

Supporting evidence for synthesis absorption findings

Emily Linebarger

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Introduction

This slide deck provides supporting evidence for the absorption findings presented in the 2019-2020 synthesis report (Section 3.1). Each finding is copied here, along with several supporting graphs.

Data sources

The absorption data presented in this figures is cross-consortia (all eight PCE countries, with the exception of some Guatemala and regional grants) and represents the first eighteen months of grant implementation unless stated otherwise.

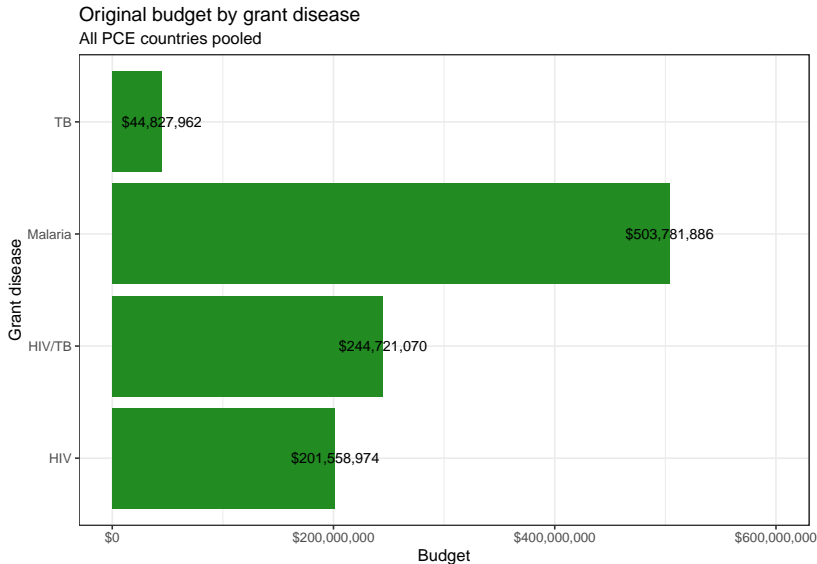
All graphs showing “original, planned budget” show the original budget for a given module or country over the first eighteen months of the grant, as listed in the detailed budgets.

The only grant period represented is 2018-2020, which excludes some Guatemala grants.

Finding statement 1, on overall funding by disease

Funding for TB grants is much lower than for HIV or malaria grants across the entire PCE portfolio, despite evidence that TB burden is increasing. TB grants were awarded a total of \$44.8 million, where malaria was awarded \$503.8 million and HIV, HIV/TB grants were awarded \$446.3 million.

Evidence for statement 1: Original budget by grant disease

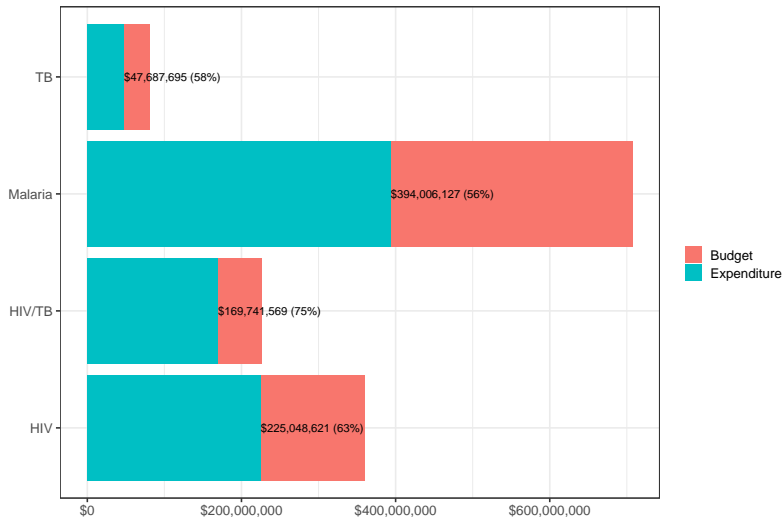


*Data covers period from January 2018–June 2019

Evidence for statement 1: Absorption by grant disease, cumulative over first 18 months

