GRANT MANAGEMENT SOLUTIONS ANNUAL REPORT

Project Year 3 | October 1, 2014 – September 30, 2015

February 19, 2016

This report is made possible by the support of the American People through the U.S. Agency for International Development and the U.S. President's Emergency Plan for AIDS Relief. Grant Management Solutions is funded by the U.S. President's Emergency Plan for AIDS Relief and the U.S. Agency for International Development under contract No. AID-OAA-C-12-00040. The contents of this report are the sole responsibility of Grant Management Solutions, and do not necessarily reflect the views of the U.S. Agency for International Development, the U.S. government, or the Global Fund to Fight AIDS, Tuberculosis and Malaria. Grant Management Solutions is a U.S. government–funded partnership consisting of Management Sciences for Health, Abt Associates, Futures Group, International HIV/AIDS Alliance, Pact, Realizing Global Health, Training Resources Group, and committed to strengthening the performance of Global Fund grants.

CONTENTS

Abbreviations and acronyms 4
1. Project year 3. Supporting preparation of implementation-ready grants 5
1.1. An overview 5
1.2. GMS's support to CCMs: an overview 6
1.3. GMS's support to principal recipients and new grants: an overview 6
2. Our work 8
2.1. Where GMS works 8
2.2. How GMS creates impact: Nigeria 12
3. Stories from project year 3 19
3.1. CCM-Mozambique 19
3.2. Remote grant making: Burundi 20
3.3. Dashboards 21
3.4. Regional partners 27
3.5. Consultant strengthening 33
3.6. Global reach 36
4. Project achievements 41
4.1. Key PMP indicators 41
4.2. Project year 3 response times 46
5. The team 47
5.1. Who we are 47
5.2. GMS's mission 49
5.3. GMS objective 1 technical-support modalities 49
5.4. How does GMS collaborate with other technical-support providers? 50
5.5. GMS staff 50
Annex 1: Cumulative PMP indicators October 1, 2012–September 30, 2015 53

ABBREVIATIONS AND ACRONYMS

Alliance		International HIV/AIDS Alliance
APHRC		Africa Population Health Research Center
CCM		country coordinating mechanism
EPA		eligibility and performance assessment OK
ESA		Eastern and Southern Africa ok
GIZ		Deutsche Gesellschaft für Internationale Zusammenarbeit
Global Fund		Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS		Grant Management Solutions
HSS		health systems strengthening
IQC		indefinite quantity contract
KPs		key populations
LLIN		long-lasting insecticide-treated net
LMG		Leadership, Management and Governance
M&E		monitoring and evaluation
MOH		ministry of health
MSH		Management Sciences for Health
NFM		new funding model
NGO		nongovernmental organization
NMCP		National Malaria Control Program
NMEP		National Malaria Elimination Program
NTP		National Tuberculosis Program
OGAC		Office of the U.S. Global AIDS Coordinator
PEPFAR		United States President's Emergency Plan for AIDS Relief
PMI		President's Malaria Initiative
PMP		performance monitoring plan
PR		principal recipient
PSM		procurement and supply management
PY		project year
RP		regional partner
SFH		Society for Family Health
SR		subrecipient
TERG		Technical Evaluation Research Group
TRP		technical review panel
USAID		United States Agency for International Development
USG		U.S. government
WCA		West and Central Africa

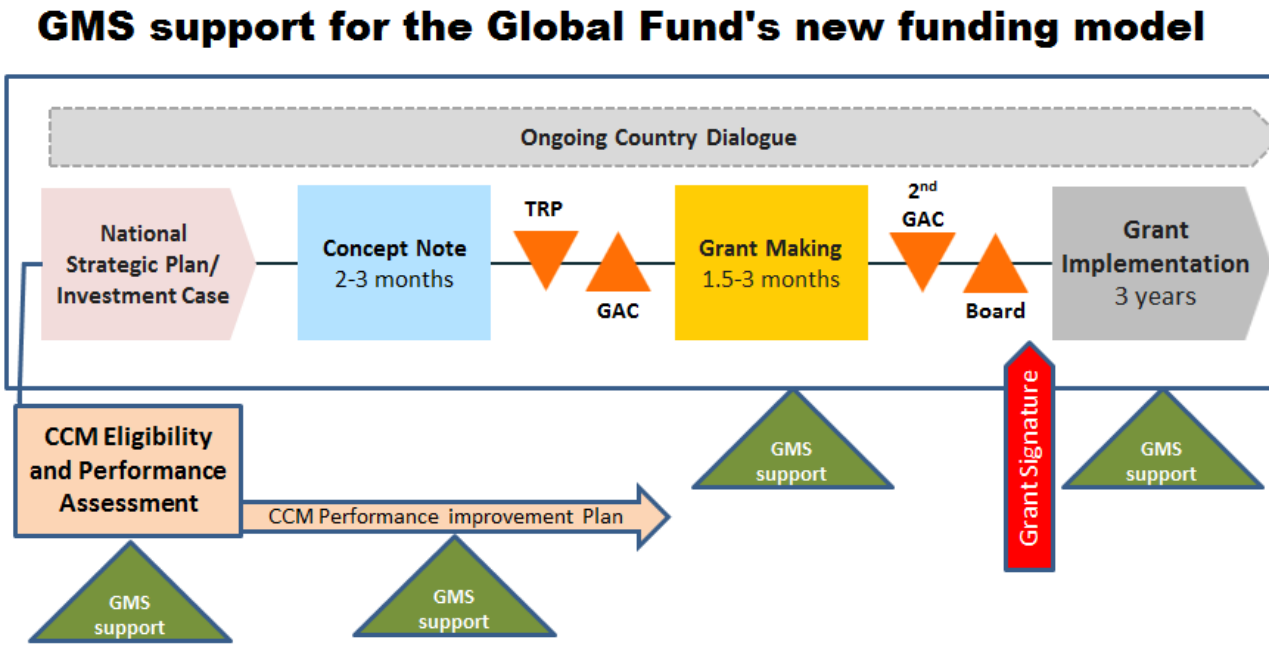
1. PROJECT YEAR 3. SUPPORTING PREPARATION OF IMPLEMENTATION-READY GRANTS

1.1. AN OVERVIEW

Grant Management Solution's (GMS's) third project year (October 1, 2014—September 30, 2015) coincided with the evolution of the two major mechanisms defining GMS's environment: the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the new funding model (NFM) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). At the same time, most Global Fund countries moved from the concept-note to the grant-making and grant-signature phases of the Global Fund's new funding model. GMS provided critical support to 23 countries to complete this vital step in the new architecture, either by supporting new PRs with grant making, assisting country coordinating mechanisms (CCMs) to carry out their performance improvement plans to ensure eligibility for grant signature, or both. At the African regional level, GMS collaborated with other technical-support providers to advance governance reform of the two African delegations to the Global Fund Board and with the Global Fund Secretariat to advance analysis and action to improve funds absorption among 10 West and Central African francophone countries. This last activity aligned with a constellation of other collaboration activities with the Global Fund Secretariat to improve risk management, funds absorption, and effective grant and subrecipient (SR) management and oversight, which were crowned by GMS's handover to the Global Fund of the PR Management Dashboard, for which demand increases monthly. Under the leadership of and with guidance from the USAID multilateral team, GMS's project year (PY) 3 was a year for tactical implementation to support the Global Fund's new architecture.

Throughout the year, GMS drew upon its country-level experiences to enrich its consultant training and certification approaches, culminating with the final consultant orientation program or "boot camp" in Dakar, **SENEGAL**. The blended learning approach used in Dakar, combined a virtual information course with an experiential scenario-based training liberally based on recent grant-making and performance-improvement-plan support in three countries. Grant making also led GMS to create a third level of certification, the coordinating team leader (CTL), to recognize the exceptional skills required to lead grant making.

GMS is delighted to share details about PY3 with its stakeholders in this PY3 annual report. The report exists in two versions: this printable PDF version and the new online format viewable at http://www.gmsannualreport.org/. The online version offers a video on PR Management Dashboards;a glimpse of the new dashboard, the CCM Summary; as well as a broad display of photos, statistics, and maps summarizing GMS's third year. Viewers of the online version can roll over each country to view specific information on GMS assignments there or enlarge the map to view regions.



1.2. GMS'S SUPPORT TO CCMs: AN OVERVIEW

GMS's work to strengthen governance through CCM assignments mirrored the Global Fund's "CCM Hub" priorities during PY3: to obtain a baseline on CCM eligibility and performance worldwide through the eligibility and performance assessment (EPA) and to promote effective governance through performance-improvement-plan activities. Along with the International HIV/AIDS Alliance (the Alliance) and the Leadership, Management & Governance (LMG) Project (led by Management Sciences for Health (MSH)), GMS is one of the CCM Hub's three lead partners for these priorities.

By the end of PY3, most Global Fund countries had completed EPAs, and were at various stages of implementing performance improvement plans. Fifteen countries conducted their second EPA during PY3; GMS facilitated those for **SOUTH SUDAN** and **SWAZILAND**. Since the Global Fund launched its EPA process in 2013, GMS has facilitated 27 EPA exercises, eight of which took place in PY3. Twenty-five of the CCMs have registered progress with their performance improvement activities, as measured by the CCM Hub.

1.3. GMS'S SUPPORT TO PRINCIPAL RECIPIENTS AND NEW GRANTS: AN OVERVIEW

PY3 coincided with a surge in grant-making assignments for GMS, marking the resurgence of grant making (formerly known as "presignature" support or "consolidation" support) as a core business for GMS. Concept notes advanced through Global Fund technical review panel (TRP) review and grant approval committee comment processes, in eleven cases prompting country requests to USAID for GMS technical support. Scopes of work were similar for all countries: to support new PRs to review, improve and complete required grant-making documents within 90-day deadlines. GMS deployed 19 grant-making teams based on the volume of work (number of diseases, number of PRs), local capacity, involvement of other technical-support providers, and Global Fund deadlines.

GHANA, **BURKINA FASO** and **NIGERIA** illustrate the range of responses in PY3: **GHANA**'s TB and HIV grants, already well advanced by the PRs and stakeholders, required a single team over a seven-week period: five grants were signed, of which the GMS team contributed to three. In **BURKINA FASO**, GMS formed three teams to work on five grants (for health systems strengthening (HSS), malaria, TB, HIV/AIDS, and TB/HIV) over 11 weeks: all of these grants were signed as well. **NIGERIA** tops the list with the most complex requests and the largest budgets: four teams deployed for two PRs for malaria and four other teams deployed for the four PRs and five grants for TB/HIV. The malaria grants were signed while the TB/HIV grants are still under final negotiations between the countries and the Global Fund. The total value of the grants signed by September 30, 2015, with GMS support is $841.7 million; this figure will almost double once the **NIGERIA** TB/HIV grants are signed.

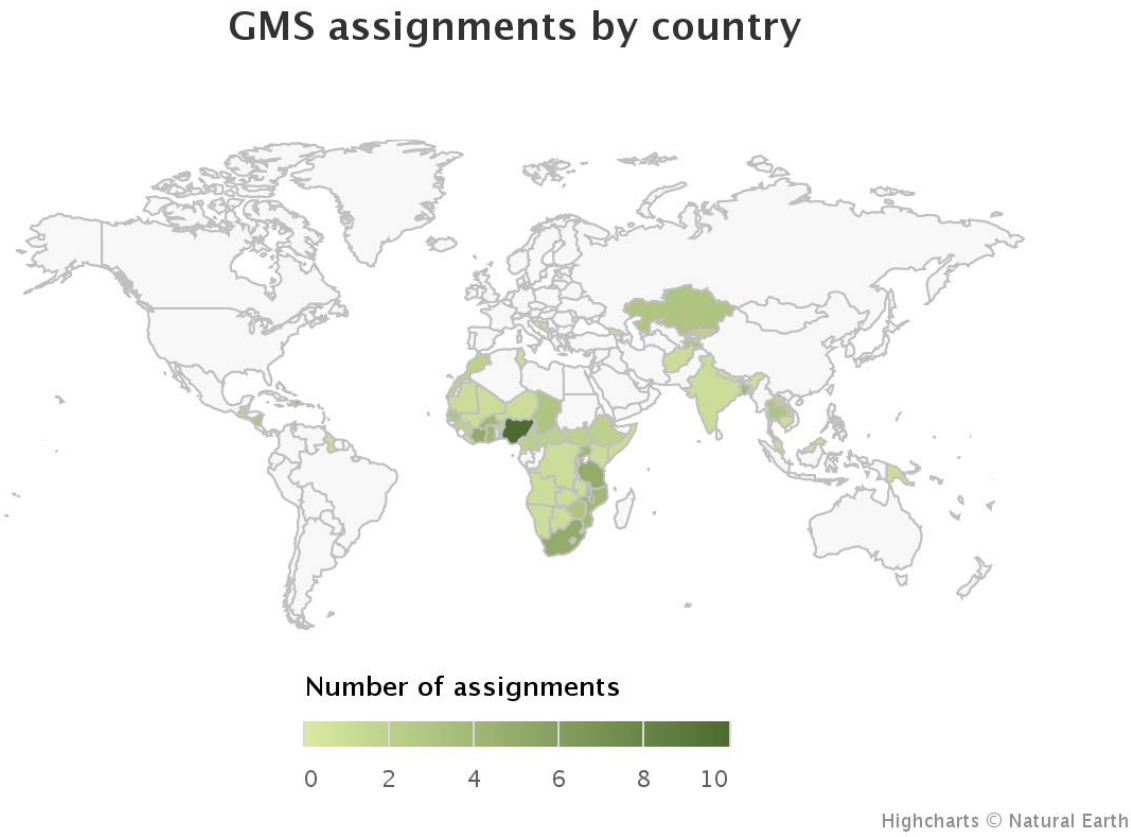
GMS's 12 regional partners (RPs) were essential to these grant-making teams, furnishing more than half the consultants needed, thanks to their familiarity with and proximity to the countries and PRs and their availability to provide support. As well as their involvement in this work, RPs moved from individual business strengthening to collaborative work carried out by three-party innovation pods and through alliances forged in response to business opportunities created by Global Fund indefinite quantity contract (IQC) task orders.

