GMS 2009 Annual Report

GMS Staff

November 2009

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2009

GRANT MANAGEMENT SOLUTIONS

Annual Report

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GRANT MANAGEMENT SOLUTIONS

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EXECUTIVE SUMMARY

Grant Management Solutions (GMS) is honored to present its second annual report. Project Year 2 began October 1, 2008, and ended September 30, 2009. During its second year, GMS received 40 approved requests for technical support from 25 countries. These requests were associated with 66 grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria with a combined value of $790.3 million. Forty teams, including 159 local, regional, and international consultants, were fielded to respond to these requests. Consultants completed the travel portion of 11 of these by the end of the year, although work on an additional 31 Project Year 1 (PY1) assignments continued into some point during PY2, and at about the mid-point of PY2, GMS was managing approximately 70 active assignments at one time. At this writing, one month into PY3, the GMS project manages 54 active technical assistance projects (i.e., 11 projects from PY1, 38 projects from PY2, 5 projects in PY3) spanning 34 countries.

The primary mission of GMS is to provide urgent, short-term technical support to country coordinating mechanisms (CCMs) and principal recipients (PRs) for the purpose of unblocking bottlenecks and resolving systemic problems that hinder the response to AIDS, tuberculosis, and malaria. GMS provides this support in four technical areas: governance and oversight; grants and financial management; procurement and supply management; and monitoring and evaluation. The principal technical results in PY2 are listed below.

The GMS project task order was awarded August 8, 2007, under TASC3 contract number GHS-I-02-07-00006-00. The total contract amount is $35,327,817 and the end date is September 30, 2010. The contract may be extended for two additional one-year periods. The current obligated amount for GMS is $27,500,000. As of September 30, 2009, the GMS project had expenditures and commitments of $25,411,666, consisting of $7,611,356 for project coordination and capacity building activities and $17,800,310 for technical support to Global Fund recipients. General core activities consist of management support, general capacity building and additional technical activities.

GMS operates as a partnership among five companies: Management Sciences for Health, Abt Associates, Futures Group, Inc., International Program Assistance, and MIDEGO, Inc. Its offices are in Arlington, Virginia. GMS maintains an ever-expanding consultant roster that currently contains nearly 350 technical experts and local consulting groups.

GMS pursued its secondary mission of building the capacity of local and regional consultants and civil society organizations (CSOs) by:

- Recruiting 21 additional local consultants to join the 40 technical support teams
- Engaging 90 consultants from the 140 countries eligible to apply for Global Fund grants
- Training 72 consultants to deliver urgent technical support using general Global Fund and particular GMS methodologies
- Promoting 9 local consultants with excellent performance to work as regional consultants

- Contributing to regional capacity building activities for CCMs and PRs organized by the Global Fund, the World Health Organization (WHO), the Joint United Nations Program on HIV/AIDS (UNAIDS), the Civil Society Action Team (CSAT), and other organizations.
- Strengthening 89 civil society organizations through co-financed activities with the Civil Society Action Team (CSAT).

GMS undertook the following activities in its endeavor to increase transparent access by grantee countries to quality methodologies to improve the governance and performance of Global Fund grants:

- Developed the CCM oversight rapid assessment matrix and 3 other CCM tools for diagnostic use
- Piloted in 7 countries the development and establishment of grant dashboards, a tool for use by CCMs for grant oversight, building on PY1 efforts to launch the development of a generic grant dashboard
- Launched the GMS public Web site through which GMS shares information with the general public

Highlights from some of these activities have been described in Success Stories appended to this report.

Technical results from the project year:

- In the Central African Republic, GMS facilitated the transfer of Phase 2 of the Round 4 tuberculosis grant ($616,276 for Year 5) and Phase 2 of the Round 4 HIV/AIDS grant for orphans and vulnerable children ($2.1 million) from the original PR, UNDP, to a new national PR, the Comité National de Lutte Contre le SIDA (CNLS).
- Facilitated signature of Phase 2 grants in Swaziland (Round 4 HIV/AIDS, $29.4M) and Albania (Round 5 HIV/AIDS, $2.4 million).
- Facilitated the consolidation of a tuberculosis grant in India into the Rolling Continuation Channel ($113.1 million).
- Signature of the Round 7 tuberculosis grant in Nepal with the National Tuberculosis Control Program of the Ministry of Health ($4.3 million).
- Signature of the Round 8 HIV/AIDS grant in Togo with the Ministry of Health ($29.8 million).
- Successful resolution of conditions precedent and time-bound actions resulting in unblocking 11 grants in Angola, Armenia, Central African Republic, Nepal, Philippines, Swaziland, and Ukraine.
- Recommended reforms of the CCMs resulting in compliance with Global Fund eligibility requirements in the Union of the Comoros, Central African Republic, Honduras, Jordan, Afghanistan, Swaziland, and Mauritius.

INTRODUCTION

Grant Management Solutions (GMS) is delighted to present its second annual report. Project Year 2 (PY2) began October 1, 2008, and ended September 30, 2009. During its second year, GMS received 40 approved requests for technical support from 25 countries. These requests were associated with 66 grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria with a combined value of $790.3 million. Forty teams, including 159 local, regional, and international consultants, were fielded to respond to these requests. Consultants completed the travel portion of 11 of these by the end of the year, although work on an additional 31 PY1 assignments continued into some point during PY2, and at about the mid-point of PY2, GMS was managing approximately 70 active assignments at one time. At this writing, one month into PY3, the GMS project manages 54 active technical assistance projects (i.e., 11 projects from PY1, 38 projects from PY2, 5 projects in PY3) spanning 34 countries.

Grant Management Solutions project is financed by the President's Emergency Plan for AIDS Relief as part of the U.S. Government's contribution to the Global Fund. Its mission is to provide urgent, short-term technical support to country coordinating mechanisms (CCMs) and principal recipients (PRs) of Global Fund grants to unblock bottlenecks and resolve systemic problems that hinder a country's response to AIDS, tuberculosis, and malaria. GMS provides support in four technical areas: governance & oversight by CCMs, grants and financial management by PRs, procurement & supply management (PSM), and monitoring and evaluation (M&E). GMS support is available to all countries benefiting from Global Fund grants.[1]

GMS provides short-term support through teams of two to four national, regional, and international consultants up to ceilings of 90 days of in-country assistance and 50 days of assistance by a local consultant. These ceilings require GMS to focus its interventions on the most urgent priorities, handing over medium-term support to other technical support agencies and consultants whenever possible. Technical support requests are submitted by CCMs and PRs to the Office of the U.S. Global AIDS Coordinator (OGAC) in Washington, D.C. for approval by an inter-agency Technical Support Advisory Panel (TSAP).

The GMS project task order was awarded August 8, 2007, under TASC3 contract number GHS-I-02-07-00006-00. The total contract amount is $35,327,817 and the end date is September 30, 2010. The contract may be extended for two additional one-year periods. The current obligated amount for GMS is $27,500,000. As of September 30, 2009, the GMS project had expenditures and commitments of $25,411,666, consisting of $7,611,356 for project coordination and capacity building activities and $17,800,310 for technical support to Global Fund recipients. General core activities consist of management support, general capacity building, and additional technical activities.

[1] Except those on the U.S. Department of State's list of state sponsors of terrorism.

GMS operates as a partnership among five companies: Management Sciences for Health, Abt Associates, Futures Group, International, International Program Assistance, and MIDEGO, Inc. Its offices are in Arlington, Virginia. GMS maintains an ever-expanding consultant roster that currently contains nearly 350 technical experts and local consulting groups including ALMACO, Dalan Associates, Deloitte Australia, Deloitte Congo, Eurohealth Group, International HIV/AIDS Alliance, NEDICO/Purple Sheep, SSDS, and TAI.

Overview of Year 2: GMS Responsiveness

In PY2, GMS provided support for 40 assignments—nearly the expected volume of 41 requests—and completed work on 31 assignments that carried over from PY1. As in Year 1, many CCMs and PRs requested multiple technical interventions in a single application: of the 25 countries requesting technical support in Year 2, GMS sent teams in 2 or more technical areas to 14 countries, whereas 5 teams worked in the Democratic Republic of the Congo, the most complex assignment of the year. GMS also received two very short assignments classified as "assessments" because they were time-bound analyses that required answers to specific questions of performance or need. However, unlike PY1, seven of the Year 2 assignments were planned in advance to carry out the CCM grant dashboard feasibility pilot. A second difference between PY1 and PY2 was the rate of demand: after a hiatus in requests from August 2008 through November 2009, an average of four new requests arrived per month with peaks in January (9 requests for technical assistance, of which 7 were requests to participate in the CCM grant dashboard feasibility pilot) and April (10 requests, of which 5 were calls for assistance to meet grant presignature requirements).

Year 2 requests received by GMS concerned 66 grants from the Global Fund. The approved value of these grants is $790.3 million (active phase only) whereas the value of budgets of the 13 Round 8 grants (signed or as yet unsigned) affected by GMS support is $464.9 million. The budgeted cost of the technical support provided under the 40 task orders was $8,476,291. This represents 0.67 percent of the value of the grants and Round 8 proposals supported by GMS.

Since the inception of the project, GMS's work has affected 150 grants, which represent 26 percent of all Global Fund grants awarded. These grants (excluding Round 8 grants that have not yet been signed) have a combined value of $1.78 billion.

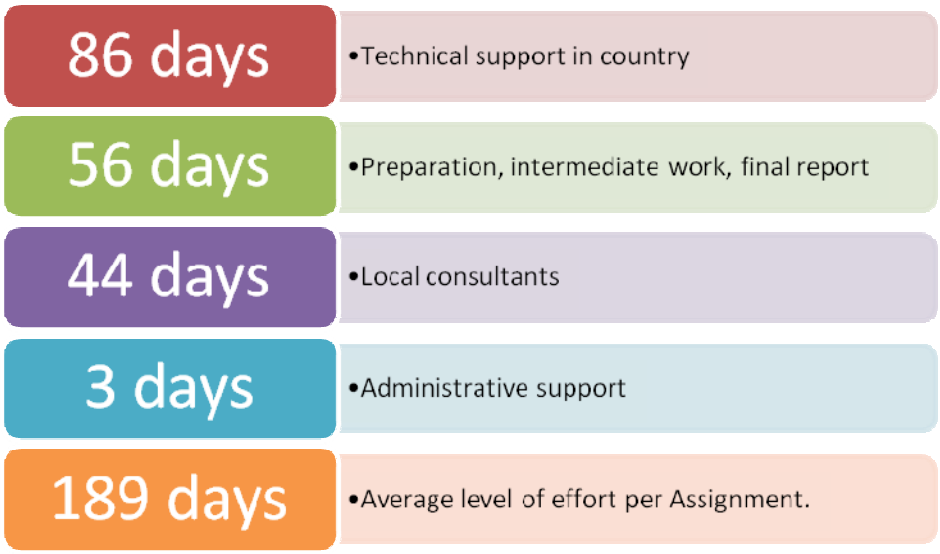
Although GMS does not proactively target its interventions, the request process has, so far, enabled 24 of the 60 most fragile states in the world (as measured by the Failed States Index 2009[2])—of which 7 appear on the list of the 10 most fragile states—to obtain support.

The following table shows the countries requesting GMS work to date and the number of teams working in each country. This information is displayed on the map on the cover page as well:

[2] See http://www.foreignpolicy.com/articles/2009/06/22/2009_failed_states_index_interactive_map_and_rankings. The ten states considered to be most fragile are Somalia, Zimbabwe, Sudan, Chad, Democratic Republic of the Congo, Iraq, Afghanistan, Central African Republic, Guinea, and Pakistan. GMS has worked in seven of these nations.

Latin America & Caribbean	Eastern Europe	Anglophone Africa	Francophone & Lusophone Africa	Asia, South-West Asia
Honduras (3) Nicaragua (2) Peru	Albania (2) Armenia (3) Ukraine	Ghana (2) Namibia Nigeria (4) Sierra Leone (2) Southern Sudan Swaziland (3) West Africa Corridor (5 countries) Zimbabwe	Angola (2) Burundi Cameroon (3) Central African Republic (6) Comoros (2) Congo (Democratic Republic of the) (5) Congo (Republic of the) Guinea Madagascar Mali São Tome and Principe Togo	Afghanistan (3) Bangladesh (2) Bhutan (2) Cambodia (2) India Indonesia (4) Lao PDR (2) Mongolia Nepal (2) Pakistan (4) Papua New Guinea Philippines (5) Timor-Leste
	Middle East Jordan Morocco (2)			

GMS improved its responsiveness in providing rapid technical support: the average duration between receipt of the approved request and the first team visit was 6.5 weeks. The quickest response was 10 days (Timor-Leste), whereas the longest duration between approval and first visit was 90 days (145 days in PY1). The length of time between the receipt of a technical assistance request and the GMS team's first visit often is a function of the responsiveness of the country rather than an inability on GMS's part to field a team. The following graphic shows the average duration and level of effort of a GMS assignment.



