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# ASSESSMENT OF THE GLOBAL FUND TUBERCULOSIS IN-COUNTRY ADVISORS PROJECT

**May 2019**

This publication was produced at the request of the United States Agency for International Development. It was prepared independently by D'Arcy Richardson and Lourdes de la Peza, with support from Aminata Bah.

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May 2019

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# ABSTRACT

GH Pro conducted an assessment of the USAID Global Fund In-Country Advisors Project, funded since 2013 with senior technical advisors embedded in national tuberculosis control programs, currently placed in 16 priority countries. The assessment used semi-structured interviews and online surveys of key stakeholders' groups, as well as a review of project documents and available Global Fund data to answer five assessment questions:

1. How effective is the Advisors Project in improving Global Fund grant implementation and addressing bottlenecks?
2. What other assistance has the advisor provided to strengthen the country's capacity towards TB control?
3. What factors have contributed to the success (or lack thereof) in accomplishing the project goals and what opportunities exist to increase USAID returns on investments in advisors?
4. What types of technical assistance and expertise will be needed in the next two years that are suitable for an advisor role?
5. What does a results framework to measure the effectiveness of advisors look like?

While contributions are difficult to quantify due to a lack of data, there is broad agreement among stakeholders that this one of the most cost-effective means of supporting national tuberculosis control programs (NTPs) on Global Fund and general TB control performance improvement and should be continued. A number of useful process improvements were suggested by stakeholders for consideration. The assessment concludes that embedded TB advisors are a key component of a multipronged strategy to help countries progress on the Journey to Self-Reliance, when coupled with efforts to address health system weaknesses that hamper sustainable progress.

# ACKNOWLEDGMENTS

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Many thanks to USAID/Washington TB team country backstops, who oriented us with their strong knowledge about the Advisors Project, participated in the interviews, and facilitated communication and coordination with in-country TB advisors and missions.

We are very grateful to all 16 participant country missions, NTP managers, and implementing partners who provided useful information through the interviews. The advisors themselves deserve a special acknowledgment for their prompt and enthusiastic collaboration in providing documentation and identifying other in-country stakeholders to interview, as well as participating in the interviews and online survey.

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# ACRONYMS

ACF	Active case finding
DR	Drug resistance
DR-TB	Drug-resistant tuberculosis
aDSM	Active drug safety monitoring
DRC	Democratic Republic of Congo
DST	Drug susceptibility testing
FPM	Global Fund portfolio manager
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HIV	Human Immunodeficiency Virus
HR	Human resources
Lab	Laboratory
M&E	Monitoring and evaluation
MDR-TB	Multidrug-resistant tuberculosis
NSP	National strategic plan
NTP	National tuberculosis control program
PIU	Program implementation unit
PPM	Public-private mix
PR	Global Fund grant principal recipient
PSM	Procurement and Supply Management
SCM	Supply chain management
SFOAA	State Foreign Operations, and Related Programs Appropriations Act
S/GAC	State Global AIDS Coordinator
SOW	Scope of work
SR	Subrecipient
STR	Shortened treatment regimen
TA	Technical assistance
TB	Tuberculosis
TOR	Terms of reference
TPT	TB preventive treatment
TSR	Treatment success rate
USAID	United States Agency for International Development
USAID/W	USAID Washington
USG	United States Government
Xpert	GeneXpert molecular test for TB



# EXECUTIVE SUMMARY

## BACKGROUND

Since 2013, the United States Agency for International Development (USAID) has provided funding through the *Global Fund Tuberculosis In-Country Advisors Project* to embed senior advisors in national tuberculosis control programs (NTPs) in USAID's tuberculosis (TB) priority countries. The goals of the project are to improve the grant implementation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and to strengthen NTPs' capacity to meet global targets in TB elimination, particularly those related to multidrug-resistant TB (MDR-TB), but also expanded to other technical areas according to the needs of each country.

The GF TB Advisor Project grew from the first advisor placed in the Philippines in 2013 to include advisors in 16 countries at present, with several other countries gaining or losing advisors over time. Advisors are now working in the following countries: Bangladesh, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Kyrgyzstan, Malawi, Mozambique, Pakistan, the Philippines, South Africa, Tanzania, Uganda, Ukraine, Vietnam, and Zambia. These advisors have been hired through the TREAT-TB mechanism led by Vital Strategies, with an overall operational period of 2008–21 and total obligations of \$119,960,157.

## PURPOSE

After more than five years of operation of the project, USAID requested GH Pro to conduct an assessment of the GF TB In-Country Advisors Project with five objectives in mind:

1. Assess the programmatic effectiveness and relevance of the Advisors Project in meeting project goals.
2. Assess the overall project performance in improving GF grant implementation and building the capacity of national TB programs.
3. Inform the design of any future technical support project (including GF- and non-GF-related support), based on the best practices and lessons learned from this project. This includes structural, process, and content-related factors that influence success.
4. Clarify the roles of long-term Advisors within the NTP—what they were intended to do, what they actually do, and what is most appropriate for the future—to help focus scopes of work (SOWs) and tailor them to country contexts.
5. Develop a results framework that can be used for the evaluation and for long-term advisors going forward.

The final list of assessment questions, which address the five objectives stated above, are as follows:

1. How effective is the Advisors Project in improving Global Fund grant implementation and addressing bottlenecks to implementation?
2. What other assistance has the advisor provided to strengthen the country's capacity towards TB control, including methods and results?
3. What factors have contributed to the success (or lack thereof) in accomplishing the project goals and what opportunities exist to increase USAID returns on investments in advisors?
4. What types of technical assistance and expertise will be needed in the next two years that are suitable for an advisor role?
5. What does a results framework to measure the effectiveness of advisors look like?

## METHODS

The assessment team conducted a total of 68 oral interviews using standardized questionnaires tailored to each stakeholder group of interest: USAID/Washington project managers and country backstops, advisors, USAID mission points of contact, NTP managers or representatives, GF Principal Recipients (PRs), a USAID implementing partner, and GF staff in Geneva representing the TB team and Fund Portfolio Managers (FPMs). Questions were designed to collect qualitative information to answer the assessment questions listed above. Key points for each question were summarized across all stakeholders within a specific group, and finally they were summarized and quantified across all stakeholder groups to arrive at the key findings from the interviews.

Two online surveys were conducted to gather information from other GF FPMs ( $n = 5$ ) on their perspectives of the Advisors Project, and to gather quantitative information from the advisors ( $n = 15$ ) on how they spend their time, in which technical areas they feel most competent to provide advice, and where they would like to have additional training.

In addition, the assessment team reviewed a selection of available project documents to triangulate the information gained in the interviews about advisor activities and contributions. The team also attempted to collect GF grant performance data to correlate with qualitative information about advisor contributions to grant improvements. However, up-to-date data were not available from GF, and it was not possible to track changes over time. As a result, the assessment focuses primarily on the qualitative findings from interviews.

## FINDINGS

### **1. How effective is the Advisors Project in improving Global Fund grant implementation and addressing bottlenecks to implementation?**

According to advisors' self-assessment in the survey, on average, advisors spend approximately 58% of their time supporting GF processes and implementation according to the online survey (range, 10% – 90%;  $n = 15$ ). From the perspective of all stakeholder groups, most advisors in most countries have made significant contributions to improving GF grant implementation. The contributions most frequently mentioned by those interviewed include increasing absorption, reprogramming, and disbursement of funds (24 comments); TB technical assistance (TA) and capacity building (e.g., mentoring and supervision) (24); concept note and proposal development (19); partner coordination (18); technical guideline development (15); addressing procurement and supply chain bottlenecks (13); and report writing (10).

Their contributions are especially effective in countries where the NTP is a PR. In countries where the NTP is not a PR or is in a junior PR role, it has been more difficult for the advisors to contribute to grant improvements because of the reticence of PRs to share information or take advice.

### **2. What other assistance has the advisor provided to strengthen the country's capacity toward TB control, including methods for doing so and results?**

According to advisors' self-assessment in the survey, advisors spend an average of 33% of their time (range, 10%–90%;  $n = 15$ ) on TA not directly related to GF activities. Time is spread relatively evenly over the entire range of tasks, with quite a bit of variation from advisor to advisor, according to the needs of the program. All the respondents reported that they spend some time on one-on-one technical mentoring and in TB technical meetings (e.g., working groups).

Almost all the advisors are highly technically skilled and are seen as senior members of the team, to whom other staff will come for advice. The advisors use a combination of methods to provide technical support and capacity building for the NTP staff. All those who responded to the online survey ( $n = 15$ ) provide one-on-one mentoring to staff and find that to be the most effective means of building capacity. In addition, they provide less formal advice to staff, model behaviors, and participate in formal training sessions and workshops, including supportive supervision for lower levels of the health system.

Stakeholders most frequently mentioned the following activities when asked what contributions advisors make to NTP capacity building: mentoring and advising on technical issues (30 comments), mentoring on data quality and analysis (16), technical training (e.g., formal workshops) (13), supportive supervision (11), developing technical guidelines (10), and mentoring on management issues (7).

Most advisors (9 of 15) requested additional training on new drugs and regimens for MDR-TB, and they also requested additional training on advocacy. More training on mentoring approaches and budgeting were the other two areas requested by more than 25% of the respondents.

### **3. What factors have contributed to the success (or lack thereof) in accomplishing the project goals, and what opportunities exist to increase USAID's returns on investments in advisors?**

There are a number of factors that help or hinder the ability of advisors to make effective contributions to overall project goals. They include:

- a) Active involvement of all stakeholders in initial recruitment, SOW development, and the orientation process so there is broad understanding and agreement on roles and responsibilities from the outset.
- b) Good communications and relationships between the advisor and key stakeholders, based on the advisor's interpersonal skills, political savvy, and ongoing support from the USAID mission and USAID/W backstop.
- c) Personal qualities—including diplomacy, humility, patience, flexibility, and persistence—have been essential to advisors' effectiveness. In addition, advisors are self-motivated and entrepreneurial, identifying gaps and being proactive in filling them.
- d) Health system factors that often hamper sustained progress—such as low wages, poor morale, and frequent staff turnover, all of which are related to higher-level health policy issues that must be addressed as part of the Journey to Self-Reliance but are not within the scope of advisors' responsibilities.

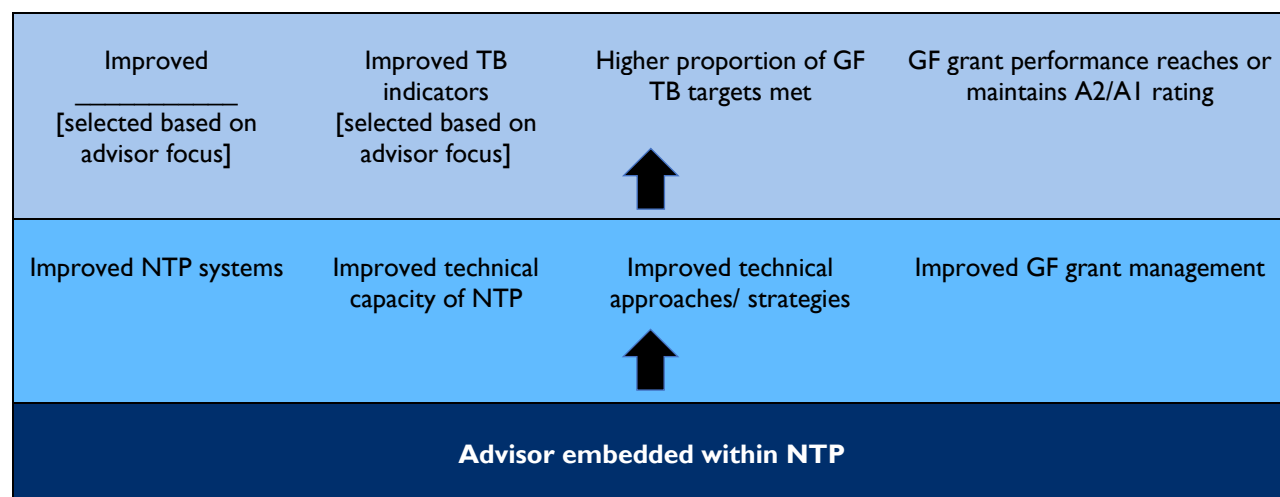
### **4. What types of technical assistance and expertise will be needed in the next two years that are suitable for an advisor role?**

To identify what type of technical assistance will be needed in the near term, stakeholders were asked about which areas of TB control they see as the most critical gaps in the 16 countries where advisors are currently placed. Responses were aligned to meeting the global targets set in the End TB Strategy by finding the missing cases (29 comments), laboratory/diagnostic strengthening and expansion (23), MDR-TB control (18), and strengthening data quality/analysis for program improvement (10). In considering the future needs and the potential for additional advisors in some countries, it was suggested to add advisors with deep expertise in one technical area to augment the broader expertise of most existing advisors. Needs vary considerably from country to country, and thus individual assessments and discussions with NTPs will be helpful in clarifying specific country needs and identifying the best model for meeting these needs.

### **5. What does a results framework to measure the effectiveness of advisors look like?**

Because advisors' roles vary considerably, a single results framework that covers all areas of focus is difficult to construct. The assessment team has proposed a generic framework, which will then need to be refined based on the specific terms of reference of each advisor.

## Generic Results Framework for Measuring Advisor Performance



## CONCLUSIONS

1. All stakeholder groups are overwhelmingly satisfied with the advisors and believe this is an excellent model for providing technical support that should be continued.
2. The Advisors Project has been successful in improving GF performance in most countries where advisors have been placed, particularly those countries in which the NTP is a Global Fund PR.
3. The advisors' model is an excellent short- to medium-term solution to fill the large gaps in NTP capacity and improve program performance. It is an important contribution to the Journey to Self-Reliance, but NTP support must be complemented with other approaches, such as bilateral projects, to address some of the ongoing health systems issues that hamper steady progress.
4. NTPs have diverse support needs and it is very difficult to find one advisor who can cover all the areas of need, so additional specialist advisors may be warranted in some countries where gaps exist.
5. The greater engagement of key stakeholders at the early stages of identifying and placing an advisor, the easier it is for the advisor to become established in his or her role.
6. Individual skills, experience, and personal characteristics play an important role in success. Advisors' senior technical capacity and excellent interpersonal and political skills have been critical in enabling them to succeed.
7. Ongoing transparent communications between advisors and all stakeholders and deliberate alignment of priorities improve program efficiency and performance. More communications between USAID missions and NTPs and USAID/W and GF can further enhance the project's impact.
8. One of the great assets of the advisor position is the inherent flexibility to respond to changing demands. To be able to maximize and measure advisors' contributions, there is a need to balance flexibility to respond to urgent NTP demands with greater accountability for results through work plans with specific deliverables, timelines, and targets.
9. Advisors' effectiveness can be enhanced through increased opportunities to continue acquiring TB technical, managerial or interpersonal, and political skills and better administrative and logistics support for advisors.

10. Measuring the effectiveness of advisors has been challenging because of the flexibility built into the position and the lack of available up-to-date hard data on GF and program performance. A generic results framework has been proposed, but it should be adapted to individual terms of reference.

## **RECOMMENDATIONS**

The assessment team makes the following recommendations for USAID's consideration:

### **Advisors' orientation and role clarity**

- Provide in-person orientation for new advisors.
- Formally introduce advisors to key NTP stakeholders, including those at higher levels of the Ministry of Health.
- Orient new backstops, mission staff, NTP managers, and GF FPMs in advisors' roles.
- Co-create and update annually well-defined terms of reference and SOWs with the NTP (other stakeholders if needed), setting clear and realistic expectations for advisor support for improved NTP performance.
- Define a way to quantify progress, negotiating clear deliverables, work plans with timelines and targets, and a more structured performance assessment process.

### **Communications**

- Streamline lines of reporting and communication between advisors, NTPs, missions, and USAID/W.
- Establish regular meetings between NTPs, missions, and advisors.
- Establish more frequent communication between and attempt to align USAID and GF priorities at the country level.
- Define a framework for communications between advisors and GF FPMs in particular.

### **Administrative support for advisors**

- Streamline the contracting process especially for third-country nationals and expatriates.
- Request the contracting agencies to take on more responsibility in the contracting process.
- Provide standard orientation for advisors on administrative issues.
- Give the advisor more infrastructure support.

### **Technical support for advisors**

- Keep advisors at the cutting edge of TB knowledge through ongoing training opportunities.
- Provide training in specific managerial and interpersonal skill areas, particularly advocacy, mentoring, and budgeting.
- Provide regular performance feedback to advisors and recognize their successes.

### **Expansion and sustainability**

- Consider countries' diversity and adapt the advisor role(s) according to the context and needs.
- Place other specialist advisors to address pressure points/gaps.
- Define specific roles and ways of coordination among multiple advisors in a single country.
- Create a larger framework for addressing some of the health systems challenges for NTP capacity building and sustainability by complementing advisors with other capacity-building approaches.

# I. INTRODUCTION

## EVALUATION PURPOSE

This evaluation has five key objectives, as stated in the consultants' Scope of Work (SOW) and clarified with USAID during the in-briefing, including:

1. Assess the programmatic effectiveness and relevance of the Advisors Project in meeting project goals.
2. Assess the overall project performance in improving the Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) grant implementation and building the capacity of national tuberculosis (TB) programs.
3. Inform the design of any future technical support project (including GF- and non-GF-related support), based on the best practices and lessons learned from this project. This includes structural, process, and content-related factors that influence success.
4. Clarify the roles of long-term advisors within the NTP—what they were intended to do, what they actually do, and what is most appropriate for the future—to help focus scopes of work and tailor them to country contexts.
5. Develop a results framework that can be used for the evaluation and for long-term advisors going forward.

## EVALUATION QUESTIONS

The assessment team discussed the proposed evaluation questions with USAID and modified them to provide a clear delineation between objective results and the multiple factors that influence those results. The final list of evaluation questions, which address the five objectives stated above, are as follows:

1. How effective is the Advisors Project in improving Global Fund grant implementation and addressing bottlenecks to implementation?
2. What other assistance has the advisor provided to strengthen the country's capacity toward TB control, including methods and results?
3. What factors have contributed to the success (or lack thereof) in accomplishing the project goals, and what opportunities exist to increase USAID returns on investments in advisors?
4. What types of technical assistance and expertise will be needed in the next two years that are suitable for an advisor role?
5. What does a results framework to measure the effectiveness of advisors look like?

## II. PROJECT BACKGROUND

As the largest investor in the Global Fund, the U.S. Government (USG) is committed to supporting successful implementation of HIV, TB, and malaria GF grants at the country level. Since 2005, the Department of State, Foreign Operations, and Related Programs Appropriations Act (the SFOAA) has authorized the U.S. Global AIDS Coordinator (S/GAC) to withhold up to 5% of the aggregate amount of the USG's contribution to the Global Fund to be "made available to USAID for technical assistance related to the activities of the Global Fund."

The USG is the largest bilateral donor in the global TB effort and works closely with the GF to leverage bilateral resources and expand the geographic reach of the United States' bilateral TB programs. Close coordination with the GF is an integral part of the USG's comprehensive partnerships, as outlined in the USG Global TB Strategy. GF grants and USG bilateral TB activities complement one another to address both financial and technical gaps identified in the national strategic plans developed by national TB programs in recipient countries. The USAID TB Program leads USG international TB control efforts and has responsibility for and oversight of U.S. foreign assistance resources and activities for the international TB response. GF 5% technical assistance (TA) support contributes to the outcomes of the overall USG Global TB Strategy.

USAID's approach for TA for TB specifically focuses on prioritizing countries with the greatest burden of TB and the majority of the GF TB resources through an analysis of barriers, identification of approaches to address them with good-quality TA, and close coordination with partners to ensure that there is no duplication of effort. The approach also includes long-term TA to build capacity in the countries with greatest need, especially with the scaling up of good-quality multidrug-resistant tuberculosis (MDR-TB) programs.

In a set of USAID TB priority countries, USAID has seconded (temporarily reassigned) senior-level TB advisors within the national TB programs beginning in 2013. There are currently advisors funded through this specific mechanism in 16 countries: Bangladesh, the Democratic Republic of Congo (DRC), Ethiopia, Ghana, Kenya, Kyrgyzstan, Malawi, Mozambique, Pakistan, the Philippines, South Africa, Tanzania, Uganda, Ukraine, Vietnam, and Zambia. The primary focus for these advisors is technical capacity building of the NTP and supporting the effective implementation of Global Fund TB grants. One important role for advisors is providing technical and managerial mentorship to the national tuberculosis control program (NTP), including training on new drug regimens and data collection, drafting national guidelines, developing national plans and policies, and addressing supply chain issues. This includes supporting the technical aspects of GF grant implementation, including facilitating country dialogues. In addition, the advisors closely track GF progress toward GF grant targets, identifying bottlenecks, and coordinating additional TA (in coordination with USAID and other technical partners, when appropriate).

