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<td>ACF</td>
<td>Allocable Cost Factor</td>
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<tr>
<td>ACSM</td>
<td>Advocacy, communication, and social mobilization</td>
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<tr>
<td>AOR</td>
<td>Agreement Officer’s Representative</td>
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<td>APA</td>
<td>Annual Program of Activities</td>
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<td>ATS</td>
<td>American Thoracic Society</td>
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<td>BDQ</td>
<td>Bedaquiline</td>
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<td>CA</td>
<td>Cooperative Agreement</td>
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<td>CBO</td>
<td>Community-based organizations</td>
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<td>CTB</td>
<td>Challenge TB project</td>
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<tr>
<td>DOT</td>
<td>Directly Observed Treatment</td>
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<tr>
<td>DR</td>
<td>Drug resistant</td>
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<tr>
<td>DRC</td>
<td>Democratic Republic of the Congo</td>
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<tr>
<td>GF</td>
<td>Global Fund to Fight Aids, Tuberculosis and Malaria</td>
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<td>GHPro</td>
<td>Global Health Program Cycle Improvement Project</td>
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<tr>
<td>HMIS</td>
<td>Health Management Information System</td>
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<td>HQ</td>
<td>Headquarters</td>
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<td>IPT</td>
<td>Intermittent Preventive Treatment</td>
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<tr>
<td>IRD</td>
<td>Interactive Research &amp; Development</td>
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<td>JATA</td>
<td>Japan Anti-Tuberculosis Association</td>
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<td>KII</td>
<td>Key informant interview</td>
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<td>KNCV</td>
<td>KNCV Tuberculosis Foundation</td>
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<td>KP</td>
<td>Key Populations</td>
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<tr>
<td>LOE</td>
<td>Level of effort</td>
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<td>LTTA</td>
<td>Long-term technical assistance</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<td>MDR</td>
<td>Multi-drug resistant</td>
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<td>MOH</td>
<td>Ministry of Health</td>
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<td>MSH</td>
<td>Management Sciences for Health</td>
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<td>NAP</td>
<td>National Action Plan</td>
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<td>NGO</td>
<td>Non-governmental organization</td>
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<td>NTP</td>
<td>National Tuberculosis Program</td>
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<td>OM</td>
<td>Operations Manual</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>PATH</td>
<td>Program for Appropriate Technology in Health</td>
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<tr>
<td>PEPFAR</td>
<td>President's Emergency Plan for AIDS Relief</td>
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<tr>
<td>PLHIV</td>
<td>People living with HIV</td>
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<tr>
<td>PMU</td>
<td>Project Management Unit</td>
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<td>PO</td>
<td>Project Officer</td>
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<td>PPM</td>
<td>Public-Private Mix</td>
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<td>PWID</td>
<td>People who Inject Drugs</td>
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<tr>
<td>RFA</td>
<td>Request for application</td>
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<td>RPT</td>
<td>Risk Prioritization Tool</td>
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<td>SOP</td>
<td>Standard operating procedures</td>
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<td>SOW</td>
<td>Scope of work</td>
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<td>STTA</td>
<td>Short term technical assistance</td>
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<td>TA</td>
<td>Technical Assistance</td>
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<td>TB</td>
<td>Tuberculosis</td>
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<td>TB CAP</td>
<td>Tuberculosis Control Assistance Program</td>
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<td>TB TEAM</td>
<td>TB Technical Assistance Mechanism</td>
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<td>TB/HIV</td>
<td>TB and HIV coinfection</td>
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<td>TSR</td>
<td>Treatment Success Rate</td>
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<td>USAID</td>
<td>United States Agency for International Development</td>
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<td>USG</td>
<td>United States Government</td>
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<td>WHO</td>
<td>World Health Organization</td>
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EXECUTIVE SUMMARY

EVALUATION PURPOSE AND EVALUATION QUESTIONS

The purpose of this mid-term management review is to assess the overall project management, successes, and opportunities for improvement of the Challenge TB (CTB) project. The results of the management review will be used to provide feedback and recommendations to CTB on project operations and management. The following evaluation questions were addressed:

1. Is the project aligned with the guiding principles outlined in the RFA and CTB cooperative agreement program description and work plans? Is it “on track” to deliver the committed results?

2. Does the structure enable the project to communicate and coordinate activities at all levels of the project and with all partners? For example, when problems arise at the country level, is the Project Management Unit (PMU) and partner headquarter response effective and implemented according to CTB policies? Is CTB alerting USAID to problems early so they can help to resolve them before it becomes a crisis?

3. Is the project working in an efficient manner? Are there the appropriate cost controls within the project? Are the additional coalition costs adding value?

4. How has the project implemented quality control activities to ensure technical soundness of assistance and deliverables?

5. With respect to the project’s ability to respond to emerging and expanding technical priorities, list the strengths and areas for improvement of the current recruitment, on-boarding, and continuing staff development processes. In particular, how is the project building the capacity of country level staff to work more independently?

6. To what extent is the Monitoring and Evaluation (M&E) Plan being implemented in an efficient and cost-effective way?

The evaluation was conducted by a two-person team: Maria Miralles, Ph.D. and Katya Burns, Ph.D. between November 17, 2016 and January 10, 2017, the midpoint of the CTB project.

PROJECT BACKGROUND

CTB is the flagship global mechanism for implementing USAID’s strategy to contribute to the global post-2015 goal of a world free of tuberculosis (TB). The project is intended to support the introduction, scale-up, and sustainability of high impact TB interventions, primarily in USAID’s 26 high burden TB, Multi-drug resistant (MDR)-TB and TB/HIV countries, as well as to support USAID’s global leadership agenda. It is also through CTB that USAID tracks progress toward globally agreed-upon targets.

A five-year cooperative agreement (OAA-A-14-00029) managed by the USAID/Bureau of Global Health’s Infectious Diseases Division, CTB was awarded to KNCV Tuberculosis Foundation as the lead of a coalition of nine partners on September 1, 2014. Partners include American Thoracic Society (ATS), FHI 360, Interactive Research & Development (IRD), the International Union Against Tuberculosis and Lung Disease (The Union), Japan Anti-Tuberculosis Association (JATA), Management Sciences for Health (MSH), Program for Appropriate Technology in Health
(PATH), World Health Organization (WHO). CTB is the fourth in a succession of global cooperative agreements awarded to KNCV and the same coalition of partners, with only the addition of IRD and PATH.1

As the lead partner, the KNCV hosts the PMU at its headquarters in The Hague, the Netherlands. The PMU, under the leadership of the Project Director, is responsible for providing management and technical oversight and is the primary point of contact for the USAID/Washington TB team. Partner roles in core and country programs are determined in consultation with USAID and based on technical expertise and established cost-control principles as per the program agreement. Accordingly, the lead role in the 21 CTB country offices is distributed among the partners, although KNCV is the lead partner for 12 of the country programs.

CTB has a funding ceiling of $524,754,500. At the time of this review, the project had received obligations totaling $185,068,305 (nearly one-third of the ceiling) of which $22,926,438 (12.4%) was received from PEPFAR. Most of the funds (92%) of these funds have been for field support (both country and regional funds), and 8% for the core projects.

**EVALUATION METHODS AND LIMITATIONS**

The evaluation team gathered information from a range of sources: project documents, key informant interviews with CTB partner representatives and project officers, and selected USAID CTB Activity Managers as well as Washington-based TB CTB backstops. Information was gathered via telephone or Skype, in-person interviews with the PMU in The Hague, and on-line surveys for project Country Directors and USAID Mission Activity Managers.

The team used a parallel combination approach to data analysis whereby each data collection method was carried out in its entirety and analyzed separately. The results were then triangulated and the results from different methods compared, contrasted, and validated.

It was not possible to conduct an equal number of interviews in each country, due to the size of the team and the time available for data collection. For a variety of reasons, it was also not possible to interview the key stakeholder of the CTB project at the country level, National Tuberculosis Program (NTP) directors.

**FINDINGS AND CONCLUSIONS**

The project is broadly aligned with key guiding principles. Key findings include:

- There is coordination with Global Fund to Fight Aids, Tuberculosis and Malaria (GF) and supporting GF implementation in most countries.
- CTB is increasing its focus on supporting local resource partners and building local resource partner capacity.
- There is an increased focus on key populations in some countries, including prisoners, miners, people living with HIV (PLHIV).
- There have been successful efforts to partner with the private sector in some countries, such as IRD’s work in Indonesia.
- CTB is in line with WHO policies.

1 Antecedent projects led by KNCV were TBCTA (2000-2005), TBCAP (2005-2010), and TBCARE I (2010-2015).
Challenges that the project is facing with respect to applying guiding principles include the following:

- Limited or no progress on increasing contributions from domestic resources.
- Activity timelines cannot depend on timely GF disbursements.
- Lack of a specific CTB strategy to target key populations, limited or no support to countries to collect, compile or analyze key population data.
- Difficulty building capacity at subnational level, especially in a context where NTP capacity is low.
- Insufficient deployment of management tools to support effective application of guiding principles, including to address poor execution of short term technical assistance.
- Just 64% of approved short-term technical assistance (STTA) trips took place (data from Annual Program of Activities (APA) 2)
- Mechanisms for targeting STTA are under-determined and partners are largely not aware of strategies to better focus and target STTA according to technical needs or country-specific gaps. CTB lacks a system to track or document changes in focus on STTA. Other findings and challenges include:

The communications plan is underdeveloped and does not sufficiently address important strategic communications needs. Communications rules are laid out in the project Operations Manual but in practice, communications rely on long-term professional relationships and are heavily “personality-driven.” This works well when good professional relationships endure, but can break down based on personality differences. When communication breaks down, the PMU may become aware of implementation challenges late and/or the USAID DC TB Team may hear about implementation challenges before the PMU. Reliance on coalition partner initiative to access information via the Cloud means that the project does not actively support cross-partner sharing of administrative and technical information and lessons learned on project management.

The PMU is implementing many good management practices associated with efficiency but is not yet fully measuring or managing performance. CTB/PMU uses a cross-functional team management approach that is appropriate for this type of project. Key management functions are performed through the use of automated management systems and standardized tools are available that aim to decrease variation in project management practices across partners, avoid duplication of efforts, minimize misunderstanding, support scheduling, and meeting deadlines. Despite these achievements, systems still need to be finalized and fully deployed, including to the field level.

Finally, the PMU’s approach to implementing some cost control measures was not well communicated to partners, was applied inconsistently across partners, was unaccompanied by systems or indicators to monitor implementation or impact, and has raised concerns among partners for not taking into consideration partner and country-specific needs.

The project is not leveraging the potential added value of the coalition. The focus of the PMU’s relationship with the various coalition partners has been on improving project management efficiencies and minimizing costs. It has given far less attention to strengthening core coalition relationships in ways that can enhance project effectiveness. Partners perceive
that they have had few opportunities as a coalition to focus on meta or cross-portfolio issues or to help define or provide guidance and advocacy on technical and strategic issues of relevance to USAID and the larger global TB community.

Insufficient resources are dedicated to ensuring technical quality of deliverables and assistance. The PMU technical quality control system was initially intended to complement, not substitute for, coalition partner quality systems; however not all partners have invested sufficiently in their own systems. This includes inadequate attention to copy editing needs, from the country to the PMU levels. In addition, the PMU technical team has been suffering from staffing challenges precisely at a time when the project is generating a significantly greater volume of documents requiring specialized technical reviews.

There is no system to facilitate the systematic or critical assessment of the appropriate match of needed skills and expertise and proposed staff and consultants and their availability. Related to the finding above, when addressing requests for technical assistance (TA), the PMU does not have a system to systematically or critically assess the appropriateness of the match of needed skills with the proposed consultant capacities. In addition, there is no system to ensure availability of expertise when needed, which is critical as demands for some experts exceed availability and timelines for programmed activities shift.

There is no CTB strategy to ensure that appropriate investments are made in local staff technical, management and leadership skills. Individual CTB partners have vast experience with hiring and managing senior staff at the national levels. Some – but not all – partners have considerable experience with growing local offices and managing several USAID-funded complex programs within a single country office. However, as CTB country programs expand to subnational levels and reliance on local staff and local resource partners increases, they are facing challenges in identifying qualified local staff to lead activities at the lower levels, training staff in needed skills, and retaining staff. Individual partners are encountering similar challenges, but there is no project-wide strategy to address these issues.

The M&E Plan is comprehensive and includes all required USAID indicators, but is not fully utilized for intended purposes. Each portfolio has its own M&E planning tool that is directly linked to its work plan. However, some partners/countries find the tool to be cumbersome due to size and complexity for data input. M&E data are not fully utilized for work planning and project learning and M&E staff at country level do not always have the analytical skills needed for data analysis and project learning on the basis of CTB data.

RECOMMENDATIONS

The following recommendations for the CTB project management have been formulated in response to the findings discussed above. As the cooperative agreement quickly passes its mid-point, a mutually agreed upon prioritization of these between USAID and CTB should be considered.

Determine why the completion rate of STTA trips is just 64% and develop appropriate support and monitoring systems to improve the rate at which STTA trips are undertaken. The PMU should undertake a short survey of partner STTA to determine the primary reasons why the rate of STTA completion is low and develop appropriate strategies to improve that rate.
Develop a clear and functional system to better target STTA on key critical technical areas and in countries most in need. This system should support the identification of key STTA issue areas across the project and by country and the classification of current STTA (for APA 3) according to the issue area. Under this system, STTA that cannot be classified in this manner should be eliminated. Finally, with this, the PMU can develop a system to track STTA and to document the extent to which it is appropriately targeted.

Further develop the STTA tracker to critically assess the use of STTA. The PMU should ensure that consultant technical expertise matches the objectives of STTA, that scheduling of consultants is realistic, and that Country Directors are consulted on the need for STTA when it does not originate from the country.

Support partners/countries so they appropriately target key populations, systematically track CTB investments in key populations and generate data that is disaggregated by key population and by gender: As the project cannot now apply the Risk Prioritization Tool (RPT) to ongoing country programs, it should confer with USAID how to proceed for any new country programs that may come on board. The PMU should aggregate the data that partners already report with respect to their key populations and information about the budget dedicated to those activities and use the data to ensure that key populations are appropriately targeted in all CTB countries.

Better leverage the private sector: In order to improve CTB’s capacity to leverage the private sector, the PMU and partners should (1) compile a directory of all private sector activities undertaken by CTB to date; (2) provide an opportunity for CTB Country Directors to share their experiences leveraging the private sector amongst themselves, draw lessons learned, and brainstorm new strategic approaches; and (3) require countries to systematically report on private sector engagement. This approach could be incorporated into a larger project-wide strategy to guide partner planning around issues of sustainability and system strengthening.

Strengthen internal project communications: CTB needs a communications plan or strategy. The PMU should engage a communications professional – an individual who holds a professional degree in communications and has extensive experience in the field of communications – to assist CTB to develop a communications plan/strategy. This should include mechanisms to clarify and institutionalize communication channels and protocols at all levels of the project and proactive internal communications mechanisms.

Fully deploy management tools with more and better metrics and analytic methods to track and assess project performance: The current management tools and indicators are not sufficient to support managers at various levels to make informed, timely decisions. More analytics are required to make the best use of indicator data. Examples of metrics for monitoring project implementation and for monitoring compliance activities are provided in Annex VIII. The intended users, whether at USAID, the PMU, or country team level, should be engaged in the development of relevant metrics and appropriate analytical methods. For example, the PMU should conduct an internal CTB review to determine why 36% of approved STTA is not undertaken, and develop mitigating measures to ensure that approved STTA is properly used.

Dedicate available resources to leverage the full potential added value of the coalition. To support cross-portfolio and technical leadership activities, including advocacy-related activities, and enhance project effectiveness, USAID and CTB should consider developing
a mutually agreed upon, fully budgeted plan for the remaining period of the project defining activities in line with the technical leadership and advocacy role of the coalition and USAID.

**Develop more operationalized and streamlined work plans, and simplify and deploy activity progress monitoring tools to all levels.** To support planning for human resource needs, partners should consider developing more operationalized action plans. These should specify the level of effort (LOE) and corresponding budget expected of named local staff to lead or participate in participate country work plans activities, especially for subnational-level activities as well as support for implementation of STTA recommendations and core-funded activities. To reduce the LOE required for multiple reviews and revisions, in consultation with USAID, the PMU should consider eliminating parts of the background section of work plans after the first year. Subsequent plans can focus on updates, such as new epidemiological data and policy developments, achievement during the previous year, and what was not done.

**Fully deploy document templates for standardizing content and trackers and ensure appropriate allocation and use of resources for editorial and technical document reviews, and engage all partners in technical reviews.** Beyond using these tools, to avoid the problem of bottlenecks when many documents depend on the availability of a few, the PMU should ensure that partners budget sufficient LOE for editorial support for each planned deliverable. In addition, the PMU may consider reaching out to partners to expand the technical review pool so as to avoid having to hire external consultants. An added benefit may be the opportunity to increase cross-portfolio exchange of knowledge and experiences.

**Undertake systematic reviews of consultants.** To address conflicting views on quality technical assistance provided by consultants, the PMU, together with senior country managers, should undertake systematic reviews of consultants. Reviews should focus on behavior, including aspects of professionalism, as well as objective assessment of technical competence.

**Develop a CTB-wide strategy for developing local expertise:** Investing in staff, especially local staff, whether at the most senior or junior level is usually a low-cost investment with high returns. A CTB-wide strategy formalizing the project approach, not just of individual partners, should establish short- and long-term goals and approaches to developing local expertise. Topics that informants identified as important for staff development, and by association, project performance, included communications, especially with respect to how to communicate with local authorities and with USAID, leadership and team building (especially useful to provincial level staff), and critical thinking and analytics, especially for M&E staff.

**Strengthen use of the M&E Plan for work plan development and expand data analysis capacity and activities:** The PMU should provide clear guidance on the use of data and the M&E Plan in work plan development. CTB partners should strengthen in-country capacity for data analysis. One key area would be documenting the project’s impact on case finding to measure whether/the extent to which it has changed in CTB-supported countries, and including activities in work plans to address any challenges in case finding based on CTB data.
I. INTRODUCTION

EVALUATION PURPOSE

Challenge TB (CTB) is a five-year project that is in the third year of implementation. The purpose of this mid-term review was to assess the overall project management, successes, and opportunities for improvement. It explored basic aspects of project management, including financial management, direction and planning, adherence to United States Government (USG) requirements, human resource management, communication and knowledge management, and monitoring and evaluation (M&E). It also examined the extent to which the project is following key project implementation principles and is on track to meet established goals and targets. The review aimed to identify successes, challenges, and barriers to effective and efficient project implementation, and how these are communicated and addressed. The results of the management review will be used to provide feedback and recommendation to CTB on project operations and management. The scope of work (SOW) can be found in Annex 1.

EVALUATION QUESTIONS

The review questions focus on the extent to which project management practices are efficient and effective and likely to support the achievement of project objectives. The specific review questions are:

1. Is the project aligned with the guiding principles outlined in the RFA and CTB cooperative agreement program description and work plans? Is it “on track” to deliver the committed results?

2. Does the structure enable the project to communicate and coordinate activities at all levels of the project and with all partners? For example, when problems arise at the country level, is the Project Management Unit (PMU) and partner headquarters (HQ) response effective and implemented according to CTB policies? Is CTB alerting USAID to problems early so they can help to resolve them before it becomes a crisis?

3. Is the project working in an efficient manner? Are there the appropriate cost controls within the project? Are the additional coalition costs adding value?

4. How has the project implemented quality control activities to ensure technical soundness of assistance and deliverables?

5. With respect to the project’s ability to respond to emerging and expanding technical priorities, list the strengths and areas for improvement of the current recruitment, on-boarding, and continuing staff development processes. In particular, how is the project building the capacity of country level staff to work more independently?

6. To what extent is the M&E Plan being implemented in an efficient and cost-effective way?
II. PROJECT BACKGROUND

Challenge TB (CTB) is the flagship global mechanism for implementing USAID’s strategy to contribute to the global post-2015 goal of a world free of tuberculosis (TB). The project is intended to support the introduction, scale-up, and sustainability of high impact TB interventions, primarily in USAID’s 26 high burden TB, multi-drug resistant (MDR)-TB and TB/HIV countries, as well as to support USAID’s global leadership agenda. It is also through CTB that USAID tracks progress toward globally agreed-upon targets. CTB addresses three key objectives, each with several focus areas for interventions: 1) Improve access to high-quality patient-centered TB, drug resistant (DR)-TB and TB and HIV coinfection (TB/HIV) services by improving the enabling environment; ensuring a comprehensive, high quality diagnostic network; and strengthening patient-centered care and treatment; 2) Prevent transmission and disease progression by implementing targeted screening for active TB and infection control measures, and managing latent TB infection; and 3) Strengthen TB service delivery platforms by enhancing political commitment and leadership, strengthening health commodity management systems, ensuring quality data, surveillance and monitoring and evaluation, supporting human resource development, and building comprehensive partnerships and informed community engagement.

A five-year cooperative agreement (OAA-A-14-00029), CTB was awarded to KNCV Tuberculosis Foundation as the lead of a coalition of nine partners on September 1, 2014. Partners include American Thoracic Society (ATS), FHI 360, Interactive Research & Development (IRD), the International Union Against Tuberculosis and Lung Disease (The Union), Japan Anti-Tuberculosis Association (JATA), Management Sciences for Health (MSH), Program for Appropriate Technology in Health (PATH), World Health Organization (WHO). CTB is the fourth in a succession of global cooperative agreements awarded to KNCV and the same coalition of partners, with only the addition of IRD and PATH.

As the lead partner, the KNCV hosts the Project Management Unit of approximately 20 staff at its headquarters in The Hague, Netherlands. The PMU, under the leadership of the Project Director, is responsible for providing management and technical oversight and is the primary point of contact for the USAID/Washington TB team. Partner roles in core and country programs is determined in consultation with USAID and is based on technical expertise and established cost-control principles as per the program agreement.

Partner roles in core and country programs are determined in consultation with USAID and based on technical expertise and established cost-control principles as per the program agreement. Accordingly, the lead role in the CTB country offices is distributed among the partners. CTB currently works in 21 countries in Eastern Europe, Central Asia, East Asia, and Africa, as well as two regions. The countries are:

- Eastern Europe: Ukraine
- Central Asia: Afghanistan, Kyrgyzstan, Tajikistan and Uzbekistan, and Central Asia Region

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3 Antecedent projects led by KNCV were TBCTA (2000 - 2005), TBCAP (2005-2010), and TBCARE I (2010-2015).
• East Asia: Bangladesh, Cambodia, India, Indonesia, Myanmar, and Vietnam

• Africa: Botswana, Democratic Republic of Congo (DRC), East Africa Region, Ethiopia, Malawi, Mozambique, Namibia, Nigeria, South Sudan, Tanzania, and Zimbabwe

CTB is also currently implementing six core-funded activities:

• Support for the introduction of bedaquiline (BDQ) in CTB countries.

• Development of methods to measure TB stigma at the community level, in patients and health care workers.

• Sponsorship of the UN Special envoy for TB to promote support for the dissemination and implementation of the global End TB Strategy and its targets for TB prevention, care, and control.

• Development of tools and obtaining baseline measures to assess the catastrophic costs of TB to countries.

• Evaluation of the effectiveness of a new regimen of three months of high dose rifapentine and isoniazid administered as a once-weekly dose for 12 weeks versus a regular six-month Intermittent Preventive Treatment (IPT) course, and the effectiveness of one course of the new regimen to a pulsed annual repeat course of the new regimen.

• Support to CTB countries as a hub for information and guidance on Global Fund to Fight Aids, Tuberculosis and Malaria (GF) activities and to help remove country-level bottlenecks.

A list of portfolios and partner roles is provided in Annex VIII.

At the time of this review, the project had reached approximately 35% of its ceiling of $524,754,500 with obligations totaling $185,068,305. Ninety-two percent of the obligations were for field support (both country and regional missions), 13.5% ($22,926,438) of which was received from PEPFAR; 8% of the obligations to date are for carrying out the six defined core activities listed above.
III. EVALUATION METHODS AND LIMITATIONS

METHODOLOGY

Approach

The evaluation team was comprised of a Team Lead with background in TB, and an Evaluation Specialist. The team gathered information from a range of sources: These included a review of project documents, key informant interviews (KIIs) conducted via telephone or Skype, in-person interviews with the PMU in The Hague, and an on-line survey. In addition, the team benefitted from written responses to a Matrix on Guiding Principles, sent out to Country Directors by the PMU. The evaluation team triangulated data obtained through these approaches to draw out trends and patterns and identify strengths and challenges in project management.

Data Sources

Document Review: The evaluation team reviewed key project documents, including the Project Document (response to the RFA), quarterly and annual reports, M&E Plans, core and regional/country work plans, program reports, and evaluations of the predecessor project.

Key Informant Interviews: The evaluation team conducted interviews with selected key informants at all levels of management including USAID/Washington TB Team, USAID Mission Activity Managers, CTB PMU, the CTB Partner Representatives and Project Officers, the CTB Country or Regional Directors. A total of 67 individuals were interviewed. For a complete list of individuals interviewed, see Annex III.