To enhance performance of these new grants, the Global Fund Secretariat intensified its focus on risk management and funds absorption, core areas of GMS's grant-management expertise. Throughout the year, GMS collaborated with the Global Fund's risk management unit and its risk management forum to improve documentation and use of the implementation-mapping process, the GRAM tool and the risk-management plan for new grants. GMS continued to roll out the PR Management Dashboard process with the Global Fund's innovation coalition team, strategic information team and dashboard focal person, handing over the PR Management Dashboard software applications and manuals to the Global Fund Secretariat on February 2, 2015. The surge in demand for the new PR dashboard and its related dashboard, the CCM Summary (to be handed over to the Global Fund in early 2016), bears witness to the growing use of management information for grant decision making and oversight. To satisfy the demand, GMS devised and the Global Fund and USAID agreed to introduce the dashboard through a "whole-of-country" approach, whereby dashboards are built for each new grant in its first six months and then linked to the CCM Summary for the CCM oversight committee. This process, as well as adoption by individual PRs, and networks of international nongovernmental organization PRs, is gaining momentum. Clearly, the PR Management Dashboard is the right tool at the right time.

2. OUR WORK

2.1. WHERE GMS WORKS

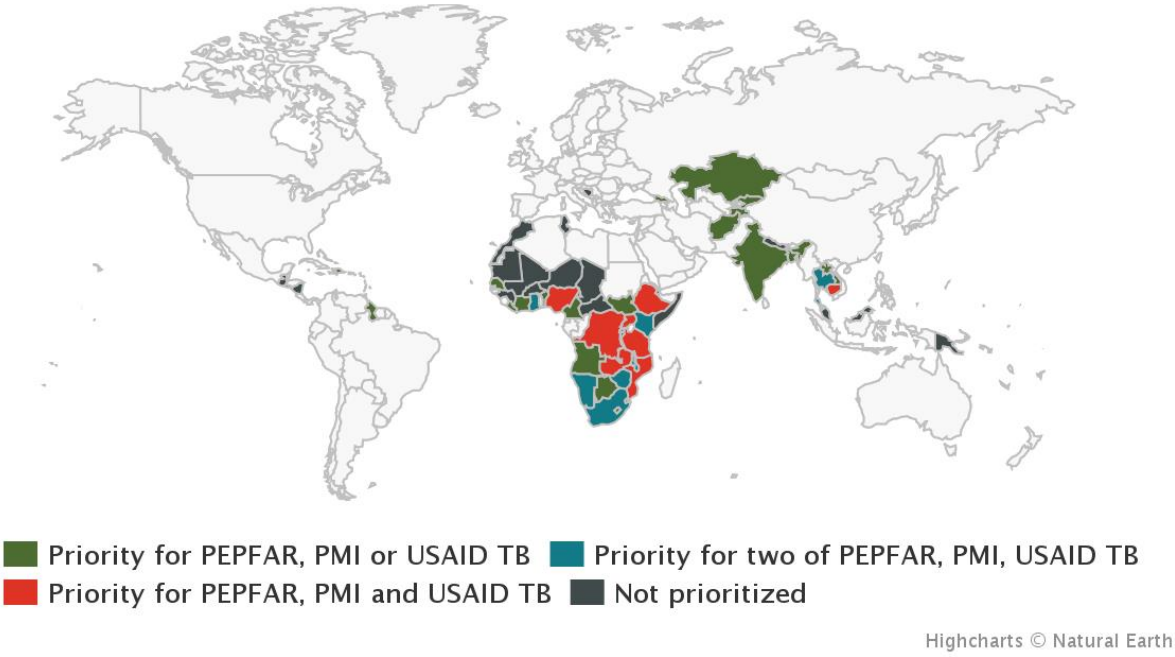
Since October 2012, GMS has worked in 60 (43%) of the 140 Global Fund countries and with three multicountry regional grants. Seventeen of these 60 countries are considered "Global Fund High Impact" countries in Africa and Asia (17 out of 23, or 74%). The value of the grants affected by GMS support in these 60 countries, $15.54 billion, represents 63% of the total Global Fund portfolio.



In PY3, GMS received 33 requests for technical support for 23 countries and mobilized 52 teams to carry out those assignments in the technical areas shown in the following boxes.

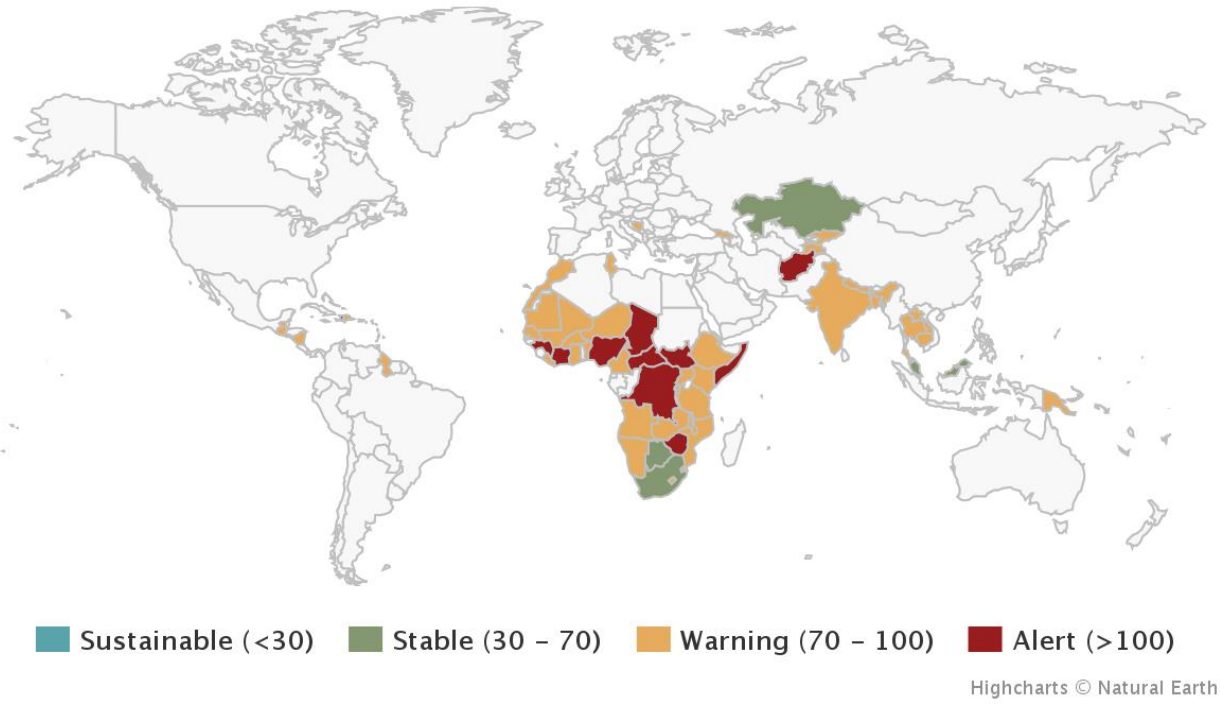
The following images map GMS support to the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI) and USAID TB priority countries and show the relative fragility of the national environments of the 60 GMS client countries according to the Fragile States Index 2015 (http://fsi.fundforpeace.org/rankings-2015).

GMS assignments by PEPFAR, PMI and USAID TB priority countries



GMS is one of the U.S. government's (USG) technical-support mechanisms for delivering assistance to Global Fund countries. GMS teams may be sent to most Global Fund countries. Nevertheless, when reviewing a request for support, the USG takes into account whether or not it comes from a USG priority country for the initiatives PEPFAR, PMI or the USAID TB priority program. As the map above shows, GMS has provided technical support to eight countries that are priorities for all three of these initiatives ; eight other countries that are priorities for two of these initiatives; 23 countries that are priorities for one disease initiative; and another 20 countries and three multicountry grants (32%) (one multicountry grant includes one country not included in the other groups) that are not USG priority countries for any of the disease initiatives.

GMS assignments by Fragile States Index



A comparison between countries in The Fragile States Index and where GMS works shows that GMS is providing technical support to countries that need it most. The Fragile States Index, published annually by The Fund for Peace, is a composite index of 12 indicators of national stability. It ranks the 178 countries in the index from least sustainable (114.5 points) to most sustainable (14.5 points). GMS has provided technical support to 11 of the 15 (73%) most fragile states in the Fragile States Index ("Alert" countries, with points > 100) and 29 (62%) of the 47 next most fragile states ("Warning" countries, with points >70 and < 100). While GMS teams do not travel to countries with active security problems, GMS did provide support to both **CHAD** and **BURUNDI** (108.4 and 98.1 points, respectively) during recent national turmoil in those countries, through local consultants and virtual support from international consultants, and by meeting with PR and CCM members in other countries to advance grant making. Only four countries where GMS worked in PY3 are categorized by the Fragile States Index as "Stable."

2.2. HOW GMS CREATES IMPACT: NIGERIA

CCM-**NIGERIA**, headed by the Honorable Minister of Health Dr. O. Chukwu, at annual retreat, in Uyo, Akwa Ibom State, March 2014.

A year of seemingly uninterrupted GMS work in **NIGERIA** brought success to the country's CCM and its malaria PRs. It also helped position the TB/HIV PRs for eventual grant signature (which occurred in the first quarter of PY4). The CCM, which had completed a first phase of performance-improvement-plan activities with GMS support in PY2, met clear benchmarks that allowed it to submit concept notes for malaria and for TB/HIV; more importantly, the CCM stimulated high-level dialogue on inclusion of key populations (KPs) in policy and planning processes. The grant-making technical-support assignment was the first of its kind for GMS and, as such, helped GMS shape a responsive approach to delivering complex grant-making support in compressed time frames. The most important success, however, was the outcome for **NIGERIA**: signature of malaria grants between the National Malaria Elimination Program (NMEP) and Society for Family Health (SFH), which started on February 1, 2015, for a total value of $400,253,346.

Creating impact in Nigeria

GMS creates impact at country level through synergy between its main work stream of rapid technical support to CCMs and principal recipients (PRs) and its three supporting work streams: regional partner strengthening, consultant capacity building, and creation and dissemination of tools and best practices for effective consulting. GMS's rigorous quality assurance and

performance-measurement processes weave together the four work streams to ensure that GMS's technical support teams enable clients to meet Global Fund requirements on time, build capacity for effective management, and carry out their country-led programs effectively and efficiently. To foster ongoing impact, GMS draws lessons and develops tools based on country experiences to enrich the "virtuous cycle" of capacity development. To illustrate this synergy in this annual report, GMS highlights its work in PY3 in **NIGERIA**.

Nigeria and the NFM

In April 2014, **NIGERIA** learned that the Global Fund had allocated approximately $668 million of additional funds to the country for the three diseases and health systems strengthening. Because its malaria, HIV and TB grants were ending in 2015, **NIGERIA** responded vigorously to the NFM, filing intent to submit concept notes for the second and third submission windows in 2014.

To prepare for submission, CCM-**NIGERIA** underwent the eligibility and performance assessment (EPA) process with GMS support in mid-2014 (GMS's PY2) while carrying out its country dialogue. The EPA process concluded with development of a performance improvement plan, successful implementation of which would ensure the CCM's compliance with eligibility requirements to obtain further funding from the Global Fund. A detailed road map for performance-improvement-plan implementation and a proposal to form two task forces to address oversight strengthening and membership/constituency representation, both issues identified in the EPA, completed this phase of CCM work.

Standard grant-making products

- TRP response form
- Performance framework
- M&E plan
- List of health products and quantification
- Grant budget and work plan
- Implementation mapping
- Final versions of capacity assessment tools (PSM, M&E, finance, governance and management)
- Risk-management plan
- Audit plan
- SR selection process
- SR work plans and budgets
- SR strengthening plan

NIGERIA submitted a concept note for malaria with two PRs for the second submission window on June 15, 2014; by August the concept note had undergone review by the Global Fund's TRP and GAC1. The country then submitted its combined concept note for TB/HIV with five PRs for the third submission window on August 15, 2014. The two concept notes had undergone TRP and GAC1 review by early October 2014. The Global Fund approved both concept notes to proceed to grant making, although with extensive TRP and GAC1 comments.

Like other countries, **NIGERIA** was encouraged to complete grant making for these massive new grants within 90 days of concept note approval for submission to the GAC2 review meeting. In addition, CCM-**NIGERIA** was required to show progress on its performance improvement plan prior to signature. CCM-**NIGERIA** and its future principal recipients (PRs) requested GMS support with grant making and performance improvement plan implementation.

GMS support to grant making for malaria

Although GMS had provided technical support to early applicants and individual PRs in PY2, **NIGERIA**'s malaria grant was GMS's first major grant-making challenge. The two future PRs, the National Malaria Elimination Program (NMEP) of the Federal Ministry of Health of **NIGERIA** and the national nongovernmental organization SFH, were already PRs for the existing malaria grants. The new grants would refocus malaria interventions on 24 "high-burden" states and the federal state of Abuja, provide complementary support to integrating malaria into UNICEF's integrated

child case management (or iCCM) pilot approach in two states, and cofinance bed nets. Subrecipients (SRs) would have to be recruited and assessed; existing implementing partners would not be automatically reconfirmed. CCM-**NIGERIA** requested $620 million for malaria for two years: the GAC awarded $320 million in new indicative funding with $0 counterpart funding, and $45 million in incentive funding for bed nets, provided that **NIGERIA** matched this amount with a further $45 million of funding. Clearly, creating an "implementation-ready" grant for signature would require significant modifications. GMS was asked to begin work in late September for submission to the November GAC2.

As with any asssignment, several factors determined the formation of GMS teams for this assignment: the technical complexity of the work and the number and complexity of the deliverables, the timing and spacing of the deadlines, and the PRs' level of engagement. GMS took the following steps in **NIGERIA**, forming four teams for the overall assignment:

- GMS's project director and its technical manager for procurement and supply management (PSM) made the initial contact visit to confirm the deadlines and deliverables with the PRs and Global Fund country team for **NIGERIA**. Subsequently, the technical managers for PSM, PR management, and monitoring and evaluation (M&E) provided quality control and technical oversight through a rolling schedule of field visits.

- GMS mobilized four teams with 18 consultants organized by technical specialty: a PR budget and management team for each PR, a joint M&E team and a joint PSM team managed by a CTL. The CTL ensured flexibility—in the make-up of teams, the sequencing of visits, and the level of virtual support to PRs between visits—to reflect the varying levels of intensity of support required at different phases of grant making.

> REGIONAL CAPACITY
>
> The majority of the consultants GMS engaged were based in the region.Of the 18 consultants, 16 were based in or originally from the region; for eight of them, this was a first GMS assignment.

- The scale of the work changed the way the four local consultants worked on teams. One, a Nigerian academic with knowledge of pharmaceutical quality-assurance systems in the country, was recruited for specific skills and expertise; two formed part of the general technical teams; one became "the master logistician" in organizing meetings and movement of teams.