GMS continues to actively collaborate actively with PEPFAR implementing agencies, other USAID projects, CoATS (Coalition on AIDS Technical Support) partners, and other technical partners providing technical support to CCMs and PRs. In the past year, GMS teams have collaborated with colleagues from the UNAIDS Technical Support Facilities (TSFs), the Stop TB Partnership, the Clinton HIV/AIDS Initiative (CHAI), Roll Back Malaria, the Strengthening Pharmaceutical Systems (SPS) project, the MEASURE project, and the Leadership, Management and Sustainability (LMS) project. GMS has assisted CCMs and PRs in the Democratic Republic of the Congo and the West Africa Corridor project to obtain complementary funding for strengthening activities from the GTZ[3] BACKUP[4] Initiative. Above all, GMS has collaborated this year with the Global Fund Secretariat's CCM Support Unit to carry out the CCM grant dashboard feasibility pilot. Our thanks to all these colleagues and institutions for their collaboration!

[3] German Technical Cooperation.
[4] **B**uilding **A**lliances, **C**reating **K**nowledge and **U**pdating **P**artners

TECHNICAL SUPPORT TO GLOBAL FUND GRANTS

In this chapter, observations on common themes and lessons drawn from the assignments are explored for each of the four technical areas of GMS work—CCM governance and oversight, PR grant management, monitoring & evaluation, and procurement & supply management. Observations and lessons are also explored for two clusters of similar assignments: presignature support and the CCM grant dashboard feasibility pilot.

Country Coordinating Mechanisms and Governance

GMS received six new requests to provide technical support to CCMs in PY2 and completed two of these assignments in Jordan and Mauritius. (Seven other CCMs requested participation in the CCM dashboard feasibility pilot; these are discussed in a section at the end of this chapter.) In addition, nine projects from PY1 were completed during PY2. (One remaining project from PY1 will be completed in the first quarter of PY3.) CCMs requested support for a range of activities to meet the six Global Fund minimum eligibility requirements[5] and strengthen their ability to fulfill the key functions of a CCM. This work included developing CCM core governance framework documents and structures, membership renewal, strengthening the oversight function, strategic and operational planning, resource mobilization, and support to CCM secretariats.

Requests for CCM Support in PY2

Jordan
Mauritius
Nicaragua
Ghana
Burundi
Cameroon

Technical support provided by GMS over the past two years has provided an insight into how the political, socio-economic, and cultural environment of a country affects the ability of CCMs to identify and understand the challenges they face, and move to take action to address those issues. This has informed and shaped the approach GMS takes in its diagnosis of CCMs, dialogue with stakeholders, and provision of technical support. GMS has identified several situations in countries with similar, recurrent issues that merit further discussion. These include CCMs in conflict and postconflict states, CCMs in countries with monarchies, and the frequent situation where the scope of work requested by CCM does not encompass the full range of issues identified during the GMS diagnosis.

[5] The six CCM minimum eligibility requirements are as follows: 1. A transparent selection process for CCM membership of nongovernmental members; 2. Membership of person affected by HIV/AIDS, TB, and malaria; 3. A transparent and documented process to solicit and review proposal submissions; 4. A transparent and documented process for nominating the PR and to oversee program implementation; 5. Ensure the input of a broad range of stakeholders; and 6. When the PR and chair or vice chair(s) of the CCM are the same entity, CCMs must have a conflict of interest plan.

Conflict and Postconflict States

We can glean many insights from previous development assistance efforts directed to countries in conflict and postconflict. We have learned that they face enormous challenges in governance as well as in rebuilding physical and institutional infrastructure. Countries in conflict struggle to implement administrative reforms. It is also inherently difficult to build consensus during and coming out of conflict because trust and mutual accountability, which are critical to the effectiveness of governance bodies, are hard to foster. Civil society has frequently been depleted and there is often a rivalry between government and civil society as government tries to maintain or establish its leadership and authority. Prolonged conflict or political crises can destroy a country's human resource capacity, making it difficult to implement health and social welfare programs, and corruption is frequently an issue. It should be no surprise that these factors affect CCMs operating in conflict and postconflict states. Further, we have found that there are parallel issues within the CCM itself as it attempts to establish itself and carry out its key functions. In PY2, GMS worked in Afghanistan, Pakistan, and Timor-Leste (assessment), three states in various stages of conflict or postconflict.

The Afghanistan CCM, in existence since 2004, with a portfolio of Global Fund grants totaling more than $150 million, and with multiple PRs to oversee, requested GMS technical support in 2008. While the CCM was successful in securing grant funding, the proposals were prepared by international consultants because a national pool of experts was not available to prepare them. The CCM faced a number of significant challenges typical of CCMs in countries in conflict, including that it was not operating at the national level. CCM members lacked a full understanding of the CCM's function, particularly related to oversight, and there was disagreement on the representation of the various sectors on the CCM and its committees. Existing CCM governance framework documents, while included in Global Fund grant applications, were incomplete and had not been formally adopted, and there was no consensus on their content. The secretariat had also become nonfunctional since the previous secretary had departed to study abroad.

GMS conducted three visits to Afghanistan over the past year to address these issues. These resulted in a number of major achievements. Through a consensus-building workshop held in February 2008, several governance and structural issues were resolved; these included the establishment of a governance and executive committee, including composition and terms of reference; adoption of terms of office and rules of procedure; and orientation for CCM members to their functions, including oversight. The revised constitution and other framework documents were subsequently approved by the full CCM. A governance and secretariat operations manual was also developed by the GMS team. A full-time CCM secretary and technical officer were hired and trained by the GMS team.

Monarchies

Jordan CCM discussing structural reforms. March 2009.

Working in a country with a monarchial form of governance, whether absolute or constitutional, also presents challenges that commonly affect CCMs in these countries. Monarchies may be struggling with broader reforms such as whether to move from an absolute to constitutional monarchy or deciding how much authority resides with the sovereign. In monarchies, the influence of the monarch on political parties and civil society is also variable. Deference to authority figures is strong in monarchies as is tradition and its accompanying protocols, which can greatly influence the pace at which governance and administrative reforms take place. Similarly, the application of religious law, such as Islamic Sharia, can have a profound influence on governance. To date, GMS has worked in three monarchies, Jordan and Morocco, which have strong constitutional monarchies, and Swaziland, one of the few remaining absolute monarchies.

The Swaziland CCM is dominated by government and with a strong cultural tradition that emphasizes hierarchical authority. As an absolute monarchy, authority traces back to the king. The king appoints the prime minister who, in turn, appoints ministers, and so on down the line. Civil society is weak in Swaziland, both in numbers and capacity of nongovernmental organizations (NGOs), and in leadership and advocacy around issues. This has perpetuated a situation in which the status quo reigns because many CCM members take their cue on decision-making matters from those placed in a higher position of authority. Key governance decisions around the secretariat, adoption of bylaws, and organizational structure have seen long delays and a lack of participation in the process. Consequently, CCM membership renewal, participation of civil society members, and capacity building are particularly challenging. In Swaziland, GMS technical support for the CCM included developing and revising governance and other framework documents, membership renewal, capacity building, oversight strengthening, and presentation of options for secretariat governance.

There's More Than Meets the Eye

Requests for GMS technical support include context and background information and a proposed scope of work provided by the CCM. There are, however, times when a CCM's initial request can change dramatically once the GMS diagnosis has been completed. This was the case with the CCM in Sierra Leone, which requested a full range of oversight strengthening support from GMS, reasoning that the CCM's bylaws and other governance and operational framework documents were in place. During the GMS diagnosis it quickly became clear that whereas framework documents and procedures existed, they had not been implemented and were lacking in a number of fundamental aspects. The basic organization and function of the CCM and secretariat would have to occur before it embarked on an ambitious oversight agenda.

Working closely with the CCM, the objective and scope of the consultancy was significantly amended. As a result, a set of governance, operations, and oversight documents was produced. These included bylaws, an operations manual, a work plan and budget, a conflict of interest policy, and a provisional oversight plan and tools. In addition, the work of the GMS team and CCM resulted in funding from the Global Fund to support the secretariat. Through the GMS diagnostic and collaborative approach, the CCM has become functional across all areas of its responsibility and can now move on to further strengthen grant oversight. A second GMS team is now assisting the CCM with oversight capacity building.

Morocco's new CCM Chair takes office.

By understanding the likely set of issues to be encountered in similar countries, yet taking a flexible and adaptive approach, GMS has been able to continue to be responsive to and strengthen CCMs. The ultimate success of technical support interventions is dependent on building an inclusive and transparent relationship between the consultant team, the client, and other key stakeholders. In recognition of this, GMS continued to employ its diagnosis of CCMs through the GMS participative "functional analysis" methodology.

Support for Presignature Preparations of New Global Fund Grants

The Global Fund Board usually meets to review and approve new grants once a year, in November. Following approval, CCMs and PRs have up to one year to complete the assessment, presignature preparation, and grant negotiation processes, which leads to the new grant being signed between the PR and the Global Fund. The Global Fund encourages PRs to accelerate the preparations and

sign the grant agreement as soon as possible. A few countries struggle to sign their grants within one year; some approvals require formal three-month extensions past the one-year deadline.

In its first two years GMS has provided support to six countries to assist either governments or NGOs to become a PR for the first time or to take on new challenges as a PR. These interventions require multiple teams of GMS consultants (see table). This work represents 19 percent of all GMS teams to date and a potential Phase 1 grant value of $283 million. All Round 7 grants were signed as planned; the Togo Round 8 grant was signed in April 2009, the Mauritius grant was signed in October, while signature of the other Round 8 grants is still under negotiation.

The presignature preparation period is perhaps the most intense moment in the Global Fund cycle—it can actually be more difficult than the original proposal design. During this period, the future PRs and subrecipients (SRs), under the oversight of the CCM, transform the proposal into an implementation plan with individual work plans and budgets for each implementing partner. They must complete the PSM planning process, the budget for which often comprises more than 50 percent of the total budget. They must also complete the grant performance framework and an M&E plan and, in the process, finalize the indicators and targets that will be used to measure their performance during Phase 1. Depending on the Local Fund Agent's assessment of the PR's capacity the PR may be required to produce a management plan. If SRs have not yet been chosen, the new PR must complete that step in a transparent and documented fashion. The CCM must oversee the process and, in some cases, also review its own ability to improve its oversight capacity.

Presignature Technical Assistance, Years 1 and 2

PY	Country (PRs)	Round	Disease	Teams
1	Central African Republic (National AIDS Committee)	7	HIV/AIDS	4: M&E, PR mgt., PSM, CCM
1	Pakistan (Directorate of Malaria Control)	7	Malaria	3: M&E, PR mgt., PSM
1	Nepal (National Tuberculosis Program)	7	TB	2: PR mgt., M&E
2	Togo (Ministry of Health)	8	HIV/AIDS	1: M&E
2	Central African Republic (National AIDS Committee)	8	Malaria	1: Mixed
2	Mauritius (Family Planning Welfare Assn., National AIDS Secretariat)	8	HIV/AIDS	2: CCM, Mixed (PR & M&E)
2	Democratic Republic of the Congo (SANRU, CordAid)	8	HIV/AIDS & Malaria	5: Assessment, M&E, PSM, PR mgt. (×2)

Presignature Challenges

Each of the four countries that GMS supported in PY2 faced different presignature preparation challenges. For Togo, the challenge was limited to completing M&E requirements. Only one team was requested and the issues were resolved quickly. This grant was signed on July 16, 2009.

Mauritius is a latecomer to the Global Fund process. It formed a CCM in 2008 and applied for a grant for the first time in Round 8. Mauritius is undergoing the same experiences that most other countries faced in 2002, when they were preparing to sign their Round 1 grants. GMS provided support to both the CCM and the two new PRs, sending a governance team and a mixed management/M&E team for three visits from April to October 2009. GMS also provided long-distance support in PSM as a complement to the limited PSM assistance that UNAIDS Technical Support Facility (TSF)/Southern Africa had been providing. This package of support emphasized orientation to the basic functions of CCMs and PRs because Mauritius has had little contact with other Global Fund recipients and needed step-by-step guidance in completing the presignature requirements. This grant was signed on October 22, 2009.

