UNOPS

MYANMAR OPERATIONS CENTRE

Principal Recipient Programme Management Procedures Manual

Global Fund Round 9 Grants – Myanmar

March 2011

List of Abbreviations

3DF	Three Diseases Fund
ACT	Artemisinin-based combination therapies
AIDS	Acquired immune deficiency syndrome
CBOS	Community Based Organizations
CCM	Country Coordinating Mechanism
CHW	Community Health Worker
CPs	Conditions Precedent
CSO	Civil Society Organizations
DQA	Data quality assurance
EOI	Expression of Interest
FBO	Faith Based Organization
FL	Facility Level
FPPM	Financial Procurement Procedure Manual
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human immunodeficiency virus
HQ	Head Quarters
IP	Implementing Partner
LFA	Local Fund Agent
LLINs	Long lasting insecticidal mosquito nets
M&E	Monitoring and Evaluation
MANA	Myanmar Anti-Narcotics Association
MARP	Most At Risk Persons
MCC	Myanmar Council of Churches
M-CCM	Myanmar Country Coordinating Mechanism
MESST	Monitoring and Evaluation Systems Strengthening Tool
MHAA	Myanmar Health Assistant's Association
MMA	Myanmar Medical Association
MOA	Memorandum of Association
MoH	Ministry of Health
MRCS	Myanmar Red Cross Society
MSM	Men who have sex with men
NAP	National HIV/AIDS Programme
NGOs	Non-Governmental Organizations
NTP	National Tuberculosis Programme
PF	Performance Framework
PGK	Pyi Gyi Khin
PHO	Public Health Officers
PHPO	Public Health Programme Officer
PHPU	Public Health Programme Unit
PMPM	PR Programme Management Procedural Manual
PR	Principal Recipient
PSM	Procurement and Supply Management
PU	Progress Update
PUDR	Progress Update and Disbursement Request
QA	Quality Assurance
RFP	Request for proposal
SDA	Service Delivery Areas
SOPs	Standard Operation Procedures

SR	Sub-recipients
SSR	Sub-Sub-Recipient
STC	Save the Children
SW	Sex Worker
TB	Tuberculosis
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
Union	The International Union Against Tuberculosis and Lung Diseases
UNOPS	United Nations Office for Project Services
VBDC	Vector Borne Disease Control
WHO	World Health Organization

1. Introduction

1.1. Overview

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is a public-private foundation created in 2002 to increase the resources allocated towards the fight against the three epidemics. The GFATM, based in Geneva, Switzerland, is a financing and not an implementing entity. Projects financed by the GFATM are implemented through a public-private partnership in which the key structures are the Country Coordinating Mechanism (CCM), the Principal Recipient (PR), the Sub-recipients (SRs) and the Local Fund Agent (LFA).

UNOPS was selected to be one of the two Principal Recipients for Round 9 after the Myanmar CCM (M-CCM) had developed and submitted the proposals to the GFATM. The total value of the three grants under the UNOPS funding track as principal recipient for the Phase 1 will be US$ 60.5 Million. The programme is being implemented through the sub-recipient from different sectors which include Ministry of Health, International NGOs, Local NGOs and multi –laterals.

UNOPS as PR has the legal responsibility to the GFATM to implement the proposal under the oversight of the M-CCM. UNOPS will also manage the finances and accounts of the national programmes responsible for the control of the three diseases as sub-recipients (of UNOPS), and will manage the programme implementation throughout the country with the technical inputs and assistance from WHO, UNICEF, UNFPA and UNOPS. In the role of principal recipient, UNOPS will also work closely with Save the Children, the other PRs.

1.2. Purpose of the Manual and Intended Users

This document outlines the UNOPS procedures for programmatic oversight of grant implementation, under Global Fund Round 9 Grants in Myanmar. It provides guidelines for the selection, review and management of future new SRs, as well as management guidelines for selected SRs and covers every phase of the SR programmatic management cycle, from planning, implementation and closure.

Where necessary, these guidelines will disaggregate the programmatic oversight mechanisms needed for each of the different categories of Sub-recipient, as each SR varies in size, scope, risk and capacity. In addition, Myanmar is designated as an Additional Safeguards country by the GFATM and therefore the processes outlined in these guidelines are intended to address the additional risk management measures that are required by UNOPS as the PR. This procedural manual is intended for the use of UNOPS (Principal Recipient) staff who manage Sub-Recipients (SRs).

These policies and procedures are not an exhaustive list. Other detailed Operating Manuals are also available that provide additional details. These other manuals/SOPs are referenced in the relevant sections of this document.

These procedures will also be complemented by the local knowledge and experience of UNOPS staff and through ongoing consultation with SRs. UNOPS expects all programme staff to use their judgment in establishing honest and effective partnerships with SRs and to be clear about:

- what the judgment is based on
- how opportunity and innovation will be maximized
- how risk will be managed
- how mutual accountability can be achieved.

1.3. PRINCIPAL RECIPIENT

The Principal Recipient is the entity with whom the grant agreement is signed and is the one legally responsible for the implementation of the grant activities and execution of the contract with the GF.

1.4. SUB –RECIPIENT

The Principal Recipient (PR) may often require the involvement of other entities to implement the program and these partners are called Sub-Recipients (SRs). A Sub-Recipient is an organisation or entity that signs a contract or sub-grant agreements with UNOPS, specifying that it will implement certain grant activities, for which it will receive an amount of GF funding, and is required to provide reports on financial expenditures and the implementation of these activities. This includes entities that the Principal Recipient may engage to carry out activities on behalf of the PR and can be public sector, UN Agencies, non-government entities. The last category includes Non-Governmental Organizations (NGOs), Community Based Organizations (CBOs), or private sector entities.

UNOPS is the PR and has been designated to work with the following categories of sub-recipients[1]:

- Government Agencies – The National Tuberculosis Programme, The National Malaria Control Programme and The National HIV/AIDS Programme.
- NGOs – six Myanmar NGOs are included as Sub-recipients for the Round 9 grant. One international NGO is also a UNOPS Sub-recipient.
- UN Agencies – WHO & UNFPA are included as Sub-recipients to provide technical assistance to the government National Programmes as part of a joint UN platform. UNICEF and UNAIDS albeit not an SR but through its global mandate is also providing Technical Assistance to NAP as a member of the Joint UN Platform.

[1]The other PR for Round 9 grants is Save The Children US. The sub-recipients of SC/US are mostly International NGOs.

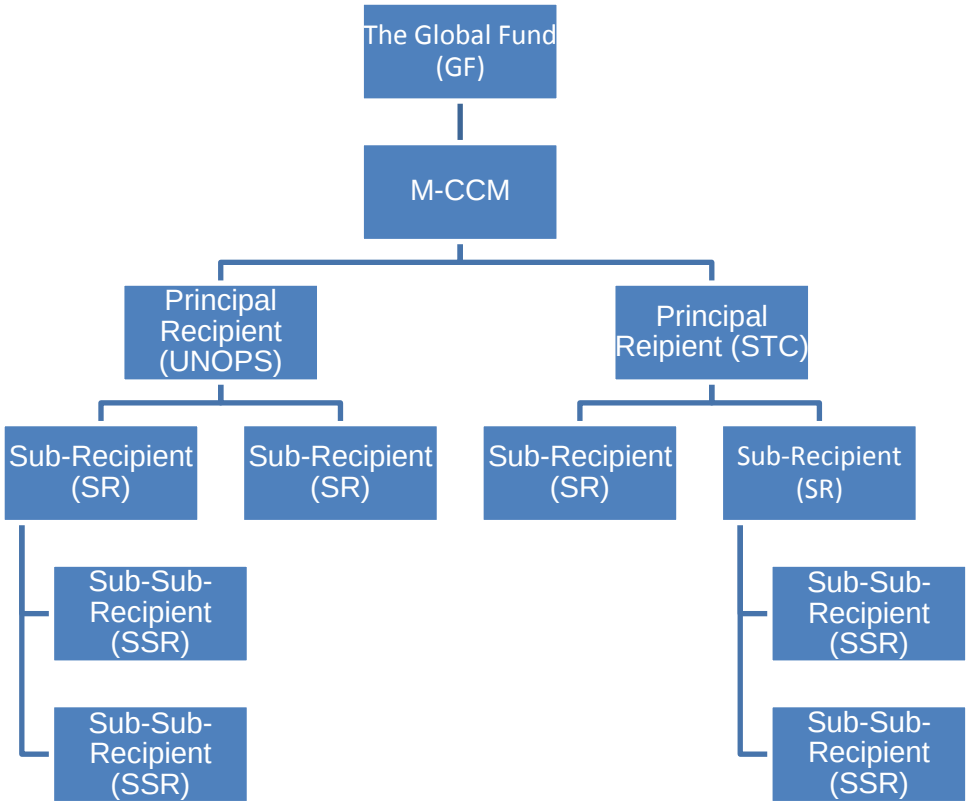
Vendors to whom contracts are issued for procurement and supply related services are not considered SRs.

This definition is intended as a guideline only. We note that the decision on whether to treat a contractor as a Sub-recipient or Sub-contractor under this definition might be unclear. In cases which do not clearly fit within the definition, the PR and the Global Fund will consult to reach a common understanding with respect to the particular case in hand.

1.5. SUB –SUB RECIPIENT

A Sub-Sub-Recipient is an organisation or entity that signs a contract or sub-grant agreements with a Sub-recipient, specifying that it will implement certain grant activities, for which it will receive an amount of GF funding, and is required to provide reports on financial expenditures and the implementation of these activities. At present, there are no SSRs under any SR in UNOPS' portfolio.

Figure 1: Global Fund, PR, SRs and SSRs



2. Roles and Responsibilities

In its role as PR, UNOPS is legally responsible for the implementation of the GF grant including the achievement of programmatic results and financial accountability. The responsibilities of UNOPS as a PR can be divided into key functions including grant implementation, financial management, technical coordination, monitoring and evaluation, procurement and supply management and partnership co-ordination, including capacity assessment and capacity building and selection of SRs. These key functions require UNOPS to perform the following activities and tasks:

2.1.UNOPS (AS THE PR)

2.1.1. GRANT IMPLEMENTATION:

- Monitoring of program implementation
- Timely compliance with GF reporting requirements.
- Raising for consideration through the M-CCM, any major gaps or other issues requiring attention to strengthen the overall performance of each GF grant.
- Programme implementation
- Monitor the implementation of a consolidated M&E Framework approach
- Ensure orientation to reporting requirements/forms/process
- Trigger/prompt production of technical and financial progress reports
- Track/identify/investigate reporting problems & facilitate resolution
- Develop and share reports to M-CCM, attend M-CCM meetings as requested and respond to queries
- Transmit reports to LFA and the GF
- Receive queries from LFA and the GF and coordinate the response
- Monitor program implementation as per SR's individual project work plans
- Identify / investigate problems/bottlenecks
- Coordinate Phase II and end-of-project review process

2.1.2. FINANCIAL MANAGEMENT:

- Negotiate and enter into legally binding grant agreements with the GF.
- Receive, manage, and account for grants from the GF.

- Ensure that terms of the grant agreement, including all conditions precedent to disbursement, are fulfilled in a timely manner.
- Secure the assets of the GF support program.
- Monitor the overall financial performance of the supported program components.
- Assess and monitor the financial performance of SRs regarding GF grants.
- Carry out banking function for GF funds in country
- Request for disbursement and disbursement to sub-recipients
- Pre-award assessment of SRs, including identification of management strengthening needs
- Transfer program funds and facilitate incurring expenditures
- Accounting and financial reporting
- Verify SR financial reports
- Consolidate reports into a single grant report for LFA
- Monitor funds absorption rate
- Conduct annual audits
- Respond to queries by LFA
- Ensure tax exempt status of grant funds and process tax exemptions
- Capacity Building

2.1.3. TECHNICAL COORDINATION:

- Oversee the consultative preparation of the consolidated and individual GF annual work plans & budgets for each grant and submission to GF.
- Coordinate technical implementation of the grant.
- Coordinate technical harmonization with other efforts.
- Conduct annual planning and target-setting
- Set norms and standards
- Harmonize GF project with other projects and support for the same national disease response or strategy
- Coordinate technical planning (annual)
- Organize annual planning and target- setting
- Identify technical implementing partners and their roles in achieving project goals
- Define resource requirements
- Capacity and implementation support as necessary.

2.1.4. MONITORING AND EVALUATION:

- Technical monitoring of project activities
- Evaluation of technical performance

- Reporting
- Receive and review data outputs, outcomes, impact, using UNOPS M&E plan and national reporting systems
- Collect, review sub-recipients' & sub-sub-recipients' (SSRs) progress reports
- Consolidate GF grant technical progress report from reports of SRs
- Track, measure and report results compared to targets
- Data Quality Assurance
- M&E Capacity building

2.1.5. PROCUREMENT AND SUPPLY MANAGEMENT:

The role of the procurement and logistics unit in the PR in the first year includes:

- Receipt of goods at the port of entry
- Delivery of the goods procured for STC to them at the port of entry
- Transport the goods to warehouse as per the distribution plan agreed with the National Programmes and other SRs
- Monitor the transportation of the goods to villages/end users through proper reporting system using agreed standard forms (a part of LMIS)
- Renovation of warehouses at Ex-VBDC office- one for NAP and two for VBDC- as per the renovation plan submitted
- Asset management of non-expandable stocks for the procurement carried out for the National Programmes and other SRs
- Stock management and inventory control of different health products procured for the programmes and the SRs at different levels of storage.
- Working with the SRs on forecasting, Procurement Plan and Distribution Plan for the second year based on the consumption data available subject to successful LFA Assessment and recommendations.
- Oversee that procurement procedures are in compliance with UNOPS/GF procurement policies and with national regulations.

Once a year, the UNOPS-PR Procurement and Logistic Unit will work with the other PR and SRs in order to develop the following information:

- Forecasting for Pharmaceutical Products, Health Products and Equipment, Non-Health Products
- Procurement Plans for the above mentioned products
- Distribution Plans for the above mentioned products including detailed assumptions which will be used for monitoring purposes and variance explanations.

- Cross check the stocks status in the country and plan for the next procurement cycle and delivery schedule, in order to avoid overlapping and overstock.
- Capacity building in PSM related matters in all SRs

2.1.6. PARTNERSHIP COORDINATION:

- Ensure transparent communication with SRs and contractors regarding roles, responsibilities, mutual obligations, deadlines, deliverables, and other matters pertaining to grant implementation
- Facilitate partner collaboration and communication
- Identify areas of operational/ management weaknesses and attend to these through the partnership mechanism
- Oversee the annual planning process
- Provide timely feedback to stakeholders
- Provide information, reports, and responses to the M-CCM and collaborate on public information about GF grants
- Establish agreements between PR and SRs defining roles and mutual obligations
- Ensure that all partners have access to documents, regulations, forms, information about GF grant and GF instructions/decisions
- Ensure that all partners of each grant are aware of key dates and deadlines
- Ensure that all partners are aware of arrival of GF disbursements
- Monitor the partnership relations within each grant to ensure that issues/bottlenecks are aired and resolved
- Monitor that the technical planning process produces detailed work plans and budgets with clear roles, activities, and adequate resources for each partner
- Arrange for the technical assistance required by all sub-recipients and instruments.
- Report to M-CCM and respond to queries, collaborate with M-CCM on public information

2.2. SR ROLES AND RESPONSIBILITY

2.2.1. SR ROLES AND RESPONSIBILITY

A sub-recipient is an organisation or entity that signs a contract or sub-grant agreements with UNOPS, specifying that it will implement certain grant activities, for which it will receive an amount of GF funding, and is required to provide reports on financial expenditures and the implementation of these activities. All UNOPS SRs must be non-governmental/non private entities (NGO, FBO, CSO etc., including government departments/units and UN agencies.

