLWHA

### **1.5 The objectives and characteristics of the M&E interventions and systems for GFATM supported programme (Northern Sudan)**

Monitoring and evaluation is required within our programs for a number of reasons. These include:

**Timely quality information** - The objective of our programme M&E and system is to provide timely quality information to enable programme management and decision makers in all levels to take remedial actions in time and guarantee that efforts and other inputs are converted towards the program target.

**Program Tracking** – All the grant indicators are well defined to allow easy tracking of the program as a whole. The PR M&E unit works with all grants SRs and national programmes to achieve this.

**Financial Accountability** – This aims partly in the need to account to the GFATM for monies received, as well as the needs for our M&E system to allow for accountability for resources received. However, caution is being applied not to give excessive

#### **Box 1: Characteristics of PR M&E systems**

- Regular feedback to SR and partners
- Qualitative and quantitative methods of data collection
- Follow up and ensure that decisions and actions are followed up
- Regular reporting to CCM, GFATM and LFA
- Use of participatory mechanism to ensure commitment, ownership, follow-up and feedback on performance
- Active learning and improving to adapt strategies & generate lessons & sharing them.
- Integrated into National M&E framework to ensure synergy & complementarities of the grants to the ongoing efforts

emphasis, to avoid the risk of M&E be seen as donor driven.

**Program Adaptation** – The system does not only track program progress. But it also, allows and promotes use of data by program management to adapt activities, for instance, identifying areas of SR capacity building, increasing focus in areas with slow progress etc.

**Lesson Learning** – The system is set to enable gaining experience through implementation by SRs of the programmes. The M&E data from all partners is the main source of lessons learned. The system allows reviews and reflection sessions for SRs and sub CCM committees to reflect on practice and experiences and thus documentation of key lessons learned.

**Quality Control** – Our programme M&E systems are set ensure quality of activities carried out by all SRs. Meetings, verbal discussions and supervision visits are currently the main key to control the qualities of the interventions. Additionally, an emphasis on capacity building and system strengthening are an integral part of M&E strategy carried out by the PR M&E unit team.

**Impact Assessment** – Part of the purpose of our monitoring and evaluation system is also to assess the effect that program activities are having or contributing to. In most of the current grants, the impacts/intended effect will be mostly tracked through biological and behavioral surveys. Additionally, documentation and sharing of success stories and human interesting stories form part of the PR M&E strategies and executed by all partners.

# SECTION TWO: OVERVIEW ON MONITORING AND EVALUATION

Monitoring and evaluation help improve performance and achieve results. More precisely, the overall purpose of monitoring and evaluation is the measurement and assessment of performance in order to more effectively manage the outcomes and outputs known as development results. Performance is defined as progress towards achievement of results. As part of the emphasis on results in Global Fund grants today – performance-based funding, the need to demonstrate performance is placing new demands on monitoring and evaluation in Principal Recipient and all sub-recipients.

## 2.1 Definition and description of key concepts

For purpose of this toolkit the following concepts are defined and described as follows;-

**2.1.1 Monitoring:** is the routine process of data collection and measurement of progress toward program/project objectives. It is the continuous learning and adjustment of implementation, priorities and strategies. Monitoring basically involves counting what we are doing and routinely looking at the quality of our services. It's also about feedback to financing agencies for accountability and justifies continued funding.

### When should M&E take place?

M&E is a continuous process that occurs throughout the life of a program. To be most effective, M&E should be planned at the design stage of a program, with the time, money and personnel that will be required calculated and allocated in advance.

Monitoring should be conducted at every stage of the program, with data collected, analyzed and used on a continuous basis.

Evaluations are usually conducted at the end of programs. However, they should be planned for at the start because they rely on data collected throughout the program, with baseline data being especially important.

### Why M&E is important? (For purpose of this toolkit),

1. To enable effective reporting.
2. To assess whether the project is on track.
3. To assess whether designed services are provided by SR to targeted beneficiaries in due timeframes with expected coverage.
4. To help program or project managers determine which areas require greater effort and identify areas which might contribute to an improved response.

**2.1.2 Evaluation:** **Evaluation** is a way of reflecting on the work that has been done and the results achieved. A well thought out **evaluation** will help support and develop further any program, that is why **evaluation** should be an integrated component of any project or program plan and work implementation.

**Evaluation** is the use of social research methods to systematically investigate a program's effectiveness. It is a periodic assessment of a project's relevance, performance, efficiency, impact and sustainability in relation to stated objectives. Evaluation is simply an assessment of outcome and impacts.

The process of evaluating is based on evidence (data), which is systematically collected from those involved in the program by various methods such as surveys and interviews, and from the analysis of documents and background information. The analysis and interpretation of this data enables practitioners to evaluate the program concerned.

For example, it allows you to ask and answer questions like:

- Is the program achieving its goals?
- Does the program have an effect? Is the effect different from the set goals? If so, why?
- Is the program using its resources (human and financial) effectively?

### **Why Evaluation is important for our projects/programmes?**

1. To explain what factors contribute to progress & performance,
2. To provide strong input to learning and replication of lessons learnt, particularly through:
  - Observing the outcomes
  - Interpreting the outcomes
  - Measuring whether the projects make a difference or not, & why
  - Whether there should be changes introduced to the projects implementation
  - Whether the resources should be reallocated and to what extent
  - Whether sustainability of the projects can be maintained
  - Whether there is enough institutional capacity to sustain further activities.

### **Examples and reasons for evaluation:**

1. Community impact centered; when the goal of the **evaluation** is to look at the impact the HRE program is having in the community or the overall society. For example, looking at a human rights training program for the police and evaluating if such training is having an impact in the community.

2. Organization centred when; the goal of the **evaluation** is to look at the life of the organization. This kind of **evaluation** would ask questions such as: Is the organization functioning well? How is the organization perceived by the public or by

the authorities?

3. Learner centered when; the goal of the **evaluation** is to look at the personal development of the learner. This means that the **evaluation** will be assessing if the learner is achieving knowledge about human rights, and if s/he is also acquiring other benefits such self worth, confidence, empowerment and commitment to human rights. Although it might be helpful to focus on only one of these goals initially, it is important to be aware that some overlap will take place. For example when evaluating the community impact of a project you will inevitably have to look at the efficiency of the organization concerned.

An **evaluation** can be carried out by:

- Someone who works or belongs to the organization (internal **evaluation**)
- By someone who does not work in the organization (external **evaluation**)
- By a mixture of the two - a team of people working for the organization and outsiders (a combination of external and internal **evaluation**).

### What are key requirements for evaluation?

1. Evaluation requires study design.
2. Evaluation sometimes requires a control or comparison group.
3. Evaluation involves measurements over time.
4. Evaluation involves special studies.

### 2.1.3 Process and purposes of Monitoring and Evaluation

Monitoring and evaluation take place at two distinct but closely connected levels:

**One level** focuses on the outputs, which are the specific products and services that emerge from processing inputs through programme, project and other activities such as through ad hoc soft assistance delivered outside of projects and programmes.

The **other level** focuses on the outcomes of the Global Fund grants, which are the changes in improving the situation with all three major communicable diseases that Global Fund Principal Recipients and Sub-recipients aim to achieve through grants' implementation. To achieve this, a strong and quality M&E and report system is required. However, it's worth noting that, the strength of a quality M&E and reporting system lies not in its ability to produce data but rather in its ability to provide useful information for managing results<sup>1</sup>.

#### Box 3: Summary - Advantages of M&E

1. It's a management tool to improve the design and implementation of programs, fund raising, and to fulfill reporting requirements.
2. M&E helps improve performance and achieve results. More particularly, the purpose of monitoring and evaluation is the measurement and assessment of performance in order to more effectively manage the outcomes and outputs.
3. Without M&E, it is impossible to judge if work is going in the right direction, whether progress and success can be claimed, and how future efforts might be improved.

<sup>1</sup> PACT International, MER manual, pg 4

Outcomes to a larger extent are measured at a population level and focus mainly on

- a) Increase in knowledge,
- b) Behavior change and practice, and
- c) Improvement in systems performance.

For examples, the intended outcome of the HIV/AIDS round three grants in the Sudan is to increase percentage of Young People aged 15-24 years who both correctly identify ways of prevention the sexual transmission of HIV/AIDS and who reject the major misconceptions about HIV/AIDS transmission. The impact of the programme in this area will be measured by population based survey in year three and year five of the grant.

**Note:**

1. Efficiency and effectiveness are two key terms used when discussing M&E and reporting systems.  
**Effectiveness** measures the degree to which results/objectives have been achieved. And effective organization is one that achieves its results and objectives.  
**Efficiency** measures how productively inputs (money, time, equipment, personnel, etc.) were used in the creation of outputs (products, outcomes, results). An efficient Organization is one that achieves its objectives with the most resourceful expenditures of utilized resources.
2. Due to short timeframe for the projects, most NGO are not expected to carry out rigorous evaluations of their projects, but the GF programme rely on them for routine monitoring and data collections of the interventions.
3. Table one, summarizes the characteristics and differences between Monitoring and evaluation;-

**Table 1: Characteristics of Monitoring and Evaluation**

Monitoring	Evaluation
Continuous	Periodic: at important milestones such as the mid-term of programme implementation; at the end or a substantial period after programme conclusion
Keeps track; oversight; analyses and documents progress	In-depth analysis; Compares planned with actual achievements
Focuses on inputs, activities, outputs, implementation processes, continued relevance, likely results at outcome level	Focuses on outputs in relation to inputs; results in relation to cost; processes used to achieve results; overall relevance; impact; and sustainability
Answers what activities were implemented and results achieved	Answers why and how results were achieved. Contributes to building theories and models for change

Monitoring	Evaluation
Alerts managers to problems and provides options for corrective actions	Provides managers with strategy and policy options
Self-assessment by programme managers, supervisors, community stakeholders, and donors	Internal and/or external analysis by programme managers, supervisors, community stakeholders, donors, and/or external evaluators

## 2.1.4 Monitoring and Evaluation plan and Monitoring & Evaluation framework

**2.1.4.1 Monitoring and evaluation plan:** Is a plan that describes the methodology of tracking, collecting and recording of programmatic data, the data tools and budgetary issues as well as the reporting system, frequency, analysis and evaluation processes and responsible persons for each M&E activity.

The PR has developed M&E plan to guide the M&E activities for all the grants in Northern Sudan. It's very important also for all SRs of these grants to develop a simple M&E plan to guide the M&E activities of the project; Table 2 shows M&E table, which can be used by all SRs.

