



**Technical Support for the Pakistan National Coordinating
Mechanism: Pakistan
Final Report for OGAC Washington & USAID/Pakistan**

Sharon Stash and Charlie Stover

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Leadership, Management and Sustainability Program
Management Sciences for Health
784 Memorial Drive
Cambridge, MA 02139
Telephone: (617) 250-9500
www.msh.org/lms



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LMS GF Support Team:

**Sharon Stash, Team Leader
Charles Stover, MSH**

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INTRODUCTION

Under the new OGAC support mechanism for Global Fund activities, Management Science for Health's Leadership, Management & Sustainability Project (LMS) provided technical support to the Pakistan National Country Coordinating Mechanism (CCM) in Islamabad, Pakistan from November 2006 through February 2007.¹ This final report summarizes the products of that effort, the decisions made by the Pakistan CCM, and the changes ensuing from the support process.

The scope of work was approved by OGAC in August 2006. The overall purpose of the technical assistance was to provide assistance to the Pakistan CCM to ensure it operates effectively and complies with the new Global Fund CCM requirements.

The objectives of this support were wide-ranging. The team used its initial diagnostic trip to focus its efforts on specific high-leverage activities. The objectives as originally stated are summarized below:

1. Review the CCM's core management functions and compliance with Global Fund requirements;
2. Provide recommendations on how to define a clear role for the CCM in the oversight of the implementation of the Global Fund grants
3. Provide recommendations and actions to improve the openness and transparency of the CCM processes,
4. Make recommendations to minimize possible conflict of interest,
5. Provide recommendations to improve the by-laws and conflict of interest Policy,
6. Review the current management structure of the CCM Secretariat and the CCM and ensure their roles as independent entities; and
7. Provide recommendations and actions to take to increase the effectiveness of the CCM Secretariat.

A two-person team was formed by LMS for this mission: Sharon Stash Ph.D., MSc, and Charles Stover, MPA. Dr. Sharon Stash has extensive experience in Pakistan with HIV/AIDS and reproductive health programs. Charles Stover is a specialist in international health finance, reform and governance. The LMS team accomplished two intense periods of work from November 5-19, 2006 and from January 5- 26, 2007 in Islamabad, Pakistan, as well as work from the home office between trips.

Unlike other MSH/LMS assignments to strengthen countries' capacity to manage Global Fund grants, this consultancy focused solely on strengthening the CCM and the Secretariat. A separate team from the Capacity Project worked during the same period to strengthen the systems of the Principal Recipient (PR) and the Sub-Recipients. In November, the LMS consultants worked very closely with the 3-person team from the Capacity Project. Unfortunately, the report of the Capacity team has not been made available to the MSH/LMS team and cannot be referenced in this report.

The LMS consultants also worked closely with Mr. Taufiqur Rahman, GFATM Regional Manager for South Asia, who was in Pakistan for a week during LMS Trip 1.

¹ This support was financed through USAID Cooperative Agreement number GPO-A-00-05-00024-00, as part of the USG technical assistance effort for the Global Fund to fight AIDS, TB, and Malaria.

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This technical support also benefited from a review of the Pakistan CCM completed in 2004 that provided a benchmark of CCM functioning².

Trip 1- November 5-19, 2006

As requested by the CCM Secretariat of Pakistan, the team worked in close collaboration with the Chairperson of the CCM (the Federal Secretary of Health, Mr. Syed Anwar Mahmood) and the Program Manager of the Secretariat, Ms. Zarina Hauser. As the work proceeded, the team increasingly involved other CCM leaders as close counterparts, particularly the newly elected Vice-Chair of the CCM, Dr. Amir Khan, and the CCM Focal Person, Dr. Hassan Sadiq. Broadening the local team helped ensure that decisions were based on local realities with CCM support.

The work began with a thorough diagnosis of the CCM. Through a series of one-on-one meetings with key stakeholders from the CCM, the team conducted a careful analysis of the current functions of the CCM as measured against the “Revised Guidelines on the Purpose, Structure and Composition of the Country Coordinating Mechanisms and Requirements for Grant Eligibility, 2004”.