UNOPS sub-recipients (SRs) are responsible for:

- Implementing the sub-projects and planned activities within the framework of the programme in accordance with the work plan and the agreement signed with UNOPS ;
- Signing agreements with the SSRs;
- Training and supporting the SSRs;
- Ensuring that the indicators and milestones established within the framework of the monitoring-evaluation plan are reached;
- Preparing and submitting requests for payment to UNOPS in accordance with the established work plan;
- Requesting disbursements and ensuring that the quarterly use of funds (financial expenditure) and results of activities (progress data) are accurately and timely reported to UNOPS within 30 calendar days after the end of the reporting quarter;
- Drawing up and sending annual activity reports, intermediate evaluation reports and all other reports requested by UNOPS; and
- Making financial information and documents available to GFATM and its agents and to the auditors when audits are being carried out.

2.2.2. KEY UNOPS PERSONNEL RESPONSIBILITIES

Figure 2: UNOPS Organogram (Technical Unit)

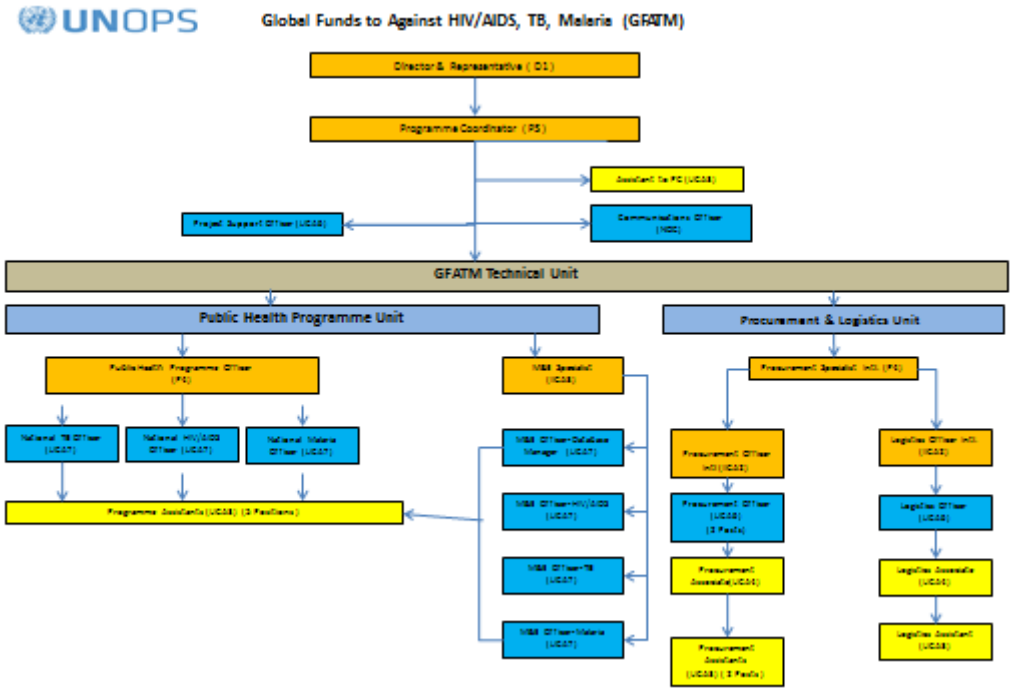
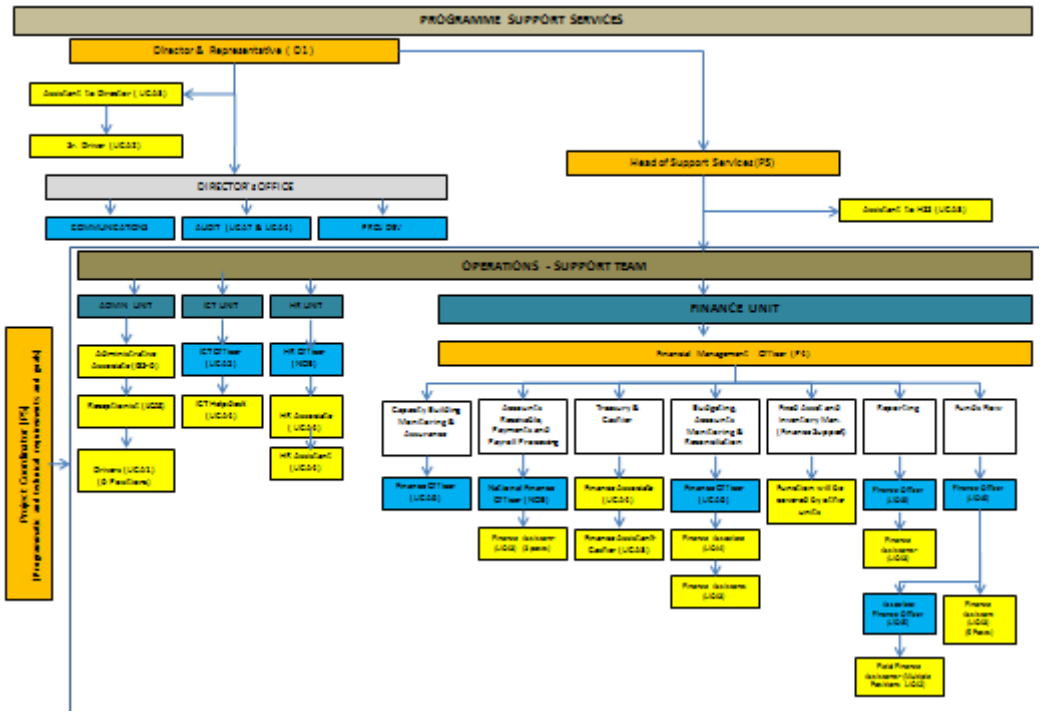


Figure 3: UNOPS Organogram (Operations- Support Team)



The following personnel from UNOPS will be responsible and accountable for the programmatic and financial management of the grant.

1. The Programme Coordinator is responsible for the overall implementation of the Global Fund grants. As such, all major decisions regarding SRs have to be communicated to the Programme Coordinator, who will authorize the necessary action.
2. Public Health Programme Officer will be responsible for performance management through managing SRs. Specifically: he/she will be responsible for coordinating the selection process of new SRs and the SR capacity assessments as well as negotiating sub grant agreements with each of the selected SRs. The Public Health Programme Officer will provide technical guidance to SRs on grant implementation, ensure compliance to the grant agreement, report on compliance on a periodic basis to the Programme Coordinator and make disbursement decisions. The Public Health Programme Officer will also oversee the training and capacity building of SRs, including review of work plans regularly informing the fund flow mechanism and assess progress in general in grant implementation. Finally, the Public Health Programme Officer will also be responsible for the close out of the grants and involve the Finance and the Monitoring and Evaluation Officers in this process as necessary.

3. Finance Management Officer will provide financial oversight of the sub-grant and the financial reporting of the SRs to UNOPS. He/she will be responsible for ensuring that the GF and UNOPS financial policies, as they apply to SRs grants, are enforced. The Finance Management Officer will also be responsible for ensuring that cash disbursements to SRs and financial management and control systems follow GF rules and regulations and best international public sector practices. He/she will also provide feedback to SRs on their financial progress reports. As necessary, capacity building will also be provided to SRs to ensure that adequate financial management systems are in place. Finally, The Finance Manager will be responsible for the contracting and coordination of external and internal auditors covering the GF grant at PR and SR level.
4. Monitoring and Evaluation Specialist will be responsible for the monitoring of and reporting on sub-grant implementation. The Monitoring and Evaluation Specialist must ensure that programmatic update reports are submitted by SRs on a timely basis and that the information contained therein is accurate and complete. He/she will also be responsible for comparing the programmatic results to the targets set for each SR as per the sub-grant agreements and identifying corrective actions in conjunction with the Public Health Programme Officer where the SRs are underperforming. He/she will also provide feedback to SRs on their programmatic progress reports. The UNOPS/PR M&E Unit, under the leadership of the M&E Specialist will conduct data quality assurance (DQA) activities on a continuing basis. He/she will in addition provide capacity building in M&E .

3. Overview of the SR Selection Process

This section describes the specific steps that UNOPS will take in the SR selection process, from the grants solicitation or invitation to when the grant agreement is signed.

3.1. Selection of SRs

UNOPS on behalf of M-CCM will select its SRs utilizing a competitive, open and transparent process, consisting of a competitive and commissioning process. The key selection criteria are the determination that SR is a legally registered organization with the ability to demonstrate the necessary technical and financial capacity. However, under the current architecture of R9 grants, the initial SRs were selected by CCM before UNOPS was nominated as PR. In addition, the proposal was developed and submitted without UNOPS being the PR.

In order to ensure that the programme is implemented according to the agreements signed with GAFTM, UNOPS may directly identify new SRs in coordination with the relevant National Programme and the M-CCM.

3.1.1. COMPETITIVE IDENTIFICATION PROCESS

The steps for selection of new SRs are as follows:

- Announcements: UNOPS requests Expression of Interest (EOI), from qualified applicants through adverts in newspapers (minimum of two national newspapers).
- Evaluation of EOIs: The EOIs will be evaluated by an Independent Selection Committee and the shortlisted applicants will be invited to submit a full proposal.
- Request for proposal (RFP) will be drafted by UNOPS, and shortlisted applicants will be invited to submit a response to UNOPS RFP. Only proposals submitted by legally registered organizations will be considered.
- Organisations must also demonstrate that they have discussed and gained agreement for their proposed project from the relevant National programme(s).The proposal will be submitted in two separate envelopes ,one containing the technical proposal and one containing the financial proposal . The financial proposal will only be opened, if the evaluation of the technical proposal obtains a minimum 70% score. The financial evaluation is to assure value for money of the proposal.
- A pre-proposal meeting will be held with these shortlisted applicants to discuss the proposal process and answer any questions the SRs may have.

The Proposal Review Committee to be set up for such purpose in the PR will evaluate the technical proposals; and include at least one member of the M-CCM. The proposals will be evaluated against the broad selection criteria (in the table below) and scoring methodology will be developed by UNOPS in consultation with the M-CCM.

Table 1: Criteria for SR- Technical and Financial proposals

Technical	Financial
• Quality of the proposed work, plan and approach • Feasibility of the proposed work (time frames, accessibility etc.). • Expected impact of the proposal if implemented including estimated number of beneficiaries • Sustainability and community involvement. • Organizations capacity, reputation and expertise	▪ Input-output analysis: to relate the budget to the intended outcome of the activities to judge cost-effectiveness ▪ Salary structure: to compare against normal market prices for national and international staff ▪ Administrative fee: i.e. overhead costs ▪ Value for money

3.1.2. COMMISSIONING PROCESS

In line with UNOPS responsibility to ensure that the programme is implemented according to the agreements signed with the GFATM, UNOPS may also uses a commissioning process to directly identify new SRs. This process will be carried out in coordination with the relevant national programme and the M-CCM to ensure their agreement to the proposed new SR. Any SR directly commissioned by UNOPS will be required to be legally registered organizations with the ability to demonstrate the necessary technical and financial capacity.

3.1.3. VALIDATION BY M-CCM

The results of the competitive or commissioning process will be transmitted to the M-CCM and the recommended organisation(s) validated by the M-CCM.

3.1.4. NOTIFICATION TO UNSUCCESSFUL APPLICANTS

In accordance with the principle of transparency, those entities who have applied but not been selected should be so informed and, if possible, given the reasons why they were not selected.

4. SRs Capacity Assessment

The Grant Agreement between the PR and the Global Fund specifies that it is the responsibility of the PR to ensure that proposed SRs have the minimum capacity to successfully implement their component of the grant program. Assessing the SR capacity should form part of the selection process.

> *"[The PR] assesses the capacity of each Sub-recipient to implement Program activities and report thereon, makes such assessments available to the Global Fund upon request, and selects each Sub-recipient based on a positive assessment of that Sub-recipient's capacity to carry out the Program activities that are being assigned to it and in a transparent documented manner;"*[2]

UNOPS will carry out a pre-award capacity assessment of each of the recommended organization(s) and a final selection made following the assessment before any transfer of resources. The capacity assessment will be done using the Global Fund SR assessment tools and a final selection made following the assessment. Based on such assessments, the PR will develop a detailed oversight plan based on risks found.

[2] Article 14 of the Standard Form Grant Agreement

These assessments will focus on the following areas:

- Financial Management Systems
- Procurement and Supply Management (specifically Pharmaceuticals and Health Products Management)
- Institutional and Programme Management Capacity
- Monitoring and Evaluation Systems
- Demonstrable knowledge and understanding of the disease

The proposed new SR will be informed as well as the GFATM/LFA, providing the following information:

- Narrative (Description of Action)-
- The Budget-
- Workplan-
- Performance Framework of the proposed SR

5. Results of the SR assessment

The outcome of SR assessments may be either satisfactory or unsatisfactory. In the event, the assessment results show that the SR has weaknesses that need to be corrected, UNOPS upon consultation with the M-CCM, the LFA and, where relevant, UN agencies, could decide to proceed with the selection of that SR, with a caveat to develop an agreed plan for correcting the weaknesses with the SR, including technical assistance as needed. This will include sharing the action plans and measures to mitigate weaknesses in capacity and building relevant capacities as necessary.

If capacity cannot be developed, even with appropriate measures, then UNOPS reserves the right not to accept the SR as an implementing agency or to suspend the grant to the SR by written notice. This notice may indicate to the SR the conditions under which UNOPS is prepared to authorize the grant to resume.

As Myanmar is under “additional safeguards”, the LFA has also carried out capacity assessments of the SRs and presented their findings to the GAFTM. This process has resulted in a number of additional conditions being added to the grant agreement between UNOPS and GAFTM, and between UNOPS and SRs.

6. Sub-Grant Agreement

The PR’s Grant Agreement indicates which provisions must be included in the Sub-Grant Agreement and states that the PR:

> "enters into a Grant Agreement with each Sub-recipient creating obligations of the Sub recipient to the Principal Recipient that are generally equivalent to those of the Principal Recipient under this Agreement, and which are designed to facilitate the compliance of the Principal Recipient with the terms of this Agreement;
> makes a copy of each Sub-recipient Grant Agreement available to the Global Fund upon request"

As such, a key step in developing the Sub-Grant Agreement is finalizing the Description of Action, Budget, Work plan and Performance Indicators with targets. These need to be closely tied to the grant proposal, the PR's budget, work plan, performance indicators and targets that form part of the agreement between UNOPS and the Global Fund. The UNOPS-Programme Unit will be responsible for negotiating with the selected SR, with necessary inputs from Finance-, Procurement-, Logistics- and M&E Officers. Elements which are negotiated include Service Delivery Areas (SDAs), targets, costs/budgets, work plan, and PSM plan negotiations, where applicable. The UNOPS Public Health Programme Officer will coordinate with the Finance and M&E Officers during this process of ensuring that all SR budgets, Work Plans and performance indicators and targets are finalized and are closely tied to UNOPS budget, Work Plans and indicators. If the SR will have a role in managing medicines and health commodities, these activities need to be included in the budget and work plan. The agreed-upon elements will be incorporated in the sub-grant Agreement.

A key SR oversight tool is the Agreement that UNOPS will sign with each SR for the Round - 9 grants. This Agreement is designed to ensure clarity of the roles and responsibilities of both UNOPS and SRs. The Agreement will be consistent with the grant agreement signed by UNOPS with GFATM and may include Conditions Precedent (conditions which must be fulfilled or actions which must be taken for funding to be continued) and Special Terms and Conditions to a particular Sub-Grant Agreement to address weaknesses or special circumstances. It may also include any specific additional conditions identified during the capacity assessment process that need to be addressed by the SR in order to ensure a successful program. The Sub-Grant Agreement should be periodically reviewed to identify if there are elements that need to be modified.