**Table 2: M&E plan table/template**

Goal	Objectives	Monitoring Questions	Indicators	Data source	Methods	Data Collection Tools	Responsible person

**2.1.4.2 Monitoring and Evaluation Framework:** Is an arrangement of M&E activities that takes place at multiple stages of a program or project. At each stage different information gathered that comes together to demonstrate how the project has been conducted and what has occurred as a result. It is important to identify at the outset how a programme or project will gather the information for each level of evaluation. Over the past few years, one largely agreed upon framework has commonly been used, the input-process-output-outcome-impact framework.

- 1. Inputs:** This is about resources going into conducting and carrying out the project or program. These could also include staff, finance, materials, and time.

2. **Process:** It is a set of activities in which program resources (human and financial) are used to achieve the results expected from the program (e.g., number of condom distributed or number of service providers training sessions).
3. **Outputs:** Immediate results obtained by the program through the execution of activities (e.g., number of commodities distributed, number of staff trained, number of people reached, or number of people served).
4. **Outcome:** The likely or achieved short term and medium-term effects of an intervention's outputs – related terms result, outputs, impacts, and effects
5. **Impact:** This includes the positive and negative, primary and secondary long term effects produced by a development intervention, directly or indirectly, intended or unintended.

The PR M&E system, which is part of the national framework, monitors all aspects (input, process, output and quality) of the programmes and also covers support systems e.g. availability of human resources and enhancement of their capacities through the SR directed carried out trainings.

The FMOH and all three national programmes agree on integrated M&E system for effective of reporting and data standardization and use. SNAP has developed an M&E framework, as a guide to all internal partners working on HIV/AIDS.

The PR on other hand is contributing to the national efforts thus building on the existing information system to ensure that extra reporting weight is not put on the service providers by over-sizing the system. In collaboration with partners SRs the PR will work to strengthen the national systems through training, technical supports and where possible through equipments etc.

### 2.1.4.3 The Logical Framework Approach

#### What is it?

The logical framework (LogFrame) helps to clarify objectives of any project, program, or policy. It aids in the identification of the expected causal links—the “program logic”—in the following results chain: inputs, processes, outputs (including coverage or “reach” across beneficiary groups), outcomes, and impact. It leads to the identification of performance indicators at each stage in this chain, as well as risks which might impede the attainment of the objectives. The LogFrame is also a vehicle for engaging partners in clarifying objectives and designing activities. During implementation the LogFrame serves as a useful tool to review progress and take corrective action.<sup>2</sup>

#### What can we use it for?

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<sup>2</sup> World bank: M&E; Some tools, Methods and Approaches

- Improving quality of project and program designs—by requiring the specification of clear objectives, the use of performance indicators, and assessment of risks.
- Summarizing design of complex activities.
- Assisting the preparation of detailed operational plans.
- Providing objective basis for activity review, monitoring, and evaluation.

**Advantages:**

- Ensures that decision-makers ask fundamental questions and analyze assumptions and risks.
- Engages stakeholders in the planning and monitoring process.
- When used dynamically, it is an effective management tool to guide implementation, monitoring and evaluation.

**Disadvantages:**

- If managed rigidly, stifles creativity and innovation.
- If not updated during implementation, it can be a static tool that does not reflect changing conditions.
- Training and follow-up are often required.

**2.1.5 Indicators:** They are clues, signs, variables and markers as to how close we are to our path and how much things are changing. They are the things to look at that will help you monitor how you are progressing in achieving your project objectives. They point to or indicate possible changes in the situation that may lead to improved health status.

Performance indicators are measures of inputs, processes, outputs, outcomes, and impacts for development projects, programs, or strategies. When supported with sound data collection—perhaps involving formal surveys—analysis and reporting, indicators enable managers to track progress, demonstrate results, and take corrective action to improve service delivery. Participation of key stakeholders in defining indicators is important because they are then more likely to understand and use indicators for management decision-making.

**What can we use them for?**

- Setting performance targets and assessing progress toward achieving them.
- Identifying problems via an early warning system to allow corrective action to be taken.
- Indicating whether an in-depth evaluation or review is needed.

**Advantages:**

- Effective means to measure progress toward objectives.
- Facilitates benchmarking comparisons between different organizational units, districts, and over time.

## Disadvantages:

- Poorly defined indicators are not good measures of success.
- Tendency to define too many indicators, or those without accessible data sources,
- Making system costly, impractical, and likely to be underutilized.
- Often a trade-off between picking the optimal or desired indicators and having to accept the indicators which can be measured using existing data.

One of the most critical steps in designing an M&E system is selecting appropriate **indicators**. The M&E plan should include descriptions of the **indicators** that will be used to monitor program implementation and achievement of the goals and objectives.

The GFATM and its supported programmes in many countries have identified two levels of **indicators** for programs – ‘impact’ and ‘coverage’<sup>3</sup>. Impact **indicators** seek to measure the effects of program activities. Our ‘coverage’ **indicators** are essentially quantitative measures of what the program does. There are four levels of these:

- |   |   |
|---|---|
| 3 | Number of people reached                                  |
| 2 | Number of service delivery points enhanced or established |
| 1 | Number of people trained                                  |
| 0 | Other process <b>indicators</b>                           |

*Level 3 indicators* (the number of people reached with services) are the most important and these should be included for all service delivery areas of your project if possible. For service delivery areas where numbers reached are difficult to measure, e.g. civil society strengthening, and in the early stages of program implementation, lower levels of **indicators** are useful. However, ideally, these should be at level 1 or above, i.e. level 0 **indicators** should not be included in the table of key **indicators**. The programme recommends a maximum of 3-4 key **indicators** for each service delivery area.

**Qualities of good indicator:** A well thought/formulated **indicator** must have seven qualities as follows:-

1. **Operational:** Should be measurable using tested definitions and reference standards.
2. **Reliable:** Should produce the same results when used more than once to measure the same condition or event.

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<sup>3</sup> The way the GFATM and the programme in Sudan uses the term coverage is different from how it is used in other situations, where it is used as a measure of the proportion of people who need a service that receive it. The number of people reached with a service (level 3 coverage according to Global Fund) is essentially the numerator for conventional coverage calculations, with the denominator being the total number of people needing a service, e.g. the total number of prisoners or mapped sex workers or mapped vulnerable group

3. **Valid:** Should measure the condition or event it is intended to measure.
4. **Specific:** Should measure only this condition or event.
5. **Sensitive:** Should reflect changes in the state of the condition or event under observation.
6. **Affordable:** Should represent reasonable measurement costs. and
7. **Feasible:** Should be able to be carried out in the proposed data collection system.

(Refer to annex 3 for programmes **indicators** of the three diseases grants in the country).

### 2.1.6 Program M&E and project M&E

For the purposes of this toolkit, **program** refers to an overarching national or sub-national response to the disease. Within a national program, there are typically a number of different areas of programming. For example, the HIV/AIDS in Sudan we have round 3 and round 5 grants programs. Each program has a number of “sub-programs or projects” such as blood safety, sexually transmitted infection (STI) control, VCT, HIV prevention for vulnerable groups etc.

**Project** refers to a time-limited set of activities and objectives supported by resources that aim at a specific population defined geographically or otherwise. It should be noted that projects and programs can also be defined by timeframes.

Projects are usually short term where as programs are usually longer term in scope. E.g. the HIV/AIDS GF programmes are for five years, but SRs are implementing project that lasts for one year. In view of its wider scope (thematic, geographic, target population), **program** monitoring tends to be more complex than **project** monitoring and therefore requires strong coordination among all implementing agencies.

Thus, projects and programmes can be distinguished in terms of time frames, geographical coverage and intervention magnitude and objectives/goals.

#### 2.1.6.2 Participatory monitoring & Evaluation Methods

Participatory methods provide active involvement in decision-making for those with a stake in a project or program and generate a sense of ownership in the M&E results and recommendations.

#### What can we use them for?

- Learning about local conditions and local people’s perspectives and priorities to design more responsive and sustainable interventions.
- Identifying problems and trouble-shooting problems during implementation.
- Evaluating a project, program, or policy.
- Providing knowledge and skills to empower poor people/community in need.

#### Advantages:

- Examines relevant issues by involving key players in the design process.

- Establishes partnerships and local ownership of projects.
- Enhances local learning, management capacity, and skills.
- Provides timely, reliable information for management decision-making.

**Disadvantages:**

- Sometimes regarded as fewer objectives.
- Time-consuming if key stakeholders are involved in a meaningful way.
- Potential for domination and misuse by some stakeholders to further their own interests.

**Participatory monitoring:** is a process of collecting, processing and sharing data to assist project participants in decision making and learning. The purpose is to provide all concerned with information as to whether group objectives are being achieved. Implementing agencies and donors also require data on progress toward overall project objectives (<http://www.fao.org/sd/PPdirect/PPre0053.htm>)

A workable participatory monitoring system should, therefore, be based on a multi-level approach that harmonizes the different - and often competing - information needs of those involved in the project and provides for regular meetings at each level to make use of the data generated. Participatory monitoring should be conceived from the beginning as part of the group learning and action process. This means that baseline and benchmark data, as well as data on inputs, outputs, work plans and progress made in group development, should be recorded, discussed and kept for later use.

Groups should keep records of their meetings and of major problems discussed, decisions made and actions undertaken, using elementary standardized forms contained in simple log-books.

**Main tools for participatory monitoring:**

- At group level, group log-books, meetings, ledgers and accounts
- At GROUP level, GROUP diaries and log-books, and meetings to monitor group progress
- At project level, project records and accounts, sample surveys, field visits, preparation of periodic progress reports and GROUP meetings to review their progress
- At donor level, external monitoring and workshops.

The information gathered should indicate shortfalls in project performance and discrepancies between objectives planned and those achieved. This information will be used in modifying project objectives and rectifying project deficiencies.

**2.1.6.3 Participatory evaluation**

**On-going evaluation** is the systematic analysis by beneficiaries and project staff of monitored information, with a view to enabling them to adjust or redefine project objectives, policies, institutional arrangements, resources and activities, where necessary.

### **Main evaluation tools**

- Groups' log-books summarizing group records, and diaries containing personal observations on the process and results of beneficiary participation
- Monthly review and evaluation meetings of groups
- Quarterly group and inter-group evaluation sessions
- Newsletters in the local language based on information provided by the groups evaluation studies and surveys field workshops that allow participants, project staff and concerned outsiders to assess the project fully.

