

# Grant Management Solutions **FINAL REPORT:** **2012-2017**

[www.gmsproject.org](http://www.gmsproject.org) | [info@gmsproject.org](mailto:info@gmsproject.org)  
4301 N. Fairfax Drive, Suite 400 Arlington, VA 22203



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

# TABLE OF CONTENTS

ACRONYMS.....	5
STRUCTURE OF THIS REPORT.....	9
EXECUTIVE SUMMARY .....	10
1. Introduction.....	15
1.1 The GSM Partnership .....	15
1.2 Management and Administration of the GSM Contract.....	17
2. Adapting to the Evolving Global Fund Architecture .....	19
2.1 The Evolving Global Fund Architecture .....	19
2.2 Impact of Governance and Funding Model Changes on GSM Technical Support .....	19
2.3 Impact of Changes in the Performance Measurement Process on GSM Technical Support.....	21
3. Objective 1: Short- and Medium-Term Technical Support to Global Fund Beneficiaries .....	23
3.1 Demand for GSM Support .....	23
3.2 Delivery of Short-Term Technical Support.....	26
3.3 Support to Country Coordinating Mechanisms.....	29
3.4 Support to Principal Recipients.....	37
3.5 Medium-Term Support .....	49
3.6 Achieving Results throughout the Grant Cycle in Countries Receiving Multiple GSM Interventions.....	51
3.7 Conclusions from GSM PR and CCM Assignments.....	54
3.8 Results of Objective 1.....	55
4. Objective 2: Capacity Strengthening .....	58
4.1 Regional Partner Strengthening.....	59
4.2 Consultant Capacity Development.....	66
4.3 Results of Objective 2.....	74
5. Objective 3: Results and Knowledge Management.....	75
5.1 The GSM Information Management System.....	75
5.2 GSM Tools and Best Practices.....	78
5.3 Results of Objective 3.....	80
6. Cross-Cutting Activities.....	82
6.1 Grant Dashboards .....	83
6.2 GSM Support to the CCM Hub .....	91
6.3 GSM Support to the West and Central Africa Teams.....	95
6.4 GSM Support to the Risk Management Team.....	97
6.5 GSM Support to the Strategic Information Team and Other Technical Agency Partners.....	99
7. Sustainability of GSM Approaches .....	101
7.1 Handover of GSM Approaches to Other Technical Agencies .....	101
8. Results and Conclusions .....	107
8.1 Results.....	107
8.2 Conclusions .....	109

<b>Annex 1. GMS Staff List .....</b>	<b>111</b>
<b>Annex 2. The Evolving Global Fund Architecture.....</b>	<b>114</b>
<b>Annex 3. List of GMS Assignments by Country .....</b>	<b>121</b>
<b>Annex 4. Country Distribution of GMS Assignments.....</b>	<b>123</b>
<b>Annex 5. CCMs and RCMs Receiving GMS Support for pre-EPA Diagnosis, EPAs, and PIPs.....</b>	<b>126</b>
<b>Annex 6. Countries Receiving GMS Support for Grant Making for Multiple, High-value Grants .....</b>	<b>127</b>
<b>Annex 7. Results of Client Satisfaction Surveys for Objective 1 Support .....</b>	<b>128</b>
<b>Annex 8. GMS Face-to-Face Training Events (Date, Location, and Participants) .....</b>	<b>130</b>
<b>Annex 9. GMS Final Cumulative Performance Monitoring Plan, 2012-2017 (as of August 31, 2017) 131</b>	
<b>Annex 10. GMS Regional Partners .....</b>	<b>134</b>
<b>Annex 11. Consultant Database Analysis .....</b>	<b>136</b>
<b>Annex 12. GMS Virtual Training Events.....</b>	<b>142</b>
<b>Annex 13. Inventory of GMS Resources .....</b>	<b>143</b>
<b>Annex 14. The GMS/SAP/Global Fund Partnership .....</b>	<b>147</b>
<b>Annex 15. Countries Receiving GMS Support for Grant Dashboards .....</b>	<b>150</b>

# ACRONYMS

---

ACB	Africa Constituency Bureau
Alliance	International HIV/AIDS Alliance
ALMACO	ALMACO Management Consultants, Ltd.
ANECCA	Africa Network for Care of Children Affected by HIV/AIDS
APHRC	Africa Population Health Research Center
ARV	Antiretroviral
CAT	Capacity Assessment Tool
CCM	Country Coordinating Mechanism
CFA	Communauté Financière d'Afrique (West African CFA Franc)
CHAI	Clinton Health Access Initiative
CNLS	Comité National de Lutte Contre le Sida
COE	Challenging Operating Environment
COR	Contracting Officer's Representative
CSO	Civil Society Organization
CSS	Customer Satisfaction Survey
CURATIO	Consulting Group Curatio Ltd.
CV	Curriculum Vitae
DHIS-2	District Health Information Software
DRC	Democratic Republic of the Congo
ECSA	East, Central and Southern Africa Health Community
EFCA	Eurasia Foundation of Central Asia
EOA	End-of-Assignment (report)
EOI	Expression of Interest
EPA	Eligibility and Performance Assessment
EPHA	Ethiopia Public Health Association
ESA	Eastern and Southern Africa
FPM	Fund Portfolio Manager
GAC	Grants Approval Committee
GCC	Global Challenge Corporation
GFSC	Global Fund Steering Committee
GIPA	Greater Involvement of People Living with HIV/AIDS
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GMS	Grant Management Solutions
GRAM	Grant Risk Assessment and Management (tool)
HCW	Health Care Worker
HERMYT	Herramiento de Monitoreo y Tablero

HMIS	Health Management Information System
HPM	Health Products Management
HSS	Health Systems Strengthening
iCCM	Integrated Community Case Management
ICN	Instance de Coordination Nationale
IDEAS	Innovative Development Expertise & Advisory Services Inc.
IHAA	International HIV/AIDS Alliance
IMS	Information Management System
INGO	International Nongovernmental Organization
IPCm	Initiative Privée Communautaire
IQC	Indefinite Quantity Contract
IRESKO	Institute for Research, Socio-Economic Development and Communication
IT	Information Technology
ITP	Implementation Through Partnership (initiative)
KANCO	Kenya AIDS NGOs Consortium
KAP	Key Affected Population
KP	Key Population
LAC	Latin America and the Caribbean
Lao PDR	Lao People's Democratic Republic
LCM	Liberia Coordinating Mechanism
LMG	Leadership, Management, and Governance Project
LMIS	Logistics Management Information System
LOE	Level of Effort
LSCC	Lagos State Coordinating Committee
M&E	Monitoring and Evaluation
MARP	Most-At-Risk Population
MCN	Mecanismo de Coordenação Nacional
MCP	Mecansimo Coordinador de País
MESST	Monitoring and Evaluation Systems Strengthening Tool
MIS	Management Information Systems
MOF	Ministry of Finance
MOH	Ministry of Health
MOHSW	Ministry of Health and Social Welfare
MSH	Management Sciences for Health
MSM	Men Who Have Sex With Men
NAP	National AIDs Program
NFM	New Funding Model
NGO	Nongovernmental Organization
NIP	Nairobi-Based Partners
NMEP	National Malaria Elimination Program
NMP	National Malaria Program
NTAP	Network of Technical Assistance Partners
NTP	National Tuberculosis Program
OB	Oversight Body

OASYS	OASYS Financial and Management Services
OECS	Organization of Eastern Caribbean States
OGAC	Office of the U.S. Global AIDS Coordinator
P2PX	Peer-to-Peer Exchange
PADS	Programme d'Appui De Développement Sanitaire
PCCM	Philippines Country Coordinating Mechanism
PCU	Program Coordinating Unit
PEPFAR	U.S. President's Emergency Plan For AIDS Relief
PIRM CCM	Pacific Island Region Multicountry Coordinating Mechanism
PIU	Program Implementation Unit
PLENITUD	Fundación Plenitud
PLWD	People Living With the Diseases
PMI	U.S. President's Malaria Initiative
PMP	Performance Monitoring plan
PMU	Project Management Unit
PPM	Pooled Procurement Mechanism
PR	Principal Recipient
PIRMCCM	Pacific Island Region Multi Country Coordinating Mechanism
PRM	Principal Recipient Management
PSI	Population Services International
PSM	Procurement and Supply Management
PU	Performance Update
PUDR	Performance Update Disbursement Request
PWID	People Who Inject Drugs
PY	Project Year
QA	Quality Assurance
RBM	Roll Back Malaria
RCM	Regional Coordinating Mechanism
RDQA	Routine Data Quality Assessment
RDT	Rapid Diagnostic Test
RFP	Request for Proposals
RP	Regional Partner
SCMS	Supply Chain Management System
SIAPS	Systems for Improved Access to Pharmaceuticals and Services
SOW	Statement of Work
SP/CNLS-IST	Secrétariat Permanent de la Coordination Nationale de Lutte contre le SIDA et les Infections Sexuellement Transmissibles
SPCNLS	Secrétariat Permanent de la Coordination Nationale de Lutte Contre le Sida
SR	Subrecipient
SRMT	Subrecipient Management Tool
STTS	Short-Term Technical Support
SW	Sex Worker
TA	Technical Assistance
TAI	Technical Assistance, Inc.
TB	Tuberculosis

TFM	Transitional Funding Mechanism
TIMS	TB in the Mining Sector
TOR	Term of Reference
TRG	Training Resources Group, Inc.
TRP	Technical Review Panel
TS	Technical Support
TSAP	Technical Support Advisory Panel
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children’s Fund
URC	University Research Co.
USAID	U.S. Agency For International Development
USG	U.S. Government
VPP	Voluntary Pooled Procurement
WAG	West African Partners
WCA	West and Central Africa
WFP	World Food Programme
WHO	World Health Organization



# STRUCTURE OF THIS REPORT

---

This final project report summarizes the activities and accomplishments of Grant Management Solutions (GMS) during all five years of its second project phase (2012-2017). It presents final results according to the project's performance monitoring plan and summarizes the results of end-of-project evaluations and analyses, while providing links to more detailed technical reports on the results of the regional partner strengthening approach and the Principal Recipient Management Dashboard final assessment.

The report is structured in chapters according to the three project objectives. It has additional chapters on the evolution of the Global Fund's architecture; GMS' cross-cutting activities and support for the Global Fund secretariat; handover of GMS approaches to the Global Fund and other technical agencies; and results and conclusions.

Chapter 1 introduces the GMS project, its partnership structure, and management. Chapter 2 describes how Global Fund policy and procedural changes affected GMS' clients and framed the project's work. Chapter 3, covering GMS' principal mission of providing urgent short- and limited medium-term technical support (TS), is divided into three sections, on country coordinating mechanism governance, principal recipient (PR) management, and cross-cutting assignments. Chapter 4, on capacity building, is divided into two sections for Objective 2's two work streams: regional partner (RP) strengthening and consultant capacity building and certification. Chapter 5 describes the work of Objective 3, and Chapter 6 describes cross-cutting activities that involved all three objectives, including the grant dashboard project and support for the Global Fund secretariat. Chapter 7 describes the efforts to create sustainability for GMS' approaches, while Chapter 8 provides quantitative results and conclusions to the report. Annexes provide detailed information about Objective 1 assignments, Objective 2 training activities, contact information for the regional partners, the final performance management plan results, the GMS consultant database, information on the partnership with SAP and the Global Fund that produced the PR Management Dashboard, a list of GMS staff, and an inventory of tools and best practices available on the GMS website.

Electronic versions of this report and the linked detailed technical reports are posted on the GMS website: [www.gmsproject.org](http://www.gmsproject.org).

# EXECUTIVE SUMMARY

---

Grant Management Solutions (GMS) is honored to present this final report on technical activities and results from the project's second phase (2012-2017). Awarded by the U.S. Agency for International Development (USAID) on September 30, 2012, under contract number AID-OAA-C-12-00040, GMS was implemented from October 1, 2012, to September 30, 2017. On June 30, 2017, the contract was extended through December 29, 2017. The total contract ceiling was US\$99,937,177 and the total obligated amount for the five years was \$US75,687,220. USAID field support accounted for US\$4,352,965 of this total. Led by Management Sciences for Health and headquartered in Arlington, Virginia, GMS operated as a partnership of 29 organizations, including 12 regional technical support partners.

The mission of GMS was to improve the performance of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) grants so that they achieve their goal of accelerating the end of AIDS, tuberculosis, and malaria as epidemics. GMS carried out its mission through the following three objectives.

## **Objective 1: Technical Support to Country Coordinating Mechanisms and Principal Recipients**

GMS was a demand-driven project and responded to requests for support that had been approved by the USAID contracting officer representative. GMS was also given field support assignments from USAID missions. Between 65%-85% of GMS resources were to be used for Objective 1. GMS provided support to 52 country coordinating mechanisms (CCMs) and three regional coordinating mechanisms for governance and oversight strengthening and to 134 principal recipients (PRs) for urgent Global Fund requirements or performance improvement interventions affecting \$U13.3 billion in Global Fund grants. The content of these assignments was driven by the evolving Global Fund architecture of the new funding model (NFM) (the NFM, 2013-2017) and the updated strategy for the most recent grant cycle (2018-2020). Support to CCMs moved from the pre-NFM governance and oversight strengthening including membership renewal, structural reforms and work planning to facilitation of the new eligibility and performance assessment (EPAs), and support to implementation of performance improvement plans. PR assistance was also transformed by the NFM, from support to a performance-based financing system, to a country-allocation financing process with a common three-year cycle. GMS intervened from the moment of funding application approval through extensive support to PRs, subrecipients (SRs), and CCMs to complete requirements for grant making, transforming proposals into implementation-ready plans, budgets, and risk management plans, as well as to startup of grant implementation by new PRs, new program implementation units, and new SRs. Once implementation had begun, GMS intervened to assist PRs and CCMs in resolving bottlenecks and systemic issues blocking effective use of resources and timely performance, including introduction of grant dashboards for oversight and management improvement. All assisted CCMs qualified for additional grant funding, all assisted PRs signed their new grants; funds absorption for GMS-supported grants reached 66.4% compared to 53% for non-GMS supported grants.

## **Objective 2: Capacity Strengthening of Regional Technical Support Partners and Individual Consultants**

Objective 2 was designed to scale up the number of potential consultants and institutional entities that have knowledge of the Global Fund, and that can provide high-quality management support to Global Fund grantees. Objective 2 was intended by USAID to use 15-30% of project resources. The Capacity Building Regional Partner Strengthening Initiative was intended to demonstrate the potential of 12 regional partner (RP) organizations in Global Fund countries to deliver—via direct contracting with governments, CCMs, PRs, or other implementers—technical support that met the same quality standards that were applied to GMS teams, based on the assumption that such organizations would satisfy an existing market or might spur development of a new market. GMS defined a business strengthening intervention model applying the principles of adaptive management, a process adopted by USAID to respond to new and changing circumstances to achieve the best results.<sup>1</sup> GMS support evolved from a mentorship model in project year (PY) 1, to a marketplace model in PY2, to a coached collaboration model in PY3, and finally to a network model in PY4. In PY3, RPs were grouped into “innovation pods” based either on geographical proximity or on perceived corporate affinities. In PY4, strengthening of individual companies was replaced by coaching of the innovation pods. Also in PY4, reciprocal strengthening between RPs was tested through peer-to-peer exchanges in order to discover unexpected synergies and potential for revenue-generating collaboration. These efforts culminated in the creation by ten RPs of the Network of Technical Assistance Partners (NTAP) in December 2016.

The regional partners’ business development is ongoing. Although the Global Fund had included provision for direct funding of technical support in grant and CCM budgets, existing sources of free technical support—largely donor-led and -funded (including GMS)—were still the preferred source of technical support as of September 2017. However, the regional partners’ business opportunities may increase as donor-led initiatives, such as GMS, reach their completion dates.

The second work stream of Objective 2 provided the Consultant Development Pathway, which enabled consultants to pursue virtual, face-to-face, and on-the-job learning throughout their relationship with the GMS project. GMS approached consultant training and certification as a step-wise process by which consultants developed their knowledge and skills to deliver high-quality Global Fund technical support. Their efforts and successes were recognized by GMS with certification at three experience levels (team member, team leader, coordinating team leader) and in four technical specialties (governance and oversight, PR management, monitoring and evaluation, health products management). From 2012 to 2017, GMS2 carried out five consultant orientation workshops, known as “bootcamps,” two enhanced team leadership workshops, two technical workshops (on procurement and supply management [PSM] and EPA), and four dashboard training workshops. In PY4, GMS launched a new virtual training platform, the GMS Learning Hub, containing 24 courses in English and French.

## **Objective 3: Innovation and Dissemination of Tools and Best Practices Using Electronic Platforms**

Objective 3, results and knowledge management, was intended to promote innovation and documentation of tools and best practices for effective technical support and grant management

---

<sup>1</sup> <https://usaidlearninglab.org/lab-notes/what-adaptive-management>

(including the PR Management Dashboard) and their dissemination using electronic platforms, training and consulting, using not more than 5% of GMS resources.

To meet its contractual trip and results reporting requirements, from 2013-2014 GMS developed a multi-application integrated information management system (IMS). Once in place, the GMS IMS made it possible to produce 510 trip reports, 100% within 10 days of the end of each trip, collect and centralize data on GMS results, track consultant training and certification, make available GMS tools, and facilitate communication between GMS staff and consultants.

There were two pathways to tools development: purpose-built tools and field-created tools. Purpose-built tools and methods were developed by GMS staff based on an analysis of needs for new methods or upon request from the Global Fund secretariat. These products varied from the grants dashboards—a multiyear effort requiring budgets, partners, and specialized staff—to simple technical guidance briefs or training materials. Field-created tools and methods were developed by GMS consultants or teams in response to a specific problem during an assignment. Such tools and methods were tested in other assignments, documented and made more generic through a process managed by the Objective 3 team. These resources were then made available to GMS consultants through the tools management application of the GMS IMS and to other technical support agencies through joint training activities. In the final year, the resources were made available to the general Global Fund community through the GMS website.

### **Cross-Cutting Activities**

GMS activities that required participation from all four GMS teams are known as cross-cutting activities. There were two types.

The first involved the development, testing, rollout, and assessment of the grant dashboards, and was perhaps the greatest collaborative accomplishment of the GMS team. Building on the development of first- and second-generation dashboards, four dashboard products were developed: the PR Management Dashboard; the CCM summary, which combines information from multiple PR Management Dashboards; the Regional Grant Dashboard for multicountry grants; and the SR Management Tool. The PR Management Dashboard was co-developed and co-financed by a partnership between GMS, the Global Fund secretariat and the German IT company SAP SE. Expertise France, Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) BACKUP Health, and the International HIV/AIDS Alliance (the Alliance) have collaborated to offer dashboard technical support to PRs and CCMs in the future.

The second type of cross-cutting activity provided support from GMS senior technical staff to the following teams within the Global Fund secretariat: CCM Hub, West and Central Africa teams, risk management team, procurement team, data systems hub, and monitoring and evaluation team.

### **Handover Activities for Sustainability of GMS' Methods**

In order to foster sustainability of GMS approaches and results, in October 2016, GMS began communications with the Global Fund secretariat and Expertise France, GIZ BACKUP Health, the Alliance, and GMS partners regarding potential interest in transfer of GMS approaches to them for post-

GMS use. Five major areas of transfer have been completed: the Learning Hub and 19 virtual courses, the GMS IMS, the dashboard suite of tools and approaches, the GMS roster of independent consultants, and the roster of regional partners. These handover activities were completed by October 30, 2017.

## Conclusion

In this second phase of Grant Management Solutions, from 2012-2017, the 29 GMS partners demonstrated that their approach for creating high-quality management and governance technical assistance could be transferred to smaller regional technical institutions, to other bilateral technical support agencies, and to the Global Fund secretariat, while continuing to provide services to country and regional clients. For these reasons, GMS concludes that it has not only achieved immediate results on Global Fund grants, but has also redefined how technical support is delivered to national and regional multisectoral public health programs, and created sustainable human and institutional capacity.

### Quantified Results of the GMS Project: 2012-2017

Results Area	Results
Demand for GMS services	<ul style="list-style-type: none"> <li>★ 148 requests for support from 65 countries, resulting in 181 assignments</li> <li>★ 25 of the 35 most fragile countries in the Fragile States Index (71%) are GMS clients</li> <li>★ 17 of 22 high-impact countries as defined by the Global Fund (77%)</li> <li>★ 350 grants affected by GMS interventions with a signed grant value of US\$13.3 billion = 49% of the total Global Fund portfolio and 42% of the 839 active grants from 2012 to 2017</li> </ul>
Resources created by GMS	<ul style="list-style-type: none"> <li>★ 12 regional partner organizations strengthened to provide high-quality technical support</li> <li>★ 159 team members, 49 team leaders, and 4 Coordinating team leaders certified by GMS</li> <li>★ 378 consultants trained using blended learning and 1,313 participants completed virtual training</li> <li>★ 112 tools and best practices developed and made available on the GMS resource platform.</li> <li>★ The grant dashboard suite of 4 tools handed over to the Global Fund for use by all countries</li> </ul>
Outputs of GMS assignments	<ul style="list-style-type: none"> <li>★ 4,890 CCM members and CCM secretariat staff trained in governance and grant oversight</li> <li>★ 77 PR dashboards, 18 CCM summaries, 2 regional dashboards, 2 sets of SRMTs introduced into 22 countries and 2 multicountry regions</li> </ul>
Intermediate results	<ul style="list-style-type: none"> <li>★ 100% of CCMs assisted with EPAs by GMS were deemed eligible for additional grants</li> <li>★ 85% of assisted CCMs made documented progress with their performance improvement plans</li> <li>★ 100% of the 44 PRs assisted by GMS signed their grants or new phases. The total signed value of new grants and phases is US\$1.6 billion, or 7% of the Global Fund portfolio.</li> <li>★ 7 new project management units established</li> <li>★ 10 regional partners formed the Network for Technical Assistance Partners, RPs won 13 Global Fund indefinite quantity contracts (IQCs), 29 other non-GMS contracts, and funding for 5 innovations</li> </ul>

Results Area	Results
	<ul style="list-style-type: none"> <li>★ 89% of PRs and 78% of CCMs still using dashboards and CCM summary after 12 months</li> </ul>
Medium-term results <sup>2</sup>	<ul style="list-style-type: none"> <li>★ Funds absorption for new grants signed with GMS assistance = 66.4% as compared to 53% for all sub-Saharan Africa grants active in the same time period</li> <li>★ Use of grant dashboards improves funds absorption, data quality, PR/SR collaboration, CCM oversight (statistically significant in regression analysis of data from 95 PRs and 27 CCMs)</li> </ul>
Sustainable results	<ul style="list-style-type: none"> <li>★ The GMS Learning Hub transferred to the Management Sciences for Health LeaderNet, the Alliance, Realizing Global Health, and TRG for the NTAP, including 19 virtual training courses</li> <li>★ The GMS IMS transferred to the Alliance and the Global Fund secretariat</li> <li>★ All PR dashboard tools transferred to 3 technical support agencies and the Global Fund secretariat. The Global Fund will allow PR dashboards to be budgeted in new grants, 3 Global Fund partners engage to provide technical support to dashboard adoption.</li> <li>★ GMS roster of 224 active independent consultants transferred to Expertise France, GIZ BACKUP Health, the Global Fund Secretariat, and the GMS partners</li> </ul>

<sup>2</sup> Please note that since the Global Fund now rates grants on an annual basis, there are not enough data points to use grant ratings as a performance indicator for technical support interventions.

# 1. INTRODUCTION

---

Global Fund Technical Assistance 2.0, known as Grant Management Solutions (GMS), was awarded by the U.S. Agency for International Development (USAID) on September 30, 2012, under contract number AID-OAA-C-12-00040 and was implemented from October 1, 2012, to December 29, 2017. GMS was a cost-plus, fixed-fee contract with a base period of three years and two option years. Option year 1 was exercised on August 8, 2015, and, following a midterm evaluation in project year (PY) 3, option year 2 was exercised on July 26, 2016. On June 30, 2017, the contract was extended from its original end date of September 30, 2017, to December 29, 2017, to accommodate additional work during October 2017. The total contract ceiling was US\$99,937,177 and the total obligated amount for the five years was US\$75,687,220. Field support accounted for US\$4,352,965 of this total.

Building on its first phase (2007-2012), the mission of GMS' second phase was to improve the performance of Global Fund grants so that they would achieve their goal of accelerating the end of AIDS, tuberculosis (TB), and malaria as epidemics. GMS carried out this mission through three objectives:

- Objective 1: Provide short-term technical support to country coordinating mechanisms (CCMs) and principal recipients (PRs), facilitating access to Global Fund grants, and building the capacity of implementing partners to use grant resources effectively and efficiently
- Objective 2, part 1: Strengthen the institutional capacity of 12 GMS regional partner (RP) organizations, enabling them to independently provide high-quality technical support to Global Fund countries and stakeholders
- Objective 2, part 2: Build the capacity of and certify individual consultants, making a sufficient pool of skilled and knowledgeable Global Fund management and governance experts available to Global Fund recipient countries and stakeholders
- Objective 3: Innovate and document tools and best practices for effective technical support and grant management (including the PR Management Dashboard), and disseminate them via electronic platforms, training, and consulting

At project outset, GMS anticipated that 60–85% of the project's resources would be allocated to Objective 1, 15–30% to Objective 2, and 5% to Objective 3. By project end, 73.6% of resources had been allocated to Objective 1, 18.9% to Objective 2, and 7.5% to Objective 3.

## 1.1 The GMS Partnership

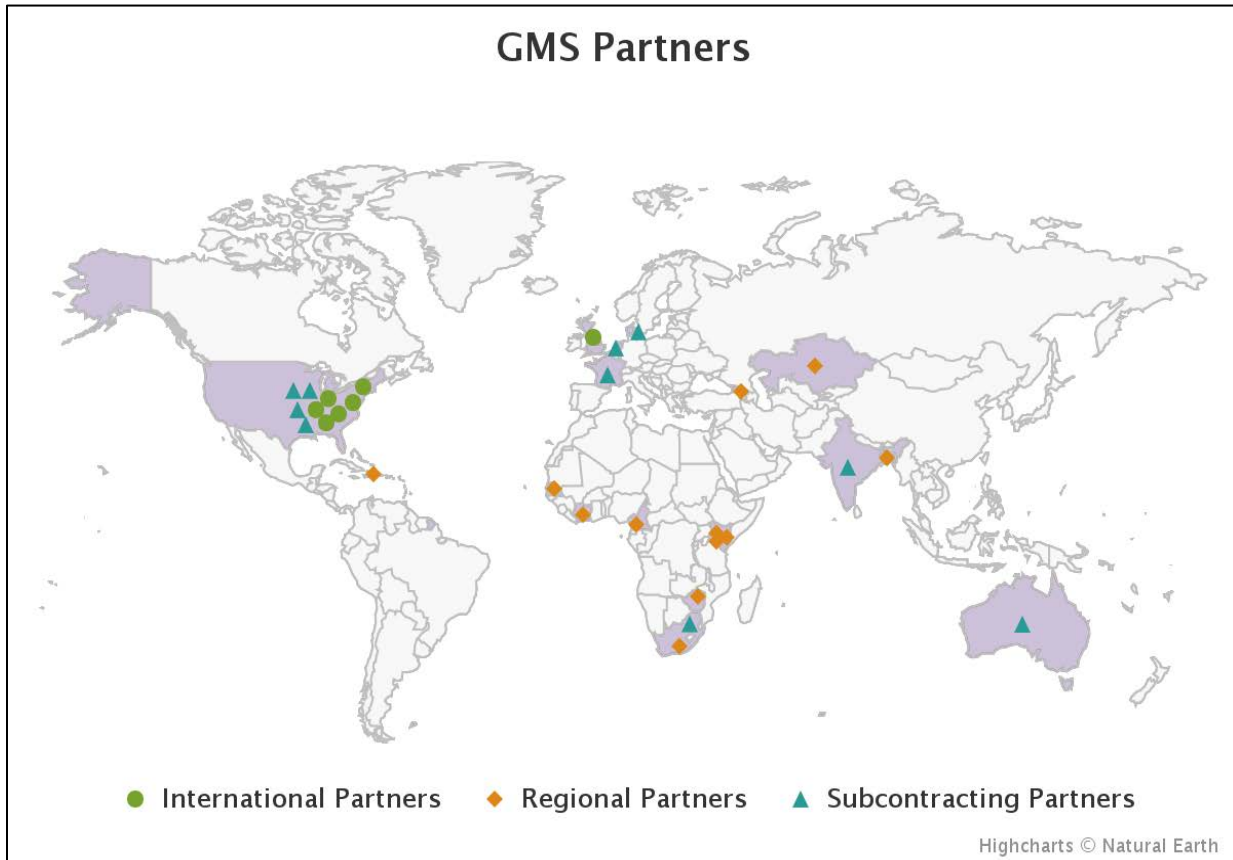
Led by Management Sciences for Health (MSH) and headquartered in Arlington, Virginia, GMS operated as a partnership of 29 organizations spanning 16 countries (see table 1 and figure 1). GMS maintained an evolving consultant roster of nearly 1,000 technical experts.

**Table 1. GMS Partners**

<b>International Partners (6): Tier 1</b>
<ul style="list-style-type: none"><li>• Abt Associates (USA)</li><li>• Futures Group (doing business as Palladium) (USA)</li><li>• International HIV/AIDS Alliance (England)</li><li>• Realizing Global Health (USA)</li><li>• PACT (USA)</li><li>• Training Resources Group (USA)</li></ul>
<b>Regional Partners (12): Tier 2</b>
<ul style="list-style-type: none"><li>• ADVANTECH (Kenya)</li><li>• ALMACO Ltd. (Kenya)</li><li>• Curatio Foundation (Georgia)</li><li>• Eurasia Foundation of Central Asia (Kazakhstan)</li><li>• Global Challenge Corporation (Côte d'Ivoire)</li><li>• Fundación Plenitud (Dominican Republic)</li><li>• Institute for Research, Socio-economic Development and Communication (IRESCO) Cameroon)</li><li>• Khulisa Management Services Pty Ltd (South Africa)</li><li>• OASYS Financial and Management Services (Senegal)</li><li>• Q Partnership (Zimbabwe)</li><li>• Technical Assistance Inc. (Bangladesh)</li><li>• Upward Bound (Kenya)</li></ul>
<b>International and Regional Subcontracting Partners (10): Tier 3</b>
<ul style="list-style-type: none"><li>• AIDS Projects Management Group or APMG (Australia)</li><li>• Catalyst Management Services Pvt. Ltd. (India)</li><li>• Euro Health Group A/S (Denmark)</li><li>• Health &amp; Development Africa Pty. Ltd. (South Africa)</li><li>• Innovative Development Expertise &amp; Advisory Services Inc. (IDEAS) (USA)</li><li>• International Program Assistance Inc. (IPA) (USA)</li><li>• LMI (USA)</li><li>• ResultsinHealth (RiH) (Netherlands)</li><li>• SCM Advantage LLC (USA)</li><li>• zeGOgroup (France)</li></ul>



Figure 1. Geographical distribution of GMS partners



## 1.2 Management and Administration of the GMS Contract

### 1.2.1 GMS Staffing

The GMS staff was organized into four teams, each of which had a deputy director and was led by a project director. According to the GMS contract, the staff included four key positions: project director, and deputy directors for Objectives 1 and 2, and finance and operations.

At its peak, GMS had 31 staff positions. Of these, MSH filled 24 positions and GMS partners provided staff for the following: deputy director, Objective 2 (PACT); senior technical manager, governance (Palladium); business analyst, GMS information management systems (Palladium); technical manager, monitoring and evaluation (M&E) (Abt Associates); strategic information manager (Abt Associates); communications officer (Realizing Global Health); and organizational development specialist (Training Resource Group, Inc. [TRG]).

GMS was structured based on the assumption that the USAID Office of HIV/AIDS contracting officer's representative (COR) would approve 240 technical assignments over a five-year period. Accordingly, the Objective 1 team was staffed to support management of 60 assignments per year from mid-PY1 through mid-PY5. A complete list of GMS staff members is provided in annex 1. The Objective 2 team

was organized in an RP work stream and a consultant capacity-strengthening work stream. This team's staff was reduced during PY4 to phase out active RP strengthening and refocus on virtual training. It should be noted that this team coordinated efforts of the entire staff to develop and produce training events and mobilized three to 10 GMS team leaders to act as trainers for these events as well.

The Objective 3 team comprised all other technical and information technology (IT) staff and pursued four work streams: strategic information, electronic tools, communications, and GMS information management systems (IMS). Staffing levels were adjusted downward once the GMS IMS was fully functional.

The finance and operations support team comprised a contracting work stream and a finance work stream.

MSH and partners from all three tiers provided consultants for GMS technical support activities. Consultant usage by the partnership was based on the best-qualified person who was available at the time of the clients' need, as determined by an open recruitment process. This approach resulted in 61% of consultants being provided by MSH or tier 1 partners, 29% by tier 2 partners, and 10% by tier 3 partners.

## 1.2.2 Management Actions

Implementation of activities included in the three technical objectives of the GMS project required streamlined systems to respond rapidly to requests for assignments, consultant and partner strengthening, and the activities encompassed under the results and knowledge management objective. Management actions required over five years for the three objectives included 2,511 individual international trips, 2,300 contract actions, 1,143 consultant invoices, and 510 trip reports.

It is noteworthy that systems developed for the project enabled GMS to send consultants to clients in as little as one day (Tanzania), with a median response time of 35 days from the receipt of the approved request to the first visit. A detailed description of these systems is found in the report *Midterm Evaluation of the Grant Management Solutions II Project* (2016).<sup>31</sup>

---

<sup>31</sup> See the report at [http://pdf.usaid.gov/pdf\\_docs/pa00m246.pdf](http://pdf.usaid.gov/pdf_docs/pa00m246.pdf)

## 2. ADAPTING TO THE EVOLVING GLOBAL FUND ARCHITECTURE

---

### 2.1 The Evolving Global Fund Architecture

As detailed in annex 2, three areas of change at the Global Fund had a profound impact on GMS and other providers of technical support for Global Fund grants:

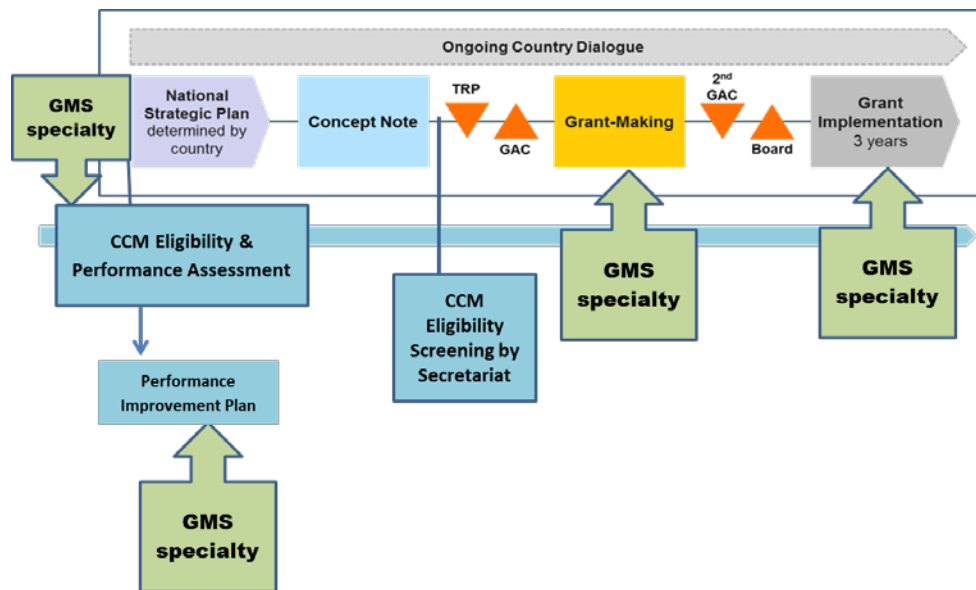
1. Approved in late 2012 and fully implemented by 2014, the Global Fund's new funding model (NFM) introduced a three-year allocation cycle process in place of the rounds-based proposal process for phased grants that had been used in previous years. The second cycle, with a few additional changes, began in 2017 for the 2018-2020 allocation period.
2. Implemented incrementally from 2012 to 2017, the Global Fund strengthened and reformed its governance model to improve and create performance standards for oversight, risk and assurance, and interactions with in-country actors, underscoring the centrality of CCMs in the Global Fund architecture.
3. In 2014, the frequency of grant rating changed to an annual basis. This means that grants now have only two ratings per three-year cycle—after the first and second years.

### 2.2 Impact of Governance and Funding Model Changes on GMS Technical Support

The first organizations to request support from GMS in 2012 were PRs and CCMs needing immediate, urgent, short-term support to keep programs in motion as the Global Fund was designing and finalizing its new processes. For those pre-NFM clients, GMS did not need to adapt its approaches or tools. Nevertheless, in anticipation of changes in the funding model and in Global Fund approaches to governance and CCMs, GMS mapped where, under its contract, it would be allowed to intervene so as to define what new information, approaches, and skills those interventions might require.

The following diagram (figure 2) shows the NFM process overlaid with GMS' entry points for technical support: eligibility and performance assessment (EPA) screening, preparation and support for implementation of the CCM performance improvement plan, grant making and grant start-up, and grant-implementation improvement. When the new Global Fund allocation cycle graphic is used, entry points are the same.

Figure 2. GMS entry points in the NFM



### 2.2.1 Impact of Governance Changes on GMS Technical Support

In response to changes initiated in 2012, the CCM Hub quickly shaped an effective partnership with GMS and other key service providers to ensure that its lean team would have the reach required to identify the issues faced by different CCMs, gauge their capacity to overcome challenges or their need for technical support, and influence the quality and consistency of technical support. The CCM Hub worked with partners at two levels: technical support development partners (financing) and technical support agencies (execution). Financing partners included USAID, GIZ BACKUP Health, France Expertise Internationale/Expertise France, and the Joint United Nations Programme on HIV/AIDS (UNAIDS). Execution partners included USAID projects such as GMS and the Leadership, Management and Governance (LMG) Project, and the HIV/AIDS Alliance (IHAA).

The CCM Hub defined its operational partnership with GMS around the core strengths of the project’s technical team and its own familiarity with many of GMS’ top CCM consultants. Similarly, it positioned its partnerships with IHAA and LMG around the core competencies that these two groups could bring to bear on CCM technical support. The Global Fund CCM Hub could count on GMS for delivery of a three-visit, multiple-consultant technical support assignment that included diagnosis (of compliance with eligibility requirements, core functions and their execution, and structures and their quality and performance) and targeted technical support to improve performance in those areas where GMS had predominant capacity.

Equally important was that the CCM Hub relied on GMS in designing the EPA approach and in identifying relevant indicators to measure CCM compliance with requirements and standards. Working alongside the CCM Hub, GMS, LMG, and the IHAA designed and tested early training on how to facilitate the EPA and support countries in implementing their performance improvement plans. By the time EPA assignments began, GMS, LMG, and IHAA had all trained their own staff on how to manage

these assignments and their governance consultants on how to facilitate the assessment and support CCMs in using the CCM online platform for recording results and the performance improvement plan.

## **2.2.2 Impact of Funding Model Changes on GMS Technical Support**

Because the project's mandate was limited to support for grants and governance in countries with signed grants, for PRs, GMS interventions remained limited to activities occurring after a funding request had been submitted. In the case of CCMs, although GMS could facilitate an EPA—which, by definition, precedes concept note submission—it could not support CCMs during country dialogue and national strategy review and costing.<sup>4</sup>

After the Global Fund had initially proposed that the grant-making phase could be concluded in a three-month period, GMS developed an approach in 2013 that it would use successfully in 42 assignments in 24 countries/regions. (The GMS approach to grant making is described in Section 3.4.2 of this report.) Support for grant start-up after signature was also offered, often focusing on establishment of new program management units (PMUs) or support to new PRs as well as support during grant implementation.

Grant making required more changes by GMS than other PR interventions because, in designing the new processes, the Global Fund created a suite of templates and online platforms to facilitate the work of PRs. These tools and technologies had not been used as extensively prior to 2013. The range of support for start-up and implementation remained important but did not require such extensive re-planning, first by GMS technical managers and then, through face-to-face and virtual training, with consultants.

Section 3.4.1 of this report describes GMS support to CCMs and PRs during the transition from the old to the new Global Fund environment, which coincided with the first 18 months of the project. GMS teams could seamlessly take on EPAs and grant making and, in the process, share lessons with the secretariat on the new processes thanks to the design of the project; its single focus on supporting CCMs and PRs with short-term, management and governance-related technical support; and its ability to adapt quickly and translate change into learning for its expert consultants. Sections 3.3 and 3.4 describes GMS' overall support to CCMs and PRs respectively.

## **2.3 Impact of Changes in the Performance Measurement Process on GMS Technical Support**

GMS used data on grant characteristics (e.g., region or disease, signed value, and grant ratings) to provide its technical teams with a detailed understanding of the grant recipients to whom they were providing technical support.

To support grant performance after start-up, GMS continued to deliver bottleneck-alleviation services that had been developed during the first phase of GMS, usually focusing on M&E, grant management,

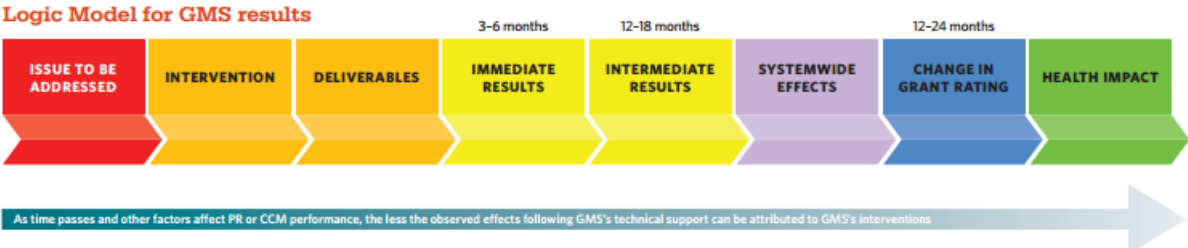
---

<sup>4</sup>One exception was the approval by the COR of a request from Côte d'Ivoire for quantification support for the country's National Malaria Strategy. GMS completed this assignment between March and June 2014 (assignment 050CIV).

or health products management (HPM) problems. To forestall such problems, GMS pursued the development and rollout of four types of grant dashboards (described in Chapter 7) and collaborated with the Global Fund secretariat to operationalize the new policy of risk management mapping and planning (described in Section 6.5).

GMS continued to use the logic model shown in figure 3 to define expectations from its support. This model, or performance framework, was developed in the first phase of the project.

**Figure 3. GMS logic model**



The logic model postulates that GMS interventions produce deliverables (from services to documents). Immediate results occur when the client (PR or CCM) approves and adopts the deliverables, possibly transmitting them to the Global Fund to meet requirements. Intermediate results (IRs) occur when the PR or CCM implements changes or uses the documents and new methods transmitted through the deliverables. System-wide effects ensue from management and programmatic changes by the client and between the client and the subrecipients (SRs), other PRs, and other stakeholders involved in Global Fund activities. When combined with the resources made available by the Global Fund and the skills, capacity, and access of implementing and governance partners, these changes ultimately lead to improved grant performance. The grant rating has been the measure used by the Global Fund to summarize grant performance, and thus the suitable impact measure for GMS interventions.

Because the Global Fund no longer rated grants quarterly or semiannually after 2013, it was no longer possible to use grant rating as the impact measure for GMS support. With consultation and advice from the manager of the Data and Systems Hub operational support team of the Global Fund Secretariat, GMS used funds absorption (use of disbursed funds against budget) as the proxy measure for performance for the dashboard assessment, based on the assumption that a grant with an absorption rate close to one (1), would be implementing activities and achieving programmatic results as planned. In the dashboard assessment, GMS surveyed fund portfolio managers (FPMs) of grants that had received technical support and asked them to rate their grants on a five-point scale (without using the annual Global Fund algorithm). These FPM proxy grant ratings are used to measure the impact of dashboards, by comparing ratings of grants that have used the dashboards for over 15 months on average, with the ratings of those who have just started using them.

# 3. OBJECTIVE 1: SHORT- AND MEDIUM-TERM TECHNICAL SUPPORT TO GLOBAL FUND BENEFICIARIES

Objective 1 (see box 1) of the GMS project was to provide short-term technical support (STTS) to Global Fund CCMs and PRs to unblock bottlenecks and resolve systemic problems that hinder a country's response to HIV/AIDS, TB, and malaria. During PY1, this STTS objective was expanded to also include a limited amount of medium-term technical support.

