The Pandemic Fund

Monitoring and Evaluation Guidelines

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Key Terminology

The Pandemic Fund Results Framework	The Board-approved framework to measure the impact of the Pandemic Fund's investments which includes 16 Standard Indicators across four Results Areas and two cross-cutting themes. The document is available here and includes **detailed indicator reference sheets** which are needed for a full understanding of the indicators.
Project-specific results framework	Results framework submitted by Implementing Entities and beneficiary countries at grant proposal stage, refined at grant approval, and used to guide project reporting throughout implementation. Outlines the subset of Joint External Evaluation/ International Health Regulations States Parties Self-Assessment Annual Report/Performance of Veterinary Services indicators and output/coverage/milestone tracking indicators that are specific to the activities supported by each project.
Standard indicators	Indicators that all projects are required to report on, outlined in all Results Area indicators in the Pandemic Fund Results Framework.
Annual project report	The report submitted annually by projects to report on programmatic progress, submitted via an online reporting portal to the Secretariat.
Annual financial report	The report submitted annually by projects to report on financial performance, submitted to the Trustee.
Reporting portal	Online reporting system managed by the Pandemic Fund Secretariat to manage grant documents and enable streamlined project reporting.
Project-specific indicators	Optional output, coverage, or milestone indicators that projects can choose to include in their reporting to show progress. These can be chosen from different sources, including the Indicator Menu which contains existing indicators that countries may be reporting on to other partners.
Project team	IE(s), country level and or regional stakeholders working together in a single Pandemic Fund supported project

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Abbreviations

AAR	After-Action Reviews
GLASS	Global Antimicrobial Resistance and Use Surveillance System
IEs	Implementing Entities
IHR	International Health Regulations
JEE	Joint External Evaluation
M&E	Monitoring and Evaluation
NAPHS	National Action Plan for Health Security
NBW	National Bridging Workshop
PPR	Prevention, Preparedness, and Response
PVS	Performance of Veterinary Services
SPAR	States Parties Self-Assessment Annual Report
TAP	Technical Advisory Panel
WHO	World Health Organization
WOAH	World Organisation for Animal Health

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I. INTRODUCTION AND PURPOSE

As per the Pandemic Fund's Governance Framework and Operations Manual, approved by the Fund's Governing Board in September 2022, the objective of the Pandemic Fund is to provide a dedicated stream of additional, long-term funding for critical pandemic prevention, preparedness, and response (PPR) functions in eligible countries and territories, through investments and technical support at the national level, as well as at the regional and global levels. The Pandemic Fund is expected to support and reinforce capacity building and implementation of pandemic PPR under the International Health Regulations (IHR 2005) and other internationally endorsed legal frameworks, consistent with a One Health[1] approach. The Pandemic Fund grants must be used for activities that will take place over three years.

The three types of proposals that are approved by the Governing Board are:

i. **Single country project**: a proposal submitted by one eligible country along with one or more approved IEs, where activities will occur in and benefit those at the national or sub-national level of the applying country.
ii. **Multi-country project**: a proposal submitted by two or more eligible countries along with one or more approved IEs, where the activities of the proposal will occur in and benefit those at the national or sub-national level of each of the applying countries.
iii. **Regional Entity project**: a proposal submitted by a Regional Entity (or body or platform) along with one or more approved IEs, where activities will occur in and benefit those at the regional or sub-regional level.

This Monitoring and Evaluation (M&E) Guidelines provides an overview of the key M&E requirements and processes of the Pandemic Fund grants. It is intended to provide Implementing Entities (IEs) and project teams with information on:

- The Pandemic Fund's approach to M&E
- M&E requirements throughout the grant cycle
    - Proposal stage
    - Grant approval
    - Implementation and closure

II. THE PANDEMIC FUND'S APPROACH TO M&E

a. The Pandemic Fund Results Framework and Project-Specific Results Framework

[1] One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent. The approach mobilizes multiple sectors, disciplines, and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for healthy food, water, energy, and air, taking action on climate change and contributing to sustainable development. Source: One Health High-Level Expert Panel (OHHLEP), Adisasmito WB, Almuhairi S, Behravesh CB, Bilivogui P, Bukachi SA, et al. (2022) One Health: A new definition for a sustainable and healthy future. PLoS Pathog 18(6): e1010537. https://doi.org/10.1371/journal.ppat.1010537

The Pandemic Fund has developed a Results Framework that sets out the metrics and pathways to change that guide monitoring, evaluation, and learning across projects. Each project should contribute to improving some or all the metrics in the Results Framework, depending on the types of activities supported by the grant. Collectively, reported results from the projects will be used to monitor the overall performance of Pandemic Fund grants and ensure accountability of resources allocated by the Pandemic Fund. Accurate, timely, and complete reporting from projects is essential to enable the Pandemic Fund and its donors to understand the impact of their investments.

The Results Framework covers results and associated metrics and 16 indicators (Annex 1), along four key dimensions: a) Building capacity/demonstrating capability; b) fostering coordination nationally (across sectors within countries), and among countries regionally and globally; c) incentivizing additional investments in pandemic PPR; and d) ensuring administrative/operational efficiency of Pandemic Fund resources, as well as cross-cutting areas, such as gender and equity.

Project versus financial monitoring and reporting

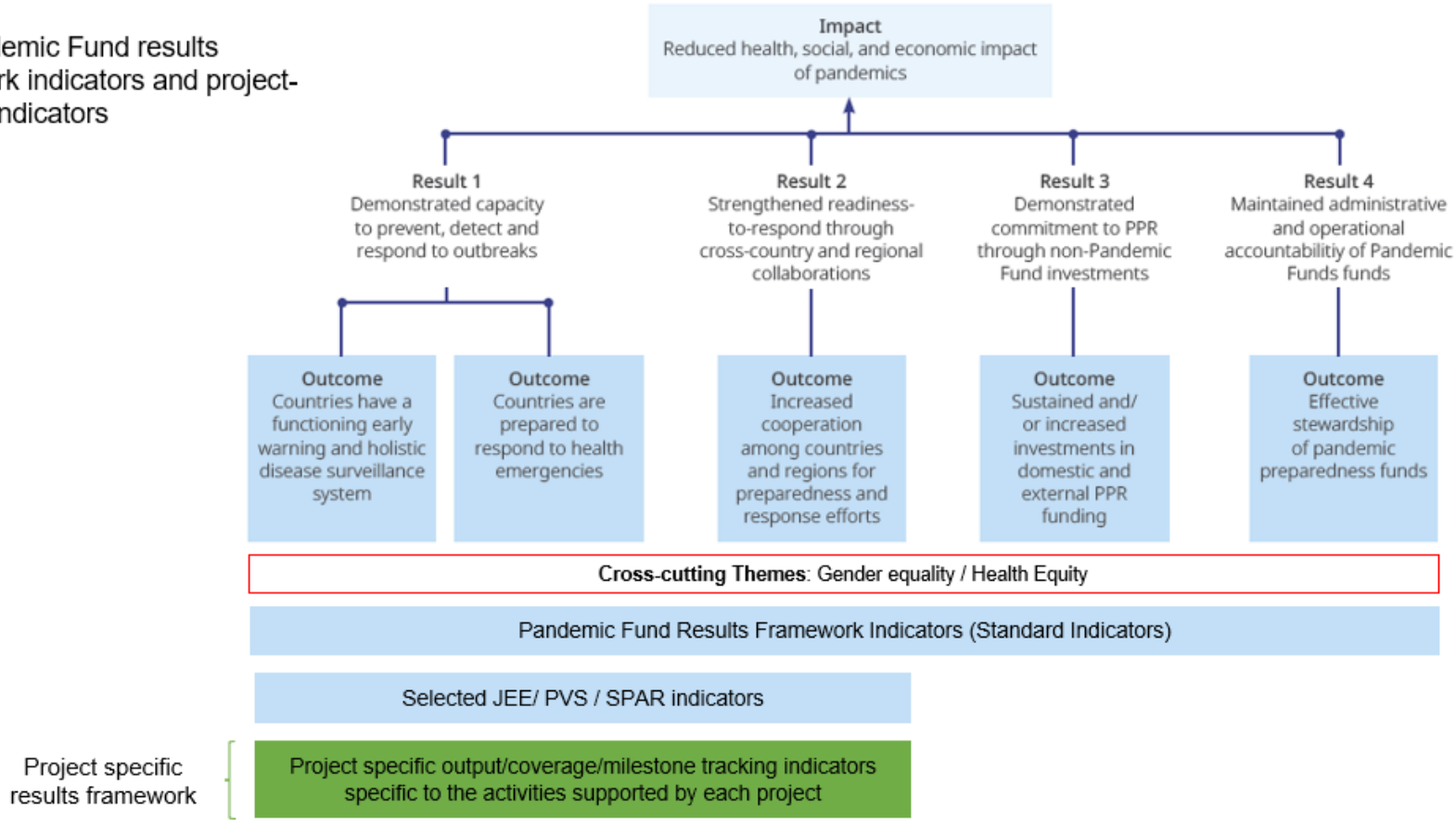
These M&E guidelines are meant for project monitoring throughout the grant cycle. Annual project reports are shared with the Pandemic Fund Secretariat via the reporting portal.