Survey: The evaluation team administered an on-line survey using Survey Monkey to all USAID Mission Activity Managers and CTB Country or Regional Directors. Seventeen USAID Activity Managers and fourteen Country Directors responded to the survey.

Matrix on Guiding Principles: The PMU developed a Matrix on Guiding Principles and distributed it to all Country Directors for their written inputs. A total of 15 Country Directors completed the Matrix.

Sample Selection

The evaluation team interviewed Partner Representatives, Partner Project Officers and CTB Partner Project Directors of the seven of the eight partners, including the lead organization – KNCV Tuberculosis Foundation.

<table>
<thead>
<tr>
<th>CTB Partner Organizations Interviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>KNCV Tuberculosis Foundation [prime]</td>
</tr>
<tr>
<td>American Thoracic Society (ATS)</td>
</tr>
<tr>
<td>FHI 360</td>
</tr>
<tr>
<td>Interactive Research &amp; Development (IRD)</td>
</tr>
<tr>
<td>International Union Against Tuberculosis and Lung Disease (The Union)</td>
</tr>
<tr>
<td>Management Sciences for Health (MSH)</td>
</tr>
<tr>
<td>Program for Appropriate Technology in Health (PATH)</td>
</tr>
<tr>
<td>World Health Organization (WHO)</td>
</tr>
</tbody>
</table>
Five countries for special attention by the evaluation team: Bangladesh, DRC, Indonesia, Mozambique, and Ukraine. Selection of these five focus countries for the evaluation was based on suggestions from the KNCV PMU and discussions with the USAID/Washington TB Team. For each of the five focus countries, the evaluation team conducted KIIs with USAID Mission Activity Managers and CTB Country Directors.

Table 2. CTB Country Programs Selected for Focused Review

<table>
<thead>
<tr>
<th>Selected Focus Countries</th>
<th>Lead Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>MSH</td>
</tr>
<tr>
<td>Democratic Republic of the Congo</td>
<td>The Union</td>
</tr>
<tr>
<td>Indonesia</td>
<td>KNCV</td>
</tr>
<tr>
<td>Mozambique</td>
<td>FHI 360</td>
</tr>
<tr>
<td>Ukraine</td>
<td>PATH</td>
</tr>
</tbody>
</table>

Data Collection Approach
The evaluation team divided up the KIIs between themselves and, with a few exceptions, conducted KIIs separately in order to maximize the number of key informants reached for the evaluation. The interviewer took written notes during the interview and typed up the notes as soon as possible after each interview. Evaluation team members then shared their interview notes with each other. In case there is a need to follow up on points raised during a particular interview, follow-up was conducted via email or additional Skype/telephone calls were arranged. The on-line survey was launched at the start of data collection and respondents had three weeks in which to post their responses. The evaluation team will also make a field visit to the offices of the Project Management Unit in The Hague to conduct face-to-face interviews with the PMU and KNCV.

Data Collection Tools
The team developed KII interview guides specifically geared to each type of key informant. The team also developed a two-survey tool, one for CTB Country Directors and one for USAID Mission Activity Managers. All tools can be found in Annex V.

Data Analysis
The team will use a parallel combination approach to data analysis whereby each data collection method was carried out in its entirety and analyzed separately. The results were then triangulated, and the results from different methods compared, contrasted, and validated. Basic descriptive statistics obtained from the surveys are presented in Annex VI.

Ethical Considerations and Human Subject Protection
Each key informant was informed of the confidentiality of the interview, and provided oral consent prior to beginning the interview. Vulnerable populations were not interviewed for this management evaluation.

LIMITATIONS
It was not possible to conduct an equal number of interviews in each country, due to the size of the team (two-person team) and the time available for data collection. It was not possible to arrange for interviews with CTB Partner Japan Anti-Tuberculosis Association (JATA) or with National Tuberculosis Program (NTP) Directors. A detailed presentation of limitations is presented in Annex II.
IV. FINDINGS

Question 1: Is the project aligned with the guiding principles outlined in the RFA and CTB Cooperative Agreement program description and work plans?

This section focuses on the following key CTB guiding principles: (1) Quality long-term technical assistance (TA) and targeted short-term technical assistance (STTA), (2) Funding local partners and increase their technical capacity, (3) Supporting Global Fund grant implementation, (4) Leveraging the private sector, (5) Paying special attention to key populations, and (6) Focusing on sustainability.

Quality long-term TA and targeted STTA

In line with the guiding principle to promote quality long-term TA and targeted STTA, CTB’s Operations Manual provides the following guidance to partners: "There is strong preference for a sustained effort to build and maintain in-country long-term expertise. However, STTA by external experts is still required to supplement this technical expertise. Where possible, CTB partners should reduce the quantity of STTA visits over the five years of CTB implementation with a concomitant shift to greater use of local experts. All STTAs should be part of a longer-term strategy to build in-country capacity in specific technical areas of expertise." To support that effort, CTB also developed a "STTA Standards of Excellence Checklist," which includes the following key points:

- STTA plans are developed in consultation with all key stakeholders during the annual work planning process, after considering alternatives for providing the support through in-country or nearby sources.
- STTA provides expertise that is not available in-country and is done in synergy with ongoing efforts in the specific technical area as part of the five-year strategy.
- The STTA builds upon and does not duplicate the recommendations and activities of previous STTA missions or other stakeholders.
- Whenever feasible, the STTA builds the capacity of specific in-country personnel to play that role in the future.
- A realistic plan for follow-up of the recommendations is put in place with responsibilities assigned and a timeline as part of the final debriefing and reporting process.
- Progress on follow-up of recommendations is monitored on a quarterly basis by the responsible partner organization and the CTB PMU.

In order to support partners to comply with these guidelines, the PMU reports that it holds discussions with partners (during partners’ telephone calls, meetings) and with the Country Directors (e.g., during the annual Country Directors meeting) on including appropriate STTA in partner workplans. When partners submit their draft workplans to the PMU for review, the PMU provides feedback on the justifications offered for STTA, taking country specifics into account. For example, the PMU considers that countries that are new to CTB may require more STTA than countries that have worked under CTB for some time; STTA should be aligned to the technical focus of the workplan; Mission priorities; the security situation in the country; and the travel time from partner HQ to the country.
CTB has worked to consolidate STTA by reducing the number of technical partners working in each country – from an average of 3.4 partners under TB Care I, to an average of 2.3 partners in Annual Program of Activities (APA) 3 of CTB. In APA 2, CTB also set up a system to better track STTA by using a scorecard that shows the number of STTA trips approved and the number and percentage of STTA trips successfully completed, by country by year.

Although most Country Directors surveyed reported that the number of STTA trips conducted each year has been declining, a review of work plans revealed that the number of approved CTB STTA trips and the number of approved CTB STTA days has in fact increased in each project year (see Figures 1 and 2). In part, this can be explained by the increase in the number of total workplans approved in each year (21 in APA 1, 28 in APA 2, and 37 in APA 3). The average length of a STTA trip was 14 days for technical activities, and five days for PMU STTA trips.

![Figure 1. Number of Approved STTA Trips by Project Year](chart.png)

Source: CTB data. Data includes STTA trips under all codes and PMU STTA trips.

Note: The figure presents data for STTA trips under all codes. The data for number of PMU STTA trips for APA 3 is the number of budgeted trips; for APA 1 and APA 2, it is for completed PMU STTA trips. The figure for approved STTA trips for APA 3 includes both approved STTA trips and STTA trips pending approval. Data on the number of STTA trips approved for APA3 was not final at the time of writing (February 6th 2017): 304 STTA trips had been approved, and 83 STTA trips were pending approval – for STTA for the following countries: Cambodia, DR Congo, Nigeria, S. Sudan, Uzbekistan and Zambia. The data does not include STTA trips that were not included in approved workplans.
The evaluation team was not able to compare STTA data with data from the predecessor project or to assess changes in LTTA. Data on STTA was not compiled or reported for TB Care and the PMU under CTB does not track or compile data on the STTA budget either, although the data is included in CTB work plans. The only available STTA data for TB Care was the number of STTA trips for TB Care Years 1 and 2, combined. Also, although workplan budgets present local versus HQ costs, these figures consolidate staff and operational costs.

The evaluation team noted a number of challenges CTB is facing in reducing and targeting STTA:

**A significant percentage of approved STTA trips are not undertaken**

CTB has compiled data on the number of completed STTA trips for 22 countries in APA 2. For that year, just 64% of approved STTA trips took place.

### Table 3. Percentage of STTA trips completed in APA 2

<table>
<thead>
<tr>
<th>#</th>
<th>CTB Country</th>
<th>Lead Partner</th>
<th># STTA approved</th>
<th># STTA completed</th>
<th>% STTA completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Afghanistan*</td>
<td>MSH</td>
<td>5</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>2</td>
<td>Bangladesh*</td>
<td>IRD</td>
<td>23</td>
<td>16</td>
<td>70%</td>
</tr>
<tr>
<td>3</td>
<td>Botswana</td>
<td>KNCV</td>
<td>13</td>
<td>10</td>
<td>77%</td>
</tr>
<tr>
<td>4</td>
<td>Burma</td>
<td>FHI360</td>
<td>29</td>
<td>17</td>
<td>59%</td>
</tr>
<tr>
<td>5</td>
<td>Cambodia</td>
<td>FHI360</td>
<td>9</td>
<td>8</td>
<td>89%</td>
</tr>
<tr>
<td>6</td>
<td>DRC</td>
<td>The Union</td>
<td>15</td>
<td>10</td>
<td>67%</td>
</tr>
<tr>
<td>7</td>
<td>East Africa</td>
<td>KNCV</td>
<td>0</td>
<td>0</td>
<td>n/a</td>
</tr>
<tr>
<td>8</td>
<td>Ethiopia</td>
<td>KNCV</td>
<td>21</td>
<td>3</td>
<td>14%</td>
</tr>
<tr>
<td>9</td>
<td>India</td>
<td>The Union</td>
<td>7</td>
<td>2</td>
<td>29%</td>
</tr>
<tr>
<td>10</td>
<td>Indonesia</td>
<td>KNCV</td>
<td>37</td>
<td>17</td>
<td>46%</td>
</tr>
<tr>
<td>11</td>
<td>Kyrgyzstan</td>
<td>KNCV</td>
<td>11</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>12</td>
<td>Malawi</td>
<td>KNCV</td>
<td>15</td>
<td>11</td>
<td>73%</td>
</tr>
<tr>
<td>13</td>
<td>Mozambique</td>
<td>FHI360</td>
<td>13</td>
<td>10</td>
<td>77%</td>
</tr>
<tr>
<td>14</td>
<td>Namibia</td>
<td>KNCV</td>
<td>10</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>#</td>
<td>CTB Country</td>
<td>Lead Partner</td>
<td># STTA approved</td>
<td># STTA completed</td>
<td>%STTA completed</td>
</tr>
<tr>
<td>----</td>
<td>-------------</td>
<td>--------------</td>
<td>-----------------</td>
<td>-----------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>15</td>
<td>Nigeria*</td>
<td>KNCV</td>
<td>18</td>
<td>11</td>
<td>61%</td>
</tr>
<tr>
<td>16</td>
<td>South Sudan*</td>
<td>MSH</td>
<td>9</td>
<td>3</td>
<td>33%</td>
</tr>
<tr>
<td>17</td>
<td>Tajikistan</td>
<td>KNCV</td>
<td>19</td>
<td>18</td>
<td>95%</td>
</tr>
<tr>
<td>18</td>
<td>Tanzania</td>
<td>KNCV</td>
<td>26</td>
<td>22</td>
<td>85%</td>
</tr>
<tr>
<td>19</td>
<td>Ukraine</td>
<td>PATH</td>
<td>18</td>
<td>13</td>
<td>72%</td>
</tr>
<tr>
<td>20</td>
<td>Uzbekistan</td>
<td>KNCV</td>
<td>11</td>
<td>4</td>
<td>36%</td>
</tr>
<tr>
<td>21</td>
<td>Vietnam</td>
<td>KNCV</td>
<td>8</td>
<td>7</td>
<td>88%</td>
</tr>
<tr>
<td>22</td>
<td>Zimbabwe</td>
<td>The Union</td>
<td>15</td>
<td>11</td>
<td>73%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td></td>
<td>332**</td>
<td>214</td>
<td>64%</td>
</tr>
</tbody>
</table>

* Indicates countries where travel to the country or to some regions in-country was not permitted for some period of time due to internal strife and STTA activities were necessarily halted.

** Total # STTA Approved does not included PMU STTA trips.

Source: CTB Data.

A review of planned and completed STTA shows that there are an equal number of country programs that are achieving relatively high percentage of completed STTA (80% or more) and country programs that are falling far behind (less than 50%). No clear pattern emerges to explain low completion rated except that for Afghanistan, Bangladesh, parts of Nigeria, and South Sudan, STTA has been impacted due to internal civil or political instability. For other countries, the reasons for not completing STTA as programmed are likely to vary from country to country. Key informants provided examples that included shifting timelines due to postponement of activities dependent on the completion of other activities and impact on consultant availability.

**No system to measure STTA targeting:** CTB does not have a system in place to measure and track the extent to which STTA is targeted to critical areas or complies with the guidance set out in the Operations Manual and the STTA Standards of Excellence Checklist. The CTB scorecard and STTA tracking tools provide a general description of the technical area in which STTA is provided, but do not demonstrate that STTA is increasingly targeted to prioritized technical areas. Nevertheless, the majority (93%) of CTB Country Directors surveyed for the evaluation reported that STTA is now better targeted. In discussing targeting STTA, one CTB Country Director reported in the survey that STTA is responsive to country priorities: “The scope of STTA has changed over time, rather than continuing to provide support in any single area.” Some partners, such as those working in Indonesia, similarly reported that the focus of the STTA they provide has developed over the course of the project from simply teaching skills, to mentoring national level experts who are then tasked with providing technical support at the subnational level.

**Under-determined approach to targeting STTA:** Despite the guidelines on STTA provided in the CTB Operations Manual, the STTA Standards of Excellence Checklist, and the PMU’s reported discussions with partners, partner key informants interviewed for the evaluation reported that, while they were aware that STTA should be better targeted, CTB’s approach to STTA appeared to emphasize reduction of STTA, rather than strategic targeting. Key informants expressed concerns that such an approach might jeopardize key technical areas. Key informants working with Ukraine, for example, noted that human resources in TB in Ukraine are strong and require little STTA support, but also that “we need STTA for particular issues,” given the dynamic nature of the TB field, including the introduction of new drugs and
new diagnostic tools. Beyond imparting technical skills, key informants also noted that STTA visits from “someone from outside” are useful for advocacy with the government.

**Unclear approach to geographically differentiating STTA allocations:** Despite the CTB STTA guidelines and PMU discussions with partners, partner key informants working at country level reported that they remain unclear about how the number of STTA trips and days has been determined. Key informants reported that CTB emphasized a need to reduce the number of STTA days/trips in favor of LTTA, and almost universally expressed concerns that country-specific capacities and needs may not be adequately taken into account when allocating STTA. Comparing countries in which they work, partners noted that some countries require minimal STTA support while other countries have comparatively limited human capacity and require greater STTA support.

**Tension between effective STTA and staff retention:** A number of key informants noted that CTB, like most development projects, cannot redress the dynamic by which talented and trained national staff are hired away by other organizations and agencies. This leads to an ongoing need for STTA to replenish the pool of trained national staff. One key informant, for example, noted that “people are mobile and after receiving STTA they can move, so that is why STTA continues to be needed.” The implication for developing quality long-term expertise (LTTA or long-term technical assistance) is discussed in response to Question 4.

**Fund local partners and increase their technical capacity:** CTB has increased support for local partners. The number of sub-awards approved more than doubled between APA 1 and APA 2, as may be expected as new country programs came on board and more eligible local partners identified.

![Figure 3. Number of Sub-Awards Approved by Project Year](image)

*Source: CTB Data. Data includes subagreements, service contracts and grants.*

Data on the number of sub-awards was not collected or compiled for TB Care, and the evaluation team was therefore not able to compare the number of sub-awards made under TB Care with the number approved under CTB.

The amount approved for sub-awards has risen steadily over the course of CTB (Table 4).
Table 4. Value of Sub-Awards by Project Year, in USD

<table>
<thead>
<tr>
<th>Budget</th>
<th>APA 1</th>
<th>APA 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Approved by PMU</td>
<td>$2,383,861</td>
<td>$13,214,672</td>
</tr>
<tr>
<td>Disbursed</td>
<td>$1,583,634</td>
<td>$9,184,026</td>
</tr>
<tr>
<td>Reported to CTB</td>
<td>$1,550,900</td>
<td>$8,574,026</td>
</tr>
</tbody>
</table>

Source: CTB Data. Data includes sub-agreements, service contracts and grants.

In the survey of CTB Country Directors, over 70% reported that local partners are increasingly able to lead activities on their own, although challenges in community-based organizations (CBO) technical and financial capacities remain.

Partners reported that CBO recipients of sub-awards are performing a number of critical functions. In Afghanistan, Bangladesh, Ethiopia, and South Sudan, CBOs supported by MSH are supporting implementation of diagnosis and treatment activities. In Ukraine, PATH has been using sub-awards to support roll-out of BDQ, using a model called “hub and spokes.” Aimed at shortening in-patient MDR treatment to nine months, the model includes a sub-contract to the Red Cross to build facility and NGO capacity at sub-national levels.

Support Global Fund grant implementation: The evaluation team found that TA from CTB partners is generally working well to complement and support Global Fund grant implementation. At the PMU level, CTB has established a Global Fund Hub designed to inform countries about Global Fund requirements and gather information about technical assistance needs from CTB-supported countries. Partners, Country Directors, and Mission Activity Managers reported a number of country-level cooperative mechanisms that support coordination with Global Fund activities: 79% of Country Directors and 82% of Mission Activity Managers surveyed for the evaluation reported that CTB workplans and activities were coordinated Global Fund grants. In Ukraine, three CTB staff members were invited to contribute to developing Ukraine’s Global Fund-mandated Sustainability Plan and CTB staff have participated in the working group to develop the Global Fund Funding request; CTB also coordinates activities with Global Fund PR, The Alliance for Public Health by, for example, training Alliance staff to support TB care. In the DRC, CTB participates in regular monthly stakeholder meetings, in which CTB works to align and harmonize its activities with those supported by the Global Fund; for example, where Global Fund resources did not adequately cover MDRTB training needs, CTB has provided additional training in MDRTB, as well as supportive supervision and data validation. In DRC, CTB also worked to ensure proper distribution of GF-funded supplies – medical supplies, lab commodities, and drugs from the national level to the districts, and in one instance – when there was a stock-out of reagents – CTB procured reagents for two quarters.

Challenges with supporting Global Fund implementation: The evaluation team also noted challenges in coordination between CTB and the Global Fund. Delays in Global Fund implementation were often cited as adversely impacting CTB activities. One partner reported that their workplan was entirely designed to complement a GF Funding Request, which was subsequently not approved. Delays in GF disbursements were another frequently cited issue. As one survey respondent explained: “The project activities have been hamstrung by late disbursements for Global Fund-funded activities, especially where these activities were important precursors to CTB activities.” CTB has worked to mitigate the impact of GF shortfalls, as was the case in DRC described above; however, difficulties associated with
country-level financial institutions have sometimes led to delays in disbursing GF funds, even after the funds arrive in-country, and this has delayed CTB activities: In DRC, GF funds were not disbursed to the provinces in a timely manner, making it difficult for CTB to initiate provincial level activities. Because CTB does not work directly with the Ministry of Finance or with the financial or banking systems that are responsible for distributing funds to the provinces, the project has not been in a position to address these issues directly.

**Leveraging the Private Sector**

CTB does not have a system in place to systematically track growth or changes in the project’s private sector engagement. For several countries, however, there is no engagement with the private sector, either because the private sector is not engaged in TB activities – such as in Kyrgyzstan, Tajikistan, and Uzbekistan, because other USAID projects are already engaging the private sector in TB activities – such as in Ethiopia, or because information on private sector TB activities is not available – such as in Vietnam.

Interviews with key informants, Country Director responses to the Guiding Principles Questionnaire sent out by the PMU, and responses to the on-line survey showed that, while private sector engagement – a public-private mix (PPM) approach – has been attempted in most countries, progress has been slow and activities have either met with limited success or else are still in the planning phases.

The majority (80%) of Country Directors who responded to the on-line survey reported that activities are planned to include the private sector, but success at leveraging private sector resources has been limited. Only just over half (58%) of Country Directors responding to the on-line survey reported that “the private sector has been supportive and engaged as planned.” Some limited success was reported: Botswana reported that mining companies and private health institutions have “made contributions towards TB control”; in India, the private sector committed $300,000 to launch five mobile diagnostic vans in the state of Haryana; and in Tanzania, one gold mining company has supported “some TB activities.”

A number of Country Directors reported that private sector engagement would scale up in APA 3. The Bangladesh Country Director, for example, reported that “APA 3 will be the real launch of activities with the private sector,” citing planned activities such as a Social Enterprise Model through a sub-agreement with International Centre for Diarrheal Disease Research, Bangladesh CDDRB, and work with village doctors through the Damien Foundation.

Most survey respondents reported that CTB engagement with the private sector has focused on drawing the private sector into the national TB program by developing guidelines, supporting training of private sector doctors, and establishing mechanisms to identify and track patients who access TB services through the private sector. In Botswana, for example, CTB supported the development of a National Public-Private Mix Guideline to engage private sectors in TB control; in Malawi, CTB supported the NTP to hold its first ever meeting for private providers, conducted a mapping exercise for private sector providers, and began guideline development; in Namibia, CTB supported the NTP to engage the private sector through the National TB Steering Committee meetings; in Bangladesh, CTB supported the NTP to provide training and mentoring for private sector providers and established a mechanism for private providers to notify TB cases; in Mozambique, CTB plans to pilot a strategy to include pharmacy interventions in TB presumptive case referral; and in DRC, CTB supported the gradual integration of private health facilities into the national TB control system and developed an agreement with private...
sector providers to provide TB treatment free of charge in exchange for a microscope. In Indonesia, IRD's innovative mHealth app is used by the NTP to identify “missing cases” – who access TB services in the private sector.

**Pay Special Attention to Key Populations (KPs)**

CTB quarterly and annual reports state that CTB targets key populations, and specify the following KPs: children, miners, urban poor, and prisoners. Work plan reviews and interviews and Country Directors confirmed the following: children (DRC, Ethiopia, India, Indonesia, Kyrgyzstan, Malawi, Mozambique, Tanzania, Vietnam, Zimbabwe); miners (Botswana, DRC, Namibia, Vietnam, Zimbabwe); urban slum dwellers and remote populations (Botswana); urban males (Bangladesh); prisoners (DRC, Ethiopia, Indonesia, Malawi, Mozambique, Namibia, Vietnam). In addition, some countries reported that they were focusing on migrants (Indonesia, India); and all County Directors who responded to the evaluation team’s on-line survey reported that the project focused on people living with HIV (PLHIV).

Although workplans provide background and some justification for the importance of these KPs, the USAID TB team has expressed concern that although CTB agreed to implement a new TB screening tool to identify key populations – the Risk Prioritization Tool (RPT)4 – that tool was not systematically used to guide programming in CTB countries.

CTB does not have a mechanism to systematically track and report on activities or spending focused on key populations across all CTB countries. CTB thus lacks the management tools that can demonstrate its focus on KPs across its entire portfolio.