The diagnosis found that that the CCM had documented structure and procedures, at least on paper. What was needed was active implementation of existing policies and procedures as suggested by the Global Fund and documented in the CCM’s by-laws. While the CCM had made strides towards fulfilling the requirements of the Global Fund since the external assessment in 2003-2004, there was still much to be done. As one CCM member told the team, “Much is done, but not everything is complete.” Among other things, the CCM Secretariat had begun to draft policies and procedures needed to fulfill its main functions:

- to coordinate the development of successful proposals,
- select Principal Recipient(s),
- monitor the implementation of activities under Global Fund approved program including approving major changes in implementation plans as necessary.
- evaluate the performance of programs, including the performance of Principal recipient(s) in implementing the programs, and
- ensure harmonization among government and donor-funded programs.

The time was right for the CCM to improve its operating principles and practices to ensure success on the next GF call for proposals and to assure good performance and continuation of existing Global Fund grants.

On the basis of this diagnosis, the team determined its major areas for contribution. The goal of this package of technical assistance was to increase the extent to which CCM’s draft policies were moved toward active implementation and toward fuller implementation of the Global Fund Principles. The team agreed that these improvements were essential if Pakistan was to increase its competitiveness for new and continued funding from the Global Fund.

The team worked in close collaboration with the CCM Chair and Secretariat and other CCM members. The overall approach can be characterized as “*doing & documenting*”. Based on

² Pakistan Country Coordinating Mechanism: Case Study. Conducted by Robert Grose. January 10th-24th, 2004.

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the team's assessment of the current status and functioning of the CCM, the team proposed a three-phase plan of activities:

1. activities to be implemented immediately to *jump-start essential functions* of the CCM, build confidence and demonstrate momentum;
2. activities to *help put the proposal development process on a sound path for success* while modeling management practices that increase adherence to Global Fund Principles and requirements;
3. activities to lay the path for a more fully functional CCM, *draft/approve a governance manual and a systematic work plan* for putting systems of resource mobilization and oversight into effect.

Interim work from home- December 2006

Between the two trips to Pakistan, the LMS team continued working to keep up momentum and to prepare a successful second trip. They completed the documentation of the performance of the CCM in fulfilling its major functions per the Global Fund's revised guidelines, communicated regarding funding of the Secretariat and its relocation, and drafted terms of reference for a proposal manager and a temporary Governance Committee focused on the CCM performance and the Round 7 proposal.

Trip 2- January 5-26, 2007

The centerpiece of the LMS team's second trip to Pakistan was a workshop on CCM strengthening and the Round 7 proposal process. The two topics were closely linked, since the proposal process engaged the CCM in three of its five major functions: coordination of the national proposal including selection of the PR, monitoring of program activities, and harmonization with the national and other donor-funded programs. In this way, the TA team used the opportunity provided by the upcoming Round 7 proposal to leverage more fundamental changes in the functioning of the CCM.

During the workshop, the team and the participants worked collaboratively to develop a master schedule for the development of the Round 7 proposal, including major benchmarks, and persons responsible.

In follow up meetings of the Technical Committee chaired by Dr. Khalif Bile, WHO country representative, the Technical Committee and the team developed a comprehensive technical assistance plan for preparing the three Global Fund components and compiling the national Round 7 submission to the Global Fund. With assistance from USAID, the team also met with an expanded group of donors that have mandates and capacity to fund activities that strengthen Global Fund activities and management in Pakistan.

The team developed several options for a revised committee structure for the CCM to make better use of its committees to accomplish its work. Working with their counterparts, the team developed terms of reference for key CCM positions.

The team and counterparts made a final presentation to the CCM Chair on January 25th with recommendations endorsed by CCM members during the workshop. During that meeting, the Chair approved a set of final products and actions:

1. It was decided that preparation of a Governance Manual document was not appropriate for the CCM Pakistan, because members and Secretariat were unlikely to

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consult a big, bound volume. Instead, the Chair instructed the team to prepare a CD containing the Bye-Laws, Conflict of Interest Policy, and all the products and presentations developed by the LMS team during the consultancy for use by the CCM;

2. The Chair requested preparation of a separate “Next Steps” document, laying out the actions to implement the changes decided upon, and in particular activities to strengthen the oversight function of the CCM;
3. The LMS trip report was to expand upon these Next Steps, so that the information might be used to negotiate specific terms of reference for additional support with development partners;
4. The Chair requested that the LMS team provide CCM Pakistan with examples of Bye-Laws and Conflict of Interest policies from other countries.