Financial monitoring and reporting are outlined in the Operations Manual and the financial procedures agreement (entered into between the IE and the World Bank as Trustee for the Pandemic Fund). Financial reports are submitted separately to the Trustee by IEs.

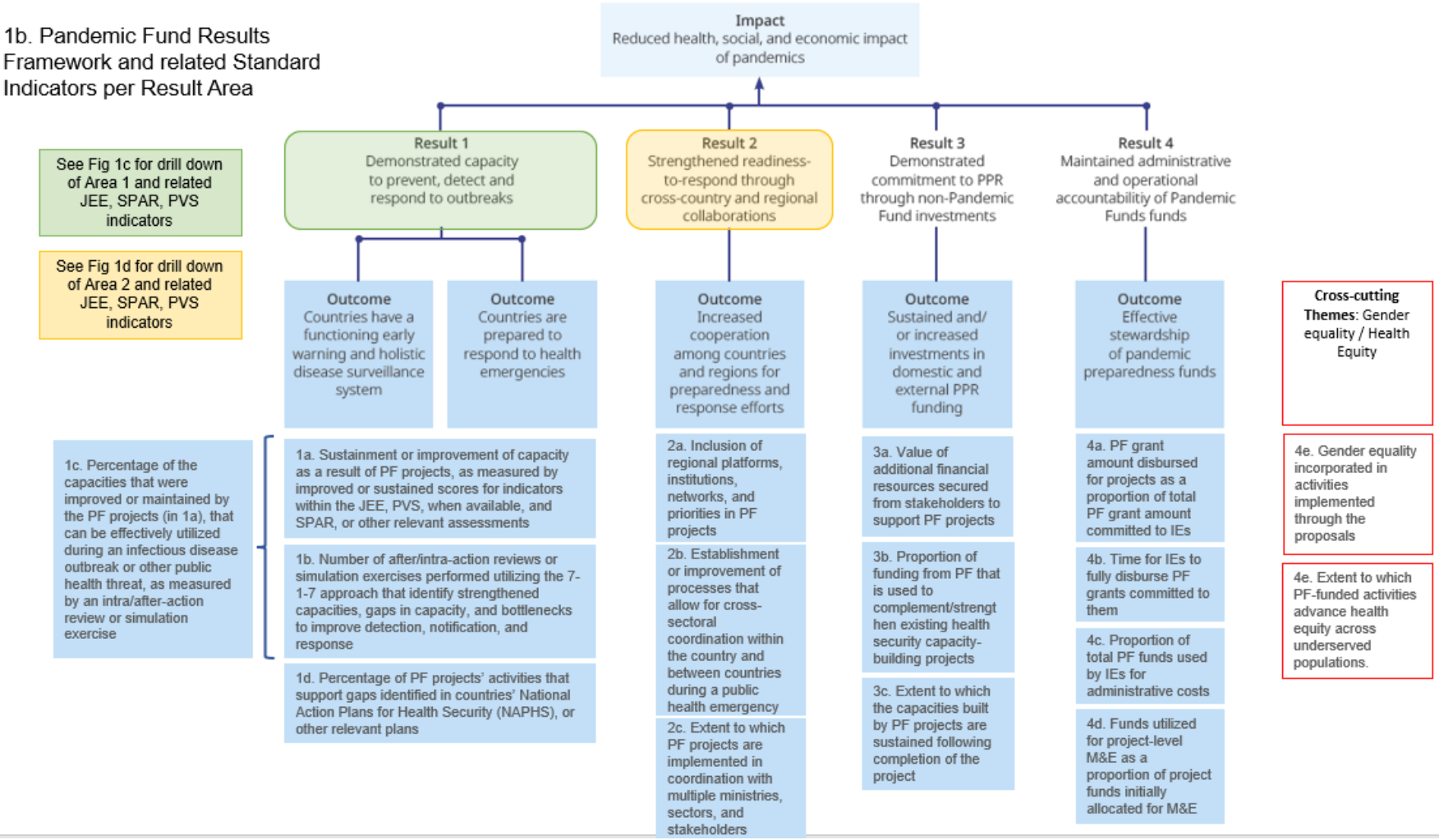
The Project-Specific Results Framework will report on a subset of the relevant Joint External Evaluation (JEE)/IHR States Parties Self-Assessment Annual Report (SPAR)/Performance of Veterinary Services (PVS) indicators, plus a set of project-specific indicators to show a logical progression from outputs to outcomes (i.e., the five outcomes in the Pandemic Results Framework or components of the IHR-PVS National Bridging Workshops (NBW) roadmap) and contribute to the four Results Areas in the Pandemic Fund Results Framework (see Figures 1 a-d below). Results Area 1, which focuses on building and demonstrating capacity, comprises the bulk of reporting in the annual project report.

Figure 1: Pandemic Fund Results Framework and Project-Specific Results Framework and Indicators

