

# **Implementation Arrangements Mapping Instructions**

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# Introduction

The Global Fund to Fight AIDS, Tuberculosis and Malaria provides grants to support national disease programs. It is therefore expected that grants will, once approved, leverage key entities who contribute to the national disease response, including the community-based (CBO) and community-led organizations (CLO).

Funding requests to the Global Fund include an Implementation Arrangements Map<sup>1</sup> to provide the Global Fund and in-country stakeholders with a clear understanding of how the proposed grant will be managed and implemented. The proposed implementation arrangements build on the grant design to ensure the achievement of grant targets and impact, and contribute towards implementation readiness. The map depicts the implementation structure and highlights any gaps and redundancies that will need to be addressed.

The Implementation Arrangement Map outlines the role of each implementer (Principal Recipient, Sub-recipient, and Sub-sub-recipients) and supplier expected to receive Global Fund grant funds and/or handle services or goods procured with grant funds over the grants' life cycle. The map also explains the relationship among these entities and with the national health sector structures at central and decentralized levels, relevant CLOs and CBOs, and beneficiaries. Finally, the map shows health products, funds, and data flows among these various entities.

## 1. What is implementation arrangements mapping?

In the context of Global Fund grants, an Implementation Arrangement Map is the visual depiction of the implementation structure of one or more grants and the associated national disease program(s). The map includes:

- a. All entities receiving the Global Fund's grant funds and/or playing a role in program implementation;
- b. Each entity's role in the grant or the program implementation;
- c. The flow of funds, health products<sup>2</sup> and information;
- d. The beneficiaries of the grant/program activities;
- e. The relations with the national health sector structures at central and decentralized levels, including the Ministry of Health, national program, and regional and district level entities including CBOs and CLOs.

A best practice map is detailed in Figure 2 (section 4.8).

## 2. How do Implementation Arrangements Maps contribute to the quality of funding requests and grants?

Implementation Arrangements Maps ensure that implementation arrangements are structured to be effective and impactful. They facilitate the funding request and grant review / approval processes and support a Principal Recipient (PR) in ensuring implementation readiness.

They are used by the Country Coordinating Mechanisms (CCM) (or other applicants), implementers, the Global Fund, and other stakeholders to:

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<sup>1</sup> Except for new Principal Recipients, where the Implementation Arrangements Map can be submitted at the time of grant-making.

<sup>2</sup> As defined in the [Guide to Global Fund Policies on Procurement and Supply Management of Health Products](#)

- a. Maintain a comprehensive understanding of the implementation structure of one or more grants from a programmatic, financial and procurement point of view;
- b. Optimize implementation arrangements by visualizing gaps and redundancies for action;
- c. Identify and mitigate risks across implementation arrangements;
- d. Ensure that an appropriate segregation of duties is built into the grant design and implementation arrangements;
- e. Identify the relationships with the broader Health Sector entities;
- f. Plan monitoring and evaluation and the related information flow.

### **3. When is the Implementation Arrangements Map created and reviewed?**

The Implementation Arrangements Map is one of the documents required at the funding request stage<sup>3</sup> when applicants outline the proposed implementation arrangements. Applicants can either create a new map or, in the case of continuing grants, update the current one and highlight the changes directly in the map.

During grant-making, the map is further updated and submitted by the PR as part of the final grant submission.<sup>4</sup> The Country Team reviews the map with support from the Local Fund Agent as needed.

The map is then updated throughout grant implementation and resubmitted as required and/or upon Global Fund request.<sup>5,6</sup>

### **4. How to map implementation arrangements?**

#### **4.1 Mapping a grant versus a program**

An Implementation Arrangements Map is usually required for each grant. However, when multiple grants cover the same disease program, the applicant and the PRs may need to provide a single map to highlight the interlinkages between the grants and the national disease program.

Applicants are requested to consult the Country Team to confirm specific cases where multiple grants will be mapped together.