The advisors also assist NTPs with other technical areas, including but not limited to drug procurements, updating TB diagnostic algorithms, baseline data analysis for national prevalence surveys, and drafting plans to support the piloting and scaling up of drug-resistant tuberculosis (DR-TB) diagnosis and decentralized treatment services. Advisors are in regular communication with the NTP and USAID/Washington, the USAID missions, and other stakeholders as part of their work to improve program performance.

At this point in the project, USAID is undertaking a critical evaluation of the benefits of and opportunities to improve the effectiveness of the advisor model.

# III. EVALUATION METHODS AND LIMITATIONS

## METHODOLOGY

The assessment team used both qualitative and quantitative methods to collect data for the analysis.

### Qualitative methods: Semi-structured interviews of key stakeholders

The primary method of data collection was semi-structured interviews with members of key stakeholder groups who interact with or benefit from the work of the advisors. These groups included the advisors themselves, NTP managers or representatives, a USAID implementing partner, a nongovernmental Principal Recipient (PR), USAID mission staff, USAID/W backstops and managers, GF representatives, and Vital Strategies representatives. The team developed standardized questionnaires specific to each interview group to address the evaluation questions. These were made up of mostly open-ended questions. Interviews were conducted by telephone or Skype and lasted approximately one hour. For non-English speakers, questions were translated into their respective languages (French and Russian), and interviews were conducted in that language. In conversations with USAID/W, it was decided to interview four USAID/W managers, all backstops, and all advisors. In relation to mission staff, NTP staff, and other contacts, advisors were asked to generate a list of people who would be most appropriate to comment on the Advisors Project in their countries. To be able to comply with the short deadline, in discussions with USAID/W it was decided to make three efforts to contact each person for an interview, after which they were considered nonresponsive and dropped from the interview list. Based on the list the advisors proposed, 92 people were contacted and invited to participate. Out of the people contacted, 68 (74%) responded positively and were interviewed. The rate of response was higher for people directly related to the project. To ensure having enough NTP staff represented, more than one person in each country was invited without the expectation of interviewing more than one. Non-NTP Global Fund PRs frequently had little contact with advisors, which could be the reason of the low response. The breakdown of interviews is presented in table I.

**Table I. Breakdown of Interviews by Number of People and Countries Represented**

Interview group	Number of people contacted	Number of people interviewed	Number of countries represented
USAID/W managers	4	3	--
USAID/W backstops	12	12	19
USAID mission staff	19	17	13
NTP staff	29	13	10
Advisors	16	16	16
Implementing partners	1	1	1
Non-NTP GF PRs	5	1	1
Vital Strategies	2	2	--
Global Fund	4	3	2
<b>Total interviews</b>	<b>92</b>	<b>68</b>	

Interview notes were recorded on an Excel spreadsheet for each question and each interview. Interviews were audio recorded for reference when reviewing and finalizing interview notes, after which the audio recordings were deleted.



Immediately following interviews, key points were highlighted in the notes. Key points were then summarized across the stakeholder group for each question. Finally, key themes across all stakeholder groups were summarized to address the evaluation questions, with responses quantified when feasible and appropriate.

In addition to interviews, the assessment team reviewed a selection of available project documents to triangulate the information gained in the interviews about advisor activities and contributions. Documents included original SOWs for advisors, annual work plans (available for several advisors), monthly reports, and annual reports, as well as several samples of advisor deliverables (e.g., technical guidelines and national strategic plans). Because processes have changed over time, review was limited to monthly reports from 2018 and annual reports from 2016–18 to most accurately reflect current practice.

## **Quantitative methods**

The assessment team attempted to collect quantitative data to correlate with advisor contributions, specifically with respect to GF improvements. These data included trends in grant performance and absorption of funds over time, as well as the proportion of GF TB targets met over time. However, these data were not available or were not up to date. The available GF online database was accessed to provide current grant ratings; however, the database has not been updated since 2017 and trends are not available, so these data are of limited value in trying to show any correlation between improvements in performance and the work of the advisors. Instead, the team relied on information provided during interviews to provide some quantitative examples of advisor contributions.

In addition to the interviews, the evaluation team prepared a short online survey for advisors to quantify how they spend their time, and to gather information on their areas of expertise and additional training they would like to have to improve their effectiveness. A total of 15 advisors completed the online survey. Survey responses were quantified using Survey Monkey software to generate charts and graphs.

The team also solicited input from Global Fund portfolio managers (FPMs) through a short online survey to gather additional feedback on advisor performance, using a combination of multiple choice and open-ended questions. Five individuals responded to that survey and their information was combined with the data derived from the three telephone interviews conducted with GF representatives.

## **ETHICAL CONSIDERATIONS**

The assessment team read an oral consent statement to all interviewees prior to beginning questioning, informing them of the purpose of the interview, assuring them of confidentiality, and informing them that they could refuse to answer any question or stop the interview at any time for any reason without consequence. All interviewees gave oral consent for the interview, which was documented in writing in project files.

All project data are kept in a restricted access online drive limited to assessment project staff. In this report, all information and quotations have been de-identified to preserve the anonymity of the commenters.

## **LIMITATIONS**

There are several limitations to the qualitative data that the team collected. First, the team was unable to travel to the countries included in the evaluation due to budget constraints, so had to rely on information provided by others. The data were thus gathered and analyzed without the benefit of any direct observation or other means of verification. The evaluation data consist almost exclusively of the opinions of the various stakeholders, some of whom are less familiar because they have only recently been involved in the project or do not have frequent contact with the advisor.

To address these challenges, the team structured interviews to ask similar questions of the different stakeholder groups so responses could be compared. In general, there is very good consistency among the different stakeholder groups, giving a higher degree of certainty that the opinions expressed are widely shared and reflect the real situation on the ground.

As described above, quantitative data to supplement the stakeholder opinions expressed were not readily available, so could not be analyzed to provide a quantitative basis for the opinions expressed in the interviews. While we have collected the available data, much of it is so dated that it adds little value to the analysis. In addition, as numerous stakeholders noted, it is virtually impossible to attribute program performance changes to individual advisors' actions because of the complex systems and multiple factors that influence outcomes, so that any changes are at best an indirect measure of possible advisor contributions.

## IV. FINDINGS

Findings from the analysis of the interview and survey data are presented below, organized according to the five evaluation questions.

### EVALUATION QUESTION 1. HOW EFFECTIVE IS THE ADVISORS PROJECT IN IMPROVING GLOBAL FUND GRANT IMPLEMENTATION AND ADDRESSING BOTTLENECKS TO IMPLEMENTATION?

#### Findings from Interviews and Surveys

On average, advisors spend approximately 58% of their time supporting GF processes and implementation (range, 10%–90%;  $n = 10$ ). Table 2 summarizes the areas in which advisors have contributed to addressing GF challenges in the opinions of the stakeholder groups consulted. The boxes highlighted in green in the table below show the top four responses in each stakeholder group. The responses should not necessarily be taken as a ranking of importance, but do show the relative priorities different groups place on advisor activities, as well as the level of detailed knowledge each group may have about advisor activities. For instance, advisors and NTPs are closely aligned, reflecting their daily communication. Missions, on the other hand, appreciate the coordination of TA because it relieves a burden that may otherwise fall to their staff.

**Table 2. Advisors' Contributions to Addressing GF Challenges**

Contribution	Advisors	NTP Rep.	Missions	USAID/W backstop	Global Fund	Total
Increasing absorption, reprogramming and disbursement of funds	8	5	3	6	2	24
TB TA and capacity building (mentoring, supervision)	5	4	6	4	5	24
Concept notes/proposal	7	6		4	2	19
Partners coordination	4	2	3	5	4	18
Develop guidelines	5		2	4	4	15
Address PSM bottlenecks	4	1	2	5	1	13
Reporting writing	5	3		2		10
Research	3	2		2		7
M&E data analysis		3		2		5
Coordination of TA		1	4			5
Improve perform indicators	3				1	4
NSP development	2	2				4
Empower the NTP	1					1

The areas in which all stakeholder groups agree that the advisors have made substantial contributions are improving fund absorption and effective use; providing technical support and capacity building to keep things moving and aligned with the latest international guidance; coordinating between the various partners (both GF and

non-GF, including USAID implementing partners) to ensure good synergy and avoid duplications; and addressing procurement and supply chain management bottlenecks.

This tracks relatively well with how advisors report spending their time on GF issues, as presented in Table 3. Advisors were asked to indicate the proportion of time they spent on GF versus other tasks, and then within the time spent on GF, what proportion of time they spent on tasks from a multiple-choice list with increments of 5%. The numbers given in the table represent the proportion of GF-related time that advisors spend on each task, with a range presented to show the wide variety in how advisors use their time. For instance, 14 advisors responded that they spend some time providing TA on TB issues under GF, taking up an average of 33% of their GF-related time. However, the range of responses indicates that advisors are spending as little as 10% of their time on this task, while others are spending up to 70% of their time on technical matters.

**Table 3. Proportion of Time Spent by Advisors on Various Global Fund–Related Tasks, by Self-Report**

Activity	Average % of time spent (out of all time spent on GF)	Range of time spent	Number of responses
TA on TB technical matters	33	10–70	14
Addressing absorption and reprogramming challenges	13	0–30	14
Technical working groups (post-grant)	12	4–20	14
Partner coordination	11	0–40	14
Data collection and analysis	10	5–25	14
Concept note/proposal writing	10	0–40	13
Addressing procurement bottlenecks	9	0–20	14
Support on reporting and responses to GF	8	0–15	15
Other (not specified)	5	0–15	3

Many of the advisors are intimately involved with GF processes and implementation on a daily basis, with the important distinction that this is focused on the NTP as a PR in most countries. In countries where the NTP is a junior PR or not a PR at all, the advisors have had some difficulty influencing GF processes. Other PRs are often very proprietary about information and data, making it very challenging to have much influence at all, as in the case of Ukraine or Vietnam. One of several important exceptions is Kyrgyzstan, where the advisor has played a critical role in helping the NTP feel empowered to guide GF activities and priorities without being a PR, through senior-level technical support and mentoring of staff to understand GF processes more clearly. He has really guided their process and helped the NTP get organized.

“When [the advisor] started, NTP had to develop the [National Strategic Plan] NSP and prepare the application to GF. Without him, we would not have been able to do what we did. He provided big policy/strategy support. During that period, he also gave us lessons on how to be focused, organized, precise—he helped build our capacities—it was a very good experience for me.”

—NTP staff

In most countries, advisors have been instrumental in application preparation and/or NSP development. In addition, there are several places where the advisor has advocated to put the NTP on more equal footing with PRs (when the NTP is not a PR, or with other PRs when NTP is a junior PR) and to access a fair share of the resources available. (e.g., Pakistan). In several countries, advisors have been staunch program advocates and have helped the NTP secure additional (above-allocation) funding for activities as a result of their convincing arguments to the GF (e.g., in Ghana). NTPs also appreciate the advisors’ willingness to take on the responsibility of ensuring timely and

accurate reporting to the GF and responding to GF queries. According to the few GF staff interviewed, advisors help “keep things moving” at the country level and help the program translate commitments and plans into action. Their support has resulted in more rapid scaling up of innovations, including expansion of GeneXpert and introduction of shortened treatment regimens (STRs) in Bangladesh, for instance.

“[The advisor] was a big advocate for GeneXpert. The NTP as well as others were reluctant—they felt that it would overburden the system to keep them running. He said let’s bring them, phase them in, bring in supplies. While there were some delays from GF at the beginning of their introduction, he was on top of it—he created solutions. He was one of the prime movers behind the scale-up from 39 to 194 machines in the country.”

—Mission focal point

Backstops place very high value on the advisors’ ability to help with absorption of funding and increase the rate of implementation of activities. Backstops see them as good coordinators between partners and a good early warning system for when things are not going well and need to be addressed. For the most part, the missions see tremendous value in having the advisors embedded at the NTP. First, it helps them keep up-to-date with issues and problems so they can be solved more quickly. They have also noticed significant improvements in the speed of GF implementation and in absorption of funds in a number of countries. The advisors have been instrumental in timely and technically sound responses to GF queries, and they have been effective advocates for needed actions and/or resources. A key role is in the coordination of activities at the

country level to improve the synergy and efficiency of the various partners and to coordinate external TA as needed.

In the places where this has not worked so well, much of that has to do with access of the advisor to the needed information to support GF improvements. In Vietnam and Ukraine, this remains an issue. In South Africa, friction/perceived competition with NTP staff has played a role in decreasing the advisor’s ability to influence larger Global Fund processes.

The data collected from GF FPMs point to an interesting disconnect between advisors’ activities and the perceptions GF respondents had about their activities. The sample size is small ( $N = 8$ , including 5 survey respondents and 3 interviews), but it is clear that there is great variability in the FPMs’ level of understanding about and interaction with the advisors. At least several have regular contact with the advisors, either directly or indirectly. However, the rest have quarterly or only as-needed contact. No GF respondents had seen the advisor terms of reference (TOR).

The contrast can be seen in the two quotations below from FPMs:

“We thank USAID for the good collaboration and provision of the TB advisor. The TA is very useful and has been very beneficial to the National TB program and the GF including in the proposal preparation stage.”

“I was not aware until I started taking this survey of the purpose of this position and its link to the Global Fund. In the four years I have worked with NTP, this was never explained to the Global Fund Country Team. Our understanding was that this position is there to support the NTP but not necessarily in moving forward Global Fund grants so we never requested any support in this regard.”

When asked how the advisors had contributed to GF performance, the GF survey respondents provided these answers:

Answer choices	Number of responses (N = 5)
Innovations like new diagnostics and new regimens have expanded more rapidly	3
I can't say / don't know	2
The grant applications are of higher quality, with fewer questions to address	1
The grant ratings have improved over time	1
Absorption of funds has increased over time	1
There have been fewer or no stockouts of drugs and supplies	1
Reprogramming of funds has been smoother and more focused/efficient	0
There has been an increase in the proportion of targets met over time	0

Compared with what the advisors report they are doing, these GF responses point to an overall lack of awareness about what the advisors work on. There are legitimate reasons for this. The advisors are often taking a “backseat” role, so that while they are supporting the GF work, their activities are unseen and unacknowledged. In terms of capacity building and mentorship, this could be seen as a success. However, it is important for the GF Country Teams to understand the role envisioned for the advisors so they can request support when needed.

In both the phone interviews and the survey, several suggestions to improve the linkages with GF were made for consideration. First, several respondents suggested that there be a more formal relationship defined between the GF Country Team and the advisor (several advisors also mentioned this point). Second, the GF Country Teams would like to have an orientation and better understanding of the advisor’s role: “The scope of the advisor’s work should be clearly communicated to the Global Fund Country Team and to the NTP. If a new FPM or NTP director is appointed, a briefing with the advisor and the NTP should be organized to agree on key priorities to support the implementation of the Global Fund grants and provide coordination with USAID and other donors and partners.” Third, at least one person mentioned the need to have better alignment between the Global Fund priorities and USAID priorities in-country so that advisors are not working at cross purposes. The need for some improved communication and suggestions in that regard are further discussed under Question 3.

## Quantitative Findings

The above-noted qualitative data are in general very encouraging and point to a widespread appreciation of advisor contributions to improving GF processes and implementation. It is useful to try to correlate the positive feedback with measurable changes in the performance of Global Fund grants in terms of ratings and targets met, but these data are difficult to access.

It was not possible to access trends in GF grant ratings over time for most countries—GF was unable to provide current data. From the data file provided by GF, the most current grant ratings listed are from December 31, 2016. The available information is presented in Table 4. These data have been filtered for grants with end dates from 2015 on; for TB and TB/HIV grants only; and to reflect ratings for *government PRs only* as the best measure of any impact the advisors may have had on ratings.

**Table 4. Latest Available Grant Ratings for Grants with End Dates from 2015 on in Advisor Countries**

Country	Grant rating	Rating period end date	Change from previous rating
Bangladesh	A2	6/30/16	Stable
Ethiopia	A2	6/30/15	Stable
Kenya	A2	6/30/16	Increase from B1
Malawi	A2	12/31/16	Increase from B1
Mozambique	A2	12/31/16	Increase from B2
Pakistan	B1	12/31/15	Stable
South Africa	B2	9/30/16	Stable
Tanzania	B1	6/30/16	Stable
Uganda	A2	12/31/15	Increase from B1
Ukraine	B1	6/30/16	Stable
Vietnam	A1	12/31/15	No other data
Zambia	B1	12/31/16	Stable

Note: No data were available for the DRC, Ghana, Kyrgyzstan, or the Philippines, where government was not a PR or no rating was available at the time of last database update.

Although these data are somewhat old, the positive news is that in all countries for which data are available, ratings have remained stable or improved during the availability period. None of these can be attributed to the actions of one person in a very complex system, but it is positive to note that performance has at least been maintained in all of these countries.

Trends in the proportion of GF TB targets that have been met were not possible to access. It would be useful to track both of these metrics (rating and targets met) as an important measure of performance. While positive results/trends cannot be attributed solely to the advisors, negative results/trends can point to gaps that need further attention by the advisor or other TA providers.

## **EVALUATION QUESTION 2. WHAT OTHER (NON-GF) ASSISTANCE HAS THE ADVISOR PROVIDED TO STRENGTHEN THE COUNTRY'S CAPACITY TOWARD TB CONTROL, INCLUDING METHODS AND RESULTS?**

Advisors spend an average of 33% of their time (range, 10%–90%;  $n = 15$ ) on TA not directly related to GF activities. Their TA is divided over a wide range of activities—in the online survey, advisors were asked to provide a breakdown of the percentage of their non-GF time they spent on various activities, as presented in table 5. Time is spread relatively evenly over the entire range of tasks, with quite a bit of variation from advisor to advisor, according to the needs of the program. All of the respondents reported that they spend some time on one-on-one technical mentoring and in TB technical meetings (e.g., working groups) (table 5).

**Table 5. How Advisors Spend Their Non-GF-Related Time in Building the Capacity of the NTP**

Activity	Average time spent (% of non-GF time)	Range	# of responses (n = 15)
One-on-one mentoring or support for the NTP on TB technical areas	14	5–33	15
Writing and updating policies and guidelines (on specific technical issues)	13	5–30	14
TB technical meetings	11	5–30	15
Developing NSP	10	0–40	14
One-on-one mentoring or support for the NTP on managerial issues (staffing, finance, procurement, etc.)	9	0–20	12
Provide support on report writing	9	5–20	12
Provide support on data collection and analysis	9	0–20	12
Supportive supervision to lower levels (region, province, district, etc.)	8	0–25	13
Partner coordination, including meetings	8	5–15	14
Training workshops in TB technical issues	8	0–15	12
Coordinate technical assistance	7	3–20	13
Provide support on surveys and operational research	7	0–20	12

Almost all of the advisors are highly technically skilled and are seen as senior members of the team to whom other staff will come for advice. The advisors use a combination of methods to provide technical support and capacity building for the NTP staff. All of them who responded to the online survey ( $n = 15$ ) provide one-on-one mentoring to staff and find that to be the most effective means of building capacity. In addition, they provide less formal advice to staff, model behaviors, and participate in formal training sessions and workshops, including to lower levels of the health system.

During interviews, we asked stakeholders to comment on the advisors' contributions to NTP strengthening, and quantified those responses, as presented in Table 6. The top three choices from each stakeholder group are highlighted in green to compare the opinions of the different groups (for the backstops, we highlighted the two answers that received the most comments among all groups to avoid highlighting all answers where there were two comments). All stakeholder groups recognize and appreciate the contribution advisors make to NTP strengthening through mentoring on technical issues. The differences between groups on other important contributions reflect the different priorities of the groups as well as the differences in the information they receive about advisor activities. It is interesting to note that while about one-third of the advisors mentioned their contributions to improving management practices at the NTP through mentoring, this contribution was rarely acknowledged by other stakeholders. This is an area where the advisors' work is often critical but also invisible or unacknowledged.

"He helps improving our staff capacity in management. He is focused—he is not distracted by other activities. He helps us to achieve our timelines. He also helps documenting lessons learned."

