

## **GMS 2010 Annual Report**

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GMS Staff

March 2011

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# Annual Report



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## ABBREVIATIONS AND ACRONYMS

AECI	Spanish Agency for International Cooperation
AfriCASO	African Council of AIDS Service Organizations
ALCO	Abidjan-Lagos Corridor Organization
ALCS	Association de lutte contre le SIDA
ANCS	Alliance nationale contre le SIDA
ARV	antiretroviral
CCM	Country Coordinating Mechanism
CHAI	Clinton Health Access Initiative
CHAZ	Churches Health Association of Zambia
CISIDAT	Consorcio de investigación sobre VIH/SIDA/TB
CNLS	Comité national de lutte contre le SIDA
CoATS	Coordinating AIDS Technical Support [database] or Coalition on AIDS Technical Support
CONAMUSA	Coordinadora Nacional Multisectoral en Salud
COPRECOS	Comité de Prevención y Control de VIH/SIDA de las Fuerzas Armadas
COTR	Contracting Officer's Technical Representative
CP	condition precedent
CSAT	Civil Society Action Team
CSO	civil society organization
DLSI	Division de lutte contre le SIDA et les IST [sexually transmitted infections] of the Ministry of Health of Senegal
DQA	data quality assessment
DRC	Democratic Republic of the Congo
ECC/SANRU	Eglise du Christ au Congo/Santé Rural
EHA	Emmanuel Hospital Association
EHRN	Eurasian Harm Reduction Network
FBO	faith-based organization
FunSalud	La Fundación Mexicana para la Salud
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit/[German International Cooperation]
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	Grant Management Solutions
HOSPAZ	Hospice Palliative Care Association of Zimbabwe
HR	human resources
HS 20/20	Health Systems 20/20 project

HSS	health systems strengthening
IDEAS	Innovative Development Expertise & Advisory Services, Inc.
IHAA	International HIV/AIDS Alliance
ILO	International Labour Organization
IQC	indefinite quantity contract
JURTA	Joint U.N. Regional Team on AIDS
LFA	Local Fund Agent
LMS	Leadership, Management and Sustainability (Program)
MARP	most at-risk populations
M&E	monitoring and evaluation
MESST	M&E Systems Strengthening Tool
MOFNP	Ministry of Finance and National Planning
MOH	Ministry of Health
MoLE	Ministry of Labor and Employment
MFPWA	Mauritius Family and Planning Welfare Association
MSH	Management Sciences for Health
NAC	National AIDS Commission
NACO	Indian National AIDS Control Organization
NANASO	Namibia Association for AIDS Services
NAS	National AIDS Secretariat
NGO	nongovernmental organization
NSA	National Strategy Application
OGAC	Office of the U.S. Global AIDS Coordinator
OIG	Office of the Inspector General of the Global Fund to Fight AIDS, Tuberculosis and Malaria
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PR	Principal Recipient
PSI	Population Services International
PSM	procurement and supply management
PY1	Project Year 1
PY2	Project Year 2
PY3	Project Year 3
PY4	Project Year 4
RCC	Rolling Continuation Channel
SI	strategic information

SOW	scope of work
SPS	Strengthening Pharmaceutical Systems project
SR	subrecipient
SSRs	sub-subrecipients
STIs	sexually transmitted infections
SWAp	Sector Wide Approach
TAI	Technical Assistance Inc.
TB	tuberculosis
UNAIDS/JURTA	Joint United Nations Programme on HIV/AIDS
UNAIDS TSF	UNAIDS Technical Support Facility
UNDP	United Nations Development Programme
USAID	U.S. Agency for International Development
USG	United States Government
VPP	Voluntary Pooled Procurement
WHO	World Health Organization
ZAN	Zimbabwe AIDS Network
ZNAN	Zambia National AIDS Network

## EXECUTIVE SUMMARY

**G**rant Management Solutions (GMS) is honored to present its third annual report. Project Year 3 (PY3) began October 1, 2009, and ended on September 30, 2010. The third year ends the first phase of the GMS contract. The United States Government (USG) has approved the next year for GMS, extending the project through September 2011 and approval of a fifth year is pending.

During its third year, GMS fielded teams for 69 new technical support assignments and three special projects for presignature support and regional capacity building, covering 40 countries and one regional grant that includes 15 countries. These requests bring the three-year total to 156 assignments and three special projects in 58 countries, affecting 237 grants, whose approved value is \$3.07 billion (26.4 percent of total grant funds approved by the Global Fund to Fight AIDS, Tuberculosis (TB) and Malaria (Global Fund)). The 72 teams, including 166 local, regional and international consultants, were fielded to respond to these new requests. May 2010 was the busiest month ever for GMS with 33 teams and 100 consultants in the field. GMS teams completed consulting visits for 30 of these assignments and one special project, as well as two remaining assignments from Project Year 1 (PY1) and 25 from Project Year 2 (PY2).

The primary mission of GMS is to provide technical support to Global Fund recipient countries. Geographically, GMS received most of its initial requests from West and Central Africa and Asia but now requests are from all eight Global Fund clusters. GMS work has become increasingly focused on the challenges of the Global Fund's new architecture. In the past year, GMS has provided technical support to six countries (India, Senegal, Côte d'Ivoire, Nepal, Sierra Leone, and Pakistan) to consolidate two or more grants into the Global Fund's new Single Stream of Funding, while continuing to support new Principal Recipients (PRs) to prepare their first grants for signature. In the area of procurement and supply management (PSM), GMS assisted with introduction of the Country Profile in four countries (Sierra Leone, Côte d'Ivoire, Senegal, and Nepal). One-third of GMS technical missions to date has supported consolidation, presignature preparations or grant start-up.

Another third of GMS missions has supported governance reforms and capacity strengthening of Country Coordinating Mechanisms (CCMs). GMS continues to contribute to the Global Fund's ongoing priority of strengthening grant oversight by CCMs. Since completion of the grant oversight tool ("grant dashboard") feasibility pilot early this year, GMS has handed over the tool to the Global Fund. The tool and its user's manuals are available to all countries on the Global Fund's website at [www.theglobalfund.org/en/ccm/guidelines/#dashboard](http://www.theglobalfund.org/en/ccm/guidelines/#dashboard). GMS, the Global Fund, and the UNAIDS Technical Support Facilities (UNAIDS TSFs) have collaborated to train non-GMS consultants to assist CCMs to adopt the tool as well. Since the handover, an additional seven CCMs have adopted it, two without the help of GMS.

The secondary mission of GMS is to strengthen civil society organizations (CSOs). To do so, GMS has collaborated and contracted with regional partners. Pilot CSO strengthening efforts were conducted in Southern Sudan and the Bangladesh in financial management and in Jordan in governance. In India, GMS provided technical guidance to consultants from the International HIV/AIDS Alliance (IHAA) regional hub to support presignature preparations of two new PRs for the Round 9 HIV/AIDS grant. GMS cofinanced and cofacilitated two regional CSO workshops organized by the Civil Society Action Team's (CSAT's) regional hubs in Eastern Europe (the

Eurasian Harm Reduction Network (EHRN)) and in Asia and the Pacific (Coalition of Asia Pacific Regional Networks on HIV/AIDS, or Seven Sisters).

The key cumulative technical results of GMS' support to Global Fund grants and CCMs include:

- **15 new grants signed**
- **10 Phase 2 and Rolling Continuation Channel (RCC) agreements signed**
- **Value of signed grants and additional phases: \$514 million**
- **57 conditions precedent (CPs) and time bound actions met**
- **13 procurement and supply management (PSM) plans and Country Profiles approved**
- **16 Monitoring and Evaluation (M&E) Systems Strengthening Tool (MESST) workshops and M&E Action Plans approved**

The key cumulative results in terms of civil society strengthening and capacity building for regional support of Global Fund activities include:

- 200 members of CSOs participated in regional orientation workshops
- 205 civil society representatives participated in training in their own countries
- 280 GMS consultants were oriented to GMS' methodologies
- 67 Global Fund and UNAIDS TSF consultants were trained to introduce grant dashboards
- 92 consultants have been promoted from local or regional status to regional or international (South-to-South) consultancies, team leadership or leader/trainer roles

The GMS project was awarded on August 8, 2007, under TASC3 contract number GHS-I-02-07-00006-00. The total contract ceiling for the first three years was \$35,327,817, with an end date of September 30, 2010. The contract has two additional option years. On February 5, 2010, USAID exercised option year 1. The contract ceiling price was increased to \$48,019,759, and the total obligated amount was increased to \$43,200,000. As of September 30, 2010, the GMS project had expenditures of \$31,197,243, consisting of \$13,114,164 for project coordination and capacity building activities and \$18,083,079 for technical support to Global Fund recipients. General core activities consist of management support, general capacity building and additional technical activities.

The U.S. Congress provides the U.S. Global AIDS Coordinator the discretion to use up to five percent of the State and Foreign Operations appropriations for the Global Fund to provide Global Fund technical assistance. The GMS project is funded through this. GMS's primary mission is to provide urgent short-term technical support to Global Fund CCMs and PRs to unblock bottlenecks and resolve systemic problems that hinder a country's response to AIDS, TB and malaria. GMS provides support in four technical areas: (1) governance and oversight by CCMs, (2) grant and financial management for PRs, (3) PSM, and (4) monitoring, evaluation, and reporting. GMS support is available to all countries and governing bodies, except those on the U.S. Department of State's list of state sponsors of terrorism, that receive Global Fund grants.

GMS provides short-term support through teams of two to four national, regional and international consultants for up to 90 days of in-country assistance by regional and international consultants and up to 50 days of in-country assistance by a national consultant. These ceilings require GMS to focus its interventions on the most urgent priorities and hand over medium-term support to other technical support agencies and consultants whenever possible. CCMs and PRs submit technical support requests to the Office of the U.S. Global AIDS Coordinator (OGAC) for approval.

GMS operates as a partnership among five companies: Management Sciences for Health (MSH), 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 includes nearly 420 technical experts and local consulting groups including ALMACO, Catalyst, Dalan Associates, Deloitte Australia, Deloitte & Touche East Africa, Eurohealth Group (Denmark), Global Challenge Corporation (Côte d'Ivoire), Innovative Development Expertise & Advisory Services, Inc. (IDEAS) ( U.S.), IHAA (United Kingdom), NEDICO ( Namibia), OASYS (Senegal and United Kingdom), Purple Sheep (Scotland), and Technical Assistance Inc. (TAI) (Bangladesh).

## PART 1. THE FIRST THREE YEARS OF GRANT MANAGEMENT SOLUTIONS

GMS is honored to present its third annual report. Project Year 3 (PY3) began October 1, 2009, and ended September 30, 2010. The third year ends the first phase of the GMS contract. Therefore, this report summarizes GMS's third-year activities and also presents cumulative figures and analyses for the first phase of work. GMS is pleased to announce that as of the date of publication of this report its contract has been renewed for a fourth and fifth year.<sup>1</sup>

During its third year, GMS fielded teams for 69 assignments for technical support and three special projects for presignature support and regional capacity building from 40 countries and one regional grant covering 15 countries. Seventy-two teams, including 166 national ("local"), regional and international consultants, were fielded to respond to these new requests. May 2010 was the busiest month ever for GMS: 100 consultants on 33 teams were in the field. GMS teams completed consulting visits for 30 new assignments and one special project from PY3, as well as two assignments remaining from PY1 and 25 remaining from PY2.

These third-year requests bring the three-year total to 156 assignments and three special projects in 58 countries, affecting 237 grants whose approved value is \$3.07 billion (26.4% of approved grant funds). One month into project year 4 (PY4), GMS is managing 45 active technical assistance teams (one team from PY2, 40 from PY3, and four from PY4) spanning 31 countries and one regional project.

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<sup>1</sup> The PY3 annual report for GMS covers the period from October 1, 2009, through September 30, 2010. Nevertheless, since the report was finalized in March 2011, a few key events that occurred after the close of PY3 are reported here.

The GMS project was awarded on August 8, 2007, under TASC3 contract number GHS-I-02-07-00006-00. The total contract amount is \$61.2 million. The three-year obligated amount for GMS was \$43.2 million. As of September 30, 2010, the GMS project had expenditures of \$31,197,243, consisting of \$13,114,164 for project coordination and capacity building activities and \$18,083,079 for technical support to Global Fund recipients.

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GMS continues to collaborate actively with Global Fund institutional partners PEPFAR implementing agencies, and others providing technical support to CCMs and PRs. In the past three years, GMS teams have collaborated with colleagues from the initiative Building Alliances, Creating Knowledge, Updating Partners that is commonly known as the BACKUP Initiative of *Deutsche Gesellschaft für Internationale Zusammenarbeit GmbH* (GIZ) (formed on January 1, 2011, from the merger of the German Technical Cooperation [*Deutsche Gesellschaft für Technische Zusammenarbeit GmbH*](GTZ), the German Development Service [*Deutscher Entwicklungsdienst GmbH*], and Inwent – Capacity Building International), the Civil Society Action Team (CSAT), UNAIDS Technical Support Facilities (TSFs), Roll Back Malaria (RBM), the Stop TB Partnership, the TB Team, the Clinton Health Access Initiative (CHAI), Strengthening Pharmaceutical Systems (SPS) project, MEASURE Evaluation project, Health Systems 20/20 (HS 20/20) project, and the Leadership, Management and Sustainability (LMS) program. Above all, GMS has collaborated this year with the Global Fund Secretariat's CCM Support Unit to complete the CCM grant dashboard feasibility pilot and with the Pharmaceutical Management Unit of the Global Fund on the introduction of the Country Profile. Our thanks to these colleagues and institutions for their collaboration!

### Evolution of GMS Responsiveness in the First Three Years

As a rapid-response mechanism, GMS monitors its performance in responding to technical requests in three areas: timeliness, volume of support, and cost of support.

GMS has continued to improve its responsiveness in providing rapid technical support: the average duration between receipt of an approved request and the first team visit was reduced to six weeks as compared to eight weeks in PY1 and six and one-half weeks in PY2. GMS's quickest response ever was one day (Mexico, in PY3), whereas the longest duration between approval and first visit was five months, similar to that in PY1. These long delays were due to limited availability of the CCM members in one country and a government transition in another country causing a temporary ban on travel.

The average amount of technical assistance provided per assignment was 172 days, of which 124 days were provided in-country by the international and national consultants. See Figure 1 below for a complete breakdown.

Certain assignments in PY2 and PY3 required only one visit. These were either joint assessments with other Global Fund partners, such as in Mauritania in October 2009, or last-minute urgent work leading up to a tight deadline. An example of the latter is Bhutan's CCM and PR, which in March 2010 was allocated fifteen days to provide a close-out plan for one of its grants. Another example is the Timor-Leste's CCM, which had one month to complete the Phase 2 request for its HIV/AIDS grant. In these cases, GMS sent one to four consultants for a single visit of one to two weeks.

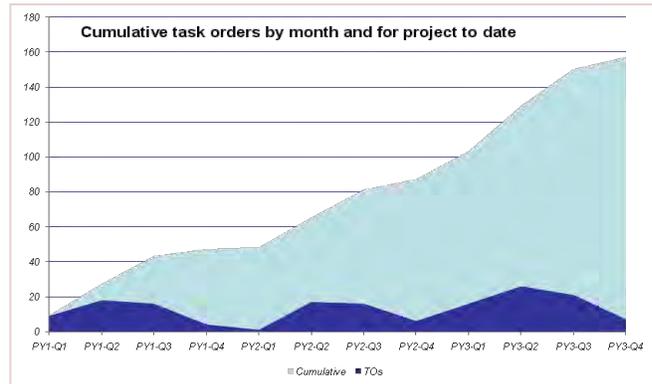
Similar to previous years, one third-year assignment, Niger, had to be cancelled because political events in the country caused suspension of assistance from the U.S. An assignment in Kyrgyzstan was rescheduled once the USG travel ban was lifted. Similar cancellations (Madagascar) or temporary suspensions (Pakistan, Guinea, and Mauritania) of GMS assignments occurred in previous years.



### Evolution of the Demand for Support in GMS's First Three Years

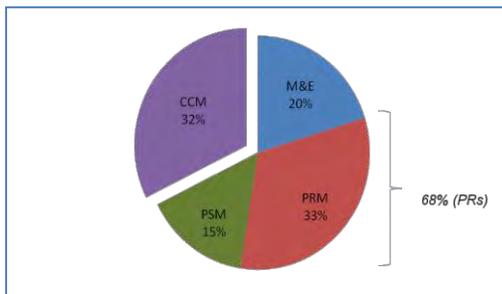
Demand for GMS services has evolved considerably over the first three years, with 47 requests in PY1, 40 in PY2, and 69 in PY3. The rhythm of requests shows a stable and cyclical pattern, which can be seen in Figure 1. The number of requests rises in the first quarter of each project year, peaks in the second and third quarters, then drops in the fourth. This cycle mirrors the Global Fund's cycle: November or December (GMS's first quarter), the grant-decision making meeting takes place; January-March, CCMs and PRs respond to new approvals; March-June, CCMs address eligibility issues; and July-October, the post-proposal and

Figure 1: Technical support requests by month and cumulative



-deadline period, and vacation season for northern countries.

Figure 2: GMS assignments by technical area



As seen in Figure 2, GMS clientele is divided between CCMs and PRs, including PRs requesting help for their subrecipients (SRs). Of the 156 requests, 68% (106 assignments) requested technical support for PRs, and 32% (50 assignments) requested technical support for CCMs (see figure 2). Figure 2 also shows that 33% of all assignments involved strengthening the organization's grant management systems, 20% provided support in M&E, and 15% supported PSM.

Figure 1: Distribution of assignments by objective

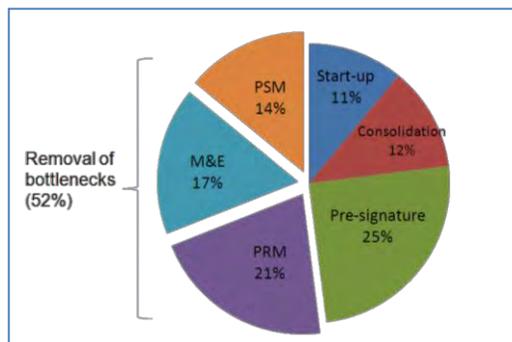


Figure 3 shows the distribution of assignments by type of technical objective. The chart shows that 52% of the teams provided technical support to PRs to clear bottlenecks that were blocking disbursement of funds including PR management (21%), M&E (17%) and PSM (14%). The second most common objective for GMS assignments was to help new PRs meet Global Fund requirements for grant signature (25%). In most cases, these assignments require technical experts in management, M&E and PSM. Slightly over 20% of the assignments aimed to either consolidate multiple Global Fund grants or assist PRs with starting up a new grant.

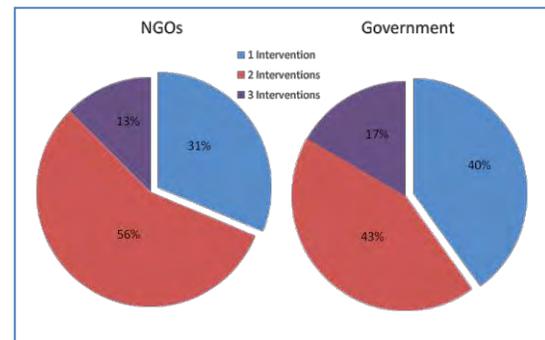
Because of the Global Fund's new architecture, GMS expects an increasing number of assignments to focus on grant consolidation in PY4 and beyond. These assignments also require expertise in multiple technical areas.

Figure 4 shows the sector distribution of PR clients. Sixty-two percent of the PRs receiving support from GMS were government ministries, departments or disease programs. Nongovernmental organizations (NGOs) made up 38% of the PRs and included CSOs like the Namibia Association for AIDS Services (NANASO) and Mexico's Fundación Mexicana para la Salud (FunSalud). Figure 4 also shows that 60% of government PRs and 69% of the NGO PRs received assistance in two or three technical areas.

While governance support to CCMs has remained stable at about one-third of the work each year, PR assignments have evolved from unblocking specific bottlenecks in PY1 toward more comprehensive approaches to systemic issues and new architecture. Stand-alone PSM assignments, for example, have fallen from seven in PY1 to two in PY3, while PSM is included in every presignature and consolidation approach, regardless of whether the PR is an NGO or a government body.

The geographic distribution of GMS assignments shows marked differences among the Global Fund clusters. Most early requests came from West and Central Africa and across Asia. In PY2, even more West, Central and East African CCMs and PRs requested support; requests from South and West Asia and the Pacific increased as well. In PY3, CCMs and PRs in the Middle East and North Africa and Central Asia began to request assistance. Late in PY3, the number of requests began to increase from Latin American and the Caribbean. This evolution can be followed on the following three maps.

