GRANT
MANAGEMENT
SOLUTIONS

Success Stories

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South-to-South Consulting:
Africans Offer International Perspective

### Host country experts bring local solutions to a regional and global scale

In the new paradigm of international development, experts who manage health, agriculture, education, and large-scale financial projects are often citizens of the countries that once were—and may continue to be—recipients of development assistance.

The USAID-funded Grant Management Solutions (GMS) project is employing African development specialists to transfer their national expertise to other governments on a global scale. In so doing, they are improving the effectiveness of America's donation to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Nyachienga Nyamache is a certified public accountant specializing in public finance and health systems development. He advises public health financing projects for the Kenyan Ministry of Health and manages health system reform projects in Kenya funded by the World Bank, UNICEF, and the governments of Japan and the Netherlands. Nyamache has innovated public health financing approaches now being scaled up by the GMS project to improve Global Fund grants. Nyamache now consults in Asia and throughout Africa, and trains other consultants.

Dr. Joseph Temba spent most of his professional life as a public health physician serving his native Tanzania, completing his career as the director of policy and planning for the Tanzania Commission for AIDS, and secretary to the Tanzania Country Coordinating Mechanism (CCM). In retirement, Dr. Temba now works with GMS as advisor to Global Fund CCMs in Swaziland and Southern Sudan.
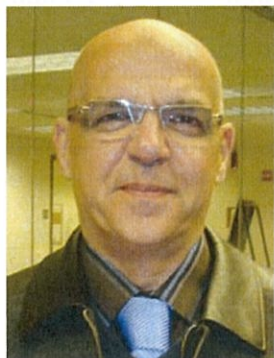
Abdelilah Sefrioui, from Morocco, is an organizational development consultant for a host of public and private sector institutions, including the Moroccan Secretary of State for Children and Families, the Ministry of Health, and several for-profit firms and United Nations agencies in Morocco. Sefrioui is now a governance and civil society consultant for GMS to the CCMs in Morocco and the Republic of the Comoros.

As international consultants for the USAID-funded GMS project, Nyamache, Temba, and Sefrioui are fine examples of the new development paradigm: Africans working through the U.S. Government to offer health management solutions to other developing nations.

Nyamache, Temba, and Sefrioui advise African and Asian health experts to improve the effectiveness of their multi-million dollar grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

In the new paradigm of international development, health and development specialists provide African solutions to international challenges.

Blueprints for Success
Technical Support to Global Fund Grants

Post-Conflict Recovery
Southern Sudan Builds Stronger Leadership

Southern Sudan required governance reforms to receive Global Fund assistance.

Schoolchildren in Lietnhom, Southern Sudan

© 2005 Basil A. Safi, Courtesy of Photoshare

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

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

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

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

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

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

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

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

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

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

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

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

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

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Blueprints for Success
Technical Support to Global Fund Grants

Abroad and at Home
International Consultants Save Their Own Nation's Grants

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

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

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

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit www.gmsproject.org.

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

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

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

South-to-South Consulting
West African Specialists Solve West African Problems

West African specialists are providing solutions to West African challenges.

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

Photo: Marc Péchevis

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit www.gmsproject.org.

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

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

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

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

Blueprints for Success
Technical Support to Global Fund Grants

Transferring Grant Responsibility:
Advancing the Belief in National Ownership

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

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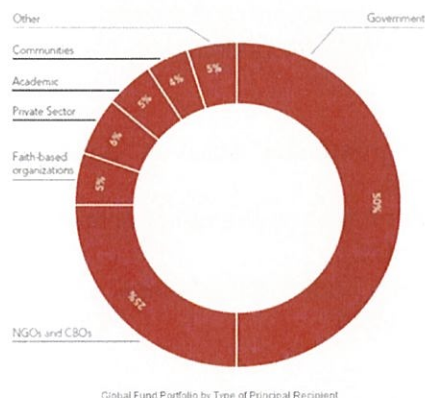
Fully half of principal recipients (PRs) are government entities, but any organization that meets stringent criteria may serve as a PR. Graphic courtesy of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit www.gmsproject.org.

