Grant Performance Framework

Guidance

Grant Cycle 8

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1. Introduction

1.1 Purpose of this document

This document sets out the purpose, structure, and use of Performance Frameworks within Global Fund grants. It establishes a clear and consistent approach to developing Performance Frameworks, ensuring they are fit for purpose and of high quality.

This document is written for the following audience:

- Principal Recipients (PRs);
- Monitoring and Evaluation (M&E) staff in countries supporting the development of Funding Request and Grant-making documents;
- Local Fund Agents (LFAs);
- Country Coordinating Mechanisms (CCMs) and technical partners.

This document should be read in conjunction with the Performance Framework Partner Portal Manual.

1.2 The Performance Framework

The Performance Framework (PF) is the compilation of the intended programmatic performance, outcomes, and impact of Global Fund-supported programs. It is an essential part of the Grant Agreement between the PR and the Global Fund.

The PF includes an agreed set of performance indicators and/or work plan tracking measures (WPTMs), with targets/milestones that form the basis for progress updates and disbursement requests (PU/DRs) by the PR to the Global Fund over the grant Implementation Period (IP). Grant performance is assessed based on programmatic results of the coverage indicators or WPTMs in the PF.

The PF provides important information about the funded program. It is a strategic tool that:

- **Serves as a roadmap:** defines intended program coverage, outcomes, and impact over the Grant Life Cycle;
- **Sets agreed indicators and targets:** establishes performance metrics aligned with country priorities and Global Fund investments;
- **Enables monitoring, reporting, and oversight:** supports accountability, transparency, and timely course correction;
- **Links performance to disbursements:** connects funding to progress against agreed targets.
- **Generates evidence on impact and effectiveness:** supports assessment of results and areas for improvement;
- **Facilitates Global Fund results reporting:** contributes to organizational reporting and donor accountability;

- **Supports organizational Key Performance Indicators (KPIs):** measures progress toward Global Fund strategic objectives;
- **Shows trends over time:** indicates progress and expected results throughout grant implementation;

  Monitors Resilient and Sustainable Systems for Health (RSSH) and Community Systems Strengthening (CSS): tracks collective efforts in health and community systems;
- **Assesses equitable access:** tracks whether health services are reaching populations with the greatest needs.

Box 1: Performance Framework limitations

While the PF is a central component of performance-based funding at the Global Fund, it has several inherent limitations that should be considered:

- Is not a day-to-day program management tool;
- Monitors selected indicators only; excludes full work plan and financial tracking;
- Indicators may not always directly link to grant budgets;
- Has limited scope for other corporate data needs;
- Requires complementary data/information for full impact assessment;
- Does not attribute results solely to Global Fund financing.

The first draft of the PF is developed by the CCMs/PRs. The Global Fund supports countries in developing the PF by responding to questions and providing guidance.

2. Structure of the Performance Framework Form

2.1 Performance Framework – Excel and online

The PF is organized into five main sections, providing a structured layout of grant information, indicators and targets. The sections cover:

- An overview, including Funding Request (FR)/grant information, program goals and objectives and a list of modules and sub-set of interventions supported by the grant;
- Impact indicators with related disaggregation;
- Outcome indicators with related disaggregation;
- Coverage indicators with related disaggregation;
- Work plan tracking measures (WPTMs).

The PF is available in English, French and Spanish.

2.2 Type of indicators in the Performance Framework

The PF includes the full list of impact, outcome, and coverage indicators from the Modular Framework (MF) Handbook to select from.

For comprehensive information on indicator definitions and measurement, users can refer to the Indicator Guidance Sheets (IGSs). Users are advised to use the most recent version of the IGSs

available on the Global Fund website to maintain alignment with current technical guidance and methodologies.

Based on the characteristics of the indicators, these are also grouped as standard, custom and reverse indicators.[1]

2.3 Use of Performance Framework indicators

The different types of indicators in the PF are used to assess the achievement of program goals and objectives. The usage of these indicators in Global Fund grants is outlined below.

A. **Impact and Outcome Indicators:** The selected impact indicators measure long-term changes resulting from program implementation. The outcome indicators help assess intermediate or medium-term results achieved, for example, change in behaviors, attitudes and practices. These are used to evaluate the program's progress toward achieving its goals and objectives, facilitating data-driven decision-making. These indicators are:

   - Tailored to different epidemic types and disease burden scenarios;
   - Reported at the national program level, indicating overall progress of the national program, including contributions from domestic and international sources;
   - In instances where funding is requested for projects targeting specific populations or defined subnational areas, some impact and outcome indicators may be reported at the project or subnational level.

B. **Coverage Indicators**: The coverage indicators are used to assess the program's success in reaching people with essential services. Results against targets for these indicators are used to assess programmatic performance and assign performance ratings, influencing decisions on annual disbursements. The selected indicators:

   - Align with program objectives and the modules supported by Global Fund grants;
   - Be reported against national targets with clearly defined denominators, where applicable;
   - May refer to funded projects or subnational programs and be reported against population denominators in the respective target areas, in cases of specific projects or interventions in defined subnational areas, such as those implemented by non-governmental agencies.