—NTP manager



In three countries, missions noted that the challenges the NTP faces are “too big” for the advisor to address. This is an important finding, in that these were open-ended questions where no specific response was elicited—yet three missions have come to the conclusion that the advisor cannot have a lasting impact on NTP capacity. This was noted in cases where there are extremely high levels of staff turnover, very complex NTP structures or insurmountable bureaucracies, or poor matches between the NTP’s needs and the advisor’s skills, experience, or personality. In these cases, modified or different approaches may be useful to consider for improving impact.

"She really provides strategic guidance to the program. Sometimes I am focused on the details. She reminds us of the strategic direction of the problem."

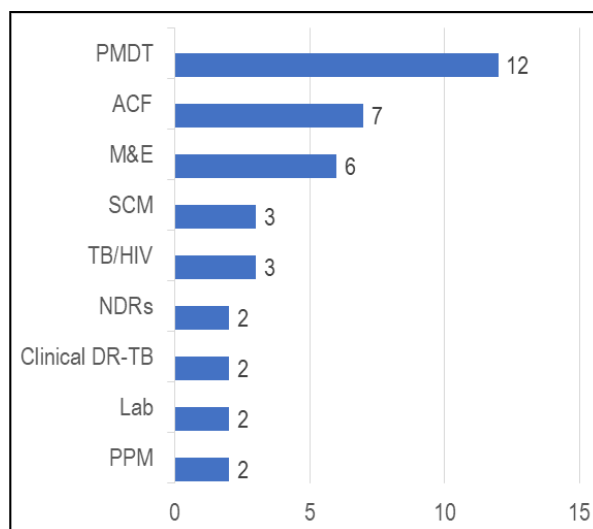
—NTP manager

**Table 6. Number of Stakeholder Comments on Major Contributions to NTP Strengthening**

Advisor Contributions to NTP Strengthening	Advisors	NTP Rep	Missions	Backstops	Total
Mentoring and advising on technical issues	8	11	7	4	30
Mentoring on data quality and analysis	7	4	5	--	16
Technical training	4	4	3	2	13
Supportive supervision	4	3	2	2	11
Developing technical guidelines	--	3	5	2	10
Mentoring on management issues	5	--	--	2	7
Providing continuity during staff turnover	--	--	2	1	3
Challenges are too big for the advisor to address	--	--	3	--	3
Connecting USAID and the NTP	--	--	2	--	2
Coordinating TA	--	--	2	--	2
Research	--	--	--	1	1
Empowering the NTP to participate fully in guiding GF and other partner work	--	--	--	1	1

The advisors often do not have the authority or scope to address the root causes of many of the challenges the NTPs are facing, but they do contribute significantly to reducing the "symptoms" (e.g., although they cannot change the hiring practices or salary structures, they do the best they can to mentor and motivate the NTP staff members who are there). They are seen as essential to moving things forward and improving performance in most countries. They often have a higher level of expertise than the NTP managers themselves and are tasked with producing quite a few of the guidance documents required to expand innovations. They have made significant contributions to improving data quality and timeliness in several countries. All of these activities are extremely useful and important for short-term gains,

**Figure 1. Advisor Areas of Greatest Competence (n = 15)**



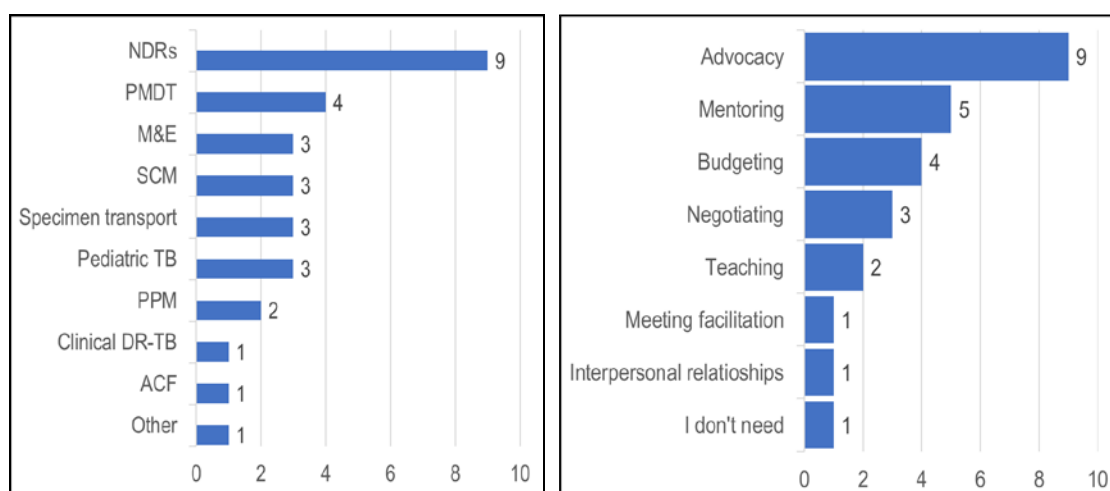
but all stakeholders also recognize the limitations associated with having only one individual as an advisor—that person cannot possibly address all the technical challenges faced by the NTP, nor are they equipped to tackle the higher-level structural issues that affect the sustainability of the gains being made.

In addition to asking advisors to comment on the amount of time they spend on NTP capacity building, we asked them about their areas of greatest competence and those in which they would like more training to improve their effectiveness (areas taken from a fixed list provided). Figure 1 quantifies advisor responses to the question “In which two technical areas do you feel most skilled or experienced to provide TA?”

As would be expected given advisor terms of reference (TOR), most advisors (12 of 15) listed programmatic management of drug-resistant tuberculosis as one of their areas of greatest competence, followed by active case-finding, and monitoring and evaluation/data quality and analysis.

Advisors also responded to questions on what kind of additional training they would like, including technical and managerial/administrative training. The online questionnaire provided a pull-down menu of categories with options for including “other”—choices were taken from thematic areas derived from live interviews. The results are presented in Figure 2.

**Figure 2. Advisor Areas of Additional Technical and Managerial Training Needs (n = 15)**



In terms of technical training, most advisors (9 of 15) requested additional training on new drugs and regimens for MDR-TB, reflecting their perception of their technical roles as focused on MDR-TB. Most advisors (9 of 15) also requested additional training on advocacy, reflecting their recognition that NTPs need support to increase their influence on decision-makers and improve domestic funding of TB control activities. More training on mentoring approaches and budgeting were the other two areas requested by more than 25% of the respondents.

### Challenges in NTP Strengthening

In addition to discussing contributions and successes in NTP strengthening, interviews explored the greatest challenges to NTP capacity building. Challenges that were most frequently mentioned by stakeholders include the following:

- **High turnover makes sustainable capacity building difficult.** Programs experience frequent staffing changes for a number of reasons (political, low wages, few opportunities for advancement, etc.). Under these circumstances, devoting time to training staff who will not benefit the program in the longer term may not be seen as the best use of advisor time.

- **Urgent demands can capture much of the advisors' time.** Although advisors have clear TOR and NTP strengthening is seen as a high priority, there are so many competing demands for time that advisors are not always able to devote the necessary time to build NTP capacity.
- **Variations in staff motivation and capacity to learn.** Several NTP respondents noted that even when advisors attempted to enhance NTP skills, staff were not always motivated to do so because of low wages or because they were very junior or inexperienced.
- **Only one advisor with many diverse needs to address (TB, procurement, monitoring and evaluation [M&E], finance, etc.).** Particularly in NTPs that are smaller or less mature, there is a host of needs for capacity building, such that it would be difficult for one person to have all the skills and experience necessary to cover all the needs.
- **A low travel budget makes field visits for supervision difficult.** Several advisors mentioned that they were limited in their ability to travel to the field because of budgetary constraints or administrative permissions, and that this limitation hampered their ability to see what is happening firsthand and provide face-to-face feedback to staff at lower levels of the health system.
- **Some advisors lack seniority/needed technical skills.** There are several cases in which advisor skills or experience may not be matched with all the needs of the NTP. For instance, one advisor is not perceived as being senior enough to provide advice to older, more senior members of the NTP. In another case, an advisor has excellent management skills but is not as skilled in technical areas for which the NTP would like additional help.
- **Underlying systems challenges are above the capacity of advisors to address.** Larger health system issues are a major constraint to sustainable capacity building of NTP staff. These include human resources (HR)–related issues, such as low compensation and frequent rotation of staff; the lack of influence of the NTP on larger processes, including budget allocations; poor infrastructure and insufficient space that make it physically difficult to work together; and others.

## EVALUATION QUESTIONS 1 AND 2 SUMMARY: ADVISORS' GREATEST OVERALL CONTRIBUTIONS

In addition to exploring specific contributions that advisors have made to GF improvements and to NTP strengthening, we asked stakeholder groups to comment on the greatest successes advisors had had in their roles. This question was meant to tease out the difference between what advisors contributed and what different stakeholders *value* the most in terms of contributions. This comparison is only meant to highlight the different perspectives and knowledge of the various groups, not to rank the importance of the contributions.

In table 7, the four top choices of each stakeholder group are highlighted in green. (Where there is a tie within a stakeholder group, the choice with the most mentions from other groups is highlighted.) All stakeholder groups agreed that one of the greatest successes of the advisors is in introducing innovations. This reflects the heavy focus on introducing new drugs and new regimens to treat MDR-TB and expanding rapid diagnostic technologies in many countries. Aside from the advisors themselves, other groups view their contributions to policy and guideline development as an important success, likely because of their importance in being able to implement new approaches and as a prerequisite to GF funding of activities.

**Table 7. Stakeholder Opinions on Advisors' Greatest Overall Successes**

<b>Advisors' greatest successes</b>	<b>Advisors</b>	<b>NTP</b>	<b>Missions</b>	<b>Backstops</b>	<b>Total</b>
Introducing and implementing innovations	5	5	4	4	18
Mentoring and training staff to increase capacity	8	3	2	1	14
Developing policies, guidelines, NSP	--	5	5	2	12
Coordinating partners	2	3	6		11
Increasing absorption of GF monies	8	--	2	1	11
Improving SCM / reducing stockouts	4	1	3	--	8
Improving data quality and analysis	4	1	2	1	8
Help USAID influence / being eyes and ears	--	--	4	4	8
Improving TB indicators	5	--	1	1	7
Empowering NTP / mentoring NTP mgr. / strategic thinking	3	--	2	1	6
Flexibility to respond to needs	1	--	--	3	4
Continuity in the face of turnover	1	--	--	2	3
Mobilizing resources	--	1	--	--	1

The priorities of the various stakeholder groups are reflected in other successes they value. NTPs value the advisors' contributions to staff mentoring and partner coordination, which often places a heavy burden on NTP staff. Missions also appreciate the partner coordination and the linkages advisors provide between the mission and the NTP, increasing the mission's ability to communicate with and influence NTP processes and decisions. Likewise, USAID/W backstops recognized the value of advisors in being the "eyes and ears" of USAID and providing an open line of communication to the NTPs. Backstops also recognized the significant value added in having such a flexible position that allows advisors to respond to urgent needs and to help avoid gaps in coverage through more timely recognition of possible problems (e.g., impending stockouts).

"He is the glue that holds everything together. He facilitates the sharing of information between all partners—it's a very big issue."

—Mission focal point

It is interesting to note that the advisors themselves have a slightly different view of their successes. Almost half of them mentioned their contributions to improving GF absorption rates as one of their greatest contributions, and almost one-third of them noted that they had contributed to improving TB indicators, while no other stakeholder groups recognized these contributions to any substantial degree. Again, part of the reason is that their work on these topics may be as facilitators or enablers and not leaders. In addition, advisors may be more aware of these metrics than other stakeholders because they are the ultimate measures of their effectiveness as advisors, according to their TOR.

### EVALUATION QUESTION 3. WHAT FACTORS HAVE CONTRIBUTED TO THE SUCCESS (OR LACK THEREOF) IN ACCOMPLISHING THE PROJECT GOALS, AND WHAT OPPORTUNITIES EXIST TO INCREASE USAID RETURNS ON INVESTMENTS IN ADVISORS?

There are many factors that influence the ability of an advisor to succeed in his or her role. Through the interview process, the assessment team extracted some of the common themes around process and structural issues that helped or hindered success. These can be grouped into the following general categories:

- The recruitment, TOR development, and orientation process
- Communications, relationships, and support
- Personal factors
- Health system factors

#### Recruitment, SOW development, and orientation process

Vital Strategies has been responsible for the administrative recruitment and contracting of advisors. Their role is focused on publishing the position announcement, collecting CVs, and referring qualified candidates to USAID. With the exception of Tanzania and the DRC, the process has been relatively smooth.

In most cases, backstops have been actively engaged in the recruitment and selection process. The exception is new backstops who were not part of the team during recruitment. The extent to which missions and NTPs were involved has varied greatly. There has been less NTP involvement in the recruitment process from bigger countries or those with more sophisticated health system structures. Even when the NTP participated in advisor recruitment, in many countries the current NTP manager or staff did not participate. From all stakeholder comments, it seems clear that the greater the involvement of the mission and NTP from the beginning, the more smoothly things go subsequently. This includes participation in refining the SOW and reviewing the candidate before the final hiring decision is made.

"I don't have any challenges with the advisor. I was involved in finding him, he is flexible, not prescriptive and complements our NTP staff skills."

—NTP manager respondent

The generic SOW is adapted to each country based on suggestions from the local mission and sometimes NTP. It is usually very broad and general. This is both a benefit and a drawback—the flexibility of the role is key to respond to NTP requests that are seen as “urgent,” but it also takes time away from the priority activities that are supposed to be their focus. Supporting additional activities is important to create goodwill with the NTP—many advisors and other stakeholders saw this as key to establishing good relationships at the beginning of their tenure by demonstrating their added value and willingness to support the NTP priorities. Several of the advisors mentioned the need to get help and support in prioritizing the many things they are being asked to do.

Advisor orientation has varied significantly, from no orientation at all (one) to phone calls with the backstop, meetings with local mission, a one-week visit from the backstop and the Advisors Project coordinator, and orientation from the NTP manager. Some advisors got an in-person visit from the backstop and the project coordinator after they arrived in-country, which was very helpful for the ones who were recruited from other countries. This was also helpful for the backstops and project coordinator in terms of establishing a strong relationship—having that face-to-face contact initially is important in the process. The timing of this visit has varied—from right at the beginning to a few months into it—opinions are different about what is best. Advisors seem to prefer the earlier visit to help them feel more secure in their roles.

"Sometimes they [implementing partners or other stakeholders] asked, 'Why are we having someone here? Are you going to give us money?' It took a while for them to accept my role."

—Advisor respondent

FPMs have not been formally introduced to the idea of the advisor—they have learned by encountering them in the field. From this small group that participated in the evaluation (eight), it seems that none of them has seen the TORs of the advisors, so although they have a general idea of what they are doing, they have no formal orientation. In some countries, there was a lot of tension between the advisor and other USAID implementing partners because they saw the advisor as competition for work rather than a colleague. Those people—including GF team and implementing partners—have not been well oriented to the roles and responsibilities of the position, and that has caused some friction and confusion as they struggle to understand how to relate to the advisor.

### **Communication, relationships, and support**

Externally, there are several factors advisors mentioned as important to their success: the right NTP manager, the support of the USAID mission and USAID/W, and the "brand" of USAID and the Union that helps give them credibility.

The communication between the USAID/W backstops and advisors varies. In most cases, they have the monthly call as well as ad-hoc calls, depending on the needs. Advisors are very satisfied with USAID/W support. They like the newsletters, they love the annual meetings, they feel the team is there when they need them, and they would like to have more opportunities for sharing experiences between advisors, either through other face-to-face meetings or webinars. For some, the monthly meetings are problematic because of connectivity issues and the quality of sound. However, some advisors, particularly newer ones (as well as newer backstops), are not always clear on the reporting lines or requirements, and this should be clarified for both sides. Some advisors were not exactly sure what happens to their monthly reports or who approves them, while others are very clear and have routine and detailed calls with backstops to review progress and plan next steps.

Advisors say their relationship with the local mission is good. Three of them said "encouraging," "very open," or "great." A few advisors mentioned there were difficulties because of logistical issues (e.g., mission security and the inability to meet face-to-face) or because of a lack of alignment between mission and NTP priorities, which left them feeling a bit "stuck in the middle." Some backstops and advisors mentioned they would like the mission to be more involved. Many stakeholders mentioned the advisors have been a bridge between the NTP and the mission or USAID/W. Having that good communication and understanding between the mission and the NTP also helps the advisor succeed and should be considered an essential part of the overall process.

"I facilitate the communication between the NTP and USAID and it is increasing value of the program in front of the mission, and facilitates resource mobilization."

—Advisor respondent

There is significant communication between the advisors and members of the NTP team with whom they sit. Being embedded at the NTP is a significant plus for most advisors because they end up having intimate knowledge of the daily goings-on and informal conversations that are important in providing context for decision-making. In some

"Initially, I had to be very modest. Did a lot of listening. People felt a bit territorial, not so receptive to new ways of doing things. In the first one to two months, I had to play a little 'dumb' so I can gain acceptance. I have to avoid competing, criticizing, tell them what to do. Eventually, I was able to be part of them—now they consider me Ministry of Health."

—Advisor

countries, access to space and resources has been an issue for those sitting within the NTP. The other downside is that they are always available so they get asked to do a number of things that are not necessarily their priorities.

Most advisors described their relationship with the NTP as very good (using words like strong, functional, comfortable, excellent, cordial, and fantastic), but a number of them have had to work hard to establish those relationships. Over time and with a lot of diplomacy and patience, they have been able to integrate themselves within the NTP teams to

a large extent. Being able to establish role clarity is a necessary part of this initial period and of setting the advisor up for success. Much of this depends on the chemistry between the NTP manager or other supervisor and the advisor—if that is not working, even the best advisor cannot succeed. Some advisors have gone through numerous

managers and have now established good relationships with newcomers, which has helped move things forward. In other places, it remains a struggle because of the NTP's lack of experience or staffing.

Another issue raised by several advisors is their difficulty in defining their identity. They are not able to clearly articulate to stakeholders what their affiliations are—they do not represent USAID, even though they are hired with USAID funds, and although they are affiliated with the Union through Vital Strategies, they are not really Union staff. They do not have business cards with an organization listed, so they are sometimes seen as free-floating consultants and have less credibility as a result. Stakeholders (and the advisors themselves) have a difficult time grasping the affiliations, and this hinders the ability of the advisors to function most effectively.

“My main challenge is my identity. We are hired by the Union, paid by USAID, but I don’t have a name card with an organization. People wonder where I am from. They expect that I can bring money to support activities, but I have no funds to do so...”

—Advisor respondent

In addition, several advisors mentioned that not having a small pot of discretionary funds available to support urgent NTP activities, their own travel to the field for supervision, or NTP staff travel to accompany them makes their work more challenging. For example, even advisors who have the money to travel for supportive supervision cannot always perform these tasks, because the NTP staff who are required to go with them do not have a budget. Some NTPs expect that advisors will have access to some funds, and it is difficult for them to explain that is not the case. Advisors sometimes feel frustrated when they identify small but urgent financial needs that are causing slowdowns in their work but cannot be covered with GF or government monies because of the lengthy bureaucratic processes that would entail.

A few advisors mentioned that not having direct communications with the GF Team in Geneva was a challenge, but because of the hierarchy and the fact that they are only advisors and not decision-makers, it was not possible for them to communicate directly. (Several GF FPMs also mentioned this as a challenge). Several advisors try hard to communicate with partners, both USAID and GF PRs/SRs, in order to coordinate efforts and avoid duplication. This is an important function of the advisors, especially in countries with numerous implementing partners for USAID, GF, and others. It takes a significant coordination burden off the NTP and improves the overall results of the projects, which is much appreciated and needed.

### Personal factors

“At the beginning we thought we don’t need him (the advisor); now we would be missing him.”

—NTP manager

Many of the factors that make advisors successful are related to their personal characteristics and experience. First and foremost, their senior technical expertise is highly valued and recognized by all stakeholders. Their knowledge and experience add value to the NTP’s work and provide them with credibility. Advisors who have held international positions bring the added benefits of

being able to draw on their experiences in other countries and access the expertise of their other international colleagues as needed. Advisors who work in their own countries have the added benefit of deep contextual knowledge and language/cultural fluency.