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

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

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

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

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

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Democracy at Work
Republic of the Congo Elects a New CCM

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

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

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

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

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

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

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

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

Blueprints for Success
Technical Support to Global Fund Grants

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

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

Photo: Nadia Rafif and Fatim Adia

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

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

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

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

To address this issue, the CCM initiated reform, with help from Grant Management Solutions (GMS), UNAIDS and the German BACKUP Initiative, to facilitate transparent elections of civil-society representatives. Then, with GMS's help, this is what happened: ▪ The CCM hosted an information meeting from February 23-24, 2010, for 85 civil-society organizations to define transparent electoral procedures. An election protocol was signed by all. ▪ On March 3, the CCM published the call for CSO candidates. Nineteen candidates were fielded. ▪ On March 17, the lists of candidates and electors were published. ▪ On March 20, elections were held. Members of 85 organizations cast secret ballots in transparent boxes. ▪ Ballot counters tallied votes on large sheets of white paper in front of the electors. By evening, the reckoning was done. Civil society had elected 16 representatives to the CCM, healing the rift in governance. The other sectors also renewed their members, and, on March 25, the CCM elected new officers, completing the reform process.

Blueprints for Success
Technical Support to Global Fund Grants

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

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

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

Terry Anderson

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

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

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

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

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

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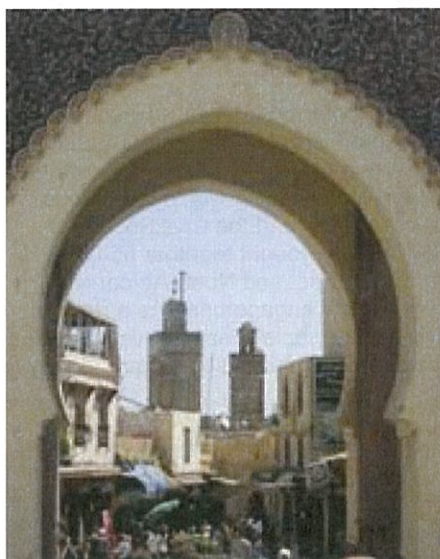
Blueprints for Success
Technical Support to Global Fund Grants

Morocco and the Internet
Maghreb Nation Uses Innovative Voting Method

New Global Fund CCM members are elected with the help of modern technology

Christine Ortiz

Morocco has received $22 million in grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. Morocco and the United States maintain the longest unbroken treaty relationship in U.S. history.

Using password protection and secure voting procedures, CSO members elected four new Global Fund CCM members through a fair and transparent process.

Every nation awarded grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria must have a board of trustees, known as a Country Coordinating Mechanism (CCM), to oversee how grants are managed in the public interest. CCMs consist of representatives from the government; the private sector; development partners; civil society organizations (CSOs); and persons affected by HIV, tuberculosis, and malaria.

CSO representatives must be elected by their constituencies on the basis of a documented, transparent process. In 2007, the Morocco CCM decided to renew and expand its CSO membership. Nearly 120 CSOs in Morocco met the technical requirements for CCM membership, but electing just a few new members from so many qualified groups seemed a daunting task, particularly when representatives had few opportunities to interact with each other.

To clarify and improve these procedures the Morocco CCM sought assistance from Grant Management Solutions (GMS), which is funded by the President's Emergency Plan for AIDS Relief. The GMS team and current CCM members proposed holding an election and vote using an existing Web site, www.tanmia.ma, an Internet forum through which Moroccan CSO representatives share ideas on subjects as diverse as agriculture, human rights, rural development, health, and related matters.

The Web site served as a forum through which CSOs that represent persons living with HIV and tuberculosis presented their skills to others and advocated to serve as CCM members. Using password protection and secure voting, the CSO sector elected four new CCM members through a fair and democratic process.

CCM members in Morocco continue to use the Web site to share experiences and ideas, and to vote on CCM issues, and Morocco serves as a beacon to other nations for its innovative use of new technology and transparent practices to oversee multi-million dollar grants from the Global Fund.

Action against HIV and Tuberculosis
Activists in Eastern Europe and Central Asia

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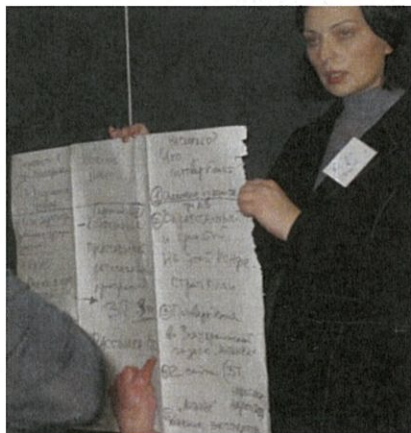