The Central African Republic, on the other hand, has benefited from five GMS teams that have aided the nation to start up its Round 7 HIV/AIDS grant, transfer two grants from UNDP to the Comité National de Lutte contre le Sida (CNLS; the National AIDS Committee), and to strengthen the CCM. Nevertheless, Round 8 posed a new challenge because after the proposal was approved, the PR arrangements fell through and the CCM selected CNLS to be the sole PR. CNLS, as an AIDS coordinating body, had never worked on malaria issues before and had neither an established relationship with the Program National de Lutte contre le Paludisme (PNLP; the national malaria program) in the Ministry of Health, nor experience with malaria procurement. Furthermore, adding a fourth grant to the management burden of this small PR called for significant strengthening of the project management unit as well as brokering roles and responsibilities between the CNLS and the PNLP. For this round, GMS contributed a single team of grants management consultants, all of whom had prior experience in that nation. Additional support from a distance was provided in M&E and in PSM to reinforce CNLS staff members who had been trained in Round 7 in the absence of other technical assistance. The Global Fund is in the final stages of negotiating the grant.

The biggest presignature challenge in Round 8 has been support to the Democratic Republic of the Congo, the recipient of the largest grants of the round (the combined HIV/AIDS and malaria five-year grant request is $650 million!). Following approval of the proposals, negotiations between the CCM and the Global Fund resulted in a modification of the list of PRs for each grant, with UNDP remaining as the PR for public sector activities instead of the proposed Ministry of Health and new nongovernmental PRs being added from among the list of former SRs. Each grant will have three PRs: SANRU, CordAid, and UNDP for the HIV/AIDS grant; SANRU, Population Services International (PSI), and UNDP for the malaria grant. Following mobilization of the Global Implementation Support Team partners to support presignature preparations, GMS has worked with SANRU, the health services branch of the ECC/Christian Churches of Congo umbrella organization, and to a lesser extent with CordAid, as well as communicating with PSI to prepare all three to assume their new roles. In particular, GMS assisted SANRU to define and carry out the process of selecting SRs to

organize services in the 196 health zones included in the projects. GMS has also advised the CCM, the Secretary General of the Ministry of Health, and the four PRs on crucial strategic decisions required to complete planning of certain approaches, distribute tasks and budget between the PRs, and establish communication and collaboration among them. To do this, GMS has mobilized four teams of consultants, in addition to an initial assessment team, which work in tandem under the general coordination of one team leader who gained presignature experience in the Central African Republic. GMS collaborates with the local staff of the Strengthening Pharmaceutical Systems project to further enhance the PSM support. Because of the size and complexity of these grants, signature of one or both requires an extension beyond the one-year deadline.

These PY2 experiences have shown that GMS can provide support to the most complex presignature situations, but for only a limited number of countries in a single round. Because these assignments have required up to 15 consultants per country and have a common deadline, they are the most resource-intensive assignments GMS receives and could, in sufficient number, limit GMS' ability to respond to other assignments in the same time period.

Financial and Grant Management/Principal Recipients and Subrecipients

In its second year of operation, GMS received and started work on 12 requests to help strengthen the financial and grant management capabilities of PRs and SRs. Additionally, two interventions from Year 1 continued into Year 2 before they were completed.

Year 1 interventions that continued into Year 2 before they were completed included technical assistance in Angola and Swaziland. Assistance to Angola was particularly praiseworthy. The GMS team helped the Ministry of Health, a new PR for a Round 7 malaria grant, to successfully begin startup operations. The technical assistance entailed helping the ministry create a program management unit, training personnel, writing an operational manual and a finance manual, and establishing management guidelines for SRs. These "mechanics" of grant startup all needed templates and assurances that all facets of the guidelines contained in the manuals satisfied all the conditions precedent and special terms that had been established by the Global Fund for this new PR. The Local Fund Agent's assessment of the PR after six months of operations was very positive, and the PR was successfully able to satisfy all the conditions precedent and special terms that had been established by the Global Fund.

Requests for technical assistance from PRs included a range of grant management issues, including the following:

- Strengthening an NGO that represents commercial sex workers, which currently serves as an SR in Bangladesh; this network of self-help, grassroots associations has grown in the past years and is facing human resource and organizational restructuring issues and strategic planning needs
- Reinforcing and restructuring the Nicaragua HIV/AIDS Commission, an SR in the new Round 8 grant, which needs to strengthen its management systems and to clarify its role within the country

- Increasing the human resource capacity of the management units of the national programs and clarify the roles and responsibilities of PRs, SRs, and program management units in Armenia and Bhutan
- Supporting new PRs in the Central African Republic, Democratic Republic of the Congo and Mauritius to respond to deadline requirements before signing new grant agreements
- Supporting and strengthening the financial systems of the program management units in Afghanistan, Armenia, Bhutan, and Cambodia to improve the reporting and funds flow mechanisms in their grants

Most of the assistance in Year 2 focused on strengthening weak management systems of grant implementers. Requests from Afghanistan, Armenia, Bhutan, and Cambodia called for assistance to help PRs (all of which were national government program offices) to improve their human resource and finance systems and to provide supporting documents such as operational manuals and guidelines to better implement the grants. Two additional requests received in PY2 involved technical assistance to SRs; the National HIV/AIDS Commission in Nicaragua, and the Bangladesh Sex Workers Network.

Requests for PR Support in PY2

Afghanistan
Armenia
Bangladesh
Bhutan
Cambodia
Central African Republic (×2)
Democratic Republic of the Congo (×2)
India
Mauritius
Nicaragua

In most cases, solving management hurdles requires having a clear idea about where the bottlenecks are and defining the priorities for both the PR and its SRs so that conditions precedent are fulfilled and disbursements are released in a timely manner. For most interventions, the GMS consultants conducted an initial diagnosis to identify priorities and work with the client to define a work plan to identify critical tasks and desired deliverables. Most of the deliverables included writing grant operation manuals (e.g., Afghanistan, Armenia, Cambodia, and Mauritius) and establishing SR management guidelines and templates (e.g., M&E and reporting templates; memorandums of understanding between the PR and its SRs).

Government PRs continue to be a challenge; Global Fund grants face established, and at times difficult-to-change, bureaucratic contexts that slow and at times stop the implementation of performance-based grants. In all cases the political will of the authorities and the participative approach toward those in charge of managing the grant is a key to the success of the intervention.

Successes are accompanied by challenges. In particular, technical assistance to São Tome and Principe, which began in August 2008, has not yet been completed. The objective was to assist the country to transfer PR responsibilities from UNDP to one of its main SRs, the Center for Infectious Diseases (CNE) in the Ministry of Health. The critical obstacle in this assistance was the missing government approval that would give CNE the authority to sign the grant agreement and receive funds from the Global Fund. This approval was finally obtained in the first quarter of 2009. At this point the Round 4 grant for which the transfer was to take place is near completion and the grant will continue under UNDP. It is possible that the transfer of PR will occur with the Round 7 grant, in which case GMS will complete the work of strengthening CNE that started more than one year ago.

Although the issues addressed by all these interventions are colored by the particular context of each country, each government institution and each grant, there continues to be a common thread in all of them—how to improve grant implementation and performance. To that end, GMS tries to continually refine the tools that it uses (e.g., a diagnostic functional analysis, project or program implementation manuals, financial flow analysis processes, financial and programmatic monitoring, supervision and evaluation systems and tools, SR selection processes and subgranting templates, and human resource manuals).

Pharmaceutical and Supply Management

During PY2, seven of the PSM task orders that had begun in PY1 came to completion and work on six new PSM task orders began. The requests for assistance ranged from preparation of PSM plans before a new grant or Phase 2 agreement could be signed; forecasting what medicines and health commodities would be procured with grant monies; solving problems associated with drug stock-outs, procurement, inventory management, tracking products and drug use; and reporting on PSM results. The aim of all GMS work in PSM is to help grant recipients comply with Global Fund PSM guidelines, and in particular, with the Global Fund quality assurance policy.

Requests for PSM Support in PY2

Angola
Armenia
Cameroon
Democratic Republic of the Congo
Indonesia
Lao PDR

Although the PSM task orders in PY2 required several international, regional, and local consultants as part of a PSM team, GMS also provided external support to Angola, the Central African Republic, and Mauritius where GMS PR management and M&E teams were working with PRs. In those countries, GMS remotely revised draft PSM plans that had been developed by consultants from other technical agencies.

Following the success during PY1 in the Central African Republic, where a GMS PR management team helped CNLS sign a Round 7 HIV/AIDS grant as a new PR and a PSM team helped reprogram funds from a Round 2 grant that was in danger of having to return unspent grant money to the Global Fund, the Technical Support Advisory Panel (TSAP) authorized a second tranche of technical support for grant startup. GMS convened a PSM and financial management team of experts to help CNLS complete the first tender documents for its new grant, meet some PSM conditions precedent before the first disbursement, and complete procurement documentation for transferring the Round 4 HIV/AIDS grant, which included a large component to provide care to orphans and vulnerable children, and a Round 4 tuberculosis grant from UNDP to CNLS.

A large proportion of GMS's PSM work in Year 2 focused on aiding multiple PRs in the Democratic of the Congo to prepare to sign Round 8 HIV/AIDS and malaria grants. The efforts required preparing two individual PSM plans and undertaking forecasting exercises for two PRs for the AIDS grant and two other PRs for the malaria grant.

GMS assistance led to improvements in the way that medicines are tracked by linking stocks in storage rooms and central medical stores. In Guinea, Lao PDR, and most recently Cameroon, GMS PSM teams set up a Microsoft Excel–based tool to track the dispensing and consumption of medicines and health commodities. The data collected through these tools is a key factor in reporting indicators on use, for tracking side effects, and for establishing consumption to improve quantification for the subsequent years of the grants. GMS has trained PSM personnel in these three countries to maintain these systems and to collect data both manually and electronically.

Technical assistance to the Abidjan-Lagos Corridor Organization (ALCO), which serves as the PR for a multi-country (Côte d'Ivoire, Ghana, Togo, Benin, and Nigeria) HIV/AIDS grant was completed during PY2. GMS mobilized five teams of consultants for each country to write individual PSM operation manuals and one overarching manual for the ALCO Secretariat, which manages the commodities and distributes them to the five countries. GMS aided ALCO to obtain funding from the GTZ BACKUP initiative to conduct a regional meeting with authorities in each country to finalize treatment guidelines that could have affected Phase 2 of the grant, customs arrangements, and procedures for ALCO to procure commodities and for central medical stores to distribute commodities to health facilities along the highway that connects the countries. The individual PSM manuals for each country remain as working documents. The PR is now awaiting a decision by the Global Fund Secretariat regarding Phase 2 of the grant.

The most important achievement in PSM during PY2 was the development of two PSM indicators that are now part of the generic CCM dashboard. One indicator focuses on budgets and expenditures for PSM activities; the other focuses on the stock status of key pharmaceutical products. Obtaining information to establish the indicators was a challenge in each pilot country. CCMs in pilot countries agreed they needed PSM data from PRs once the issues of imminent stock-out and large overstocks of drugs with short expiration dates were uncovered. Even when PRs take time to establish proper systems to collect information and establish levels of safety stock, the benefits of having the information exceeds the level of effort required to collect the information in a systematic fashion. An additional result of this effort is that the Performance, Impact and Effectiveness Unit of the Global Fund has added the stock management indicator to the new version of the Progress Update and Disbursement Request document, which will be introduced in 2010.

Monitoring and Evaluation

In PY2, GMS received and began work on seven requests to support or improve the M&E capabilities of PRs and SRs. In addition, five task orders that began in PY1 continued into PY2. Four requests involved conducting or updating assessments of M&E systems. Requests from Togo and the Democratic Republic of the Congo involved presignature work.

The Togo Round 8 HIV/AIDS grant was signed in July 2009, after the GMS team's first visit. The GMS team conducted an M&E Systems Strengthening Tool (MESST) workshop in April 2009 to prepare the new PR, the Ministry of Health, for grant signature. A grant worth €20 million was signed and the PR requested that further GMS assistance be postponed to later in 2009, when it would be in a better position to define its M&E technical support needs following signature.