In addition to their technical knowledge, personal characteristics—being diplomatic, patient, persistent, and humble—have proved to be key. They have had to negotiate very difficult political terrain to establish themselves as effective members of the NTP teams and their political savvy has been a key ingredient in success. In general, advisors have several other personal qualities that improve their chances for success—they are

“Being embedded in the NTP office makes it easier to work with the NTP. But the major limitation is that I became a part of the bureaucracy and my role as far as advocating and leveraging is compromised because of strict lines of authority.”

—Advisor



entrepreneurial, proactive, and self-motivated, identifying gaps and places where they can make useful contributions and taking advantage of those.

## Health system factors

Advisors work with NTPs in many different stages of development. Those who work with NTPs that are less established often have to take on leadership roles and may end up doing many different things that are not necessarily their own priorities but require attention. In these NTPs, Advisors can play critical capacity-building roles, but these NTPs often lack experienced and sufficient staff to get the job done and are plagued with frequent staff turnover. It is difficult for the advisors to mentor and motivate staff to perform when they have low wages and little incentive to work harder. These issues are beyond the scope and ability of the advisors to fix, but constitute significant barriers to success.

In NTPs that are more complex, on the other hand, the advisor's role may be limited, may compete with the roles of others, or may not be as effective because of the large bureaucracies in which they are trying to function. This is in addition to the complex operating environments, both politically and geographically. All of these issues require skilled advocates who can function at / have access to higher levels of the system to effect any change.

## EVALUATION QUESTION 4. WHAT TYPES OF TECHNICAL ASSISTANCE WILL BE NEEDED IN THE NEXT TWO YEARS THAT ARE SUITABLE FOR AN ADVISOR ROLE?

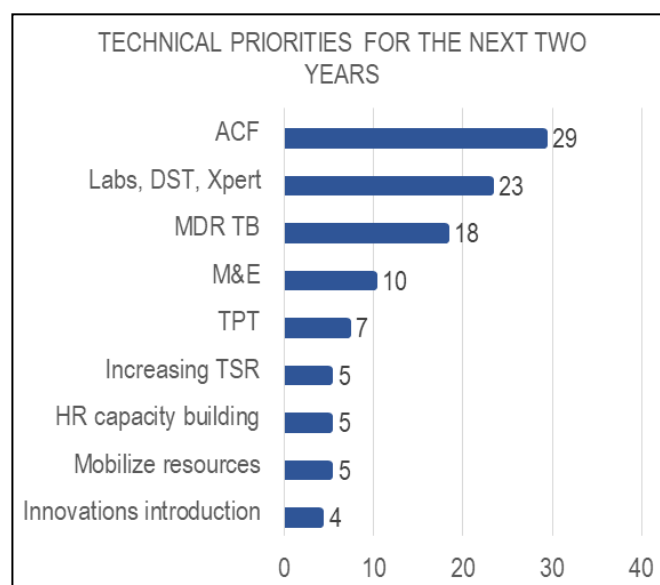
To identify what type of TA will be needed, during the interviews we asked stakeholders to name their priorities for TB control over the next two years in the countries where advisors are working. The responses are summarized in Figure 3.

In most countries, the priority will continue to be finding the missing cases of TB, to close the gap between the estimated number of cases occurring each year and those diagnosed and put on treatment. Related to this priority is the second priority mentioned by those interviewed—expansion and strengthening of diagnostic networks to increase access and improve case detection and treatment. Third is the need to address MDR-TB, both through case-finding and treatment and prevention activities. Other priorities mentioned by interviewees included improving data quality and use, expanding TB preventive treatment, increasing treatment success, building human resource capacity, mobilizing resources for sustainability, and introducing innovations (which is related to both the second and third priorities listed above).

In considering the future needs and the potential for additional advisors in some countries, advisors focused on supporting programs to find the missing cases of TB may be one area for concentration, in addition to supporting laboratory expansion and quality improvement. Needs vary considerably from country to country, and thus individual assessments and discussions with NTPs will be helpful in clarifying specific country needs.

In addition to asking stakeholders about TA needs, we asked GF respondents to comment on areas that could benefit from additional support from advisors for improvement in GF grant performance. The first area of need identified was improvement in absorption of funds (3 out of 5 respondents), followed by concept note and

**Figure 3. Stakeholder Opinions about Technical Priorities in TB Control over the Next Two Years**





proposal development (2/5), support for technical working groups (2/5), improvement of data quality and analysis (2/5), and other areas. There were only five respondents, so these priorities may not reflect actual needs across all countries but do point to some ongoing deficits.

In addition to the technical priorities, creating an enabling environment for NTPs to operate within can support sustainability of the gains being made and can accelerate progress toward TB elimination. Advisors can be seen as one part of a larger ecosystems approach to the Journey to Self-Reliance, complemented by health policy and structural changes that support optimal performance of the health system in general and the NTP in particular.

## **EVALUATION QUESTION 5. WHAT DOES A RESULTS FRAMEWORK TO MEASURE THE EFFECTIVENESS OF ADVISORS LOOK LIKE?**

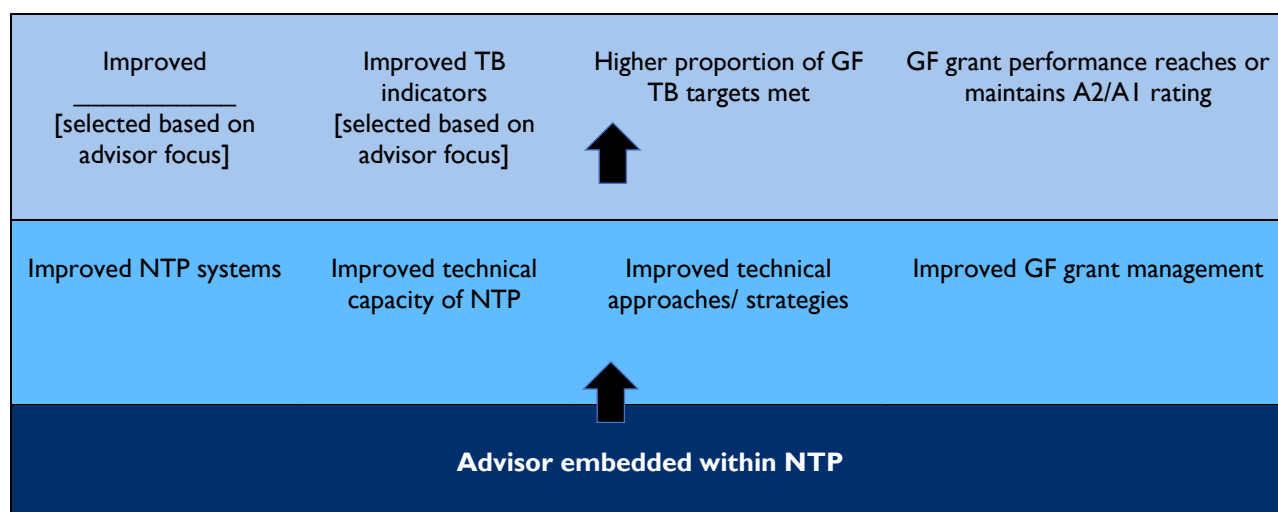
Finding a generic results framework that can track the progress made by advisors in very flexible roles is challenging. As the data collected show, advisors have a wide range of activities and responsibilities and spend varying amounts of time on Global Fund versus technical capacity-building tasks, so applying a single set of indicators to all advisors may not be useful or fair. In addition, quantifying contributions made by individuals operating in complex systems is problematic, in that almost all program accomplishments are the result of efforts by multiple people at multiple levels of the health system.

There are some common features of advisor work that can guide the generic framework, which then must be tailored to the individual advisor's actual TOR and annual work plan. For instance, the advisors' main areas of focus include improving GF implementation and NTP capacity building, and can form the basis for a results framework that is then further refined for each advisor.

While the flexibility of the role should be preserved to meet the needs of the NTP, it is also important to create some basic priorities and define specific metrics by which individual advisors' performance can be assessed. Specific gains in TB program indicators cannot be attributed to an individual in most cases, but the absence of progress can point to ongoing gaps that could be priorities for advisor attention and support.

Figure 4 shows the basic structure of a results framework that could be used for advisors' work. As discussed above, the framework needs tailoring for each specific advisor depending on his or her TOR and work plan. For example, if an advisor was tasked with focusing on introduction of new drugs and regimens for MDR-TB and assuring that systems were in place for doing so, the indicators to be measured could include (1) an active drug safety monitoring system in place and functioning, with guidelines developed and distributed; (2) an increased number of MDR-TB patients on regimens containing Bedaquiline; and (3) the proportion of GF TB targets related to MDR-TB that are met. That advisor may have little to do with overall GF grant implementation, so an indicator related to the grant rating may not be useful in that circumstance. There are numerous indicators that could be used—but they will be specific to each advisor's TOR.

**Figure 4. Generic Results Framework for Measuring Advisor Performance**



# V. CONCLUSIONS AND RECOMMENDATIONS

## CONCLUSIONS

While this assessment is almost exclusively based on the opinions of stakeholders, the assessment team found a large degree of consistency in opinions across the different stakeholder groups. There is broad agreement across all groups on the value of the project overall, with a few exceptions that have been noted and discussed in the findings:

1. All stakeholder groups are overwhelmingly satisfied with the advisors and believe this is an excellent model for providing technical support that should continue.
2. The Advisors Project has been successful in improving GF performance in most countries where advisors have been placed, particularly those countries in which the NTP is a Global Fund PR.
3. The advisor model is an excellent short- to medium-term solution to fill the large gaps in NTP capacity and improve program performance. It is an important contribution to the Journey to Self-Reliance but should not be seen as a stand-alone solution for TB.
4. Advisors' success in building lasting capacity within NTPs depends on many factors beyond their control. Advisors cannot be expected to build sustainable capacity in NTPs where staffing is constantly changing or funding is unreliable. The advisor model is one critical aspect of NTP support that must be complemented with other approaches, such as bilateral projects to address some of the ongoing health systems issues that hamper steady progress.
5. NTPs have diverse support needs, and it is very difficult to find one advisor who can cover all the areas of need, so additional specialist advisors may be warranted in some countries where gaps exist.
6. The greater engagement of key stakeholders at the early stages of identifying and placing an advisor, the easier it is for the advisor to become established in his or her role.
7. Individual skills, experience, and personal characteristics play an important role in success. Advisors' senior technical capacity and excellent interpersonal and political skills have been critical for them to succeed.
8. Ongoing transparent communications between advisors and all stakeholders and deliberate alignment of priorities improve program efficiency and performance. USAID missions and USAID/W backstop support for advisors is essential and much appreciated. More communications between missions and NTPs and USAID/W and GF can further enhance impact.
9. One of the great assets of the advisor position is the inherent flexibility to respond to changing demands. At the same time, this poses a challenge when advisors are faced with multiple competing demands. To be able to maximize and measure advisors' contributions there is the need to balance flexibility to respond to urgent NTP demands with greater accountability for results through work plans with specific deliverables, timelines, and targets.
10. Advisors' effectiveness can be enhanced through increased opportunities to continue acquiring TB technical, managerial or interpersonal, and political skills and provide better administrative and logistics support for advisors.
11. Measuring the effectiveness of advisors has been challenging because of the flexibility built into the position and the lack of available up-to-date hard data on GF and program performance. As has been discussed, even if data were available, the relationship between results and performance is often indirect.

The assessment team proposes a generic results framework that should be adapted to individual TOR to help advisors and their supervisors gauge progress.

## RECOMMENDATIONS

Based on an analysis of the data gathered in the assessment, the team makes the following recommendations for USAID's consideration:

### Advisors' orientation and role clarity

- **Provide in-person orientation for new advisors.** The USAID/W backstop's and the mission project focal point's participation in a face-to-face orientation helps strengthen their relationships and makes communications easier. It is desirable to have the orientation early in the advisor's tenure, especially for out-of-country advisors.
- **Introduce advisors to key NTP stakeholders.** Introducing advisors to NTP stakeholders, including higher-level Ministry of Health functionaries, from the beginning will facilitate their incorporation and acceptance into the system and provide greater support for the position from higher-level management.
- **Orient new backstops, mission staff, NTP managers, and GF FPMs in advisors' roles.** Advisors often stay in their positions for several years. During this period, key stakeholders may change. Orienting new arrivals on the advisor's role is critical to maximizing the effectiveness of the position. It can help avoid misunderstandings and difficulties in the advisor's relationships.
- **Co-create and update well-defined TOR and SOW with the NTP (and other stakeholders if needed), setting clear and realistic expectations.** There are often different expectations from missions, NTPs, and other actors involved in defining the advisor's roles and responsibilities. USAID/W, missions, and NTP stakeholders should sit together with the advisor and agree on the TORs and work plan each year. Setting clear and realistic expectations will maximize advisors' contributions and use of their capacity. It is also helpful in prioritizing among competing demands for the advisor's time.
- **Define a way to quantify progress, and evaluate performance, negotiating clear deliverables, work plans with timelines and targets, a performance improvement plan, and a structured evaluation process.** For the advisor's role to be flexible and contributions to be maximized and measured, work plans should incorporate a certain percentage of advisor time to address urgent or unexpected requests, but at the same time should outline the two or three key accomplishments the advisor should work toward during a 12-month period. Clear and realistic deliverables and targets will help evaluate performance and maintain an advisor focused in the face of multiple other demands on his or her time.

### Communication and coordination

- **Streamline lines of reporting and communication between the advisor, NTP, mission, and USAID/W.** Advisors are in a difficult position, reporting to different actors with different levels of authority. To avoid contradictory demands and misunderstandings, define clear lines of reporting and mechanisms and frequency of communication among stakeholders.
- **Establish regular meetings between the NTP, mission, and advisor.** These regular meetings are to follow up on the advisor's achievements according to the annual work plan deliverables and targets. If urgent matters appear, deliverables and targets can be renegotiated according to the circumstances.
- **Establish more frequent communication between and attempt to align USAID and GF priorities at the country level.** As major donors, USAID and GF play an important role in supporting country priorities in TB control. Advisors would like to be responsive to USAID and GF requests, but sometimes conflicts arise between the two. Having clear and transparent priorities that are shared with each other and

with advisors can help optimize advisor contributions. USAID and GF Country teams are encouraged to discuss program priorities at the country level and the role the advisor can play to contribute to GF TB grants.

- **Define the framework for communications between advisors, and GF FPMs in particular.** In many countries, advisors have been very useful in helping NTP to improve GF disbursement absorption, addressing procurement bottlenecks, and coordinating partners, among other things. For the most part, communications between advisors and GF Country Teams are indirect. Both sides expressed a desire for more interaction and direct engagement, but this arrangement is somewhat delicate and needs to be discussed with individual NTP managers to find an agreeable way forward. Maintaining direct and frequent communication with GF FPMs can help align priorities, avoid duplication of effort, and achieve better results.

#### **Administrative support for advisors**

- **Streamline the contracting process, especially for third-country nationals and expatriates.** In cases where advisors came from out of the country, there were areas that could have gone more smoothly. For example, advisors should be provided with adequate administrative support for obtaining visas, work permits, and making travel and housing arrangements.
- **Request that contracting agencies take on more responsibility in the contracting process.** Identifying and hiring new advisors requires much work from the USAID backstops. Analyze the possibility to relieve the burden on backstops by increasing the contractors' responsibilities in the process, especially in the interview and orientation phases.
- **Provide some standard orientation for advisors on administrative issues.** The advisors are sitting at the NTP but are not employees, as they are paid by USAID but through Vital Strategies or another contractor. In this peculiar position, it is important to clarify administrative support and logistics expectations (contract, visa, housing, payment, benefits, traveling, expenses, etc.) Ensure that advisors hired by different mechanisms receive similar support and compensation. Avoid frustrations and misunderstandings by standardizing the procedures and providing early orientation.
- **Give the advisor more infrastructure support.** Advisors need some infrastructure support to develop their activities that in some cases the NTP cannot provide. Advisor placements should be assessed prior to arrival to consider whether it may be necessary to provide working space, equipment, transportation, and/or a discretionary budget for some activities, and those accommodations should be built into the advisor TOR.

#### **Technical support for advisors**

- **Keep advisors at the cutting edge of TB knowledge.** One of the advisors' most valuable assets is their senior technical knowledge. Because TB control tools and approaches are advancing quickly, Advisors and other stakeholders recognize the need to continue their learning processes through ongoing technical training opportunities in the areas requested through this evaluation (New drugs and regimens, Programmatic management of drug-resistant TB, M&E, etc.). In addition to mentoring from USAID/W staff, organize regular webinars for technical updates on specific topics, consider regional advisor meetings in between annual meetings, and allow advisors additional time and space in annual meeting agendas for sharing their experiences.
- **Provide training in specific managerial and interpersonal skill areas.** In addition to technical knowledge, advisors and stakeholders recognize the value of other skill sets in their roles. Interpersonal skills have been expressed by all participants in this evaluation as critical for advisor success. Advisors have requested to receive training in areas such as coaching/mentoring and adult education. They also recognize the need for additional skills in advocacy/negotiation and resource mobilization to help increase the influence of the NTP and argue for additional domestic funding of the TB program, as well as budgeting to better support overall planning and the GF application processes.

- **Regular feedback to advisors and recognition of successes.** Most advisors receive informal feedback or no feedback at all on their performance. A number of advisors agreed that they would like to have a better sense of how they are doing and to get recognition for work well done. Having some ways to recognize their tremendous efforts in a more formal way would likely help them feel appreciated and motivated to continue this very challenging work.

### **Expansion and sustainability**

- **Consider countries' diversity and adapt the advisor role(s) according to the context and needs.** Every country is different, and needs will change over time. It is important to select advisors with the appropriate level of expertise and seniority and adapt their roles in accordance with the country's current needs. In countries where advisors have encountered difficulties, a specific situation analysis is warranted to understand the factors exacerbating the challenges and to inform decisions about the utility of continuing to use the advisor model in those countries as opposed to adopting alternative approaches.
- **Place other specialist advisors in pressure points.** Advisors cannot be specialists in every technical area required to strengthen the NTP (TB technical, procurement, M&E, finance, etc.) or cannot cover all needs in big and/or decentralized countries. Depending on local needs and resource gaps, other advisors may be warranted to help build NTP capacity in other areas critical to performance improvement. Some areas identified during the assessment include active case finding, data quality and use for performance improvement, clinical management of MDR-TB, and addressing larger health policy issues. In countries where TB control has been decentralized, placing advisors in high-burden, poor-performing regions has been suggested as an efficient way to improve performance and build local capacity.
- **Define specific roles and ways of coordination among multiple advisors in a single country.** In cases where there is more than one advisor assigned to a single country, it will be important to clearly define each advisor role and the means of coordination among everyone involved. Avoid creating a parallel structure to the NTP or one that competes with other projects.
- **Create a larger framework for addressing some of the health systems challenges for NTP capacity building and sustainability.** The advisor model can be seen as a key component of the Journey to Self-Reliance for TB programs. However, the advisors cannot address the root causes of many of the challenges the NTPs are facing. In order to achieve lasting change, there must be complementary mechanisms/approaches to support to address the system challenges (like the lack of capable human resources, high turnover, weak procurement and finance systems, etc.) that challenge sustainability.

# ANNEX I. SCOPE OF WORK

66 | Assignment #: 661 [assigned by GH Pro]

## Global Health Program Cycle Improvement Project (GH Pro) Contract No. AID-OAA-C-14-00067

### EVALUATION OR ANALYTIC ACTIVITY STATEMENT OF WORK (SOW)

Date of Submission: 10-01-18

Last update: 11-19-18

#### I. TITLE: Assessment of the Global Fund TB In-Country Advisors Project

#### II. Requester / Client

☒ USAID/Washington

Office/Division: GH/ID/TB

#### III. Funding Account Source(s): (Click on box(es) to indicate source of payment for this assignment)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 3.1.1 HIV           | <input type="checkbox"/> 3.1.4 PIOET                       | <input type="checkbox"/> 3.1.7 FP/RH            |
| <input checked="" type="checkbox"/> 3.1.2 TB | <input type="checkbox"/> 3.1.5 Other public health threats | <input type="checkbox"/> 3.1.8 WSSH             |
| <input type="checkbox"/> 3.1.3 Malaria       | <input type="checkbox"/> 3.1.6 MCH                         | <input type="checkbox"/> 3.1.9 Nutrition        |
|  |  | <input type="checkbox"/> 3.2.0 Other (specify): |

#### IV. Cost Estimate: Note: GH Pro will provide a cost estimate based on this SOW

#### V. Performance Period

Expected Start Date (on or about): 1/4/19

Anticipated End Date (on or about): 5/30/19

#### VI. Location(s) of Assignment: (Indicate where work will be performed)

- Desk review may take place in consultants' location of residence.
- Travel to Washington, DC (should consultants reside outside of the Washington area)
- 

#### VII. Type of Analytic Activity (Check the box to indicate the type of analytic activity)

##### EVALUATION:

##### ☒ Performance Evaluation (Check timing of data collection)

☐ Midterm

☐ Endline

☒ Other (specify): This is an assessment of the TB

Advisors Project to help us inform future programming.