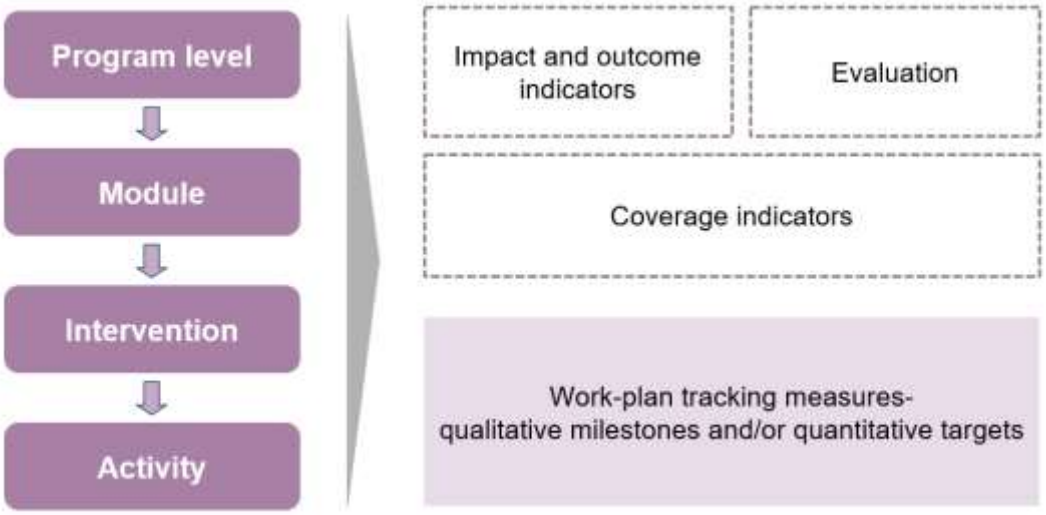
C. **Workplan Tracking Measures (WPTMs):** These measures enable the tracking of key activities and milestones to ensure comprehensive program monitoring. They are utilized for programmatic ratings when no coverage indicators exist in the PF. The WPTMs are:

   - Included in PFs where standard coverage indicators are not applicable or available;
   - Utilized for programmatic ratings when no coverage indicators[2] exist in the grant performance framework;
   - Factored in adjusting the programmatic rating when one or more WPTMs are performing below 60%.

When coverage indicators are present, ratings are calculated based on performance against those indicators.

[1] Annex 1 provides a description of different indicator types.
[2] In cases where coverage indicators are present, the ratings are calculated based on performance against those indicators.

Figure 1: Association of indicators with investments at various levels



2.4 Performance Framework at different stages of the Grant Life Cycle

The PF is developed during Funding Request and later refined during Grant-making stage, incorporating updates and adjustments to align with the grant budget. During the grant implementation stage, the PF may be revised to reflect changing program needs and evolving requirements.

The basic structure of the PF remains consistent across all stages; however, the forms differ at each stage of the Grant Life Cycle as described in Table 1.

Table 1: PF form at different stages of the Grant Life Cycle

	Funding Request PF	Grant-making PF	Grant Revision PF
Components	One single form per country. Includes indicators and targets for all potential PRs. Can be a single PF for each of the HIV, TB, malaria and RSSH, or include multiple components. In the Excel form, countries/PRs can request their Country Teams additional rows to add indicators.	Separate form for each PR. A single PF is developed for each grant. A multi-component grant will have indicators for all components in a single PF.	Separate form for each PR.

3. Steps to develop the Performance Framework

3.1 Accessing and submitting the Performance Framework

In GC8, the PF is available online. For details refer to the Performance Framework Partner Portal manual.

3.2 Setting the reporting frequency

The default setting for the reporting **frequency** is:

- **High Impact and Core portfolios:** every six months;
- **Focused portfolios:** every 12 months.

3.3 Progress reporting periods and alignment with country reporting cycle

Regardless of the grant start date, the progress reporting period in the PF should align with the national reporting cycle as closely as possible.

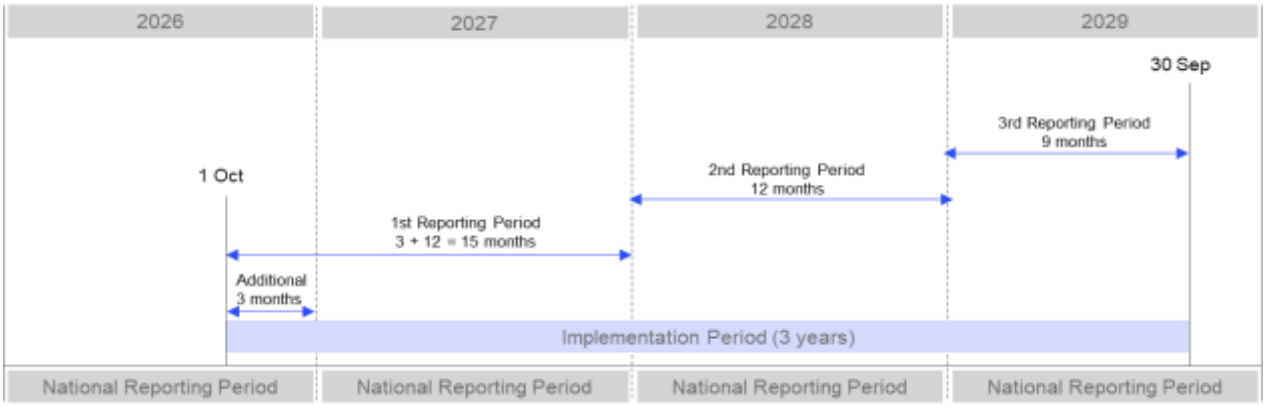
To align the grant start dates with the national reporting cycle, the grant's first and last reporting periods could be longer or shorter than 12 months.

The Annual Funding Decision (AFD) and disbursement schedule align with the progress reporting period. Alignment to this period is necessary to ensure the availability of programmatic results required to inform AFDs.

Aligning with national reporting cycles ensures that countries prepare data once for both their own program management and reporting to stakeholders, thereby reducing duplication and the reporting burden and enhancing consistency with national program results.

If the grant start date does not align with the national reporting cycle, the first progress reporting period is extended or shortened to ensure alignment.[3] The **end date of the first reporting period** can be manually adjusted in the PF. The remaining periods will align automatically. The end date of the last reporting period cannot be beyond the IP end date.