GMS provided intensive support from September 28 to December 5, 2014, and follow-up support to complete final modifications, SR selection and work planning until May 8, 2015.

Working with Global Fund country teams

In PY3, GMS experienced the intensive "country-team" approach initiated by the Global Fund under the NFM. For CCM and PR assignments alike there was significant engagement with country teams and with the Global Fund's "CCM Hub" prior to a first visit and throughout the assignments. GMS teams often overlapped with the country team in **NIGERIA**—usually by design. GMS was fortunate during its first large grant-making assignment to work with an experienced fund portfolio manager (FPM) and program officer from the Global Fund who created a strong partnership approach, with a high level of communication between the country team and GMS, and a common focus on helping PRs achieve disbursement-ready grants. The standard was for weekly teleconferences; in fact, communication was often more frequent—at times, several times a

day between key team members, the technical managers, and technical specialists within the country team. The experience gained during the malaria grant-making assignment in **NIGERIA** guided the approach taken on the subsequent TB/HIV grant-making assignment, despite a change in FPM in early 2015. For CCM work, the tone and substance of collaborative partnership between the Global Fund CCM Hub and its primary technical-support provider partners (LMG Project, Alliance, and GMS) had been set in PY2 and continued with few adjustments through PY3.

GMS support to grant making for TB/HIV grants

As the malaria grant-making months ticked by, GMS knew that the TB/HIV grant making was looming. Once most active work was completed for malaria in early February, GMS turned its attention to the $392 million of indicative funding, $26 million of incentive funding (with a $26 million matching requirement), and four PRs of the more complex TB/HIV grant among the Global Fund the National Agency for the Control of AIDS (NACA), SFH, the Association for Reproductive and Family Health (ARFH), and the Institute of Human Virology of Nigeria (IHVN). With an equally tight deadline for the GAC2 of June 2015, GMS remobilized seven consultants and recruited 14 additional consultants organized in four similar teams under the same CTL, but with oversight from only one GMS technical manager and a single intervention for PSM quantification by another technical manager. As with the malaria work, GMS support was virtually continuous, from March 15 until May 22, 2015. Negotiations between the Global Fund and **NIGERIA** regarding reimbursement of disallowed expenses of earlier grants and counterpart financing delayed GAC2 review of these grants.

Final TB/HIV grant-making debrief with PR

Consultants at the National Agency for Food and Drug Administration and Control (NAFDAC), central drug control laboratory, Yaba, Lagos, **NIGERIA**

Consultants at the Federal Medical Stores, Oshodi, Lagos, **NIGERIA**

Regional partner involvement in NIGERIA grant making

Involvement of regional partner (RP) firms was extensive. As well as their technical expertise, consultants with the regional partners afforded additional flexibility from their geographical proximity, relative ease of travel, and familiarity with **NIGERIA**. Nine of the consultants for the malaria teams and half the consultants for the TB/HIV teams were from African RP firms, including the CTL from ALMACO in **KENYA** (with nine years of **NIGERIA** Global Fund experience). All three GMS technical areas were represented. For six RP consultants, this was their first major GMS assignment (following boot camp or local consultant work), with their first experience of GMS's highly participatory team approach to consulting. Most adapted well, although those with limited international experience found the volume and pace of work challenging.

GMS support for CCM performance improvement

In parallel with the TB/HIV grant making, GMS supported CCM-**NIGERIA** to carry out its performance-improvement-plan priorities. A CCM team of four consultants provided support from March to August 2015, focusing on substantial challenges in the oversight function and in CCM membership and constituency engagement. Less critical but important was implementation of conflict- of-interest management and slimming down the CCM secretariat while maintaining core services.

Through the three visits, the CCM task forces and secretariat staff took action:

- Performance-plan-improvement implementation allowed for ***successful submission of the malaria and TB/HIV concept notes***. The CCM was eventually deemed eligible, so the country could sign its grants.

- The ***oversight function*** was made stronger, more effective and less costly than before. The CCM reduced the number and changed the scope of its oversight visits, and limited the travel of Abuja-based members. The challenge remains for the secretariat to maintain effective oversight absent a funded oversight officer position.

- The CCM achieved success in ***membership engagement***. The communications committee was revived and had a plan, and was expected to play a key role in the membership renewal process.

- There was some success in getting the issue of representation of KPs on CCM- **NIGERIA** on the agendas of several CCM and executive committee meetings, moving this topic from one that is taboo to one that is high on these agendas and needs resolution. The topic, however, remains an ongoing challenge requiring high-level government leadership.

- ***Conflict-of-interest*** eligibility requirements and minimum standards were satisfied.

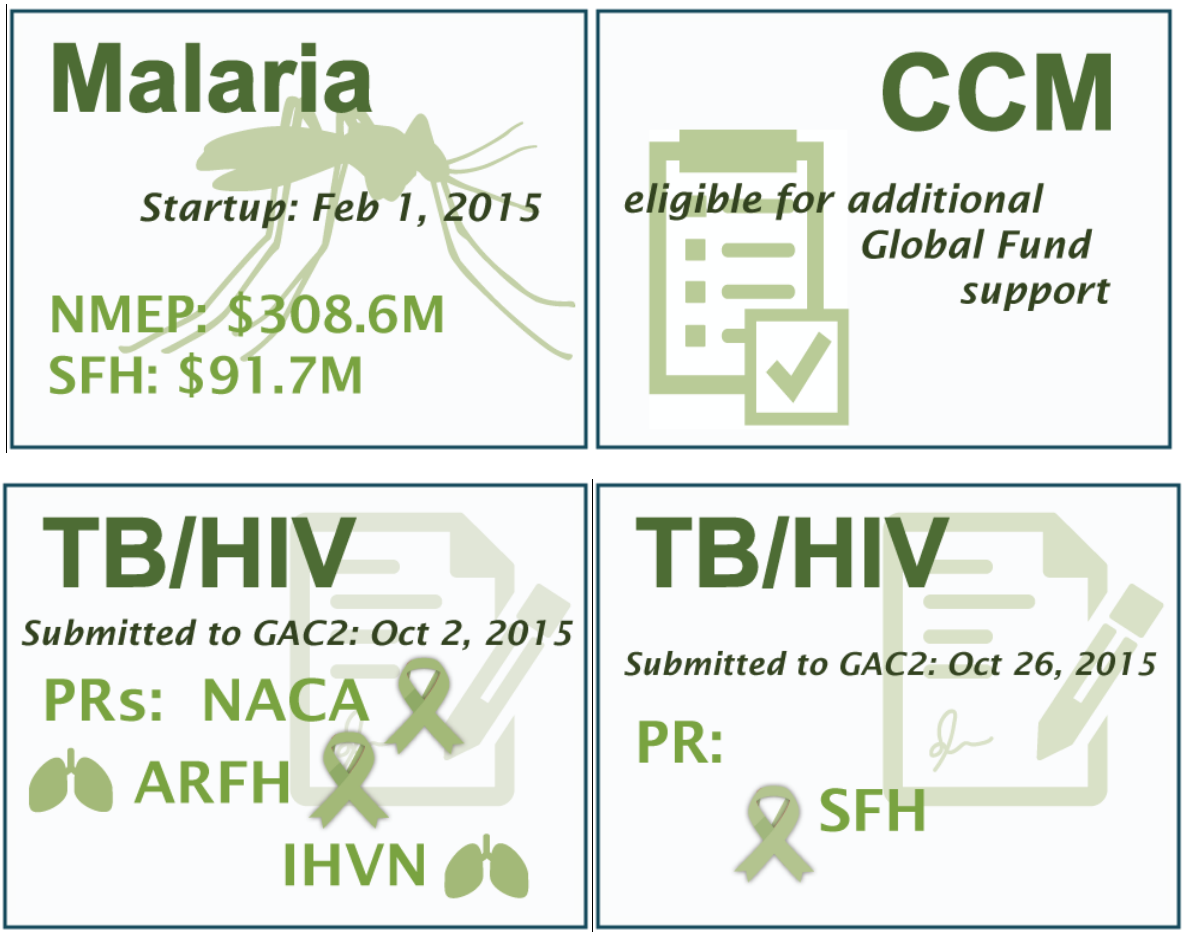
- ***Secretariat strengthening*** combined significant reduction in staff with realignment of the workload and reallocation of tasks to ensure ongoing quality support to the CCM operations.

Consultant strengthening and dissemination of tools and best practices based on Nigeria

GMS drew upon the malaria grant-making experience to refine GMS's grant-making support process into a teachable approach. The PY3 GMS consultant orientations for anglophone (Nairobi, February) and francophone consultants (Dakar, May) used an experiential learning approach built on the Nigerian malaria and CCM work to prepare 59 consultants for similar dual-track grant making and CCM performance-improvement-plan strengthening assignments. The grant-making experience also led to definition of a new category for GMS certification: the CTL, capable of managing two or more teams with three technical specialties to meet the requirements and deadlines of grant making. As of this report, Mr. Nyamache Nyachienga of ALMACO, **KENYA**, who worked as CTL on the CCM- **NIGERIA** assignment, is the one team leader who has achieved CTL certification.

GMS Coordinating Team Leader Nyamache Nyachienga (ALMACO)

Results in Nigeria



3. STORIES FROM PROJECT YEAR 3

3.1. CCM-MOZAMBIQUE

A story of the challenge of governance

After an intense three-visit assignment by Grant Management Solutions (GMS) consultants with CCM-**MOZAMBIQUE** early in PY3 from September to December 2014, the Global Fund CCM Hub updated **MOZAMBIQUE**'s eligibility and performance assessment (EPA) ratings. The results: CCM-**MOZAMBIQUE** meets all CCM eligibility requirements and all but one of the minimum standards of the Global Fund. The challenge for CCM-**MOZAMBIQUE**—as for many CCMs—is to sustain these gains and further improve its governance functions. This section tells that story.

In response to USAID's approval of **MOZAMBIQUE**'s request for technical support, GMS mobilized a team of Portuguese-speaking CCM experts to travel to Maputo in mid-September 2014. The assignment: to shepherd the CCM through implementation of key activities in their performance improvement plan. The challenge for the CCM was to prioritize which of a list of over 30 necessary activities identified in the CCM's first (June 2014) EPA required GMS support. Two principal areas emerged: one—expansion and renewal of CCM membership, with a focus on inclusion of KPs and improved engagement of civil society; two—strengthening the CCM's oversight function.

Inclusion of KPs

Epidemiologically relevant key populations in **MOZAMBIQUE** include sex workers; men who have sex with men; miners; and people affected by or at risk of infection by HIV, TB or malaria: these populations had not previously participated in CCM activities. GMS helped constituencies of KPs and civil society to organize and select their representatives to the CCM. GMS facilitated fair and transparent elections for these groups, including 10 civil society organizations, a first experience in **MOZAMBIQUE**. Once selected and formally incorporated into the CCM, representatives of civil society and KPs participated in orientation sessions to develop knowledge and understanding of CCM roles and responsibilities among new members.

The inclusion of these groups has added needed diversity to the CCM, and ensured the representation of groups that had been absent in the past. Since their official induction into the CCM, KP and civil society representatives have been active and regular participants in CCM general assembly meetings and are taking on their responsibilities with interest and dedication, as reported in official CCM records.

These advances served to strengthen CCM-**MOZAMBIQUE** and lead it toward Global Fund clearance and concept note submission. New TB/HIV and malaria grants were approved in June 2015, valued at $324.6 million.

Sustaining governance gains

Sustaining gains after receiving intensive, short-term technical support is a challenge for most CCMs, even more so when the technical support they received is delivered over a short and intensive period (three months in **MOZAMBIQUE**'s case). In **MOZAMBIQUE**, one year after the active phase of the GMS assignment, stakeholders hope that CCM progress will be sustained over the long term. It is essential, in particular for oversight, that changes be sufficiently institutionalized

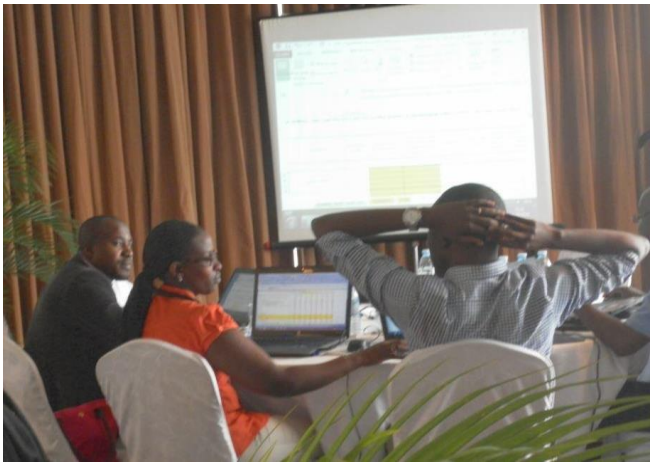
to move the CCM beyond "ticking the box" to comply with Global Fund requirements and secure new funding and onto genuine oversight practices expected of a mature, multisectoral governing body. Challenges around sustainability of CCM reforms require a clear vision, renewed engagement of leadership and members, a sense of accountability, and strong support.

3.2. REMOTE GRANT MAKING: BURUNDI

The challenge: carry out a high-speed, multistakeholder process at a distance

The large, complex, multiteam grant-making assignments of PY3 seem straightforward in contrast to grant making in fragile or conflict countries. During PY3, GMS was asked to deliver grant making to PRs in **CHAD** and **BURUNDI**, countries undergoing civil unrest and violence that prevented travel by technical-support providers and Global Fund staff. GMS's support to **CHAD** was and continues to be virtual but for one stalwart consultant—a Chadian PR expert who coordinates contact between the PR staff and the international GMS team out of his home in **CHAD**'s capital, N'Djamena.

BURUNDI, on the other hand, is a completely displaced and virtual assignment. GMS is supporting four PRs for five grants covering TB/HIV, health systems strengthening and malaria activities, but not through in-country teams. Security concerns in Bujumbura prohibited travel there by the Global Fund, GMS, and other technical support providers. The FPM selected Kampala, **UGANDA**, as the venue for all grant-making activities, requiring that all necessary PR and partner and technical-support provider staff and consultants be there for a two-week period from August 17 to 28. Because the Global Fund team would not be in-country for the first week of grant making, the FPM assigned responsibility for coordination of technical support to GMS. Technical support partners fully embraced this decision: as a result, staff and consultants of GMS, UNAIDS, the World Health Organization, the World Food Programme, GAVI, PEPFAR, UNICEF and the LMG Project carried out an efficient and flawless collaboration, with clear roles and responsibilities for each, expected deliverables, and shared understanding of time lines. Extended grant-making work sessions involved close to 60 individuals in 12 working groups at the hotel. They were joined by the Global Fund's PSM experts and local fund agents the second week of the workshop.