## Box 1. Objective 1 Summary

Demand for GMS STTS services totaled 148 requests for support from 65 countries including 25 of the 35 (71%) most fragile countries in the Fragile States Index, and 17 of 22 (77%) high-impact countries, as defined by the Global Fund.

These 148 requests resulted in 181 assignments. GMS served 52 CCMs, two regional coordinating mechanisms (RCMs), and 134 PRs by mobilizing 181 teams, comprising an average of four consultants each (including one national consultant). Five technical support managers provided technical oversight and quality assurance. GMS put the teams in the field within 35 days from receipt of the request. Total consulting days varied from an average of 169 for short-term assignments to 229 for medium-term assignments, including in-country, virtual, and local consulting.

GMS interventions with CCMs and PRs affected 350 grants (of which 139 for PRs alone) with a signed grant value of US\$13.3 billion (49% of the total Global Fund portfolio and 42% of the 839 active grants from 2012-2017). In all, each US\$1 of GMS support affected \$US235 of Global Fund grants, which was three times more than during the first phase of GMS.

*Note: Inputs and outputs for all three objectives are consolidated in Chapter 8 (Results and Conclusions), along with key intermediate, medium, and sustainable results.*

## 3.1 Demand for GMS Support

Demand for GMS support evolved considerably over the project's five-year implementation period. GMS was a demand-driven project: it was only authorized to respond to requests for support once the USAID COR had approved them. GMS was prohibited from marketing its services or seeking or soliciting work from CCMs or PRs.

For core-funded assignments, the request and approval processes remained unchanged. First, CCMs and/or PRs requested support by downloading a form from the Office of the U.S. Global AIDS Coordinator (OGAC), Global Fund, or GMS websites, completing it, and submitting it to OGAC and USAID/Washington. USAID then reviewed the request, discussed priorities and issues with stakeholders (the potential client, the USAID missions, and the Global Fund country teams), and submitted the request to the interagency Technical Support Advisory Panel (TSAP), led by USAID, for a recommendation. Approved requests could be forwarded to GMS for action or to another U.S. Government (USG) mechanism, depending on the duration of the work and the technical specialty needed.

For field support assignments, USAID missions and USAID/Washington discussed CCM and PR technical support (TS) needs before determining which of the available USG mechanisms was best suited to respond. If selected as the preferred option, GMS worked with the mission to develop a scope of work. USAID/Washington kept GMS informed of the progress of mission field support processes. Field support assignments usually began once USAID/Washington modified the GMS contract to include field support funds.

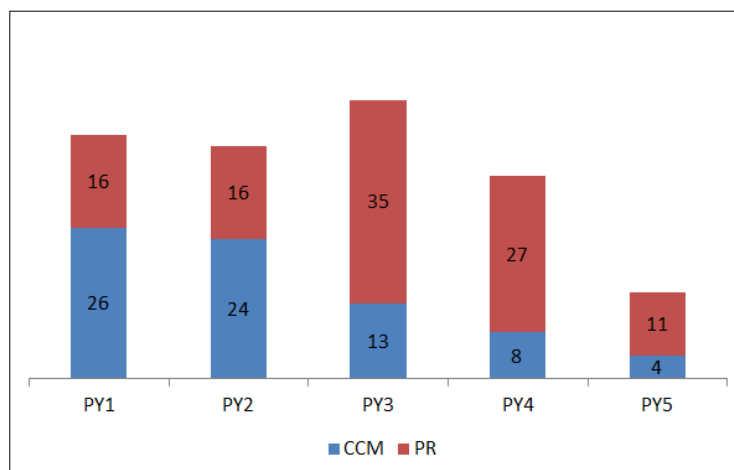
### 3.1.1 Country Demand

From project outset to July 31, 2017, GMS received 148 approved requests for technical support, resulting in 181 assignments in 65 countries or regions. Of these technical support assignments, 155 were short-term, three were medium-term through core funding, and 22 were funded through mission field support. Annex 3 lists the assignments in chronological order by country, while figure 4 shows the timing of the assignments by year, categorized by CCM or PR clients.

Through these assignments, GMS supported 350 grants, including those overseen by CCMs, whose total signed value was US\$13.3 billion, representing 49% of the signed value of the Global Fund portfolio over the five years. The 134 grants providing direct support to PRs represented 24% of the Global Fund portfolio. There were more PR assignments (105, or 74%) than CCM assignments (75, or 26%). Whole-of-country assignments for grant-dashboard introduction that included modest amounts of CCM support were classified as PR assignments.

Ten of the 181 GMS assignments shown in annex 3 were for regional grants or RCMs: seven were Africa regional assignments; two were in the Organization of Eastern Caribbean States (OECS) (817LA and 818RL), and one covered USAID’s Central Asia Region (803SC), including Kazakhstan, Kyrgyzstan, and Tajikistan.

Figure 4. Numbers of GMS assignments for CCMs and PRs, by year.





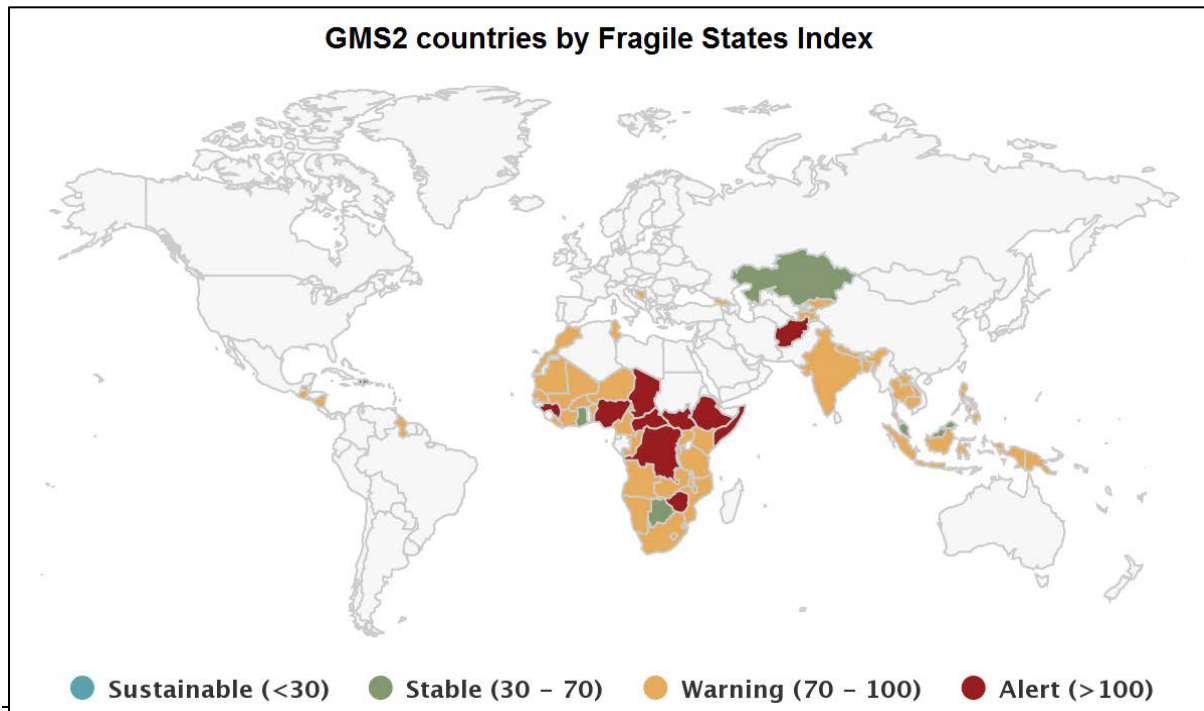
### 3.1.2 Assignments by USG Priority

The reach of GMS' technical support was largely determined by the demand expressed from Global Fund implementing countries and discussed by members of the USAID-led TSAP. The USAID/Office of HIV/AIDS' (OHA) COR determined which requests would be approved for GMS support. Beginning in 2015, USAID increasingly concentrated approvals on countries that are the focus of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the U.S. President's Malaria Initiative (PMI), or USAID TB priority programming. GMS provided technical support to one country that is a high priority for all three of these initiatives, 10 other countries that are priorities for two of these initiatives, 22 countries that are priorities for one disease initiative, and 20 other countries (see annex 4 for a map). In addition, GMS provided support to the eastern Caribbean and sub-Saharan Africa regions, which are PEPFAR focus regions.

### 3.1.3 Assignments in Fragile States

As depicted in figure 5, the 65 countries where GMS provided technical support included 11 of the 15 (73%) most fragile states in the Fragile States Index<sup>5</sup> and 14 of the 20 (70%) next-most fragile states (i.e., "alert" countries). Only six countries where GMS worked are categorized by the Fragile States Index as "stable." This was the least fragile category of countries in which GMS worked. Although GMS consultants could not travel to countries that were barred from receiving USG support or those with active political and civil unrest, this concentration of project work in very fragile states shows that GMS' efforts were directed at countries with significant need for support.

Figure 5. GMS client countries ranked by the Fragile States Index



<sup>5</sup> The Fragile States Index, published annually by the Fund for Peace, is a composite index of 12 indicators of national stability. It ranks the world's 178 countries from least sustainable (114 points) to most sustainable (19 points). The Fragile States Index 2016 can be found at <http://fsi.fundforpeace.org>.

### **3.1.4 Field Support through USAID Missions**

USAID missions at the country and regional levels selected GMS as the technical support provider for 22 assignments. Eighteen of these field support assignments were for CCM support in 13 countries and one region. There were also four PR field support assignments in four countries.

### **3.1.5 Demand across the Three Diseases**

Of the 134 grants receiving PR support from GMS, 63 were HIV or HIV/TB grants (17% of all HIV/AIDS grants in the Global Fund portfolio in those years), 30 were exclusive TB grants (14% of all TB grants), 35 were malaria grants (16% of all malaria grants), and six were health systems strengthening (HSS) grants (18% of all HSS grants).

## **3.2 Delivery of Short-Term Technical Support**

As described above, GMS was a demand-driven technical support mechanism. GMS set its assignment process in motion as soon as COR approvals were communicated. This process included preparatory dialogue and clarifications with the CCM or PR, the relevant FPM at the Global Fund, USAID/Washington, and USAID/mission; email communications with all 28 GMS partners to identify a team of consultants; and, upon approval of the team by the client, initiation of assignment logistics. GMS teams usually included two to four international and local consultants; the configuration depended on the needs of the CCM or PR and the timelines for the activity. The assignments, which were normally active for one year, provided up to 90 days of international TS and 50 days of local TS, structured over one or more trips in country. These ceilings required GMS to focus on urgent and time-bound priorities for which results could be achieved in short time frames while also building capacity for sustainable performance, but allowed GMS the flexibility to include more consultants for shorter very intense periods of support if needed.

### **3.2.1 Delivery of Technical Support**

For delivery of technical support, GMS adapted the processes developed during the five years of the first phase of GMS. After receipt of USAID's approval of assignment request, GMS assigned a technical manager and a logistics officer based on expertise, language skills, familiarity with the country and client, and workload. In preliminary internal meetings, the technical manager reviewed the request through communications with relevant stakeholders to understand the issues and define requirements for a consultant team. Usually within 24-48 hours, GMS issued a call for consultants to all project partners, outlining requirements and selection criteria required for submission of names of qualified and available candidates by a deadline. The technical manager sent a first communication to the client that included GMS' understanding of the technical aspects of the assignment and described the steps GMS would take to launch the assignment. She or he prepared a level-of-effort table for assignment budgeting, technical assignment and travel approval requests, and terms of reference (TORs) for all team members. After consultant selection, the technical manager prepared a justification for the selection of consultants (including sole source justifications in exceptional cases where teams were selected without competition). Once a proposed team was identified, GMS sent the client a request for approval of

candidates that included short biographies of the proposed team members. Client approval of consultants and dates marked the official start of the assignment.

The technical manager oversaw the team leader, who was responsible for day-to-day management of the team and for communications in country. Through email, Skype, and telephone communications with the team leader and occasional supervisory visits, the technical manager was responsible for controlling the quality of the assignment and its deliverables, and providing additional technical guidance if needed. GMS was required to submit trip reports to USAID/Washington within 10 days of the end of each assignment visit. The team leader produced the report, which included performance monitoring plan (PMP) data, in the GMS information management system (see Chapter 5 [Objective 3] for a description of the GMS IMS). At the end of the final visit, the technical manager and logistics officer together ensured completion of the client satisfaction survey (CSS) (through interviews with five individuals, on average, in country). GMS produced a draft end-of-assignment (EOA) report for distribution to the client (trip reports were not shared with the client as a matter of course). The team leader and the national consultant completed a follow-up report in the GMS IMS six months after the end of the last visit, and the technical manager later completed the 12-month follow-up report in the IMS.

### **GMS Responsiveness to STTS Requests**

To execute its 181 TS assignments, the Objective 1 team issued a nearly equivalent number of calls for consultants to its partners,<sup>6</sup> filling a total of 812 consultant positions for assignment teams.<sup>7</sup>

Because GMS assignments usually responded to a Global Fund deadline, rapid deployment of consultant teams was a priority. The median duration from reception of the approved request to the first visit was 35 days; the shortest deployment was one day (for a national consultant in Tanzania), and the longest was 272 days (a Liberia assignment that was delayed due to the Ebola crisis). The median duration was longer than in the first phase of GMS due to additional administrative requirements and scheduling of teams to fit the new Global Fund calendars.

The assignments varied in duration from one to eight visits: 14 assignments (8%) had a single visit, 26 (14%) had two visits, the majority (92 assignments, 51%) had three visits, and 39 assignments (22 %) had four visits. Two assignments involved five visits, two involved six visits, one involved seven visits, and one medium-term assignment involved eight visits. Technical managers and senior GMS staff carried out a total of 22 scoping visits to clarify technical support needs and 79 supervisory visits to teams. GMS technical managers and the deputy director for technical support served in the capacity of team leaders and/or team members, accounting for a total of 48 trips that were charged to assignments. GMS collaborated with many global USG programs offering technical support for Global Fund processes, including the Health, Finance, and Governance project (implemented by Abt Associates), the Supply Chain Management System (SCMS), Systems for Improved Access to Pharmaceuticals and Services (SIAPS), and LMG (MSH), and with several bilateral programs such as a University Research

---

<sup>6</sup>In several cases, the PR or CCM client or a USAID mission asked for specific consultants to be included in a team. However, for the majority of assignments, consultants were selected through an open call issued by the Objective 1 program officer.

<sup>7</sup> Several GMS staff members participated in assignments as team members (not in a supervisory capacity); if they are added, the total number of members of GMS teams for the 181 assignments is about 830.

Co. (URC) TB program in southern Africa. Other collaborating international service providers included GIZ BACKUP Health, France Expertise; consultants supported by multilateral agencies, including UNAIDS and the World Health Organization (WHO) (Global Drug Facility, Roll Back Malaria, and Stop TB); and consultants supported by direct contracts of the Global Fund. Most joint teams combined consultants from GMS with those from other agencies, usually with a GMS team leader (such as for Liberia dashboards) or intervened as separate teams working with a common timetable and work plan for some joint events (such as Burundi grant making). In other cases, one agency began the work and then handed the assignment over to another agency for subsequent support of either governance or implementation.

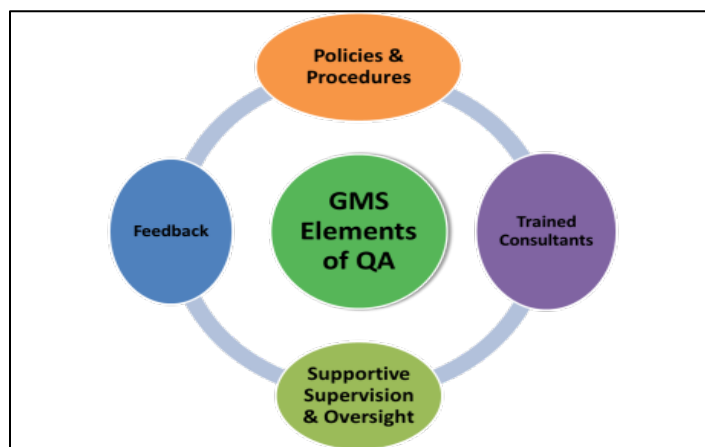
Team leaders, technical managers, strategic information officers, and the communications team produced a total of 510 trip reports and 154 EOA reports. Objective 1 staff completed a total of 553 client satisfaction surveys over the life of the project.

### 3.2.2 Quality Assurance

GMS deployed the quality assurance framework shown in figure 6 throughout the project. To ensure delivery of high-quality support to PRs and CCMs, Objective 1 team members based quality assurance (QA) on four elements:

1. Having policies and procedures to guide staff and consultant teams through each step of a CCM or PR assignment
2. Requiring that a majority of consultants on a team be trained by GMS, have participated in a GMS “boot camp,” and, as required, have audited relevant online courses on the GMS and partner IHAA learning hubs, through webinars, and through face-to-face training
3. Providing technical supervision to teams through regularly scheduled communications (by email and Skype) and supervisory visits when warranted
4. Incorporating feedback from clients and from stakeholders to improve GMS services through the formal CSS interviews and through communications with USAID, the Global Fund, and country stakeholders

Figure 6. GMS elements of quality assurance



GMS staff teams were interdependent. To achieve results by delivering STTS to PRs and CCMs, Objective 1 staff collaborated with colleagues working in finance and administration (all contracting, compliance, budgeting, and accounting for assignments), training and capacity building (Objective 2, all face-to-face and virtual training, certification, and strengthening capacity of regional partners to deploy and oversee high-performing consultants), and results and knowledge management (Objective 3, strategic information and issuance of all trip and EOA reports).

## 3.3 Support to Country Coordinating Mechanisms

GMS carried out 75 CCM assignments with 52 CCMs and three RCMs. Of these assignments, USAID missions financed 14 through field support funding.<sup>8</sup> Mission preference for supporting CCM assignments with its own funds might be attributed to the fact that USG personnel, including PEPFAR and Global Fund coordinators, are often members of CCMs, understand what CCMs need, and know where and how USG resources—including GMS—might be deployed to address governance issues. These same individuals often leveraged in-country technical implementing agencies to provide other technical support to PRs.

In late PY4, USAID/Washington communicated a shift in USG priorities for use of its 5% Global Fund TS to increase resources for strengthening PRs' ability to implement grants and achieve results. This shift occurred as the Global Fund CCM Hub began to seek partner commitments to support the second round of EPAs in advance of the preparation of new funding requests for the 2018-2020 allocation period.

GMS continued to receive approval from USAID for a limited number of CCM assignments. Several assignments, such as in Bangladesh, were provided through field support or were core assignments that continued work that had been started in an earlier field support assignment (e.g., in Cambodia). In addition, USAID allowed indirect support for the strengthening of CCM oversight capacity through whole-of-country dashboard assignments that introduced the CCM Summary Dashboard. Box 2 shows the list of CCM client countries.

### 3.2.1 Support for EPA and Performance Implementation Plan Activities

From 2012 to the fall of 2013, before the development of the EPA and the performance improvement plan, GMS CCM technical support was structured to address issues identified by the CCM in its request to USAID. GMS used its own diagnostic process to pinpoint and explore the issues faced by a CCM. The diagnostic process—in many ways a precursor to the EPA—assessed core documents, structures, and performance of core functions, as defined in the Global Fund guidelines. GMS examined the structure, organization, and functioning of the CCM and its secretariat; membership renewal; mobilization of funds and human resources to support CCM activities; harmonization of Global Fund resources with other funds contributing to the national disease strategies; oversight of the performance of the grants and of their implementation by the PRs and

#### Box 2. Country CCM Clients—Major Structural Reform

Bangladesh  
Bosnia Herzegovina  
Botswana  
Cameroon  
Chad  
Djibouti  
Guinea  
Guyana  
Haiti  
Liberia  
Malawi  
Namibia  
Nigeria  
Swaziland  
Timor-Leste  
Uganda  
Zambia  
Zanzibar  
Zimbabwe

<sup>8</sup> Seventy percent of all field support assignments targeted CCMs; the 14 field support CCM assignments represented about 19% of all CCM assignments.

SRs; and transparency in, communication about, and documentation of CCM activities with CCM constituencies and other partners, including public access to CCM documents.

In the first year of GMS, most project assignments involved revisions of foundational documents (bylaws, governance manuals, and secretariat operations manuals). By the beginning of PY2, CCM requests to USAID were becoming more specific, which was an indication that CCMs were using technical support to improve their functioning (instead of their structure), including oversight of Global Fund grants in their country.

Once the Global Fund rolled out the EPA (see Section 6.3.1 for GMS' contribution to EPA development), GMS teams shared similar TORs to support CCMs through the three EPA pillars and facilitate consensus meetings, after which the CCM secretariat would upload the EPA, performance improvement plan, and required documents to the online Global Fund CCM platform. Country-specific scopes of work for GMS consultants usually began in the second visit, when teams started their support for implementation of priority actions set out in the performance improvement plan. GMS teams concentrated on actions that required technical support for which GMS had an advantage, such as oversight strengthening, governance reform, strategic leadership, and work planning. GMS support for implementation of performance improvement plans usually took two visits and very occasionally more visits, after which the CCM secretariat was encouraged to update the performance improvement plan online.<sup>9</sup> The Global Fund country teams tracked updates, and the CCM Hub adjusted EPA ratings.<sup>10</sup>

As detailed in annex 5, GMS used its early diagnostic model in 18 countries before introduction of the EPA and PIP. In five cases, follow-up EPAs were conducted at a later stage. In nine countries, repeat EPAs were conducted. Swaziland was the only country in which both the early diagnostic model and two rounds of EPAs were used.

In addition to application of its Objective 1 QA framework, GMS technical managers increased coordination with the Global Fund CCM Hub and country teams for EPA and performance improvement plan assignments, initiating in-briefs and debriefs to discuss findings, challenges, and steps forward. In July 2014, the CCM Hub standardized the EPA approach across technical support providers to ensure the quality and integrity of the EPA process and of all consultant deliverables related to the EPA. The CCM Hub required technical oversight of EPAs by a technical manager (similar to the GMS technical manager) and defined a set of responsibilities for technical managers to ensure the high quality of EPAs and performance improvement plans. This is one instance in which GMS positively influenced the mode and standards of technical support delivery across the Global Fund partnership.

### 3.3.2 Governance Reform

GMS categorized assignments that focused on modifying the structure, procedures, and functioning of the CCM, (including membership renewal) as “governance reform.” (GMS support to CCMs with challenging operating environments is discussed in the next section.)

---

<sup>9</sup> CCMs have a full year to implement the performance improvement plan; GMS support helped CCMs rapidly start implementation and focus on technical support for specific performance improvement plan actions that could be completed with STTS.

<sup>10</sup> The CCM Hub used the term “rating” for CCMs; this is different from the rating that the Global Fund applies to grants.

### **CCMs, Secretariats, and Structural Reform**

During GMS, the Global Fund was proactive in its work with CCMs to address persistent performance and systemic issues that deeply compromised the value these multisector bodies could add to a country's response to HIV/AIDS, TB, and malaria.

For example, in Nigeria, GMS was invited to support two concurrent and challenging change processes. The project provided technical support to the Nigeria CCM through three separate assignments aimed at examining performance and helping the CCM determine how its structure, staff, and systems affected its ability to achieve its mission. Ultimately, GMS offered a series of options that would help the CCM and Ministry of Health (MOH) leadership determine the best course moving forward.

In anticipation of a change in the way the Global Fund organized its awards to the country and seeking a site for an experimental state-level grant, the Nigeria CCM established the Lagos State coordinating committee (LSCC) in 2016. The Global Fund portfolio manager for Lagos asked that GMS limit its input to an assessment that the Nigeria CCM members would use in moving the LSCC forward. It was most important to identify critical capacity gaps, suggest options, and develop recommendations to appropriately define the structure and functions of the LSCC to improve its strategic leadership and oversight capacity and to provide recommendations to assist the LSCC in prioritizing capacity-building needs. The combination of GMS support to the LSCC and to the Lagos State PR for grant making contributed to signature and start-up of the Lagos State grant in January 2017.

### **3.3.3 Regional Coordinating Mechanisms**

In some cases, groups of countries submitted joint regional or multicountry proposals to the Global Fund to address common issues across national boundaries. In the case of multicountry proposals, the funding request was usually submitted and the ensuing grant was overseen by a regional coordinating mechanism (RCM), which has multisectoral representation from each of the involved countries.<sup>11</sup> The role of RCMs is similar to that of CCMs, but they are subject to fewer Global Fund requirements. For example, RCMs are subject only to the EPA eligibility requirement, and they do not have to comply with minimum standards. However, RCMs have more operational challenges than CCMs because they are faced with complex logistical requirements to ensure that they can function and represent constituencies across countries. They need to develop skills and systems that encourage effective communications. They also need to determine how to prioritize oversight activities strategically so that there is consistency and cohesion between the work of RCMs and the CCMs in the same region. Finally, RCMs are in the Global Fund's "focused" category. That is, regional and multicountry grants and RCMs are assigned to the country team for the country where the PR is located and receive varying amounts of attention depending on the complexity of the country team's portfolio.

---

<sup>11</sup> When a proposal was submitted by a regional entity with a board of directors, no RCM was required. These grants were known as "regional grants," whereas those with an RCM were known as "multicountry grants." GMS' PR work with Elimination 8 (a regional malaria program), ECSA (a regional supranational TB laboratory project), and the Africa Network for Care of Children Affected by HIV/AIDS (a regional pediatric AIDS treatment grant) was not guided by RCMs because these were regional grants.

GMS worked directly with three RCMs between 2012 and 2017: the regional multicountry coordinating mechanism of the Western Pacific (Pacific Island region multicountry coordinating mechanism or PIRM CCM), the regional coordinating mechanism for the Southern Africa TB in the mining sector grant (TIMS), and the regional coordinating mechanism for the OECS. (See box 3.)

**Box 3. Regional Clients,  
Major Structural Reform**

OECS  
PIRM CCM  
Southern Africa TB RCM

GMS' technical support to the OECS from October 2016 to August 2017 offers an interesting example of structural reform at the RCM level. Despite a slow start, a result of logistical challenges in organizing learning events for representatives from six countries and funding constraints for RCM member travel, the assignment delivered on governance, oversight, PR management, and RCM communications.

GMS and the RCM executive secretary were able to define a feasible design for an effective six-country intervention after a GMS staff member scoping visit to Saint Lucia; the assignment would focus on governance and oversight, including engagement of civil society on the RCM, and on introduction of a multicountry PR Management Dashboard that would also serve RCM oversight purposes. Two separate teams of consultants would complete deliverables negotiated with the RCM. (The PR dashboard assignment is included in Section 6.1 of the report.)

GMS created economies of scale for this field support-funded assignment that delivered both governance and oversight as well as PR management support to the RCM and to the PR through the following steps: (1) there were no team leaders—instead, the GMS senior technical manager assumed this role for both teams; (2) the PR dashboard team was able to complete the installation in only two visits; (3) RCM interventions were conducted through three bundled visits to cover all six countries; (4) team members supporting the RCM were assigned to work on specific interventions based on a combination of their skills and their geographical proximity to islands, with one team member participating in each visit to ensure consistency; (5) two GMS technical managers provided direct technical support by participating in one of the visits for each of the two assignment teams (RCM and dashboard); and (6) remote and virtual assistance was provided whenever possible.

### 3.3.4 Challenging Operating Environments<sup>12</sup>

The Global Fund has defined “countries or regions characterized by weak governance, poor access to health services, and manmade or natural crises” as “challenging operating environments” (COEs). A full list of GMS' COE country clients is shown in box 4 below.

#### **Somalia: Leveraging Existing Health Structures for Oversight**

From 2014 to 2016, GMS collaborated with the CCM Hub to support Somalia's then-nascent Global Fund Steering Committee (GFSC) to align its framework with Global Fund requirements for oversight, conflict of interest, civil society engagement, and representation of key populations. The assignment was conducted in Kenya, where this “non-CCM” governance body meets (and where its PRs, the United Nations Children's Fund [UNICEF] and World Vision, are based) for safety reasons.

<sup>12</sup> These countries were listed as challenging operating environments for the 2017-2020 allocation period. See [https://www.theglobalfund.org/media/4220/bm35\\_03-challengingoperatingenvironments\\_policy\\_en.pdf](https://www.theglobalfund.org/media/4220/bm35_03-challengingoperatingenvironments_policy_en.pdf).



GMS' work with the GFSC followed a similar path to many CCM assignments. That is, GMS provided technical support to the GFSC for the revision and validation of governance documents; definition of oversight structures and internalization of the oversight function; introduction of GMS tools to help members conduct site visits; adoption of conflict of interest policies; preparation of a work plan and budget; and leveraging of financing. A GFSC secretariat was established at the International Office of Migration in Nairobi, and GMS strengthened the capacity of its staff members through face-to-face and remote support.

**Box 4. Challenging Operating Environment Country Clients**

Afghanistan  
Burundi  
Chad  
DRC  
Guinea  
Liberia  
Mali  
Mauritania  
Niger  
Nigeria  
Somalia  
South Sudan

Oversight represented a significant achievement in this case. Initial resistance to the concept of adding layers to the GFSC through creation of an oversight structure led to the use of a creative approach to leveraging existing zonal health coordination structures for the purpose of Global Fund oversight. Designed and promoted by Somali leadership on the GFSC, this alignment built on what already existed, avoiding the replication of Global Fund structures in the three zones of Somalia. Two members of the GMS team were able to accompany the GFSC on their first oversight visits in Mogadishu, Hargeisa, and Garowe (the principal towns in each zone), and returned convinced that the model of embedding Global Fund oversight into functional health zonal committees was feasible and effective. By October 2016, the GFSC completed its first EPA and performance implementation plan with facilitation from GMS. The EPA showed that the committee had achieved compliance with over 60% of Global Fund standards.

GMS support to the GFSC resulted in the type of organizational and leadership change that the project had otherwise seen in long-term technical support arrangements and that is generally unexpected in such a geographic and political context. The GFSC had engaged civil society participation in governance; improved performance; leveraged existing health structures to facilitate oversight; secured funding; and established a secretariat. Success can be largely attributed to the determination of the committee's members, all despite working in what the Global Fund had initially categorized as a COE.

**Chad: Resolving Issues to Retain Eligibility for Global Fund Support**

GMS sometimes acted as a "fair broker," assisting a CCM and country leaders in understanding Global Fund requirements and determining a course of action when faced with difficult Global Fund decisions. In mid-2014, GMS intervened in Chad to help the CCM and PR leadership communicate with the prime minister about a Global Fund ruling on US\$2.1 million (approximately 1 billion Central African francs [CFA]) in ineligible expenses and the requirement to fulfill its 5% counterpart contribution to retain the country's eligibility for future funding.

While the GMS team worked with Chad CCM members on oversight and governance, the GMS project director worked with the CCM chair and the U.S. embassy to arrange a series of meetings with high-level decision makers in parliament, the prime minister and his staff, and presidential commissions to clarify the Global Fund's requirements, the specific issues for Chad, and the options for resolving these

issues. These meetings re-situated the problem at the level of national decision makers, where strategic decisions needed to be made, rather than leaving it to grant implementers. Focusing the discussion on the choice between present reimbursement and future Global Fund support defused the tensions arising from internal Ministry of Health politics and transformed the issue into one of compliance with national rules of good governance as well with Global Fund requirements. Presentation at these meetings by the GMS project director and the Global Fund portfolio manager set the stage for the CCM president (from a non-health ministry) to candidly discuss problems that compromised Chad's ability to seek NFM funds. Senior government authorities took note, chose options for action, and, in April 2015 (12 months after receiving GMS support), the country's TB/HIV and malaria concept notes were approved by the technical review panel (TRP) and proceeded to grant making. The trust built during this work later enabled GMS to support Chadian grant making from a distance when internal instability prevented trips to the capital.

### Key Populations

In response to the 2013 modifications to the CCM guidelines and feedback in June 2014 from the Global Fund CCM Hub on the first experiences with the CCM eligibility and performance assessment, GMS held an internal strategy meeting September 8–9, 2014, to define the project's approach to and boundaries for engagement with key populations (KPs). The new CCM guidelines sharpened the focus on affected populations and emphasized the Global Fund's engagement with human rights. They also modified the notion of civil society representation on the CCM by promoting a selection of stakeholder groups that are more closely affected by the epidemics and by Global Fund projects than the civil society groups suggested in earlier years (such as representatives of media or academia). As a result, the new GMS strategy for KP engagement encompassed support to KP representatives in their roles as CCM members and constituencies and to KP organizations in their roles as Global Fund grant implementers. GMS left support for KP representatives and institutions as advocates in the broader national context to other specialized technical support providers and agencies.<sup>13</sup>

#### Box 5. Country Clients, Key Populations Engagement

Bangladesh  
Cambodia  
Morocco  
Mozambique  
Tunisia

As part of this mission of support to KPs for governance, GMS helped several CCMs in achieving direct KP representation (see box 5). Morocco is an interesting example. There, the CCM decided to restructure its composition and include representatives of key populations as full members when preparing its phase 2 submissions for HIV and TB in late 2013. GMS helped the CCM develop and implement a robust renewal process to ensure mobilization for effective representation in these sectors and subsectors that were new to the CCM. Renewal for associations, of all sectors on the CCM, was most complex, because the associations had chosen to use an electronic election platform (other sectors nominated their representatives). From September 2013 to March 2014, a GMS team led by the project's deputy director for technical support put in place the systems, tools, and documents needed for this restructuring, which allocated three seats to key populations (people who inject drugs [PWID], sex workers [SWs], and men who have sex with men [MSM]). GMS layered the subsequent orientation in four phases: interviews with select individuals from these KP subsectors to assess knowledge of the Global Fund in Morocco and expectations of an orientation; a first half-day session at the meetings reserved for KP representatives; a second half-day session to regroup the new KP representatives and

<sup>13</sup> GMS approach regarding Key Affected Populations, October 27, 2014, internal document.

newly nominated members of sectors that were already on the CCM; and a team-building activity designed for all members, new and old, to imagine their future CCM. The team-building activity helped define the value, expertise, and coverage that each member constituency brought to the CCM as well as the approaches to build effective linkages within the CCM so that it would function as an effective and integrated body.

### 3.3.5 Oversight Strengthening

In GMS, as noted in box 6, all CCM assignments helped CCMs deliver effective oversight of PR grants through a combination of structural strengthening, skills building, and data use. Some of these assignments responded to performance implementation plans; others were part of the whole-of-country approach to dashboard introduction. The Global Fund EPA indicators for assessing a CCM's oversight function included the following:<sup>14</sup>

#### Box 6. Clients—Functional Oversight Strengthening

All CCM assignments and all CCM Summary Dashboard assignments

- A complete CCM oversight plan is in place, including activities, responsibilities, timeline, and budget.
- The oversight body (committee) had access to the following core skills: (1) financial management, (2) disease-specific expertise, (3) procurement and supply management, and (4) program management. Oversight committee composition needed to include a key affected populations and people living with disabilities (PLWD) representative(s).
- Dated meeting minutes document the formal appointment or election of members of the CCM oversight committee.
- Documentary evidence exists of consultations, including oversight visits carried out by the oversight body or CCM at least once every six months to obtain feedback from non-CCM members and people living with and/or affected by the diseases or key populations.
- Dated meeting minutes, reports, or work plans provide evidence of quarterly dialogues and the follow-up with each PR.
- Whenever problems and challenges were identified, the CCM has made decisions in the past six months on the minimum (1) management, (2) financial, and (3) programmatic indicators of oversight and followed up on corrective actions.
- Evidence exists of oversight report(s) shared quarterly with in-country stakeholders and with the Global Fund Secretariat in a timely manner (within one month of the OB meeting).

The EPA and measurement of performance required going beyond acceptance of documents and structures as evidence of functionality to actively determine that the oversight committee functioned and proactively used tools for oversight. For GMS, this translated into a stronger focus on using short-term technical support to strengthen the capacity of individuals to take action, as mentioned, on the continuum of interventions required to perform well against these seven indicators. Zimbabwe was a

<sup>14</sup> [https://www.theglobalfund.org/media/5389/ccm\\_performanceframework\\_framework\\_en.xlsx](https://www.theglobalfund.org/media/5389/ccm_performanceframework_framework_en.xlsx)

typical example of functional strengthening of CCM oversight. Prior to the intervention, technical working committees for each disease and HSS had been responsible for oversight. The Zimbabwe CCM received GMS support for establishment of an oversight committee with an annual work plan and budget. To meet Global Fund skill requirements, seven of nine oversight committee members were selected from the CCM membership, and two representatives were recruited from outside the CCM because of their expertise in procurement, financial and supply chain management, and stock management. By the end of the third trip, the CCM had met Global Fund oversight eligibility criteria.

### Strategic Oversight Strengthening

Beyond the immediate responsibility of grant oversight, a CCM can use evidence from oversight about technical and clinical performance, effective management, implementation, and partnership as inputs to strategic leadership for reprogramming and for new proposal development. Members of CCMs that conduct effective high-level oversight understand the place of Global Fund investments in national strategies, and they remain current on health sector and other reviews that examine national program spending, issues, and results, including those funded by the Global Fund. To execute such a level of oversight, CCMs need to apply a comprehensive approach to the task. They need to use strategic thinking to suggest and prioritize optimal solutions for implementation and apply strategic leadership to ensure that decisions are turned into actions that address challenges and produce results and impacts. Strategic thinking and strategic leadership in the CCMs balance vision and long-term “big picture” goals with the immediate requirements of routine business. Big picture issues and opportunities—such as national expenditures and results, external assessments of transparency and accountability, shrinking resources, the impact of adverse statistics on the future of a country’s workforce and economic growth, sustainability of programs, and transitions to domestic funding—inform strategic leadership in a national response to the three diseases.

#### Box 7. Clients—Strategic Oversight Strengthening

Bangladesh  
Cambodia  
India  
OECS  
Philippines

The tipping point in demand for GMS support to shift from operational oversight to more strategic oversight was at the midpoint of completion of the first 100 or more EPAs by the Global Fund and its technical support partners. The switch from a single short-term focus on meeting the eligibility requirements to a desire to improve and sustain governance functions could be directly attributed to the discipline of annual measurement of CCM performance and an understanding of the value added of effective oversight for a PR’s performance, for the performance of the grant portfolio, and for the development of new funding requests based on evidence of prior experience.

GMS strategic oversight interventions (see country list in box 7) aimed to help CCMs and their secretariats carry out functional oversight efficiently and effectively and make the leap to strategic oversight thinking. The depth of discussions and level of technical support in strategic oversight depended on the context and capacity in each country. The Philippines is a good example of a country where the capacity and will for strategic oversight could be capitalized upon.

The Global Fund has historically considered the Philippines to be a country with well-performing grants and a highly functional CCM (the Philippines country coordinating mechanism [PCCM]). The shift from purely operational oversight with routine reviews and periodic site visits to more strategic oversight was triggered by the introduction of PR Management Dashboards and the CCM summary by GMS in 2016.

Stakeholders and PCCM leadership supported the concept of strategic oversight and wanted the PCCM and its secretariat to exercise strategic thinking and strategic leadership. The PCCM took the opportunity to use the results of oversight analyses in higher-level discussions of the national disease programs and of changes in national policies affecting KP communities. The concept of strategic oversight helped the PCCM consider the epidemiological status of the Global Fund–supported disease component in the context of wider Department of Health programs. GMS’ interventions equipped PCCM members to increase awareness of challenges for key populations and to position the PCCM as a high-level governance platform for elaborating solutions and offering recommendations for addressing these challenges.

The CCM summary positively affected implementation of the oversight function. It helped the PCCM and its oversight committee to carry out data-driven discussions on the progress of the HIV/AIDS, TB, and malaria grants and their contribution to the broader country response to the three epidemics. The PCCM used CCM summary data to identify priority areas for further actions at the national level. As a result, time was taken during oversight committee and PCCM meetings to consider the grants within the bigger picture of the evolving epidemiological status of each disease and the Department of Health’s response to it. The PCCM did more “listening to the voice of the people/community” to understand their story and seek their perspective on disease prevalence and program quality and access.<sup>15</sup>

## **3.4 Support to Principal Recipients**

As discussed in chapter 2 and detailed in annex 2, the Global Fund grant architecture evolved significantly in two phases between 2012 and 2017, including transition from the pre-NFM to the NFM and then from the NFM to the NFM second cycle grant model. Accordingly, GMS short-term management-related technical support to PRs occurred in two phases. GMS continued supporting the rounds-based and transition funding mechanism architecture from October 1, 2012, to early 2014. The second period followed the launch of the NFM in 2014 and continued during the subsequent revision of the current funding model architecture in 2017.

### **3.4.1 2012–2013: Pre-Signature Support to Phase 2 and Transitional Funding Mechanism Grants**

Although the first phase of the Global Fund change coincided roughly with the first two project years of the second GMS contract, the technical work required of the project was similar to earlier work required under the first GMS contract, to support to pre-signature preparations of grants and phase 2 renewals as well as resolution of implementation bottlenecks across grants and in specialized technical areas.<sup>16</sup>

---

<sup>15</sup> GMS was asked to deploy a final team of two consultants at the beginning of PY6 to further strengthen the PCCM. This brought the total number of GMS assignments to 181.

<sup>16</sup> Although the Global Fund first introduced the NFM in 2013, existing grants, including phase 2 grants and grant consolidation, continued to be managed according to the previous system. Phase 2 renewals undertaken in 2013 were the final such renewals in the Global Fund grant process. Starting at the beginning of 2014, phase 1 grant extensions replaced phase 2 grants to maintain coverage until NFM grants were awarded.

## Pre-Signature and Grant Renewal Support for Phase 2 Grants

Pre-signature support to new phases of existing grants required cross-cutting M&E, procurement and supply management (PSM), and principal recipient management (PRM) including financial management expertise for consultants on a team. As was the case in the first GMS contract, pre-signature assignment deliverables included the performance framework with identified annual targets, the completed PSM plan quantifying health product requirements based on performance framework targets, and the grant budget aligned with the performance framework and PSM plan. Inherent in the pre-signature documents were clear implementation arrangements and a risk management plan.

GMS carried out a single pre-signature assignment. Niger submitted pre-signature documents to the Global Fund for its round 10 HSS grant for a start date of July 1, 2011. Although approved in 2010, the proposal never proceeded to signature because the selection of a PR acceptable to both the Global Fund and the Niger CCM remained unresolved. In 2012, GMS consultants helped the PR improve the format and presentation of the required documents to provide acceptable costing information and clarifications of the proposed implementation structure for the HSS grant. This challenge of selecting a credible implementation leader eventually resulted in appointment of Save the Children as the new PR. The grant was signed in early July 2013.

### Box 8. Country Clients— Consolidation, Renewal and HSS Transitions

Central African Republic  
Georgia  
Guinea  
Malaysia  
Morocco  
Papua New Guinea  
Senegal

Phase 2 grant renewal assignments required similar skills to help the PR deliver updated performance frameworks, PSM plans, and detailed work plans. Many phase 2 renewals required GMS consultants to support consolidation of the remaining funds and activities from two or more grants for the same disease into a set of streamlined phase 2 signature documents. In some instances, a PR only needed GMS support in a single technical area (PRM, PSM, or M&E) for its phase 2 renewal. Assignments could evolve very differently, reflecting the complexity of the consolidation task, the differentiation attributed to the country context, the capacity of the PR, and, at times, the capacity of GMS teams to resolve differences between PRs and higher levels in the country (usually ministries of health or finance) and between PRs and Global Fund country teams.

Guinea is an example of a country requiring urgent technical support to respond to Global Fund requirements. In 2012, the Global Fund required that Guinea reduce the number of PRs from seven to four, including consolidation of the HIV/AIDS grants from two PRs to one. The HIV/AIDS grants had been signed that year, but no disbursements had been made. Successful grant consolidation and reorganization of the project management unit at the Comité National de Lutte Contre le Sida (CNLS; National Committee Against AIDS) would unlock disbursements of over US\$20 million for the disease program. GMS supported consolidation of the round 10 HIV grants for CNLS and produced a capacity-strengthening plan for several SRs and supported the country in realigning its HSS grant to focus on high-impact activities and better risk management. Furthermore, the assignment helped Guinea identify data quality issues, resulting in a GMS recommendation that the country conduct an internal data quality audit. The consolidated and refocused HIV grant, with a total budget amount of US\$ 22.7 million, was signed on February 17, 2014.