These tools should all be used to promote a constant two-way flow of information between groups and the project staff. The groups should also be encouraged to evaluate the performance of the delivery system. This helps groups to "talk back" to the delivery system by, for example, focusing on shortcomings and identifying bottlenecks. The results may then be brought up in field workshops.

### **2.1.7 What is reporting?**

Reporting is an integral part of monitoring and evaluation. Reporting is the systematic and timely provision of essential information at periodic intervals. For the Global Fund projects reports are provided on quarterly and annual basis. ***[See the details at Section THREE for SR reporting]***

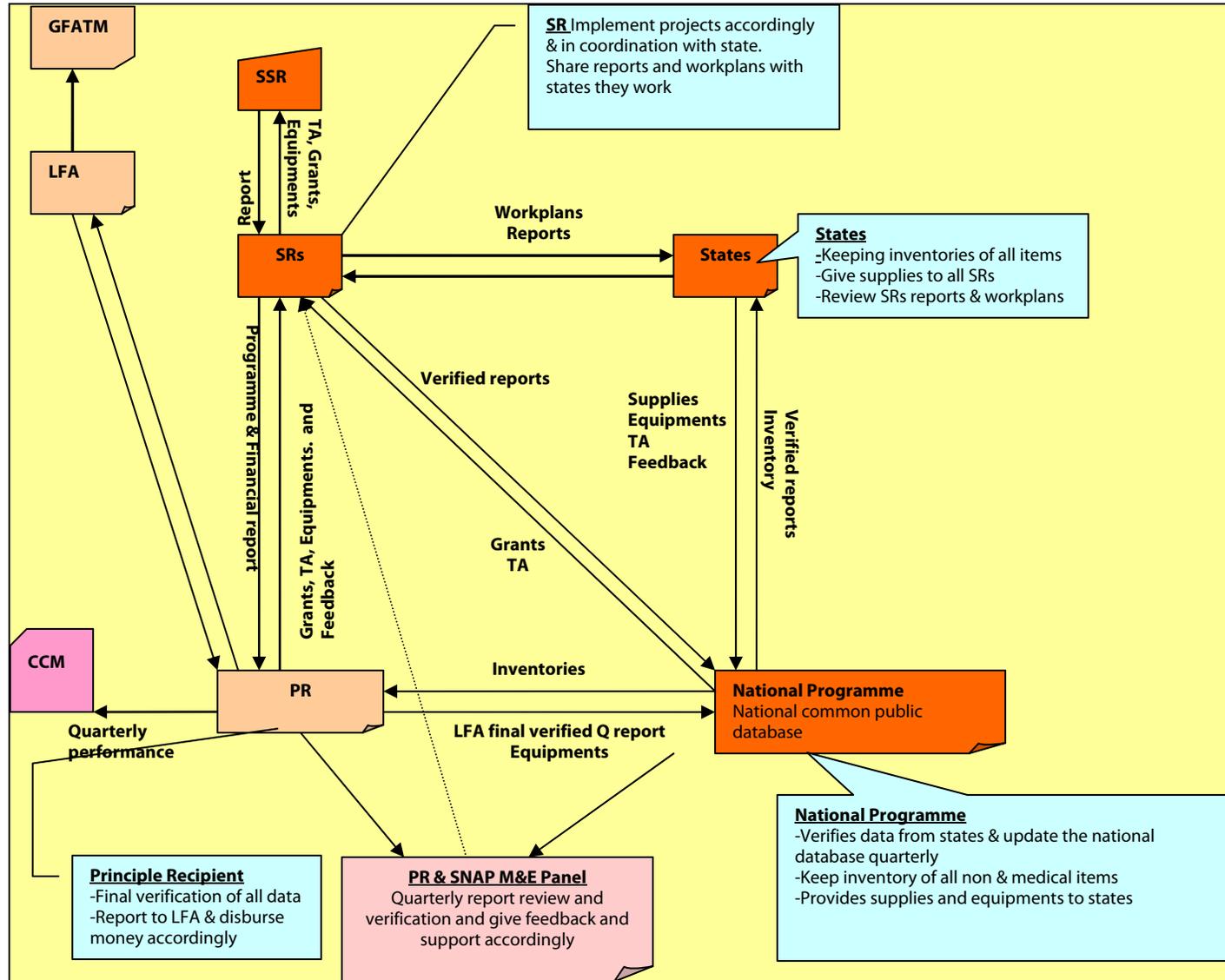
### **2.1.8 Feedback**

Feedback is a process within the framework of monitoring and evaluation by which information and knowledge are disseminated and used to assess overall progress towards results or confirm the achievement of results. Feedback may consist of findings, conclusions, recommendations and lessons from experience. It can be used to improve performance and as a basis for decision-making in respected organization.

The PR and the national programmes, encourage SR to provide as much as possible feedback to the beneficiaries and stakeholders of their projects. Information/reports sharing with states and the national programme are mandatory for all SR. The PR and the CCM sub committees have agreed on extended review meetings where all SR will get a forum to present about her project/s. After every end of quarter and year the PR will also organize review meeting for all SR and the national programmes.

At the state levels the SRs are required to share their workplans, activity reports, and any other important document with the state MOH and coordinator. The SRs are required to liaise with state authorities in implementation of all their activities in the state. They are also expected to participate in all state relevant forums for purpose of coordination and experience sharing Picture No. 1 shows data/information flow for all grants SR to follow;-

## GF Quarterly DATA and Information Flow Chart



### 2.1.9 A lesson learned

It is an instructive example based on experience that is applicable to a general situation rather than to a specific circumstance. It is learning from experience. The lessons learned from an activity through evaluation are considered evaluative knowledge, which stakeholders are more likely to internalize if they have been involved in the evaluation process. Lessons learned can reveal “best practices” that suggest how and why different strategies work in different situations - valuable information that needs to be documented.

### 2.1.10 Success stories also known as most significant change (MSC)

It is a qualitative approach of project monitoring and evaluation. It is participatory and based on ‘stories’ of significant change. The stories are told by people involved in projects or programs, mostly at the frontlines.

The GFATM supported programme in Sudan have been touching people’s lives for over 2 years-Many stories have been heard in the course of that time: stories of men and women who finally have knowledge about HIV/AIDS, their families served by the malaria free drug and bed nets, stories of women and men whom their lives had been extended/served because of the free ART drugs. These stories are what build and grow our programme and SR organizations, programmatically, fiscally and psychologically. Therefore, we encourage the documentation of our project success stories. At least every quarter each SR should document one story. The PR and national programmes are highly **promoting a Culture of Storytelling at all levels.** **The PR M&E unit’s** main goal is to explore and expose these stories, as they are critical to the continuous fulfillment and development of our programme goals of the three diseases. *[A detailed guideline is provided for SRs at section three of this manual].*

#### 2.1.10.1 Why is Storytelling So Important?

#### Storytelling is a Way of Sharing Knowledge

Storytelling is quite simply the use of stories in as a communication tool to share knowledge. Traditionally, communications have had a tendency to be somewhat dry and lacking in inspiration. Stories communicate ideas holistically, conveying a rich yet clear message, and so they are an excellent way of communicating complicated ideas and concepts in an easy-to-understand form. Stories are also memorable - their messages tend to ‘stick’ and they get passed on.

#### Box 4: Summary Advantage of storytelling

1. People remember stories
2. People feel they are being heard
3. They can carry hard messages and unquantifiable matters
4. This method can help to identify unanticipated benefits of the program or intervention, as well as unanticipated harmful effects
5. Develops team commitment
6. Breaks down cultural barriers
7. Involves donors / funding agencies and other stakeholders
8. Reveals unintended outcomes
9. Sustains improvement and change
10. It is an alternate way of project monitoring and evaluation
11. Plain language is used and therefore facts are accessible
12. Stories can deal with complexity and context
13. Participatory & Transparent

## **Storytelling is a Way to Inspire People**

Storytelling uses a range of techniques to engage, involve and inspire people, using language that is more authentic (everyday language as opposed to ‘textbook buzzword speak’) and a narrative form that people find interesting and fun. Stories allow people to convey tacit knowledge that might otherwise be difficult to articulate; in addition, because stories are told with feeling, they can allow people to communicate more than they realize they know. Storytelling can help to make organizational communication more ‘human’ – not only by using natural day-to-day language, but also by eliciting an emotional response as well as thoughts and actions.

## **Storytelling Leads to Action by closing the “Knowing-Doing” Gap**

The ‘Knowing-Doing’ Gap is the difference between knowing about something, or how to do something, and *actually doing it*. Stories can provide a ‘living, breathing’ example of how to do something and why it works, rather than telling people what to do, hence people are more open to their lessons. Because the listener imaginatively recreates the story in his or her own mind, the story is not something foreign and is not something perceived as coming from outside, but rather becomes part of the listener's own identity. There is no knowing-doing gap, because the idea is perceived the listener's own. Stories therefore often lead to direct action.

## **Stories Can Nurture a Sense of Community and Help to Build Relationships.**

People enjoy sharing stories – stories enliven and entertain. Storytelling for communications – in contrast to the conventional approach which views communications as the sending of a message from a communicator to a recipient— is based on a more interactive view of communication. There is something about stories that brings people together and fosters a sense of community. Storytelling is non-hierarchical, it unlocks feelings and emotions as well as thought processes, and hence it helps to build relationships and trust.

## **Storytelling Can Ignite Organizational Change**

Experience has shown that storytelling can be highly effective as a change agent, even in change-resistant organizations. Telling an appropriate story can stimulate people to think actively about the implications of change and to project themselves into visions of the future, enabling them to better understand what it will be like to be doing things in a different way, rather than being given vague, abstract concepts about it. Similarly, the use of storytelling in innovation and knowledge creation can encourage people to move away from linear thinking towards a more multi-dimensional view, to see new connections between things, and also to marry scientific logic with a more creative or intuitive approach.

### **1.1.10.2 What are the Characteristics of a ‘Good’ Story?**

1. **Lasting** – Good stories endure. They may change a little – or even a lot, but the key lessons remain the same. They also need to be succinct enough for people to remember.

2. **Salient** – Good stories are relevant to their audience, they have a point, and they have emotional impact. To be effective, stories must make sense within the context of the listener's experience. For this reason, a story should be told from the perspective of a single protagonist, someone who everyone in the organization can instantly understand, empathize with, resonate with their dilemma, and understand what they were going through.
3. **Illustrative** – Good stories explain something, make sense of something. Perhaps they show you how to behave in particular situation, how to resolve a problem, or why something happened the way it did.
4. **Unique** - A story needs to have a certain strangeness or incongruity – something that is remarkable and therefore grabs attention, but is nevertheless plausible.
5. **New** - A story should be as recent as possible – older stories can work, but the fresher the better.