The team left full sets of documents in hard copy and electronic form (4 CDs) with the Secretariat to distribute to CCM members on January 25. Since Trip 2, the team has focused on completion of final documents and products.

ISSUES AND RESULTS

1) Initial diagnosis of CCM functions

Issues

Early in the trip, during one-on-one diagnostic sessions with CCM members and key stakeholders, it became apparent that CCM members lacked a shared understanding of their primary functions and responsibilities. Although Global Fund Guidelines had been circulated to CCM members and a few members had participated in Global Fund meetings, there was an obvious gap in understanding of the major functions of the CCM. In addition, the CCM had not taken clear responsibility for accomplishing its core functions. CCM members needed to assume ownership and take responsibility for the work of the CCM.

Although CCM had made considerable progress since the 2004 CCM report, it was also apparent that much of the work seemed to have been done at the last moment while preparing for proposal submissions or visitors from the Global Fund. There was no common ownership of core documents such as the CCM Bye-Laws and Conflict of Interest Policy. As a result these documents, and their policies and procedures, seemingly existed only on paper. What was needed was active implementation.

The team was also concerned about its ability to catalyze sustained CCM momentum. Although the team knew they could respond to certain pressing concerns of the CCM within the limits of their technical assistance, they also knew that many of the shortcomings of the CCM would need more sustained attention, leadership, and most likely technical support. Through their initial examination of the issues, the team concluded that they needed to arrange for local, on-going technical support to the CCM.

Solutions

Because response to GF Round 7 was a mobilizing event for CCM Pakistan, recruitment of local CCM support focused on enlisting senior-level leadership for the Round 7 proposal process. Through discussions with key stakeholders, a consensus was reached that the proposal manager must:

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- command the respect of the three disease program areas managers,
- know how to work well within the Pakistan government and the Ministry of Health,
- be familiar with the requirements of the Global Fund,
- be able to raise the profile of the Global Fund in the eyes of Pakistan’s senior government leaders.

The team worked with their counterparts to develop the concept for a scope of work for a proposal manager and a temporary Governance Committee. In subsequent iterations of their work, the team agreed that instead of a new committee, the CCM should activate the Core Committee that was authorized in the Bye-Laws of the CCM but that had yet to be implemented.

The team and key counterparts networked to identify four candidates for position of proposal manager. These senior candidates included a very capable individual, Mr. Ijaz Rahim, former Secretary of Health and former Secretary to the Federal Cabinet. The CCM Chair took the responsibility to approach Mr. Rahim personally. The donors met and agreed upon a mechanism to fund this position. Subsequent to Trip 2, the CCM Chair secured the agreement of Mr. Rahim as proposal manager for the Round 7 proposal.

The CCM members and the Secretariat were pleased with the selection of Mr. Rahim.

“Dear All CCM Members, I am pleased to inform all the CCM members that Mr. Ejaz Rahim, former Secretary Health and a Public Health Development Sector Specialist has been very kind to accept the position of Proposal Manager. . . From February 26, 2007, he is on board to lead the way forward to the Proposal Development Process for GFATM Round-7. I am sure in light of his guidance, Pakistan CCM will be able to submit a quality proposal.”

E-mail from Zarina Hauser, CCM Secretariat, March 12, 2007

The results of this first area of work are summarized in the following products:

- **Product 1:** CCM Diagnosis and 2006 Baseline
- **Product 2:** Terms of Reference for a Proposal Manager
- **Product 3:** Terms of Reference for a Temporary Governance Committee.