Although there are no CTB tools or reports to systematically aggregate and track CTB’s activities that focus on key populations, a review of CTB quarterly and annual reports for APA 1 and APA 2, conducted by the evaluation team, shows that individual CTB countries have undertaken work that focuses on KPs. A sample of important key population work highlighted in CTB reports is presented below in Table 5:

**Table 5. CTB Support for Key Populations Illustrative Activities**

<table>
<thead>
<tr>
<th>Key Population</th>
<th>Key CTB-Supported Activities Among Key Populations: Highlights from Quarterly and Annual CTB Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>In APA 1, CTB supported improved TB screening among children in twelve countries – Afghanistan, Bangladesh, Cambodia, Ethiopia, India, Kyrgyzstan, Mozambique, Nigeria, Tanzania, Ukraine, Vietnam, and Zimbabwe. In APA 2, CTB supported improved TB screening in eight countries and one region – Afghanistan, Bangladesh, Burma, Cambodia, Ethiopia, India, Nigeria, South Sudan, CTB East Africa Regional Project.</td>
</tr>
<tr>
<td>Miners</td>
<td>In APA 1, CTB - Tanzania supported the revisions of the national advocacy, communication, and social mobilization (ACSM) strategy and the development of training materials to include behavior change communication aspects among key populations, including mining communities.</td>
</tr>
<tr>
<td>Urban Poor</td>
<td>In APA 1, CTB – Bangladesh supported drafting of an urban TB strategy to improve early case detection and adherence to treatment among the urban poor.</td>
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<tr>
<td>Prisoners</td>
<td>In APA 1, CTB supported updating of national TB care and prevention policies and guidelines in Tanzania to include recommendations on new case-finding algorithms and the use of GeneXpert, particularly for vulnerable populations such as prisoners. CTB also supported expansion of DOTS to prisons in Afghanistan, and supported the NTP in Cambodia to conduct active case finding among prisoners and staff at six prisons.</td>
</tr>
</tbody>
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4 https://www.kncvtbc.org/uploaded/2015/09/session_2_pres_1_lonnroth_screening_operational_guide_wolfeze_2015_final_eng.pdf
### Key CTB-Supported Activities Among Key Populations: Highlights from Quarterly and Annual CTB Reporting

| Key Population | APA 2, CTB expanded its support for TB detection and treatment among prisoners to include a total of six countries – Afghanistan, Cambodia, DRC, Malawi, Mozambique, Nigeria, and Zimbabwe – to improve case detection and quality of treatment in prison settings; in Mozambique, CTB led the TB in Prisons Working Group which brought together the National Prison Service and the NTP, along with other stakeholders. |
| PLHIV | APA 1, CTB supported the phased roll-out of IPT among PLHIV in Zimbabwe. In Tanzania, CTB's support to revisions of the national advocacy, communication, and social mobilization (ACSM) strategy included BCC aspects for PLHIV. CTB supported expansion of IPT for PLHIV in Indonesia and the phased roll out of IPT among PLHIV in Zimbabwe. In APA 2, CTB supported case finding among PLHIV in the DRC. In Namibia, CTB supported the decentralization of ART for stable patients to TB DOT sites, by optimizing the utilization of directly observed treatment (DOT) containers, which were procured under TB CARE. |

**Source:** CTB Quarterly and Annual Reports

In terms of supporting collection of disaggregated data collection for key populations, CTB reports indicate that, with the exception of data on children, collection of data on key populations remains weak or non-existent, and little or no progress has been made to improve disaggregation in national data systems. For children, all but one country (South Sudan) of the 21 CTB-supported countries in APA 1 reported case notification in children, and in APA 2, all but one CTB country (Mozambique) reported case notification among children. Data for miners and urban poor is non-existent and for prisoners, only three of the 21 CTB countries in APA 1 reported data on TB case detection in prisons – Kyrgyzstan, Mozambique, and Tajikistan. National treatment success rate (TSR) data across all countries is not disaggregated by key population (according to the APA 2 Annual Report). The lack of data on TB incidence in key populations has been challenging for partners in-country, who report that the paucity of data makes it difficult for them to design programs. On this point, one partner reported: “We can’t quantify the KP focus.”

The evaluation team also noted that CTB lacks a substantive focus on gender. CTB does not have any guiding documents dedicated to gender, and stakeholders interviewed for the evaluation could not report on any gender responsive work. CTB's APA 2 Annual Report National notes that TSR data across all CTB countries is not disaggregated by gender, and there was no evidence – either in CTB documentation or from key informants interviewed for the assessment – that CTB has effectively worked to address this gap.

Interviews conducted by the evaluation team identified both good practices and significant challenges in CTB's focus on key populations. In Ukraine, CTB partner PATH is pursuing an effective strategy of working closely with the Stop TB Partnership to scale up community engagement and KP focus across its programs. In interviews with the evaluation team, other CTB partners, however, reported misgivings about the focus on KPs in general or confusion about which groups constitute KPs in TB. One partner, for example, reported that, in their opinion, while a KP focus may be a good idea, and TB incidence is higher in KPs, total KP populations tend to be small so the overall impact of focusing on KPs is not great. Some CTB key informants interviewed by the evaluation team struggled to name key populations in their national context, simply stating that KPs were “PLHIV and others.” Some partners also noted gaps in CTB’s focus on KPs – including an absence of CTB focus on prisoners in countries where prison populations have high TB rates – such as CTB countries in Eastern Europe and
Central Asia. The evaluation team also noted that CTB support in this region lacks a focus on People who Inject Drugs (PWIDs) – a key population that significantly overlaps with the prison population and is experiencing disproportionate rates of TB, particularly MDRTB and XDRTB, as well as HIV co-infection.

**Focus on Sustainability**

CTB works to support sustainability through capacity building for the NTP and non-governmental organizations (NGOs), depending on the country needs, that capacity of the CTB team in-country, and the capacity of other partners working in-country. In Ukraine, for example, CTB partners have extensive experience working in the country, working with the NPT and the Global Fund. As a result, the CTB Ukraine Office has significantly contributed to developing the Global Fund-mandated Sustainability Plan as discussed above, and has also focused its efforts on integrating TB budgeting into regional government budgets. In such cases, the USAID TB team and the Mission determine the most appropriate role of CTB, whether to take a lead or supportive role, although CTB does not have a systematic approach to addressing sustainability and health system strengthening.

**Question 2: Does the structure enable the project to communicate and coordinate activities at all levels of the project and with all partners?**

CTB lacks comprehensive stand-alone guidelines or a strategy for internal (or external) communications. Instead, communication protocols are laid out in a short three-page section (Section 4.3.3) of the Operations Manual (OM). A review of the OM communication guidelines, and information gathered through key informant interviews and the on-line survey, found that internal project communications suffered from the following challenges:

**Unclear and multiple communication channels between CTB and USAID Washington**

The OM states that the PMU is responsible for communication with USAID Washington. However, the OM also states that Country Directors should copy the PMU on correspondence with USAID Washington backstops, suggesting that Country Directors also communicate directly with USAID Washington, without the intermediary of the PMU.

Key informants from the USAID Washington Team indeed reported that they obtained information from the PMU and also through direct communication with the in-country CTB team, as well as through communications with the Mission, and that the PMU was not consistently copied on this correspondence.

CTB key informants also reported confusion on whom to contact and to copy on correspondence with the USAID Washington Team: The team includes both country backstops and technical backstops, and it was not clear whom should be copied on communications. According to one CTB key informant, for example, “There have been changes in staff and in the rules about whom to copy on communications, so we are no longer sure who should be copied. It's confusing.” Communications regarding workplan development and approvals are particularly frustrating to staff.

**Parallel USAID communication systems**

Besides communication between CTB and the USAID Washington team, there are two other channels through which the Washington team reported obtaining information on the project:
direct communications between the Washington team and the Mission, and direct communication between the Washington team and the USAID-supported Senior Technical Advisors who are embedded in the NTPs as seconded staff in some CTB countries. CTB is tasked with communicating with the NTP manager through normal country-level channels, and there are no formal communication channels between the Senior Technical Advisors and CTB. In some countries, such as Kyrgyzstan, the USAID Washington office has facilitated close coordination between CTB and the Senior Technical Advisor, and this has worked to the benefit of the project and the TB response in the country in general. In other countries, CTB teams and the PMU may not be systematically informed about issues that the Senior Technical Advisors identify, and vice versa.

Some members of the USAID Washington team reported that they obtained the bulk of their information about CTB not through the project itself, but through direct contact with Missions and with the Senior Technical Advisors. One member of the Washington team reported, “I am always aware of issues before the PMU is.” This may reflect lack of timely and accurate communications between the PMU and the USAID Washington team, or between the PMU and CTB Country Directors, or, in some cases, between CTB Country Directors and Missions.

**Criteria for PMU engagement in communications between in-country CTB lead partners and USAID Missions are unclear**

At country level, the OM states that CTB lead partners should establish close contacts with USAID missions. The OM also states that all correspondence between Country Directors and USAID missions should be copied to the PMU. In practice, the evaluation team found that correspondence between Country Directors and missions is not consistently copied to the PMU, and that the quality of communication between Country Directors and Missions varies across countries (see sections below on implementation challenges and work plan approval). A number of partners reported, for example, that Mission engagement with the project has been uneven – with some Missions closely engaged – such as Tanzania, and others suffering from prolonged vacancies that made it difficult for them to engage with the project.

**Criteria for initiating communication between partner Country Directors and PMU are unclear**

Partner country-level staff report to their line directors at partner HQ on CTB matters; however, the OM states that “when required” country staff “will communicate directly with the PMU to permit adequate and timely control of project activities.” The lack of clarity about the conditions under which the Country Director should communicate with the PMU has led to miscommunications about decision-making at country level. One partner, for example, reported that although the project is country-led – “the Country Director should be in charge” – in practice, the PMU “will second guess the Country Director decisions,” leading to power-struggles between the PMU and the Country Director in some instances.

**Mechanism for resolving implementation challenges is unclear**

The OM further states that, when implementation challenges arise, the lead partner is responsible for proactively addressing them, and should inform the PMU only “in the unfortunate event that no conclusion can be reached.” However, the OM also states that: “For all major implementation and operational issues, including delays on either implementation or reporting, the Country Director communicates directly with the PMU PO/Coordinator or via CTB coalition partner HQ (Project Officer – PO).”
In practice, the evaluation team found that the process for communicating and addressing implementation challenges varied significantly from country to country. In some countries, such as Ukraine, a strong collaborative working relationship between the Country Director and the Mission Activity Manager allowed CTB to effectively address implementation challenges at the country level in conjunction with the Mission and without engaging the PMU. The Country Director in Ukraine explained: “We needed to get some documents signed – a protocol on implementation of new drugs in Ukraine, but the drugs themselves are not approved in Ukraine and are not included in the National Protocol. The new protocol required a government signature, otherwise we can’t use the drugs. The Mission TB advisor has been a key support person dealing with this issue.” In other country contexts, such as Nigeria, the Country Director found it challenging to obtain support from either the Mission or the partner HQ in addressing challenges with implementing MDR activities. Other Mission Activity Managers, such as the one in the DRC, reported that information about implementation challenges should come from partner HQ, and not from Country Director, while the DRC CTB team reported that the Mission requested information and documents directly from the in-country team prior to country team consultations with partner HQ or the PMU. Some partner country teams reported that they encountered challenges with missions and also faced challenges eliciting support from the PMU.

In some cases, implementation challenges have been communicated to the USAID Washington team directly by the Country Director at the same time as the NTP and the PMU become aware of the issue.

**Lack of consistent PMU engagement in work plan development**

The PMU, Country Directors, and Partner Representatives, cited communication between CTB and the Mission on the workplanning process as a challenge to project implementation. It creates a particular challenge for the PMU to be able to carry out its technical quality control function. For some countries and partners, workplan development involves an iterative development process between the Country Director and the partner HQ, followed by submission to the PMU for review prior to submission to the Mission and the USAID TB team. In other countries, such as Indonesia and Bangladesh, the PMU has comparatively little involvement and is only consulted once the workplan is near finalization; in these countries, the Country Director submits the workplan to the Mission for approval first, after which the workplan is sent to the PMU, for submission to the USAID TB team. Upon review, the PMU and/or the TB team may have comments or concerns about the workplan, and may direct them directly to the Country Director, the Mission, or the PMU, depending on the nature of the established relationships, rather than on the established communications plan.

**Mechanism for resolving implementation challenges for in-country collaborating partners is unclear and not systematic**

The OM states that lead partners are responsible for coordinating with collaborating partners in-country. In the event that the collaborating partner experiences challenges, the OM states that the collaborating partner should report to the lead partner in-country, and if no solution is found, then escalate through direct communication with the PMU and the lead partner HQ.

In practice, the evaluation team found little evidence that either lead partners or the PMU have provided support for collaborating partners to address implementation issues. Collaborating partners who experienced implementation challenges reported that they communicated these
challenges to the lead partner but no support was forthcoming and the issue was never communicated onwards to the PMU. As one collaborating partner explained: “We reported the problem to the lead partner. The issue did not reach the radar of KNCV.” In other cases, collaborating partners bypassed the lead partner to work directly with Missions to address implementation challenges.

**Passive internal information-sharing mechanism**

CTB lacks a pro-active communications system for sharing information among partners. The project does have a Cloud-based information system on which project documents are readily available to all partners and to USAID; however, the system requires partners to search the Cloud themselves and project developments are not actively shared. In addition, project data is not universally posted on the Cloud. The project cannot track the intensity of Cloud use and so cannot report on the extent to which Cloud-based information is accessed, and by whom.

Other mechanisms for information-sharing among partners, notably meetings for Country Directors, have decreased in frequency compared to previous projects such as Tuberculosis Control Assistance Program (TB CAP) and TB CARE. While past projects held four annual Country Director meetings, CTB holds only two, and participants reported that the meetings primarily focus on reporting out, and offer limited opportunities for cross-learning and joint problem solving among partners.

**Question 3: Is the project working in an efficient manner? Are there the appropriate cost controls within the project? Are the additional coalition costs adding value?**

Several project management practices and tools typically associated with measuring and improving efficiency are in place, but there is little data demonstrating performance. As the project is enters into its third year, it is concerning that many key management tools have not yet been developed, including a management dashboard based on core performance indicators, or fully deployed, such as various process tracking tools.

The project is at various stages of implementing the cost-control measures stipulated in the agreement,5 namely:

- In all countries where multiple partners are working field offices are co-located.

- The number of international partners working in country has been managed. The average number of partners per country is 2.4 under CTB, whereas the average was 2.9 under TB Care.

- The majority of Country Directors and other in-country senior level staff are qualified national or third country national staff.

- CTB has implemented a web-based planning platform that can be accessed by all partners and by USAID.

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• The PMU has defined limits for partner HQ LOE for general technical support and is starting to monitor them.

• The PMU has implemented standardized, activity level budgeting approaches and tools across partners, facilitating monitoring costs over time and across partners.

**Strengths**

The PMU uses a relatively flat cross-functional team management structure appropriate for this type of multi-portfolio project, allowing for agile actions and decision-making. The PMU’s work is led by a Director who leads a team of technical experts, and a Deputy Director who leads a team of M&E experts. This is accomplished through the efforts of teams that include a representative from each of the key functional areas: operations (five staff), finance (four staff), M&E (five staff), and technical (six staff). The various CTB portfolios are assigned to a team. The PMU also includes a project officer solely dedicated to addressing Global Fund concerns. Other PMU staff include one administrative support staff.

The PMU developed automated and web-based key management processes and tools to decrease variation in project management practices within the project management team and across partners, avoid duplication of efforts, minimize misunderstanding due to lack of definition of performance expectations, and support the scheduling and meeting of deadlines. Examples include standardized templates for key project documents, including work plans that link budgets and M&E plans, trip reports, and quarterly reports, and a uniform budget development tool that is used by all partners. As project management tools such as templates and standard procedures are updated, they are incorporated into the Operations Manual and posted on the project Cloud space, and partners are notified when updates are made.

The PMU is in the process of developing key performance indicators based on these processes to support the identification and mitigation of project management issues. For example, the ability to track portfolio or activity expenditure data against budgets and burn rates are essential measures and extremely useful when used to review project performance during monthly partner calls with the PMU. The PMU intends to increase the use of tools such as country scorecards to guide such discussions and facilitate decision-making for follow-up actions if and when needed. An example of a scorecard is presented in Figure 4. The PMU also intends to create a similar tool to support Country Directors.
Challenges

Insufficient Use of Management Indicators and Analysis

The PMU currently focuses on process- and compliance-oriented indicators. For example, the STTA tracker database shows that that 64% of STTAs have been completed, and only 63% of planned subawards have been awarded. However, these indicators are not sufficient to assess efficiency or performance with respect to meeting targets. While expenditure data and burn rates are collected, they are not well understood and are underutilized by management staff. There are no indicators related to timeliness (on-time), completion of activities within budget, or percentage of awards disbursed, for example. There is still a need to link important project outputs or milestones defined in workplans against inputs, the essence of efficiency measures. The PMU has not yet fully defined what indicators are needed to assess project performance, both in terms of efficiency and effectiveness, and what tools the in-country staff may require to support their activities.

Cumbersome workplan development, approval and modification processes

As mentioned above, seven of 13 Country Directors, and eight of 15 USAID Activity Managers identified managing the workplanning process as among their top three challenges. Indeed, the process is necessarily participatory and requires engagement of the various project partners and local stakeholders in an iterative exercise. However, unlike more conventional project structures that work through a single prime office, CTB’s coalition structure requires that the lead partner work with collaborating office partners and the PMU that can protract the work plan development process. According to one Country Director, “the work plan development is somewhat lengthy going through different offices and steps (HQs of implementing partners, PMU, Mission, USAID). All engaged offices are trying their best to be responsive and timely. However, getting so many green lights to go ahead with implementation is troublesome. As the result, we are requested to request pre-approvals repeatedly.” Another Country Director pointed out that the inefficiency of the process had implications for project implementation.
because “staff who are supposed to provide technical assistance to the NTP and others are instead fully occupied on writing and rewriting plans for far too long,” a view shared by USAID.

The process of reprogramming is triggered by the need to address unspent funds that result from under-budgeted, over-budgeted or cancelled activities such as activities tied to undisbursed Global Fund grants (e.g., Botswana, DRC, Mozambique). The process involves the same challenges as workplan development with the additional challenge of needing accurate and up-to-date information on funding status (pipeline). As described by one Country Director, “Trying to calculate the pipeline is very difficult, for example, even though all partners in-country share the same cost platform...The question is coordination [among partners] at the country level, and then at HQ level” as expenditure data funnels up through partner systems and then to the PMU. Until workplans (full or partial) and reprogrammed activities are approved, there can be no activity and spending is slowed.

**Short-sighted, inefficient implementation of HQ-related cost control measures**

Cost control measures can negatively impact project efficiency and quality of assistance if they are not considered strategically, or if insufficient guidance is provided to support efficient implementation. The PMU has been learning this lesson. Many of the issues identified by partners may have been avoided had partners been more involved in the development of the guidelines and had there been better communication around their implementation.

To address the HQ cost control mandate, the PMU initially developed detailed guidance on how to develop country program budgets that instructed partners to specify technical level of effort (LOE) at the activity level and LOE for non-activity-specific work. One code, 12.1, labeled variously as “Quality Control, Technical Management, or Technical Supervision,” is available to address country-specific quality control issues. As part of the attempt to control HQ costs, limits were set for this code at 18 days per year for large countries, and 15 days per year for mid-size countries, and none for smaller countries. Another code (0.03) is for “HQ Support” or non-technical or management backstopping and is restricted to a total of 195 days LOE for larger countries. The PMU has taken a strict approach to enforcing these limits by requesting partners to justify the use of these codes. Although no limits have been placed on technical assistance charged directly to specific activities, partners are strongly urged to identify local sources of technical assistance.

Implementation has met with various problems. Partners report inconsistencies in and lack of clarity about the policies themselves. One partner provided a recent example of HQ staff LOE being included in the budget to support a specific technical sub-objective as per the PMU guidelines, but upon review, the PMU requested that the staff’s time be recoded as if the LOE was for non-specific activity support. Another partner reported that they were asked by the PMU to recode a technical monitoring trip as a management support trip. In both these examples, the partners said that they did not receive any explanation from the PMU for the changes, which from their perspective, were not trivial because of caps placed on the number of days available for certain types of activities. Finally, one Country Director reported that he would like to increase access to expertise that he knows is based in his HQ but that “Right now, we are ‘fighting’ to have HQ LOE increased (only 18 days are allowed so far), so that [our HQ colleague] can dedicate more time [to] us.”

Some partners also made reference to challenges that they were facing with limits placed on LOE for PMU responsibilities. The PMU allocates Allocable Cost Factor (ACF) funds to each
partner to cover 5% LOE for the partner representative (approximately 11 days per year), and 10% LOE for the partner project officer (22 days per year), a decrease from TB CARE I where the management was 10% LOE for the partner representative and 25 to 50% for the project officers. This LOE is intended to cover participation in partner calls, reviewing quarterly progress and expense reports, participation in annual partner and Union meetings, and other meetings, as appropriate. Three partners reported that the allocations of partner LOE to support PMU-related activities are too rigid and that the one-size-fits-all approach does not take into consideration the number of portfolios that a partner manages, the roles in the country or core programs (e.g., lead or collaborating partner) or the complexity of the portfolios, regardless of the size of the portfolio. One partner leading one country program and supporting four other portfolios provided a detailed breakdown of how LOE for APA 2 was used and showed that they exceeded the LOE limits by five days for the partner representative, and by eight days for the program officer, days that had to be paid from other, non-project funds if they were available. Another partner admitted that it simply did not perform some of their quality review responsibilities because there was insufficient budget to cover the time needed to perform this role.

With respect to the measure to control the number of partners working in-country, two partners noted that they believe that the measure is rather arbitrary and that some country programs are not benefitting from the all of the expertise available through the coalition. By way of example, one of the partners stated that “the lead partner decided that it could carry out the work itself, which perhaps it can, but [my organization] is really the leader [in that technical area].”

Overall, such experiences have left some partners with the concern that the PMU is not taking into consideration the partners’ experience with project management and is second-guessing their technical expertise. As one partner put it “had the PMU consulted with partners prior to implementing the HQ LOE limits, the PMU would have learned that partner organizations have different ways of budgeting activities and the PMU could have come up with partner and country specific solutions.” Another partner stated it this way: “It feels like PMU is missing the forest for the trees. Countries have not made progress as expected, generally because the capacity is not there to begin with. It feels like the paper work and not the reality is driving the process.”

**Are the additional coalition costs adding value?**

With the exception of PATH and IRD, CTB partners have worked together for many years under CTB predecessor projects in the spirit of a coalition of organizations dedicated to combating TB, sharing information, and developing global strategies. Through these programs, partners have become known as global technical leads, and USAID has been able to significantly influence the global TB agenda. However, under CTB partners, including KNCV, expressed that under CTB they no longer have the same opportunities to demonstrate the value of the coalition through technical leadership activities around strategy or innovations work. Partner comments included:

“We now have little interaction with other partners. We mostly deal with KNCV in-country programs, but mostly the partners do not mix much.”

“Under TBCAP and TB CARE partners had a larger role to play in discussing program activities and priorities. It went from four to two partner meetings per year on strategic and technical issues. Under CTB, USAID stopped that and [we] no longer have the feeling that it is a coalition. We feel that there is
no unified overview of what is happening even though we have monthly calls to discuss issues. It is not the same.”

The costs of the coalition per se are limited to the roles of the individual partner representatives to the PMU and focus on issues of project implementation. This is a somewhat different approach than that of a more typical prime/sub arrangement and reflects the “democratic” nature of the coalition. It avoids a common criticism of other approaches by ensuring that partners have a regular forum for discussions around project implementation and are not listed as partners who in reality have very limited opportunities to participate in such discussions.

With this, far less attention has been given to strengthening core coalition relationships in ways that can not only enhance project effectiveness but help inform the global TB agenda. It can be argued – as the partners do – that as the project progresses, as it gains experience and obtains data from its work and the work of others, they should be carefully examining these not just for programmatic learning – for example for assessing effectiveness of interventions and of the project as a whole – but also for informing future initiatives. As one partner put it, “CTB should be more ambitious. No one thinks of CTB when they think of the global response to TB. People think of the Stop TB Partnership, WHO, and the GF, but not CTB. This is a missed opportunity. It should not be like that. CTB should be a major player, but it is not. People should be seeking out CTB’s assistance, but they are not.”

**QUESTION 4: HOW HAS THE PROJECT IMPLEMENTED QUALITY CONTROL ACTIVITIES TO ENSURE TECHNICAL SOUNDNESS OF ASSISTANCE AND DELIVERABLES?**

CTB embraces a total quality approach to project management in which all stakeholders have a role in ensuring quality from their perspective, whether technical, financial or administrative. Specifically, with respect to ensuring the technical quality soundness of deliverables and technical assistance, the primary responsibility is with the partner organization responsible for the activity, but the ultimate responsibility lies with the PMU technical team. In addition to the Director and Deputy Director, this team includes two senior technical officers and a Senior Prevention Advisor and a senior TB Coordinator. Two positions, however, have been vacant for several months.

**Strengths**

Having a technical quality control team within the PMU helps ensure that KNCV can meet CTB quality control requirements. The team is responsible for conducting technical reviews of deliverables such as workplans, STTA reports, and quarterly and annual reports. In addition, the team is responsible for ensuring the appropriate design of interventions, including operations research and monitoring implementation. Each team member has a particular expertise that they focus on, and they can draw on consultants when needed.

Checklists have been developed to ensure that defined quality standards are met for documents, including workplans, STTA reports, operations research, and quarterly and annual reporting. Document production processes have been specified that identify responsible parties and timelines. According to the PMU, use of these tools helped to quickly identify programs that required focused attention (e.g., DRC workplanning) and programs that have made improvements thanks to management intervention (e.g., East Africa Region).
Challenges
The PMU quality control system was not intended to substitute partner systems but rather to serve as the final check for the project as a whole. However, some partners admitted to not investing sufficiently in ensuring that documents are properly reviewed against standards prior to submission to the PMU, believing that the PMU would do the checking. Three partners specifically reported that their ability to provide needed technical quality oversight for both documents and assistance will be compromised by budget restrictions on HQ technical support, and referring to the different needs for some country programs such as Bangladesh could not be compared to the needs for other countries like Nigeria, issues described above for Question 3.

A particular concern to the PMU is that partners have not had a consistent approach to addressing copyediting needs. Some country programs – but not all – have included editorial support in their local budgets and some partners are making use of HQ support for copyediting – but again, not all. There are no copyeditors at the PMU level. Poorly prepared documents, especially those written by non-native English speakers, hamper the ability of technical reviewers, whether at the PMU or the partner HQ, to work efficiently.