Figure 2: Illustrative example on aligning the progress reporting period, AFD and the disbursement schedule with the national reporting cycle



Example of a Focused portfolio grant with an implementation period start date of 1 October and reporting frequency of 12 months. The national reporting cycle for the grant is from January to December. To align the progress reporting period and AFD with the national reporting cycle, the first reporting period covers 15 months. The third reporting period will cover 9 months, up to 30 September, since the IP is typically 3 years.

3.4 Aligning programmatic and financial reporting

Where in-country programmatic and fiscal reporting cycles differ, or where multiple implementers within the same disease component follow different cycles, the Global Fund PRs must agree on a single common reporting cycle for programmatic and financial reporting to the Global Fund.

Importantly, programmatic and financial reporting for the AFD must cover the same periods, with exceptions only when the first reporting period is shortened or extended to align with the country reporting cycle described above (section 3.3).

[3] This is exceptionally permitted for the first or last progress reporting period and AFD, since the execution period can only be up to 12 months.

Box 2: Consistency across grant documents

The **start and end dates of reporting periods** must be:

- Aligned with the country reporting cycle;
- Carefully agreed upon between the Global Fund and **the PRs**;
- Consistently applied across all grant documents, particularly the **PF and budgets,** to ensure alignment between programmatic and financial reporting.

3.5 Key documents needed for developing Performance Frameworks

When reviewing the PF, several key documents provide valuable insights for assessing the appropriateness of indicators and targets. The essential reference documents are provided in Table 2 below. This list is not exhaustive; the CTs and PR can refer to other relevant documents as needed.

Table 2: Key documents to support PF development

#	Document Name	Use of information
1	Funding request narrative	Provides information on country context, epidemiology and requested strategic investments. It helps identify target populations and appropriate indicators for monitoring progress.
2	Programmatic gap tables	Indicates the extent of coverage supported by the Global Fund and other funding sources for the priority programmatic areas. Supports assessment and alignment of PF targets with National Strategic Plans (NSP), available funding and gap analysis.
3	FR/grant Budget	Supports alignment of programmatic indicators and targets with the Global Fund's key investments.
4	Technical Review Panel (TRP) review and recommendation form	Pivotal for timely addressing TRP issues and actions, ensuring their integration into the PF and other final grant documents, reporting on the status of completion to the Grant Approval Committee (GAC) and seeking guidance on exceptional cases where a TRP issue cannot be addressed within the designated timeline.
5	Human rights-related barriers to health services	Helps identify and address barriers to accessing health services faced by key and vulnerable populations (KVP). They inform program design, data monitoring, and resource allocation to promote equity in access to HIV, TB and malaria services and outcomes.
6	Latest results/PUDR	Essential to ensure that targets in the PF are built upon previous achievements and reflect an ambitious approach that drives continuous improvement.
7	Active/latest grant PFs	Indicators and targets in current grant PFs are crucial in evaluating progression in service delivery over time.
8	Latest survey/Health Facility Assessment /Data Quality Review/ Population Size Estimation reports	Important reference to set appropriate baselines and targets.
9	HMIS and M&E system maturity assessments	Indicates readiness to track progress and report accurately. Critical to identify any gaps in data collection and quality. Allows adequate investments and actions to ensure reliable systems are in place for reporting on results.
10	M&E plan	Facilitates reporting and compliance by defining indicators, methods of data collection, data sources, responsibilities and funding for data collection, analysis and reporting. It allows systematic monitoring of activities against targets, measures outcomes and ensures accountability.

4. Completing the Performance Framework

Developing an effective PF involves several key steps, each contributing to its clarity and usefulness:

4.1 Selecting indicators

When selecting indicators for grant performance frameworks, ensure that they collectively provide a clear and meaningful picture of progress toward program objectives and intended impact. Indicators should be carefully chosen not only based on budget allocation but also on their relevance, analytical value, and usefulness for grant monitoring, strengthening oversight and assessing performance.

A. Focus on impact, outcome and coverage:

Indicators in the PF should be a subset of national program indicators. The PF focuses on a set of key impact, outcome and coverage indicators, no process indicators/discourage input/process indicators.

B. Alignment with national response:

Ensure indicators are linked to the national response, including Global Fund investments and activities implemented by the PR. The indicators should be relevant to the type of epidemic and target groups, and appropriate for measuring the program's goals and objectives.

C. Progress monitoring:

Indicators should monitor the progress of impact, outcome and coverage at the national level. In specific cases, these indicators may be reported at subnational or project levels, for example, when supporting programs at the subnational level or when a grant supports a project at the local level.

D. Use of standard and custom indicators:

Utilize standard indicators derived from the Modular Framework (MF) Handbook. Use the custom indicators only when the required indicator is not available in the MF list.

For details on the selection of custom indicators, refer to **Annex 1**.

Guidance to streamline the PF for focused portfolios, including the required number of indicators, is outlined in **Annex 2**.

E. Consistency and trend analysis:

Maintain consistency with previous reporting cycles where applicable. Depending on Global Fund investments over time, choose indicators enabling trend analysis for long-term assessment.

F. Disaggregated data:

Provide baselines for indicators that require disaggregated data to capture specific demographic, regional or other nuances. No targets are required for disaggregation. Trends over time will be used to assess progress.

G. Capacity assessment:

Assess the PR's data collection, analysis and reporting capacity. Make sure appropriate data collection tools and mechanisms are in place to report on results. Identify areas that require Technical Assistance (TA) support to strengthen capacities.

H. Supporting indicators without M&E systems:

Support the PR in developing a clear plan and allocating an adequate budget to establish data collection and reporting systems for indicators with weak or no M&E.