# SECTION THREE: M&E GUIDELINES & REQUIREMENTS FOR GFATM SRs (NORTH- SUDAN)

The Monitoring and evaluation of GFATM supported programmes in North Sudan involves applications of some key agreed strategies and methods for purposes of standardized efforts and for greater achievement of the M&E objectives. Roles are also well distributed across all partners to allow better coordination at all levels. From the two years of implementing the GFATM supported grants in North Sudan, the need for developing guidelines on selected areas like research, programmatic and financial reporting, documentation of success stories and use/definitions of the programme indicators) of the M&E interventions deemed necessary. The following are the specific guidelines for grant SR;-

## RESEARCH STUDIES

**(Baseline, mid term evaluation, operational research, end of project evaluation, KAP surveys etc)**

1. For purpose of quality assurance and standardization, the PR M&E unit will be the 'clearing house' for all research studies conducted by SRs. The unit will work with the national programmes to ensure proper application of all relevant policies and guidelines to all studies.
2. SR should submit to the PR M&E unit the research proposal, data analysis plan and dissemination plan for clearance.
3. PR M&E unit should be involved in all stages of implementation of research study including data collection for technical support as well as for quality control.
4. SRs should discuss about any planned research study with the PR M&E unit, during the workplan development and or during signing of the project agreement.
5. Any study which will not follow these guidelines will not be accepted by PR or the national programmes.

## Guidelines for Writing a Success Story

Success stories and photographs are needed to educate the public about its programs, explain how development assistance works, and demonstrate the impact a development programs has on peoples' lives around the world. We want to convey information that the everyday reader can care about and understand. A Success Story does this by telling how an individual or community benefited from support, illustrated by a powerful photograph. The story should introduce the conflict, character, or opportunity; explain the program and describe the end result or benefit.

Before sitting down to write your story, review the guidelines below to help structure your writing and your submission.

1. Build a narrative flow for your story - with a beginning, middle, and end.
2. Describe the problem or the issue and the solution or response.
3. Avoid acronyms, program names, and partner names.
4. Focus on the main subject of the story: the people that this program helps.
5. Success Story: 350-500 words
6. Case Study: 450 words (150 words per paragraph)
7. First Person: 350-500 words

### **Success stories should include the following pieces:**

#### **Headline**

Start with a good headline or title that is simple, jargon-free, and has impact. The headline should summarize the story in a nutshell; and include action verbs that bring the story to life. Your headline should include few words.

#### **Subheading**

You may use the subheading to expand on the headline, humanize the story, or highlight a key fact. Subheads are simple, jargon-free, and have impact. Your subhead should use very few words. (100 characters maximum, including spaces and punctuation)

#### **Photograph**

Your photograph will bring the story to life. The photo should be colorful, depict action, capture people's attention, and feature a main character prominently. You should also include a caption or quote that briefly summarize what is occurring in the photograph. Include the who -- including a name, what, when, and where in 8-15 words.

Photos should be in .jpg, .bmp, or .gif format, and maintain at least 300 dpi (dots per inch). Digital photos should be shot with at least a 3-megapixel resolution. The larger the file, the better the quality and final result. You must also indicate in a footnote or sub-caption where and when the photo was taken, the name/organization of the photographer, and confirm if the photographer has given his-her permission to use the photo. Never use someone else's photo or a photo of someone else's published material without their permission.

#### **Pullout Quote**

Provide a quote that represents and summarizes the story. This quote should capture the success of the program and will be highlighted in the piece, and is limited to 100 characters (about 15 words).

#### **Main Text**

The first two paragraphs need to showcase the challenge the person encountered and/or the context of the program. Presenting a conflict or sharing a first person account are two good ways to grab the reader's attention. Continue by describing how the program took action to improve the situation, highlighting what was done or funded. Finally describe the end result or benefit. What changed for the person or

community? What was learned? What was received? What was the impact? How did this make a difference in the community or country overall? (350-500 words) Don't forget to give mention your donor/ the GOVT/ Key Partners, etc

Success stories may also be in the format of a Case Study or a First Person interview. First Person typically follows the same format as the regular success story but is told from the perspective of an individual person. Case Studies are a little different and usually include three sections: Challenge, Initiative and Results. *Challenge* describes the history, background or problem situation. *Initiative* describes the response to the challenge. *Results* describe the successful outcome and results of the initiative and why it is meaningful.

Visit this site for examples. <http://www.investinginourfuture.org/yemen/malaria/>

### Guidelines for Field M&E Visits

Participatory M&E is encouraged throughout the implementation of the grants. Participatory M&E is defined definition<sup>4</sup> its is a process of individual and collective **learning** and **capacity development** through which people become more aware and conscious of their strengths and weaknesses, their wider social realities, and their visions and perspectives of development outcomes. This learning process creates conditions conducive to change and action. Emphasises varying degrees of **participation** (from low to high) of different types of stakeholders in initiating, defining the parameters for, and conducting M&E. is a social process of **negotiation** between people's different needs, expectations and worldviews. It is a highly political process which addresses issues of equity, power and social transformation. Is a **flexible** process, continuously evolving and adapting to the programme specific circumstances and needs.

The GFATM supported programme in Northern Sudan encourages participatory M&E approaches. The PR M&E unit takes lead in ensuring participatory approach to all M&E activities, including the field supportive missions, where by the state MOH and national programme, the SR and PR form up a team for supervisions, review of quarterly SR reports and performances. These efforts aim at increased coordination,

#### Box 5: Advantages Participatory in M&E

- Ensures that the M&E findings are relevant to local conditions;
- Gives stakeholders a sense of ownership over M&E results thus promoting their use to improve decision-making;
- Increases local level capacity in M&E which in turn contributes to self-reliance in overall programme implementation;
- Increases the understanding of stakeholders of their own programme strategy and processes; what works, does not work and why;
- Contributes to improved communication and collaboration between programme actors who are working at different levels of programme implementation;
- Strengthens accountability to donors;
- Promotes a more efficient allocation of resources.

Sources: Aubel, 1999. UNDP, 1997

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<sup>4</sup> Source: Estrella, 1997.

comprehensive and standardized technical support to programme implementers, capacity building as well as to increase ownership of the programme at the state and federal levels.

### **Role and Responsibilities Of Partners & SRs**

**3.4.1 Internal Monitoring and evaluation of SR projects** - to be done by the Project Implementation partner (Project Manager and M&E staff). For the purposes of the grant implementation the Project Manager/management will be responsible for the overall outputs and quality of activities and ensuring the expected results and outcomes are delivered timely and according to schedule. i.e. The day-to-day monitoring of activities (process and outcome monitoring). For the purposes of the grant the main tasks will include:

1. Collection of quality project information
2. Data entry, development and management of the M&E data base
3. Timely processing of project collected information
4. Analysis of the outcome evaluation and forecasting of tendencies.

**3.4.2 External Monitoring and evaluation of SR projects** – This will be done by the Programme Implementation Unit (Programme Manager and M&E specialist). For the purposes of the grant implementation the Programme Manager will be responsible for the overall monitoring of activities and ensuring the expected results and outcomes.

The PR M&E unit will be responsible for:

- i. Directly monitoring the implementation by sub-recipients and sub - sub recipients to ensure conformance to project objectives, workplans, budget and expected results.
- ii. Review progress reports from SR and timely provide feed back.
- iii. Support preparations of periodic reports for the LFA and the Country Coordinating Mechanism.
- iv. Organizing regular monitoring visits or checks to verify and validate the progress on the implementation.
- v. Developing of a unified system of data collection for both monitoring and evaluation that will be provided to sub-recipients in order to ensure consistency and comparability of data.
- vi. Preparing the annual Monitoring and Evaluation report which assesses the effectiveness of the implementation strategy, the delivery of outputs and assessment of partnership strategy
- vii. Organizing training for sub-recipients on principles of monitoring and evaluation, as well as quality standards of data collection according to the internationally accepted guidelines.

**3.4.3 Outcome monitoring and evaluation** – This will be done by the National programmes through technical support of UN agencies for instance WHO for Malaria and TB programmes.

**3.4.4 External evaluation** – This will be done by the Country Coordinating Mechanism (CCM) and/or LFA as part of phase II of the grants. The monitoring and evaluation reports and findings will be presented at the regular CCM meetings and the CCM will assess appropriateness of interventions and will provide recommendations when those require modifications or changes. The findings will serve as a basis for development of policy decisions at the national and regional levels.

### **Project Progress and Financial Reporting**

Reporting is a systematic and timely provision of useful information at periodic intervals. Reporting provides regular feedback that helps organizations inform themselves and others (stakeholders, partners, donors, etc.) on the progress, problems, successes, and lessons of program implementation. Quarterly and Annual programmatic and financial reports are key conditions for the SR implementing the GFATM programme in northern Sudan. The following are key requirements:-

1. All SRs will produce quality project data. To meet this need SR will be required to invest in data collection and recruitment of qualified M&E officers or project officers as well as the development M&E system that is as simple as much as possible.
2. The SRs will be required to set a plan for project data uses, and make it as transparent and widely available as possible to all different partners.
3. SR will collect and report to PR and national programmes data on all agreed indicators. SR will however be free to collect additional data and indicators of its interest and for further needs of project management.
4. SR will set up mechanisms for an efficient feedback through supervision at all levels, and assurances that data at a given level is relevant and actionable at that level.
5. SR will seek M&E technical support from the PR without delay and before making mistakes throughout the period of implementing the GFATM project.

**3.5.1 Quarterly progress reports:** All SRs will report quarterly on programmatic and financial expenditure. The report will be based on achievement made against the workplans and the budgets and across the project indicators<sup>5</sup>. The SR will use the UNDP provided report format (**see annex 2**). All report should reach UNDP by 15<sup>th</sup> of the following month after the quarter end. The report will be accompanied with

#### **Box 5: Elements of a good report**

- 1) Completeness
- 2) Accuracy
- 3) Signed & stamped
- 4) Use simple language
- 5) All support document for reported activities attached

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<sup>5</sup> Indicator is a variable used to track the performance of the particular aspect of a project/programme. Visit the list of indicators and definitions for GFATM programmes on annex 2

sufficient supporting documents. This report will enable active planning for both parties and validation of results as might be necessary.