### **3.4.2 New Funding Model Grant Making**

The second phase of Global Fund change, the NFM's first grant cycle, began in 2013 and coincided with GMS' project years 3, 4, and 5. Anticipating changes brought on by the NFM, GMS retooled its approach for grant-making assignments, adapted tools, and gained familiarity with new Global Fund tools. GMS then rolled out the updated approach to consultants through a series of informational webinars in English, French, and Spanish beginning in April 2013. Figure 7 shows GMS' updated support process.

## GMS Technical Support to Grantmaking Process

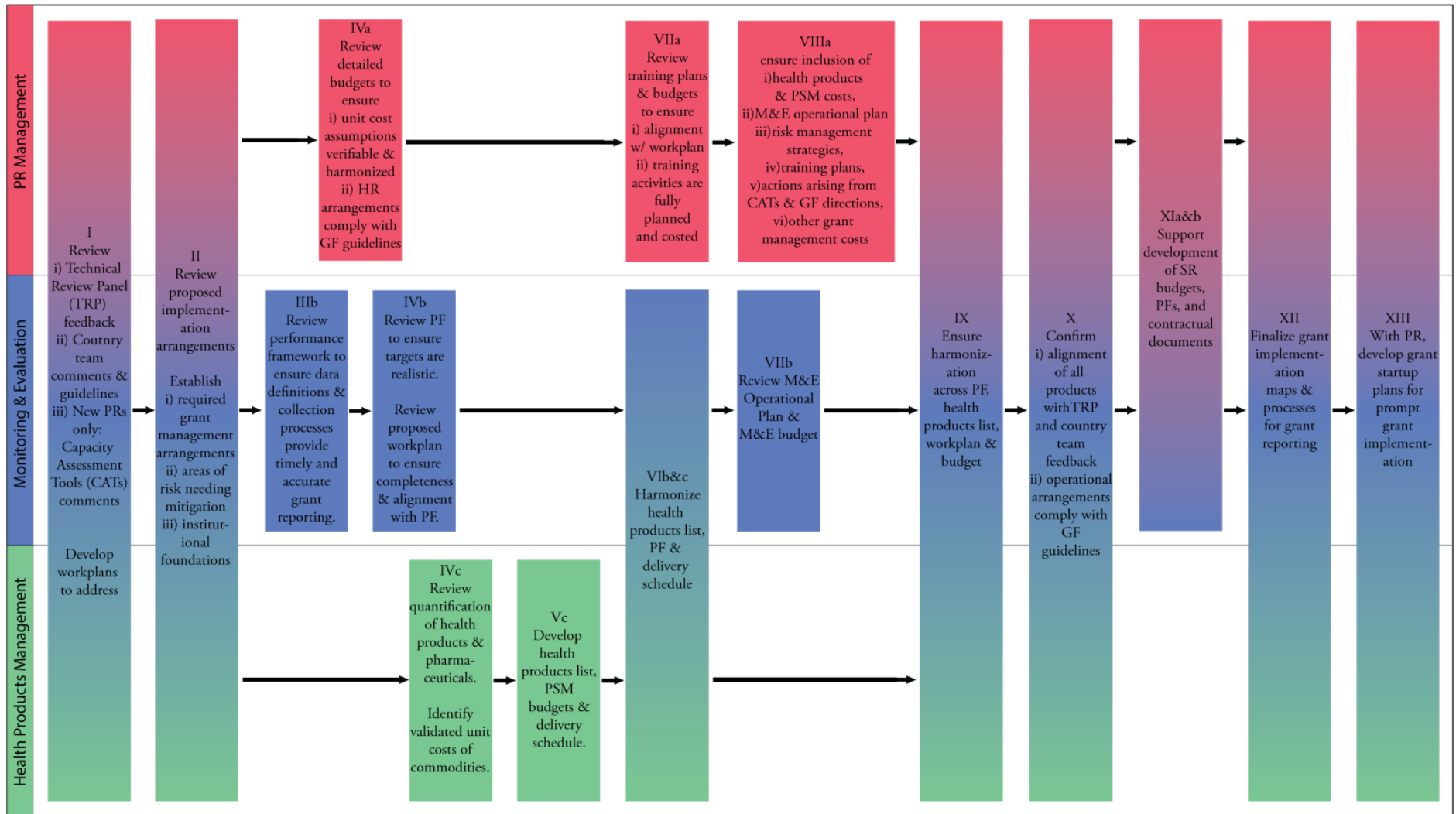


Figure 7. The GMS grant-making technical process



The GMS approach to grant making mirrored Global Fund guidance on both sequencing and substance. Grant making started with a technical review panel (TRP) review and/or grant approvals committee (GAC) comments and a review of Capacity Assessment Tool (CAT) results and recommendations. It then moved to production of the core grant-making documents: the performance framework, the health products plan, the overall grant work plan and budget, the risk management plan, and the implementation maps. GMS consultants carried out the approach in three waves, first as an integrated team focusing on core issues, then splitting into technical teams to work one-on-one with relevant PR and SR staff to address M&E, HPM, and budgeting topics. The GMS consultants then resumed operating as an integrated team to address harmonization and alignment, compliance of operational arrangements, production of implementation maps and processes for reporting to the CCM, and start-up plans for rapid implementation. GMS sometimes also supported negotiations between the PR and the Global Fund, making immediate modifications to grant documents as needed. At the end of grant making, the final grant documents were reviewed by the GAC of the secretariat before being presented to the Global Fund Board for final approval.

In July 2014, GMS held an implementation mapping webinar and, in February 2015, the first of five face-to-face scenario-based consultant “boot camps” addressing integrated grant making. (Section 4.2.2 gives details on training.) When the Global Fund published its online guidance for grant making, GMS directed consultants to these resources and shared with them any guidance received directly from the secretariat. GMS consultants did the same, sharing with GMS staff and consultant colleagues any developments they learned of while working with PRs. In addition to providing virtual and face-to-face training, GMS kept consultants up-to-date based on staff participation in Global Fund processes. For example, the senior GMS PR technical manager was a member of the Global Fund’s Risk Management Forum and was thus able to regularly share information with consultants to ensure that they knew the Global Fund’s “state of the art” in risk management.

Through this multiyear process, grant-making requirements and processes evolved very little, with no fundamental change in requirements or sequence. Grant-making deliverables did not become substantially different from the pre-signature or phase 2 renewal products of the first phase of GMS in 2007-2012. To move from a funding request to an implementation- and disbursement-ready grant, a PR still needed a performance plan, a health products management plan, a detailed budget, a clear implementation map, and a risk assurance plan. For GMS, grant making also often included development of SR selection procedures and criteria. In several cases, grant making included strengthening project management units or even supporting the transition from the proposed PR to the final approved PR. The changes that required the most training were related to the various information technology (IT) platforms PRs had to use for submission of grant-making documents.

Perhaps the most significant change over the five years of GMS was the increasing engagement of Global Fund staff in-country. Country teams visited the CCM and PRs repeatedly during grant making, often working with PRs to identify and coordinate needed technical support and to provide much more detailed input and review to grant-making documents. This more intense presence brought GMS teams into closer contact and collaboration with the country teams as well. In the early months of the NFM, the Global Fund hoped that this more intensive involvement by country teams would accelerate grant

making so that it could be completed in three months. Based on experience in the first cycle of the NFM, Global Fund guidance now suggests that countries complete grant making in five to eight months.<sup>17</sup>

### 3.4.3 Grant-Making Assignments: GMS' Core PR Business

Toward the end of PY2, GMS began supporting PRs with NFM grants. PY3 coincided with a surge in grant-making requests, marking the beginning of grant making as a core business stream for GMS. Requests to USAID from 10 countries or regions (see box 9) resulted in 18 GMS technical support assignments for grant making. The scopes of work were similar for all countries and regions: support new PRs to review, improve, and complete required grant-making documents within the 90-day deadline.

The secondary requirements of grant making sometimes varied, however. For example, the Global Fund secretariat gradually intensified its focus on funds absorption and on risk management, but it imposed new requirements on different countries at different times. Nigeria and Burkina Faso were each asked by their country teams to submit risk management plans during grant making, but Burundi was asked to do so during start-up. GMS collaborated with the Global Fund's risk management unit and risk management forum to improve documentation and use of the implementation mapping process, the Grant Risk Assessment and Management (GRAM) tool, and the risk management plan for new grants (see Section 6.5 for more on collaboration with the risk management unit).

As the NFM evolved to become the current funding model, USAID continued to approve GMS grant-making assignments. In PY4—late in the 2015-2017 allocation period—USAID approved Liberia's request for GMS grant management support, which resulted in two assignments. In PY5, after submission of funding requests for the 2017-2020 allocation period, GMS received requests from three countries (Liberia, Burkina Faso, and Burundi), resulting in four assignments.

#### Box 9. Regional and Country Clients—Grant Making

Burkina Faso  
Burundi  
Chad  
Ghana  
Lesotho  
Liberia  
Malawi  
Nicaragua (INSS, focus on SR selection part of grant making)  
Nigeria  
Nigeria (NACA)  
Southern Africa TIMS  
Swaziland  
Tajikistan  
Uganda regional (ANECCA)

#### Grant Making in Challenging Operating Environments

The experience in Burundi exemplifies the contributions of GMS to completing grant-making requirements even under extreme conditions. In 2015, Burundi grant making for the three diseases was disrupted because of political and security concerns (the CCM reform had already been interrupted). Representatives of the five PRs (Programme National intégré de lutte contre le Sida, Programme National intégré de lutte contre le Paludisme, Programme National intégré de lutte contre la Tuberculose, CARITAS Burundi, and La Croix Rouge Burundaise) and the seven major technical assistance providers (GMS, WHO, UNAIDS, UNICEF, World Food Programme [WFP], PEPFAR, and

<sup>17</sup> <https://www.theglobalfund.org/en/funding-model/funding-process-steps/grant-making/>

PMI) were mobilized to work with Global Fund staff in Kampala, Uganda, on August 15–29, 2015. For this intensive grant-making event, the Global Fund designated GMS as the overall TS coordinator. GMS sent seven consultants, a GMS technical manager, and a program officer to carry out this role. After the event and five months of virtual support, GMS sent six of the consultants to Geneva to assist the PRs with the final negotiations and adjustments to the grant documentation. (See annex 6 for detailed information on the Burundi grants.)

After completing its support for grant making and grant signature, GMS was tasked with supporting all PRs except the Programme National intégré de lutte contre le Paludisme<sup>18</sup> with start-up activities, with a particular focus on the Programme National intégré de lutte contre le SIDA, a first-time PR. The support included financial management, M&E, and HPM as well as organizational management (organogram, job descriptions, and staffing and hiring processes). For all PRs, GMS supported development of risk and assurance management plans and program acceleration in face-to-face visits. This experience in Burundi enabled GMS to provide similar distance support to Chad for grant making a few months later.

### **Grant Making for Countries with Multiple, High-Value Grants**

One of the imperatives in grant making is to structure the support to allow different, often interdependent, PRs to progress at a similar pace in their preparations. Thus, many requests for GMS grant-making support came from countries with multiple grants per disease, grants classified as high impact, and those of strategic importance to the Global Fund. Such requests required multiple teams and sequential assistance. This was the case in Nigeria (eight grants worth a total of US\$625.6 million), Burkina Faso (five grants, US \$224.6 million), Burundi (five grants, US \$94.2 million), and Malawi (two grants, US \$311.6 million). See annex 6 for details on these grants.

Early in the project, GMS tested two approaches to such work: organizing teams by area of expertise (M&E, PSM, and PRM/finance teams) or by disease. Disease-specific grant-making teams proved more effective; in particular, they allowed government and civil society organization (CSO) PRs for the same disease to carry out grant making in tandem with a single GMS team that understood the need for integration and alignment of their performance frameworks, health product procurement plans, and budgets. These large assignments were the origin of the GMS concept of the “coordinating team leader,” a team leader responsible for overall quality control, management, and communication support from multiple GMS teams with the client and the Global Fund. This proved effective in:

- Nigeria (Malaria): 4 GMS teams, 15 consultants, 1 coordinating team leader
- Nigeria (TB/HIV): 4 GMS teams, 17 consultants, 1 team leader, 1 coordinating team leader (same individual as for Malaria team, above)
- Burkina Faso: 3 GMS teams, 14 consultants, and 1 coordinating team leader
- Burundi: 2 GMS teams, 7 consultants, and 1 coordinating team leader
- Malawi: 4 GMS teams, 11 consultants, and 1 coordinating team leader

---

<sup>18</sup> The National Malaria Program had a long-term resident technical advisor providing this support and thus did not request GMS STTS.

In several countries, GMS grant-making assignments underscored the need for coordination in planning and execution between PEPFAR programs and Global Fund grants, something that was highlighted by USAID/Washington in preliminary discussions with the GMS staff prior to assignment launch. This was particularly evident in Malawi, which is both a PEPFAR priority and a Global Fund high-impact country. In 2015, GMS was invited to provide grant-making technical support to the MOH of Malawi for both malaria and TB/HIV grants, and was expected to collaborate with stakeholders on the ground, including WHO for the TB grant, the Rollback Malaria Partnership (RBM), and the Clinton Health Access Initiative (CHAI). A major management and coordination challenge for Malawi’s MOH was resolved, but only well after grant making, with the establishment of a project implementation unit (PIU) at the MOH. In the absence of a PIU during grant making, the MOH relied on a USG-funded position for improving communications between the MOH and the Global Fund. The grants were signed in October 2015, with implementation starting on January 1, 2016.

### 3.4.4 Strengthening Program Implementation Units

Global Fund PRs often decide to establish PIUs, which are internal organizational units, dedicated to managing one or several Global Fund grants. PIUs (also known as project management units [PMUs] or grant management units) are sometimes created in response to a Global Fund requirement and sometimes by a PR wanting to centralize its management of Global Fund grants within its existing structure. PIUs are often, but not exclusively, established in government PRs.

The characteristics of a PIU vary, as did the technical support delivered by GMS consultants, who usually organized their deliverables into three broad categories:

1. **Organization of the PIU:** Establish an organizational chart and information on how the PIU fits into the PR’s governance structure, develop processes for the PIU to work with the PR’s other functional units, define the PIU’s role to ensure that there is minimal or no duplication with other PR units, and identify sources of funding for the PIU positions and activities
2. **Staffing and training:** Document the recruitment and selection processes, TORs for all positions, and requirements (education and expertise) for key PIU personnel, to be approved by the Global Fund; deliver training on Global Fund policies and procedures for PIU finance staff; and establish remuneration and employment for Global Fund approval
3. **Systems, policies, and procedures:** Develop computerized accounting systems to manage transactions and financial reporting in accordance with Global Fund requirements as well as detailed financial management and accounting policies and procedures; define Global Fund–compliant procurement and supply management policies; and establish internal audit arrangements, preferably integrated with the PR’s existing internal audit arrangements (such as reporting to the PR’s audit committee)

**Box 10. Country Clients— PIU Strengthening**

Côte d’Ivoire  
 Kazakhstan  
 Kyrgyzstan  
 Lesotho  
 Malawi  
 Tanzania  
 Tajikistan

USAID (including USAID/Tanzania in a field support assignment) approved seven requests to support PIUs. GMS has worked with PIUs in different ways, sometimes responding to a request to strengthen an

existing PIU, sometimes supporting the establishment of a new PIU, and sometimes developing the procedural documents required for a PIU to operate in compliance with Global Fund requirements.

The experience of the Tanzania PMU highlighted the challenges in setting up such a unit, challenges that GMS encountered in later PMU/PIU assignments. GMS support to Tanzania's Ministry of Finance (MOF) between March and October 2013 came as a result of concerted collaboration between USAID/Tanzania (which funded this assignment with field support funds) and the Global Fund in reforming a high-impact (Global Fund) and priority (PEPFAR) country's approach to Global Fund grant management. The MOF, Tanzania's public-sector PR, had historically acted as a financial pass-through, delegating its PR responsibilities to the designated government SRs (MOH, Tanzania AIDS Commission, President's Office of Regional Administration and Local Government, and others). Now it was advised to develop a functional, high-level PR management approach in the form of a project management unit to deliver the high level and robust financial, programmatic, PSM, and management oversight and leadership expected of a PR managing significant levels of funding. (In 2017, Tanzania has US\$1.957 billion in signed Global Fund grants: US\$571 million for malaria, US\$55 million for tuberculosis, US\$1.141 billion for HIV, US\$79.7 million for tuberculosis and HIV, and US\$110 million for HSS.) In agreeing to create a PMU, Tanzania agreed to reinstate a donor-driven project management practice that had been virtually eliminated some 15 years earlier, and there were significant objections among Tanzania's development partners to this move. GMS consultants provided intensive support over eight months, helping the MOF to establish a PMU, orienting staff, and supporting start-up operations. Twelve months after the end of the assignment, in October 2014, the Global Fund portfolio manager recognized a significant improvement in the quality of management of the grants by MOF. This was evidenced in improved grant ratings before and after restructuring, from B1 to A2 for HIV/AIDS and HSS grants and from B2 to A1 for tuberculosis. Only malaria stayed level, with a B1 rating.

### 3.4.5 PR Bottleneck Alleviation

Although alleviation of bottlenecks to grant implementation had been a standard part of the scope of work during the first phase of GMS, the short grant cycle, efforts to create "implementation ready" grants, and the larger number of technical support providers (such as France Expertise) reduced such needs in this phase of GMS.

#### Monitoring and Evaluation

M&E is central to HIV, TB, and malaria programs for setting targets, defining the scope of a program and the activities required to achieve targets, guiding quantification of inputs needed to reach targets, and determining the cost of a program. M&E also provides the data needed for the performance framework of each grant. In the first two years of GMS, the Global Fund continued to ask M&E service providers to incorporate two approaches into their work to improve M&E performance: the Monitoring and Evaluation Systems Strengthening tool (MESST) and the Routine Data Quality Assessment (RDQA).<sup>19</sup> As part of its M&E support, GMS teams collaborated with PRs and SRs in preparing M&E

---

<sup>19</sup> The RDQA tool was also designed by the MEASURE Evaluation Project with assistance from the Global Fund, OGAC, and WHO. During its first project phase, GMS designed a simplified Routine Data Quality Assessment Starter Toolkit to facilitate the introduction of the RDQA.

plans, supporting M&E strengthening activities and delivering technical support to implement the MESST and the RDQA introduction.

M&E was thus an essential technical area of intervention in GMS, although only two assignments focused exclusively on M&E. (In contrast, the first phase of GMS had 29 stand-alone M&E assignments.) The first assignment, for the Central African Republic, was cancelled due to civil unrest in the country. The second assignment supported NicaSalud, a high-performing PR for TB and HIV/AIDS grants in Nicaragua. GMS worked with NicaSalud between March and August 2013 to enhance its M&E capabilities, strengthen data collection and information systems, and assess M&E needs in a soon-to-be signed malaria consolidation grant. A review 12 months after the end of the GMS assignment indicated progress in the quality of the National Malaria Strategic Plan and improvement in the grant rating from B2 to A1.

### **Procurement and Supply Management**

Interventions in the area of PSM, which is now called health products management (HPM), changed significantly during the first years of GMS, with increases in adoption by countries of the Global Fund’s Voluntary Pooled Procurement (VPP) system, now called the Pooled Procurement Mechanism (PPM). In GMS, teams continued to strengthen country capacity to quantify needs and plan for distribution, review quality assurance plans to monitor products and organize sampling on arrival and throughout the supply chain, support PRs in preparing tender documents that meet Global Fund requirements, and identify suppliers for limited tenders and procurement processes for full and open tenders. Most importantly, GMS worked with PRs to prevent treatment interruption by strengthening the commodity supply chain. This involved defining or adapting national procedures to improve the performance of national systems and ensuring that relevant staff members were trained, including on Global Fund requirements and on Global Fund systems, such as the PPM. Countries that were both Global Fund high-impact countries and USG priority countries often relied on USG emergency stocks to cover gaps caused by poor PSM forecasting and management. GMS thus intervened in several cases to build stronger systems, including through better data use. Finally, as previously mentioned, PSM was embedded in all GMS grant-making assignments.

In PY1 and PY2, GMS had three stand-alone PSM assignments. In Morocco, GMS assignment objectives were to develop PSM plans for phase 2 TB and HIV grants and reshape the health commodities distribution system to improve treatment continuity. A Cameroon PSM assignment involved conducting a study to help the PRs and the Global Fund estimate the cost of storage and distribution of health products using real costs (as opposed to a percentage-based pricing model). In Côte d’Ivoire, support was provided for quantification for malaria commodities at the national level and development of innovative strategies for bed net distribution to achieve maximal coverage. The innovative strategies covered the Integrated Community Case Management (iCCM) by rolling out services to children aged 2–11 months and providing wooden boxes to health care workers (HCWs) for health products storage. It also included the distribution of rapid diagnostic tests (RDTs) and artemisinin-based combination therapy (ACT) to school nurses to diagnose and rapidly treat the malaria cases at

#### **Box 11. Country Clients—PSM**

Cameroon  
Côte d’Ivoire  
Morocco  
Republic of Congo

school. Private sector companies were asked to conduct prevention activities for employees and for the communities that lived near their manufacturing plants.

### 3.4.6 Risk Management

As highlighted in box 12, GMS provided stand-alone risk management support to PRs in Burundi, Indonesia, and Lesotho in addition to incorporating risk and assurance planning in other grant making and start-up assignments.

In Burundi and Indonesia, GMS successfully helped eight PRs establish risk management procedures and plans for grants of vastly different amounts that served populations of vastly different proportions.

- Burundi has a population of 10 million people and Global Fund grants worth US\$84 million. There, GMS teams supported development of risk management plans and orientation of staff for four PRs in response to management actions assigned by the Global Fund secretariat at the time of grant signature.
- Indonesia has a population 25 times greater than that of Burundi, and its Global Fund grants are worth four times more (US\$326 million). In PY4, the GMS team worked with four Indonesian governmental PRs to strengthen their risk-based SR management. Here, GMS developed a tool to help the PRs prioritize risks of the dozens of geographically dispersed SRs they supported and developed guidelines for effective SR supervisory support (in both Bahasa Indonesian and English) as well as comprehensive risk-based SR management plans.

**Box 12: Country Clients,—Risk Management**

Burundi  
Indonesia  
Lesotho

### 3.4.7 Regional and Multicountry Grants

GMS’ support for regional or multicountry grants (box 13) began with grant making in two cases (TIMS, ANECCA) and with dashboard production in one (OECS). GMS supported performance improvement of four regional or multicountry grants in Africa and one in the Latin America/Caribbean (LAC) region. It supported organizational governance (Elimination 8), orientation and capacity strengthening for PRs new to the Global Fund (East, Central and Southern Africa Health Community [ECSA], TIMS, and African Network for Care of Children Affected by HIV/AIDS [ANECCA]), and systems development to manage Global Fund grants (ECSA). By Global Fund standards, these grants are modest: African Network for Care of Children Affected by HIV/AIDS US\$30 million for the TB in the Mining Sector (TIMS) grant, US\$17.8 million to combat malaria for the Elimination 8 grant, US\$6 million to improve TB laboratory services in ECSA’s “Supranational TB Reference Laboratory” grant, US\$5.6 million to improve the

**Box 13.- Clients—Regional and Multicountry Grants**

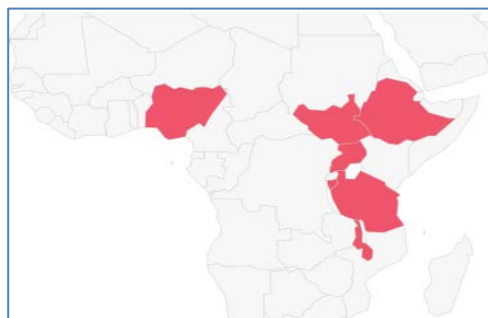
Pacific Islands  
TIMS  
ANECCA  
Elimination 8  
ECSA  
OECS

coverage and quality for children and adolescents living with HIV in the ANECCA grant, and US\$5 million for HIV in the Caribbean states with OECS. Yet each grant was designed to address gaps and build consistent quality across borders in service delivery, quality of care, and access. The regional grants in Africa supplemented the investments made in national programs by stabilizing and extending access and quality for specific populations.

### Grant Making for New African PRs

In November 2015, the Global Fund signed a US\$3.8 million grant with the ANECCA, the regional advocacy association for treatment of pediatric AIDS. Based in Uganda, ANECCA requested technical support from GMS well in advance of grant approval with the dual objective of completing all grant-making requirements and training its future grant staff. Between August 2015 and July 2016, GMS met these objectives for the organization and, in the process, built ANECCA's capacity to operate as an effective PR in seven countries in East Africa (Burundi, Ethiopia, Malawi, Nigeria, South Sudan, Tanzania, and Uganda; see figure 8) and extending support for preparation of a first grant progress update and disbursement request (PUDR).

**Figure 8. Map of ANECCA intervention countries**



This new, small PR had a long history of partnership with USAID in the East Africa region and a reputation for excellence in advocating for and disseminating clinical guidelines for pediatric treatment, making GMS' support a strategic investment to assist this vulnerable population whose services are consistently below the target in many African countries.

### Performance Improvement of Regional Grants

Quality of services is central to the ECSA grant that uses the services of the Uganda Supranational TB Reference Laboratory to improve laboratories in 18 countries in Africa. The focus of GMS support was intensive coaching of this new PR, the ECSA Health Community, an African regional organization linked to the African Union and based in Arusha, Tanzania. ECSA had agreed to become the PR for this grant to shift supervision of this regional grant from a national TB laboratory. Through two intensive workshops and three visits to the PR, GMS coached PR and SR staff to meet Global Fund requirements for M&E, grants management, HPM, and programmatic reporting. In two other cases, GMS worked to improve the performance of grants that addressed gaps that resulted from cross-border movement of people, which was the case for the two-year TIMS grant based in South Africa that reached miners and ex-miners in 10 countries and the Elimination 8 malaria program based in Namibia and serving eight countries.

### 3.4.8 PR Transitions: Restructuring

Since 2012, the Global Fund has tried a variety of new approaches to accelerate implementation and improve grant performance. Prior to 2017, the Global Fund encouraged PRs and CCMs to reprogram unused funds to bridge gaps between grants that were about to end and new grants, even including unspent funds as part of the new NFM budgets. Since 2017, bridge funding and rollover of unspent



funds are no longer allowed. Instead, PRs are encouraged to consider reprogramming periodically during implementation.<sup>20</sup>

In Nigeria, the Global Fund chose to test a new approach of state-level grants. For HIV/AIDS, GMS supported grant making for the Global Fund's first state-level grant to the Lagos State Ministry of Health, including support for establishing a grant management unit (GMU) to enable it to manage a new Global Fund grant, effective October 1, 2016. The Global Fund restructured its Nigeria malaria funding, increasing the service delivery activities to be managed by a new nongovernmental organization (NGO) PR and redefining the responsibilities of the National Malaria Elimination Program (NMEP). A GMS team provided NMEP with technical support over three visits to finalize key documents and extend the restructured MOH malaria grant from the Global Fund beyond December 31, 2016. The team delivered a capacity-strengthening plan for the NMEP to be submitted for review to the Global Fund by December 2, 2016. GMS helped NMEP complete its grant-making requirements by the December 2016 deadlines and, in mid-2017, returned for an eight-day visit to build NMEP's capacity to manage its Global Fund grant and to finalize procedural manuals for the disease program.

## 3.5 Medium-Term Support

USAID has defined medium-term support as a series of nonresidential technical support interventions over a period of more than 12 months with a single scope of work. GMS managed a limited number of medium-term PR and CCM assignments financed through core or field support funds. The justification for approval of a client request for medium-term support depended on the context and the complexity of the issues faced. In some cases, such as GMS support to the African Constituencies to the Global Fund Board, medium-term support reflected the scale of the request. In others, such as governance in the Liberia CCM immediately before and after the outbreak of the Ebola virus, medium-term support reflected the context in which an assignment was unfolding. In yet others, medium-term support reflected the importance of the "last mile" effort in potentially moving a CCM and its secretariat into a new level of sustainable performance, as was the case for GMS in its Bangladesh CCM assignments.

### 3.5.1 African Delegations

In 2013, the task force of the Eastern and Southern Africa (ESA) and West and Central Africa (WCA) constituencies to the Global Fund Board received approval from USAID for GMS support to move forward the governance reforms initiated in 2011 under the first phase of GMS. The objective for the second phase of the reform was to support establishment of a joint ESA and WCA bureau, whose scope was to provide policy analysis to the delegations and ensure that issues of importance to member countries were raised in Global Fund meetings, agendas, and strategies. The purpose of the bureau was to staff these two constituencies, which together represented 44 countries (20 in ESA and 24 in WCA) and, as an implementing voter block, 62% of the Global Fund budget in 2017; offer their board representatives and delegates the type of high-quality and rapid turnaround analysis that is provided to most of the other Global Fund constituencies; and encourage proactive engagement of these constituencies at the Global Fund Board level. GMS collaborated extensively with the Africa Population

---

<sup>20</sup> See *The Applicant Handbook: A Practical Guide to Preparing a Funding Request Following Receipt of an Allocation Letter*, January 2017, the Global Fund to Fight AIDS, Tuberculosis and malaria, page 17, Grant Extension Policy.

Health Research Center (APHRC), funded by the Bill & Melinda Gates Foundation, and the Global Fund Board support team. As of June 30, 2017, the African Constituency Bureau (ACB) office was legally recognized as a diplomatic entity in the Federal Democratic Republic of Ethiopia. The ACB had an executive director and finance manager, and it operated independently in its own office premises in Addis Ababa. As of the writing of this report, the executive director was developing a five-year strategy supported by a three-year business plan for presentation and board approval in 2017.

A number of factors led to this success. First, it is important to recognize the more than three years of work from mid-2012 to mid-2014 by a dedicated task force of some 12 individuals representing CCMs in ESA and WCA and led by the CCM focal persons from ESA (Rwanda) and WCA (Nigeria). It is also important to recognize the dynamic policy reform–driven partnership between the ESA and WCA delegations to the Global Fund Board, the Global Fund Secretariat through its Office of Board Affairs, and USAID that resulted in adoption of a governance framework by the constituencies in the first phase of GMS and helped establish the ACB in GMS. Likewise, the Gates Foundation provided advisory and staff guidance to the reform process as well as financial support. This progressive support began with an interim staffing solution for the constituencies through services provided by the APHRC, continued with a 2016 grant to start up the bureau using the Ethiopia Public Health Association (EPHA) as the temporary host, and culminated in a two-year grant of US\$1.5 million to the ACB to establish an independent office in Addis Ababa.

In a high-profile assignment with high-level interactions with African leaders, GMS worked quietly and relentlessly behind the scenes. Through its facilitation of a meeting of 60 high-level constituency representatives (including five ministers of health) in Johannesburg in July 2012, the first phase of GMS had been instrumental in helping ESA and WCA leadership define critical steps needed for the constituencies to create a common governance framework that would strengthen their voice and the quality of their participation at the Global Fund Board and committee levels. The governance framework was finalized early in GMS and endorsed by all ESA and WCA ministers of health at a regional WHO meeting. The request for GMS support was specific; the task force, appointed by ESA and WCA leadership to address implementation of the new framework, asked USAID for GMS support in defining a road map to establish a joint ESA and WCA Africa Constituency Bureau. GMS first created a blueprint of options for the Bureau, whose adoption established objectives, leadership, structure, staffing and recruitment, legal status, selection of host country and host organization, illustrative budgets, and an implementation plan. GMS also developed an evolving resource mobilization document that would help the task force and its two leaders develop costed proposals, first for APHRC recruitment, then for EPHA recruitment, and finally for the ACB's first direct grant from the Gates Foundation. With USAID approval, GMS was able to then accompany the task force and board leadership in implementing the options that were chosen. Once the constituencies finalized the selection of Addis Ababa as the host city, after a constituency-wide call for expressions of interest to host the Bureau, a high-level GMS consultant (then living in Addis Ababa) helped EPHA obtain legal status.

The ACB got off to a good start. At the time this report was published, its leadership (board members and executive director) were seeking resources, including from within Africa, to sustain the body. Delegates and board members had regular access to high-quality analyses of issues that the Global Fund was addressing as well as a platform to solicit, review, and present position papers that prioritized key issues affecting ESA and WCA countries.

## 3.6 Achieving Results throughout the Grant Cycle in Countries Receiving Multiple GMS Interventions

As a demand-driven technical support mechanism, GMS has often intervened at a single moment of the grant cycle (refer back to figure 2), such as for CCM eligibility, for grant making, for grant start-up, or for performance improvement in a technical area. In certain client countries, GMS intervened for all grants and at every phase of the grant cycle (except proposal development) with the CCM. Burkina Faso and Liberia are good examples of the extent to which such a series of interventions enables countries to become more successful with its Global Fund support.

### 3.6.1 Burkina Faso: Overcoming Contextual Challenges to Improve Funds Absorption and Performance

Burkina Faso has benefitted from over US\$400 million in Global Fund grants to combat HIV/AIDS, TB, and malaria since 2003. To support the country's PRs and its CCM, USAID approved four requests, resulting in a total of seven GMS assignments:

1. A CCM assignment was requested in April 2015.
2. Also in April 2015, the first grant-making request resulted in the deployment of three teams.
3. Dashboard requests made in November 2016 resulted in deployment of two teams.
4. A final grant-making request in March 2017 resulted in deployment of a single team.

From April 20 to May 1, 2015, GMS provided grant-making support to the Burkina Faso Programme d'appui au développement sanitaire (PADS), the PR for the country's malaria, tuberculosis, and HSS grants; the Secretariat Permanent de la Coordination Nationale de lutte contre le SIDA et les IST (SP/CNLS-IST), the PR for the HIV/AIDS grant; and the Initiative Privée Communautaire (IPCm), the PR for the TB/HIV community grant. GMS opted to assign a multidisciplinary team to each PR and thus fielded three teams composed of 14 consultants. Of these, four were Burkinabe, including the coordinating team leader. The national consultants were able to maintain close contact with the PRs between visits of the international consultants and provided almost continuous support for rapid grant making. Despite political instability and the late involvement of GMS consultants, who only started their work during grant negotiations in Ouagadougou in late April 2015, the grants were signed as shown in table 2.

**Table 2. Grant Signature Date and Value, Burkina Faso**

Grant	PR	Grant Number	Signature Date	Signed Value (Euros)
TB	PADS	BFA-T-PADS	July 14, 2015	€3,720,768
HSS	PADS	BFA-S-PADS	October 15, 2015	€19,581,241
Malaria	PADS	BFA-M-PADS	November 9, 2015	€65,156,334
HIV	SPCNLS	BFA-H-SPCNLS	July 14, 2015	€33,094,833
TB/HIV	IPCm	BFA-C-IPC	July 14, 2015	€8,825,065
<b>Total</b>				<b>€130,378,244</b>

Signature of the malaria and the HSS grants was delayed because of issues related to the national policy guiding remuneration for community interventions as well as the identification, selection, and contracting of community health workers. The malaria grant budget needed to be corrected due to errors in the National Strategic Plan.

In the same period, the Burkina Faso CCM requested GMS technical support to accelerate its performance implementation plan and thereby meet eligibility requirements for signature of these grants. The Burkina Faso CCM had been implementing actions in its PIP, which it had finalized in early June 2014. From April to October 2015, a four-person GMS team (three international consultants and one national consultant) supported CCM membership renewal, new member orientation, and development of a work plan and a civil society feedback plan.

The CCM assignment coincided with negotiations and signature of five new grants for Burkina Faso as well as the release of a report from the Global Fund Office of the Inspector General that called for improving CCM strategic leadership to ensure accountability in the country. This all served to strengthen the CCM's resolve to improve its performance and fully assume its core functions, including oversight. GMS' support therefore focused on strengthening oversight through a training workshop and oversight coaching. The oversight workshop helped consolidate stakeholders' understanding of their roles and responsibilities and improve oversight committee members' ability to analyze grants using the new grant dashboard and formulate recommendations for the CCM. The GMS coordinating team leader for the grant-making teams was able to contribute to the workshop, reinforcing the analysis efforts and strategic understanding through his contributions from the PR perspective. The grant-making and CCM support work was then rapidly followed by two assignments to introduce PR dashboards and the CCM summary to the same PRs and CCM, further strengthening good management practices and data-driven oversight.

In the final months of GMS, Burkina Faso received further project assistance for grant making in the current allocation cycle (2017-2020). A single team supported two grants and provided seven days of level of effort (LOE) during negotiations in Geneva. The GMS project was in closeout before grant signing.

The experience in Burkina Faso shows that, when combined with capacity strengthening and technical support during grant making, a PR's experience and determination to improve performance can make a difference. The five PRs that GMS supported during Burkina Faso NFM grant making had never before received support for advance preparation of the management, partnership, and work planning aspects of new grants. They had a pattern of poor funds absorption and poor performance in their previous grants. In this context, and in the contexts of weak oversight and political unrest, GMS needed to dive deeply into the governance and management functioning of these clients. GMS also needed to build trust and open communication for the extensive overhaul and close collaboration that was needed to reinforce PR management practices and plans. In such an environment, GMS' use of many very experienced national and regional consultants enabled these teams to create this type of collaboration and maintain a low profile. Of the 29 consultants on these GMS teams, only six were from outside the region. Three of the consultants acted as team leaders or coordinating team leaders in each wave of support.

This support approach was effective in Burkina Faso—grant absorption rates increased and performance improved. The grants were moved into the current funding cycle as program continuation grants. As further evidence of the maturity of these PRs to meet Global Fund requirements, GMS only needed a single team of three Burkinabe consultants to carry out the latest grant-making support. The work lasted only one month, compared with the eight months needed in the prior NFM grant-making assignment.

### **3.6.2 Liberia: Combining Medium- and Short-Term Technical Support**

Liberia, ranked as a low-income country and the world’s 27th-most fragile state, suffered a devastating public health crisis in the Ebola outbreak of 2014-2015. The epidemic taxed a health system still recovering from prolonged civil conflict over the previous 20 years and decimated the ranks of frontline health care providers in the country. Its impact on the health system is still threatening. The crisis affected implementation of existing Global Fund grants and design of future grants.

As the largest health financing partner in Liberia, the Global Fund contributes significantly to strengthening the health system. Starting with round 2 in 2003, Liberia had been awarded 14 grants totaling US\$245.5 million for all three diseases, of which US\$192 million had been disbursed. Four grants were still active as of the writing of this report. Grants had mostly received grades of B1 or B2, with the exception of one malaria grant that received a grade of C.

In November 2013, before the Ebola outbreak, GMS initiated a medium-term CCM assignment in Liberia to strengthen the Liberia CCM (LCM) and its oversight function in anticipation of the EPA. The purpose was to ensure LCM eligibility and to improve communications with Liberia’s PRs. The November EPA underscored weaknesses that would indeed require more than what a short-term assignment could provide. Key issues unearthed through the EPA included poor functioning, noncompliant membership composition, ineffective communications with the PRs, mediocre oversight of grants, and an inadequate CCM secretariat.

As part of the performance improvement plan, GMS developed a short-term to medium-term strengthening plan for the LCM and began support activities in March 2014. The Ebola outbreak interrupted the GMS assignment for over a year. GMS’ virtual outreach by Skype and email to LCM secretariat staff throughout the year of crisis paved the way for excellent relationships in 2015. It also helped GMS understand how to reorient its plan to meet LCM priorities once the assignment restarted. The GMS technical manager, Atiqah Chajai, met with LCM representatives in Casablanca in February 2015, the GMS team returned to Monrovia in August 2015 and in November, GMS started to coordinate its efforts with GIZ BACKUP Health, which had been engaged to support LCM renewal.

Meanwhile, in May 2015, the Global Fund allowed the Liberia LCM to use a flexible submission option, the simplified application process. The LCM responded with a TB proposal in August and an HIV proposal in October of that year. Moving from the simplified application process to implementation-ready grants required extensive grant-making efforts from GMS to reorganize the HIV, TB, and HSS activities and provide the detailed planning, budgeting, and targeting required of signature documents. GMS was tasked to support the MOH Program Coordination Unit (PCU) and the national disease programs and to liaise with the two private sector PRs (Plan International [PLAN] for the malaria and the HSS grant and Population Services International [PSI] for the TB/HIV grant) to ensure alignment of

the grant documents. Verifying the performance objectives and quantifying the procurement requirements proved particularly challenging due to the internal population movements during the Ebola crisis, including the loss to antiretroviral and TB treatment of so many patients with HIV/AIDS or tuberculosis. GMS collaborated with the M&E staff of the National AIDS Control Program, UNAIDS/Geneva, and WHO/Liberia to rectify calculations of population and targets for the performance framework and PSM budget.

GMS was then asked to provide grant-making support for the malaria/HSS grant. GMS leveraged the technical and contextual knowledge and the relationships of its HIV team to collaborate with the PCU and National Malaria Control Program on the malaria/HSS grant. The participation of as many of the same consultants as possible in the new grant-making assignment provided the MOH and other stakeholders with continuity in approach and quality of service delivery that was appreciated. With GMS support, grants were signed with the Ministry of Health & Social Welfare (MOHSW) of the Republic of Liberia for HIV/TB in March 2016 for US\$27.3 million and for malaria and HSS in June for US\$26.4 million.

GMS was subsequently invited to introduce PR Management Dashboards and the CCM for these grants to improve grant performance and oversight. Using the whole-of-country approach, GMS provided support to the MOHSW and the national disease programs (associated SRs), and GIZ BACKUP Health agreed to support installation of the dashboard to the two international nongovernment organization (INGO) PRs, PSI, and PLAN. The joint GMS and GIZ team also supported installation and training on the CCM Summary in April 2017. The initial dashboards led to identification of stockouts of malaria commodities at regional levels and overstocks at the central level, which the LCM investigated and for which it intervened.

In 2017, GMS supported grant-making for the new 2018-2020 cycle HIV/TB and malaria grants with the MOHSW. Negotiations for the malaria grant were already complete. The HIV/TB support was to last until the final days of GMS fieldwork. This series of interventions enabled a fragile post-disaster country to meet Global Fund requirements and acquire absolutely vital funding to reestablish services and strengthen basic health systems.

### **3.7 Conclusions from GMS PR and CCM Assignments**

As a financing institution that aims to scale up effective responses to HIV, TB, and malaria, the Global Fund functions within a defined framework of policies, procedures, and processes that CCMs and PRs need to apply consistently at different stages of the grant cycle. Depending on the context, capacity, and deadlines, CCMs and PRs may or may not require support in moving through these required steps. Those CCMs and PRs that worked with GMS (see Section 3.1) usually required management-related technical support to successfully meet Global Fund award, start-up, and implementation requirements (for PRs) and eligibility and performance assessment requirements (for CCMs). Indeed, USAID designed the GMS mechanism to specifically meet the need for this type of management-related technical support.

Over the five years of the project, the Global Fund forwarded the design and in some cases, adoption of “differentiation” in its approaches for working in different country contexts. In discussions at a series of end-of-project meetings with Global Fund governance (CCM Hub) and grant management (country

teams, other teams within the secretariat) staff, GMS concluded that demand for and delivery of its own management-related STTS very much mirrored the Global Fund's differentiation approach, with need, demand and responses broadly differentiated in three maturity levels: basic governance, program oversight, and strategic engagement.<sup>21</sup>

A number of CCMs and PRs need either minimal or no management-related technical support; when it is needed, it is for very specific, time-limited activities requiring either a highly specialized technical skill or a relatively large amount of helping hands to meet a tight deadline. GMS was rarely called upon to support these categories of clients, nor were other TS providers.

New PRs and new lead SRs continue to need management support during grant making, PIU organization, and grant start-up to ensure mastery of the Global Fund vocabulary and requirements and effective, timely acceleration of implementation during the vital first six months of the three-year grant cycle. Similarly, CCMs continue to need periodic but small amounts of support for orientation of new members and new staff, unless a major restructuring or capacity strengthening for oversight is required. Finally, a subset of countries, some in challenging operating environments, others in very low capacity settings or those experiencing unexpected or catastrophic contextual events, will continue to need both urgent short-term and steady medium-term management and governance support to meet the minimum requirements and standards of the Global Fund. These are PRs and CCMs in the countries that represent the majority of GMS assignments between 2012 and 2017: and that will probably continue to require the boost offered by short- and medium term technical support to achieve optimal grant performance. Finally, there are rare and unpredictable situations where urgent STTS at a high decision-making level can contribute to effective communication and problem resolution between a country government or CCM and the Global Fund.

The Global Fund, PRs, and CCMs will continue to need access to a range of technical support mechanisms to respond to management-related needs, offering differentiated responses aligned with the differentiated grant approaches Global Fund country teams are using. Depending on country context, these might vary from short-term to intermittent and periodic medium-term durations, and from large team interventions for complex deadline work, medium-sized teams for introduction of new tools and approaches, to periodic follow-up by a single national consultant or virtual coaching by a single regional or international consultant.