In Armenia, the Ministry of Health asked for, among other things, support to prepare an M&E plan and to meet M&E conditions precedent (CPs). GMS technical assistance focused on

- Conducting the MESST workshop and developing an M&E systems strengthening plan based on the results of the workshop (this was a CP on Phase 2 of the Round 5 tuberculosis grant)
- Developing an updated M&E plan for the tuberculosis program (also a CP)
- Other M&E strengthening activities (e.g., new data collection procedures and tools, better field monitoring and supervisory visits). In particular, the GMS team helped develop a computerized program for data collection, analysis, and reporting for SRs. At the suggestion of the Local Fund Agent, these tools are being initially developed in Microsoft Excel.

Requests for M&E Support in PY2

Afghanistan
Armenia
Bangladesh
Bhutan
Cameroon
Democratic Republic of the Congo
Togo

Bhutan requested M&E assistance for its HIV/AIDS and tuberculosis grants. Citing a lack of adequate staff skills and capacity as a major constraint on the PR's ability to monitor implementation of the grants, Bhutan asked for support to develop reporting systems, procedures to harmonize the Global Fund grant reporting with national reporting requirements, and an updated M&E plan (a CP). The GMS team is working with the program management teams for the two diseases to:

- Update the MESST workshop findings from 2007 for both programs with one-day "mini-MESST" workshops
- Prepare final reports for both mini-MESST workshops for submission to the Global Fund to satisfy the related CPs
- Assist the PR to use the results from the mini-MESST workshops to develop formal M&E system strengthening plans for both national programs
- Help prepare draft versions of updated national M&E plans for both programs

The Cameroon CCM requested technical support to finalize and implement monitoring and reporting systems for the PR in Phase 2 of the HIV/AIDS and malaria Round 5 grants. The malaria grant requires a revised M&E plan for submission to the Global Fund. M&E makes up about 15 percent of the grant budget but the activities to be undertaken have not been determined. The Global Fund is encouraging the Ministry of Public Health, which serves as the PR, to establish an action plan and a list of M&E strengthening activities. The GMS team will assist the PR in doing so.

While the requests described above all involved conducting MESST workshops as a starting point of support, the focus of GMS work in Afghanistan was somewhat different. The purpose of GMS intervention there is to strengthen the M&E and surveillance systems of the Global Fund program, with special emphasis on data quality and timeliness of reporting. This includes building capacity of the M&E staff at the national programs and those who work directly on Global Fund grant projects.

The Revised National Tuberculosis Control Program in India requested presignature support to consolidate a Rolling Continuation Channel grant. The first phase of GMS support involved some financial management assistance, including Enhanced Financial Reporting. Once the grant was signed (July 2009), the PR asked GMS for additional help to conduct a MESST workshop, a CP on the second disbursement.

The Round 8 HIV/AIDS grant gets signed in Togo.

PY1 interventions that were completed in PY2 include assistance to the Comoros, Honduras, Nepal, Nigeria, and Zimbabwe. While the work in the Comoros was delayed due to communication challenges with the PR and repeated losses of GMS team members, coordinating with a wide range of stakeholders to develop the draft M&E plan for HIV/AIDS resulted in the active phase of the intervention being spread over seven months.

The work that the GMS M&E team performed with the national tuberculosis program in Nepal was commended by the national program manager, particularly because it led to securing approval for its National Strategy Application to the Global Fund, one of the few programs invited by the Global Fund to participate in this new funding approach.

The CCM Grant Dashboard and Oversight Strengthening Feasibility Pilot

As agreed in August 2008, in PY2 GMS collaborated with the Global Fund to develop and pilot the generic CCM grant dashboard and the technical support process for introducing it as part of oversight strengthening. This effort had four stages, the last of which will be completed in PY3. The pilot was co-financed by the Global Fund; GMS thanks the CCM Unit for its leadership in this pilot.

Stage 1: Dashboard Development

From September 2008 to January 2009, GMS and the Global Fund CCM Support Unit worked virtually and met periodically to develop the generic CCM grant dashboard template and the accompanying documentation for the technical support process. Dashboard inventor Eduardo Samayoa (GMS consultant based in Guatemala) worked virtually with Réné-Fredéric Plain of the Performance, Impact and Effectiveness Unit of the Global Fund and Marc Pechévis (GMS consultant based in France) to design the dashboard template in Microsoft Excel. The GMS technical team met with a broad range of Global Fund staff in Geneva in October 2009 to select standard indicators for finance and management. The GMS technical staff also prepared a *CCM Grant Dashboard Technical Support Manual* to guide consultant teams through the oversight strengthening and dashboard setup process. Meanwhile, Marion Gleixner of the Global Fund CCM Unit managed the identification and invitation of CCMs to participate in the pilot phase.

Stage 2: Country Pilot

From February to July 2009, GMS teams carried out the pilot interventions in seven countries, one in the Latin American & Caribbean Cluster, one in the Middle East and North Africa Cluster, four in Africa, and one in East Asia (see box). The country pilot phase began with training in Geneva of 21 consultants in the dashboard introduction methodology.[6] Mixed teams of CCM, PR management, and M&E/information technology experts were selected from among the most experienced GMS consultants and staff. A local consultant, usually an M&E expert, completed each team.

Mongolia's CCM members review the dashboard.

CCM Dashboard Pilot Countries

Ghana
Madagascar
Mali
Mongolia
Morocco
Namibia
Peru

Each team carried out three visits of one to two weeks. The work began with a CCM diagnosis to identify governance issues. The number of dashboards to be developed was defined with the CCM and PRs. During subsequent weeks and in the interim periods between visits, the teams worked with the CCM, the CCM Secretariat and the PRs on 1) governance reforms, 2) creating or strengthening oversight processes, 3) selecting indicators, 4) setting up the grant dashboards, 5) building the capacity of the CCM and PRs to use and maintain the grant dashboards as oversight tools. Handover of the dashboards to local dashboard technicians (either at the CCM Secretariat or PR offices) and formal validation of the new oversight process completed the work. A follow-on plan of having the local consultants periodically contacting the CCMs over an additional six months were agreed with the CCMs. The team leaders will carry out oversight visits to the CCMs in October 2009.

Stage 3: Feasibility Analysis and Final Modifications

On July 20 and 21, 2009, GMS, dashboard team leaders and the Global Fund representatives met in GMS offices to review the results of the intensive phase of the pilot. This productive meeting concluded with identifying modifications that would be needed to finalize the generic CCM grant dashboard template and defining an action plan for developing the final CCM grant dashboard package of products and their dissemination worldwide. Since the meeting, GMS has worked virtually with the Global Fund to modify the dashboard template and the CCM Grant Dashboard

[6] See the "CCM Oversight Strengthening and Grant Dashboard Introduction Technical Support Manual" for the full methodology.

User's Guide, and to complete two minor deliverables: the "Executive Summary of the Feasibility Pilot report" and the "Summary of the Technical Support Process for CCM Oversight Strengthening and Grant Dashboard Introduction" (delivered September 1, 2009). In early September, it was decided that the User's Guide would be split into two documents, one to serve as a dashboard setup and maintenance guide, the other a dashboard user's manual for CCM members. These documents are still in preparation. They will be co-branded (Global Fund, PEPFAR, USAID, GMS). The full feasibility report will be prepared in November 2009.

Stage 4: Rollout of the CCM Grant Dashboard Worldwide

GMS is handing over the CCM grant dashboard and the two user's guides to the Global Fund. These will be bundled with the two minor documents and posted on the Global Fund Web site CCM page (expected posting date, February 2010). Beginning in September 2009, the CCM Support Unit and the Global Fund clusters began promoting oversight strengthening and the CCM grant dashboard at CCM regional meetings and annual cluster meetings. The first dashboard presentation took place on September 4th at the East Asia Cluster meeting in Ulan Bator, Mongolia, during which the Mongolia CCM and the GMS team leader, Graeme Kerridge, presented Mongolia's grant dashboards and explained the new oversight process. GMS will be invited to subsequent meetings to present the dashboard and the technical support process.

In addition, GMS, the Global Fund, and UNAIDS will orient consultants from the UNAIDS TSFs, the Global Fund IQC mechanism, and selected country and regional UNAIDS M&E officers to introduce dashboards or provide long-term support to CCM oversight. A first training of 34 consultants and staff was carried out in Geneva by GMS and the Global Fund between September 23rd and 25th. Other sessions (possibly for Francophone and Hispanophone consultants) are being considered. These efforts will diversify the sources of technical support for oversight strengthening and increase our capacity to respond to CCMs that are eager to introduce grant dashboards.

Results

Six countries completed the dashboard feasibility pilot, instituting 18 grant dashboards for use by stronger oversight committees; due to unforeseen political events, work could not be completed with the Madagascar CCM. The pilot confirmed that grant dashboards enrich the oversight process by improving the quality, timeliness, and pertinence of information available to the CCM and by improving dialogue with the PRs to resolve problems. The pilot also demonstrated that external technical support is required where oversight strengthening and grant dashboard introduction are both needed, or where local expertise is insufficient to support introduction of dashboards alone.

Country	No. of PRs	No. of dashboards	Total value of grants
Ghana	2	2	$196M
Mali	4	5	$75M
Mongolia	1	4	$21M
Morocco	1	2	$22M
Namibia	1	2	$137M
Peru	1	3	$98M

BUILDING PARTNERSHIPS

Collaboration with the Global Fund and Other CoATS Partners

GMS's relationships with the Global Fund, UNAIDS, GTZ BACKUP Initiative, and other CoATS partners expanded significantly in PY2, moving from the communications phase of PY1 to collaboration and co-financing of jointly defined activities. In March 2009, the GMS project director and technical deputy director made a presentation to CoATS members to provide a better understanding of the types of technical support that GMS provides and the results that had been obtained up to that point.

Direct work with the Global Fund Secretariat ranged from the ambitious dashboard feasibility pilot described above to participation in regional and subregional Global Fund meetings of CCMs and PRs. In the area of technical innovation, the GMS project director and the GMS CCM specialist participated in a Global Fund CCM Unit meeting in Geneva in May 2009 to define indicators for CCM performance in preparation for modifying the CCM funding policy, which is anticipated to be presented to the Global Fund Board in November. GMS was able to contribute from its work with CCMs on function-specific, measurable indicators. GMS also contributed to implementation of the Global Fund Board's decision on the 10 percent efficiency reduction in Round 8 budgets through development of a checklist of options for budget modifications.

GMS staff members were invited to participate as technical facilitators and as a technical support partner in six regional and international Global Fund meetings in PY2:

- November 2008: South Asia Cluster Meeting, Sri Lanka
- December 2008: Global Fund Partnership Forum, Senegal
- December 2008: Balkans Subregional Meeting, Montenegro
- March 2009: South West Asia Cluster Finance Workshop, Nepal
- April 2009: Middle East and North Africa Cluster Meeting, Jordan
- September 2009: East Asia and Pacific Cluster Meeting, Mongolia

At the Balkans and Eastern Europe Cluster Meeting in Montenegro (December 15–17, 2008), PSM expert Robert Staley presented a session on GMS support to Global Fund–related PSM issues. His presentation focused on forecasting antiretroviral drug needs and issues of procuring laboratory equipment and consumables. At the Nepal meeting, GMS Deputy Director for Finance and Administration Bruce Gatti and GMS PR management trainer Nyamache Nyachienga (GMS consultant based in Kenya) led sessions and PR clinics on budget efficiencies. GMS's work with CCMs on membership renewal was showcased at the Middle East and North Africa meeting, where members of the Morocco CCM demonstrated its electronic voting process for CSO members, whereas the Mongolia CCM made a brilliant presentation of that country's grant dashboards at the September meeting of the East Asia and Pacific Cluster. Attendance of GMS representatives at these meetings allowed GMS to remain in contact with CCM and PR clients, and to make technical contributions to grant management issues.

GMS participated in a number of U.N. Agency and disease partnership events in PY2:

- October 2008: GMS's PSM expert, Andrew Marsden, represented GMS at the global TB TEAM planning meeting in Geneva.
- December 2008: GMS Technical Deputy Director Patricia Paredes was a panel member on the Technical Support panel of the UNAIDS Programme Coordinating Board meeting in Geneva, presenting the GMS technical support approach. This presentation allowed GMS to establish its presence as the rapid response agency for management and governance issues, clarifying the niche of GMS among CoATS partners.
- July 2009: A UNAIDS, WHO, World Bank team visited GMS to obtain feedback on the role of United Nations partners in providing technical support to Global Fund activities, as part of the redesign of the UNAIDS technical support strategy.
- September 2009: GMS Communications Officer Terry Anderson and GMS consultant Mohammed Oubnichou participated in the UNAIDS regional conference in Dakar, Senegal, while GMS Project Director Catherine Severo attended the Geneva-based work session to review the draft UNAIDS technical support strategy.
- September 2009: GMS collaborated with the Global Fund and UNAIDS to co-finance and co-facilitate a training session for UNAIDS TSF staff, consultants, UNAIDS staff, and Global Fund IQC consultants on CCM grant dashboards.