Figure 2: Frequency of support provided to PRs



### GMS Assignments: Project Year 1



- 27 countries
- Concentrated in West and Central Africa and across Asia

### GMS Assignments: Project Year 2



- 43 countries
- Even more West, Central and East African CCMs and PRs
- More requests across South and West Asia and the Pacific

### GMS Assignments: Project Year 3



- 65 countries
- CCMs and PRs in the Middle East and North Africa and Central Asia request assistance
- Requests increase from Latin America and the Caribbean

Table 1: Countries receiving GMS Assistance: 2007-2010 (number of assignments if more than one)

Latin America & Caribbean	Eastern Europe & Middle East	Anglophone Africa	Francophone & Lusophone Africa	Asia
<ul style="list-style-type: none"> <li>• COPRECOS</li> <li>• Honduras (3)</li> <li>• Guatemala</li> <li>• Mexico (6)</li> <li>• Nicaragua (2)</li> <li>• Peru (2)</li> </ul>	<ul style="list-style-type: none"> <li>• Albania (2)</li> <li>• Armenia (5)</li> <li>• Djibouti</li> <li>• Jordan</li> <li>• Kazakhstan</li> <li>• Kyrgyzstan</li> <li>• Mauritania (3)</li> <li>• Morocco (3)</li> <li>• Niger</li> <li>• Serbia</li> <li>• Tunisia</li> <li>• Ukraine</li> <li>• Yemen</li> </ul>	<ul style="list-style-type: none"> <li>• Ghana (2)</li> <li>• Lesotho</li> <li>• Liberia</li> <li>• Mauritius (3)</li> <li>• Namibia (3)</li> <li>• Nigeria (4)</li> <li>• Sierra Leone (5)</li> <li>• Southern Sudan</li> <li>• Swaziland (3)</li> <li>• West Africa Corridor (5 countries)</li> <li>• Zambia</li> <li>• Zimbabwe (3)</li> </ul>	<ul style="list-style-type: none"> <li>• Angola (2)</li> <li>• Burundi</li> <li>• Cameroon (3)</li> <li>• Central African Republic (7)</li> <li>• Comoros (2)</li> <li>• Côte d'Ivoire (3)</li> <li>• Democratic Republic of the Congo (DRC; 10)</li> <li>• Guinea</li> <li>• Madagascar</li> <li>• Mali</li> <li>• Mozambique (3)</li> <li>• Republic of Congo</li> <li>• Sao Tome and Principe</li> <li>• Senegal (4)</li> <li>• Togo</li> </ul>	<ul style="list-style-type: none"> <li>• Afghanistan (3)</li> <li>• Bangladesh (2)</li> <li>• Bhutan (4)</li> <li>• Cambodia (2)</li> <li>• East Timor</li> <li>• Fiji (3)</li> <li>• India (4)</li> <li>• Indonesia (5)</li> <li>• Laos (2)</li> <li>• Maldives</li> <li>• Mongolia</li> <li>• Nepal (6)</li> <li>• Pakistan (6)</li> <li>• Papua New Guinea</li> <li>• Philippines (5)</li> <li>• Solomon Islands</li> <li>• Thailand</li> </ul>

## PART 2: TECHNICAL SUPPORT TO GLOBAL FUND GRANTS

### Introduction

This chapter provides an overview of common themes and observations for the three types of crosscutting technical assignments—consolidation of existing and new grants, presignature preparations and start-up support for new grants with new PRs, and strengthening of CCM oversight including introduction of grant dashboards. The chapter also draws on observations from individual assignments in each of the four technical areas of GMS work—CCM governance, PR grant and financial management, M&E, and PSM. The graphic below shows the number of assignments GMS received in PY3 (and not canceled) for each of the three cross-cutting themes and four technical areas. Following the graphic, the overview discusses work done in PY3 for assignments received in PY3 and, in some cases, received in PY2.



## Cross-cutting Technical Assignments

- **Consolidation: A Building Block of the New Global Fund Architecture**

At its meeting in November 2008, the Global Fund Board approved a new grant architecture. The principal structural element of the new architecture is the idea of a Single Stream of Funding: that for a single disease in a country, each PR will have only one grant, which can be renewed periodically depending on performance and need, i.e., one grant funding stream per PR per disease. Having both a Government and Civil Society PR for a grant or for a disease is still encouraged under Dual Track Financing, so a country may still have multiple grants per disease. The Single Stream of Funding is intended to provide a more stable flow of resources for disease strategies. It is also intended to reduce the burden of reporting on multiple grants for the same disease, reduce the administrative burden on PRs, SRs, Local Fund Agents (LFAs), and the Global Fund Secretariat, and potentially lead to economies of scale and better technical harmonization of implementation. Reporting dates will be aligned with national fiscal or reporting cycles. All grants for a disease will be periodically reviewed at least every three years.

Grant consolidation is the process used to move a PR into the Single Stream of Funding. A voluntary process in Rounds 9 and 10, consolidation will become a requirement as of Round 11. Consolidation is the process by which one or more existing grants or newly approved proposals are merged together into a single grant with a single agreement and a new number. The activities, procurement plans, performance objectives, implementing partners and budgets must be reviewed and merged. As with previous new agreements, the PR must sign a grant agreement with the Global Fund by a certain date.

The Global Fund released a number of technical and policy documents related to the new architecture and grant consolidation in March 2010.<sup>2</sup> In response, GMS conducted work sessions among staff and lead consultants to define appropriate methodology to support consolidation. In April 2010, GMS circulated the first draft of a Consolidation Checklist for use by GMS consultants. This methodological guide contains step-by-step instructions for technical experts in PR management, PSM and M&E to assist PRs to complete the requirements for preparation and signature of a consolidated grant. The Consolidation Checklist has been reviewed by the Architecture Implementation Management Team of the Global Fund Secretariat and updated twice based upon the first GMS consolidation assignments.

In PY3, GMS assisted five countries to carry out consolidation planning. Four of these assignments involved consolidating one existing grant with a newly approved proposal, one of which also included a new health systems strengthening (HSS) component. A fifth assignment, in Nepal, involved consolidating two existing grants with a newly approved NSA. Eleven GMS teams were mobilized for this work. (See box on next page.)

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<sup>2</sup> See the Global Fund website at [www.theglobalfund.org/en/grantarchitecture/?lang=en](http://www.theglobalfund.org/en/grantarchitecture/?lang=en)

These experiences enabled GMS to confirm the consolidation methodology. GMS observes that PRs fall naturally into two groups: (1) those that take the lead on consolidation and have already begun work before GMS arrives and (2) those that wait to be guided and assisted by GMS. Senegal is an interesting case, because the two existing PRs belong to the first group; their part of the consolidation planning only required verification and completion. The new PR for the HSS component, on the other hand, required the same type of support as other new PRs receiving presignature assistance. This new PR is currently receiving support with grant start-up as well.

Support for Consolidation	
Côte d'Ivoire	1 previous + 1 new TB grant, 2 PRs
Nepal	2 previous TB grants + 1 TB NSA, 1 PR
Pakistan	1 previous + 1 new TB grant, 2 PRs
Senegal	1 previous HIV/AIDS + 1 previous HIV/HSS grant, 3 PRs
Sierra Leone	1 previous + 1 new HIV/AIDS grant, 1 PR

Grant consolidation offers an opportunity to update and rationalize implementation plans, unit costs, and performance targets, potentially making grants more better aligned with, and more efficient and more feasible than national norms, standards, and policies.

**PY3 Observation:** An efficient consolidation support process begins with the merging and reconciling two or more performance frameworks and finishes with the grant budgets. GMS has finalized a consolidation checklist for use by its teams that summarizes the actions required for exhaustive consolidation support.

• **Presignature Preparations and Start-up**

Presignature is a crucial period in the life of a grant, the time between Board approval (generally in November or December) and signature of the grant agreement within one year. The Global Fund encourages all PRs to sign the grant agreement as soon as possible. In theory, experienced PRs should finish the process by June while new PRs may not complete all requirements and be ready to sign until November or December. In a few exceptional cases, an extension beyond one year may be granted.

CCMs (originators of the proposal) and PRs (institutions selected by CCMs to lead implementation of the grant) need to work together to respond to comments from the Global Fund’s Technical Review Panel (TRP), respond to the PR assessment by the LFA, prepare the required presignature documents and finalize grant negotiation culminating in the signature of the new grant agreement.

In its first two years GMS provided support to six countries to assist either governments or NGOs to become PRs for the first time. In PY3, GMS assisted eight countries and 14 PRs in their presignature or start-up phase. Generally, because presignature implies setting up the basic documents that will be the foundation of the various grant management systems (i.e., financial, M&E, human resources, PSM, and SRs), GMS fields multiple teams of GMS consultants, as can be seen in the table below. Twenty-one teams were mobilized in PY3 for this work.

Table 2: Teams fielded in PY3, by type of assignment and type of team

Country	Round	Type (Presignature (PS), Start-up (SU))	Number of Teams by Technical Area						
			Number of PRs	PR Manag ement	M&E	PSM	M&E/ PSM	PR/ M&E	PR/ M&E/ PSM
Central African Republic	8	SU	1	1					
DRC	8 and 9	PS, SU	4	2			2		
India	9	PS, SU	2	2	1				
Fiji	9	PS, SU	1	1	1				
Mauritius	8	PS, SU	2					1	1
Mexico 1	9	PS	1	1			1		
Mexico 2	9	PS	1	1	1	1			
Namibia	RCC	PS	1	1			1		
Senegal		PS (Phase 2)	1	1		1			

Three countries—the Fiji Islands, Mexico and Mauritius— received CCM support either during the presignature or start-up phase as well.

The work listed in Table 2 represented 29% of all PY3 GMS teams. The signed value of Phase 1 of these grants is \$120.3 million. As of early March 2011, all Round 8 grants have been signed as planned as have the new Mexico and India Round 9 grants and the Namibia RCC grant. The Round 9 grants for the Democratic Republic of the Congo were given an exceptional extension and have not been signed as of March 1, 2011, while the Senegal Phase 2 signature date is scheduled for late March 2011.

Presignature preparation requires transforming a five-year concept into a detailed set of implementation work plans, budgets and targets for specific implementing organizations. This transformation generally entails supplementary planning, and in some cases updating, of the objectives, activities, and baselines used in the proposal. In many cases, the final choice of geographic targets and the final selection of SR organizations must be carried out with oversight by the CCM. The future PRs and SRs, under the oversight of the CCM, transform the proposal into an implementation plan with realistic work plans and budgets for each partner. They must complete the PSM planning and implementation process, including the new Country Profile (if requested), the budget for which often comprises more than 50% of the total budget; they also must complete the Performance Framework and the M&E plan, finalizing the indicators and targets that will be used to measure their performance during Phase 1. Depending on the LFA's assessment of the PR's capacity, the PR may be required to produce a management plan. In some cases, the CCM must reinforce its capacity to carry out oversight for the new grant.

GMS teams carry out a double role during this phase. On the one hand, they act as coaches to the new PRs, so that they may understand and complete the presignature requirements efficiently. For example, GMS teams may provide examples of transparent SR selection procedures from other

countries to help a new PR complete this crucial step. On the other hand, GMS teams provide additional labor to the new PR to develop the detailed documents needed for the presignature file. The final budget, for example, must be compiled from the individual budgets of each SR and the PR, while the four central documents—the budget, performance framework, PSM Plan, and work plan—must align on all figures and targets. GMS consultants help construct and verify these detailed documents. When there is more than one team (as is usually the case), GMS names one of the team leaders as general coordinator of the work. This coordinator may also be responsible for collaboration with other bilateral and multilateral technical support agencies helping the new PRs.

The eight countries for which GMS provided presignature support in PY3 (see Table 2) illustrate the range of presignature experiences seen during earlier years. Three countries in particular—**Mexico, India, and Namibia**—stand out.

#### **Mexico: Supporting a Country Signing Its First Global Fund Grant**

Mexico is an upper middle income country with a focused HIV/AIDS epidemic. It became eligible for Global Fund support for most at-risk populations (MARPs) in Round 8 and submitted its first successful proposal in Round 9. Therefore, Mexico found itself in 2009 and 2010 in the same position as most other Global Fund recipient countries in 2002 and 2003, learning the Global Fund system for the first time.

In its proposal, the CCM had selected a highly respected Mexican research institution as PR. Unfortunately, this organization did not have the management systems necessary for the implementation of a Global Fund grant and thus it did not pass the LFA assessment. The second PR selected, a respected foundation with a solid reputation as a research institution and experience as a fiduciary agent for many health programs, had neither managed nor implemented a grant of this size. GMS was asked to orient this replacement PR to Global Fund requirements and assist it to complete the presignature documents. Two GMS teams had already worked from April to May with the first PR on reviewing the basic documents. A second GMS team worked with the second PR from July to November on reviewing the basic documents and completing them. The teams assisted the new PR to set up the various management systems, recruit staff, preparing operations manuals and plans, and orient staff and SRs to new procedures and requirements. The grant was signed at the beginning of November with minimal conditions precedent.

**India: Two New PRs with Different Capacity Challenges and Partnership Arrangements**

The Round 9 presignature cases in **India** reflect the different challenges that NGOs and governmental organizations face when becoming PRs for the first time. The Round 9 HIV/AIDS grant targets prevention, education, and some treatment of most-at-risk populations including migrant informal workers. One part of the grant focuses on at-risk populations and related labor relations issues; this part was entrusted to the Ministry of Labor and Employment (MOLE) as PR. The International Labour Organization (ILO) is its main SR and implementing partner, and there are two other SRs. The other part of the grant focuses on community-based at-risk populations in northern India located in the areas around health facilities run by the Emmanuel Hospital Association (EHA) (a faith-based NGO).

MOLE's principal challenge is its lack of experience with public health funding and partners. MOLE had not yet developed a relationship with either the Ministry of Health or the National AIDS Commission (NAC), which leads the national response to AIDS in India. Furthermore, the ILO rarely acts as an implementing partner in Global Fund grants, making the MOLE-ILO partnership an unusual one.

EHA, on the other hand, has been an SR in earlier HIV/AIDS grants. It has a network of health facilities throughout northern India and has its headquarters in northern India, in New Delhi. EHA's challenge has been to scale up its management capacity and implementation activities to achieve the scope of this new grant. EHA will work with small civil society organizations located throughout northern India, who themselves need capacity building for grant implementation and reporting.

GMS partnered with the India Alliance hub of IHAA to provide three teams of consultants with management, finance, subgranting and M&E expertise to these two new PRs. The teams worked separately with the PRs on independent schedules from May to November 2010, with some work continuing into 2011. Although the teams used similar methodologies, and the future PRs had to produce similar documents, each future PR proceeded at its own pace, depending on the availability of staff and decision makers. EHA signed its Round 9 HIV/AIDS grant in October 2010 and is now strengthening its capacity as a first-time PR and a larger scale implementer with an enthusiastic team and manager. MOLE, on the other hand, had to complete additional negotiations with the NAC and the MOH before signing its grant in February 2011.

## Namibia: Supporting a Civil Society Network to Become PR for the First Time

**NANASO: Supporting a new NGO PR** NANASO, a network of NGOs, CSOs and faith-based organizations (FBOs), provides HIV/AIDS prevention, care and support services to individuals and communities in Namibia. It aims to strengthen the capacity of these organizations to address the needs of infected and affected groups and act as their spokesperson.

In 2009, Namibia's CCM chose NANASO as the country's second PR for an HIV/AIDS Rolling Continuation Channel (RCC) grant from the Global Fund. Although the network had been an SR of a Global Fund grant since January 2005, NANASO recognized that its promotion from SR to PR required it make institutional changes for which it would need technical assistance. NANASO therefore approached various development partners and succeeded in receiving financial and technical support from the Spanish Agency for International Cooperation (AECI), the UNAIDS TSF/Southern Africa, and GMS. The network revised its organizational chart to align key staffing positions with critical functional areas, start a new performance appraisal process, and assess its governance structure. Filling the new positions in finance, grant management, and M&E proved a challenge; weak local capacity in these areas, in particular in M&E, and government preferences slowed recruitment. Yet, NANASO was able to hire highly qualified personnel for these critical positions, greatly contributing to allaying the Global Fund's concerns about NANASO's ability to manage and oversee its part of the grant.

An important lesson emerged during this presignature period that involved NANASO's relationships with its partners—namely its network members, Namibia's Ministry of Health (MOH), and the SRs. Some of NANASO's donors hinted that they would discontinue their support if the network received substantial financial resources from the Global Fund. NANASO convinced them that their continued support, in particular during the transition period, was critical for NANASO to become a successful PR. (AECI agreed to provide six months of bridge funding for the senior M&E manager until the first Global Fund disbursement.) The NANASO Executive Director was also concerned that the time and resources he and his staff devoted to Global Fund-related issues would cause some network members to leave, in particular if they did not become SRs. Once the new positions were filled, he could focus his attention on the network. NANASO's repositioning as a PR resulted in some conflict among NGOs. Several organizations proposed to become NANASO's SRs questioned NANASO's ability to manage the grant. They were concerned that even if SRs were able to meet their quarterly targets, NANASO's inexperience in grant management would cause the Global Fund to reduce disbursements. These concerns were put to rest when, in August 2010, GMS conducted a comprehensive workshop, where NANASO presented its new staff and grant management procedures to SRs and other NGOs.

To help NANASO and the SRs that were depending on it for the financing of ongoing programs, the Global Fund devised a pairing arrangement whereby the MOH, also a PR in the same round and disease, would mentor NANASO for six months to strengthen its grant-management capacity. NANASO signed the grant agreement in January 2011. After signature, GMS continued to support NANASO to address any gaps and weaknesses in the management procedures.

One NANASO staff member stated, **“we have designed the car, now we have to find out if it can be driven.”**

- **CCM Grant Dashboards**

Work begun in PY2 in the dashboard pilot countries—**Ghana, Mali, Mongolia, Morocco, Namibia and Peru**—was concluded in PY3 with a final visit by each country’s team leader to the CCM and PRs and with in-country follow-up conducted by the local consultants. By December 2009, five of the six pilot CCMs had introduced and conducted reviews of dashboards in their quarterly meetings. The exception was Ghana. Although dashboards has been developed and introduced, the CCM and PRs did not update the dashboards developed for them.

Based on the experience in these countries, the generic dashboard template was revised. By October 19, 2009, GMS had transmitted to the Global Fund the final generic version of the template and its set-up and maintenance guide. On February 18, 2010, the Global Fund posted these tools on its website—[www.theglobalfund.org/en/ccm/guidelines/#dashboard](http://www.theglobalfund.org/en/ccm/guidelines/#dashboard)—under the oversight section of the CCM page.

GMS has continued to work with the Secretariat to translate the dashboard template into the five other Global Fund languages. *See also Part 3 for collaboration on scale-up of use of the grant dashboard.*

During PY3 GMS continued receiving requests for CCM oversight strengthening and introduction of grant dashboards. **Burundi** was the first such country requesting GMS’s assistance after the pilot countries; it was followed by **Serbia, Indonesia, Zambia, Senegal** and **Sierra Leone**. The work in Burundi has now been completed, with four grant dashboards having been prepared.

Given that the generic dashboard and its accompanying manuals are already posted on the Global Fund website, **Côte d’Ivoire** and **Suriname** have adopted the tool without

#### **Zambia CCM: Adapting the Scope of Work (SOW) to Urgent Needs**

The Zambia CCM’s request to GMS (assignment 106) envisioned a comprehensive oversight plan—using dashboards and other tools—to enable the CCM to oversee its extensive portfolio of grants. GMS carried out a productive first visit in February 2010. The Global Fund’s Office of the Inspector General (OIG), which had audited all grants in September 2009, found extensive loss and financial mismanagement in the Round 1, 4 and 7 grants. UNDP was appointed as PR for all MOH-managed grants under the Additional Safeguards Policy of the Global Fund. The CCM’s response was to stop further GMS visits to focus on this priority problem. GMS proposed, however, to amend the scope of work to provide immediate assistance to the CCM to prepare its response to the OIG, while proceeding with other governance and oversight strengthening tasks Zambia acutely needed. Several key recommendations in the OIG document pinpointed needs GMS had already identified. GMS filled a vital role by preparing a Plan of Action to implement the OIG recommendations and create a tool for tracking funds to be accounted for or reimbursed. GMS also prepared a draft conflict-of-interest policy, an oversight plan and a manual of procedures for the CCM. In assisting Zambia’s CCM to address the OIG report, GMS demonstrated its focus on Zambia’s needs and built a relationship of trust that enhanced subsequent work on oversight. Grant dashboards were prepared for three of Zambia’s HIV Round 8 PRs: Churches Health Association of Zambia (CHAZ), Ministry of Finance and National Planning (MOFNP), and Zambia National AIDS Network (ZNAN).

GMS assistance. Côte d'Ivoire took advantage of support from USAID's Leadership, Management and Sustainability (LMS) Project, while Suriname downloaded the template from the website and adapted it to its needs without outside assistance. The CCM and PRs in **Mauritius**, which received help from GMS for governance, presignature and grant start up, downloaded the generic dashboard from the Global Fund's website and only requested advice from one GMS M&E consultant during his time in country.

During recent support from GMS for governance strengthening, the **Peru** CCM decided to post dashboards for all of its grants on the CCM website (website of Coordinadora Nacional Multisectoral en Salud (CONAMUSA) at [www.conamusa.org.pe/TCSUB.html](http://www.conamusa.org.pe/TCSUB.html)).

Now that the pilot period has ended, the Global Fund's CCM Team manages the fielding of questions regarding the dashboard and oversight process.

## Assignments by Technical Area

### • Assignments with CCMs

Twenty-one CCMs requested support from GMS with governance reforms and capacity strengthening *other than* dashboards and oversight. Of these, one request approved by OGAC was later canceled. Two of these assignments, Fiji and Mexico, were associated with approval of the first Global Fund grants for these countries. These CCMs, like the Mauritius CCM in PY2, must build capacity to carry out the full range of CCM functions—including oversight—beyond proposal development.

Two other requests, those from **Kyrgyzstan** and **Kazakhstan**, resulted from failure to pass the Round 9 CCM eligibility screening in August 2009.<sup>3</sup> A third CCM, **Mauritania**, became the object of a time bound action from the Global Fund calling for reform by March 30, 2010. These assignments are similar to urgent assignments with PRs, in that they assist the CCM to resolve systemic weaknesses and bottlenecks that limit access to funding for the country, often against specific deadlines. Because the potential consequences are heavy, CCMs in this situation are ready to devote more time to working on governance strengthening and are often able to mobilize more political support from national leaders for structural reform and new governance arrangements.