I. Agreement on indicators with missing baseline and denominators:

Agree on action plans with the PR for collecting baselines and/or denominators. Set clear timeframes for the data collection process and update the PF accordingly.

J. Flexibility across PRs:

In case of multiple PRs, assign responsibility for reporting on impact and outcome indicators to specific PRs. The same set of impact and outcome indicators across all PRs is not required. To streamline reporting, select indicators in the PF specific to the activities of each PR.

Box 3: Example of a country with two grants for the same component

PR A is a national HIV program that implements HIV testing and treatment services, while PR B is an NGO that supports CSS and HIV prevention outreach. In this case, the same set of impact and outcome indicators are not required in the PFs of each PR. Impact and outcome indicators (e.g., HIV incidence) may be included in PR A's PF, as PR A is responsible for the measurement of the impact and outcome of the overall HIV response. PR B's PF could include outcome indicators, for example, condom use. This approach avoids duplicative reporting and ensures each PR is accountable for reporting on the results linked to their activities.

K. Inclusion of KPIs in the PF:

Selected HIV, TB, malaria and RSSH indicators have been designated as Global Fund KPIs. KPIs track progress against the Global Fund Strategy. The PF should include these indicators where the Global Fund supports the relevant program areas.

KPIs performance (targets and results) is derived directly from the corresponding indicators included in each grant's PF. Only countries that include relevant KPIs in their PF will be reflected in the KPIs reporting.

For additional guidance on KPIs for GC8, refer to **Annex 3**.

4.2 Work Plan Tracking Measures

These are qualitative and quantitative milestones and/or input/process measures with numeric targets that enable monitoring of key activities that cannot be measured through coverage indicators.

WPTMs should be applied selectively, focusing on desired grant deliverables and using milestones to assess progress in grant implementation. These are used for the grant performance rating when no coverage indicator is included in the PF.

Box 4: General considerations for selection of WPTMs

- Whenever standard indicators are available, these should be selected and used for monitoring grant performance.
- The WPTMs should be selected where there are gaps in information in grant monitoring and assessing performance, especially for modules/interventions/activities that constitute a high proportion of the grant budget.
- Depending on the component (HIV, TB, malaria, RSSH), not all modules/interventions will require WPTMs to track implementation.
- The milestones should reflect concrete deliverables or outputs/outcomes of the selected measures.
- Each milestone should have a progress criterion explaining when an activity will be considered 'started', 'advanced,' or 'completed'. These criteria will be used for calculating an achievement score for the WPTMs, where applicable.
- The criteria for completion should be defined at the time of PF development to avoid subjectivity in assessing the performance of qualitative milestones.
- In grants that also include coverage indicators, WPTMs' achievement score below 60% can be used to request a technical adjustment to the programmatic rating.
- Specific examples include policy development, system or infrastructure deployment, guideline development and adoption.

Box 5: Specific considerations for RSSH

WPTMs should be included in the PF to monitor the implementation of activities related to building sustainable systems for health, when:

- Coverage indicators do not effectively capture desired results/outcomes for RSSH modules with significant budget allocation;
- RSSH activities supported by the grant are important to facilitate implementation and reporting on RSSH investments. For example, for tracking key milestones in setting up data collection mechanisms/tools needed to report on RSSH indicators, such as establishing routine reporting systems, HMIS, LMIS, CHIS, etc. and implementing health facility assessments, surveys or special studies;
- Activities are related to policies, strategies, planning and coordination for integrated services.

4.3 Setting baselines

A baseline provides the reference point against which progress is measured. The PF should include a clear and accurate baseline that informs the setting of realistic targets and the tracking of performance over the grant cycle.

When baseline data is not available during Funding Request or Grant-making, develop a time-bound, costed plan to establish the baseline as early as possible in the grant implementation.

Box 6: Key Considerations for Setting Baselines

- Use the most recent, reliable, and validated data available from national systems, surveys, or programmatic reports. Use baseline data collected within 1–2 years before grant start; assess relevance carefully if older data are used.
- Consider the latest verified results from the previous grant cycle or the most recent PUDR. Baselines should not be lower than past results.
- If recent data are unavailable, clearly document the rationale and plan to update the baseline early in implementation.
- Ensure baseline, data sources, and measurement methods are consistent with those used for target setting.

4.4 Target setting

Progress towards achieving targets for each selected indicator is the starting point for performance-based funding decision-making. To ensure consistent and accurate interpretation of results for funding decisions, targets must be correctly set and described in the PF, both in the Funding Request and during Grant-making.

Setting ambitious yet realistic targets for indicators is an important element of the planning process. When setting programmatic targets in the PF, refer to the following:

- The NSP and targets, M&E plans and available funding;
- Comprehensive and up-to-date analysis of the epidemiological situation, current and planned efforts and investments in related program areas;
- Programmatic gap tables and gap analysis covering all funding sources.

Box 7: PF Targets

Targets in the PF are based on coverage levels expected to be achieved with all available funding. These reflect the part of the NSP targets that are funded, including the final approved funding from the Global Fund.