**Table 3: Quarterly Reporting Deadlines by SRs**

<b>Time</b>	<b>Deadline for SR report</b>
Q7 (Oct -Dec 2006)	15 <sup>th</sup> January 2007
Q8 (Jan -March 2007)	15 <sup>th</sup> April 2007
Q9 (April - June 2007)	15 <sup>th</sup> July 2007
Q10(July-Sept 2007)	15 <sup>th</sup> October 2007
Q11 (Oct -Dec 2007)	15 <sup>th</sup> January 2008

**3.5.2 Annual project report:** This report is intended to show total project achievements, lesson learned, challenges & recommendation. Combination of qualitative and quantitative methodology of data reporting is encouraged. At the end of the project financial year, each SR should submit this report to PR M&E unit for review and publication. The PR M&E unit has developed a specific format for this type of report.

**3.5.3 End of project report:** This report is intended to enable PR and partners to have total overview of the achievement of the project, including financial expenditures and balances, inventories of medical and non medical items procured and plan for future uses. Within two months of the completion of the Project or of the termination of the present Agreement, all SR are required to submit a final report on the Project activities and include a final financial report on the use of UNDP funds, as well as an inventory of supplies and equipment. UNDP has developed and agree with her partners on the template for this report as attached in annex two of this toolkit.

### **3.6 Verification of Reported Results and Expenditures**

1. All SR are encouraged to manage their project expenditures to match the project outputs.
2. All expenditures should be in line with the project agreed workplans. More details on this can be found on the agreement document signed between undp and SRs.
3. All SR should develop proper documentation system, to keep all projects in ease to access and safe place.
4. PR and LFA will every quarter carry an assessment of the reported results by all SRs. This will include programmatic and financial verification of all reported results and expenditures. The SR will be required to provide all proves of the carried activities and results (supporting documents).
5. On other hand, the SRs should internally collect and verify all collected data of their project. UNDP and LFA as external agency would verify the completeness and accuracy of the data collected by all SRs including UN agencies. Supervisory visits by SRs should be guided

with the analysis of internal self-assessment and externally verified primary data comments and action points.

### **3.7 Requests for Second Disbursement**

Before, the SR request for second disbursement, the following should be fulfilled;-

1. Signed Quarterly Financial Report has been submitted/reviewed (hard-copy / soft copy)
2. Signed Final Financial Report has been submitted/reviewed (hard-copy / soft copy)
3. Signed Annual /quarterly Inventory List for procurement of non - health items that has been received from UNDP
4. Signed Final Inventory List for procurement of non - health items that has been received from UNDP
5. Any follow-up action from audit report has been fulfilled
6. Any follow-up action from UNDP review has been fulfilled

# SECTION FOUR: SUMMARY OF RESPONSIBILITIES AMONG PROGRAMME PARTNERS

## **Implementing Agencies (SRs)**

- Coordinate all project activities with relevant states. SRs should share workplans, and activity report with states. PR and LFA verification and evaluation of progress will be based on finding at the state level.
- Formative needs assessment where necessary
- Monitoring of inputs, process, and outputs
- Collecting and aggregating data from frontline project personnel (e.g., peer educators, outreach workers, and home-based care volunteers)
- Feedback of results to target populations/beneficiaries
- Reporting to UNDP GF programme and national partners/programs on project result and financial expenditure.
- Provide relevant and quality support documents (preferably in English) of all reported results and expenditures.
- Using project results and data for ongoing program planning and implementation

## **UNDP - programme management unit**

- Coordinate implementation of formative needs assessments
- Aggregate and synthesizing results/data from all implementing agencies
- Coordinate M&E activities across projects and GF programmes
- Provide feedback of results to SR and target groups
- Report to donors \_ LFA and GFATM (based on reporting requirements)
- Report to CCM as required
- Provide support and technical assistance for SRs, states and/or national-level M&E activities (e.g., behavioral studies and biologic surveys)
- Disseminate results
- Use program results/data for ongoing program implementation and advocating for required policy changes.
- Provide guidelines, policies, manuals documents and other relevant supplies to SRs for standardization of the intervention.

## **CCM and National programmes**

- National formative needs assessment according to the needs and according to GFATM regulations like additional safe guard policy
- Aggregating results and data from collaborating partners, SR and states

- Provide feedback to collaborating partners/SRs on results of M&E activities undertaken by or for the government
- Maintain ongoing biologic and behavioral surveillance system
- Use M&E results to advocate for policy formulation and changes

## References

1. The GFATM M&E toolkit second edition January 2006 [http://www.theglobalfund.org/en/links\\_resources/library/evaluation\\_framework/](http://www.theglobalfund.org/en/links_resources/library/evaluation_framework/)
2. UNDP: [http://www.undp.org/gef/undp-gef\\_monitoring\\_evaluation](http://www.undp.org/gef/undp-gef_monitoring_evaluation)
3. National AIDS Councils Monitoring and Evaluation Operation Manual, UNAIDS (2002)/ <http://www.unaids.org/en/Publications/default.asp>
4. M&E Framework with HIV Core Indicators (2006), Sudan National AIDS Control Programme.
5. WHO-UNAIDS (2005) *A guide to monitoring and evaluating national HIV prevention programs for most-at-risk populations in low-level and concentrated epidemic settings (draft)*
6. Family Health International (2004): Core Module 1: Introduction to Monitoring and Evaluation [www.fhi.org](http://www.fhi.org)
7. MEASURE: <http://www.cpc.unc.edu/measure>
8. UNAIDS (2005) *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on construction of core indicators-2006 reporting*, UNGASS, Geneva
9. UNAIDS (2008) *Monitoring the Declaration of Commitment on HIV/AIDS: Guidelines on construction of core indicators-2008 reporting*, UNGASS, Geneva
10. USG: <http://www.globalHIVevaluation.org>
11. WHO-UNAIDS (2004) *Guide to Monitoring and Evaluating National HIV/AIDS Prevention Programs for Young People*. Geneva. [www.who.int/hiv/pub/epidemiology/me\\_prev\\_yo/en](http://www.who.int/hiv/pub/epidemiology/me_prev_yo/en)
12. UNFPA. "Institutionalization of Results-based Management at UNFPA", June 2000. Available at [www.unfpa.org/results/index.htm](http://www.unfpa.org/results/index.htm)

# ANNEX ONE: Programmatic and Financial Report Template

Insert SR's  
logo



**Narrative Quarterly Programme Progress Report**  
**Project summary:**

<b>Name of SR :</b>	
<b>Name of project:</b>	
<b>Start date:</b>	
<b>Expected end date:</b>	
<b>Deviations from expected end date:</b>	
<b>Number of direct beneficiaries (if available):</b>	
<b>Number of Indirect beneficiaries (if available):</b>	
<b>Reporting date:</b>	
<b>Reporting quarter:</b>	

**Project Funding:**

<b>Total project funds</b>	
<b>Total amount disbursed to date</b>	
<b>Total expenditure to date</b>	
<b>Total balance to date</b>	

**1. Project Background:**

<b>Provide summary of project background:</b> - goal, objectives, expected output/outcome and main strategy for project implementation
<b>Introduction:</b>
<b>Briefly describe project activities carried out by the SR during the reporting period (200 -250 words).</b> Outline what was planned against what was implemented. Give reasons/factors that enhanced implementation of the activities done this quarter. Outline the planned activities, which were not conducted, and reasons why.

**2. Project Implementation Details::**

**a. Progress and Performance:**

Activities carried out during the reporting period	Expected results	Results achieved	Remarks and reasons for programmatic Deviation	List supporting/verifying documents (attached to this report)	List of resource materials used
1.					
2.					
3.					
4.					
5.					

Note: add row as per needs /activities implemented

**b. Achievements By Indicators:**

Please fill in the indicators as per the project document (add rows if necessary):

<b>Indicator</b>	<b>Target for the reporting period</b>	<b>Actual achievement during the reporting period</b>	<b>Cumulative target to date</b>	<b>Cumulative achievement to date</b>
1.				
2.				
3.				
4.				
5.				

**c. Implementation Challenges And Lessons Learned:**

\* Mention the challenges, & describe strategies /steps taken so far

<b>C.1. Challenges</b>	<b>C.2 Action Taken</b>	<b>C.3 Lessons learnt</b>	<b>C.4 Recommendations</b>
1.			
2.			
3.			
4.			
5.			

**3. Quarterly Detailed Expenditure Report: (Also, attach bank statement)**

Activity	Approved Budget (SDD)	Actual expenditure in SDD	Balance in SDD	Reasons for variation
1.				
2.				
3.				
4.				
5.				
<b>Total</b>				

**4. Plans for next quarter:**

Activity	Location of the activity	Targets	Total cost/budget	Technical assistant required/requested
1.				
2.				
3.				
4.				
5.				
<b>Total</b>				

**5. Disbursement Request for next quarter:**

Amount requested in SDD: ( ) in USD: ( )

Amount requested in words: \_\_\_\_\_

**6. Attachments:**

## SUPPORTING DOCUMENTS FOR ACTIVITIES IMPLEMENTED

Please make sure to attach with this report all important documents to support each activity reported; distribution list, list of trainee, schedules/agenda, formal letters, sample of printed materials, and list of facilities visited etc). Here are examples of formats.

### a. Trainee list (for any training undertaken during the reporting period)

S/No.	Trainee name	Address	Designation	Agency/facility	signature
1.					
2.					
3.					

### b. Distribution list (for any item medical and non medical distributed during the reporting period)

S/no	Name of item/commodity	Name of place distributed to	Amount given	Name of contact person	Address of contact person
1.					
2.					
3.					
4.					

### 7. Field success stories, (if available, but you are encouraged to document as much as possible)

## 2. Field Success story, human interesting stories or snippets

Instructions: Here write about any story from the field on how the program is changing lives of people or how the program has impacted lives of some specific individuals. Where possible insert their photos. Written Photo & story consent should however obtain from these individuals, prior to documenting their story and taking photos.

**Topic of the story :**

**Place and Date documented:**

**Name of the documenter and title:**

Write the main story from here.....