In the case of Mauritania, CCM reform was only one action among several (including reimbursement of \$4.1 million) required by the Global Fund after the suspension of the Round 5 HIV/AIDS grant in September 2009. The regional Global Fund partners, led by the Joint United Nations Programme on HIV/AIDS (UNAIDS) and including GMS, conducted a one-week diagnostic

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<sup>3</sup> The six CCM minimum eligibility requirements are as follows: (1) A transparent selection process for CCM membership of nongovernmental members; (2) Membership of persons 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 chair or vice chair(s) of the CCM is from the same entity as is the PR, CCMs must have a conflict-of-interest plan.

mission to Nouakchott in October 2009 to define a technical support plan to meet the March deadline for the time bound actions. From December 2009 through March 2010, GMS worked with a CCM transition committee to define structural and procedural reforms. GMS collaborated with the UNAIDS/Joint U.N. Regional Team on AIDS (JURTA), the Civil Society Action Team (CSAT) affiliates Association de lutte contre le SIDA (ALCS) (Marrakech, Morocco), the African Council of AIDS Service Organizations (AfriCASO) (Dakar, Senegal), and the USAID West Africa Global Fund Liaison to mobilize and facilitate CSOs to define their constituencies and election procedures, then monitored the election of new CSO representatives, thus resolving a sectoral dispute that had lasted almost one year. Following complete membership renewal, GMS facilitated election of new CCM officers and oriented them according to formal terms of reference. The CCM met the deadline of March 30, 2010, for CCM reform. In a third tranche of work, GMS continues to support the CCM to build a grant oversight process and acquire oversight capacity, create a secretariat, and mobilize financing for CCM activities, as well as assist the CCM to maintain the dialogue with the Global Fund leading to restarting the HIV/AIDS grant.

Four other CCM assignments, in **Timor-Leste**, **Southern Sudan**, **Peru** and **Bhutan**, grew out of earlier work. In March 2009, GMS assisted the **Timor-Leste** CCM to complete a self-assessment and a PR assessment as part of the requirements for the Phase 2 review of the country's HIV/AIDS grant. The self-assessment allowed the CCM to identify a number of gaps in procedures and governance capacity. **Southern Sudan's** CCM, on the other hand, has followed up on an earlier



Picture 1: Timor-Leste's President José Ramos-Horta, the Nobel Peace Prize winner, with GMS consultants and staff

phase of governance strengthening with a second request to complete and extend the work begun in 2008. Similarly, the participation of **Peru's** CCM in the grant dashboard pilot in 2009-2010 alerted the CCM to broader governance issues that could not be addressed only through oversight strengthening. These experiences led the CCMs to request governance-focused assistance as a second step. Peru has made modifications in basic governance documents—the decree creating the CCM and the CCM bylaws—and has included procedures for oversight and a conflict-of-interest policy. Also, Peru is the first country for which a CCM dashboard was developed to track indicators in critical functional areas of the CCM, and in particular, for oversight.

In **Bhutan**, interest in governance strengthening grew out of exposure to GMS support to that country's PR and from participation in the Global Fund's regional CCM meeting in September 2009 in Hyderabad, India, which focused on the oversight function of CCMs.

In the last quarter of PY3, GMS began work with three other CCMs in the **Middle East/North Africa** region: **Tunisia**, **Djibouti** and **Yemen**. These requests for governance strengthening were strongly supported by the Global Fund Secretariat, as were requests from the CCMs of **Liberia**, the **Maldives**, the **Solomon Islands**, and **Thailand**. The number of these requests for structural reform and capacity strengthening, including basic oversight (without dashboards), shows the importance that the Global Fund Secretariat is placing on CCM governance. In a first series of regional CCM meetings this year, the message from the Secretariat about the vital role of oversight

in enhancing grant performance and demonstrating country ownership has been loud and clear. The warning that eligibility screening will become increasingly stringent has also been heard: CCMs are moving to address weaknesses sooner. The results of the Round 10 screening, including for these CCMs, will be announced by the Global Fund Board in December.

- **Assignments in Financial and Grant Management**

In its third year, GMS started work on four requests for support to strengthen the financial and grant management capabilities of PRs and SRs. These requests resulted in five assignments that addressed only the grant management systems of the PRs and/or SRs. The five PR management stand-alone assignments were in Bhutan, Mauritania, Mozambique (2), and Nepal.

#### Assignments in Financial and Grant Management

Bhutan	PR management close-out (127)
Mauritania	PR management (145)
Mozambique	PR management (104, 142)
Nepal	PR management (95)

The assignment in **Bhutan** was a short, urgent intervention to assist the PR to prepare the close-out plan and supporting documents for the Round 4 TB grant. The other four addressed challenges the PRs were facing in their implementation due to weak or nonfunctioning management systems that threatened disbursements and thus the implementation of the PRs' programs.

**Mauritania** is an exceptional case of a country whose grants have been suspended and whose PR needs urgent support to comply with time bound actions related to the strengthening of its grant management capacity. This work is still underway.

**Mozambique's** grants (see box) had received no disbursements for almost two years due to the inability of the country to produce financial and M&E reports that the Global Fund could approve. However, the Global Fund paid for the procurement of drugs and medical supplies for those grants through the voluntary pooled procurement (VPP) mechanism. The Ministry of Health (MOH) as PR made two requests for support. The first request was for support to comply with several CPs in its Round 8 HSS grant and strengthen its financial system so the PR could produce reports meeting Global Fund standards. Work conducted in response to this request revealed that the unit in charge of managing the Global Fund grants needed to be restructured and strengthened, especially in the M&E and financial areas. Therefore, the MOH made a second request (for which work is ongoing). Currently GMS is helping the MOH create a management unit to improve its performance as PR.

**Nepal** was an urgent assignment to assist the PR to meet CPs and standard terms and conditions that were late and thus compromised disbursements and to strengthen the PR's HR, management, financial and SR management systems. All of the CPs and standard terms and conditions have now been met and approved by the Global Fund.

The teams began each assignment by clarifying the nature of the bottlenecks the PRs and SRs faced and defining priority interventions with the PR, so that CPs would be met and disbursements could continue in a timely manner. The resulting work plans included a list of deliverables, which, as before, included operational and financial manuals, SR management plans and technical documents

(such as SR assessment guidelines and templates, SR or SSR capacity-strengthening plans, job descriptions, M&E and reporting templates, and templates for subagreements between PRs and SRs).

These assignments, entailing work with PRs who were government bodies, presented significant management challenges. In some cases, government PRs faced the challenge of introducing change into well-established and at times slow-paced bureaucracies unused to implementation of performance-based grants. In **Bhutan**, the PR who signed a grant agreement with the Global Fund is the Gross National Happiness Commission, a government body, even though the lead implementer is the MOH, which leads the disease programs. **Mauritania's** HIV/AIDS grant was suspended due to financial irregularities within the management unit of the Secrétariat Exécutif National de Lutte contre le VIH/SIDA (SENLS); the resumption of this grant is subject to several time bound actions, some geared to the strengthening of the management capacity of this unit, others to responsibilities of the government or the CCM. In **Mozambique** grant management and performance reporting by the government PR has been made more complex by the use of the multi-donor pooling mechanism.

**Mozambique and the Global Fund** Mozambique's health sector has been working under a Sector-Wide Approach (SWAp) since 2004. Though the performance-based funding approach of the Global Fund with the strong insistence on transparency and regular reporting could pose serious challenges with a pooled funding mechanism, the Global Fund agreed to place its grants in the common fund.

A January 2007 review of the integration of the Global Fund within Mozambique's SWAp praises the Global Fund's willingness to change "its usual tracking of funds in favor of using the health sector budget" and "use nationally agreed indicators, targets, monitoring arrangements and reporting systems."<sup>1</sup> Even the terms of reference of the LFA were adjusted to this new partnership.

GMS was called in January 2009 to assist the Planning and Cooperation Directorate of the MOH to comply with CPs under the Round 8 HSS grant. The team's key objectives were to strengthen the management skills of this directorate and its Global Fund reporting system; ensure that the MOH complied with all of the CPs; support the PR in the update of the approved grant budget and work plan; help clarify some costs; assist the PR in its definition and strengthening of a financial system for itself and its lead SRs and respond to all the Global Fund's financial and reporting requirements. The team also supported the preparation of a financial procedures manual. After this technical support was completed, the MOH requested a second GMS intervention to help it create and implement a project management unit to manage the Global Fund grants.

The incorporation of the Global Fund into the pooled funding mechanism posed challenges that affected the implementation of the grants. The Round 2 grants had late starts and took more time than planned; all showed no disbursements in several reporting periods. Various Global Fund performance reports highlight progress made under the grants in the three diseases but repeatedly identify financial and M&R management issues and underline as main weakness unverifiable or missing financial and M&E information.

By July 2010 Mozambique had been awarded ten grants for an approved total of over \$600 million, but only a small percentage of the sum had been disbursed. Most of the grants show several consecutive periods with no disbursements except for VPP, and many grants had few or no disbursements between 2008 and 2010.

1 Clare Dickinson et al, "The Global Fund Operating in a SWAp through a Common Fund: Issues and Lessons from Mozambique, Policy Brief of the HLSP Institute from Mozambique," (2007), London: HLSP Institute.

- **Assignments in M&E**

The need for high-quality data and well-performing reporting systems is common to all technical areas. Given its cross-cutting nature, M&E is seldom a stand-alone focus in technical support requests. Indeed in this project year there were no stand-alone M&E requests. In PY3 M&E was paired with PSM and PR management, or featured as a technical component in CCM dashboard assignments or in multi-team integrated presignature assignments. M&E teams were also consistently included in consolidation assignments. The current trend towards an increasing number of requests from CCMs for technical support on oversight, dashboards and consolidation ensures a continued demand for M&E teams or individuals embedded within assignments or partnered with other technical areas.

In PY3, GMS started work on three requests for support to strengthen PR management and M&E capabilities of PRs and SRs. Two were received in PY3 and one in PY2; together they resulted in six assignments that addressed the grant management systems and M&E of the PRs and/or SRs. Work on one request—from Bangladesh—began and was completed in PY3, although the request was received at the end of PY2. (See box.)

The **Armenia** teams (a PR management and an M&E team) worked with a new PR (Mission East) to help it comply with one of the special conditions of **Armenia's** Round 2 HIV/AIDS RCC grant, namely the assessment of SRs and finalization of the SR management plan and to provide technical expertise to improve financial monitoring. Mission East also requested M&E assistance to resolve CPs that could potentially restrict its funding: conducting a national M&E self-assessment and developing an integrated M&E plan and revised M&E budget. At the same time, the M&E team worked on addressing data quality issues and strengthening Mission East's reporting systems, with particular focus on training the SR staff in monitoring and reporting. The GMS team carried out an M&E systems assessment and helped the Armenia team develop definitions of Performance Framework indicators and review and revise all data collection and reporting formats and procedures. Finally, GMS introduced a simplified approach to data quality assessment in a data quality assurance (DQA) workshop and pilot-tested its use. Data quality findings were encouraging. GMS facilitated an M&E self-assessment at the PR level and will complete the national MESST exercise in November 2010.

Assignments in M&E with PR Management Teams	
Armenia	PR management & M&E (125, 126)
Bangladesh	PR management and M&E (88, 90)
Zimbabwe	M&E and PR management (115, 116)

The last assignment received in PY2 was in response to a request for management support for Durjoy Nari Shangha, a Save the Children SR in **Bangladesh** under the Round 6, Phase 2 HIV/AIDS grant. Durjoy Nari Shangha is one of the largest NGOs of female sex workers. The request called for the strengthening of Durjoy Nari Shangha's human resources and financial management functions, updating policies and a manual for human resources, assisting with organizational procurement policies and facilitating the development of strategic planning. This request was accompanied by a request to strengthen the M&E system of Durjoy Nari Shangha. The intervention was completed in May 2010.

The assignments in **Zimbabwe** were urgent, with the scope unlike any GMS assignment to date: strengthening sub-sub-subrecipients (SSSRs). UNDP, the PR for the Round 8 HIV/AIDS grant, had prepared a PR management and M&E capacity development plan for the key SR, the Zimbabwe AIDS Network (ZAN), in response to a CP. The management capacity of the numerous implementing partners in every district (at the SSSR level) remained, however, uncertain. GMS was asked to help ZAN carry out a management and M&E assessment for 22 SSSRs. An organizational assessment tool was developed and used for data collection and analysis. The assessments involved evaluating the financial, M&E and general grant management competencies of these small NGOs and summarizing the information in a capacity-strengthening plan for the organizations. In this case GMS fielded two mixed teams with both organizational development and M&E consultants. The teams produced individual reports for each SSSR, an aggregate summary of findings and scores and an overall plan. GMS trained two M&E and three finance staff from ZAN and Hospice and Palliative Care Association of Zimbabwe (HOSPAZ), and eight ZAN Provincial Coordinators. With these products ZAN is now able to plan for and address capacity gaps among SSSRs.

• **Assignments in PSM**

During this project year, there were only four requests for work in PSM alone. However, PSM work was in many other assignments, sometimes with a full PSM team as part of the work on presignature or consolidation in coordination with a PR management and/or M&E team, or by including a PSM expert in teams related to PR management or M&E. As seen in the table below, a total of 17 PSM interventions were completed from PY2 or started during PY3. These interventions involved 30 international and six new local consultants.

Table 3: PSM assignments

FULL PSM TEAM			ONE PSM EXPERT
Stand-alone PSM assignments	Presignature or start-up	Consolidation	Embedded in an M&E or PR management team
Indonesia 87, HIV/AIDS, Subdirectorate AIDS, MOH	DRC 077, malaria and AIDS, SANRU and Cordaid (presignature)	Nepal, 109, TB NTP MOH	Côte d’Ivoire, 132, HIV/AIDs, MOH and Caritas (consolidation)
Morocco 117, HIV/AIDs, MOH	DRC, 100, malaria and AIDS, SANRU and Cordaid (start-up)	Sierra Leone, 128 HIV/AIDs, National AIDS Secretariat	Mauritius 105, HIV/AIDs, National AIDS Secretariat (start-up)
Laos 160, all grants, Program Management Unit, MOH	Senegal 130, TB, National TB Program, MOH (Phase 2 presignature)		Mexico, 122, HIV/AIDs, CISIDAT (presignature)
COPRECOS (multi-country grant) 157, HIV/AIDs, Cicatelli Associates	Mexico, 148, HIV/AIDs, FunSalud, (presignature)		Namibia, 119, HIV/AIDs, NANASO (presignature)
			Senegal, 111, HIV/AIDs, CNLS, Alliance nationale contre le SIDA (ANCS), and Division de lutte contre le SIDA et les IST (DLSI), MOH
			Pakistan, 150, TB, National TB Control Program, MOH

The stand-alone requests for PSM have involved addressing CPs after grant signature or during implementation. The countries requesting this assistance have been Indonesia, Morocco, Laos and the regional consortium of the uniformed forces in Latin America and the Caribbean region, COPRECOS.

**Indonesia.** GMS provided support to the MOH subdirectorates for AIDS to address a special condition established during grant signature (July 2009) for the Round 8 HIV/AIDS grant. This special condition referred specifically to establishing a capacity-building plan for the government-owned Kimia Farma to provide storage and distribution for health products. GMS worked with Kimia Farma from September 2009 to February 2010 and continued supporting the work through a local consultant until August 2010. The work was done in close collaboration with CHAI in Indonesia. After a thorough assessment of Kimia Farma's operations, a capacity-building plan was put together, and alternatives for distribution were explored. GMS has developed manuals of procedures to standardize practices, developed a curriculum for training and a training-of-trainers plan. The materials, in Bahasa Indonesian, were validated and tested by GMS and Kimia Farma in different settings, and delivered to the PR. By August 2010, Kimia Farma had trained the personnel of the regional warehouses. Also, by then, the first shipment of HIV products ordered through VPP had arrived in-country. This grant was transitioned into a single stream of funding after the GMS team had left and was signed as a new grant to start on July 1, 2010.

**Laos.** As of March 2011, GMS is preparing to respond to the request of the Program Management Unit (PMU) at the MOH, which manages all seven Global Fund grants. The request for support pertains to a restructuring of the functions of the PSM team within the PMU to respond to the increased demand from the grants. At present each SR (the national disease programs) manages its own PSM system independent from the PMU and from the Medical Products Service Center that carries out PSM functions for the MOH and manages the Central Medical Store. The first visit was in October 2010. In two previous assignments, GMS has assisted one of the SRs, the Center for HIV/AIDS/STI (CHAS), to address issues with quantification and data collection to improve forecasting.

**Morocco.** The Round 6 Phase 2 HIV/AIDS grant in Morocco was signed in June 2009. Disbursement for procurement was withheld, however, until improvements to the storage conditions, quality assurance and forecasting were made and a new PSM plan was submitted. GMS started working in Morocco in April 2010 and is currently finishing the third and last visit to the country. The team worked very closely with a pharmacist the PR had newly recruited, in a process of building capacity and knowledge of Global Fund procedures. After a thorough assessment of the systems, a revised PSM plan, forecasting and budgets were submitted to the Global Fund. Other deliverables were a manual of procedures for PSM; a quality assurance policy and operating procedures; tools to improve information flow; quantification procedures for antiretroviral (ARV) drugs, drugs for sexually transmitted infections (STIs), and needle exchange kits for injecting drug users (IDUs). The Global Fund approved the PSM plan in June 2010 and allowed Morocco to procure products. After the site visit from a joint Global Fund and LFA team in September 2010, the grant score improved from B1 to A2, with an A1 for the PSM component. The LFA concluded that the reporting and quantification tools were being used in the sites, the storage and quality assurance procedures were being followed and improvements in the quality-control laboratory had occurred.

**COPRECOS.** COPRECOS is an association of the uniformed services in Latin America and the Caribbean, whose goal is the prevention of HIV/AIDS and STIs among their members. The grant covers 15 countries. Cicitelli Associates, a U.S.-based company, is the PR. Cicitelli requested assistance to develop a self-assessment tool to assist the uniformed forces in the participating countries to identify the needs of the supply systems that will manage and report on condom distribution. Coordination for the work has started and the first country visit was scheduled for the end of January 2011.

### Cumulative performance in the first three years

For each assignment, GMS defines expected outputs of its team work. It then selects outcome indicators defined in terms of Global Fund results. These results are measured using information available on the Global Fund website, and in the minutes of the Global Fund Board meetings. The outcomes result from decisions made by the Global Fund Secretariat or Global Fund Board, in response to submissions from the PRs and CCMs that have benefited from GMS support. Some of these outcomes appear within days or weeks of GMS assistance (such as lifting of a special condition or approval of a PSM Plan), others appear months or even a year later (such as confirmation of CCM eligibility). The following table shows results for outcome indicators involving specific requirements or deadlines of the Global Fund.

Table 4. GMS outcomes as of September 30, 2010

Area of Work	GMS Cumulative Outcomes
Presignature	11 new grants signed
Consolidation	5 consolidated grants signed
Grant renewal	10 Phase 2 and RCC agreements signed
Grant amount signed	\$514 million
Bottlenecks (PSM, PR management, and M&E) resolved	57 CPs and time bound actions met
PSM deliverables produced and approved	13 PSM plans and Country Profiles approved
M&E deliverables produced and approved	16 MESST workshops and M&E Action Plans approved
CCM	20 CCMs meeting eligibility requirements
CCM & M&E	17 CCMs carrying out grant oversight as required

A second type of indicator available for all GMS grants is the grant score. The Global Fund Secretariat assesses grant performance to make disbursement decisions. It does so by assigning each grant a score (A1, A2, B1, B2, or C) based upon the results report in each Progress Update/Disbursement Request (PUDR) submitted by a PR. The scores indicate the strength of the various management, procurement, M&E, and partnership systems used by the PR and its SRs, as well as the expansion of access, demand, and service delivery achieved through the grant.

GMS is tracking the results of new grants with new PRs that had little if any prior experience with managing Global Fund grants and received substantial GMS presignature support. In these cases, there is a direct and obvious causal relationship between PR and SR implementation of procedures and systems, work plans and budgets developed with GMS support and the ensuing grant scores for the first quarters of Phase 1. Table 5 shows the scores for several such grants during their first quarters.

In Fiji, the GMS team assisted the MOH to become the PR for a Round 9 TB grant, the country's first grant. In Mauritius, the NAS and the MFPWA both received support from GMS in grant management, M&E and PSM for this country's first grant. In the DRC, the Global Fund awarded a Round 8 HIV/AIDS grant to two new PRs—Cordaid (a Dutch NGO), the national HIV/AIDS program, and SANRU (an FBO), as well as the prior PR, UNDP, for the public sector—and a Round 8 malaria grant to SANRU, PSI, and UNDP. This was the first time that SANRU and Cordaid have been charged with the PR role, although SANRU had acted as an SR for Round 3 and Round 7 grants under UNDP. The grant scores at the end of the first quarter of each grant show strong management practices by most PRs in starting grant implementation and meeting CPs. This support is now reflected in the scores, which Table 5 summarizes.

Table 5. Grant scores of grants awarded to PRs receiving GMS technical support

Country	Principal Recipient	Number of GMS TOs	Grant Number	Amount Signed	Grant Score <sup>1</sup>
Fiji	MOH	2 assignments: PR management and M&E	FJI-S10-GO1-T	\$5,154,546	A2
Mauritius	NAS	2 assignments: PR management + combined M&E and PSM	MUS-GO1-H	\$3,323,534	A1
	MFPWA	2 assignments: PR management	MUS-GO2-H	\$2,053,247	B1
DRC	Cordaid	2 assignments: PR management and PSM	ZAR-809-G11-H	\$6,932,753	B2
	SANRU	4 tasks orders: M&E, PSM and PR management (2)	ZAR-809-G12-H	\$8,014,408	A1

<sup>1</sup> As of October, 2010

## PART 3: BUILDING PARTNERSHIPS

### Collaboration with the Global Fund

Direct collaboration with the Global Fund Secretariat technical and country program teams continued to grow in PY3. Most of the direct collaboration concerned finalization of the CCM grant dashboard pilot and subsequent efforts to inform CCMs and technical partners about oversight strengthening. GMS also provided input to the Secretariat on CCMs, the new PSM Country Profile and grant consolidation methodology. GMS wishes to thank the Secretariat staff for this dialogue.