The template(s) for the Agreement will be developed in consultation with the UNOPS global legal team and will be shared with GFATM&LFA for their information prior to signing with the SRs.

The SR Agreements will also include the following annexes, which will form an integral part of the agreement:

- Narrative description of the project to be implemented by the SR
- Detailed budget using GFATM detailed budget templates
- Performance Framework that shows the specific contribution of the SR to the targets in the overall GFATM Performance Framework. This will also include any additional management indicators/targets that may be required for routine monitoring by the SR and PR, but are not included in the performance Frame work.

- Work plan that shows the program activities including implementing entity, programme objectives, service delivery areas; standard cost categories, units of measurement and quantities, in a way that enables the PR understand how the activities will contribute to the key objectives and targets in the performance framework.

The Public Health Programme Unit will guide the drafting of the sub grant Agreements based on the templates developed by UNOPS legal advisor. The draft with all its Annexes will then be shared with each selected SR for their review and feedback. The administration, development and management of Agreements is conducted by the Project Support Officer based on the guidance of the Public Health Programme Unit. The Programme Coordinator will review the final negotiated version of the sub grant Agreement and will submit a grant approval request with all necessary supportive documentation to UNOPS' Engagement Acceptance Committee in UNOPS HQ for their approval of the award to SRs. Following the approval the Agreement will be signed by the UNOPS Country Representative in Myanmar on behalf of UNOPS and the PR will issue the Agreement to the SR for countersignature. Both UNOPS and the SR must keep a signed copy of the sub-grant Agreement for their records. The Agreements will be shared with the M-CCM at the first M-CCM meeting subsequent to the signing of the sub-grant agreements.

6.1. AMENDMENTS

Amendment of a SR sub-grant Agreement requires the mutual written endorsement of UNOPS and the SR in the form of a sub-grant Agreement Amendment. SRs will discuss any modification related issue with the Public Health Programme Unit, who will then consult the relevant technical staff and the Finance and M&E Officers as appropriate. Based on this consultation, the Public Health Programme Officer will make a recommendation to the Programme Coordinator, who will make the final decision regarding the amendment.

Amendments that include substantial changes, which include changes in activities, budget, targets, will be made only after GFATM approval, in line with the conditions of the Grant Agreement.

The administration of all Amendments will be conducted by the Project Support Officer following the guidance of the Public Health Programme Unit, similarly to the issuance of the Agreement in the first place.

6.2. RENEWAL OF SR AGREEMENTS IN PHASE TWO

If the grant agreement is extended into Phase Two, good performing SRs which have met the deliverables agreed upon will continue into the second phase of the grant without a new selection process. A new Agreement will be signed for Phase 2 activities, or the standing Agreements extended to the same effect, whenever applicable.

However, within this, UNOPS reserves the right not to continue activities into Phase Two with the same SRs and to initiate a new selection process.

7. GRANT Implementation

7.1.UNOPS AND SR GRANT MANAGEMENT

7.1.1. PRINCIPLES OF PARTNERSHIP WITH SUB-RECIPIENTS

In all aspects of delivering the programme, UNOPS will work hard to achieve open, transparent and equal partnerships with SRs. However, given that Myanmar falls within the category of countries where the Additional Safeguard Policy applies, National programmes will not receive disbursements directly, but will be funded in adherence to the zero cash policy, as stated in section C-5 of Annex A. In view of this situation, UNOPS has categorized its SRs for the purposes of prudent fund administration into the following: SRs receiving grant disbursements through regular channels in advance and SRs on zero-cash flow policy

Both parties should expect, and accept, to learn from and share with the other. The UNOPS's approach builds on the following principles:

Complementary purpose and added value– Partnerships are based on shared objectives. The added value of working together is clear and recognised by all partners. Each partner brings different capacities and resources to an interdependent relationship, and the diversity and value of all contributions is acknowledged. Each partner is clear about what each brings to the partnership, as well as being open about limitations.

Mutual respect for values and beliefs –While recognising and respecting differences, UNOPS and partners share a desire to work towards a common position and common goals.

Clarity about roles, responsibilities and decision-making - Credibility and trust in partner relationships comes from good communication, competence, reliability, and delivery. The rights and responsibilities of each partner are negotiated, the expected contribution of each party, including UNOPS, is clearly stated. The process for making decisions is also discussed and agreed. As we each take responsibility for fulfilling our agreed roles, so we take an equal share in celebrating success and learning together from failure.

Transparency and accountability- All parties involved in the partnership recognise the need to be accountable to people experiencing poverty and disease and to other stakeholders including donors and government. As part of the process of developing partnerships, we explicitly discuss how UNOPS is accountable to partners and how we and partners are accountable to the people and communities with and for whom we work.

7.2. Process For Sub-Recipient Grant Management

To facilitate efficient working relations between UNOPS and SRs, the former will adopt clearly defined, transparent, harmonised processes for sub-recipient grant management across the following areas:

- SR coordination
- Financial Reporting and monitoring
- Technical Support and Capacity Building
- Procurement Management oversight
- Programmatic Monitoring & Reporting

7.3. Harmonization across SRs

UNOPS will harmonise its sub-grant management systems and tools, including financial reporting requirements, procurement and supply management, and programme reporting across all SRs. UNOPS will develop and share the tools and guidelines, through workshops and bilateral capacity building efforts on these for relevant SR staff as needed. UNOPS Public Health Programme Officers, M&E Specialist and Finance Officers will make periodic visits to SRs (at least every quarter) to discuss programme progress, data quality, and other issues and provide guidance and oversight to the SR activities.

7.4. SR Coordination

A key role that UNOPS will play is to ensure the success of the GF grant by facilitating the development of a partnership between the SRs through which each SR can benefit from lessons learned and best practice programming experience of other SRs. Partnership development as well as PR oversight of SR programmatic and financial management and progress reporting requires efficient coordination and good communication by UNOPS. In order to ensure that communications channels remain as clear and coordinated as possible, UNOPS will designate one person from the Public Health Programme Team as a focal person for each SR.

The role of the focal person will be to support the SR directly and also to provide coordination oversight of the work with SRs by other team members. It is currently envisaged that the Focal Persons will be Public Health Programme Officers for HIV/AIDS, Malaria and TB and they may delegate responsibilities to other staff within UNOPS as required. Other teams will provide technical capacity building support and monitoring as per their remit (e.g. the M&E team for M&E/DQA systems development; the Finance team for finance support and monitoring; the Procurement and Logistics team for PSM etc.).

In addition, all UNOPS staff that work with SRs will be supported to gain the core skills that help staff to facilitate, coach and problem-solve with SR partners, including listening, observing so as to not to make assumptions, genuinely asking questions in order to learn, and behaving with respect towards people. In addition, the performance objectives of

UNOPS staff will include objectives on ensuring attitudes and behaviours of staff that build good relationships, trust and respect.

7.4.1. PROJECT PERSONNEL DIRECTORY

UNOPS under the guidance of the Public Health Programme Unit (PHPU) will develop and update a directory of the key personnel responsible for grant management at SR level. The contact information will include names of key SR individuals who will be responsible for the GF grant, their positions, address, email and phone contact numbers. The PHPU Unit will ensure that all SRs receive a copy and updates are made on a regular basis, with any change in personnel.

7.4.2. ORIENTATION MEETING

For all selected SRs, an initial orientation meeting will be held to ensure that the SR understands the terms and conditions of the sub-grant, what is expected of them in terms of performance targets, and the reporting requirements. This is envisaged to take place for the current grant in Quarter one and repeated in the event we select new SRs, within the 1st quarter of signing sub agreement, with specific SR.

7.4.3. SCHEDULED MEETINGS

To facilitate coordination and communication, UNOPS will establish a regular schedule for quarterly progress review meetings with the SRs to ensure that all SRs have adequate advance notice of meetings scheduled, and details on who is expected to attend, and what information they should bring to the meetings. The Public Health Programme Unit (PHPU) of UNOPS will notify all SRs about these meetings in advance to ensure their participation at these meetings.

7.4.4. PARTICIPATION IN SCHEDULED MEETINGS

UNOPS Senior Management team (Programme Coordinator, Finance, Management Officer and M&E Specialist), and the SRs (Director, Finance Manager, Programme Manager) will meet every quarter, within 2 weeks of the end of the quarter (i.e. before the quarterly reports have to be submitted), to review progress, challenges, bottlenecks and determine any corrective actions, if needed. UNOPS will provide additional technical and programmatic support and oversight to any SR taking corrective action. At the end of each quarter, the meetings will be held to discuss the routine issues to be covered during the quarter as well as the programmatic and financial performance of SRs during the quarter in comparison to their work plans. The meetings will be chaired by the PR –Programme Coordinator and/or a senior delegated manager of UNOPS and attended by the key programmatic, financial and monitoring and evaluation staff from both UNOPS and the SRs. Key staff of the procurement unit may attend as required.

Minutes of the meeting shall be recorded by the Programme Assistant of the Programme Team for the files and distributed to participants. UNOPS will disseminate meeting minutes within one working week of a meeting. The minutes will cover the agenda, decisions, actions points/next steps and name of the person responsible for action to be taken. Actions taken in accordance with the minutes will be reviewed in the following meeting as part of the program performance review.

UNOPS will avoid holding meetings outside of the regular schedule. However, for urgent non-regular business, the Public Health Programme Unit (PHPU) will provide the SRs at least one working weeks' notice of the meeting. The notice of any urgently requested meeting will include the purpose, venue and time of the meeting, who is expected to attend, and what information they should bring to the meeting. Email dissemination about the notice for an urgent non-regular will be followed up with a phone call to each SR.

7.4.5. COORDINATION WITH THE LFA AND CCM

The Programme Coordinator of UNOPS-PR shall coordinate with the LFA and CCM regarding overall progress and/or any material issues relating to the SRs. The Programme Coordinator will update LFA on progress in all relevant matters and on any issues that are related to the Grant Agreement and any of its conditions on a monthly basis. Such monthly meeting will be held together with Save the Children, the other PR in R9, to allow a joint discussion to provide the LFA with a thorough overview on a regular basis. However, the LFA may at times enter into direct communication with the SR for verification of data, procedures or records of the SRs. All such coordination and communication will be undertaken by UNOPS–Programme Coordinator, in close consultation with UNOPS Public Health Programme Unit.

8. SR REPORTING PROCEDURES

8.1. REPORTING REQUIREMENTS [M&E]

8.1.1. THE PROGRESS UPDATE (PU)

One of the fundamental principles governing the administration of projects financed by the GF is the disbursement of funds based on performance (performance based disbursements). For this purpose the UNOPS as the PR will set up an effective system of monitoring and evaluation which can report on the results achieved by the SSRs, the SRs and the PR, and thus of the project in its entirety.

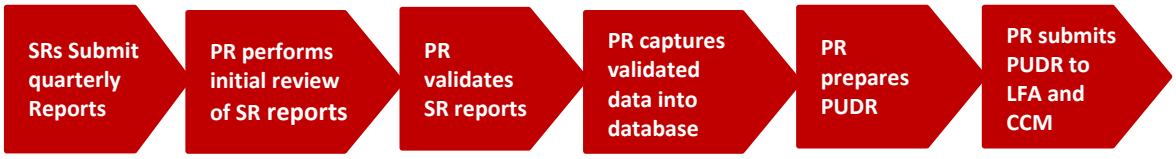
Periodic reports will be submitted on a template provided by the GFATM called the Progress Update and Disbursement Request form. This contains (i) a summary of financial activity during the quarter in question and cumulatively from the beginning of the Programme until the end of the reporting period; and (ii) a description of progress towards

achieving the agreed-upon milestones set forth in the Performance Framework of the Grant Agreement. The PR must explain in the report any variance between planned and actual achievements for the period in question.

The reporting format for SRs will be developed based upon the relevant sections of the above formats. This too will include a financial and narrative progress report against targets, including an explanation of variances.

The key stages leading to the development of the programmatic section of the PUDR shall be as follows:

Figure 4: PR/SR -Reporting Cascade



The reporting system should follow this procedure:

- The SRs consolidate the reports submitted from different of their respective project sites and after integrating their all their activities, send the report to UNOPS no later than 30 days after the end of the quarter;
- UNOPS consolidates the reports of all the SRs and integrates its own activities; provides an analysis of progress made and it then sends them to the LFA no later than 45 days after the end of the quarter.

8.1.2. DETAILED DESCRIPTION OF PROCESS FLOW

A detailed description of the key stages in the routine reporting process for the Global Fund grant, including when each stage shall occur, who shall be responsible for the specified tasks, the applicable report format (tool) and the QA measures that shall be adopted to ensure data integrity, accuracy and timely reporting, is provided below.

Stage 1: SR submission of Quarterly reports

When: Within 30 working days after the end of the reporting period. Information from SSRs would have to be submitted to the SR at an earlier date (20 days after the end of the reporting period if there are SSRs in the architecture) and that data would have to be verified by the SR prior to preparing and submitting the Quarterly report to the PR. SR must submit both hard copy and electronic formats of reports, with the name of the authorised signatory.

Responsible parties: The SR's authorised officer, as defined in the Agreements, shall submit all hard copies of reports to the name of the Programme Coordinator and soft copies of the same completed quarterly programmatic report to UNOPS designated e-mail address for report submissions (the PR will inform the SRs accordingly in its introductory workshops).

Tool: The quarterly programmatic results shall be used as the standard reporting format – the SR Quarterly report. A copy of this document is provided as Annex 1.

Quality assurance checks:

- All commitment and management indicators between the PR and SR shall be included in the Quarterly Report.
- The reported results shall be analysed against the targets for the relevant period, as indicated in the SRs Performance Framework[3].
- The Quarterly report shall be dated, with the name of the authorised signatory as defined in the contract between UNOPS and the SR.

Stage 2: SR submission of Quarterly reports

When: Within 2 working days after the deadline for the submission of the SR Quarterly reports. The intention is to check for consistency and completeness of information.

Responsible parties: The PR- National M&E officers shall be responsible for conducting the initial review of the Quarterly programmatic reports that are submitted by the SRs. Any issues shall be discussed with the M&E Specialist who shall contact the SRs and request clarification or re-submission of the Quarterly Report. S/he may opt to delegate this responsibility to the National M&E officers depending on the nature of the issues identified.

Tool: The individual assessing the completeness of the reported information shall make use of a checklist, a copy of which is provided as Annex 2 .

[3] Each SR shall have its own version of the Performance Framework that shall mirror the standard Global Fund PF format, which shall form a part of the contractual documents signed between the PR and SR.

Quality assurance checks:

- Correct reporting period
- Inclusion of all indicators due for reporting
- Complete submission of data sets (no blanks / gaps)
- Data (trends) make "sense"
- Signature of the SR's authorised officer

Stage 3: Validation of SR results

When: Validation (desk-review) of reports at SR head-quarter level shall commence at least 30 working days after the end of the Reporting period and shall be undertaken every quarter. In the interests of time, validation exercise at headquarter level may commence immediately after an SR has submitted its Quarterly Report, if earlier than 30 days. During these validation exercises at headquarter level, source documents will be reviewed as well as the accuracy of reported results. The validation exercise at headquarter level should be completed within 10 working days or by day 40 after the end of the reporting period.

Responsible parties: Since data quality is essential, the tools used in improving data quality are the well-developed M&E systems and reporting channels, capacity building in M&E for all SRs and the ongoing DQA activities irrespective of reporting cycles (see detailed DQA description in the relevant chapter below and in Annex 7). The volume of data coming through the quarterly report does not allow a thorough validation of every single data received, however efforts will be made to ensure that samples of data reported is validated. The M*&E* Specialist shall be responsible for developing a validation schedule allocating the unit resources to the different SRs. Such plan is based on the findings of the continuing DQA activities and any lessons learnt throughout the implementation and monitoring of SR activities. Such plan will take into account obvious quality check issues at the previous step as described above. For planning purposes, the development of the headquarter level validation schedule should occur prior to, or immediately after, the end of the reporting period. The validation schedule shall only be indicative since alterations may be made subsequent to receiving the SR reports.