PR grant-making work session

PR grant-making work session

PR staff wanted to continue working as a single grant-making team following the Kampala meetings, and the Global Fund and technical-support providers agreed that this model would help deliver stronger products on time. GMS contributed to the costs of two weeks of meetings for PR staff only in **BURUNDI**. The office of MSH (GMS's prime contractor) in Bujumbura provided meeting space and IT support to the 30 participants; GMS and other technical-support providers continue to support the PRs remotely.

Results

The malaria grant documents were well advanced by the end of PY3, and the Global Fund's country team for **BURUNDI** planned to submit them to the second grant approval committee (GAC2) meeting for review on October 22. Instead, the Global Fund asked that **BURUNDI**'s CCM propose a new PR for **BURUNDI**'s HIV grant. Therefore, the CCM planned to submit revised documents for the HIV grant with the proposed new PR, the *Programme national de lutte contre le sida* for the second meeting of the grant approval committee (GAC2) in December. Also, the CCM planned to submit documents for the TB grant with the *Programme national intégré de lutte contre la tuberculose* and for the HIV grant with Red Cross of **BURUNDI** for the GAC2 meeting in November.

Lessons learned about virtual grant making

Virtual and remote grant making are possible in the context of fragile countries as long as adequate internet capacity is available and country clients maintain contact. In principle, virtual consultation would be an effective means for delivering technical support for PRs with strong capacities and detailed draft documents, where a review and comments from external experts might help the PR to revise a document. In countries with limited capacity, however, in-country presence during grant making is preferred. In addition to ensuring that PRs are able to review, understand and address the back and forth comments and requests for changes and clarifications that characterize Global Fund-PR exchanges during grant making, the face-to-face interactions between GMS consultants and PR staff serve as effective platforms for coaching and building capacity. They also help GMS and others flag where technical support might be strategic during grant startup.

3.3. DASHBOARDS

Completion of the PR Management Dashboard and handover to the Global Fund

On February 3, 2015, Grant Management Solutions (GMS) handed over the English, French, and Spanish versions of the PR Management Dashboard software and its user guide (also in three languages) to the Global Fund . This handover followed 18 months of hard work during which the PR Management Dashboard was developed and piloted in six countries in collaboration with the Global Fund Secretariat and the German IT company SAP. In June 2015, the Global Fund launched a PR Management Dashboard web page making the resources available to the public. The web page is accessible at http://www.theglobalfund.org/en/fundingmodel/technicalcooperation/prdashboard/. This web page now serves as the main mechanism for PRs to obtain all materials related to using the dashboard and to get updates for these materials.

PR Dashboard handover to the Global Fund with (from left to right) Eduardo Samayoa, Catherine Severo, Michael Olszak-Olszewski

Rolling out the PR Management Dashboard

In PY3, GMS collaborated with SAP in the development of film footage to document the experience of stakeholders in Uganda with using the PR Management Dashboard. GMS proposed the key themes to guide the filming with stakeholders in Uganda and gave SAP feedback on the initial rough cuts of footage. This footage has since been used in two videos. The first, principally aimed at SAP's "Innovation Coalition" and European audiences, provides a 2.5-minute overview of the dashboard and its development partnership. The second, developed by the Global Fund, presents the dashboard from the PRs and CCM's point of view. The videos have been used in presentations and in training sessions conducted to introduce the PR Management Dashboard to PRs, CCMs and technical-support providers. *See the Global Fund video!*

In April 2015, the Global Fund Observer published an article announcing the PR Management Dashboard that was produced with extensive input from GMS and can be found at http://www.aidspan.org/gfo_article/innovative-partnership-launches-pr-management-dashboard. In addition, an article on the PR Management Dashboard appeared in the Winter 2015 issue of Global Health and Diplomacy (click "yes" to go to page 60), an online magazine.

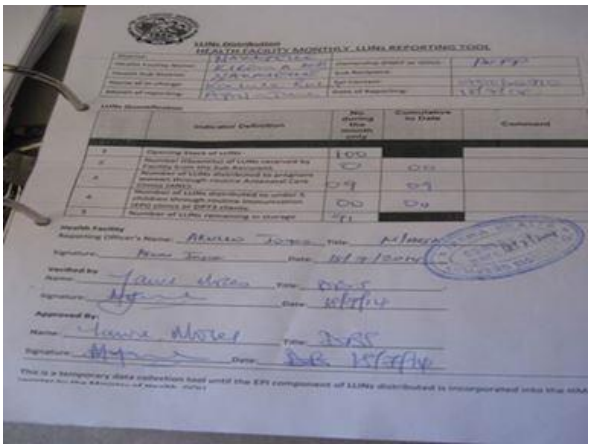
At the end of PY3, GMS learned that the Global Fund and SAP had agreed on the discounted price for SAP software used to produce dashboards. The software, which retails at over $4,500, will be available to PRs for $300 per license. The PR Management Dashboard made a good start and, as stated earlier in this report, demand for the PR Management Dashboard increases monthly.

What are countries saying about how the PR Management Dashboard is helping?

The PR piloting the dashboard in **CÔTE D'IVOIRE** experienced an improvement in its grant rating from B1 to A2, which it attributes to the resolution of problems detected using the PR Management Dashboard. The civil society PR, the AIDS Alliance, used the PR dashboard to manage its HIV/AIDS grant. Because the PR Management Dashboard helps monitor SR performance over time, the AIDS Alliance was able to identify recurring underperformance by

SRs on a programmatic indicator that is central to the grant's performance—the percentage of persons tested for HIV/AIDS who received their test results. Actions taken by the AIDS Alliance to improve SR performance on this indicator resulted in higher programmatic performance and financial absorption by the SRs targeted for improved performance, which contributed to an improved performance rating for the grant.

In **UGANDA**, civil society organization TASO, one of the PRs for the malaria grant, used the PR Management Dashboard to identify and resolve underreporting for an indicator tracking the number of long-lasting insecticide-treated nets (LLINs) distributed to pregnant women and children under five. Underreporting on this indicator was detected towards the end of the pilot. Following the pilot, TASO took action to strengthen the reporting on this indicator by negotiating with the Uganda Ministry of Health to capture data on this indicator through the national health management information system. TASO also allocated additional funds to SRs to carry out active data collection related to this indicator while awaiting the ministry of health's implementation of this change to its reporting system. As a result, this indicator improved from nine percent to 52 percent against target by the time the grant ended in December 2014.



Dashboard use led to management decisions in **UGANDA**

Use of the PR Management Dashboard also helped TASO detect an overstock it had of a malaria medication, which was a concern because its malaria grant would be ending within a few months. Consequently, TASO redistributed this medication through the Ugandan government's supply chain system, thereby averting wastage of this product.

An updated dashboard for CCM oversight: The CCM Summary

Between March and August 2015, GMS developed the new version of the CCM dashboard for use by CCMs to conduct grant oversight. Unlike the 2009 version, which was an Excel-based tool, the new CCM dashboard uses the same software as the PR Management Dashboard. Known as the CCM Summary, this updated CCM dashboard visualizes data from multiple Global Fund grants by drawing a subset of indicators from individual PR Management Dashboards. The CCM Summary shows data on financial and programmatic indicators, as well as stocks of key health products and the number of sites experiencing stock outs.

The CCM Summary

The CCM Summary is produced by the CCM oversight committees or CCM secretariats; data to produce the CCM Summary are obtained by importing data from multiple PR Management Dashboards using semiautomated programming.

During PY3, CCM members from **BANGLADESH**, **UGANDA** and **CÔTE D'IVOIRE** provided input to the design of the CCM Summary. GMS conducted in-country user testing of the CCM Summary in the **DOMINICAN REPUBLIC**, where CCM members expressed great interest in using this tool once it was finalized. GMS developed a user guide for the CCM Summary, which is available in English, French, and Spanish and is forthcoming in Portuguese and Russian.

CCM Summary launch in **Dominican Republic**

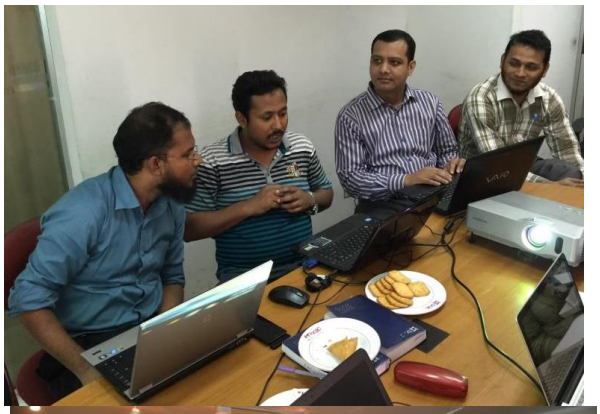
The CCM Summary will be introduced into countries as part of the whole-of-country approach to introducing dashboards. Under this approach, high priority and large portfolio countries will benefit from technical support to introduce the PR Management Dashboard and CCM Summary as a package—starting with the introduction of PR Management Dashboards for each new grant, followed by the launch of the CCM Summary and oversight strengthening with CCM oversight committees. During PY3, USAID approved introduction of the whole-of-country approach for the following countries: **DOMINICAN REPUBLIC, BANGLADESH, MOZAMBIQUE, ZIMBABWE**.

Implementing the whole-of-country approach in BANGLADESH

Background

BANGLADESH is the second country where GMS is implementing the whole-of-country approach for PR Management Dashboards. The whole-of-country approach starts with the introduction of PR Management Dashboards for each Global Fund grant in a country, followed by the introduction of the CCM Summary to the CCM once PR Management Dashboards are in use. (Dashboards are developed for all NFM grants and for any ongoing grants that have two years or more remaining.) This approach is proposed for countries with large grant portfolios and multiple PRs.

In **BANGLADESH**, GMS is supporting introduction of PR Management Dashboards for four grants: TB grants managed by the National Tuberculosis Control Programme (NTP) (under the Ministry of Health (MOH) of **BANGLADESH** and BRAC, and malaria grants managed by the National Malaria Control Programme (NMCP) and BRAC as well. The dashboard will help each PR better manage its SRs: BRAC, for example, has 20 SRs under the malaria grant and 35 SRs under the TB grant.



PR Management Dashboard workshops in **BANGLADESH** (3 photographs)

Progress to Date

GMS introduces the dashboard through three technical support visits that include dashboard customization, PR and SR training, and strengthening of management systems and practices. By the end of PY3, GMS had completed two visits. The remaining visit was planned for November 2015 (PY4). The following are highlights from the first two visits.

- PR staff have taken ownership of their dashboards as a management tool for their grants.
- SRs value how dashboards help them visualize the whole grant and their contribution to its success.
- Learning to use the PR Management Dashboard has prompted PRs and SRs to identify monitoring and evaluation (M&E) and health product PSM as skill areas that they want to strengthen to improve grant management. Among other steps, they are formalizing the checklists they will use for quality reviews of their routine M&E data collection. They are also setting up systems to identify out-of-date drug stocks in service delivery sites.
- Executive-level staff of the PR have communicated their intention to implement management actions arising from problems identified through review of the dashboards.
- The CCM oversight committee anticipates using the CCM Summary once the PR Management Dashboards are well established in **BANGLADESH**.

Innovations in the Approach to Technical Support

Implementing the whole-of-country approach to PR dashboard introduction in **BANGLADESH** has produced some labor-saving efficiencies in the organization of technical support.

- To promote coordination across each national disease program, GMS uses one technical-support team per disease.
- Continuity between technical support visits is ensured by local consultants working across all grants rather than being assigned to a single team.
- Since few consultants have experience introducing PR Management Dashboards and organizing stand-alone training for consultants is expensive, no general dashboard training will be organized by GMS. For **BANGLADESH**, GMS has used mixed teams that combine consultants with experience in the PR dashboard pilot (PY2) with others that are new to dashboards. Through a two-day orientation preceding the first technical support visit with the PRs, GMS worked with the more experienced consultants to prepare the new team members for this new area of consulting.
- Once the PR interventions are completed, a subset of consultants will be regrouped to form the CCM support team with the addition of governance expertise.

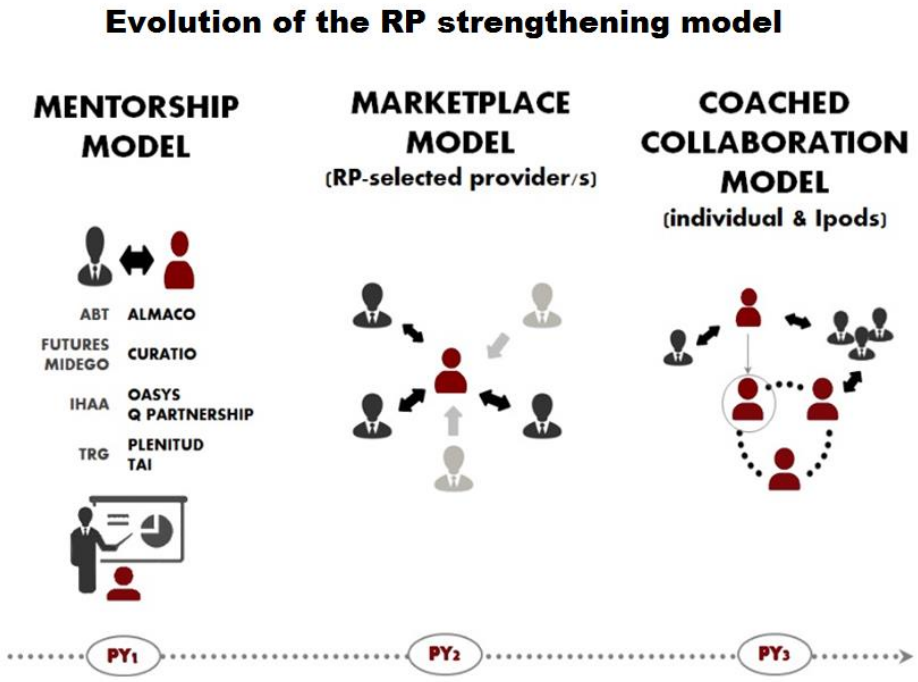
3.4. REGIONAL PARTNERS

Introduction

USAID intended GMS's regional partner (RP) strengthening strategy as an experiment to determine if 12 regionally based technical support entities (the RPs) could attract business from CCMs, PRs, SRs, and Global Fund countries to provide high-quality technical support through direct contracting outside of GMS and U.S. government (USG) financing. The GMS approach provides technical training and experience (through Objective 1 assignments and Objective 2 capacity-building and certification) with business-strengthening activities for the RP institutions. The combined approach confirms the ability of the RPs to deliver high-quality consulting while they are exploring the market for their services outside of GMS.