Insert client action photo here. Give the name of the client & photographer at the bottom

**Authorised Signature:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# **ANNEX TWO: SR ANNUAL REPORT TEMPLATE**

Insert SR's  
logo

**THE GLOBAL FUND TO FIGHT MALARIA, HIV/AIDS AND TUBERCULOSIS; NORTHERN SUDAN**

**ANNUAL REPORT  
YEAR .....**

**ORGANISATION:**  
**PROJECT TITLE:**  
**PROJECT CODE:**  
**TOTAL PROJECT COST:**  
**PROJECT DURATION:**  
**START DATE:** \_\_\_\_\_ **END DATE** \_\_\_\_\_

Insert your favorite action picture taken during field implementation of the project

*DATE:*

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©2007 \_\_\_\_\_ *[insert name of the SR/project]*

*[Insert the SR address]*

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# **LIST OF ABBREVIATIONS**

*[Insert the list of abbreviations here \_ no more than one page]*

# **1.0 EXECUTIVE SUMMARY**

*[Summarize the implementation experiences of the project during year one here. Don't exceed one page (the key project objectives, achievements, challenges, lesson learned and future plans)]*

## **2.0 PROGRAMMATIC RESULTS FOR THE YEAR ONE**

### **2.1 Project Description**

*[In this section describe the project goals and objectives, the coverage, the key strategies and implementation methods etc]*

### **2.2 Project management**

*[Under this section, describe how was the project managed; - the staff involved, qualification and organization structure under which the project was implemented]*

### **2.2.3 Project Results**

*[Under this section, state the targets of the project; the indicators targets and actual achievement for each. You are very much encouraged to insert tables, graphs and project pictures from field]*

## **3.0 MONITORING AND EVALUATION**

*[Briefly describe how the project implementation and quality assurance were monitored, including data collection system and data quality \_validation]*

### **3.1 Implementation Challenges**

*[Describe the challenges faced during project implementation]*

### **3.2 Success Story and Lessons Learned**

*[In this section, insert success stories from implementation of the project. This can also include human interesting stories]*

## **4.0 RECOMMENDATIONS AND FUTURE PLAN**

*[Insert your recommendations according to the challenges experienced in implementing the project]*

## **5.0 PROJECT INCOME AND EXPENDITURES**

*[Insert the income and expenditure details of the project]*

<b>Time frame</b>	<b>Amount contracted</b>	<b>Amount disbursed</b>	<b>Total expenditure</b>	<b>Balance</b>
Annual budget				
Q1				
Q2				
Q3				
Q4				
<b>Total</b>				

## **5.1 Additional funding**

*[If there were any additional funds from your organization please detail the information]*

# **6.0 APPENDICES**

*[Provide appendices for any additional information/documents that sought to be important in demonstrating the project performances and experiences in year one]*

## ANNEX THREE: Description of Programme Indicators

## 1. HIV/AIDS R5 Indicators

**Indicator:** *Number of general population reached by Rd 5 GFATM-funded BCC community outreach activities*

**Rationale:** In order to prevent the spread of HIV/AIDS the general population, it is important that they access Community outreach services. This indicator is to assess progress in implementing HIV/AIDS prevention programs for general population.

**Definition**      **Numerator:** Number of general population who accessed HIV/AIDS BCC programs during outreach activities in the reporting period

**Denominator:** Total population age 15-49 in the standard frame.

**Measurement:** The data for this indicator will be generated from reports of GFATM SRs implementing BCC community outreach interventions /projects and programs

**Data Collection Frequency:** Data should be collected as per occurrence, aggregated monthly and reported quarterly by GFATM SRs

**Data source:** Registers & reports from SRs GFATM community based projects

**Indicator:** *Number of targeted Vulnerable group reached by GFATM funded BCC community outreach activities.*

**Rationale:** The Vulnerable populations are often difficult to reach with HIV/AIDS prevention programs. However, in order to prevent the spread of HIV/AIDS among these populations as well as into the general population, it is important that they access these services. This indicator is to assess progress in implementing HIV/AIDS prevention programs for most-at-risk populations. And should be calculated separately for each population that is considered most-at-risk (truckers, tea sellers, prisoners and sex workers).

**Definition**      **Numerator::** Number of truckers/ tea sellers/prisoners/ sex workers who accessed HIV/AIDS BCC community outreach programs during the last 3 months

**Denominator::** Total number of most at risk population (truckers/tea sellers/prisoners/ sex workers) in the standard frame

**Measurement:** Records of SR GFATM funded projects providing the community BCC outreach activities, aggregated by specific risk groups and per state

**Data Collection Frequency:** Data should be collected as per occurrence, aggregated monthly and reported quarterly by GFATM SRs

**Data source:** Registers & reports from GFATM SRs implementing community based projects

**Indicator:** *Number of young people exposed to HIV/AIDS education in and out of school setting using Rd 5 GFATM resources*

**Rationale:** The indicator assesses progress in reaching young people with Knowledge of HIV prevention/education both in school and out school settings using R5 GFTAM recourses.

**Definition**      **Numerator:** All young people in school/ out of school settings reached with HIV/AIDS education disaggregated by sex and age

**Denominator:** Total number of young people in school/ out of school setting eligible for HIV/AIDS education disaggregated by age and sex

**Measurement:** Reports from GFATM SRs implementing youth interventions /projects and programs

**Data Collection Frequency:** Data should be collected as per occurrence, aggregated monthly and reported quarterly by GFATM SRs

**Data source:** Registers & reports from GFATM SRs implementing youth projects.

***Indicator:** Number of service delivery points providing counseling and testing in accordance with defined minimum standards*

**Rationale:** Voluntary counseling and testing services are very helpful for both prevention and treatment services. This indicator assesses the coverage of VCT services to meet the demand for voluntary counseling and testing. It serves as an entry point for HIV prevention and care.

**Definition**            **Numerator:** Number of new VCT established by stand alone and combined segregated by states

**Denominator:** Total number of VCT exist in the country by stand alone and integrated in each state

**Measurement:** Reports from GFATM SRs implementing VCT programs

**Data Collection Frequency:** Data should be collected as per occurrence, aggregated monthly and reported quarterly by GFATM SRs

**Data source:** SRs implementing VCT reports and joint GFATM supportive supervision visits reports to the sites.

***Indicator:** Number of new people completing the testing and counseling process*

**Rationale:** To assess the reach of HIV counseling and testing services.

**Definition**            **Numerator:** Number of people who received their results through post test counseling services segregated by age and sex

**Denominator:** Total number of people who has been tested for HIV segregated by age and sex

**Measurement:** Reports from all functional VCT sites (combined and stand alone).

**Data Collection Frequency:** Data should be collected daily, aggregated monthly and reported quarterly by GFATM SRs

**Data source:** VCT sites log book and registers

**Indicator:** *Number of pregnant women completing the counseling and testing process with GFATM Rd 5 resources.*

**Rationale:** To assess the access of pregnant women to PMTCT services as entry points for prevention and care needs.

**Definition**                      **Numerator:** Number of pregnant women tested for HIV & who received pre-test and post-test counseling and test results & who attended at least one ANC visit that is a PMTCT site

**Denominator:** Total number of pregnant women who attended PMTCT site

**Measurement:** Reports from GFATM SRs implementing PMTCT programs

**Data Collection Frequency:** Data should be collected daily, aggregated monthly and reported quarterly by GFATM SRs

**Data source:** PMTCT sites registers and records.

**Indicator:** *Number of condoms distributed for free with Rd 5 GFATM resources*

**Rationale:** Sex abstinence and mutual faithful partnership are among the first lines of defense against HIV infection. However, for those who can't limit themselves to any of these methods, use of condom is the only effective way to substantially reduce the risk of sexual transmission of HIV.

**Definition**                      **Numerator:** Number of condoms distributed freely through free distribution outlets for the target population for their use

**Denominator:** Total number of condoms procured for free distribution through distribution outlets for target population for their use

**Measurement:** This indicator will be collected through program reports from all GFATM SRs implementers for condom programming

**Data Collection Frequency:** Data should be collected and aggregated monthly and reported quarterly by GFATM SRs

**Data source:** Records and registries in the central and states stores of GFATM SRs implementing condom programme. .

**Indicator :** *Number of social marketing condoms sold*

**Rationale:** This indicator assesses the progress towards condom availability and accessibility.

**Definition**

**Numerator:** Number of condoms sold through social marketing outlets for target population

**Denominator:** Total number of condoms procured for sale through social marketing outlets for target population

**Measurement:** Reports from GFATM implementers SRs for condom social marketing project

**Data Collection Frequency:** Data should be collected and aggregated monthly and reported quarterly by GFATM SRs

**Data source:** The head quarter of the implementing partner inventory sheets, registries and retail audit of condoms from dealers in the retail outlets.

*Indicator : Percentage of blood units transfused in government hospitals that are collected from voluntary non-remunerated blood donors (VNRBDs)*

**Rationale:** To assess the increase in the proportion of voluntary non-remunerated blood donors and to use it as a proxy indicator of the extent to which donated bloods are safe.

**Definition**

**Numerator:** Number of blood units from voluntary, non-remunerated blood donation transfused and followed documented SOPs and quality assurance scheme

**Denominator:** Total number of blood units transfused

**Measurement:** Data for this indicator will be compiled from reports of GFATM SRs implementing blood safety programs

**Data Collection Frequency:** Data should be collected daily and aggregated monthly and reported quarterly by GFATM SRs

**Data source:** Records and registry of the directorate of blood banks at federal and state levels.

*Indicator : Number of new service delivery points providing ARV combination therapy*

**Rationale:** This indicator assesses the coverage of ARV services to meet the demand for antiretroviral treatment. It serves as an entry point for the availability of HIV care and support for PLHIV.

**Definition**

**Numerator:** Number of new sites established capable of provision of ARV combination therapy in the reporting period in the state

**Denominator:** Total number of sites exist providing ARV therapy in the state

**Measurement:** Data for this indicator will be compiled from reports of GFATM SRs implementing ARV programs

Data collection Frequency: Data should be collected as per occurrence, aggregated monthly and reported quarterly by GFATM SRs

**Data source:** SRs implementing ART programming reports and joint GFATM supportive supervision visits to the sites.

**Indicator:** *Number of adult and children with advanced HIV infection receiving ARV combination therapy*

**Rationale:** This indicator assesses progress towards providing antiretroviral combination therapy to all people with advanced HIV infection

**Definition**      **Numerator:** Number of people with advanced HIV infections who are currently receiving ART in accordance with the nationally approved treatment protocol (or WHO/UNAIDS standards) at the end of reporting period (disaggregated by sex & age (< 15, ≥ 15))  
**Denominator:** Total number of people with advanced HIV infection requiring (in need of / eligible for) ART.