The PR - Natl. M&E officers shall largely be responsible for undertaking the validation exercises with the SRs. The M&E Specialist may at his/her discretion also undertake some verification visits depending on the level of complexity and contextual factors associated with each SR's indicators and results. The M&E Officer for database management may also support the verification process for the simpler indicators.

Tool: In order to ensure a consistent validation process, a standard validation tool (See Annex 3) shall be used at all SRs. This shall serve as the formal validation report once completed.

Detailed Validation Procedures / Quality assurance checks:

- Before undertaking the HQ visit (or a quick field visit if necessary), the responsible officer shall complete the "basic details" section of the report, including the SR name, reporting period, report number, etc. The indicators and the column showing results as reported by the SR shall also be accordingly reflected.
- At the start of the validation procedures, the SR shall provide the source information it used to prepare the reported results (eg. training records, registers, etc.)
- The PR M&E officer shall confirm that the source documents are appropriate
- The PR M&E officer shall conduct the recount based on available records
- The PR M&E officer shall tally and enter results in the PR column
- The PR M&E officer shall enter comments explaining the variance (results vs. targets)
- The PR M&E officer shall make note of general observations regarding the reported results, success stories / progress made and any challenges faced during the reporting period.
- The Validation report shall be filed in the Validation file for the reporting period.

Stage 4: Capture of verified data into electronic database

When: As soon as the validation forms have been filed, the information contained in these reports should be captured into the electronic database.

Responsible parties: The data base Manager shall be responsible for entering the results into the database. The PR-M&E Officer who undertook the validation shall be responsible for counter-checking that the captured results are accurate.

Tool: Electronic database – the database shall mirror the columns in the Validation form (indictor, targets and results noted by SR and PR). The database shall also be coded to automatically generate graphs to facilitate performance against target and trend analysis.

Quality assurance checks:

- The database Manager shall capture the results from the validation form into the database. This may be done as and when the reports are available, alternatively he/she may do so on a collective basis every other day.
- The M&E staff member that undertook the validation shall counter-check the electronic data against the validation form to ensure the electronic information is accurate.
- The M&E Specialist shall review the electronically captured data as a secondary quality assurance step to check for any anomalies. The M&E specialist's review shall also include analyzing and comparing current results to historical trends.

Note:

The LFA during its verification activities may undertake a re-count and end up with a different result than that reported by the PR. If this happens it is the PR's responsibility to take note of the LFA's count and to accordingly capture this in the relevant column of the validation form. The PR's database shall have to be accordingly updated. It should be noted that the LFA has no reporting obligation to the PR therefore the onus is on the PR to ensure any recounts on the former's part are noted and accordingly adjusted within the PR's systems.

Stage 5: Preparation of PUDR program component

When: The preliminary preparation of the PUDR (section 1A General grant details, Progress Update period and Disbursement period) and the indicators and targets for sections 1A shall be attended to immediately after the end of the reporting period.

The results for the period and the explanations / comments shall be captured as soon as complete data sets are available for each indicator. This process should be completed by day 40 after the end of the reporting period in order to allow for full consolidation and overall quality assurance of the PUDR by the Public Health Programme Officer and Programme Coordinator, before formal submission to the LFA and CCM.

Responsible parties: The M&E specialist shall be responsible for the preliminary preparation of the PUDR (programme component) and the final entry of the results for the reporting period. S/he may delegate this function to one of the other M&E staff members. However the M&E Specialist remains responsible for ensuring the accuracy of the information in the PUDR.

Tool: The PUDR

Quality assurance checks:

- The preparation of the PUDR shall require the responsible officer to ensure:
  - That the referred-to periods for the progress update and disbursement period are accurate (one period beyond the previous report)
  - That all the indicators that are due for reporting, as indicated in the Performance Framework (PF), are captured in the PUDR's section 1A
  - That the indicator targets for the period are as per the relevant period in the PF
  - That cumulative indicators add up correctly
  - That any changes made by the LFA to results that were reported in the previous period, *and were not captured in the previous PUDR*, are accordingly noted. Therefore as part of the standard procedure the M&E manager should send an email to the LFA confirming whether any results were altered following their verification of previous results, and what the changes were.

  Note that the Finance and the Public Health Officers shall also need to prepare their relevant sections of the PUDR as soon as the M&E Specialist has inserted the information indicated above, the PUDR should be shared with the Finance Management Officer. The master copy of the PUDR shall be managed by the Public Health Programme Officer since he/she is ultimately responsible for the consolidation and submission of the PUDR.

- As soon as complete data sets for an indicator are available, the results and explanations shall be entered into the PUDR. Explanations that are provided in the comments section shall aim to explain the reason for the variance, using specific and relevant explanations as opposed to general statements. The explanations should be substantiated by the information contained in the SR verification forms and any other relevant reports.
- Information regarding the overall evaluation, planned program changes and other program results and success stories and challenges (sections 1A (iii), (iv) and (v)) shall also be completed by referring to the verification forms or other relevant reports.

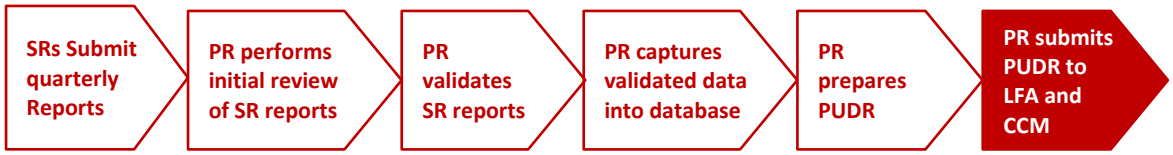
Adjustments to the PUDR after submission to the CCM:

It is possible that amendments may have to be made to the PUDR, after submission to the CCM. While this is not encouraged, there may be circumstances whereby the PUDR may be recalled and accordingly adjusted. These exceptional circumstances may include the following:

- Additional data is received that significantly alters the status of the reported results (for instance from below or above the target);
- The indicator in question is a top ten indicator[4]; and / or
- The LFA as part of its verification activities arrives at a different result than that reported by the PR. One of two approaches must therefore be agreed upon with the LFA: either the PR is allowed to adjust the relevant results in the PUDR, or, that the LFA shall formally notify the PR of the alternative result which shall be taken into consideration in the next PUDR.

[4] Top ten Global Fund indicators have a heavier weighting than non-Top Ten indicators and therefore has a higher propensity to affect the grant's performance

Stage 6: Submission of PUDR to LFA and CCM



When: The PUDR shall be submitted to the LFA not later than 45 days after the end of the reporting period.
The M&E component of the PUDR shall be submitted to the M- CCM Secretariat as soon as the programmatic results are ready and signed off by the Programme Coordinator.
Responsible parties: The M&E Specialist shall be responsible for preparing the presentations for the CCM meeting. The M&E Specialist may, at his/her discretion, delegate some of the above functions to one of the other M&E staff members. However, given the importance of these tasks, the M&E Specialist remains ultimately responsible for this process and should always make an effort to be in attendance.

Quality assurance checks:

- The presentation to the CCM or the executive working group of the CCM shall include presentations on all the PR's commitment indicators. The graphs for each indicator shall be extracted from the UNOPS M&E database.

8.2. Annual Reports

The GFATM requires UNOPS to provide an Annual financial and programmatic monitoring report no later than 45 days after each 12 month period of the grant. These annual reports include:

- Full (aggregated) programmatic results for the year;
- Summary of programme income and expenditures for the fiscal year;
- Contextual information on the grant:
  - Key partnerships in reaching goals (both financial and programmatic considerations)
  - Success stories, lessons learned, and challenges of the grant
  - Progress towards impact on the three diseases
  - Quality of services provided, perspectives of recipients

- Additional relevant data from the monitoring and evaluation system/plan
- Independent assessments of quality reviews or the programme

▪ Future plans to build the programme to longer term five year goals

As per the process for periodic reporting above, the annual reporting format for SRs will be developed based on the above template. SRs will be required to submit their annual reports within 30 days of the end of the year.

The draft annual report will be submitted to the M-CCM prior to sending to the GFATM. The final Annual report submitted by UNOPS to the GFATM will also be shared with the M-CCM and SRs.

8.3. NATIONAL LEVEL REPORTING SYSTEMS

As noted in the Grant-specific Monitoring and Evaluation plans, indicators for the Round 9 grants are taken from the National Strategic Plans. Therefore routine data collection analysis and reporting systems will also be integrated with the national level reporting systems of the Ministry of Health. Please see the M&E plans for further details.

8.4. REPORTING SCHEDULE

The reports which are expected periodically by the LFA and the Global Fund include a technical/programmatic part and a financial part. As shown in Table 2 reporting requirements, reporting frequency, submission timelines and responsible personnel, are intrinsically linked to GF reporting cycles.

The chart of the various reporting requirements and their schedules is as follows:

Table 2: Reporting Schedule for PR/SRs

No.	Statement	Description	Frequency	Final date for submission	UNOPS staff responsible for collecting
Reports required from the Sub-Recipients (SR)					
1	Financial Report	Statement on actual expenditure versus budget over current and cumulative period including explanations for variances	Quarterly	End of Quarter +30 days	Finance Management Officer
	Technical Report	Programmatic Information including results versus targets			Public Health Programme Officer +M&E Specialist
2	Report on Annual	Annual financial statements	Annual	End of year + 30 days	Finance Management

	technical and financial progress	Annual report on completed activities with additional analysis of progress and challenges			Officer, Public Health Programme Officer + M&E Specialist

9. SR Monitoring and Evaluation Oversight

Details of the planned monitoring and Evaluation processes and activities are provided in UNOPS Grant specific Monitoring and Evaluation Plan for GFATM Round-9 Grant in Myanmar and in the adopted 3DF-DQA Manual. In summary this includes

9.1. Data Quality Assurance Mechanisms and Related Supportive Supervision

Data audits/assurance activities shall be undertaken on an ongoing basis for identified indicators and reporting periods. Data audits are a more structured and thorough investigations of data recording and reporting systems and databases used in all SR reported data that aims to assess accuracy of results and to identify factors that can compromise data quality. The data audits shall therefore lay emphasis on adherence to reporting standards as defined in the UNOPS M&E plan and international standards and try to inform the PR in general on data reliability/quality as well as provide feed-back to SRs assisting in refining the data capturing and reporting systems used in SRs to continue improving data quality. Data quality assurance activities shall also examine the reporting structures and adequacy of human capacity in the reporting chain.

The UNOPS/PR DQA system will be used to verify the quality of reported data, as well as provide periodic information on the underlying data management and reporting systems for, at a minimum, program level output indicators. The purpose of the DQA is to have an overall indication of the accuracy of data and re-in force good data practices among staff.

The DQA strategy clearly identifies and articulates the roles and responsibilities of the key stakeholders, data flow and the methodological approach to carrying out the DQA. It includes the need for selective checking of data errors or other problem, including a full data audit (please refer to DQA Manual for details attached in Annex 7).

The DQA system takes into account data needs, data sources and levels where data can be found and resources available for implementation. The DQA System is seen within the framework of the national M&E system and its resources along with the leadership of the Technical Support Groups. It's aligned with and used to inform the national M&E system, the national Strategic Plans and national Operational plans.

All SRs are expected to undergo a DQA at least once a year. Activities related to a few data items may need to be added to the routine program supervision checklists and more detailed DQA activities may be carried out on a subset of the facilities routinely supervised. However, within each reporting period, a sample of SRs will be chosen, from a list of SRs

selected for program supervisory visits in the reporting period. From among the facilities or sites serviced by SR, the PR will select a sub-set of facilities/sites for DQA using a stratified random sampling approach. In order to perform a DQA aggregation checks for an SR, PR will either choose at least two facilities from that SR or verify proper aggregation of community health worker record at the facility level. Cross checking with different data sources and spot checking to verify delivery of services and records will also be used as described in the DQA Manual.

At a minimum, one month of data should be checked so that reports can be compared with source data. Indicator quality checks will be decided based on:

1. Critical data items (those for the most important indicators or those where errors are large scale or common) can be checked more frequently
2. Several different indicators can be identified and one randomly selected for use for each different facility or for use across facilities for the month

This will consist of five levels of activity:

- Minimizing routine sources of data errors through supporting SR implementation. Underlying the data quality checks are the reporting forms at both the service delivery sites and intermediate aggregate levels. It is therefore critical that all personnel involved in the recording, reviewing, and management of data have a thorough understanding of how all data collection tools and reports that aggregate these data are to be completed. The UNOPS team with the SRs and technical partners will develop instructions for all reporting forms and ensure that all relevant personnel are trained in the completion of the forms – both through initial training and yearly refresher training.

- Field validation of report data against source data by UNOPS PR staff. Spot checks will also be carried out at facility level and at beneficiary level. The DQA check is different to routine monitoring (see section below). The DQA will be an ongoing process throughout the period of the programme.

- Cross-checking databases using logic to find errors and identify improbable relations between data items. UNOPS staff will routinely conduct crosschecks using SR data and PR databases. The cross-checks will be conducted at a minimum of every three months (and preferably monthly) on SR data corresponding with the reporting period. Where problems are identified, the crosschecks will move to the SR level and ultimately the facility level to identify the level of error and needed corrections.

- Adequately storing data to prevent loss, ensure availability of information for validating reports and for evaluation, and to limit access to protect confidentiality and integrity of the data.

- Providing feedback on DQA checks. Regular feedback on M&E findings, including the DQA will be provided to SRs. Furthermore, UNOPS policy is that in cases of a 10% or larger difference in individual items for quantitative data checks, formal steps will be initiated for more in-depth checking and making corrections.

9.2. Monitoring and Supervision of the SRs

UNOPS is responsible for ensuring that its SRs are performing according to their work plans, and that they report to UNOPS on time. The Public Health, Finance, Procurement and M&E Specialist, will play an important role in coordinating the financial and programmatic monitoring, evaluation, and reporting by SRs.

UNOPS will review and verify the performance of each SR through regular monitoring that will be undertaken through a combination of (1) review of reports; (2) SR HQ and Site visits.

9.2.1. Review of Reports

The SRs will submit technical and financial reports to UNOPS on a quarterly basis. It will be the responsibility of the Public Health Programme Officer to ensure that the quarterly reports are submitted by all SRs on a timely basis and that the reports are shared with the Finance Manager and M&E Specialist [see Table 2: Reporting Schedule for PR/SRs]. Based on the data/results and findings of these reports from the SRs, if any significant deviations exist in the programmatic achievements, the deviations must extensively be discussed with each SR and the Programme Coordinator will be informed accordingly. The Programme Coordinator in such cases as necessary will also notify the CCM. Possible solutions for improvement shall be formulated and assistance requested as and when required. Based on all findings, reports and including field visits and any lessons learnt, a disbursement recommendation will be made to the Programme Coordinator by the PHPO at every reporting/disbursement cycle (See later described decision making to this effect).

9.2.2. Sub-Recipient Site Visits

The Agreements signed with SRs will specify that authorized representatives of the GFATM, including the LFA and other agents will require access to sites / operations financed by the grant on an ad hoc basis. The above mentioned UNOPS team will also make coordinated visits to selected field sites of the SRs at least on a semester basis. Before the end of each quarter, the Public Health Manager will develop a site visit checklist to meet the GF grant site visit needs and ensure that all staff undertaking site visits use the checklist and submit a site visit narrative report. The quarterly visits will monitor programme quality and data quality, identify achievements, challenges and lessons learned, and allow UNOPS and SRs to address bottlenecks and any technical/financial difficulties before they have negative impact on programme implementation. The LFA must provide reasonable notice of when the visits will occur. If the LFA wants to look at numerous programmatic records, the SR must be given a reasonable amount of time to respond to the request.