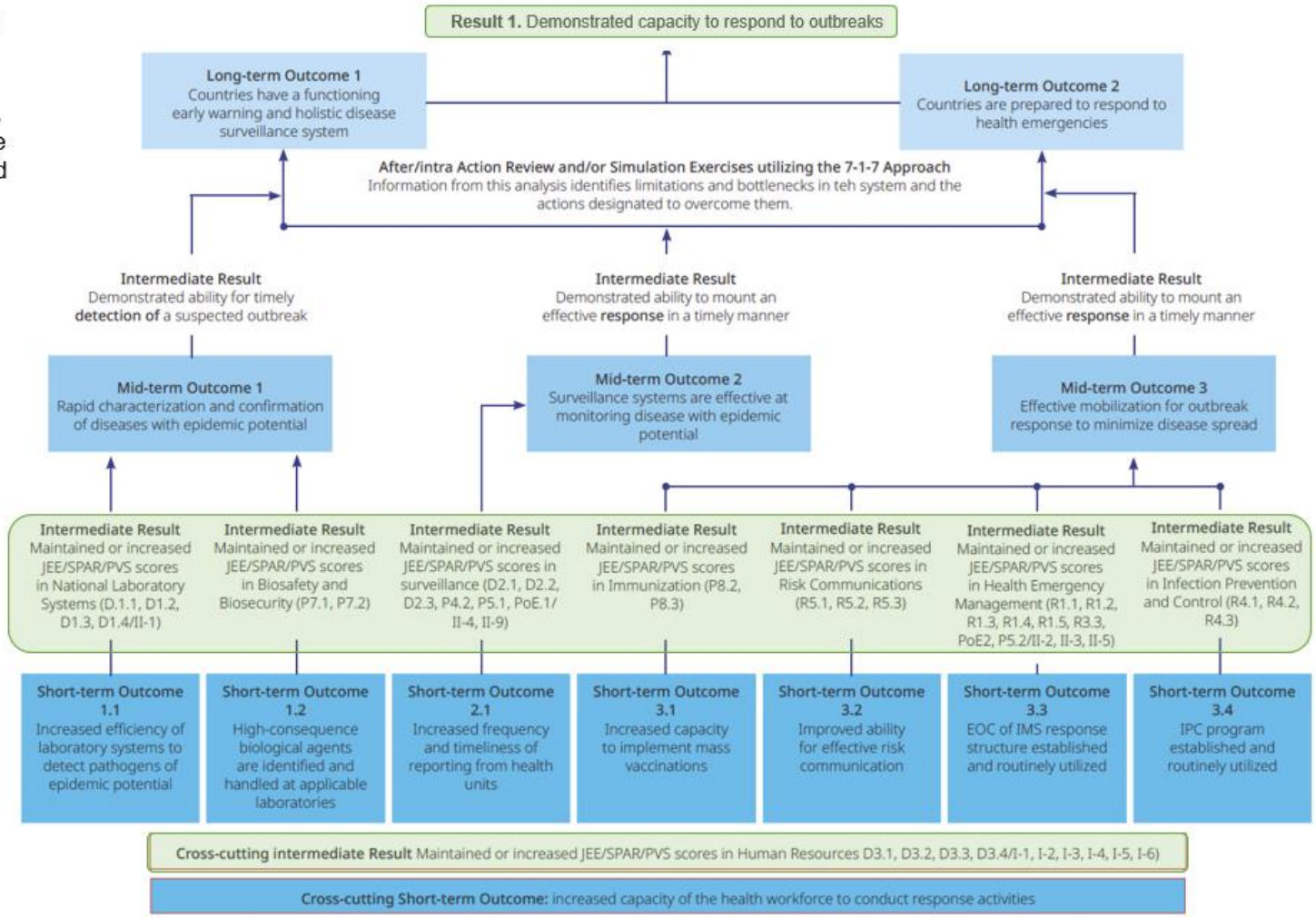
1a. Pandemic Fund results framework indicators and project-specific indicators



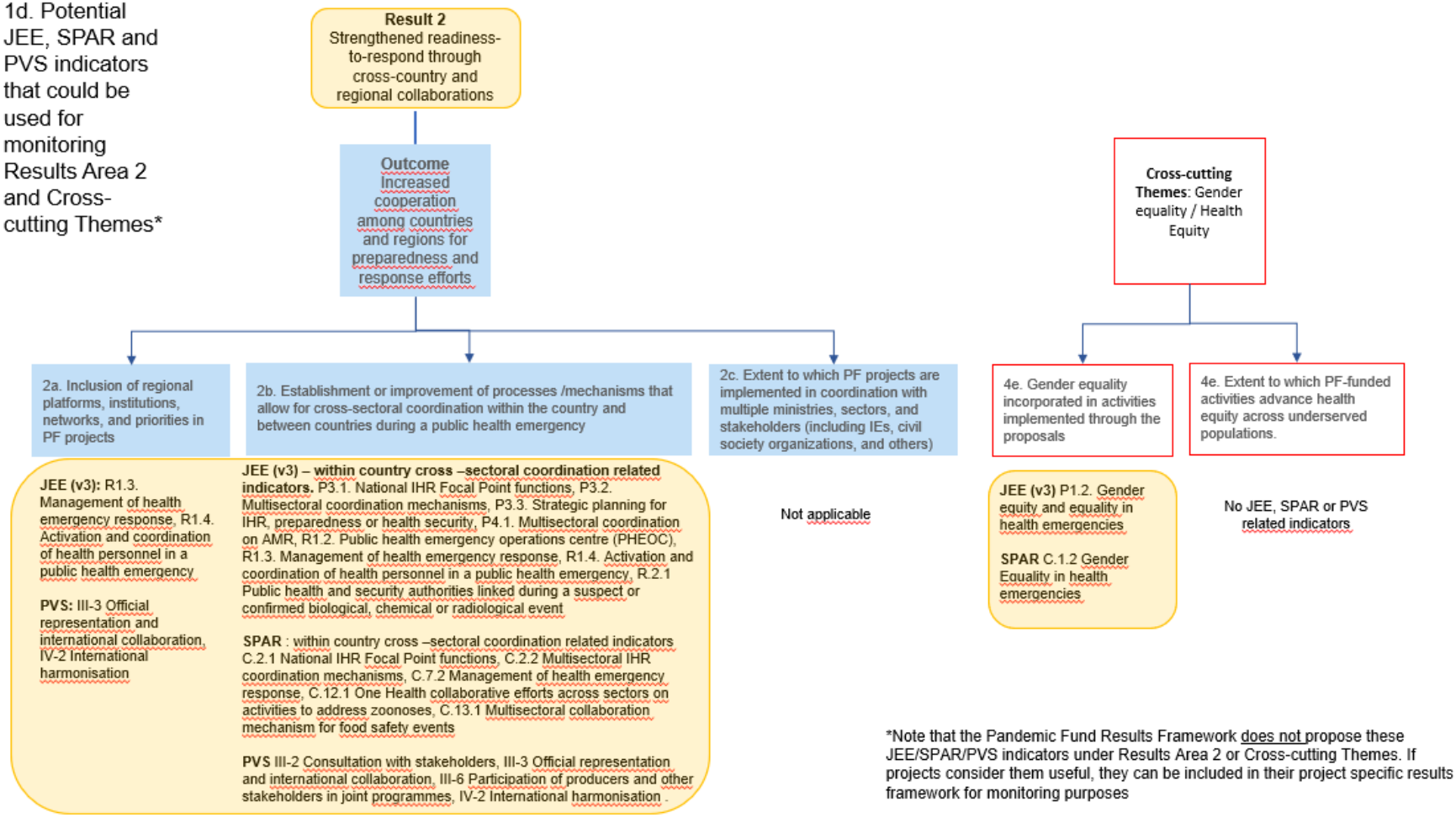
1b. Pandemic Fund Results Framework and related Standard Indicators per Result Area



1c. JEE, SPAR and PVS indicators for Results Area 1, as shown in the Pandemic Fund Results Framework



1d. Potential JEE, SPAR and PVS indicators that could be used for monitoring Results Area 2 and Cross-cutting Themes*



*Note that the Pandemic Fund Results Framework does not propose these JEE/SPAR/PVS indicators under Results Area 2 or Cross-cutting Themes. If projects consider them useful, they can be included in their project specific results framework for monitoring purposes

b. Alignment with global frameworks

The Results Framework, notably Results Area 1, is aligned with global frameworks for monitoring, including both the IHR M&E Framework and the PVS Pathway.

The IHR M&E Framework defines country-led and country-owned processes for monitoring the progress of implementing the IHR for public health events and emergencies that have the potential to cross borders. Key approaches included as part of this framework include: IHR SPAR, JEE, after-action reviews (AAR), and simulation exercises. **The Pandemic Fund Results Framework includes direct reporting on indicators from the JEE, SPAR and PVS (*capacities*), as well as metrics related to the use and performance of AAR, IARs, EARs and simulation exercises (*capabilities*)**.

The PVS Pathway measures the strengths and weaknesses of national Veterinary Services and Aquatic Animal Health Services based on the World Organisation for Animal Health (WOAH) international standards on animal health and welfare. The Pandemic Fund Results Framework integrates indicators from the PVS as part of Results Area 1.