**Measurement:** Reports from all partners (public, private and civil society) implementing ART programmes

**Data Collection Frequency:** Data should be collected daily at facility level, aggregated monthly and reported quarterly by GFATM SRs

**Data source:** Records, registries at health facility at locality and state level

**Indicator :** *Number of people with HIV infection receiving diagnosis and treatment for opportunistic infections with Rd5 GF Support*

**Rationale:** HIV/AIDS has become treatable through advances made in the management of opportunistic infections and development of more effective ARV therapies. Provision of essential drugs and drugs for opportunistic infections is necessary to extend life and enhance the quality of life for many people living with HIV/AIDS.

**Definition**      **Numerator:** Number of HIV positive individuals who receive treatment for OI including treatment for TB (disaggregated by sex & age (< 15, ≥ 15))  
**Denominator:** Total number of HIV positive requiring (in need of / eligible for) OIs.

**Measurement:** Reports from GFATM SRs implementing VCT/ART, PMTCT, TB/HIV programmes

**Data Collection Frequency:** Data should be collected daily at facility level, aggregated monthly and reported quarterly by GFATM SRs

**Data source:** Registers in VCT/ART, PMTCT, TB /HIV sites.

**Indicator :** *Number of HIV positive incident TB cases that received treatment for TB and HIV*

**Rationale:** To assess progress in detecting and treating TB in people living with HIV

**Definition**      **Numerator:** Number of adults (disaggregated by sex) with advanced HIV infection who are currently receiving ART in accordance with nationally approved treatment protocol (or WHO/UNAIDS standards) and who were started on TB treatment (in accordance with national TB programme guidelines) in the reporting period.

**Denominator:** Total estimated number of incident TB cases in people living with HIV

**Measurement:** GFATM SRs data and national estimates of incident TB cases in people living with HIV according to WHO Sudan estimates of the number of incident TB cases in people living with HIV

**Data Collection Frequency:** Data should be collected daily at facility level, aggregated monthly and reported quarterly by GFATM SRs

**Data source:** Facility ART registers,

**Indicator :** *Number of service points run by PLWHA associations providing care and support for the chronically ill and families affected by HIV/AIDS*

**Rationale:** To assess the availability and coverage of community based programs for people infected and affected by HIV/AIDS.

**Definition**      **Numerator:** Number of new service points run by PLWHA associations established capable of provision of care and support for the chronically ill and families affected by HIV/AIDS in the reporting period in the state

**Denominator:** Total number of sites exist capable of provision of care and support for the chronically ill and families affected by HIV/AIDS in the reporting period in the state

**Measurement:** Reports from GFATM SRs and any other stakeholders implementing community based programmes for PLWHA.

**Data Collection Frequency:** Data should be collected and aggregated monthly and reported quarterly by GFATM SRs

**Data source:** SRs implementing community based programmes for PLHIV reports and joint GFATM supportive supervision visits to the sites.

***Indicator :** Number of people reached by Home based Care including ART adherence support*

**Rationale:** Home based care for the People Living with HIV (PLHIV) is a significant measurement tool for avoiding/ reducing the stigma and discrimination towards PLHIV. This indicator is to assess the availability and coverage of home based care programs for people infected and affected by HIV/AIDS.

**Definition**      **Numerator:** Number of people aged (< 15, 15-49, > 49) infected or affected by HIV/AIDS who received any type of support such as medical, emotional/psychological, and/or economic (including material support)

**Denominator:** Total number of HIV positive requiring (in need of / eligible for) home based care.

**Measurement:** Reports from GFATM SRs and any other stakeholders implementing home based programmes

**Data Collection Frequency:** Data should be collected and aggregated monthly and reported quarterly by GFATM SRs

**Data source: Stakeholders and** SRs implementing home based care programmes reports and records.

***Indicator :** Number and percentage of treatment sites reporting no stock out of ARVs and selected diagnostic / treatment*

**Rationale:** To assess whether the health facilities providing ARVs are consistently supplied with ARVs.

**Definition:**      **Numerator:** Number of ARV delivery points that have adequate ARVs, currently in stock and that report no stock out of these drugs lasting more than one week in the preceding 6 months

**Denominator:** Total number of ARV delivery points in the country

**Measurement:** Reports from GFATM SRs implementing ARV programmes

**Data collection Frequency:** Data should be collected daily at facility level, aggregated monthly and reported quarterly by GFATM SRs

**Data source:** SRs implementing ART programmes reports and joint GFATM supportive supervision visits to the sites.

## 2. MALARIA ROUND 2 INDICATORS

*Indicator: No of people with uncomplicated malaria receiving correct diagnosis and treatment according to the national guidelines (ACT)*

<b>Rationale:</b>	(Prompt) treatment with an effective antimalarial drug regimen is a key component of the technical strategy for control and prevention of malaria advocated by RBM. Sudan has endorsed the National treatment protocol in 2005 which recommended the use of Artemisinin combination Therapy (ACTs) for the 1 <sup>st</sup> and 2 <sup>nd</sup> line treatment of Malaria, depending on local drug resistance patterns.
<b>Definition:</b>	Number of people diagnosed with uncomplicated malaria who are given anti-malarial treatment according to the national malaria treatment policy; In the project supported health facilities.
<b>Measurement:</b>	'People diagnosed with malaria' is to be understood as the total number of episodes of malaria; in case a given person was diagnosed with malaria twice over the evaluation period of the program, this would contribute two episodes that potentially were correctly treated. Diagnosis of uncomplicated or severe malaria can be laboratory-confirmed in Sudan where routinely perform laboratory testing for malaria, or presumptive, based on clinical symptoms in line with IMCI guidelines, in special conditions where lack of equipments or trained cadre.
<b>Data Collection Frequency:</b>	Every 3 months
<b>Data Source:</b>	Routine health information system or through reporting to the General Directorate of Pharmacy.

*Indicator: Number of patients admitted with severe malaria admitted at hospitals supported by the GF receiving correct diagnosis and treatment (Quinine and IV-fluids)*

<b>Rationale:</b>	Severe malaria usually occurs as a result of a delay in treatment of uncomplicated malaria. Especially in children, progression to severe disease may occur very rapidly. Because of the high case fatality of severe malaria, correct clinical management is key to saving lives. Severe malaria (SM) cases should be managed at hospitals. The drug of choice for the treatment of severe malaria is Quinine or Artemether. <b>Health workers</b> at the peripheral units should refer patients to the nearest hospital immediately. Pre-referral treatment should be given. This could be Quinine IM or Artesunate suppositories.
<b>Definition</b>	Number of patients admitted with severe malaria who are correctly given anti-malarials and supportive treatment according to national malaria treatment policy
<b>Measurement:</b>	People diagnosed as severe malaria is to be understood as the total number of episodes of malaria; in case a given person was diagnosed with malaria twice over the evaluation period of the program, this would contribute two episodes that potentially were correctly treated.
<b>Data Collection Frequency:</b>	Monthly
<b>Data Source:</b>	Routine health information system

*Indicator: Number of service delivery points Strengthen to provide diagnosis and treatment*

<b>Rationale:</b>	The majorities of deaths from malaria are caused by a lack, or delayed administration, of effective anti-malarial treatment. In areas of high malaria transmission and poor access to facility-based health care, such as rural Africa, RBM advocates home-based case management of children under 5 years of age as one of the strategies to achieve high coverage of prompt and effective antimalarial treatment. Pilot studies for the introduction of HBMM are currently underway.
<b>Definition</b>	Number of health facilities able to diagnose and treat malaria according to the national policy.
<b>Measurement:</b>	NMCP has increased the geographical coverage to include the level of the dispensaries. The strengthening includes three components: 1. Training of the care provider. 2. Supply with drugs. 3. Supervision.
<b>Data Collection Frequency:</b>	Every 3-6 months
<b>Data Source:</b>	Records from National Malaria Control Programs and other relevant sources ( GDP)

*Indicator: Health facilities with no reported stock outs lasting > 1 week of nationally recommended antimalarial drugs at any time during the past 3 months*

<b>Rationale:</b>	The continued supply of anti-malarial drugs is the key to the delivery of prompt effective treatment at health facilities.
<b>Definition</b>	<b>Numerator:</b> Number of health facilities with nationally recommended anti-malarial drugs reporting a positive balance of stock and 100% treatment coverage to every malaria patient during the reported period with no stock outs lasting one week or longer at any time in the last three months.
<b>Measurement:</b>	Analysis and reporting by state according to HMIS and through the GDP. Ad hoc supervision visits and surveys are also recommended. Besides this indicator, these are useful in providing important data on the appropriateness of management of severe malaria cases, through examination of in-patient records of the hospital as well as through direct observation of health care providers at work in patient consultation.
<b>Data Collection Frequency:</b>	Monthly
<b>Data Source:</b>	1) Part of routine and <i>ad hoc</i> supervision of NMCP; 2) Regular drug supply management system (GDP); 3) Health facility survey.

*Indicator: Number of service deliverers trained in case management*

<b>Rationale:</b>	National treatment protocol was methodically shifted to combination therapy in accordance with WHO recommendations with smooth transition and since July 2004. The officially adopted treatment policy for malaria is artesunate+ sulfadoxine/pyremethamine (AS+SP) as first line treatment of uncomplicated malaria and artemether+lumefantrine (AL) as second line treatment.
<b>Definition</b>	Health workers (by category and region) who attended in-service training sessions according to national curriculum and the national treatment protocol
<b>Measurement:</b>	Number of health personnel involved in patient care trained in malaria case management
<b>Data Collection Frequency:</b>	Every 3 months
<b>Data source:</b>	NMCP reporting system

*Indicator: Number of staff trained on sentinel site surveillance*

<b>Rationale</b>	Besides absolute numbers of cases and deaths, African countries should focus on reporting proportions of outpatients' visits, hospital admissions and hospital deaths that are caused by malaria, from sentinel HIS sites in the highest endemic areas. The selection of sites varies between years and few sites are sampled repeatedly over time.
<b>Definition</b>	Number of state NMCP personnel and sentinel site staff who are trained on the weekly monitoring of epidemic indicators during high risk months, forecasting, early detection and epidemic containment
<b>Measurement:</b>	Number of personnel trained to provide Strengthening of early detection through sentinel site monitoring system.
<b>Data Collection Frequency:</b>	Every 3 months
<b>Data source:</b>	1. NMCP training reports

*Indicator: Number and proportion of houses and areas in south Gazeera that were sprayed with insecticide in the last 12 months*

<b>Rationale:</b>	In areas of intense malaria transmission, IRS and LLINs are alternative means for malaria vector control. In areas exposed to unstable or epidemic malaria, IRS has some important advantages: it is particularly useful for achieving a rapid reduction in malaria transmission and it can be targeted to the communities at highest risk.
<b>Definition</b>	<b>Numerator:</b> Number of houses in areas at risk of malaria transmission that were sprayed with insecticide in the past 12 months <b>Denominator:</b> Number of targeted houses in areas at risk of malaria transmission
<b>Measurement:</b>	A critical element in measuring this indicator is the definition of areas at risk of malaria transmission. In Sudan; Gezira is the area chosen by the NMCP and WHO with the remaining risk areas being targeted for LLINs instead. The threshold frequency of conducting spraying is set at once per year, which is the minimum frequency likely to be effective in significantly reducing malaria transmission.
<b>Data Collection Frequency:</b>	Every 1 year
<b>Data source:</b>	Houses sprayed from records from National Malaria Control Programs; total houses in areas at malaria risk from national censuses.