- **CCM Guidelines Review Meeting**

On July 26-28, 2010, GMS Project Director Catherine Severo and CCM Specialist Mark Randolph participated in a meeting organized by the CCM Unit of the Global Fund Secretariat to provide technical input and feedback on proposed revisions to the CCM Guidelines. This meeting responded to the Global Fund Board's instructions to clarify the guidelines and consider updates to the six minimum eligibility requirements for CCMs. There was lively debate among the 50 participants, many of whom were CCM members, technical support providers, development partners or governance experts. The CCM Unit used suggestions made in the meeting to further revise the guidelines, which were to be considered at the Global Fund Board meeting in December 2010 in Sofia, Bulgaria.

- **Partners Consultation Meeting on Technical Support**

There was a Partners Consultation Meeting to Strengthen Technical Assistance on January 25 and 26, 2010, in Geneva, Switzerland. GMS participated in this meeting, which brought together civil society, the private sector, foundations, implementers, bilateral and multilateral partners and LFAs. The meeting had two focuses. One was a review of current approaches and practices of the Global Fund and partners regarding provision of technical assistance to applicants for and recipients of funding from the Global Fund. The other was specific options for the Global Fund and partners to improve effectiveness of technical assistance. Recommendations were used for an Options Paper on Technical Assistance reviewed by the Global Fund Board at its meeting in April 2010 in Geneva.

### Support to Oversight Strengthening and Introduction of Grant Dashboards

As an extension of the Global Fund's efforts to support scale-up of the CCM grant dashboards, the Global Fund Secretariat's CCM Unit, GMS and the UNAIDS/JURTA continued to collaborate in training consultants from the UNAIDS TSFs and under the Secretariat's Indefinite Quantity Contract (IQC). After a first English-language training workshop in September 2009 in Geneva for 32 participants, there was a second French-language workshop in February 2010 in Dakar, Senegal, for 29 participants. GMS provided the trainers and the training materials. The Global Fund financed the venue and logistical support, and UNAIDS/JURTA financed its participants. The two workshops provided grant dashboard training for 35 consultants from the UNAIDS TSFs, eight consultants

under the Global Fund's IQC, and 18 UNAIDS/JURTA staff. Agreement on the modalities of collaboration for joint teams to introduce dashboards was reached in late March 2010, following extensive negotiations. The first opportunity to undertake a joint assignment to introduce grant dashboards and strengthen oversight has been provided by the Senegal CCM (assignment 140SN in Annex 1). The UNAIDS TSF/West and Central Africa has engaged a Senegalese M&E expert trained in the February workshop to join the three GMS consultants in the series of visits. It is expected that this expert will then become a team leader for assignments undertaken entirely by UNAIDS TSF consultants.

### • **Capacity Building in Global Fund Regional Meetings**

In 2010, the Global Fund Secretariat organized for the first time a series of regional meetings exclusively for members of CCMs. GMS attended four of these meetings:

- CCM South and West Asia regional meeting in Hyderabad, India, October 7–8, 2009
- CCM West and Central Africa regional meeting in Dakar, Senegal, February 10–12, 2010
- CCM Central America subregional meeting in Antigua, Guatemala, June 23-25, 2010
- CCM Caribbean subregional meeting in Montego Bay, Jamaica, September 6-8, 2010

GMS also attended four other regional cluster meetings of Global Fund CCMs and PRs:

- Eastern Europe and Central Asia cluster meeting, in Sofia, Bulgaria, November 28–29, 2009
- South and West Asia cluster meeting in New Delhi, India, December 8–10, 2009
- Southern and East Africa cluster meeting, in Blantyre, Malawi, December 15–18, 2009
- East Africa and Indian Ocean cluster meeting in Nairobi, Kenya, June 7-9, 2010

At six of these meetings, GMS was asked to co-facilitate plenary presentations and work group sessions on CCM oversight and the grant dashboard, as part of the Secretariat's efforts to encourage CCMs to carry out more effective oversight. These meetings also offered opportunities for GMS's home office technical managers to follow up on GMS assignments with its client CCMs and PRs in these regions.

### • **2010 International AIDS Conference, Vienna, Austria**

The biannual International AIDS Conference held on July 18-23, 2010, in Vienna, Austria, provided an even broader opportunity for GMS to collaborate with the CCM Team of the Global Fund Secretariat to inform CCMs about the grant dashboard and provide capacity building on grant oversight. The CCM Unit and GMS co-sponsored and co-facilitated two capacity-building satellite sessions (one in English and one in French) on "Strengthening Country Coordinating Mechanisms for Oversight: The Use of CCM Oversight Tools for Better Information and Analysis." Participants included representatives from the CCMs in Haiti, South Africa, Tanzania and Ukraine, and technical support partners such as AIDSPAN and the UNAIDS TSFs, among others. GMS's dashboard experts Marc Pechevis and Eduardo Samayoa also presented a poster on "Lessons learned from the grant dashboard feasibility pilot." (Please see Annex 3, "Papers Presented, Presentations Made, Articles and Conference Participation," Items 13 and 14.)

## Other Collaboration

- **UNAIDS/JURTA**

As previously mentioned, GMS representatives participated in two missions with the UNAIDS/JURTA based in Dakar. UNAIDS/JURTA missions mobilize experts and senior technical partners from U.N. agencies and bilateral donors to define intervention plans and provide urgent technical assistance to unblock massive systemic problems threatening Global Fund support to a country. In October 2009, Morocco-based CCM expert Mohammed Oubnichou participated in the UNAIDS/JURTA mission to Mauritania, collaborating with USAID/West Africa Global Fund Liaison Fatimata Sy to establish a diagnostic and intervention plan for the CCM. In January 2010, GMS Project Director Catherine Severo participated in the UNAIDS/JURTA mission to the Central African Republic to define solutions for unblocking the paralyzed Round 4 and Round 7 HIV and TB grants and lead to signature of the Round 8 malaria grant. These missions have led to further collaboration with UNAIDS/JURTA partners to carry out CCM reform and PR strengthening in both countries. While these missions are extremely labor-intensive, they focus both technical and political attention on very urgent situations. GMS would be willing to participate in future UNAIDS/JURTA missions should they become necessary.

- **GIZ**

GMS liaised with GIZ's BACKUP Initiative to collaborate on support for different assignments throughout GMS's three project years to date. GMS has limited funds for meetings of constituencies and implementing organizations. For several countries, GMS has encouraged the CCMs and PRs to submit requests for funding for such meetings facilitated by GMS consultants and other partners and for support of the CCM secretariats on a longer-term basis. In addition, some PRs have been able to access GIZ funding for additional support for presignature activities. To date, GIZ has provided seven grants to CCMs or PRs with whom GMS has worked for a total of €284,445.

Of particular significance was the grant to Mauritania's CCM through AfriCASO for mobilization of civil society. This grant financed a highly qualified regional CSO consultant and the large meetings leading to election of new CSO representatives to the CCM. Similarly, in the DRC, GIZ co-financed the meetings of SANRU with civil society implementers, leading to selection of the SRs for the ambitious Round 8 HIV/AIDS and malaria grants. GMS wishes to thank GIZ for its collaboration.

Table 6. GIZ grants to CCMs or PRs with whom GMS has worked

Country	Partner Organization (Applicant)	Title	Total Amount (euros)
DRC	SANRU	Support of the PRs SANRU and Cordaid in preparing for signature and initiation of a Round 8 HIV/AIDS and malaria grant agreements (June 2009)	22,165
DRC	Ministry of Public Health (PR)	Technical support for Round 9 grant signature and implementation of TB and HSS activities (March 2010)	84,295
DRC	Caritas Congo ASBL (civil society PR)	Technical support for Round 9 grant signature and implementation of TB and HSS activities (March 2010)	66,993
Mauritania	AfriCASO (CSAT) Afrique de l'Ouest	Support the re-election of civil society representatives in the Mauritanian CCM to fulfill Global Fund requirements (January 2010)	36,696
Sierra Leone	CCM	Strengthening of the participation of CCM constituencies in Global Fund grant oversight (November 2009)	39,842
West Africa Corridor	Abidjan-Lagos Corridor Organization (ALCO), Benin	Regional workshop to ratify the regional PSM procedures manual (March 2009)	11,569
Morocco	ALCS (CSAT-MENA [Middle East and North Africa])	Civil Society and the Global Fund: Grant Performance Workshop – CCM Processes (March 2009)	28,885

- **TB Team**

GMS attended a meeting organized by the TB Team of the Stop TB Partnership, on June 24 and 25, 2010 in Geneva. The purpose was to provide the World Health Organization (WHO) TB Regional and Country Advisors with new information on the Global Fund requirements for Round 10, the new Global Fund architecture, PSM country profiles and new TB indicators. The meeting intended to bridge the gap between WHO and the Global Fund as well as allow for the TB Team to plan the technical support activities needed for Round 10. GMS discussed the focus of the technical support it provides to grant recipients and updates on TB-related assignments. As a follow-up to the collaboration established, Pierre-Yves Norval, head of the TB Team, attended GMS's sixth boot camp, in September 2010, where he participated in several group discussions. An example of the benefit of the collaboration between GMS and the TB Team is the work in Pakistan on the consolidation of Round 6 Phase 2 and Round 9 TB grants.

## Improving the Effectiveness of CSOs

- **CSAT and CSAT-Affiliated Organizations**

In PY3, GMS cosponsored two workshops with CSAT to build the capacity of local CSOs by examining the challenges of implementing Global Fund grants. The goal of the workshops was to bring together people who represented organizations that either had immediate, first-hand involvement implementing Global Fund grants at the local level as, for example, sub-SRs, or who were seeking initial access to Global Fund grant monies. The first workshop was hosted by EHRN and AIDS Foundation East-West in November 2009 in Sofia. The workshop drew nearly 60 participants, 40 of whom represented 38 HIV/AIDS and TB service organizations from 17 countries throughout Eastern Europe and Central Asia. GMS sponsored the workshop via a subcontract with AIDS Foundation East-West. GMS staff member Elena Decima and consultant and former staff member Terry Anderson attended the meeting and made presentations with general information about the Global Fund, CCMs, PRs and SRs and on making the most of technical assistance and M&E of Global Fund grants.

The second workshop was hosted by the Coalition of Asia Pacific Regional Networks on HIV/AIDS (Seven Sisters) in March 2010 in Bangkok, Thailand. The workshop drew nearly 50 participants, 43 of whom represented 28 HIV/AIDS service organizations in 14 countries. Many of the participants at both workshops were CCM members and/or PR or SR staff. GMS sponsored the workshop via a subcontract with Seven Sisters. GMS staff member Elena Decima and consultant and former staff member Terry Anderson attended the meeting and made presentations with general information about the Global Fund, CCMs, PRs and SRs and on grant management from the perspectives of the old and new grant architecture and making the most of technical assistance.

- **Workshops with NGOs and CBOs**

In PY3, GMS partners ALMACO (Kenya), TAI (Bangladesh), and MIDEGO, Inc. (U.S.), designed and implemented pilot projects to strengthen CSOs in, respectively, Southern Sudan, Bangladesh, and Jordan. The objectives of the capacity-building workshops included promoting a better understanding of Global Fund processes, improving communications and representation among CCM members and their constituencies and strengthening the financial and grant management of SRs.

In late November and early December 2009, GMS partner ALMACO sponsored a grant and financial management capacity-building workshop for civil society leaders and SR organizations in Juba, Sudan. Forty-eight participants from 38 CSOs participated in the training sessions. Sessions included an introduction to Global Fund principles, structures and processes; project design; the project management cycle; budgeting; expenditures and payments; keeping records, charts of accounts and other documents; financial reporting; performance monitoring; internal controls; cash and banking and asset management.

In late January 2010, GMS partner TAI sponsored a grant and financial management capacity-building workshop in Dhaka, Bangladesh. Twenty-seven participants from 13 CSOs participated in the training sessions. Sessions included Global Fund structures and principles; roles and responsibilities of PRs and SRs; performance-based funding; challenges and bottlenecks in grant management; financial management procedures; HR for finance units and an introduction to the QuickBooks software program. In addition, TAI installed QuickBooks at the offices of four CSOs selected from among all participants based on interest and staff and computer availability. TAI assisted the CSOs to develop charts of accounts and reporting formats and gave them follow-up support for one month after installing the software. TAI reports that three of the CSOs are now using QuickBooks for their reporting and the fourth will begin using the software at the beginning of its next fiscal year.

In late February and early March 2010, GMS partner MIDEGO sponsored a workshop for civil society members of the Jordan CCM and their constituents in Amman, Jordan. Thirty-three participants from 15 organizations participated in the training sessions. Sessions included an introduction to Global Fund principles, structures and processes; meaningful representation; measuring enhanced participation and developing CSO communication protocols.

## **PART 4: BUILDING CAPACITY FOR TECHNICAL SUPPORT OF GLOBAL FUND ACTIVITIES**

Building local and regional capacity for technical support of Global Fund activities is the third mission of GMS. GMS builds capacity in five main ways: (1) direct training of GMS consultants, (2) capacity-building of other regional technical support providers, (3) organization of South-to-South consultancies building experience and opportunity for regional experts, (4) promotion of the best local, regional and international consultants to higher levels of responsibility and (5) engagement of additional regionally based consulting groups as GMS subcontractors.

### **Boot Camps**

In PY3, GMS conducted three consultant orientation workshops—or boot camps—to build the capacity of international technical experts in Global Fund policies and procedures. GMS trained 42 consultants from 23 countries in the fifth GMS orientation program on November 9–13, 2009; 41 consultants from 22 countries in the sixth GMS boot camp on April 26-30, 2010; and 46 consultants from 20 countries in the seventh GMS boot camp on September 20-24, 2010.

Four of these participants were originally local consultants and are now serving as regional consultants. They are Fanja Raelison from the DRC; Patrice Nibigira from Burundi; Bina Valaydon from Mauritius and Rita Motlana from Namibia.

Throughout PY3, the boot camps succeeded in drawing interest from a wide range of potential consultants. For each boot camp, GMS considered two-to-three times the number of candidates for the spaces available in the boot camp. In addition, boot camps have drawn the attention of partners and USG representatives who are interested in learning more about the Global Fund and GMS. Participants have included OGAC Global Fund Liaisons from three countries or regions, OGAC staff, a representative from the TB Team, and observers from GMS partner MIDEGO; observers from two USAID-funded projects (AIDSTAR II, Leadership, Management and Sustainability (LMS) Program, ); and degree candidate from George Washington University's Master's Program in Health Administration who did a practicum at GMS in spring 2010 (he has since been graduated, and returned to work with the Global Fund, which he had left to earn his master's). Although it is a challenge to predict the demand for technical support in each region, GMS has taken great care to train new consultants related to the assignments coming to the project. GMS relies heavily on trends in technical support requests received, Global Fund staff, and Global Fund regional meetings to understand technical support needs in the field. In PY3, GMS focused boot camps more and more on presignature support, consolidation of grants, and grant oversight including dashboards. In addition, boot camp participants were selected to reflect the growing number of assignments in Russian- and Spanish-speaking countries.

In the seventh boot camp, GMS held concurrent sessions on the same topics in three languages (English, French, and Spanish).

## Strengthening of India's IHAA Regional Hub

At the suggestion of OGAC, GMS worked with the IHAA in Brighton, United Kingdom, and its regional hub in New Delhi, India, to achieve two goals: (1) support two first-time PRs (MoLE and EHA) in their negotiation and signature of Round 9 HIV/AIDS grants, and (2) build regional capacity to support presignature preparations in the future by strengthening the skills of regional hub staff and consultants.

Three teams were formed: a PR management team for MoLE, a PR management team for EHA and an M&E team for the two entities, Each team had one experienced GMS consultant (team leader) and two or three Indian consultants, either regional hub staff or consultants.

The experience was successful all around. The GMS team leaders consistently praised the high caliber of the Indian consultants and their significant contributions to the teams while interviews with the Indian consultants and the regional hub management team highlighted the benefits of working with experienced GMS consultants, exposure to a highly organized technical support process (especially needed with presignature) and validated tools.

This is the first time that GMS used mixed teams from GMS and a local organization and, given the positive results, it feels that it is an experience that merits duplication; it also fulfills GMS' third goal of building local and regional capacity for technical support of Global Fund activities. EHA signed the Round 9 grant in the first week of September 2010 and already has a complete management unit that is beginning to develop templates and guidelines and define the activities for the first semester of the grant. MoLE could have signed at the same time, but some internal political issues related to the roles of the ministry and of National AIDS Control Organization (NACO) slowed the process. MoLE, however, did sign the grant agreement in mid-February 2011.

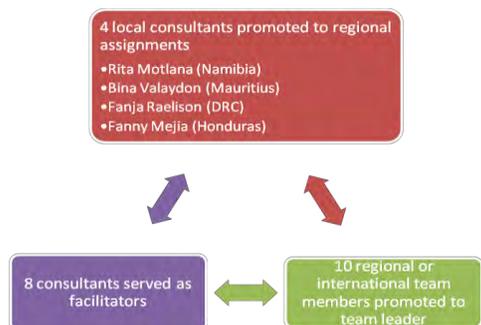
## South-to-South Consultancies

In PY3, GMS had a number of successes with south-to-south consultancies. They are highlighted in the text and on the map below.

- **Nyachienga Nyamache** from Kenya, GMS trainer for financial management, served as team leader for teams in Nepal and Armenia
- **Javier Jahnsen** from Bolivia served as the financial management expert on a Fiji team
- **Susana Galdos** from Peru served as team leader for the Solomon Islands CCM team
- **Lucy Lopez** from Peru served as a governance expert on the Timor-Leste team
- **Ezio Tavora** from Brazil served on the Mozambique CCM team
- **Ivan Morales** from Bolivia served as team leader for two Mozambique PR management teams
- **Demba Dione** and **Ousmane Sy** from Senegal both served as team leaders for Pakistan consolidation teams



## Recognition of Performance and Promotion to Higher Ranks of Consultancy



GMS continued to pursue the professional development of its consultants by providing opportunities to expand to new countries and regions as well as to train others. In PY3, GMS put four originally local consultants onto regional assignments; over the course of the project, 15 local consultants have moved into regional assignments. In PY3, 10 consultants that started as team members were promoted to team leaders on new assignments; the cumulative total for the

project is 32 promotions to team leader. Also in PY3, eight consultants that have worked on teams were identified as facilitators for the three GMS boot camps this year; over the course of the project, 26 consultants that started as team members have served as facilitators at boot camps.



GMS has also taken the opportunity of each consultant orientation to recognize the achievements of certain GMS consultants and trainers. During the fifth boot camp (November 2009), GMS recognized Eduardo Samayoa (Guatemala) for his invention of the grant dashboard and his ceaseless innovative contributions to oversight and management of multisectoral partnership activities.

During the sixth boot camp (April 2010), GMS recognized long-time consultant Mohammed Oubnichou (Morocco) for outstanding technical support in governance, leadership and management, strengthening oversight and implementation of grants in Central African Republic, Jordan and Morocco and CCM reform in Mauritania.



During the seventh boot camp (September 2010), GMS recognized three more consultants:



Ivan Morales (Bolivia) for excellence in organizational and financial management of grants as team leader in Angola and Mozambique; Lourdes de la Peza (Mexico) for outstanding technical support in governance and leadership, with an exceptional achievement in the reform of the Nicaragua CCM and Raymond Bleou (Côte d'Ivoire), in special recognition of his



exceptional achievement serving as interim fiduciary agent to the Coordination Nationale of the Comité national de lutte contre le SIDA (CNLS) in the Central African Republic in response to the special condition of the Round 8 malaria grant agreement.

## Expanding the GMS Network

In PY3, GMS conducted its second expression of interest solicitation to identify regional companies with pools of consultants that were skilled in the four GMS technical areas. Out of the thirteen responses to our solicitation, eight firms were selected, five of which are regional companies.

Table 7: Engagement of new regional partners

Name of Subcontractor	Location
Coxswain Social Investment Plus	Tunisia
IRESKO	Cameroon
Khulisa Management Services	South Africa
OASYS	Senegal
Q Partnership	Zimbabwe

## PART 5: SUPPORT TO THE USG

GMS continues to provide a stream of information to the USG management team at OGAC and USAID: Ritu Singh, GMS Contract Officer's Technical Representative (COTR); Ilana Kirsztajn, GMS Technical Advisor, and Jason Wright GMS's Alternate COTR, and to staff at U.S. Embassies and USAID missions.

GMS reports monthly to the management team, maintaining an on-line performance tracking system on country assignments. (OGAC uses this information, among other things, to update the CoATS database tracking technical assistance to the Global Fund.) GMS also meets once or twice a month with the management team. GMS has provided overview and results briefings on numerous occasions for OGAC and USAID staff. In June 2010, GMS provided face-to-face briefings for DRC Global Fund Liaison Eteni (Das) Longondo and Mozambique Global Fund Liaison Chantal Auger. GMS continues to communicate and collaborate actively with USAID/West Africa Global Fund Liaison Fatimata Sy, while Indonesia Global Fund Liaison Jeff Muschell participates actively in the Indonesia CCM strengthening.

When in country, GMS always proposes to brief staff at U.S. Embassies and USAID Missions regarding its work.

## PART 6: SUPPORT LESSONS LEARNED ON COORDINATION OF RAPID RESPONSE

GMS has drawn several lessons on coordination of rapid-response teams to respond to the volume, pace and technical complexity of the work undertaken in PY3. As described in earlier sections, in PY3, GMS scaled up its activities as the number of its assignments almost doubled to a total of 156, and GMS collaborated extensively with the Global Fund Secretariat to roll out the CCM oversight strengthening and grant dashboard approach. During this third year, GMS completed travel for 57 assignments. New assignments peaked in February 2010, when GMS received 14 assignments and by April 2010 (month 7 of PY3), it had surpassed the annual target of 41 assignments, reaching 69 by August 2010. At the busiest point in the year, May 2010, GMS had 33 teams in the field, involving 100 consultants, requiring GMS coordination staff to make logistical, administrative, and technical arrangements for more than one team a day.