In a significant number of countries, the results of the JEE or SPAR and PVS have been discussed during IHR-PVS National Bridging workshops, which result in agreed-upon roadmaps to improve coordination at the human-animal-environment interface. The activities of the IHR-PVS NBW Roadmaps can be used to complement and operationalize the indicators of the JEE, SPAR and PVS.

The Pandemic Fund Results Framework is expected to go through periodic revisions to ensure its effectiveness in measuring the effects of Pandemic Fund investments, which will be undertaken with input from IEs and project teams.

c. Principles for project reporting

The Pandemic Fund aims to minimize the reporting burden on grant recipients by using existing data sources and M&E systems wherever possible.

- **Flexibility**: The selection of project-specific indicators (described in Section III) is intended to provide flexibility to account for data availability, efficiency in data collection, and appropriateness, depending on the project.
- **Harmonization**: Guidance has been developed in line with indicators or tools (such as the World Health Organization [WHO] Benchmarks tool) that are currently in use by IEs or are recommended for program monitoring by relevant global partners.
- **Minimization:** Annual reporting is used to keep reporting requirements to a minimum, while providing the Secretariat with sufficient information to ensure accountability and effective portfolio management.

III. M&E REQUIREMENTS THROUGHOUT THE GRANT CYCLE

a. Overview

The reporting requirements of projects supported by the Pandemic Fund are outlined in the Pandemic Fund's Operations Manual. This includes the following key requirements:

- Each project will have project- and/or country- and regional-level indicators expressed in a results framework that aligns with the Pandemic Fund Results Framework, against which performance will be monitored and assessed
- Programmatic results will be reported on annually, including progress and results for standard indicators of the Pandemic Fund Results Framework as well as project-level indicators
- Accuracy and completeness of all reporting is the responsibility of the originating IE
- All projects supported by the Pandemic Fund require explicit commitments to M&E during implementation
- If the reports do not include required information, the Secretariat will request additional information or a revised report.

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Per the Operations Manual guidance, p**rojects will** report on indicators aligned with **the Pandemic Fund Results Framework as well as a** p**roject-**s**pecific Results Framework.** Development of the project-specific Results Framework is outlined in the next section ("b. Proposal Phase").

The majority of the standard indicators of the Pandemic Fund Results Framework will be reported on by projects, with few exceptions (see Table 1). The detailed indicator descriptions for each of these indicators are provided in the **Results Framework** to provide further clarity on what data are required**.** Projects should align their projects and M&E systems accordingly.

Table 1: Applying Standard indicators of the Pandemic Fund Results Framework

Pandemic Fund Results Framework Results Areas	Theme	Standard Indicators	Do indicators apply to all projects?
1. Building capacity/ demonstrating capability	Capacities (JEE/SPAR/PVS indicators)	1a, 1c, 1d	Applies to all single country projects. Some Regional and multi-country projects may have country level components that align
	Capabilities (IARs, EARs, AARs and simulations,	1b, 1c	
	National alignment	1d	

2. Fostering coordination nationally (across sectors within countries), and among countries regionally and globally	National cross-sectoral coordination	2b, 2c	with these indicators. (Note: The subset of JEE/SPAR/PVS indicators under 1a may differ depending on the focus of the project activities, which should be specified in the project-specific framework)
	Regional and global coordination	2a, 2b	Applies to all Regional projects. Some single and multi-country projects may have components that align with these indicators.
3. Incentivizing additional investments in pandemic prevention, preparedness, and response (PPR)	Additional investments, complementarity and sustainability	3a, 3b, 3c*	Applies to all projects
4. Ensuring administrative/operational efficiency of PF resources	Disbursements, administrative costs and M&E costs	4a, 4b, 4c, 4d	Applies to all projects
Cross Cutting themes	Gender equality	4e	Applies to all projects
	Health equity	4f	

* Indicator 3c is only measured in the final evaluation and reported on Year 3.

b. Proposal Stage

The Pandemic Fund will announce rounds of funding, which should be the point of departure for preparing a funding application. The call for proposals will provide guidance on focus areas of support in line with the Pandemic Fund Results Framework.

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In addition, the following guidance can be used to develop the project-specific results framework. **The project-specific results framework outlines indicators that align to Results Areas 1 and 2 of the Pandemic Fund Results Framework, including a selection of indicators to measure:**

- Capacity (i.e. relevant JEE/SPAR/PVS indicators)
- Capability (as measured by timeliness metrics in simulations, EARs, IARs, AARs or other assessments)
- National and/or regional cross-sectoral coordination and collaboration.
- Outputs, outcomes, milestones or deliverables (completion of activities)

M&E requirements for Pandemic Fund Projects nested within larger projects.

Some Pandemic Fund projects represent subcomponents within larger projects co-financed by several donors. Clearly specifying at the proposal stage the activities and areas financed by the Pandemic Fund can facilitate reporting and attribution at the reporting stage. Choosing project-specific indicators for which monitoring systems are already in place as part of the larger project should be considered.

Step 1: Aligning activities with JEE/SPAR/PVS and National Action Plan for Health Security (NAPHS)

Activities to be supported should directly contribute to relevant JEE/SPAR/PVS indicators and should be included as part of the NAPHS.

1. For each identified priority activity area, select the JEE, SPAR or PVS indicator to which the activity contributes.
2. If an activity requested for support is not part of the NAPHS or the country does not have a NAPHS, this should be justified in the narrative of the application.
3. Countries are encouraged to use WHO Benchmarks to develop an activity plan for the proposal. Similarly, a mention can be made when this activity has been prioritized in the IHR-PVS NBW Roadmap, when available.
4. Projects only need to report on JEE, SPAR, or PVS indicators where the Pandemic Fund contributes to related activities. Projects do not need to report on progress against other JEE, SPAR or PVS indicators as part of the project-specific results framework.
5. The most recent scores from relevant JEE or SPAR reports, as well as PVS data depending on availability, should be included as part of the proposal, describing the intended improvements that are anticipated with the Pandemic Fund support

The baseline values for these indicators can be presented as illustrated below in Figures 2a and 2b,.

Figure 2a: Single country project

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	Country	
Data source (eg. SPAR)	Indicator 1	
	Indicator 2	Level 4
	Indicator 3	Level 3

Figure 2b: Multi-country project

		Country 1	*Country 2*	*Country 3*	*Country 4*
Data source (eg. SPAR)	Indicator 1		Level 1		Level 3
	Indicator 2	Level 4	Level 3		
	Indicator 3	Level 3		Level 4	Level 2
	…				

Grey denotes indicator not selected for monitoring in country proposal.
Changes to the baselines will be assessed over time

Step 2: Selecting project-specific indicators

When developing the project-specific results framework, IEs should consider the following:

1. For key activities under each JEE/SPAR/PVS indicator, identify relevant indicators that can be used to monitor annual progress toward improvements in the JEE/SPAR or PVS score.

Indicators should be formulated either:

a) **as outputs** ("Number of surveillance sites with staff trained in national antimicrobial resistance surveillance standards and guidelines in line with the Global Antimicrobial Resistance and Use Surveillance System [GLASS] manual") **or outcomes that can be measured quantitatively** ("Percentage of surveillance sites applying national antimicrobial resistance surveillance standards and guidelines in line with the GLASS manual"), or

b) **as milestones or deliverables** (e.g. "National Action Plan for AMR completed").

Process and input indicators should be avoided where there are relevant alternatives that measure intermediate results.

Any of the approaches below, or combination thereof, can be used:

- Completion of activities listed in the IHR-PVS NBW Roadmap. Monitoring of the IHR-PVS NBW Roadmap implementation, as currently conducted in multiple countries, including through the support to dedicated national experts (so-called NBW catalysts) who regularly report on the completion of these activities.

- Benchmarks, as defined by WHO Benchmarks tool → These are defined activities, linked to specific JEE/SPAR indicators, completion of which can be used as indicators. This approach

works best for countries who are already using the WHO Benchmarks tool as a basis for the development of the NAPHS, and/or as a progress monitoring tool. It also works for countries where activities are well aligned with the WHO Benchmarks tool. Countries are encouraged to align their proposed activities to the WHO Benchmarks tool.