The evolving models of business strengthening

GMS has carried out RP strengthening using a model that has evolved over time. In PY1, GMS used a mentorship model in which GMS's six largest most experienced institutional partners (called "international partners") were mentors to the first group of six RPs. This model produced highly variable results in fit and efficacy, and spurred GMS to conduct a comprehensive review of the approach at the end of PY1. In PY2, GMS developed a marketplace model in which RPs selected their service providers among the international partners. International partners proposed their services to RPs in a marketplace event organized by GMS. RPs created a shopping list based on organizational development needs that they then matched to the international partners' offers; GMS vetted the lists and brokered the contracting between RPs and the chosen provider(s), then provided oversight and feedback on the interventions. This model corrected the limitations of the mentorship model and was more flexible. With the launch of the innovation pods in PY3, however, a new model of strengthening emerged.

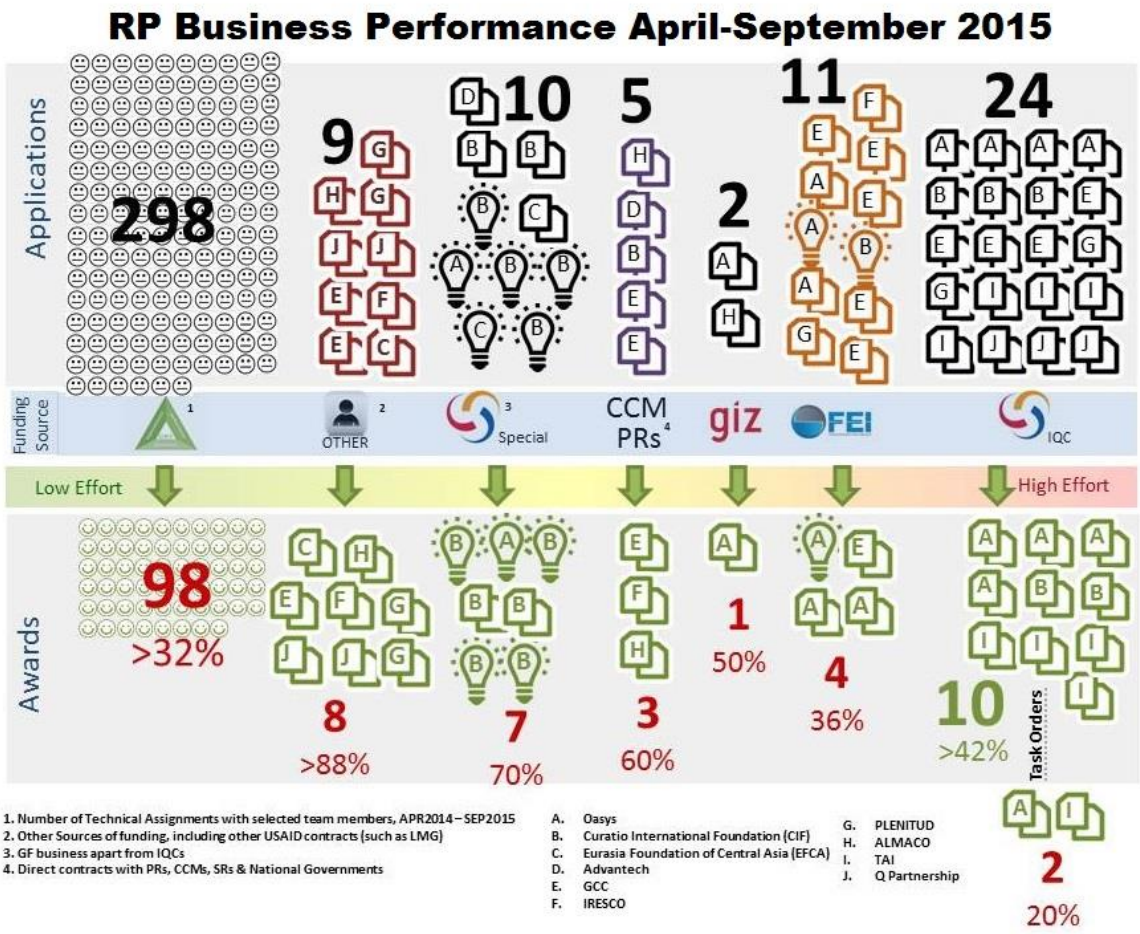


In PY3, GMS witnessed the emergence of the coached collaboration model in which most RPs received business coaching either individually or in groups. Business coaching emerged as a critical service, and RPs reached out to the available (though relatively limited) pool of providers, showing a decided preference for those who had "hands-on" experience with the challenges RPs had faced and continued to face. Concurrently, the innovation pod groupings also benefited from collective business coaching as they developed their innovations, and will continue to benefit from coaching as they move through prototyping, piloting and rollout phases of their innovations. Thus, the current coached collaboration model came as a result of RPs working collaboratively in innovation pods.

Evidence of market development for independent RP technical-support services

In PY2, GMS and the RPs realized that the market for Global Fund–related technical support was more diverse than expected and also subject to constraints and conditions that create barriers for both suppliers and potential clients. CCMs have few or no resources to engage consultants; PRs may have some technical-support funds in their grants, but they, like their governments, are usually bound by national procurement rules and procedures that severely limit their ability to obtain technical support for urgent or short-term technical needs in a timely manner. It is not surprising, therefore, that CCMs, PRs, and governments often prefer to request technical support from GMS, the UNAIDS Technical Support Facilities or other mechanisms that handle the financing and logistics directly. Bilateral donors represent a potential market, but tend to prefer engaging individual consultants rather than consulting groups. The Global Fund Secretariat itself uses the IQC as a mechanism to identify pools of potential consultants, but has used IQCs much less often and for shorter pieces of work with smaller budgets than expected.

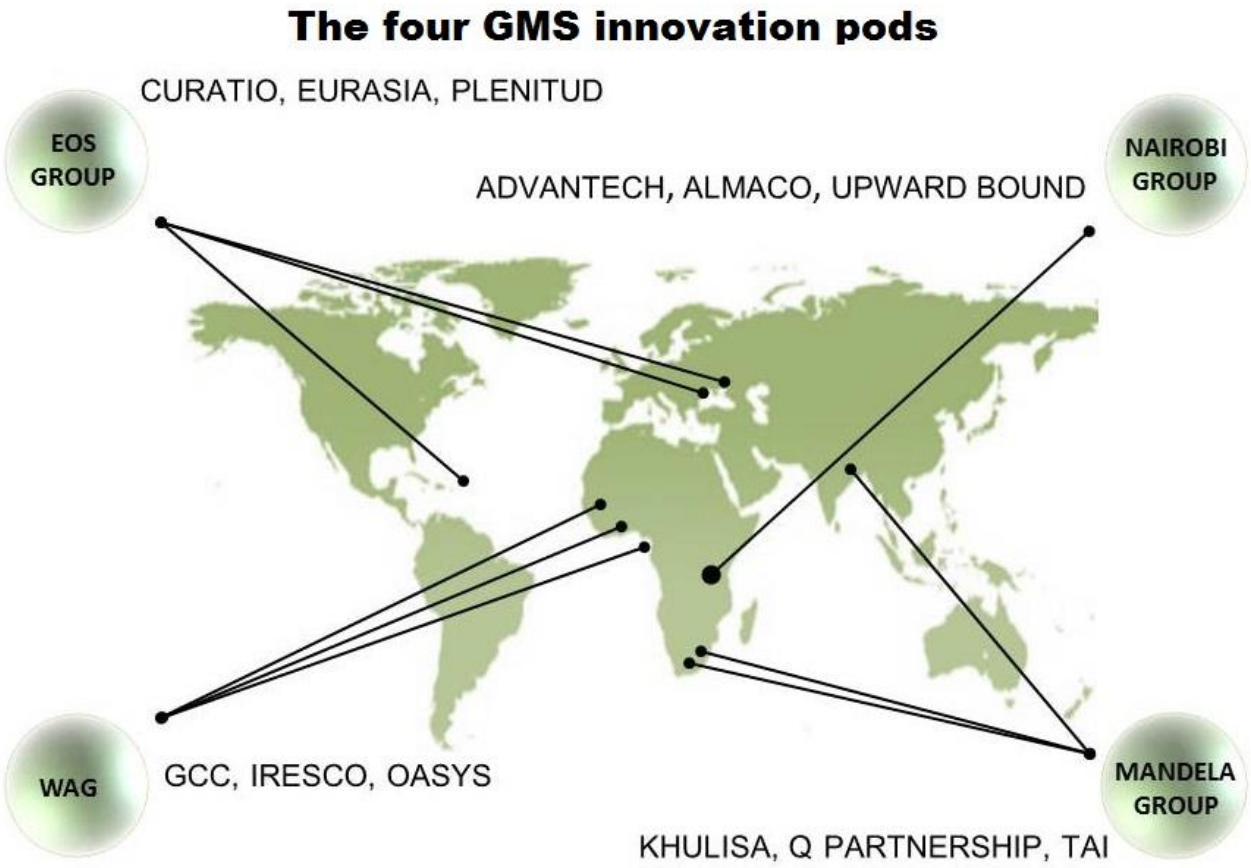
In PY3, GMS and the 12 RPs documented their business-seeking experiences. The following graphic summarizes their efforts and their rate of return.



This graphic shows that RPs responded 24 times to IQC opportunities and indeed won 10 seats in the IQC pools, but that, as of July 2015, only two task orders had been signed between an RP and the Global Fund Secretariat. Bids for work with the BACKUP Initiative of Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and Expertise France were more successful, as were direct efforts with CCMs and PRs. However, these bids not did not create a revenue stream for any RP. Applications to GMS for consultant roles on GMS teamsstill produced the greatest volume of work with the lowest level of risk and cost. Nevertheless, this analysis also shows that unsolicited proposals of new services (in the graphic above, lightbulbs*)* by RPs to the Global Fund, GIZ and Expertise France were more successful than expected and yielded cofinancing that enabled two RPs to carry their ideas forward (OASYS with support for country dialogue, Curatio with transition planning (see below)). This analysis has led GMS and the RPs to conclude that the market for independent regional services directly to CCMs, PRs, and national governments is unlikely to develop without significant restructuring of payment mechanisms by the Global Fund. Nevertheless, there is a certain interest in making innovative contributions to implementation of Global Fund architecture, and several countries have expressed interest to work with local/regional consultant firms.

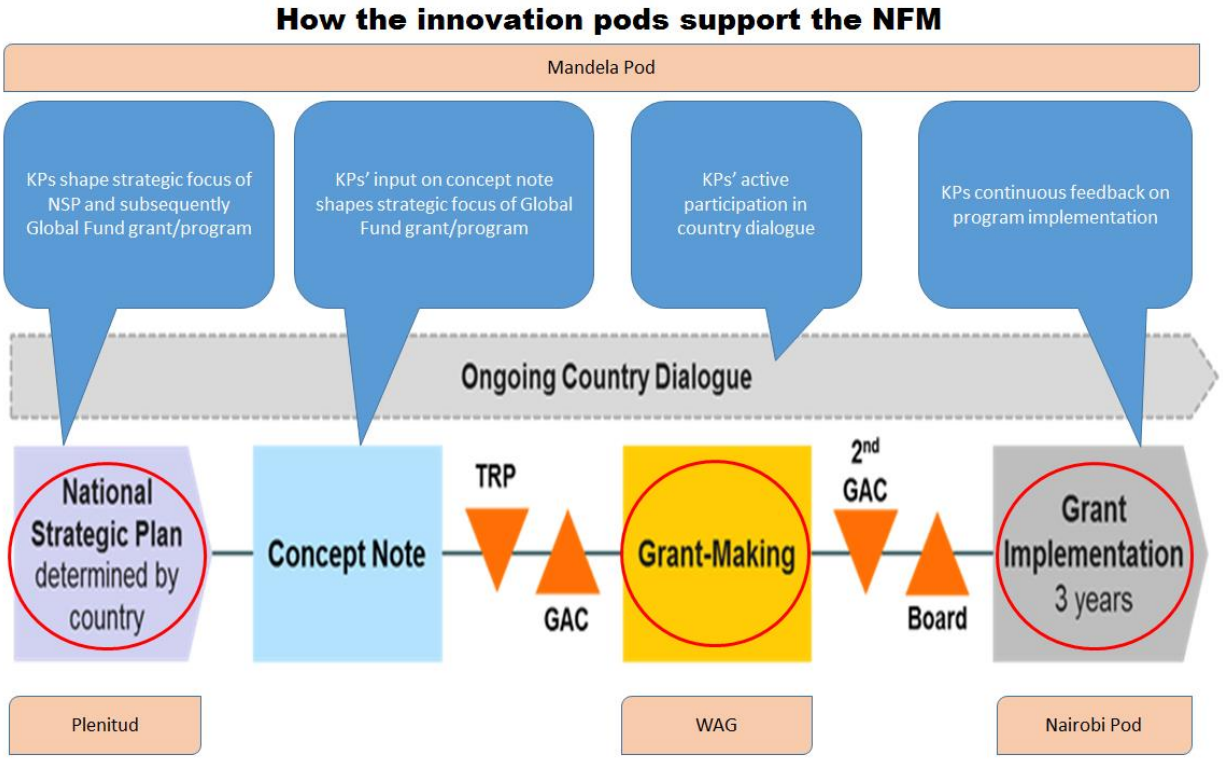
The innovation pods

Beyond individual business coaching, as a further stimulus for RPs to shift from a reactive to a more entrepreneurial stance, promote interorganizational collaboration, and harness their diverse talents and skills, GMS proposed a new set of three-party groupings of RPs called the “innovation pods” (see map). Pod members share some commonalities—organizational affinity, geographic proximity, organizational focus, and/or regional location—as well as diverse and complementary talents and skills. It was envisaged that pods meet regularly to exchange knowledge, share expertise, learn new skills and collaborate creatively to innovate. GMS facilitated initial virtual meetings, to encourage a collective alchemy that might trigger fresh insights and groundbreaking new products, services and strategies.