Absorption by grant disease

January 2018–June 2019

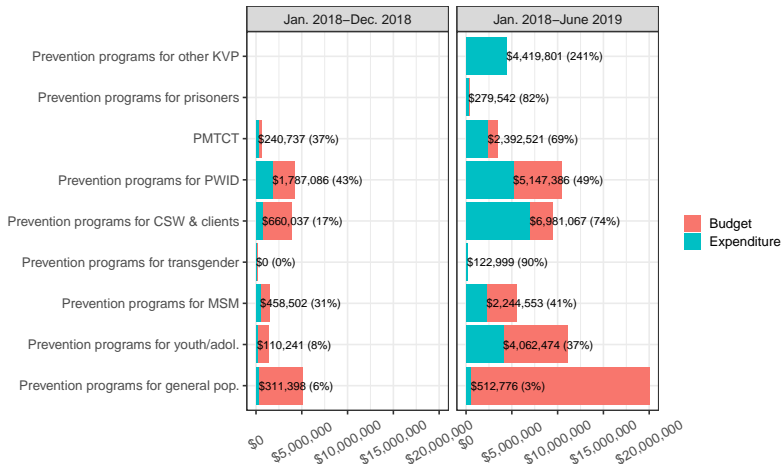


Finding statement 2, on HIV key populations

Among prevention programs for target populations, “prevention programs for the general population” has the largest budget (\$512,776/\$20,037,622 or 3%) when all countries are pooled together. It also has the lowest expenditure of all of the key populations modules. However, this is mainly being driven by Uganda, which had a planned budget of \$18.8 million for this module and has spent only \$8,000. If Uganda is excluded from this module, the total expenditure is \$504,554, or a 42% absorption rate.

Evidence for statement 2: Absorption for HIV key populations modules and PMTCT, pooled across countries

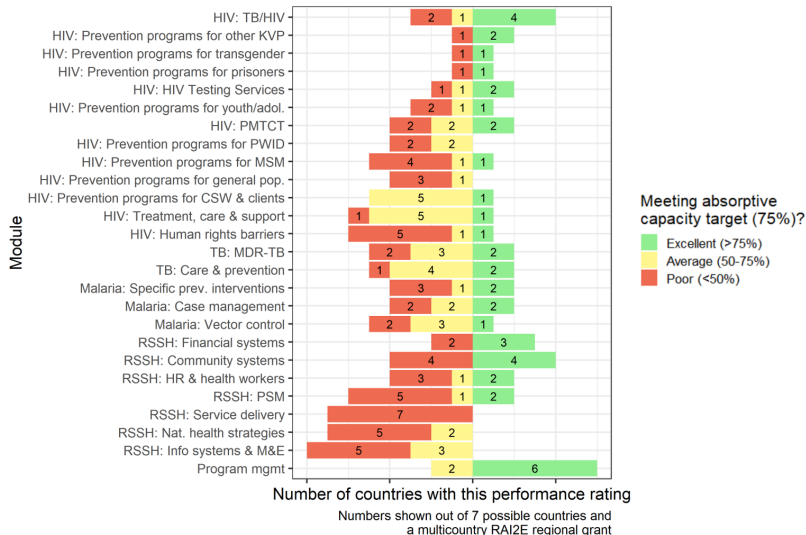
Absorption for KP mods and PMTCT



Evidence for statement 2: Absorption by module and country (included in report)