Despite recent implementation of the various PMU-generated quality control tools, the PMU and USAID acknowledge that the current approach is creating a bottleneck and some documents still go forward without proper reviews, and STTA plans and follow-up may still go unchecked for technical soundness. Indeed, the focus of the document quality assurance system to date has been more on the process than the content – the proper formats are followed, the appropriate people are copied, documents are signed off, etc. Reviews of reports for technical soundness require the inputs of some of the senior people, including the two currently vacant positions on the PMU’s technical team.

With respect to technical assistance, half of the Country Directors surveyed acknowledged that technical quality control is an issue and that they would benefit from more support for this. Program representatives and backstops also corroborated that local staff and partners in countries with rapidly increasing number of activities at the subnational level, such as Mozambique, Indonesia and Zambia, have difficulties translating complex workplans into specific actions.

According to the PMU, partners and NTPs do not always have a shared definition of “quality” when it comes to assessing technical assistance activities, and it can be difficult to know whose opinion is the most valid. The PMU reported that there have been instances where feedback from the country team was that TA provided by a consultant was not adequate, although the PMU could not detect evidence to that effect. At present, there is no system to facilitate the systematic or critical assessment of the appropriate match of needed skills and expertise and proposed consultants or staff or of their availability.

Question 5: With respect to the project’s ability to respond to emerging and expanding technical priorities, list the strengths and areas for improvement of the current recruitment, on-boarding, and continuing staff development processes.

CTB has been challenged with responding to the need to accelerate efforts and expand access to new, more efficient diagnostic tools and treatments with shortened drug regimens for MDR-TB, especially for key populations. This has required finding ways to reach areas that are more
difficult to work in, and in technical areas that require different technical expertise, including, for example, health system strengthening. An important guiding principle for meeting this challenge is to develop local capacity to provide quality LTTA. While individual partners have considerable experience in implementing field-based programs, there is no project-specific CTB strategy to support partners with this goal.

Each partner organization is responsible for ensuring timely and appropriate staffing, although the ultimate responsibility lies with the PMU. As such, the PMU does keep track of vacancies of key positions. Partner representatives, Country Directors, and USAID Mission staff interviewed and surveyed reported having no significant concerns regarding CTB staff recruitment. Indeed, the evaluation team noted that in many cases partners were able to fill key positions with staff that had worked on at least one of the predecessor projects in the same country, which was a tremendous help to the new project startup. However, one concern that was mentioned by two key country-level informants was of staff retention, specifically the high turn-over of mid-level staff, not unusual in an environment in which many different projects are competing for good staff.

As lead country partners typically are already established in a country, they came with considerable experience recruiting for local staff. At the time of this review, there were relatively few vacancies for a project of this size: a vacancy for Country Director in South Sudan, vacancies for M&E officers in Uzbekistan, Botswana, and Vietnam, and in DRC there were vacancies for a deputy director and a senior M&E officer. Managing partners are also responsible for recruiting and managing consultants for STTA.

A challenge that the project faces with having multiple partners working in the same country is ensuring clear lines of authority and accountability. For example, the Country Director reports to a hiring line manager at HQ for some issues and to the PMU for others, and it can sometimes be difficult know the difference between corporate concerns versus project concerns. Country Directors may have staff reporting to them from different partners. The Mission can get confused about who is responsible for what.

A frequently mentioned concern expressed by partner representatives and Country Directors was the difficulty in implementing activities at the subnational level where technical and management capacity of both staff and local resource partners is relatively weaker than at the national level. It includes basic skills to support workplan implementation but also goes beyond. As one Country Director put it, in addition to basic knowledge about TB, “the kind of capacity building that is needed is about the concept of development as opposed to “doing for.” This is a major problem.” One partner representative stated, “we have smart, technically qualified people. What they may not have is leadership skills and a strategic vision for development.”

Below is a list of strengths and areas for improvement for recruitment, on-boarding, and staff development based on interviews with key informants and reviews of project documents.
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<th>Strengths</th>
<th>Areas for Improvement</th>
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<tr>
<td><strong>Recruitment</strong></td>
<td></td>
</tr>
<tr>
<td>HQ level:</td>
<td>HQ level: TB specialists are sometimes charged with conducting activities that are not commensurate with their skills. For example, specialists in TB diagnostics may be charged with addressing health systems issues. This can impact on efforts to create more sustainable solutions.</td>
</tr>
<tr>
<td>In-country staff:</td>
<td>Over- and under-booking of consultants for STTA impact on the ability to schedule activities and on quality. Either more staff are needed, and/or better scheduling tools to support bookings are needed.</td>
</tr>
<tr>
<td></td>
<td>At country level: With multiple partners based in a country program, CTB should ensure minimal differences in salary/benefits, personnel policies, management styles, and performance reviews.</td>
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<tr>
<td><strong>On-boarding</strong></td>
<td></td>
</tr>
<tr>
<td>Country level:</td>
<td>Country level: Provincial and district staff require a different on-boarding – more time needs to be spent on project management and communications so that they appropriately represent the project and can work more effectively with local NTP, resource partners and health workers (e.g., Mozambique, Zambia, Tanzania).</td>
</tr>
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<td></td>
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<tr>
<td><strong>Staff Development</strong></td>
<td></td>
</tr>
<tr>
<td>Country level:</td>
<td>Country level: Partner HQ and USAID activity managers identified the need to continuously invest in senior country manager skills. Topics mentioned:</td>
</tr>
<tr>
<td></td>
<td>• Communication skills, especially with senior government officials, NTP</td>
</tr>
<tr>
<td></td>
<td>• Leadership and team building</td>
</tr>
<tr>
<td></td>
<td>• Critical thinking/analytics</td>
</tr>
<tr>
<td></td>
<td>M&amp;E staff at all levels would benefit from additional support to transition from data collector mode to being able to critically assess data quality and to analyze data.</td>
</tr>
</tbody>
</table>
**Question 6: To what extent is the M&E Plan being implemented in an efficient and cost-effective way?**

The CTB M&E Plan is Excel-based and includes 22 required indicators mandated by USAID together with a separate Excel sheet that defines the indicators, indicates data sources, and links indicators to intervention areas. CTB does not have an M&E Plan distinct from the Excel file sheets, or a manual or other document to explain or standardize the methodology for data collection, or to support analysis of data at country level for project growth, adaptation or development.

Interviews with key informants found that, at this point in the project, it has overwhelmingly focused on the monitoring aspects of M&E, or reporting on progress/lack of progress, with comparatively little attention focused on evaluation using the data collected. For example, CTB is not using the data for making adjustments to activities on the basis of lessons learned or to determine the extent to which the project is impacting the epidemic. Similarly, the majority of Country Directors who responded to the on-line survey reported that the M&E Plan was useful for regular reporting and for monitoring project activities (79% of Country Directors reported the M&E Plan was useful for these purposes), but less useful for preparing reports or addressing information requests (only 50% of Country Directors reported the M&E Plan was useful for these purposes) or for developing workplans (only 43% of Country Directors reported the M&E Plan was useful).

Although some key informants reported that the M&E Plan was useful, including the “Step” Table, others reported that it was “heavy and inefficient” or “cumbersome and complicated.” Most key informants reported a number of challenges. Chief among these was a lack of data from the NTP on USAID-mandated key national indicators and weak or non-existent national systems to collect that data. As one Country Director respondent to the on-line survey explained: “Some of the mandatory indicators are difficult to get the information as they are not nationally reportable indicators. Getting additional information outside of HMIS [Health Management Information Systems] is not easy as the Ministry of Health discourages this.” Similarly, one key informant reported that: “The indicators came from USAID and many are not really appropriate for the countries. But CTB was told to capture the indicator information. It is difficult and not useful.” Other partners reported that data on a number of critical issues is not available – such as data on active case finding and key populations – because the NTP is not collecting that data. Some partners noted that the M&E Plan includes data that the project cannot influence, such as TB incidence – which takes years to change. Other partners reported that the indicators did not look at “real performance,” and expressed concern that performance assessments were not taking place within the project. Another challenge reported was a mismatch between NTP and CTB reporting cycles, rendering national data reported in the CTB M&E Plan dated. Concerns also remained about the capacity of CTB country-level staff to analyze data, with some countries reporting strong country M&E staff and others reporting that country-level M&E staff found basic spreadsheet functions a challenge.

The evaluation team found little evidence to suggest that data from the M&E Plan indicators has been analyzed or used for project development, at either the PMU or the country level. Interviews with key informants found diverse understandings of the project data: One partner

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6 The “Step” table is included in each country workplan. It lists essential globally recognized TB indicators all NTPs should be able to report. CTB is required to support NTPs to collect and report on these indicators.
reported that their analysis found that case notification has been going down in CTB project areas, but this trend had not been acknowledged at the project level and no action had been taken to analyze or address it. However, a member of the USAID Washington team reported that the case identification rate is not changing in CTB countries and there is no evidence that the project is aware of this. One member of the USAID Washington team reported that the bulk of CTB resources is focused on active case finding in high-risk populations and this approach has failed to identify missing cases, while another member of the USAID Washington team reported that the project is set up for passive case finding – an approach that cannot find the missing cases – and the project should shift to active case finding.

CTB has considered conducting operational research as part of its M&E activities, and at the June 2016 Union Meeting, CTB requested partners fill out a matrix on operational research. No partners were able to report on the results of that matrix exercise.
V. CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS

Project is broadly aligned with key guiding principles. Key findings include:

- The project is coordinating with Global Fund and supporting GF implementation in most countries.
- Increasing focus on supporting local resource partners and building local resource partner capacity.
- Increased focus on key populations in some countries, including prisoners, miners, PLHIV.
- Some targeting of STTA, with complementary long-term TA.
- Partnering with private sector in some countries, such as IRD’s work in Indonesia.
- CTB is in line with WHO policies.

Challenges that the project is facing with respect to applying guiding principles include the following:

- Only 64% of approved STTA Trips were completed in APA 2.
- Mechanisms for targeting STTA are under-determined and partners are largely not aware of strategies to better focus and target STTA according to technical needs or country-specific gaps. CTB lacks a system to track or document changes in focus on STTA.
- Limited or no progress on increasing contributions from domestic resources.
- Difficult to build capacity at subnational level in a context where NTP capacity is low.
- Very limited use of the Risk Prioritization Tool to guide CTB programming for key populations, lack of a specific CTB strategy to target key populations, limited or no support to countries to collect, compile or analyze key population data.
- Difficult to build capacity at subnational level in a context where NTP capacity is low.
- Delays in GF disbursements have impacted timeframe of CTB activities.

The communications plan is underdeveloped and does not sufficiently address important strategic communications needs. Communication rules are laid out in the project Operations Manual but in reality, communications rely on long-term professional relationships and are heavily “personality-driven.” This works well when good professional relationships endure, but can break down based on personality differences. When communication breaks down, the PMU may become aware of implementation challenges late and/or USAID DC TB Team may hear about implementation challenges before the PMU. Reliance on coalition partner initiative to access information via the Cloud means that the
The project does not actively support cross-partner sharing of technical information and lessons learned on project management.

**The PMU is implementing many good management practices associated with efficiency but the PMU is not yet fully measuring performance.** CTB/PMU uses a cross-functional team management approach that is appropriate for this type of project. Key management functions are performed through the use of automated management systems and standardized tools that decrease variation in project management practices across partners, avoid duplication of efforts, minimize misunderstanding due to lack of definition of performance expectations, and support scheduling and meeting deadlines. Despite these achievements in developing management systems, they remain to be finalized and fully deployed, including to the field level.

**The project is not taking full advantage of the potential value-add of the coalition.** The focus of the PMU’s relationship with the various coalition partners has been on improving project management efficiencies and minimizing costs. It has given less attention to strengthening core coalition relationships in ways that can enhance project effectiveness. Partners have had few opportunities to focus on cross-portfolio/cross-partner activities or ensure that optimal access is made to institutional expertise and other relevant resources that have to do with broader technical and strategic issues of relevance to USAID and the larger global TB community.

**Insufficient resources are dedicated to ensuring technical quality of deliverables and assistance.** The PMU technical quality control system was initially intended to complement, not substitute for, coalition partner quality systems; however, not all partners have invested sufficiently in their own systems. This includes inadequate attention to copy editing needs, from the country to the PMU levels. In addition, the PMU technical team has been suffering from staffing challenges precisely at a time when the project is generating significantly greater volume of documents requiring specialized technical reviews.

**There is no system to facilitate the systematic or critical assessment of the appropriate match of needed skills and expertise and proposed staff and consultants.** Related to the finding above, when addressing requests for TA, the PMU does not have a system to systematically or critically assess the appropriateness of the match of needed skills with the proposed consultant capacities.

**There is no CTB strategy to ensure that appropriate investments are made in developing local expertise.** While individual CTB partners have vast experience with hiring and managing senior staff at the national levels to support project implementation, there is varied experience with developing local expertise. Some – but not all – partners have considerable experience with growing local offices and managing several USAID-funded complex programs within a single country office. As CTB country programs expand to subnational levels and reliance on local staff and local resource partners increases, individual CTB partners are facing similar challenges identifying qualified local staff to lead activities at the lower levels, training staff in needed skills, and retaining them, but there is no project strategy to support partners to make the most appropriate investments in developing local expertise.

**The M&E Plan is comprehensive and includes all required USAID indicators, but is not fully utilized for intended purposes.** Each portfolio has its own M&E planning tool that is directly linked to its workplan. However, some partners/countries find the tool to be
cumbersome due to size and complexity for data input. M&E data are not fully utilized for developing workplans (only 43% of Country Directors reported that the M&E Plan was useful for workplanning) or project learning M&E staff at country level do not always have the analytical skills needed for data analysis and project learning on the basis of data.

Overall, the evaluation team concludes that although the CTB project management is operating well in many regards, there are several critical areas for improvements. Many issues are already acknowledged and are being addressed by the project management. However, with the mid-point of the cooperative agreement quickly passing, USAID and CTB should reach a mutually agreed prioritization of the following specific recommendations:

**RECOMMENDATIONS**

The following recommendations for the CTB project management have been formulated in response to the findings discussed above.

**Determine why the completion rate of STTA trips is just 64% and develop appropriate support and monitoring systems to improve the rate at which STTA trips are undertaken.** The PMU should undertake a short survey of partner STTA to determine the primary reasons why the rate of STTA completion is low and develop appropriate strategies to improve that rate.

**Develop a clear and functional system to better target STTA on key critical technical areas and in countries most in need.** This system should support the identification of key STTA issue areas across the project and by country, the classification of current STTA (for APA 3) according to the issue area and country needs, the elimination of STTA that cannot be thusly assessed. Finally, with this, the PMU can develop a system to track STTA to document the extent to which it is appropriately targeted.

**Further develop the STTA tracker to critically assess the use of STTA.** The PMU should ensure that consultant technical expertise matches the objectives of STTA, that scheduling of consultants is realistic, and that Country Directors are consulted on the need for STTA when it does not originate from the country.

**Support partners/countries to appropriately target key populations, systematically track CTB investments in key populations, and generate data that is disaggregated by key population and by gender:** While it is not practical to apply the RPT to ongoing country programs, CTB should confer with USAID on how to proceed for any new country programs that may come on board. The PMU should aggregate the data that partners already report with respect to their key population and information about the budget dedicated to those activities and use the data to ensure the key populations are appropriately targeted in all CTB countries.

**Better leverage the private sector:** In order to improve CTB’s capacity to leverage the private sector, the PMU and partners should: (1) compile a directory of all private sector activities undertaken by CTB to date; (2) provide an opportunity for Country Directors to share their experiences leveraging the private sector amongst themselves, draw lessons learned, and brainstorm new strategic approaches; and (3) require countries to systematically report on private sector engagement. This approach could be incorporated into a larger project-wide strategy to guide partner planning around issues of sustainability and system strengthening.
Strengthen internal project communications: CTB needs a comprehensive communications plan or strategy. The PMU should engage a communications professional – an individual who holds a professional degree in communications and has extensive experience in the field of communications – to assist CTB to develop a communications plan/strategy. This should include mechanisms to clarify and institutionalize communication channels and protocols at all levels of the project and ensure proactive internal communications mechanisms.

Fully deploy management tools with more and better metrics and analytic methods to track and assess project performance: The current management tools and indicators are not sufficient to support managers at various levels to make decisions. More analytics are required to make the best use of indicator data. Examples of metrics for monitoring project implementation and for monitoring compliance activities are provided in Annex VIII. The intended users, whether at USAID, the PMU, or country team level should be engaged in the development of relevant metrics and appropriate analytical methods and reporting. For example, the PMU should conduct an internal CTB review to determine why 36% of approved STTA is not undertaken, and develop mitigating measures to ensure that approved STTA is properly used.

Dedicate available resources to leverage the full potential added value of the coalition. To support cross-portfolio and technical leadership activities, including advocacy-related activities, and enhance project effectiveness, USAID and CTB should consider developing a mutually agreed upon, fully budgeted plan for the remaining period of the project, defining activities in line with the global technical leadership and advocacy role of the coalition and USAID. The costs for this additional activity could be covered through funds available through application of the ACF.

Develop more operationalized and streamlined workplans, simplify and deploy activity progress monitoring tools to all levels. To support planning for human resource needs, partners should consider developing more operationalized action plans. These should specify the LOE and corresponding budget expected of named local staff to lead or participate in participate country workplan activities. This is especially needed for subnational-level activities and support for implementation of STTA recommendations and core-funded activities. To reduce the level of effort required for multiple reviews and revisions, in consultation with USAID, the PMU should consider eliminating parts of the background section of workplans after the first year. Subsequent plans can focus on updates, such as new epidemiological data and policy developments, and performance monitoring data (i.e., achievements during the previous year, and what was not done) to support identifying realistic targets and better planning. The PMU may also consider including a pared down version of the workplan spreadsheet to facilitate activity monitoring (see example provided in Annex VIII). Successful workplans result from the continuous engagement with all key stakeholders, of learning and sharing information throughout the year and not only during work plan development season. This is particularly important in countries where there is a high turnover in NTP staff.

Fully deploy document templates for standardizing content and trackers and ensure appropriate allocation and use of resources for editorial and technical document reviews. Beyond using these tools, to avoid the problem of bottlenecks when many documents depend on the availability of a few, the PMU should ensure that partners (including KNCV) budget for editorial support. In addition, the PMU may consider requesting that partners
(including KNCV) nominate staff to serve on the PMU technical review pool. An added benefit may be the opportunity to increase cross-portfolio exchange of knowledge and experiences.

**Undertake systemic reviews of consultants.** To address conflicting views on quality technical assistance provided by consultants, the PMU, together with senior country managers, should undertake systematic reviews of consultants. Reviews should focus on behavior, including aspects of professionalism, as well as objective assessment of technical competence.

**Develop a CTB-wide strategy for developing local expertise.** Investing in staff, especially local staff, whether at the most senior or junior level, is can be a low-cost investment with high returns if considered strategically for the project as a whole and with a long view in mind. The PMU should engage partners to develop a project-wide strategy to address immediate, project specific needs, and longer-term objectives to increase the pool of local and potentially global expertise. Topics that informants identified as important for staff development, and by association project performance, included communications, especially with respect to how to communicate with local authorities and with USAID, leadership and team building (especially useful to staff responsible for provincial offices), and critical thinking and analytics, especially for M&E staff. Approaches that may be considered are developing formal mentorship relationships/programs for specific topical areas and regional-based trainings, including the use of virtual platforms.

**Strengthen use of the M&E Plan for workplan development and expand data analysis capacity and activities:** The PMU should provide clear guidance on the use of data and the M&E Plan in workplan development. CTB partners should strengthen in-country capacity for data analysis. One key area would be documenting the project’s impact on case finding to measure whether/the extent to which it has changed in CTB-supported countries, and including activities in workplans to address any challenges in case finding based on CTB data.
ANNEX I. SCOPE OF WORK

Assignment #: 284 [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: 7-26-2016
Revised Final 9-29-2016

Refer to the USAID How-To Note: Evaluation SOW and the Evaluation SOW: Good Practice Examples when developing your SOW.

I. TITLE: Management Review of the Challenge TB Project

II. Requester / Client
☐ USAID/Washington
Office/Division: TB Team / Global Health Bureau

III. Funding Account Source(s): (Click on box(es) to indicate source of payment for this assignment)
☐ 3.1.1 HIV
☐ 3.1.2 TB
☐ 3.1.3 Malaria
☐ 3.1.4 PIOET
☐ 3.1.5 Other public health threats
☐ 3.1.6 MCH
☐ 3.1.7 FP/RH
☐ 3.1.8 WSSH
☐ 3.1.9 Nutrition
☐ 3.2.0 Other (specify):

IV. Performance Period
Expected Start Date (on or about): October 2016
Anticipated End Date (on or about): February 2017

V. Location(s) of Assignment: (Indicate where work will be performed)
Washington, DC, The Hague, and remote worksite (per consultants location)

VI. 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): Midterm Management Review
Performance evaluations focus on descriptive and normative questions: what a particular project or program has achieved (either at an intermediate point in execution or at the conclusion of an implementation period); how it is
being implemented; how it is perceived and valued; whether expected results are occurring; and other questions that are pertinent to program design, management and operational decision making. Performance evaluations often incorporate before-after comparisons, but generally lack a rigorously defined counterfactual.

**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; impact evaluations 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)

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

**Note:** If PEPFAR 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
VII. BACKGROUND

If an evaluation, Project/Program being evaluated:

<table>
<thead>
<tr>
<th>Project/Activity Title:</th>
<th>Challenge TB</th>
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<tbody>
<tr>
<td>Award Number:</td>
<td>OAA-A-14-00029</td>
</tr>
<tr>
<td>Award Dates:</td>
<td>9/1/2014 - 9/30/2019</td>
</tr>
<tr>
<td>Project/Activity Funding:</td>
<td>Ceiling: $524,754,500</td>
</tr>
<tr>
<td>Implementing Organization:</td>
<td>KNCV Tuberculosis Foundation (prime), WHO, PATH, IRD, FHI360, International Union Against TB and Lung Disease, MSH, American Thoracic Society (subs)</td>
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<tr>
<td>Project AOR:</td>
<td>Nicholas Enrich</td>
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Background of project/program/intervention:

**Challenge TB** is the flagship global mechanism for implementing USAID’s TB strategy as well as contributing to TB/HIV activities under PEPFAR. USAID Bureau for Global Health is building and expanding upon previous successful TB control programs which began in 2000. Challenge TB collaborates with other national and international initiatives in providing global leadership and support for national TB control efforts.

Challenge TB is led by **KNCV Tuberculosis Foundation**, with a coalition of nine international organizations in TB control:
- KNCV Tuberculosis Foundation [prime]
- American Thoracic Society (ATS)
- FHI 360
- Interactive Research & Development (IRD)
- International Union Against Tuberculosis and Lung Disease (The Union)
- Japan Anti-Tuberculosis Association (JATA)
- Management Sciences for Health (MSH)
- Program for Appropriate Technology in Health (PATH)
- World Health Organization (WHO)

Challenge TB currently works in 21 countries in Eastern Europe, Central Asia, East Asia and Africa, as well as two regions, and works globally as well:
- **Eastern Europe**: Ukraine
- **Central Asia**: Afghanistan, Kyrgyzstan, Tajikistan and Uzbekistan, and Central Asia Region
- **East Asia**: Bangladesh, Cambodia, India, Indonesia, Myanmar and Vietnam
- **Africa**: Botswana, DR Congo, East Africa Region, Ethiopia, Malawi, Mozambique, Namibia, Nigeria, South Sudan, Tanzania and Zimbabwe

**CHALLENGE TB STRATEGIES & PRINCIPLES**

The Challenge TB partners operate using a framework which has four strategies:
- Engage stakeholders, including national TB programs, new partners and individuals, and especially youth.
- Empower key decision-makers, people affected by TB, and marginalized and vulnerable populations.
• Evaluate interventions, measure quality, develop evidence, and implement best practices.
• Expand on the provider and service range, and remove barriers to access.

In addition, there are four principles to which Challenge TB partners are committed: quality-focused deliverables and technical assistance; locally owned and generated innovations, research and solutions; innovative approaches, technologies, tools and thinkers; and a patient-centered focus throughout our work.

In addition, Challenge TB partners are guided by the following principles:
• Global Fund grant implementation needs to be supported and resources leveraged
• Quality long-term TA and targeted STTA
• Local partners need to be funded and technical capacity increased
• Private sector needs to be leveraged
• Strong on-the-job, supervision and mentoring of key staff; limited one-off training
• Limit HQ costs
• Involve communities, patients and providers in the design of interventions
• Support introduction/use of proven technologies in all interventions
• Build systems to support and sustain uptake of new technologies

**OBJECTIVES & INTERVENTION AREAS**
Challenge TB has three objectives, each with several focus areas for interventions:

**Objective 1: Improved access to high-quality patient-centered TB, DR-TB & TB/HIV services**
• By improving the enabling environment
• By ensuring a comprehensive, high quality diagnostic network
• By strengthening patient-centered care and treatment.

**Objective 2: Prevent transmission and disease progression**
• By targeted screening for active TB
• By implementing infection control measures
• By managing latent TB infection.

