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Global Fund Prospective Country Evaluation

DRC REPORT

Partnership in the Global Fund application cycle:
Evidence from the DRC's 2017 application process



This brief presents findings from the Global Fund Prospective Country Evaluation (PCE) in the DRC assessing the role and function of partnerships in the 2017 Global Fund application process. It was prepared by PATH, DRC, and PATH, USA, in collaboration with the Institute for Health Metrics and Evaluation (IHME) at the University of Washington, USA. The contents of this brief may not be reproduced in whole or in part without permission from the Global Fund and IHME-PATH PCE Consortium.

The Global Fund Prospective Country Evaluation

Background

The Global Fund to Fight AIDS, Tuberculosis and Malaria was founded in 2002 as a partnership between governments, the private sector, civil society, and populations affected by the three diseases. As a 21st-century partnership organization, the Global Fund invests nearly US\$4 billion a year toward its mission of accelerating the end of AIDS, tuberculosis, and malaria as epidemics. The Global Fund Prospective Country Evaluation (PCE) is being undertaken in eight countries: Cambodia, Democratic Republic of the Congo (DRC), Guatemala, Mozambique, Myanmar, Senegal, Sudan, and Uganda. The PCE was commissioned by the Global Fund’s Technical Evaluation Reference Group (TERG) as an independent evaluation to support the assessment of implementation and impact of the Global Fund strategy 2017–2022. As a platform for continuous learning and quality improvement in Global Fund processes, the PCE aims to generate evidence on program implementation to accelerate progress toward strategic objectives of the Global Fund Strategy. The PCE is independent and prospective, meaning it will evaluate Global Fund activities and policies impartially and ensure timely dissemination of findings. The PCE launched in mid-2017 and will run through to early 2020.

GLOBAL FUND PROSPECTIVE COUNTRY EVALUATION CONSORTIUM

Three independent research consortia, composed of institutional partners at the global and country levels, are carrying out the PCE in eight countries. The Institute for Health Metrics and Evaluation (IHME) at the University of Washington, in partnership with PATH in the United States, collaborate with the DRC PATH Country Office to conduct the PCE in the DRC.

PCE APPROACH

The PCE uses a mixed-methods approach, covering the full results framework from inputs to impact, and centered on key evaluation questions identified by country stakeholders and the TERG. The evaluations cover all phases of Global Fund support, from the decision to apply, application, and approval, to preparation and implementation. The evaluations incorporate numerous complementary methods and analytic techniques, such as resource tracking, process evaluation, and impact evaluation.

PARTNERSHIP AS A KEY PRINCIPLE OF THE GLOBAL FUND

Partnership is a foundational principle of the Global Fund business model and “supporting mutually accountable partnerships” is considered one of two strategic enablers essential to achieving the objectives of the Global Fund 2017–2022 Strategy.¹ The Global Fund is a financing mechanism, not an in-country implementer, and therefore central to its business model is effective engagement and collaboration with numerous partners, including recipient governments, bilateral and multilateral donors, the private sector, technical partners, foundations, civil society, representatives from key affected populations, and researchers, among others – all bringing unique perspective, knowledge, and local expertise to bear on ending the epidemics of AIDS, tuberculosis, and malaria. Since 2003, the Global Fund has signed investments totaling over US\$1.8 billion in the DRC, with disbursement of US\$1.5 billion to date² – making it one of the Global Fund’s largest country portfolios. Partnership is critical to ensuring the value-for-money, sustainability, and impact of these Global Fund investments, yet few evaluations have explored the Global Fund partnership model in depth.

Methods

EVALUATION DESIGN

This is an exploratory case study of partnership in relation to the 2017 Global Fund funding request and grant development process in the DRC. The application phase was chosen as a suitable case because of its timeliness in relation to the planned data collection and the ongoing implementation of the Global Fund grants in the DRC. We used a mixed-methods evaluation approach, driven by an existing conceptual framework developed to measure Gavi's partnership model in Uganda, of how partnerships add value to decision-making processes, and based on mixed-methods data collected through structured surveys, social network analysis, and key informant interviews (KIIs).³ Social network analysis posits that processes and their outcomes are highly influenced by the structure and composition of relationships of actors in and around those processes. Social network tools are designed to identify actors and their relationship with each other, and through analysis, how those relationships form network structures. Using the case of the DRC, the aim of the partnership study is to understand the role, function, and value add (efficiency, effectiveness, and country ownership) of partnerships between the Global Fund, partners, and in-country stakeholders in supporting the development of the 2017 grant application.