The concept was launched among RPs in late PY2. Each three-partner pod was challenged to develop a business innovation geared to meeting Global Fund beneficiaries' needs, with particular focus on capacity gaps revealed by the architecture of the Global Fund's NFM. By the end of PY3, the Mandela and Nairobi innovation pods had developed strong business plans and ideas while a third pod, the West Africa Group (WAG), is expected to will finalize its service offering in the first quarter of PY4.

EOS pod at the RP Annual Meeting, Johannesburg, December 2014 (click to enlarge)



The Mandela pod carried out qualitative research (focus group discussions with KPs; key informant interviews with CCMs, KP networks, mobile operators and other technology partners) in three countries (**BANGLADESH**, **SOUTH AFRICA**, and **ZIMBABWE**) to test the acceptance of a two-way mobile messaging system for KPs aimed at optimizing participation in CCM dialogue. Findings showed high stakeholder acceptance of the platform concept.

The Nairobi pod leveraged its collective IT and M&E skills to innovate around collection and transmission of community data for informed decision making and improved health outcomes. The focus was on enhancing the existing Community Health Information System using a mobile device that allows collection of community-level epidemiological and programmatic data using the **KENYA** "MOH 515 Summary Form" on interventions targeting malaria, HIV/AIDS and TB. The Nairobi pod's tool, QADET, is designed to supply complete and accurate data to the national District Health Information Software .

The QADET tool, designed to supply complete and accurate community-level data

The WAG's innovative approach is to provide grant-making support to francophone countries in which GMS is unable or unlikely to work. The WAG's leading consultants are GMS trained team leaders on grant making, and their respective companies are the key frontline providers of technical assistance in Francophone Africa. Therefore, the WAG has carried out a feasibility study of outsourcing the GMS approach and aims

to offer grant-making services initially to three countries (**CENTRAL AFRICAN REPUBLIC**, **CONGO-BRAZZAVILLE** and **MAURITANIA**) where GMS or other technical-support providers are not present.

In contrast, the EOS pod never took off. Instead, two of its members, Fundación Plenitud and Curatio, pursued innovations independently. Plenitud developed a gap analysis dashboard to support the process of achieving sustainability of the national response to disease programs in countries that are close to transitioning out of Global Fund financing. This dashboard may be used both in the initial phase of the new funding model for country dialogue when discussing a national strategic plan and during concept-note development and at the end of a last (or penultimate) grant, prior to transition from Global Fund grant recipients to nonrecipients. The dashboard would provide information in graphic form to facilitate discussions of the sustainability of the national response.

Curatio developed a research concept and tool for transitioning countries to analyze and evaluate alternative funding solutions that was commissioned and piloted in four countries. Later the concept was expanded following presentation of findings to the Global Fund's "Technical Evaluation Research Group" (TERG) to 20 countries in Latin America and the Caribbean, Eastern Europe and Central Asia, Southeast Asia, and Africa. In addition, Curatio has developed a portfolio of contracts, working with a PR in **KAZAKHSTAN**, to design funding arrangements for that country's national TB program and revisit regulatory documents, and with CCM-**GEORGIA** to support development of the HSS component of the TB concept note submitted in July 2015.

Overall, the innovation pods have been successful, generating tools and services with real market potential and demonstrating a strong collective dynamic within each group of partners. Furthermore, this collaboration has led to a greater understanding of potential synergies among partner organizations, which helps mitigate the challenges facing very small businesses often required to compete with much larger rivals in the consulting market.

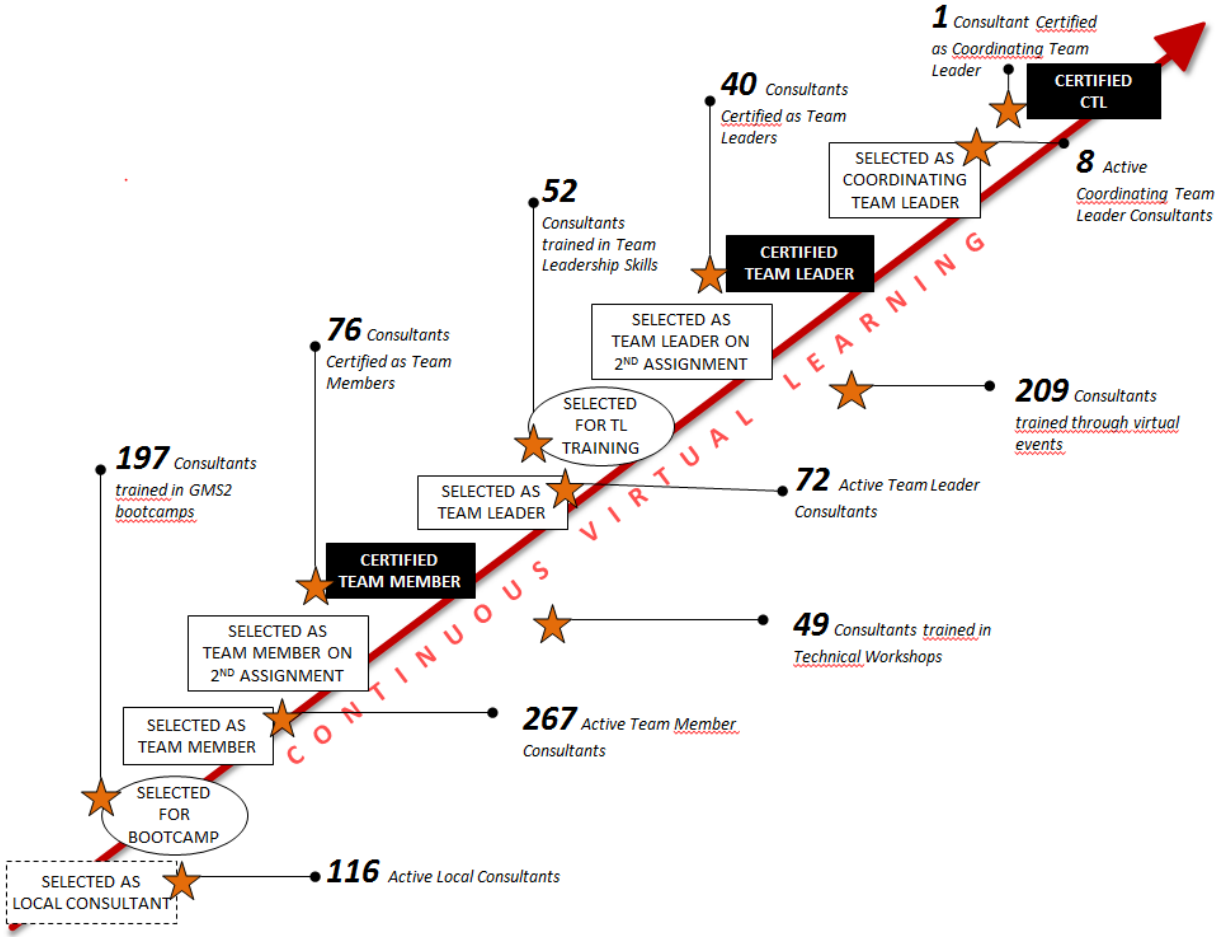
WAG and USAID brainstorming at RP Annual Meeting, Johannesburg, December 2014

3.5. CONSULTANT STRENGTHENING

GMS works to strengthen the capacity of its network of 460 active consultants through a "consultant development pathway." The consultants travel the pathway from their first contact with the project through a series of steps to increase their understanding of the GMS approach and

to enhance their skills as they mature professionally. The project meets consultants where they are, assessing their knowledge and expertise related to Global Fund technical support. Training opportunities are made available at different steps of the pathway, while technical-support assignments test, refine, and extend their mastery of skills through on-the-job application. Along the pathway, successful performance is recognized through consultant certification at three levels: team member, team leader, and the new category of coordinating team leader.

Consultant development pathway



In PY3, GMS carried out a series of three face-to-face training events. Eighteen francophone team leaders participated in an Enhanced Team Leadership Workshop in which they developed their skills in GMS-relevant team management, facilitation, negotiation, and communications. Fifty-nine consultants new to GMS attended one of two Consultant Orientation Workshops, one in English and one in French, which provided grounding in the GMS approach to technical support. Participants learned how to apply specific governance, financial and organizational management, M&E, and PSM expertise in the context of GMS assignments using an experiential, scenario-based approach. The workshops were preceded by an updated version of the virtual course, Introduction to the Global Fund for GMS Consultants, which provides an informational foundation on Global Fund policies and requirements.

Participants at the 5th GMS Boot Camp, Dakar, May 2015

GMS consultants attain certification after having met a set of GMS consultant core competencies in training and field work. These core competencies are defined as minimum standards of consultant performance and serve as a quality-assurance mechanism for each level of expertise. Consultants are reviewed on a quarterly basis for completion of threshold eligibility requirements through observed performance during assignments and training. As of September 2015, 76 consultants have been certified as team members and 40 consultants are certified as team leaders. As the certification program has now been in place for over two years, 48 consultants have also been recertified this year, having demonstrated continued excellence in their work.

Mock CCM work session, 5th GMS Boot Camp, Dakar, May 2015

Early in PY3, GMS technical managers identified a new paradigm for team leadership when multiple, multidisciplinary teams are involved in particularly complex assignments such as grant making. GMS staff have defined the standards of performance for this new level of expertise, the

coordinating team leader. At the end of PY3, one team leader had attained this certification status, and another eight team leaders were playing the role on active assignments.

3.6. GLOBAL REACH

African Delegations to the Global Fund Board

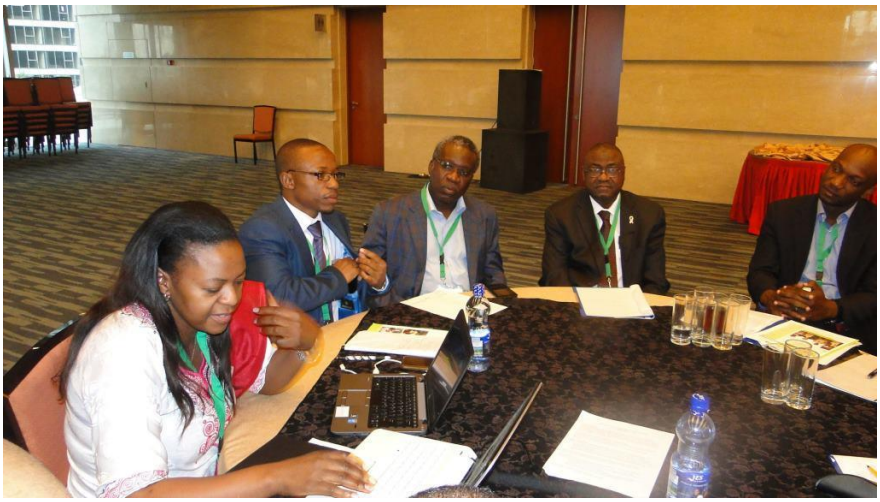
Background

On May 5 and 6, 2015, the Eastern and Southern Africa (ESA) and West and Central Africa (WCA) constituencies to the Global Fund Board met in Addis Ababa, Ethiopia—the first meeting since the Johannesburg governance reform event of July 2012. The ESA and WCA constituencies had the following objectives for this meeting: review best practices and challenges in management under the Global Fund's NFM; agree on ESA and WCA priorities for the Global Fund 2017-2021 strategy; and update the plan for the future establishment of a joint Africa Constituency Bureau in Addis Ababa.

ESA and WCA constituencies meet in Addis Ababa, May 2015. Pictured (left to right): Professor Vinand Nantulya (chair, Uganda AIDS Commission); Dr. Anita Assimwe (chair ESA constituencies on Global Fund Board); Ms. Catherine Kyobutungi (director of research, AHPRC)

To achieve these ambitious objectives, senior GMS facilitators, Cheikh Tidiane Tall (member of the Developing Countries NGO Delegation to the Global Fund Board from 2011 to 2013), Professor Vinand Nantulya (chair of the Uganda AIDS Commission), and GMS expert Rita Motlana worked alongside the ESA Global Fund Board representative, ESA and WCA constituency focal persons, Global Fund Office of Board Affairs and Global Fund Grant Management leaders, staff and advisors, and the "New Venture Fund"–supported Africa Population Health Research Center (APHRC) team acting as interim secretariat for the delegations. This extensive collaborative effort has been building since the original governance reform work in 2012 under the first contract for GMS (contract number GHS-I-02-07-00006-00, which began in 2007 and ran through September 30, 2012).

Governance: Implementing policy reforms in ESA and WCA



Delegates work session, ESA Constituency Meetings, Addis Ababa, May 2015

The Addis Ababa meetings cemented one of the key results of the GMS "African Delegations" assignment, when ESA Board member Dr. Anita Asiimwe announced the decision of current ESA and WCA Global Fund Board members to establish a joint Africa Constituency Bureau in Addis Ababa, Ethiopia. GMS's African Delegations assignment started in late 2013. Over the past two years, consultants, selected task by task for their expertise in establishing an organization designed to staff a high-level multicountry delegation, delivered critical products and tools that enabled leadership to reach consensus and communicate decisions: an organizational chart, position descriptions for senior health policy analysts, scoring sheets for rating country responses to calls for expression of interest to host a bureau in ESA and/or WCA, a resource-mobilization strategy and draft concept notes, and strategic support in Addis Ababa to maintain momentum in high-level negotiations on legal status and registration of a future bureau under Ethiopian law.

For GMS, PY3 delivered the proof of concept: a constituency representing 46 implementing countries to the Global Fund Board could improve the quality of the countries' participation and increase their engagement in Global Fund Board and committee activities if it benefitted from expert health-policy and strategy support staff.

GMS provided support to the constituency task force and APHRC in finalizing a proposal and contributed the concept of an interim solution—for APHRC to provide staff while ESA and WCA awaited decisions on location of a bureau and its funding. Through a "New Venture Fund" grant, APHRC offered and has been providing staffing to the delegations since early in PY3. The delegations value all this support. PY3 also delivered the near-final plans of a future bureau: the Ethiopia Public Health Association (EPHA) is in negotiations with the Bill & Melinda Gates Foundation (BMGF) for a 12-month grant to help establish the Africa Constituency Bureau, initially within EPHA, eventually as a stand-alone office. As with APHRC, the EPHA proposal builds on the resource-mobilization strategy and concept notes delivered by GMS in 2014.