Improving the Effectiveness of Civil Society Organizations

GMS has made significant progress in PY2 toward meeting the target of strengthening civil society to participate in Global Fund activities. At the end of PY1, GMS adopted a new strategy for scaling up activities to strengthen civil society organizations (CSOs) by partnering and subcontracting with specialized and regional organizations to increase the reach of GMS. GMS has worked hard to identify and engage several organizations to develop approaches to improve civil society engagement in their CCMs, increase communication with their constituencies, and strengthen financial and grants management within the Global Fund structure. These activities will be replicated in multiple countries in PY3.

CSAT Workshops

Following initial contact with the Civil Society Action Team (CSAT) through OGAC, GMS has been working with CSAT to sponsor a series of workshops for civil society leaders.

In November 2008, GMS cosponsored the CSAT/African Council of AIDS Service Organizations (AfriCASO) meeting in Dakar, Senegal, which was attended by 39 CSO representatives from 20 countries throughout West and Central Africa. The focus of the meeting was "Civil Society and the Global Fund: Grant Performance Workshop." GMS made several presentations, including sessions on Enhanced Financial Reporting and Making the Most of Technical Assistance.

In April 2009, GMS cosponsored the CSAT/Association Lutte contre le SIDA (ALCS) workshop in Marrakech, Morocco, which 50 CSO representatives from the Middle East and North Africa attended. The title of the meeting was "Civil Society in MENA and the Global Fund: Grant Performance and CCM Processes Workshop." Presentations given by GMS included overviews of the Global Fund, CCMs, PRs, requesting technical assistance, and entry points for civil society in Global Fund grants. An outcome of the meeting was a declaration that participants signed and sent to their regional representatives on the Global Fund Board and to their own national governments requesting "donor countries . . . uphold their commitment to fully fund the Global Fund and governments throughout the region to develop programs that are evidence-based and epidemiologically relevant."

Delegates of the CSAT/ACLS Meeting in Marrakesh, April 2009.

Another CSAT workshop is being planned for CSO representatives from throughout Eastern Europe and Central Asia in Sofia, Bulgaria, in November 2009. Future workshops are planned for CSO representatives from Southeast Asia, Eastern and Southern Africa, and Latin America in 2010.

Subcontracts

Civil Society representatives meet in Swaziland, October 2008.

GMS signed its first CSO strengthening subcontract with the International HIV/AIDS Alliance (IHAA) at the end of May 2009. IHAA will be working with civil society members of CCMs to improve their knowledge of Global Fund processes, and improve their communication with CCM members, their constituents, and other civil society leaders who are not associated with the CCM but who have a vested interest in Global Fund grants. The aim of this work is to increase active participation by civil society leaders in their nation's CCM and ensure comprehensive representation and feedback.

IHAA performed a pilot test of its intervention in Zimbabwe at the end of September. Initial feedback was positive, although GMS will suggest that some changes be made to improve the approach. GMS will be reviewing the final report from the pilot and will recommend options for improvement before IHAA replicates the approach in other countries.

Another CSO strengthening contract was signed in September 2009 with ALMACO Management Consultants, a small accounting and management firm in Kenya. ALMACO will be helping to strengthen the financial management skills and Global Fund knowledge of local NGOs, community-based organizations, and other CSOs that serve as SRs and sub-SRs, as well as CSOs with the

potential to participate in Global Fund grants as SRs and sub-SRs. ALMACO will be developing training tools and a plan to test its generic approach in October 2009, and is planning to conduct its pilot in Southern Sudan sometime in November.

GMS also received two additional proposals for CSO strengthening in September, one from Technical Assistance, Inc. (a management consulting firm in Bangladesh) for financial and grants management strengthening, and one from GMS partner MIDEGO to strengthen constituency communication and representation among CSO CCM members. Both proposals have been reviewed and accepted and were expected to be signed in October 2009.

GMS is anticipating that all four CSO subcontractors will be able to conduct CSO strengthening activities in at least six countries each, including their test country, in PY3. That would bring the total number of CSO strengthening interventions to 24, and within reach of the projected target of completing 30 such activities by the end of PY3 (10 per project year).

Building Capacity for Technical Support of Global Fund Activities

GMS trained 35 consultants from 16 countries during its third orientation program, October 20–24, 2008, and 41 consultants from 24 countries during the fourth program, July 13–17, 2009. The fourth session also included two representatives of the Chinese CCM watchdog organization, China Watch, as part of GMS's civil society strengthening efforts.

Region	Number of GMS Consultants
Latin America/Caribbean	20
Africa	44
Asia & Central Asia	17
Middle East, North Africa	7
Europe	25
North America	38

Six of these participants were originally local consultants and are now serving as regional consultants. They are Celia Marin from the Philippines, Fanny Meija from Honduras, Steven Shongwe from Swaziland, Noel Diakanou from the Congo Republic, Atiqa Chajaï from Morocco, and David Matanhire from Zimbabwe. Sadly, Mr. Matanhire died from a brain tumor at his home in Zimbabwe, in April 2009.

In PY2, GMS had a number of successes with South-to-South consultancies:

- Nyamache Nyachienga (Kenya), GMS master trainer for financial management, co-facilitated sessions at the South West Asia Financial Management workshop in Nepal in March
- Joseph Temba (Tanzania) served as the HIV/AIDS expert on the Timor-Leste team
- Iván Morales (Bolivia) completed assignments in Angola and São Tome and Principe;
- Tom Mogeni (Kenya) and Robert Ward (Zimbabwe) joined the Sierra Leone CCM team
- Marilou Costello (Philippines) joined the Armenia team in April

- Joseph Temba (Tanzania), Halima Shariff (Tanzania) and Frank Thuranira (Kenya) completed assignments in Mauritius.

In its April 2009 semiannual report, GMS noted the recognition during the third consultants' orientation of Noura Maalaoui (Tunisia) and Dah El-Hadj Sidi (Mauritania) for their outstanding contributions to the presignature preparations work in the Central African Republic. During the fourth consultants' orientation, seven other consultants were recognized: Abu Sayeed (Bangladesh) for his leadership of CCM reforms in Cambodia and Indonesia; Sayeed, Charles Stover, and Charles Dickinson (both from the United States) for their combined support of CCM reform in Pakistan; Clare Gibson Giraud (France) for her leadership of CCM reform in Morocco; Dah El Hadj Sidi (Mauritania) and Jennifer Lissfelt (United States) for completion of the challenging West Africa Corridor project, and Michele Gross (United States) for her contributions to strengthening the Ministry of Health of Angola as a new PR.

"Promotions"

9 local consultants have been promoted to regional assignments:

Eustache Akpane (Côte d'Ivoire)
Atiqa Chajaï (Morocco)
Marilou Costello (Philippines)
Noel Diakanou (Congo)
Susana Guevara (Peru)
Celia Marin (Philippines)
Abdelilah Sefrioui (Morocco)
Astrid Sulistomo (Indonesia)

3 regional consultants have carried out international assignments (South-to-South):

Iván Morales (Bolivia) to Angola & São Tome e Principe
Joseph Temba (Tanzania) to Timor-Leste
Nyamache Nyachienga (Kenya) to Nepal & Bhutan

22 consultants have been promoted to team leader

19 consultants have been promoted to consultant trainer

4th GMS Consultant Orientation, July 2009.

Expanding the GMS Network

In PY1, GMS conducted an expression of interest solicitation to identify regional companies with pools of consultants that were skilled in the four GMS technical areas. Twenty-two companies were screened into the GMS network through this process. In PY2, GMS used the services of consultants from six of these companies and engaged two more companies identified in the search for local consultants.

Engagement of New Regional Partners	
Name of Subcontractor	**Location (Assignments)**
ALMACO	Kenya (Bhutan, Ghana, Namibia, Sierra Leone, CSO strengthening)
Dalan Associates	Sierra Leone (Sierra Leone)
Deloitte Australia	Australia (Timor-Leste)
Deloitte Congo	Democratic Republic of the Congo
Eurohealth Group	Denmark (Afghanistan, Angola, Mauritius)
International HIV/AIDS Alliance	England (Bangladesh, CSO strengthening)
NEDICO/Purple Sheep	Zimbabwe (Sierra Leone, Swaziland, CSO strengthening)
SSDS	USA (Afghanistan)
TAI	Bangladesh (Bhutan, Cambodia, CSO strengthening)

PROJECT COORDINATION

Support to the U.S. Government

GMS continues to provide a stream of information to the Contracting Officer's Technical Representative (COTR), Ms. Ritu Singh, and the Alternate COTR, Mr. Jason Wright, to the Office of the Global AIDS Coordinator (OGAC), and to U.S. Government missions in target countries through a variety of face-to-face and distance mechanisms.

GMS reports monthly to the COTR and Alternate COTR and maintains an on-line performance tracking system on country assignments. (OGAC personnel use this information, among other things, to update the CoATS database, which tracks technical assistance to the Global Fund.) GMS also meets once or twice a month with the COTR and Alternate COTR. Ms. Ritu Singh, COTR since August 2009, observed the fourth consultants' orientation to familiarize herself with the project.

Information Management

GMS's Extranet, a password-protected project Web site for project partners, team leaders, the COTR, and the technical advisor, grew in PY2 to accommodate more reports, management and planning documents, and technical resources. In addition, a discussion forum was developed to

allow users to discuss their technical experiences and questions arising out of the work with other teams, consultants, and the GMS staff team. The discussion forum was originally developed for use by the teams involved in piloting the generic dashboard, but is now used by other GMS consultants as a tool for information sharing, capacity building, and mentoring.

In PY2, GMS launched its public Web site, which contains an explanation of the type of technical support available, the technical support request form in four languages (and the fact sheet in three additional languages), success stories, and contact information. The Web site is routinely updated with the current countries in which GMS works and a short explanation of the work underway. Recently, GMS added an additional page explaining technical support for grant dashboards. As soon as possible, the page will link to the generic dashboard tool package on the Global Fund Web site.

GMS worked with the Global Fund to develop a strategy for linking the Global Fund's Web site to the GMS project Web site. As soon as it is approved, the Global Fund Web site will link to the GMS Web site from the Development Partners page with a short description of the project.

GMS holds monthly conference calls with all of its project partners in an effort to ensure transparency and consistent communication. These meetings include updates on country assignments, calls for consultants, updates on work plans and reports, and a discussion of financial and contractual matters. Additionally, on September 11, 2009, GMS held its annual day-long partners meeting. This meeting highlighted the year's results, innovations, and other

accomplishments. It also provided a forum for discussion of any challenges experienced by the project or between the partners during the year.

Best Practices

Consolidating the methodological advances and innovations of PY1 and the pre-GMS pilot year into documented best practice tools began this year. Pride of place went to the CCM grant dashboard development, as described above. Yet other efforts were focused on documenting effective practices for CCM diagnosis and for financial management and reporting on grants.

CCM Best Practice Tools: PY2

CCM Constituency Calculator
CCM Meeting Minutes Analysis Table
CCM Conflict of Interest Table
CCM Oversight Capacity Rapid Assessment Matrix

Because so few methodological tools are available for public health governance, GMS teams often have to invent their own in response to problems in the field. GMS has tested such innovations with other teams and other CCMs before creating a generic version with instructions for future teams. The final version is then translated into French and Spanish for broader use. Two tools, the Constituency Calculator and the Meeting Minutes Analysis Table, emanated from work by the GMS project director with the Guinea CCM in the pilot year (2006–2007). The Conflict of Interest Table was invented for work with the Pakistan CCM in PY1 and PY2; this tool has attracted the interest of the Global Fund, which may begin using it internally. The Oversight Capacity Rapid Assessment Matrix was first invented in 2007 as an outcome of the early grant dashboards, and revised extensively by GMS for the dashboard pilot. The matrix is similar to the Management and Organizational Sustainability Tool (MOST), in that it categorizes the CCM at a level of development based on capacity with a range of oversight tasks. These four tools are now available to all GMS consultants through the GMS extranet, consultant orientations, and the technical support guide for dashboards.