DATA COLLECTION

We used a structured survey tool which we call a "partnership survey." The partnership survey was adapted from a similar survey conducted by Kamya et al. to measure Gavi's partnership model and its outcomes in Uganda.³ We defined the grant application network members as any actors involved in the Global Fund application process. We developed an initial list of network members through ongoing document review and meeting observation and contacted those stakeholders for an in-depth interview about the Global Fund application process. Following the KII, we administered the network survey in person, or in some cases, using an online link to an electronic survey.

The network survey began by asking the respondent to identify which Global Fund applications they worked on (HIV, tuberculosis, malaria, or any combination), and specifically which aspects of the application the respondent supported, including the following: Preparatory activities leading up the grant application; Developing the application for funding; Grant-making process and negotiations; Providing technical assistance; Health systems strengthening; Key and vulnerable populations considerations; Gender considerations; Co-financing; Sustainability strategy; Performance framework/M&E plan; and Budget. Respondents were then asked to provide the names and organizations of up to 10 individual people he or she personally collaborated with on the Global Fund grant application, state which funding request(s) they collaborated on, and rate their level of professional trust using a 4-point scale: 1 = Poor relationship (Little Trust); 2 = Fair relationship (Some Trust); 3 = Good relationship (Trust); 4 = Excellent relationship (High Trust), where trust was defined as trusting "the individual or organization to keep their word, do a good job, and respond to your professional needs or your organization's needs." The survey also asked respondents to name the top three most influential individuals, meaning "the person was instrumental in decision-making, had a strong voice, exerted power in steering the conversation and in directing the strategic focus of the funding request and/or grant-making process." To assess perceptions of the effectiveness, efficiency, and country ownership of the partnership, the survey closed by asking respondents to indicate whether perceived benefit or drawbacks "occurred" or "did not occur" from working in partnership during the 2017 Global Fund application cycle. The survey included statements describing 14 potential benefits and six potential drawbacks, as adapted from Provan and Milward and Kamya et al.^{3,4}

Following typical network data collection methods, other individuals named during the survey were emailed with an invitation to participate in the network survey. During the PCE annual dissemination meeting in April 2018, the survey link was distributed so that any additional respondents involved in the Global Fund application cycle could complete the survey.

ANALYSIS

We used existing mathematical algorithms to measure common network metrics, including nodes, density, degree, centralization, and centrality (defined below in Table 2). Each node in the network represents one individual participant in the 2017 grant application. There is a tie between nodes when a survey respondent has reported collaboration. Though not all collaborators named in the survey responded with their own accounts of collaboration, all ties are assumed to be mutual due to the nature of collaboration. The degree of a single node is the number of ties or connections it has in the network. Networks were visualized according to several subgroup characteristics,

including organizational affiliation, funding request type, provincial geography, and gender. All analyses were conducted using the statnet suite of network analysis packages in the R statistical programming language and the associated statnetWeb R Shiny application.

Findings

As highlighted in the DRC PCE Annual Report 2018, DRC submitted two funding requests during Window 1 of the Global Fund application cycle, with the HIV/TB funding request undergoing tailored review and the malaria funding request undergoing program continuation review by Global Fund’s Technical Review Panel (TRP). The differentiated application review processes were introduced during the 2017 application cycle. Principal Recipients from both the public and non-public sectors implement the Global Fund grants in the DRC. From December 2017 to May 2018, 40 partnership network surveys were completed in Kinshasa, Tshopo, and Maniema, which generated a total network of **152 nodes** (individuals) supporting the 2017 Global Fund grant applications (Table 1). Most respondents were based at the national level (n=26) and represented a variety of organization types, and there were more males than females among the identified actors in the network.