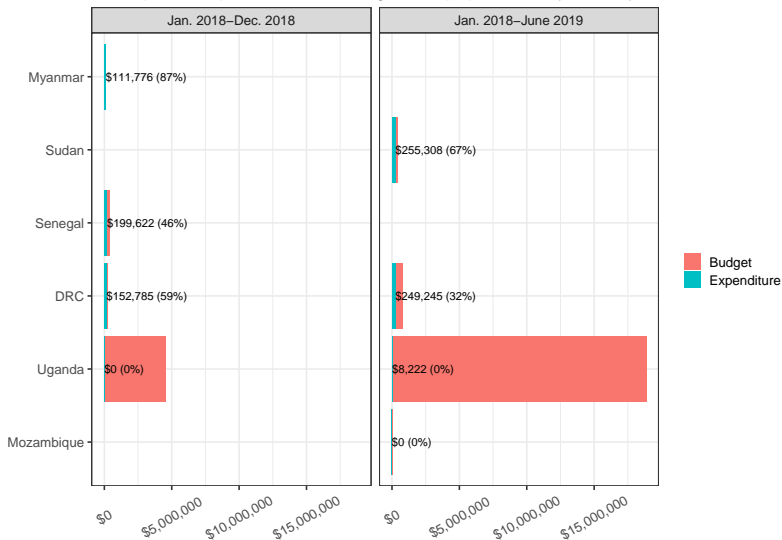
Absorption by module for PCE countries

January 2018-June 2019

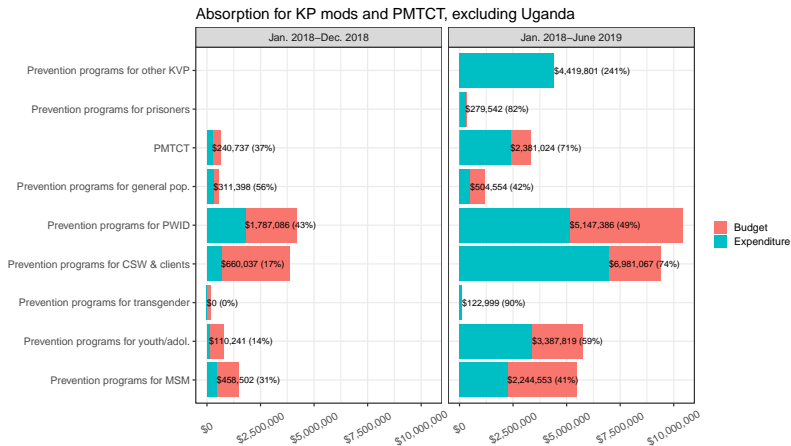


Evidence for statement 2: Original budget for “prevention programs for the general population” module, by country

Absorption for prevention for the general population, by country



Evidence for statement 2: Absorption for HIV key populations and PMTCT, excluding Uganda

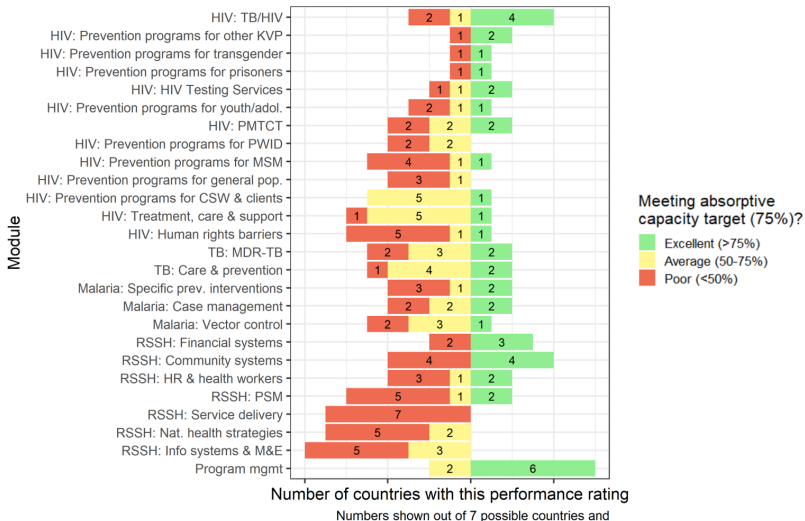


Finding statement 3, on human rights

The module “preventing human rights-related barriers to HIV services” has had low absorption across all countries. Out of seven countries that included this module in their grants, five had absorption performance below 50%.