## **3.8 Results of Objective 1**

### **3.8.1 Objective 1 Performance Management Plan Results**

Tables 3 and 4 summarize the GMS' level of achievement (as of August 31, 2017) with regard to Objective 1 indicators in the project's PMP. In one instance (proportion of CCMs that resolved an urgent crisis after receiving GMS technical support), GMS met its target; in another instance, the Global Fund was not able to share information to help GMS determine whether a target was met (proportion of CCMs that obtained Global Fund CCM funding after receiving related GMS technical support). For all other CCM and PR indicators, GMS exceeded its targets over the five years of the project. Particularly

---

<sup>21</sup> Internal communication, Global Fund Secretariat, September 2017.

important was achievement of targets denoting intermediate results: these include for CCMs, overall improved functioning (as indicated in EPA data on the Global Fund CCM platform) and implementation of oversight-related activities. The latter is particularly important given the attention given in recent months to the importance of improved oversight across CCMs. For PRs, achieving 100% grant signature against a target of 70% translated in total value of additional funds for new grants signed as a result of GMS support of US\$1.6 billion (US\$2.4 billion in total signed value). The uptake in PR dashboards and their sustained use by PRs will contribute to improved performance (see Section 6.1.8 on the PR dashboard assessment).

In addition, results of client satisfaction surveys are provided in annex 7; and a cumulative table of indicators and achievements for all three project objectives is provided in annex 9.

**Table 3. GMS Achievement of Objective 1 Indicators with Targets (as of August 31, 2017)**

<b>PMP Indicators with targets Objective 1</b>	<b>Actuals</b>	<b>Target</b>
1.1a. Proportion of respondents reporting satisfaction with technical support provided by GMS	96%	80%
1.1b. Proportion of deliverables produced through GMS assignments approved by the relevant entity/ies (approvable deliverables), by assignment type	86%	80%
1.1c. Proportion of deliverables produced through GMS assignments implemented by the relevant entity/is (implementable deliverables), by assignment type	75%	70%
1.2a. Proportion of CCMs that meet eligibility requirements	100%	80%
1.2b. Proportion of CCMs that obtained Global Fund CCM funding after receiving related GMS technical support	No data	70%
1.2c. Proportion of CCMs with improved functioning after receiving GMS technical support	85%	70%
1.2d. Proportion of CCMs that resolved an urgent crisis after receiving GMS technical support	70%	70%
1.3a. Proportion of CCMs using grant oversight dashboard to oversee grant performance after receiving related GMS technical support	78%	80%
1.3b. Proportion of CCMs carrying out oversight-related activities after receiving related GMS technical support	77%	70%
1.4a Proportion of grants signed following GMS support	100%	70%
1.4b. Proportion of grants that achieve expenditure/budget ratio of 90% or more after receiving GMS support with start-up	0%	70%
1.4g Proportion of PRs using PR dashboards for management purposes	89%	70%



**Table 4. GMS Achievement of Objective 1 Indicators without Targets (as of August 31, 2017)**

PMP Indicators without targets Objective 1	Actuals
1.1d. Number of people trained through GMS assignments (both PR and CCM assignments)	9,376
1.2e. Number of CCMs for which structural or procedural documentation completed or updated by GMS teams	75
1.3c. Number of oversight plans developed	54
1.3d. Number of new CCM dashboards developed with GMS support	27
1.4c. Number of completed pre-signature files submitted to PR	32
1.4d. Number of PRs and SRs for which organizational structure and procedures have been established or strengthened with GMS support	91
1.4e. Number of new PR dashboards developed with GMS support	74
1.4f. Value of grants signed	<b>Total:</b> US\$2,387,468,130.96 (Implementation period total: US\$1,594,071,637.89)

## 4. OBJECTIVE 2: CAPACITY STRENGTHENING

Objective 2, GMS' capacity-strengthening objective, was designed to scale up the number of potential consultants and institutional entities that have knowledge of the Global Fund and that can provide high-quality management support to Global Fund grantees. The regional partner (RP) strategy strengthened local institutional entities, while the consultant training and certification work stream strengthened the capacity of individual consultants. Box 14 provides a summary of GMS' Objective 2 work.

### Box 14. Objective 2 Summary

Through the regional partner strategy, GMS strengthened 12 RP organizations to provide high-quality technical support as direct contractors for non-GMS Global Fund work. Nine of the 12 organizations implemented Global Fund business-seeking strategies, winning 62 contracts and grants. Regional partners were selected for 18 Global Fund Indefinite Quantity Contracts (IQCs) and won 20 task orders. They also developed and obtained financing for seven innovative tools. In 2017, 10 of the 12 regional partners formed the Network of Technical Assistance Partners (NTAP) to seek regional and global opportunities for Global Fund-related business together.

Despite these efforts, the demand for regionally based technical support is lower than expected. Bilateral and multilateral technical support agencies seem to prefer engaging individual consultants rather than companies, failing to distinguish or appreciate the added value of the technical quality assurance and logistical backstopping that such companies provide. At the same time, CCMs and PRs have difficulty engaging technical support due to often-lengthy procurement processes, and instead call upon free technical assistance from bilateral or multilateral agencies whenever possible. Furthermore, the Global Fund Secretariat's budgets for its IQCs are far lower than the demand for such services. Thus, although there is a supply for regionally based technical support, the demand and the financing for such services are inferior to the need.

Through the work stream for individual consultant strengthening, GMS established a consultant certification process that combines training and experience requirements. This process is recognized for quality by the Global Fund Secretariat and other technical support agencies. GMS certified 159 consultants as team members, 49 as team leaders, and four as coordinating team leaders. Overall, 378 consultants were trained using blended learning approaches, while 400 consultants registered in the GMS Learning Hub and participated 1,313 total times in 19 virtual training courses (an average of about three course participations per consultant). The final GMS consulting network contained 506 active consultants, including those who were certified and others who did not yet have enough experience.

In addition, through access to consultants from the network of regional partners, GMS was able to sustain the best practice of placing national consultants (either citizens of the client country or long-term residents) as part of each Objective 1 team.

*Note: Inputs and outputs for all three objectives are consolidated in Chapter 8 (Results and Conclusions), along with key intermediate, medium, and sustainable results.*

## 4.1 Regional Partner Strengthening

The Regional Partner Strengthening Initiative was intended to demonstrate the potential of organizations in developing countries to deliver, via direct contracting with Global Fund beneficiary countries (governments, CCMs, PRs, or others), technical support that met the same quality standards as those applied to GMS teams. Intrinsic to USAID’s request for proposal and subsequent project award was the assumption that regional partner organizations that were provided with appropriate capacity building would satisfy the existing market for direct contracting of regionally based support or might spur development of a new market. The project was intended to pilot test this approach and build the capacity of two local or regional entities in each of the following six regions: Asia, Eastern Europe, East Africa, West Africa, Southern Africa, and Latin America and the Caribbean.

The 2012 GMS proposal was based on the following assumptions:

- Partner organizations nominated at the outset (known as Wave 1) could demonstrate from prior assignment success and assessment that they possessed the baseline skills and capacity to become TS providers of high-quality services to Global Fund beneficiaries, as defined by GMS standards and as recognized by Global Fund and USAID.
- A single RP-strengthening model that covered the usual intervention categories and was based on a linear progression in two phases would suffice. Thus, phase 1 comprised intensive institutional capacity-building interventions, and phase 2 involved GMS-supervised rollout of interventions, and potentially even subcontracting of all or part of a GMS assignment.
- All GMS tier 1 partners<sup>22</sup> have the potential to effectively strengthen the capacity of RPs.

### 4.1.1 Regional Partners

In line with criteria defined by USAID, MSH identified, selected, and included one entity per region in its GMS proposal (Wave 1). The second entity in each region (Wave 2) was identified in the first year of the contract. Figure 9 depicts the geographic distribution of both waves of partners.

The first wave of partners—comprising ALMACO Management Consultants Ltd. (ALMACO) (East Africa), OASYS Financial and Management Services (OASYS) (West Africa), Q Partnership (Southern Africa), and Technical Assistance Inc. (TAI) (East Asia)—was chosen based on positive experiences as high-quality–service providers during the first phase of GMS. Consulting Group Curatio Ltd. (CURATIO) (Eastern Europe/Central Asia) and Fundacion Plenitud (PLENITUD) (LAC) were recruited based on their regional reputation and growth potential, and to meet geographical and qualitative requirements at project inception.

The second wave of partners was recruited from the six regions through an open global procurement process in which an expression of interest (EOI) was requested, including a description of experience and capacity, evidence of requirements outlined in the project scope of work (i.e., small-business), and a sample of staff or consultant curricula vitae. Each EOI was vetted and scored against a standard set of

---

<sup>22</sup> Tier 1 partners include Abt Associates, IHAA, PACT, Palladium, Realizing Global Health (RGH), and Training Resources Group (TRG).

criteria by a panel of GMS staff and partner representatives. Based on the availability of qualified organizations and the volume of demand in the various regions, GMS requested and received approval to modify the geographic scope of the Wave 2 RPs and select two additional RP organizations from East and West Africa rather than from LAC and East Asia. The Wave 2 partners selected were Advantech (Kenya), Eurasia Foundation of Central Asia (Kazakhstan), Global Challenge Corporation (Côte d’Ivoire), Institut pour la Recherche, le Développement Socioéconomique et la Communication IRESCO (Cameroon), Khulisa (South Africa), and Upward Bound (Kenya).

**Figure 9. GMS regional partners selected for Objective 2 (name and country)**



**4.1.2 Phases of Support**

GMS initiated a two-phase approach to RP capacity building. In the first phase, GMS would mentor, train, and provide opportunities to the identified entities for collaborative work in the field for the first two or three years of the relationship. In the second phase, GMS would continue a mentoring relationship with the entities over the subsequent two years of the project as they put their learning to use to become independent, primary providers of management-related technical support to Global Fund grantees. In this second phase, it was expected that the entities would receive funding directly from Global Fund grantees that requested management-related technical support. By the end of GMS, these local and regional entities were meant to become additional, first-line technical support providers for

Global Fund grants, scaling up the number of providers that could deliver high-quality management-related technical support.

The first step in working with the RPs was to conduct an institutional capacity assessment. Each RP began the process by carrying out a self-assessment. They were then paired by GMS with a GMS tier 1 international partner “mentor” that facilitated completion of the CAT that had been developed by the GMS team and partner representatives.

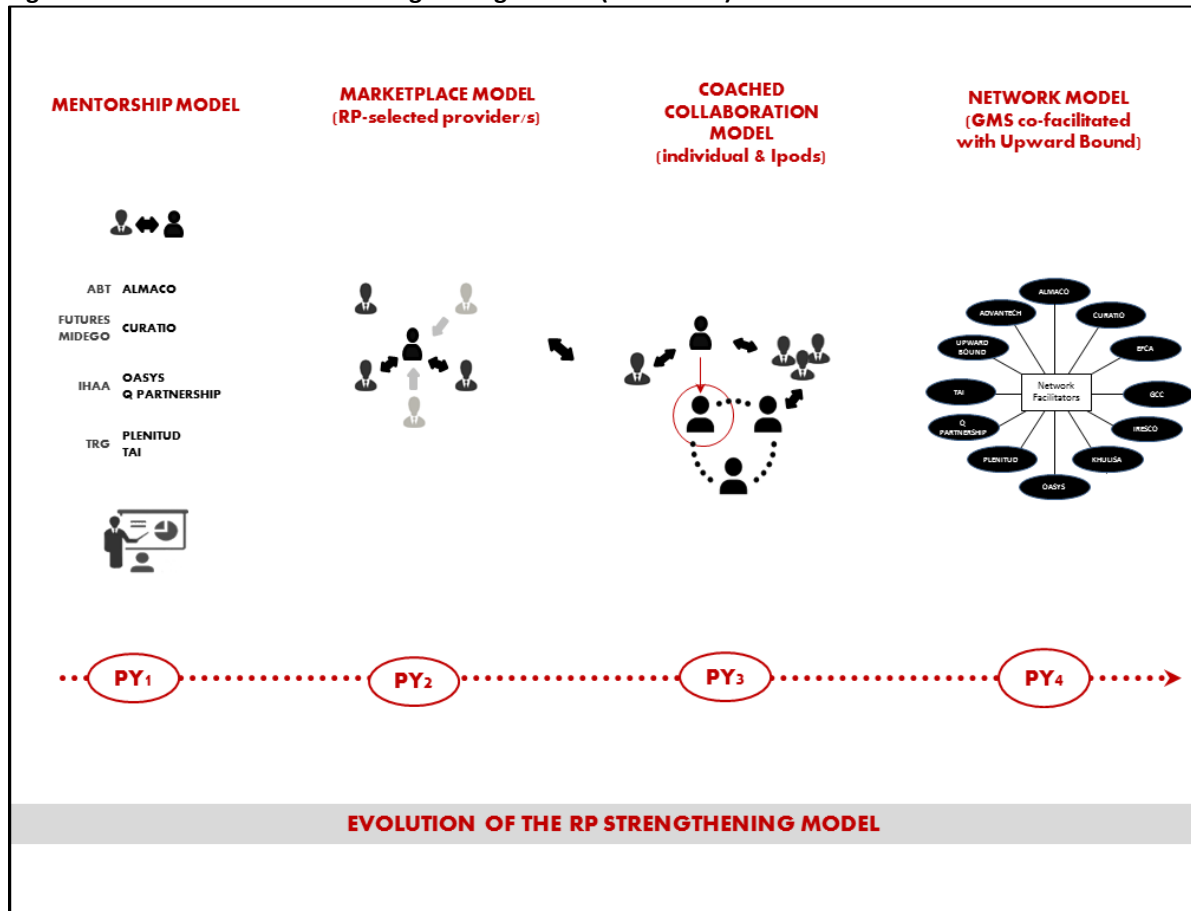
The assessment results, further reflections on the strategy, and discussions with the RPs revealed that a different approach would be required to meet the capacity-strengthening needs of the RPs. Each RP had its own business maturity level, staff size, revenue generation, and strategic vision for its institutional future. Two RPs had more than 30 years of experience, whereas others had less than 10 years of experience. Some RPs had worked outside their geographic region, but others had only worked in their own country. (For more information about individual RPs, see annex 10.)

In response, the GMS staff decided to evolve the GMS intervention model over time to accommodate the varying needs and strengths of the RPs. This evolutionary model applied the principles of adaptive management, a process adopted by USAID to respond to new and changing circumstances to obtain the best results.<sup>23</sup> As shown in figure 10 and detailed in the subsequent paragraphs, GMS support was provided through a mentorship model in PY1, a marketplace model in PY2, a coached collaboration model in PY3, and a network model in PY4. GMS support encouraged RPs to be more and more proactive in defining and promoting their Global Fund–related services and business strategies.

---

<sup>23</sup> <https://usaidlearninglab.org/lab-notes/what-adaptive-management>

Figure 10. GMS' successive RP- strengthening models (2012-2017)



As noted previously, the mentoring approach applied in PY1 to facilitate completion of the CAT was subject to highly variable results in fit and efficacy with respect to the profile of each RP. At the end of PY1, GMS designed a “staggered marketplace approach” to encompass a range of organizational strengthening activities to be carried out as needed, while the tier 2 regional partners pursued new Global Fund business. Strengthening interventions were carried out either by tier 1 partners or, as appropriate, by local service providers in PY2. The RPs were able to select the provider of services they felt best fit their needs, whether from tier 1 or the local marketplace.

Even though the intervention methodology changed over time, the core strengthening services available to RPs remained the same: each entity took advantage of the services if and when it needed them. The services included:

- Strategic business analysis
- Business planning
- Business modeling
- Business systems strengthening
- Costing and pricing

- Marketing
- Business coaching
- Capacity building for proposal development
- Local services (such as website development, market analysis, marketing materials)

In PY3, RPs were grouped into “innovation pods” based either on geographical proximity or perceived corporate affinities. As such, Advantech, ALMACO, and Upward Bound formed the geographically based Nairobi-based Partners (NIP), and Global Challenge Corporation (GCC), IRESCO, and OASYS joined to create the West African partners Group, or WAG. As a result of corporate affinity, Khulisa, Q Partnership, and TAI created the Mandela Pod, and Curatio, the Eurasia Foundation of Central Asia (EFCA), and Plenitud established the Eos Group. Each innovation pod was tasked with creating an innovative product or service targeting needs emerging from the Global Fund’s New Funding Model (NFM) with the intent of bringing the innovation to market and garnering new (preferably directly funded) business from Global Fund beneficiaries.

In PY4, GMS scaled down its support to individual RPs. Strengthening of individual companies by GMS was significantly reduced and replaced with coaching of the innovation pods. This did not include the Eos Group, which had disbanded by this time. At the end of PY4, the model then shifted to providing support for an RP network (see Section 4.1.2 for more details). The network was initially facilitated by GMS, and the Objective 2 team then took on an interim role as a broker and eventually transitioned to being an external advisor for the network.

Regional partner meetings were conducted annually to share progress, document innovation and best practices, and facilitate strategic decision making. In addition, Objective 2 staff traveled to each RP in 2014 and 2015 on supervisory visits to discuss progress in meeting their business-strengthening objectives, coaching from tier 1 partners, and collaboration with other RPs. Electronic collaboration software, Jive, was used to share and discuss current activities and challenges among RPs throughout the project. Routine communications were conducted via email and Skype to ensure that work plans were on track and support was provided as needed.

### **Innovation Pods**

As the innovation pods gained momentum in PY4, they sought and benefited from collective business coaching for the prototyping, piloting, and rollout phases of their innovations. As noted above, the Eos Group disbanded. The group did not generate an innovation and two of its members, Curatio and Plenitud, decided to pursue other individual business objectives. Curatio was particularly successful in obtaining work from the Global Fund Secretariat based on country experiences with the new transitioning policy. The NIP, WAG, and Mandela pods persevered in seeking business opportunities, although with varying degrees of enthusiasm and success.

As well as continuing to meet and prepare for next steps, the innovation pods further strengthened their relationships internally and with each other. One such experience resulted in a successful collaboration between OASYS and GCC (WAG) to win and hold several Global Fund IQCs. For one of these IQCs, the WAG team collaborated with two of the NIP members to carry out a task order supporting Kenya-based PRs, World Vision and UNICEF, for their Somali grants. Once this technical-support partnership

arrangement was approved by the Global Fund, WAG member OASYS acted as the contracting and technical backstop for the WAG and NIP colleagues.

**Peer-to-Peer Exchange: Successful Collaboration**

Starting in PY4, peer-to-peer exchange (P2PX) was carried out among nine RPs. All participants reported a high level of positive impact of these visits.

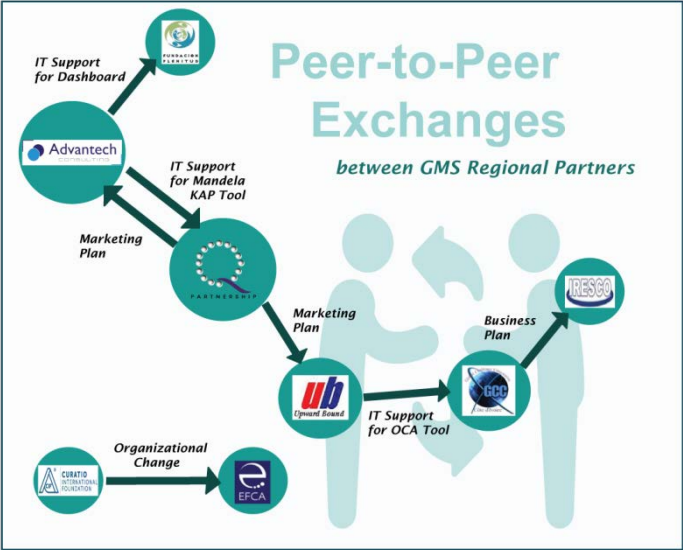
The idea for the exchanges arose from a conviction held by both the GMS Objective 2 team and the business coaches that RPs boasted individual and collective expertise and knowledge that were potentially beneficial to other RPs. Coming directly from the emergent sharing economy that has given rise to the immense success of companies like Uber and Airbnb, the hope was that RPs would not only offer technical skills to address problems, but would also discover unexpected synergies and potential for revenue-generating collaboration.

The P2PX was launched at the fourth regional partner meeting in Abidjan in December 2015 to introduce the core concepts of direct and indirect reciprocity in exchanged services. It was agreed that GMS would sponsor travel and accommodation for one person from any partner to any other partner for a very short visit, based on a written concept note. It was hoped that RPs would benefit as much from the exposure to new corporate practices as from the technical solutions provided. This was indeed widely acknowledged to be the case.

As depicted in figure 11, a reciprocal technical exchange of expertise between Q Partnership and Advantech took place in September 2016. Q Partnership traveled to Advantech to discuss technological recommendations for key affected populations (KPs) Voices Matter, a two-way communication, storage, and analysis system that the Mandela pod had innovated. The concept for KP Voices Matter was based on the premise that KPs need a platform for meaningful participation in country dialogue and grant implementation through the CCMs. This platform could be provided through mobile technology, allowing for two-way communication between CCMs and members of KPs. The Mandela pod, led by Q Partnership, received the assistance of Advantech’s strong skills and knowledge of best practices in system design (with skills in “big data” analysis as a bonus).

Advantech then traveled to Q Partnership for help in designing a marketing plan that would use its market research results and marketing skills. Q Partnership provided Advantech with insight into how Q Partnership rolled out its marketing plan and objectives since their inception. This was followed by a thorough analysis of Advantech’s strategic objectives because this would guide the marketing plan and, more importantly, the marketing objectives. Q Partnership produced guidance on conducting a

Figure 11. Peer-to-peer exchanges (2016-2017)





situational analysis using the five Cs: company, customers, competitors, collaborators, and climate. At the end of the exchange, Advantech had a framework for developing its marketing plan in full.

### Creation of NTAP

During PY4, a third mechanism for interinstitutional collaboration—an RP network—gained momentum. After discussion at the regional partners meeting in Abidjan in December 2015, Upward Bound, an RP, carried out an initial survey of each organization's vision of a network among RPs, but no consensus was reached. Many RPs imagined the NTAP as nothing more than a large database of RP and consultant CVs that could potentially increase their chances of securing larger contracts than they could otherwise win as individual companies. Upward Bound and a few other RPs were more ambitious. To encourage thinking beyond “business as usual”—in other words, staying alert for donor-issued tenders—GMS introduced partners to Sharon Drew Morgen’s Buying Facilitation model through a webinar and short demonstration video.<sup>24</sup> Although well received, the model yielded few actionable responses.

Based on the idea of forming an RP network in Abidjan, GMS decided to focus the final regional partners meeting, held in Nairobi in September 2016, on this possibility. This meeting turned out to be one of the most dynamic, stimulating, and engaging encounters that the GMS team and coaches supported. To obtain broader perspectives, RPs met with a group of local and international stakeholders invited to the meeting. Using the Buying Facilitation model to gather information, this encounter provided new perspectives on donor and client requirements, and preferences for contractor engagement. The stakeholders’ positive perspectives on working with a network of partner organizations—rather than with individual, loosely connected organizations—convinced some RPs to create a formal, legal institution.



Ten of the 12 RPs voted to formally constitute a network (Curatio and EFCA declined to join), NTAP, passing resolutions on limited competition, vision, services, structure, functions, and funding. The new NTAP members nominated and confirmed a steering committee tasked with developing NTAP’s next steps toward registration and effective contracting, demonstrating promising signs of ownership in the future of NTAP.

In addition, the new NTAP members endorsed the GMS proposal to explore opportunities for increasing visibility and market share through participation in an international trade fair. A trade fair task force was formed and tasked with investigating opportunities to either piggyback on an existing event or to create

<sup>24</sup> <http://www.buyingfacilitation.com/>

and host an event in which NTAP’s network capacities would be promoted to a broader development audience.

Thanks to their efforts, members of NTAP became exhibitors at the two-day Africa International Development Forum (AIDF) Summit in Nairobi, Kenya, which took place February 28–March 1, 2017. The summit included over 300 preregistered participants representing a wide spectrum of sectors, including academia, NGOs, international NGOs, government, the private sector, and investors/donors. Other attendees participated on a daily ad hoc basis. In addition to staffing the NTAP booth, RP members connected with potential clients and funders using an application that AIDF provided.

Before and after the event, NTAP attendees participated in two face-to-face coaching days facilitated by RP organizational development coaches. Prior to the event, the focus was on further clarifying and refining the business vision for NTAP, with a view to presenting an “elevator pitch” to interested parties with a unified voice. This was achieved to everyone’s satisfaction. The post-event session focused on next steps, including follow-up with organizations that had expressed an interest in the NTAP concept. NTAP agreed to bid on a Global Fund request for proposal (RFP) for a financial services IQC. Because the network was not yet legally constituted, the group ended up submitting a proposal as partners and successfully became prequalified as service providers for this IQC in July 2017.

### **4.1.3 Final Evaluation of Market Evolution and Market Response**

By the end of PY3, and despite the best efforts of the RPs, it was clear that the demand for direct contracting by PRs and CCMs of technical support from regional organizations was not forthcoming. Although the Global Fund had included provision for direct funding of technical assistance in grant and CCM budgets, existing sources of free technical support—largely donor-led and -funded (including GMS)—were still the preferred technical support access mechanisms, in part because of the very low transaction costs associated with such requests compared to the sometimes lengthy procurement processes for direct contracting by PRs and CCMs. Furthermore, many bilateral and multilateral technical support agencies were reluctant or unwilling to contract with small consulting groups, preferring to engage individual consultants and to forego the additional team coordination, quality control and logistics services that the RPs offered. In addition, the Global Fund IQC process, while accessible to RPs, did not yield a steady flow of revenue through task orders. This experience demonstrates that regional consulting groups such as the RPs cannot depend upon Global Fund consulting as their principal revenue source.

For additional analysis of the RP-strengthening strategy, activities, and results, please see *GMS Final Technical Report 2: Regional Partner Strengthening: Approach and Results of an Innovative Development Strategy*.

## **4.2 Consultant Capacity Development**

The second work stream of Objective 2 consisted of capacity development for individual consultants. In addition to the details provided in this section, annex 11 documents the results of these efforts through a profile of the consultants, their GMS experiences, skills, and Global Fund work.

GMS approached consultant training and certification as a stepwise process by which consultants developed their knowledge and skills to deliver high-quality Global Fund technical support. GMS calls this process the “consultant development pathway,” as depicted in figure 12.

The consultant development pathway enabled consultants to pursue virtual, face-to-face, and on-the-job learning throughout their relationship with the GMS project. Their efforts and successes were recognized by GMS with certification at different experience levels and in different technical specialties.

There are three levels of GMS certification, each with distinct requirements that are detailed in the sections below:

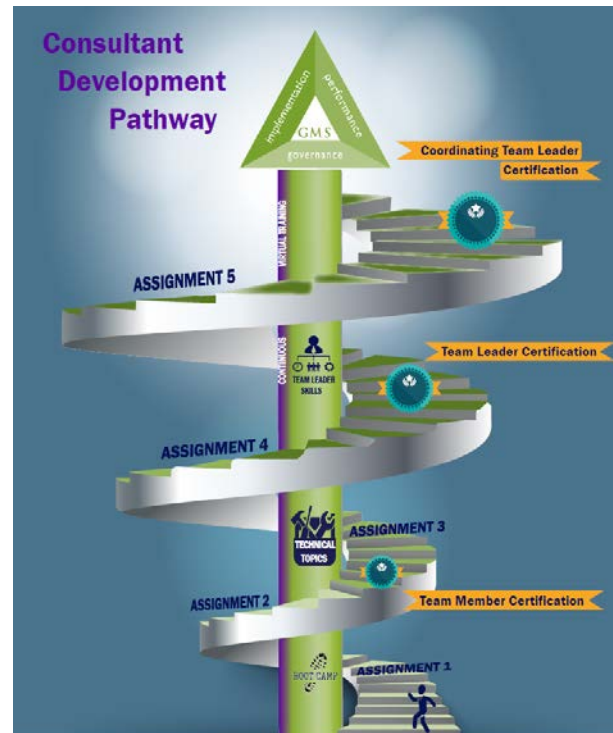
- First level: Consultant (team member)
- Second level: Team leader
- Third level: Coordinating team leader

Consultants may be certified in one or more of the GMS technical specialties:

- Governance and oversight (CCM)
- Procurement and supply management (PSM)
- PR management (PRM)
- Monitoring and evaluation (M&E)

Consultants and team leaders may be certified in more than one technical specialty if they meet the requirements in each.

Figure 12. GMS consultant development pathway



### 4.2.1 Consultant Certification

During the first phase of GMS, the notion of a “GMS consultant” emerged as GMS experts came to be appreciated for the skills, knowledge, approaches they provided during short-term technical support. As part of the quality assurance process for GMS, the new Objective 2 staff developed a consultant certification approach that highlighted the key attributes of successful GMS consultants and evaluated their performance against those standards. Consultants gained GMS qualifications and experience through a cycle of training and on-the-ground experience. As shown in the consultant development pathway diagram, consultants often started as recruits proposed by GMS partners for teams or for training, or they began as local consultants. With successive assignments, they gained experience, their performance was evaluated repeatedly, and they obtained certification based on the demonstration of core competencies. These core competencies were defined as minimum standards of consultant performance and served as a quality-assurance mechanism for each level of expertise.

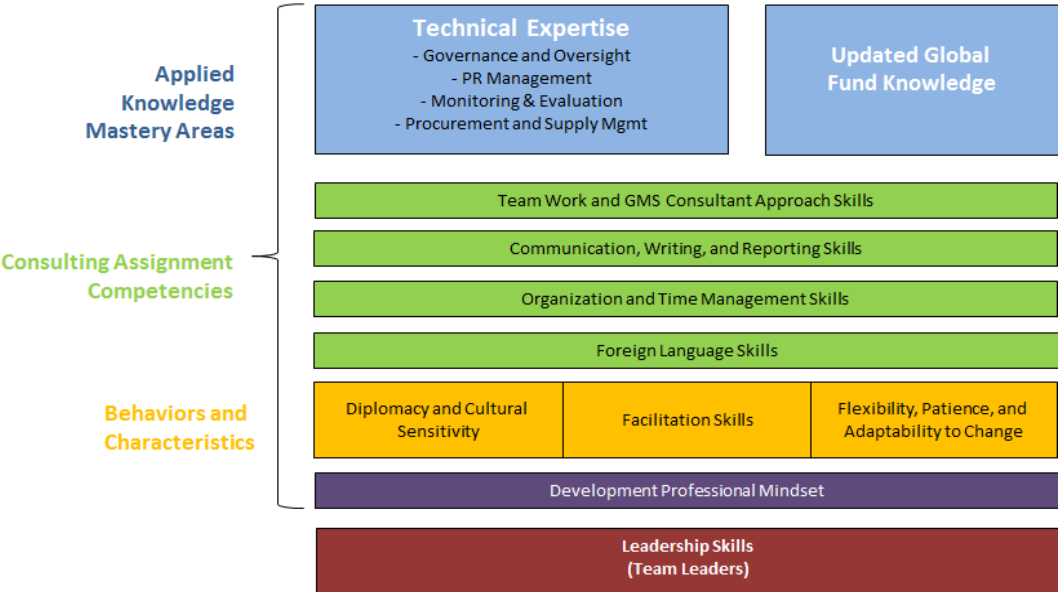
Certification assured CCMs and PRs that the consultant would use GMS approaches, notably promoting the active participation and decision making of the client at each step of the assignment. GMS-certified consultants could list their certification status on their CVs as evidence of strong performance as a technical support provider. (See the GMS consultant certification documentation on the GMS website in the “Document Repository” under “Brochures and Technical Briefs.”)

**GMS Consultant Development Pathway Certification Standards**

GMS consultant certification was the project’s formal process of recognizing that an individual met GMS’ high standards for technical support provision on GMS assignments, and would effectively use GMS approaches and tools. GMS defined a set of core competencies. As shown below in figure 13, these core competencies combined technical and Global Fund–related knowledge, applied to the four GMS technical areas, with additional skills, professional behaviors, and characteristics that were associated with the GMS style of delivering technical support.

The basic requirements for becoming a certified GMS consultant were satisfactory participation in a GMS consultant orientation and satisfactory performance in at least two GMS assignments in different countries in the same technical specialty.

**Figure 13. GMS certification core competencies**



Furthermore, a certified consultant became a certified team leader by completing at least two assignments in different countries with strong performance as a team leader. Team leaders had to demonstrate even stronger performance in the core competencies and additional competence in leadership, including team management and facilitation, to be considered for team leader certification. Team leader training was also offered occasionally to strengthen capacity in management and leadership competencies.

The third level of recognition, coordinating team leader, was for consultants demonstrating superior performance in the core competencies as team leaders, and it indicated that the consultant could be used in a coordinating role for grant making and dashboard assignments requiring multiple teams. This coordination role required exceptional skills in deadline management and in coordination of consultants and other technical support providers.

### **Certification Process**

The performance of active consultants was reviewed on a quarterly basis for completion of threshold eligibility requirements through observed performance during assignments and training. GMS assessed evidence of successful performance in the consultant core competencies in two settings: (1) consultant orientation and training sessions and (2) GMS assignments. In orientation and training, consultants completed deliverables, took quizzes, assessed their own performance, and were assessed by trainers. On assignment, team leaders assessed team members, team members assessed their team leader, and GMS technical managers assessed the team at the end of each assignment, all using standardized evaluation forms. GMS also gathered client feedback through satisfaction interviews.

A quarterly review panel—composed of GMS technical managers, directors, and capacity-development staff—determined whether consultants met eligibility criteria, reviewed all evaluations for satisfactory performance against the core competencies, and awarded certification accordingly. Feedback was provided to consultants and contracting partners when a consultant was not certified to enable that consultant to make further efforts to improve their skills.

### **Certification Results**

As of August 31, 2017, 159 consultants had been certified as team members, 49 consultants were also certified as team leaders, and four consultants were certified as coordinating team leaders. Of these certified consultants, 139 had been recertified, having demonstrated continued excellence in their work. Consultants qualified for recertification if they completed additional assignments and/or virtual or face-to-face courses in their specialty.

After the initial wave of certification of consultants with satisfactory training and experience from the first phase of GMS was carried out in April 2013, the total number of new certifications in GMS evolved slowly. In PY3, 59 consultants received new certifications, and this number decreased to 42 in PY4 and only 22 in PY5. Diminished demand for technical support provided fewer opportunities than expected for assignments leading to certification, and use of previously certified consultants reduced the opportunities for less qualified consultants. As a result, 39 boot camp-trained consultants had only had one opportunity to work on a GMS assignment. These consultants only needed one more assignment to be eligible for certification, but the end of GMS arrived first. Instead, all consultants that did not meet certification eligibility requirements but who demonstrated good performance on at least one assignment received a letter of recognition as a GMS consultant in their area of expertise.

Consultants valued the certification program and were eager to complete the requirements to attain certification at project end. The Objective 2 (capacity building) team continuously received requests for progress toward certification and emails expressing satisfaction from those who achieved certification. Consultants also reported that GMS certification was helpful in obtaining Global Fund-related work

with other technical support providers. GMS transmitted the roster of active certified and well-performing consultants to the Global Fund Secretariat and some bilateral technical support agencies.

## 4.2.2 Training Approach

At the outset of GMS, it rapidly became apparent that consultants acquired up-to-date knowledge of Global Fund policies, procedures, and operational architecture, and the need to fully convey the specifics of what had come to be recognized as “the GMS approach” was greater still. This approach comprised a high degree of solutions-focused expertise that was applied using a participatory, client-centric consulting team approach to address a broad spectrum of complex and severe challenges that were both technical and contextual. This required a training approach that could encompass both “hard” and “soft” skills in a relatively short time and with maximum learning impact.

Starting in 2012, GMS developed all orientation and training sessions, both face-to-face and virtual, using experiential training approaches and adult learning principles. These principles included:

- Self-direction: Adults are autonomous and need to know the benefits of what they are learning.
- Application: Adults learn through direct experience.
- Relevance: Content must be meaningful and applicable to learners’ lives.
- Experience: Learners bring vast life experience to the learning event.
- Methodology: Techniques must be used that address all learning styles.

The intent was to transform knowledge into practice using both expertise and experience while simultaneously developing skills outlined in the GMS core competencies for consultants.

### Blended Learning

The GMS learning events used a blended approach to learning. The blended learning approach allowed GMS to provide knowledge transfer through a virtual platform in which participants were able to read and reflect on the content. Beginning in PY1, GMS collaborated with IHAA to develop, update, and deliver the virtual course, *The Global Fund: Introduction for GMS Consultants*. This modular course provided an introduction to Global Fund requirements, policies, and procedures, and it traced the evolution of the Global Fund as a funding institution. The course underwent major revisions twice and was updated for each boot camp. Starting in PY4, quarterly sessions of the course were made available to potential consultants. Ninety-seven potential consultants completed the course in PY4, and they are considered active consultants for the selection of teams for GMS assignments.

This course was the virtual training prerequisite for GMS’ face-to-face consultant orientation events, known as boot camps. In the face-to-face orientation, participants were required to apply their knowledge (both from their own experience and from the virtual preparation) to a typical GMS assignment scenario in which they would enhance their consulting skills while learning the GMS approach in a simulated assignment. This approach allowed GMS trainers to address different adult learning styles in which some learners, such as reflectors and theorists, were more comfortable with

reading and assimilating information, whereas other learners preferred an experiential or experimental approach.

Consultant orientation workshops and technical and dashboard training sessions used experiential assignment scenarios created by GMS that were based on real consulting experiences as the learning environment. GMS trainers developed fictionalized Global Fund documents, GMS TORs, and team assignments to create open-ended teaching scenarios in which trainees worked in teams with clients (using role play) and learned to produce standard Global Fund deliverables (albeit in truncated form). The main objective of this approach was to provide a challenging, realistic, but safe learning environment to expose participants to GMS methods and team work, enhance their consulting skills, and require them to apply Global Fund knowledge in working with Global Fund beneficiaries.



**Participants in GMS virtual courses by month (2015-2017)**

From 2012 to 2017, GMS carried out five consultant orientation workshops, two enhanced team leadership workshops, two technical workshops (on PSM and EPAs), and four dashboard training workshops. Each learning event incorporated new content as the Global Fund rules and GMS experiences continued to evolve. At the same time, each event became more interactive and experiential. In these 13 learning events, GMS trained 286 different partner staff members and consultants. The complete list of face-to-face training events, dates and number of participants is found in annex 8.

### **Virtual Training**

In PY4, GMS developed and launched a new virtual training platform, the GMS Learning Hub. The platform, based on the open-source learning management system, Moodle, offers consultants access to self-paced virtual training modules within their area(s) of expertise. Consultants can complete interactive courses to gain Global Fund–related knowledge and build skills, contribute to discussion forums, and access archived content. Discussion forums are ongoing and provide an opportunity for course participants to share experiences and ideas with their peers and with GMS technical staff. The complete catalog of virtual courses is available on demand to consultants through the GMS Learning Hub, and several courses are available in both English and French. As of August 2017, the Learning Hub had hosted 400 users who had registered in a variety of courses (see annex 12 for more detail). In November 2015, GMS launched its first virtual course, the *Symposium Series on Strategic Technical Support for CCMs*. This series introduces consultants to conceptual frameworks developed by GMS for working with CCMs on strategic thinking, strategic planning, strategic leadership, and strategic oversight. It is an ongoing participatory virtual learning series. The first module, *Engaging Heads, Hearts and Hands*, introduces the overarching frameworks of the strategy-quality-functionality, and the metaphor of the CCM life cycle as a road map traveling toward efficient response to the three diseases. The second module, *Making CCMs More Strategic*, expands further on what it means for CCMs to be

strategic, and how GMS consultants can facilitate and support this process using the Humble Inquiry model.<sup>25</sup> The third module focuses on strengthening strategic oversight, including both theory and practice aspects, and discussing the effect on CCM oversight of the GMS whole-of-country approach to PR and CCM dashboards. This module has several animated scenarios that display common challenges and solutions for consultants in facilitating oversight strengthening.

The focus of more recent virtual course development has been on PR consultants. Synchronous webinars have included *Implementation Mapping* (in English, French, or Spanish. ) and *Strengthening Storage and Distribution of Health Products*. The implementation mapping course included an explanation of the Global Fund requirements for mapping grant implementers for various tasks (e.g., finance, procurement, data collection). Participants were introduced to the concept in the first webinar. A group of participants who were gathered at a regional partner office collaborated to develop implementation maps for grants. All participants could then access a follow-up webinar on how to facilitate the process with a client. The strengthening storage and distribution webinar highlighted the current priorities for health product management through outsourced storage and distribution. After recording the webinars, GMS posted the captured audio and video presentations on the Learning Hub so that consultants could access them at any time along with additional resources and discussion forums for ongoing interaction and peer support.

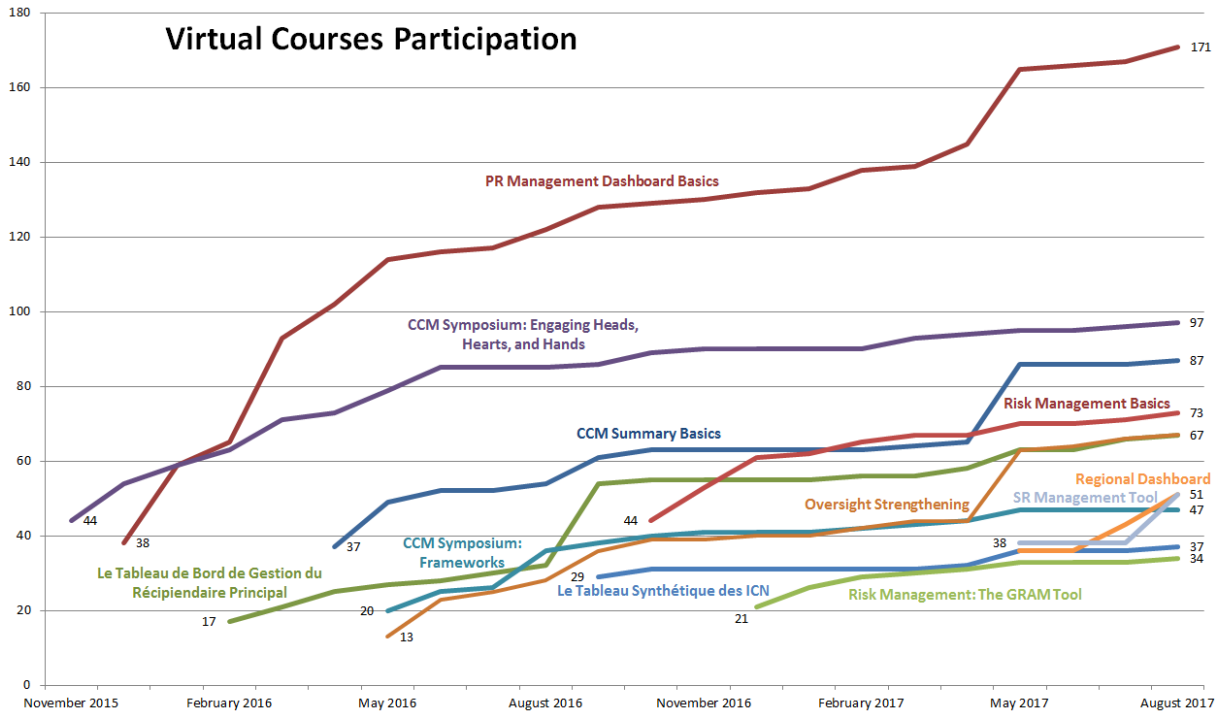
A course on risk management was developed by GMS staff with two submodules, Risk Management Basics and The GRAM Tool. The risk management course provided consultants with a basic understanding of risk management concepts in the Global Fund context and how to facilitate the use of the GRAM tool for country clients. Finally, a grant-making course focused on the pre-signature phase of the funding cycle, particularly the basic processes and products required in the grant-making phase of the 2018-2020 grant cycle as well as the critical support needed in alignment and harmonization across those products.

A final set of virtual courses offered consultants the opportunity to learn about GMS' suite of dashboard tools, including the PR Management Dashboard, the CCM summary, the SR Management Tool, and the Regional Dashboard. These courses were offered in English and French, and they covered the dashboards, their use, and the GMS consulting approach for successful implementation of the tools in the management or oversight of Global Fund grants. Each course included a sample interactive dashboard from the hypothetical country, Ficticia, which allowed hands-on practice. Consultants who completed these courses were ready to act as members of a dashboard assignment team. Included in this series of courses was a course, *Implementing Dashboards: What Works?*, which provided consultants with a series of lessons learned by theme about technical support in establishing dashboards. Themes included analysis, buy-in, operationalization, and sustainability.