2) Jump start essential functions of the CCM

Issues

For most of 2006, the CCM and Secretariat knew that their current support through UNDP would end on December 31. Proposals for funding had been submitted to USAID, the Global Fund, and the Pakistan Ministry of Health, but no solution had been found.

Neighboring countries had had greater success: India had received nearly \$300 m. in Global Fund awards in Round 6, after losing the two previous rounds. Members of the CCM were eager to know the reasons for India’s recent success.

Based on the assessment of the CCM functions, the team identified four action steps to “jump start” improvements in the CCM’s performance.

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1. Establish donor support for the CCM Secretariat and the Round 7 proposal process;
2. Form a temporary Governance Committee of the CCM to guide the Round 7 proposal process and continue steps to strengthen the CCM and the Secretariat;
3. Develop a work plan for the temporary Governance Committee;
4. Debrief with colleagues in India. The team agreed to follow up with colleagues in India and report back to the CCM leaders.

Prior to leaving Pakistan at the end of Trip 1, the team briefed their key counterparts, Dr. Amir Khan, Vice-Chair of the CCM; Dr. Hassan Sadiq, CCM focal person; and Ms. Zarina Kauser, Manager of the CCM Secretariat. They agreed on the finding from the CCM Diagnosis, the steps to “jump start” improvements in the CCM and immediate follow up work. They agreed to brief the Chair of the CCM and to try to resolve these issues prior to Trip 2. The team also briefed Ms. Cathy Bowes, head of the USAID Health Office and Mr. Taufiqur Rahman, Regional Portfolio Manager for the Global Fund, who was in Pakistan at the same time as the team.

The team completed a terms of reference for the temporary Governance Committee, a draft work plan for that group, and a brief summary of findings from discussions with colleagues in India.

Solutions

The donors, the Ministry of Health and the Global Fund resolved the funding crisis of the Secretariat for two years. The Global Fund approved a budget of \$30,000 per year to be paid from existing Global Fund grants, effective January 1, 2007. As a condition for using the GF grant funds to support the Secretariat, the GF mandated that the Secretariat be moved from the TB Control Program to Health Services Administration to reduce potential conflicts of interest.

Subsequent decisions by the CCM to activate the CCM Core Committee (instead of a temporary governance committee) were made during Trip 2.

The team obtained some relevant information on the India Round 6 proposal from contacts at the Global Fund and from the UNAIDS representative in Delhi. But because they felt that the information did not represent the full situation in India, they decided not to prepare a formal briefing document. They conveyed this information informally during the CCM workshop in January.

3) Strengthen the proposal process

Issues

A goal of the technical assistance team was to help put the proposal process on a sound path for success while modeling management practices that would improve adherence to Global Fund Principles and Requirements. This goal was set partly in response to practical considerations. The team began work at the moment when the CCM received news that Pakistan’s Round 6 applications were not approved by the Global Fund, pending appeal of the TB component. With the Round 7 proposal period approaching fast, the CCM needed to focus on how to overcome the cycle of failure with proposals. In particular, the CCM needed to prepare itself more effectively to fulfill its essential functions of coordinating the proposal development process, selecting the PR, providing oversight on the development of

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competent monitoring plans, and ensuring harmonization of Global Fund projects with the national and other donor-funded programs.

The team sought to address issues arising in recent proposal rounds that had been identified during the diagnostic phase:

1. Proposals were developed late in the proposal period without sufficient planning. This approach left obvious weaknesses in the proposal such as incomplete gap analyses, inadequately addressed questions on the proposal form (e.g., references to the national strategies, and systems strengthening needs), and missing endorsements from CCM members indicating insufficient stakeholder involvement.
2. Technical assistance was sought on a seemingly *ad hoc* basis, without sufficient planning, thereby putting donors in the difficult position of trying to locate resources at the last minute while proposal teams also had difficulty identifying consultants with the right skills.
3. Not all donors capable of providing support to Global Fund activities were mobilized during the proposal process. For example, GTZ's Backstop Program, designed to support Global Fund activities, had never been used.

Solutions

In response to this situation, the team led a workshop on CCM strengthening and proposal development, helped develop a technical assistance plan, and worked with the USAID Health Office to engage a larger circle of donors to provide support to Global Fund activities.