9.3. Reviews, Surveys, Surveillance, and Special Studies

Most reviews, surveys, surveillance and special studies will be conducted under the auspices of the National Programmes with technical inputs from the TSG and the UN Joint Technical Assistance platform including UNOPS/PR.

9.4. Evaluations

In the absence of a finalized national M&E plan, the PR will be guided by the grant specific Monitoring and Evaluation plans. An inventory of ongoing and planned evaluations and studies is captured in the Malaria and TB grant specific M&E plans. Upon the finalization of the national M&E plans and the national research and evaluation agenda, PR may need to review and revise the inventory of planned and ongoing evaluation and operational research activities in SR Workplans.

UNOPS also recognizes that the GFATM has the discretion to conduct an independent evaluation of the programme that will focus on results, transparency and substantive accountability. The GFATM after 18 months of the programme implementation (i.e. in July 2011, will undertake a performance review to make continued funding decision.).

9.5. Programme learning

UNOPS places a strong emphasis on programme learning as a way to constantly improve its operations and accountability. At a global level, UNOPS has "communities of practice" and learning from the Myanmar programme will be shared through these forums.

At a local level, UNOPS will organise an Annual Meeting for SR partners. This will be linked with the timeframe for the Annual report. The Annual Meetings will be an opportunity to share and review best practice and lessons learnt among SRs. The content of the meeting will either include a general review or will focus on a specific theme or topic for more detailed exploration. The agenda will be developed in consultation with SRs and M-CCM to ensure that it is useful to their priorities.

10. Programmatic & Disbursement Decisions

10.1. Disbursement Decisions:

The chain of events leading to a disbursement decision consists of:

1. Submission of Quarterly Reports and Disbursement Requests. At the end of reporting period each SR will send their reports and SR Fund requests to the PR email account specifically established for this purpose. This email account will be accessible to all the PR Finance and Programme staff that are involved in reviewing the reports.

2. A financial review of the Quarterly Expenditure Report and Disbursement Request by the Finance Team (Reporting). Please see the Financial Management Policies and Procedures Manual for further details of the review. Following this review, the Finance Team will provide an analysis of reported expenditure and projected cash needs and make a *recommendation* to the Public Health Programme Team on the next disbursement.

3. A full review of the Quarterly reports (both narrative progress report and expenditure reports and the inter-relationship between them) by the Public Health Programme Unit. The relevant Public Health Officers have the overall responsibility for leading and coordinating this process. Please see section 9 above for further details of the programmatic aspects of this review – what it will consist of and the responsibilities of each of the different people and units in the Programme Unit. The review will also make use of the results of the financial analysis and recommendations provided by the Finance Team, reports from other finance monitoring and verification oversight activities during the quarter and the monitoring reports of the Procurement and Logistics Unit from the previous quarter.

   Overall, this process will include reviewing the following criteria:

   Core Criteria:
   a. Progress against time bound targets, including the quality of implementation, with greater emphasis on the top 10 indicators
   b. Critical Management issues e.g. problems identified in M&E, Program Management, Financial Management and/or Procurement & Logistics Management systems and processes
   c. Expected deliverables/projected work plans in the next period
   d. Projected cash needs and availability of funds

   Additional Criteria:
   a. Actions needed to address previously identified weaknesses in management capacity
   b. Real budget needs in the context of spending ability
   c. Anticipated catch–up on program implementation
   d. Fulfilment in form and substance satisfactory to the Principal Recipient, the conditions precedent to such disbursement or special conditions indicated in the SR Agreement.

4. The Public Health Officers (PHOs) will submit the conclusions of their review to the Public Health Programme Officer. The Public Health Programme Officer will submit the

final reviewed reports and overall disbursement recommendations to the Programme Coordinator.

5. The final disbursement decision will be made by the Programme Coordinator. This process could lead to the following decisions:
   - Disburse as requested
   - Disburse with conditions attached
   - Disburse with revisions to requested funds with conditions attached.
   - No disbursement

6. The Programme Coordinator will inform the decision to the Finance Team and Public Health Programme Unit. The Finance Team (Accounts Receivable, Payments and Payroll processing) will file the reconciliation statements and process the next disbursement.

7. If a decision has been made not to release the disbursement requested by the SR or to modify the amount disbursed, this will be discussed verbally with the SR management and also informed to the SR in writing. This will include the necessary actions needed by the SR to process full disbursement.

8. It should be noted that the PR may also at its discretion withhold or delay disbursing funds to the SRs who have uncleared financial issues, for example outstanding audit queries, outstanding reports, unsatisfied conditions precedent and corporate governance problems.

9. This section outlines the normal processes for SRs <u>not</u> implementing under the Zero Cash Policy. For SRs implementing under the Zero Cash Policy the above processes will be followed on a quarterly basis, however there are also additional financial processes to be followed on a monthly basis. Please see the Funds Flow Chapters of the Financial Management Policies and Procedures Manual for further details.

11. Risk Assessment

Consistent with the GFATM performance based model, UNOPS will evaluate the grant performance of SRs to ensure compliance with all terms and conditions governing their financial and programmatic operations and ensure achievement of performance objectives on schedule and within approved work plan and budget, prior to disbursements.

The PR will continually identify risks that could impact on the effective and accountable achievement of performance targets and will assist SRs in mitigating the impact of such risks in their operations. As a consequence, UNOPS/PR has conducted a risk assessment using the following parameters as measures of risk:

- Data Collection Systems
- Data Reporting Systems
- Volume of activities
- Levels of Drug Distribution
- Levels of Commodities Distribution
- Number of trainings
- Cost sharing
- Programme Income
- Public Sector employee involvement
- Access to project areas
- Operating under Zero Cash Policy
- Programme Management Capacity

Please see Annex 4 for further details on the definitions of each of these parameters and Annex 5 for the detailed Risk Analysis for each SR.

These annexes focus specifically on programmatic risks and are complimented by the Financial Risk Analysis and Procurement and Logistics Risk Analysis included in the Financial Management Policies and Procedures Manual.

This programmatic risk analysis will be reviewed at least every 6 months and revised for both the parameters used and the risk level per SR based on updated information gathered during actual field monitoring visits, through DQA, during conduct of capacity building activities and through review meetings.

12. Programmatic Oversight Plan

Intrinsically tied to disbursement decisions as an ongoing management tool for mitigating risk, prior and post disbursements, are a series of risk mitigation measures. The frequency and scope of the monitoring procedures and methodology to be applied to a particular SR shall be determined by the degree of potential risk identified through continuous programmatic assessment and capacity building being undertaken by the PR. This approach will assist in matching appropriate methodologies that are relevant for the SR and in prioritizing which SRs require more detailed monitoring. Based on this approach some SRs maybe monitored more frequently than the others because of their higher risk level.

Please note that the risk-based monitoring plan outlined in this PMPM focuses on programmatic areas. It should be read together with the Financial Management Policies and Procedures Manual which provides information on SR Financial oversight processes and Procurement and Logistics processes, including risk-based monitoring plans.

The PR will undertake standard programmatic monitoring and verification processes for all SRs. These measures and tools include:

A. Reports:
   - Quarterly Technical and Expenditure Reports
   - Desk Validation / Review at SR Headquarter level
B. Field Monitoring Visits, including:
   - Project Progress M&E Visits
   - Review of M&E Processes
   - Review of supporting Documents
C. Review meetings focussing on overall programme performance.
D. Capacity Building – see Section 14 below
E. Data Quality Assurance
F. Annual Review Meeting including Quality of Implementation/Lessons Learnt.

These mitigation tools for SR programmatic oversight will be used for all SRs. Further details on each of these activities have been included in the sections above.

However, as risk levels increase, these mitigation tools will be used more frequently with some SRs. Based on the risk analysis outlined in the sections above, specific programmatic oversight actions are planned for different SRs. These specific actions are detailed in Annex 6 for each individual SR, however the general principles are shown in Table 3 below.

Table 3: SR Programmatic Oversight Grid System

Verification and Monitoring Tools	Low Risk	Moderate Risk	Higher Risk
A. Reports ▪ Technical and Expenditure Reports ▪ Desk Validation / Review at Headquarter level	Quarterly	Quarterly	Quarterly
B. Field Monitoring Visits ▪ Project Progress M&E Visits ▪ Review of M&E Processes ▪ Review of supporting Documents	Every 6 months	Every 4 months	Quarterly

Verification and Monitoring Tools	Low Risk	Moderate Risk	Higher Risk
C. Review meetings focussing on overall programme performance.	Every 6 months	Quarterly	Monthly
D. Capacity Building	If required	Ongoing	Ongoing
E. Data Quality Assurance	At least every 12 months	At least every 6 months, including specific targeting of higher risk activities	At least quarterly, including specific targeting of higher risk activities
F. Annual Review Meeting	Once per year	Once per year	Once per year

As with the risk analysis, the resulting oversight plan will be reviewed at least every 6 months and revised if necessary based on updated information gathered during actual field monitoring visits, through DQA, during conduct of capacity building activities and through review meetings.

13. SRs Capacity Building

For the Round 9 grant, the above assessment process have highlighted a number of key areas in which some Myanmar NGO SRs and the National Programmes do not have sufficient systems and processes in place to meet minimum GFATM requirements. UNOPS will provide support to the SRs to further strengthen their systems.

As a first priority, PR has prioritized to ensure SRs have sufficient capacity to meet the Global Fund minimum requirements during the start of grant implementation:

Monitoring and Evaluation Systems - The SR assessments and the MESST workshops held in May 2010 identified the following priorities to be addressed during the early stages of grant implementation:

- Disseminate reporting requirements and provide training on them to SRs.
- Develop or adapt documentation for SR's internal reporting procedures.
- Develop or adapt a DQA system.
- Provide data management training for SRs

In addition, also see the Action Plans in the Grant specific M&E plans for additional capacity building priorities to be addressed during the first and second year of implementation.

Support in these areas will be provided to SRs by the UNOPS Programme Team and the UN joint Technical Assistance team.

Programme Management Capacities: In addition to this, UNOPS is also committed to provide SRs with longer-term institutional strengthening support to increase their overall capacity to deliver efficient and effective health outcomes. Therefore, local NGO SRs and the National Programme SRs will be supported to start a more holistic approach to their organizational development. This will involve the development of prioritised action plans that will be implemented during the two year lifetime of Phase 1 of the grant.

Activities will include:

a. Participatory organisational diagnoses to identify the capacity requirements of the SRs. This will be via specific participatory assessments and will also build on any capacity building requirements identified by the SRs and the UNOPS Programme team during implementation, reporting and monitoring activities.
b. Development of prioritised interventions. Capacity building requires an investment of both resources and time and therefore realistic plans specific to the priority needs of each organisation will be developed.
c. Implementation of prioritised plans. This will be via a variety of methodologies and activities depending on specific needs, including joining training organised by others, developing specific in-house training modules for teams, providing access to information materials, organisational strategy development, organisational systems interventions and leadership/team coaching. Where common needs are identified among SRs, support will be provided jointly to facilitate shared learning.
d. Documentation and reflection. As a key aim is building institutional capacity, plans will include developing and implementing organisational learning systems.

14. Preventing Conflicts of Interest

The Grant Agreement signed between UNOPS and the GFATM requires UNOPS to abide by good practices of prevention of conflict of interest and anti-corruption standards. The Agreements with SRs also include a reference to these Standard Terms and Conditions.

This good practice prohibits any person affiliated with the SR (including staff, individual contractors, and counterpart government officials) from participating in the selection, award or administration of a contract, grant or other benefit or transaction funded by the grant, in which the person, members of the person's immediate family or his or her business partners, or organizations controlled by or substantially involving such person, has or have a financial interest. Nor can persons affiliated with the SR participate in transactions involving organizations or entities with which that person is negotiating or has any arrangement concerning prospective employment. UNOPS will include in its regular monitoring activities to examine adherence to prescribed standards.

If UNOPs has knowledge or becomes aware of any actual, apparent or potential conflict between the financial interests of any person affiliated with the PR, SR, the CCM, the LFA, or the GFATM and that person's duties with respect to the implementation of the programme, the PR will immediately disclose the potential conflict of interest to the GFATM and measures will be taken to "fire-wall" the risk of conflict of interest. In the same way, the SRs will be required to disclose any potential conflict of interest to the PR.

Annex 1: SR Sample Reporting Template

Global Fund (GFATM) PROGRESS REPORT

Annex E: Core and Process Indicators/ On going Progress Update (GFATM).

Implementing Partner/Sub-recipient Name:	National Malaria Control Programme / VBDC		
Report to Donor (GFATM)	GFATM		
DISEASE	**Malaria**		
Progress Update- Period Covered:	**Beginning Date:**	**End Date:**	
Progress Update Number			

SDA (for GFATM grants)	INDICATORS	Directly Tied	TARGETS for Period Covered	ACHIEVEMENTS				Reasons for Programmatic deviation and any other comments
				Male	Female	Total	% of Achievement	
Insecticide-treated nets (ITNs)	1.1.1 Number of LLINs distributed free of charge to people at risk	Select					#DIV/0!	
Insecticide-treated nets (ITNs)	1.1.2 Number of mosquito nets treated with insecticide	Select					#DIV/0!	
Diagnosis	2.1.1 Number of blood slides taken and examined	Select					#DIV/0!	
Diagnosis	2.1.2 Number of rapid diagnostic tests done and read	Select					#DIV/0!	
Diagnosis	2.1.3 Percentage of assessed malaria microscopists who meet minimum national competency level	Select					#DIV/0!	
Prompt, effective anti-malarial treatment	2.2.1 Number of people with confirmed malaria treated with recommended ACT (disaggregated by age group and sex)	Select		Male	Female	TOTAL	#DIV/0!	
				0	0	-		
	2.2.1. Age group 1-4					-	#DIV/0!	
	2.2.1. Age group 5-9					-	#DIV/0!	
	2.2.1. Age group 10-14					-	#DIV/0!	
	2.2.1. Age group 15+					-	#DIV/0!	
Prompt, effective anti-malarial treatment	2.2.2 Number of people with malaria (probable and confirmed) treated with chloroquine (disagggregated by age group and	Select		Male	Female	TOTAL	#DIV/0!	
				0	0	-		
	2.2.2. Age group 1-4					-	#DIV/0!	
	2.2.2. Age group 5-9					-	#DIV/0!	
	2.2.2. Age group 10-14					-	#DIV/0!	
	2.2.2. Age group 15+					-	#DIV/0!	
Prompt, effective anti-malarial treatment	2.2.3. Percentage of health facilities with no reported stock outs of nationally recommended antimalarial drugs lasting more than 1 week at anytime during the past 3 months	Select					#DIV/0!	
Prompt, effective anti-malarial treatment	2.2.4 Percentage of health care providers who provide anti-malaria treatment according to national malaria treatment guidelines among those surveyed (disaggregated by categories of providers)	Select					#DIV/0!	
Empowerment of community volunteers	4.1 Number of village health volunteers trained and supported for malaria prevention and control	Select					#DIV/0!	
Capacity Development (trainings)	5.2 Number of health staff trained/retrained	Select					#DIV/0!	
Process Indicator	2.1.4. Number of microscopists supervised for assuring quality of malaria microscopy during reporting period	Select					#DIV/0!	
Process Indicator	4.1.1. Number of trainings for commmunity health volunteers given by VBDC staff during the reporting period	Select					#DIV/0!	
Process Indicator	5.2.3. Number of trainings of health care providers in the public sector on malaria prevention and control with emphasis on malaria case management	Select					#DIV/0!	
Process Indicator	5.3.1. Number of supportive supervision and monitoring visits by central, state/division and township during the reporting period	Select					#DIV/0!	
Process Indicator	5.3.2. Number of quaterly monitoring meetings at township level	Select					#DIV/0!	