- Select from the suggested Indicator Menu (refer to the website for the document) → In consultation with IEs, the Pandemic Fund has compiled an Indicator Menu in the Application portal, a list of existing indicators (at output/coverage/outcome and activity tracking levels) that can be used to support project-level monitoring in the areas supported by the Pandemic Fund. This approach works best for activities where the country is already reporting on indicators included in the Menu, as data collection tools would be in place.
- Other relevant indicators measured by IEs, if they relate to relevant activities in the project-specific framework.
- Routine data collected at the national level.
- Develop own indicators based on the principles outlined above.

2. Describe the data source/means of verification for each identified indicator. This source should be able to generate data for reporting prior to the expected deadline for annual reports and could be specific to the country context. Examples of means of verification include: "IHR-PVS NBW Roadmap implementation check report", "WHO Benchmarks progress check report" (refer to section c. i. on grant monitoring processes for more detail on this approach), "DHIS-2", "National Notifiable Disease System".
3. Indicators should include a clear definition in the project-specific results framework in the "numerator" field. For those that are expressed as a percentage, both the numerator and denominator should be clearly defined in the relevant fields of the project-specific results framework at the time of proposal submission.

Step 3: Setting targets

For each of the identified indicators selected in Step 2, the baseline and target should be established as part of the proposal, when applicable. These should take into account the following:

1. Targets should be ambitious enough to contribute to changes in pandemic preparedness capacity and response, while being realistic enough to achieve. Targets should be aligned with the requirements to achieve changes in the JEE, SPAR and PVS scores, as relevant.

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2. For all country-specific projects, targets should be aligned to national plans. If activities to reach targets are co-financed by other partners, the expected contribution of the Pandemic Fund-support to targets should be explained in the comments field.

3. Targets should be based on available baseline data. Baseline values should be included as part of the project-specific results framework submitted with the proposal. Baseline SPAR indicators will use the most recent SPAR scores as illustrated below.

4. Targets should be phased by year across the grant period, in line with the planned rollout of activities. Each annual target should reflect the expected results achieved within that reporting period and not the cumulative total anticipated across the full length of the grant.

Establishing baselines
If baseline data is not available at the time the proposal is developed, the project should plan for and, where relevant, budget for, establishing baselines as early as possible in Year 1. Targets can then be set during Year 1 once baseline data are available through a revision of the project-specific results framework, with approval by the Secretariat.

Example

If 20 external quality assessments (EQAs) are planned for each year, the targets should be set to show each year's results independently, per below:

	Year 1	**Year 2**	**Year 3**	
Number of EQAs provided to National Reference Laboratories	20	20	20	✓
	20	40	60	✗

5. The default assumption is that annual targets will reflect results achieved **across the duration of the annual reporting year**. However, in limited cases, performance may be best reflected by data from the **last quarter or month** of the annual period. For example, if investing in improved timeliness of monthly surveillance reporting, it may be good to look at the percentage of units reporting on time in the most recent report (e.g., the last month or quarter of the project year) rather than looking at the timeliness of every report submitted during the year. Where this may be the case, this should be clearly articulated in the comments field.

6. For qualitative indicators (i.e., milestones or deliverable monitoring), target setting should specify milestones or deliverables that would be achieved within the relevant project year. If using NBW Roadmaps or WHO Benchmarks, the target should represent the completion of each activity. Targets for all years are not required if the activity is completed in Year 1 or Year 2, per the example below:

	Year 1	**Year 2**	**Year 3**

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National Health Information Systems Strategy and costed implementation plan developed	National Health Information Systems Strategy technical working group established and operational	National Health Information Systems Strategy and costed implementation plan finalized and signed off by the Ministry of Health	N/A

Step 4: Identifying regional alignment

If the project is multi-country, regional, or a single-country project that includes regional alignment or regional partners, the project-specific results framework should outline these in the relevant regional tables. The proposal should indicate which proposed activities align with regional priorities, and should outline how regional platforms, institutions, and networks will be included.

c. Grant Approval Stage

The Pandemic Fund's guidance on M&E has evolved from the first call for proposals. For proposals that were approved in the first round of funding, **IEs will be asked to update the activities and indicator table of the approved proposal 1) in line with the guidance on indicator selection and target setting outlined in the previous section, and 2) in a revised template provided by the Pandemic Fund Secretariat that reflects the revised project-specific results framework.**

In future rounds of funding, the Secretariat or Technical Advisory Panel (TAP) may recommend or require modifications to the project-level results framework submitted as part of the proposal.

The revised framework (both for first-round projects and in future rounds) will be reviewed by the TAP, and once approved, will form the basis for annual reporting.

All projects will also be required to report annually on the set of Standard Indicators that correspond to the Results Areas of the Pandemic Fund Results Framework plus project-specific indicators in the online reporting portal. Details on how to report on these indicators is provided in the "Grant Implementation" section.

Countries that have not undertaken JEE (or PVS if applicable) within the past five years of proposal submission are encouraged to do so. Countries that have recently conducted reviews are encouraged to update their NAPHS to reflect current gaps.

d. Grant Implementation and Closure Stages

i. Monitoring processes

Project teams are expected to define processes that work best for them to monitor results during the three-year grant implementation for all Results Areas. This monitoring should include data for Standard Indicators in the Pandemic Fund Results Framework and project-specific indicators.

It is important to **consider the time and financial burden of monitoring processes** at both the proposal and grant implementation stages.

For Results Areas 1 and 2:
Different processes might be appropriate for different activities, depending on the type of project-specific indicators and means of verification chosen in the project results framework. Possible approaches that could be used include, but are not limited to:

- Project teams, with WHO and/or WOAH support, collect JEE, SPAR and/or PVS data for the relevant standard indicators in the proposal
- Project teams request WHO support to implement a monitoring approach that includes:
    - Project teams work with national partners and national monitoring processes particularly the NAPHS implementation/tracking processes, and use/collect data from national health and/or logistics management information systems or other, where data for reporting are available from national systems.
    - Annual progress checks against WHO Benchmarks
    - Annual progress check of implementation of IHR-PVS NBW Roadmap
    - Review of functional outcomes as events occur (through Simulation Exercises, Early Action Reviews [EAR], Intra-action Reviews [IAR], and AAR) and at the end of implementation[2].

[2] Recipient countries of the Pandemic Fund grants can integrate Simulation Exercises, EAR, IAR, and AAR as effective monitoring tools by:

1. Simulation Exercises can be employed as monitoring tools by recipient countries of the Pandemic Fund in the following ways:
    - Baseline Assessment: Before implementing the funded projects, countries can conduct simulation exercises to assess the current state of their IHR (2005) core capacities.
    - Regular Drills: Schedule periodic simulation exercises to evaluate the effectiveness of newly implemented systems and processes as part of the project's activities.
    - Gap Analysis: Use simulation exercises to identify gaps in preparedness and response capabilities, providing direct feedback on the areas that need further improvement.
    - Training and Capacity Building: As part of strengthening the multisectoral workforce, simulation exercises can be used to train public health workers and improve their response to public health emergencies.
    - Validation of Protocols: Validate and refine emergency plans and standard operating procedures through exercises, ensuring that they are practical and effective in real-world scenarios.
    - Coordination and Communication: Use simulations to test and enhance coordination among ministries, civil society organizations, and IEs involved in the project.
    - Reporting and Documentation: Document the outcomes and learnings from simulation exercises to report back to the Pandemic Fund and other stakeholders on the progress made in building IHR capacities.
    - Performance Review: Compare the results of simulation exercises over time to track improvements and demonstrate the effective use of the funds towards achieving the IHR (2005) goals.