Table 1. Characteristics of identified actors: type of funding request, gender, and organizational affiliation

Funding Request Type	Respondents	Named in survey	Total N (% of total)
HIV/TB request only	21	54	75 (49.3%)
Malaria request only	8	43	51 (33.6%)
Both	9	15	24 (15.8%)
Unknown	2	0	2 (1.3%)
Gender	Respondents	Named in survey	Total N (% of total)
Male	32	82	114 (75%)
Female	8	30	38 (25%)
Organization Type	Respondents	Named in survey	Total N (% of total)
NGO/civil society	7	29	36 (23.7%)
Technical partners	5	25	30 (19.7%)
Principal Recipient – Ministry of Health	10	14	24 (15.8%)
Sub Recipient – NGO/civil society	5	15	20 (13.2%)
Government	6	11	17 (11.2%)
Principal Recipient – NGO/civil society	4	12	16 (10.5%)
Country Coordinating Mechanism	1	6	7 (4.6%)
Local Fund Agent	1	0	1 (0.7%)
Unknown	1	0	1 (0.7%)
<i>Totals</i>	<i>40</i>	<i>112</i>	<i>152 (100.0%)</i>

Table 2 describes the network attribute definitions and values. The survey identified **237 collaborative relationships (ties)** across the **152 identified network actors (nodes)** in the combined network, 92 ties across the 75 identified actors in the malaria network, and 169 ties across the 99 identified actors in the HIV/TB network. The relatively low density of these ties is likely an artefact of the low response rate to the survey and should be interpreted with caution. On average, each identified node (n=152) in the combined network had three ties, but among only survey respondent nodes (n=40) the average number of ties increased to seven, which suggests that with a higher response rate the network would be much denser. The betweenness centralization score is a measure of the extent to which a small number of nodes play important gatekeeper roles in the network. The medium-low scores of 0.08 for the combined network and HIV/TB networks and 0.12 for the malaria network correspond with a decentralized network, rather than an equally distributed network or one with a single centralized node: it has multiple “hubs” that are important for information exchange. This decentralized structure makes sense in a situation with collaboration within and between organizations and funding requests, and between national and provincial levels, where there may be multiple focal actors among these intersecting groups. Trust between collaborators in the network was reported as high (average 3.38), with most respondents reporting either “good” or “excellent” relationships (3 and 4 on the scale).