Annex 2: Checklist for the SR Quarterly reports

Item:	Status:
1. Reporting period is accurate	
2. All basic details are provided	
3. All indicators due for reporting are included	
4. Results are reported for each indicator (no gaps)	
5. Explanations are provided for each indicators' performance	
6. Report has been prepared and reviewed by at least two different people within the organisation	
7. The report has been signed by the authorised signatory	
8. The report was submitted within the stipulated time	

Annex 3: Validation Form

UNOPS Data validation form

Name of Organisation: _____ **Reporting period from:** _____ **to:** _____ **20** _____

Grant Agreement number: _____ **Report number (SR/Year/Quarter):** _____

No. Of Obj & indicator	SDA:	Indicator name:	Data source:	Target for the period:	Reported result by organisation:	Results as per PR validation:	Result as per LFA verification:	Explanation for variance / Comments
		*Can disaggregate data if necessary eg by MARP group: Number of SW reached with HIV prevention programmes Number of MSM reached with HIV prevention programmes		*Should be the same as the target number in the SR's PF	*The results reported as reported in the SR's Quarterly report	*Enter results as per PR's recount	*If LFA undertakes PR shall take note of the LFA's recount Note: LFA is not obliged to enter any results	*Comments should aim to explain any variances in the re-count

General comments following the review(s) by the PR: _____

(describe in detail, also indicate if a revised report had to be submitted)

Lessons learnt / success stories over the reporting period: _____

Challenges experienced during the reporting period: _____

Entry date of results into UNOPS database: _____ Entered by (name & title): _____

Annex 4: Checklist for Determining Risks

Risk Factors	High Risk	Moderate Risk	Low Risk
Data Collection	Organization does not have any system or procedure in place to manage data received from the field. Data collected are not analyzed for trends. DQA, if any, are often poorly performed. Organization has not established log frame that contains baseline data collected by the organization to guide programme/project implementation	Data collection systems are adequate but don't capture all existing data. They are reliable and properly maintained. Generally data collected are properly reconciled. Exceptions exist but appropriate follow up action is taken in all cases.	Data collection systems are adequate and capture all relevant information. They are reliable and properly maintained. Generally data collected are properly reconciled. DQA is performed to a high standard at least once a year.
Reporting System	Reporting systems are complex e.g. require the aggregation of data from a wide variety of sources or geographies and/or systems are inadequate. Reports are incomplete and delayed.	Reporting systems are complex and systems require strengthening. Reports are sometimes incomplete and/or delayed.	Reporting systems are relatively straight-forward and / or the organization has strong systems in place. Reports are complete and timely.
Volume of activities	High percentage of SDA are high volume inputs (e.g. provision of antiretroviral therapy; treatment with ACTs; distributions)	Medium percentage of SDAs are high volume inputs (e.g. provision of antiretroviral therapy; treatment with ACTs; distributions)	Low percentage of SDAs are high volume inputs (e.g. provision of antiretroviral therapy; treatment with ACTs; distributions).
Drug & Commodities Distribution	The project involves managing a large level of high value or high volume inputs, or inputs that are complex to implement.	The project involves some activities that are high value or high volume inputs, or some inputs that are complex to implement.	The project involves low value or low volume inputs, or inputs that are less complex to implement.
Number of Trainings	Sub –Recipient Training budget accounting for more than 5% of total budget	Sub –Recipient Training budget accounting for between 2-5% of total budget	Sub –Recipient Training budget accounting for less than 2% of total budget
Cost Sharing	Implementing cost sharing activities		Not implementing cost sharing activities.
Programme Income	Sub-recipient recovers some costs for treatment services from service providers.		Sub-recipient does not recover costs for treatment services from service providers.

Risk Factors	High Risk	Moderate Risk	Low Risk
Public Sector Employee Involvement	Project Staff are all Public Sector employees.	Project staff include some public sector employees.	No public sector employees.
Remote/Difficult to Access Service Delivery Area (SDA)	SDA includes areas which are very difficult to access due to remoteness of geographical location or security considerations	SDA includes areas with limited access due to geographical location.	SDA is located in an area which is easily accessible.
Zero Cash Policy	Implementing under the zero cash Policy.		Not implementing under the Zero Cash Policy
Programme Management Capacity	Non-existent and/or weak Internal Communications and decision making processes, technical skills, work planning and Human resource management processes.	Internal Communications and decision making processes, technical skills, work planning processes and Human resource management processes in place. However, one or two elements need to be strengthened.	Strong Internal Communications and decision making processes, technical skills, work planning processes and Human resource management processes in place.

Annex 5: Sub-Recipient Risk Analysis

Key: L=Low Risk M=Moderate Risk
H=High Risk

See also Finance Risk Analysis and PSM Risk Analysis Table

SR Name	Weak in Data Collection	Complex or Weak Reporting Systems	High Volume of Activities	High Risk Activities					Public Sector Employees Involved	Remote / Difficult to Access Project Areas	Operating under Zero Cash Policy	Weak Programme Management Capacity	Overall Risk
				Drug Distribution	Commodities Distribution	High Number of Trainings	Cost Sharing	Programme Income					
Pyi Gyi Khin	M	M	H	M	M	L	L	L	L	M	L	M	M
MANA	M	M	M	L	M	L	L	L	M	L	L	H	M
MMA (TB)	M	L	M	L	L	L	M	L	L	L	H	M	M
MMA (Malaria)	M	M	M	H	H	M	L	H	L	L	H	M	M
MRCS	H	H	L	L	M	M	L	L	M	M	L	H	H
MCC	M	M	M	H	H	M	L	L	L	M	H	M	M
MHAA	H	H	L	L	L	L	L	L	L	L	L	H	M
NAP	M	H	H	H	H	H	H	L	H	H	H	M	H
VBDC	M	H	H	H	H	H	L	L	H	M	H	M	H
NTP	L	H	H	H	H	H	M	L	H	M	H	L	H
UNION	L	L	M	H	H	H	H	L	M	L	L	L	L
WHO	L	L	L	L	L	L	L	L	L	L	L	L	L
UNFPA	L	L	L	L	L	L	L	L	L	L	L	L	L

Annex 6: SR Specific Programmatic Oversight Plan

SRs	Overall Risk Level	Programmatic Oversight Actions	Frequency	Responsible Unit
MHAA	MODERATE RISK - while systems and staff capacity are not strong the project activities are relatively low volume and not complex.	Field Visits	Every 4 months	PHPO/M&E
		Review meetings	Quarterly	PHPO/M&E
		SR Capacity building	Ongoing targeted capacity building	PHPO/M&E/Relevant PR experts
		DQA	At least every 6 months - random	M&E
Union	LOW RISK – although the project includes high risk activities The Union is judged as low risk due to the presence of strong systems and staff capacity.	Field Visits	Every 6 months	PHPO/M&E
		Review meetings	Every 6 months	PHPO/M&E
		SR Capacity building	N/A	PHPO/M&E
		DQA	At least every 12 months including specific targeting of drug & commodities distribution, trainings and cost sharing.	M&E
WHO	LOW RISK – no direct implementation. Technical support to National Programmes only.	Field Visits	N/A – combined with Field Visits to the National Programmes	PHPO/M&E
		Review meetings	Quarterly (as this is the main oversight tool together with reporting)	PHPO/M&E
		SR Capacity building	N/A	PHPO/M&E
		DQA	N/A	M&E
UNFPA	LOW RISK - no direct implementation. Technical support to National Programmes only.	Field Visits	N/A – combined with Field Visits to the National Programmes	PHPO/M&E
		Review meetings	Quarterly (as this is the main oversight tool together with reporting)	PHPO/M&E
		SR Capacity building	N/A	PHPO/M&E

SRs	Overall Risk Level	Programmatic Oversight Actions	Frequency	Responsible Unit
		DQA	N/A	M&E
PGK	MODERATE RISK – systems and staff skills are adequate but require strengthening	Field Visits	Every 4 months. At least one visit per year will focus on a remote township.	PHPO/M&E
		Review meetings	Quarterly	PHPO/M&E
		SR Capacity building	Ongoing targeted capacity building	PHPO/M&E/Relevant PR experts
		DQA	At least every 6 months including specific targeting of drugs and commodities distribution	M&E
MANA	MODERATE RISK - associated with weak programme management skills and systems.	Field Visits	Every 4 months	PHPO/M&E
		Review Meetings	Quarterly	PHPO/M&E
		SR Capacity building	Ongoing targeted capacity building	PHPO/M&E/Relevant PR experts
		DQA	At least every 6 months including specific targeting of commodities distribution	M&E
MMA-TB	MODERATE RISK - associated with the need to strengthen staff skills and systems, plus zero cash policy	Field Visits	Every 4 months	PHPO/M&E
		Review meetings	Quarterly	PHPO/M&E
		SR Capacity building	Ongoing targeted capacity building	PHPO/M&E/Relevant PR experts
		DQA.	At least every 6 months including specific targeting of cost sharing	M&E
MMA-Malaria	MODERATE RISK- associated with the need to strengthen staff skills and systems, plus zero cash policy and some higher risk activities.	Field Visits	Every 4 months	PHPO/M&E
		Review Meetings	Quarterly	PHPO/M&E
		SR Capacity building	Ongoing targeted capacity building	PHPO/M&E/Relevant PR experts
		Targeted DQA for drugs and commodities distribution.	At least every 6 months including specific targeting for drugs & commodities	M&E

SRs	Overall Risk Level	Programmatic Oversight Actions	Frequency	Responsible Unit
			distribution, trainings and programme income.	
MCC	MODERATE RISK - associated with the need to strengthen staff skills and systems, plus zero cash policy and some higher risk activities.	Field Visits	Every 4 months. At least one visit per year will focus on a remote township.	PHPO/M&E
		Review Meetings	Quarterly	PHPO/M&E
		SR Capacity building	Ongoing targeted capacity building	PHPO/M&E/Relevant PR experts
		DQA	At least every 6 months including specific targeting for drug & commodities distribution and trainings.	M&E
MRCS	HIGH RISK - associated with weak data collection and reporting systems and weak programme management capacity	Field Visits	Quarterly – at least every 6 months one visit will focus on a remote township	PHPO/M&E
		Review Meetings	Monthly	PHPO/M&E
		SR Capacity building	Ongoing targeted capacity building	PHPO/M&E/Relevant PR experts
		DQA	Quarterly including specific targeting for commodities distribution and training.	M&E
VBDC	HIGH RISK – rates as high risk in most categories	Field Visits	Quarterly – at least every 6 months one visit will focus on a remote township	PHPO/M&E
		Review meetings,	Monthly	PHPO/M&E
		SR Capacity building	Ongoing targeted capacity building	PHPO/M&E/Relevant PR experts
		DQA	Quarterly including specific targeting for drug and commodities distribution and	M&E

SRs	Overall Risk Level	Programmatic Oversight Actions	Frequency	Responsible Unit
			trainings.	
NAP	HIGH RISK – rates as high risk in most categories	Field Visits	Quarterly – at least every 6 months one visit will focus on a remote township	PHPO/M&E
		Review Meeting	Monthly	PHPO/M&E
		SR Capacity building	Ongoing targeted capacity building	PHPO/M&E/Relevant PR experts
		DQA	Quarterly including specific targeting for drug & commodities distribution, trainings and cost sharing.	M&E
NTP	HIGH RISK – rates as high risk in most categories	Field Visits	Quarterly – at least every 6 months one visit will focus on a remote township	PHPO/M&E
		Review Meeting	Monthly	PHPO/M&E
		SR Capacity building	Ongoing targeted capacity building	PHPO/M&E/Relevant PR experts
		DQA	Quarterly including specific targeting for drug & commodities distribution and trainings.	M&E

Annex 7: Data Quality Assurance Manual

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I. Introduction

Any functional Data Quality Assurance (DQA) system will not only allow program managers and decision makers to verify the quality of the reported data, but also will provide periodic information on the underlying data management and reporting systems for, at a minimum, program-level output indicators. Further, if fully implemented a DQA system will allow stakeholders to develop action plans to remedy discovered data quality issues and, if developed correctly, will only marginally burden on-going program supervision systems. These DQA Guidelines have been specifically developed for the UNOPS/PR of the UNOPS to monitor the data collected by its Sub-Recipients (SRs) in order to improve the project's reported results. If an SR is not already implementing its own DQA systems, these guidelines can serve as a foundation for the development of a DQA system. Indeed, SRs should feel free to adopt and adapt whatever components of these guidelines that may be applicable for their own programs.

Typically, as data flows up through the data management and reporting system from service delivery points, to intermediate aggregation levels, and finally to the central monitoring and evaluation (M&E) unit it should undergo several checks for its quality. At a minimum, a DQA system should provide information on accuracy/validity and reliability.

It is important to recognize at the outset, though, that the methods for assuring data quality, while related to those for program supervision, are different. Program supervision has the objectives of ensuring that program activities follow plans and guidelines and of supporting staff to implement activities. DQA has the objective to minimize common data errors and to maximize validity, accuracy, and reliability of data. Although program supervision and DQA may have different objectives, they both can be carried out by the same person(s) during the same visits used for program monitoring and supervision. Table 1 below provides further examples of the differences between program supervision and data quality checks.

Data quality assessment dimensions
1) **Accuracy/validity**: Does the data measure what it is intended to measure? Are errors (recording, transcription, sampling, biases, etc.) minimized?
2) **Reliability**: Is data measured and collected consistently? Are protocols and procedures in place?
3) **Precision**: Does the data provide sufficient detail (for example, disaggregating by sex)?
4) **Completeness**: Does data include the complete list of participants, eligible persons, etc.?
5) **Timeliness**: Is data available on time?
6) **Integrity**: Is the data protected from biases or purposeful manipulation?
7) **Confidentiality**: Is data stored with an appropriate level of security? Is the identity of participants sufficiently protected?