*Indicator: Proportion of irrigation projects adopting intermittent irrigation*

<b>Rationale:</b>	Vector control has a proven record in the prevention and control of vector-borne disease. IVM is based on the premise that effective control is not the sole preserve of the health sector but requires the collaboration of various public and private agencies and community participation. Intermittent irrigation is one of interventions of proven efficacy, separately or in combination,
<b>Definition</b>	Number of irrigation projects at risk of malaria; that have adopted intermittent irrigation policy.
<b>Measurement:</b>	Maps and data on malaria endemic areas – targeted and non-targeted for control – are usually available in vector control offices. Likewise, the main activities in IVM are to be collected from vector control staff. This information can be validated by reviewing monthly activity records in different geographical areas.
<b>Data Collection Frequency:</b>	Annually
<b>Data source:</b>	Data from vector control offices.

*Indicator : Number of LLNs distributed*

<b>Rationale:</b>	In areas of high malaria transmission and poor access to facility-based health care, LLINs are the principal strategy for malaria prevention. LLINs have been shown to reduce malaria-related morbidity and mortality in areas of high and moderate endemicity,
<b>Definition</b>	Number of mosquito nets distributed to people living in malaria-endemic areas, with the mosquito nets being limited to Long-lasting Insecticidal Nets (LLIN).
<b>Measurement:</b>	This indicator is derived from data recorded by the malaria control program. Nets received by persons at risk must not be equated with the nets distributed to the point of service delivery (e.g. EPI clinics or antenatal clinics) – because important delays could still occur in the last stage of the distribution, from service delivery point to persons targeted. (In other words, “received by” persons at risk denotes ‘distributed to persons targeted, from the service delivery point’.)
<b>Data Collection Frequency:</b>	Quarterly
<b>Data source:</b>	Records from National Malaria Control Programs

*Indicator : Number of pregnant women receiving correct IPT*

<b>Rationale:</b>	In areas of stable endemic malaria transmission such as Sudan, IPT of pregnant women with a recommended antimalarial drug (Fansidar) reduces the risk of maternal anemia, placental parasitemia, and low birth weight. IPT in pregnancy is therefore a key component of the technical strategy for control and prevention of malaria advocated by Roll Back Malaria (RBM), for areas of stable endemic malaria transmission.
<b>Definition</b>	Number of pregnant women in stable endemic areas who received at least two doses of intermittent preventive treatment (IPT) with a recommended antimalarial drug (Fansidar) during antenatal care (ANC) visit under direct observation.
<b>Measurement:</b>	should be collected at routine ANC visits using the ANC register. To avoid duplication of work, the existing ANC register should be modified to include a column to record the doses of IPT dispensed. ANC cards should also be adapted to include a record of IPT doses taken. IPT should be administered under direct observation of the health worker, to maximize compliance; the column should not be marked if the dose is not observed directly. In case no IPT is dispensed, the reasons should be marked in the column comments (e.g. stock out, allergic, refused treatment for illness, etc.).
<b>Data Collection Frequency:</b>	Continuous, with monthly reporting
<b>Data source:</b>	Routine ANC records and GDP.

### 3. TUBERCULOSIS ROUND 5 GRANT INDICATORS

#### ***Indicator : Number of new smear positive TB cases detected***

<b>Rationale:</b>	To assess number of new TB cases detected
<b>Definition</b>	<b>Numerator:</b> Annual number of new smear-positive TB cases detected <b>Denominator:</b> Total annual number of estimated new smear-positive TB cases (incidence)
<b>Measurement:</b>	Routine health information system plus estimates produced by WHO
<b>Data Collection Frequency:</b>	Annually
<b>Data source:</b>	Ministry of health reports and health information system data from various health facilities

#### ***Indicator : Number of new smear positive TB cases that successfully complete their treatment among the new smear positive TB cases registered***

<b>Rationale:</b>	To assess number of newly detected cases that are treated successfully
<b>Definition</b>	<b>Numerator:</b> Number of new smear-positive pulmonary TB cases registered under DOTS in a specified period that subsequently were successfully treated <b>Denominator:</b> Total number of new smear-positive pulmonary TB cases registered under DOTS in the same Period
<b>Measurement:</b>	Ministry of Health records and health information system
<b>Data Collection Frequency:</b>	Quarterly
<b>Data source:</b>	Ministry of Health records, health facilities compiled reports and health information system

***Indicator: Number of health workers trained in TB management using DOTS according to national training guidelines.***

<b>Rationale:</b>	To assess number of workers trained in TB management according to the national TB training guidelines
<b>Definition</b>	<b>Numerator:</b> Number of health workers trained in TB management using DOTS according to national training guidelines <b>Denominator:</b> Total number of TB health workers
<b>Measurement:</b>	Training reports, ministry of health records
<b>Data Collection Frequency</b>	Quarterly
<b>Data source:</b>	Ministry of health records and training reports

***Indicator: Number and percentage of TBMs reporting quarterly by submitting complete and timely reports.***

<b>Rationale:</b>	To assess number and percentage of TBMs reporting and submitting complete timely reports
<b>Definition</b>	<b>Numerator:</b> Number of TBMs reporting quarterly. <b>Denominator:</b> Target number of TBMs (100)
<b>Measurement:</b>	TBMs Report's records and ministry of health reporting records
<b>Data Collection Frequency:</b>	Quarterly
<b>Data source:</b>	Ministry of health reporting records and TBMs reports records

***Indicator : Number of operational research studies completed on barriers to DOTs, and results available***

<b>Rationale:</b>	To assess number of TB operational researches completed on the barriers to DOTs
<b>Definition</b>	<b>Numerator:</b> Number of operational research studies completed on barriers to DOTs
<b>Measurement:</b>	<b>Denominator:</b> Target number (10) of operational research studies to be completed on barriers to DOTs, during the project timeline Operational researches' reports
<b>Data Collection Frequency:</b>	Annually
<b>Data source:</b>	Ministry of Health's health information system, operational researches' reports

***Indicator : Number of policy makers sensitized on TB and TB/HIV***

<b>Rationale:</b>	To assess the number of policy makers sensitized to TB and TB/HIV
<b>Definition</b>	<b>Numerator:</b> : Number of policy makers sensitized on TB and TB/HIV
<b>Measurement:</b>	<b>Denominator:</b> Target number (315) of policy makers to reached during year one of the project timeline workshops or seminars reports and project reports
<b>Data Collection Frequency:</b>	Quarterly
<b>Data source:</b>	Ministry of health reports and project reports

***Indicator : Number of IEC materials developed and distributed***

<b>Rationale:</b>	To assess the number of IEC materials developed and distributed
<b>Definition</b>	<b>Numerator:</b> Number of IEC materials developed and distributed <b>Denominator:</b> Target number (20,110) of IEC materials to be produced during year one of the project timeline
<b>Measurement:</b>	Project reports and samples of IEC materials produced, ministry of health inventory reports with distribution lists
<b>Data Collection Frequency:</b>	Quarterly
<b>Data source:</b>	Project reports and ministry of health inventory reports with distribution lists

***Indicator : Number of charity, health insurance, and health facilities for uniformed services supported with DOTS services (training and supplies)***

<b>Rationale:</b>	To assess the number of PPM that are functional and benefiting from training and supplies
<b>Definition</b>	<b>Numerator:</b> Number of charity, health insurance, and health facilities for uniformed services supported with DOTS services (training and supplies) <b>Denominator:</b> All other public health units outside the NTP that are participating in some aspect of DOTS services
<b>Measurement:</b>	Project reports, Health Facility Reports
<b>Data Collection Frequency:</b>	Quarterly
<b>Data source:</b>	MoH records, NTP and project reports

**Indicator : Number of TB patients who receive HIV counseling and testing (among registered TB patients) ( results from 12 TBMU with VCT capability)**

<b>Rationale:</b>	To assess the number of TB patients who have received HIV counseling and testing
<b>Definition:</b>	<b>Numerator:</b> : Number of TB patients who receive HIV counseling and testing among registered TB patients in the 12 TBMU with VCT capability <b>Denominator:</b> Total number of registered TB patients in the 12 TBMU with VCT capability
<b>Measurement:</b>	Health facilities records & project reports
<b>Data Collection Frequency:</b>	Data collected routinely and reported quarterly
<b>Data source:</b>	Ministry of health records, health facilities records and project reports

**Indicator : Number of TBMU staff trained in voluntary counseling and testing for HIV**

<b>Rationale:</b>	To assess the number of TBMU staff trained in voluntary counseling and testing for HIV
<b>Definition:</b>	<b>Numerator:</b> Number of TBMU staff trained in voluntary counseling and testing for HIV <b>Denominator:</b> Total number of staff at the TBMU
<b>Measurement:</b>	Training workshops reports, project reports

**Data Collection Frequency:** Quarterly

**Data source:** Ministry of health records, training workshops records and project reports

***Indicator : Number of condoms distributed for TB patients through TBMs***

**Rationale:** To assess the number of condoms distributed to TB patients through TBMs

**Definition:** **Numerator:** Number of condoms distributed for TB patients through TBMs

**Denominator:** Total number of condoms targeted to be distributed during year one of the project timeline

**Measurement:** Health facility inventory reports, Health facility patients distribution reports, project procurement and distribution records

**Data Collection Frequency:** Quarterly and annually

**Data source:** Ministry of health requisition forms by target health facilities, health facility records and project reports