#### **4.2 Structuring the Implementation Arrangements Map**

The Implementation Arrangements Map is structured vertically in levels by having global/donor entities at the top, followed by relevant entities at the national level, at sub-national levels (e.g.,

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<sup>3</sup> Except for new PR, where the Implementation Arrangements Map can be submitted at the time of grant-making. See OPN on Design and Review of Funding Request in the [Operational Policy Manual](#)

<sup>4</sup> See OPN on Make and Approve Grants in the [Operational Policy Manual](#)

<sup>5</sup> See OPN on Implementation Oversight in the [Operational Policy Manual](#)

<sup>6</sup> See OPN on Grant Revisions in the [Operational Policy Manual](#)

regional, district, ...), and so on to the local level. Beneficiary groups are listed last. Those different levels are indicated at the left of the map as demonstrated in Figure 1 and Table 1.

The map is structured horizontally in columns by having non-governmental organizations<sup>7</sup> (including CLOs and CBOs) listed on the left, entities of the Ministry of Health in the middle, and other sectors (Ministries of Finance, Education, Defence, etc. and private industries) on the right, as indicated in Figure 1.

<b>Donor</b>			
	<b>Non-government Sector</b>	<b>Ministry of Health</b>	<b>Other Sectors</b>
<b>National</b>			
<b>Regional</b>			
<b>District</b>			
<b>Local</b>			
<b>Beneficiary</b>			

Figure 1: Implementation Arrangement Map vertical and horizontal structure.

### 4.3 Mapping entities

The Implementation Arrangements Map lists all entities that receive grant funds, handle health products and/or information (e.g., data) or play a role in the program implementation. Equally for government and non-government PRs, these include:

- a. All implementer types and levels (PRs, SRs, SSRs, etc.);
- b. Suppliers;
- c. The Ministry of Health, national program, and regional and district level entities engaged in the specific component;
- d. Donors to the national health sector;
- e. Individual health facilities;
- f. CLOs and CBOs;
- g. Beneficiaries of program/grant activities;

<sup>7</sup> See OPN on Grant Entity Data in the [Operational Policy Manual](#) for the definition of Non-Government Organizations.

h. And other key entities that have a relation to implementation.

When the same entity structure is repeated across multiple regions (e.g., multiple regional health facilities reporting to the same national entity), these entities can be grouped together. The map then indicates the number of entities that are following the same structure. In such case, a list that includes the name and location of these entities needs to be annexed.

When insufficient information is available to draw the full map during the funding request stage, unknowns can be recorded in grey (see Table 1). Unknowns must be completed during the grant-making stage and be ready at least 1 month and ideally 2 months prior to the IP start date.

#### **4.4 Recording roles, responsibilities**

The Implementation Arrangements Map records the roles of each entity in the context of program and grant implementation. If ambiguous, these roles can be outlined as a description in free text (e.g., 'collects data and reports on number of patients treated').

When entities perform multiple roles, these can be indicated with a single word to avoid overcrowding the map. A full description of the roles is then recorded in a table.

#### **4.5 Recording hierarchical and coordination lines**

Formal hierarchical lines among entities (e.g., Health Minister overseeing units of the Ministry of Health) are outlined on the Implementation Arrangements Map using black arrows.

Coordination lines for the purpose of the grant (e.g., a PR coordinating several health facilities) are indicated using dashed black arrows.

#### **4.6 Recording fund, health products, services, and information flows**

Transfer of funds are outlined on the Implementation Arrangements Map using blue arrows. Fund flows are indicated in blue as amounts in grant currency or as percentages of the grant. If percentages are used, amounts are detailed in an annex.

Transfer of health products<sup>8</sup> are outlined on the map using green arrows. Health product flows are indicated in green as actual value or as percentages of the grant. If percentages are used, values are detailed in an annex.

Provision of services such as prevention outreach, case finding, testing, treatment, training, etc. are outlined on the map using orange arrows.

Information flows for monitoring and evaluation are outlined on the map using purple arrows.

In consultation with the Country Team, PRs can prepare separate maps for each flow type to improve readability in case of complex implementation arrangements.











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<sup>8</sup> As defined in the [Guide to Global Fund Policies on Procurement and Supply Management of Health Products](#)

## 4.7 Using standardized symbols

When laying out the Implementation Arrangements Map, applicants and implementers use the symbols detailed in Table 1.