Table 2. Network attribute definitions, results, and interpretation

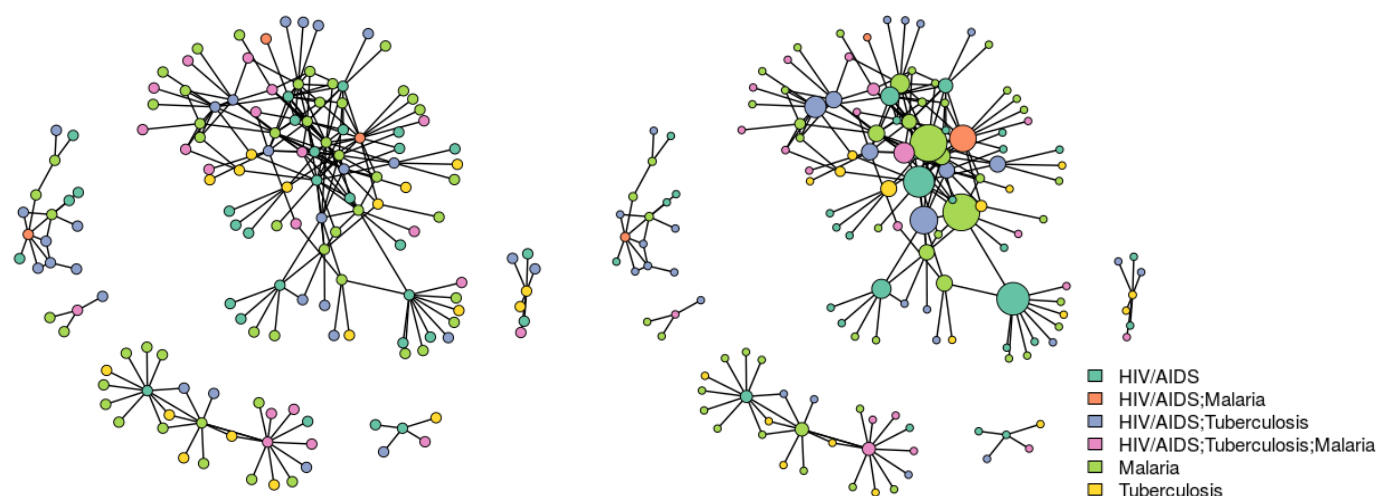
Network attributes	Definition	Value	Interpretation	What would this attribute look like in a high-performing network?
Node	An individual actor. Number of nodes denotes the network size.	152	The network of collaborators supporting the Global Fund application in DRC is quite large, with slightly more identified actors in the HIV/TB network (99) than the malaria network (75).	Ideal network size depends on network function: Smaller networks enable coordination, while larger networks enable wider reach for info sharing. A growing network size indicates increasing reach and increasingly complex coordination needs.
Tie	Link (connection) between two nodes.	237	We assume all relationship ties were <i>undirected</i> (e.g., mutual; collaborative) during the Global Fund application process. More ties were identified in the HIV/TB network (169) than the malaria network (92).	See <i>Density</i> below
Isolate	A node not connected to the rest of the network.	3	Identified isolates were named through the “most influential question” and are not pictured in the network plots. They may not be true isolates given low survey response rate.	A high-performing network should have no isolates for the main network function. Isolates may exist for functions that don’t involve every member.
Density	Number of existing ties divided by the number of possible ties.	0.02	The relatively low density (meaning 2% of potential ties exist) should be interpreted with caution given the low survey response rate.	Dense (cohesive) networks are more likely to resist change, exchange noncomplex information, or act collectively, whereas sparse networks may be more open to new information and actors, and thus innovation. Information-sharing networks tend to have much lower density (0.01–0.05) than policy networks with specific tasks (0.25–0.60).
Average degree	Average number of ties per node	3	Average node had 3 ties, but average respondent node had 7 ties – suggests density would increase with higher response rate. Average number of ties was slightly higher in the HIV/TB network (3.4) than malaria network (2.4).	Actors with more ties may be relatively advantaged due to having multiple alternative ways to access resources and share information.
Betweenness centralization	Extent to which the network is dominated by one or a few focal actors.	0.08 0.12	The centralization score (0.08) is medium-to-low for the combined network and HIV/TB network and slightly higher in the malaria network (0.12) – these values are indicative of a decentralized network with multiple collaboration hubs across funding requests.	Centralized networks act more efficiently under the control of one or few focal actors, whereas decentralized networks are better at finding and exchanging new information and ideas. The ‘ideal’ level of centralization depends on the network’s intended function.
Betweenness centrality	Extent to which a node is located on the shortest paths between other actors.	See figures	See right-hand column in Figures 1 and 2 for graphic representation of nodes sized according to betweenness centrality scores.	Actors with high betweenness centrality are bridges between others; they are in a structural position to control flow of information and to most efficiently transfer information to the greatest number of other actors in the network. A high-performing network will have some actors with high

				betweenness centrality (>100) and able to access other parts of the network.
Mean reported trust (tie weight)	Average trust score in the network.	3.38	The high levels of trust between ties is indicative of strong collaborative relationships. Levels of trust were similarly high among the HIV/TB (3.41) and malaria (3.36) networks.	This survey measured trust between nodes on a scale of 1 to 4. In co-located networks, we frequently observe higher levels of mean trust relative to non-co-located networks.
Subgroups	Groups of nodes that share a certain characteristic	NA	Network plots examine subgroups by organization, funding request gender, and geographic level.	A network with ties both within and across subgroups promotes information transfer across areas of expertise.