In addition to the volume and pace of assignments, the complexity of GMS's work increased as GMS responded to the Global Fund's new architecture (consolidations and PSM Country Profiles) and expanded its activities in three previously lesser served Global Fund regions (Latin American and the Caribbean, the Middle East and North Africa, and Eastern Europe and Central Asia). GMS also carried out 14 capacity-building activities and financed five civil society strengthening activities organized by subcontractors and partners. This globalization of demand, signs of which were apparent in PY2, appears to reflect wider awareness of GMS services and their effectiveness. GMS continues to be solicited to participate in regional and international events, work sessions, and partner meetings to share experiences, transfer expertise and contribute to development of new tools, policies and guidelines.

To respond successfully, GMS has learned that it must scale up and diversify its coordination capacity. The GMS coordination team in Arlington, Virginia, expanded and reorganized to emphasize logistics support, knowledge management and results analysis. GMS also began to entrust regionally based GMS staff Eduardo Samayoa and Dah El Hadj Sidi with oversight of some technical teams and to engage GMS expert trainers, including Nyamache Nyachienga and Abu Sayeed, to represent GMS at regional events. To further increase consulting capacity, GMS built on the successful experience of PY2 by carrying out a second call for Expressions of Interest to find additional regional partners. Finally, successful scale up required GMS to narrow its focus for more depth in its primary mission. With regret, GMS agreed with OGAC not to continue civil society strengthening activities in PY4, allowing GMS to focus on the urgent response work and building regional capacity.

- Second, GMS built on the lessons from earlier years to cope quickly and effectively with contextual and global issues which affect the timing of and resources available for GMS interventions: Political unrest and unplanned transition in Niger and Kyrgyzstan were recognized early, and team schedules were adjusted immediately to avoid any risk to consultants. In the case of Kyrgyzstan in early 2010, the situation was monitored daily so that the team could reach the CCM as soon as the U.S. Embassy would allow travel.
- The fluctuating dollar and increasing travel costs have significantly increased the cost of GMS assignments. GMS has responded by prioritizing selection of regional consultants when possible and by tightening travel policies.
- With signs of increasing interest from lesser served Global Fund clusters, GMS has anticipated demand by finding and training consultants with linguistic skills in Russian, Spanish and Arabic. This has involved translating tools and training materials as well.
- Finally, GMS has continued to build the body of methodology, tools and effective practices in consulting with Global Fund CCMs and PRs and find new ways to transfer them to technical partners beyond GMS. Documentation and skills transfer will become an increasing priority in the last two years of the project.

## INTRODUCTION TO ANNEXES

In the following Annexes, GMS provides additional detailed information about accomplishments to date in its three missions.

Annex 1 presents GMS technical support for PY3 assignments by country. The table lists the countries in alphabetical order and by assignment number, showing the technical area, the status of the assignment, and a paragraph description of the work or the results to date. Multiple assignments for a single objective, such as three teams for presignature work, are grouped together.

Annex 2 shows GMS's Performance Monitoring Plan (a standard USAID requirement) and GMS' performance for the first three years as compared to the three-year targets for each indicator.

Annexes 3 and 4 show success stories, conference presentations, and publications satisfying GMS' contractual obligation for documenting success. Annex 3 lists the formal success stories written in PY3 and made available through GMS's website ([www.gmsproject.org/news/index.cfm](http://www.gmsproject.org/news/index.cfm)).

Annex 4 lists other types of success documents and presentations, their dates of presentation or publication and, where available, hyperlinks.

## Annex 1. Assignments Received in PY3

COUNTRY	ASSIGNMENT	TYPE	STATUS: Active/Cancelled 6-month Follow-up/ Completed	CONSULTANCY REPORT: NA, Pending, Draft, Final
Armenia	125AM-PR management	NA	Active	NA
	126AM-M&E	NA	6-month follow-up	Pending (combined report for assignments 125 and 126AM)
<p>These two assignments represent the second integrated GMS assignment for Armenia and involved the deployment of two teams. Mission East, a Round 2 HIV/AIDS RCC grant requested PR management and M&amp;E assistance to resolve conditions precedent and special conditions that could potentially restrict the PRs' funding. For M&amp;E they included conducting a national M&amp;E self-assessment; developing an integrated M&amp;E plan and revised M&amp;E budget. For PR management they included assessment of SRs, finalization of the SR management plans; additionally M&amp;E requested support with technical expertise to improve financial monitoring and assistance with the facilitation of a reunion of all the country stakeholders to finish the HIV/AIDS M&amp;E planning and action plans. The two GMS teams carried out three visits during PY3 and a fourth is planned for PY4. The GMS team carried out an M&amp;E systems assessment and assisted the Armenia team to develop definitions of Performance Framework indicators and to review and revise all data collection and reporting formats and procedures. Finally, GMS introduced a simplified approach to DQA via a DQA workshop, and pilot tested its use. GMS facilitated an M&amp;E self-assessment at the PR level, and will complete the national MESST exercise in November 2010. The PR management team completed all its tasks in PY3.</p>				
Bhutan	127BT-PR management	Grant close-out	6-month follow-up	Final
	138BT-CCM	NA	Active	NA
<p>GMS assisted the Gross National Happiness Commission of Bhutan, and its main implementer, the Ministry of Health/national tuberculosis program, to develop a close-out plan for the Round 4 tuberculosis grant and to complete the seven documents required to close the grant. A secondary task for the GMS team was to assist in final review and reconciliation of the budget, performance framework and work plan for the first year of Phase 2 for the tuberculosis Round 6 grant.</p>				

CAR	112CF-PR management	NA	Active	NA
<p>The Round 8 malaria grant signed on 5 February 2010 included as a condition precedent the mobilization of an interim fiduciary agent to support the PR CNLS while it conducted an international tender to select a Fiduciary Agent for Phase 1. The Fiduciary Agent would also provide support and supervision for the remaining Round 4 grants (TB, HIV) and the suspended Round 7 grant (HIV). GMS provided the interim financial expert, Raymond Bleou, and a local consultant, Francis Ngombala-Kolo, to fulfill this condition precedent (a first for GMS). They were present from 8 March to 3 July at the CNLS. Among the accomplishments of the period were 1) restarting the computerized accounting system and updating of the accounting records for the Round 4 and 7 grants, leading to a new disbursement for Round 7, 2) validation of the SR accounting for Round 7, 3) training of PR and SR staff in grants management procedures, 4) support for the tender for the Fiduciary Agent process, 5) finalization of SR assessment and engagement for Round 8. Selection of the Fiduciary Agent was approved by the Global Fund in late October 2010. A final visit to hand over to the new Fiduciary Agent will take place in November 2010.</p>				
COPRECOS	157LN-PSM	NA	Active	NA
<p>This assistance addresses the need related to the supply system of a multicountry grant in Latin American and Caribbean that involves preventive strategies for HIV/AIDS in the uniformed forces of 15 countries. GMS will design a tool for the assessment, validate the tool in three countries, tailor it to be used as a self-assessment tool, develop a user's guide, and train the remaining four countries participating in the first year of the grant to conduct the assessment and the forecasting themselves. GMS has started coordination with Cicatelli Associates Inc (PR) and development of the tools. Active country visits will start in January 2011.</p>				
Cote d'Ivoire	131CI-PR management (CARITAS)	Consolidation	6-month follow-up	Draft
	132CI-M&E	Consolidation	6-month follow-up	
	134CI-PR management (PNLT)	Consolidation	6-month follow-up	
<p>In 2009, the Global Fund Board approved the Round 9 TB proposal. Consolidation of this new proposal with the Round 7 grant was agreed with the National TB Program (PNLT) and the new PR, CARITAS, a faith based organization. GMS provided three teams with PR management, M&amp;E and PSM expertise. Six of the nine consultants were Ivoirian or resident in Cote d'Ivoire, demonstrating strong capacity for local technical assistance. The international consultants carried out two visits while the resident consultants provided a stream of support from April to August 2010. After the second visit, support focused on CARITAS, to enable this new PR to select sub recipients and establish its program management unit and procedures. The PNLT was assisted to revise its own procedures manual. The two agreements were signed on 25 September 2010, with conditions precedent.</p>				

Democratic Republic of the Congo	099CD-PR management (Cordaid) 100CD-PSM & M&E 102CD-PR management (SANRU)	Start-up	6-month follow-up	Draft
<p>In 2009, GMS assisted two new PRs, SANRU (faith-based NGO) and Cordaid (Dutch faith-based NGO) to prepare their shares of the Round 8 HIV/AIDS and malaria grants for signature. The grants were signed in December 2009 and January 2010. Other PRs were UNDP (for the public sector) and PSI for HIV/AIDS. In this second phase of support, GMS assisted the PRs to finalize selection of their SRs and complete subgranting arrangements, as well as carrying out the first tenders for services and commodities. Capacity building sessions oriented new management staff at PR and SRs level to management and M&amp;E procedures. This process has proved successful as these new PRs have received A1 and A2 ratings on their first PUDR reports.</p>				
Democratic Republic of the Congo	155CD-PR management (CARITAS) 159CD-PR management (MOH)	Presignature	Active	NA
<p>In November 2009, the Global Fund Board approved the Round 9 proposal for TB and HSS for the DRC. This ambitious proposal proposed two PRs: CARITAS, a faith based NGO, for community TB activities and two units of the Ministry of Health - the National TB Program (for clinical TB services) and the Cellule d'Appui en Gestion (CAG), a new unit to act as program manager for the Global Fund, GAVI, World Bank and other HSS grants. DRC is a pilot country for the co-financed HSS approach between the Global Fund, GAVI, and the World Bank. The HSS portion of the grant has two parts: support to essential drugs co-financed with GAVI, and support to performance based salary incentives cofinanced with several other donors. GMS is collaborating with other agencies to support preparation of this grant for signature, including HS2020, MEASURE, SPS, and the GTZ-financed German NGO, Health Focus. GMS is providing some coordination of these partners and is working closely with USAID/DRC. This extremely complex proposal may not be signed before February 2011.</p>				
Djibouti	152DJ-CCM	NA	Active	NA
<p>The Djibouti CCM has requested basic governance strengthening at the urging of the Fund Portfolio Manager. This assignment will begin in October.</p>				
Fiji	097FJ-CCM	NA	6-month follow-up	Draft
	098FJ-PR management	PR management	6-month follow-up	Draft
<p>GMS assisted and strengthened the MOH to become the implementer of the Round 8 tuberculosis grant and the Round 9 HSS grant (subsequently consolidated for a single grant agreement) through supporting the creation, staffing and strengthening of a grant management unit and to meet all the conditions set by the Global Fund before the first disbursement. As well as supporting the PR through the final signature phase and grant start up, the GMS team assisted the grant management unit to develop a range of key tools and procedures to support effective grant management and reporting. These were developed very much as an interactive process with the officers of the grant management unit to ensure their relevancy and consistency with existing procedures of the MOH. In addition to development of tools and procedures, the GMS also undertook training of grant management unit staff individually and of the grant management unit and key SR staff to familiarize them with Global Fund processes, roles and responsibilities.</p>				

Fiji	101FJ-M&E	NA	6-month follow-up	Draft
The GMS team carried out a mini-MESST workshop to update the 2009 MESST NTP findings, and prepared an M&E Systems Strengthening Plan to satisfy presignature conditions for consolidated TB rounds 8 and 9. The team further assisted with preparing a national tuberculosis M&E Plan. An evaluation tool for assessing SRs' M&E capacity was created and the assessment carried out, and an initial draft of an M&E Procedures Manual developed. Finally, the GMS team pilot tested a data quality management approach, which has since been adopted by the PR.				
Guatemala	151GT-CCM	NA	Active	NA
The purpose of this assignment is to work together with the CCM of Guatemala to enable them to examine its current organization, membership rules, governance, oversight, policies and processes and decide if structural reforms are needed in order to comply with Global Fund eligibility criteria. The latter is an important outcome given that the Global Fund is encouraging the CCM to be compliant as part of the process leading to the implementation of the still unsigned Round 9.				
India	971IN-PR management	Presignature, Financial Management Capacity Building	Active	NA
India	972IN-PR management	Presignature, Financial Management Capacity Building	Active	NA
India	990IN-M&E	Presignature, Financial Management Capacity Building	6-month follow-up	NA
The objectives of the three technical assistances shown above are (1) to support two new PRs (of the three selected for this grant) to comply with all the requirements for grant signature; (2) and strengthen all of the India Emmanuel Hospital Association and Minister of Labor and Employment management systems and implementation unit staff so the institutions can successfully implement their Global Fund grants and can satisfy the Global Fund requirements. Emmanuel Health Association has already successfully signed its grant and it is expected that will do so in the next month.				
Indonesia CCM	139ID	Dashboard	Active	NA
The Indonesia CCM requested GMS support to establish grant dashboards for CCM oversight. GMS had previously provided support to Indonesia in CCM governance, PR management, M&E, and PSM. During the first round of support to CCM and PR management, the teams worked on oversight planning and developed preliminary dashboards that unfortunately did not result in a sustainable process. At the time of the current request, the CCM was managing oversight by crisis and PUDR review, focusing mostly on programmatic indicators and only addressing financial and management issues as problems arose. The current dashboard team is assisting the CCM to implement a comprehensive oversight process using dashboards as a tool for proactive oversight of nine grants in Indonesia. By the end of PY3, the team had completed one visit, finalizing a diagnosis and initiating the oversight reform process working with the CCM and all PRs.				

Kazakhstan	124KZ-CCM	NA	Active	NA
<p>The Kazakhstan CCM was screened out of Round 9 for failing two eligibility criteria: lack of a transparent, documented proposal development and PR selection process, and lack of a conflict of interest plan when the CCM Chair is a PR. This led to a request for governance strengthening and structural reform. The first two visits identified other structural and procedural barriers to good governance, including a difficult geographic situation where the government seat is in one city, while the CSOs and donors are in another city. The CCM has some strong CSO and donor members, with good cooperation from the PR staff in Almaty. The minister of health has changed during the assignment, the new interim minister is not much involved. The CCM has formed a working group which is collaborating with GMS to design a new structure and procedures. A CCM basic budget has been approved by the Global Fund and will be managed by UNDP, which is recruiting the secretariat staff.</p>				
Kyrgyzstan	120KG-CCM	NA	Active	NA
<p>The Kyrgyz CCM was screened out of Round 9 for failing the conflict of interest eligibility criterion. This led to a request for governance strengthening and capacity building. Since the request was approved, the Republic has undergone a peaceful political change, a referendum on a new government structure, and elections for representatives: during this process, USG-related travel was suspended for several weeks, delaying startup of support. The CCM lost its government members; the CCM responded by electing an interim chair from the People Living With Aids association. This interim CCM has been recognized by the Global Fund and is working actively with the GMS team on structural and procedural reforms and capacity building. A request for expanded CCM budget support has been submitted to the Global Fund. Additional visits will take place before the end of the year.</p>				
Laos	160LA-PSM	NA	Active	NA
<p>This is the second PSM assignment in Laos. In 2009 GMS assisted the HIV/AIDS SR, CHAS, to develop a stock management and monitoring system for ARV and opportunistic infections drugs. In the current TO, the Ministry of Health, PR for HIV RCC and all other GF grants, requested assistance to strengthen the Procurement Unit of the PR and facilitate organizational development processes to enable the integration of the Procurement Unit with the Medical Products Services Center of the MOH. The assistance was motivated by feedback from an OIG audit report and a recent C1 rating for the procurement component of the HIV RD 8 grant. The initial diagnostic visit by a GMS PSM team is scheduled for October 2010. The first visit will map the supply chain for the three programs, analyze the roles and responsibilities of staff within the PR and MPSC, and provide hands-on TA to remove bottlenecks.</p>				
Lesotho	133LS-CCM	NA	Active	NA
<p>The CCM Lesotho requested support for basic governance and oversight strengthening. The CCM team is working with the CCM Lesotho on reforms, including membership renewal, structural reform, revision and strengthening of foundation documents, and building capacity in Global Fund policies and requirements. In the first two visits, a diagnostic exercise highlighted the areas for strengthening and the CCM prioritized the interventions for the team to focus on. Revisions to foundation documents and drafts of the oversight plan, conflict of interest policy, and terms of reference for new committees have been developed. In the final visit in October-November 2010, the team will conduct a CCM retreat in which members will enhance their knowledge of the Global Fund and their responsibilities as CCM members, and approve drafted documents.</p>				

Liberia CCM	136LR-CCM	NA	Active	NA
<p>The Liberia CCM requested basic governance strengthening following contact with GMS at the regional Global Fund meeting held in Dakar. The CCM recognized that it had conflict-of-interest issues since the Chair is the Minister of Health and also the PR. Liberia is a post-conflict country where some risk of unrest still exists. The President is leading the movement for good governance and accountability, with which this CCM is trying to comply. The GMS team is assisting the CCM with basic capacity building on good governance procedures, which will lead to membership renewal and election of new officers. The CCM will also establish an oversight committee and acquire basic documentation. The CCM Secretariat will be strengthened. However, the CCM must move cautiously to avoid destabilizing its membership and the GMS team must help it reform carefully and with a strong consensus.</p>				
Maldives CCM	153MV-CCM	NA	Active	NA
<p>The Maldives CCM realized in mid-2010 that they needed to address a number of concerns with their membership and structures in order to meet Global Fund minimum eligibility requirements. The CCM requested technical support from GMS in governance strengthening in order to best provide leadership and oversight for its grants. A strong focus is related to clarifying the roles and responsibilities of the CCM as well as its conflict-of-interest policy. The team will undertake its first visit to Maldives in October 2010.</p>				
Mauritania	093MR-CCM Assessment	NA	Completed	Draft (combined report for assignments 093 and 094MR)
	094MR-CCM1	NA	6-month follow-up	Draft (combined for TOs 093 and 094MR).
	135MR-CCM2	NA	Active	NA
<p>The Mauritania CCM requested support in early 2009 for governance strengthening. At the time, USG support to Mauritania was suspended and the request could not be honored. In September 2009, following suspension of the Round 5 HIV/AIDS grant, Global Fund and UNAIDS mobilized the regional JURTA partners to conduct an assessment mission to define a joint technical-support approach. GMS sent one consultant (093MR) to complete a CCM diagnosis. From January to April 2010, a GMS team (094MR) collaborated with UNAIDS, AfriCASO, and ALCS, with GTZ co-financing, to support structural reform, mobilization of CSO constituencies, membership renewal and election of new officers. The CCM met its time-bound action deadline of March 30, 2010, for reforms. As a follow up, a second GMS governance team is assisting the CCM to establish its secretariat and an oversight process. Global Fund has approved a CCM budget.</p>				
Mauritania	145MR-PR management	NA	Active	NA
<p>In September 2009, the Global Fund suspended the Round 5 HIV/AIDS grant whose PR is the National AIDS Commission (SENLS). Time-bound actions (including the CCM reform) were set with deadlines in 2010, including reimbursement of \$4.1M of which \$1.7M have already been reimbursed. In July 2010, GMS sent a PR management team to assist the SENLS to finalize the continuation of service agreement and to re-establish the program management unit of the SENLS, to prepare the PR for restarting the Round 5 grant. Restarting is still conditional upon approval by the Global Fund of the country's reimbursement plan and of the continuation of service agreement. Negotiations between the government of Mauritania and the Global Fund have been slow; there has been a recent change in Fund Portfolio Manager, and the outcome of this assignment is uncertain.</p>				

Mauritius	096MU	Start-up (MFPWA)	6-month follow-up	Draft
Mauritius	105MU	Start-up (NAS)	6-month follow-up	Draft
<p>GMS had previously assisted the two new PRs in their presignature process given that this was the first grant that the country had received. After signature, the PRs requested a new round of technical support to assist them in their start up phase. Each team was a mixed team with PR and M&amp;E consultants and, in the case of MFPWA, a PSM expert was added to revise the PSM plan as requested by a condition precedent established during grant signature. The objectives for both teams, all reached at the end of the intervention, were to strengthen program performance and general grant management, assist with contracting of SRs and sub recipient management, support with the establishments of roles and responsibilities of MFPWA, NAS and SRs team members, finalize partnerships arrangements and procedures necessary for rapid, efficient financial disbursement and technical coordination, build both institutions monitoring, supervision and reporting capacity and systems, procurement and supply management, build SRs' capacity for Global Fund monitoring and evaluation and financial requirements and design an M&amp;E plan to successfully and efficiently implement their new and first Global Fund Round 8 HIV/AIDS grant. Operational manuals were developed to strengthen capacity of the PR to manage all aspects of the grant. One of the team members worked on revising the PSM plan as requested by a condition precedent established during grant signature. Manuals of procedures were developed to strengthen capacity of the PR to manage the supply of health products. The PSM plan was submitted and approved and procurement money disbursed to the country. The grant performance report indicates that all conditions precedent for PSM have been fulfilled.</p>				
Mexico	121MX-PR management	Presignature	Cancelled	Pending (combined report for assignments 121-122,143 and 146-148MX)
	122MX-M&E	Presignature	Cancelled	Pending (combined report for assignments 121-122,143 and 146-148MX)
<p>The goal of assignments 121 and 122 was to support and strengthen the PR proposed by the CCM for this first Mexico Global Fund grant; unfortunately, the PR did not pass the LFA's assessment and the Mexico CCM had to reopen the PR selection process again in order to nominate a second organization for this role.</p>				
Mexico	143MX-CCM	NA	Active	Pending (combined report for assignments 121-122,143 and 146-148MX)
<p>The broad objective of this ongoing technical assistance is to accompany the CCM in the presignature phase of its first Global Fund grant, to clearly define and strengthen its key functions, and to develop the basic CCM documents so that the country can successfully and efficiently implement its new and first Global Fund Round 9 HIV/AIDS grant.</p>				

Mexico	146MX-PR management	Presignature	Active	Pending (combined report for assignments 121-122,143 and 146-148MX)
	147MX-M&E	Presignature	Active	Pending (combined report for assignments 121-122,143 and 146-148MX)
	148MX-PSM	Presignature	Active	Pending (combined report for assignments 121-122,143 and 146-148MX)
As mentioned above, the first nominated PR did not pass the LFA evaluation and the Mexico CCM needed to repeat the PR selection process; GMS was called to support and strengthen this second institution so that it could pass the LFA evaluation and sign the grant. The three teams worked on the development of systems, the preparation of required documents (plans, budgets, templates and processes), the planning of a new management unit and the process for SR selection and evaluation. The grant was successfully signed on November 8. The PSM team has developed the PSM plan, forecasting and budget. Procurement policies have been developed containing guidelines on and selection of procurement methods, tender forms with annexes, conflict-of-interest declarations, confidentiality agreements, and forms to assess bids.				
Morocco	117MA-PSM	NA	Active	NA
Morocco requested assistance to fulfill a condition precedent on PSM for its Round 6 Phase 2 HIV/AIDs grant that prevented them from future procurement. GMS work in Morocco started in April 2010 and the final visit occurred in October 2010. A revised version of the PSM plan, forecasting and budgets have been completed and approved by the Global Fund allowing for release of funding. Other deliverables made include a manual of procedures for PSM, and a quality assurance policy. Staff were trained on quantification procedures for ARVs, drugs for STIs, and for intravenous drug users. The work has resulted in a score increase for the grant from B1 to A2, and with an A1 for the PSM component.				
Mozambique	104MZ-PR management	NA	6-month follow-up	Final
	142MZ-PR management	NA	Active	NA
The two assignments complement each other. Assignment 104 was intended to strengthen the management skills of the existing management unit; build up their Global Fund reporting system; make sure that the MOH had complied with all the conditions precedent established by the Global Fund; support the PR in the revision and update of the approved grant budget and work plan and help clarify some costs as requested by the Global Fund; and assist the PR in its definition and strengthening of a financial system for itself and its lead SRs, which could respond to all the financial requirements and reporting needs of the Global Fund. Additionally the team supported the PR in the preparation of a financial procedures manual and assessed the need for any other documents that could help the MOH in the implementation of their many grants. In the analysis of systems and capacity of the existing grant management system, it was found that the number of grants held by Mozambique's MOH was overwhelming the current capacity and organization of the various management units within the MOH. As a result, the country had not had a disbursement in the previous 18+ months. A solution was discussed with the Directorate of Planning and Coordination (in charge of Global Fund grants management) and a decision, later approved by the minister, was reached on the formation of a cohesive and well-defined management group/unit. The creation and implementation of this unit is the scope of work of GMS' second intervention in Mozambique (assignment 142), still ongoing. The change in ministers has slowed the project but the team is currently preparing for its third visit and a commitment of the new minister toward the goals of GMS work.				