The GMS African Delegations assignment ends in November 2015, early in PY4. It will end for good reason: the delegations are staffed—in the medium term by APHRC, until EPHA identifies a bureau director who stands up the organization and staff needed to deliver the services APHRC now offers. Funds are in place for the first 12 months of operations, through BMGF; other donors are interested in supporting this model. And the hope is that eventually countries will themselves contribute to operating costs. A discrete, USAID–supported medium-term assignment has evolved into a rich partnership comprising the task force comprising ESA and WCA professionals; ESA

and WCA constituency focal points; Global Fund Board members and alternates; leadership, staff and advisors of the Global Fund Office of Board Affairs; advisors and staff at the BMGF; experts at APHRC. While this has been fundamentally a governance assignment for GMS, the priorities for African and Global Fund leaders at the Addis Ababa meeting and the outcomes in PY3 are a testament to the links between effective and engaged governance and programmatic impact.

Pictured from left to right: Lyndon Morrison (Global Fund); Caty Fall (Global Fund); Rita Motlana (GMS consultant)

West and Central Africa funds absorption

Purpose

As a result of the meeting of the African Delegations in Addis Ababa, Ethiopia, in May 2015, 10 francophone West and Central African countries met in Abidjan, **CÔTE D'IVOIRE**, on August 3 and 4, 2015, at the invitation of the government of **CÔTE D'IVOIRE** and the members of the WCA delegation to the Global Fund Board, with financing by the Global Fund. More than 100 participants from CCMs, PRs, and SRs, and the ministries of health of **BENIN**, **BURKINA FASO**, **CAMEROON**, **CHAD**, **CÔTE D'IVOIRE**, **MALI**, **NIGER**, **DEMOCRATIC REPUBLIC OF CONGO**, **SENEGAL**, and **TOGO**, as well as the ministers of health of **BURKINA FASO** and **CÔTE D'IVOIRE** attended. The Global Fund was amply represented by members of the 10 Global Fund country teams for these countries, the strategic information, board support, finance, PSM, M&E, Office of the Inspector General (OIG), and operational policy teams. Representatives of Expertise France, UNAIDS, and the World Health Organization were also present.

The meeting was intended to be a pragmatic airing of obstacles perceived by both sides, so that specific actions to remove obstacles or accelerate funds absorption might be promoted before March 2016.

The role of GMS

GMS was asked by the Global Fund to support development and facilitation of this meeting in collaboration with APHRC, the African delegations alternate members and focal persons, and the Global Fund staff. This role provided an opportunity for GMS to contribute its eight years of management support experiences with these countries. GMS provided three types of technical support.

Project Director Catherine Severo visited Geneva from July 13 to 17 to work with the country teams and strategic information, finance, and M&E teams, and Global Fund Board support staff. The objective of the meeting was to analyze data from the 10 countries to identify trends and issues regarding funds absorption and discuss lessons learned from GMS's support to these and neighboring countries. Among other analyses, GMS focused attention on factors leading to delayed start-up of new grants, showing that very low funds absorption in the first year of a grant was rarely overcome by accelerated performance later. GMS drew attention to moments in the grant architecture where more complete preparations for the "implementation-ready" grant might be assured. This support led to definition of the agenda for the meeting, the proposed outputs, and the detailed facilitation guide, and aided the Global Fund to prepare its opening data presentations.

For the meeting, GMS provided three francophone facilitators: Mr. Carl Manlan (former FPM), Professor Jean Kagubare (MSH), and Dr. Dah El Hadj Sidi (GMS technical manager/PSM). They provided facilitation of plenary and group work sessions in collaboration with the Global Fund staff and the APHRC, and contributed to the meeting report. Effective practices from **RWANDA**, **SENEGAL**, **BURKINA FASO**, and **CAMEROON** (the three latter having been countries where GMS worked), were presented by country representatives.

Following the meeting, GMS carried out a post-event evaluation for the Global Fund. This online survey was launched on September 10; in October the summary of responses was sent to the Global Fund.

Results

The meeting resulted in a framework of actions for the Global Fund, countries, and development partners, and country-specific action plans prioritizing two rapid actions per country. The Global Fund has stated its intention to follow up with each country on the action plans and will conduct a review at six months and at 12 months after the West and Central African meeting to assess progress on implementation of these plans. The meeting appears to have contributed to the new 20-country "Implementation Through Partnerships" project of the Global Fund.

Risk-management tools

Project Year 3: A big year for rollout of risk-management tools in GMS PR assignments

In addition to the rollout of the PR Management Dashboard, work was undertaken on two other key risk-management tools.

1. GMS teams working on grant making gained extensive experience with the Global Fund's implementation maps. These maps are used to identify risks or weak links in the grant partnership arrangements for finance, M&E reporting, drug and health commodities distribution, and work-plan implementation. They are also used to resolve unclear aspects of grant implementation and to ensure everyone has a common understanding of the way a grant will function. Mapping is critical for both the PR and the Global Fund in ensuring grant implementation arrangements are robust and resilient. Late in PY2, GMS provided a webinar for GMS consultants on implementation mapping, a new grant-making requirement. In PY3, GMS ensured that all teams were prepared to facilitate the mapping process. The quality of the maps developed by GMS teams and the sharing of experience from these activities has meant that GMS is seen as a prime partner of the Global Fund in application of these tools.

2. The Grant Risk Assessment and Management (GRAM) tool was developed jointly with the Global Fund's risk management unit for the Global Fund's country teams, but many of the elements were not suitable for use by PRs. Accordingly, the lessons from the Alliance's workshops and GMS assignments were used to assist the Global Fund to develop a PR-specific GRAM tool as an optional tool for PRs for their risk-management planning. The tool and the associated guidelines were finalized in early August 2015; and GMS teams have already started using them. A comprehensive picture of grant risks, and their rating and mitigation strategies is established through a workshop approach with the PR and key stakeholders, and a simple risk heat map is generated. Early feedback from use of the tool by GMS teams supporting PRs during grant making has been very positive. While the GRAM tool, heat map and guidance notes were distributed to relevant PR consultants in PY3, during PY4 GMS will provide a webinar on risk-management tools, including the PR-specific GRAM tool.

Together, the tools mentioned above add significantly to the portfolio of techniques that GMS teams bring to their work and to grant making in particular. In applying both tools, GMS teams seek to build the capacity of the country counterparts to use the insights that the tools provide for management decision making. In addition, the teams also seek to build the capacity of counterparts to replicate the tools so that they use them for ongoing risk management.

In the area of risk management, GMS is a critical partner of the Global Fund community in these areas:

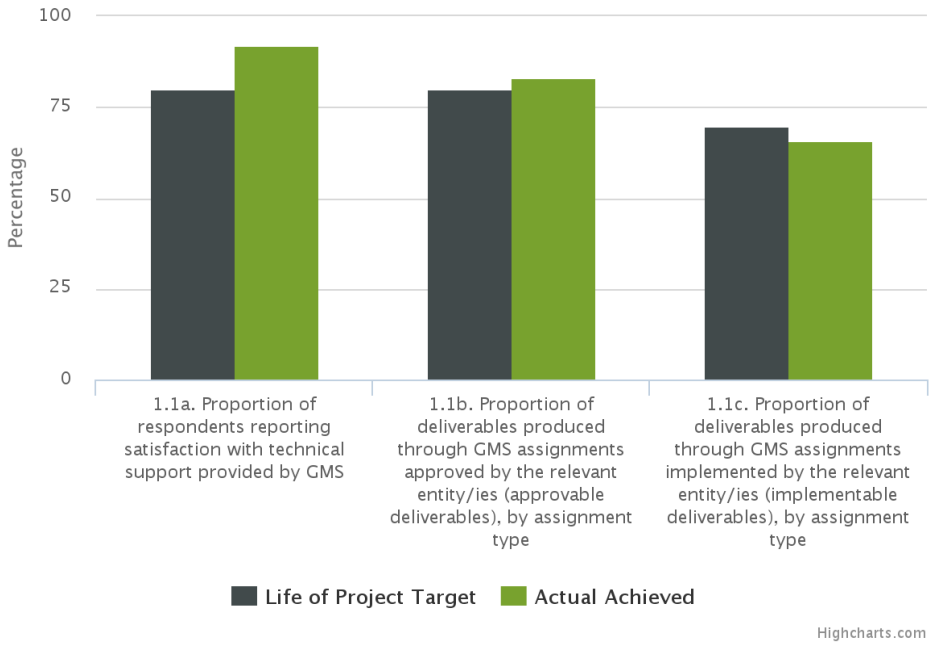
1. Application of Global Fund risk-management tools in a quality-controlled manner.
2. Providing feedback to the Global Fund for ongoing tool improvement.
3. Development of new risk-management tools.
4. Building capacity with consultants and PRs to apply risk-management tools.

4. PROJECT ACHIEVEMENTS

4.1. KEY PMP INDICATORS

GMS is monitored using cumulative indicators (project years 1-3) across three work streams (GMS objectives 1-3), each of which has subobjectives. Selected indicators for these subobjectives are represented in the graphs below. An exhaustive list of all the indicators is in annex 1.