The team developed and facilitated a workshop on "Preparing for a Successful Round 7 Proposal to the Global Fund" on January 15-16, 2007 at the Ministry of Health. The meeting, organized by the Secretariat, was presided over by the Chair of the CCM Pakistan, Mr. Syed Anwar Mahmood, and the Vice-Chair, Dr. Amir Khan. The workshop was well attended by CCM members, including representatives from Islamabad and the provinces, government and civil society partners. The workshop was supported with funding from the Principal Recipient, the National Aids Control Program (NACP). The technical assistance team provided members of the CCM with a CD-Rom of useful technical materials, including Saul Helfenbein's and Catherine Severo's manual, "Scaling Up HIV/AIDS Programs: A Manual for Multisectoral Planning".

The team focused the workshop on meeting the CCM's functions as well as the summary schedule for preparing the Round 7 proposal to the Global Fund and the schedule of major benchmarks.

The proposal period was divided into three phases:

- *Phase 1: Essential Preparation – January 15 through February 28th*. The CCM's core, technical, and monitoring and evaluation committees complete the technical assistance plan, programmatic gap analysis, budget analysis, select the Principal Recipient(s) and estimate program targets at the outcome level.
- *Phase 2: Drafting Components - March 1 through June 15th*. Proposal teams prepare drafts of the HIV/AIDS, TB and malaria components based on the national strategies and findings in the programmatic gap and budget analyses. The CCM members and constituent agencies endorse the analysis in writing at this point.

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- *Phase 3: Preparing the Final Submission – June 16th through July 1st.* The CCM and Secretariat compile the national submission, including introductory sections, the three components, budgets and required appendices. The final proposal undergoes three checks: an edit by a consultant skilled in proposal writing, a budget check done by financial experts, and a monitoring and evaluation review done among peers from across the three programs. The CCM members and constituent agencies provide final endorsement of the proposal in writing at this point.

Subsequent to the workshop, the team supported a series of meetings of the Technical Committee chaired by Dr. Khalif Bile, WHO Country Representative, to develop a technical assistance plan. The purpose of plan is to determine -- early in the proposal period -- the full slate of technical assistance required to complete a successful proposal.

Once the needs for technical assistance were documented, the Committee worked to identify the most appropriate sources of technical support from local, regional and international consultants, plus in-kind contribution of staff time from government and donor agencies and NGOs. The Technical Committee presented the technical assistance plan to the CCM at the January 26th meeting. The CCM approved the plan. The TA Plan was given to the donor coordination group for their consideration, allowing time for donors to identify and exercise funding mechanisms collaboratively.

At the meetings on January 13th and 19th, donors agreed that their support was essential to fund a competent, full-scale proposal process. Existing donor coordination groups can be utilized for promoting the goals of the CCM. The donors agreed that they had three responsibilities during the proposal process:

1. contribute toward programmatic gap analysis by providing information on their program priorities now and over the next 3 years,
2. contribute toward budget analyses by providing information on their funding of the disease areas by intervention currently and over the next three years and
3. collaboratively consider covering the cost of the technical assistance plan developed to fund essential resources for the process of proposal preparation.

The consultant team, with support from Ms. Cathy Bowes, Director of Health, USAID/Pakistan, convened a group of donors at the Marriott Hotel in Islamabad on Saturday, January 13th. The goals of this meeting were to involve a larger set of donors than have recently supported Global Fund activities in Pakistan, to share information on different funding mechanisms that donors can mobilize, and to enhance coordination and collaboration among the donors to support Global Fund activities. The donor committee later reviewed the technical assistance plan and agreed to areas that they would support to help the CCM develop a successful national submission to the Global Fund.

- **Product 4:** CCM Workshop Slide Presentations
- **Product 5a:** Summary Schedule for Proposal Development
- **Product 5b:** Detailed Schedule for Proposal Development
- **Product 6:** Summary Technical Assistance Plan for Proposal Development
- **Product 7:** Detailed Technical Assistance Plan for Proposal Development

During the CCM meeting on January 26th, 2007, the following motions developed during the CCM workshop were approved.