Table 1: Standardized symbols for Implementation Arrangements Maps

Mapping	Symbol / Visual	Details
Entities	A white box 	To be used for entities such as implementers, ministry departments, health facilities, private companies, etc. Donors, CCM/RCM, suppliers, or beneficiary groups use the other symbols below. The entity name and role are to be included in the box. When multiple entities have the same name, such as regional offices, these are grouped or numbered sequentially
Donors	A blue box 	The donor's name
CCM, RCM	A grey circle 	The note 'CCM' or 'RCM'
Suppliers	A green rectangle with snipped corners 	The supplier's name
Beneficiary groups	A purple circle 	Target audience and population size
Hierarchical lines	A black arrow 	
Coordination lines	A dashed arrow 	
Transfers of funds	A blue arrow 	The planned budget in % of the total grant budget or actual amount in blue
Transfers of health products	A green arrow 	The planned health product value in % of the total grant health product value or in actual value in green
Provision of services	An orange arrow 	

Mapping	Symbol / Visual	Details
Information flows	A purple arrow 	
Unknown entities	A grey box 	
Unknown transfers of funds or health products	A grey dashed arrow 	The estimated planned budget or health product value in % of total grant budget/value or actual amount in grey
Roles & responsibilities	Free text, as comments in the file	The roles and responsibilities of each entity in the context of program implementation
Donor level	White band crossing the map with 'Donor' on the left side 	The donors' name
National level	Light grey band crossing the map with 'National' on the left side 	The implementation arrangements at the national level
Regional level	Similar to above, white 	The implementation arrangements at the regional level
District level	Similar as above, light grey 	The implementation arrangements at the district level
Local level	Similar as above, white 	The implementation arrangements at the local level
Beneficiary level	Similar as above, white 	Beneficiary groups

## 4.8 Best practice map

A best practice map is given below, using symbols defined in section 4.7. An editable version is available [here](#).