**Objective 3: Strengthen TB service delivery platforms**
• By enhancing political commitment & leadership
• By strengthening drug & commodity management systems
• By ensuring quality data, surveillance and monitoring & evaluation
• By supporting human resource development
• By building comprehensive partnerships & informed community engagement

Strategic or Results Framework for the project/program/intervention (*paste framework below*)
If project/program does not have a Strategic/Results Framework, describe the theory of change of the project/program/intervention.

**See M&E Plan from CTB work plan**

What is the geographic coverage and/or the target groups for the project or program that is the subject of analysis?
21 countries in Eastern Europe, Central Asia, East Asia and Africa:
• Eastern Europe: Ukraine
• Central Asia: Afghanistan, Kyrgyzstan, Tajikistan and Uzbekistan
• East Asia: Bangladesh, Cambodia, India, Indonesia, Myanmar and Vietnam
VIII. SCOPE OF WORK

A. Purpose: Why is this evaluation or analysis 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.

USAID is required to provide regular review of agreements and contracts, and the Challenge TB PAD requires review of the agreement.

With Challenge TB through approximately two years of implementation, the purpose of the review is to determine the project’s status on overall management of the project, successes and areas of improvement, financial management, direction and planning, adherence to requirements, staffing and talent, relationships, communication, knowledge management and monitoring and evaluation.

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

1) USAID TB Team
2) Challenge TB project

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

The results of the management review will be used to provide feedback to Challenge TB on project operations and management and recommendations to Challenge TB to improve project management performance.

D. Evaluation/Analytic Questions & Matrix:

a) Questions should be: a) aligned with the evaluation/analytic 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, etc.), they must be incorporated into the evaluation/analytic questions. USAID policy suggests 3 to 5 evaluation/analytic questions.

b) List the recommended methods that will be used to collect data to be used to answer each question.

c) State the application or use of the data elements towards answering the evaluation questions; for example, i) ratings of quality of services, ii) magnitude of a problem, iii) number of events/occurrences, iv) gender differentiation, v) etc.

<table>
<thead>
<tr>
<th>Evaluation/Review Questions</th>
<th>Suggested methods for answering this question</th>
<th>Sampling Frame</th>
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<tbody>
<tr>
<td>Is the project aligned with the guiding principles outlined in the RFA and CTB cooperative agreement program description and</td>
<td>What data sources and data collection and analysis methods will be used to produce the evidence for answering this question?</td>
<td>Who is the best source for this information? What is the sampling criteria?</td>
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<tr>
<td>1</td>
<td>work plans? Is it “on track” to deliver the committed results?</td>
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<tr>
<td>2</td>
<td>Does the structure enable the project to communicate and coordinate activities at all levels of the project and with all partners? For example, when problems arise at the country level, is the PMU and partner HQ response effective and implemented according to CTB policies? Is CTB alerting USAID to problems early so they can help to resolve them before it becomes a crisis?</td>
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<tr>
<td>3</td>
<td>Is the project working in an efficient manner? Are there the appropriate cost controls within the project? Are the additional coalition costs adding value?</td>
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<tr>
<td>4</td>
<td>How has the project implemented quality control activities to ensure technical soundness of assistance and deliverables?</td>
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<tr>
<td>5</td>
<td>With respect to the project’s ability to respond to emerging and expanding technical priorities, list the strengths and areas for improvement of the current recruitment, on-boarding, and continuing staff development processes. In particular, how is the project building the capacity of country level staff to work more independently?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>To what extent is the M&amp;E Plan being implemented in an efficient and cost-effective way?</td>
<td></td>
</tr>
</tbody>
</table>

Other Questions **OPTIONAL**

*(Note: Use this space only if necessary. Too many questions leads to an ineffective evaluation or analysis.)*
E. **Methods**: Check and describe the recommended methods for this analytic activity. Selection of methods should be aligned with the evaluation/analytic 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:**

- **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/review. Documents and data to be reviewed include Challenge TB’s:
  - Solicitation and award
  - Monitoring and evaluation plan
  - Workplans
  - Quarterly and annual reports
  - Sub-awards
  - Financial systems/records
  - Other pertinent document as requested by USAID or the Review Team.

- **Secondary analysis of existing data** *(This is a re-analysis of existing data, beyond a review of data reports. List the data source and recommended analyses)*

  Data Source *(existing dataset)*
  Description of data
  Recommended analysis

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

  To answer the evaluation/review questions the Team will conduct in-person and/or telephone interviews with:
  - Consortium partners
  - Country project directors
  - Stakeholders
  - USAID Washington and Missions

- **Focus Group Discussions** *(list categories of groups, and purpose of inquiry)*

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

  Optional: Key informants can be grouped and interviewed together, as long as the respondents feel free to express their opinions openly.

- **Client/Participant Satisfaction or Exit Interviews** *(list who is to be interviewed, and purpose of inquiry)*

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

  To assess capacity and perceptions about implementation of Challenge TB, the Team will ask IP staff to complete a self-assessment questionnaire using a web-based survey (i.e., Survey Monkey).
- **Facility or Service Assessment/Survey** (list type of facility or service of interest, and purpose of inquiry)
  
- **Observations** (list types of sites or activities to be observed, and purpose of inquiry)
  
- **Cost Analysis** (list costing factors of interest, and type of costing assessment, if known)
  
- **Data Abstraction** (list and describe files or documents that contain information of interest, and purpose of inquiry)
  
- **Case Study** (describe the case, and issue of interest to be explored)
  
- **Verbal Autopsy** (list the type of mortality being investigated (i.e., maternal deaths), any cause of death and the target population)
  
- **Rapid Appraisal Methods** (ethnographic / participatory) (list and describe methods, target participants, and purpose of inquiry)
  
- **Other** (list and describe other methods recommended for this evaluation/analytic, and purpose of inquiry)

If **impact evaluation** –
- Is technical assistance needed to develop full protocol and/or IRB submission?
  - Yes
  - No

List or describe case and counterfactual:

<table>
<thead>
<tr>
<th>Case</th>
<th>Counterfactual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IX. 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/review, 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/review at any time without consequences. Only adults can consent as part of this evaluation/review. 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/review 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/review, 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)

X. 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.

All analyses will be geared to answer the evaluation questions.

Quantitative data will be analyzed primarily using descriptive statistics. Data will be stratified by demographic characteristics, such as sex, age, and location, whenever feasible. Other statistical test of association (i.e., odds ratio) and correlations will be run as appropriate.

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, provide more insights than quantitative data can provide, and answer questions where other data do not exist.

Use of multiple methods that are quantitative and qualitative, as well as existing project data will allow the Team to triangulate findings to produce more robust evaluation results.

XI. 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. These include Challenge TB initial solicitation, award, monitoring and evaluation plan, workplans, quarterly/annual reports, sub-awards, financial systems, etc. 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 three-day team planning meeting (TPM) in Washington, DC 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 the all Evaluation Team experts, but will be determined in consultation with the Mission. 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**, as part of the TPM. At the beginning of the TPM, the Evaluation Team will meet with USAID to discuss expectations, review evaluation questions, and intended plans. The Team will also raise questions that they may have about the project/program 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.

- **Workplan 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 report(s) will be discussed.

- **In-brief with project** to review the evaluation plans and timeline, and for the project to give a brief overview of the project to the Evaluation Team. This will most likely be a teleconference.

- The Team Lead (TL) will brief the 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.

- A **final brief** between the Evaluation Team and USAID will be held at the end of the evaluation to present preliminary findings to USAID in Washington, DC. 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.)

- **IP debrief** teleconference will be held with the project staff and other stakeholders identified by USAID. This will occur following the final debrief with the Mission, and will not include any information that may be procurement deemed sensitive or not suitable by USAID.

**Data Collection & Synthesis** – The evaluation/review team will conduct face-to-face interviews in DC and The Hague. All other interviews will be conducted by phone or web-conferencing. Survey questionnaires will be completed during this period. Data from the document review, interviews, and survey questionnaires will be analyzed and synthesized.

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

1. Team Lead will submit draft evaluation report to GH Pro for review and formatting
2. GH Pro will submit the draft report to USAID.
3. USAID will review the draft report in a timely manner, and send their comments and edits back to GH Pro.
4. 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.
5. GH Pro will review and reformat the final Evaluation/Analytic Report, as needed, and resubmit to USAID for approval.
6. Once Evaluation Report is approved, GH Pro will re-format it for 508 compliance and post it to the DEC.

The 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 assignment 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).

Where feasible, qualitative data that do not contain identifying information should also be submitted to GH Pro.

XII. DELIVERABLES AND PRODUCTS
Select all deliverables and products required on this analytic activity. For those not listed, add rows as needed or enter them under “Other” in the table below. Provide timelines and deliverable deadlines for each.

<table>
<thead>
<tr>
<th>Deliverable / Product</th>
<th>Timelines &amp; Deadlines (estimated)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Launch briefing</td>
<td>October 3, 2016</td>
</tr>
<tr>
<td>□ In-brief with USAID</td>
<td>October 13, 2016</td>
</tr>
<tr>
<td>□ Workplan and methodology review briefing</td>
<td>October 19, 2016</td>
</tr>
<tr>
<td>□ Workplan with timeline</td>
<td>October 21, 2016</td>
</tr>
<tr>
<td>□ Analytic protocol with data collection tools</td>
<td>October 21, 2016</td>
</tr>
<tr>
<td>□ In-brief with target project / program</td>
<td>October 20, 2016</td>
</tr>
<tr>
<td>□ Routine briefings</td>
<td>Weekly</td>
</tr>
<tr>
<td>□ Debrief with USAID with Power Point presentation</td>
<td>November 21, 2016</td>
</tr>
<tr>
<td>□ Findings review workshop with stakeholders with Power Point presentation</td>
<td>November 28, 2016</td>
</tr>
<tr>
<td>□ Draft Review Findings report</td>
<td>Submit to GH Pro: December 7, 2016 GH Pro submits to USAID: December 14, 2016</td>
</tr>
<tr>
<td>□ Final Findings Review report</td>
<td>Submit to GH Pro: January 6, 2016 GH Pro submits to USAID: January 10, 2016</td>
</tr>
<tr>
<td>□ Raw data (cleaned datasets in CSV or XML with data dictionary)</td>
<td>February 3, 2016</td>
</tr>
<tr>
<td>□ Report Posted to the DEC</td>
<td>March 13, 2016</td>
</tr>
</tbody>
</table>
Estimated USAID review time
Average number of business days USAID will need to review deliverables requiring USAID review and/or approval? 10-15 Business days

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

*Overall Team requirements:* While technical familiarity of TB control and prevention implementation is not required for this management review, a comprehensive understanding of USAID rules and policies is necessary, especially as related to large centrally managed field support awards, regarding project implementation, financial management, monitoring and evaluation, award administration, etc.

**Key Staff 1 Title: Team Lead**

**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. S/He will also provide quality assurance on evaluation issues, including methods, development of data collection instruments, protocols for data collection, data management and data analysis. 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. Furthermore, S/He will serve as a member of the evaluation team, providing technical expertise to evaluate management, leadership and organizational capacity of Challenge TB.

**Qualifications:**
- Minimum of 10 years of experience in public health, which included experience in implementation of health activities in developing countries
- Familiar with USAID project implementation, oversight, processes and procedures, particularly related to cooperative agreements
- Strong management and organizational development skills
- Previous experience as Chief of Party on a USAID health project, is desirable
- Demonstrated experience leading health sector project/program evaluation/analytics, utilizing both quantitative and qualitative methods
- Excellent skills in planning, facilitation, and consensus building
- Excellent interpersonal skills, including experience successfully interacting with implementing partners and key 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 policies and practices

**Key Staff 2 Title: TB Specialist**

**Roles & Responsibilities:** Serve as a member of the Assessment Team, providing technical expertise on TB programming. S/He will participate in all aspects of the assessment, including planning, data collection, data analysis and report writing.

**Qualifications:**
- At least 5 years of experience working with TB programs in developing country settings
- Experience implementing TB programs at the country level
• Past experience of working as a team member for health project evaluation, assessment, appraisal or related assignment
• Ability to work in a team
• Good writing skills, with experience producing evaluation, assessment and/or technical reports

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

| Program Assistant /Logistics Coordinator (DC based) to work part time with the Evaluation Team to arrange interviews, meetings and logistics, and other support duties as needed by the Team. |

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 analytic activity.

☐ Yes – If yes, specify who:
☐ Significant Involvement anticipated – If yes, specify who:
☐ No

Staffing Level of Effort (LOE) Matrix:
This optional LOE Matrix will help you estimate the LOE needed to implement this analytic activity. If you are unsure, GH Pro can assist you to complete this table.

a) For each column, replace the label "Position Title" with the actual position title of staff needed for this analytic activity.
b) Immediately below each staff title enter the anticipated number of people for each titled position.
c) Enter Row labels for each activity, task and deliverable needed to implement this analytic activity.
d) Then enter the LOE (estimated number of days) for each activity/task/deliverable corresponding to each titled position.
e) At the bottom of the table total the LOE days for each consultant title in the ‘Sub-Total’ cell, then multiply the subtotals in each column by the number of individuals that will hold this title.

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

<table>
<thead>
<tr>
<th>Activity / Deliverable</th>
<th>Evaluation/Analytic Team</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Team Lead</td>
</tr>
<tr>
<td>1 Launch Briefing</td>
<td>0.5</td>
</tr>
<tr>
<td>2 Desk review</td>
<td>7</td>
</tr>
<tr>
<td>3 Travel to/from DC</td>
<td>2</td>
</tr>
<tr>
<td>4 In-brief with USAID</td>
<td>0.5</td>
</tr>
<tr>
<td>5 Team Planning Meeting</td>
<td>4</td>
</tr>
<tr>
<td>6 Workplan and methodology review briefing with USAID</td>
<td>0.5</td>
</tr>
<tr>
<td>7 In-brief with project with prep (teleconference)</td>
<td>0.5</td>
</tr>
<tr>
<td>8 Data Collection DQA Workshop (protocol orientation for all involved in data collection)</td>
<td>1</td>
</tr>
<tr>
<td>9 Prep / Logistics for interviews &amp; travel to The Hague</td>
<td>1</td>
</tr>
<tr>
<td>10 Travel to/from The Hague</td>
<td>2</td>
</tr>
<tr>
<td>11 Data collection (eg, interviews &amp; survey)</td>
<td>15</td>
</tr>
<tr>
<td>12 Data analysis</td>
<td>5</td>
</tr>
</tbody>
</table>
### Activity / Deliverable

<table>
<thead>
<tr>
<th>Activity / Deliverable</th>
<th>Evaluation/Analytic Team</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Team Lead</td>
</tr>
<tr>
<td>13 Travel to/from DC</td>
<td>2</td>
</tr>
<tr>
<td>14 Debrief with USAID with prep</td>
<td>1</td>
</tr>
<tr>
<td>15 Stakeholder debrief workshop with prep (teleconference)</td>
<td>1</td>
</tr>
<tr>
<td>16 Draft Review findings report(s)</td>
<td>7</td>
</tr>
<tr>
<td>17 GH Pro Report QC Review &amp; Formatting</td>
<td></td>
</tr>
<tr>
<td>18 Submission of draft Findings Review report(s) to USAID</td>
<td>1</td>
</tr>
<tr>
<td>19 USAID Report Review</td>
<td>1</td>
</tr>
<tr>
<td>20 Revise report(s) per USAID comments</td>
<td>3</td>
</tr>
<tr>
<td>21 Finalize Review Findings Report and submit report to USAID</td>
<td>1</td>
</tr>
<tr>
<td>22 USAID approves Review Findings report</td>
<td>1</td>
</tr>
<tr>
<td>23 USAID TB Portfolio Review, including report feedback</td>
<td>1</td>
</tr>
<tr>
<td>24 Following USAID’s Portfolio Review in Jan 2017, finalize Challenge TB Review Report</td>
<td>3</td>
</tr>
<tr>
<td>25 USAID reviews formal Challenge TB Review Report</td>
<td>1</td>
</tr>
<tr>
<td>26 Revise formal Challenge TB Review Report per USAID comments (if needed)</td>
<td>1</td>
</tr>
<tr>
<td>27 Final copy editing and formatting of Report</td>
<td></td>
</tr>
<tr>
<td>28 508 Compliance editing</td>
<td></td>
</tr>
<tr>
<td>29 Upload Eval Report(s) to the DEC</td>
<td></td>
</tr>
<tr>
<td><strong>Total LOE</strong></td>
<td>57</td>
</tr>
</tbody>
</table>

If overseas, is a 6-day workweek permitted?
☐ Yes  ☐ No

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

Washington, DC and The Hague

### XIV. LOGISTICS

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

Netherlands

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

<table>
<thead>
<tr>
<th>Name of Country</th>
<th>Type of Visa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tourist Business</td>
</tr>
<tr>
<td></td>
<td>Tourist Business</td>
</tr>
<tr>
<td></td>
<td>Tourist Business</td>
</tr>
<tr>
<td></td>
<td>Tourist Business</td>
</tr>
</tbody>
</table>

**Clearances & Other Requirements**

**Note:** Most Evaluation/Analytic Teams arrange their own work space, often in their hotels. However, if Facility Access is preferred GH Pro can request it.

GH Pro does not provide Security Clearances, but can request **Facility Access.** Please note that Facility Access (FA) requests processed by USAID/GH (Washington, DC) can take 4-6 months to be granted. If you are in a Mission and the RSO can grant a temporary FA, this can expedite the process. If FA is granted through Washington, DC, the consultant must pick up...
his/her FA badge in person in Washington, DC, regardless of where the consultant resides or will work.

If Electronic Country Clearance (eCC) is required, 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 must 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 (must register approximately 3-4 months in advance). Additionally, there will be the cost for one week’s 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 County Clearance (ECC) (International travelers only)
     ☐ High Threat Security Overseas Seminar (HTSOS) (required 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:
   ☐ Travel -other than posting (specify): GH Pro will arrange travel and lodging in DC and The Hague, as needed
   ☐ Other (specify):

XV. **GH PRO ROLES AND RESPONSIBILITIES**
GH Pro will coordinate and manage the evaluation/analytic 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/analytic 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, workplan, 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.

XVI. **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 CV’s for 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.

### XVII. ANALYTIC REPORT

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

This report will be developed in three phases:

1) Write-up of the Challenge TB Review Findings (draft report)
2) Revising the Challenge TB Review Findings (revised report)

The **Evaluation/Analytic Final Report** should follow USAID’s Criteria to Ensure the Quality of the Evaluation Report (found in Appendix I of the USAID Evaluation Policy), as much as possible

- The report must not exceed 30 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](#).
Reporting Guidelines: The draft report should be a comprehensive analytical evidence-based evaluation/analytic 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/analytic 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:

- Executive Summary: concisely state the most salient findings, conclusions, and recommendations (not more than 4 pages);
- Table of Contents (1 page);
- Acronyms
- Evaluation/Analytic Purpose and Evaluation/Analytic Questions (1-2 pages)
- Project [or Program] Background (1-3 pages)
- Evaluation/Analytic Methods and Limitations (1-3 pages)
- Findings (organized by Evaluation/Analytic Questions)
- Conclusions
- Recommendations
- Annexes
  - Annex I: Evaluation/Analytic Statement of Work
  - Annex II: Evaluation/Analytic Methods and Limitations
  - Annex III: Data Collection Instruments
  - Annex IV: Sources of Information
    - List of Persons Interviews
    - Bibliography of Documents Reviewed
    - Databases
    - [etc.]
  - Annex V: Disclosure of Any Conflicts of Interest
  - Annex VI: Statement of Differences (if applicable)

The evaluation methodology and report will be compliant with the USAID Evaluation Policy and Checklist for Assessing USAID Evaluation Reports.

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.

All data instruments, data sets (if appropriate), presentations, meeting notes and report for this evaluation/analysis will be submitted electronically to the GH Pro Program Manager. All datasets developed as part of this activity 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 should not be included in any quantitative or qualitative data submitted.
### Evaluation/Analytic Questions and Matrix