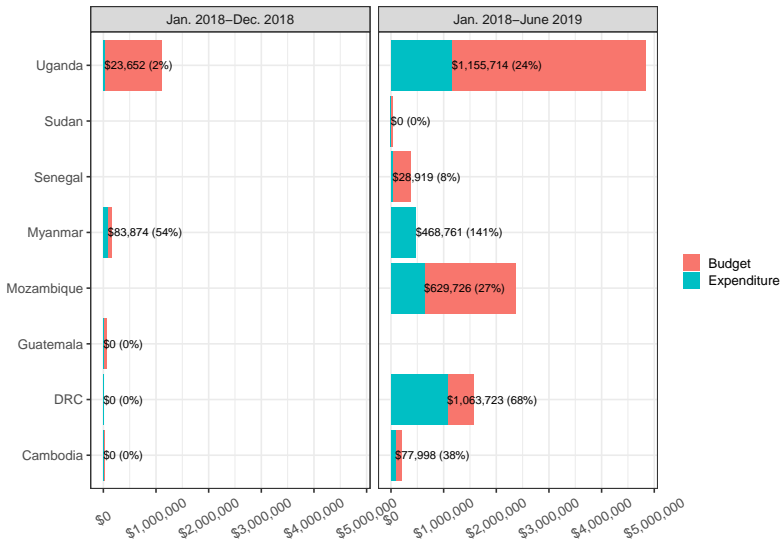
Evidence for statement 3: 5/7 countries have “poor” performance, or less than 50% absorption, for the human rights module

Absorption by module for PCE countries
January 2018-June 2019



Evidence for statement 3: Absorption for the human rights module, by country

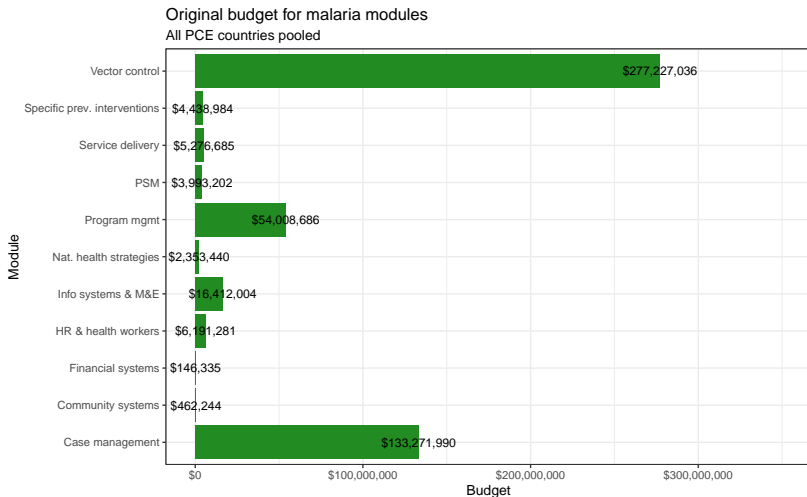
Human rights absorption (HIV) by country



Finding statement 4, on absorption for malaria grants

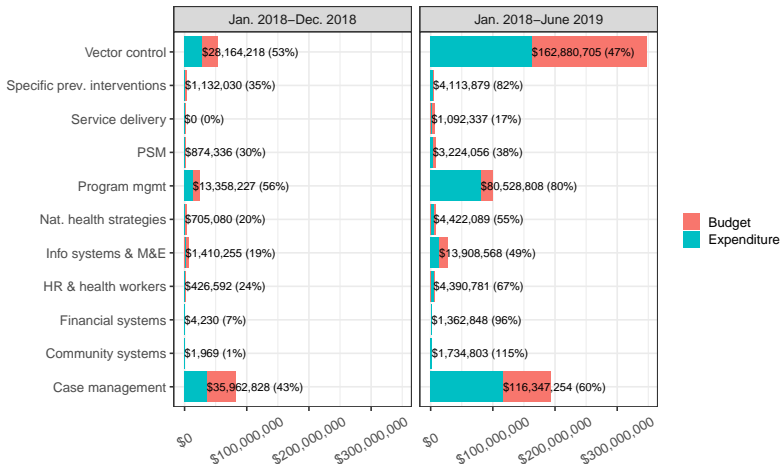
Although vector control has the largest overall budget of the malaria modules (\$277 million), it is reporting an average absorption below 50% (47%, when pooled across all PCE countries). Some smaller interventions, like “Specific prevention interventions” (original budget: \$4.4 million, absorption 82%) have reported higher absorption numbers.