*Performance evaluations encompass a broad range of evaluation methods. They often incorporate before—after comparisons but generally lack a rigorously defined counterfactual. Performance evaluations may address descriptive, normative, and/or cause-and-effect questions. They may focus on what a particular project or program has achieved (at any point during or after implementation); how it was implemented; how it was perceived and valued; and other questions that are pertinent to design, management, and operational decision making*

##### ☐ Impact Evaluation (Check timing(s) of data collection)

☐ Baseline

☐ Midterm

☐ Endline

☐ Other (specify):

Impact evaluations measure the change in a development outcome that is attributable to a defined intervention. They are based on models of cause and effect and require a credible and rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. Impact evaluations in which comparisons are made between beneficiaries that are randomly assigned to either a treatment or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured.

## OTHER ANALYTIC ACTIVITIES

### ☒ **Assessment**

Assessments are designed to examine country and/or sector context to inform project design, or as an informal review of projects.

### ☐ **Costing and/or Economic Analysis**

Costing and Economic Analysis can identify, measure, value and cost an intervention or program. It can be an assessment or evaluation, with or without a comparative intervention/program.

### ☐ **Other Analytic Activity (Specify)**

## PEPFAR EVALUATIONS (PEPFAR Evaluation Standards of Practice 2014)

**Note:** If PEPFA-funded, check the box for type of evaluation

### ☐ **Process Evaluation** (Check timing of data collection)

☐ Midterm

☐ Endline

☐ Other (specify): \_\_\_\_\_

Process Evaluation focuses on program or intervention implementation, including, but not limited to access to services, whether services reach the intended population, how services are delivered, client satisfaction and perceptions about needs and services, management practices. In addition, a process evaluation might provide an understanding of cultural, socio-political, legal, and economic context that affect implementation of the program or intervention. For example: Are activities delivered as intended, and are the right participants being reached? (PEPFAR Evaluation Standards of Practice 2014)

### ☐ **Outcome Evaluation**

Outcome Evaluation determines if and by how much, intervention activities or services achieved their intended outcomes. It focuses on outputs and outcomes (including unintended effects) to judge program effectiveness, but may also assess program process to understand how outcomes are produced. It is possible to use statistical techniques in some instances when control or comparison groups are not available (e.g., for the evaluation of a national program). Example of question asked: To what extent are desired changes occurring due to the program, and who is benefiting? (PEPFAR Evaluation Standards of Practice 2014)

### ☐ **Impact Evaluation** (Check timing(s) of data collection)

☐ Baseline

☐ Midterm

☐ Endline

☐ Other (specify): .

Impact evaluations measure the change in an outcome that is attributable to a defined intervention by comparing actual impact to what would have happened in the absence of the intervention (the counterfactual scenario). IEs are based on models of cause and effect and require a rigorously defined counterfactual to control for factors other than the intervention that might account for the observed change. There are a range of accepted approaches to applying a counterfactual analysis, though IEs in which comparisons are made between beneficiaries that are randomly assigned to either an intervention or a control group provide the strongest evidence of a relationship between the intervention under study and the outcome measured to demonstrate impact.

### ☐ **Economic Evaluation (PEPFAR)**

Economic Evaluations identifies, measures, values and compares the costs and outcomes of alternative interventions. Economic evaluation is a systematic and transparent framework for assessing efficiency focusing on the economic costs and outcomes of alternative programs or interventions. This framework is based on a comparative analysis of both the costs (resources consumed) and outcomes (health, clinical, economic) of programs or interventions. Main types of economic evaluation are cost-minimization analysis (CMA), cost-effectiveness analysis (CEA), cost-benefit analysis (CBA) and cost-utility analysis (CUA). Example of question asked: What is the cost-effectiveness of this intervention in improving patient outcomes as compared to other treatment models?



## VIII. BACKGROUND

If an evaluation, Project/Program being evaluated:

Project/Activity Title:	TB Advisors Project/TREAT TB [Technology, Research, Education, and Technical Assistance for Tuberculosis]
Award/Contract Number:	GHN-A-00-08-00004-00
Award/Contract Dates:	2008-2021
Project/Activity Funding:	\$119,960,157
Implementing Organization(s):	Vital Strategies
Project/Activity AOR/COR:	Nick Enrich

Background of project/program/intervention (*Provide a brief background on the country and/or sector context; specific problem or opportunity the intervention addresses; and the development hypothesis*)

As the largest investor to the Global Fund (GF), the U.S. Government (USG) is committed to supporting successful implementation of HIV, TB, and malaria GF grants at country level. Since 2005, the Department of State, Foreign Operations, and Related Programs Appropriations Act (“the SFOAA”) has authorized the U.S. Global AIDS Coordinator (S/GAC) to withhold up to five percent of the aggregate amount of the U.S. Government’s contribution to the Global Fund to be “made available to USAID for technical assistance related to the activities of the Global Fund.”

The USG is the largest bilateral donor in the global TB effort, and works closely with the Global Fund to leverage bilateral resources and expand the geographic reach of our bilateral TB programs. Close coordination with the Global Fund is an integral part of the USG’s comprehensive partnerships, as outlined in the USG Global TB Strategy. Global Fund grants and USG bilateral TB activities complement one another to address both financial and technical gaps identified in the national strategic plans developed by National TB Programs in recipient countries. The USAID TB Program leads USG international TB control efforts and has responsibility for and oversight of U.S. foreign assistance resources and activities for the international TB response. Global Fund 5% TA support contributes to the outcomes of the overall USG Global TB Strategy.

USAID’s approach for technical assistance for TB specifically focuses on prioritizing countries with the greatest burden of TB and the majority of the GF TB resources through an analysis of barriers, identification of approaches to address them with quality TA, and close coordination with partners to ensure there is no duplication of effort. The approach also includes long-term TA to build capacity in the countries with greatest need, especially with the scale-up of quality MDR-TB programs.

In a set of USAID TB priority countries, USAID has seconded senior-level TB advisors within the national TB programs. The primary focus for these advisors is technical capacity building of the NTP and supporting the effective implementation of Global Fund TB grants. One important role for advisors is providing technical and managerial mentorship to the NTP including training on new drug regimens and data collection, drafting national guidelines, developing national plans and policies, and addressing supply chain issues. This includes supporting the technical aspects of Global Fund grant implementation, including facilitating country dialogues. In addition, the advisors closely track Global Fund progress toward Global Fund grant targets, identifying bottlenecks and coordinate technical assistance (in coordination with USAID and other technical partners when appropriate).

The advisors have also assisted NTPs with other technical areas as well, including, but not limited to, drug procurements, updating TB diagnostic algorithms, baseline data analysis for national prevalence surveys, and drafting plans to support the piloting and scale up of DR-TB diagnosis and decentralized treatment services. Additionally, advisors are in regular communication with the NTP and USAID Washington, the USAID mission, the Global Fund, and other technical partners. There are currently advisors in 17 countries: Bangladesh, Burma, the DR Congo, Ethiopia, Ghana, Kenya, Kyrgyzstan, Malawi, Mozambique, Pakistan, the Philippines, Tanzania, Uganda, Ukraine, South Africa, Vietnam and Zambia.

Members of the USAID/Washington TB team are often in regular contact with the advisors to monitor their progress, and the team sends a weekly newsletter with technical updates to the group. Advisors are in very frequent contact with USAID missions in their respective countries. We also convene monthly teleconferences where advisors share technical experiences and lessons learned across countries, and have an in-person Annual Meeting connected to the annual World Conference on TB and Lung Health (Union Conference) with technical updates.

Strategic or Results Framework for the project/program/intervention (*paste framework below*)

What is the geographic coverage and/or the target groups for the project or program that is the subject of analysis?

The geographic coverage for the purposes of this assessment is all countries in which there have been advisors (Bangladesh, Burma, the DR Congo, Ethiopia, Ghana, Kenya, Kyrgyzstan, Malawi, Mozambique, Pakistan, the Philippines, Tanzania, Uganda, Ukraine, South Africa, Vietnam and Zambia).

## **IX. Purpose, Audience & Application**

- A. **Purpose:** Why is this evaluation/assessment being conducted (purpose of analytic activity)? Provide the specific reason for this activity, linking it to future decisions to be made by USAID leadership, partner governments, and/or other key stakeholders.

This evaluation serves three key purposes:

1. To assess the programmatic effectiveness and relevance of the Advisors Project in meeting goals.
2. To assess overall project performance in building the capacity of national TB programs and improving Global Fund TB grant implementation.
3. To inform the design of any future Global Fund–related technical support project based on lessons learned and best practices from this project by identifying successful country configurations as conditions for selection for expansion into additional countries.
4. Clarify role within NTP of long-term advisor role to focus scopes of work and tailor to country based on configuration to target support
5. To develop a results framework with indicators.

- B. **Audience:** Who is the intended audience for this analysis? Who will use the results? If listing multiple audiences, indicate which are most important.

The audience for this evaluation is primarily the US Government, namely, USAID's TB Division in the Bureau of Global Health Office of Infectious Diseases, other USAID Global Health Bureau offices, USG field missions, and other USG agencies involved with Global Fund TA. Secondary audiences include the Global Fund, the project's implementing partner, and other bilateral/multilateral Global Fund TA providers.

- C. **Applications and use:** How will the findings be used? What future decisions will be made based on these findings?

The TB Division, in consultation with other stakeholders, will use the results to help to determine if adjustments to the current project need to be made in order to increase effectiveness and efficiency and improve overall performance.

### **X. Evaluation/Analytic Questions & Matrix:**

Questions should be: a) aligned with the evaluation/assessment purpose and the expected use of findings; b) clearly defined to produce needed evidence and results; and c) answerable given the time and budget constraints. Include any disaggregation (e.g., sex, geographic locale, age), they must be incorporated into the evaluation/assessment questions. **USAID Evaluation Policy** recommends **1 to 5 evaluation questions**.

Key Question	Research Methods	Analysis
1. How effective is the Advisors Project in improving Global Fund grant implementation and addressing bottlenecks to implementation?	<ul style="list-style-type: none"> <li>Document review</li> <li>Survey (NTPs, USAID/W, USAID/mission, Global Fund Secretariat, GF advisors)</li> <li>Key informant interviews,</li> </ul>	<ul style="list-style-type: none"> <li>a. Analysis of the Advisors Project including potential areas for adjustment to increase programmatic effectiveness.</li> <li>b. An examination of improvements, results, and/or changes as a result of this TA.</li> <li>c. Analysis of stakeholder satisfaction of TA provision.</li> </ul>
2. What other assistance has the advisor provided to strengthen the country's capacity toward TB control?	<ul style="list-style-type: none"> <li>Document review</li> <li>Key informant interviews (NTPs, missions, backstops, Global Fund Secretariat)</li> </ul>	<ul style="list-style-type: none"> <li>a. An analysis of the factors that have affected the performance of the national program.</li> <li>b. Evidence of mentoring / training / capacity building that the advisors have conducted.</li> <li>c. An assessment of any unmet needs that may currently exist.</li> </ul>
3. What type(s) of technical assistance and expertise will be needed in any future Global Fund technical support?	<ul style="list-style-type: none"> <li>Document review</li> <li>Key informant interviews (NTPs, missions, backstops, Global Fund Secretariat)</li> <li>Survey (NTP, missions, backstops)</li> </ul>	<ul style="list-style-type: none"> <li>a. An analysis of TA needs and gaps in the next two years, the factors that contribute to these needs.</li> <li>b. A SWOT analysis of the TA needs landscape and types of TA in which the US government may want to consider prioritizing for future projects. This analysis will also consider any elements that could optimize sustainability of TA focused on NTP capacity.</li> <li>c. Determine whether or not an additional advisor would be useful in-country.</li> </ul>
4. What opportunities exist to increase return on investment?	<ul style="list-style-type: none"> <li>Document review</li> <li>Key informant interviews (NTPs, missions, backstops, Global Fund Secretariat)</li> <li>Survey (NTP, missions, backstops)</li> </ul>	<ul style="list-style-type: none"> <li>a. As part of a SWOT analysis, determine opportunities within the TA landscape that the US government may want to consider prioritizing for future projects. This analysis will also consider any elements that could optimize sustainability of TA focused on NTP capacity.</li> </ul>
5. Develop a results framework	<ul style="list-style-type: none"> <li>Synthesis of data collected for evaluation</li> <li>Review of available</li> </ul>	

	and/or easily collected data to assess results	
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**XI. Methods:** Check and describe the recommended methods for this analytic activity. Selection of methods should be **aligned with the evaluation/assessment questions** and fit within the time and resources allotted for this analytic activity. Also, include the sample or sampling frame in the description of each method selected.

*General Comments related to Methods:*

This will be a qualitative performance assessment. The evaluation team will propose a methodology and work plan for data collection to USAID, making adjustments or changes to the below proposed methods as necessary.

### ■ **Document and Data Review** *(list of documents and data recommended for review)*

This desk review will be used to provide background information on the project/program, and will also provide data for analysis for this evaluation. Documents and data to be reviewed include:

- USG Global Fund Technical Assistance Strategic Framework
- USG Global Fund Strategic Results Framework and Indicators
- Global Fund strategy
- Global Fund application documents
- Global Fund grant making templates
- Global Fund TRP reports
- Global Fund TA Quality Assurance report
- Any other relevant TA coordination/ GF TA documents
- Advisors' Annual Reports
- Advisors' Monthly reports

### ■ **Key Informant Interviews** *(list categories of key informants, and purpose of inquiry)*

Semistructured key informant interviews

#### **1. NTP Staff (17 advisors)**

*Purpose:* Gain an understanding of how useful and appropriate the NTP views the advisor in relation to the Global Fund and overarching TA needs.

#### **2. US Government stakeholders: USAID/TB backstops and mission staff (1 from missions)**

*Purpose:* Understand how well the Advisors Project fits into the USG approach regarding Global Fund investments; satisfaction with the results of advisor activity; any gaps in Global Fund-related TA.

#### **3. Global Fund Secretariat: GF TB technical advisors and GF Country Teams (1 person from the advisors)**

*Purpose:* Understand how, and the extent to which, the advisors support Global Fund TB grant implementation

Estimate 51. Before secondment, have to be engaged in recruitment, strong role in activity. Backstops will introduce.

### ■ **Group Interviews** *(list categories of groups, and purpose of inquiry)*

Key informants may be interviewed in small groups of similar respondents, as long as all participants feel free to express their own opinions.

☒ **Survey** (describe content of the survey and target responders, and purpose of inquiry)

An online survey can be used with key stakeholders, including NTPs, the Global Fund Secretariat, USAID TB backstops and USAID missions. Use of a survey is will be determined during the design phase by the assessment team.

The purpose of using a survey will be to obtain a larger data set given that the evaluation team will not visit countries to conduct in-person interviews.

☐ **Other** (list and describe other methods recommended for this evaluation/assessment, and purpose of inquiry)

## XII. HUMAN SUBJECT PROTECTION

The Analytic Team must develop protocols to insure privacy and confidentiality prior to any data collection. Primary data collection must include a consent process that contains the purpose of the evaluation, the risk and benefits to the respondents and community, the right to refuse to answer any question, and the right to refuse participation in the evaluation at any time without consequences. Only adults can consent as part of this evaluation. **Minors cannot be respondents to any interview or survey, and cannot participate in a focus group discussion without going through an IRB.** The only time minors can be observed as part of this evaluation is as part of a large community-wide public event, when they are part of family and community in the public setting. During the process of this evaluation, if data are abstracted from existing documents that include unique identifiers, data can only be abstracted without this identifying information.

An Informed Consent statement included in all data collection interactions must contain:

- Introduction of facilitator/note-taker
- Purpose of the evaluation/assessment
- Purpose of interview/discussion/survey
- Statement that all information provided is confidential and information provided will not be connected to the individual
- Right to refuse to answer questions or participate in interview/discussion/survey
- Request consent prior to initiating data collection (i.e., interview/discussion/survey)

## XIII. ANALYTIC PLAN

Describe how the quantitative and qualitative data will be analyzed. Include method or type of analyses, statistical tests, and what data it to be triangulated (if appropriate). For example, a thematic analysis of qualitative interview data, or a descriptive analysis of quantitative survey data.

As stated in the Deliverables section below, the analytic protocol and data collection tools are deliverables under this evaluation. The evaluation team will develop a data analysis plan for USAID review and approval that responds to the key evaluation questions. Key Questions, Methods, and Analysis matrix above with Evaluation Questions and also includes the following:

1. A proposal for how qualitative survey data will be analyzed and presented.
2. A proposal for how interview data findings will be transcribed, analyzed, and presented.

As noted above, all analyses will be geared to answer the evaluation questions. Additionally, the evaluation will review both qualitative and quantitative data related to the advisor's achievements.

This evaluation will collect predominantly qualitative data. A thematic review of qualitative data will be

performed, connecting the data to the evaluation questions, seeking relationships, context, interpretation, nuances and homogeneity and outliers to better explain what is happening and the perception of those involved. Qualitative data will be used to substantiate quantitative findings from survey data and project reports, to provide more insights than quantitative data can provide, and answer questions where other data do not exist.

Quantitative data from the survey will be analyzed primarily using descriptive statistics. Data will be stratified by characteristics such as recipient type (CCM or PR), TA type and disease, and location, whenever feasible.

The Evaluation Report will describe analytic methods and statistical tests employed in this evaluation.

#### **XIV. ACTIVITIES**

List the expected activities, such as Team Planning Meeting (TPM), briefings, verification workshop with IPs and stakeholders, etc. Activities and Deliverables may overlap. Give as much detail as possible.

**Background reading** – Several documents are available for review for this analytic activity (see Document Review under Methods section above). These include advisor monthly and annual reports, as well as Global Fund reports, procedures and guidance. This desk review will provide background information for the Evaluation Team, and will also be used as data input and evidence for the evaluation.

**Team Planning Meeting (TPM)** – A 4-day team planning meeting (TPM) will be held at the initiation of this assignment and before the data collection begins. The TPM will:

- Review and clarify any questions on the evaluation SOW
- Clarify team members' roles and responsibilities
- Establish a team atmosphere, share individual working styles, and agree on procedures for resolving differences of opinion
- Review and finalize evaluation questions
- Review and finalize the assignment timeline
- Develop data collection methods, instruments, tools and guidelines
- Review and clarify any logistical and administrative procedures for the assignment
- Develop a data collection plan
- Draft the evaluation work plan for USAID's approval
- Develop a preliminary draft outline of the team's report
- Assign drafting/writing responsibilities for the final report

**Briefing and Debriefing Meetings** – Throughout the evaluation the Team Lead will provide briefings to USAID. The In-Brief and Debrief are likely to include all the Evaluation Team experts, but will be determined in consultation with the USAID Multilateral team. These briefings are:

- **Evaluation launch**, a call/meeting among the USAID, GH Pro and the Team Lead to initiate the evaluation activity and review expectations. USAID will review the purpose, expectations, and agenda of the assignment. GH Pro will introduce the Team Lead, and review the initial schedule and review other management issues.
- **In-brief with USAID**. At the beginning of the TPM, so the Evaluation Team and USAID can discuss expectations and intended plans. The Team will also raise questions that they may have about the project and SOW resulting from their background document review. The time and place for this in-brief will be determined between the Team Lead and USAID prior to the TPM.
- **Work plan and methodology review briefing**. At the end of the TPM, the Evaluation Team will meet with USAID to present an outline of the methods/protocols, timeline and data collection tools. Also, the format and content of the Evaluation

report(s) will be discussed.