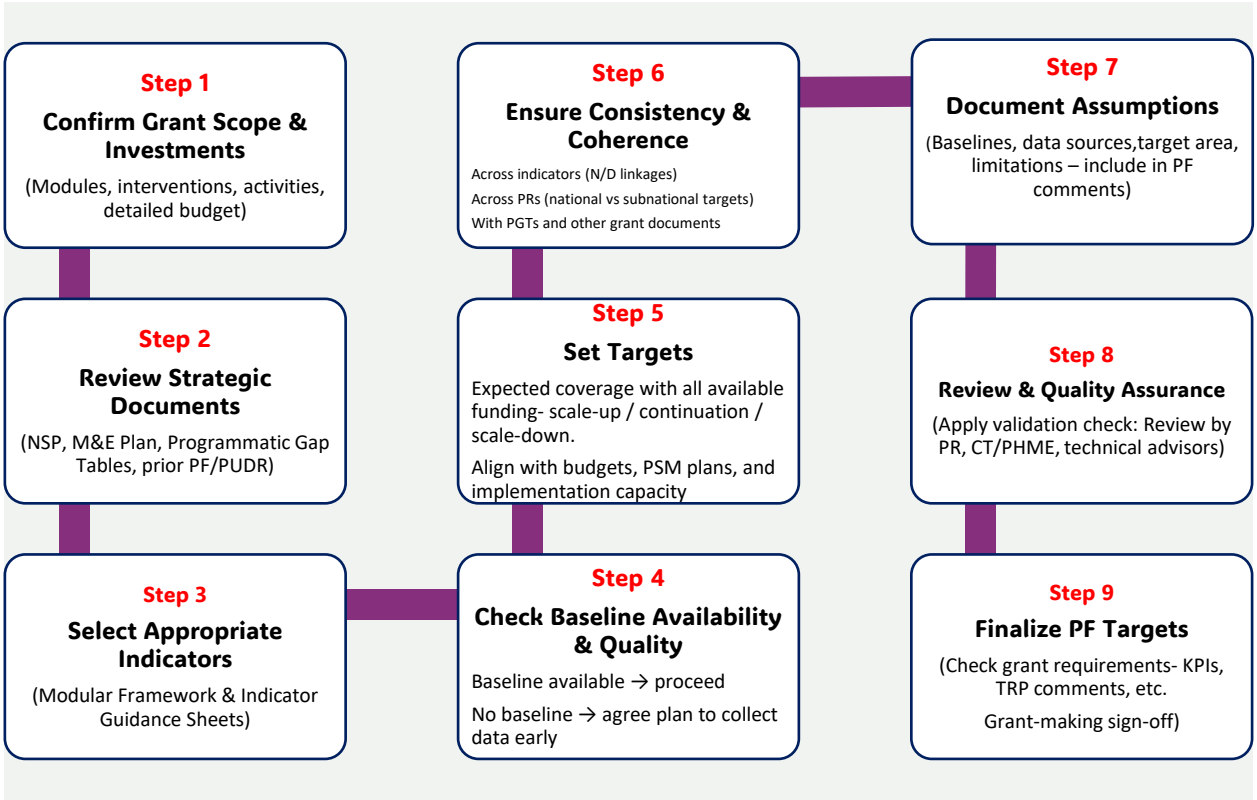
Key consideration for target setting in the PF:

- **Aggregation within a year**: Targets in the PF are set for each IP year and not accumulated over the full duration of the IP. Each year starts with new targets.
- **Data availability**: Align targets in the PF with both the required reporting frequency to the Global Fund and the timing of data collection within the country.
    a. The PR and the Global Fund will work together to ensure that relevant data will be available at the end of the reporting period. Not all indicators in the PF need to be reported in every reporting period; refer to the relevant IGSs for reporting expectations.
    b. For indicators where no M&E systems currently exist, set targets in the reporting periods when reporting systems will be ready and data will be available.
- **Impact and outcome indicators**: When impact and outcome indicators are reported through surveys, ensure that targets are set in the year when data collection will take place.

  For each impact and outcome indicator, the PF includes a column for the 'Report due date,' signifying when the results will be available. For some indicators, the report due date may not fall within the same reporting period as the data collection period. Depending on the report's due date in the PF, these indicators will be populated in the current or next PU or PUDR. If data is not available by the agreed report due date at the time of grant signing, the PF should be revised to move the target to the next reporting period and update the report due date.
- **Consistency with the grant budget and commodities**: Review the targets in the PF against the allocated budget and Health Product Management Tool (HPMT).

- **Build on progress achieved through the current grants**: Refer to the targets in the existing grant PFs, and with the latest available results, ensure targets are ambitious and build on progress achieved through the current grants for a similar level of investment.
- **TBD targets**: Where data is not available to inform target setting during Funding Request and Grant-making, targets may be labeled as 'to be determined' (TBD). In such cases, the PR must have a clear, time-bound plan to collect the required data and finalize targets early in the grant IP. If baselines aren't available during PF development, year 1 results can be used to establish them. In this case, year 1 target should not be filled. The year 2 and 3 targets can be "TBD". Once the year 1 results are available, the PF should be revised to include the baseline and targets for year 2 and 3 before the reporting period ends.
- **Technical advice**: Consult with technical partner organizations and other technical advisors from relevant departments such as department of statistics, planning, HMIS, etc., as relevant.
- **Interlinked indicators**: Ensure consistency across indicators with common data elements. e.g., when the Numerator of one indicator is the Denominator of another indicator, refer to Annex 5 for the list of interlinked indicators in the PF.
- **Target data type**: Follow the recommended data types in the IGSs, i.e., whether N or N, D% or just %.
- **Value for Money**: The number of indicators and targets in the PF should reflect value for money. These should allow tracking of Global Fund grant investments and desired impact through efficient use of available resources.

Figure 3: Target Setting Process



Aligning Targets for AFD with National Reporting

Coverage indicators are usually reported over 12 months. However, because grant start dates and country reporting cycles vary, the first reporting period may be shorter or longer than 12 months. In such cases, the following guidance applies for target setting depending on the type of indicator (such as cohort-based indicators) and reporting arrangements:

A. First reporting period shorter than 12 months

For grants with a first reporting period of <12 months and where the Global Fund supported the programs before the start of the new grant, performance targets for relevant indicators may cover up to 6 months before the new grant's start date.