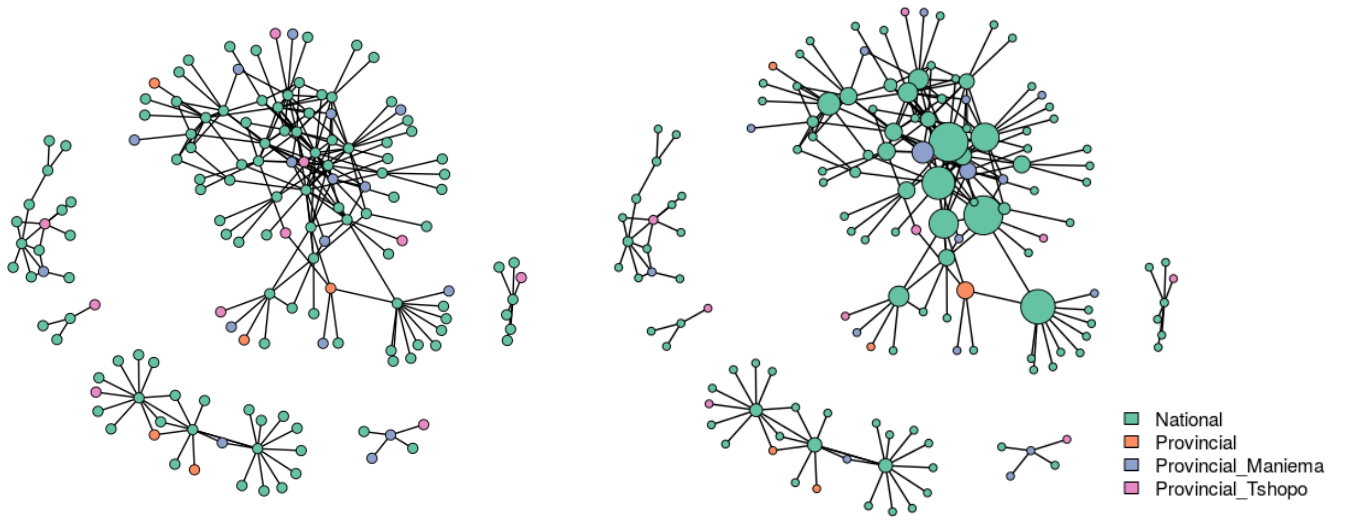
Figure 1 plots the networks and colors of the nodes according to attributes of interest. The right-hand side of the plot sizes nodes by their betweenness centrality – a measure of how many other nodes the focal node lies between. This metric is an indicator of an individual’s strategic position to transfer information or resources. A plot of the network structure by funding request type confirms that actors involved in one application component, either the HIV funding request component (purple), TB funding request component (blue), or malaria funding request component (pink), were less influential in the network relative to actors involved in multiple application components, such as the HIV and TB components (yellow) or all three application components (brown) (Figure 1, Panel A). The network of actors plotted by geographic level suggests that actors at the provincial level were relatively disconnected from national-level stakeholders, although a few actors from Maniema (green) and Tshopo (yellow) provinces occupied influential network positions, as indicated by their placement and elevated betweenness scores (Figure 1, Panel B). The network of identified actors plotted by gender suggests males held a slightly more dominant and influential network position (red); however, nodes sized by betweenness score indicate a few more females than males had the highest tier of betweenness scores (largest circles), but more males than females had the medium tier of betweenness scores (Figure 1, Panel C). Also of note, three isolates without ties to other actors were identified in the network (not pictured in figures). These actors were identified through the “most influential” question but were not otherwise named through the listing of individual collaborators – for example, this might represent highly influential actors in leadership positions that are crucial to decision-making but not necessarily involved in the day-to-day collaborative work of developing the grant application materials.

Figure 1. Plots of DRC’s 2017 Global Fund application network with nodes represented by funding request type, geographic level, and gender, and betweenness centrality score of nodes (second column)