Two other best practice documents are in the final stages of development, the CCM Conflict of Interest Policy Template and the Grant Operations Manual for PRs. These model documents consolidate the clearest, most complete, and technically appropriate materials on these topics developed by GMS teams to date. GMS team leaders are working with GMS staff to compile, edit, and finalize these documents before their translation and dissemination to consultant teams. Use of these documents as starting points for the development of country-specific manuals and policies will save time while allowing each CCM or PR to select those elements most appropriate to its situation.

GMS has also enhanced or enriched two tools invented by the Global Fund itself. The CCM Performance Self-Assessment Checklist is a Microsoft Excel questionnaire for an annual CCM review, invented by the Global Fund in 2006. GMS has enhanced the checklist workbook with data entry panels, preprogrammed graphics, a discussion guide, and facilitator instructions for using the checklist as part of a CCM workshop. GMS has transmitted the enhanced version to the Global Fund CCM Unit for review. The Global Fund CCM Budget Request Template was introduced by the Global

Fund in 2008. GMS has enriched this simple Microsoft Excel form with a work plan and budget worksheet providing for activity based budgeting and all-sources resource tracking and with a consolidated work plan, GANTT chart, and resource summary worksheet. The GMS version has the advantage of use for mobilization of CCM support from national sources and other donors. GMS is in the final stages of developing this enriched budget tool, which will be transmitted to the Global Fund CCM Unit as well.

The Global Fund's Enhanced Financial Reporting (EFR) template received a great deal of attention from GMS during PY2. GMS trained every PR consultant in the basics of EFR at both consultant orientations in PY2. Furthermore, in March 2009, Deputy Director for Finance and Administration, Bruce Gatti, presented an overview of EFR at the Global Fund's South West Asia Cluster Finance Workshop in Nepal; and in November, GMS's PR Specialist Elena Decima, and Communications Officer Terry Anderson, presented EFR training sessions at the CSAT/AfriCASO meeting in Dakar, Senegal. GMS embarked on writing a guide for training PR consultants to train PR financial staff in the basics of EFR; the document is expected to be incorporated into a comprehensive PR operations manual in PY3.

Finally, at the request of the Global Fund, GMS has developed a checklist for achieving the 10 percent budget reductions required by the Global Fund Board for the Round 8 approved proposals. This checklist provides options for creating savings through more rational budgeting, cost verification, and budget controls, hence its motto, "Financial Savings without Technical Pain." The checklist was first introduced at the East Asia Cluster Meeting held in Nepal in November 2008.

In PY3, best practice documentation will focus on the presignature support process, completion of the PR Operations Manual, and PSM. Best practices will also be featured in "Tools for Success" success stories.

Challenges for the Future

During this second year of activity, the GMS project consolidated its approach to organizing technical support and documented technical approaches proving useful in a variety of settings. This second year posed a new challenge to GMS of volume of work: completing and closing out assignments from Year 1 while beginning new assignments from Year 2 resulted in a peak period when more than 70 assignments were still active and the CCM grant dashboard feasibility study was in full implementation. As the GMS approach has begun to demonstrate effectiveness, GMS is increasingly solicited to participate in regional and international events and work sessions to share experiences, transfer expertise, and contribute to development of new tools, policies, and guidelines. Thus, the overarching challenge of this second year has been the challenge of rapid growth, much the same challenge facing the PRs with which GMS works!

Maintaining the Consultant Network

As was noted in the PY1 annual report, creating and maintaining the roster of high-quality, autonomous, senior experts and local consultants is a huge challenge facing not just GMS, but all

technical agencies that support the Global Fund. Because GMS does not employ full-time staff to carry out assignments, it must compete for the time of partner staff and external consultants and small companies. The best staff and consultants are often lost to full-time opportunities: this year GMS lost one team leader to a full-time residential project, one joined USAID, and one was engaged by the Global Fund Secretariat. Others simply cannot maintain the pace of two to three assignments per year, with the amount of travel involved. GMS must continue to use multiple approaches, including expressions-of-interest announcements, partner internal "advertisements," and word-of-mouth recruiting to find enough new experts to maintain—if not extend—its roster of about 350 consultants.

Keeping Pace with Demand

With the worldwide announcement by the Global Fund of the CCM grant dashboard, demand for CCM oversight strengthening and dashboard introduction assignments may climb sharply. GMS's reputation for supporting presignature preparations is also attracting interest from possible Round 9 beneficiaries. These two types of work, possibly peaking early in PY3 and requiring the most experienced GMS consultants, may consume the majority of GMS's resources for the coming year, potentially limiting GMS's ability to respond to other types of requests. Particularly high volume of demand may also influence the level of quality of the technical interventions as the most experienced consultants and GMS technical oversight are spread more thinly. GMS is responding by building collaboration with the UNAIDS TSFs, the Global Fund IQC, and CSAT for potential joint team efforts, documenting the presignature support process, continuing orientation of new consultants, and actively recruiting additional consultants with certain language skills. GMS will continue to engage with USAID and OGAC and the Global Fund on ways to most effectively manage the volume of work.

Maintaining Focus on Priorities

The volume of demand for participation in regional and international events as technical expert, facilitator, or speaker, and in joint field assessments in specific countries with other technical agencies has also grown. These opportunities allow GMS to share tools and information, and reflect upon experiences and methodologies, but also to meet with clients and technical partners to discuss present and future work and outcomes. Such opportunities can be exciting and interesting, but, because they require in-person presence by GMS technical staff and team leaders/trainers, they also take time away from the response teams and GMS regular work. Participation in joint assessment teams, while potentially resource efficient in terms of the number of GMS consultants involved, may result in long delays in completion and release of the technical products and reports. Furthermore, these collaborations create the temptation of scope-creep as longer-term problems and systemic issues beyond Global Fund boundaries are explored. Thus, GMS must continue to be cautious about the level of involvement in such activities. The priority of the GMS project must continue to be response to the urgent, time-bound technical support requests from the CCMs and PRs.

Documenting Effective Practices, Continuing to Innovate

With an increased volume of demand and the overlap of PY2 and PY3 requests, reserving the time for documenting effective practices and solving additional problems through planned innovative effort is difficult but essential. While significant progress was made in PY1 on governance and oversight issues, CCM policy changes by the Global Fund Board are anticipated, as well as feedback from the CCM grant dashboard scale up. More work will be needed in the areas of governance, grants management, presignature support, and PSM. GMS looks forward to making additional contributions to the effective practices available to Global Fund support partners worldwide.

ACRONYMS AND ABBREVIATIONS

AfriCASO	African Council of AIDS Service Organizations
ALCO	Abidjan-Lagos Corridor Organization
ALCS	Association Lutte contre le SIDA
CCM	Country Coordinating Mechanism
CNLS	Comité National de Lutte contre le Sida
CoATS	Coalition on AIDS Technical Support
COTR	Contracting Officer's Technical Representative
CP	Condition Precedent
CSAT	Civil Society Action Team
CSO	Civil Society Organization
EFR	Enhanced Financial Reporting
GMS	Grant Management Solutions
GTZ	German Technical Cooperation
IHAA	International HIV/AIDS Alliance
M&E	Monitoring and Evaluation
MESST	Monitoring & Evaluation Systems Strengthening Tool
MOST	Management and Organizational Sustainability Tool
NGO	Nongovernmental Organization
OGAC	Office of the U.S. Global AIDS Coordinator
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PNLP	Program National de Lutte contre le Paludisme (Central African Republic)
PR	Principal Recipient
PSI	Population Services International
PSM	Procurement and Supply Management
PY1	Project Year 1
PY2	Project Year 2
PY3	Project Year 3
SANRU	Santé Rural
SR	Subrecipient
TSAP	Technical Support Advisory Panel
TSF	Technical Support Facility (UNAIDS)
UNAIDS	Joint United Nations Program on HIV/AIDS
UNDP	United Nations Development Program
USAID	U.S. Agency for International Development
WHO	World Health Organization

ANNEX 1: PERFORMANCE MONITORING PLAN

Performance Monitoring Plan for Grant Management Solutions (GMS) Project 2007–2010; Updated Oct 31, 2009

Project Goal: Improve the functioning of Global Fund grants, and thereby increase the quality and effectiveness of prevention, care, and treatment interventions for HIV/AIDS, tuberculosis and malaria in targeted countries that seek technical support through the GMS project

Objective 1: Increase local capacity to provide technical support to, and participate in, Global Fund activities

Indicators	Definition	Verification/ Data sources	Target (end PY3)	Actual
1.1 Number of local consultants recruited to work on GMS teams	A "local consultant" resides in the country where GMS is providing technical support	GMS project data	90	59
1.2 Number of consultants initially recruited as local, who work at regional or international level with GMS	Number of persons initially recruited as local consultant by GMS, LMS, CLM, or RPM Plus for GF work, who later work as consultant on regional or international GMS teams	GMS project data	10	8
1.3 Number of CSO strengthening activities conducted in country or region by GMS	CSOs include NGOs, FBOs, private sector organizations and other similar broad-based organizations that are representative of and/or work with people and communities affected by the three diseases, HIV/AIDS, TB and malaria; Capacity strengthening activities include workshops, seminars, training courses etc.	GMS project data	30	5
1.4 Number of civil society organizations participating in strengthening activities conducted in country or region by GMS	CSOs include NGOs, FBOs, private sector organizations and other similar broad-based organizations, that are representative of and/or work with people and communities affected by the three diseases, HIV/AIDS, TB and Malaria; Capacity strengthening activities include workshops, seminars, training courses etc. conducted by GMS or persons/organisations contracted by GMS for the purpose	GMS project data	300	89

Performance Monitoring Plan for Grant Management Solutions (GMS) Project 2007–2010; Updated Oct 31, 2009

Project Goal: Improve the functioning of Global Fund grants, and thereby increase the quality and effectiveness of prevention, care, and treatment interventions for HIV/AIDS, tuberculosis and malaria in targeted countries that seek technical support through the GMS project

Objective 2: Support CCMs, and future and existing PRs to complete pre-signature and transitional requisitional requirements.

Indicators	Definition	Verification/ Data sources	Target (end PY 3)	Actual
2.1 (Outcome) Number of new grants signed	The number of grants that were signed for which GMS provided presignature technical support	Global Fund website; Communication by GMS with GF, CCM or PR	8	3
2.2 (Outcome) Number of Phase 2 and/or Rolling Continuation Channel (RCC) signed	The number of grants to which GMS provided pre-Phase 2 or pre-RCC technical support that were signed	Global Fund website; Communication by GMS with GF, CCM or PR	8	5
2.3 Total value of grants and phases signed	The total dollar value of all grants and phases that were signed after GMS technical support in any or all four technical areas	Global Fund website; Communication by GMS with GF, CCM or PR		$354.4m

Performance Monitoring Plan for Grant Management Solutions (GMS) Project 2007–2010; Updated Oct 31, 2009

Project Goal: Improve the functioning of Global Fund grants, and thereby increase the quality and effectiveness of prevention, care, and treatment interventions for HIV/AIDS, tuberculosis and malaria in targeted countries that seek technical support through the GMS project

Objective 3: Improve transparent multisectoral governance and leadership of Global Fund activities by CCMs meeting Global Fund requirements

Indicators	Definition	Verification/ Data	Target (end PY 3)	Actual
3.1 (Outcome) Number of CCMs with membership and activity that meet requirements for eligibility (composition, representation, policy) as defined by the Global Fund	The number of CCMs to which GMS provided technical support for CCM strengthening that undergo screening of CCM eligibility documents at a round and meet the requirements	Global Fund website; Communication by GMS with GF, CCM	20	12
3.2 (Outcome) Number of CCMs meeting conditions precedent or completing time-bound actions on CCM structure or functioning after GMS technical support	The number of CCMs to which GMS provided technical support that meet CPs or complete time-bound actions relating to CCMs	Global Fund website; Communication by GMS with GF, CCM	10	2
3.3 (Outcome) Funds committed to CCM budget by Global Fund, national government and/or by development partners	Note: CCMs are able to secure up to $43,000 each from the Global Fund to support the CCM secretariat; GMS teams may also assist the CCMs in securing additional funding from other sources (e.g., GTZ)	Global Fund website; Communication by GMS with GF, CCM	$1 million	$217,981
3.4 Number of CCMs with framework documentation completed (work plan defined; governance manual developed; CCM by-laws revised; communications plan approved)	The number of CCMs that have complete documentation after GMS technical support for the same	GMS project data	30	12
3.5 Number of CCM members and CCM secretariat staff participating in capacity strengthening workshops	Number of CCM members and CCM secretariat staff participating in capacity strengthening workshops that are held by or facilitated by GMS	GMS project data	1000	245