Mozambique	114MZ-CCM	NA	Active	NA
The purpose of this assignment was to work with the CCM of Mozambique to enable it to examine and strengthen its current organization, membership rules, governance, oversight, policies and processes to decide which structural reforms were needed and which documents needed review. As part of this process, the GMS team and its CCM counterparts completed bylaws, internal regulations, a procedures manual that includes terms of reference for the Secretariat, CCM members and work groups; an oversight plan; a conflict-of-interest policy; and a work plan and budget.				
Namibia	118NA-PR management	Presignature	Active	NA
	119NA-M&E	Presignature	Active	NA
Assistance on PR management, M&E and PSM is being provided to respond to a request to build the capacity of NANASO as new PR for an HIV/AIDS Round 2 RCC grant. Two teams (PR management and a combined M&E-PSM team) were sent. The PR management and M&E-PSM teams each made two visits during PY3, with third visits planned in quarter one of PY4. The teams are assisting NANASO in meeting Global Fund requirements. The PR management team is developing a grant management implementation manual, strengthening NANASO staff's grant management capacity and developing an SR management system (including guidelines/procedures/tools for SR identification, assessment and selection, and SR contractual documents). For M&E, work included developing the Performance Framework, M&E Plan, M&E Operational Manual, budgets and SR management manual. GMS supported the preparation of an MOH-NANASO pairing plan to bridge the transition to the new PR, and facilitated the recruitment of necessary finance, M&E and management staff. For PSM, a PSM plan, forecasting and budget have been completed. Training materials to improve PSM capacity in the new PR and the SR have been finalized and will be used during the final visit. Signature of the grant is expected on or about the time of this writing.				
Nepal	095NP	NA	6-month follow-up	Final
	108NP-PR management	Consolidation	Cancelled	Client reviewing report (combined for assignments 109 and 110NP)
	109NP-PS management		Completed	
	110NP-M&E			
GMS assisted the Nepal National TB Programme in the work of consolidating the grant from Round 7 with the newly awarded grant for the National Strategy. Three teams (assignment 109, 110, and one person from 108) were deployed, although the PR management assignment was cancelled when it became obvious that members of the other teams could deal with budgetary work. One single visit of the PSM and M&E teams was considered sufficient by the client as the work had already been advanced. The new consolidated grant was signed with a starting date of October 1, 2010.				
Niger	092NE-CCM	NA	Cancelled	NA
The Niger CCM requested support for governance reforms and oversight strengthening. Unfortunately, immediately before the first visit, the country underwent unexpected political changes. USG support was suspended and the GMS assistance had to be cancelled.				

Pakistan	149PK-PR management	Consolidation	Active	NA
	150PK-M&E			
<p>GMS started work in Pakistan in July 2010 to assist in the consolidation of the tuberculosis grant from Round 6 with the newly awarded Round 9 for the National TB Control Programme. Two teams, one on financial and grant management, and a second one on M&amp;E were deployed. Work on a consolidated Performance Framework, work plan, budget and M&amp;E plan were completed during the first visit. However, weaknesses in the forecasting and the PSM plan needed to be addressed. One of the team members of M&amp;E also knowledgeable on PSM completed the work during the second visit. Negotiations with the Global Fund were completed during the second visit. The last visit for a few members of the two teams is scheduled for November to address remaining issues.</p>				
Peru	107PE-CCM	Dashboard	6-month follow-up	Draft
<p>This is the second support of GMS to the Peruvian CCM (CONAMUSA) as they participated in the dashboard pilot during 2009. GMS visits occurred from April to July 2010. At present, the local consultant is providing needed follow up. Modifications to the foundation documents and bylaws of CONAMUSA were approved by the CCM's General Assembly to ensure that grant oversight is properly conducted. A conflict-of-interest policy was updated to reflect the changes in the procedures. As part of the support to strengthen the CCM capacities, GMS developed CONAMUSA's first CCM dashboard. This includes the main indicators recommended by the Global Fund Secretariat to track performance of CCM members. The dashboard has been uploaded to the CONAMUSA website. An update on the grant dashboards developed through a previous GMS assistance allows also for the display of the grant dashboards in the website.</p>				
Senegal	111SN-PR management	Consolidation	6-month follow-up	Draft
<p>Following approval of the Round 9 HIV and HSS proposal, the PRs and the Global Fund agreed to consolidate the Round 7 and Round 9 HIV/AIDS grants for the existing PRs (CNLS, public sector PR, and Alliance nationale contre le SIDA (ANCS), an NGO PR, and to add a new PR for the HSS component (Division de lutte contre le SIDA et les IST (DLSI) of the MOH). Because the CNLS and the ANCS are very experienced PRs, GMS support was limited to verification of the initial work of consolidation they had begun alone. GMS contributed a number of improvements in PSM, M&amp;E and budgeting and assisted the PRs to resolve some contradictions between the two grants. For the new PR, DLSI, GMS provided the type of orientation and assistance usual with presignature assignments, including help with SR budgeting and completion of the Performance Framework. The three grant agreements were signed on July 5 and disbursement to the DLSI was made in September.</p>				
Senegal	130SN-PSM	Presignature	6-month follow-up	NA
	137SN-PR management	Presignature	6-month follow-up	NA
<p>The National TB Program of the Ministry of Health is the PR for the Round 7 TB grant. As this grant neared the end of Phase 1, its performance was rated B1, but the Global Fund had noted problems with M&amp;E and with completion of the tendering process for commodities and drugs. The PR requested technical support in these areas and in preparation of the Phase 2 management plan. GMS created two teams with all three technical specialties to overcome these bottlenecks: all but two of the consultants were Senegalese, a positive step toward local autonomy for technical support. The team completed two longer visits to this PR to enable it to meet its deadline for filing. The PR is now awaiting the decision by the Global Fund on its Phase 2 request.</p>				

Senegal	140SN	Dashboard, CCM	Active.	NA
The CCM in Senegal has requested support from GMS to improve its oversight capacity with the implementation of grant dashboards. This is the first collaboration between GMS and UNAIDS after the Global Fund/UNAIDS-sponsored training by GMS of regional and national consultants in the use of dashboards. The first visit took place in September 2010 where one consultant from the Technical Support Facilities from UNAIDS has participated as a member of the GMS team. Support is ongoing and next visit will be during November 2010.				
Serbia	123RS-CCM	Dashboard	Active	NA
GMS is currently supporting the Serbian CCM to improve oversight with the use of dashboards, and to conduct certain structural reforms to its current organization. The role of the Republican AIDS and TB Commissions vis-à-vis the CCM is also being addressed. The team has already completed two country visits during PY3.				
Sierra Leone	141SL-CCM	Dashboard	Active	NA
GMS is providing support to the Sierra Leone CCM for the third time. Although in previous years the work concentrated in basic CCM reforms and oversight, on this occasion the CCM has requested support to implement dashboards. The first visit has already taken place and some structures for oversight need to be put in place. Elections of new members are likely to occur in December. The team's next visit is scheduled for January to work with the newly elected members and work with newly recruited M&E officers.				
Sierra Leone	128SL-PSM	Consolidation	6-month follow-up	NA
Sierra Leone	129SL-M&E	Consolidation	6-month follow-up	Draft
GMS supported the Sierra Leone NAS to complete the needed work for consolidating the Round 6 HIV/AIDS grant and the newly approved Round 9 HIV/AIDS grant. A complete file was produced for submission of the Global Fund, incorporating a harmonized work plan and budget, a consolidated Performance Framework and targets, and a PSM plan and budget to serve the objectives of both grants.				
Solomon Islands	103SD-CCM	NA	Active	NA
The Solomon Islands CCM requested basic governance strengthening; this is an ongoing intervention which will be finished in PY4. So far, SOP, a new board structure and a conflict-of-interest policy prepared by the team have been discussed and approved in general assembly, and three committees have been formed (oversight, technical and management).				
Southern Sudan	158SD-CCM	Dashboard	Active	NA
The Southern Sudan CCM has requested a second phase of governance strengthening, following the first phase of GMS support in 2007-2008. This assignment will take place in November/December to coincide with arrival of the USG Global Fund Liaison for Southern Sudan. The purpose of the current assignment is to review and update the constitution and governance manual of Southern Sudan's CCM; prepare an oversight plan; build M&E capacity; and improve PSM skills. Grant dashboards will be developed. The initial GMS visit will be carried out by an integrated team of specialists (CCM, M&E, PSM, PR) whose tasks will include diagnostic work and an oversight workshop for the CCM.				

Thailand	091TH-CCM	NA	Active	NA
<p>The Thailand CCM has requested governance strengthening, creation of a conflict-of-interest policy, and establishment of a basic oversight process. The CCM has had difficulty grasping the concept of conflict of interest; extensive capacity building sessions have been devoted to this topic. The new conflict-of-interest plan provides for mitigation of conflict of interest. Three committees, including oversight, have been created and the CCM documentation has been revised. Review by the CCM of the documents was held up from March to September 2010; formal approval of the documents is expected for October. The CCM has committed to conducting membership renewal and orientation of new CCM members by the end of 2010.</p>				
Timor Leste	113TL-CCM	NA	Active	NA
<p>GMS was requested to strengthen the Timor Leste Coordinating Mechanism and Secretariat to meet Global Fund eligibility requirements and to support it in carrying out the full range of CCM functions, especially CCM oversight and member participation. The CCM team has conducted its first two visits in PY3 and a diagnostic process in which priorities were identified. Membership renewal was determined to be a key activity for the CCM, and the team assisted the secretariat to initiate member elections and selection during the second visit in addition to revising and developing foundation documents for governance, management, and oversight. Membership renewal is scheduled to take place in October and November 2010 prior to the final visit of the GMS team. During the last visit, the team will conduct an orientation and capacity building for members related to CCM responsibilities, structures, policies, and procedures.</p>				
Tunisia	144TN-CCM	NA	Active	NA
<p>The Tunisia CCM has requested basic governance strengthening in response to weaknesses which may cause it to fail the eligibility screening of the Global Fund. GMS has created a team of two international consultants and two local consultants at the request of the CCM. The first visit by the team identified problems in five of the six eligibility criteria. A reform plan has been proposed to the CCM. The CCM is awaiting results of the Round 10 screening to make a decision on reforms.</p>				
Yemen	156YE-CCM	NA	Active	NA
<p>The Yemen CCM has requested basic governance strengthening following a two-stage diagnostic process led by the Global Fund Secretariat with an IQC consultant. GMS team will use this diagnosis to guide the work. This assignment will begin in October.</p>				
Zambia	106ZM	Dashboard	Active	NA
<p>The goal of this assignment was to put in place a comprehensive oversight plan, which uses dashboards and other tools, to assist the Zambia CCM with its extensive portfolio of grants. However, when MOH financial mismanagement and corruption issues were raised in an OIG report in early 2010, GMS adapted its SOW to assist in the CCM response to the OIG report, and to proceed with other acutely needed governance and oversight strengthening tasks. GMS filled a vital role in preparing a Plan of Action for the implementation of OIG recommendations and creating a tool for tracking the status of funds to be accounted for or reimbursed. In visit three, the team prepared the draft conflict-of-interest policy, an oversight plan and a manual of procedures. A fourth visit is planned for November 2010 to complete all documentation and follow up on dashboard development.</p>				
Zimbabwe	115ZW-M&E	NA	6-month follow-up	Draft
	116ZW-PR management	NA	6-month follow-up	Draft
<p>GMS was therefore invited to assist ZAN, SR under PR UNDP, to carry out a PR management and M&amp;E assessment for 22 SSSRs. An organizational assessment tool was developed by the GMS team and used for data collection and analysis. The team produced individual assessments for each SSSR, and an aggregate summary of findings and scores, as well as an overall plan. With these GMS products ZAN is now able to plan for and address capacity gaps among SSSRs prior to their being phased-in to the Round 8 HIV/AIDS grant.</p>				

**LEGEND**

**STATUS**

Active: Not all visits have been completed

Cancelled: The assignment was cancelled.

6-month follow-up: 6-month follow-up scheduled and remains to be completed.

Completed: All visits completed and 6-month follow-up completed

**CONSULTANCY REPORT**

NA: The assignment is still active, or was cancelled

Pending: The assignment is no longer active, and a report is or will be due

Draft: A draft has been received and is being reviewed by GMS or has been sent to the client for review

Final: The "Draft" has been sent to the client, OGAC and the Global Fund.

## ANNEX 2. Performance Monitoring Plan

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 Note: All targets and actual values are cumulative					
Indicators	Definition	Data Source	PY3		PY4
			Target	Actual	Target
1.1 Number of new local consultants recruited to work on GMS teams	A "local consultant" is a consultant who resides in the country where GMS is providing technical support. He/she is not an employee of MSH or other GMS partner organizations. (Note: A local consultant may be recruited more than once by GMS for various task orders. To avoid double-counting, he/she will only be counted once.)	GMS project data	90	121	140
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 Global Fund work, who later works as consultant on regional or international GMS teams	GMS project data	10	15	20
1.3 Number of GMS Task Orders that used at least one local consultant	Number of task orders implemented by GMS that used at least one local consultant. A "local consultant" is a consultant+B19 who resides in the country where GMS is providing technical support. (Note: A ratio of 1:1 between indicator 1.1 and 1.3 may not materialize because an assignment may recruit more than one local consultant or no local consultant.)	GMS project data	n.a	140	200

Objective 2: Support CCMs, and future and existing PRs to complete pre-signature and transitional requisitional requirements.					
Indicators	Definition	Data Source	PY3		PY4
			Target	Actual	Target
2.1 (Outcome) Number of new grants signed	The number of new round grants signed for which GMS provided presignature technical support	Global Fund website; communication with Global Fund, CCM or PR	8	15	20
2.2 (Outcome) Number of consolidated grants signed	The number of consolidated grants signed for which GMS provided consolidation technical support	Global Fund website; communication with Global Fund, CCM or PR	n.a	5	15
2.3 (Outcome) Number of Phase 2 and/or Rolling Continuation Channel (RCC) grants signed	The number of grants to which GMS provided pre-Phase 2 or pre-RCC technical support that were signed	Global Fund website; communication with Global Fund, CCM or PR	8	10	14

Objective 3: Improve transparent multisectoral governance and leadership of Global Fund activities by CCMs meeting Global Fund requirements					
Indicators	Definition	Data Source	PY3		PY4
			Target	Actual	Target
3.1 (Outcome) Number of CCMs with membership and activity that meet requirements for eligibility (composition, representation, policy) 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 with Global Fund, CCM or PR	20	20	30
3.2 (Outcome) Number of CCMs completing time-bound actions	The number of CCMs receiving GMS technical support that completed time-bound actions	Global Fund website; communication with Global Fund, CCM or PR	10	4	
3.3 (Outcome) Number of CCMs conducting scheduled periodic oversight of Global Fund grants	The number of CCMs (or CCM oversight committees) receiving GMS technical support that met at regular scheduled intervals to discuss grant performance at six-month GMS follow up	GMS six-month follow-up	20	17	25
3.4 Number of CCMs with framework documentation completed (work plan defined; governance manual developed; CCM bylaws revised; communications plan approved)	The number of CCMs that have complete documentation after GMS technical support for the same	GMS project data	30	20	35
3.5 Number of grant agreements for which a dashboard was developed for CCM oversight	The number of grant agreements for which one or more dashboard was developed with GMS technical support	GMS project data	30	32	60
3.6 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	569	1000

Objective 4. Remove bottlenecks and improve systems and capacity for performance-based management of Global Fund grants by PRs					
Indicators	Definition	Data Source	PY3		PY4
			Target	Actual	Target
4.1 (Outcome) Number of conditions precedent or time-bound actions relating to financial management or program implementation met after GMS technical support	The number of CPs or time-bound actions relating to PR management met by PRs as a direct result of GMS support	Global Fund website; communication with Global Fund, CCM or PR	19	18	30
4.2 (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 with Global Fund, CCM or PR	10	9	15
4.3 Number of PRs or lead SRs with operations manuals, subgranting procedures, other standard operating procedures	The number of PRs for which GMS provided technical support to prepare operations manuals, subgranting procedures, other SOPs	GMS project data	30	49	60
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 Global Fund	GMS project data	14	18	25
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 Global Fund requirements	GMS project data	20	20	30

Objective 5. Remove bottlenecks and strengthen systems for monitoring and oversight of Global Fund grants					
Indicators	Definition	Data Source	PY3		PY4
			Target	Actual	Target
5.1 (Outcome) Number of conditions precedent or time-bound actions completed relating to M&E met or completed A47 after GMS technical support	The number of conditions precedent or complete time-bound actions relating to M&E met by PRs as a direct result of GMS technical support	Global Fund website; communication with Global Fund, CCM or PR	15	22	28
5.2 (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 with Global Fund, CCM or PR	11	14	18
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 Global Fund requirements	GMS project data	10	16	18
5.4 Number of grants provided with data collecting and/or reporting systems that meet Global Fund requirements	The number of PRs to which GMS provided technical support with data collection and/or reporting systems that meet Global Fund requirements	GMS project data	10	15	18

<b>Objective 6. Improve systems, capacity and procedures and remove bottlenecks to a continuous supply of high-quality goods and services for Global Fund grants</b>					
<b>Indicators</b>	<b>Definition</b>	<b>Data Source</b>	<b>PY3</b>		<b>PY4</b>
			<b>Target</b>	<b>Actual</b>	<b>Target</b>
6.1 (Outcome) Number of conditions precedent or time-bound actions related to procurement and supply management (PSM) met after GMS technical support	The number of CPs or complete time-bound actions relating to PSM met by PRs as a direct result of GMS support	Global Fund website; Communication with Global Fund, CCM or PR	10	17	15
6.2 (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 with Global Fund, CCM or PR	4	12	15
6.3 Number of PRs with procurement and distribution procedures that meet Global Fund guidelines	The number of PRs to which GMS provided support to put in place procurement and distribution procedures that meet Global Fund guidelines	GMS project data	12	17	20
6.4 Number of grants for which systems to monitor and report on use of medicines are in place	The number of PRs to which GMS provided support to put in place drug use monitoring and reporting that meet Global Fund guidelines	GMS project data	9	8	12
6.5 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	19	20
6.6 Number of PRs or SRs that have taken steps to improve their inventory management system	The number of PRs or lead SRs that have received GMS technical to improve their inventory management system. Steps taken should include, at a minimum, (a) developing documented standard operating procedures for inventory and reporting of stocks, and (b) job descriptions for PSM staff.	GMS project data	1	5	7