---

<sup>25</sup> Schein, Edgar H. 2013. *Humble Inquiry: The Gentle Art of Asking Instead of Telling*. Oakland, CA: Berrett-Koehler Publishers.





**Figure 14. Participation in virtual courses over time**

The graph in figure 14 above shows each virtual course’s introduction and uptake by registered users on the Learning Hub over time. Considering the steady rise in course completion over time, making virtual courses available was useful in providing learning opportunities to consultants when convenient to them. Announcement of new courses on the Learning Hub may also have had an effect on the use of previously launched courses as users visited the site for a specific course and explored the others. These virtual courses were complementary to the face-to-face training events GMS provided such as the introductory boot camps and the team leader orientations. Virtual courses, with the exception of Introduction to the Global Fund (described above), were intended to provide continuing education and to document the GMS approach to specific Global Fund requirements. They were cost efficient in that each course could be viewed multiple times over one to three years or until requirements changed.

### **Collaborative Training with Other Technical Support Agencies**

GMS collaborated with the LMG Project and the Global Fund CCM Hub to develop the CCM orientation package. GMS provided support to LMG on the instructional design elements of the CCM orientation package (both virtual and face-to-face components), including design and facilitation of a two-day face-to-face introduction to the package for 14 participants carried out the face-to-face components of the CCM orientation package in September 2016. Participants were guided through the process of helping CCMs provide orientation for new members. This face-to-face event was part of the testing and validation of the content of the CCM orientation package with experienced CCM consultants prior to its finalization.

GMS also collaborated with the Global Fund Secretariat, IHAA, France Expertise, and GIZ BACKUP Health to hold three training events on grant dashboards. These events are described in chapter 6 on cross-cutting activities.

## 4.3 Results of Objective 2

Tables 5 and 6 below summarize the GMS' level of achievement (as of August 31, 2017) with regard to Objective 2 indicators in the project's PMP. A cumulative table of indicators and achievements for all three project objectives is provided in annex 9.

**Table 5. GMS achievement of Objective 2 Indicators with Targets (as of August 31, 2017)**

<b>PMP Indicators with Targets Objective 2</b>	<b>Actuals</b>	<b>Target</b>
2.1a. Proportion of regional partners implementing a quality assurance process	42%	75%
2.1b. Proportion of regional partners reporting satisfaction with technical support provided by GMS and partners	80%	80%
2.1c. Number of innovations generated that have obtained funding	7	5
2.2a. Number of consultants that meet team member certification (attended GMS orientation and served in at least two assignments in two different countries)	159	140
2.2b. Number of certified consultants who have renewed certification at least once	130	60
2.2c. Number of certified consultants promoted from team member to team leader	48	55
2.2d. Number of team leaders approved to lead multi-team assignments	4	9
2.2e. Number of new local consultants who serve as team members or team leaders outside of their countries of residence	23	15
2.2f. Proportion of GMS assignments that engage local consultants as part of the team	91%	80%
2.4e. Proportion of Regional Partners implementing business seeking strategy	83%	75%

**Table 6. GMS achievement of Objective 2 Indicators without Targets (as of August 31, 2017)**

<b>PMP Indicators without Targets Objective 2</b>	<b>Actuals</b>
2.3a. Number of persons from other technical support providers attending GMS trainings (including virtual training)	136
2.3b. Number of persons trained by GMS at non-GMS events	50
2.4a. Number of non-GMS Global Fund-related contracts and grants awarded to Regional Partners	62
2.4b. Number of IQCs awarded to regional partners	18
2.4c. Number of task orders awarded under a Global Fund IQC to regional partners	20
2.4d. Annual rate of growth of value of Global Fund-related contracts	no data

# 5. OBJECTIVE 3: RESULTS AND KNOWLEDGE MANAGEMENT

---

Objective 3, results and knowledge management, was intended to promote innovation and documentation of tools and best practices for effective technical support and grant management (including the PR Management Dashboard) and their dissemination using electronic platforms, training and consulting, using about 5% of GMS resources. As an operational team within GMS, Objective 3 managed all aspects of GMS tools creation, documentation, and dissemination, as well as creation and maintenance of the GMS results management system, the GMS IMS, and communications support for the entire team. Objective 3 was responsible for development and maintenance of the GMS website, [www.gmsproject.org](http://www.gmsproject.org). Objective 3 was also responsible for support to the Global Fund Secretariat for dissemination of approaches, best practices, and analyses. Box 15 provides a summary of GMS' Objective 3 work.

## Box 15. Objective 3 Summary

Internally, development and use of the GMS integrated information management system (GMS IMS) made it possible for the project to meet its contractual obligation to provide trip reports within 10 days of the end of each trip, collect and centralize data on GMS results, track consultant training and certification, and facilitate communication between GMS staff and consultants.

Externally, 112 tools and best practices were identified and made available on the GMS resource platform, which is now available through the GMS website to the entire Global Fund stakeholder community and beyond. GMS has used altogether 17 different electronic platforms to disseminate its tools. The suite of four dashboard tools and their accompanying documentation have been transferred to the Global Fund Secretariat. These tools and best practice documents have been downloaded 535 times and GMS consultants working for other technical support agencies report using them 307 times in non-GMS assignments, producing a large secondary benefit for the Global Fund technical support community.

### Notes:

*The work of Objective 3 is presented in this chapter and is also described in the following chapter on GMS cross-cutting activities, many of which were coordinated by the Objective 3 team. This notably includes the PR Management Dashboard.*

*Inputs and outputs for all three objectives are consolidated in chapter 8 (Results and Conclusions), along with key intermediate, medium, and sustainable results.*

## 5.1 The GMS Information Management System

The GMS contract required submission of trip reports within ten days of the end of each assignment trip. To manage this requirement, GMS proposed to incorporate trip reporting into the design of a multi-

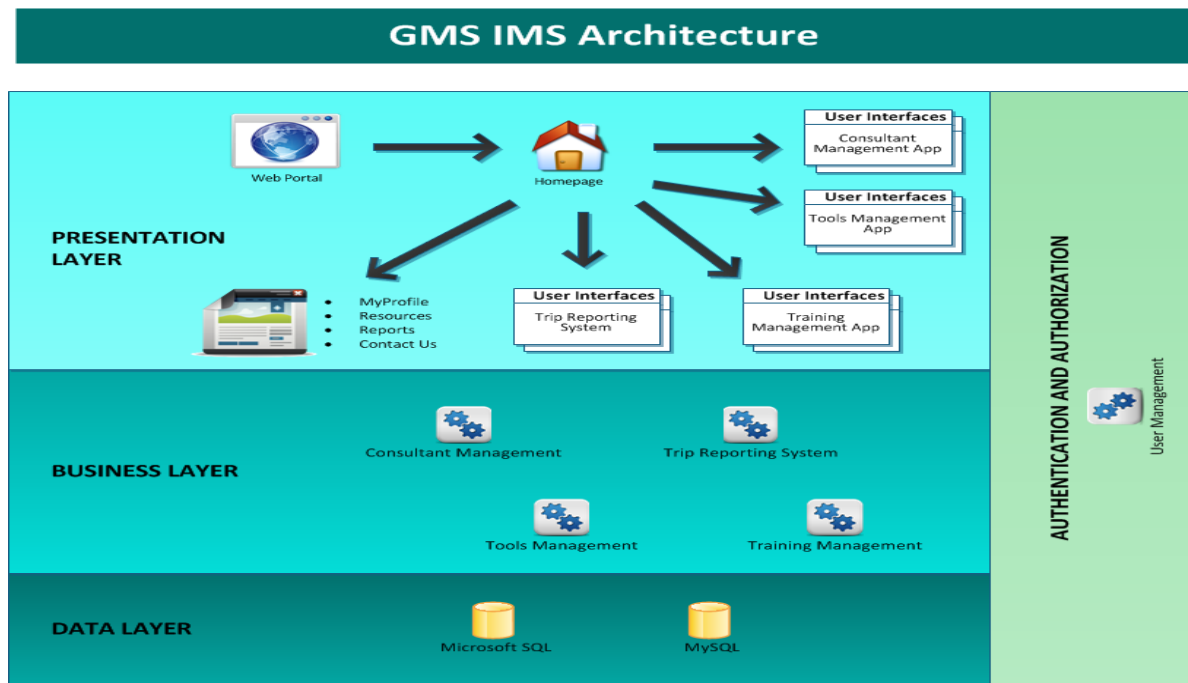
application integrated information management system (IMS). Once in place, the GMS IMS made it possible to meet the contractual obligation to provide trip reports within 10 days of the end of each trip, collect and centralize data on GMS results, track consultant training and certification, and facilitate communication between GMS staff and consultants. GMS tier 1 partner, Palladium, developed the IMS under a GMS subcontract from 2013-2014. To complete the work, Palladium provided a senior information systems manager and a team of six South Africa-based developers for technical development, testing and maintenance of the system through the end of the project.

### **5.1.1 Purpose-Built IMS for Knowledge Management and Contract Compliance**

The GMS IMS system consisted of eight Web applications, as briefly described below and depicted in figure 15 below:

1. User Management Application—A web application intended for collecting and managing GMS IMS user data
2. Trip Reporting System Online Application—A Web application intended for collecting and managing GMS assignment data
3. Trip Reporting System Offline Application—An AIR application intended for collecting and managing GMS assignment data when the users are in offline mode
4. Consultant Management Application—A Web application intended for collecting and managing GMS consultant data
5. Training Management Application—A Web application intended for collecting and managing GMS training data
6. Tools Management Application—A Web application intended for collecting and managing the GMS tools data
7. Email Notification Management Application—A Web application intended for managing the GMS IMS automated notifications
8. Indicator Management Application—A Web application intended for managing the list of deliverable and indicators for GMS assignments

Figure 15. GMS IMS architecture



The trip reporting application made it possible for GMS to meet and even exceed its contractual obligation on trip reporting to USAID. By the end of the project, 510 trip reports had been produced using the trip reporting system, with 100% of reports being delivered on time or early—some 35% of them being submitted ahead of the 10-day contractual deadline. GMS team leaders entered data and trip report narratives online or submitted offline data to be uploaded. The system allowed data entry in English, French, or Spanish.

The trip reporting system was linked to the performance monitoring plan database of results. GMS technical managers edited trip reports online; GMS strategic information staff checked data entry online, while the communications team used the reporting function to output a report into MS Word, which was then edited, translated (when necessary), and sent to USAID by the deadline. The final version of the report was then uploaded back into the system for storage. Consultant appraisals were also entered online, linking participation in an assignment to the individual consultant database.

Three additional applications provided further functionality to the system: metadata language translation, which translated labels in the system into French and Spanish; email notification, which sent automatic alerts to prompt GMS staff and consultants to carry out certain tasks; and indicator management, which allowed GMS to generate data on its performance monitoring plan–related results using custom-built queries.

The password protected consultant portal, *My GMS*, allowed consultants to upload updated CVs and contact information, check their schedules, inform GMS about their availability, and access virtual training suitable for their specialties. Team leaders could access GMS tools that might be useful for new assignments.

GMS institutional partners, USAID, and the Global Fund could access the IMS for end-of-assignment reports, monthly and annual reports, and tools. GMS partners could also access information about their consultants.

The integration of the system's six applications facilitated the following:

- Rapid identification of consultants with appropriate skills and experience to respond to technical support requests
- Identification of GMS consultants who met the criteria for certification
- Tracking of data on consultants trained and trainings conducted
- Storage and dissemination of GMS tools available for use by consultants during assignments
- Sharing of news and assignment information with GMS consultants, GMS project partners, and USAID

The GMS IMS produced the USAID-required performance management plan results through a standardized data analysis program and allowed for queries of the results database. Much of the information for this report was generated through queries of the IMS.

## 5.2 GMS Tools and Best Practices

GMS pursued development of methodological tools, approaches, and guidance for carrying out Global Fund consulting in governance; grants management; monitoring, evaluation, and reporting; and health products management.

### 5.2.1 Creation, Translation, and Dissemination of GMS Resources

There were two pathways to tools development: purpose-built tools and field-created tools. Purpose-built tools and methods were developed by GMS staff based on an analysis of needs for new methods or upon request from the Global Fund Secretariat. These products varied from the grants dashboards—a multiyear effort requiring budgets, partners, and specialized staff—to simple technical guidance briefs or training materials. All such purpose-built products were designed to be used in any client country and were generic.

Field-created tools and methods were developed by GMS consultants or teams in response to a specific problem during an assignment. Technical managers evaluated new tools and methods, and circulated them for discussion among technical staff and other team leaders. Such tools and methods were tested in other assignments before being deemed useful in general. They were then documented and made more generic through a process managed by the Objective 3 team. This chapter mainly provides details on field-created tools; the most important purpose-built tool, the PR Management Dashboard, is presented in the next chapter.

By the end of its first phase, GMS had spent considerable effort curating various tools and consulting approaches that were developed by GMS consultants in the course of their assignments so that these

resources could be available to other consultants for future technical support work. These resources ranged from Excel-based electronic tools to methodological guidelines and templates. From 2012 to 2017, GMS continued this process of reviewing any new tools developed by GMS consultants to determine whether their use merited translation into English, French, and Spanish and scale-up to other GMS consultants. These resources were then made available to GMS consultants through the tools management application of the GMS IMS.

Toward the end of GMS, some of these resources were retired because they were determined to be obsolete in the Global Fund's existing architecture or unnecessary because the Global Fund itself had created resources that effectively updated or replaced the GMS product. GMS staff added explanatory brochures, posters, and videos to the resources that were retained. By the end of the GMS project, 112 resources under the following six categories had been made available to the public: tools and templates; brochures and technical briefs; manuals; success stories; technical reports; and videos and posters. These resources consolidated the methodologies that were produced by GMS and extended their use to all organizations and individual consultants that will continue supporting or implementing Global Fund technical support after the GMS project ends. See the complete list of tools, approaches, and public communications in annex 13.

## **5.2.2 Making Tools Available to a Broader Audience through Electronic Platforms**

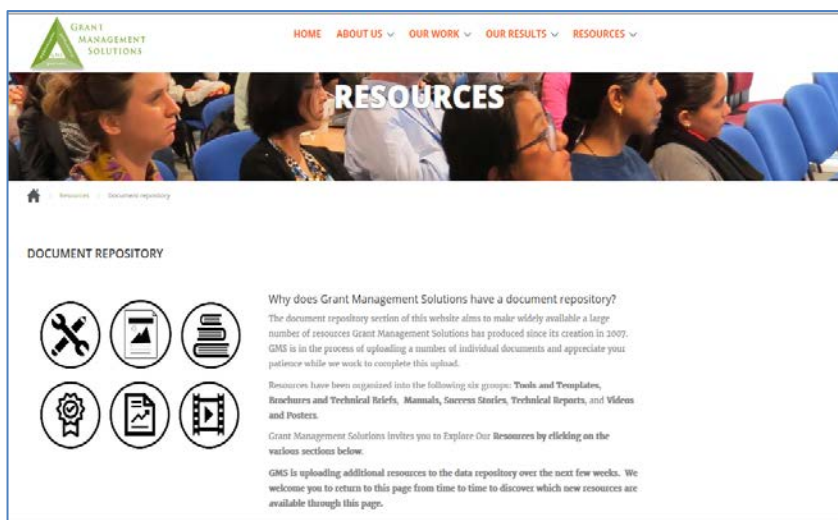
Whereas previously only consultants had access to GMS tools on the IMS, GMS made technical resources available to all Global Fund stakeholders and other technical support agencies through the creation of a publicly accessible document repository on its website. The shift was crucial to ensuring that the legacy built by GMS in terms of knowledge acquired on effective delivery of rapid and short term technical support, as well as tools that had been developed to support delivery of high-quality technical support, would be available to other technical support providers that would carry on this work, and to donors that would fund those technical support providers.

The document repository is located in the resources section of the GMS website, whose landing page is shown below in figure 16 and which is located at: <http://gmsproject.org/resources/document-repository/>. There are six categories of resources that are available for download: tools and templates; brochures and technical briefs; manuals; success stories; technical reports; and videos and posters. An overhaul of GMS' website in the project's final year made it possible to develop this document repository, which consists of a searchable database of 112 individual resources.

As shown in the results tables (tables 7 and 8) below, these approaches to disseminating tools and good practices have been successful, and in some cases, more success than anticipated. GMS consultants working for other technical support agencies have reported using GMS tools and approaches 307 times (five times more than expected), while GMS tools have been downloaded 524 times from the website. A cumulative table of indicators and achievements for all three project objectives is provided in annex 9.

More information about handover of GMS tools and practices is found in chapter 8 of this report.

**Figure 16. The tools repository on the GMS website**



## 5.3 Results of Objective 3

**Table 7. GMS Achievement of Objective 3 Indicators with Targets (as of August 31, 2017)**

<b>PMP Indicators with Targets Objective 3</b>	<b>Actuals</b>	<b>Target</b>
3.1a. Number of times that GMS tools were used outside of the GMS mechanism	307	60
3.1b. Number of tools, models, or approaches made available by GMS and endorsed or adopted by the Global Fund Secretariat	2	2
3.1c. Number of tools, models, or approaches made available by GMS and adapted or adopted by technical support provider agencies	3	4
3.1d. Number of existing and new GMS tools and methodologies available to the Global Fund support community	118	12
3.1f. Number of GMS methodological guides and tools made available to GMS consultants through GMS electronic platforms or GMS training	118	70
3.2a. Number of electronic platforms used by GMS for knowledge sharing	17	10
3.2b. Total number of GMS consultant participants that take a course through GMS electronic platforms <sup>26</sup>	1313	750
3.2c. Number of downloads of GMS tools	535	250

<sup>26</sup> This indicator shows the number of GMS consultant participants registering in GMS online courses. A total of 400 GMS consultants were registered in the online Learning Hub: these 400 persons registered 1,313 times in courses, about three courses per consultant.



**Table 8. GMS achievement of Objective 3 Indicators without Targets (as of August 31, 2017)**

<b>PMP Indicators without Targets Objective 3</b>	<b>Actuals</b>
3.1e. Number of tools or approaches invented or significantly modified, and implemented by GMS consultants on assignments, which are then selected for publication on the GMS IMS	18

## 6. CROSS-CUTTING ACTIVITIES

---

GMS conducted two types of cross-cutting activities. The first involved the development, testing, rollout and assessment of grant dashboards aimed at improving grant management. This was perhaps the greatest collaborative accomplishment of the GMS team. Leadership for this activity began under Objective 3, progressed to Objective 2, and then to Objective 1 before culminating by a final assessment that was carried out by Objective 3. The second type of cross-cutting activity was support to the Global Fund Secretariat for policy review, development of implementation methods for operationalization of new Global Fund policies and procedures, and facilitation of Global Fund activities focusing on grant performance. This type of activity often involved senior GMS technical staff, the deputy directors, and the project director acting as subject matter experts in field implementation. Box 16 provides a summary of GMS' cross-cutting activities.

### Box 16. Cross-Cutting Activities Summary

With respect to grant dashboards, GMS led the development of a suite of four tools: the PR Management Dashboard, the CCM summary, the Regional Dashboard and the Subrecipient Management Tool (SRMT). These tools and their accompanying documentation were handed over to the Global Fund for use by all countries and are now displayed on the Global Fund website. As a result, 95 PR dashboards, 18 CCM summaries, 2 Regional Dashboards, and two sets of SRMTs have thus far been introduced by GMS and other Global Fund partners in 27 countries and two multicountry regions.

The end-of-project assessment of this work has found statistically significant relationships between use of grant dashboards for data-driven management and oversight with improvement in data quality, improvement in the performance management dialogue between PRs and their SRs, and oversight and problem solving dialogue between PRs and CCMs. These management changes have led to improvement of funds absorption, reduction in wastage of health products, and improvement in grant proxy ratings by fund portfolio managers when dashboards are used for 12 months or more.

In the area support to the Global Fund Secretariat, GMS worked with the following:

- CCM Hub to move toward metrics for assessing performance of CCMs and mobilize CCMs as leaders (as opposed to coordinators) through introduction of the eligibility and performance assessment (EPA) and the corresponding performance improvement plan. GMS also contributed to the updated CCM oversight guidance paper and the code of conduct.
- West and Central Africa teams to organize two high-level, multi-stakeholder meetings focused on improving grant management in countries in both subregions. The first meeting sought to establish concrete actions to address the US\$750M of Global Fund financing that was going unspent by member countries. The follow-up meeting worked toward identifying regional solutions that could be implemented to accelerate achievement of 2017 programmatic targets.
- Risk management team to develop, customize, and improve of risk management tools; later supporting their use by PRs.
- Strategic Information Team (and other technical agencies), particularly to enhance the use of data for assessing the results of technical support activities by all agencies supporting CCMs and PRs, and subsequent programmatic decision making.

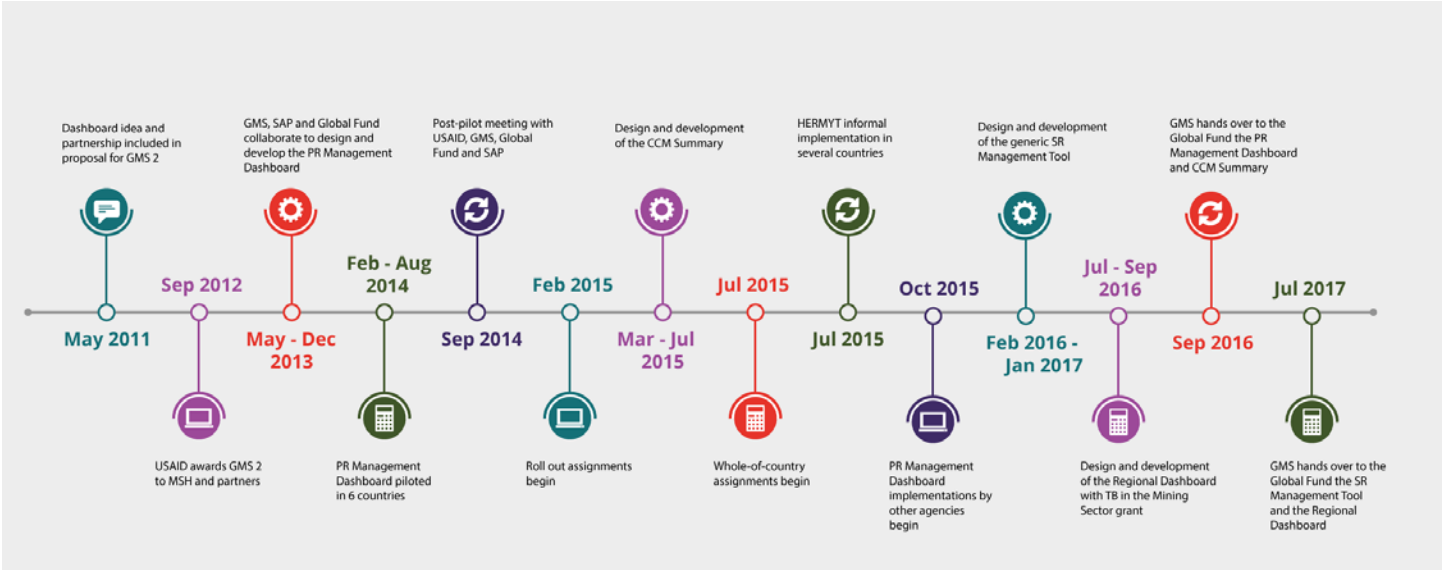
*Notes: Inputs and outputs for all three objectives are consolidated in chapter 8 (Results and Conclusions), along with key intermediate, medium, and sustainable results.*

# 6.1 Grant Dashboards

Over the five years of the project, GMS developed, tested, finalized, and disseminated a suite of management tools called grant dashboards (see figure 17 for a timeline). These were aimed at facilitating visualization and analysis of grant performance data. Through technical support provided by consultant teams, each of the tools in the suite was introduced with a view to improving the management behavior of the user and ultimately improving the performance of Global Fund grants. This development benefited from collaboration and co-financing provided by the German IT company SAP SE and by the Global Fund Secretariat. (See annex 14 for a description of the collaborative partnership.)

Four management tools were developed between 2013 and 2017 in the following order: the PR Management Dashboard, the CCM summary, the Regional Dashboard and the Subrecipient Management Tool (SRMT). A detailed timeline is shown below. Envisioned for use by PRs, SRs, and CCMs, this suite of tools was implemented via a whole-of-country approach in which the PR dashboard was first introduced to all PRs in a country, then the CCM summary, creating an environment conducive to data-driven grants management and oversight. The Regional Dashboard and SRMT followed. The finalized suite was transferred to the Global Fund for use by any Global Fund country. The Global Fund adopted the entire suite of tools and makes them available through the Global Fund website at <https://www.theglobalfund.org/en/funding-model/technical-cooperation/management-tools/>. GMS makes them available on the project website at <http://gmsproject.org/resources/document-repository/>.

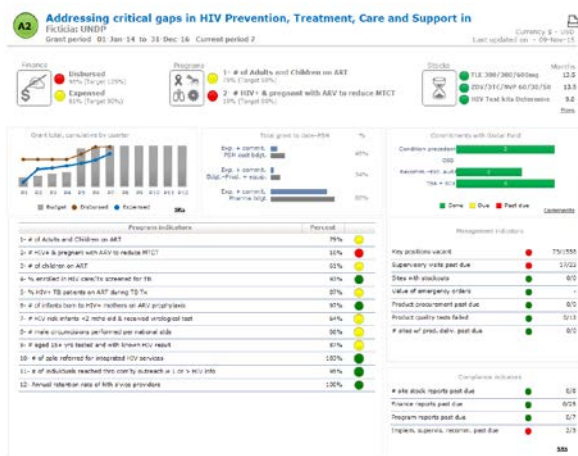
Figure 17. Timeline of grant dashboard development



## 6.1.1 The PR Dashboard

The PR Management Dashboard (also referred to as the PR dashboard) provides a user-friendly, one-page visual display of financial, procurement and supply management, general management, compliance, and technical performance indicators using color-coded signals to indicate progress on overall grant performance (see a sample screen in figure 18). A drill-down layer allows the PR to

Figure 18. Example of a PR dashboard



visualize performance of SRs on financial, programmatic, and reporting indicators, and to track the dashboard is produced using two computer applications, an Excel-based data entry application and a dashboard visualization application from SAP SE. Reaching use in 27 countries by project-end, the PR Management Dashboard was initially developed between June and December 2013, pilot tested from February to August 2014, and handed over to the Global Fund for dissemination through the Global Fund's website in February 2015.

## 6.1.2 The CCM Summary

After completing the PR Management Dashboard, GMS proceeded to develop the CCM summary to summarize the entire Global Fund portfolio for a country (see sample in figure 19). The CCM summary is used by CCMs for grant oversight. It displays a subset of data drawn from the PR dashboards and is created with the same software. The CCM summary groups financial, management, health product, and technical performance data by disease and provides drill-down capacity to PR specific results. The CCM summary is generated through the importation of feed files from multiple PR dashboards. The CCM summary is a second-generation product based on an earlier Excel-based CCM dashboard that had been developed during the first phase of GMS in 2008 and 2009, and whose use had reached 40 countries by 2012. Officially handed over to the Global Fund for dissemination through its website in September 2016, the new CCM summary was in used in 16 countries by the end of the GMS project.

Figure 19. Example of a CCM summary



## 6.1.3 The Subrecipient Management Tool

The idea for the SRMT (shown below in figure 20) was articulated during the piloting of the PR Management Dashboard in the Dominican Republic. The consultant team discovered that the local PR's 27 SRs were using a multitude of different monitoring and evaluation forms, guidelines, and manuals that were a significant obstacle to efficient, periodic reporting of high-quality data by SRs to the PR. In

response, the GMS team developed an Excel-based tool, the Herramiento de Monitoreo y Tablero (HERMYT), capable of capturing and visualizing SRs' data. When experience in additional countries revealed additional demand for such a tool among PRs and SRs, GMS obtained permission from USAID to develop a generic version of the HERMYT, which was named the SR Management Tool. Finalized in May, 2017, the SRMT displays SR-level information for activity tracking, and programmatic and financial indicators, using both tables and graphs. The SRMT was designed for use by SRs for their own management. In addition, the SRMT has a functionality that allows SRs to generate data entry sheets to provide data to PRs for generating the PR Management Dashboard.

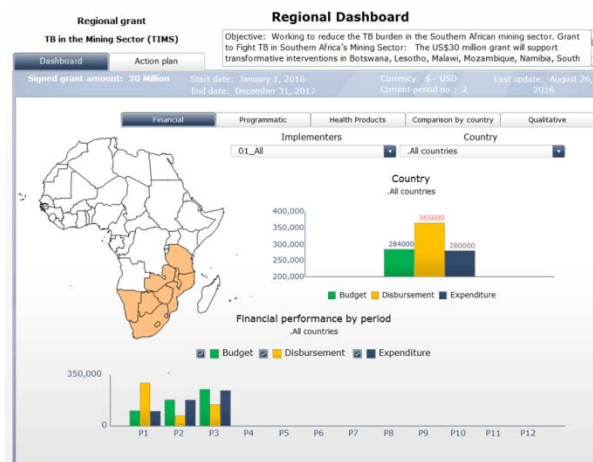
Figure 20. Sample screen in the subrecipient management tool

Activity code	Indicator / Activity	TGF costs groups	Monthly target	Balance from previous period	Results	Result %
			-	-	-	88.59%
1	[Pr68] # PLHIV that initiated ARV with CD4 count <200 Target [2. Inverse]		200	0	198	101.00%
1.2	PLHIV reimbursed for transportation costs to HIV testing and treatment centres	12. Living support to client/ target population	200	0	198	101.00%
1.3	Communication materials produced to educate HIV+ patients about HIV treatment (Migrants and Sexual Workers)	10. Communication material and publications	25	0	20	80.00%
1.4	Supervisory visits to verify the appropriate application of testing and treatment protocols at centers.	11. Programme administration costs	89	0	80	89.89%
2	[Pr72] # new HIV+ enrolled in care services Target [3. Non-Cumulative]		124	0	120	96.77%
2.1	Enrollment of newly diagnosed HIV+ patients for home visits to monitor use of ARV.	12. Living support to client/ target population	124	0	120	96.77%
3	[Pr74] # aged 10-24 yrs reached by HIV life skills ed. in school Target [1. Standard]		250	0	170	68.00%
3.1	Transportation of students to meetings and conferences for peer education activities	2. Travel related costs	250	0	170	68.00%

### 6.1.4 Regional Dashboards

First developed as a custom-built tool for the South Africa-based TB in the mines regional grant in late 2016, the Regional Dashboard was subsequently adapted into a generic tool that permits various types of Global Fund regional and multicountry grants to visualize grant data (sample screen shown in figure 21). This multipart application uses both Microsoft Excel and SAP software to display programmatic, financial, and procurement and supply management indicators. It also displays the map for the group of countries participating in a given grant. Because a number of regional grants use non-numeric milestones to monitor progress rather than traditional performance indicators with a numerator and denominator, this dashboard provides an optional section that allows grants to track progress on milestones. The Regional Dashboard was successfully adapted for the multicountry grant of the Organization of Eastern Caribbean States.

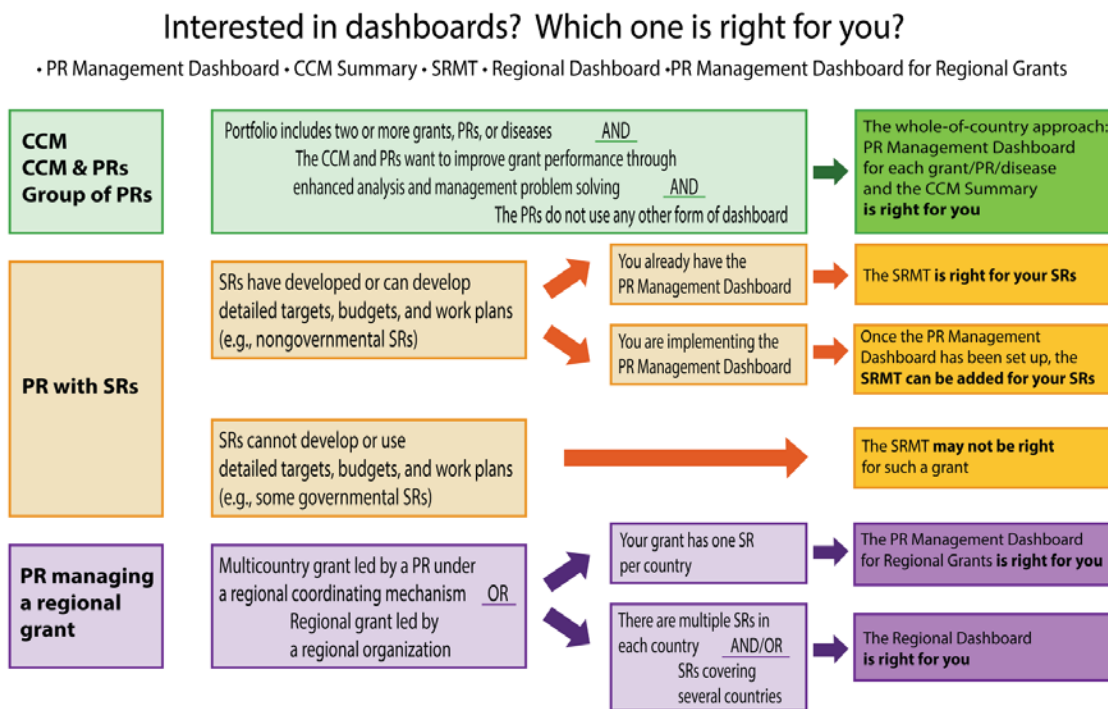
Figure 21. Example of a regional dashboard



## 6.1.5 Which Dashboard for Which User?

Figure 22 provides a decision guide that helps users determine which dashboard is most suitable for their situation. The guide is intended for use by the Global Fund Secretariat country teams and dashboard focal person, other technical support agencies, CCMs and PRs. This diagram is included in the users' guides to the dashboard tools available on the Global Fund website.

Figure 22. Grant dashboard decision guide



## 6.1.6 The PR Dashboard Pilot and Multi-Agency Rollout

The computer application, user guides, and technical support approach for the PR dashboard were pilot-tested in six countries—Côte d'Ivoire, Dominican Republic, Laos, Senegal, South Africa, and Uganda—between February 2014 and August 2014. Final changes to these materials were defined during a post-pilot meeting in September 2014. The final version of the PR Management Dashboard in four languages (English, French, Spanish, and Portuguese) was handed over to the Global Fund in February 2015 for display on the Global Fund's website. That webpage serves as the main mechanism for potential users to obtain dashboard software and user guides. GMS subsequently released a version of the dashboard software and user guide in Portuguese.

The decision to support rollout of the PR dashboard using the above-described whole-of-country approach was made at the post-pilot meeting between the Global Fund Secretariat and USAID, with input from GMS and SAP. Rollout of the PR dashboard following the pilot and the whole-of-country

approach began in July 2015 (though requests for dashboards were submitted to USAID as early as March 2015).

Soon, additional actors began to express interest in supporting the introduction of dashboards. GIZ BACKUP Health agreed to provide financing to IHAA (also a GMS partner) to co-sponsor a training event in Brighton, England, in October 2015. This event aimed to produce additional consultants that could provide technical support for the rollout of dashboards in IHAA-linking organizations that were also Global Fund PRs, as well as for other PRs. The Brighton training was followed by similar events led by GMS in Cape Town, South Africa (March 2016), and Casablanca, Morocco (September 2016), where GIZ, IHAA, and France Expertise contributed to the costs of a number of participants and through participation of program leadership, progressively increased their commitments to support the rollout of grant dashboards.

Rollout also occurred through organizational networks. Once capacitated in dashboard rollout, the IHAA initiated introduction of the PR Dashboard to its linking organizations in South Asia (Alliance India) and Eastern African (the Kenya AIDS NGOs Consortium [KANCO]), while international NGOs implementing Global Fund grants such as Save the Children and World Vision allowed certain country office PRs to adopt dashboards as well. Nevertheless, the whole-of-country approach proved more popular than the network approach, more cost-effective for technical support providers, and more effective in creating a data-driven dialogue among Global Fund implementers and the CCM in a country.

### **6.1.7 Assessing the Use and Impact of Dashboards**

Between November 2015 and March 2016, GMS visited the six pilot countries to assess the impact of the use of the dashboard 12–18 months following technical support. The assessment results are provided in a detailed report that was limited in circulation, but whose executive summary can be downloaded from GMS' document repository at <http://gmsproject.org/resource/principal-recipient-management-dashboard-gms-presents-results-pilot-evaluation/>.

Two key lessons were learned from this assessment of the pilot. First, as shown below in the depiction of the logical framework (figure 23) for results and impact of grant dashboards on grant performance, dashboards can result in improved grant implementation and performance if they are used consistently and within a sufficient time interval to permit meaningful PR response to management problems that are identified.

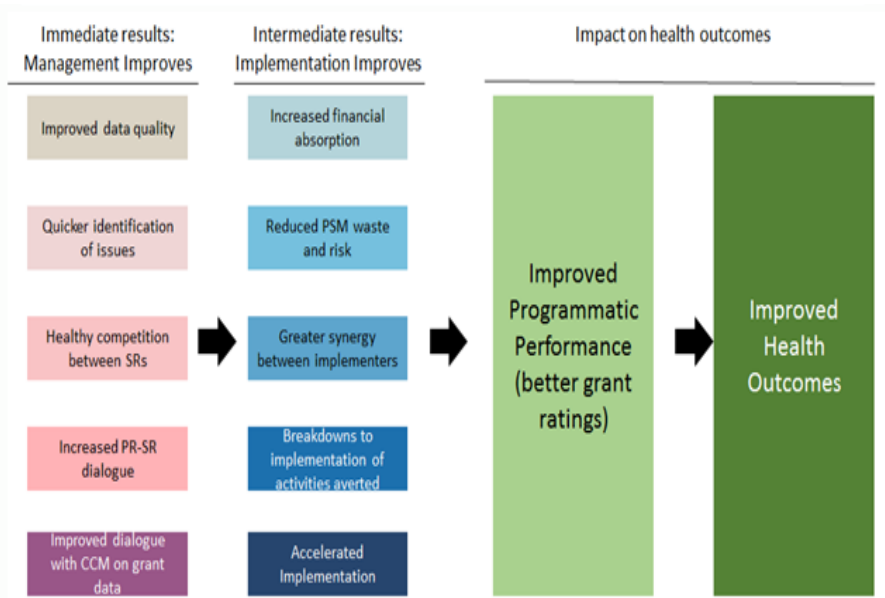


Figure 23. Logical framework for results and impact of grant dashboards on grant

Second, a number of factors influence the extent to which dashboards are institutionalized:

- Senior management readiness and willingness (which lead to and support data-driven management change)
- Buy-in from technical staff
- Data quality, including validity, completeness, and timeliness (which is not a prerequisite for institutionalization, but can improve through use of dashboards)
- Existence of a PR culture of transparent communication, collaboration, and performance review with its SRs (which facilitates the introduction of dashboards and can improve through their use)

As detailed further below, GMS conducted an assessment of subsequent and makes the final report of that assessment available as a companion document to this final report.

## 6.1.8 Grant Dashboard Introduction and Support

### Single Dashboards and Whole-of-Country Assignments

Following the post-pilot meeting and finalization of the dashboard materials, GMS began receiving requests from countries to support adoption of the PR Management Dashboard and, subsequently, the CCM summary. The first request, made in March 2015, was for two teams to create dashboards in Bangladesh for all PRs, and the final request was received from Malawi in October 2016. During that 20-month period, GMS received a total of 23 requests, which translated into 28 teams in 21 countries



and two regions.<sup>27</sup> The complete list of countries that received GMS support for grant dashboards is provided in annex 15. Eighteen of the requests were core funded and three were field support assignments. The project delivered a total of 79 dashboards during this time. As with general PR assignments, GMS did not support UN agencies nor did GMS provide direct support to international NGOs.

The assignment process for whole-of-country and single-dashboard assignments followed standard GMS assignment guidelines. Once a request was received, GMS assigned one or two technical managers (one PRM and if needed, one CCM technical manager) and a logistics officer to oversee the work and support consultant teams. While the PR technical manager assumed a majority of the responsibility for management and quality assurance, the CCM technical manager had an essential role once the assignment shifted to rolling out the CCM summary dashboard. The PR and CCM technical managers completed initial consultations with the Global Fund country team, USAID mission, PRs, and CCM to understand the context in which the assignment would take place.

As GMS gained more experience, it became particularly important to gauge the commitment of the PRs to dashboard use if the CCM had initiated the request; and to understand the CCM's commitment to using the new CCM summary if it had been a previous user of the CCM dashboard that was developed during the first phase of GMS. The need for a high-quality consultative process was very much informed by the findings of the pilot evaluation.

GMS used two approaches to organize dashboard teams. In some instances, the teams were organized by PR sector (government, CSO). More commonly, the teams were organized by disease. As with grant-making, organization by disease reinforced the benefits of having all the PRs that were managing a disease collaborate on dashboard development and adopt the tool at the same time. The team leader in all assignments also had a technical role. For India, GMS assigned a coordinating team leader because of the complexity of the assignment. For whole-of-country assignments, GMS included LOE for introduction of the CCM summary to the oversight committee. Depending on the capacity of a CCM and the priorities for strengthening defined in its performance improvement plan, USAID agreed that GMS could budget for a maximum of ten additional days (two people for five days each) to provide oversight strengthening and coaching on how to analyze dashboard data and use it for decision making. Although the whole-of-country approach and single PR dashboard assignments involved similar approaches in terms of preparing for an assignment, very similar TORs and even similar LOE each required different focus, and thus gave GMS consultants a wide range of experience in rolling out management and oversight tools.

### **Senegal: A Regional Leader in Use of Dashboards for Management and Oversight**

In Senegal, during the pilot phase, the CCM had decided to retain the old CCM dashboard and continued to ask pilot PRs, PLAN and the National TB Program, to present it instead of the new PR dashboard during CCM oversight committee meetings and to the CCM general assembly. This effectively doubled the work for these PRs. The situation changed as soon as the oversight committee learned about the new CCM summary in a communication sent by the Global Fund country team. The CCM immediately

---

<sup>27</sup> Two assignments in Thailand were canceled: the CCM had requested introduction of PR dashboards, but the PRs did not want to adopt a new tool one cycle before transitioning out of Global Fund support.

requested the whole-of country approach for its remaining PRs and itself. GMS supported all remaining PRs in Senegal except Intrahealth to install the PR Management Dashboard and use it for presentations at oversight committee meetings. Intrahealth was the PR for a malaria grant but was ineligible for GMS support because of its status as an INGO. The organization saw the dashboard at the indicator workshop and requested use of grant funds to install it. GMS regional partner OASYS, located in Dakar, was engaged to provide this support.

Since late 2016, all PRs in Senegal have contributed to the CCM summary. The Senegal experience is an example of the positive impact that the implementation of the CCM summary through the whole-of-country approach has on dashboard production and use by both government and non-government PRs. The PR dashboard rollout assessment found that government PRs may institutionalize dashboards to a lesser degree than non-government PRs, but the difference is not significant. This result can be attributed to the CCM effect. That is, conducting oversight with the CCM summary, and requiring PRs to produce, present, and discuss PR Management Dashboards, creates some synergy in countries, even with the most recalcitrant PRs. It also creates some emulation or at least dialogue between PRs and some resolution of cross-cutting problems.

### **Philippines: Strengthening PRs' Data Use and Dialogue with SRs**

In the whole-of-country Philippines dashboard assignment, GMS consultants with expertise in PR management, M&E, HPM, dashboard configuration, and governance assisted the country's three PRs with installation of the PR Management Dashboard. In parallel, GMS governance consultants supported the CCM's integration of the CCM summary into their grant oversight processes. These parallel interventions and inclusion of governance consultants on the PR dashboard team ensured consistency in the technical support approach. PRs introduced a number of useful processes to maximize the benefits of using the PR Management Dashboard. These included:

- Systematic review by each PR of data quality by technical area before generating the dashboard
- Quarterly meetings among PRs and their SRs to analyze dashboard reports and identify necessary actions to address grant implementation problems
- An action plan template for the PR Management Dashboard that is similar to the action plan in the CCM summary
- Inclusion of qualitative information from PR and PCCM feedback in the analysis of dashboard data

For implementers, the main outcomes of GMS technical support included improved data analysis and data use by PRs and SRs, and strengthened dialogue between PRs and SRs. For the PCCM, outcomes included faster review of grant implementation by the oversight committee (allowing for prioritization of issues at different levels) and improved analysis of grant implementation progress and challenges by the full PCCM.