2. Early Action Reviews (EARs) for Real-time Assessment: Implementing EARs to measure the agility and effectiveness of initial outbreak detection and response actions. These reviews can provide immediate feedback for ongoing projects, ensuring that activities are aligned with the 7-1-7 target for detection, notification, and response. Findings from EARs can then be used to adapt strategies in real-time.

- Project teams establish monitoring mechanisms to collect and report on indicators that are not integrated as part of national monitoring systems, with information sharing with national programs.

For Results Areas 3 and 4:
The majority of the Standard Indicators in these Results Areas require financial reporting at the project level, which should be generated by the IE's financial management systems or administrative records. Project teams and IEs must ensure proper coordination and verification processes to ensure these indicators can be accurately reported on at the project level. Classification of activities that are complementary or strengthening existing health security capacity may be derived from NAPHS tracking processes, where used.

For Cross Cutting Results Areas:
For proper monitoring of Standard Indicators 4e and 4f on gender equality and health equity, additional data sources may be required:

- Project teams establish or add to existing participatory processes, where the voices of women, minorities and underserved populations can be incorporated. Countries may already have participatory processes in place for other health areas, and incorporating questions pertaining to pandemic PPR may be possible.
- NAPHS implementation/tracking processes or similar national EPPR monitoring processes may already incorporate or could incorporate gender and health equity aspects.

ii. Reporting

The reporting requirements and timeline are described below.

Reporting requirements
IEs and project teams that receive funding from the Pandemic Fund will provide the following reports:

i. A consolidated annual project report to the Secretariat on the progress and results for key activities included in the project, reporting on Standard indicators of the Pandemic Fund Results Framework as well as project-level indicators; and

3. Intra Action Reviews (IARs) for Mid-term Evaluation: Conducting IARs midway through the project lifecycle to assess the effectiveness of the strategies and interventions applied. IARs can help in making mid-course corrections and in sharing best practices among different countries or regions involved in similar projects.

4. After Action Reviews (AARs) for Holistic Review: Utilizing AARs post-project to evaluate the overall success, challenges, and lessons learned. This comprehensive review can inform future project designs and strengthen the capacities required under the IHR (2005). AARs can also feed into policy development for enhanced preparedness and response to future pandemics.

5. Linking Reviews to Funding: Aligning the findings and recommendations from EARs, IARs, and AARs with the disbursement and utilization of the Pandemic Fund funds. This ensures that the financial resources are being used effectively to close the identified gaps in pandemic preparedness and to build IHR (2005) capacities.

ii. Annual financial report to the Trustee in accordance with the Financial Procedures agreement entered into between the Trustee and an IE.

The Secretariat in turn produces an annual portfolio impact/results report, based on individual progress reports received to the Governing Board. Reporting obligations for all parties are established in the Pandemic Fund Operations Manual.

Reporting Timeline

By July 31 of each year: IEs and project teams submits an annual project report to the Secretariat via the online reporting portal for the period from July 1 to June 30 of the preceding fiscal year

By August 31 of each year: The Pandemic Fund Secretariat reviews each annual project report submitted and if the reports do not include required information, the Secretariat will request the IE to send additional information or a revised report.

By September 30 of each year: The Secretariat will review, consolidate, and analyze individual project reports, aggregate data on Standard indicators, and analyze the overall progress of the Pandemic Fund against its Results Framework. A consolidated annual portfolio impact/results report will be developed.

By November 30 of each year: Virtual or in-person meetings between the Secretariat and IEs and project teams will be conducted to discuss a) feedback from the Board on the annual progress report, b) ways to improve operational activities, and c) ways to improve the next round of call for proposals.

Within six months of project completion date: An external review of the final project completion reports will be undertaken by the Secretariat or external consultant to capture lessons learned.

Use of the online reporting portal

The implementation period for projects approved by the Governing Board is three years. IEs and project teams will use the online reporting portal to submit annual project reports on programmatic performance to the Pandemic Fund Secretariat. Financial reporting as outlined in the Operations Manual and the financial procedures agreement (entered between the World Bank as Trustee for the Pandemic Fund and the IE) should be submitted separately to the Trustee by IEs.

To submit annual project reports on the online portal, where there are multiple IEs for a project:

a) IEs and project team members as defined in the proposal will have access to the online portal,
b) the IEs and project team will submit a single consolidated report in the online portal, and
c) the project lead will sign off on the submission in the portal.

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All project-based reporting must engage IEs and relevant country (or regional) teams. The online reporting portal allows access to multiple users for each project, but only the Project Leader will be assigned the right to submit the report on behalf of the project. Project Leaders, in most cases, would be a government official or representative of the Regional Entity (for Regional Entity proposals) dedicated to the project submitted or, in exceptional cases (e.g., impossible for a country to indicate someone due to change of governments or strong instability), a representative of an IE.

Multi-country and Regional projects. Multi-country and regional projects may comprise country level components and/or regional components. The portal will provide separate sections for each country included in the proposal, as well as a regional report section for any regional components. The non-applicable sections can be left blank.

Components of the annual project report.
The online reporting portal includes data elements (indicators) and narrative inputs to allow the Pandemic Fund Secretariat to report on indicators from the Pandemic Fund Results Framework across the portfolio, based on the annual reports submitted by project teams. Guidance on each section of the reporting template is available within the specific fields of the reporting portal. Some key things to note include:

- Indicator guidance (reference sheets) for **Standard Indicators** is outlined in the Pandemic Fund Results Framework.
- Project-specific indicators would have been clearly defined from the proposal stage based on completion of activities outlined in the IHR-PVS NBW Roadmap, WHO Benchmark activities; output/outcome/coverage or workplan activity tracking indicators defined in the Indicator Menu; or other chosen well-defined indicators.
- For reported results that are expressed as a percentage, IEs are asked to report on both the numerator and denominator as well as percentage to support contextualization and aggregation of results across projects.
- Narrative reporting should be concise and clear, responding to all requested elements in the reporting template. While supporting documentation can be attached to the report as needed, IEs are requested to ensure the completion of the relevant sections of the report directly and not solely refer to the supporting attachments. Supporting documentation can be provided in .doc, .xls, .pdf, and .jpg formats.
- IEs should specify if there are any changes to the means of verification during the reporting period compared to the agreed-upon results framework presented/reviewed/accepted in the proposal stage. Yearly targets can only be changed via a separate request to the Secretariat that would take place previous to the yearly reporting.

Sections of the annual project report

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The areas that project teams will need to fill out in the online portal for the annual project reports include:

1. An Executive summary of overall implementation progress
2. **Pandemic Fund Results Framework Standard indicators.** The annual report will cover all four Results Areas and Standard Indicators in the Pandemic Fund Results Framework. Some of these indicators are reported on directly, and others are calculated automatically based on answers provided to various sections. Narrative sections will be available to provide additional information, as well as any changes foreseen. When a Standard Indicator does not apply to a project, reasons will be provided in the narrative section.

   The bulk of the reporting will fall under Results Areas 1 and 2.

   - ***Results Area 1 indicators. Improved capacity for detection, notification, and response to pandemics.***
   - ***Results Area 2. Improved coordination nationally (across sectors within countries), regionally (across countries) and globally***
   - ***Results Area 3. Incentivized additional investments in Pandemic PPR***
   - ***Results Area 4. Efficiency in the use of Pandemic Fund Resources***
   - ***Cross-cutting Results: Gender equality and health equity***

3. **Project-Specific Indicators** In addition to the Standard indicators, proposals have indicators that are specific to the project. the baseline and target values should be established for years 1, 2 and 3 as part of the proposal, when applicable.

   These indicators will be reported in this section. Each project-specific indicator will have a section for quantitative (number) and qualitative (narrative description) reporting. Project teams and IEs will report any changes to the indicators in the project specific results framework that was submitted in the project proposal, in the narrative section. Any changes to the indicators will require prior approval by the Secretariat by email prior to changes being made in the portal.