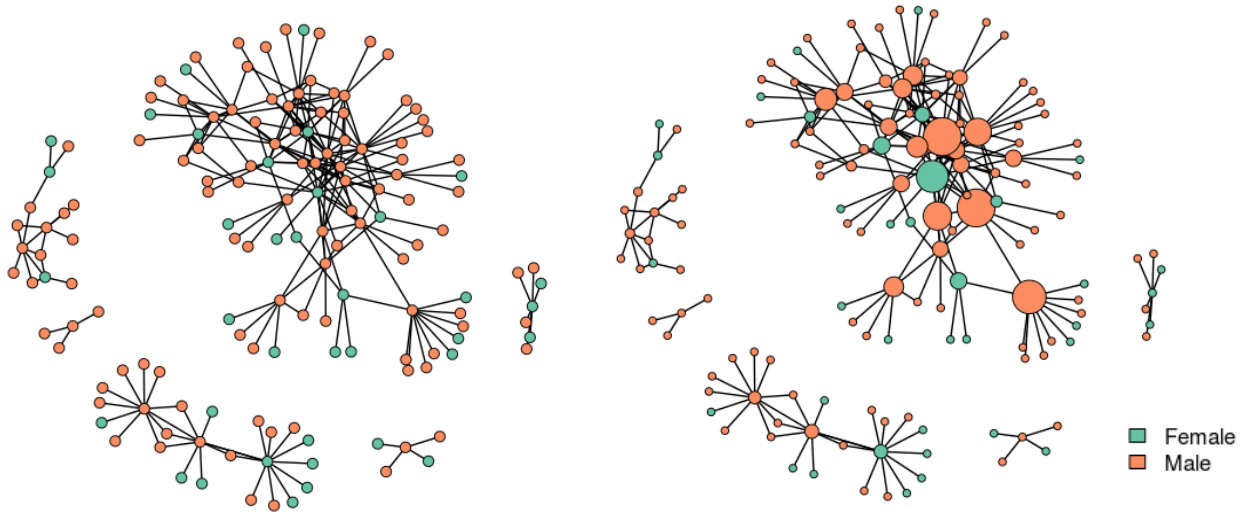
Panel A: Funding Request Type



Panel B: Geographic Level



Panel C: Gender



A plot of the HIV/TB network by organizational affiliation reveals a balanced involvement of actors from each organization category, although subnational actors were relatively isolated from national-level actors. Ministry of Health PRs (green), NGO/civil society partners (yellow and red), and the CCM (aqua) likely held influential positions in the application process, as indicated by their high betweenness scores (Figure 2). The plotted malaria network reveals that NGO/civil society partners (red, green, brown) had a less prominent role in the application process compared to the HIV/TB grant (Figure 3). Technical partners (grey), Ministry of Health PRs (yellow), and government (blue) were the most important partners in the malaria network, as indicated by their placement and elevated betweenness scores.

Figure 2. Plot of DRC’s 2017 Global Fund application network for HIV/TB by organizational affiliation of nodes and betweenness centrality score of nodes (second column)

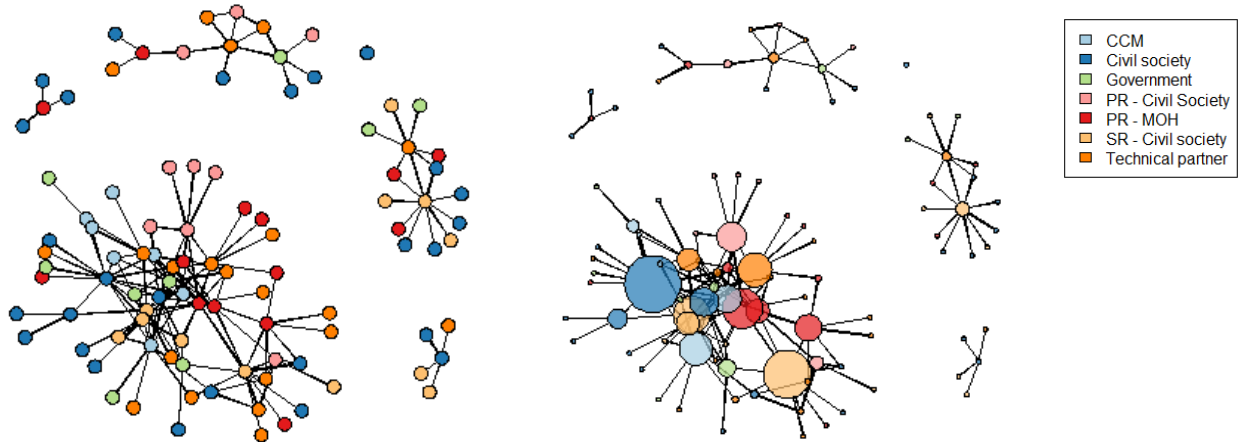
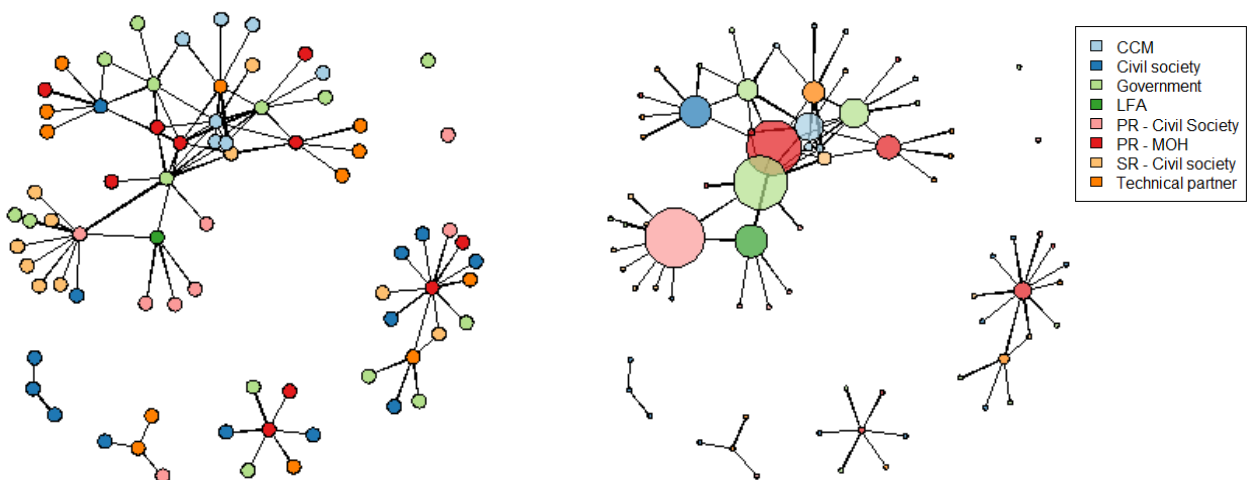