For example, if a grant start date is 01 Apr 2027 and the country reporting cycle is Jan-Dec, the targets for the first reporting period (Apr-Dec 2027) could include those for Jan-Dec 2027. In this case, performance will be assessed based on the 12-month results.

B. First reporting period longer than 12 months

When the first reporting period exceeds 12 months, performance targets for the initial 1-6 months may be excluded from the indicator rating used for AFD, to maintain alignment with the national reporting cycle.

For example, if the grant start date is 01 October 2027 and the first period is 15 months (Oct 2027 to Dec 2028), the target for this grant's performance assessment and AFD could only include the period from Jan-Dec 2028. An update may be requested for the four months from Oct-Dec 2027 outside of the PUDR.

When the first period is shorter than 6 months, the Global Fund may, at its discretion, allow PRs to combine the first and second periods' annual reports.

4.5 Cumulation types

This applies only to indicators reported every six months in High Impact and Core portfolios, for aggregating targets across the two agreed reporting periods within a year. It does not apply to aggregating targets across multiple years within the grant IP.

In the IGSs, each standard indicator has an assigned cumulation type. However, for custom indicators, the appropriate cumulation type should be selected based on the indicator's nature and the intended aggregation method in the PF. The cumulation types for standard indicators are prepopulated in the online form and cannot be changed. In the Excel PF, the single assigned cumulation type must be selected manually.

In exceptional cases, if a different cumulation type is needed, a custom indicator may be proposed.

For details on different cumulation types and aggregation logic, refer to **Annex 4**.

4.6 Scope of Target

For each coverage indicator, the following options are available to define the scope of the target:

- Geographically national, 100% of the national program target– the target refers to the whole country and represent 100% of the national program target;
- Geographically subnational, 100% of the national program target – the target refers to some geographical areas only but still reflects 100% of the national program target. For example, if the epidemic is concentrated in only some geographical areas;
- Geographical subnational, less than 100% national program target – the target refers to some geographical areas only and reflects a subset of the national program target. For example, where targets are from some specific areas supported by the Global Fund grant/PR and do not cover other affected geographic areas.

For sub-national targets, the coverage area/ specific sub-national units must be specified in the PF.

4.7 Setting baselines for required disaggregation

Some selected indicators require reporting of disaggregated results to better reflect service quality, coverage and equitable access in ways that maximize health impact with a focus on addressing geographies and populations with the highest disease burden and unmet need.

For the required disaggregation, total annual results are reported once a year in the PUDR. Unlike the aggregate indicators, these do not require target setting or 6-monthly reporting in HI and Core countries. A focused portfolio does not require reporting on disaggregated data.

For binary disaggregation with mutually exclusive categories, such as sex and age, the sum of the disaggregation category values should equal the corresponding total target values for the numerator and denominator.

4.8 Ensuring accuracy and reliability of data

Data Quality Checks

Data Quality Checks (DQC) are embedded in the online Performance Framework (PF) and should be used by PRs throughout PF development to ensure data integrity.

DQC generate two types of flags:

- **Errors**, which must be resolved prior to submission;
- **Warnings**, which require correction or clear justification.

PRs are responsible for reviewing and addressing all flags before submission. Unresolved issues may delay review or validation by the Global Fund.

All justifications should be clear and sufficient to support Global Fund review.

More information on DQCs can be found in the Performance Framework Partner Portal Manual.

5. Other important considerations during Grant Negotiations

- **Data availability and accessibility:** PRs should ensure that reliable data sources and methods are in place to collect and report accurate and timely data to the Global Fund. Where access to data is constrained or data is not routinely available, develop a plan and timelines to address the issues.
- **Investments in M&E systems:** PRs should assess whether M&E systems are sufficient to support the collection and reporting of indicators, including required disaggregation. Any gaps in data availability, quality, or system capacity should be addressed through the strategic use of grant resources, such as investments in routine data systems strengthening, surveys, and data quality assurance.
- **Address TRP comments:** PRs and CTs should work together to address any recommendations, issues or conditions raised by the TRP that have implications for indicators, targets, or measurement approaches and update the PF accordingly.
- **Transition and sustainability:** where relevant, targets should reflect transition planning, including progressive integration into national systems and increased domestic financing. PF should avoid targets that rely on the continuation of Global Fund financing beyond the approved IP and instead emphasize outcomes that support sustainable, long-term transition from external funding.
- **Alignment between grant scope, implementation and reporting arrangements:** check that indicators, targets, and reporting responsibilities align with final agreed implementation arrangements, including PR roles, sub-recipients, and geographic scope. Ensure any changes to scope during grant negotiations are consistently reflected across the PF and other grant documents.

6. Periodic Review of Indicators and Targets and Grant Revision

Regularly review and update the PF to ensure it remains effective and relevant. This may include adding missing baselines or TBD targets and refining indicators as needed.

Any changes to reporting requirements, such as indicators, targets, baselines, or reporting timelines, should follow established grant revision policies and procedures[4] to ensure the PF remains accurate, relevant, and practical tool for Global Fund and PRs.

The revisions that involve changes to the PF that need to be reported in the upcoming PU/PUDR must be initiated and completed before the current reporting period has ended. If a revision is

[4] Global Fund Operational Policy Manual

completed after the current reporting period's end date, the requested changes will be reflected only in the next reporting period and reported in the following PU/PUDR.

In exceptional cases, retroactive revisions are assessed and approved on a case-by-case basis by the Global Fund.

The steps and approval requirements for grant revisions are outlined in the OPN. For more details, refer to the Operational Policy Manual (OPN on Revise Grants).