### **Final Assessment of the PR Dashboard and CCM Summary**

As part of its final activities for grant dashboards, GMS carried out a series of handover activities to other technical support agencies and the Global Fund Secretariat, which are described in chapter 8.

These partners agreed that GMS should include the PRs that had received support from France Expertise, GIZ BACKUP Health, IHAA, or Global Fund–sponsored consultants, as well as all GMS-supported dashboards. The resulting sample of dashboard efforts included 27 countries, 95 PR dashboards and 18 CCM summaries.

A dashboard assessment including all implementers—even those known to have stopped using the tool—was carried out from July to August 2017 by GMS. The results of the assessment are the subject of *GMS Final Technical Report #1: The PR Dashboard and CCM Summary Assessment of Adoption and Impact on Grant Management and Performance*, which is distributed as a companion document to this final report. Statistical analysis found that over 75% of dashboards continue to be used 12 months or more after the end of technical support; data quality and communications with SRs and CCMs improved at PRs that used the dashboards regularly; and funds absorption rates and FPM ratings of grants (serving as proxies for Global Fund grant ratings) were higher for longer-term users compared with PRs who had just begun using dashboards.

## 6.2 GMS Support to the CCM Hub

As detailed in annex 2, the Global Fund Secretariat was in the midst of internal structural reforms when GMS started in October 2012. One of the outcomes was downsizing the CCM team to a two-person CCM Hub to lead CCM activities and initiatives in conjunction with country teams. From 2012 onward, GMS and the CCM Hub collaborated extensively, establishing a dynamic partnership with clear roles and expectations, a work style that encouraged a move to metrics in assessing performance of CCMs, and a commitment to helping CCMs reach beyond the coordination role to embrace strategic leadership as a foundation of their governance responsibility. The CCM Hub set a tone of results-oriented collaboration between itself and its three principal service provider partners: IHAA, GMS, and the LMG Project.

### 6.2.1 Eligibility and Performance Assessment and Performance Improvement Plan

#### Creating the Tools, Defining the Processes

Prior to 2012, during its first project phase, GMS and the Global Fund had started to frame a set of eligibility requirements and minimum standards to be included in revised CCM guidelines for eventual measurement of CCM performance. The collaboration resumed as soon as the new project started, first through mapping GMS diagnostic processes and tools, then by assessing their application and usefulness going forward in building a Global Fund tool to evaluate CCM performance. In the early months of tool development, GMS and other Global Fund stakeholders reviewed and revised a number of drafts of the future EPA matrix. In particular, they selected the indicators that would guide measurement of performance for each requirement.

In October 2013, the CCM Hub hosted a consultation in Geneva with GMS and IHAA. The work sessions contributed significantly to the finalization of three pillars of the EPA tool: the assessment matrix, the questionnaires for use by CCM/RCM members and external stakeholders, and a performance improvement plan to address the identified weaknesses in CCM/RCM eligibility and performance. The

consultation produced the first Excel-based version of the EPA, which the Global Fund introduced in November 2013. The CCM Hub then finalized the EPA tool and launched the Global Fund electronic EPA platform at the beginning of 2014.

The EPA aims first to track the eligibility of CCMs to submit concept notes for additional funding (now called funding requests) on an annual basis; and second to identify CCMs/RCMs' functional needs of. The PIP was designed and now works as a road map for CCMs to address needs or challenges, ensure that they maintain eligibility to submit funding requests and strengthen their performance against the EPA indicators. Today, all CCMs and RCMs use the electronic platform to submit EPAs, performance improvement plans, and required supporting documentation.

For the 2018-2020 grant cycle, the Global Fund has a differentiated process for CCMs to complete their EPA, determined by the country team based on a number of factors. The differentiated approach reflects two years of experience in rolling out the EPA. In 2014 and 2015, it required requiring all CCMs and RCMs to complete the EPA in full. Requirements were then reduced to a self-administered and lighter version of the process based on performance, and now align EPA requirements with performance, country categorization by the Global Fund, and capacity. The three strategies include the standard, light, and super-light strategies:

- CCMs in the standard strategy category receive a full package of technical support to facilitate all three pillars of the assessment and in interpreting the indicators and prepare a performance improvement plan.
- The light and superlight strategies are simplified versions and include only the self-assessment and the performance improvement plan (pillars 1 and 3).

### **Piloting the EPA**

In October 2013, the head of the CCM Hub, representatives of the USAID multilateral team, and GMS leadership met in Washington, D.C., to agree on the criteria to select pilot countries in which to launch the EPA. At the time, the Global Fund and USAID agreed that GMS would focus on “full service” assignments—those in which the CCM completes the EPA and performance improvement plan in a first visit, and receives technical support as required for carrying out the performance improvement plan and overall strengthening in subsequent visits. The Global Fund piloted the EPA in a total of 10 countries—Cambodia, Cameroon, India, Indonesia, Namibia, Paraguay, Somalia, South Sudan, Sri Lanka, and Yemen—while GMS supported the process in Cameroon, South Sudan, and Cambodia.

### **Rolling Out the EPA Process**

The CCM Hub's quality assurance process for rolling out the EPA to all countries included development and dissemination of guidelines on how to facilitate EPAs; oversight of the EPA facilitation process through technical oversight of consultants or staff by the TS provider; use of consultants or staff trained on EPA facilitation; and feedback to the CCM Hub by providers and client CCMs.

Based on feedback from the pilot EPA experiences, the CCM Hub drew GMS' attention to the need for greater quality in the review of eligibility requirements 4 and 5<sup>28</sup> concerning KPs. In response, GMS met with key population experts drawn from the GMS consultant network from September 8–10, 2014 in Arlington, Virginia, to develop a GMS approach to technical support for KP constituencies and their representatives. The approach was finalized in September 2014 to refocus consultant training, supervision, and quality assurance of TS and was circulated to partners and the Global Fund.

The CCM Hub worked closely with IHAA to develop the training program for EPA consultants. Consultants trained by GMS, but also working for other Global Fund TS partners, attended several of the training sessions. In July 2014, two GMS staff attended one such training in Cambodia. On September 22–26, 2014, GMS and LMG collaborated on a five-day EPA training in Arlington, attended by 31 GMS and five LMG consultants. The Global Fund CCM Hub and IHAA offered resource persons and coaches. Participants had initiated their learning with preparatory reading and review of IHAA's EPA virtual course. The face-to-face workshop took participants through the three pillars of the EPA self-assessment, stakeholder interviews, and performance improvement plan development. Participants in these training events became the core cadre of EPA facilitators.

### **Changes as a Result of the EPA Rollout**

The Global Fund CCM Hub coordinated the work of IHAA, GMS, and LMG for consistency in delivery of EPA facilitation. This was crucial in light of increased involvement of the country teams and the CCM Hub's own expectations of TS providers, including GMS. The greater coordination of the CCM Hub resulted in more opportunities for GMS to collaborate with other TS providers and individual consultants, including through collaborative approaches to assignments:

- In Zimbabwe, the government carried out the EPA, while GMS provided follow-on support to the performance improvement plan in coordination with GIZ team.
- In Liberia, GMS collaborated with GIZ, dividing analysis of requirements so that GIZ consultants would focus on requirements 3 and 4 (CSOs and KPs).
- In Burundi, GMS collaborated with the France Expertise in conducting the EPA and implementing the performance improvement plan.
- In Bangladesh, collaboration with UNAIDS was particularly helpful in mobilizing civil society and of KP representatives for elections.
- In Mozambique and Guinea, GMS and LMG worked closely on CCM reform.

Following the launch of the EPA, GMS continued its collaboration with the CCM Hub through its thematic working group. The CCM Hub initiated the group to advance its innovative and reform-oriented work with the CCMs and RCMs. This group had several face-to-face meetings in Brighton in January 2015 and in Geneva in October 2016. Discussions focused on future directions, including structural, organizational and health planning issues for transitioning countries and the role of CCMs in

---

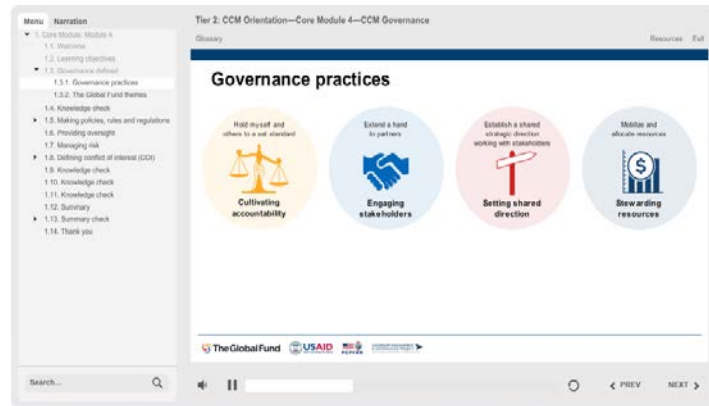
<sup>28</sup> See page 2 of the Global Fund document "Guidelines and Requirements for Country Coordinating Mechanisms," November 6, 2013.

such transitions; information sharing on the PR Dashboard and CCM summary roll-out; the potential for IHAA/GMS collaboration around transfer of TS competences; differentiated approaches to EPAs; and indicators for “meaningful participation of key populations, to name a few.

## 6.2.2 The CCM Orientation Course

The LMG project received USAID funding to develop a virtual CCM orientation course for the CCM Hub. With USAID approval, GMS collaborated with LMG in this work. The course was organized in three tiers. Tier 1 is envisioned as an orientation by the CCM chair to new members and requires preparation of a single facilitator guide. Tier 2, the core of the virtual CCM orientation program, is structured as a self-administrated eLearning course covering eligibility, performance, good governance practices (sample screen in figure 24), functions, substructures, and responsibilities. It is organized in eight core and six thematic modules. Tier 3 provides trainer orientation for CCM face-to-face orientation, assuming the trainers are either CCM secretariat staff or TS providers. The focus is on working with committee members.

**Figure 24. Screenshot of the LMG online CCM orientation course**



GMS Objective 2 training and instructional design staff contributed to the instructional design elements of the CCM orientation package. GMS technical managers and the deputy director of Objective 2 completed alpha and beta reviews of all facilitator guides and core and thematic modules. USAID approved GMS support to this initiative in October 2015. In September 2016, GMS designed and facilitated a two-day face-to-face introduction to the package for fourteen participants pre-selected by the Global Fund to carry out the face-to-face components of the CCM orientation package. The face-to-face event was part of the testing and validation of the content of the CCM orientation package with experienced CCM consultants prior to its finalization. Finally, GMS’ francophone CCM technical manager reviewed the French translations of the guides and the modules in February and March 2017. The CCM Hub will identify one trained consultant to facilitate the face-to-face component in the local language (English, French, and Spanish materials had been finalized by the end of August 2017; a former LMG staff member was preparing the Portuguese language documents). The eLearning course is now available at the Global Fund iLearn site in English and in French at <https://theglobalfund.csod.com/DeepLink/ProcessRedirect.aspx?module=24>.

Most recently, GMS was asked to contribute, along with other TS providers, to the draft code of ethical conduct for CCMs and an updated version of the CCM oversight guidance paper. GMS inputs were provided in March and April 2017 to the code of conduct, while three rounds of modifications were provided to the CCM Hub for the oversight guidance paper. This work built on the previous guidance that GMS provided to the first oversight guidance paper in 2006-2007.

## 6.3 GMS Support to the West and Central Africa Teams

In line with its mandate to disseminate best practices, GMS provided support to the Global Fund Secretariat to structure two high-level, multi-stakeholder meetings focused on topics central to improving grant management in a number of countries. The technical support was provided to ensure that meeting objectives were met, while ensuring that meeting participants actively contributed to producing the outputs of these meetings.

### 6.3.1 The 2015 Abidjan Regional Meeting

At a May 5-6, 2015 meeting of the Eastern and Southern Africa (ESA) and West Central Africa (WCA) Global Fund constituency groups, a decision was made by the Global Fund, PEPFAR, and UNAIDS that, with the then-upcoming replenishment of Global Fund funding in 2016, concrete actions had to be taken by countries to address the US\$750M of Global Fund financing that was going unspent among their member countries. A meeting was subsequently organized for August 3-4, 2015, in Abidjan, Côte d'Ivoire, to bring together 11 countries in these constituencies to identify the root causes for low funds absorption and plan concrete actions to be taken by these countries to improve spending on Global Fund activities. The following countries sent delegations to the Abidjan meeting: Benin, Burkina Faso, Cameroon, Chad, the Democratic Republic of the Congo, Côte d'Ivoire, Mali, Niger, Rwanda, Senegal, and Togo. Most of these countries were selected based on the level of their Global Fund allocations (they represent the largest funding allocations in the WCA region), their financial absorption rates and the challenges they face to successful implementation. Delegations from Rwanda and Senegal were sent to represent and explain good grant management practices that had supported high funds absorption in their countries.

GMS was asked by the Global Fund Secretariat to help plan the agenda and activities for the Abidjan meeting to ensure that objectives would be met; analyze grant data on the countries from these constituencies in advance of the meeting; facilitate key parts of the meeting; document discussions and outcomes; and conduct a participant evaluation. The GMS project director traveled to Geneva to contribute to data analysis, while the technical manager/PSM, a former Global Fund FPM, and a senior GMS financing expert acted as facilitators.

The major outcomes of the Abidjan meeting were that each participating country identified at least two priority actions to be implemented in the short term that would contribute to the improvement of its funds absorption, and; the Global Fund Secretariat committed to reviewing its own institutional policies and practices, which had been identified as having a constraining effect on funds absorption. Priority actions were identified from four broad categories: leadership and governance; procurement and supply management; financial management; and operational management.

### 6.3.2 The 2016 Dakar Regional Meeting

A year later, GMS was invited to support the Global Fund in the organization of a follow-up to the Abidjan meeting to assess progress made by countries and by the Global Fund in implementing the Abidjan commitments. This second meeting was held from June 28-30, 2016 in Dakar, Senegal. The GMS project director, GMS deputy director/results and knowledge management, GMS senior technical

manager/PSM, and a senior regional GMS consultant from Dakar collaborated in preparation and facilitation for the workshop.

This follow-up meeting also aimed at identifying regional solutions that could be implemented to accelerate achievement of 2017 programmatic targets set in the grants for HIV/AIDS, TB, malaria, and HSS. The two-day Dakar meeting was chaired by Professor Awa Marie Coll-Seck, Minister of Health and Social Action of Senegal, and board member to the Global Fund Board for West and Central Africa. It brought together 110 representatives from 11 countries, 26 representatives from technical and development partners, and 31 Global Fund staff members.

In addition to measuring action on Abidjan commitments, the Dakar meeting prompted participants to review progress in their countries resulting from the Implementation through Partnership (ITP) initiative, a one-year initiative created by the Global Fund and its implementing partners to accelerate grant implementation, and rapidly mobilize technical support for countries facing intractable Global Fund grant implementation problems that were leading to low funds absorption. Post-Abidjan actions and ITP support contributed to the following:

- Engagement of high-level leaders and strengthened governance by developing new mechanisms for grant implementation and operational oversight as a complement to the strategic oversight of the CCM
- Establishment/operationalization of national quantification committees (20 countries)
- Completion of 44 of the 53 priority actions through support from technical partner agencies and ITP resources
- Improved quality and quantity of communication on grant management between the Global Fund Secretariat and a majority of countries from the two constituencies
- Increased Global Fund flexibility regarding reporting and risk management procedures and conditions for budget modifications and reprogramming

With the above in mind, participants from DR Congo, Côte d'Ivoire, and Togo presented their countries' successes in achieving measurable improvements in funds absorption and programmatic outcomes following management actions taken as a result of the 2015 Abidjan meetings.

The following programmatic targets were confirmed as priorities for the three diseases and for HSS:

- HIV/AIDS: double antiretroviral (ARV) treatment coverage by rapidly scaling up diagnostic screening and access to treatment, targeting high-risk areas and groups, especially infants and children
- Tuberculosis: increase the number of reported cases by 35% (or 100,000) and increase the treatment success rate from 77% (2014) to 90%
- Malaria: ensure implementation of the iCCM approach



- Health systems strengthening: accelerate the rollout of the District Health Information Software (DHIS-2) at the national level in all countries, integrate the electronic logistics management information system (e-LMIS) data with the DHIS-2, and strengthen laboratory networks

The Dakar meeting participants came to an agreement on six potential regional solutions to be implemented with support from technical partners to accelerate achievement of 2017 programmatic objectives. The final report on this meeting was delivered to the Global Fund in October 2016. The six solutions were as follows:

1. Achieve TB diagnosis and treatment objectives, improve the capacity and quality of screening and diagnosis by accelerating the use of GeneXpert machines, and by finding suitable solutions for the currently inadequate options available for transporting samples between test sites and reference laboratories for HIV/AIDS and TB at the national and regional levels
2. Ensure access to second-line drugs for TB during accelerated screening to overcome any possible gaps in treatment continuity caused by unpredictable caseloads
3. Rationalize and accelerate the start-up of community approaches to the three diseases, including support in the form of national policies, norms, standards and procedures for community approaches; ensure that promising regional experiences in community-based health service delivery are documented and shared
4. Increase the level of coordinated support for CCM programs and ensure the health products needed for such programs are available
5. Develop a normative framework for integrating national health management information systems (HMIS) (including DHIS-2) with e-LMIS systems and rolling out these systems at the district or community level; ensure the availability of a pool of DHIS-2, IT and public health experts at the regional level to build capacity to use programmatic, pharmaceutical, and epidemiological data for decision making.=
6. Further integrate HIV/AIDS and TB screening and diagnosis by including TB in the UNAIDS “Towns/HIV” approach and extending its roll out beyond the 15 towns where it is already being used in the 11 countries in the region

## 6.4 GMS Support to the Risk Management Team

In its roles as a participant in key risk management forums, a contributor to Global Fund tools and approaches, and a practitioner supporting PRs and CCMs as they create risk management and risk mitigation plans, GMS has been both a thought leader and a valued Global Fund partner in refining and formalizing a structured, systematic approach to risk management. GMS was privileged to participate actively in the evolution of the risk management approach.

GMS distinguished itself in consistently aligning the focus and content of its technical support to PRs and CCMs with changing Global Fund requirements during 2012-2017. This was particularly evident for risk management, a Global Fund practice that gained ground during this five-year period. GMS engaged with the Global Fund and its stakeholders through delivery of technical support to PRs and CCMs

through consultant teams and through the training of consultants in topics directly related to risk management. GMS also offered direct support to the secretariat and its risk management team. For the secretariat, GMS was one of several expert stakeholders contributing to the development, customization, and improvement of risk management tools. During short-term technical support assignments, GMS consultants supported PRs and CCMs in adopting and using the tools.

Technical support assignments were an opportunity to test risk management approaches and ensure their adoption by PRs in the evolving grant landscape. During 2012-2017, changes in processes positioned risk management as a central pillar for the Global Fund and its principal recipients. In Burundi and Indonesia, GMS successfully assisted eight PRs in establishing risk management procedures and plans for grants with a signed value of US\$400 million (US\$326 million for Indonesia with a population of 250 million, and US\$86 million in Burundi with a population of 10 million). In Lesotho, GMS worked with the Global Fund Coordination Unit to complete tools and plans and introduced the national government's internal auditor to the concept of and need for risk-based planning. The level of engagement of the Global Fund country teams for Burundi, Indonesia, and Lesotho in these GMS assignments underlines the importance of risk management: it matters regardless of grant or country size. Such stand-alone risk management assignments were unusual because for the most part, the Global Fund has now embedded risk management at critical points throughout the grant cycle: in funding requests and grant making (implementation mapping and risk management plans are requirements); risk management planning positions PRs and CCMs to identify risks and mitigation strategies as well as with planning for action. Risk management support during start-up and implementation ensures that PRs are indeed acting on their risk management plans.

GMS face-to-face and virtual consultant training strengthened the quality of technical service on risk management. One example was the online course available to GMS consultants in implementation mapping, which is one of the subtopics of grant making that strongly allows for identification of potential risks and mitigation measures in the early stages of grant making.

GMS support to the secretariat was by invitation, and resulted in a GMS senior PR technical manager becoming a permanent member of the Global Fund's risk management forum. GMS was able to contribute expertise in virtual and face-to-face work sessions. The first risk management forum attended by GMS was in November 2014 and included presentation of the PR dashboard, including the tool's potential contribution to risk management. GMS contributed to review, discussion, and introduction of improvements to risk management approaches and tools with the Global Fund through this structured forum. GMS' representative was one of several forum members who brought practical insights from learning gained through hands-on technical support to PRs and CCMs. Contributions such as this helped the Global Fund perfect risk management tools based on country-level experiences.

In the final months of the project, the Global Fund risk management team asked for further GMS contributions to capture lessons from the five-year STTS project in a scope focusing on two streams of deliverables. The first was prepared by the former GMS senior PR technical manager to document learnings from bottom-up risk and capacity assessments. The secretariat may use the analysis, which includes GMS and other provider lessons, to shape relevant approaches for a more bottom-up approach to risk management. Secondly, a GMS team including the former senior PRM technical manager, the project director, and the deputy director for results management summarized key reasons for delays in grant implementation, as witnessed during past implementation periods (focusing in particular on the

first two periods of a grant). They also explored practical solutions to address them, using material and analyses developed in collaboration with Global Fund colleagues when preparing for the two “funds absorption” meetings in West Africa. Six GMS consultants with deep risk management expertise contributed the knowledge they had gained in GMS and other assignments, in identifying and helping PRs implement risk management actions. The purpose of the document requested by the Global Fund of GMS was to define possible solutions to the critical risks and impediments that affect rapid and seamless start-up, and can often derail grants.

As noted earlier, GMS handed over its suite of management and governance dashboards to the Global Fund secretariat before the end of the project. While they are not intended exclusively to be risk management tools, the Global Fund and PRs recognize the utility of these tools in quickly identifying risks and finding management solutions to ensure a PR’s ability to achieve its targets.

## **6.5 GMS Support to the Strategic Information Team and Other Technical Agency Partners**

Early in the life of GMS, project staff forged a strong relationship and an ongoing communication link with the Global Fund Data and Systems Hub, the Global Fund CCM Hub, and the Global Fund monitoring and evaluation staff. This facilitated the following outputs and outcomes:

- GMS facilitated the use of publicly available Global Fund data by Global Fund technical support partners that did not have the same capacity to download, repackage, and use the data. Starting in 2013, GMS began sending repackaged Global Fund data on a monthly basis to France Expertise, GIZ BACKUP Health, and IHAA to facilitate their use of Global Fund data for measurement of their technical support results. The transmission of this data continued until June 2017.
- At the Global Fund’s request, GMS provided data on GMS assignments on a monthly basis to the Global Fund Data and Systems Hub as input to the Global Fund’s planning of activities related to technical support for PRs and CCMs. Similar data were requested by the Global Fund from other technical support partners.
- GMS obtained crucial input from the Data and Systems Hub and Global Fund monitoring and evaluation team when selecting indicators to be reflected in the PR Management Dashboard.
- Staff from the Global Fund Data and Systems Hub played a central role in the design and development of the data entry application of the PR Management Dashboard.
- GMS staff collaborated closely with the Data and Systems Hub to obtain and analyze grant management data needed to fuel discussions facilitated by GMS at the Abidjan (2015) and Dakar (2016) regional meetings.
- GMS periodically held virtual or in-person work sessions with GMS Data and Systems Hub staff to keep abreast on the Global Fund’s evolution in its approach to measuring grant performance. Consequently, GMS made adaptations to its approach to measuring the performance of technical support provided to principal recipients based on the change in frequency of measuring grant ratings.



# 7. SUSTAINABILITY OF GMS APPROACHES

---

Sustainability of GMS approaches and results will be possible through the following:

1. Transfer of tools, methods, and approaches to other technical support agencies and to the Global Fund Secretariat for their use in technical support
2. Internalization of quality assurance, skills, and methods by former GMS consultants and their subsequent use in other consulting and professional opportunities
3. Internalization and institutionalization of management and governance improvements by GMS clients and their use going forward with new grants and other professional activities

## 7.1 Handover of GMS Approaches to Other Technical Agencies

Starting in October 2016, GMS began communications with other technical support agencies and the Global Fund Secretariat regarding potential interest in transfer of GMS approaches to them. This section of the report describes four efforts where handover has been successful.

### 7.1.1 Handover of the Virtual Training Platform and Training Approach

As the project drew to a close, GMS explored interest in partner organizations taking over the Learning Hub and keeping the online courses available for technical support consultants. The platform, currently based on the open-source learning management system Moodle, offers GMS consultants providing Global Fund technical support the access to self-paced virtual training modules within their area of expertise.

Based on interest, GMS distributed multiple copies of the Learning Hub courses to be hosted by several organizations simultaneously, thus increasing accessibility for slightly different groups of potential users. The body of courses has been transferred to IHAA, Realizing Global Health, and MSH. In addition, an instance of the Learning Hub has been transferred to GMS tier 1 partner TRG for the NTAP. After GMS ends, TRG will continue to support the NTAP as it transitions the courses to NTAP member Advantech which will house and maintain the NTAP website and learning platform.

Announcement of continuing access to courses has been made to all consultants and partners both via email and on the GMS Learning Hub itself prior to the end of the project. Please see:

<http://learninghub.ntap.global>.

## 7.1.2 Handover of the GMS IMS

GMS' information management system has turned out to be an item of great interest to both implementation partners and funders of Global Fund technical assistance, thereby being a good candidate for handover. GMS has provided tours of GMS' information management system to project partners such as the Global Fund Secretariat and the Alliance (IHAA). In 2016, GMS provided the source code for developing the IMS to the IHAA following a technical orientation to the system. The Alliance has since embarked upon the creation of its own version of the IMS to facilitate its management of data related to the provision of technical support. The Global Fund has expressed interest in replicating the consultant data base, training and trip reporting sections of the IMS to facilitate management of technical support hired by the Global Fund to deliver TS, and will make a decision about whether they will pursue this interest before the end of the GMS project.

In October 2017, GIZ Backup Health's M&E and knowledge management team requested a virtual tour of the IMS to learn about the architecture and content of the trip reporting/performance database system with a focus on the use and advantages of the system as well as the, type of data collected and methodology for data processing.

## 7.1.3 Handover of the Performance Management Approach

GMS achieved moderate success with transferring two other areas of knowledge to technical and organizational partners: its approaches to measuring technical support and to managing its project-related information management system.

Sharing its approach to measuring technical support was a priority for GMS. Standardizing the approach to measuring results of technical support among technical support providers and funders of the Global Fund could possibly lead to development of consensus around which approaches to technical support yielded the best results. In 2013, GMS staff traveled to Paris, France, and Eschborn, Germany to hold detailed work sessions with staff from France Expertise and GIZ BACKUP Health to explain GMS' approach of linking the approval and implementation of deliverables to its achievement of its own performance monitoring plan indicators linked to provision of support to PRs and CCMs. GMS also demonstrated how the GMS IMS made it possible for GMS to systematically obtain the status on deliverables for each technical support assignment, thereby monitoring the success of its assignments. GIZ BACKUP Health and the Alliance initially showed interest in trying this approach, but subsequently concluded that the range of their Global Fund technical support services was too wide to apply a systematic approach for measurement of outcomes.

Interestingly, the possible adaptation of the GMS IMS by IHAA and the Global Fund Secretariat may lead to more consistent performance measurement of technical support.



**IHAA representatives update GMS and Global Fund staff members on plans to modify the GMS IMS (March 2017)**

## 7.1.4 Handover of Grant Dashboards and Quality Assurance to Other Technical Agencies

To formally hand over the suite of dashboard tools and plan for the future of dashboard rollout after September 2017, GMS organized a sharing event co-financed by the Global Fund Secretariat, GIZ BACKUP Health, and France Expertise. Representatives of these agencies, GMS, USAID, and IHAA met for a five-day event in Dakar, Senegal, in May 2017, together with 39 GMS dashboard team leaders and configurators. This event allowed GMS to introduce participants to the newest dashboard tools, the Regional Dashboard and the SR Management Tool (SRMT). The meeting was an opportunity for GIZ BACKUP Health, France Expertise, the Global Fund, and IHAA to meet the GMS consultants and regional partner organizations that already had experience in dashboard implementation and to explain how their respective agencies might engage them in the future. The meeting provided a forum for discussing how virtual help desk support would be provided and trained “super configurators” on the newest tools. Agreement was reached among all parties on basic principles for continuing to provide support to dashboard introduction to countries following the end of the GMS project (including the decision to include all assignments in the dashboard assessment), and this agreement was documented and distributed to all organizations present following the Dakar meeting.

Following the meeting, in August 2017, GMS produced and transmitted to these partners a set of standard terms of reference for dashboard assignments and a technical annex of methodological guidance for the most important activities in dashboard support. The Global Fund has also invited GMS to conduct a webinar for secretariat staff on including dashboards in the work plans of new cycle grants undergoing grant making in 2017-2018.

## Dakar handover meeting photo album



1. GIZ representatives (left to right), Pär Gebauer and Klaus-Peter Schnelbach, explain their technical support policies and procedures to GMS consultants Anastasyia Nitsoy, Abdoulaye Kyi, Tapan Fouzder, and Yves Cyaka.
2. Jose Boff (in white shirt) and Yann Illaquer (in light blue shirt) from France Expertise explain the French Government's policies and procedures for hiring consultants to carry out technical support to various GMS consultants.
3. Superconfigurator trainers and designers of dashboard tools (left to right), Wellington Pepen and Eduardo Samayoa, instruct GMS consultants Borja Cuervo and Seyni Ndoye in troubleshooting of all four dashboard tools.
4. (Left to right) Peter Mok of IHAA, Tara Ornstein of USAID, Abigail Moreland of the Global Fund, Jose Boff of France Expertise, and Paer Gebauer of GIZ summarize the agreements reached on the last day of the dashboard handover meeting.

### 7.1.5 Handover of the GMS Consultant Network

The GMS consultants are undoubtedly the most sustainable resource created by GMS. The skills and competencies of certified team members, and most particularly by certified team leaders and coordinating team leaders, enable them to take forward high-quality management and governance technical support to their work with other technical support agencies, and in other roles they may accept in the Global Fund world. The GMS regional partners and the GMS consultants will be able to adapt the GMS technical support approaches to the new challenges that will certainly arise. Furthermore, their contributions to tools innovation and to problem solving have created a process of collaboration among them that will surely continue in the years to come.



In order to encourage direct contact between the GMS consultants,<sup>29</sup> regional partners with GIZ BACKUP Health, Expertise France, IHAA, and the Global Fund Secretariat, GMS has transmitted a consultant roster indicating which active GMS consultants are most talented for dashboard support, grant making, governance reform, health products management, and other specialties. The list contained 224 active consultants with outstanding performance, of which 132 are GMS certified.

### 7.1.6 End-of-Project Conference

The GMS End-of-Project (EOP) Conference was held September 20-22, 2017, at the Crystal City Marriott in Arlington, Virginia. The EOP Conference consisted of three linked events spread over the three days.

On September 20, 2017, GMS met with representatives of Expertise France, GIZ BACKUP Health, IHAA, the Global Fund Secretariat, and USAID to review progress made with handover of GMS tools and methods since the Dakar dashboard event in May. GMS completed handover of the consultant roster to these partners and arranged for virtual tours of the GMS IMS for GIZ BACKUP Health and the Secretariat.

On September 21, 2017, the formal EOP Conference was held with 136 participants from 39 organizations and 30 GMS consultants. The opening statements were given by David Stanton, Acting Senior Deputy Assistant Administrator, Bureau of Global Health, USAID and Abigail Moreland, Head, Grant Portfolio Solutions and Support, Grant Management Division, Global Fund Secretariat. The opening presentation by the GMS Project Director, Catherine Severo, reviewed the principal results and impact of the GMS project from 2012-2017. A short animated video was projected comparing GMS' services and results to the Global Fund's investments and results for the three diseases during the same period. Following this opening, participants attended two sets of parallel sessions. The first set focused on the themes of governance and the three diseases: 1) Supporting the African Delegations, 2) Supporting HIV/AIDS PRM Programming in Malawi, 3) Supporting the TB in the Mines Regional Grant, and 4) Supporting Malaria in Nigeria. The second set focused on the theme of achieving results: 1) Achieving Results through the Grant Cycle, 2) Achieving Short-Term PSM Results, 3) Results of RP Strengthening, and 4) Impact of Dashboards on Grant Performance. During breaks and lunch, participants could view GMS tools, videos about the regional partners and the dashboards, the Learning Hub, and the Resource Clearinghouse on computer displays around the venue. In the afternoon plenary session, GMS presented an analysis of the consultant network (this information can be found in annex 11) and an explanation of the quality assurance process for short-term technical support. The GMS project director presented the activities carried out to hand over GMS tools and methods to other technical agencies and the Global Fund Secretariat, following which representatives of GIZ BACKUP Health, Expertise France, IHAA, and the Global Fund Secretariat responded with their thanks. Finally, Jason Wright, Sr., Director of Project Implementation, spoke for MSH; Rene-Frederic Plain, Manager, CCM Hub, represented the Global Fund Secretariat; and Lin Liu, Deputy Director, Office of HIV/AIDS, Bureau of Global Health, USAID, closed the conference.

---

<sup>29</sup> This handover only involves independent GMS consultants. Those consultants who are staff members of GMS partner organizations are not listed in the handover rosters, unless the employing partner has agreed.

On September 22, 2017, GMS met with the 10 regional partners that have decided to form the Network of Technical Assistance Providers (NTAP) for the last time. The RP coaches Don Odera and Pamela Foster facilitated the meeting. The steering committee of NTAP reported on progress with registration of the new entity in the Seychelles Islands and with creation of a secretariat in Nairobi, housed at the ALMACO offices. Nine of the 10 RPs have fully committed so far: one is still undecided (two refrained from joining NTAP at its inception). They also discussed adoption of the GMS Learning Hub with technical support from TRG until such time that Advantech (Kenya) can fully support and maintain a learning platform. Finally, NTAP members identified key technical areas for business strategy development and leads for pursuing various opportunities. (On September 21, NTAP had met with Abigail Moreland who had agreed to further discussions in Geneva.) The steering committee will continue leading NTAP through the registration process.

# 8. RESULTS AND CONCLUSIONS

## 8.1 Results

The quantified results of the three GMS’ three objectives—short-term technical support, capacity strengthening, and creation and dissemination of tools using electronic platforms—can be seen in table 9 below.

**Table 9. Quantified Results of GMS Objectives 1–3**

Demand for GMS services
<ul style="list-style-type: none"> <li>★ 148 requests for support from 65 countries, resulting in 181 assignments.</li> <li>★ 25 of the 35 (71%) most fragile countries per the Fragile States Index.</li> <li>★ 17 of 22 (77%) high-impact countries as defined by the Global Fund .</li> <li>★ GMS interventions affected 350 grants with a signed grant value of US\$13.3 billion (i.e., 49% of the total Global Fund portfolio and 42% of all 839 active grants from 2012-2017).</li> </ul>
Inputs to GMS assignments
<ul style="list-style-type: none"> <li>★ 181 teams with an average of 4 consultants, including 1 national consultant mobilized, overseen by five technical support managers, serving 52 CCMs, 2 RCMs, and 134 PRs.</li> <li>★ GMS’ responsiveness put GMS teams in the field within 35 days from receipt of the request.</li> <li>★ Total consulting days varied from an average of 169 for short-term assignments to 229 for medium-term assignments, including in-country, virtual, and local consulting.</li> <li>★ Each US\$1 of GMS support affected US\$235 of Global Fund grants (3 times more than in the first phase of GMS).</li> </ul>
Resources created by GMS
<ul style="list-style-type: none"> <li>★ 12 regional partner organizations strengthened to provide high-quality technical support.</li> <li>★ 159 team members, 49 team leaders, and 4 coordinating team leaders certified.</li> <li>★ 378 consultants trained using blended learning and 400 consultants completed 1,313 sessions of virtual training.</li> <li>★ 117 tools and best practices developed and made available on the GMS resource platform.</li> <li>★ Grant dashboard suite of 4 tools handed over to the Global Fund for use by all countries.</li> </ul>

### Outputs of GMS assignments

- ★ 4,890 CCM members and CCM secretariat staff trained in governance and grant oversight.
- ★ 77 PR dashboards, 18 CCM summaries, 2 Regional Dashboards, 2 sets of SRMTs introduced into 22 countries and 2 multicountry regions.
- ★ 4 sets of required documents for grant signature of new phases and NFM grants were produced.

### Intermediate results

- ★ 100% of CCMs assisted with EPAs by GMS were deemed eligible for additional grants.
- ★ 85% of assisted CCMs made documented progress with their performance improvement plans.
- ★ 100% of the 44 PRs assisted by GMS signed their grants or new phases. The total signed value of new grants and phases is US\$1.6 billion or 7% of the Global Fund portfolio.
- ★ 7 new project management units established.
- ★ 10 regional partners formed the Network for Technical Assistance Partners, RPs won 13 Global Fund IQCs, 29 other non-GMS contracts, and funding for 5 innovations.
- ★ 89% of PRs and 78% of CCMs are still using dashboards and the CCM summary after 12 months.

### Medium-term results

- ★ Funds absorption for new grants signed with GMS assistance is 66.4% as compared to 53% for all sub-Saharan African grants active in the same time period.
- ★ Use of grant dashboards improves funds absorption, data quality, PR/SR collaboration, and CCM oversight (statistically significant in regression analysis of data from 95 PRs and 27 CCMs).

### Sustainable results

- ★ The GMS Learning Hub, including 19 virtual training course, transferred to the MSH LeaderNet, IHAA, Realizing Global Health, and TRG for the NTAP.
- ★ The GMS IMS transferred to IHAA, Global Fund Secretariat; virtual walkthrough for GIZ and MSH.
- ★ All PR dashboard tools transferred to 3 technical support agencies and Global Fund Secretariat. The Global Fund will allow PR dashboards to be budgeted in new grants. Three Global Fund partners have engaged to provide technical support to dashboard adoption.
- ★ The GMS roster of 224 active independent consultants transferred to France Expertise, GIZ BACKUP Health, the Global Fund Secretariat, and IHAA.

## 8.2 Conclusions

GMS' lead implementer and 28 partners demonstrated that the project's approach to creating high-quality management and governance technical support could be transferred to smaller regional technical institutions, to other bilateral technical support agencies, and to the Global Fund Secretariat, while continuing to provide services to country and regional clients.

As a demand-driven technical support provider, GMS' clientele was determined by requests to and approvals by USAID. Profound changes in the Global Fund architecture coupled with the narrowing of USG's focus for technical support to its HIV, TB, and malaria priority countries and regions, resulted in only 181 technical assignments in 65 countries and regions for GMS, rather than the 240 assignments that were expected. Yet these assignments allowed GMS to support 25 of the 35 (71%) most fragile states per the Fragile States Index. Furthermore, GMS' clientele were responsible for 49% of all active Global Fund grants (N = 350) in the period, worth US\$13.3 billion, indicating that GMS was directed to support many of the largest Global Fund portfolios with potentially the greatest impact on the three diseases. Each US\$1 of GMS affected US\$235 of the Global Fund grants benefiting from GMS support, three times more than the ratio in the first phase of GMS.

The planned evolution of the GMS' quality assurance approach from an experimental process to a documented process of consultant screening, training, supervision, evaluation, and certification, as well as the critical role played by GMS technical managers and capacity building staff in that approach have made GMS the leader in technical support preparation for the Global Fund world. The Global Fund Secretariat indicated its confidence in this approach by requiring that other technical support agencies offering services for the EPA and dashboard introduction have technical managers responsible for quality assurance. The transfer of the GMS Learning Hub and 19 virtual courses to IHAA, the NTAP, and other GMS partners should prolong the reach of GMS' training at least through the next grant cycle.

Development of the third-generation PR dashboard, second generation CCM Summary and new SRMT and Regional Dashboards continued an innovative process begun in the 2006 under the first phase of GMS. The expense and effort invested in these innovations has been justified by the results of the recently completed dashboard assessment of the adoption and effect of PR Management Dashboards and CCM summaries in 27 countries (including those supported by other technical agencies). The assessment found statistically significant improvements in funds absorption, data quality, PR and SR communication about performance, and CCM oversight decision making.<sup>30</sup> The persistence and robustness of these results in two studies five years apart and with different sets of countries, grants, and CCMs and PRs support the conclusion that dashboards move CCMs and PRs to data-driven evidence-based management and oversight, enabling them to choose actions that result in greater implementation. The rarity of statistical evidence about the effect of a management intervention on performance must be emphasized: the Global Fund Secretariat has already taken this evidence into account in its decision to allow PRs to include resources for dashboard support in their program management work plans for new cycle grants in 2018-2020. The secretariat might also use this evidence for replenishment in the future.

---

<sup>30</sup> *Strengthening Country Coordinating Mechanisms for Effective Oversight including Introduction of Grant Dashboards: Follow-up of Twenty-four Country Coordinating Mechanisms*, Grant Management Solutions Final Technical Report Number 2, June 2012.

One of GMS' most satisfying accomplishments has been fostering technical support capacity among individuals and institutions from the Global Fund countries. In 2017, in its last project year, GMS used 68 consultants; 86% of whom were from Global Fund countries. By comparison, the first phase of GMS used 136 consultants in 2007, only 26.5% of whom were from Global Fund countries. Furthermore, the 12 regional partners captured 29% of GMS' business over the five years. These consultants and partners have better understanding of the country context, strong professional relationships which have opened doors for GMS teams, and deep engagement in the future of their countries and regions. Enabling them to gain recognition as expert technical support providers has been an essential GMS' contribution to the broader development agenda. It is not surprising, therefore, that these consultants enabled GMS clients to achieve eligibility, obtain funding, and improve performance. These institutions and consultants, and the 53 GMS team leaders and coordinating team leaders among them, are the project directors, technical managers, trainers, and innovators of the next generation of technical support.

For all of these reasons, GMS concludes that it has not only achieved immediate results on Global Fund grants, it has also redefined how technical support is delivered to national and regional multisectoral public health programs, and created sustainable human and institutional capacity.