Figure 3. Plot of DRC’s 2017 Global Fund application network for malaria by organizational affiliation of nodes and betweenness centrality score of nodes (second column)



PERCEIVED BENEFITS AND DRAWBACKS OF PARTNERSHIP

Survey respondents were also asked about the benefits and drawbacks of partnership in terms of effectiveness, efficiency, and country ownership they perceived to have occurred due to working together with other individuals and organizations in supporting the 2017 Global Fund application process. Table 3 shows the level of agreement with each of the potential benefit and drawback statements. There was general agreement that partnership helped improve the effectiveness of the grant application process (mean=79%). Most respondents (78%) reported that partnership had improved the quality and technical soundness of the approved Global Fund grants, which triangulates with evidence that DRC's grant applications were reviewed and approved on time. Most respondents (83%) were also better able to identify the need for, and to acquire additional technical support. On the other hand, fewer than half of respondents perceived partnership to contribute to a more efficient grant application process (mean=43%). In terms of efficiency, few respondents perceived the following benefits to have occurred: leveraged each organization's comparative advantages (44%); reduced transaction costs (i.e., more streamlined grant application process) (36%); and reduced financial cost of the process (33%) – which align with qualitative information from KIIs suggesting increased transaction costs associated with a highly inclusive and participatory application process. In terms of country ownership, there was general agreement that benefits of partnership included increased inclusiveness of stakeholders involved in the process (75%), increased fairness (75%) and legitimacy (78%) of decisions made, and increased accountability (72%) and transparency (72%) among partners. However, fewer respondents perceived partnership to have contributed to approved grants that were more responsive to country needs (42%).

Perceived drawbacks of partnership were relatively minimal. Thirty-one percent of respondents perceived the partnership as linked to creating competition and conflict among partnership members, and some respondents (19%) thought it resulted in making decisions in an unnatural or atypical way. Fewer respondents (6%-11%) reported strained relations, loss of control/decision-making autonomy, or lack of credit as perceived drawbacks that occurred.