Performance Monitoring Plan for Grant Management Solutions (GMS) Project 2007–2010; Updated Oct 31, 2009

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Objective 4. Remove bottlenecks and improve systems and capacity for performance-based management of Global Fund grants by PRs

Indicators	Definition	Verification/ Data	Target (end PY 3)	Actual
4.1 (Outcome) Number of grants meeting conditions precedent or completing time-bound actions relating to financial management or program implementation after GMS technical support	The number of grants for which GMS provided technical support that meet CPs or complete time-bound actions relating to PR management	Global Fund website; Communication by GMS with GF, PR(s)	10	5
4.2 (Outcome) Number of grants transitioning from international to local PR	The number of grants for which GMS provided technical support for transitioning from international (e.g., UNDP) to local PR that are able to complete the transition	Global Fund website; Communication by GMS with GF, CCM	10	2
4.3 Number of PRs or lead SRs with operations manuals, subgranting procedures, other SOPs	The number of PRs for which GMS provided technical support to prepare operations manuals, subgranting procedures, other SOPs	GMS project data	30	10
4.4 Number of PRs with systems for financial management in place	The number of PRs to which GMS provided support with setting up financial management systems that meet GF requirements	GMS project data	14	5
4.5 Number of PRs with functional management arrangements such as project management units	The number of PRs to which GMS provided support with setting up program management systems that meets GF requirements	GMS project data	20	11

Performance Monitoring Plan for Grant Management Solutions (GMS) Project 2007–2010; Updated Oct 31, 2009

Project Goal: Improve the functioning of Global Fund grants, and thereby increase the quality and effectiveness of prevention, care, and treatment interventions for HIV/AIDS, tuberculosis and malaria in targeted countries that seek technical support through the GMS project

Objective 5. Remove bottlenecks and strengthen systems for monitoring and oversight of GF grants

Indicators	Definition	Verification/ Data	Target (end PY 3)	Actual
5.1(Outcome) Number of grants meeting conditions precedent or completing time-bound actions relating to M&E after GMS technical support	The number of grants for which GMS provided technical support with M&E that meet conditions precedent or complete time-bound actions relating to M&E and/or oversight	Global Fund website; Communication by GMS with GF, CCM	20	8
5.2 (Outcome) Number of CCMs conducting scheduled periodic oversight of GF grants	The number of CCMs (or CCM oversight committees) provided GMS technical support that meet at regular scheduled intervals to discuss grant performance	Communication by GMS with GF, CCM	20	12
5.3 Number of M&E action plans submitted by PRs to the Global Fund	The number of PRs to which GMS provided technical support to develop M&E action plans that meet GF requirements	GMS project data	10	8
5.4 Number of grants provided with data collecting and/or reporting systems that meet GF requirements	The number of PRs to which GMS provided technical support with data collection and/or reporting systems that meet GF requirements	GMS project data	10	10
5.5 Number of grants for which a dashboard was developed for CCM oversight or PR management	The number of CCMs or PRs to which GMS provided technical support with the development of oversight dashboards	GMS project data	30	18

Performance Monitoring Plan for Grant Management Solutions (GMS) Project 2007–2010; Updated Oct 31, 2009

Project Goal: Improve the functioning of Global Fund grants, and thereby increase the quality and effectiveness of prevention, care, and treatment interventions for HIV/AIDS, tuberculosis and malaria in targeted countries that seek technical support through the GMS project

Objective 6. Improve systems, capacity and procedures and remove bottlenecks to a continuous supply of high-quality goods and services for Global Fund grants

Indicators	Definition	Verification/ Data	Target (end PY 3)	Actual
6.1 (Outcome) Number of grants meeting conditions precedent or completing time-bound actions related to procurement and supply management (PSM) after GMS technical support	The number of grants for which GMS provided technical support with PSM that meet conditions precedent or complete time-bound actions relating to PSM	Global Fund website; Communication by GMS with GF, CCM	13	11
6.2 Number of PRs with procurement and distribution procedures that meet GF guidelines	The number of PRs to which GMS provided support to put in place procurement and distribution procedures that meet GF guidelines	GMS project data	12	11
6.3 Number of grants for which drug use monitoring and reporting in place	The number of PRs to which GMS provided support to put in place drug use monitoring and reporting that meet GF guidelines	GMS project data	9	8
6.4 Number of grants for which quantification exercises are conducted	The number of grants for which GMS provided technical support to conduct quantification exercises	GMS project data	11	16
6.5 Number of grants that completed pre-signature requirements for PSM (PSM plan and budget)	The number of grants for which GMS provided technical support to fulfill presignature requirements	GMS project data	6	6
6.6 Number of PRs or SRs with improved capacity for stock management in place	The number of PRs or lead SRs that conduct inventory management and received GMS support to improve the system	GMS project data	1	0

Performance Monitoring Plan for Grant Management Solutions (GMS) Project 2007–2010; Updated Oct 31, 2009

Project Goal: Improve the functioning of Global Fund grants, and thereby increase the quality and effectiveness of prevention, care, and treatment interventions for HIV/AIDS, tuberculosis and malaria in targeted countries that seek technical support through the GMS project

Objective 7. Develop and improve tools for GF grants management

Indicators	Definition	Verification/ Data sources	Target (end PY 3)	Actual
7.1 Number of tools and best practice models developed by GMS and accepted by GF for general use	Examples of tools include dashboards, documents for dashboard implementation for grant oversight developed for use by CCMs, PRs; CCM assessment tool; rapid assessment of oversight tool	Global Fund website; Communicati on by GMS with GF, CCM	5	5
7.2 Number of consultants trained to use tools and best practice models developed by GMS and accepted by GF for general use	Examples of tools include dashboards, documents for dashboard implementation for grant oversight developed for use by CCMs, PRs; CCM assessment tool; rapid assessment of oversight tool. The number of consultants trained would include those participating in bootcamps as well as other trainings conducted by GMS	GMS project c	300	185

Note: Data for outcome indicators will be collected 6 months after the completion of the final visit by the GMS team to the country.

ANNEX 2: PY2 TRAVEL SCHEDULE

Annex 2: Scopes of Work Received from October 1, 2008 through September 30, 2009

Task Order Travel Schedule

UNSHADED	Completed Trips
YELLOW=	Active Task Order
Green	Scheduled Trips

September 30, 2009

Month Received	Code	Description	First Trip		SecondTrip		Third Trip		Fourth Trip		Status
			Start	End	Start	End	Start	End	Start	End	
2008-12	051-CF	Central African Republic PR Mgt	14-Jan-09 03-Feb-09	04-Feb-09 26-Feb-09	25-Mar-09	9-Apr-09					COMPLETED
2009-01	052-JO	Jordan CCM	15-Mar-09	27-Mar-09	21-May-09	5-Jun-09	26-Sep-09	10-Oct-09			
2009-01	053-PE	Peru CCM Dashboard	23-Feb-09	6-Mar-09	13-Apr-09	24-Apr-09	29-Jun-09	3-Jul-09	24-Aug-09	28-Aug-09	COMPLETED
2009-01	054-ML	Mali CCM Dashboard	23-Mar-09	3-Apr-09	18-May-09	29-May-09	4-Jul-09	10-Jul-09	26-Oct-09	30-Oct-09	COMPLETED
2009-01	055-MG	Madagascar CCM Dashboard	8-Mar-09	21-Mar-09							CANCELLED
2009-01	056-GH	Ghana CCM Dashboard	19-Feb-09	5-Mar-09	30-Mar-09	10-Apr-09	18-May-09	29-May-09	24-Aug-09	02-Sep-09	COMPLETED
2009-01	057-NA	Namibia CCM Dashboard	2-Mar-09	13-Mar-09	14-Apr-09	28-Apr-09	1-Jun-09	5-Jun-09	27-Sep-09	03-Oct-09	COMPLETED
2009-01	058-MN	Mongolia CCM Dashboard	2-Mar-09	13-Mar-09	4-May-09	15-May-09	15-Jun-09	19-Jun-09	06-Sep-09	11-Sep-09	REPORT
2009-04	059-AF	Afghanistan M&E	20-Jul-09	31-Jul-09	11-Oct-09	22-Oct-09	Jan	Jan			
2009-01	060-TG	Togo M&E	16-Mar-09	27-Mar-09	9-Nov-09	27-Nov-09					
2009-01	061-MA	Morocco CCM Dashboard	23-Mar-09	3-Apr-09	4-May-09	15-May-09	14-Jun-09	19-Jun-09	12-Oct-09	16-Oct-09	COMPLETED
2009-02	062-TP	East Timor Assessment	2-Mar-09	13-Mar-09							REPORT
2009-02	063-IN	India PR Mgt	2-Mar-09	31-Mar-09	19-Oct-09	30-Oct-09					
2009-03	064-AO	Angola PSM	12-Apr-09	24-Apr-09	3-Aug-09	14-Aug-09	18-Oct-09	28-Oct-09			
2009-03	065-AM	Armenia M&E	1-Jun-09	12-Jun-09	20-Jul-09	12-Aug-09	12-Oct-09	23-Oct-09			
2009-03	066-AM	Armenia PSM	20-Apr-09	30-Apr-09	20-Jul-09	24-Jul-09	Jan	Jan			
2009-03	067-MU	Mauritius CCM	27-Apr-09	12-May-09	15-Jun-09	23-Jun-09	10-Aug-09	18-Aug-09			COMPLETED
2009-03	068-MU	Mauritius PR Mgt	27-Apr-09	12-May-09	1-Jun-09 15-Jun-09	12-Jun-09 26-Jun-09	7-Oct-09	17-Oct-09			
2009-03	069-AM	Armenia PR Mgt	27-Apr-09	8-May-09	22-Jun-09	3-Jul-09	10-Sep-09	18-Sep-09			
2009-04	070-CF	Central African Republic PR Mgt (Malaria)	10-Jun-09	25-Jun-09	30-Jul-09	13-Aug-09	1-Sep-09	8-Sep-09	1-Oct-09	9-Oct-09	COMPLETED
2009-04	071-NI	Nicaragua CCM	20-Jul-09	31-Jul-09	24-Aug-09	4-Sep-09	19-Oct-09	30-Oct-09			
2009-04	072-LA	Laos PDR PSM2	18-May-09	22-May-09	22-Jun-09	3-Jul-09	3-Aug-09	14-Aug-09	Jan	Jan	
2009-04	073-KH	Cambodia PR Mgt	1-Jun-09	12-Jun-09	3-Aug-09	14-Aug-09	28-Sep-09	8-Oct-09			
2009-04	074-AF	Afghanistan PR Mgt	7-Jun-09	19-Jun-09	1-Nov-09	12-Nov-09					
2009-04	075-ZR	DRC Assessment	8-Jun-09	16-Jun-09	2-Jul-09	6-Jul-09					COMPLETED
2009-04	076-ZR	DRC M&E	6-Jul-09	24-Jul-09	24-Aug-09	11-Sep-09	14-Oct-09	28-Oct-09			
2009-04	077-ZR	DRC PSM	20-Jul-09	7-Aug-09	24-Aug-09	11-Sep-09	14-Oct-09	28-Oct-09			
2009-04	078-ZR	DRC PR Mgt (AIDS)	6-Jul-09	24-Jul-09	24-Aug-09	11-Sep-09	14-Oct-09	28-Oct-09			
2009-05	079-BT	Bhutan PR Mgt	14-Jun-09	25-Jun-09	8-Aug-09	22-Aug-09	10-Oct-09	24-Oct-09			
2009-05	080-BT	Bhutan M&E	22-Jun-09	3-Jul-09	7-Sep-09	18-Sep-09	25-Oct-09	31-Oct-09			
2009-05	081-GH	Ghana 2 CCM	31-Aug-09	11-Sep-09							
2009-05	082-ZR	DRC PR Mgt (Malaria)	6-Jul-09	8-Aug-09	24-Aug-09	11-Sep-09	18-Oct-09	28-Oct-09			
2009-06	083-CM	Cameroon M&E	17-Aug-09	28-Aug-09	16-Oct-09	29-Oct-09					
2009-06	084-CM	Cameroon PSM	13-Jul-09	18-Jul-09	14-Sep-09	21-Sep-09					COMPLETED
2009-07	085-BI	Burundi CCM	21-Sep-09	3-Oct-09	7-Dec-09	17-Dec-09					
2009-07	086-CM	Cameroon CCM	28-Sep-09	9-Oct-09							
2009-07	087-ID	Indonesia PSM	3-Sep-09	14-Sep-09	31-Oct-09	12-Nov-09					
2009-08	088-BD	Bangladesh PR Mgt	31-Oct-09	14-Nov-09							
2009-08	089-NI	Nicaragua PR Mgt	5-Oct-09	16-Oct-09	9-Nov-09	20-Nov-09					
2009-08	090-BD	Bangladesh M&E	Jan	Jan							

ANNEX 3: SUCCESS STORIES FROM YEAR 2

1. Democracy at Work: Republic of the Congo Elects a New CCM

2. Easing the HIV Burden in Swaziland: Orphans Receive Housing, Food & Care

3. Prevention of HIV in Timor-Leste: Island Nation Awarded Additional Funding

4. Civil Society Activists in the Middle East & North Africa Call for Action

5. CCM Grant Dashboard: Mongolia's CCM Is in the Driver's Seat

Blueprints for Success
Technical Support to Global Fund Grants

Democracy at Work
Republic of the Congo Elects a New CCM

Without a new CCM, the Congo Republic was in danger of losing a $12 million grant to fight HIV

E. Akpané

Members of the new CCM of the Republic of the Congo announce that fair and transparent election procedures have resulted in a re-invigorated CCM on which members are proud to serve.