Table 3: COMPARING PROGRAM SUPERVISION TO DATA QUALITY CHECKS

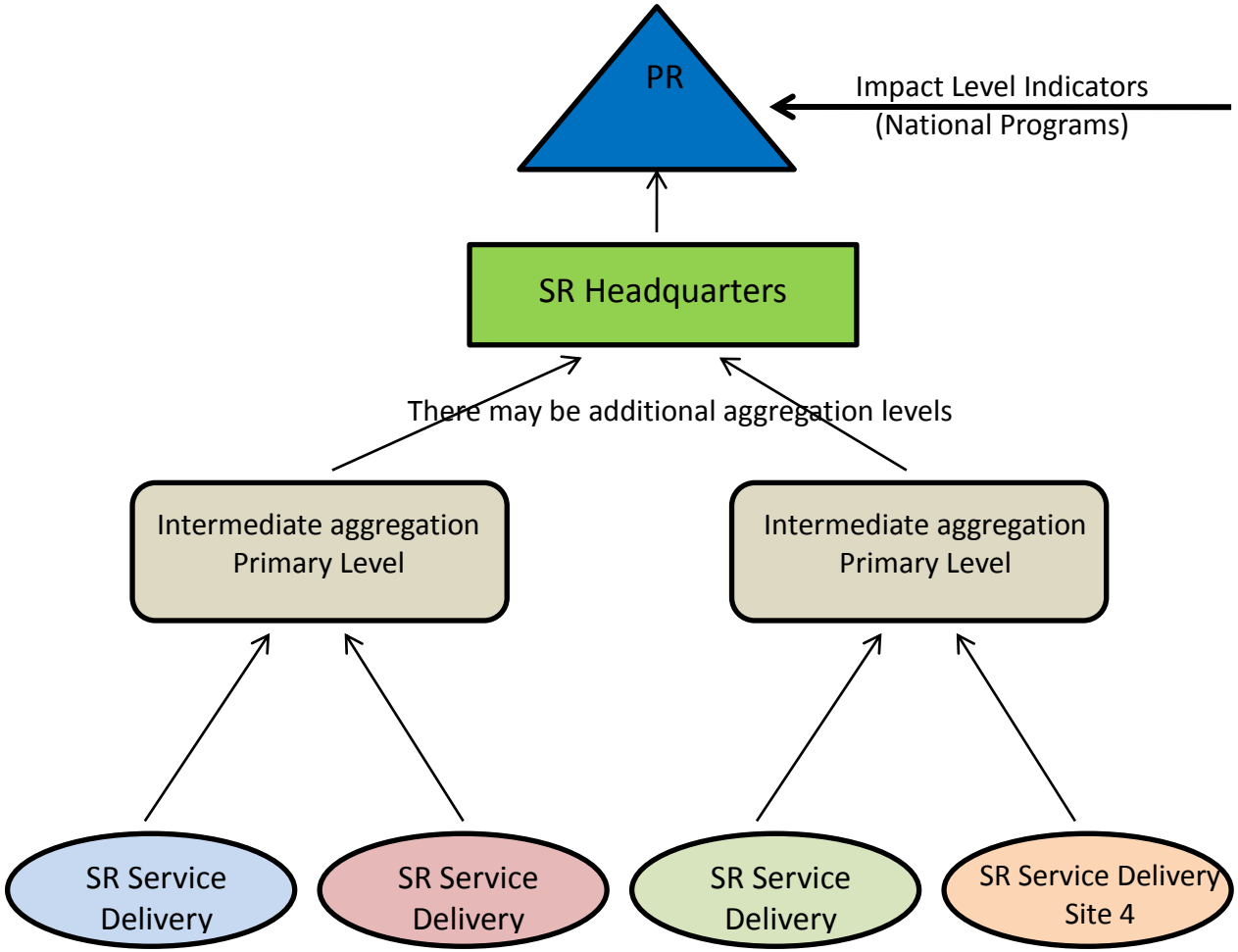
Program supervision checks	Data quality checks
• Are the forms completed correctly (without quantification)? Supervisor may respond yes, no, partly, etc.	• Within the register for a given time period, how many missing data in the sex and age categories from the total possible? (E.g., if there are 20 clients and two are missing either age or sex, the response is 2/40 possible data items).
• How many times in the past three months did the (higher-level) supervisor report that they visited the health posts? (validate by interview of health post staff or viewing copies of supervision report)	• Review the higher-level tally sheets and verify that the numbers of cases on the sheets match the number of cases recorded in the health post registers for the same time period. If not, what is the difference?
• How many cases of (X) were treated last month?	• Do the numbers of cases diagnosed (by sex and age) and treated last month that are recorded in the register match the numbers reported on the monthly report? Do the number of cases being treated correlate with the procurement records?
• Are all registers available and used at the health post level?	• Are the registers accurately completed against the standard case definition?
• Are supervisory checklists completed for field visits?	• Random validation by the central level supervisors of the data quality findings reported in the supervisory checklists/DQA forms used by the intermediate aggregation level.

UNOPS Data Flows, UNOPS/PR DQA Team Staffing and Training, and Linkages to the National M&E System

An appropriate DQA system and its methods will be based on a number of basic factors; namely, 1) the flow of data through the reporting system; 2) the availability of staff to implement DQA; and, 3) the staff understanding of DQA, the reporting forms and their correct completion.

As can be seen in Figure 1, there are several flows of information to the UNOPS/PR. However, at its basic level, the UNOPS data flow is typical; namely, that there is an upward flow of data from the service provision level which is aggregated at various intermediate levels and then passed onto the central level of the SRs and then the UNOPS/PR. Likewise, the feedback provided should flow down from the central level to the service provision level. Of particular note in establishing a DQA system, is that there are two different sources of data for the UNOPS; those data which come from its own reporting system and those that come from other stakeholders, including the Ministry of Health.

Figure 5: Example of Data flow for UNOPS



UNOPS/PR DQA Team Staffing and Training

Availability of sufficient numbers and appropriately trained staff at various administrative levels is necessary for implementation of M&E and DQA. The UNOPS/PR has a growing M&E unit with a team of trained professionals responsible for monitoring and supervision. Table 2 provides information on the relevant UNOPS/PR positions and their roles and responsibilities in relation to M&E and DQA.

Table 4: UNOPS/PR Personnel and Responsibilities for Data Quality Assessments

UNOPS/PR personnel and responsibilities for DQA		
Level and Staff	**Current Responsibilities**	**Current/Proposed Responsibilities for DQA**
M&E Unit	- cross-checking SR databases for suspected error - contacting SRs regarding report errors	- routine DQA as described within - SR database cross-checks - lead in providing SR feedback and DQA improvement
Program/Public Health Officers	- liaising with M&E unit on database errors	- ad hoc DQA in conjunction with program supervisory visits - provide guidance to M&E unit regarding database errors - participate in SR feedback and DQA improvement meetings with M&E unit

Underlying the health information system and, subsequently, the data quality checks are the reporting forms at both the service delivery sites and intermediate aggregate levels. It is, therefore, critical that all personnel involved in the recording, reviewing, and management of data have a thorough understanding of how all data collection tools and reports that aggregate these data are to be completed. It is incumbent upon the UNOPS/PR program management team with their SR and technical partners to develop instructions for all reporting forms and ensure that all relevant personnel are trained in the completion of the forms through the dissemination and training on reporting form instructions. Staff at service delivery sites must be trained in the completion of their reporting forms along with having periodic refresher training to understand why the correct completion of reporting forms is critical to DQA. Failure to understand reporting forms can result in, for example, the improper recording of treatment outcomes, the incorrect aggregation of raw data, or stock-outs of crucial medicines.

In addition to the core team, all UNOPS/PR staff who are involved in program M&E should have some fundamental understanding of their respective roles within the DQA system. Yearly refresher trainings should include: 1) reviewing the indicator definitions; 2) reviewing the respective reporting, program supervision and DQA forms and understanding how to complete them correctly; 3) reviewing the various methodologies for data quality checks; 4) reviewing the relevant data back-up and storage policies; and, 5) reviewing the expected norms of SR service providers for accurate and correct completion of primary data sources (e.g. timely completion of registers/reports, double-checking and double-entry of data, transcribing methods, etc.) to minimize routine data errors.

The UNOPS/PR's DQA system must be seen, though, within the framework of the National M&E system and its resources along with the leadership of the Technical Support Groups. Thus, it is imperative that the UNOPS's DQA system be aligned with the national M&E system, the National Strategic Plans and the

National Operational Plans. Applied to the UNOPS's DQA system, this requires following the national M&E priorities and aligning with the national health information system and utilizing its data even if the system is nascent.

II. Proposed UNOPS/PR DQA Methodologies

Every program needs to tailor its DQA system to its specific indicators, data sources, and resources. In order to ensure that the DQA system is as effective and efficient as possible within existing constraints, it is important to develop the system taking into account data needs, data sources and the levels where the data can be found, and resources available for implementation.

Overview of Data Quality Assessment System for the UNOPS/PR

After reviewing relevant information on the UNOPS/PR DQA system, including the data information sources, the following DQA system was deemed feasible. Adjustments may be made during the course of implementation to ensure that the system achieves its objectives of supporting the provision of accurate, reliable, and timely data, within resource constraints.

The UNOPS/PR DQA system will consist of five levels of activity:

1. Minimizing routine sources of data errors (mainly done through SR implementation);
2. Field validation of report data against source data;
3. Cross-checking databases using logic to find errors and identify improbable relations between data items;
4. Adequately storing data to prevent loss, ensure availability of information for validating reports and for evaluation, and to limit access to protect confidentiality and integrity of the data; and,
5. Providing feedback on DQA checks.

Step 1. Minimizing routine data errors

Since much of the data used for UNOPS reports comes from aggregated SR reports, the UNOPS/PR will work with the SRs responsible to support their data quality capacities. This may include training SR staff in how to complete data forms, and advising on procedures for checking compilation and minimizing errors resulting from transcription and data entry. In addition, UNOPS will focus on improving the quality of data by providing Lessons Learned forums and facilitating discussions to solve data quality issues raised by SRs during the forums.

Step 2. Routine field validation of data

Routine validation of data cannot practically be carried out if all data are validated. The cost, time, and personnel required for this would require resources beyond those available at the UNOPS/PR (or the SRs, if they are implementing DQA). A limited number of data quality checks, however, where the facility, data

items, and time period for which data are checked are randomly selected, can achieve the objectives of: a) having an overall indication of the accuracy of data; and, b) reinforcing good data practices among staff.

The basic principles to be followed are:

- all SRs(or facilities) know that they have a probability of being selected for data validation checks;
- all relevant data items have a probability of being checked; and,
- all SRs will have at least one DQA check performed each year.

***Note**: Routine DQA systems based on random selection do not eliminate the need for selective checking of data where errors or other problems are suspected. Selective or purposeful DQA may involve a full audit.*

Selection of facilities for routine program supervision by the UNOPS/PR

Within the UNOPS/PR, there is staff who conduct routine program supervision. The methodology for selecting these facilities is different than that proposed to be used for DQA; however, it is expected that all SRs will undergo DQA at least once a year. DQA activities related to a few key data items may be added to the routine program supervision checklists and more detailed DQA activities may be carried out on a subset of the facilities routinely supervised. Unique strategies to support data quality may need to be developed for sites where routine supervision is not possible.

It is important that records on planned and actually carried out program supervisory visits by both the SRs and UNOPS/PR are maintained so that UNOPS UNOPS/PR staff know which health facilities are never supervised, or cannot be supervised with any reasonable consistency.

A method for selecting sites for random DQA

From among the facilities with planned program supervisory visits in the reporting period, choose a subset of facilities for DQA. It should be noted that in order to perform an DQA aggregation check (one type of DQA methodology) for an SR, the UNOPS/PR should either chose at least two facilities from that SR or verify proper aggregation of community health worker records at the facility.

1. List the facilities in the planned supervision schedule, stratifying by specific geographic level (e.g. township, state, etc.) and give each facility a number.
2. Select facilities to be visited using a completely random or a random and stratified methodology:
   - Completely random: Assign each facility a number, write the number on a piece of paper, and then draw the desired number of facilities to be visited from out of a cup
   - Random and stratified (to ensure that the facilities are not next to each other geographically): select the first facility by drawing the number out of a cup. Then take the second facility at a half way point from the first facility.

Example: If 15 facilities are planned for supervision, and the randomly selected first facility number is '3', then select facility #3 on the list for

data quality. Then divide the number of planned supervisions by 2 (15/2=7.5 and round up to 8) and select the 8th facility after # 3 (this is facility #11) as the second facility for data quality assessment. It may be necessary to circle the counting around, going to #1 after #15, to reach the correct spacing between selected facilities. For example, if the starting number is "9" then the facility that is 8 past nine is #17. Since there is no #17, the counting would go from 15 to #1 (representing a count of 16) and continue until the count of 17, that is, the 8th facility, or facility #2 is selected.

3. These same methods can be applied for checking community health worker records.

If one of the DQA facilities cannot be visited, either do the DQA on a replacement facility, or randomly select from among facilities remaining in the program supervision list for DQA.

Selection of the time period for data quality checks

At a minimum, one month of data should be checked so that reports can be compared with source data. The month(s) for which data will be checked against reports should be randomly selected from among eligible months, using the methods described previously; but, ideally, should be within the upcoming or most recent reporting period. It is possible to check different time periods for different data items if desired (this will allow some data to be checked for each month).

Selection of data items/indicators for quality checks

Suggestions for selecting which items will be checked include the following:

- Several different indicators can be identified and one randomly selected for use for each different facility, or for use across facilities for the month. This way, although only a small portion of the data is checked, the staff will know that all data items are eligible but will not know which indicators will be checked for validation during a visit.

- Critical data items (those for the most important indicators or those where errors are large-scale or common) can be checked every time.

Checking all data items at the facility level may take more time than possible given the other work of the UNOPS/PR staff (program supervision, problem solving, etc.) and logistic considerations that may affect how long the staff can remain at the facility.

It is better to conduct DQA on fewer items if this means that more facilities can have routine data quality checks.

The basic types of data checks that can be carried out are described in the following box.

Data checks relevant to UNOPS indicators
➢ **Aggregation checks**: • Checking information in tally sheets, client or lab registers against summary report data for differences in numbers; • Checking pictorial tally sheets against monthly reports or data in computer database. ➢ **Cross-checks:** • Example: Checking the drug register for evidence of stock-outs compared with stock-outs reported in monthly or aggregated reports; • Example: Checking procurement records against patient records for treatment. ➢ **Spot checks:** • Example: Checking the drug register to compare today's inventory with physically verified presence of drugs today; • Example: Asking sample beneficiaries within the community if they received insecticide-treated nets, etc.; • Asking staff on training list if they received training.

Preparation for field validation of data: Prior to visiting a site for DQA, UNOPS/PR staff needs to collect all relevant data information for that site. Examples of needed information may include: 1) reports on dates and amounts of items disbursed from the local-level warehouse to the health service facility; 2) copies of monthly reports submitted by heath facilities to SR headquarters for the eligible time period; 3) copies of training lists including staff from the facility to be visited who received training. These documents can provide the information against which DQA findings are compared. Where there is a discrepancy it is important to discover at which level the error occurred.

Routine facility level DQA activities: The facility in-charge should be assisted by both the relevant SR staff and the UNOPS/PR to establish a routine system for double-checking addition and transcription of daily data for monthly reports. The program supervisor in-charge should also be instructed to periodically ensure that staff are completing registers and forms as required.

STEP 3. CROSS-CHECKING TO FIND ERRORS

UNOPS/PR staff will routinely conduct crosschecks using SR data and UNOPS databases. The cross-checks will be conducted every six months on SR data corresponding with the reporting period. Where problems are identified, the crosschecks will move to the SR level and ultimately the facility level to identify the level of error and needed corrections.

The recommended strategy for implementing routine cross checks of SR data by the UNOPS/PR is as follows:

1. All program staff of UNOPS should be trained on how to work with and interpret information in the SR database;
2. Data should be analyzed every six months by UNOPS/PR Public Health Officers in cooperation with the M&E Unit.

3. Inconsistencies and potential problems that are identified should be brought to the attention of the UNOPS M&E Officer, or another designated person. One person will compile all feedback and provide this through email to the relevant SRs.
4. Along with the cross-checks it will be important that field checks ensure validation of data. Both are critical to the quality of the reports.

Examples of data cross-checks to be systematically carried out to identify potential data problems include checking the following:

1) Total reported cases of (X) minus total confirmed cases must be greater than or equal to 0.
2) Total slides examined minus total confirmed cases must be greater than or equal to 0.
3) Checking the number of positive cases with pharmaceutical procurement reports.
4) Data from the current year will be compared with the same data from the previous year to identify whether numbers are within a pre-determined expected range. Differences may indicate data errors or notable changes in the epidemic pattern.

STEP 4. SYSTEMS FOR STORING DATA (SEE ANNEX 7)

Data storage systems are necessary for ensuring that source data are maintained for validation purposes and that data records needed for program monitoring are available with their integrity maintained.

STEP 5. UNOPS/PR PROVIDING FEEDBACK ON DQAS TO SRS

All errors may not be serious enough to be concerned about. If there is an occasional adding error of a few numbers, this may not be important enough for any action except perhaps verbal feedback at the time the error is discovered on the need for additional caution in preparing data. Although the data may ultimately be found to be correct, if it is sufficiently beyond a threshold a more in-depth evaluation will be needed. At the time a threshold is reached, the UNOPS/PR will launch a specific investigation to identify the problem and will complete a written report outlining the problem identified and the steps taken to investigate and resolve any problems identified.