7. Annexes

Annex 1: Types of indicators in the PF

Type	Description
Standard indicators	Indicators drawn from the MF and selected from fixed dropdown lists in the PF. Their use is strongly encouraged to ensure data consistency across grants and comparability over time.
Custom indicators	Custom indicators are tailored to specific contexts where standard Modular Framework indicators are not suitable. They may be adapted from partner guidelines or designed to fit specific program investments. Custom indicators can be used in specific cases, such as: • Consolidating indicators in focused portfolios using light and aligned models (see Annex 4); • CRG KPI reporting aligned with assessments that describe gaps and barriers to equitable access and effectiveness of HIV, TB and malaria programs; • PfR grants where results-based disbursement that cannot be captured by standard indicators. Indicator codes automatically generated. In the Excel PF form no code entry is required – codes ae assigned upon import into the Partner Portal.
Reverse indicators	A reverse indicator is one in which targets are set to decline over time, anticipating a reverse trend in results. All standard coverage indicators have a fixed category of 'reverse' or 'not reverse,' and these options are pre-populated in the form. For custom coverage indicators, the appropriate option must be selected from the drop-down list. No indicators could be classified as both 'reverse' and 'not reverse.' Special Cases: In certain scenarios, such as malaria in elimination settings, there may be indicators where the target in the PF is a percentage, but the result in PU/PUDR is zero, signifying good performance. In such cases, the PHME specialist can submit a ticket in 'Service Now' for a manual change from 'not reverse' to 'is reverse' to reflect the positive performance accurately.

Annex 2: Guidance to streamline PF for focused portfolios

The following guidance applies to PF in focused portfolios.

Simplification approach: country grants	Light	Targeted	Aligned
No impact indicators	Applies	Applies	Applies
No outcome indicators	Applies	Applies	Applies
Maximum number of coverage indicators per grant component (including RSSH)	5 indicators per component	5 indicators per component, including DLIs.	3 indicators per component[1]
For programmatic areas like HIV prevention, pre-exposure prophylaxis (PrEP), HIV testing, malaria case management, and PPM-DOTS, one custom aggregated indicator may be used instead of multiple standard ones (e.g., KP-1a–f, HTS-3a–f, KP-6a–d, CM-1a–c, CM-2a–c, TBDT-3a–c). In the comments box, explain the assumptions used for target setting and note that disaggregated results must still be reported.	Applies	Flexibility to align to PfR guidance (customizing indicators to the expected results).	Applies
No WPTMs[5]	Applies	Applies	Applies
Simplification approach: MC grants[6]	**Light**	**Targeted**	**Aligned**
No impact indicators	Applies	Applies	Applies
No outcome indicators	Applies	Applies	Applies
No coverage indicators	Applies	Applies	Applies
Limited number of WPTMs	Maximum 5 milestones per reporting period	Maximum 5 milestones per reporting period	Maximum 3 milestones per reporting period

[5] WPTMs can be included if standard indicators are not applicable.
[6] MC grants refer to Catalytic Funding or non-service delivery MC grants

Annex 3: Guidance on inclusion of indicators contributing to KPIs in GC8

General Information

- Selected indicators in the MF contribute to the assessment of Global Fund KPIs. These indicators are essential for measuring progress against the Global Fund Strategy and must be included in GC8 grants. The indicators contributing to the KPIs are marked in the Indicator Guidance Sheets.
- All KPIs must have at least annual targets at the right ambition level, to ensure meaningful, and regular assessment of performance at the portfolio level.
- If a KPI is not included in the PF, the CT/PHME must justify its exclusion to support an informed GAC decision.
- KPIs results reported to the Strategy Committee and the Board are derived solely from indicators included in country PF; no separate data collection mechanism exists.
- To ensure KPIs accurately reflect country-level implementation, performance data (targets and results) for the KPI will be sourced directly from the data provided in PU/PUDR[7].

Exceptions for including KPIs in PFs

The following countries are not obligated to include the relevant KPIs in PF or provide a justification for exclusion:

- For YP-2: countries not among the AGYW priority countries;
- For RSSH O-3: Focused portfolio countries;
- For Gender and Equity KPIs: Focused portfolio countries.

Gender and Equity KPIs

- High Impact and Core country disease components must include at least one Gender indicator and one Equity indicator pair, from the pre-defined list. This will not be required where evidence demonstrates the absence of a clear gap, and where there are no relevant investments. CRG advisors will provide technical guidance as required. Countries may include additional gender and equity indicators; however, only the selected indicators from the pre-defined list will be monitored for KPI purposes.
- For equitable access to health services across the overall population and the sub-population, the targets must move in the same direction to allow for comparison.
- Custom KPIs in the pre-defined list below are based on standard indicator disaggregation & must be created as custom indicators because targets are needed to calculate KPIs performance. This also helps simplify and automate data extraction.
- To simplify data extraction, clearly identify the KPIs in the PF summary table on the "Overview" page in GOS:
  a. Select 'GE' to mark the Gender indicator(s)
  b. Select 'EQ (reference)' to mark the equity parent indicator
  c. Select 'EQ (subgroup) to mark the equity sub-population indicator

PF indicators that contribute to KPIs

HIV	TB	Malaria	RSSH
HIV O-11; TCS 1.1 (or both TCS-1b & 1c) HIV O-12 KP-1a/b/c/d YP-2 TCS-10 TB/HIV-4.1a	TBDT-1 TBDT-2 TBDT-4 DRTB-3 DRTB-9 TBP-1 TB/HIV-6	VC-1.1 CM-1a CM-2a SPI-1 SPI-2.1	RSSH O-3 (requires N, D, and disaggregation by product category) RSSH O-9 RSSH/PP HRH-3.1

[7] For some HIV/AIDS KPIs, latest UNAIDS estimates will be used instead of grant data. Refer to the KPI handbook for more details

Gender KPIs (select at least one indicator per component from the below pre-defined list).