<table>
<thead>
<tr>
<th>Evaluation / Review Questions</th>
<th>Indicators / Information Gathered</th>
<th>Data Type and Sources</th>
<th>Data Collection Methodology / Tools</th>
<th>Interview / Survey Sampling Frame</th>
<th>Limitations</th>
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</table>
| Is the project aligned with the guiding principles outlined in the RFA and CTB cooperative agreement program description and work plans? Is it “on track” to deliver the committed results? | Project activities and implementation are appropriately based on knowledge of the epidemic | Qualitative and quantitative RFA Response to RFA (program description) Workplans Quarterly reports Annual reports Country TB Reports | Qualitative data from project reports Quantitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors | AOR (Nicholas Enrich) M&E Adviser (Charlotte Colvin) Mission Activity Managers CTB PMU CTB Partners CTB Country Directors | CTB has a large number of guiding principles – it will not be possible to thoroughly investigate all of them. The team will focus on selected key guiding principles.  
To determine whether the project is “on track” to deliver committed results, the team will compare workplans and project reports. A thorough review of project progress is beyond the scope of the management review. |
<p>| The project uses existing data to determine gaps and areas where further assessment could be done to guide implementation of activities | Quantitative and qualitative Project data Response to RFA (program description) Workplans Quarterly reports Annual reports | Quantitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors | AOR (Nicholas Enrich) M&amp;E Adviser (Charlotte Colvin) Mission Activity Managers CTB PMU CTB Partners CTB Country Directors | Mission Activity Managers CTB PMU CTB Partners CTB Country Directors NTP | Mission Activity Managers CTB PMU CTB Partners CTB Country Directors NTP |
| The project measures and maximizes contributions from domestic resources | Quantitative and qualitative Project data Workplans Quarterly reports Annual reports | Quantitative and qualitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors | AOR (Nicholas Enrich) M&amp;E Adviser (Charlotte Colvin) Mission Activity Managers CTB PMU CTB Partners CTB Country Directors | Mission Activity Managers CTB PMU CTB Partners CTB Country Directors NTP | Mission Activity Managers CTB PMU CTB Partners CTB Country Directors NTP |</p>
<table>
<thead>
<tr>
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<th>Indicators / Information Gathered</th>
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<th>Data Collection Methodology / Tools</th>
<th>Interview/Survey Sampling Frame</th>
<th>Limitations</th>
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</thead>
<tbody>
<tr>
<td>The project is aligned with GF implementation</td>
<td>Qualitative</td>
<td>Quantitative and qualitative data from project reports, as available GF Fund Portfolio Managers USAID GF coordinators at country level</td>
<td>Mission Activity Managers CTB PMU CTB Partners CTB Country Directors Mission GF coordinators GF FPMs NTP</td>
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<tr>
<td>The project makes good use of quality long-term TA and targeted STTA</td>
<td>Quantitative and qualitative Workplans Quarterly reports Annual reports</td>
<td>Quantitative and qualitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors</td>
<td>Mission Activity Managers CTB PMU CTB Partners CTB Country Directors Mission GF coordinators GF FPMs NTP</td>
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<tr>
<td>The project provides strong on-the-job supervision and mentoring of key staff and limit one-off training</td>
<td>Quantitative and qualitative Workplans Quarterly reports Annual reports</td>
<td>Quantitative and qualitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors</td>
<td>Mission Activity Managers CTB PMU CTB Partners CTB Country Directors Mission GF coordinators GF FPMs NTP</td>
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<tr>
<td>The project appropriately funds local partners and increases their technical capacity</td>
<td>Quantitative and qualitative Workplans Quarterly reports Annual reports</td>
<td>Quantitative and qualitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors</td>
<td>Mission Activity Managers CTB PMU CTB Partners CTB Country Directors Mission GF coordinators GF FPMs NTP</td>
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<td>The project sufficiently leverages the private sector</td>
<td>Quantitative and qualitative Workplans Quarterly reports Annual reports</td>
<td>Quantitative and qualitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors</td>
<td>Mission Activity Managers CTB PMU CTB Partners CTB Country Directors NTP</td>
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<tr>
<td>The project adequately focuses on key populations such as children, mineworkers, mobile population prisoners, PLHIV, and other vulnerable populations</td>
<td>Quantitative and qualitative Workplans Quarterly reports Annual reports</td>
<td>Quantitative and qualitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors</td>
<td>Mission Activity Managers CTB PMU CTB Partners CTB Country Directors NTP</td>
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<tr>
<td>The project supports introduction/use of proven technologies in all interventions and builds systems to support and sustain uptake of new technologies</td>
<td>Quantitative and qualitative Workplans Quarterly reports Annual reports</td>
<td>Quantitative and qualitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors</td>
<td>Mission Activity Managers CTB PMU CTB Partners CTB Country Directors NTP</td>
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<tr>
<td>The project has designed and implemented innovative approaches (with M&amp;E/impact measurement component to assess success)</td>
<td>Quantitative and qualitative Workplans Quarterly reports Annual reports</td>
<td>Quantitative and qualitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers</td>
<td>Mission Activity Managers CTB PMU CTB Partners CTB Country Directors NTP</td>
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<td>Project activities are carried out according to WHO or other internationally recommended policies / strategies</td>
<td>Quantitative and qualitative Workplans Quarterly reports Annual reports</td>
<td>Quantitative and qualitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors</td>
<td>Mission Activity Managers CTB PMU CTB Partners CTB Country Directors NTP</td>
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<td></td>
<td>Project-related procurements included in the domestic budget or GF grant and when USAID-supported procurements are done, the project uses USAID-supported pooled procurement resources</td>
<td>Quantitative and qualitative Workplans Quarterly reports Annual reports</td>
<td>Quantitative and qualitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors</td>
<td>Mission Activity Managers CTB PMU CTB Partners CTB Country Directors NTP</td>
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<tr>
<td></td>
<td>The project focuses on sustainability and capacity building</td>
<td>Quantitative and qualitative Workplans Quarterly reports Annual reports</td>
<td>Quantitative and qualitative data from project reports, as available Interviews Survey of USAID Mission Activity Managers Survey of CTB Country Directors</td>
<td>Mission Activity Managers CTB PMU CTB Partners CTB Country Directors NTP</td>
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<tr>
<td></td>
<td>CTB guiding principles properly reflected in the workplan</td>
<td>Workplans</td>
<td>Quantitative and qualitative data from project reports, as available Interviews</td>
<td>Mission Activity Managers CTB PMU CTB Partners</td>
<td></td>
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<tr>
<td>Evaluation / Review Questions</td>
<td>Indicators / Information Gathered</td>
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<tr>
<td>Does the structure enable the project to communicate and coordinate activities at all levels of the project and with all partners? For example, when problems arise at the country level, is the PMU and partner HQ response effective and implemented according to CTB policies? Is CTB alerting USAID to problems early so they can help to resolve them before it becomes a crisis?</td>
<td>Appropriateness of the communication structure – are the right people informed?</td>
<td>Qualitative Review of management team and communications sections of PD Review of CTB policies Quarterly reports Annual reports</td>
<td>Review of project documents Interviews Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID TB team US Mission activity managers CTB PMU members CTB Partners CTB Country Directors GF FPM</td>
<td>Review of communications structure is based on qualitative data from interviews and surveys. Review of quantitative data e.g. frequency of communications, is beyond the scope of the management review.</td>
</tr>
<tr>
<td>Frequency of communications</td>
<td>Qualitative Review of management team and communications sections of PD Review of CTB policies Quarterly reports Annual reports</td>
<td>Review of project documents Interviews Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID TB team US Mission activity managers CTB PMU members CTB Partners CTB Country Directors GF FPM</td>
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<tr>
<td>Timeliness of communications</td>
<td>Qualitative Review of management team and communications sections of PD Review of CTB policies Quarterly reports Annual reports</td>
<td>Review of project documents Interviews Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID TB team US Mission activity managers CTB PMU members CTB Partners CTB Country Directors GF FPM</td>
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<tr>
<td>Appropriateness of the response</td>
<td>Qualitative Review of management team and communications sections of PD</td>
<td>Review of project documents Interviews Survey of USAID Missions</td>
<td>USAID TB team US Mission activity managers CTB PMU members</td>
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<tr>
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<td>Timeliness of the response</td>
<td>Qualitative Review of management team and communications sections of PD Review of CTB policies Quarterly reports Annual reports</td>
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<td>USAID TB team US Mission activity managers CTB PMU members CTB Partners CTB Country Directors GF FPM</td>
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<tr>
<td>Effectiveness of the response</td>
<td>Qualitative Review of management team and communications sections of PD Review of CTB policies Quarterly reports Annual reports</td>
<td>Review of project documents Interviews Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID TB team US Mission activity managers CTB PMU members CTB Partners CTB Country Directors GF FPM</td>
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<tr>
<td>Is the project working in an efficient manner? Are there the appropriate cost controls within the project? Are the additional coalition costs adding value?</td>
<td>Qualitative Review of management section of PD (financial management) Co-locate field offices with existing Coalition partner offices Review of budgeted work plans</td>
<td>Review of project documents Interviews Survey of USAID Missions Survey of CTB Country Directors</td>
<td>CTB Financial Management Staff USAID Mission Activity Managers CTB PMU CTB Partners CTB Country Directors</td>
<td>Limitations on questions on efficiency and cost control – similarly based on qualitative interviews. Assessment of cost effectiveness is based on review of costed M&amp;E plan – an exhaustive review of budgets is beyond the</td>
<td></td>
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<tr>
<td>Evaluation / Review Questions</td>
<td>Indicators / Information Gathered</td>
<td>Data Type and Sources</td>
<td>Data Collection Methodology / Tools</td>
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<td>workplans</td>
<td>Survey of CTB</td>
<td>Activity Managers</td>
<td>scope of the management review.</td>
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<td>Country Directors</td>
<td>CTB PMU</td>
<td>CTB</td>
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<td>CTB Partners</td>
<td>Country Directors</td>
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<tr>
<td>Schedule Challenge TB meetings to coincide with existing conferences</td>
<td>Qualitative and quantitative Quarterly reports Annual reports workplans</td>
<td>Review of project documents Interviews Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID Mission Activity Managers CTB PMU CTB Partners CTB Country Directors</td>
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<tr>
<td>Hire host-country personnel instead of expatriates whenever feasible</td>
<td>Qualitative and quantitative Quarterly reports Annual reports workplans</td>
<td>Review of project documents Interviews Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID Mission Activity Managers CTB PMU CTB Partners CTB Country Directors</td>
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<tr>
<td>Limit the use of print publications and invest in electronic publishing</td>
<td>Qualitative and quantitative Quarterly reports Annual reports workplans</td>
<td>Review of project documents Interviews Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID Mission Activity Managers CTB PMU CTB Partners CTB Country Directors</td>
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<tr>
<td>Use a web-based platform for planning, monitoring, and reporting</td>
<td>Review of web-based platform</td>
<td>Interviews Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID Mission Activity Managers CTB PMU CTB Partners CTB Country Directors</td>
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<tr>
<td>Monitor HQ costs to country programs</td>
<td>Qualitative and quantitative Quarterly reports</td>
<td>Interviews Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID Mission Activity Managers CTB PMU</td>
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<td>Annual reports workplans</td>
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<td>CTB Partners CTB Country Directors</td>
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<td></td>
<td>Standardize costs for country activities applicable to all partners</td>
<td>Qualitative and quantitative</td>
<td>Interviews Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID Mission Activity Managers CTB PMU CTB Partners CTB Country Directors</td>
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<td></td>
<td>Monitor budget spending against work plans</td>
<td>Qualitative and quantitative Quarterly reports Annual reports workplans budgets</td>
<td>Review of costed workplan Review of budgets Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID Mission Activity Managers CTB PMU CTB Partners CTB Country Directors</td>
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<tr>
<td></td>
<td>Monitor international procurements</td>
<td>Qualitative and quantitative Quarterly reports Annual reports workplans budgets</td>
<td>Review of costed workplan Review of budgets Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID Mission Activity Managers CTB PMU CTB Partners CTB Country Directors</td>
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<tr>
<td></td>
<td>Has the field office ever run short of needed funds because they had not budgeted properly or because they did not anticipate some costs</td>
<td>Qualitative and quantitative Quarterly reports Annual reports workplans budgets</td>
<td>Review of costed workplan Review of budgets Survey of USAID Missions Survey of CTB Country Directors</td>
<td>USAID Mission Activity Managers CTB PMU CTB Partners CTB Country Directors</td>
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<tr>
<td></td>
<td>Has the project ever ended up with funds left over because they had over</td>
<td>Qualitative and quantitative Quarterly reports</td>
<td>Review of costed workplan Review of budgets Survey of USAID Missions</td>
<td>USAID Mission Activity Managers CTB PMU</td>
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<td>Evaluation / Review Questions</td>
<td>Indicators / Information Gathered</td>
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<tr>
<td>How has the project implemented quality control activities to ensure technical soundness of assistance and deliverables?</td>
<td>budgeted for an activity</td>
<td>Annual reports, workplans, budgets</td>
<td>Survey of CTB Country Directors</td>
<td>CTB Partners, CTB Country Directors</td>
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<tr>
<td>Assessment of the quality of CTB technical assistance</td>
<td>Comparison of RFA PD description of how the project would perform against actual</td>
<td>Interviews, Surveys</td>
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<tr>
<td>Assessment of the quality of technical documents</td>
<td>Qualitative, technical document review</td>
<td>Interviews, Surveys</td>
<td></td>
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<tr>
<td>Quality of technical support from the PMU</td>
<td>Qualitative, Quarterly reports, Annual reports</td>
<td>Interviews, Surveys</td>
<td></td>
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<tr>
<td>Quality of the technical reviews conducted by the PMU</td>
<td>Qualitative, Quarterly reports, Annual reports</td>
<td>Interviews, Surveys</td>
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<tr>
<td>With respect to the project's ability to respond to emerging and expanding technical priorities, list the strengths and areas for improvement of the current recruitment, on-boarding, and continuing staff development processes. In particular, how is the project Local staffing needs are met in a timely fashion? Local staff are able to implement more activities without external support?</td>
<td>Recruitment reports (to show recruitment lead-time), On-boarding (comprehensiveness, etc.), Staff development (training, participation in meetings, etc.), In-county staff development (training, participation in meetings, etc.)</td>
<td>Interviews, Survey</td>
<td>HR staff, Key technical staff</td>
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<tr>
<td>Evaluation / Review Questions</td>
<td>Indicators / Information Gathered</td>
<td>Data Type and Sources</td>
<td>Data Collection Methodology / Tools</td>
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<td>building the capacity of country level staff to work more independently?</td>
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<tr>
<td>To what extent is the M&amp;E Plan being implemented in an efficient and cost-effective way?</td>
<td>How well is the M&amp;E Plan being implemented?</td>
<td>Review of M&amp;E Plan Quarterly reports Annual reports Interviews with CTB PMU and M&amp;E</td>
<td>M&amp;E Plan Survey of Mission activity managers Survey of Country Directors</td>
<td>M&amp;E Advisor (Charlotte Covin) CTB M&amp;E officer CTB Country officer/M&amp;E staff</td>
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<tr>
<td>Is the M&amp;E Plan implemented in a cost-effective manner?</td>
<td>Review of M&amp;E Plan Quarterly reports Annual reports Interviews with CTB PMU and M&amp;E</td>
<td>M&amp;E Plan Survey of Mission activity managers Survey of Country Directors</td>
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## ANNEX III. PERSONS INTERVIEWED

### Interviewed staff November - December 2016

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Position</th>
<th>Organization</th>
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<tbody>
<tr>
<td>Ahmedov</td>
<td>Sevim</td>
<td>Washington TB Team (Kyrgyzstan, Zambia, Global Fund)</td>
<td>USAID</td>
</tr>
<tr>
<td>Artefa-Artaux</td>
<td>Monicaah</td>
<td>CTB Partner Project Officer</td>
<td>The Union</td>
</tr>
<tr>
<td>Bayly</td>
<td>Tristan</td>
<td>Knowledge Exchange Officer</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Bergson</td>
<td>Susan</td>
<td>M&amp;E Officer</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Booher</td>
<td>Kimberly</td>
<td>CTB Partner Project Officer</td>
<td>FHI360</td>
</tr>
<tr>
<td>Borsboom</td>
<td>Stephanie</td>
<td>Portfolio Manager</td>
<td>KNCV - Operations Division</td>
</tr>
<tr>
<td>Brands</td>
<td>Annemieke</td>
<td>CTB Partner Project Officer</td>
<td>WHO</td>
</tr>
<tr>
<td>Chiang</td>
<td>Thomas</td>
<td>Washington TB Team (South Sudan, Cambodia)</td>
<td>USAID</td>
</tr>
<tr>
<td>Colvin</td>
<td>Charlotte</td>
<td>Washington TB Team (Mozambique)</td>
<td>USAID</td>
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<tr>
<td>Cowan</td>
<td>Marnina</td>
<td>CTB Partner Project Officer</td>
<td>MSH</td>
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<tr>
<td>Cuna</td>
<td>Zaina</td>
<td>Mozambique Country Director</td>
<td>FHI360</td>
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<td>Djibuti</td>
<td>Mamuka</td>
<td>M&amp;E Officer</td>
<td>KNCV - PMU</td>
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<tr>
<td>Dlodlo</td>
<td>Riita</td>
<td>CTB Partner Representative</td>
<td>The Union</td>
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<tr>
<td>Dogger</td>
<td>Jan Willem</td>
<td>Senior Portfolio Manager</td>
<td>KNCV - Operations Division</td>
</tr>
<tr>
<td>Enrich</td>
<td>Nicholas</td>
<td>Washington TB Team (All, Afghanistan, Zimbabwe)</td>
<td>USAID</td>
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<tr>
<td>Gamazina</td>
<td>Katya</td>
<td>Ukraine Country Director</td>
<td>PATH</td>
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<tr>
<td>Gebhard</td>
<td>Agnes</td>
<td>Indonesia Country Director</td>
<td>KNCV</td>
</tr>
<tr>
<td>Golubkov</td>
<td>Alex</td>
<td>Washington TB Team (Ukraine, Tajikistan, Uzbekistan, Vietnam)</td>
<td>USAID</td>
</tr>
<tr>
<td>Grzemska</td>
<td>Malgorzata</td>
<td>CTB Partner Representative</td>
<td>WHO</td>
</tr>
<tr>
<td>Hamilton</td>
<td>Carol</td>
<td>CTB Partner Representative</td>
<td>FHI 360</td>
</tr>
<tr>
<td>Hartanti</td>
<td>Alia</td>
<td>Indonesia Activity Manager</td>
<td>USAID</td>
</tr>
<tr>
<td>Heeger</td>
<td>Mischa</td>
<td>Coordinator</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Holohan</td>
<td>Meghan</td>
<td>Washington TB Team (GF-Malawi)</td>
<td>USAID</td>
</tr>
<tr>
<td>Hopewell</td>
<td>Phil</td>
<td>CTB Partner Representative</td>
<td>ATS</td>
</tr>
<tr>
<td>Joeman</td>
<td>Koraisah</td>
<td>Finance Officer</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Kabuayi</td>
<td>Jean Pierre</td>
<td>DRC Country Director</td>
<td>The Union</td>
</tr>
<tr>
<td>Kimerling</td>
<td>Michael</td>
<td>CTB Partner Representative</td>
<td>KNCV</td>
</tr>
<tr>
<td>Kimerling</td>
<td>Michael</td>
<td>Head Technical Division/CTB repres.</td>
<td>KNCV - Technical Division</td>
</tr>
<tr>
<td>Kinter</td>
<td>Amelia</td>
<td>CTB Partner Project Officer</td>
<td>PATH</td>
</tr>
<tr>
<td>Lerman</td>
<td>Charles</td>
<td>Bangladesh Activity Manager</td>
<td>USAID</td>
</tr>
<tr>
<td>Lumelova</td>
<td>Katja</td>
<td>Senior Portfolio Manager</td>
<td>KNCV - Operations Division</td>
</tr>
<tr>
<td>Madsen</td>
<td>Ena</td>
<td>CTB Partner Project Officer</td>
<td>KNCV</td>
</tr>
<tr>
<td>Massaut</td>
<td>Sara</td>
<td>Global Fund Officer</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Last name</td>
<td>First name</td>
<td>Position</td>
<td>Organization</td>
</tr>
<tr>
<td>-----------------</td>
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</tr>
<tr>
<td>Mataruse</td>
<td>Amos</td>
<td>CTB Deputy Director, Mozambique</td>
<td>FHI360</td>
</tr>
<tr>
<td>Mitchell</td>
<td>Ellen</td>
<td>Senior Epidemiologist/ Coord. Stigma</td>
<td>KNCV - Technical Division</td>
</tr>
<tr>
<td>Moodie</td>
<td>Claire</td>
<td>Performance Monitoring Officer</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Moore</td>
<td>Moe</td>
<td>CTB Partner Project Officer</td>
<td>PATH</td>
</tr>
<tr>
<td>Mukadi</td>
<td>YaDiul</td>
<td>Washington TB Team (DRC, East Africa regional)</td>
<td>USAID</td>
</tr>
<tr>
<td>Nagy</td>
<td>Virginia</td>
<td>Washington TB Team (Global Fund)</td>
<td>USAID</td>
</tr>
<tr>
<td>Nanhoe</td>
<td>Bobby</td>
<td>Finance Officer</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Ngicho</td>
<td>Millicent</td>
<td>Project Officer</td>
<td>KNCV - Operations Division</td>
</tr>
<tr>
<td>Numan</td>
<td>Diana</td>
<td>Director Operations</td>
<td>KNCV - Operations Division</td>
</tr>
<tr>
<td>Numbi</td>
<td>Jean-Felly</td>
<td>DRC Activity Manager</td>
<td>USAID</td>
</tr>
<tr>
<td>Page-Shipp</td>
<td>Liesl</td>
<td>CTB Partner Representative</td>
<td>IRD</td>
</tr>
<tr>
<td>Pleuss</td>
<td>Elizabeth</td>
<td>Washington TB Team (CTB-Tanzania)</td>
<td>USAID</td>
</tr>
<tr>
<td>Post</td>
<td>Erik</td>
<td>Senior TB Technical Officer</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Rust</td>
<td>Steffi</td>
<td>Project Officer</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Rutta</td>
<td>Edmund</td>
<td>Washington TB Team (CTB-Tanzania)</td>
<td>USAID</td>
</tr>
<tr>
<td>Sadasivan</td>
<td>Lal</td>
<td>CTB Partner Representative</td>
<td>PATH</td>
</tr>
<tr>
<td>Sahetapy</td>
<td>Imron</td>
<td>Project Officer</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Sangbender</td>
<td>Nana</td>
<td>CTB Partner Project Officer</td>
<td>MSH</td>
</tr>
<tr>
<td>Scholten</td>
<td>Jerod</td>
<td>Senior Consultant/ Techn. Focal Point</td>
<td>KNCV - Technical Division</td>
</tr>
<tr>
<td>Schut</td>
<td>Kelly</td>
<td>Project Officer</td>
<td>KNCV - Operations Division</td>
</tr>
<tr>
<td>Schuurbiers</td>
<td>Bianca</td>
<td>Finance Officer</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Suarez</td>
<td>Pedro</td>
<td>CTB Partner Representative</td>
<td>MSH</td>
</tr>
<tr>
<td>Tembe</td>
<td>Agaga</td>
<td>CTB Senior Finance Manager, Mozambique</td>
<td>FHI360</td>
</tr>
<tr>
<td>Topcuoglu</td>
<td>Ersin</td>
<td>Deputy Director Challenge TB</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>van Cleeff</td>
<td>Maarten</td>
<td>Director Challenge TB</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Van den Hof</td>
<td>Susan</td>
<td>Technical Coordinator/ Coord. Prevention</td>
<td>KNCV - Technical Division</td>
</tr>
<tr>
<td>van Gorkom</td>
<td>Jeroen</td>
<td>Senior TB Technical Coordinator</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Van Halm</td>
<td>Rosanne</td>
<td>Financial Controller</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Van Leeuwen</td>
<td>Elly</td>
<td>Secretary</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Vincent</td>
<td>Cheri</td>
<td>Washington TB Team (All)</td>
<td>USAID</td>
</tr>
<tr>
<td>Vitek</td>
<td>Erika</td>
<td>Ukraine Activity Manager</td>
<td>USAID</td>
</tr>
<tr>
<td>Wares</td>
<td>Fraser</td>
<td>Senior Epidemiologist/ Coord. BDQ</td>
<td>KNCV - Technical Division</td>
</tr>
<tr>
<td>Wells</td>
<td>William</td>
<td>Washington TB Team (CTB-Bangladesh, Indonesia, Ethiopia, Burma)</td>
<td>USAID</td>
</tr>
<tr>
<td>Whalen</td>
<td>Christine</td>
<td>Technical Coordinator/Techn. Focal Point</td>
<td>KNCV - Technical Division</td>
</tr>
<tr>
<td>Willemse</td>
<td>Andree</td>
<td>Coordinator</td>
<td>KNCV - PMU</td>
</tr>
<tr>
<td>Zorae</td>
<td>Somaieh</td>
<td>Project Officer</td>
<td>KNCV - PMU</td>
</tr>
</tbody>
</table>
ANNEX IV. SOURCES OF INFORMATION

The following project documents were reviewed:

CTB Cooperative Agreement (award document) signed 9-30-2014

Selected project Annual Program of Activities (APA) for Years 1, 2 and 3 available on the project icloud

Quarterly reports

Annual Reports

Various handouts and presentation provided by the project

PMU Operations Manual

USG documents reviewed


USAID National Action Plan report

Other resources consulted:

KNCV. TBCARE I Final Report. The Hague: KNCV.


The following groups Interviewed (see Annex III for detailed list):

USAID/BGH/TB CTB backstops

USAID CTB Activity Managers base in Bangladesh, the Democratic Republic of the Congo, Indonesia, and Ukraine

CTB Partner Representatives and Project Officers

The CTB Project Management Unit

CTB Country Directors in Bangladesh, the Democratic Republic of the Congo, Mozambique, and Ukraine

Project management unit based in the offices of KNCV in The Hague, Netherlands
ANNEX V. DATA COLLECTION INSTRUMENTS

SURVEY FOR USAID CHALLENGE TB ACTIVITY MANAGERS

USAID’s Bureau for Global Health TB Team has contracted for an external management review of the Challenge TB project (CTB). The contract is through the Global Health Program Cycle Improvement Project (GH Pro). This survey is part of that evaluation.

Participation in this survey is completely voluntary, but important. Your Mission’s participation will contribute to our ability to provide quality assistance to the field. We expect the survey to take less than ½ hour. Responses will be kept confidential; individual responses will not be reported with any identifying information or characteristics, and will not be made available beyond the evaluators.

The objective of the evaluation is to assess the effectiveness and efficiency of the project management and to determine if the project is on track to meet its commitments.

Please complete the survey by December 9, 2016. If you have any questions, or are having trouble accessing the survey, please contact Emily Marshall at emarshall@ghpro.com.

Q1
For which Mission are you responding? (No individual country responses will be identified. We ask so that 1) we can avoid blanket emails to encourage responses and 2) so that we can, if necessary, follow up for clarification of (anonymous) responses.)

Q2
For how long have you been the Activity Manager for CTB?
   a. < 6 months
   b. 6 months to one year
   c. More than one year

Q3
Which of the following CTB Partner organizations is the lead in your country?
   a. KNCV
   b. American Thoracic Society
   c. FHI 360
   d. Interactive Research and Development
   e. International Union Against Tuberculosis and Lung Disease (The Union)
   f. Japan Anti-Tuberculosis Association (JATA)
   g. Management Sciences for Health (MSH)
   h. Program for Appropriate Technology in Health (PATH)
   i. World Health Organization
Q4

Which other CTB Partners are currently carrying out activities in your country? (select all that apply)

a. KNCV
b. American Thoracic Society
c. FHI 360
d. Interactive Research and Development
e. International Union Against Tuberculosis and Lung Disease (The Union)
f. Japan Anti-Tuberculosis Association (JATA)
g. Management Sciences for Health (MSH)
h. Program for Appropriate Technology in Health (PATH)
i. World Health Organization

Q5

Please indicate which predecessor TB projects have worked or are currently working in your country (indicate all that apply):

a. TB CARE I
b. TB CARE II
c. TB CAP
d. None of the above

Q6

To what extent do you agree with the following statements regarding CTB work plans?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Do not agree (please comment below)</th>
<th>Agree somewhat (please comment below)</th>
<th>Strongly agree –</th>
<th>N/A or don’t know –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work plans provide clear justification and rationale for activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work plans are clearly written</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities are responsive to country needs and take into consideration the most recent data on the epidemic in the country</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities are aligned with WHO or other internationally recommended policy or strategies to combat TB</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities focus on key populations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The plan of activities includes the introduction and use of appropriate and proven technologies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Activities demonstrate a concern for sustainability and capacity building of the NTP
Activities demonstrate a concern for sustainability and capacity building of local partners
Activities are aligned with Global Fund Grants
Timelines from completing activities are realistic
Budgets are realistic
Activity budgets demonstrate that the project seeks to leverage local resources where possible (e.g., private sector)
Activity budgets indicate that local partners are appropriately funded
Work plans are useful for monitoring the project progress
Work plans correspond to the Mission’s PMP
The process for developing work plans is efficient

Q7
To what extent do you agree with the following statements regarding project implementation and reporting on CTB activities?

<table>
<thead>
<tr>
<th>statement</th>
<th>Do not agree (please comment below)</th>
<th>Agree somewhat (please comment below)</th>
<th>Strongly agree –</th>
<th>N/A or don’t know –</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activities are carried out according to timelines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budgets are executed as planned</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Global Fund resources were accessed as planned</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other domestic resources were leverages as planned</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project procurement activities are appropriate and follow USAID guideline</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project progress is reported regularly and completely</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project HQ provides timely and appropriate management support to local staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project HQ provides timely and appropriate technical support to local staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Local project staff are capable of carrying out technical assistance activities with minimal headquarters support

Local partners have been able to carry out activities as expected

The NTP capacity has been improved in a sustainable way

<table>
<thead>
<tr>
<th>Q8</th>
<th>How would you rate the overall managerial quality of the following?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Very Poor</td>
</tr>
<tr>
<td>CTB field staff</td>
<td></td>
</tr>
<tr>
<td>CTB Lead Partner</td>
<td></td>
</tr>
<tr>
<td>CTB PMU</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q9</th>
<th>In your opinion, how well does the project provide on-the-job supervision and mentoring of key project staff in country and limit one-off training?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Very well – strong on-the-job supervision and mentoring of key staff is provided</td>
</tr>
<tr>
<td>b.</td>
<td>Moderate - on-the-job supervision and mentoring of key staff is provided, but is not sufficient to ensure good outcomes for staff capacity</td>
</tr>
<tr>
<td>c.</td>
<td>Weak - on-the-job supervision and mentoring of key staff is not adequate or absent</td>
</tr>
<tr>
<td>d.</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>

Comments: Please comment on the quality of on-the-job supervision and mentoring of key staff, and elaborate on any gaps or challenges. In your opinion, what would be the best way forward to address these gaps and challenges?