Photo : Terry Anderson

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

Read the report from the workshop
In English
In Russian

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

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

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

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

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

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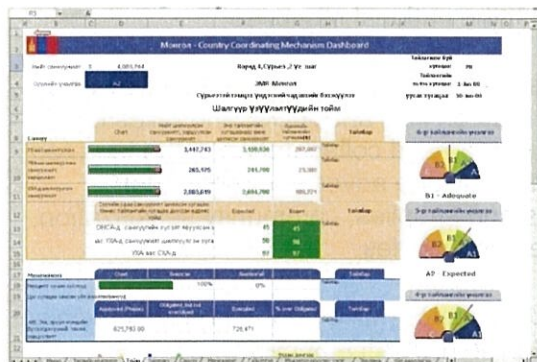
CCM Grant Dashboard
Mongolia's CCM Is in the Driver's Seat

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

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

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

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

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

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

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

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

TOOLS FOR SUCCESS
Technical Support to Global Fund Grants
Meeting Needs in Southeast Asia
The Vulnerable and Marginalized Take Action

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

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

Photo: Terry Anderson

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit www.gmsproject.org.

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

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

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

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

Blueprints for Success
Technical Support to Global Fund Grants

Monitoring & Evaluation in Indonesia
Satisfying Global Fund Requirements

Indonesia needed to strengthen its monitoring and evaluation plan and hold grantees accountable for funds and implementation.

Jack Reynolds

Health program officers in Jakarta draft a new monitoring and evaluation chapter for the Project Implementation Manual, Indonesia's official guidebook for implementing and managing grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Since 2003, Indonesia has received nearly $100 million through five grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria. In March 2007, however, the Global Fund restricted the use of those grants and withheld signature of a new grant agreement. The Global Fund notified Indonesia that it required stronger grant monitoring procedures and better reporting on the work of grant subrecipients.

By an October 2007 deadline, the Ministry of Health needed an M&E training curriculum and a plan to train M&E officers at the district, provincial, and national levels throughout Indonesia. With only slim monitoring and evaluation (M&E) procedures written into its new Project Implementation Manual (PIM), the Ministry of Health faced a daunting challenge.

Indonesia found the help it needed through a new mechanism, called Grant Management Solutions (GMS), supported by the U.S. President's Emergency Plan for AIDS Relief.

Within 10 weeks of requesting support, Indonesian counterparts, assisted by GMS consultants, had designed an M&E curriculum, trained 29 master trainers and program trainers in its use, and devised a plan to coach nearly 500 health program officers in 33 provinces in M&E techniques. M&E is now part of Indonesia's PIM and the every day work of health project officers. The first round of results measured by the new M&E techniques is expected by June 2008.

Since the October deadline, the Global Fund and Indonesia have signed a sixth grant agreement, and Indonesia is once again receiving funds to combat HIV, tuberculosis, and malaria.

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Blueprints for Success
Technical Support to Global Fund Grants

Three "firsts" in Malaysia: first Global Fund grant, first grant signed in 2011, first MARPs grant

In countries with concentrated HIV/AIDS epidemics, an effective strategy is to target the "most-at-risk populations." The Malaysian AIDS Council cooperates with civil society organizations to identify and provide services to these hard-to-reach communities.

Photo: M. Ojermark

Trainers from the Malaysian AIDS Council and GMS orient M&E officers in data collection and reporting

"We couldn't have done it without GMS."
Dr. Sourabh Malandkar, Project Director

For more information on GMS, visit www.gmsproject.org.

Although the national HIV prevalence in Malaysia is less than 1%, research carried out in selected urban areas found a prevalence of 22.1% among injecting drug users, 10.5% among female sex workers, and 9.7% among transgender sex workers. These constitute Malaysia's most-at-risk populations (MARPs). Malaysia is an upper-middle income country whose economy has made impressive gains in recent decades. However, insufficient government support for HIV prevention and the restrictive environment surrounding the at-risk groups impelled the country to seek support from the Global Fund to Fight AIDS, Tuberculosis and Malaria to boost the national response.

The grant that emerged is closely aligned with Malaysia's National Strategic Plan on HIV and AIDS, and relies on the participation, consultation and collaboration of the targeted populations. Activities include advocacy, delivery of preventive services and supplies, community sensitization, and training for the beneficiaries.

The Malaysian AIDS Council (MAC) is the principal recipient of this grant. MAC invited USAID-funded Grant Management Solutions (GMS) to provide urgent "presignature" assistance to guide MAC and its partners through the preparations for signature of the grant agreement. Over a scant two weeks, the GMS and MAC teams worked together to finalize key documents for the grant agreement, rectify budget issues, and prepare for the negotiation process. One week later, on May 5, 2011, Malaysia signed its first Global Fund grant agreement, which provides a package of preventive services to the three most-at-risk groups.