# ANNEX 1. GMS STAFF LIST

## Leadership

### *Present*

Project Director	Catherine Severo	2012 – 2017
Deputy Director, Technical Support	Lisbeth Loughran	2012 – 2017
Deputy Director, Finance and Operations	Bruce Gatti	2012 – 2017
Acting Deputy Director, Capacity Building	Nina Pruyn	2016 – 2017

### *Past*

Deputy Director, Results and Knowledge Management	Christine Onyango	2012 – 2017
Deputy Director, Capacity Building	Maria Trujillo	2013 – 2017
Deputy Director, Capacity Building	David Dobrowolski	2012 – 2013

## Finance & Operations

### *Present*

Finance Manager	Sahar Shamseldin	2012 – 2017
Contracts Officer	Rosario Japson	2014 – 2017
Finance Analyst	Matthew Farley	2016 – 2017

### *Past*

Contracts Officer	Ara Khatchatryan	2012 – 2014
Senior Contracts Analyst	Rosario Japson	2013 – 2014
Finance Analyst	Meti Hailmichael	2012 – 2013
Finance Analyst	Dani Wassef	2013 – 2015
Finance Analyst	Jeff Haddad	2013 – 2013
Finance Analyst	Holden Healy	2015 – 2016
Project Associate	Holden Healy	2013 – 2015
Project Associate	Dylan Coyle	2015 – 2017

## Objective 1 – Technical Support

### *Present*

Senior Technical Manager, PR/HPM/M&E	Dah El Hadj Sidi	2016 – 2017
Senior Technical Manager, Country Coordinating Mechanism	Iryna Reshevska	2012 – 2017
Technical Manager, Country Coordinating Mechanism	Atiqa Chajai	2014 – 2017
Program Officer	Astride Gilles	2012 – 2017
Project Associate	Silas McGilvray	2017 – 2017

<i>Past</i>		
Technical Manager, Pharmaceutical Supply Management	Dah El Hadj Sidi	2012 – 2016
Technical Manager, Principal Recipient Management	Graeme Kerridge	2012 – 2016
Technical Manager, Country Coordinating Mechanism	Clare Gibson	2012 – 2013
Technical Manager, Principal Recipient Management	Elena Decima	2012 – 2013
Technical Manager, Monitoring and Evaluation	Patricio Murgueytio	2013 – 2016
Senior Program Officer	Meredith Behrens	2012 – 2014
Senior Program Officer	Jane Andelman	2014 – 2016
Project Associate	Virginia Felipe-Morales	2012 – 2015
Project Associate	Matthew Johnson	2012 – 2014
Project Associate	Alys Moore	2012 – 2013
Project Associate	Malaika Schiller	2012 – 2012
Project Associate	Camilla Pearson	2013 – 2015
Project Associate	Kathleen Redmon	2014 – 2015
Project Associate	Kayla Rosenberg	2014 – 2015
Project Associate	Joël Hage	2015 – 2016
Project Associate	Fabiola Kjeldgaard	2015 – 2016
Project Associate	Emily Hilton	2015 – 2016
Project Associate	Matthew Farley	2015 – 2016
Project Associate	Julie Vaselopoulos	2016 – 2017

### **Objective 2 – Capacity Building and Regional Partner Strengthening**

#### *Present*

Organizational Development Specialist	Clare Gibson	2013 – 2017
Instructional Design Specialist	Aya Port	2016 – 2017

#### *Past*

Capacity Building Manager	Nina Pruyn	2012 – 2016
Senior Program Officer	Luis Mancilla	2014 – 2015
Senior Program Officer	Lindsay Madson	2014 – 2015
Program Officer	Luis Mancilla	2012 – 2014
Program Officer	Melissa Melgar	2012 – 2013
Program Officer	Kathleen Redmon	2015 – 2016
Program Officer	Emily Hilton	2016 – 2017
Project Associate	Charles McCoull	2013 – 2014
Project Associate	Matthew Johnson	2014 – 2015

### **Objective 3 – Results and Knowledge Management**



*Present*

Electronic Tools Specialist	Eduardo Samayoa Acevedo	2012 – 2017
Senior Communications Officer	Elise Yousoufian	2012 – 2017
Strategic Information Lead	Saba Waseem	2014 – 2017
Program Officer	Neann Mathai	2015 – 2017
Communications Consultant	Christa Masson	2017
Informatics Analyst	Anaïse Kanimba	2017

*Past*

Strategic Information Lead	Itamar Katz	2012 – 2014
Senior Management Information System Advisor	Sri Handayani	2012 – 2016
MIS Business Analyst	Modupe Coker	2013 – 2017
Communications Specialist	Sara Ray	2012 – 2016
Communications Specialist	Florence Vérité	2016 – 2017
Program Officer	Erin Morehouse	2012 – 2015
Project Associate	Lalla Maiga	2015 – 2016
Project Associate	Anaïse Kanimba	2016 – 2017

# ANNEX 2. THE EVOLVING GLOBAL FUND ARCHITECTURE

---

Due to release of the high-level panel report in September 2011 and the subsequent decisions by the Global Fund Board,<sup>31</sup> the Global Fund's architecture was in flux when GMS began on October 1, 2012. The executive director of the Global Fund had resigned in February 2012, and an interim executive director was appointed. The 2011 round of grant proposals had been cancelled. Active grants were extended, and, in some cases, countries were invited to apply for additional funds under a transitional funding mechanism. Four high-level documents influenced change at the Global Fund, which had consequences for all stakeholders, including technical support providers:

1. *Consolidated Transformation Plan*, a product of the high-level panel, whose recommendations were approved by the Global Fund Board in September 2011
2. Requirements for implementation of the Fund's new five-year strategy, *2012-2016: Investing for Impact*
3. *Comprehensive Reform Plan*
4. *Recommendations of the Global Fund's Office of the Inspector General*

Of particular relevance was the call for enhanced engagement of partners at the global, regional, and country levels to support grant performance, which implied stronger oversight and country dialogue as well as greater inclusiveness and stronger representation of people living with diseases and KPs. In response to the high-level panel and consolidated transformation plan reports, the Global Fund Secretariat initiated a sweeping reorganization of its staffing and processes, which changed how it conducted business, made grants, and engaged with partners.

Three areas of change had profound impact on GMS and other providers of technical support: the funding model, the CCM or regional coordinating mechanism (RCM) governance model, and the Global Fund's grant performance system.

## Changes in the Funding Model

In November 2012, at its meeting in Geneva, the Global Fund Board approved the design of the new funding model (NFM), which would be fully implemented by 2014. As depicted in the figure below,<sup>32</sup> the NFM featured a three-year allocation cycle process in place of the rounds-based proposal process for phased grants that had been used in previous years. All countries would apply in the same period and implement their grants over the same three-year period. The funding stream to countries was stabilized

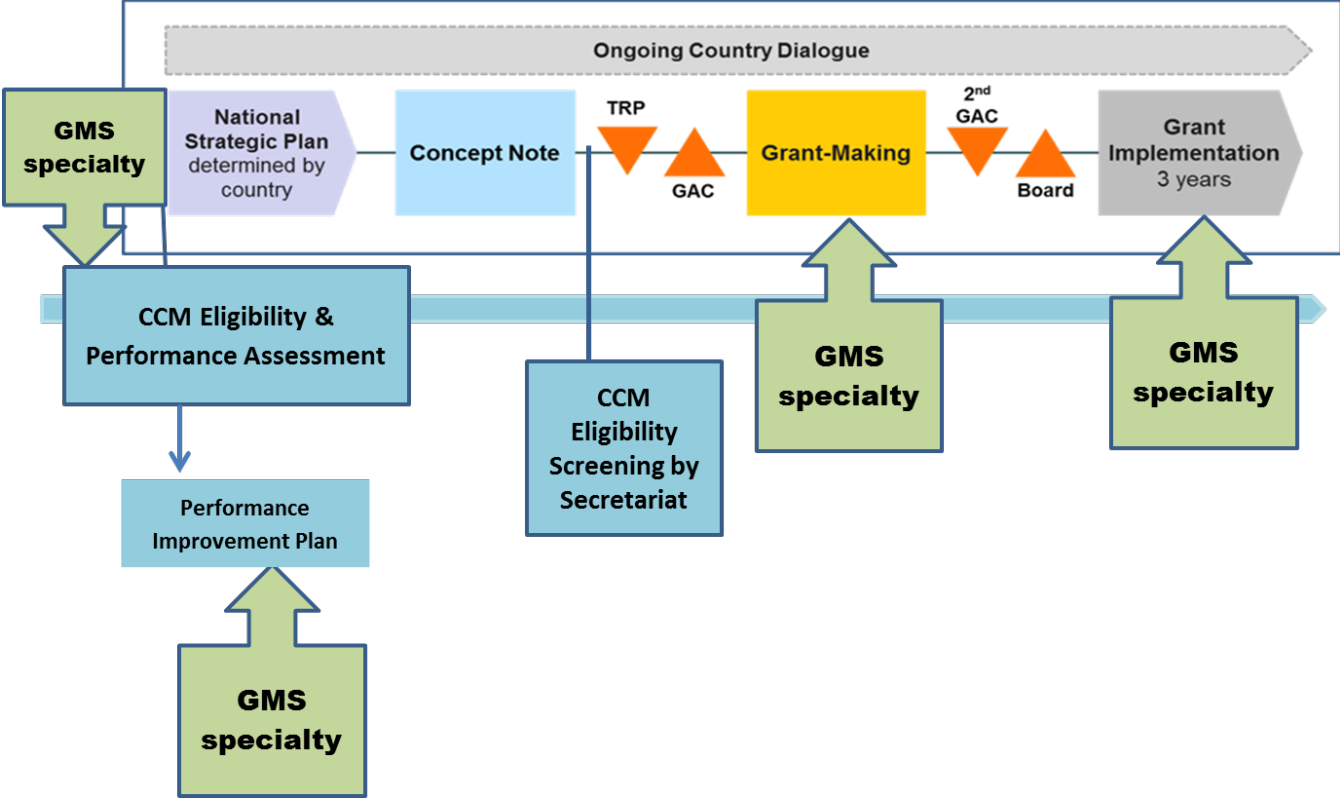
---

<sup>31</sup> See the Global Fund Board decisions at: <https://www.theglobalfund.org/board-decisions/b24-dp03/>

<sup>32</sup> "Introduction to the New Funding Model: Key Features and Implementation." Power point presentation. December 2, 2013, Global Fund Secretariat.

through allocation of funds grouped into four bands, categorized by disease burden and economic strength. Two funding streams were made available per band: indicative funding and incentive funding. The indicative funding stream was the larger, predictable funding stream that included specific amounts earmarked for each country; whereas the incentive stream was designed to reward ambitious, high-quality expressions of full demand and to invest in well-performing programs with a potential for increased, quantifiable impact. The requirements for matching funds, called “counterpart financing,” varied by band. The notion of ongoing country dialogue—by which CCMs communicated with and solicited input and feedback from country stakeholders—was introduced. Multicountry or regional grants were to be financed from a separate earmark. A more intensive country presence from Global Fund Secretariat staff, reorganized into country teams, became a secondary part of the country dialogue between the Global Fund and the CCMs and PRs.

**Figure A2.1: Global Fund new funding model and GMS intervention points**



In mid-2016, the Global Fund further revised its allocation methodology and funding process<sup>33</sup> to align grants with the new 2017-2022 strategy driving funding to higher-burden, lower-income countries; accounting for HIV epidemics among KPs; multidrug resistant tuberculosis and malaria elimination; and providing paced reductions where funding was decreasing. The Global Fund also introduced catalytic investments that regrouped earlier incentive funding, regional funding, and special initiatives. The disease split in the 2017-2019 allocation period was 50% for HIV/AIDS, 18% for tuberculosis, and 32% for malaria.

<sup>33</sup> See the Global Fund Board decision at <https://www.theglobalfund.org/board-decisions/b35-dp04/>

The most significant changes in the award and management of Global Fund grants resulting from the evolution in the Global Fund architecture came in two waves, between 2013 and 2017, and can be summarized as follows:

- Predictable funding levels by country and by disease communicated to countries early in the allocation process; encouraging robust alignment between Global Fund grants, national disease strategies, and high-quality approaches; and creating a less competitive environment than the rounds-based system
- Heightened importance of risk management at the country, CCM, and PR levels through inclusion of risk and assurance planning at different phases of the grant cycle and/or during start-up and implementation
- Proactive and visible engagement of Global Fund staff (country teams) in each country
- Application of differentiation as evidenced in different requirements by country category at the funding request, grant-making, and implementation phases of the cycle and for risk management
- Enforcement of an existing Global Fund policy limiting the ability of countries to reprogram unspent current allocation funds to future allocation period grants

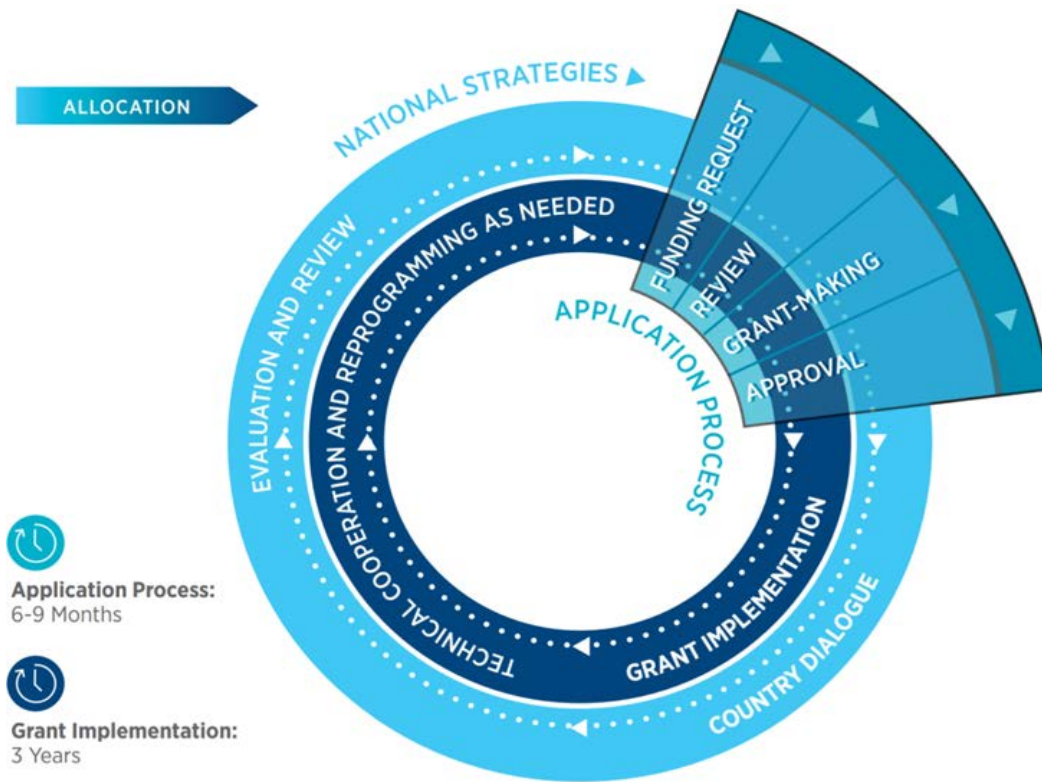
A number of changes affecting grant making between 2013 and 2016 would affect requirements and processes for PRs for this step in the cycle. For example, the Capacity Assessment Tool exercise was limited to new PRs; for focused countries, the number of indicators in the grant-performance framework was reduced while work plan tracking measures could be included; and the Global Fund instituted changes to co-financing requirements.

For technical support, these changes had a range of implications, such as:

- Fewer unexpected requests for urgent technical support in grant making and at start-up: the predictability of funding and advance knowledge of time lines for review and approval processes allowed PRs and Global Fund country teams to anticipate where what type of technical support would be needed and negotiate approvals with the technical support funders (including USAID), in some cases even prior to a country's submission of a funding request
- Increased standardization across PRs in requirements, processes, and tools, as well as a standard sequencing of activities when supporting grant making, from the performance plan to PSM to detailed budgets and start-up limited the number of exceptions required to prepare a grant for disbursement

Figure A2.2 shows the updated funding model diagram for the second cycle since 2013. The model is expressed as a cycle rather than as a linear process as shown in the previous figure, and shows the Global Fund decision points as well as the parallel and coordinated processes of the CCM and PRs.

Figure A2.2: Updated funding model diagram (2018-2020)<sup>34</sup>



### Changes in CCM Governance

Changes to the Global Fund governance model were prompted by recommendations in the same documents that influenced changes in the funding model. The High-Level Panel report reaffirmed that CCMs were “... the cornerstone of the Global Fund Architecture... [and]... the CCM is one of the most-treasured and yet

most-criticized aspects of the Global Fund’s model.”<sup>35</sup> This statement was most important for CCMs and their champions within the secretariats, among development partners, and among service providers. The Global Fund continued to look to CCMs to ensure country ownership of its investments. The High-Level Panel report supported this position—it underscored the centrality of CCMs in the Global Fund architecture as well as their potentially stabilizing influence during the turbulent transition in allocation and grant methodologies from the rounds model to the future NFM. At the same time, the report recognized the need for change—it suggested strengthening and reforming the model to improve oversight, risk and assurance, and interactions with in-country actors. CCMs could maintain their three-sector composition, but they were informed that inclusion of KPs was mandatory, not optional. Country teams were asked to pay more attention to CCMs while maintaining their close relationships with PRs. The core document for CCMs, the *CCM Guidelines*, had been modified at the 23rd Global Fund Board meeting in May 2011.<sup>36</sup> Less than two years later, in November 2013, the guidelines were updated again to reflect the enhanced role of KPs and to introduce minimum standards.<sup>37</sup> They remain in effect in 2017

<sup>34</sup> <https://www.theglobalfund.org/en/funding-model/funding-process-steps/>

<sup>35</sup> *Turning the Page from Emergency to Sustainability: The Final Report of the High-Level Independent Review Panel on Fiduciary Controls and Oversight Mechanisms of the Global Fund to Fight AIDS, Tuberculosis and Malaria*, September 19, 2011, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

<sup>36</sup> *Guidelines and Requirements for Country Coordinating Mechanisms*, May 2011 Edition, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

<sup>37</sup> *Guidelines and Requirements for Country Coordinating Mechanisms*, June 2013 Edition, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

and now define requirements, standards, and recommendations guiding governance and oversight by CCMs and RCMs.

Unlike changes in the funding model, which happened in two distinct time-bound waves, changes in the approach for working with CCMs were incremental between 2012 and 2017. These changes were most evident in the adoption and then adaptation of eligibility and performance requirement processes that now apply to all CCMs and RCMs in the Global Fund portfolio and through revisions to the CCM funding policy and other procedures. The impact on CCMs and on service providers was thus gradual and less easily defined by specific points in time than was the case with the funding model.

Possibly the most impactful change for Global Fund partners providing support to CCMs came as a result of the reorganization of the Global Fund Secretariat in May 2012. This reorganization reduced the CCM Unit (renamed “CCM Hub”) team from a total of 12 persons in 2011 to an office of two people reporting to the grant support team in the grant-making division. Over the life of GMS, the CCM Hub’s two staff members oversaw the eligibility, performance, and funding of 119 CCMs and 25 RCMs. Finally, in February 2016, the Global Fund Office of the Inspector General issued the audit report, *The Global Fund Country Coordinating Mechanism*.<sup>38</sup> The Office of the Inspector General conducted an extensive audit of the role and effectiveness of the CCM model for Global Fund grants; the auditors assessed the adequacy of the model in coordinating and overseeing in-country grants and the operational effectiveness of CCMs. Office staff used the results of the ongoing EPAs in their analyses, information from stakeholders at the Global Fund (staff, leadership, committees, and Board) and from development partners and technical support providers. It completed in-person reviews with CCMs in seven countries, obtained 800 questionnaires filled by CCM members and a broader range of stakeholders, and conducted desk reviews of documents from 50 CCMs. The following findings, published a little over two years into the EPA process, were not surprising but were somewhat discouraging to those working for, supporting, and participating in CCMs:

- Very limited integration of the CCM function into existing national coordination bodies, resulting in limited collaboration and harmonization and in duplication of structures
- Generally weak oversight function
- Gaps in programmatic and financial performance management
- Persistent actual and/or perceived conflicts of interest
- Inadequate representation of CSOs and KPs, including poor selection processes for representatives of these constituencies as well as insufficient engagement with and feedback to these constituencies from their CCM members
- Little evidence of sustainability after Global Fund funding ends

Two other issues raised concerns among stakeholders. First, the report noted that although the EPA revealed CCM weaknesses in eligibility and performance, in no way did the results affect the flow of funds. Countries with ineligible CCMs continued to receive resources. A second consideration was that there was no active measurement of the ongoing performance of CCMs beyond the eligibility

---

<sup>38</sup> *Audit Report of the Global Fund Country Coordinating Mechanism*, Audit Report GF-OIG-16-004, 25 February 2016, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

evaluation. In response to the Office of the Inspector General findings, the Global Fund secretariat drafted a code of conduct for CCMs in late 2016. Revision of the Global Fund oversight guidance document (originally issued in October 2008 with significant input from the first phase of GMS) began in early 2017. At the 37th board meeting of May 3-4, 2017, in Kigali, Rwanda, the Code of Ethical Conduct for CCMs was discussed but not voted on.

**Changes in the Performance Measurement Process**

Changes have also been made in the Global Fund’s methods for measuring performance. Under the rounds-based system of funding, which closely tied disbursement to grant performance, the grant rating was the summary measure of performance and demonstrated the PR’s capacity for management and partnership. The grant rating was calculated quarterly or semiannually by the fund portfolio manager using a computer algorithm and was used to determine the amount of additional funds the Global Fund Secretariat would disburse to the PR. Each rating corresponded to a disbursement range, which was a set percentage of the original budget. The rating was calculated based on (1) achievement of the programmatic indicators (called the “system-generated programmatic rating”) and (2) adjustment for potential management issues. This adjustment produces the final grant rating (see Table A2.1).

**Table A2.1. Global Fund Grant Rating System**

Grant Rating	Performance Category	Progress against Targets
A1	Exceeds expectations	
A2	Meets expectations	90 – 100%
B1	Adequate	60 – 89%
B2	Inadequate but potential demonstrated	30 – 59%
C	Unacceptable	< 30%

The grant rating was essential to the decision to renew or discontinue funding of a grant. C-rated grants were not renewed. B2-rated grants might only be renewed under exceptional circumstances, and they would receive a smaller budget and management modifications. Even B1-rated grants were subject to budget reductions and management conditions. The rating process is described in detail on the Global Fund website.<sup>39</sup>

Since 2014, the frequency of grant rating has changed. PRs are required to produce the performance update (PU) only semiannually and the full PUDR only annually. For many grants, disbursement is annual. Grant rating is carried out only annually; therefore, grants will have only two ratings per three-year cycle—after the first year and after the second year. It is not yet clear whether a final grant rating will be calculated at the end of the NFM cycle.

<sup>39</sup> Source: <http://www.theglobalfund.org/en/performancebasedfunding/decisionmaking/methodology/>

The Global Fund makes financial and grant data, including grant ratings, available to the public on its website (<http://web-api.theglobalfund.org>) as part of its transparency policy, a key element of Global Fund principles.



## ANNEX 3. LIST OF GMS ASSIGNMENTS BY COUNTRY

Country	Label	Number of Assignments
Afghanistan	090AF	1
Africa (multicountry)	100FS/109FM/119FS/122FM/128FS/301FM/303FS	7
Angola	052AO	1
Bangladesh	031BD/077BD/078BD/809BD/813BD/814BD/819BD	7
Benin	016BJ/069BJ	2
Bosnia and Herzegovina	018BA	1
Botswana	060BW/131BW/138BW/153BW/154BW	5
Burkina Faso	085BF/086BF/087BF/088BF/116BF/117BF/146BF	7
Burundi	039BI/105BI/106BI/123BI/134BI/148BI/149BI/811BI	8
Cambodia	155KH/808AA/808KH/	2
Cameroon	029CM/038CM/120CM	3
Caribbean	817LA/818RL	2
Central African Republic	010CF/011CF	2
Chad	032TD/104TD	2
Congo	152CG	1
Congo (Democratic Republic)	133CD/804CD	2
Côte d'Ivoire	042CI/050CI/058CI/101CI/102CI/127CI	6
Djibouti	071DJ	1
Dominican Republic	040DO/062DO/103DO/807DO/812DO	5
El Salvador	033SV	1
Ethiopia	055ET	1
Georgia	047GE	1
Ghana	074GH/076GH/111GH/112GH	4
Guatemala	007GT/012GT	2
Guinea	014GN/048GN	2
Guyana	015GY	1
Haiti	017HT	1
India	139IN/140IN/144IN/810IN	4
Indonesia	125ID	1
Kazakhstan	036KZ/803KZ	2
Kazakhstan, Kyrgyzstan, Tajikistan,	803SC, 803TJ	2

Country	Label	Number of Assignments
Kenya	056KE	1
Kyrgyzstan	003KG/803KG/815KG	3
Lao	001LA/043LA	2
Lesotho	022LS/049LS/118LS/137LS	4
Liberia	115LR/124LR/141LR/150LR/302LR	5
Malawi	063MW/084MW/094MW/095MW/096MW/135MW/142MW	7
Malaysia	005MY	1
Mali	023ML	1
Mauritania	020MR	1
Morocco	021MA/026MA	2
Mozambique	035MZ/057MZ/107MZ/108MZ/151MZ	5
Multicountry Western Pacific	019OP	1
Namibia	089NA	1
Nepal	070NP	1
Nicaragua	008NI/037NI/079NI	3
Niger	004NE/130NE	2
Nigeria	046NG/064NG/065NG/066NG/067NG/072NG/075NG/080NG/081NG/082NG/129NG/132NG/143NG/145NG/147NG	15
Papua New Guinea	024PG	1
Philippines	113PH/114PH/156PH	2
Rwanda	051RW	1
Senegal	028SN/045SN/110SN	3
Solomon Islands	009SB	1
Somalia	068SO	1
South Africa	027ZA/044ZA/073ZA	3
South Sudan	030SD/061SD	2
Swaziland	034SZ/093SZ	2
Tajikistan	099TJ/803TJ	2
Tanzania (United Republic)	121TZ/801TZ/802TZ	3
Thailand	054TH/091TH/092TH	3
Timor-Leste	006TL	1
Tunisia	013TN	1
Uganda	025UG/041UG/083UG/126UG	4
Zambia	136ZM/805ZM	2
Zanzibar	002TZ/053TZ/806TZ	3
Zimbabwe	059ZW/097ZW/098ZW	3

# ANNEX 4. COUNTRY DISTRIBUTION OF GMS ASSIGNMENTS

Figure A4.1: GMS assignments by country

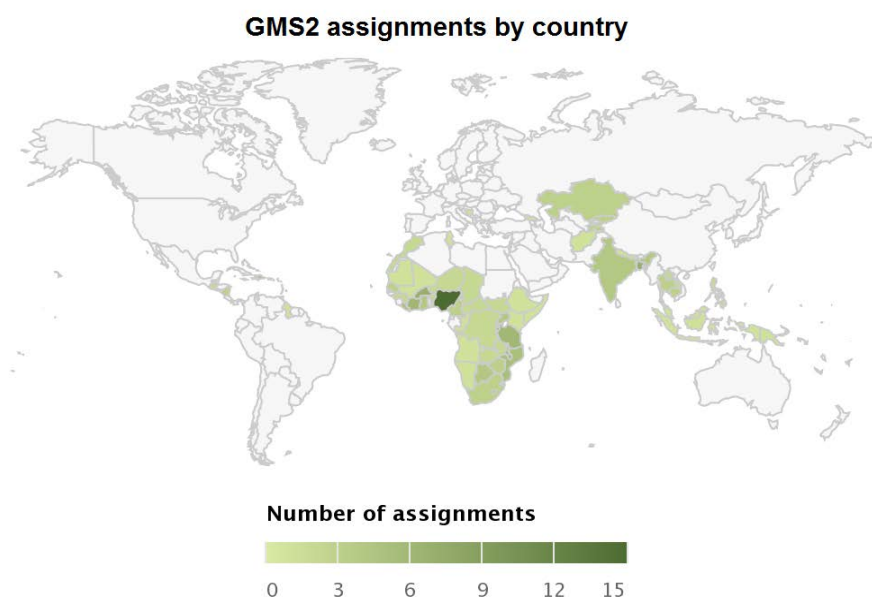


Figure A4.2. GMS countries by PEPFAR, PMI, and TB priorities

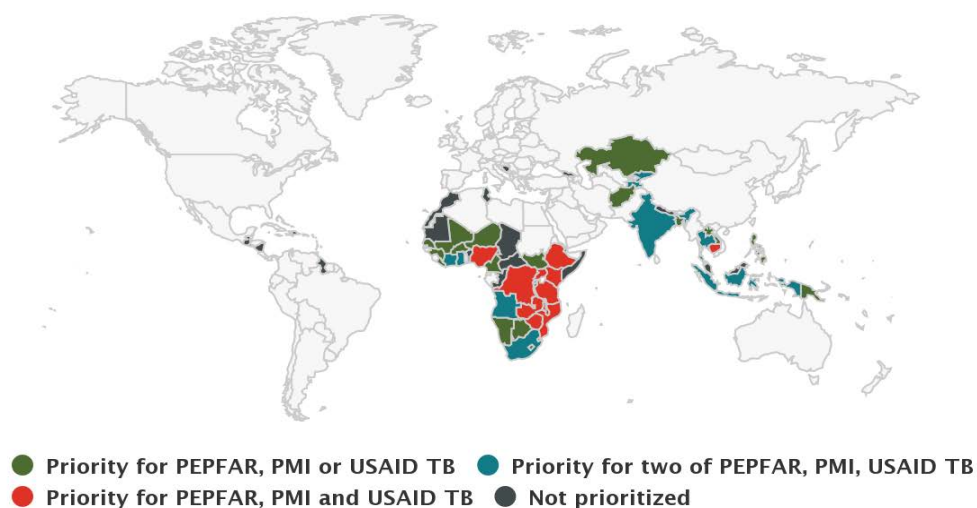
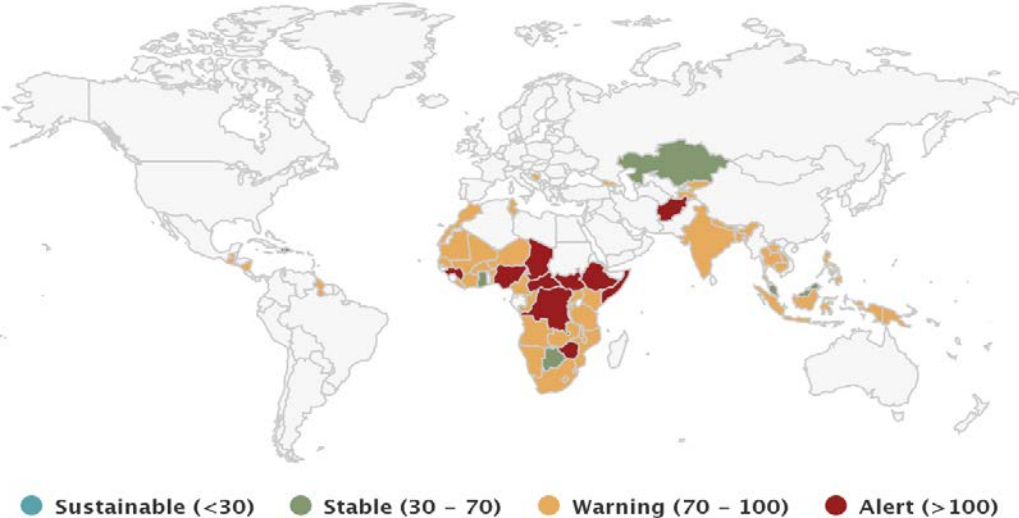


Figure A4.3. GMS countries by Fragile States Index

GMS2 countries by Fragile States Index



**Table A4.1. GMS Field Support Assignments for Country Coordinating Mechanisms and Principal Recipients**

Country	CCM Assignment type	Date GMS Received Request	Assignment Number
<b>Country coordinating mechanisms</b>			
Bangladesh	Governance	06/18/2014	809BD
	Governance	02/11/2016	814BD
	Governance and Oversight	03/30/2017	819BD
Burundi	Governance	10/01/2014	811BI
Cambodia	EPA	10/16/2013	808KH
Democratic Republic of Congo	Governance	04/05/2013	804CD
Dominican Republic	Governance and EPA	08/28/2013	807DO
India	Governance	06/23/2014	810IN
Kazakhstan	Governance	04/02/2014	803KZ
	Governance	04/29/2013	803SC
Kyrgyzstan	EPA	08/01/2015	803KG
Organization of Eastern Caribbean States	Governance	04/26/2016	818RL
Tajikistan	EPA	04/02/2014	803TJ
Tanzania (mainland)	EPA	01/09/2013	802TZ
Zambia	Governance	05/06/2013	805ZM
Zanzibar	EPA	07/16/2013	806TZ
<b>Principal recipients</b>			
Bangladesh	Dashboard	02/11/2016	813BD
Dominican Republic	Dashboard	03/03/2015	812DO
Kyrgyzstan	PR management	03/11/2016	815KG
Organization of Eastern Caribbean States	Dashboard	04/26/2016	817LA
Tanzania and Zanzibar	PR management	01/09/2013	801TZ

# ANNEX 5. CCMS AND RCMS RECEIVING GMS SUPPORT FOR PRE-EPA DIAGNOSIS, EPAS, AND PIPS

Used Early CCM Diagnostic Model to Define Technical Support Needs	Facilitated EPAs and Helped CCMS Complete PIPs	Conducted Repeat EPAs
<ul style="list-style-type: none"> <li>• Benin</li> <li>• Bosnia Herzegovina</li> <li>• DR Congo</li> <li>• Guyana</li> <li>• Haiti</li> <li>• Laos</li> <li>• Mali</li> <li>• Mauritania</li> <li>• Morocco</li> <li>• Solomon Islands</li> <li>• Timor Leste</li> <li>• Tunisia</li> <li>• Zambia</li> </ul>	<ul style="list-style-type: none"> <li>• Angola</li> <li>• Botswana</li> <li>• Burundi</li> <li>• Cambodia (pilot country)</li> <li>• Cameroon</li> <li>• Chad</li> <li>• Djibouti</li> <li>• Dominican Republic</li> <li>• Ethiopia</li> <li>• Guinea</li> <li>• India</li> <li>• Kenya</li> <li>• Lesotho</li> <li>• Liberia</li> <li>• Malawi</li> <li>• Namibia</li> <li>• Nepal</li> <li>• Nicaragua</li> <li>• Nigeria</li> <li>• Organization of Eastern Caribbean States</li> <li>• Rwanda</li> <li>• South Sudan (pilot country)</li> <li>• Tajikistan</li> <li>• Tanzania</li> <li>• Thailand</li> <li>• Zimbabwe</li> </ul>	<ul style="list-style-type: none"> <li>• Cambodia</li> <li>• Cameroon</li> <li>• Dominican Republic</li> <li>• Malawi</li> <li>• Nicaragua</li> <li>• South Sudan</li> <li>• Tanzania</li> </ul>
<b>Used early CCM diagnostic model and conducted follow-up EPAs at a later stage</b>		
	<ul style="list-style-type: none"> <li>• Guatemala</li> <li>• Kyrgyzstan</li> <li>• South Africa</li> <li>• Zanzibar</li> </ul>	
<b>Used early CCM diagnostic model and conducted two rounds of EPAs</b>		
	<ul style="list-style-type: none"> <li>• Swaziland</li> </ul>	

## ANNEX 6. COUNTRIES RECEIVING GMS SUPPORT FOR GRANT MAKING FOR MULTIPLE, HIGH-VALUE GRANTS

Country	Principal Recipient-	Grant Number	Amount Signed (US\$)
Nigeria	Society for Family Health	NGA-M-SFH	44,341,971.00
	National Malaria Elimination Program	NGA-M-NMEP	244,815,409.00
	Association for Reproductive and Family Health	NGA-H-ARFH	7,947,181.00
	Institute of Human Virology, Nigeria	NGA-T-IHVN	60,691,288.00
	National Agency for the Control of AIDS	NGA-H-NACA	138,225,691.00
	Association for Reproductive and Family Health	NGA-T-ARFH	85,096,981.00
	Society for Family Health	NGA-H-SFHNG	35,019,516.00
	Lagos Ministry of Health	NGA-H-LSMOH	9,623,390.00
Malawi	Ministry of Health	MWI-C-MOH	285,215,022.43
		MWI-M-MOH	26,414,782.30
Burundi	Croix Rouge Burundaise	BDI-C-CRB Signed 4/19/2016	11,296,389.00
	Programme National intégré de lutte contre le Sida	BDI-H-PNLS Signed 4/21/2016	35,305,642.44
	Caritas Burundi	BDI-M-CARITAS Signed 3/9/2016	5,331,376.00
	Programme National intégré de lutte contre le Paludisme	BDI-M-PNILP Signed 3/9/2016	32,195,435.00
	Programme National intégré de lutte contre la Tuberculose	BDI-T-PNILT Signed 3/14/2016	10,119,254.00
Burkina Faso	Secrétariat Permanent de la Coordination Nationale de lutte contre le Sida	BFA-H-SPCNLS	33,094,833.59
	Programme d'Appui au Développement Sanitaire	BFA-M-PADS	65,156,334.97
		BFA-T-PADS	3,720,768.93
		BFA-S-PADS	19,581,241.68
	Initiative Privée Communautaire	BFA-C-IPC	8,825,065.16

# ANNEX 7. RESULTS OF CLIENT SATISFACTION SURVEYS FOR OBJECTIVE 1 SUPPORT

The GMS contract included a requirement to complete a CSS upon completion of each assignment. GMS integrated the CSS requirement into the client satisfaction element of its quality assurance framework (see Section 3.2.3 for a description of the GMS QA framework). Other client satisfaction actions included, illustratively, consultations by technical managers with client representatives during the course of assignments; and in- and debriefs by technical managers and team leaders with Global Fund, USAID mission, and other relevant stakeholders upon completion of assignments.

For each CSS, GMS interviewed up to five client representatives (the CCM, PR, or, for field support, mission officials) upon completion of final technical support visits: 553 interviews were completed in total. To understand what worked and, importantly, how to better meet CCM, PR, and mission needs, GMS used open-ended questions in the client satisfaction form. Findings were generally positive—as of September 2017, 98% of clients reported satisfaction with technical support provided by GMS, well above the project’s 80% target for this indicator. Examples of responses to these questions are shown in Box A7.1.

## Box A7.1. Voices

### Principal recipient officials commented:

- “I am very moved by the passion and commitment of the team of consultants. They have certainly assisted beyond their TOR and worked very hard to get this completed in such a short turnaround time.”
- “I am appreciative of the skills that they have transferred to the PR team. For example, the M&E experts would guide and train the staff on how to develop the performance framework, and the finance consultant would support the staff on developing a user-friendly budget.”
- “Guide, not lead. Not only were they supportive, they empowered the PR to make decisions on our own and have a sense of ownership to the program.”
- “Dear GMS team: The CCM submitted the request for renewal this afternoon. I find it hard to believe that after months of hard work, the proposal was finally submitted.”
- “It was an honor and pleasure working with the GMS family. We learned so much from you and are very grateful for your dedication and hard work. We certainly had very difficult and intense discussions, but we worked well as a team. The proposal is possible because of your guidance and assistance.”
- “Look forward to having a fruitful and exciting year ahead! And a Phase 2 grant.”



**Country coordinating mechanism representatives commented:**

- “Despite the participants’ different levels of education and knowledge, each one attained the same level of understanding thanks to the team’s exemplary teaching skills. This was a particularly important achievement given the wide range of levels of education and knowledge among participants at the orientation.”
- “These were high-caliber consultants. The GMS process is participative; everything is discussed with the executive committee. All the topics raised were of interest to the CCM; the relevance of topics raised is a strong point. The areas discussed were very sensitive ones, for example, conflict of interest.”

## ANNEX 8. GMS FACE-TO-FACE TRAINING EVENTS (DATE, LOCATION, AND PARTICIPANTS)

Face-to-Face Workshop	Date	Location	Number of Participants
1st Consultant Orientation	December 2012	Arlington, VA	47
2nd Consultant Orientation	June 2013	Arlington, VA	41
3rd Consultant Orientation	November 2013	Arlington, VA	49
4th Consultant Orientation	February 2015	Nairobi, Kenya	36
5th Consultant Orientation	May 2015	Dakar, Senegal	24
PSM Team Leaders Workshop	May 2013	Arlington, VA	14
EPA Training	September 2014	Arlington, VA	36
Enhanced Team Leadership Workshop (English)	May 2014	Arlington, VA	34
Enhanced Team Leadership Workshop (French)	November 2014	Arlington, VA	18
Dashboard Pilot Training	January 2014	Geneva, Switzerland	19
PR Dashboard Training with the Alliance	October 2015	Brighton, United Kingdom	18
PR Dashboard/CCM Summary Training	May 2016	Cape Town, South Africa	19
PR Dashboard/CCM Summary Training	September 2016	Casablanca, Morocco	23
<b>Total participants trained (some persons trained in multiple events)</b>			<b>378</b>

# ANNEX 9. GMS FINAL CUMULATIVE PERFORMANCE MONITORING PLAN, 2012-2017 (AS OF AUGUST 31, 2017)

Table A9.1: PMP Indicators with Targets, Objective 1

Indicator	Actuals	Target
1.1a. Proportion of respondents reporting satisfaction with technical support provided by GMS	96%	80%
1.1b. Proportion of deliverables produced through GMS assignments approved by the relevant entity/ies (approvable deliverables), by assignment type	86%	80%
1.1c. Proportion of deliverables produced through GMS assignments implemented by the relevant entity/is (implementable deliverables), by assignment type	75%	70%
1.2a. Proportion of CCMs which meet eligibility requirements	100%	80%
1.2b. Proportion of CCMs that obtained Global Fund CCM funding after receiving related GMS technical support	No data	70%
1.2c. Proportion of CCMs with improved functioning after receiving GMS technical support	85%	70%
1.2d. Proportion of CCMs that resolved an urgent crisis after receiving GMS technical support	70%	70%
1.3a. Proportion of CCMs using grant oversight dashboard to oversee grant performance after receiving related GMS technical support	78%	80%
1.3b. Proportion of CCMs carrying out oversight-related activities after receiving related GMS technical support	77%	70%
1.4a Proportion of grants signed following GMS support	100%	70%
1.4b. Proportion of grants that achieve expenditure/budget ratio of 90% or more after receiving GMS support with start-up	0%	70%
1.4g Proportion of PRs using PR dashboards for management purposes	89%	70%

**Table A9.2. PMP Indicators without Targets, Objective 1**

Indicator	Actuals
1.1d. Number of people trained through GMS assignments (both PR and CCM assignments)	9,376
1.2e. Number of CCMs for which structural or procedural documentation completed or updated by GMS teams	74
1.3c. Number of oversight plans developed	54
1.3d. Number of new CCM dashboards developed with GMS support	27
1.4c. Number of completed pre-signature files submitted to PR	32
1.4d. Number of PRs and SRs for which organizational structure and procedures have been established or strengthened with GMS support	91
1.4e. Number of new PR dashboards developed with GMS support	74
1.4f. Value of grants signed	Total: US\$2,387,468,130.96 (implementation period total US\$1,594,071,637.89)

**Table A9.3. PMP Indicators with Targets, Objective 2**

Indicator	Actuals	Target
2.1a. Proportion of regional partners implementing a quality assurance process	42%	75%
2.1b. Proportion of regional partners reporting satisfaction with technical support provided by GMS and partners	80%	80%
2.1c. Number of innovations generated that have obtained funding	7	5
2.2a. Number of consultants that meet team member certification (attended GMS orientation and served in at least two assignments in two different countries)	159	140
2.2b. Number of certified consultants who have renewed certification at least once	130	60
2.2c. Number of certified consultants promoted from team member to team leader	48	55
2.2d. Number of team leaders approved to lead multi-team assignments	4	9
2.2e. Number of new local consultants who serve as team members or team leaders outside of their countries of residence	23	15
2.2f. Proportion of GMS assignments that engage local consultants as part of the team	91%	80%
2.4e. Proportion of Regional Partners implementing business seeking strategy	83%	75%

**Table A9.4. PMP Indicators without Targets, Objective 2**

Indicator	Actuals
2.3a. Number of persons from other technical support providers attending GMS trainings (including virtual training)	136
2.3b. Number of persons trained by GMS at non-GMS events	50
2.4a. Number of non-GMS Global Fund related contracts and grants awarded to Regional Partners	62
2.4b. Number of IQCs awarded to Regional Partners	18
2.4c. Number of task orders awarded under a Global Fund IQC to Regional Partners	20
2.4d. Annual rate of growth of value of Global Fund-related contracts	No data

**Table A9.5. PMP Indicators with Targets, Objective 3**

Indicator	Actuals	Target
3.1a. Number of times that GMS tools were used outside of the GMS mechanism	307	60
3.1b. Number of tools, models, or approaches made available by GMS and endorsed or adopted by the Global Fund Secretariat	2	2
3.1c. Number of tools, models, or approaches made available by GMS and adapted or adopted by technical support provider agencies	3	4
3.1d. Number of existing and new GMS tools and methodologies available to the Global Fund support community	117	12
3.1f. Number of GMS methodological guides and tools made available to GMS consultants through GMS electronic platforms or GMS training	117	70
3.2a. Number of electronic platforms used by GMS for knowledge sharing	17	10
3.2b. Total number of GMS consultants that take a course through GMS electronic platforms	1313 <sup>40</sup>	750
3.2c. Number of downloads of GMS tools	535	250

**Table A9.6. PMP Indicators without Targets, Objective 3**

Indicator	Actuals
3.1e. Number of tools or approaches invented or significantly modified, and implemented by GMS consultants on assignments, which are then selected for publication on the GMS IMS	18

<sup>40</sup> This indicator specifies the number of registrations for GMS online courses. A total of 400 GMS consultants were registered for the online Learning Hub and a total of 1,313 course registrations were made by this group. Thus consultants took an average of about three online GMS courses each.

# ANNEX 10. GMS REGIONAL PARTNERS

## Kenya - ALMACO Management Consultants Limited

Founded in 1994, ALMACO focuses on health and community systems strengthening through leadership and governance, institutional development, procurement and supply management, financial management, M&E.

**Expertise:** Baseline surveys, institutional capacity assessment, project design and implementation, project monitoring and evaluation, and training.



**Nyachienga Nyamache**, Managing Director  
7, Great Jubilee Centre, Langata Rd, Nairobi  
Tel: +254 722 525 446, +254 890914/  
[nyamache@almaco.org](mailto:nyamache@almaco.org), [info@almaco.org](mailto:info@almaco.org)  
[www.almaco.org](http://www.almaco.org)

## Georgia - CURATIO International Foundation (CIF)

CIF is a nonprofit NGO established in 1994 that has worked extensively on health-sector reforms in the Middle East and southern Caucasus, central Asia, North Africa. CIF has demonstrated the ability to design, implement and manage more than 150 projects. The company has worked with major institutions in international cooperation such as the World Bank, the European Commission, UN agencies, the Global Fund, the World Health Organization, national and international development agencies (DFID, SDC, Sida, USAID).