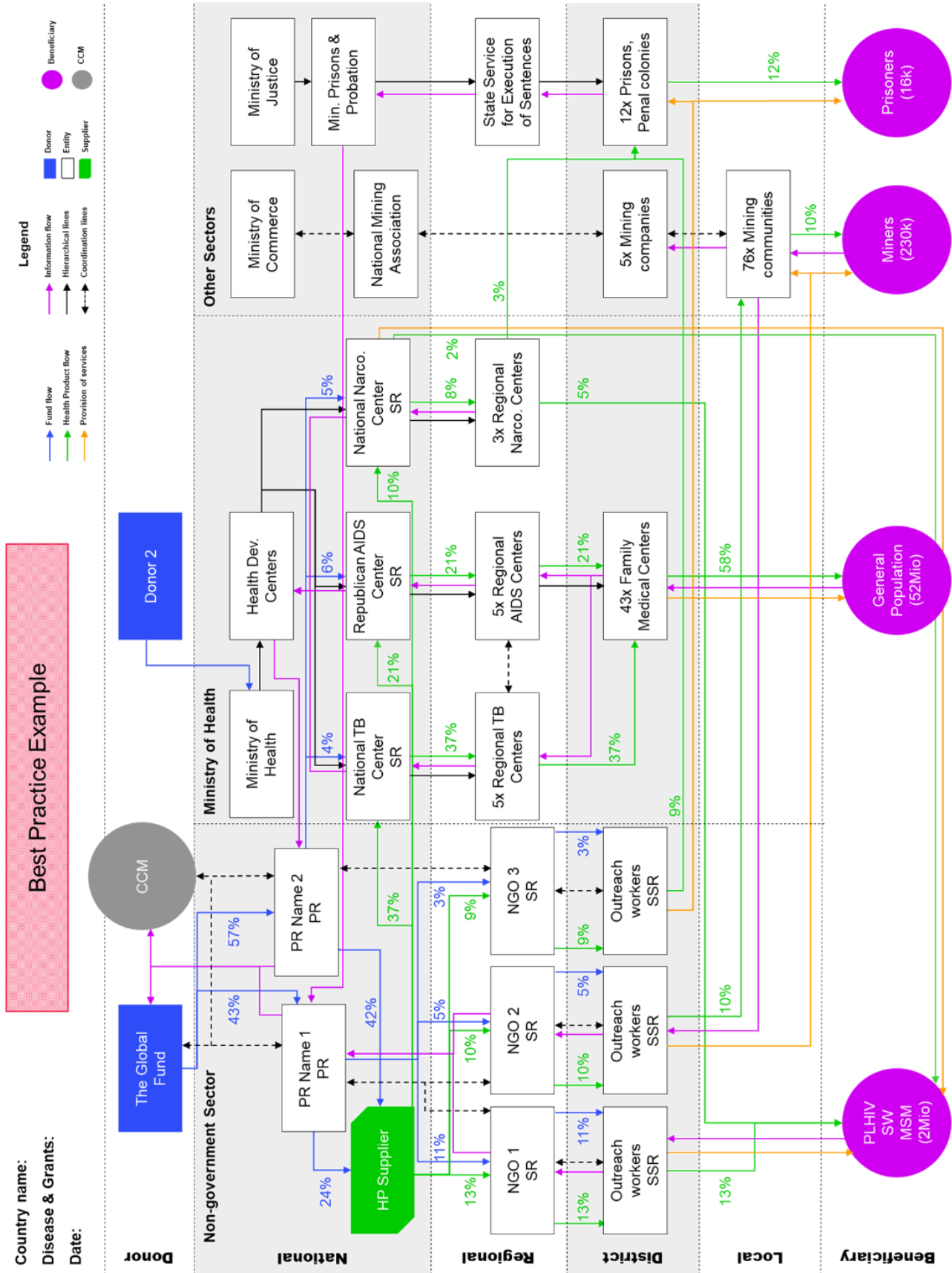


Figure 2: Best practice Implementation Arrangements Map.

## 5. How are Implementation Arrangements Maps Best Used?

An Implementation Arrangement Map is a critical tool to enable quality grant design and implementation during the grant-making process. The map lays-out the key grant entities and their proposed responsibilities, and enables key stakeholders to assess these arrangements against the proposed grant design and identify gaps or redundancies, if any. During grant implementation, the Implementation Arrangement Map is used to clarify responsibilities, assess risks and gaps and adjust the implementation structure to align with changed portfolio or grant context. The map is updated on an ongoing basis to reflect the latest implementation arrangements.

In the design and review of the Implementation Arrangements Map, users are strongly encouraged to consider the following:

- **Alignment with grant objectives:** Are the implementation arrangements supporting the achievement of grant objectives? In case of revisions, are any changes made to the grant documents reflected in the updated implementation arrangements?
- **Consistency with grant design as captured in key documents:** Are the implementation arrangements aligned with the grant design as defined in the grant documents such as the Performance Framework, Detailed Budget, Health Product Management Template.?
- **Sustainability:** Do the implementation arrangements leverage existing national, regional, or local entities and resources, including CBO/CLOs, where appropriate?
- **Redundancies:** Are there multiple entities, including those financed by other funding mechanisms, providing similar services to the same beneficiaries? Are the implementation arrangements aligned with those for other Global Fund grants in the country (e.g., between HIV and TB grants)?
- **Segregation of duties:** Are all responsibilities clear and well divided? Are there any gaps in the implementation arrangements?
- **Access to information:** Are mechanisms in place to gather quality and timely information about programmatic and financial performance, as well as the distribution and consumption of health products? Do decision makers have access to the information they need to make appropriate decisions?
- **Capacity of entities:** Are there entities with scope/volume of funds and/or health products management that are disproportionate to their capacity to manage such volumes (including those delegated to other entities) and/or mitigate the associated risks? Are there high volumes of health products planned to be procured outside of the pooled procurement mechanism by these same entities and are any additional risks considered?
- **Conflict of interest:** Is there a segregation of duties between decision-makers and the recipients of health products, services or other benefits generated by the grant (e.g., employment)? How will the integrity of reported information be ensured throughout the reporting chain?
- **Grant Agreement:** Are the proposed implementation arrangements consistent with the terms of the Grant Agreement, including compliance with applicable laws?
- **Administrative burden:** Is the complexity of the implementation arrangements appropriate given the objectives and size of the grant? Are there any unnecessary hierarchical levels or intermediaries?

## 6. List of abbreviations

<b>CBO</b>	Community-based Organization
<b>CCM</b>	Country Coordinating Mechanism
<b>CLO</b>	Community-led Organization
<b>M&amp;E</b>	Monitoring and Evaluation
<b>OPN</b>	Operational Policy Note
<b>PR</b>	Principal Recipient
<b>RCM</b>	Regional Coordinating Mechanism
<b>SR</b>	Sub-recipient
<b>SSR</b>	Sub-Sub-recipient