- The Team Lead (TL) will brief USAID **weekly** to discuss progress on the evaluation. As preliminary findings arise, the TL will share these during the routine briefing, and in an email.
- **Synthesis of preliminary findings** with outline of Evaluation Report will be submitted to USAID prior to the debrief presentation the USAID team.
- A **final debrief** between the Evaluation Team and USAID will be held at the end of the evaluation to present preliminary findings to USAID. During this meeting a summary of the data will be presented, along with high level findings and draft recommendations. For the debrief, the Evaluation Team will prepare a **PowerPoint Presentation** of the key findings, issues, and recommendations. The evaluation team shall incorporate comments received from USAID during the debrief in the evaluation report. **Note:** *preliminary findings are not final and as more data sources are developed and analyzed these finding may change.*

**Evaluation/Analytic Report** – The Evaluation/Analytic Team under the leadership of the Team Lead will develop a report with findings and recommendations (see Analytic Report below). Report writing and submission will include the following steps:

- Prior to the final debrief, the Team Lead will submit to USAID a synthesis of main findings and report outline with information that will be presented in the debrief PowerPoint Presentation.
- Team Lead will submit draft evaluation report to GH Pro for review and formatting
- GH Pro will submit the draft report to USAID
- USAID will review the draft report in a timely manner, and send their comments and edits back to GH Pro
- GH Pro will share USAID's comments and edits with the Team Lead, who will then do final edits, as needed, and resubmit to GH Pro
- GH Pro will review and reformat the final Evaluation/Analytic Report, as needed, and resubmit to USAID for approval.
- Once Evaluation Report is approved, GH Pro will reformat it for 508-compliance and post it to the DEC.

The Evaluation Report **excludes** any **procurement-sensitive** and other sensitive but unclassified (**SBU**) information. This information will be submitted in a memo to USAID separate from the Evaluation Report.

**Data Submission** – All *quantitative* data will be submitted to GH Pro in a machine-readable format (CSV or XML). The datasets created as part of this evaluation must be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. It is essential that the datasets are stripped of all identifying information, as the data will be public once posted on USAID Development Data Library (DDL).

## **XV. DELIVERABLES AND PRODUCTS**

Timelines for the below table will correspond to an agreed-upon LOE table (of which an illustrative version is provided below); specific deadlines will be set once consultants are identified and availability is confirmed.

Deliverable / Product	Timelines & Deadlines (estimated)
<input checked="" type="checkbox"/> Launch briefing	January 4, 2019
<input checked="" type="checkbox"/> In-brief with USAID	January 22/23, 2019
<input checked="" type="checkbox"/> Work plan and methodology review briefing	January 28, 2019
<input checked="" type="checkbox"/> Work plan (must include questions, methods, timeline, data analysis plan, and instruments)	January 29, 2019
<input checked="" type="checkbox"/> Routine briefings	Weekly
<input checked="" type="checkbox"/> Synthesis of preliminary findings	March 15, 2019
<input checked="" type="checkbox"/> Debrief with USAID with PowerPoint presentation	March 18, 2019
<input checked="" type="checkbox"/> Draft report	Submit to GH Pro: March 26, 2019 GH Pro submits to USAID: March 28, 2019
<input checked="" type="checkbox"/> Final report	Submit to GH Pro: April 16, 2019 GH Pro submits to USAID: April 19, 2019
<input checked="" type="checkbox"/> Raw data (cleaned data sets in CSV or XML with codesheet)	April 1, 2019
<input checked="" type="checkbox"/> Report Posted to the DEC by GH Pro	May 20, 2019
<input type="checkbox"/> Other (specify):	

### Estimated USAID review time

Average number of business days USAID will need to review the Report? \_\_\_\_\_ 10 \_\_\_\_\_

Business days

## XVI. TEAM COMPOSITION, SKILLS, AND LEVEL OF EFFORT (LOE)

### Evaluation team

#### Overall Team requirements:

The following is a description of proposed team member roles, responsibilities and qualifications. USAID will consider alternate team compositions as long as collectively all roles, qualifications, and skills can be assured to carry out this evaluation.

#### Overall team qualifications and experience:

- Degree in public health, social sciences, international relations, management or other relevant discipline (master's or doctoral level for Team Leader)
- Demonstrated knowledge of the Global Fund preferred, particularly:
  - New Funding Model
  - Roles and responsibilities of the Global Fund Secretariat, Local Fund Agent (LFA), Country Coordinating Mechanism (CCM), Principal Recipients (PRs), Sub-Recipients (SRs)
  - CCM Governance related issues, requirements and documentation
  - Grant making issues, requirements, and documentation
- Demonstrated expertise in designing and conducting global health project evaluations
- Qualitative data collection and analysis skills
- Ability to synthesize and summarize results
- Team management and team building skills (for Team Leader)
- Demonstrated track record serving as an evaluation team leader (for Team Leader)
- Ability to work collaboratively on a team
- Excellent oral and written English skills
- Experience in working in a developing country context
- Demonstrated expertise in designing and conducting surveys
- TB technical expertise required for at least one team member



**Team Lead:** This person will be selected from among the key staff, and will meet the requirements of both this and the technical key staff position. The Team Leader will oversee all aspects of the evaluation. The Team Leader will serve as the overall coordinator of the evaluation; be responsible for primary communications with USAID; manage the consultant team to meet deadlines in a timely, good-quality manner; be responsible for delegating tasks and providing oversight in the design, data collection, analysis, report writing and presentation development. The Team Leader will also be responsible for finalizing the evaluation design, compiling and submitting draft evaluation reports, integrating USAID feedback into the final report, and presenting findings to USAID and relevant stakeholders as requested.

**Roles & Responsibilities:** The team leader will be responsible for (1) providing team leadership; (2) managing the team's activities, (3) ensuring that all deliverables are met in a timely manner, (4) serving as a liaison between the USAID and the evaluation/analytic team, and (5) leading briefings and presentations.

**Qualifications:**

- Minimum of 10 years of experience in public health, which included experience in implementation of health activities in developing countries
- Demonstrated experience leading health sector project/program evaluation/analytics, utilizing both quantitative and qualitative methods
- Demonstrated knowledge of Global Fund requirements, procedures and processes, including
  - New Funding Model
  - Roles and responsibilities of the Global Fund Secretariat, Local Fund Agent (LFA), Country Coordinating Mechanism (CCM), Principal Recipients (PRs), Sub-Recipients (SRs)
  - CCM Governance related issues, requirements and documentation
  - Grant making issues, requirements, and documentation
- Excellent skills in planning, facilitation, and consensus building
- Excellent interpersonal skills, including experience successfully interacting with host government officials, civil society partners, and other stakeholders
- Excellent skills in project management
- Excellent organizational skills and ability to keep to a timeline
- Good writing skills, with extensive report writing experience
- Familiarity with USAID
- Familiarity with USAID policies and practices is desirable
  - Evaluation policy
  - Results frameworks
  - Performance monitoring plans

**Key Staff I Title: Evaluation and TB Specialist**

**Roles & Responsibilities:** Serve as a member of the evaluation team, providing quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. S/He will oversee the training of all engaged in data collection, insuring highest level of reliability and validity of data being collected. S/He is the lead analyst, responsible for all data analysis, and will coordinate the analysis of all data, assuring all quantitative and qualitative data analyses are done to meet the needs for this

evaluation. S/He will participate in all aspects of the evaluation, from planning, data collection, data analysis to report writing.

Qualifications:

- At least 10 years of experience in M&E procedures and implementation
- At least 5 years managing M&E, including evaluations
- Experience in design and implementation of evaluations
- Strong knowledge, skills, and experience in qualitative and quantitative evaluation tools
- Experience implementing and coordinating other to implements surveys (including online surveys), key informant interviews, focus groups, observations and other evaluation methods that assure reliability and validity of the data.
- Experience in data management
- Able to analyze quantitative, which will be primarily descriptive statistics
- Able to analyze qualitative data
- Experience using analytic software
- Demonstrated experience using qualitative evaluation methodologies, and triangulating with quantitative data
- Able to review, interpret and reanalyze as needed existing data pertinent to the evaluation
- Strong data interpretation and presentation skills
- An advanced degree in public health, evaluation or research or related field
- Proficient in English
- Good writing skills, including extensive report writing experience
- Familiar with health programming, including HIV, TB and malaria
- Familiar with Global Fund requirements, procedures and processes
- Familiar with USAID M&E policies and practices
  - Evaluation policies
  - Results frameworks
  - Performance monitoring plans

**Key Staff 2 Title: Capacity and Organizational Development Specialist**

Roles & Responsibilities: Serve as a member of the evaluation team, providing technical expertise to evaluate effectiveness of TA, particularly related to capacity and organizational strengthening activities. S/He will participate in all aspects of the evaluation, including planning, data collection, data analysis and report writing.

Qualifications:

- Background and at least 5 years' experience in organizational capacity development/strengthening
- Familiar with models of technical assistance as a method to strengthen capacity
- Knowledgeable in capacity building assessment (e.g., OCATs) and evaluation methodologies
- Experience working in organizational capacity development/strengthening among governmental and nongovernmental entities in developing country settings
- Demonstrated knowledge of Global Fund requirements, procedures and processes, including
  - New Funding Model

- Roles and responsibilities of the Global Fund Secretariat, Local Fund Agent (LFA), Country Coordinating Mechanism (CCM), Principal Recipients (PRs), Sub-Recipients (SRs)
- CCM Governance related issues, requirements and documentation
- Grant making issues, requirements, and documentation
- Experience in implementing and/or evaluating programs/projects
- Proficient in English
- Good writing skills, specifically technical and evaluation report writing experience

**Other Staff Titles with Roles & Responsibilities (include number of individuals needed):**

**US based: Program Assistant** to work part time with the Evaluation Team to arrange interviews, meetings and logistics, and other support duties as needed by the Evaluation Team. S/He will assist the Evaluation Team to arrange interviews, meetings and logistics, and other support duties as needed by the Evaluation Team. S/He will conduct programmatic administrative and support tasks as assigned, and ensure the processes moves forward smoothly. Additionally, she will manage the uploading of the e-survey to the website (if part of the final methodology), and will routinely monitor it for response rates, as well as download the data as needed.

Will USAID participate as an active team member or designate other key stakeholders to as an active team member? This will require full time commitment during the evaluation or assessment activity.

☐ Full member of the Evaluation Team (including planning, data collection, analysis and report development)—If yes, specify who:

☐ Some Involvement anticipated—If yes, specify who:

☒ No

**Staffing Level of Effort (LOE) Matrix:**

Level of Effort in **days** for each Evaluation/Analytic Team member

Activity / Deliverable		Evaluation/Analytic Team		
		Team Lead / TB / Eval Specialist	OD Specialist	Program Assistant
Number of persons →		1	1	1
1	Launch Briefing	0.5	0.5	
2	Desk review	7	7	2
3	Travel to/from DC	2	2	2
4	In-brief with USAID	0.5	0.5	0.5
5	Team Planning Meeting	4	4	4
6	Workplan and methodology briefing with USAID	0.5	0.5	0.5
7	Evaluation planning deliverables: 1) workplan with timeline & protocol (methods, sampling & analytic plan); and 2) data collection tools			
9	Data Collection DQA Workshop (protocol orientation/training for all data collectors)	1.5	1.5	1.5
10	Arrange interviews & meetings	0.5	0.5	3

Activity / Deliverable		Evaluation/Analytic Team		
		Team Lead / TB / Eval Specialist	OD Specialist	Program Assistant
11	Data collection in DC	2	2	2
13	Remote Calls DC and international	20	20	8
14	Data analysis	7	7	3
16	Travel to/from DC	2	2	
17	Debrief USAID with prep	1.5	1.5	1.5
19	Draft Report	7	6	1
20	GH Pro Reviews & Formats Report			
21	Submission of draft Report to USAID			
22	USAID Report Reviews Report			
23	Revise Report per USAID comments	3	2	
24	GH Pro Reviews & Formats revised Report			
25	Submit revised Report to USAID			
26	USAID approves Report			
27	Final copy editing and formatting			
	Total LOE per person	59	57	29
	Total LOE	59	57	29

If overseas, is a 6-day workweek permitted

☐ Yes

☐ No

**Travel anticipated:** List international and local travel anticipated by what team members.

Washington, DC (if not home base)

Three countries of advisor assignments: TBD

## XVII. LOGISTICS

Visa Requirements

List any specific Visa requirements or considerations for entry to countries that will be visited by consultant(s):

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List recommended/required type of Visa for entry into counties where consultant(s) will work

Name of Country	Type of Visa		
Country 1	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> No preference
Country 2	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> No preference
Country 3	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> No preference
	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> No preference

## Clearances & Other Requirements

**Note:** Most Evaluation/Analytic Teams arrange their own work space, often in conference rooms at their hotels. However, if a Security Clearance or Facility Access is preferred, GH Pro can submit an application for it on the consultant's behalf.

GH Pro can obtain **Facility Access (FA)** and transfer existing **Secret Security Clearance** for our consultants, but please note these requests, processed through AMS at USAID/GH (Washington, DC), can take 4-6 months to be granted. If you are in a mission and the RSO is able to grant a temporary FA locally, this can expedite the process. FAs for non-US citizens or Green Card holders must be obtained through the RSO. If FA or Security Clearance is granted through Washington, DC, the consultant must pick up his/her badge in person at the Office of Security in Washington, DC, regardless of where the consultant resides or will work.

If **Electronic Country Clearance (eCC)** is required prior to the consultant's travel, the consultant is also required to complete the **High Threat Security Overseas Seminar (HTSOS)**. HTSOS is an interactive e-Learning (online) course designed to provide participants with threat and situational awareness training against criminal and terrorist attacks while working in high threat regions. There is a small fee required to register for this course. *Note: The course is not required for employees who have taken FACT training within the past five years or have taken HTSOS within the same calendar year.*

If eCC is required, and the consultant is expected to work in country more than 45 consecutive days, the consultant may be required complete the one week **Foreign Affairs Counter Threat (FACT) course** offered by FSI in West Virginia. This course provides participants with the knowledge and skills to better prepare themselves for living and working in critical and high threat overseas environments. Registration for this course is complicated by high demand (consultants must register approximately 3-4 months in advance). Additionally, there will be the cost for additional lodging and M&IE to take this course.

Check all that the consultant will need to perform this assignment, including USAID Facility Access, GH Pro workspace and travel (other than to and from post).

- ☐ USAID Facility Access (FA)  
Specify who will require Facility Access: \_\_\_\_\_
- ☐ Electronic Country Clearance (ECC) (International travelers only)  
☐ High Threat Security Overseas Seminar (HTSOS) (*required in most countries with ECC*)  
☐ Foreign Affairs Counter Threat (FACT) (for consultants working on country more than 45 consecutive days)
- ☒ GH Pro workspace  
Specify who will require workspace at GH Pro: \_\_\_\_\_ When in DC, GH Pro will provide workspace
- ☒ Travel -other than posting (specify): To/From DC as needed
- ☐ Other (specify): \_\_\_\_\_

Specify any country-specific **security concerns and/or requirements**

## **XVIII. GH PRO ROLES AND RESPONSIBILITIES**

GH Pro will coordinate and manage the evaluation/assessment team and provide quality assurance oversight, including:

- Review SOW and recommend revisions as needed
- Provide technical assistance on methodology, as needed
- Develop budget for analytic activity
- Recruit and hire the evaluation/assessment team, with USAID POC approval
- Arrange international travel and lodging for international consultants
- Request for country clearance and/or facility access (if needed)
- Review methods, work plan, analytic instruments, reports, and other deliverables as part of the quality assurance oversight
- Report production - If the report is public, then coordination of draft and finalization steps, editing/formatting, 508ing required in addition to and submission to the DEC and posting on GH Pro website. If the report is internal, then copy editing / formatting for internal distribution.

## **XIX. USAID ROLES AND RESPONSIBILITIES**

Below is the standard list of USAID's roles and responsibilities. Add other roles and responsibilities as appropriate.

### **USAID Roles and Responsibilities**

**USAID** will provide overall technical leadership and direction for the analytic team throughout the assignment and will provide assistance with the following tasks:

#### **Before Field Work**

- SOW.
  - Develop SOW.
  - Peer review SOW
  - Respond to queries about the SOW and/or the assignment at large.
- Consultant Conflict of Interest (COI). To avoid conflicts of interest or the appearance of a COI, review previous employers listed on the résumés of proposed consultants and provide additional information regarding potential COI with the project contractors evaluated/assessed and information regarding their affiliates.
- Documents. Identify and prioritize background materials for the consultants and provide them to GH Pro, preferably in electronic form, at least one week prior to the inception of the assignment.
- Local Consultants. Assist with identification of potential local consultants, including contact information.
- Site Visit Preparations. Provide a list of site visit locations, key contacts, and suggested length of visit for use in planning in-country travel and accurate estimation of country travel line items costs.
- Lodgings and Travel. Provide guidance on recommended secure hotels and methods of in-country travel (i.e., car rental companies and other means of transportation).

#### **During Field Work**

- Mission Point of Contact. Throughout the in-country work, ensure constant availability of the Point of Contact person and provide technical leadership and direction for the team's work.
- Meeting Space. Provide guidance on the team's selection of a meeting space for interviews and/or focus group discussions (i.e., USAID space if available, or other known office/hotel meeting space).
- Meeting Arrangements. Assist the team in arranging and coordinating meetings with stakeholders.
- Facilitate Contact with Implementing Partners. Introduce the analytic team to implementing partners and other stakeholders, and where applicable and appropriate prepare and send out an introduction letter for team's arrival and/or anticipated meetings.

#### **After Field Work**

- Timely Reviews. Provide timely review of draft/final reports and approval of deliverables.

## XX. ANALYTIC REPORT

Provide any desired guidance or specifications for Final Report. (See [How-To Note: Preparing Evaluation Reports](#))

The final report will be expected to meet the USAID Evaluation Policy requirements on structure and content, and should adhere to appendix I of the USAID Evaluation Policy and to the PEPFAR Evaluation Standards of Practice.

The report should present findings, conclusions, and recommendations according to each key evaluation questions from this Statement of Work. The report will ideally be no more than **40 pages**, not including executive summary, table of contents, acronym list, and annexes. The evaluation team will submit electronic copies of the final report in both Word and PDF formats.

The **Evaluation/Analytic Final Report** must follow USAID's Criteria to Ensure the Quality of the Evaluation Report (found in appendix I of the [USAID Evaluation Policy](#)).

- The report must not exceed **40 pages** (excluding executive summary, table of contents, acronym list and annexes).
- The structure of the report should follow the Evaluation Report template, including branding found [here](#) or [here](#).
- Draft reports must be provided electronically, in English, to GH Pro who will then submit it to USAID.
- For additional Guidance, please see the Evaluation Reports to the How-To Note on preparing Evaluation Draft Reports found [here](#).

### **USAID Criteria to Ensure the Quality of the Evaluation Report (USAID ADS 201):**

- Evaluation reports should be readily understood and should identify key points clearly, distinctly, and succinctly.
- The Executive Summary of an evaluation report should present a concise and accurate statement of the most critical elements of the report.
- Evaluation reports should adequately address all evaluation questions included in the SOW, or the evaluation questions subsequently revised and documented in consultation and agreement with USAID.
- Evaluation methodology should be explained in detail and sources of information properly identified.
- Limitations to the evaluation should be adequately disclosed in the report, with particular attention to the limitations associated with the evaluation methodology (selection bias, recall bias, unobservable differences between comparator groups, etc.).
- Evaluation findings should be presented as analyzed facts, evidence, and data and not based on anecdotes, hearsay, or simply the compilation of people's opinions.
- Findings and conclusions should be specific, concise, and supported by strong quantitative or qualitative evidence.
- If evaluation findings assess person-level outcomes or impact, they should also be separately assessed for both males and females.
- If recommendations are included, they should be supported by a specific set of findings and should be action-oriented, practical, and specific.

**Reporting Guidelines:** The draft report should be a comprehensive analytical evidence-based evaluation/assessment report. It should detail and describe results, effects, constraints, and lessons learned, and provide recommendations and identify key questions for future consideration. The report shall follow USAID branding procedures. ***The report will be edited/formatted and made 508***

**compliant as required by USAID for public reports and will be posted to the USAID/DEC.**

The findings from the evaluation/assessment will be presented in a draft report at a full briefing with USAID and at a follow-up meeting with key stakeholders. The report should use the following format:

- Abstract: briefly describing what was evaluated, evaluation questions, methods, and key findings or conclusions (not more than 250 words)
- Executive Summary: summarizes key points, including the purpose, background, evaluation questions, methods, limitations, findings, conclusions, and most salient recommendations (2-5 pages)
- Table of Contents (1 page)
- Abbreviations and Acronyms
- Evaluation/Analytic Purpose and Evaluation/Analytic Questions: state purpose of, audience for, and anticipated use(s) of the evaluation/assessment (1–2 pages)
- Project [or Program] Background: describe the project/program and the background, including country and sector context, and how the project/program addresses a problem or opportunity (1–3 pages)
- Evaluation/Analytic Methods and Limitations: data collection, sampling, data analysis and limitations (1–3 pages)
- Findings (organized by Evaluation/Analytic Questions): substantiate findings with evidence/data
- Conclusions
- Recommendations
- Annexes
  - Annex I: Evaluation/Analytic Statement of Work
  - Annex II: Evaluation/Analytic Methods and Limitations ((if not described in full in the main body of the evaluation report)
  - Annex III: Data Collection Instruments
  - Annex IV: Sources of Information
    - List of Persons Interviewed
    - Bibliography of Documents Reviewed
    - Databases
    - [etc.]
  - Annex V: Statement of Differences (if applicable)
  - Annex VI: Disclosure of Any Conflicts of Interest
  - Annex VII: Summary information about evaluation team members, including qualifications, experience, and role on the team.