<table>
<thead>
<tr>
<th>Q10</th>
<th>Are project-related procurements included in the domestic budget or GF grant? (When necessary, USAID support should be the last resort on a limited basis for a limited duration – with a split responsibility/phasing in-out approach among donors and government). When procurements are done, does the project use USAID-supported pooled procurement resources including the GDF for both medicines and diagnostics like Xpert?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Yes - project-related procurements are included in the domestic budget or GF grant, and if/when procurements are done with USAID support, the duration is limited responsibility is split, and procurement uses USAID-supported pooled procurement resources.</td>
</tr>
<tr>
<td>b.</td>
<td>Somewhat – there is inadequate domestic / GF grant budget for procurement and/or procurement has not always used USAID-supported pooled procurement resources.</td>
</tr>
</tbody>
</table>
c. No – There are very limited domestic / GF grant resources for procurement and / or procurement does not use USAID-supported pooled procurement resources.

d. Not Applicable

e. Don't know

Comment: Please comment on any gaps or challenges in procurement. In your opinion, what should/can the project do to address these gaps?

Q11

What are the greatest challenges you face with managing the CTB program in your country? (choose up to three)

a. Managing the work planning process
b. Budget management
c. Receiving reports and presentations in a timely fashion
d. Technical quality control
e. Managing the relationship with the CTB country team
f. Managing relationships with other CTB partners
g. Managing the relationship with CTB PMU
h. Managing the relationship with the Global Fund
i. Managing the relationship with the NTP
j. Managing the relationship with USAID/Washington
k. Managing relationships with other local stakeholders
l. Other

Please comment:

Q12

In your opinion, in which management areas does the CTB country program excel? (choose two)

a. Human resources – staffing
b. Budgeting and financial management
c. Communications
d. Technical quality control
e. M&E
f. Other

Q13

In which management areas could the CTB project in your country benefit from additional support?

a. Human resources/staff management
b. Budgeting and financial management
c. Communications
d. Technical quality control
e. M&E
f. Other

Comment:

Q14
In your opinion, what changes would make CTB more effective?

Q15
In your opinion, what changes would make the CTB more efficient?

Do you have further thoughts on CTB not captured above?

Thank you for participating!
SURVEY FOR CHALLENGE TB COUNTRY DIRECTORS

USAID’s Bureau for Global Health TB Team has contracted for an external management review of the Challenge TB project (CTB). The contract is through the Global Health Program Cycle Improvement Project (GH Pro). This survey is part of that evaluation.

Participation in this survey is completely voluntary, but important. Your participation will contribute to our ability to provide useful feedback to USAID and the CTB project. We expect the survey to take less than ½ hour. Responses will be kept confidential; individual responses will not be reported with any identifying information or characteristics, and will not be made available beyond the evaluators.

The objective of the evaluation is to assess the effectiveness and efficiency of the project management and to determine if the project is on track to meet its commitments.

Please complete the survey by December 9, 2016. If you have any questions, or are having trouble accessing the survey, please contact Emily Marshall at emarshall@ghpro.com.

Q1
For which Country are you responding? (No individual country responses will be identified. We ask so that we can, if necessary, follow up for clarification).

Q2
For how long have you been the Country Director for CTB?
   a. < 6 months
   b. 6 months to one year
   c. More than one year but less than three
   d. Since the beginning of the project

Q3
For which of the following CTB Partner organizations do you work?
   a. KNCV
   b. American Thoracic Society
   c. FHI 360
   d. Interactive Research and Development
   e. International Union Against Tuberculosis and Lung Disease (The Union)
   f. Japan Anti-Tuberculosis Association (JATA)
   g. Management Sciences for Health (MSH)
   h. Program for Appropriate Technology in Health (PATH)
   i. World Health Organization

Q4
Which other CTB Partners are currently carrying out activities in your country? (select all that apply)
a. KNCV
b. American Thoracic Society
c. FHI 360
d. Interactive Research and Development
e. International Union Against Tuberculosis and Lung Disease (The Union)
f. Japan Anti-Tuberculosis Association (JATA)
g. Management Sciences for Health (MSH)
h. Program for Appropriate Technology in Health (PATH)
i. World Health Organization

Q5

Please indicate which predecessor TB projects have worked or are currently working in your country (indicate all that apply):

a. TB CARE I
b. TB CARE II
c. TB CAP
d. None of the above

Q6

To what extent do you agree with the following statements regarding the design of CTB activities?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Do not agree (please comment below)</th>
<th>Agree somewhat (please comment below)</th>
<th>Strongly agree –</th>
<th>N/A or don’t know –</th>
</tr>
</thead>
<tbody>
<tr>
<td>The process for developing CTB work plans is very different from how they were developed for previous projects</td>
<td></td>
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</tr>
<tr>
<td>The design of activities is based on the most recent data on the epidemic in the country</td>
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</tr>
<tr>
<td>Activities are aligned with WHO or other internationally recommended policies or strategies to combat TB</td>
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</tr>
<tr>
<td>Work plans are developed in consultation with the Mission</td>
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<tr>
<td>Various CTB partners have been involved in the design of activities in the work plan</td>
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<tr>
<td>Work plan activities are designed in consultation with the NPT with a focus on sustainability</td>
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<tr>
<td>Work plan activities are designed to align with the Global Fund activities</td>
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</tr>
<tr>
<td>-</td>
<td>Do not agree (please comment below)</td>
<td>Agree somewhat (please comment below)</td>
<td>Strongly agree –</td>
<td>N/A or don’t know –</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>Local partners are engaged in the design and planning of activities</td>
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<tr>
<td>Activities are planned to include the private sector</td>
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<tr>
<td>Activities are planned with the goal of leveraging domestic resources</td>
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<tr>
<td>Activities focus on key populations</td>
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<tr>
<td>The country plan of activities includes the introduction/use of proven technologies</td>
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<tr>
<td>All activities are designed with sustainability in mind</td>
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<tr>
<td>Budgets are easy to develop because of standardized templates</td>
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</tr>
<tr>
<td>We have the resources we need in the country to develop good work plans</td>
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<tr>
<td>Work plans are useful for monitoring the project progress</td>
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<td></td>
</tr>
<tr>
<td>The process for developing work plans is efficient</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Q7

To what extent do you agree with the following statements regarding project implementation and reporting on CTB activities?

<table>
<thead>
<tr>
<th>-</th>
<th>Do not agree (please comment below)</th>
<th>Agree somewhat (please comment below)</th>
<th>Strongly agree –</th>
<th>N/A or don’t know –</th>
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<tbody>
<tr>
<td>Activities are carried out according to timelines</td>
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<tr>
<td>Budgets are executed as planned</td>
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<tr>
<td>Project procurement activities follow USAID guidelines</td>
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<tr>
<td>Project progress is reported regularly and completely to the PMU</td>
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<tr>
<td>The PMU provides timely and appropriate management support to our office</td>
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<tr>
<td>We receive timely and appropriate technical support</td>
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<td></td>
<td>Do not agree (please comment below)</td>
<td>Agree somewhat (please comment below)</td>
<td>Strongly agree —</td>
<td>N/A or don’t know —</td>
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<tr>
<td>to our country program activities</td>
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<td></td>
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<tr>
<td>The frequency of STTA visits has decreased and/or STTA has become more targeted</td>
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<tr>
<td>There is good collaboration and coordination between the PMU and my HQ representative</td>
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<tr>
<td>I am able to contact the PMU directly when implementation challenges arise</td>
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<tr>
<td>Local project staff are capable of carrying out technical assistance activities with minimal headquarters support</td>
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<tr>
<td>There is good coordination between Core funded activities and country programs.</td>
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<tr>
<td>The NTP is increasingly able to lead activity implementation</td>
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<tr>
<td>Local partners are increasingly able to lead activities on their own</td>
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<tr>
<td>The private sector has been supportive and engaged as planned</td>
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<tr>
<td>There has been a measurable increase in domestic funds available to support implementation compared to last year</td>
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<tr>
<td>CTB activities will lead to sustainable improvements in TB care and prevention in the country</td>
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Q8

In your opinion, does the project provide sufficient on-the-job supervision and mentoring of key project staff in country?

a. Yes – strong on-the-job supervision and mentoring of key staff is provided

b. Somewhat - on-the-job supervision and mentoring of key staff is provided, but is not sufficient to ensure good outcomes for staff capacity

c. No - on-the-job supervision and mentoring of key staff is not adequate or absent

d. Don’t know

Comments: Please comment on the quality of on-the-job supervision and mentoring of key staff, and elaborate on any gaps or challenges. In your opinion, what would be the best way forward to address these gaps and challenges?
Q9

Are project-related procurements included in the domestic budget or GF grant? (When necessary, USAID support should be the last resort on a limited basis for a limited duration – with a split responsibility/phasing in-out approach among donors and government). When procurements are done, does the project use USAID-supported pooled procurement resources including the GDF for both medicines and diagnostics like Xpert?

a. Yes - project-related procurements are included in the domestic budget or GF grant, and if/when procurements are done with USAID support, the duration is limited responsibility is split, and procurement uses USAID-supported pooled procurement resources.

b. Somewhat – there is inadequate domestic / GF grant budget for procurement and/or procurement has not always used USAID-supported pooled procurement resources.

c. No – There are very limited domestic / GF grant resources for procurement and/or procurement does not use USAID-supported pooled procurement resources.

d. Not Applicable

e. Don’t know/Not sure

Comment: Please comment on any gaps or challenges in procurement. In your opinion, what should/can the project do to address these gaps?

Q10

What are the three greatest challenges you face with managing the CTB program in your country? (choose up to three)

a. Managing the work planning process

b. Budget management

c. Providing reports and presentations in a timely fashion

d. Technical quality control

e. Coordinating core with country funded activities

f. Managing local partners

g. Managing the relationship with the USAID Mission

h. Managing relationships with other CTB partners

i. Managing the relationship with CTB PMU

j. Managing the relationship with the Global Fund

k. Managing the relationship with the NTP

l. Managing relationships with other local stakeholders

m. Other

Please comment and if possible, provide examples:

Q11

In your opinion, in which two management areas does the CTB project excel? (choose two)
a. Human resources – staffing  

b. Budgeting and financial management  

c. Communications  

d. Technical quality control  

e. M&E  

f. Other  

Comment:  

Q12  

How do you rate the ease of communications with the following?  

<table>
<thead>
<tr>
<th></th>
<th>Not easy</th>
<th>Somewhat easy</th>
<th>Easy</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your HQ</td>
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<tr>
<td>Project PMU</td>
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<tr>
<td>USAID Mission</td>
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<tr>
<td>Your in-country offices</td>
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Q13  

What are your biggest challenges with respect to communications?  

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<thead>
<tr>
<th></th>
<th>Technological</th>
<th>Availability</th>
<th>Responsiveness</th>
<th>NA</th>
</tr>
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<tbody>
<tr>
<td>Your HQ</td>
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<tr>
<td>Project PMU</td>
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<tr>
<td>USAID Mission</td>
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<tr>
<td>Your in-country offices</td>
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</table>

Q14  

What is your biggest challenge with respect to budget management?  

a. Poorly budgeted activities  

b. Many changes in work plan activities  

c. Unstable local economy  

d. Local partners do not spend as planned  

e. Delayed work plan implementation  

f. Staff turnover/vacancies  

g. Other  

Comment:  

Q15  

How do you rate the CTB project M&E system from your perspective?  

<table>
<thead>
<tr>
<th></th>
<th>Very challenging</th>
<th>Somewhat challenging</th>
<th>Friendly</th>
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<tbody>
<tr>
<td>For work plan development</td>
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</table>
As part of regular reporting
For monitoring activities
For preparing ad hoc reports/addressing requests for information
For sharing with USAID
Usable by all CTB partners

Q16

In which management areas could the CTB project in your country benefit from additional support?

   a. Human resources/staff management
   b. Budgeting and financial management
   c. Communications
   d. Technical quality control
   e. M&E
   f. Other

Comment:

Q17

In your opinion, what changes would make CTB more effective?

Q18

In your opinion, what changes would make the CTB more efficient?

Do you have further thoughts on CTB not captured above?

Thank you for participating!
Thank you for making the time to talk with me today.

The USAID TB Team has asked GH Pro to collect information for a mid-term management review of the Challenge TB Project. The purpose of this review is to help the TB team determine the extent to which the project is on track to meet established goals and targets. The review will identify successes, challenges and barriers to effective and efficient project implementation, and how these are communicated and addressed. The results of the review will be used to formulate recommendations for mid-course corrections if appropriate.

You have been recommended as a key person to inform this activity and we greatly appreciate your perspective, experiences and views as a USAID Mission Activity Manager.

Before we begin, I want to let you know that any information or examples we gather during this interview will not be attributed to any specific person or institution, unless you tell us that you would be willing to have your responses quoted in the report, or otherwise attributed to you. You are also free to not respond to any of our questions or stop the interview at any time.

Our interview will take about one hour.

Do I have your permission to begin?

Before we begin, do you have any questions about this interview?

[ ] Consent provided _________ [Interviewer initials]
Background

1. When and why did the mission seek support from the CTB project? What are the main CTB activities in your country?

Evaluation Question 1: Is the project aligned with the guiding principles outlined in the RFA and CTB cooperative agreement program description and work plans?

2. In your opinion, is the project in your country aligned with the guiding principles outlined in the RFA and CTB cooperative agreement?
   i. Are project activities and implementation based on knowledge of the epidemic?
   ii. Does the project use existing data to determine gaps and areas where further assessment could be done to guide implementation of activities?
   iii. Does the project measure and maximize contributions from domestic resources?
   iv. Supporting Global Fund Implementation and leveraging resources are important guiding principles for CTB. In your opinion, how well is CTB supporting GF implementation? What are the strengths and challenges? How would you recommend CTB address any challenges doing forward?
   v. Does the project make good use of quality long-term TA and targeted STTA?
   vi. How well does the project provide strong on-the-job, supervision and mentoring of key staff and limit one-off training?
   vii. Does the project appropriately fund local partners and increase their technical capacity?
   viii. Do the project strategies incorporate both public and private sector facilities, providers, etc.? Does the project leverage the private sector?
   ix. Does the project pay special attention to key populations such as children, mineworkers, mobile population and prisoners, etc.? Does the project involve communities, patients and providers in the design of interventions? Are all populations included in the roll-out of innovative strategies, diagnostics, etc. like children, PLHIV and other vulnerable populations, where appropriate.
   x. Does the project support introduction/use of proven technologies in all interventions? Does the project build systems to support and sustain uptake of new technologies?
   xi. Does the project design and implement innovative approaches (with M&E/impact measurement component to assess success)?
   xii. Are project activities carried out according to WHO or other internationally-recommended policies/strategies (especially those with strong evidence base)? Is the project rolling-out WHO-endorsed or other appropriate/evidence-based technologies like new rapid diagnostics, new drug regimens, etc.?
   xiii. Are project-related procurements included in the domestic budget or GF grant? (When necessary, USAID support should be the last resort on a limited basis for a limited duration – with a split responsibility/phasing in-out approach among donors and government). When procurements are done, does the project use USAID-supported pooled procurement resources including the GDF for both drugs and diagnostics like Xpert?
xiv. Does the project focus on sustainability and capacity building?

xv. In your opinion, which of the CTB guiding principles are most relevant to your country context?

3. In your opinion, are the CTB guiding principles properly reflected in the project workplan? If not, what are the gaps and why do these gaps exist?

4. Would you say that the mission’s expectations have been met so far? Can you give some specific examples? What would you like to see the project focus on and accomplish in the remaining project time?

Evaluation Question 2: Does the structure enable the project to communicate and coordinate activities at all levels of the project and with all partners? For example, when problems arise at the country level, is the PMU and partner HQ response effective and implemented according to CTB policies? Is CTB alerting USAID to problems early so they can help to resolve them before it becomes a crisis?

1. Please describe your role in the project communication structure. From whom do you receive reports about project activities and progress?

2. Please describe the nature and intensity of your communications on the project, including communications with the in-country CTB partners and implementers, CTB partner HQ offices, the PMU, the NTP, the Global Fund, USAID Washington, etc.

3. If/when there are implementation challenges, how do you become aware of them? In your experience, do you feel you have been made aware of project challenges in a timely manner? When you become aware of project implementation challenges, to whom do you communicate these challenges?

4. Please assess the effectiveness of the response when problems arise at country level? In your opinion, is support provided in an effective and timely manner? And who provides the support?

5. Can you please provide any recommendations on ways to improve communications within the project and maximize support for the project at country level?

Evaluation Question 3: Is the project working in an efficient manner? Are there the appropriate cost controls within the project? Are the additional coalition costs adding value?

1. An important principle for the CTB program is to be efficient and implement cost controls. For example, the project aimed to co-locate offices with an existing in-country partner office and to limit the hiring of ex-pats. Do you perceive that the project is working efficiently? Can you point to some specific examples?

2. Do you see any missed opportunities for the project to be more efficient?

3. CTB workplans include activity-based budgets. In your opinion, having workplans with this level of budgeting useful? Do you perceive that the project is developing realistic budgets and actually tracking these budgets?

4. Has the field office ever run short of needed funds because they had not budgeted properly or because they did not anticipate some costs?

5. Has the project ever ended up with funds left over because they had over budgeted for an activity? What happens to the remaining funds?
Evaluation Question 4: How has the project implemented quality control activities to ensure technical soundness of assistance and deliverables?

1. Ensuring the quality of technical assistance and documents is an important principle of CTB. What is your impression of the technical quality of CTB technical assistance? Can you provide examples? How about with the quality of technical documents you receive from CTB? Can you provide examples?

2. If you have had concerns in the past, did you raise these concerns with the Country Director or with the partner representative? If yes, did you see any follow-up action and have you observed improvements?

3. Do you think that CTB HQ is investing sufficiently in local staff to improve their capacity to provide quality, state of the art assistance and to generate quality documents?

4. Do you have any recommendations for CTB with regard to technical quality control (may be to not to change anything!). Are there any missed opportunities?

Evaluation Question 5: With respect to the project’s ability to respond to emerging and expanding technical priorities, list the strengths and areas for improvement of the current recruitment, on-boarding, and continuing staff development processes. In particular, how is the project building the capacity of country level staff to work more independently?

1. What do you perceive as the greatest challenges, if any, that the project has with respect to the recruitment of qualified technical staff at the international level? Are these challenges the same for recruiting local staff? Please explain.

2. How about staffing stability? Do you see that the project has challenges with retaining staff?

3. Do you think that the project is investing sufficiently in their staff so that they can work more independently from their HQ? Can you provide any examples?

Evaluation Question 6: To what extent is the M&E Plan being implemented in an efficient and cost-effective way?

1. In your opinion, is the M&E Plan being implemented in an efficient and cost-effective way?

2. Can you suggest ways in which M&E Plan implementation could be improved?

This covers the questions that we have prepared for our interview. We would like to ask you if there is a question that you would have liked us to ask you but we didn’t. Do you have any?

Is there anything else you would like to add to what has already been discussed?

Thank you very much for your time. Your participation in the review is extremely important and we value the information you have provided us. Etc.
Thank you for making the time to talk with me today.

The USAID TB Team has asked GH Pro to collect information for a mid-term management review of the Challenge TB Project. The purpose of this review is to help the TB team determine the extent to which the project is on track to meet established goals and targets. The review will identify successes, challenges and barriers to effective and efficient project implementation, and how these are communicated and addressed. The results of the review will be used to formulate recommendations for mid-course corrections if appropriate.

You have been recommended as a key person to inform this activity and we greatly appreciate your perspective, experiences and views as a CTB Partner Project Director.

Before we begin, I want to let you know that any information or examples we gather during this interview will not be attributed to any specific person or institution, unless you tell us that you would be willing to have your responses quoted in the report, or otherwise attributed to you. You are also free to not respond to any of our questions or stop the interview at any time.

Our interview will take about one hour.

Do I have your permission to begin?

Before we begin, do you have any questions about this interview?

[ ] Consent provided [Interviewer initials]
Background

What are the main CTB activities you are responsible for?

Evaluation Question 1: Is the project aligned with the guiding principles outlined in the RFA and CTB cooperative agreement program description and work plans?

1. Please describe the ways in which you ensure that the project is aligned with the guiding principles outlined in the RFA and CTB cooperative agreement.

   i) How are project activities and implementation based on knowledge of the epidemic?

   ii) How does the project use existing data to determine gaps and areas where further assessment could be done to guide implementation of activities?

   iii) How has the project worked to measure and maximize contributions from domestic resources?

   iv) How well is CTB supporting GF implementation? What are the strengths and challenges? How would you recommend CTB address any challenges doing forward?

   v) How does the project use long-term TA and targeted STTA?

   vi) How does the project provide strong on-the-job, supervision and mentoring of key staff and limit one-off training?

   vii) How many local partners are supported by the project? How is this support used to increase their technical capacity?

   viii) Are you working with private sector facilities, providers, etc.? How does the project leverage the private sector?

   ix) Does your program work with key populations such as children, mineworkers, mobile population and prisoners, etc.? Does the project involve communities, patients and providers in the design of interventions? Are all populations included in the roll-out of innovative strategies, diagnostics, etc. like children, PLHIV and other vulnerable populations, where appropriate? Please explain.

   x) How/in what ways is your country program supporting introduction/use of proven technologies in all interventions? How does the project build systems to support and sustain uptake of new technologies?

   xi) Is the country program engaged in any core funded activities that are looking at new, innovative approaches (with M&E/impact measurement component to assess success)?

   xii) Are project activities carried out according to WHO or other internationally-recommended policies/strategies (especially those with strong evidence base)? Is the project rolling-out WHO-endorsed or other appropriate/evidence-based technologies like new rapid diagnostics, new drug regimens, etc.? Please explain.

   xiii) To what extent does the country program seek to ensure that costs for project-related procurements such as for equipment or for carrying out monitoring activities, are included in the domestic (national) budget or GF grant? (When necessary, USAID support should be the last resort on a limited basis for a limited duration – with a split responsibility/phasing in-out approach among donors and government). When procurements are done, does the project use USAID-
supported pooled procurement resources including the GDF for both drugs and diagnostics like Xpert?

xiv) What has the project done to support sustainability and build capacity? (Project funds not used to support government salaries).

xv) In your opinion, which of the CTB guiding principles are most relevant to your country context?

2. Please explain how the CTB guiding principles are reflected in the workplan? What are the gaps and why do these gaps exist? How would you recommend addressing these gaps?

Evaluation Question 2: Does the structure enable the project to communicate and coordinate activities at all levels of the project and with all partners? For example, when problems arise at the country level, is the PMU and partner HQ response effective and implemented according to CTB policies? Is CTB alerting USAID to problems early so they can help to resolve them before it becomes a crisis?

1. Please describe your role in the project communication structure. To whom do you send reports about project activities and progress? From whom do you receive reports?

2. Please describe the nature and intensity of your communications on the project, including communications with any other in-country CTB partners and implementers, CTB partner HQ offices, the PMU, the NTP, the Global Fund, USAID Washington, etc.?

3. If/when there are implementation challenges, how do you become aware of them? What steps do you take after you have become aware of a challenge? When you become aware of project implementation challenges, to whom do you communicate these challenges?

4. Please describe the steps you take to mobilize a response when challenges arise? Please assess the effectiveness of the response when problems arise at country level? In your opinion, is support provided in an effective and timely manner? And who provides the support?

5. Can you please provide any recommendations on ways to improve communications within the project and maximize support for the project at country level?

Evaluation Question 3: Is the project working in an efficient manner? Are there the appropriate cost controls within the project? Are the additional coalition costs adding value?

1. Lead partners have considerable autonomy for the approval of expenditures, provided the expenditures are within the bounds of the approved work plans. Presumably, this allows the field to be more agile with respect to spending. How well does this work for you? Does this allow the country program to be more agile with respect to spending? Can you give an example?

2. How do you deal with spending outside of the bounds of the work plan? Does this ever happen?

3. According to the Award document, the project was to maintain a buffer fund to carry the project over for emergencies or, for example, when expected funding is delayed. How do you get access to the funds? Have you ever had to dip into this fund? How many times?
Why? What kind of emergencies/situations have required dipping into this fund? Can you give some examples?

4. Partners/programs make monthly requests for funding from the PMU. Who prepares the request? What information is required for that request? How long does it take for a fund request to be fulfilled (lead time)?