**Expertise:** Health-sector reforms in developing countries and transitional economies.



**Dr. Ketevan Chkhatarashvili**, President  
37d Chavchavadze Avenue, Tbilisi 0162  
Tel: +99532 2 253104  
[k.chkhatarashvili@curatio.com](mailto:k.chkhatarashvili@curatio.com)  
[www.curatiofoundation.org](http://www.curatiofoundation.org)

## Senegal - OASYS Financial and Management Services

OASYS is dedicated to building capacity and strengthening management and reporting systems. Since 2009, through GMS and other development partners, OASYS has provided technical support to Global Fund grantees, bilateral and multilateral development agencies, international and local NGOs.

**Expertise:** Financial management, project planning and management, monitoring and evaluation, data and information systems, governance, organizational development, local governance, gender issues



**Ousmane Amadou Sy**, Managing Director  
Cite Comico 3, Immeuble Ibrahima Toure,  
Dakar-Fann  
Tel: +221 33 867 90 11  
[o\\_sy@oasysgroupe.com](mailto:o_sy@oasysgroupe.com)  
[www.oasysgroupe.com](http://www.oasysgroupe.com)

**Dominican Republic - PLENITUD**, a nonprofit NGO has dedicated itself since 2002 to improving performance of health, education and environment systems, providing technical assistance services, and to generating information and disseminating knowledge, regionally and internationally.

**Expertise:** Health financing, financial protection, health-sector assessments, costing analysis, health accounts (national and specific, including *National AIDS Spending Assessments*), tuberculosis, malaria, child health, maternal and reproductive health, chronic diseases).



**Magdalena Rathe**, Managing Director  
Arabia No. 1, Arroyo Hondo Santo Domingo,  
Tel: +809 563-1805, +809 549-7246  
[mrathe@fundacionplenitud.org](mailto:mrathe@fundacionplenitud.org),  
[info@fundacionplenitud.org](mailto:info@fundacionplenitud.org)  
[www.fundacionplenitud.org](http://www.fundacionplenitud.org)

## GRANT MANAGEMENT SOLUTIONS AND REGIONAL PARTNERS

### Zimbabwe - Q Partnership

Q Partnership has since 2000 provided advisory, consulting, and program management services in the civil society and private sectors in Africa, Asia and Eastern Europe. The company comprises 5 managing partners and over 60 associates, in Zimbabwe, Mauritius and Botswana.

**Expertise:** Building organizational capacity in public, private and nonprofit organizations through consulting support in general management, finance, research, monitoring, evaluation, procurement and governance.



**Caroline Trigg**, Managing Director  
Agriculture House  
Adylinn Road, Marlborough  
Harare  
Tel: +263 4 309848  
[admin@qpartnership.com](mailto:admin@qpartnership.com)  
[www.qpartnership.com](http://www.qpartnership.com)

### Bangladesh - Technical Assistance Inc. (TAI)

Since 1986, TAI has been working with leaders, policy makers and individual contributors in governments and development organizations. TAI has collaborated with international donors and technical-assistance providers, including USAID, the World Bank, UNFPA, the Asian Development Bank, Rockefeller Foundation, the Swiss Development Cooperation, and the Gates Foundation.

**Expertise:** Primary and reproductive healthcare services, logistics management, market-survey design and training. TAI also provides management-related technical support to Global Fund grantees—CCMs, PRs and SRs.



**Abu Sayeed**, Managing Director  
House # 9, Road # 13, Baridhara, Dhaka  
Tel: + (802-2) 9885335  
[asayeed@techai.com](mailto:asayeed@techai.com)  
[www.techai.com](http://www.techai.com) | [www.technicalassistanceinc.com](http://www.technicalassistanceinc.com)

### Kenya - Advantech Consulting

Advantech Consulting, based in Nairobi, Kenya, since 2003 helps organizations maximize value from their IT investment. Its consultants have a wealth of experience in Information and Communication Technologies (ICT) disciplines.

**Expertise:** ICT strategy development and implementation; business IT alignment; business process mapping and reengineering; ICT security policy, including business continuity and disaster recovery; design of change management frameworks.



**Joseph Waruingi**, Managing Director  
Applewood Park, 1<sup>st</sup> Floor, 206, Wood Avenue, Kilimani  
PO BOX 5051-00100 Nairobi  
+254 722 706 704  
+254 20 2100 438/39/44  
[jwaruingi@advantech.co.ke](mailto:jwaruingi@advantech.co.ke)  
[www.advantech.co.ke](http://www.advantech.co.ke)





### Côte d'Ivoire – Global Challenge Corporation

Global Challenge Corporation-CI (GCC) provides training and consulting. It was established in 2007 with headquarters in Abidjan. GCC has no foreign branches, but focal points in Paris, Montréal, Bangui, Bamako, Conakry. It is certified by the Fund for the Development of Vocational Training (FDFP).

**Expertise:** Training and consulting, particularly in continuing vocational training (CVT), services management consulting, IT development. In CVT, GCC has a portfolio of training topics including finance, accounting and auditing, management and evaluation of projects; human resources; and procedures and guidelines of the Global Fund.



**Yazi Eustache Akpane, Director**  
Riviera Palmeraie, Rue I 146, ilot 116, lot 2027  
23 BP 2612 Abidjan 23  
Tel: +225 22 49 48 98  
Mob: +225 05 74 12 88  
[eustache.akpane@globalchallenge-ci.com](mailto:eustache.akpane@globalchallenge-ci.com)  
Skype: eustache.akpane  
[www.globalchallenge-ci.com](http://www.globalchallenge-ci.com)

### Cameroon - IRESCO

Established in 1993, the Institute for Research, Development and Socio-economic Communication (IRESCO) comprises multidisciplinary researchers with a common interest in action for economic and social development. IRESCO is nongovernmental, not-for-profit. Headquartered in Yaoundé, IRESCO has regional offices across Cameroon.

**Expertise:** Institutional development, capacity and skill techniques, research - action - development, marketing, advocacy and public relations, information, education and communication, documentation and management systems.



**Gedeon Yomi**  
Director  
Immeuble sis Mendong après la brigade de Gendarmerie B.P : 13 888 Yaoundé  
Tél. : +237 22 31 10 14 / 22 31 97 78  
Mob: +237 99 68 26 61  
[gede\\_yomi@yahoo.fr](mailto:gede_yomi@yahoo.fr)  
[www.iresco-cm.org](http://www.iresco-cm.org)

### Kazakhstan – Eurasia Foundation

Eurasia Foundation of Central Asia, mobilizes public and private resources in Kazakhstan to help promote effective solutions to social problems at the national and regional levels that seek to involve citizens in improving social, cultural, legal and economic well-being.

**Expertise:** Development of civil society, improving services for population, education and youth development, economic development and business, corporate social responsibility (CSR).



**Azalia Dairbekova, President**  
Eurasia Foundation of Central Asia  
7A Biokombinatskaya, Almaty  
Tel: +7 727 250 1810 x111  
Mob: +7 701 951 6585  
[azalia@ef-ca.org](mailto:azalia@ef-ca.org)  
[www.ef-ca.org](http://www.ef-ca.org) · [www.csrkz.org](http://www.csrkz.org)

### South Africa – Khulisa Management Services

Since its establishment in South Africa in 1993, Khulisa Management Services has conducted nearly 200 studies and evaluations, including baseline, mid-term, and final evaluations; operations, behavioral research, market, and economic research; household surveys; desk studies; rapid appraisals; and quasi-experimental designs. Where possible, Khulisa conducts participatory evaluations or uses the client's own staff in data design and data collection, which has the proven advantage of building capacity for data collection, analysis, and utilization of program data. Khulisa's combined research strength and technical expertise makes it uniquely qualified to assist a diverse range of clients.

**Expertise:** Monitoring, evaluation, and research services in sub-Saharan Africa with sector specialization in education, health and social development.



**Mary Pat Selvaggio, MPH, Director of Health**  
Khulisa Management Services (Pty) Ltd  
26 7th Avenue, Parktown North 2193, Johannesburg  
Tel: +27.11.447.6464 ext 3240  
Fax: +27.11.447.6468  
Mob: +27.82.896.2633  
[mpselvaggio@khulisa.com](mailto:mpselvaggio@khulisa.com) |  
[mpselvag@global.co.za](mailto:mpselvag@global.co.za)  
Skype ID: mpsevalgio  
[www.khulisa.com](http://www.khulisa.com)

### Kenya - Upward Bound

Upward Bound Company Limited, founded in 2002, is a strong team of professionals delivering consultancy, training, coaching and outsource services to organizations in the Eastern Africa region. The company has undertaken jobs to develop monitoring and evaluation frameworks and carried out numerous baseline surveys, mid-term reviews and end-term evaluations including several large, multi-country assignments. Upward Bound has strong capacity assessment and capacity strengthening competencies geared at improving partner viability, performance and impact. The company has delivered such assignments for a variety of organizations, including those in the health sector.

**Expertise:** governance structures, organizational values, strategic plans, operational plans, restructuring and performance frameworks, engagement with clients on organizational systems, processes and structures.



**Munaweza Muleji**  
Team Leader - Operations  
Upward Bound Company Limited, P.O. Box 79747, 00200  
Marist Road, Karen, Nairobi  
Tel +254 20 359 4 276  
Mob: +254 721 912 276 / 733 250 483  
[munaweza.muleji@upwardboundkenya.org](mailto:munaweza.muleji@upwardboundkenya.org)  
Skype: munaweza.muleji1  
[www.upwardboundafrica.org](http://www.upwardboundafrica.org)

# ANNEX 11. CONSULTANT DATABASE ANALYSIS

The demand-driven nature of GMS assignments was such that GMS needed to be ready to respond to STTS requests from any part of the world at any moment with consultants who had the appropriate technical skills, languages, and experience.

As described in the body of this report, the Objective 2 team designed a consultant development pathway (see figure A11.1) that would allow consultants to strengthen their knowledge and skills for STTS and be recognized for satisfactory and commendable performance with certification as a GMS consultant. In this annex, GMS documents the results of these efforts through a profile of the consultants, their GMS experiences, skills, and Global Fund work.

## Consultant Throughput

Consultants generally initiated their relationships with GMS either as a local consultant, an unsolicited applicant through the GMS IMS, or as a participant proposed by a GMS partner for a GMS consultant orientation. Those local consultants that demonstrated excellence were usually invited to a subsequent orientation. In the figure A11.2, the throughput of consultants from boot camp to assignment is shown.



Figure A11.1. Consultant development pathway

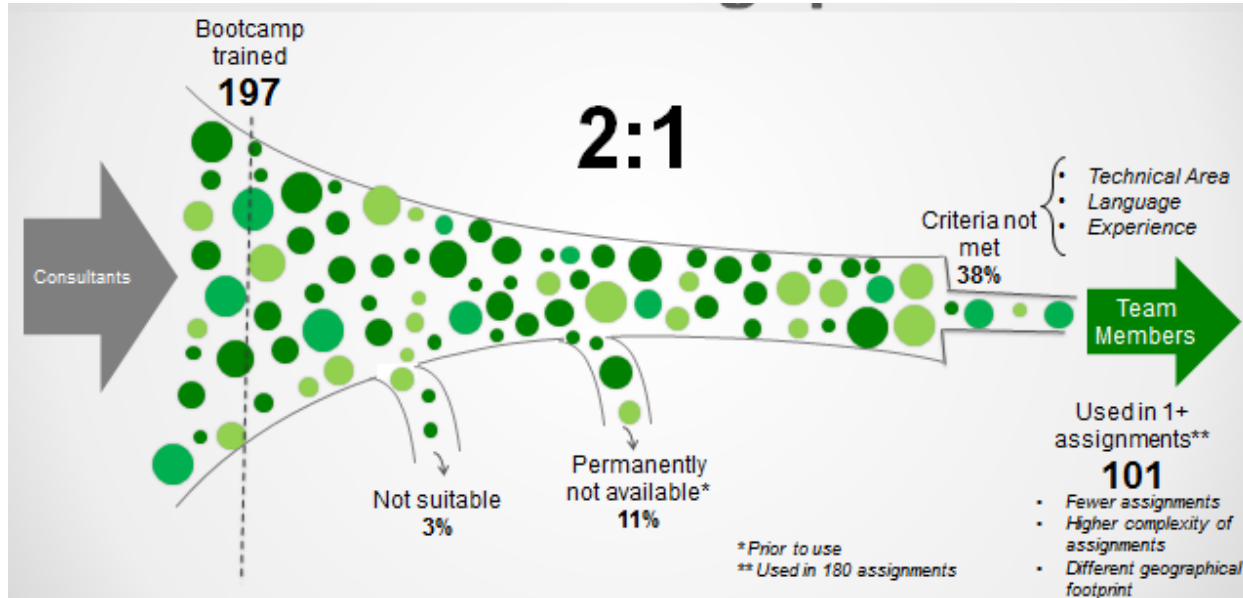
Under the first phase of GMS, approximately 70% of consultants had been engaged for assignments after participating in training; only 15% were never selected because no assignment arose for which their skills and experience were suitable. During the second phase of GMS, the number of consultants trained and used on assignments decreased to about 50%. This was not a result of the quality of consultant availability, but rather a consequence of fewer approved requests by USAID, the change in USG priorities for technical support (which greatly reduced support to Latin America and the Caribbean, Middle East and North Africa, and the Pacific regions), as well as the growing complexity of work requiring selection of the most experienced consultants. As a result, many excellent consultants were underused.

In addition, around 10% of consultants that were trained in boot camps became unavailable prior to any assignment, either through their acceptance of permanent full-time employment or other personal circumstances. Only about 3% of boot camp participants were found not to be suitable during the



training—their expertise, skills, and/or consulting style were not in line with the GMS approach. This 13% of consultants lost to the network represent the opportunity cost of ensuring a robust consultant network to draw upon for urgent technical support.

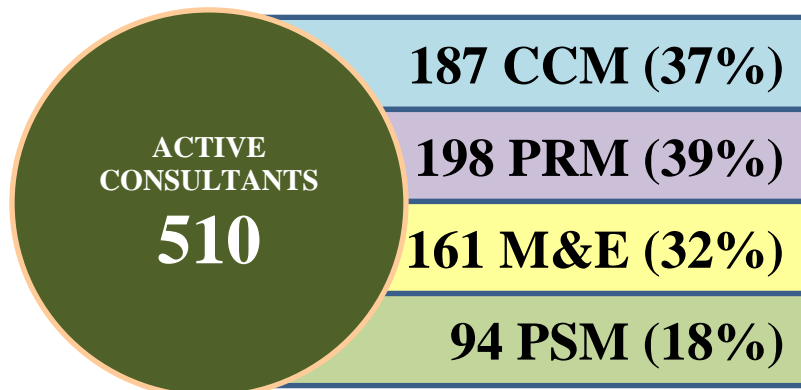
**Figure A11.2: Consultant throughput**



Investing in the consultant network allowed GMS to find and retain a pool of highly qualified technical support consultants who were able to provide the highest-quality results. These consultants were able to meet the tight response times from approved request to arrival in-country in order to meet the clients’ urgent Global Fund deadlines.

**Consultant Profiles**

The GMS database of consultants included 1,050 individuals, many of whom were active for a limited period. About one-half of the entire pool of consultants was available, or active, at any given time. In August 2017, there were 510 active consultants. Fifty-six percent of active consultants were male and 44% were female. Sixty-three active consultants were local consultants only (having only worked only in their own country for GMS), 327 were team members, 76 were team leaders, and eight were coordinating team leaders. The average number of assignments among active consultants was 2.4, with a range from 0 to 24 (both phases of GMS). As shown in figure A11.3, consultants often had capacity to work in more than one GMS technical area. Thirty-seven percent of active consultants had governance and oversight expertise (CCM), 39% of active consultants had



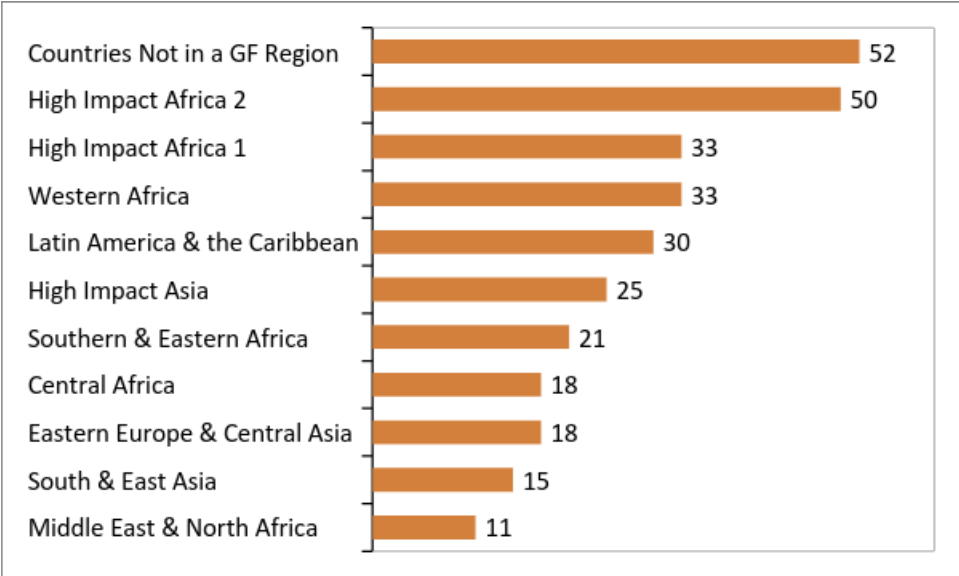
**Figure A11.3. Active consultant capacity**

consultants had governance and oversight expertise (CCM), 39% of active consultants had

organizational and financial management expertise (PRM), 32% had M&E expertise, and 18% had procurement and supply management expertise. These percentages do not add up to 100% because of consultants’ capacity in more than one technical specialty.

Nearly one-half of active consultants (252 of 510) had direct experience working with KPs. Of those consultants that were used on at least one GMS assignment (306 consultants), 83% were from Global Fund countries. Figure A11.4 below shows the number of GMS consultants with at least one GMS assignment from each region. Consultants living in all African regions made up over one-half of those used on GMS assignments (166 out of 306, or 54%).

**Figure A11.4. Consultants with at least one GMS assignment, by region of origin**



In its last project year, GMS used 68 consultants, 86% of whom were from Global Fund countries. The network of active GMS consultants speaks every Global Fund language: 89% speak English (453), 37% speak French (191), 17% speak Spanish (87), 7% speak Russian (37), 7% speak Portuguese (36), and 4% speak Arabic (19). In addition, 44% of consultants (224) speak at least one of 69 non-Global Fund languages.

From the entire database (N=1,050), 35% of consultants provided information on their specific profession, such as accountant, auditor, health economist, program manager, statistician, medical doctor, pharmacist, or professor. GMS work also requires a level of maturity, usually obtained through work and life experience. The average GMS consultant had 20 years of experience.<sup>41</sup>

Twenty percent of consultants in the entire database had some form of direct Global Fund work experience prior to working for GMS. These included former Global Fund Secretariat employees (17), board members (3), or TRP members (3); work as a local fund agent (39); employment in a PR (88) or SR (36); or experience as a CCM member or employee (30).

<sup>41</sup> Number of years’ experience extrapolated from date of first higher learning degree to present.

## Patterns in Consultant Development

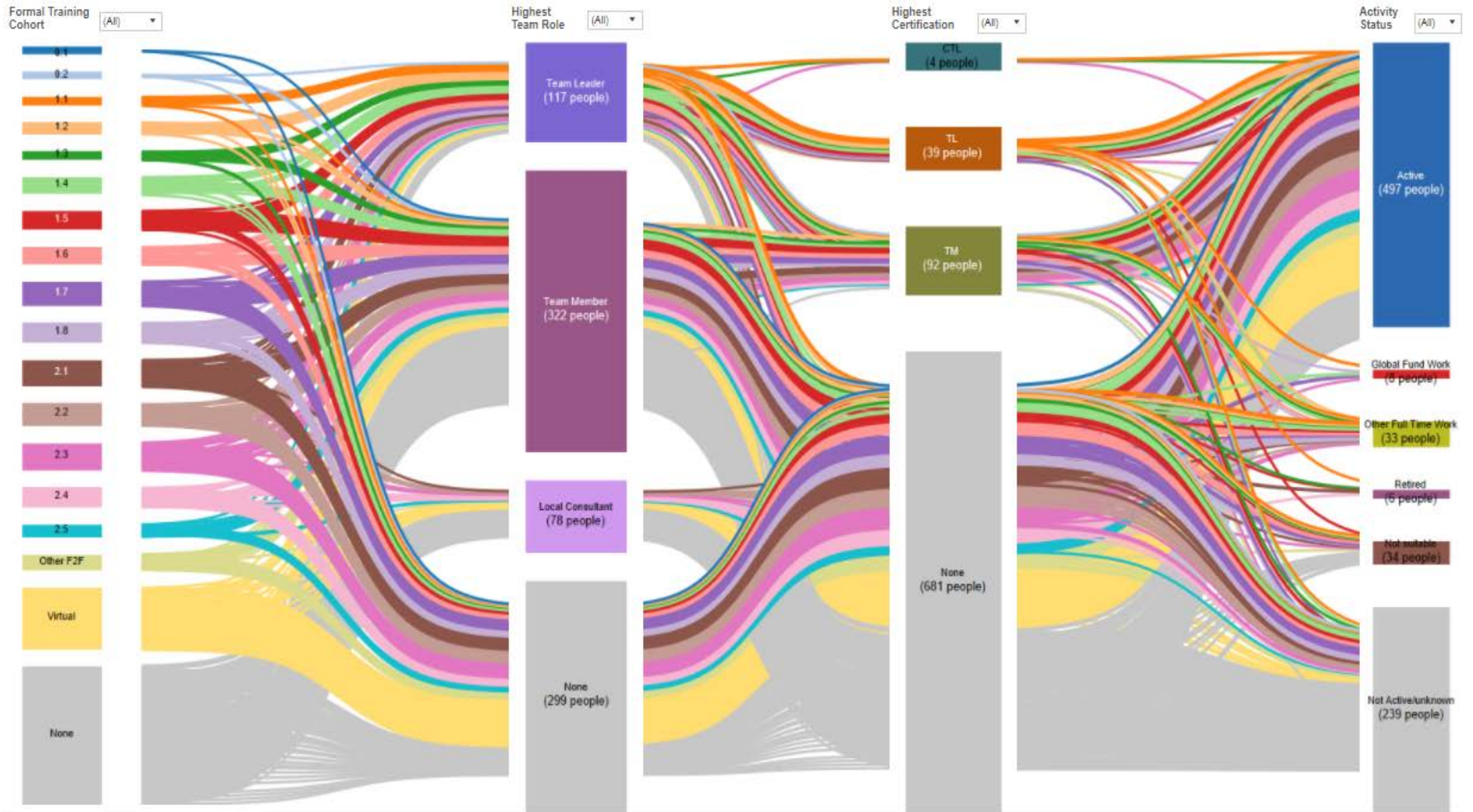
As mentioned above, most GMS consultants commenced their work with the project either as a local consultant or as a participant in a consultant orientation. However, each consultant's experience was different. There are some consultants that had no GMS training who were selected directly for an assignment. Most likely, these consultants were those with some direct Global Fund work experience. Other consultants were known to the first phase of GMS, referred to the project, or started with the virtual course Introduction to the Global Fund for GMS Consultants, made available through collaboration with IHAA.

The Sankey diagram in the figure A11.5 displays the evolution of consultants from orientation to the highest level of responsibility on a team and to certification status. Consultants are grouped by their initial status based on the GMS boot camp they attended. Consultants with non-boot camp entry points are grouped at the bottom. On the right-hand side of the diagram is displayed their status at the end of the project, whether active, lost to a full-time job, or retired, where known.

The consultant development pathway assumes a continuous growth for each consultant. However, that is not always the case when consultants become unavailable, demonstrate mediocre performance in-country, are tested at a higher level and found to not meet expectations, or simply prefer to work at a specific level of responsibility (e.g., as a team member).

The majority of those consultants who completed only the Introduction to the Global Fund for GMS Consultants virtual course did not get selected for a GMS assignment. Although this suggests a poor investment, in fact, the intent of making this course available without the face-to-face orientation was to allow regional partners to expand their own network of trained consultants with a basic understanding of Global Fund guidelines and procedures for non-GMS Global Fund technical support.

Figure A11.5. SANKEY diagram of the GMS consulting network by initial training entry point



### **Final Status of Consultants**

At the end of the project, GMS had certified 159 consultants as team members, 49 consultants as team leaders, and four consultants as coordinating team leaders. Over the course of the project period, 130 consultants were recertified at their various levels.

Though not documented in the figure A11.5 above, it is notable that 23 of 64 (36%) GMS local consultants were selected for further assignments as team members in other countries.

GMS training and experience may also provide support to consultants in finding other Global Fund-related work. In a survey of consultants, 37% of respondents (N=206) said they had also worked on consulting assignments for the Global Fund, 22% had worked for UNAIDS technical support facilities, 18% for GIZ, and 14% for France Expertise. Eight GMS consultants were hired to work at the Global Fund after GMS training and experience. Seventy-four percent of respondents stated that GMS training and experience were very or extremely helpful in getting that work.

Overall, GMS found investing in human resources through training, coaching, and performance review to be critical to the quality of technical support for clients. The return on investment allowed GMS to achieve the technical results outlined in this final project report and build the capacity of regional and local consultants to carry on support to Global Fund clients after GMS.

This body of consultants will continue to be available after GMS to other technical support providers, to the Global Fund Secretariat and to CCMs, PRs, and Global Fund country governments for support.

# ANNEX 12. GMS VIRTUAL TRAINING EVENTS

	No. of Users
<b>General GMS Courses</b>	
On the Road (online only; additionally used for 149 boot camp participants)	61
Introduction to Global Fund Virtual Course (on the IHAA learning platform, preparation for boot camp)	149
Introduction to Global Fund Virtual Course (on the IHAA learning platform, stand-alone)	125
Introduction to IMS Webinars	121
NFM Webinars	118
IMS Trip Reporting Training	63
Trip Reporting for Team Leaders Webinar	34
<b>CCM-Related Courses</b>	
EPA Virtual Course (preparation for GMS EPA Workshop on IHAA learning platform)	29
CCM Symposium Launch for November 2015–March 2016	81
CCM Symposium Frameworks	47
CCM Symposium Oversight Strengthening	65
<b>PR-Related Courses</b>	
Implementation Mapping Webinars	59
Risk Management Basics	20
Risk Management—GRAM Tool	11
PSM Storage and Distribution Webinar	40
Technical Support for Grant Making	8
<b>Dashboard Courses</b>	
PR Dashboard Virtual Training for Assignments	4
PR Management Dashboard Basics (English and French)	94
CCM Summary Dashboard Basics (English and French)	62
Findings from the PR Dashboard Pilot Evaluation Webinar	56
SR Management Tool Basics	32
Regional Dashboard Basics	27
Implementing Dashboards: What Works?	7
<b>Total</b>	<b>1,313</b>

# ANNEX 13. INVENTORY OF GMS RESOURCES

<b>112 Total resources</b>
<b>7 Brochures and technical briefs</b>
1. GMS Brochure
2. Folleto sobre GMS
3. Brochure sur GMS
4. Consultant Certification Policy
5. Consultant Certification Program
6. Facilitating Conflict-of-Interest Discussions
7. GMS Learning Hub
<b>28 Manuals</b>
1. Installation and Setup Guide for the Regional Dashboard
2. Installation and Setup Guide for the CCM Summary
3. Installation and Setup Guide for the CCM Summary: Annexes
4. Quickstart Guide: CCM Summary
5. Principal Recipient Management Dashboard Installation and Setup Guide
6. Principal Recipient Management Dashboard Installation and Setup Guide: Annexes
7. PR Management Dashboard Quickstart Guide
8. Installation and Setup Guide for the Subrecipient Management Tool
9. Guía de instalación y configuración del Tablero de mando regional
10. Guía de instalación y configuración del Resumen para el Mecanismo coordinador de país
11. Guía de instalación y configuración del Resumen para el Mecanismo coordinador de país: Anexos
12. Guía rápida del Resumen DEL Mecanismo Coordinador de País (MCP)
13. Guía de instalación y configuración del Tablero de mando para la gestión del receptor principal
14. Guía de instalación y configuración del Tablero de mando para la gestión del receptor principal: Anexos
15. Guía rápida del Tablero de mando para la gestión del RP
16. Guía de instalación y configuración de la Herramienta para la gestión del subreceptor
17. Guide d'installation et de configuration du Tableau de bord régional
18. Guide de l'utilisateur pour l'installation et la configuration du Tableau synthétique des Instance de Coordination Nationale (ICN)
19. Guide de l'utilisateur pour l'installation et la configuration du Tableau synthétique des ICN: Annexes
20. Quickstart du Tableau synthétique des ICN
21. Guide d'installation et de configuration du Tableau de bord de gestion du récipiendaire principal
22. Guide d'installation et de configuration du Tableau de bord de gestion du récipiendaire principal: Annexes
23. Quickstart du Tableau de bord de gestion du RP
24. Guide d'installation et de configuration de l'Outil de gestion du sous-réceptaire
25. Manual de Instalação e Configuração para o Resumo do Mecanismo de Coordenação Nacional (MCN)

26. Manual de Instalação e Configuração para o Resumo do MCN: Anexos
27. Manual de Instalação e Configuração do Painel de Controlo para a Gestão do Beneficiário Principal
28. Manual de Instalação e Configuração do Painel de Controlo para a Gestão do Beneficiário Principal: Anexos

<b>28 Success stories</b>
1. Abroad and at Home: International Consultants Save their Own Nation’s Grants
2. Action against HIV and Tuberculosis Activists in Eastern Europe and Central Asia
3. CCM Elections in Mauritania: Paper Ballots and See-Through Voting Boxes
4. CCM Grant Dashboard: Mongolia’s CCM is in the Driver’s Seat
5. Civil Society Activists in the Middle East and North Africa Call for Action
6. Democracy at Work: Republic of the Congo Elects a New CCM
7. Easing the HIV Burden in Swaziland: Orphans Receive Housing, Food, and Care
8. Financial Training in Bangladesh Underscores Transparency and Accountability
9. Functional Analysis: Methodology for Supporting CCMs and PRs
10. GMS hits 100!
11. Grant Dashboards Ensuring Procurement and Supply
12. Meeting Needs in Southeast Asia: The Vulnerable and Marginalized Take Action
13. Monitoring & Evaluation in Indonesia: Satisfying Global Fund Requirements
14. Morocco and the Internet: Maghreb Nation Uses Innovative Voting Method
15. Network for Technical Assistance Providers Exhibiting at Upcoming Summit in Kenya
16. NicaSalud’s Early System Global Fund Grant Dashboard: Management Strengthening of Nicaragua’s Principal Recipient through Improved Reporting and Accountability
17. Post-Conflict Recovery: Southern Sudan Builds Stronger Leadership
18. Prevention of HIV in Timor-Leste: Island Nation Awarded Additional Funding
19. South-to-South Consulting: Africans Offer International Perspective
20. South-to-South Consulting: West African Specialists Solve West African Problems
21. South-to-South Inventiveness: Grant Dashboard Displays Data CCMs Use
22. Strengthening Oversight and Communication in Cambodia
23. Testing the Greater Involvement of People Living with HIV/AIDS (GIPA) Principle: Hondurans Living with HIV Implement Global Fund Grants
24. The CCM Membership Checklist: Enhancing Transparency in Global Fund Governance
25. Three “Firsts” in Malaysia: First Global Fund Grant, First Grant Signed In 2011, First Most at-risk Populations (MARPs) Grant
26. Transferring Grant Responsibility: Advancing the Belief in National Ownership
27. Voting in Mauritania
28. Work flow analysis in Laos: A tool for learning, improving processes, and developing SOPs
<b>12 Technical reports</b>
1. A Business Strengthening Model for Regional Global Fund Technical Support Providers
2. Capacity Building of Technical Support Providers
3. Executive Summary of 2014 PR Management Dashboard pilot evaluation
4. Résumé analytique de l’évaluation du projet pilote de 2014 sur le Tableau de bord de gestion du récipiendaire principal
5. Resumen ejecutivo de la evaluación de la prueba piloto de 2014 del Tablero de mando para la gestión del receptor principal
6. GMS Annual Report PY1 2012-13



7. GMS Annual Report PY2 2013-14
8. GMS Annual Report PY3 2014-15
9. GMS Annual Report PY4 2015-16
10. Lessons Learned from the Grant Dashboard Feasibility Pilot
11. Regional Partner Report: From competition to collaboration
12. Summary: Quantified Results of Urgent Technical Assistance Provided
<b>30 Tools and templates</b>
1. Assessment of Storage Facilities Tool
2. Budget Efficiency Analysis Check List
3. CCM Diagnostic Toolkit
4. CCM Site Visit Tools
5. Checklist for establishing a Project Implementation Unit/Project Management Unit/Grant Management Unit
6. Civil Society Mobilization Guide
7. Conflict-of-Interest Matrix
8. Country Coordinating Mechanism Oversight Rapid—Assessment
9. Factors Affecting Dashboard Adoption (“Spider”) Tool
10. Outil d’analyse des facteurs affectant l’adoption de l’outil “Spider”
11. Funds Flow Analysis Guide
12. Guia de Análisis del Flujo de Fondos
13. Guidelines: Operational and Procedures Manuals for Grant Recipients
14. Meeting Procedures Guide for Country Coordinating Mechanisms
15. Methodological Note for Consultants on Developing a Communications Policy and Work Plan
16. Model Document: Conflict-of-Interest Mitigation Policy
17. Model Document: CCM Elections Protocol
18. Model Document: CCM/RCM Site Visit Tools
19. Model: CCM Oversight Plan
20. Modelo: Plan de Monitoreo Estratégico del MCP
21. Options for Reform of a CCM: Structuring and Anchoring
22. Rapid Assessment of Procurement Capacities
23. Rapid Functional Analysis of the Principal Recipient
24. Recruiting Fiduciary Agents
25. Roles of constituencies in CCMs/RCMs
26. Technical Brief Facilitating Discussion of Conflicts of Interest (COIs) with CCMs/RCMs
27. Terms of Reference: Options for Small, Medium, and Large Secretariats
28. Termes de référence: Options pour les petits, moyens et grands secrétariats
29. Tool for Technical Support Providers to Guide a Principal Recipient through a Self-Assessment of the Supply System
30. Instrumento para Consultores de GMS para Guiar al Receptor Principal a Realizar un Autoanálisis del Sistema de Suministro de Medicamentos e Insumos Médicos
<b>7 Posters and videos</b>
1. Bottlenecks
2. Building National Accountability for Global Fund Grants: How Country Coordinating Mechanisms Govern Using Oversight “Dashboards”
3. Measuring Results, Effects, Impacts

4. Measuring Effectiveness of Global Fund–Related Short-Term Technical Support (STTS) on Grant Management
5. Morocco Ends ART Stock-Outs Using the Electronic Dispensing Tool (EDT)
6. Proposed Typology for Governance Strengthening and Technical Support Programming
7. Recovering Eligibility for Global Fund Grant Financing: Mauritania, A Success Story

# ANNEX 14. THE GMS/SAP/GLOBAL FUND PARTNERSHIP

## Introduction

In early 2013, the USAID–funded Grant Management Solutions (GMS) project, the Global Fund, and SAP embarked on a collaboration that would culminate in the launch of a management tool with potential for improving principal recipient (PR) management of Global Fund grants—the Principal Recipient Management Dashboard.

Born from a need first identified in 2006 during the first phase of GMS, when PRs asked for a tool to help them visualize grant performance at a glance, the idea for the PR Management Dashboard began with early prototypes developed for Nicaragua and Honduras by GMS Electronic Tools Specialist, Eduardo Samayoa, using Crystal Systems Excelsius software. A second-generation all–Microsoft Excel product, the CCM grant dashboard, was released to Global Fund countries in 2009 after two years of collaboration between the Global Fund Secretariat and the first phase of GMS.

In 2011, in preparation for the second phase of GMS, the project’s director, Catherine Severo, approached SAP (which had acquired Crystal Systems) through its Corporate Social Responsibility (CSR) office in Vancouver, Canada, to propose a public-private collaboration to develop a new dashboard using SAP applications which could be scaled up to PRs in multiple countries. Reorganization of SAP’s CSR activities in 2012 ended a preliminary agreement. However, in 2013, a new opportunity materialized when the Global Fund created an Innovation Coalition involving multinational companies looking for ways to contribute to the fight against HIV/AIDS, TB and malaria. SAP was an early member of the Innovation Coalition through its IBU Healthcare Providers team centered in Bonn, Germany. The Global Fund closed the triangle with SAP and GMS to develop a new PR dashboard.

**FSAP Vice President, Martin Kopp, and  
GMS Project Director, Catherine Severo, at  
the 2013 Global Fund Replenishment  
Conference in Washington, D.C.**



## What did each partner of this collaboration contribute?

Once preliminary agreement was reached to develop a dashboard for PRs and to pilot-test it, the three partners clarified the role each organization would play and what resources each could bring to the project through a formal memorandum of understanding prepared by the Global Fund Secretariat’s legal department. SAP provided technical expertise in dashboard design through 138 person-days of face-to-face and virtual support from a dashboard design specialist as well as 160 free software licenses for Crystal Dashboard Design 2011<sup>®</sup> for the pilot phase of the development; the Global Fund provided staff to develop the Microsoft Excel–based data entry application for the

software, and critical input into the data that should appear on the visual display of the dashboard; in addition to providing expertise and consultation with design of management tools for Global Fund clients, GMS led the development process, carried out the alpha, beta and pilot testing of the PR dashboard, and ensured overall management of the work plan to bring this project to fruition. Together, the three organizations contributed approximately US\$5 million to the development of the dashboard.

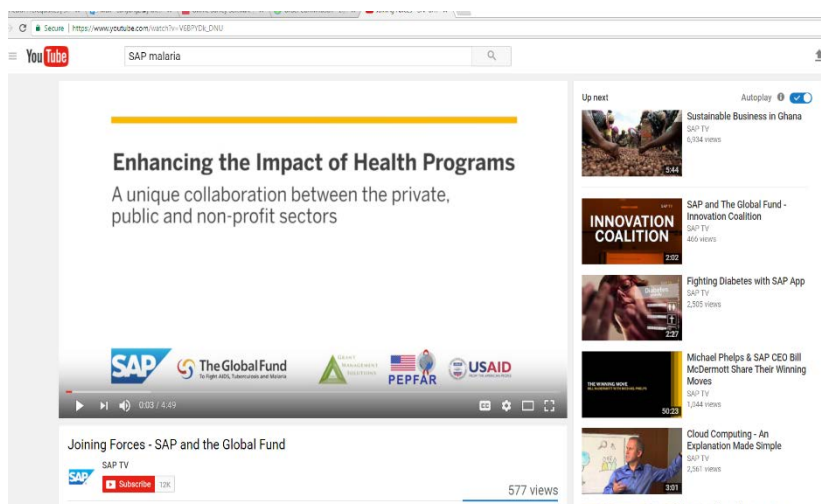
### What Were the Key Steps from Start to Finish?

After an initial period of requirements gathering in July and August of 2013, where GMS conferred with potential dashboard users in five countries to determine what information would be most useful on a dashboard for PRs, GMS, the Global Fund, and SAP began work on designing and developing the first prototype of the dashboard. Design work was based in Arlington, Virginia, at GMS with virtual and face-to-face work sessions among the three designers. Three months later in November 2013, the first prototype of the PR dashboard underwent field-testing with a PR in the Dominican Republic by a team consisting of staff from GMS, the Global Fund and SAP: changes made to the two applications comprising the PR dashboard followed the field test. In parallel, the development of a technical installation and use manual was completed by GMS. GMS also led development of a manual for the consultant teams that would provide technical support to the PR dashboard pilot in several countries. By January 2014, software applications and manuals were ready for training the six pilot consultant teams. Following the training in January 2014, pilot visits began to the six countries selected for the pilot for their linguistic, geographic and technological diversity—Côte d’Ivoire, the Dominican Republic, Laos, Senegal, South Africa, and Uganda.

Once visits were completed for all countries between March and August of 2014, GMS organized a post-pilot meeting in September where it convened consultants from each pilot team, GMS, Global Fund, USAID, and SAP staff to agree on what additional changes needed to be made to dashboard software and user guides based on experience from the pilot. At this meeting, decisions were also made on how to modify the technical support approach for introducing dashboards, and each organization announced its commitment to supporting rollout of the dashboard to the broader Global Fund community.

**Figure A14.1. Videos made by SAP to showcase the Global Fund-GMS-SAP**

To showcase the success of this collaboration, SAP sent a



film crew to Uganda in November 2014 to interview dashboard users and subsequently produced several short videos on the collaboration which were initially broadcast on SAP TV, and which can be viewed on YouTube at [https://www.youtube.com/watch?v=V6BPYDk\\_DNU](https://www.youtube.com/watch?v=V6BPYDk_DNU) and <https://www.youtube.com/watch?v=jamL5dNwgg8>.

By February 2015, all agreed changes had been made to the software and manuals, and the PR Management Dashboard

software and user guide (in English, French, and Spanish) were ready for formal handover to the Global Fund for dissemination through its website.

The Global Fund Secretariat and SAP completed negotiations by which SAP committed to provide additional software licenses for grant dashboards post-pilot at a deeply discounted rate once the initial 160 free licenses were distributed. The Secretariat also mobilized France Expertise and GIZ BACKUP Health to join the USAID/GMS support for dashboard rollout to post-pilot countries.

SAP's direct collaboration in dashboard development for this initiative officially ended in November 2014. However, SAP subsequently resumed providing technological support to rollout of dashboards in July 2015 through its office in Lausanne, Switzerland, and continued to provide assistance with upgrades, maintenance and troubleshooting through the end of the GMS project.

PR dashboards had been introduced to 27 countries by the end of the GMS project. GMS extended the initial investment made to develop the PR Management Dashboard to develop three additional performance tracking tools to complement the PR Management Dashboard: the CCM summary, the Regional Dashboard, and the SR Management Tool. Following the end of the GMS project, the Global Fund will manage the help desk.

What will happen with introduction of dashboards once GMS ends? The US Government has supported GMS' work to handover technical support for introduction of dashboard to other technical support providers such as IHAA and to other bilateral technical support agencies GIZ BACKUP Health and France Expertise that will finance technical support to help PRs and CCMs. The Global Fund has also determined that resources for dashboard introduction and use may be included in PR grant budgets in the new 2018-2020 cycle—certainly the most promising approach for long term dashboard use. SAP is expected to continue providing discounted licenses to the Global Fund for PRs and CCMs, while the Global Fund will continue coordinating the Global Fund-SAP partnership and will coordinate and sponsor virtual help desk support for dashboard users.



**Antonello Barbaro from the Global Fund External relations team records a video summarizing the success of the Global Fund-GMS-SAP collaboration and the scale-up the use of dashboards. Also pictured is Vincent Becker from the Global Fund communications team.**

## ANNEX 15. COUNTRIES RECEIVING GMS SUPPORT FOR GRANT DASHBOARDS

Country	CCM Summary as Well as PR Dashboards?	# of PR Dashboards	# of Government PRs	Total Value of Grants Affected (US\$)
Bangladesh	yes	7	3	\$116,854,471
Botswana	yes	3	2	\$32,171,960
Burkina Faso	yes	5	4	\$130,378,244
DR Congo	no	2	0	\$259,235,917
Côte d'Ivoire	yes	5	3	\$231,466,807
Dominican Republic	yes	3	2	\$42,871,633
Ghana	yes	7	4	\$246,954,370
India	yes	8	3	\$600,952,280
Lao PDR	no	1	1	\$8,288,810
Lesotho	yes	2	1	\$57,943,688
Liberia	yes	2	2	\$53,795,399
Malawi	yes	5	3	\$348,233,619
Mozambique	yes	5	3	\$512,258,816
Niger	yes	1	0	\$19,944,358
OECS	no	1	0	\$5,023,999
Philippines	yes	3	0	\$142,984,531
Senegal	yes	5	3	\$64,202,792
South Africa	no	1	1	\$129,283,633
TIMS Regional Grant	yes	1	0	\$29,999,027
Uganda	yes	5	4	\$413,536,251
Zambia	yes	4	2	\$234,630,710
Zimbabwe	yes	3	2	\$717,827,680
<b>Total</b>		<b>79</b>	<b>43</b>	<b>\$4,398,838,995</b>