Evidence for statement 4: Of the modules available in malaria grants, “vector control” has the highest planned budget



Evidence for statement 4: Many malaria interventions with smaller budgets have higher absorption percentages than “vector control”.

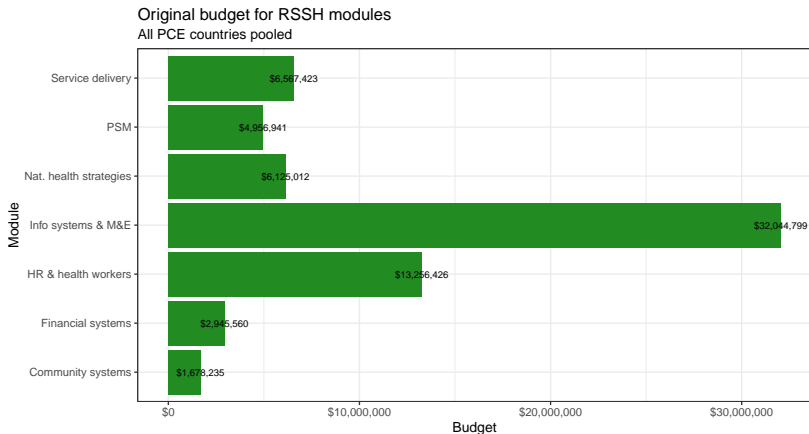
Absorption for malaria modules



Finding statement 5, on RSSH:

“Health Management Information Systems and Monitoring & Evaluation” is the most frequently used RSSH module across PCE budgets and has the highest cumulative RSSH investment (\$32 million, or 47.4% of all RSSH funding), which points to a promising national-level investment in information systems. However, absorption for this module has been mixed, with variability between grants. “Financial systems”, on the other hand, has much less investment across the PCE portfolio (4.4% of RSSH funding, or \$2.9 million), which is problematic because it was found to be a common hindering factor for grant implementation. Although financial systems had limited investment, absorption for this module is relatively strong, at 91% over the first eighteen months of implementation. Another RSSH module with limited investment across the PCE portfolio has been “Community responses and systems”, with 2.5% of all RSSH investment, or \$1.7 million.

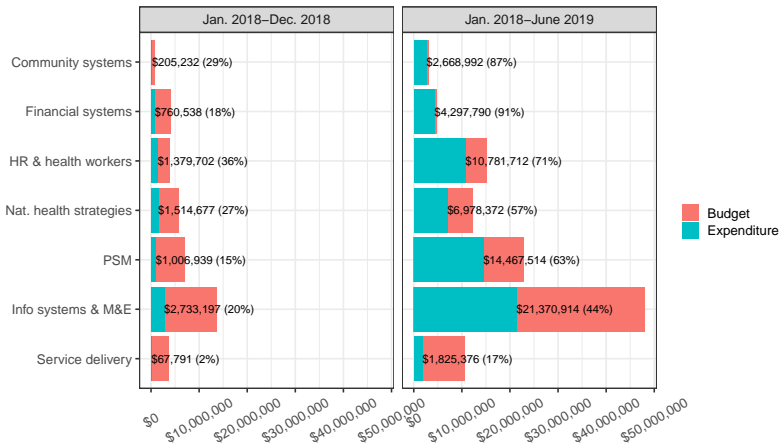
Evidence for statement 5: there are many more resources committed to “information systems and M+E” than to “financial management systems” or “community responses and systems”.



Evidence for statement 5: Absorption is higher for RSSH modules with lower budgets (as compared to other RSSH modules), which may suggest more absorptive capacity

Absorption for RSSH modules

All countries pooled



Finding statement 6, on program management

Absorption for program management has been high across virtually all grants, with six countries reporting absorption above 75%, and two countries reporting absorption between 50-75%.

Evidence for statement 6: All countries have average program management absorption above 50%.

Absorption by module for PCE countries

January 2018-June 2019



Evidence for statement 6: Program management absorption, by country