1. the summary proposal schedule and major benchmarks;
2. the technical assistance plan, subject to budget review by the donor group;

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3. the CCM Chair would invite donors to a meeting to discuss technical assistance plan and to seek their support at the country and international levels for Pakistan's Round 7 proposal process.

4) Lay the path for a more functional CCM

Issues

The team's diagnostic work revealed that the CCM performed many of its functions on an *ad hoc* basis. Furthermore, as a group of 30 or more volunteers from different sectors, the CCM had a hard time reaching consensus. It could be strengthened in several important areas. As of November 2006, the CCM performed its GF functions in the following way:

- 1) *Coordination of one national proposal* -- Pakistan received funding Rounds 2 and 3 in HIV/AIDS, TB and Malaria. But proposals were not approved for Rounds 4, 5 and 6. The MOH disease management programs led the proposal development. Inadequate gap analyses were submitted in the Round 6 proposal. These analyses failed to achieve the requisite *burden of proof of additionality*. The process for accessing technical assistance was haphazard and occurred late in the proposal process. Finally, reviews were conducted at the end of the proposal development process. The process for including suggestions was unclear and took place too late to fully benefit the proposal.
- 2) *Selection of principal recipients* -- One PR (NACP) was currently managing multiple grants for different disease areas. The CCM had proposed additional PRs and the National TB Program was under review as a new PR. Some CCM members were concerned about the effect of multiple PRs on the CCM's ability to provide oversight. The recent PR selection processes had been documented for the Global Fund. However, an approved process for selecting a PR needed to be formally established. A conflict of interest policy had been drafted and approved by the CCM, yet it had not yet been fully implemented.
- 3) *Monitor the implementation of activities under the Global Fund approved grants* -
- The CCM had formed a standing Monitoring and Evaluation Committee with representation from government, civil society and NGO members, but it had limited terms of reference and was not fully functional. Communication patterns among CCM members had improved with the formation of the Secretariat, but the Secretariat needed a communications strategy. There was no plan for strengthening the CCM monitoring and oversight role. The major methodology employed was desk review of reports on project implementation. There were no systems (paper or computerized) for regular, high-level monitoring of grants by the CCM, Chair or Monitoring and Evaluation Committee.
- 4) *Evaluate the performance of programs, including of Principal Recipient(s) in implementing the program* -- The CCM did not have written guidelines on when and how to evaluate performance of programs. An evaluation of the HIV/AIDS grants was proposed involving CCM members as evaluators, but it did not proceed because of concerns over CCM members' time availability and technical skills in evaluation. The CCM did not have funding designated to conduct a scientific evaluation by a third party. There had been periodic observation of the

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PR office by the CCM and GF representatives leading to limited capacity building activities. There was no formal performance review process for the PR.

- 5) *Harmonization to ensure linkages and consistency between Global Fund assistance and other development and health assistance programs in support of national priorities* -- A donor coordination group was hosted by UNAIDS. The donor coordination group had good representation from multi-lateral and bi-lateral development partners, but some key partners and other donors were not involved. The donor group received communications from the Global Fund through the Secretariat, but the interface between the CCM and the donor group needed to be managed better. The Global Fund's reviews of proposals criticized recent gap analyses, sighting lapses in proving the additionality of funds.

Solutions

The approach taken by the technical assistance team throughout was to use the initial diagnosis to generate options for the CCM's consideration. Pivotal issues were brought forward for discussion during the CCM Workshop. Other options were brought to CCM leadership for their consideration. These options were summarized in a briefing prepared for the CCM Chair/Secretary of Health at the end of the second trip. The full team, Sharon Stash and Charlie Stover, Zarina Hauser, Dr. Amir Khan and Dr. Hassan Sadiq, presented these options to the Secretary, and several recommendations were brought to the CCM as motions during the January 26th meeting.