Objective 7. Develop and improve tools for Global Fund grants management					
Indicators	Definition	Data Source	PY3		PY4
			Target	Actual	Target
7.1 Number of tools and best practice models developed by GMS adopted by Global Fund	Number of tools or best practice models developed by GMS and formally adopted by the Global Fund. Tools may include dashboards, guidance documents or manuals.	Global Fund website; communication with Global Fund	5	5	7
7.2 Number of consultants trained to use tools and best practice models developed by GMS and adopted Global Fund	Number of consultants trained by GMS in the application of above tools and best practice methods (Note: a consultant may be trained by GMS on more than one tool and may thus be counted multiple times.)	GMS project data	300	354	400

8. Cross-cutting process indicators					
Indicators	Definition	Data Source	PY3		PY4
			Target	Actual	Target
8.1. Number of CCMs receiving technical support from GMS	Number of CCMs receiving technical support from GMS (Note: CCMs may receive technical support from GMS multiple times at various intervals. To avoid double counting, CCMs will only be counted once.) This indicator measures GMS coverage by counting the number of individual CCMs that have received technical support. (Target calculation: 90% of indicator 8.2.)	GMS project data	n.a	45	n.a
8.2 Number of task orders implemented by GMS that provide technical support to CCMs	Number of task orders implemented by GMS that provide technical support to CCMs, by the type of support provided (governance, oversight, dashboard). This indicator measures the volume of GMS work.	GMS project data	n.a	54	66
8.3 Number of new or existing PRs that received technical support from GMS	Number of PRs receiving technical support from GMS, by type of technical support provided: grant management, PSM, and/or M&E. The PR may be already be serving as PR for at least one Global Fund grant at the time GMS technical support is provided. Alternatively, the organization may be have been proposed to serve as PR for a Global Fund grant but has not so far acted in this role before. (Note: A PR may receive technical support from GMS multiple times at various intervals. To avoid double counting, PRs will only be counted once.) This indicator measures GMS coverage by counting the number of individual PRs that have received technical support.	GMS project data	n.a	49	n.a
8.4 Number of task orders implemented by GMS that provided technical support to new or existing PRs	Number of task orders implemented by GMS that provide technical support to new or existing PRs, by the type of support provided: grant management, PSM, and/or M&E. This indicator measures the volume of GMS work.	GMS project data	n.a	106	154
8.5 Number of grants receiving GMS technical support	Number of grants receiving GMS technical support by type of support provided: grant management, PSM and/or M&E. This indicator measures GMS coverage by counting the number of individual grants that received technical support from GMS.	GMS project data	n.a	102	n.a

## ANNEX 3. SUCCESS STORIES

### (All attached to this report)

1. Financial Training in Bangladesh Underscores Transparency and Accountability
2. Action against HIV and Tuberculosis: Activists in Eastern Europe and Central Asia
3. The CCM Membership Checklist: Enhancing Transparency in Global Fund Governance
4. South-to-South Consulting: West African Specialists Solve West African Problems
5. Grant Dashboards: Ensuring Procurement and Supply
6. Grant Dashboards: Making CCM Oversight Easier Worldwide
7. South-to-South Inventiveness: Grant Dashboard Displays Data CCMs Use
8. Testing the GIPA Principle: Hondurans Living with HIV Implement Global Fund Grants
9. Transferring Grant Responsibility: Advancing the Belief in National Ownership
10. Post-Conflict Recovery: Southern Sudan Builds Stronger Leadership
11. CCM Elections in Mauritania: Paper Ballots and See-Through Voting Boxes
12. Meeting Needs in Southeast Asia: The Vulnerable and Marginalized Take Action
13. Abroad and at Home: International Consultants Save Their Own Nation's Grants

## ANNEX 4. PAPERS PRESENTED, PRESENTATIONS MADE, ARTICLES AND CONFERENCE PARTICIPATION

No.	Title and Website (if available)	Paper, Presentation, Article or Conference Facilitator	Name of Publication or Conference	Publisher or Organizer	Date and Place
1	Innovations to improve CCM oversight: The CCM grant dashboard	Presentation	Regional Cluster Meeting, Southwest Asia	Global Fund	October 2009 Hyderabad, India
2	GMS Governance Tools	Presentation	MSH Brown Bag	MSH	December 2009 Boston, MA
3	Technical Leadership Forum—Governance Tools: Adapting GMS Governance Tools to MSH Work in Governance More Generally	Paper		MSH	December 2009 Boston, MA
4	Support to presentation of Namibia grant dashboards	Paper	Regional Cluster Meeting, South Africa	Global Fund	December 2009 Lilongwe, Malawi
5		Facilitator	Partnership to Strengthen Technical Assistance	Global Fund	January 2010 Geneva, Switzerland
6	Strengthening CCM Oversight	Facilitator	CCM Regional Meeting, West Africa	Global Fund	February 2010
7	The History of the CCM Grant Oversight Tool <a href="http://www.theglobalfund.org/documents/ccm/CCM_Newsletter_02.pdf">www.theglobalfund.org/documents/ccm/CCM_Newsletter_02.pdf</a>	Article	CCM Newsletter, Issue No. 2	The Global Fund to Fight AIDS, Tuberculosis and Malaria	April 2010 Geneva, Switzerland
8	An Interview with the Director of Grant Management Solutions, Ms Catherine Severo <a href="http://www.theglobalfund.org/documents/ccm/CCM_Newsletter_02.pdf">www.theglobalfund.org/documents/ccm/CCM_Newsletter_02.pdf</a>	Article	CCM Newsletter, Issue No. 2	The Global Fund to Fight AIDS, Tuberculosis and Malaria	April 2010 Geneva, Switzerland
9	Access to Technical Support from Global Fund Partners: A panel presentation"	Conference	CCM Regional Meeting, East Africa	Global Fund	June 2010 Nairobi, Kenya
10	Strengthening Country Coordinating Mechanisms' Oversight	Conference	CCM Regional Meeting, Latin America and the Caribbean	Global Fund	June 2010 Antigua, Guatemala
11	Bilateral Cooperation: Reelection of civil society members in the Mauritanian CCM <a href="http://www.gtz.de/de/dokumente/gtz201006-en-backup-news.pdf">http://www.gtz.de/de/dokumente/gtz201006-en-backup-news.pdf</a>	Paper	BACKUP Newsletter, Issue No. 11	GTZ	June 2010 Eschborn, Germany
12	Annual Meeting of the TB Team and Partners	Presentation		TB Team of the Stop TB Partnership	June 2010, Geneva, Switzerland

No.	Title and Website (if available)	Paper, Presentation, Article or Conference Facilitator	Name of Publication or Conference	Publisher or Organizer	Date and Place
13	Building National Accountability for Global Fund Grants: How Country Coordinating Mechanisms Govern Using Oversight "Dashboards"  <i>Attached to this Annex as file "Annex 04 Attachment 13 Poster"</i>	Poster	XVIII International AIDS Conference	International AIDS Society	July 2010 Vienna, Austria
14	Feasibility pilot summary: Lessons Learned from the Grant Dashboard Feasibility Pilot  <i>Attached to this Annex as file "Annex 04 Attachment 14 Dashboard Pilot"</i>	Paper (on Poster, see Item 13 above)	XVIII International AIDS Conference	International AIDS Society	July 2010 Vienna, Austria
15	International AIDS conference: Satellite Session 1 (FR) Renforcer les Instances de coordination nationales en suivi stratégique	Facilitator	XVIII International AIDS Conference	International AIDS Society	July 2010 Vienna, Austria
16	International AIDS conference: Satellite Session 2 (ENG) Strengthening Country Coordinating Mechanisms for Grant Oversight	Facilitator	XVIII International AIDS Conference	International AIDS Society	July 2010 Vienna, Austria
17	Strengthening Country Coordinating Mechanisms' Oversight <a href="http://www.theglobalfund.org/documents/regionalmeetings/jamaica2010/RMLAC_Day1_CCMGrantOversight_Presentation_en.pdf">http://www.theglobalfund.org/documents/regionalmeetings/jamaica2010/RMLAC_Day1_CCMGrantOversight_Presentation_en.pdf</a>	Presentation	CCM Subregional Meeting, Caribbean	Global Fund	September 2010 Jamaica
18	The Global Fund to Fight AIDS, Tuberculosis and Malaria at the Global AIDS Conference: Observations  <a href="http://genderfoodpolicy.wordpress.com/2010/09/24/event-dc-what-did-the-2010-international-aids-conference-mean-for-women/">http://genderfoodpolicy.wordpress.com/2010/09/24/event-dc-what-did-the-2010-international-aids-conference-mean-for-women/</a>	NA	What did the 2010 International AIDS Conference Mean for Women	Women and Gender Working Group of the Global AIDS Roundtable and Office of Congresswoman Barbara Lee	September 29, 2010 Washington, DC

# Blueprints for Success

## Technical Support to Global Fund Grants



## Financial Training in Bangladesh Underscores Transparency and Accountability

The U.S. and the Global Fund to Fight AIDS, Tuberculosis and Malaria share the goals of helping to improve transparency, governance, and grant management procedures in Bangladesh.



Bangladesh

*Strengthening the financial management skills of a country's civil-society organizations improves their chances of becoming Global Fund grant implementers and strengthens the partnerships between government, civil society, the private sector and affected communities. This helps extend the reach of Global Fund grants.*

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit [www.gmsproject.org](http://www.gmsproject.org).

Bangladesh has received 13 grants worth some \$216 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Since 2004, the country has used these grants to run programs that have benefited more than a half million tuberculosis sufferers and to distribute more than a million insecticide-treated bed nets whose use prevents malaria.

These results owe to the direct involvement of local civil-society organizations (CSOs) that deliver health services in communities. Most of these CSOs are small, with few regulations, rules, and systems in place for managing large sums of money. Helping these CSOs streamline their financial management practices and thus enhance service delivery was the goal of a three-day workshop led by a Bangladeshi-owned consulting firm, Technical Assistance Inc. (TAI), in January 2010, under the auspices of Grant Management Solutions (GMS). Since its founding in 1986, TAI, based in Bangladesh, has worked in over 20 countries in partnership with local and government organizations to improve capacity—namely efficiency and management skills.

What did CSO members learn about over the three days? Day 1 | Structure of the Global Fund; roles and relationships among principal recipients (implementers of programs the Global Fund supports), subrecipients (SRs) (other implementers, who serve under PRs), and sub-subrecipients (SSRs). Day 2 | Principles of financial management and accounting. Day 3 | Budgeting, reporting, how to use basic accounting software.

At the end of Day 3, four CSOs that were managing Global Fund Round 5 tuberculosis and HIV/AIDS grants were given copies of QuickBooks accounting software. TAI installed it on CSO computers, helped each organization develop a chart of accounts, and provided one month of follow-up support.

Participants—all CSO members—left the workshop with new skills in financial management. TAI's role as workshop leader underscored the shared goal of the U.S. and the Global Fund to improve transparency, governance, and grant management procedures in Bangladesh.



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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.



# Action against HIV and Tuberculosis

## Activists in Eastern Europe and Central Asia

Civil society advocates petition their leaders to pay greater attention to skyrocketing rates of HIV and tuberculosis infection.



Photo :  
Terry Anderson

Previewing some talking points that led to a petition presented to government leaders in Eastern Europe and Central Asia.

Read the report from the workshop  
In [English](#)  
In [Russian](#)

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit [www.gmsproject.org](http://www.gmsproject.org).

Rates of HIV infection soared by 66 percent in Eastern Europe and Central Asia between 2001 and 2008. Among all newly diagnosed cases of tuberculosis, the region hosts the highest proportion of multidrug-resistant tuberculosis. To slow the rate of new infections of both diseases, people living with the diseases must be involved as messengers of prevention, as caregivers, and as overseers of public-health support.

Promoting that involvement was one of the primary goals of a workshop sponsored in late 2009 by Grant Management Solutions (GMS) and Merck & Co. in Sofia, Bulgaria. Many organizations made the workshop possible: Civil Society Action Team | Eurasian Harm Reduction Network | AIDS Foundation East-West | Bulgarian Family Planning Association | Global Fund | East Europe & Central Asian Union of People Living with HIV.

The workshop, called *Meaningful Involvement*, brought together 41 civil society leaders from 17 countries representing organizations of people living with HIV and people who are drug dependent. During the workshop, participants developed a common agenda for meaningful participation in prevention, care, treatment, support and governance activities in their nations.

This workshop was held in the two days before a Global Fund regional meeting for CCM and PR representatives, many of whom are government officials. In an unusually bold move, workshop participants read their common agenda aloud in the form of a petition to government leaders from 350 civil-society organizations “representing hundreds of thousands of people living with HIV, tuberculosis and...drug dependence.”

In a part of the world with scant precedent for making petitions to government leaders, this simple act of reading aloud in public was a major achievement: an act of advocacy and activism and a step towards self-determination.



# The CCM Membership Checklist

## Enhancing Transparency in Global Fund Governance

A simple checklist helps CCM members maintain transparency, one of the philosophical pillars of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

**Fictitious Country Coordinating Mechanism Membership and Potential COI at-a-glance** Jun-10

List each CCM member, office or committee assignments held, and the status of their institution as PI or DR of Global Fund grants. Check the potential for COI and highlight in blue those members with potential COI.

CCM Member Name & CCM Role	Organizational Title	Office or Executive Committee Member	Fictitious or Potential Committee Membership	Oversight Committee Membership	Principal Participant			Subsidiary			Potential COI
					Current	Past	Proposed	Current	Past	Proposed	
Dr G. Walker, Chair	Minister of Health	X	X	X	X						X
Ms S. Sims, Vice-Chair	Catholic College of Health Sciences	X	X	X							
Mr Nestor Dominic	UNEP	X	X		X	X					X
Dr G. Bishop	WHO	X	X								
Ms E. Falo	UNFPA	X	X								
Ms W. Palmita	Christian Health Association	X						X	X	X	
Ms C. Ishtar	UNICEF	X	X				X				
Dr D. Elmal	Catholic Relief Services	X		X							
Ms S. Elmira	Deputy Ministry of Health	X						X			X
Ms K. Joseph	Ministry of Education	X									
Dr G. Tulega	Ministry of Labor	X									
Ms P. Amara	Ministry of Women	X		X							
Ms H. Wosawa	Ministry of Defense	X									
Ms C. McDonald	USAID	X	X								
Dr D. Chapman	UNAIDS	X	X								
Ms M. Thanyara	Lutheran Church of Justice	X		X						X	X
Ms B. Plank	Ficticia Business Association	X									
Dr T. Bloski	Merry Corp	X		X							
Ms B. Joseph	Ficticia HIV/AIDS Association	X						X			X
Ms C. Maridan	Ministry of Education	X									

CCM members oversee very large sums of money. The CCM Membership Checklist (fictitious example above) helps members assess their compliance with Global Fund eligibility requirements.

In its first three years, GMS fostered CCM reforms in 32 countries, most of which have benefited from use of the CCM Membership Checklist.

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit [www.gmsproject.org](http://www.gmsproject.org).

The Global Fund to Fight AIDS, Tuberculosis and Malaria is the world's largest and perhaps most innovative financing institution working against these diseases. A cornerstone Global Fund requirement is that any country that wishes to apply for a grant must maintain a national governance body or partnership of representatives from the public, civil society, private, and donor sectors to oversee their nation's grants. Another is that the partnership must use transparent, documented procedures for its work.

The members of this partnership, known as a Country Coordinating Mechanism (CCM) must establish and follow their own procedures to renew membership and address potential, real, and perceived conflicts of interest. CCMs that follow such procedures can remain compliant with Global Fund requirements for current and future grants.

The CCM Membership Checklist, invented by Grant Management Solutions (GMS) project, is a simple chart that helps CCM members quickly assess potential conflicts of interest among fellow members. The Checklist shows each member's name, affiliation, association with current and past grants as an implementer, and participation in potentially conflicting CCM activities and decisions.

Full disclosure of one's interests is a fundamental requirement of any well-functioning board, and the CCM Membership Checklist underscores that process. Although the Checklist may reveal that a member has a direct interest in how a grant is implemented, no conflict arises if the member does not participate in oversight or certain types of decision making. Using the checklist allows the CCM to identify conflicts that require resolution.

GMS began in 2007 to help countries better manage their Global Fund grants. Part of the GMS task is to design tools to help nations meet the short-term targets and long-term goals outlined in Global Fund grant agreements. The CCM Membership Checklist is one of those tools.



# Blueprints for Success

## Technical Support to Global Fund Grants



# South-to-South Consulting

## West African Specialists Solve West African Problems

West African specialists are providing solutions to West African challenges.



Photo: Marc Péchevis

*Dah El Hadj Sidi (L) and Eustache Akpané (R) advise West African nations on ways to improve the effectiveness of their multimillion-dollar grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.*

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit [www.gmsproject.org](http://www.gmsproject.org).

In today's global workforce, international development experts who manage large-scale health, education and development projects are often citizens of the countries they serve. Dr. Dah El Hadj Sidi and Mr. Eustache Akpané are two such persons.

Dah, a Mauritanian pharmacist, is expert in establishing pharmaceutical standards. Dah once worked for the private sector, but what brought him to the attention of Grant Management Solutions (GMS) was his superb work as a technical advisor to Mauritania's Ministry of Health; his experience compiling his country's proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria; his diplomacy; his fluency in French and Arabic. Today, Dah's expertise in pharmaceutical management, training and consolidation of Global Fund grants put him in high demand in francophone Africa.

Eustache Akpané, from Côte d'Ivoire, specializes in international auditing and management. He has drafted financial and monitoring manuals in the private and public sector, including for the World Health Organization and agencies of the United Nations. His vast technical knowledge and standing as a professor explain why many have asked him to lead seminars throughout West Africa, where he teaches about monitoring and evaluation systems, internal auditing, leadership. For GMS, Eustache provides guidance on both governance and management to national bodies providing oversight and management of Global Fund grants.

As mid-career professionals, Dah and Eustache exemplify the new shape of international development: local nationals leading solutions to vexing national macroeconomic and health-system problems, with help from outside sources such as the U.S. government. Dah and Eustache have worked in almost every francophone African country, including the Democratic Republic of the Congo. There they recently worked together in 2009, helping grant recipients there sign two new Global Fund grants worth more than \$570 million.



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.

# Tools for Success

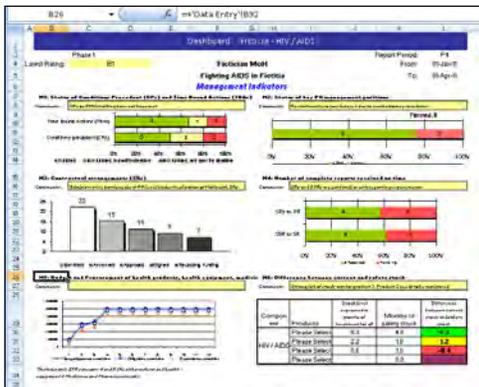
## Technical Support to Global Fund Grants



# Grant Dashboards

## Ensuring Procurement and Supply

Grant dashboards provide decision makers in CCMs with highly graphic presentations of key finance, management, and performance indicators. Two key indicators help decision makers ensure drugs are stocked at the right place and time.



Data for the two indicators at the bottom show the difference between current and required safety levels of drug stocks. [www.theglobalfund.org/en/ccm/guidelines/#dashboard](http://www.theglobalfund.org/en/ccm/guidelines/#dashboard)

New development paradigms require new methodological tools. The grant dashboard is a Global Fund-focused tool designed by GMS. GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit [www.gmsproject.org](http://www.gmsproject.org).

The new paradigm of performance-based funding for international development requires that institutions and individuals meet short- and long-term targets. The Global Fund to Fight AIDS, Tuberculosis and Malaria subscribes to this paradigm. Global Fund grantees therefore commit to objectives when they sign a grant agreement. Each national governance body for Global Fund grants, or Country Coordinating Mechanism (CCM), must provide oversight for the grants in its portfolio to ensure targets are on track.

Grant Management Solutions (GMS), which helps Global Fund grantees, has encouraged the use of dashboards to replace narrative reports program implementers, or Principal Recipients (PRs), give to CCMs. The grant dashboard enables busy CCM members to focus oversight on the most important financial, managerial, and programmatic indicators of grant performance and communicate results with constituencies and leaders; and it helps PRs manage grants and subgrants. The grant dashboard graphically displays information that decision makers in the CCM can use for oversight. Multicolored visuals signal, for example, expenditures from the grant; whether the PR has filled all required staff positions; and performance against targets. GMS has found that one challenge in particular is managing drug procurement and supply.

CCMs ask, "Where are the drugs?" Two indicators on the dashboard help answer this question: 1 | *Budget and Procurement of health products, health equipment, medicines and pharmaceuticals* shows the budget approved for purchasing health products and medicines, and the cumulative sum of financial obligations and expenditures to date. 2 | *Difference between current and safety stock* shows the difference between the current stock of a specific product of a particular dose and the safety stock. Using these two simple indicators has allowed several countries to identify and prevent situations of low or no stocks of life-saving drugs like antiretrovirals for HIV/AIDS.



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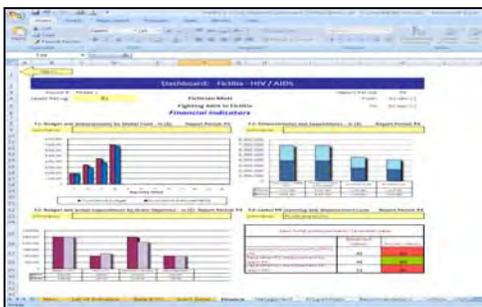
# Tools for Success

## Technical Support to Global Fund Grants



# Grant Dashboards: Making CCM Oversight Easier Worldwide

Grant dashboards provide decision makers in CCMs with highly graphic presentations of key finance, management and programmatic indicators.



*The basis of a dashboard is Microsoft Excel software. Through a series of links to data, the program produces dashboard-like graphs and charts of financial, management, and performance indicators.*

New development paradigms require new methodological tools. The grant dashboard is one specific to the Global Fund, designed by Grant Management Solutions.  
<http://www.theglobalfund.org/en/ccm/guidelines/#dashboard>.