HIV

- Countries with investment in GBV intervention: GBV-1.
- Countries without investment in GBV intervention: TCS-10.

TB Custom indicators in countries with investment to reduce gender-related barriers to TB services:

- If the sex-related gap in TB notifications affects men: customize TBDT-1 for men.
- If the sex-related gap in TB notifications affects women: customize TBDT-1 for women.

Malaria

- Countries with investments in ANC, including malaria in pregnancy: RSSH O-9
- Countries without investments in ANC and/or malaria in pregnancy: customize VC-1.1 for pregnant women

Equity KPIs (select at least one indicator pair per component from the below pre-defined list).

HIV

- TCS-1c **paired with** TCS-1.1 (ART coverage in children vs overall population).
- KP-1a, 1b, 1c, 1d (Lowest coverage KP vs overall KP coverage). Countries should select the KP with the lowest coverage as the sub-population indicator, and all other KP indicators as the parent indicator.

TB

- Custom TBDT-1 indicator for children paired with TBDT-1 (TB notifications for children vs overall population).
- KVP-1 paired with TBDT-1 (TB notifications amongst prisoners' vs overall population).
- KVP-2 paired with TBDT-1 (TB notification amongst KVPs (excl. prisoners) vs overall population). *For children, refer to Bullet 1 on the custom TBDT-1 indicator*

Malaria

- Custom CM-1b indicator for children under 5 paired with CM-1b (Children tested in communities vs overall community testing).
- Custom CM-1a indicator for children under 5 paired with CM-1a (Children tested in public facilities vs overall public facility testing).

Annex 4: Cumulation types

This field applies to indicators reported 6-monthly and is used to calculate total annual targets and results. Cumulation applies to targets within an implementation year and not across the three-year IP.

Three types of cumulation are available:

- **Non-cumulative (NC):** these reflect period-specific targets (i.e., the value refers to what will be achieved in a reporting period, irrespective of the targets in the previous periods). In such cases, the relevant periodic targets (numerators or numerators and denominators, as applicable) will be summed to calculate annual indicator performance.
- **Non-cumulative Special (NCS):** these also reflect period-specific targets, same as the category above, except that in this case the denominators are the same over reporting periods (for example, size estimates for Key Populations). Relevant periodic targets (numerators) will be added up, but not the denominator, i.e., the denominator in the current reporting period will be used to calculate annual indicator performance. For indicators with an NCS cumulation type, the total annual target should not exceed 100%.
- **Non-cumulative Other (NCO):** This is applied to the indicators that refer to people currently receiving services, irrespective of the targets in previous periods. For example, 'Percentage of people on ART'. In such cases, the relevant periodic targets in the last reporting period will be used to calculate annual indicator performance.

Method to aggregate annual targets:

Cumulation Type		Aggregation for annual targets
Non-cumulative	Non-cumulative [N/D]	Sum of S1+S2
Non-cumulative-special	Non-cumulative - special [N]	Sum of S1+S2
	Non-cumulative - special [D]	Last semester's value of the reporting period (S2)
Non-cumulative- other	Non-cumulative - other [N]	Last semester's value of the reporting period (S2)
	Non-cumulative - other [D]	Last semester's value of the reporting period (S2)

Annex 5: Interlinked indicators

Indicator		Linkage
KVP-1	TBDT-1	The target numerator for KVP-1 cannot be greater than the numerator for TBDT-1 for the same reporting period when the scope of targets for both indicators is 'Geographic national, 100% of national program target.'
KVP-2	TBDT-1	The target numerator for KVP-2 cannot be greater than the numerator for TBDT-1 for the same reporting period when the scopes of the targets for both indicators are 'Geographic national, 100% of national program target.'
KVP-1, KVP-2	TBDT-1	The sum of the KVP-1 and KVP-2 numerators cannot be greater than the TBDT-1 numerator for the same reporting period when the scope of targets for these indicators is 'Geographic national, 100% of national program target.'
CM-1a	CM-2a	Suspected malaria cases (Numerator of CM-1a) cannot be less than confirmed malaria cases (denominator of CM-2a), for the same reporting period, when the scope of targets for both indicators is 'Geographic national, 100% of national program target.'
CM-1b	CM-2b	Suspected malaria cases (Numerator of CM-1b) cannot be less than confirmed malaria cases (denominator of CM-2b), for the same reporting period, when scope of targets for both indicators is 'Geographic national, 100% of national program target.'
CM-1c	CM-2c	Suspected malaria cases (Numerator of CM-1c) cannot be less than confirmed malaria cases (denominator of CM-2c), for the same reporting period, when scope of targets for both indicators is 'Geographic national, 100% of national program target.'
CM-7	CM-8	The denominators for CM-7 and CM-8 should be the same in the same reporting period, and when the scopes of targets for both indicators are 'Geographic national, 100% of national program target.'
RSSH/PP M&E-1	RSSH/PP M&E-2	The denominator of RSSH/PP M&E-2 should be equal to the numerator of RSSH/PP M&E-1 for the same reporting period, when the scope of targets for both indicators is 'Geographic national, 100% of national program target.'
DRTB-2	TBDT-1	The numerator of DRTB-2 cannot be greater than the numerator of TBDT-1 for the same reporting period, when the scope of targets for both indicators is 'Geographic national, 100% of national program target.'
TCS-1b	TCS-1.1	The TCS-1b numerator and/or denominator should not be greater than the TCS-1.1 numerator and/or denominator for the same reporting period, when the scope of targets for both indicators is 'Geographic national, 100% of national program target.'
TCS-1c	TCS-1.1	The TCS-1c numerator and/or denominator should not be greater than the TCS-1.1 numerator and/or denominator for the same reporting period, when the scope of targets for both indicators is 'Geographic national, 100% of national program target.'