4. **Project Management.** Narrative description – describe the effectiveness of the project implementation arrangements.
5. **Quality of M&E.** Narrative description - availability of good quality data and analysis for reporting on the indicators, capacity of the project M&E unit, proactivity in revising the project-specific indicators if there are issues in the results framework submitted at the proposal stage, etc.

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6. **Dissemination/data utilization** – dissemination of the project results to key stakeholders and how the results have fed into project management, informed decision-making or course correction.

7. **Risk Management.** Narrative description - each IE will be responsible for the management of risks associated with the respective projects implemented by them and reporting on such risks and mitigation measures, as appropriate in accordance with their policies and procedures. Describe any adverse effects of the project and mitigation measures.

8. **Achievements.** Narrative description - describe the accomplishments of the project with concrete examples. If there are Project Infographic Videos that capture the project achievements, interviews of key stakeholders and project beneficiaries, etc., the URL/links to the videos can be provided.

9. **Challenges.** Narrative description - describe the challenges encountered in project implementation.

10. **Lessons learned and Recommendations.** Narrative description - positive and/or negative that may be applicable to other projects in the country or other countries and suggestions on how to improve project implementation. Case studies may also be shared here.

11. **Sustainability.** Narrative description - extent to which the capacities built by PF projects are sustained following completion of the project.

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Centralized reporting (JEE, SPAR and PVS results)

WHO maintains a database of JEE (voluntary) and SPAR (mandatory) scores from countries that have reports available. Scores available within the WHO repository will be directly integrated into project results within the reporting portal based on data within the system as of 1 July of each year. Project teams will be expected to provide comments on these results to analyze the contribution of Pandemic Fund-supported activities in each annual report.

If the most recent results for the JEE or SPAR results are not available in the reporting portal at the time of project reporting, IEs can enter this information manually.

Reporting of PVS scores must be shared with the consent of the National Veterinary Authority or equivalent body. These scores should be entered manually by the project teams, as these are not publicly available.

The implementation of the IHR-PVS NBW Roadmap is monitored every year in countries where a NBW catalyst is in place. This regular monitoring can be organized in additional countries, as appropriate, under the leadership of the Ministry of Health and/or authorities in charge of animal health. Support from WHO and WOAH can be requested.

Financial reporting

Financial reports including expenditures and disbursements are to be shared with the Trustee at the end of each fiscal year (June 30) and will be used to report on indicator 4a of the Pandemic Fund Results Framework. For indicators 3a, 3b, 4b, 4c, and 4d, IEs should include results in the annual project report according to the relevant tables of the reporting portal.

Project completion reporting

All projects (single country project, multi-country project or regional entity project) will submit an implementation completion report (instead of the Year 3 annual project report) to the Pandemic Fund Secretariat within six months of the closure of the grant, noting that all evaluation-related expenses to be funded by the grant must be incurred prior to the grant end date. Additional costs incurred beyond the grant end date cannot be covered by the Pandemic Fund. The template for the completion report will be shared separately.

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IV. Annexes

Annex 1: Standard Indicators from The Pandemic Fund Results Framework. Please refer to the corresponding Indicator Reference Sheets in the Pandemic Fund Results Framework when reporting on these indicators

Result Area 1: Building capacity/demonstrating capability

a. Sustainment or improvement of capacity as a result of PF projects, as measured by improved or sustained scores for indicators within the Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS), when available, and States Parties' Annual Report (SPAR), or other relevant assessments

b. Number of after/intra-action reviews or simulation exercises performed utilizing the 7-1-7 approach that identify strengthened capacities, gaps in capacity, and bottlenecks to improve detection, notification, and response

c. Percentage of the capacities that were improved or maintained by the PF projects (in 1a), that are able to be effectively utilized during an infectious disease outbreak or other public health threat, as measured by an intra/after-action review or simulation exercise

d. Percentage of PF projects' activities that support gaps identified in countries' National Action Plans for Health Security (NAPHS), or other relevant plans

Result Area 2: Fostering coordination nationally (across sectors within countries), and among countries regionally and globally

a. Inclusion of regional platforms, institutions, networks, and priorities in PF projects

b. Establishment or improvement of processes/mechanisms that allow for cross sectoral coordination within the country and between countries during a health emergency

c. Extent to which PF projects are implemented in coordination with multiple ministries, sectors, and stakeholders (including Implementing Entities (IEs), civil society organizations, and others)

Result Area 3: Incentivizing additional investments in pandemic prevention, preparedness, and response (PPR)

a. Value of additional financial resources that are secured from stakeholders to support PF projects, including domestic, private and/or philanthropic financing, or as co-financing from IEs

b. Proportion of funding from PF that is used to complement/strengthen existing health security and health system capacity building projects, including but not limited to those funded by domestic resources, other existing development funds, other partners' global health security, health system, or PPR funds, and philanthropic or other private sector funds

c. Extent to which the capacities built by PF projects are sustained following completion of the project

Result Area 4: Ensuring administrative/operational efficiency of PF resources

a. PF grant amount disbursed for projects as a proportion of total PF grant amount committed to IEs

b. Time for IEs to fully disburse PF grants committed to them

c. Of the total amount of PF grants committed to IEs, proportion used by IEs for administrative costs including project preparation, implementation, and supervision

d. Funds utilized for project-level M&E as a proportion of project funds initially allocated for M&E

e. Gender equality incorporated in activities implemented through the proposals

f. Extent to which PF-funded activities advance health equity across underserved populations

Annex 2. Monitoring and evaluation timeline and potential data sources

SPAR data can be accessed here
JEE data can be accessed here
IHR-PVS NBW Roadmap data can be accessed here.

Component	Data sources for establishing baseline	Data sources for progress check		
		12 months	24 months	36 months
Monitoring of capacity development	• SPAR • JEE • PVS • Baseline report	• SPAR • JEE • PVS • Progress report	• SPAR • JEE • PVS • Progress report	• SPAR • JEE • PVS • Final report
Monitoring of implementation of Activities	N/A	• Key informants Interviews • WHO benchmarks • NAPHS and NAPHS tracker • IHR-PVS NBW roadmaps[2] • PVS yearly surveys • Progress report	• Key informants Interviews • WHO benchmarks • NAPHS and NAPHS tracker • IHR-PVS NBW roadmaps[2] • PVS yearly surveys • Progress report	• Key informants Interviews • WHO benchmarks • NAPHS and NAPHS tracker • IHR-PVS NBW roadmaps[2] • PVS yearly surveys • Final report
Evaluation of capabilities/or functional outcomes	N/A	• Key informants Interviews • EAR/IAR/AAR/7-1-7/SimEx • Progress report	• Key informants Interviews • EAR/IAR/AAR/7-1-7/ SimEx • Progress report	• Key informants Interviews • EAR/IAR/AAR/7-1-7/SimEx • Final report

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Annex 3. Key informant interviews and progress checklist using the WHO Benchmarks, IHR-PVS NBW Roadmap and activities specified in project proposals

I. Introduction

Key stakeholder/informant interviews involve identifying representatives who are knowledgeable about the technical areas concerned, especially the technical leads, and asking them questions about the progress in the implementation of the pandemic fund activities and specific achievements in capacity development as specified in the country proposal.

It is recommended to do key interviews separately or in a group for each technical area. These include the three priority technical areas: laboratory, surveillance and human resources and the five additional technical areas specified by countries: immunization, risk communication, health emergency management, infection prevent and control, and zoonotic diseases.

These interviews are conducted face-to-face by the interviewer and the documentation team, or the counterpart responsible for taking notes.