During the workshop, the team outlined a process of decision-making generally used by boards of directors (a streamlined version of Robert's Rules of Order). The team's workshop approach modeled this decision-making process to show how it might improve the efficiency with which the CCM reaches consensus. The consultants typed the exact wording of the "motions" on the overhead screen, thereby allowing CCM members to comment on the precise wording and content. Five recommendations that emerged from this process were first brought to the attention of the Chair and were later adopted in the CCM Meeting on January 26th. The CCM members found this structured process to be an empowering experience.

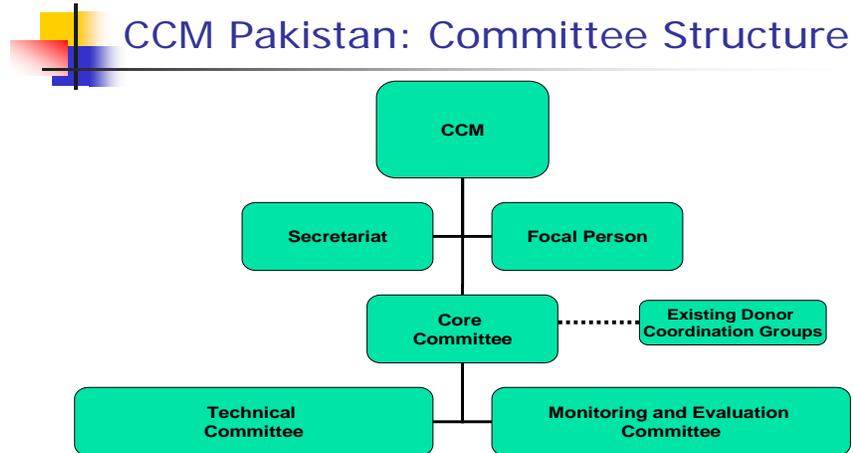
As the result of discussion that occurred during the workshop and subsequent meetings with CCM leadership, the team proposed a revised committee structure for the CCM. The newly constituted Core Committee will function in the revised framework as the locus for decision-making. The Core Committee will also manage the interface between the CCM and existing donor groups.

Workshop participants reached a consensus that the existing Monitoring and Evaluation and Technical committees need to be strengthened. Some capacity building activities were included in the technical assistance plan, especially those activities deemed necessary to ensure the CCM's eligibility to apply for funding from the Global Fund. The team helped revise the existing terms of reference for the M&E and Technical Committees. Since membership in these committees had not been clearly defined, the team recommended that the Secretariat prepare membership lists and share them with all CCM members.

During the workshop, participants recommended that the Core Committee replace the proposed temporary governance committee. The Core Committee had already been authorized in the Bye-Laws. The Core Committee should serve as a form of executive committee to expedite decision-making and oversight. It should ensure that membership

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on the committees does not exceed 4-5 people in order for these groups to work efficiently. Furthermore, the Core Committee should ensure that the CCM and its committees possess the right *complement of skills*. This may entail bringing in new, non-voting members (co-opted experts) to the CCM and its committees (for example, the current monitoring and evaluation team would welcome the inclusion of a member with deeper expertise in M & E).



The team worked with the Secretariat to pull together existing CCM documents to constitute draft governance manual, including the by-laws and conflict of interest policy. They drafted terms of reference for key positions and committees. The team provided examples of governance manuals that MSH had produced in several other countries.

- **Product 8:** Briefing for the Secretary of Health
- **Product 9:** Minutes of the CCM Meeting on January 26, 2007
- **Product 10:** CCM Committee Structure
- **Product 11:** Terms of Reference for Key for CCM Roles

Final Status

Most of the products and decisions points were acted upon by the CCM during its meeting on January 26, 2007. That meeting demonstrated a more structured and transparent way for the CCM to make decisions based on the recommendations from the workshop. The revised process improved the morale and focus of the CCM members because they could more readily see their recommendations translated into action. These changes are likely to turn the discordant and conflicting views of the CCM members into a team effort with a higher degree of productivity and satisfaction.

Other measures were enacted at the February 26th CCM meeting, including the appointment of the members of the Core Committee, formal voting for the Chair and donor members, and other steps to help assure full compliance of the CCM to requirements for general governance and oversight of the proposal process for Round 7.