For more information on GMS, visit [www.gmsproject.org](http://www.gmsproject.org).

In the new paradigm of performance-based funding for international development, institutions and individuals are evaluated against agreed targets for short-term objectives and long-term goals. The Global Fund to Fight AIDS, Tuberculosis and Malaria and principal recipients (PRs) that sign grant agreements, establish targets and define responsibilities that must be met in order for funding to continue. Each Country Coordinating Mechanism (CCM), the national multisectoral governance body charged with overseeing Global Fund activities for each grant in a nation's portfolio must, at any single time, know where the money is, where the drugs are, whether organizations and individuals are receiving the support they need and whether results are being met.

The CCM Grant Oversight Tool, or "Dashboard" is on the Global fund's web site. The tool provides CCM decision makers with highly graphic presentations of key finance, management and programmatic indicators for each grant. Grant Management Solutions (GMS) promotes the use of dashboards for CCM oversight of grant implementation, CCM governance and communication with constituencies and leaders, and PR managers of individual grants.

When introduced in the context of a proactive quarterly oversight process, grant dashboards can enable busy CCM members to focus on the most important finance, management and programmatic indicators of grant implementation and performance. For CCMs with many grants, dashboards can greatly reduce the volume of information to be reviewed and allow CCM members to track performance over time through a review of cumulative data.

GMS, in collaboration with the Global Fund, piloted the grant dashboard in Ghana, Mali, Mongolia, Morocco, Namibia, and Peru. After refinement of the generic dashboard tool and its setup and maintenance guides, GMS and the Global fund have now made all this material available to current and future Global Fund grantees. The Global Fund posted the grant dashboard package on its web site in February 2010.

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.





## South-to-South Inventiveness: Grant Dashboard Displays Data CCMs Use

Dedicated national, regional and international consultants, like Eduardo, are helping GMS fulfill its goal of empowering and supporting the growth and independence of Global Fund grantee countries



Terry Anderson

*Eduardo Samayoa in Mongolia, where the CCM Grant Oversight "Dashboard" in the Mongolian language is now a key component in the country's ability to oversee its \$33 million in grants to fight HIV and tuberculosis.*

Through a series of links to various data spreadsheets, the dashboard produces graphs and charts of the indicators, in much the same way a dashboard of a car displays its information. For additional information on the dashboard, visit [www.theglobalfund.org/en/ccm/guidelines/#dashboard](http://www.theglobalfund.org/en/ccm/guidelines/#dashboard)

For more information, visit [www.gmsproject.org](http://www.gmsproject.org).

One of the most innovative tools for monitoring public health financing to come along in a generation was invented by a man who had an idea, tinkered with it, and turned it over to the world to use.

Eduardo Samayoa's fascination with using visual cues to track financial, management, and performance information began in Guatemala. There he developed an electronic dashboard for the private sector. Moving into international public health, he applied his interest in modern tools to track and display data in easy-to-understand formats. His work in public health took him throughout Latin America, then to Grant Management Solutions (GMS). At GMS he saw symmetry between oversight and project management that must occur in multi-million-dollar projects like grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In countries receiving Global Fund grants, a country coordinating mechanism (CCM) has the responsibility of overseeing grants in its portfolio. The Grant Oversight Tool, or "Dashboard," provides CCM members with highly graphic presentations of key finance, management, and performance indicators for each grant. In the context of proactive oversight, the Dashboard enables busy CCM members to focus on what is most important. Dashboards help them answer four key questions: Where is the money? Where are the drugs? Are project implementers receiving the support they need? What are the results?

The Dashboard was piloted in six countries to determine how easily the concept and software could be introduced in a variety of cultures, languages and management systems. After some tinkering, the Grant Oversight Dashboard was declared a rousing success. The Global Fund now makes the dashboard available to any country that wishes to use it.

In the commercial world Eduardo left, using a dashboard saved time and money. In international health, using a dashboard does all this and more. It helps improve and save lives. Through GMS, Eduardo has given the Grant Oversight Dashboard to the countries—now 145—benefiting from Global Fund grants.



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



# Testing the GIPA Principle

## Hondurans Living with HIV Implement Global Fund Grants

The Global Fund requires that countries find ways to follow the GIPA principle—**Greater Involvement of People Living with HIV and AIDS.**



Photo: Lourdes de la Peza

Members of the ASONAPVSI DAH executive council work to reestablish the group's status as a Global Fund grantee.

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit [www.gmsproject.org](http://www.gmsproject.org).

Since 2003, Honduras has been awarded five grants collectively worth more than \$60 million from the Global Fund to Fight AIDS, Tuberculosis and Malaria. A cornerstone of the Global Fund's philosophy is that people who live with the diseases must be involved in managing and overseeing the grant and the programs they fund. The tenet is a practical way to put into practice the GIPA principle: Greater Involvement of People Living with HIV and AIDS.

The principle was tested when the Honduras National Association of People Living with HIV/AIDS (ASONAPVSI DAH) became a subrecipient (SR) of the country's first Global Fund grant to fight HIV/AIDS. ASONAPVSI DAH's role was to manage prevention outreach and care activities. In 2006, however, the organization was downgraded from an SR to a sub-SR, after weaknesses were identified in its financial- and human-resource management systems. Rather than just accept this change in status, the group sought help from Grant Management Solutions (GMS).

A team of three GMS consultants identified a daunting list of activities needing immediate attention. Tasks ranged from the routine and administrative to high-level management functions that ASONAPVSI DAH needed to address to regain its status as an SR.

As part of an emergency management plan, the GMS team and ASONAPVSI DAH worked closely together to update the organization's financial and operational manuals, train field personnel to use new financial and monitoring systems, and put new human-resource procedures in place. With GMS's assistance, ASONAPVSI DAH did regain its SR status. Today it is still serving its clients, carrying out the GIPA principle on behalf of the people it represents.

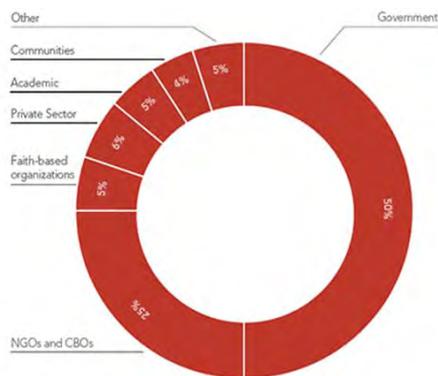
Funding was provided by the United States President's Emergency Plan for AIDS Relief and the United States Agency for International Development under contract No. GHS-I-02-07-00006-00.





## Transferring Grant Responsibility: Advancing the Belief in National Ownership

Transferring responsibility for financial management from the United Nations Development Programme to a local organization requires negotiation, training, plans and patience.



Global Fund Portfolio by Type of Principal Recipient

Fully half of principal recipients (PRs) are government entities, but any organization that meets stringent criteria may serve as a PR. Graphic courtesy of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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Less than ten years ago, the Global Fund to Fight AIDS, Tuberculosis and Malaria stated its core belief that success of a Global Fund grant rests on national ownership.

The Global Fund signs grant agreements with a primary implementer of a grant program, or principal recipient (PR). Any nationally based organization can serve as a PR if the multisectoral national partnership that oversees Global Fund grants, a Country Coordinating Mechanism (CCM), selects it, and the Global Fund finds that organization capable of managing a grant.

Most PRs are national government entities such as a ministry of health. However, where public institutions or civil society organizations cannot meet the Global Fund's stringent criteria for managing grants, an international organization such as the United Nations Development Programme (UNDP) may serve as a PR temporarily, until a local organization can be strengthened. In a case like this, the CCM's goal is to eventually transfer responsibility for the grant from the international organization to a national organization.

The CCMs of two countries—the Central African Republic and Côte d'Ivoire—asked for help from the U.S. government in overseeing such transfers. Grant Management Solutions (GMS) supported transfer in five ways: 1 | Training CCM members to oversee and manage the process. 2 | Helping CCM members negotiate with UNDP and the new PRs. 3 | Developing a transfer plan. 4 | Assisting new PRs complete presignature documentation. 5 | Orienting local managers and Subrecipients.

In these two African countries, three grants, collectively valued at about \$36 million, were transferred from the UNDP to local national organizations.

# Blueprints for Success

## Technical Support to Global Fund Grants



# Post-Conflict Recovery

## Southern Sudan Builds Stronger Leadership

Southern Sudan required governance reforms to receive Global Fund assistance.



*Schoolchildren in Liethom, Southern Sudan*

© 2005 Basil A. Safi, Courtesy of Photoshare

By building good governance practices based on transparency and cooperation Southern Sudan is able to receive grants totaling more than \$40 million from the Global Fund.

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit [www.gmsproject.org](http://www.gmsproject.org).

After 20 years of civil war, the government of Southern Sudan is establishing a health-care system from the ground up: creating policies, building facilities, hiring physicians and nurses, coordinating the work of international donors, and creating consensus for a national-health system.

As a first step to being awarded grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the new nation had to establish a body the Global Fund calls a country coordinating mechanism (CCM), to lead the grant process. By November 2007, Southern Sudan's CCM had existed for two years but was not functioning. The CCM needed support from high-level government officials and new members from the private sector and civil-society organizations, elections for current members were overdue, and procedures for voting and choosing grant recipients needed to be defined. Without these processes in place, Southern Sudan could easily become ineligible to apply for future Global Fund grants.

With guidance from Grant Management Solutions (GMS), the CCM validated its constitution and governance manual, the government appointed new representatives, and the private sector and civil-society organizations became much more involved. The GMS team trained the new CCM members in their roles and helped finalize the structure and work plan of the CCM's secretariat, bringing the CCM into compliance with Global Fund requirements.

Southern Sudan is building a national health system founded on the principles of the right to health, good governance, equity and community ownership. During recent meetings, Southern Sudan's CCM has shown a renewed sense of mission and purpose. The CCM is now poised to become a model for inclusive and participatory governance that efficiently manages projects according to clear and transparent rules.

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



# CCM Elections in Mauritania: Paper Ballots and See-Through Voting Boxes

Transparent, participative election procedures for civil-society and private-sector representatives to the Country Coordinating Mechanism comply with Global Fund governance requirements.



Photo :  
Nadia Raffi and Fatim Adia



On March 20, 2010, civil-society organizations in Mauritania elected representatives to the national AIDS, TB & malaria governance body known as the Country Coordinating Mechanism. Pictured clockwise from top left: A voter casts his ballot; transparent ballot boxes; tally sheets.

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In Nouakchott, the capital of Mauritania, civil-society organizations were recently mobilized to enable Mauritania to requalify for grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Countries wishing to apply for and implement Global Fund grants must maintain a national, multisectoral governance body—known as a Country Coordinating Mechanism (CCM)—to provide strategic leadership and oversight. CCMs comprise representatives of the public, civil-society, private and donor sectors selected or elected from constituency stakeholder organizations. Membership renewal procedures must adhere to the principles of openness and transparency that this funder's performance-based funding and governance guidelines require.

Mauritania's CCM had been legally organized according to Global Fund rules in 2002, and the country had signed five grants for \$32 million by 2008. Incomplete CCM reforms and government transition in 2009 had, however, left the CCM with a divided membership unable to carry out grant oversight. The Global Fund required a number of actions of the CCM to improve its performance, including completing membership renewal using a transparent process by end-March 2010.

To address this issue, the CCM initiated reform, with help from Grant Management Solutions (GMS), UNAIDS and the German BACKUP Initiative, to facilitate transparent elections of civil-society representatives. Then, with GMS's help, this is what happened:

- The CCM hosted an information meeting from February 23-24, 2010, for 85 civil-society organizations to define transparent electoral procedures. An election protocol was signed by all.
- On March 3, the CCM published the call for CSO candidates. Nineteen candidates were fielded.
- On March 17, the lists of candidates and electors were published.
- On March 20, elections were held. Members of 85 organizations cast secret ballots in transparent boxes.
- Ballot counters tallied votes on large sheets of white paper in front of the electors. By evening, the reckoning was done. Civil society had elected 16 representatives to the CCM, healing the rift in governance. The other sectors also renewed their members, and, on March 25, the CCM elected new officers, completing the reform process.



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.



# TOOLS FOR SUCCESS

## Technical Support to Global Fund Grants

### Meeting Needs in Southeast Asia

#### The Vulnerable and Marginalized Take Action

Training key affected and vulnerable populations in the HIV/AIDS epidemic is a predictor of better care and treatment services, and lower rates of HIV transmission.



Photo :  
Terry Anderson

Leaders of two key vulnerable and affected population groups in Southeast Asia compile a list of their constituents' needs before designing a more comprehensive action plan for the next few years.

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In the fight against HIV/AIDS, affected and vulnerable people at society's margins have prevention, care and treatment needs that differ from those of the general population. These *key affected populations* include women and girls, youth, men who have sex with men, injecting and other drug users, sex workers, people living in poverty, prisoners, migrant laborers, people in conflict and post-conflict situations, refugees, and internally displaced persons. The Global Fund to Fight AIDS, Tuberculosis and Malaria believes that they must be represented at the national level to help develop, implement and oversee Global Fund grants aimed to serve them.

Enabling key affected populations to move from advocacy to implementation and oversight challenges all involved. Their leaders are under pressure to serve the needs of their constituents. Yet, these leaders, like managers of traditional institutions, need training in the complex financial, managerial, and programmatic issues associated with multimillion-dollar grants.

Filling that training gap was the primary mission of a workshop cosponsored by Grant Management Solutions and the Coalition of Asia Pacific Regional Networks on HIV/AIDS (or the Seven Sisters) in March 2010 in Bangkok, Thailand. Attendees included 47 representatives of key affected populations from 12 countries. Participants learned about Global Fund architecture and requirements; defined how the Global Fund's up-coming proposal round might address constituents' needs; and examined ways to implement community systems-strengthening in current or future grant activities.

Rarely is sufficient money available to bring together representatives of those at society's margins. This workshop demonstrated the return on a small investment—this time in Southeast Asia. Leaders learned how to oversee Global Fund grants *and* designed a logical approach for addressing their constituents' programmatic and financial goals over the next few years.



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# Blueprints for Success

## Technical Support to Global Fund Grants



# Abroad and at Home

## International Consultants Save Their Own Nation's Grants

A four-person team with three Zimbabweans established a new national M&E plan for Zimbabwe under especially challenging circumstances.



©1998 Young-Mi Kim/CCP, Courtesy of Photoshare

Peer educators, like those shown above, are instrumental in slowing Zimbabwe's HIV infection rate. In 2008, UNAIDS estimated that approximately 1.3 million people, or about 15.3% of the adult population in Zimbabwe was living with HIV.

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In 2008, Zimbabwe was experiencing political struggle, a failing economy, a cholera epidemic. That same year, the Global Fund to Fight AIDS, Tuberculosis and Malaria notified the National AIDS Council of Zimbabwe (NAC) that it was about to lose millions of dollars in funding to fight the nation's HIV epidemic. The Global Fund operates on the principle of performance-based funding. Lacking data to determine and show how Global Fund grant money was being used and where drugs were, Zimbabwe faced a possible loss of its primary source of HIV funding.

The NAC did not have the ability to draw up a national monitoring and evaluation plan on its own, so it sought assistance from Grant Management Solutions (GMS). GMS found three consultants with the right mix of skills and Zimbabwean nationality. They were not only experienced in developing similar monitoring and evaluation plans in other countries, they also had an intimate understanding of the political and cultural landscape of Zimbabwe and the enormous challenges of working in their home country. Even more, they had a personal stake in helping their country keep its Global Fund grants.

Now, Zimbabwe has a practical and flexible monitoring and evaluation plan and has retained its Global Fund grant. The next step will be to strengthen data gathering and analysis to enable implementation of the plan. The work of the Zimbabwean consultants underscored one of the Global Fund's most basic principles: every nation owns its grants, and this ownership implies the nation must solve its own problems.



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## LESSONS LEARNED FROM THE GRANT DASHBOARD FEASIBILITY PILOT

### **A generic dashboard can be developed that provides CCMs with standardized, high-level grant performance information**

The 2009 feasibility pilot conducted by Grant Management Solutions and the Global Fund to Fight AIDS, Tuberculosis and Malaria concluded that a generic grant dashboard can be designed to support CCMs in their oversight function. The tool, based in Excel, was well received by the CCMs. Minor design changes were made to the tool to reflect changes CCMs requested to the display of indicators. Most CCM members and PR staff already had Excel installed on their computers and knew how to use the software. Concerns mostly focused on the workload and the quality of data rather than the purpose or design of the dashboard.

### **There are some main challenges in implementing the dashboards**

The main challenges that emerged are listed here.

*Computer programming.* In some countries, when the generic dashboard was adapted to specific grants, linkages between the worksheets were broken, conditional color coding did not function, and field labels had disappeared. The causes for these programming problems were twofold: first, translation of the dashboard into another language (English into Mongolian, French...); second, saving and opening dashboard files that were created in Excel 2003 in Excel 2007 file format. These problems were easily fixed by the consultants, who redesigned a dashboard compatible with and stable in both versions of Excel.

*Availability of CCM members and PR staff.* CCM members and PR staff have heavy workloads. They can devote limited time to CCM tasks and reporting. Reinforced oversight systems must anticipate and accommodate their intermittent availability. Reinforcement must include leveraging other resource persons from technical partners, assigning dashboard maintenance to M&E staff, and focusing capacity building activities on actual grants.

*Turnover in CCM membership and secretariat staff.* Oversight using a dashboard requires practice. Because periodic membership renewal, national elections, brain drain or rotation of international partner staff may result in changes in the CCM membership and secretariat staff experienced in oversight and using dashboards, regular capacity building for oversight and dashboards may be needed (annually or biannually), and CCMs should stagger turnover. Commitment to oversight using information tools may have to be reinforced.

*Resistance to oversight.* Some PRs resisted oversight by the CCM with new tools and new oversight procedures. It was common for PRs to fear micromanagement by CCMs. PRs expressed skepticism about oversight by nonhealth experts. In most countries, PRs adopted the dashboard for their own use once they saw that it replaced narrative reports, facilitated problem solving, stimulated dialogue, and was useful for management as well as oversight.

*Data quality and reporting.* Data quality is a concern in many countries and has important implications for the use of PUDRs and analytical tools like the dashboard. Population of the first dashboard for each grant revealed where data were unavailable, underreported by SRs, or of poor quality. Monitoring the reporting rate indicator and the completeness of information over time is one way to use the dashboard for oversight. CCMs and PRs can be encouraged to improve dashboard data quality in an iterative process.

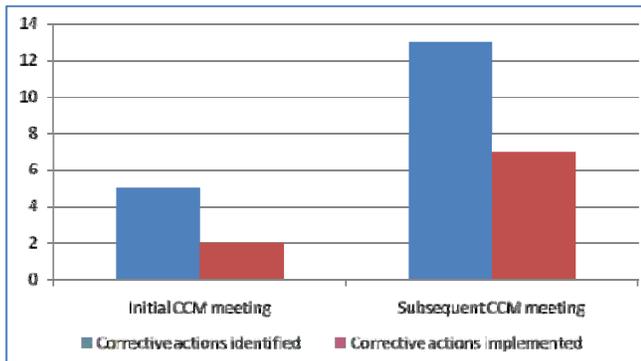


## The generic dashboard improves CCM oversight

CCMs were observed for an additional six months following initial introduction of the grant dashboards.

*Increased corrective actions.* The six CCMs had varying success in producing their dashboards and carrying out new procedures. Nevertheless, the number of proposed corrective actions increased from five to thirteen between the initial CCM meeting using dashboards and the next meeting (see figure 1). The percentage of actions carried out increased as well.

Figure 1. Corrective Actions Proposed and Taken by CCMs



For example, in two countries, CCMs acted quickly after identifying a bottleneck threatening treatment continuity. In Mali, the first grant dashboard showed the CCM and the PR that the stock of ARVs was far below safety level. An immediate decision was made to order more ARVs to avoid a critical stock-out.

*More active participation of civil society CCM members in grant oversight.* A typical oversight procedure for many CCMs assigns the review of technical progress reports prepared by the PRs to CCM members representing technical support agencies or to co-opted technical resource persons. The introduction of the

dashboard, however, enables nonhealth and civil society CCM members to contribute their management, financial and social expertise to reviewing grant performance. In two countries, nonhealth members (e.g., civil society organizations, people living with HIV) voiced their satisfaction that, for the first time, they were able to understand the grants and their performance. Some even sought clarifications from the PRs directly, raising important issues and leading to decision making.

*PRs decide to use dashboards for their own performance monitoring.* In Mali and Mongolia, some of the PRs expressed a desire to use the dashboard for their own management purposes because the tool provides a busy program manager with a comprehensive summary of grant performance.

## Conclusion

The generic dashboard designed by GMS can be an effective tool for supporting CCMs in their oversight function. It facilitates use of data for decision making by improving data presentation and analysis, thereby making the information more accessible to all CCM members, regardless of their respective analytical and technical expertise. Furthermore, it can serve as a catalyst to empower CCM members to become active participants in the dialogue with PRs around grant performance.

The grant dashboard cannot be used as a stand-alone tool, but must be combined with efforts to strengthen all four elements of oversight: formal oversight structures; documented oversight procedures, plans and budget; reinforced oversight capacity of CCM members; and better information. A governance diagnostic should always be carried out to better understand the CCM and plan for needed structural and procedural reforms in a logical sequence. Significant governance reforms (e.g., resolution of conflicts of interest, secretariat strengthening, membership renewal) may be needed before or in parallel with introduction of the grant dashboard or other oversight strengthening activities.

*The grant dashboard, with its supporting manuals, can be downloaded from the Global Fund website at [www.theglobalfund.org/en/ccm/guidelines/#dashboard](http://www.theglobalfund.org/en/ccm/guidelines/#dashboard)*