UNOPS policy is that a 10% difference in individual items for quantitative data checks is the level at which formal steps are to be initiated for more in-depth checking and making corrections. UNOPS will follow this policy for the field visits and for the cross-checks. All SRs will receive feedback on the SR DQA Feedback Form which will provide an overall grade (A, B1, B2, and C) for the DQA check along with the same grading for each individual indicator checked. An A= 10% or less margin of error; B1=10-20% error margin; B2 = 20% or greater error margin; C= no DQA system in place.

PROCEDURE FOR HANDLING MISSING AND INCOMPLETE DATA

The UNOPS/PR will focus on supporting the SRs in receiving timely data reports as a routine component of their supervision and DQA activities. ***SRs will be required to report: 1) the percentage of lower level (service delivery or lower aggregation level) sites not able to submit reports on time; and, 2) the percentage of lower level sites that the central level/headquarters staff is not able to access during each six month reporting period***. These reports will be

provided to the UNOPS/PR for monitoring. The UNOPS/PR will also help the SRs by addressing missing or incomplete data issues when making routine supervisory and DQA visits to the facilities.

III. Using Data for Programmatic and M&E Improvement

The key reason for ensuring data quality is the need for accurate information for program monitoring, assessment, and decision making. Implementing a DQA system will improve the accuracy and completeness of data available for analysis and reporting. When stakeholders can trust the quality of data, this strengthens the ability of a program to advocate for support, and to document achievements.

Analyzing Data

Almost all programmatic and M&E staff at the UNOPS/PR will be involved in some way in collecting information that can be used in monitoring and evaluation. This includes:

- the administrator who takes minutes at a meeting or prepares and circulates the attendance register;
- the fieldworker who writes up his/her site visit reports;
- the bookkeeper who records income and expenditures;
- the data entry officer who enters data received from the SRs;
- the head of unit or project who analyzes the data and report;
- the decision maker(s) who make(s) the decision on collected information.

It is a useful principle to look at every activity and ask: What do we need to know about this activity, both process (how it is being done) and product (what it is meant to achieve), and what is the easiest way to find it out and record it as we go along? A common mistake is to collect too much data that can result in too much information with little or no use.

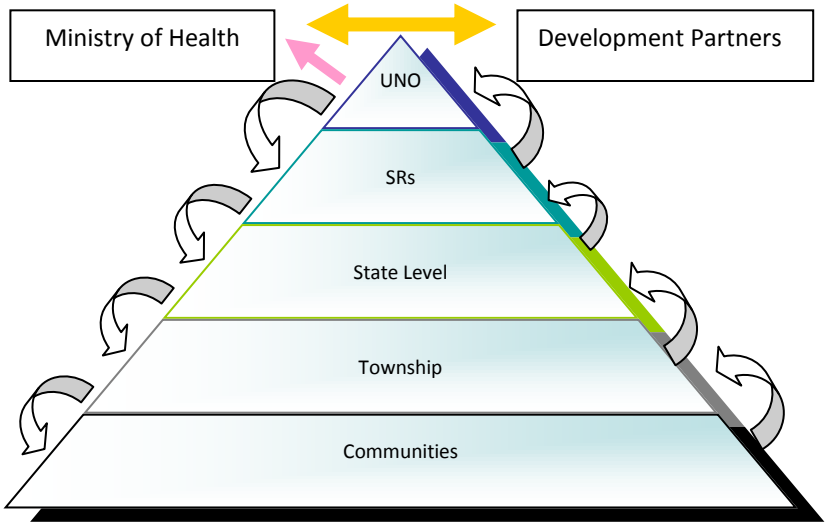
It is important that the data gathered through the DQA system be analyzed to provide evidence of program progress, identify problems including the need to set or reset targets, etc. A common problem with data collection and analysis is a failure to follow-up on findings toward a desired action. If during analysis a problem is identified and the program fails to fix the problem through a suitable and timely remedial action, this might result in failure to achieve goals and targets. Analysis converts detailed information into patterns, trends, and other forms that facilitate understanding and interpretation. The starting point for analysis initially might be unscientific, based rather on an intuitive understanding of the key themes evident during the information collection process. Once the key themes are developed, it becomes easier to work through the information, structuring and organizing it so that it can be written up in a manner that it can be used for reaching conclusions, and making recommendations.

PROVIDING FEEDBACK ON DATA FINDINGS

It is important that all levels of the system starting from the health facility, to the regional and central level are kept in the loop for both sharing the information and providing feedback (see Figure 2 below). This is important from two aspects

a. all stakeholders need to know that information being gathered is for a purpose and is analyzed to identify key issues and problems; and,
b. once the information is analyzed feedback is important to address the causes and effect system improvement.

Figure 6: Flow of UNOPS information and results



When analyses are based on good quality data that stakeholders can trust, the interpretation, conclusions, and recommendations can be used to support the program. Reports based on data analyses should include interpretations and recommendations that:

- identify problems and what they mean in relation to activities;
- prioritize actions according to nature or urgency of identified problems;
- summarize the actions to be taken in the next semester and focus only on actions that can be done in the available time frame;

- support decisions about how to move forward; and, if necessary,
- deal with resistance to the necessary changes within the organization or project, or even among other stakeholders.

Data findings and analyses will be used to report to different stakeholders in different ways, sometimes in written form, sometimes verbally and, increasingly, making use of tools such as PowerPoint presentations, slides and videos. Below in Table 3 are suggestions for different reporting mechanisms that might be appropriate for various stakeholders.

Table 5: Reporting DQA Results to Stakeholders

Target group	Stage of project cycle	Appropriate format
Ministry of Health	Interim, based on monitoring analysis	Written report
	Evaluation	Written report, with an Executive Summary, and verbal presentation from the evaluation team.
Management Team/UNOPS	Interim, based on monitoring analysis	Written report, discussed at management team meeting.
	Evaluation	Written report, presented verbally by the evaluation team.
UNOPS Staff (all levels)	Interim, based on monitoring	Written and verbal presentation at departmental and team levels.
	Evaluation	Written report presented verbally by evaluation team and followed by in-depth discussion of relevant recommendations at departmental and team levels.
Donors	Interim, based on monitoring	Summarized in a written report.
	Evaluation	Full written report with executive summary or a special version, focused on donor concerns and interests.

USING DATA TO IMPROVE DECISION MAKING

Project managers need the conclusions and recommendations that come out of data to help them make decisions about their work and the way to do it. The success of the process is dependent on the ability of those with management responsibilities to make decisions and take action. The steps involved in the whole process are:

- as a team, understand the implications of what has been learned;
- work out what needs to be done and have clear motivations for why it needs to be done;
- generate options for how to do it;

- look at the options critically in terms of which are likely to be the most effective;
- agree to the decisions as a team;
- get organizational/project consensus agreement;
- get a mandate (usually from a Ministry of Health, but possibly also from donors and beneficiaries) to do it; and,

ANNEX 1: Pre-site visit checklist for DQA

Table 1: SR list (compiled as either part of upcoming program supervisory visit or as a separate DQA check)

Name of Sub-Recipient	Date of Last Program Supervisory Visit	Date of last DQA check
Etc.		

Table 2: Site list (completed after subset of sites for DQA has either been randomly selected or using a different method)

Number	Name of site selected for DQA	Geographic location (township, state)	Method for choosing site (random, random/stratified, purposeful)
1			
2			
3			
Etc.			

Table 3: Indicator list

Indicator selected for DQA check (use indicator dictionary number, e.g. HIV 1, TB 5, Malaria 4, etc.)	Reason for selection	Applicable to which site numbers from Table 2 above	Type of DQA method to be used (aggregation, cross-check, spot-check) – may be more than one method	Facility level (FL) or community health worker (CHW) check
Etc.				

Notes on documents reviewed prior to DQA check

Date checklist completed:

ANNEX 2: Indicator Verification Form (one form per indicator)

Name of Indicator	Name of site and number from pre-site visit checklist	Date checked

Table 1: Aggregation Methods (if applicable, use this method and only apply at those aggregation levels which are relevant – i.e. can do either one of the following or both)

Primary Data Source (health facility records, community health worker registers, etc.)	(A) Reported result to intermediate aggregation level/SR	(B) Verified result from the Primary Data Source	Percentage verified/discrepancy (B/A)	Comments

Intermediate aggregate level	(C) Received result from primary data source	(D) Reported result to central/next administrative level	Percentage verified/discrepancy (D/C)	Comments

Table 2: Cross-checking method (if applicable)

First data source	Number verified (A)	Second data source	Number verified (B)	Discrepancy (A-B)	Comments

Table 3: Spot-checking method (if applicable)

Numbers of beneficiaries interviewed (if applicable) or list documents reviewed	Comments

Rating for this indicator:

ANNEX 3: UNOPS/PR DQA Feedback Form for SRs

Name of SR:	
Overall DQA Grade: (determined with SR)	

Indicator verified	Site	Method	Grading
Etc:			

Overall DQA comments and reasoning for Overall DQA Grade:	
List of recommended action(s) for correction, if applicable:	
Date(s) for corrective action(s) to be completed, if applicable:	
Describe any actions/feedback provided to on-site staff:	
Name and designation of person completing report:	Date feedback report given to SR:
Contact information (phone number, email):	Signature:
Signature of SR representative receiving the report:	Date:

ANNEX 4: Summary Report for SR DQA Checks (can be an Excel worksheet)

Name of SR	Date of DQA Check	Number of indicators checked	Overall DQA rating	Actions required (Y/N)	Date for completion of actions	Date actions completed (Y/N and verified by SR)
Etc.						

ANNEX 5: Data Quality Assurance Implementation Plan (UNOPS/PR)*

Data Quality Assurance Implementation Plan (UNOPS/PR)																	
	Activity	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Person / organization responsible**	**Comments**
1.0	Constitute UNOPS/PR DQA Team																
1.1	Arrange date and venue to train UNOPS/PR DQA Team																
1.2	Provide training to UNOPS/PR DQA Team																
2.0	Internally finalize UNOPS/PR DQA implementation plan																
2.1	Assign roles in UNOPS/PR DQA implementation plan																
2.2	Obtain external buy-in and approval on UNOPS/PR DQA implementation plan																
3.0	Internal assessment of UNOPS/PR data quality[1]																
4.0	Develop evaluation criteria for UNOPS/PR DQA[2]																
4.1	Develop forms for delivery site data verification[3]																
4.2	Develop forms for intermediate level site data verification[3]																
4.3	Develop site selection methodology[4]																
4.4	Develop additional forms for DQA (trip reports, DQA reports, feedback reports, and action plans)																
4.5	Develop Grading System[5]																

Data Quality Assurance Implementation Plan (UNOPS/PR)																	
	Activity	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Month and Year**	**Person / organization responsible**	**Comments**
5.0	Select sites																
5.1	Select indicators to be verified[6,7]																
5.2	Select reporting period to be verified																
5.3	Document indicator choices, site selection, and reporting period																
5.4	Develop schedule for DQA site visits																
5.5	Notify selected sites of schedule																
5.6	Start logistics preparations																
5.7	Conduct service delivery site data verification[8]																
5.8	Conduct intermediate / aggregate level data verification[9]																
6.0	Prepare trip report																
6.1	Input and analyze data																
6.2	Prepare preliminary findings and recommendations																
6.3	Finalize DQA report																
6.4	Disseminate DQA report to selected sites																
6.5	Initiate feedback meetings																
6.6	Develop Action Plans																
6.7	Follow-up on recommendations																
7.0	Share results with stakeholders																

* Many of these steps have already been completed for the UNOPS/PR. This DQA Implementation Plan can be adapted for Sub-Recipients as well.

1- Factors to be considered include accuracy, reliability, precision, completeness, timeliness, integrity, and confidentiality.

2- Factors to consider include M&E capabilities, indicator definitions and understanding, data collection forms and tools, data management process, and upstream and downstream linkages.

3- These can be checklists, questionnaires, and surveys.
4- This can purposive, stratified, or random.
5- This is a calculation to determine deviations between reported data and actual verified data and what is acceptable amount of error.
6- Criteria for selecting indicators are based on mandatory requirements (internationally reported), magnitude (funding or number affected), and case-by-case (usually because of programmatic needs).
7- Caution needs to be exercised in not selecting too many indicators given resource constraints.
8- Usually takes a half to full day per site (measures typically include completion of source documentation for product and service delivery, availability and completeness of source documents, trace and verify reported numbers, cross-check numbers between sources, spot-check service delivery).
9- This needs to be done for both data coming from lower levels and data reported to higher levels (usually includes document review for completeness and availability, tracing and verifying data, and assuring that procedures are in place to avoid reporting errors).

ANNEX 6: Minimizing Routine Sources of Data Error

Factors that commonly contribute to data errors include the following:

- Systemic errors in data entry
  - Incorrect entering data into a form (e.g., register or report) because of misunderstanding of definitions of which data are eligible for a section of the form and misunderstandings of how to complete each section of a form.
  - Typing errors entering data into database
  - Wrong data being entered into a form because it is being copied from unofficial scraps of paper, or being entered based on memory—papers get lost, numbers get confused when put onto paper without clear columns, memory is faulty, etc.

- Math and compilation errors in aggregating data
  - Individual entries are added wrong—such as when aggregating a column of daily information to provide monthly statistics.
  - Double counting sometime occurs when data are compiled and aggregated.

- Compiling data by category (e.g., malaria for females < 5) has much scope for error when carried out by hand when each category is not a separate column and the aggregator is required to identify two or more data items from different columns to complete a category.

- Transcribing errors
  - Typing errors or missing/duplicating a data item resulting in subsequent information being entered into the wrong location/variable in the database.
  - Numbers are copied incorrectly from form to form during aggregation or copying to provide a clean form

ANNEX 7: Data Storage

The UNOPS/PR will support the MoH data storage guidelines and will follow a similar strategy for UNOPS specific data. The following will be followed (or updated to conform with MoH guidelines):

Storage of original data:

- Hard copies of data given to the UNOPS/PR will be stored in dry and protected locations, within files or folders and in drawers or closed cabinets, so that multiple papers and registers do not become lost or torn, and so that when DQA is carried out, data can be readily found.
- The data forms and documents will also be stored in a location with limited access (e.g., a senior staff officer or a locked store room) to guard the integrity of the data and the privacy of persons and service site staff.

Management of computerized databases

UNOPS works with two computerized databases; namely, the M&E Coverage Database and the Project Coverage Database. In maintaining these databases, the UNOPS/PR should:

- When possible, double entry of data should be carried out, and a check for differences carried out, with corrections made.
- At the end of each day when the database is changed (addition/corrections) it should be backed up on a flash disk and stored in the in a safe and secure location.
- Crosschecks of the UNOPS data base and of the SR databases when possible will be conducted. At the level where the crosschecks are carried out, UNOPS staff will be responsible for investigating any material discrepancies identified from the cross-checks.
- After investigating cross-check discrepancies, corrections to the SR database will be submitted to the implementer, with a copy of the cover note and submitted corrections maintained in a folder on the computer for at least two years. Cross-check discrepancies for the UNOPS database will be investigated and corrections made at the level where data are entered. A copy of the cross-check findings and the corrections made on the UNOPS database will be maintained in a computer file, for at least two years.
- One person at each site where the data entry takes place will be given responsible for approving any submitted corrections for the SR database, changes to the UNOPS database and for ensuring that the corrected copies are forwarded to the appropriate people. This person will ensure that the original cross-check files and instructions for corrections are maintained in a file, and that back-up copies of these files are made the same day that the correction is finalized.
- When an SR sends a corrected database, the UNOPS M&E Unit will be responsible for ensuring that the corrected database replaces all existing databases for that time-period and that the old database is deleted.
- As feasible, UNOPS will verify that up-to-date Antivirus software is on each computer and is utilized on a computer programmed schedule.