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The hiring of the proposal manager (effective February 26) has increased morale and confidence that the Round 7 proposal can be successful, both through better CCM governance and a more solid proposal.

During February, the Global Fund informed the CCM that the appeal of the TB program for reconsideration of its Round 6 proposal was approved. That action added a major additional management challenge to the CCM as well as the NTP. Two new PRs are to be established with all the systems and procedures to be put in place rapidly and effectively.

The proposal manager and several other CCM members attended the GF regional meeting on Round 7 in Nepal on March 20-23. This meeting helped the CCM gain further insights into ways to strengthen itself and its upcoming proposal, and also demonstrate to the Global Fund representatives that the CCM is taking bold steps to improve its performance.

Suggested Local Follow-up

The specific results and follow-up from this short term consultancy are still evolving as the CCM seeks to master its responsibilities and help arrange adequate resources where necessary. There are several areas that were discussed during this consultancy and after the award of the Round 6 appeal that would benefit from specific technical assistance.

1. It is likely that the CCM would benefit from technical assistance to support the establishment of the two intended Principal Recipients, one government and one NGO. Many of the policies and procedures used by the sole existing PR, the National Aids Council of Pakistan, can be adapted. It would be worthwhile to incorporate the recommendations for improving the current principal recipient's (PR's) performance. The Core Committee of the CCM should establish a plan and schedule for setting up the new PRs both rapidly and effectively. They then will determine the technical support that is required and the time frame, and present the request for discussion within the Donor Group for potential funding.
2. The team's ongoing conversations with the Global Fund Portfolio Manager underline the increasing importance of good performance on existing grants as the major criterion for approving new grants. This trend will require further strengthening of the CCM's capacity to provide effective oversight of existing programs and to identify and resolve problems and systemic bottlenecks blocking grant performance.

The MSH/CLM team has proposed a set of activities to strengthen the oversight role of the CCM and the PRs. These oversight functions need development and sustained attention. This technical assistance was not included within the recent TA package. It is unlikely that it can be addressed by CCM members until after July when the proposal process for Round 7 is complete.

Based on MSH's experience in other countries, the team provided information to the CCM on what it needed to do to establish a reporting system for the PRs and Sub-Recipients (SRs) performance. For example, in four other countries, MSH has developed an Executive Dashboard^[3] for the regular (monthly or quarterly) dissemination of program and financial information at a high level of aggregation

^[3] Executive Dashboard refers to a set of key financial and program indicators that are provided to CCM members to assist them in their monitoring role.

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suitable for executive monitoring of Global Fund grants by CCMs and Principal Recipients.

- **Product 12:** Recommended activities to strengthen CCM oversight
3. The process of scheduling activities well in advance and specifying required technical assistance by type and source is a new experience for the CCM. It seems to be working relatively well at this stage in the proposal process. However, the ongoing process needs to be managed well.

The proposed plan, schedule and the related technical assistance plan require further review of requirements to identify areas where technical assistance is required to complete the Round 7 proposal and further strengthen the CCM. The proposal manager should review these plans and recommend any required actions to the core committee, which will address these recommendations with the donor committee for possible funding support.

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Annex 1: Final products of this consultancy

The following products have been transmitted to CCM Pakistan and will be transmitted to OGAC Washington and to USAID/Tanzania by CD:

- **Product 1:** CCM Diagnosis and 2006 Baseline
- **Product 2:** Terms of Reference for a Proposal Manager
- **Product 3:** Terms of Reference for a Temporary Governance Committee
- **Product 4:** CCM Workshop Slide Presentations
- **Product 5a:** Summary Schedule for Proposal Development
- **Product 5b:** Detailed Schedule for Proposal Development
- **Products 6a & 6b:** Summary of Technical Assistance Plan for Proposal Development
- **Product 7:** Detailed Technical Assistance Plan for Proposal Development
- **Product 8:** Briefing for the Secretary of Health
- **Product 9:** Minutes of the CCM Meeting on January 26, 2007
- **Product 10:** CCM Committee Structure
- **Product 11:** Terms of Reference for Key for CCM Roles
- **Product 12:** Recommended activities to strengthen CCM oversight