After adopting new governance procedures, the Global Fund to Fight AIDS, Tuberculosis and Malaria approved new grants to the Congo Republic worth $39 million in the Round 8 funding cycle.

The Republic of the Congo was awarded a $12 million grant to deliver life-saving antiretroviral drugs to people living with HIV in the Round 5 funding cycle from the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2006.

As part of the grant agreement, the Congo was required to revise its Country Coordinating Mechanism (CCM), which oversees how the grants are managed. CCMs typically consist of government, private sector and civil society representatives, and persons living with HIV. CCM members who represent the nongovernmental sectors are to be elected by their peers on the basis of a documented, transparent process, but the process is often cumbersome, partly because countries with traditionally strong central governments struggle with the concept of a board of trustees.

CCM members sought help to establish new governance procedures and found it through the USAID-funded Grant Management Solutions (GMS) project. GMS consultants conferred with CCM members to establish new election procedures, draft a conflict of interest policy, and install a new executive committee.

The CCM's willingness to change, together with the perseverance and persuasive of the GMS consultants resulted in a new CCM on which members are proud to serve. With tact and diplomacy the GMS team helped CCM members weigh the cost of changing versus maintaining the status quo. And GMS assistance was timely because it came just when the Congo had to modify its procedures to remain qualified for additional Global Fund grants.

The CCM of the Republic of the Congo now has a renewed mission and vigor, and in July 2009, the Global Fund approved additional grants to the nation worth $39 million.

USAID FROM THE AMERICAN PEOPLE

Funding was provided by the United States President's Emergency Plan for AIDS Relief and the United States Agency for International Development under contract No. GHS-I-02-07-00006-00.

Blueprints for Success
Technical Support to Global Fund Grants

Easing the HIV Burden in Swaziland
Orphans Receive Housing, Food & Care

Nearly 56,000 children in Swaziland have lost at least one parent to AIDS.

A house built for three young sisters by the Cabrini Ministries in rural Swaziland. On the first day the mission opened its doors to provide services to orphans, 98 local children showed up requesting food and care.

Since 2002, Swaziland has received more than $70 million from the Global Fund to stop the spread of HIV and to provide care to individuals and families—including orphans and vulnerable children—living with HIV & AIDS.

The Kingdom of Swaziland has one of the highest rates of HIV infection in the world: about 1 in 3 adults live with HIV or AIDS. In some parts of rural Swaziland upward of 80 percent of people may have HIV.

Thanks to the Global Fund to Fight AIDS, Tuberculosis and Malaria, Swaziland has received more than $70 million to reduce the incidence of HIV and to alleviate the effects of the disease on individuals, families, and communities. As a result, fewer people are now dying because they are receiving life-saving antiretroviral drugs to prevent HIV. Still, the epidemic has left massive social disruptions in its wake, including roughly 56,000 Swazi children who have lost either one or both parents to AIDS.

It is through this lens that the USAID-funded Grant Management Solutions (GMS) project worked with Swaziland's National Emergency Response Council on HIV/AIDS (NERCHA) to direct the nation's Global Fund grants beyond the simple purchase and distribution of antiretroviral drugs to people living with HIV. With financial management help from the GMS project, NERCHA has redirected some of its Global Fund grant money toward organizations that can provide direct services to Swaziland's orphans and vulnerable children.

The Cabrini Ministries in southern Swaziland, for example, is using some of Swaziland's Global Fund grant money to house hundreds of orphans and their extended families in nearby homesteads. Not only is Global Fund grant money used to purchase drugs, medical supplies, and other treatment services, it is also used to build basic one- and two-room shelters for orphans and their guardians who otherwise would have no place to live. Thanks to Global Fund grants and innovative reprogramming ideas, many Swazi orphans now have one less burden to carry.

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Blueprints for Success
Technical Support to Global Fund Grants

Prevention of HIV in Timor-Leste
Island Nation Awarded Additional Funding

The world's "newest nation" maintains one of the lowest rates of HIV prevalence

Sandra Toreresi

Weaving a tais, or traditional cloth, in Timor-Leste.

With an additional $4.9 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the national HIV/AIDS program in Timor-Leste is expanding prevention, care, and support services for people most at risk for HIV.

The Democratic Republic of Timor-Leste (also known as East Timor), a small nation off the coast of northern Australia in the Indonesian archipelago, has maintained its ancient customs of fine cloth weaving and verbal story telling through song. Timor-Leste won its 25-year struggle for independence from Indonesia in 1999, but sovereignty came with daunting challenges: 55 of every 1,000 of children die before their fifth birthday and few formal jobs exist for the population of more than 1 million people.

Yet, Timor-Leste has been spared the HIV/AIDS epidemic that has devastated so many other countries, thanks in part to a $3 million grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

The grant money, awarded in late 2006, allowed Timor-Leste to establish 14 HIV testing clinics and 66 health centers to treat sexually transmitted infections. The success of HIV prevention efforts made Timor-Leste eligible for Phase 2 of the grant, which will give the nation an additional $4.9 million for HIV prevention efforts over a 3-year period.

The grant paperwork had to be submitted in just a few short weeks—an intimidating task in a nation with a significant manpower shortage. The Timor-Leste Ministry of Health found the help it needed from the USAID-funded Grant Management Solutions project, which mobilized 5 consultants within 10 days to evaluate the grant's first two years and plans for the follow-on phase.

The Global Fund approved Timor-Leste's Phase 2 funding request in June 2009. The additional grant money will expand basic public health services to all parts of the country and strengthen the nation's ability to keep HIV prevalence remarkably low.

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Blueprints for Success
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Civil Society Activists in the Middle East & North Africa Call for Action

Civil society advocates declare that national plans to fight HIV, tuberculosis and malaria must involve people who live with the diseases

Terry Anderson

Delegates at a meeting of civil society organizations from throughout the Middle East and North Africa discuss ways to better implement their nations' grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Leaders from 15 countries in the Middle East and North Africa fight stigma by calling on donors and their governments to develop programs with evidence-based, epidemiologically relevant interventions.

The Global Fund to Fight AIDS, Tuberculosis and Malaria is the largest single source of funding of programs to combat the world's three most devastating diseases. The hallmark of the Global Fund grants is that any nation awarded a grant can implement its programs according to its own goals and needs. But program design *must* involve people who live with the diseases. A weak link in the grant architecture is the paucity of civil society organizations (CSOs) that participate in program design, implementation, and oversight. Although CSOs often implement prevention, care, and treatment programs, their ideas are often considered secondary or unimportant by national leaders.

Encouraging CSOs to play a stronger role in Global Fund issues is a primary goal of the PEPFAR-sponsored Grant Management Solutions (GMS) project, which exists to ensure that Global Fund grant activities are effectively and efficiently carried out. Working with the Morocco-based Association de Lutte Contre le SIDA and the Civil Society Action Team (CSAT), GMS in April 2009 brought together 55 CSO leaders from 15 countries in the Middle East and North Africa—a region not typically known for civil society engagement. As a result of workshop discussions and activities, civil society leaders were spurred to become more engaged to oversee how their nations' grant money is spent.

A major outcome of the workshop was a declaration that participants sent to the Global Fund Board and their national governments outlining several obstacles CSOs face as grant implementers. To overcome these obstacles, the declaration recommended that each country establish a legal framework to safeguard human rights while CSOs carry out their duty to deliver HIV prevention and care services. Participants who signed the declaration committed themselves to integrating CSOs into each country's national plans to fight the three diseases. The proclamation (available at http://www.msmandhiv.org/documents/ME_NGO_marrakech.pdf) calls upon donor countries to uphold their commitment to fully fund the Global Fund, and governments throughout the region to develop programs with evidence-based, epidemiologically relevant interventions.

After years of working in the background—to ensure that people living with a devastating disease receive care and treatment—and in countries where stigma and discrimination are strong, civil society leaders throughout the Middle East and North Africa have found a common voice to present to the world.

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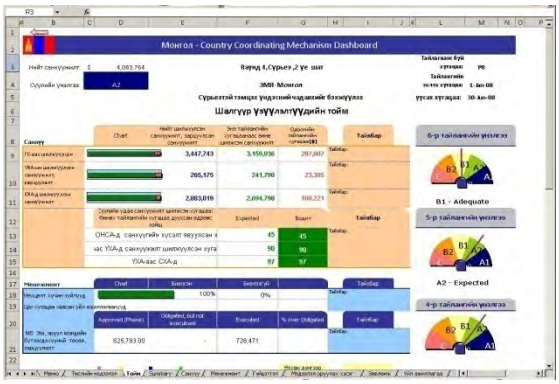
CCM Grant Dashboard

Mongolia's CCM Is in the Driver's Seat

The Country Coordinating Mechanism Grant Dashboard began as a great idea in Nicaragua. It is now an invaluable tool for CCMs to better oversee their grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.



Much like the dashboard of an automobile, which alerts drivers to gas level, engine temperature, distance traveled, etc., the grant dashboard offers visual cues such as colored graphs, bars, and numbers to signal financial disbursements and expenditures, pharmaceutical stock levels, and the degree to which people are receiving the care and support they need.

Mongolia is the most sparsely populated, independent nation in the world.

A car dashboard contains a panel of colored lights, gauges, bars, and numbers to signal speed, engine temperature, gasoline level, and miles traveled. A driver *responds* to the signals and *decides* how to react (e.g., slow down; change gears; fill the gas tank). Some signals require the driver to *investigate* a problem by bringing the car to a mechanic. These same human reactions—*responding* to a signal, *interpreting* what it indicates, and *investigating*—can be applied to oversight and management issues.

In seeking better ways for nations to keep tabs on their multi-million-dollar grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the PEPFAR-sponsored Grant Management Solutions project invented the CCM Grant Dashboard. Like a car dashboard, the CCM Grant Dashboard compiles data on financial expenditures, pharmaceutical stock levels, and health service indicators and presents them in the form of colored graphs, bars, and numbers. These indicators then allow members of a nation's Country Coordinating Mechanism (CCM), who are charged with overseeing their nation's grants, to interpret and respond to those signals. When a warning signal appears—a red light or a low bar—the CCM may investigate to determine whether a grant management issue needs attention.

Before the Mongolia CCM tested whether the CCM Grant Dashboard would be a useful tool for helping it monitor its four Global Fund grants, staff from the Principal Recipient's (PR's) office sometimes overwhelmed CCM members with volumes of paperwork, simply because PR staff didn't know what kinds of information CCM members needed. Before the grant dashboard came along, the CCM members would ask PR staff peripheral questions to assess financial and pharmaceutical management matters.

Mongolia CCM members embraced the grant dashboard concept because it gave them practical information about the performance of the nation's grants. The CCM now has an Oversight Committee and a comprehensive plan to oversee Mongolia's entire $33 million grant portfolio; the CCM routinely receives oversight reports on specific grant indicators and targets; and it proactively engages the PR by asking specific and targeted questions about the status of each grant. The PR, in turn, views the CCM's oversight role as assisting the PR to ensure that all patients are receiving the drugs and care they need.

By adopting the grant dashboard the Mongolia CCM is better equipped to carry out its grant oversight responsibilities. CCM members and PR staff now have a better understanding of their respective responsibilities and can assess Mongolia's grants using consistent, high-quality facts and figures.

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