Table 3. Perceived benefits and drawbacks of partnership

Perceived Benefits	Total Agreed "Occurred" (%)
Effectiveness	
Increased quality and technical soundness of the approved grants	28 (78%)
Better able to execute activities	28 (78%)
Better able to respond to challenges and bottlenecks that arose during process	28 (78%)
Better able to identify the need for, and to acquire additional technical support	30 (83%)
<i>Mean (effectiveness benefits)</i>	79%
Efficiency	
More timely execution of planned activities	21 (58%)
Leveraged each organization's comparative advantages	16 (44%)
Reduced transaction costs (i.e., more streamlined grant application process)	13 (36%)
Reduction in financial cost of process	12 (33%)
<i>Mean (efficiency benefits)</i>	43%
Country Ownership	
Approved grants that are more responsive to country needs	15 (42%)
Increased inclusiveness of key stakeholders in the process	27 (75%)
Increased fairness of decisions made	27 (75%)
Increased accountability among partners	26 (72%)
Increased legitimacy of decisions made	28 (78%)
Increased transparency among partners	26 (72%)
<i>Mean (country ownership benefits)</i>	69%
Perceived Drawbacks	Total Agreed "Occurred" (%)
Effectiveness	
Created competition and conflict among member organizations	11 (31%)
Strained relations within my organization	4 (11%)

<i>Mean (effectiveness drawbacks)</i>	21%
Efficiency	
Forced to make decisions in a way which was not natural/typical for our organization	7 (19%)
Loss of control/autonomy over decisions	2 (6%)
Unnecessary management burden on my organization	7 (19%)
<i>Mean (efficiency drawbacks)</i>	15%
Country Ownership	
Not enough credit given to my organization	3 (8%)
<i>Total (country ownership drawbacks)</i>	8%

KEY TAKEAWAY MESSAGES

- Network mapping and analysis is a useful tool for systems evaluation to support exploration of network size and structure and understand representation of stakeholder groups and the strength of relationships between actors.
- The DRC’s 2017 application cycle was an inclusive process in terms of stakeholder representation, as mentioned by key informants but also shown in the network plots, characterized by:
 - Balanced involvement of actors from each organization category in both HIV/TB and malaria networks.
 - Influential positions in the application process that were not dominated by a single organization category but rather shared among multiple actors, including Ministry of Health PRs in both disease applications, in addition to NGO/civil society partners and CCM in the HIV/TB application, and technical partners and government in the malaria application.
 - Males holding a slightly more dominant and influential network position. However, a few more females than males had the highest tier of betweenness scores, meaning that they were in a structural position to most efficiently transfer information to the greatest number of other actors in the network.
- Most survey respondents thought that working in partnership contributed to the effectiveness of the 2017 Global Fund grant application cycle, with key benefits such as increased legitimacy in decisions made, better quality and technical soundness of approved grants, and greater ability of stakeholders to identify and acquire technical support.

Limitations

Findings should be interpreted considering several limitations. Only 40 network surveys were administered among this large network of over 150 collaborators. The low response rate limits the internal and external validity of the findings. The plots of network structure are likely to be more accurate at the core of the network, where more ties have been identified, than at the periphery of the network where the density of ties is likely underestimated since we are missing data from identified actors that did not respond to the survey questionnaire. This holds true for betweenness measures which are compromised by incomplete network data, particularly at the periphery, i.e., betweenness increases as actors are connected to others who were not surveyed (see nodes on margins of network).

Conclusions and Next Steps

The network data offer important insights into the structure of the network of actors involved in the development of DRC’s 2017 Global Fund application – and to our knowledge is the first time such a network has been mapped for a Global Fund application process. This information will help in informing the PCE team on further assessment of partnership during the implementation phase of the 2018–2020 grants, including potential identification of downstream consequences of the partnership.

References

1. The Global Fund. *Investing to End Epidemics: The Global Fund Strategy 2017-2022*. Geneva, Switzerland; 2017. https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf.
2. The Global Fund. DRC Overview: Investments to Date. <https://www.theglobalfund.org/en/portfolio/country/?loc=COD&k=8821256b-ea63-4407-adbf-3ddf43878055>. Accessed July 5, 2018.
3. Kanya C, Shearer J, Asimwe G, et al. Evaluating Global Health Partnerships: A Case Study of a Gavi HPV Vaccine Application Process in Uganda. *Int J Heal Policy Manag*. 2016;6(6):327-338. doi:10.15171/ijhpm.2016.137
4. Provan KG, Milward HB. A Preliminary Theory of Interorganizational Network Effectiveness: A Comparative Study of Four Community Mental Health Systems. *Adm Sci Q*. 1995;40(1):1-33. doi:10.2307/2393698