**The evaluation methodology and report will be compliant with the [USAID Evaluation Policy](#), [Checklist for Assessing USAID Evaluation Reports](#), and [PEPFAR Evaluation Standards of Practice](#).**

GHPro will ensure the final report is 508 compliant and posted to the DEC.

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The Evaluation Report should **exclude** any **potentially procurement-sensitive information**. As needed, any procurement sensitive information or other sensitive but unclassified (SBU) information will be submitted in a memo to USAID separate from the Evaluation Report.  
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All data instruments, data sets (if appropriate), presentations, meeting notes and report for this evaluation will be submitted electronically to the GH Pro Program Manager.



All datasets developed as part of this evaluation will be submitted to GH Pro in an unlocked machine-readable format (CSV or XML). The datasets must not include any identifying or confidential information. The datasets must also be accompanied by a data dictionary that includes a codebook and any other information needed for others to use these data. Qualitative data included in this submission should not contain identifying or confidential information. Category of respondent is acceptable, but names, addresses and other confidential information that can easily lead to identifying the respondent; therefore, should not be included in any quantitative or qualitative data submitted.

## XXI. USAID CONTACTS

	Primary Contact	Alternate Contact 1	Alternate Contact 2
Name:	Ginny Nagy	Cheri Vincent	Elizabeth Pleuss
Title:	TB In-Country Advisor	Chief, TB Division USAID	Public Health Advisor
USAID Office/Mission	Bureau of Infectious Diseases, Office of TB, Washington		Bureau of Infectious Diseases, Office of TB, Washington
Email:	<a href="mailto:vnagy@usaid.gov">vnagy@usaid.gov</a>	<a href="mailto:cvincent@usaid.gov">cvincent@usaid.gov</a>	<a href="mailto:epleuss@usaid.gov">epleuss@usaid.gov</a>
Telephone:	(571) 551-7348	(202) 746-4826	(571) 551-7367
Cell Phone:	(202) 541-7630		(202) 714-4843

List other contacts who will be supporting the Requesting Team with technical support, such as reviewing SOW and Report (such as USAID/W GH Pro management team staff)

	Technical Support Contact 1	Technical Support Contact 2
Name:	Nicholas Enrich	
Title:	AOR	
USAID Office/Mission		
Email:	<a href="mailto:nenrich@usaid.gov">nenrich@usaid.gov</a>	
Telephone:		
Cell Phone:		

## XXII. OTHER REFERENCE MATERIALS

Documents and materials needed and/or useful for consultant assignment, that are not listed above

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## XXIII. ADJUSTMENTS MADE IN CARRYING OUT THIS SOW AFTER APPROVAL OF THE SOW (To be completed after Assignment Implementation by GH Pro)

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## ANNEX II. ASSESSMENT MATRIX

This assessment matrix connects your assessment methods to questions. Often more than one method can be employed in an analytic activity to obtain evidence to address more than one question. For each evaluation question (working backward—right to left) list the assessment method, data source and sampling that will be used to obtain result and/or evidence needed to address the specific evaluation question.

**NOTE: Data collection will be tailored to the roles of the specific advisors in-country—i.e., if the advisor is only do GF-related work, other data may not be collected and evaluated, or vice versa.**

<b>Question 1. How effective is the Advisors Project in improving Global Fund grant implementation and addressing bottlenecks to implementation?</b>					
<b>Information required</b>	<b>Data Source</b>	<b>Methodology</b>	<b>Data Analysis Method</b>	<b>Limitations</b>	<b>What will the evaluation measure?</b>
<ul style="list-style-type: none"> <li>GF grant ratings for past two to three years</li> <li>GF targets and results</li> </ul>	<ul style="list-style-type: none"> <li>GF Grant Performance Reports (GF page docs latest from Sept 2017)</li> <li>Progress Report (Grant Renewal Scorecard some countries)</li> <li>GF Management letters (From the PR?)</li> <li>GF TRP reports</li> </ul>	Collection and review of available published documents	<ul style="list-style-type: none"> <li>GF grant rating over time</li> <li>Proportion of targets met over time</li> <li>Proportion of grant monies spent versus disbursement over time</li> </ul>	<ul style="list-style-type: none"> <li>Relies on available data, which may not be up to date</li> <li>Time limitations may make it difficult to collect enough data for analysis</li> </ul>	<ul style="list-style-type: none"> <li>Objective improvement in GF grant implementation</li> </ul>
<ul style="list-style-type: none"> <li># GF applications submitted and approved</li> <li># National TB strategic plans prepared or updated</li> </ul>	<ul style="list-style-type: none"> <li>GF website</li> <li>Country documents</li> </ul>	Collection and review of available published documents	<ul style="list-style-type: none"> <li>Number of grant applications submitted</li> <li>Proportion of grant applications submitted that</li> </ul>	<ul style="list-style-type: none"> <li>Relies on available documentation</li> <li>Does not clearly measure</li> </ul>	<ul style="list-style-type: none"> <li>Success rate of GF grant applications</li> <li>Whether NSPs are being updated as required</li> </ul>

			were approved <ul style="list-style-type: none"> <li>Number of national strategies developed or updated during advisor tenure</li> </ul>	quality	
Information required	Data Source	Methodology	Data Analysis Method	Limitations	What will the evaluation measure?
<ul style="list-style-type: none"> <li>Major bottlenecks and progress in addressing them</li> </ul>	<ul style="list-style-type: none"> <li>GF Grant Performance Reports (GF page docs latest from Sept 2017)</li> <li>Progress Report (Grant Renewal Scorecard some countries)</li> <li>GF Management letters (From the PR?)</li> <li>GF TRP reports</li> </ul>	<ul style="list-style-type: none"> <li>Collection and review of available published documents</li> </ul>	<ul style="list-style-type: none"> <li>Comparison of bottlenecks identified and addressed over time (proportion of bottlenecks addressed by the next reporting period)</li> </ul>	<ul style="list-style-type: none"> <li>Relies on accurate reporting from others.</li> </ul>	<ul style="list-style-type: none"> <li>Extent to which bottlenecks have been effectively addressed</li> <li>Will contribute to understanding effectiveness of advisor</li> </ul>
<ul style="list-style-type: none"> <li>Advisor's specific role in each step (National Strategic plan, country dialogue, concept note, addressing bottlenecks, coordinating TA, communicating results)</li> <li>How this TA was</li> </ul>	<ul style="list-style-type: none"> <li>SOW/TOR/JD</li> <li>Backstop interviews</li> <li>USAID mission contact interview</li> <li>NTP interviews</li> <li>Advisors' interviews</li> <li>Other stakeholder interviews</li> <li>Advisors' Annual and Monthly Reports</li> </ul>	<ul style="list-style-type: none"> <li>Semi-structured individual interviews</li> <li>Review of available documents</li> </ul>	<ul style="list-style-type: none"> <li>Grouping of interview data by themes</li> <li>Comparison of interview data with hard data</li> <li>Comparison of SOW with actual activities and project goals</li> <li>Comparison of</li> </ul>	<ul style="list-style-type: none"> <li>Availability of key informants</li> <li>Relies on informants with no confirmation by observation</li> </ul>	<ul style="list-style-type: none"> <li>Extent to which the advisors have performed activities related to the SOW and project goals</li> <li>Extent to which those activities have been effective in improving GF</li> </ul>

provided? <ul style="list-style-type: none"> <li>● Potential areas of improvement</li> <li>● Stakeholder satisfaction</li> <li>● Gaps</li> </ul>			SOW with activities and proportion of time spent on each		performance <ul style="list-style-type: none"> <li>● Level of satisfaction with Advisor GF support</li> <li>● Identification of best practices in GF support</li> </ul>
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**Question 2. What other assistance has the advisor provided to strengthen the country's capacity toward TB control, including methods and results?**

Information required	Data Source	Methodology	Data Analysis Method	Limitations	What will the evaluation measure?
<ul style="list-style-type: none"> <li>• Typical advisor activities and % of time devoted to each. Flesh out list (advisor MDR-TB related, drug procurements/supply chain issues, data collection, analysis and reporting, capacity-building activities, etc.)</li> <li>• How assistance is provided</li> <li>• Stakeholders Satisfaction</li> <li>• Gaps</li> </ul>	<ul style="list-style-type: none"> <li>• SOW</li> <li>• Backstop interviews</li> <li>• NTP interviews</li> <li>• Advisors' interviews</li> <li>• Mission interviews</li> <li>• PR or other stakeholder interviews</li> <li>• Advisors' monthly/annual reports</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-structured interviews</li> <li>• Collection and review of available documents</li> <li>• Survey of advisors on proportion of time spent no different work areas</li> </ul>	<ul style="list-style-type: none"> <li>• Grouping of interview data by themes</li> <li>• Comparison of interview data with hard data</li> <li>• Comparison of SOW with actual activities and project goals</li> <li>• Comparison of SOW with activities and proportion of time spent on each</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of key informants</li> <li>• Relies on informants with no confirmation by observation</li> </ul>	<ul style="list-style-type: none"> <li>• Extent to which the advisors have performed activities related to the SOW and project goals</li> <li>• Extent to which those activities have been effective in improving program performance</li> <li>• Extent to which their activities have built capacity within the NTP team</li> <li>• Level of satisfaction with other advisor support</li> </ul>

					<ul style="list-style-type: none"> <li>• Identification of best practices related to program strengthening</li> </ul>
<ul style="list-style-type: none"> <li>• TB performance data related to TA provided by advisor</li> </ul>	<ul style="list-style-type: none"> <li>• Annual WHO or country TB reports</li> </ul>	<ul style="list-style-type: none"> <li>• Review of available data</li> </ul>	<ul style="list-style-type: none"> <li>• Trends in performance on relevant TB indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Availability of current data</li> <li>• Changes in TB performance not directly attributable to advisor because of all the confounding factors</li> </ul>	<ul style="list-style-type: none"> <li>• Objective improvement in program performance</li> </ul>
<ul style="list-style-type: none"> <li>• (Topic-specific documents and data as per advisor's role)</li> <li>• # MDR strategies prepared or updated</li> <li>• # policies/protocols/guidelines approved and distributed</li> </ul>	<ul style="list-style-type: none"> <li>• Interviews with stakeholders</li> <li>• SOW and other documents</li> <li>• MDR strategies prepared or updates</li> <li>• Policies/protocols/guidelines approved/distributed</li> </ul>	<ul style="list-style-type: none"> <li>• Collection, review of available published documents</li> </ul>	<ul style="list-style-type: none"> <li>• Number of documents finalized with help of advisor</li> </ul>	<ul style="list-style-type: none"> <li>• Relies on available documentation</li> <li>• Does not clearly measure quality</li> </ul>	<ul style="list-style-type: none"> <li>• Whether advisor support is resulting in tangible outputs</li> </ul>

**Question 3. What factors have contributed to the success (or lack thereof) in accomplishing the project goals and what opportunities exist to increase USAID returns on investment in advisors?**

Information required	Data Source	Methodology	Data Analysis Method	Limitations	What will the evaluation measure?
<ul style="list-style-type: none"> <li>• SOW/clear roles and responsibilities</li> <li>• Advisor time in the position, previous work</li> <li>• Recruitment and orientation process</li> <li>• Advisor skills, experience, leadership style, and characteristics and how they match with stated needs</li> <li>• Advisor approaches to capacity building</li> <li>• NTP and health system characteristics (NTP turnover, org chart) and attitudes, including understanding of the advisor role</li> <li>• USAID backstop and Mission support for advisors</li> <li>• Communications and information sharing</li> </ul>	<ul style="list-style-type: none"> <li>• SOW and work plans as available</li> <li>• Advisor CVs</li> <li>• Interviews with all stakeholders</li> <li>• NTP organizational chart</li> <li>• Project documents including notes from monthly calls, weekly newsletter samples, annual reports</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-structured interviews</li> <li>• Collection and review of available documents</li> </ul>	<ul style="list-style-type: none"> <li>• Comparison of SOW, activities and CV</li> <li>• Grouping of interview data by themes</li> <li>• Comparison of communication topics with needs based on SOW/activities</li> <li>• Comparison of org chart with advisor level of responsibility/ SOW</li> </ul>	<ul style="list-style-type: none"> <li>• Mostly opinion-based data that may introduce bias or leave out important considerations</li> <li>• No direct observation possible to confirm information gathered</li> </ul>	<ul style="list-style-type: none"> <li>• Whether the advisor has clearly delineated roles and responsibilities</li> <li>• The extent to which support for the advisor from USAID and NTP is adequate to meet their needs</li> <li>• The health system-related factors that influence success or failure to achieve project goals</li> <li>• Identify characteristics of high-functioning advisor/ NTP</li> </ul>

<ul style="list-style-type: none"> <li>between all parties</li> <li>Other</li> </ul>					configurations
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Question 4. What types of technical assistance and expertise will be needed in the next two years?					
Information required	Data Source	Methodology	Data Analysis Method	Limitations	What will the evaluation measure?
<ul style="list-style-type: none"> <li>Major gaps identified through program reviews, NSPs, national data, etc.</li> <li>Strategic plan focus for NTP, GF, USAID</li> <li>Anticipated innovations for which support will be needed</li> <li>TA requests from countries</li> </ul>	<ul style="list-style-type: none"> <li>NSPs, National TB Data</li> <li>Program review reports</li> <li>NTP, GF, USAID strategic plans for TB</li> <li>End TB Strategy</li> <li>TA requests</li> <li>Stakeholder interviews</li> </ul>	<ul style="list-style-type: none"> <li>Semi-structured interviews</li> <li>Collection and review of available documents</li> </ul>	<ul style="list-style-type: none"> <li>Grouping of interview data by themes</li> <li>Comparison of TA provided versus requested and/or envisioned</li> <li>SWOT analysis</li> </ul>	<ul style="list-style-type: none"> <li>Relies on opinions of key informants</li> <li>Difficult to predict some trends</li> <li>Time limitations on ability to gather all data needed for a question of such large scope</li> </ul>	<ul style="list-style-type: none"> <li>Priorities for future technical assistance through the advisor system based on needs and USAID strengths</li> </ul>



<b>Question 5. What should a results framework to measure the effectiveness of advisors look like?</b>					
<b>Information required</b>	<b>Data Source</b>	<b>Methodology</b>	<b>Data Analysis Method</b>	<b>Limitations</b>	<b>What will the evaluation measure?</b>
<ul style="list-style-type: none"> <li>• Project goals</li> <li>• SOW</li> <li>• GF indicators</li> <li>• Program performance</li> <li>• Capacity-building indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Project documents stating goal</li> <li>• SOW</li> <li>• Monthly and annual reports</li> <li>• Interviews with stakeholders</li> <li>• Capacity-building reports from other projects</li> </ul>	<ul style="list-style-type: none"> <li>• Semi-structured interviews</li> <li>• Collection and review of available documents</li> </ul>	<ul style="list-style-type: none"> <li>• Develop results framework</li> </ul>	<ul style="list-style-type: none"> <li>• Indicators will always be indirect measures of advisor effectiveness because of the multiple factors involved in contributing to results</li> </ul>	<ul style="list-style-type: none"> <li>• Relevant framework for advisor performance measures</li> </ul>

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# ANNEX III. DATA COLLECTION INSTRUMENTS

## INTERVIEW QUESTIONS BY GROUP OF STAKEHOLDERS

	Questions for USAID/Washington Managers	Relates to Evaluation Question
1	What was the impetus for creating the Advisors Project?	3
2	How were countries selected for advisors? By whom?	3
3	How were advisors recruited and selected, and by whom? What role did you play in the recruitment process? Can we get a copy of the recruitment announcements?	3
4	How were advisors oriented/prepared for their roles? In your opinion, was that preparation sufficient? If not, what was lacking?	3
5	In your opinion, how successful has the project been in supporting Global Fund Grants implementation. What specific data do you have to support that opinion?	1
6	In your opinion, how successful has the project been in supporting NTPs and building their capacity? What specific data do you have to support that opinion?	2
7	Are there certain examples of advisor successes that stand out to you? What are they? What do you think contributed to those successes?	1,2,3
8	What do you see as the greatest challenges the NTPs face in TB control in the countries where the project has operated?	4
9	Where do you see opportunities for improvement in advisor effectiveness, in terms of both process and technical content?	4
10	What metrics do you use to judge the effectiveness of the Advisors Project?	1, 2, 5
11	Do you see this as a good model for technical assistance? Why or why not?	4
12	Do you have other comments or suggestions about how to improve efficiency or effectiveness of the Advisors Project going forward?	4

	Questions for USAID/Washington Backstops	Relates to Evaluation Question
1	What countries do you backstop for the Advisors Project?	
2	How were advisors recruited, and by whom? How involved were you in the recruitment process? Did all the key stakeholders weigh in on the final decision?	3
3	How were advisors oriented?	3
4	Is there a written JD/SOW/TORs specific to the country advisor(s) you backstop?	3
5	One of the primary functions of the advisor is to support Global Fund Implementation. What role the advisor has played in Global Fund TB grant implementation in the country you backstop?	1
6	In the past two years, have there been any Situation Room discussions about this country?	1
7	How effective has been his/her contribution to Global Fund TB grant? What specific data do you have to support that opinion?	1
8	What do you see as the greatest challenges for the NTP in the country you backstop?	2, 4
9	In what specific ways has the advisor contributed to addressing the gaps? What specific data you have to support that opinion?	2
10	What would you say are the advisor's greatest successes and why?	1, 2, 3
11	How has the advisor helped support your effectiveness as a backstop?	3
12	What have been the greatest challenges for the advisor/project in the country you backstop?	3
13	Where do you see opportunities for improvement in advisor effectiveness?	4
14	What specific factors have contributed to the successes and challenges for the advisor? Include process and structural factors that may have a bearing on effectiveness.	3
15	Do you see this as a good model for technical assistance? Why or why not?	4
16	Are there unmet needs for long-term technical assistance at country level in the next two years and if so, what areas would you see as highest priority?	4
17	How often do you communicate with the advisor, and how? How else have you supported the Advisor?	3
18	Do you have any other relevant documents or notes related to the advisor's work in country, including Global Fund documents like applications and performance reports?	1,2
19	Who are the people we should interview in-country about the Advisors Project? Is there a specific order in which we should interview them? Are there any specific times they would not be available in February (holidays, etc.)?	
20	Are there any other comments or suggestions that you would like to make to increase the effectiveness of the project?	

	Questions for USAID/Mission staff	Relates to Evaluation Question
1	How was the idea of an advisor introduced to you, when, and by whom? What was your initial thought about it? Has your opinion changed, and if so, in what ways?	3
2	How were you engaged in the recruitment and selection of the advisor?	3
3	How would you describe the primary roles and responsibilities of the advisor?	1,2, 3
4	What do you see as the greatest challenges to GF implementation?	1
5	In what specific ways has the advisor contributed to addressing these challenges?	1
6	What do you see as the greatest challenges for the NTP in the country?	2
7	In what specific ways has the advisor contributed to addressing these challenges?	2
8	What would you say are the advisor's greatest successes and why?	1, 2, 3
9	How do you work with the advisor, and on what specific issues have you worked with her or him?	1, 2, 3
10	How often do you communicate / meet with the advisor, and by what channels?	3
11	What have been the greatest challenges for the Advisors Project in the country?	4
12	What specific factors have contributed to the successes and challenges for the advisor? Include process and structural factors that may have a bearing on effectiveness.	3
13	Where do you see opportunities for improvement in advisor effectiveness?	4
14	Do you see this as a good model for technical assistance? Why or why not?	4
15	From your perspective, what are the areas of TB control that need the most support in this country? What are the highest priorities over the next two years?	4
16	Are there any other comments or suggestions you would like to make?	