The length of these interviews: An hour and a half maximum per technical area

The interviews should be followed by going through the checklist attached to document progress in:

- Implementation of proposed activities
- Capacity development based on changes in scores of relevant indicators
- Achievement of proposed capabilities

II. Key informant interviews

There are several factors to consider while conducting the interviews, for example:

- Time: Interviews must be scheduled, conducted, written up, and analysed.
- The pre-interview planning:
    - Step 1: Identify key multisectoral stakeholders who will be interviewed and pre-inform and schedule the interview, key informants for the interview should be technical leads of the technical areas concerned. WHO country office and IHR NFP or FP as designated by the country can facilitate the process.
- Conducting interview guidelines
    - Introduction to the mission and purpose.
    - Do not let the interview go over an hour and a half per technical area. The people you choose as key stakeholders are likely to be busy.

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- Do not move to a new technical area prematurely. Do not leave essential issues hanging—you might run out of time before returning to them.
- Interview by the international and local consultants (two people). While not always feasible, having two people at the interview can be useful— one to conduct the interview and one to take detailed notes.
- Pay close attention to what the critical stakeholder/key informant says. Follow up on anything that is unclear or that you do not understand. Take down notes.
- Record the interview. Obtain permission from the key stakeholder/key informant at the beginning of the interview.
- End the interview by summarising the key points.

Interview questions for technical areas (in groups)

Sn	Key questions	Probe
1	What is the progress of priority actions taken to implement the pandemic fund…… technical area? (i.e. specify technical area)	Refer and ask about priority actions or activities for the technical area as mentioned in the proposal/activity plan or national action plans for health security.
2	Can you give at least three good examples of the implemented activities?	Try to get as many examples and innovative strategies as possible. Extract quantitative and qualitative descriptions.
3	What do you think about the overall progress?	Use the WHO benchmark tool and IHR-PVS NBW Roadmap if available and review the actions of capacity levels. (E.g., if the country is moving toward capacity level 3, how many of the actions listed in the benchmark tool have already been achieved? Use actions list as checklist.
5	What are the challenges for achieving planned activities and bottlenecks you faced, and what are the proposed solutions for that?	Ask for examples and documentation of the examples.
6	Ask for any documents that they can share as best practices.	Reiterate the value of identifying best practices, challenges, and lessons learned, and ask them to reflect through documentation as far as possible.

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Annex 4. Example of a capacity development progress monitoring template

This template can support with reporting for the following Standard Indicators:

1a. Sustainment or improvement of capacity as a result of PF projects, as measured by improved or sustained scores for indicators within the Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS), when available, and States Parties' Annual Report (SPAR), or other relevant assessments

1c. Percentage of the capacities that were improved or maintained by the PF projects (in 1a), that are able to be effectively utilized during an infectious disease outbreak or other public health threat, as measured by an intra/after-action review or simulation exercise

Name of Country: ____					
Technical Area	**Selected indicators**	**Baseline indicators score at inception (e.g. Bhutan)**	**Indicators change at 12 months**	**Indicators change at 24 months**	**Indicators change at 36 months**
Laboratory	C4.1	L4			
	C4.3	L4			
	C4.4	L4			
	C4.5	L4			
Biosafety & Biosecurity	P7.1*	L1			
	P7.2*	L1			
Surveillance	C5.1	L5			
	C5.2	L5			
	P4.2*	L2			
	P5.1*	L3			
	C11.1	L4			
Immunization	P8.2*				
	P8.3*				
RCCE	C10.1	L3			
	C10.2	L3			
	C10.3	L4			
Health emergency management	R1.1*	L2			
	R1.2*	L2			
	C7.2	L4			
	R1.4*	L1			
	C7.3	L3			

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	C8.3	L3			
	C11.2	L4			
	P5.2*	L3			
Infection prevention and control	C9.1	L3			
	C9.2	L3			
	C9.3	L3			
Human resource	D3.1*	L2			
	C6.1	L4			
	D3.3*	L2			
	C6.2	L4			

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Annex 5a. Example of an Activities Implementation Monitoring Template for key technical areas

This template can support with reporting for:

- **Project Specific Results Framework indicators** - it can be adapted to the outcome/coverage/output indicators or milestone or deliverables selected.

  Standard Indicator 1d. Percentage of PF projects' activities that support gaps identified in countries' National Action Plans for Health Security (NAPHS), or other relevant plans

Name of Country: _____													
Technical Area	**Selected indicators**	**WHO Benchmark actions**	IHR-PVS NBW Roadmap activities (if applicable)	**Planned activities**	**Activities implementation status**								
					At 12 months			**At 24 months**			**At 36 months**		
					Completed	**Ongoing**	**Not started**	**Completed**	**Ongoing**	**Not started**	**Completed**	**Ongoing**	**Not started**
Laboratory	C4.1												
	C4.3												
	C4.4												
	C4.5												
Biosafety & Biosecurity	P7.1*												
	P7.2*												
Surveillance	C5.1												
	C5.2												
	P4.2*												
	P5.1*												
	C11.1												

Human resource	D3.1*												
	C6.1												
	D3.3*												
	C6.2												

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Annex 5b. Example of an Activities Implementation Monitoring Template for additional technical areas

This template can support with reporting for:

- **Project Specific Results Framework indicators** - it can be adapted to the outcome/coverage/output indicators or milestone or deliverables selected.
- **Standard Indicator** 1d. Percentage of PF projects' activities that support gaps identified in countries' National Action Plans for Health Security (NAPHS), or other relevant plans

Name of Country: _____													
Technical Area	**Selected indicators**	**WHO Benchmark actions**	IHR-PVS NBW Roadmap activities (if applicable)	**Planned activities**	**Activities implementation status**								
					At 12 months			**At 24 months**			**At 36 months**		
					Completed	**Ongoing**	**Not started**	**Completed**	**Ongoing**	**Not started**	**Completed**	**Ongoing**	**Not started**
Immunization	P8.2*												
	P8.3*												
RCCE	C10.1												
	C10.2												
	C10.3												
Health emergency management	R1.1*												
	R1.2*												
	C7.2												
	R1.4*												
	C7.3												
	C8.3												
	C11.2												
	P5.2*												
	C9.1												

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Infection prevention and control	C9.2												
	C9.3												
Human resource	D3.1*												
	C6.1												
	D3.3*												
	C6.2												

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Annex 6. Example of a Capabilities Progress Monitoring Template

This template can support with reporting for the following Standard Indicators:

2b. Number of after/intra-action reviews or simulation exercises performed utilizing the 7-1-7 approach that identify strengthened capacities, gaps in capacity, and bottlenecks to improve detection, notification, and response

2c. Percentage of the capacities that were improved or maintained by the PF projects (in 1a), that are able to be effectively utilized during an infectious disease outbreak or other public health threat, as measured by an intra/after-action review or simulation exercise

Name of Country:					
List of AARs, IARs, EARs or Simex performed in the period					
Type	**Date**	**Title of assessment or report (If applicable)**	**Disease (if disease or outbreak specific)**	**Did it use 7-1-7 or other timeliness metrics**	**Report available?**
(AAR, IAR, EAR, Simex, other)				*Yes/No*	*Yes/No*

Name of Country:						
Technical Area	**Selected indicators**	**Proposed capability targets**	**Demonstrated capability achievements and attribution to PF supported activities**			
			At 12 months	**At 24 months**	**At 36 months**	**Comments**
Laboratory	C4.1					
	C4.3					
	C4.4					
	C4.5					
Biosafety & Biosecurity	P7.1*					
	P7.2*					
Surveillance	C5.1					
	C5.2					
	P4.2*					
	P5.1*					
	C11.1					
Immunization	P8.2*					
	P8.3*					
RCCE	C10.1					
	C10.2					
	C10.3					
	R1.1*					

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Health emergency management	R1.2*					
	C7.2					
	R1.4*					
	C7.3					
	C8.3					
	C11.2					
	P5.2*					
Infection prevention and control	C9.1					
	C9.2					
	C9.3					
Human resource	D3.1*					
	C6.1					
	D3.3*					
	C6.2					

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