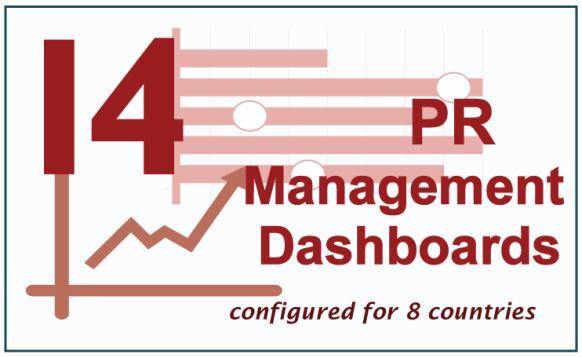
Technical Support Quality



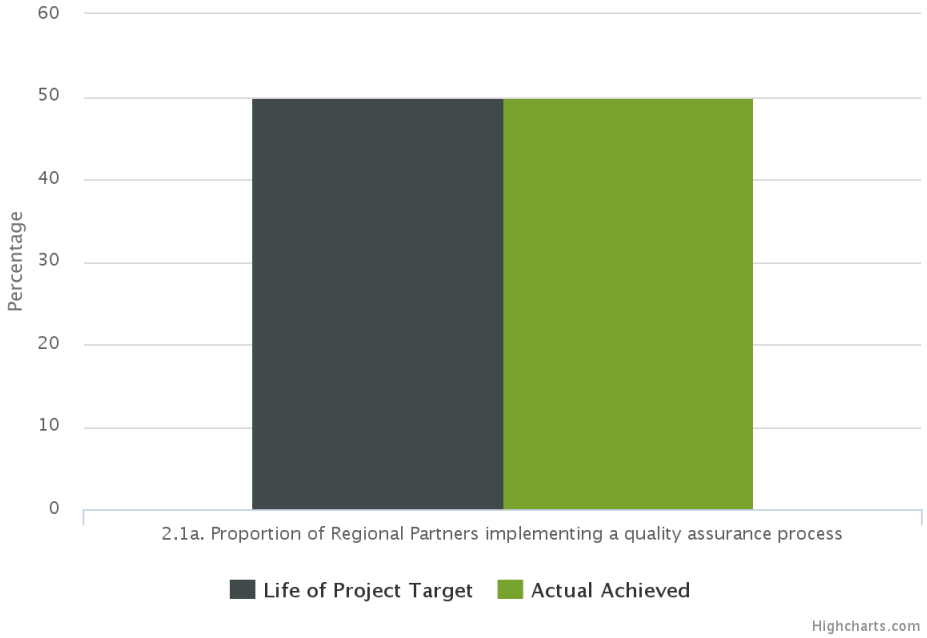
Improving CCM capacity

+

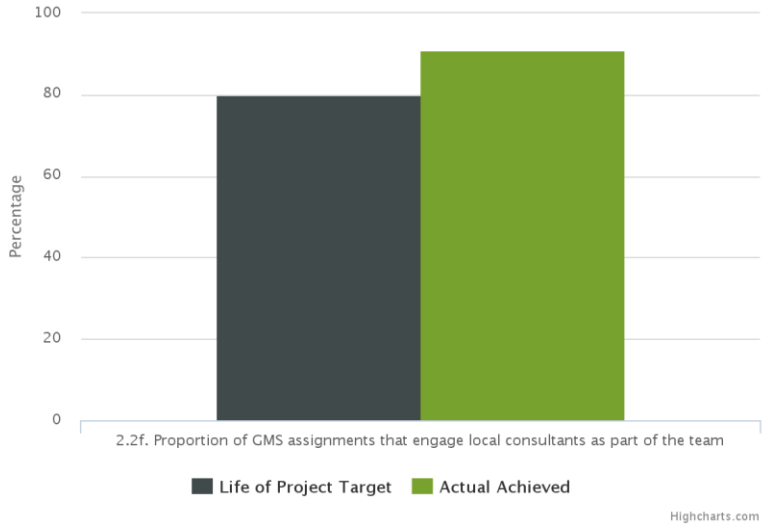
Improving PR/SR capacity



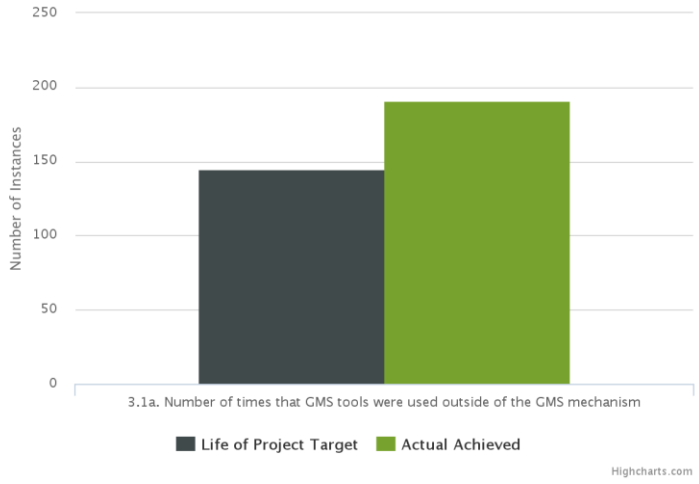
RP strengthening

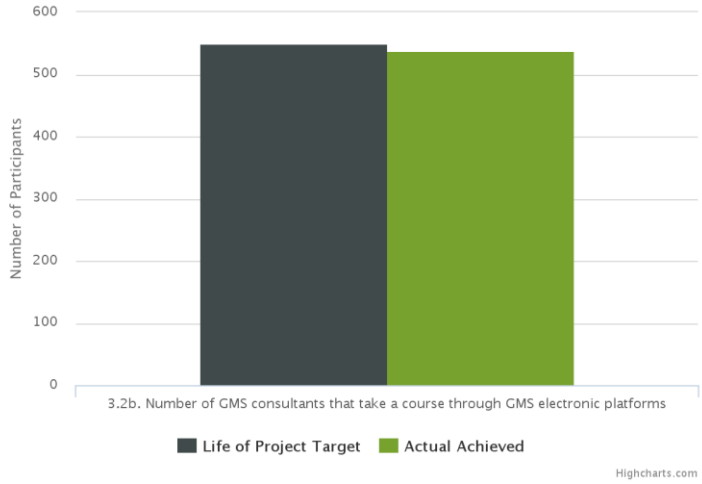


Consultant strengthening



Tools and dissemination





4.2. PROJECT YEAR 3 RESPONSE TIMES

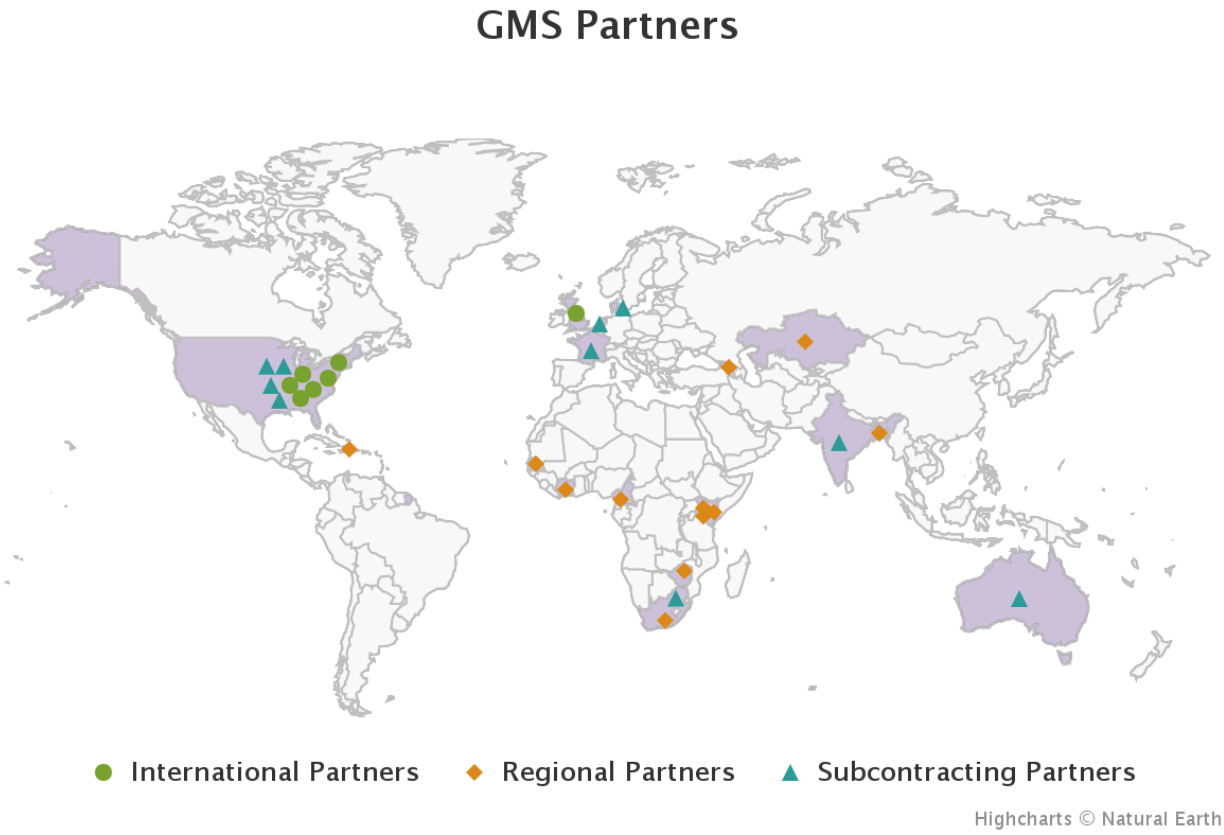
5. THE TEAM

5.1. WHO WE ARE

The U.S. Congress provides the Office of the U.S. Global AIDS Coordinator (OGAC) the discretion to use up to five percent of the United States Senate Appropriations Subcommittee on State, Foreign Operations, and Related Programs appropriations for the Global Fund to provide Global Fund technical support, through USAID implementing mechanisms. GMS has been funded through a portion of this set-aside (since its first phase, 2007-12). In addition, GMS may receive funds obligated through local and regional USAID missions ("field support funds").

The current phase of GMS was awarded on September 30, 2012, under USAID contract number AID-OAA-C-12-00040 with a ceiling of $99,937,177. During PY3, $21M was obligated—$20 million from USAID/Washington (core funds) and $1.06 million from local and regional USAID missions (field support funds)—bringing total obligations by the end of PY3 to $63,123,036. As of September 30, 2015, GMS had cumulative expenditures and commitments of $46, 104,915.

GMS is executed by MSH and 28 partners.



International Partners
• Abt Associates • Futures Group (doing business as Palladium) • International HIV/AIDS Alliance • Realizing Global Health • PACT • Training Resources Group
Regional Partners
• ADVANTECH (Kenya) • ALMACO Ltd. (Kenya) • Curatio Foundation (Georgia) Eurasia Foundation (Kazakhstan) • Eurasia Foundation of Central Asia (Kazakhstan) • Global Challenge Corporation (Côte d'Ivoire) • Fundación Plenitud (Dominican Republic) • Institute for Research, Socio-economic Development and Communication, or IRESCO (Cameroon) • Khulisa Management Services Pty Ltd (South Africa) • OASYS Financial and Management Services (Senegal) • Q Partnership (Zimbabwe) • Technical Assistance Inc. (Bangladesh) • Upward Bound (Kenya)
International and Regional Subcontracting Partners
• AIDS Projects Management Group or APMG (Australia) • Catalyst Management Services Pvt. Ltd. (India) • Euro Health Group A/S (Denmark) • Health & Development Africa Pty. Ltd. (South Africa) • Innovative Development Expertise & Advisory Services Inc (IDEAS) (U.S.) • International Program Assistance Inc., or IPA (U.S.) • LMI (U.S.) • ResultsinHealth (RiH) (The Netherlands) • SCM Advantage LLC (U.S.) • zeGOgroup (France)

5.2. GMS'S MISSION

The mission of Grant Management Solutions (GMS) is to increase the performance of grants from the Global Fund so that they may impact and lessen the severity of HIV/AIDS, TB and malaria at country and regional levels. GMS carries out its mission through its four work streams:

- Short-term technical support to CCMs and PRs, which enables access to grants from the Global Fund to combat the three diseases and builds capacity of implementing partners to use grant resources effectively and efficiently. To learn more about GMS's work in PY3, see section 3.1 of this report to read about CCM support to **MOZAMBIQUE** and see section 3.2 to read about grant-making support to **BURUNDI**.

- Innovation and documentation of tools and best practices for effective technical support and grant management (including the PR Management Dashboard) and their dissemination using electronic platforms, training and consulting. To learn more about GMS' s flagship tool, the PR Management Dashboard and its CCM Summary, see section 3.3 of this report.

- Institutional strengthening of 12 GMS RP organizations so that they may provide high-quality technical support to Global Fund countries and stakeholders independently. To learn more about GMS's work with innovative approaches tested in PY3, see section 3.4 of this report.

- Capacity building and certification of individual consultants so that a sufficient pool of skilled and knowledgeable Global Fund management and governance experts is available to Global Fund countries and stakeholders. To learn more about GMS's progress in PY3, see section 3.5 of this report.

To learn about GMS's work that transcends regions and provides insight and new approaches to the Global Fund community as well as individual countries, see section 3.6 of this report.

5.3. GMS OBJECTIVE 1 TECHNICAL-SUPPORT MODALITIES

For core-funded assignments, CCMs and/or PRs download and complete the request for support from the PEPFAR, Global Fund or GMS website and submit it to OGAC and USAID/Washington (http://www.pepfar.gov/partnerships/coop/globalfund/ta/, http://www.theglobalfund.org/en/fundingmodel/technicalcooperation/, or http://www.gmsproject.org/gmswebsite/?page_id=23). USAID reviews the requests, discusses priorities and issues with stakeholders (potential recipient of technical-support services, USAID missions, Global Fund country teams) and submits the requests to the OGAC "Technical Support Advisory Panel" (TSAP) for decision. Approved requests are forwarded to GMS for action.

In the case of field-support assignments, USAID missions and USAID/Washington discuss CCM and PR technical support needs before determining which of the available USG mechanisms is best suited to respond. If selected as the preferred option, GMS works with the mission to develop a scope of work. USAID/Washington keeps GMS informed of the progress of mission field-support processes. Field-support assignments usually begin once USAID/Washington modifies the GMS contract to include field-support funds.

GMS uses established processes to select, field and support consultant teams in response to approved requests, with the goal of meeting CCM and PR needs on time. GMS continues to diversify the duration and intensity of its technical support.

5.4. HOW DOES GMS COLLABORATE WITH OTHER TECHNICAL-SUPPORT PROVIDERS?

GMS may work with UNAIDS Technical Support Facilities, the Joint United Nations Programme on HIV/AIDS, GIZ's BACKUP Initiative, Expertise France, Roll Back Malaria, the Stop TB Partnership, the Green Light Committee Initiative, and others. GMS, the Alliance and the LMG Project have strengthened their structured collaboration under the leadership of the Global Fund CCM Hub.

5.5. GMS STAFF

GMS staff are located in the United States, in Arlington, Virginia. These individuals head the technical areas:

- Project Director: Catherine Severo
- Deputy Director, Technical Support: Lisbeth Loughran
- Deputy Director, Finance and Operations: Bruce Gatti
- Deputy Director, Capacity Building: Maria Trujillo
- Deputy Director, Results and Knowledge Management: Christine Onyango

GMS TB/HIV grant-making team, Lagos, Nigeria

GMS team, Dakar, Senegal

GMS consultant at the Federal Medical Stores, Oshodi, Lagos, Nigeria

GMS-information management system/IMSdevelopment team, East London, South Africa

ANNEX 1: CUMALITIVE PMP INDICATORS OCTOBER 1, 2012–SEPTEMBER 30, 2015

Objective 1

PMP Indicators with targets Objective 1	Reached by 9/30/15	Target
1.1a. Proportion of respondents reporting satisfaction with technical support provided by GMS	92%	80%
1.1b. Proportion of deliverables produced through GMS assignments approved by the relevant entity/ies (approvable deliverables), by assignment type	83%	80%
1.1c. Proportion of deliverables produced through GMS assignments implemented by the relevant entity/is (implementable deliverables), by assignment type	66%	70%
1.2a. Proportion of CCMs which meet eligibility requirements	96%	80%
1.2b. Proportion of CCMs that obtained Global Fund CCM funding after receiving related GMS technical support		70%
1.2c. Proportion of CCMs with improved functioning after receiving GMS technical support	79%	80%
1.3a. Proportion of CCMs using grant oversight dashboard to oversee grant performance after receiving related GMS technical support	67%	80%
1.3b. Proportion of CCMs carrying out oversight-related activities after receiving related GMS technical support	59%	80%
1.4a Proportion of grants signed following GMS support	100%	70%

PMP Indicators without targets Objective 1	Reached by 9/30/15
1.1d. Number of people trained through GMS assignments (both PR and CCM assignments)	6160
1.2e. Number of CCMs for which structural or procedural documentation completed or updated by GMS teams	58
1.3c. Number of oversight plans developed	41
1.3d. Number of new CCM dashboards developed with GMS support	10
1.4c. Number of completed presignature files submitted to PR	22
1.4d. Number of PRs and SRs for which organizational structure and procedures have been established or strengthened with GMS support	38
1.4e. Number of new PR dashboards developed with GMS support	14
1.4f. Value of grants signed	$841,717,440

Objective 2

PMP Indicators with targets Objective 2	Reached by 9/30/15	Target
2.1a. Proportion of Regional Partners implementing a quality assurance process	50%	50%
2.1b. Proportion of regional partners reporting satisfaction with technical support provided by GMS and partners	91%	80%
2.1c. Number of innovations generated that have obtained funding	5	3
2.2a. Number of consultants that meet team member certification (attended GMS orientation and served in at least two assignments in two different countries)	109	120
2.2b. Number of certified consultants who have renewed certification at least once	53	30
2.2c. Number of certified consultants promoted from team member to team leader	35	40
2.2d. Number of Team Leaders approved to lead multiteam assignments	1	5
2.2e. Number of new local consultants who serve as team members or team leaders outside of their countries of residence	16	12
2.2f. Proportion of GMS assignments that engage local consultants as part of the team	91%	80%
2.4e. Proportion of Regional Partners implementing business seeking strategy	75%	50%

PMP Indicators without targets Objective 2	Reached by 9/30/15
2.3a. Number of persons from other technical support providers attending GMS trainings (including virtual training)	121
2.4a. Number of non-GMS Global Fund related contracts and grants awarded to Regional Partners	25
2.4b. Number of IQCs awarded to Regional Partners	10
2.4c Number of task orders awarded under an IQC to Regional Partners	2

Objective 3

PMP Indicators with targets Objective 3	Reached by 9/30/15	Target
3.1a. Number of times that GMS tools were used outside of the GMS mechanism	191	145
3.1b. Number of tools, models or approaches made available by GMS and endorsed or adopted by the Global Fund Secretariat	1	2
3.1c. Number of tools, models or approaches made available by GMS and adapted or adopted by technical support provider agencies	2	3
3.1d. Number of existing and new GMS tools and methodologies available to the Global Fund support community	3	8
3.1f. Number of GMS methodological guides and tools made available to GMS consultants through GMS electronic platforms or GMS training	21	25
3.2a. Number of electronic platforms used by GMS for knowledge sharing	11	10
3.2b. Total number of GMS consultants that take a course through GMS electronic platforms	538	550

PMP Indicators without targets Objective 3	Reached by 9/30/15
3.1e. Number of tools or approaches invented or significantly modified, and implemented by GMS consultants on assignments, which are then selected for publication on the GMS IMS [information management system]	17

All photographs in this report were provided by GMS staff and consultants.

For more information on GMS, please visit www.gmsproject.org, or contact GMS staff directly or by writing to info@gmsproject.org.