5. We understand that each CTB partner is responsible for hiring their own project staff, including country staff. In addition, there is a mandate to hire local staff over expats to the extent possible. Can you tell us about the staff recruitment process for your country? How is it being managed? Do you have any particular challenges with hiring local staff? For example, do you think it takes too long? If so, why?

6. As a cost savings measure, CTB partners are expected to co-locate country offices within those that the partners may already have, whenever possible. Is this the situation for you? How has it been working out? What are the benefits/difficulties with this kind of arrangement?

Evaluation Question 4: How has the project implemented quality control activities to ensure technical soundness of assistance and deliverables?

1. Currently, the responsibility for this quality control of assistance and documents lies with the PMU. What is your experience working with the technical quality control team with respect to documentation reviews? For example, are they able to turn around documents in a timely manner? Are they able to provide reviews for all the documents you need reviewed? How about for technical assistance?

2. Are you facing any particular challenges with technical quality control for your country programs? Please describe. How about for the core activities? Do you have any suggestions for how to resolve them?

3. How would you rate the capacity of your program staff and consultants (country and core) to generate quality documents? Do you have any suggestions for developing that capacity?

4. Do you feel that local staff have the opportunity to improve their technical capacity and work more independently? Do you think that this should be a high priority? Do you have any suggestions for how to do this?

5. Are you familiar with the quality framework? How is it being used? Do you have any thoughts about it?

Evaluation Question 5: With respect to the project’s ability to respond to emerging and expanding technical priorities, list the strengths and areas for improvement of the current recruitment, on-boarding, and continuing staff development processes. In particular, how is the project building the capacity of country level staff to work more independently?

1. What are your greatest challenges with respect to the recruitment of qualified technical staff or consultants at the international level? Are these challenges the same for recruiting local staff? Please explain.

2. Can you describe your on-boarding process for new staff (local and elsewhere)? What are your primary concerns with respect to on-boarding, if any?

3. How about staffing stability? Do you have any challenges with retaining staff?
4. To what extent does the project support staff development? What kinds of options do you offer? Do staff take advantage of these? Why/why not?

**Evaluation Question 6: To what extent is the M&E Plan being implemented in an efficient and cost-effective way?**

1. In your opinion, is the M&E Plan being implemented in an efficient and cost-effective way?
2. Can you suggest ways in which M&E Plan implementation could be improved?

This covers the questions that we have prepared for our interview. We would like to ask you if there is a question that you would have liked us to ask you but we didn’t. Do you have any?

Is there anything else you would like to add to what has already been discussed?

Thank you very much for your time. Your participation in the review is extremely important and we value the information you have provided us. Etc.
Thank you for making the time to talk with me today.

The USAID TB Team has asked GH Pro to collect information for a mid-term management review of the Challenge TB Project. The purpose of this review is to help the TB team determine the extent to which the project is on track to meet established goals and targets. The review will identify successes, challenges and barriers to effective and efficient project implementation, and how these are communicated and addressed. The results of the review will be used to formulate recommendations for mid-course corrections if appropriate.

You have been recommended as a key person to inform this activity and we greatly appreciate your perspective, experiences and views as the key counterpart of the CTB project in the country.

Before we begin, I want to let you know that any information or examples we gather during this interview will not be attributed to any specific person or institution, unless you tell us that you would be willing to have your responses quoted in the report, or otherwise attributed to you. You are also free to not respond to any of our questions or stop the interview at any time.

Our interview will take about one hour.

Do I have your permission to begin?

Before we begin, do you have any questions about this interview?

[ ] Consent provided __________ [Interviewer initials]
Background

1. What are the main CTB activities in your country? Please describe your work with the CTB project.

Evaluation Question 2: Does the structure enable the project to communicate and coordinate activities at all levels of the project and with all partners? For example, when problems arise at the country level, is the PMU and partner HQ response effective and implemented according to CTB policies? Is CTB alerting USAID to problems early so they can help to resolve them before it becomes a crisis?

2. Please describe your communications with CTB. In your opinion, do you receive adequate information about project activities? How do you communicate with the project – meetings, in-person communications, electronic communications? With whom do you meet?

3. Please assess the effectiveness of the response when project implementation problems arise at country level? In your opinion, is support provided in an effective and timely manner? And who provides the support?

4. Can you please provide any recommendations on ways to improve communications within the project and maximize support for the project at country level?

Evaluation Question 4: How has the project implemented quality control activities to ensure technical soundness of assistance and of deliverables?

1. How would you rate the quality of the technical assistance you receive from CTB staff? Do you feel that it is high quality? Can you give some examples of why you think it is good/poor?

2. Are there areas where you would like to see improvements in the quality of the support that the CTB program offers? What are they?

This covers the questions that we have prepared for our interview. We would like to ask you if there is a question that you would have liked us to ask you but we didn’t. Do you have any?

Is there anything else you would like to add to what has already been discussed?

Thank you very much for your time. Your participation in the review is extremely important and we value the information you have provided us. Etc.
Thank you for making the time to talk with me today.

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You have been recommended as a key person to inform this activity and we greatly appreciate your perspective, experiences and views as the CTB PMU.

Before we begin, I want to let you know that any information or examples we gather during this interview will not be attributed to any specific person or institution, unless you tell us that you would be willing to have your responses quoted in the report, or otherwise attributed to you. You are also free to not respond to any of our questions or stop the interview at any time.

Our interview will take about one hour.

Do I have your permission to begin?

Before we begin, do you have any questions about this interview?

[ ] Consent provided [Interviewer initials]
Evaluation Question 1: Is the project aligned with the guiding principles outlined in the RFA and CTB cooperative agreement program description and work plans?

1. Please describe the ways in which you have ensured that the project is aligned with the guiding principles outlined in the RFA and CTB cooperative agreement.
   
   i) How are project activities and implementation based on knowledge of the epidemic?

   ii) How does the project use existing data to determine gaps and areas where further assessment could be done to guide implementation of activities?

   iii) How has the project worked to measure and maximize contributions from domestic resources?

   iv) How well is CTB supporting GF implementation? What are the strengths and challenges? How would you recommend CTB address any challenges doing forward?

   v) How does the project use long-term TA and targeted STTA?

   vi) How does the project provide strong on-the-job, supervision and mentoring of key staff and limit one-off training?

   vii) Does the project fund local partners and increase their technical capacity?

   viii) Do the project strategies incorporate both public and private sector facilities, providers, etc.? How does the project leverage the private sector?

   ix) Does the project pay special attention to key populations such as children, mineworkers, mobile population and prisoners, etc.? Does the project involve communities, patients and providers in the design of interventions? Are all populations included in the roll-out of innovative strategies, diagnostics, etc. like children, PLHIV and other vulnerable populations, where appropriate? Please explain.

   x) How does the project support introduction/use of proven technologies in all interventions? How does the project build systems to support and sustain uptake of new technologies?

   xi) How does the project design and implement innovative approaches (with M&E/impact measurement component to assess success)?

   xii) Are project activities carried out according to WHO or other internationally-recommended policies/strategies (especially those with strong evidence base)? Is the project rolling-out WHO-endorsed or other appropriate/evidence-based technologies like new rapid diagnostics, new drug regimens, etc.? Please explain.

   xiii) Are project-related procurements included in the domestic budget or GF grant? (When necessary, USAID support should be the last resort on a limited basis for a limited duration – with a split responsibility/phasing in-out approach among donors and government). When procurements are done, does the project use USAID-supported pooled procurement resources including the GDF for both drugs and diagnostics like Xpert?

   xiv) What has the project done to support sustainability and build capacity? (Project funds not used to support government salaries).
xv) In your opinion, which of the CTB guiding principles are most relevant to your country context?

2. Please explain how the CTB guiding principles are reflected in the workplan? What are the gaps and why do these gaps exist? How would you recommend addressing these gaps?

**Evaluation Question 2: Does the structure enable the project to communicate and coordinate activities at all levels of the project and with all partners? For example, when problems arise at the country level, is the PMU and partner HQ response effective and implemented according to CTB policies? Is CTB alerting USAID to problems early so they can help to resolve them before it becomes a crisis?**

1. Please describe your role in the project communication structure. To whom do you send reports about project activities and progress? From whom do you receive reports?

2. Please describe the nature and intensity of your communications on the project, including communications with in-country CTB partners and implementers, CTB partner HQ offices, the NTP, the Global Fund, USAID Washington, etc.?

3. What is the process by which you are informed of implementation challenges? If/when there are implementation challenges, how do you become aware of them? What steps do you take after you have become aware of a challenge? When you become aware of project implementation challenges, to whom do you communicate these challenges?

4. Please assess the effectiveness of the response when problems arise at country level? In your opinion, is support provided in an effective and timely manner? And who provides the support?

5. Can you please provide any recommendations on ways to improve communications within the project and maximize support for the project at country level?

**Evaluation Question 3: Is the project working in an efficient manner? Are there the appropriate cost controls within the project? Are the additional coalition costs adding value? (PMU and KNCV project officers)**

1. In the Award document, it is stated that the project will see to control costs by standardizing costs? How are costs standardized? Has standardizing the costs been helpful in controlling costs? How do you know?

2. According to the Award document, Coalition partners must report expected expenditures and cost savings, as well as ideas for reallocation of cost savings to the PMU. The award also states that reported cost savings will be reallocated to a general fund to be used for priority projects, as approved by USAID. Can you tell us more about that? How has that been working?

3. Also, according to the Award document, the PMU is supposed to monitor international procurements from workplanning through implementation while the partners actually conduct the procurement. This arrangement was described as important for cost and quality control, and adherence to regulations. Can you tell us how that has been going? Have you encountered any difficulties with this?

4. How does the Finance Team identify and address issues of under- or overspending? Is the field involved in preparing quarterly financial reports, reporting expenditures and accruals?
5. Lead partners have considerable autonomy for the approval of expenditures, provided the expenditures are within the bounds of the approved work plans? Presumably this allows the field to be more agile with respect to spending. How has this been working?

6. According to the Award document, the project maintains a buffer fund to carry the project over for emergencies or, for example, when expected funding is delayed. Have you ever had to dip into this fund? How many times? Why? What kind of emergencies/situations have required dipping into this fund? Can you give an example?

7. Partners/programs make monthly requests for funding. Does this mean that they can make only one request per month? How long does it take for a fund request to be fulfilled (lead time)?

8. We understand that each partner is responsible for hiring their own project staff, including country staff. How does the PMU keep track of how many local versus expats are hired for your programs? Are there countries where partners, including KNCV, seem to be particularly challenged in recruiting quality local staff in a timely fashion? Do you know how long, on average, it takes to fill a vacancy for a technical staff person? Do you perceive that some partners are able to recruit faster than others?

9. In the Award document, it states that CTB will attempt to limit the number of partners in a country as a cost control measure. How do you do this? How successful have you been with this, given the complexity of some interventions that support broad system strengthening goals, for example?

10. Originally, CTB intended to co-locate with partner offices in countries. How has it been working to co-locate in general? What kind of challenges do you anticipate in the future? For example, some of the country office may be closing because the projects that partners were managing in those countries are coming to an end.

Evaluation Question 4: How has the project implemented quality control activities to ensure technical soundness of assistance and deliverables? (Jeroen and team)

1. According to the Award document, CTB was going to employ a Quality and Innovations Advisor at the PMU, to be responsible for the dissemination of new knowledge and for ensuring successful approaches. This person is also responsible for monitoring the quality of TA by reviewing technical reports and soliciting regular feedback from clients and beneficiaries. From the Roles and Responsibilities Matrix (November 2016) these responsibilities fall under the Senior TB Coordinator (Jeroen) with two Senior TB Technical Officers (one is a vacant position). Each Officer and the Coordinator is responsible for three technical areas. Is this correct?

2. How has this approach to technical quality control been working? For example, CTB now has a fairly large and complex portfolio of country and core activities and the volume of work must be growing. Have you had to expand the team to be able to manage the volume of reviews, etc.? Do you see that you may need to further expand the team in the future?

3. What are your greatest challenges with respect to technical quality assurance for assistance? For documents?

4. Has the team been developing the capacity of local staff to provide technical quality control for assistance and documents? Is this an intention? What challenges, if any, do you have with doing this?
5. Has the Quality Framework for Challenge TB been developed for the various intended user groups (e.g., USAID/Washington, USAID Missions, Patients, Providers)? Can you tell us about how it has been implemented? Has it been as useful as hoped? Why/why not?

6. According to the award document, CTB was to convene six technical working groups (TWGs) to maintain and foster technical expertise in their specific technical areas, generate ideas for solving issues related to their areas, and develop five-year strategic intervention packages. How has CTB been able to ensure that the work from these groups does get incorporated into CTB workplans (core and country)? Are there any challenges in this regard? Can you provide some examples?

7. The Award document also mentions the intent to form a think tank of renowned experts to discuss high-level issues in TB control. What can you tell about this group?

Evaluation Question 5: With respect to the project’s ability to respond to emerging and expanding technical priorities, list the strengths and areas for improvement of the current recruitment, on-boarding, and continuing staff development processes. In particular, how is the project building the capacity of country level staff to work more independently?

   1. What are your greatest challenges with respect to the recruitment of qualified technical staff at the international level? Are these challenges the same for recruiting local staff? Please explain.
   2. Can you describe your on-boarding process for new staff (local and elsewhere)? What are your primary concerns with respect to on-boarding, if any?
   3. How about staffing stability? Do you have any challenges with retaining staff?
   4. To what extent does the project support staff development? What kinds of options do you offer? Do staff take advantage of these? Why/why not?

Evaluation Question 6: To what extent is the M&E Plan being implemented in an efficient and cost-effective way?

   1. In your opinion, how well is the M&E Plan being implemented? Are you getting the results you expected in terms of implementation (not project results per se)?
   2. Can you suggest ways in which M&E Plan implementation could be improved?

This covers the questions that we have prepared for our interview. We would like to ask you if there is a question that you would have liked us to ask you but we didn’t. Do you have any?

Is there anything else you would like to add to what has already been discussed?

Thank you very much for your time. Your participation in the review is extremely important and we value the information you have provided us. Etc.
Thank you for making the time to talk with me today.

The USAID TB Team has asked GH Pro to collect information for a mid-term management review of the Challenge TB Project. The purpose of this review is to help the TB team determine the extent to which the project is on track to meet established goals and targets. The review will identify successes, challenges and barriers to effective and efficient project implementation, and how these are communicated and addressed. The results of the review will be used to formulate recommendations for mid-course corrections if appropriate.

You have been recommended as a key person to inform this activity and we greatly appreciate your perspective, experiences and views as a CTB Country/Regional Director.

Before we begin, I want to let you know that any information or examples we gather during this interview will not be attributed to any specific person or institution, unless you tell us that you would be willing to have your responses quoted in the report, or otherwise attributed to you. You are also free to not respond to any of our questions or stop the interview at any time.

Our interview will take about one hour.

Do I have your permission to begin?

Before we begin, do you have any questions about this interview?

[ ] Consent provided [Interviewer initials]
Background

When did the mission seek support from the CTB project? What are the main CTB activities in your country?

Evaluation Question 1: Is the project aligned with the guiding principles outlined in the RFA and CTB cooperative agreement program description and work plans?

1. Are you aware of the various principles that are intended to guide the project activities, from work plan development to implementation? When you were appointed to be Country Director, how thoroughly were you briefed on them? Are other staff also briefed on these when they join the project?

2. Please describe the ways in which the project is aligned with the guiding principles outlined in the RFA and CTB cooperative agreement.
   i) How are project activities and implementation based on knowledge of the epidemic?
   ii) How does the project use existing data to determine gaps and areas where further assessment could be done to guide implementation of activities?
   iii) How has the project worked to measure and maximize contributions from domestic resources?
   iv) How well is CTB supporting GF implementation? What are the strengths and challenges? How would you recommend CTB address any challenges doing forward?
   v) How does the project use long-term TA and targeted STTA?
   vi) How does the project provide strong on-the-job, supervision and mentoring of key staff and limit one-off training?
   vii) How many local partners are supported by the project? How is this support used to increase their technical capacity?
   viii) Are you working with private sector facilities, providers, etc.? How does the project leverage the private sector?
   ix) Does your program work with key populations such as children, mineworkers, mobile population and prisoners, etc.? Does the project involve communities, patients and providers in the design of interventions? Are all populations included in the roll-out of innovative strategies, diagnostics, etc. like children, PLHIV and other vulnerable populations, where appropriate? Please explain.
   x) How/in what ways is your country program supporting introduction/use of proven technologies in all interventions? How does the project build systems to support and sustain uptake of new technologies?
   xi) Is the country program engaged in any core funded activities that are looking at new, innovative approaches (with M&E/impact measurement component to assess success)?
   xii) Are project activities carried out according to WHO or other internationally-recommended policies/strategies (especially those with strong evidence base)? Is the project rolling-out WHO-endorsed or other appropriate/evidence-based technologies like new rapid diagnostics, new drug regimens, etc.? Please explain.
   xiii) To what extent does the country program seek to ensure that costs for project-related procurements such as for equipment or for carrying out monitoring
activities, are included in the domestic (national) budget or GF grant? (When necessary, USAID support should be the last resort on a limited basis for a limited duration – with a split responsibility/phasing in-out approach among donors and government). When procurements are done, does the project use USAID-supported pooled procurement resources including the GDF for both drugs and diagnostics like Xpert?

xiv) What has the project done to support sustainability and build capacity? (Project funds not used to support government salaries).

xv) In your opinion, which of the CTB guiding principles are most relevant to your country context?

3. Please explain how the CTB guiding principles are reflected in the workplan? What are the gaps and why do these gaps exist? How would you recommend addressing these gaps?

Evaluation Question 2: Does the structure enable the project to communicate and coordinate activities at all levels of the project and with all partners? For example, when problems arise at the country level, is the PMU and partner HQ response effective and implemented according to CTB policies? Is CTB alerting USAID to problems early so they can help to resolve them before it becomes a crisis?

1. Please describe your role in the project communication structure. To whom do you send reports about project activities and progress? From whom do you receive reports?

2. Please describe the nature and intensity of your communications on the project, including communications with in-country or out-country CTB partners, in-country implementers, CTB partner HQ offices, the PMU, the NTP, the Global Fund, USAID Washington, etc.?

3. What is the process by which you are informed of implementation challenges? If/when there are implementation challenges, how do you become aware of them? What steps do you take after you have become aware of a challenge? When you become aware of project implementation challenges, to whom do you communicate these challenges?

4. Please assess the effectiveness of the response when problems arise at country level? In your opinion, is support provided in an effective and timely manner? And who provides the support?

5. Can you please provide any recommendations on ways to improve communications within the project and maximize support for the project at country level?

Evaluation Question 3: Is the project working in an efficient manner? Are there the appropriate cost controls within the project? Are the additional coalition costs adding value?

1. Lead partners have considerable autonomy for the approval of expenditures, provided the expenditures are within the bounds of the approved work plans. Presumably, this allows the field to be more agile with respect to spending. How much autonomy do you have at the country level? How well does this work for you? Can you give an example?

2. How about spending outside of the workplan? Does this ever happen? How do you deal with that situation?

3. According to the Award document, the project was to maintain a buffer fund to carry the project over for emergencies or, for example, when expected funding is delayed. How do you get access to the funds? Have you ever had to dip into this fund? How many times?
Why? What kind of emergencies/situations have required dipping into this fund? Can you give some examples?

4. Partners/programs make monthly requests for funding from the PMU. Who prepares the request? What information is required for that request? How long does it take for a fund request to be fulfilled (lead time)?

5. We understand that each CTB partner is responsible for hiring their own project staff, including country staff. In addition, there is a mandate to hire local staff over expats to the extent possible. Can you tell us about the staff recruitment process for your country? How is it being managed? Do you have any particular challenges with hiring local staff? For example, do you think it takes too long? If so, why?

6. As a cost savings measure, CTB partners are expected to co-locate country offices within those that the partners may already have, whenever possible. Is this the situation for you? How has it been working out? What are the benefits/difficulties with this kind of arrangement?

Evaluation Question 4: How has the project implemented quality control activities to ensure technical soundness of assistance and deliverables?

1. Ensuring the quality of technical assistance is an important principle for CTB. This includes assistance provided by international experts as well as local experts. How is the quality of technical assistance assured at the country level? Who monitors this? How about technical documents?

2. There is a team within the PMU HQ that is responsible for technical quality control. Does your program interact directly with this team for things like report reviews? How does that work? Do you get feedback in a timely fashion?

3. Is there someone at the country program level that focuses on making sure that documents are not only technically sound and reflect the most up-to-date knowledge but that they are well written?

4. Have your local staff received training on any aspects of quality control of deliverables or for any technical activity? What aspects do you feel would be most useful for your program staff to receive training on? Please detail.

Evaluation Question 5: With respect to the project’s ability to respond to emerging and expanding technical priorities, list the strengths and areas for improvement of the current recruitment, on-boarding, and continuing staff development processes. In particular, how is the project building the capacity of country level staff to work more independently?

1. What are your greatest challenges with respect to the recruitment of qualified technical staff at the international level? Are these challenges the same for recruiting local staff? Please explain.

2. Can you describe your on-boarding process for new staff (local and elsewhere)? What are your primary concerns with respect to on-boarding, if any?

3. How about staffing stability? Do you have any challenges with retaining staff?

4. To what extent does the project support staff development? What kinds of options do you offer? Do staff take advantage of these? Why/why not?
Evaluation Question 6: To what extent is the M&E Plan being implemented in an efficient and cost-effective way?

1. In your opinion, is the M&E Plan being implemented in an efficient and cost-effective way?
2. Can you suggest ways in which M&E Plan implementation could be improved?

This covers the questions that we have prepared for our interview. We would like to ask you if there is a question that you would have liked us to ask you but we didn’t. Do you have any?

Is there anything else you would like to add to what has already been discussed?

Thank you very much for your time. Your participation in the review is extremely important and we value the information you have provided us. Etc.
ANNEX VI: DISCLOSURE OF ANY CONFLICTS OF INTEREST

GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT PROJECT

USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

USAID Non-Disclosure and Conflicts Agreement- Global Health Program Cycle Improvement Project
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.

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:

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.

2. Before disclosing Sensitive Data, I must determine the recipient’s "need to know" or "need to access" Sensitive Data for USAID purposes.

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.

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.

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.

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 of USAID.

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).

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
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.

_____________________________  11/03/2016
Signature                             Date

Name   Katya Burns                        Title  consultant
GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT
PROJECT

USAID NON-DISCLOSURE AND CONFLICTS AGREEMENT

USAID Non-Disclosure and Conflicts Agreement- Global Health Program Cycle Improvement Project

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.

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2. Before disclosing Sensitive Data, I must determine the recipient’s "need to know" or "need to access" Sensitive Data for USAID purposes.

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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.

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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
GLOBAL HEALTH PROGRAM CYCLE IMPROVEMENT
PROJECT

Sensitive Data; or (e) 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 9/9/2016

[Name] MIRALLES

Title
ANNEX VII – SAMPLE MANAGEMENT TOOLS

Examples of Key Performance Indicators (KPIs) for Project Management

Below is a non-exhaustive, illustrative list of metrics that may be considered by country program managers or the PMU to review regularly on a dashboard. Some metrics are already being used by the PMU finance team. KPIs should be developed in conjunction with all managers that are expected to use them.

Examples of Performance Metrics for Individual Portfolios

- Number of open activity codes versus closed codes
- Number of key milestones completed/Number of key milestones missed
- Actual expenditure versus planned budget, or % budget expended, by budget category
- Average burn rate
- Number of workplan modifications needed
- Number of vacancies of key staff/length of time of vacancies
- Number of subawards (excluding service agreements); % of subaward executed

Examples of Performance Metrics for the PMU

- Obligations versus expenditure
- Actual expenditure versus planned budget, or % budget expended
- Average burn rates
- Number/% of fully executed activities/workplans
- Number of workplan modifications needed due to over or under budgeting
- Number/% of key milestones achieved
- Number of portfolios with vacancies of key staff/length of time of vacancies
- Number of subawards (excluding service agreements); % of subaward executed

Examples of Compliance Metrics for PMU

- TA and document conformance with requirements
- Timeliness of project reporting information (financial reporting, activity reports, etc.)
- Extent of changes to the management cost baseline
• Number of workarounds required (e.g., number of modifications to Operations Manual)

• Number of project management problems that require PMU vs partner intervention vs USAID intervention
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<td>Support for the introduction of bedaquiline (BDQ) in CTB countries</td>
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<td>Development of methods to measure TB stigma at the community level, in patients and health care workers</td>
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<td>Sponsorship of the UN Special envoy for TB to promote support for the dissemination and implementation of the global End TB Strategy and its targets for TB prevention, care, and control</td>
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<td>Development of tools and obtaining baseline measures to assess the catastrophic costs of TB to countries</td>
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<td>Evaluation of the effectiveness of a new regimen of three months of high dose rifapentine and isoniazid administered as a once-weekly dose for 12 weeks versus a regular six-month Intermittent Preventive Treatment (IPT) course, and the effectiveness of one course of the new regimen to a pulsed annual repeat course of the new regimen</td>
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<td>Support to CTB countries as a hub for information and guidance on Global Fund to Fight Aids, Tuberculosis and Malaria (GF) activities and to help remove country-level bottlenecks</td>
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