	Questions for NTP Managers or Representatives	Relates to Evaluation Question
1	How was the idea of an advisor introduced to you, when, and by whom? What was your initial thought about it? Has your opinion changed, and if so, in what ways?	3
2	How were you engaged in the recruitment and selection of the advisor?	3
3	How was the scope of work for the advisor developed, and how frequently does it change due to urgent needs?	1, 2, 3, 4
4	How would you describe the primary roles and responsibilities of the advisor?	1, 2
5	How do you work with the advisor, and on what specific issues have you worked with her or him?	1, 2
6	In what specific ways has the advisor contributed to addressing these issues?	1, 2, 3
7	How often do you communicate/meet with the advisor, and by what channels?	3
8	Where does the advisor sit physically?	3
9	(If not answered in other responses) Another key responsibility of the advisor's is to build NTP capacity. Has the advisor been able to do so successfully, and if so, in what areas? If not, why not?	2, 3
10	(If not answered in other responses) One of the primary advisor responsibility is to support effective Global Fund grant implementation. How has the advisor contributed to proposal writing, addressing bottlenecks, or other GF issues you have faced? How effective has been her or his contribution?	1
11	What would you say are the advisor's greatest successes, and why?	1, 2, 3
12	What have been the greatest challenges for you in working with the advisor?	3
13	(If not answered in other questions) What specific factors have contributed to the successes and challenges for the advisor? Include process and structural factors that may have a bearing on effectiveness.	3
14	What would you say are the advisor's most valuable skills?	1, 2, 3
15	Are there skills you wish the advisor had that are lacking? If so, which areas could be strengthened?	1, 2
16	Where do you see opportunities for improvement in advisor effectiveness?	4
17	Do you see this as a good model for technical assistance? Why or why not?	4
18	From your perspective, what are the areas of TB control that need the most support in this country? What are the highest priorities over the next two years?	4
19	Are there other comments or suggestions you would like to make regarding the Advisors Project?	

	Questions for Country Advisors	Relates to Evaluation Question
1	How were you recruited for this position and by whom? How long have you been in this position? What did you do before?	3
2	How was the job described to you and how were you oriented to your responsibilities? By whom?	3
3	Do you have a written job description or SOW? How closely does that match your actual activities?	3
4	Where do you normally sit? How has that made your job easier or more difficult?	3
5	With whom do you communicate regularly and how often? Who are your main points of contact at the NTP and the USAID mission?	3
6	How would you characterize your relationships with the NTP and mission staff?	3
7	What is a typical week like for you? What activities are you regularly involved with and what is your specific role?	1, 2, 3
8	One area of focus for advisors is in supporting effective GF grant implementation. How do you keep up with the latest activities and issues that are related to grant implementation? What have you accomplished in this area, and what are the challenges you have faced? How would you suggest improving this aspect of your assignment?	1
9	Have you been involved in developing a GF application? An NSP? What was your role in that process? What went well, and what could have been better? Was the grant approved?	1
10	Another area of focus is capacity-building for the NTP. How do you identify needs in this area? What sources of information do you use? What have you accomplished in this area, and what challenges have you faced? What approaches do you use for capacity building? Can you give us an example? How would you suggest improving this aspect of your assignment?	2
11	Overall, what would you say have been your biggest successes in this role?	1, 2, 3
12	What factors made your success possible? (including process and structural factors)	3
13	(If not already answered above) What are your greatest challenges in this role? What hasn't gone so well and why?	3
14	From your perspective, what are the areas of TB control that need the most support in this country? What are the highest priorities over the next two years?	4
15	Do you think the advisor model is a good one? Why or why not? What changes would you make to improve the effectiveness of this model in general?	3, 4
16	How do you feel you have been supported in your role, and by whom?	3, 4
17	Have you used the information you get in the weekly newsletter, monthly calls, and annual meetings? What has been the greatest value of these communications?	3, 4
18	What characteristics do you think an advisor should have to be successful? What other training or skills would you like to have to improve your effectiveness?	1, 2, 3, 4

19	What metrics do you use to measure your success or progress?	5
20	Have you ever received formal or informal feedback on your performance? How and by whom? Do you think the feedback was fair/honest? Was it useful? What other kind of feedback would you like to receive?	3
21	What do you wish you had known before you arrived in-country to help you succeed?	3, 4
22	Any other comments or suggestions you would like to make?	

	Questions for Global Fund Portfolio Managers	Relates to Evaluation Question
1	How was the idea of an advisor introduced to you, when, and by whom? What was your initial thought about it? Has your opinion changed, and if so, in what ways?	3
2	How would you describe the primary roles and responsibilities of the advisor?	1, 2
3	How do you communicate with the advisor, and on what issues? How would you describe your relationship with the advisor?	1, 3
4	What do you see as the greatest challenges to GF TB Grant implementation?	1
5	In what specific ways has the advisor contributed to addressing these challenges?	1
6	What do you see as the greatest challenges in TB control? or for the NTP in the country?	2
7	In what specific ways has the advisor contributed to addressing these challenges?	2
8	What would you say are the advisor's greatest successes and why?	1,2
9	What have been the greatest challenges for the Advisors Project in the country?	3
10	What specific factors have contributed to the successes and challenges for the advisor? Include process and structural factors that may have a bearing on effectiveness.	3
11	Do you see this as a good model for technical assistance? Why or why not?	1,2, 3
12	Where do you see opportunities for improvement in advisor effectiveness?	4
13	From your perspective, what are the areas of TB control that need the most support in this country? What are the highest priorities over the next two years?	4
14	Are there any other comments or suggestions you would like to make?	



	Questions for Implementing Partners	Relates to Evaluation Question
1	How was the idea of an advisor introduced to you, when, and by whom? What was your initial thought about it? Has your opinion changed, and if so, in what ways?	3
2	How would you describe the primary roles and responsibilities of the advisor?	1, 2
3	How do you communicate with the advisor, and on what issues? How would you describe your relationship with the advisor?	3
4	One of the roles of the advisor is to support GF grant implementation and address bottlenecks. In what ways, if any, has the advisor contributed to improving GF performance? What do you think contributed to these outcomes both positively and negatively (including any structural or political issues)?	1, 2
5	Another key role of the advisor is to build capacity within the NTP. Can you give any examples of the advisor strengthening the technical or managerial capacity of NTP staff?	1, 3
6	What other specific ways has the advisor contributed to addressing key TB challenges in the country?	2
7	What would you say has worked well with the advisor role and what has not? Can you explain what has contributed?	1, 2, 3
8	Do you see this as a good model for technical assistance? Why or why not?	1, 2, 3
9	Where do you see opportunities for improvement in advisor effectiveness?	4
10	From your perspective, what are the biggest current gaps in support for TB control in this country?	4
11	Are there any other comments or suggestions you would like to make?	

	Questions for NTP Managers / French	Relates to Evaluation Question
1	Comment l'idée d'avoir un conseiller présenté au PNLT, quand et par qui ? Au début, quelle était votre opinion à ce sujet ? Votre opinion a-t-elle changé ? Comment ?	3
2	Comment avez-vous participé au recrutement et à la sélection du conseiller ?	3
3	Comment le plan de travail du conseiller a-t-il été élaboré et à quelle fréquence change-t-il en raison de besoins urgents ?	1, 2, 3, 4
4	Quels sont les rôles et responsabilités principaux du conseiller selon vous ?	1, 2
5	Comment travaillez-vous avec le conseiller et sur quelles questions spécifiques avez-vous travaillé avec elle ?	1, 2
6	De quelle manière spécifique le conseiller a-t-elle contribué à résoudre ces problèmes ?	1, 2, 3
7	À quelle fréquence communiquez-vous / rencontrez-vous le conseiller ? En personne, par téléphone, par email ?	3
8	Où le conseiller est-elle assise physiquement ?	3
9	L'un des principaux rôles du conseiller est d'appuyer la mise en œuvre efficace des subventions du Fonds mondial. Comment le conseiller a-t-il contribué à la rédaction de propositions, au traitement des goulots d'étranglement ou à d'autres problèmes liés au Fonds mondial ? Quelle est l'efficacité de sa contribution ?	2, 3
10	Une autre responsabilité du conseiller consiste à renforcer la capacité du PNLT. Le conseiller a-t-elle réussi à le faire et, dans l'affirmative, dans quels domaines ? Si non pourquoi pas ?	1
11	Selon vous, quels sont les plus grands succès du conseiller et pourquoi ?	1, 2, 3
12	Quels sont les plus grands défis à relever pour travailler avec le conseiller ?	3
13	Quels facteurs ont contribué aux succès et aux défis du conseiller ? Inclure les processus et les facteurs structurels susceptibles d'influencer son efficacité.	3
14	Quelles sont selon vous les compétences les plus précieuses du conseiller ?	1, 2, 3
15	Y a-t-il d'autres compétences que vous voudriez que le conseiller ait ? Quels domaines pourraient être renforcés ?	1, 2
16	Quelles suggestions avez-vous pour améliorer l'efficacité du rôle de conseiller ?	4
17	Pensez-vous qu'il s'agit d'un bon modèle d'assistance technique ? Pourquoi ou pourquoi pas ?	4
18	Selon vous, quels sont les domaines de la lutte antituberculeuse qui ont le plus besoin de soutien dans ce pays ? Quelles sont les principales priorités pour les deux prochaines années ?	4
19	Avez-vous d'autres commentaires ou suggestions concernant le projet Advisor ?	

## ANNEX IV. LIST OF INTERVIEWEES

	Names	Country
<b>Managers</b>		
	Virginia Nagy	
	Nick Enrich	
	Elizabeth Pleuss	
<b>Backstops</b>		
	Kaiser Shen	Malawi
	William Wells	Ethiopia and Bangladesh
	Amy Bloom	Vietnam
	Edmund Rutta	Uganda
	Charlotte Colvin	Mozambique and Zambia
	Thomas Chiang	Pakistan
	Alex Golubkov	the Philippines, Ukraine, and Vietnam
	Paul Pierre	DR Congo
	Viktoriya Livchits	Bangladesh, Ukraine
	Ben Woods	Kenya and Bangladesh
	Sevim Ahmedov	South Africa, Ghana, and Kyrgyzstan
	Mukadi Ya Diul	Nigeria
<b>Advisors</b>		
	Timur Bazikov	Kyrgyzstan
	Dorcas Muteteke	DRC
	Rhehab Chimzizi	Zambia
	Stephen Macharia	Kenya
	Raymond Byaruhanga	Uganda
	Phyllis Pholoholo	South Africa
	Zelege Albachew	Ghana
	Abdul Ghafoor	Pakistan
	Emmanuel Matechi	Tanzania
	Jamie Cowan	Mozambique
	Abdul Hamid Salim	Bangladesh
	Allan Fabella	the Philippines
	Giang Nguyen	Vietnam

	<b>Names</b>	<b>Country</b>
	Eyerusalem Negussie	Ethiopia
	Birru Shigut	Malawi
	Mariquita Mandala / former advisor	the Philippines
<b>Mission Staff</b>		
	Haldon Njikhoo	Malawi
	Chuck Lerman	Bangladesh (former)
	Yared Haile	Ethiopia
	Ernesto Bontuyan	the Philippines
	Tito F. Rodrigo	the Philippines
	Jean-Felly Numbi (TB & STI advisor)	DR Congo
	Minh Pham	Vietnam
	Felix Osei-Saprong	Ghana
	Kamran Ajaib	Pakistan
	Tetiana Barnard	Ukraine
	Chynara Kamarli (Health Program Mgmt Specialist TB Team Lead)	Kyrgyzstan
	Erika Vitek (former TB advisor)	Ukraine
	Samina Pushpita	Bangladesh
	Cindy Dlamini	South Africa
	Ezra Mwijarubi	Tanzania
	Patrick Swai	Tanzania
	Pauline Kasese	Zambia
<b>NTPs</b>		
	Rhonda Banda, deputy NTP manager	Malawi
	Taye Letta	Ethiopia
	Celina Garfin	the Philippines
	Michel Kaswa, NTP manager	DR Congo
	Frank Bonsu	Ghana
	Sabira Tahseen, NRL advisor and head	Pakistan
	Furqan Ahmad, Program Officer PR Unit	Pakistan

	<b>Names</b>	<b>Country</b>
	Dr. Hussein Hadi, policy chief	Pakistan
	Gulmira Kalmambetova, NRL director	Kyrgyzstan
	Yolisa Tsibolane, GF director	South Africa
	Liberate Mleoh, deputy NTP mgr.	Tanzania
	Ivan Manhica, NTP manager	Mozambique
<b>Global Fund</b>		
	Eliud Wandwalo, TB Technical Team	Geneva
	Richard Cunliffe	Bangladesh
	Ezra Tessera, GF M&E officer for Ghana	Ghana
<b>Implementing Partners</b>		
	Katya Gamazina, country program leader, PATH	Ukraine
	Thong Tran Huy / private PR	Vietnam
<b>Vital Strategies</b>	Samantha Kozikott	

In addition to interviews, 5 Global Fund staff members and 15 advisors responded to Survey Monkey online surveys. The evaluation team also reviewed a sampling of recent advisor monthly reports, TORs, work plans, annual reports, and available Global Fund grant performance data.

# ANNEX V. DISCLOSURE OF ANY CONFLICTS OF INTEREST

## GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

### USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

<p><b>USAID Non-Disclosure and Conflicts Agreement- Global Health Program Cycle Improvement Project</b></p> <p>As used in this Agreement, Sensitive Data is marked or unmarked, oral, written or in any other form, "sensitive but unclassified information," procurement sensitive and source selection information, and information such as medical, personnel, financial, investigatory, visa, law enforcement, or other information which, if released, could result in harm or unfair treatment to an individual or group, or could have a negative impact upon foreign policy or relations, or USAID's mission.</p> <p>Intending to be legally bound, I hereby accept the obligations contained in this Agreement in consideration of my being granted access to Sensitive Data, and specifically I understand and acknowledge that:</p> <ol style="list-style-type: none"><li>1. I have been given access to USAID Sensitive Data to facilitate the performance of duties assigned to me for compensation, monetary or otherwise. By being granted access to such Sensitive Data, special confidence and trust has been placed in me by the United States Government, and as such it is my responsibility to safeguard Sensitive Data disclosed to me, and to refrain from disclosing Sensitive Data to persons not requiring access for performance of official USAID duties.</li><li>2. Before disclosing Sensitive Data, I must determine the recipient's "need to know" or "need to access" Sensitive Data for USAID purposes.</li><li>3. I agree to abide in all respects by 41, U.S.C. 2101 - 2107, The Procurement Integrity Act, and specifically agree not to disclose source selection information or contractor bid proposal information to any person or entity not authorized by agency regulations to receive such information.</li><li>4. I have reviewed my employment (past, present and under consideration) and financial interests, as well as those of my household family members, and certify that, to the best of my knowledge and belief, I have no actual or potential conflict of interest that could diminish my capacity to perform my assigned duties in an impartial and objective manner.</li><li>5. Any breach of this Agreement may result in the termination of my access to Sensitive Data, which, if such termination effectively negates my ability to perform my assigned duties, may lead to the termination of my employment or other relationships with the Departments or Agencies that granted my access.</li><li>6. I will not use Sensitive Data, while working at USAID or thereafter, for personal gain or detrimentally to USAID, or disclose or make available all or any part of the Sensitive Data to any person, firm, corporation, association, or any other entity for any reason or purpose whatsoever, directly or indirectly, except as may be required for the benefit USAID.</li><li>7. Misuse of government Sensitive Data could constitute a violation, or violations, of United States criminal law, and Federally-affiliated workers (including some contract employees) who violate privacy safeguards may be subject to disciplinary actions, a fine of up to \$5,000, or both. In particular, U.S. criminal law (18 USC § 1905) protects confidential information from unauthorized disclosure by government employees. There is also an exemption from the Freedom of Information Act (FOIA) protecting such information from disclosure to the public. Finally, the ethical standards that bind each government employee also prohibit unauthorized disclosure (5 CFR 2635.703).</li><li>8. All Sensitive Data to which I have access or may obtain access by signing this Agreement is now and will remain the property of, or under the control of, the United States Government. I agree that I must return all Sensitive Data which has or may come into my possession (a) upon demand by an authorized representative of the United States Government; (b) upon the conclusion of my employment or other relationship with the Department or Agency that last granted me access to</li></ol>
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Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

**ACCEPTANCE**

The undersigned accepts the terms and conditions of this Agreement.

*Morgan D'Arcy Richardson*

Signature

10/22/18

Date

Mogan D'Arcy Richardson

Name

Consultant

Title

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Sensitive Data; or (c) upon the conclusion of my employment or other relationship that requires access to Sensitive Data.

9. Notwithstanding the foregoing, I shall not be restricted from disclosing or using Sensitive Data that: (i) is or becomes generally available to the public other than as a result of an unauthorized disclosure by me; (ii) becomes available to me in a manner that is not in contravention of applicable law; or (iii) is required to be disclosed by law, court order, or other legal process.

**ACCEPTANCE** The undersigned accepts the terms and conditions of this Agreement.

Signature



Date October 18, 2018

Name MARIA DE LOURDES DE LA PEZA

Title: Consultant

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## ANNEX VI. SUMMARY BIOGRAPHIES OF THE EVALUATION TEAM

**(Morgan) D’Arcy Richardson, RN, PHN, CNS, MSN, Team Leader:** Led all aspects of the evaluation; acted as the focal point for communications with USAID and GH Pro; ensured the timely completion of high-quality deliverables; led the collection and analysis of quantitative and qualitative data; analyzed the impact of advisors on NTP technical progress; and acted as the TB technical expert. Richardson is a health program management professional with more than 20 years of experience in TB program strategy, implementation, and evaluation at the local, state, national, and international levels. She has worked in the for-profit, public service, nonprofit, and donor/foundation sectors. She currently acts as an independent public health consultant. Previously, she was a senior technical consultant and quality and innovation officer at KNCV Tuberculosis Foundation in the Netherlands on the \$525 million USAID Challenge TB project. From 2006 to 2012, she served as PATH’s Team Leader for TB, responsible for technical guidance, project management, and business development for PATH’s TB work in Africa, Asia, and Eastern Europe under two USAID funding mechanisms worth more than \$75 million, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other projects. She has conducted project evaluations and national program reviews in the United States, Ukraine, Mongolia, Romania, Moldova, Indonesia, Tanzania, and India. She has participated in numerous international and national working groups to develop global policy and related implementation guides. She has authored many evaluation and strategy reports and specializes in translating complex information into understandable and actionable content for clients. In addition, she has relevant experience in community development, environmental health, human rights, and public policy. She received a bachelor of arts degree in environmental studies and a master of science degree in nursing. She is certified as a registered nurse, a public health nurse, and a clinical nurse specialist in community health.

**Lourdes de la Peza, Organizational Development Specialist:** Contributed to the development of data collection tools; participated in interviews and other data collection and analysis; acted as organizational development expert; analyzed the impact of advisors on GF improvements; and contributed sections to the debrief presentation and final report. De la Peza is an organizational development specialist, with expertise in governance, leadership and management development, and performance and quality improvement processes. She is a highly skilled and experienced consultant, trainer, facilitator, communicator, virtual trainer, training designer, trainer of trainers, and executive coach. Recognized for her capacity-building skills and approaches, she has worked with private companies, ministries of health, multisectoral entities, boards of directors, and local private organizations, nongovernmental organizations, faith-based organizations, and community-based organizations in 11 countries in Latin America and the Caribbean and 10 Anglophone countries in Africa as well as Tajikistan, India, and Pakistan. As result of her work, organizations have improved their work climate and improved their sustainability and nongovernmental organizations; and district-level health units have improved their performance in family planning, HIV/AIDS testing, ARV adherence, and other health areas. Country Coordinating Mechanisms in Latin America have complied with the requirements of the Global Fund for HIV/AIDS, Tuberculosis and Malaria; civil society organizations now actively participate in multisectoral entities. From 1995 through April 2018, she worked for Management Sciences for Health (MSH), most recently as a principal technical advisor for governance, management, and leadership in the Health Programs Group.

**Aminata Bah, Program Assistant:** Scheduled, documented, and provided logistical support; and prepared annexes for the final report. Bah is a professional in program and organizational management. She received an undergraduate degree in economics and political science and is a recent graduate of Johns Hopkins University, receiving a master’s in public management. She has years of experience in different aspects of project management and public affairs. She has spent the last 4 years providing project management support for both internal initiatives and projects hosted by different nonprofits and international development organizations. She has supported domestic and international projects concerning development, health, policy and advocacy, and education, among other issues.

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