The GMS team returned in July 2011 to help MAC train its staff and the grant's thirteen subrecipients in financial management, and monitoring and evaluation. With over a decade of experience in MARPs programs and a highly dedicated staff, MAC is off to a running start.

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Tools for Success
Technical Support to Global Fund Grants

Workflow analysis in Laos:

A tool for learning, improving processes and developing SOPs

PSM staff of the PR used an interactive process of mapping and analyzing work flow to improve efficiency, comply with guidelines and policy, and satisfy Global Fund requirements.

Photo: M. Ojermark

Ms. Manisone and Mr. Khampasong map out the activities in a procurement process, together with their team.

On average, 45% of Global Fund grant budgets are dedicated to procurement, primarily for life-saving drugs. Weaknesses in PSM systems, and resulting delays in procurement and distribution of drugs, can seriously undermine services to those in need.

For more information related to this story, visit www.theglobalfund.org/en/performance/grantportfolio/money

For more information on GMS, visit www.gmsproject.org

On a small street lined with market stalls, and bordered by the Mekong River, the Ministry of Health houses its Office of the Global Fund Principal Recipient (PR). The PR manages seven grants worth $61.5 million, and is using multiple strategies to maintain and improve its grant performance.

Procurement and supply management (PSM) is an area whose particular challenges are few qualified staff, fragmented functions across several programs, and weak adherence to guidelines and procedures. The ultimate consequence of the PSM problem is failure to provide patients with urgently needed medicines. Due to delays and systemic weaknesses, Laos was facing critically low levels or stock-outs of key medicines and supplies. A holistic approach was needed to resolve the organizational and capacity problems hindering the PSM system.

Grant Management Solutions (GMS) was invited to assist the PR, and the national HIV/AIDS, malaria and tuberculosis programs, to improve their procurement performance, while transferring skills and capacity. Following a diagnostic analysis, the GMS team and PR opted to use workflow mapping to identify gaps, errors and inefficiencies, and define improvements.

The GMS approaches of participatory learning and creating "options for decision making" were put to work in a learning-by-doing workshop. Using wall space marked with swim lanes, teams of procurement staff and program managers plotted out various procurement processes. A lively debate accompanied the mapping of actions, decisions and persons responsible. Each flow diagram was critiqued and revised by the combined teams with GMS assistance. The multiple results achieved by the PR were beyond expectations: more efficient processes were defined, compliance gaps and errors were rectified, standard operating procedures were delineated, and a deadline set by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) was met. The PR's Assistant Manager Dr. Rattanaxay commented: *"[GMS'] support for the organizational development needs of our office will surely result in long-term benefits."*

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

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

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

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

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

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

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

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

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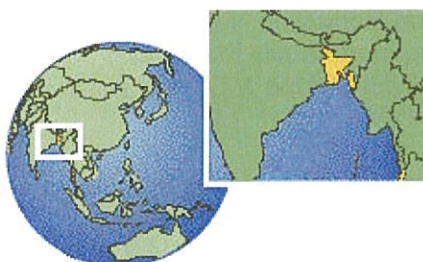
Blueprints for Success
Technical Support to Global Fund Grants

Financial Training in Bangladesh Underscores Transparency and Accountability

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

Bangladesh

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

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit www.gmsproject.org.

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

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

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

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

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

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Testing the GIPA Principle
Hondurans Living with HIV Implement Global Fund Grants

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

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

Photo: Lourdes de la Peza

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit www.gmsproject.org.

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

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

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

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

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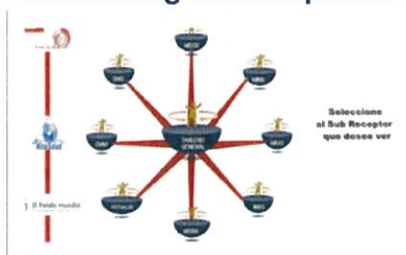# NicaSalud's Early Warning System Global Fund Grant Dashboard:
Management Strengthening of Nicaragua's Principal Recipient Through Improved Reporting and Accountability

Excel Programming

Monitoring Subrecipients

Implementation Monitoring

Performance Monitoring

NicaSalud, a network of 28 Nicaraguan and international nongovernmental organizations, is the principal recipient for Nicaragua's three Global Fund grants (> $18 million), which it implements with 12 subrecipients (SRs). In Phase 1 of the grants, NicaSalud had difficulty producing timely reports and monitoring the programmatic and financial progress of grant SRs. In mid-2006, the Global Fund notified NicaSalud that to receive Phase 2 funds it would need to improve its reporting procedures and information systems.
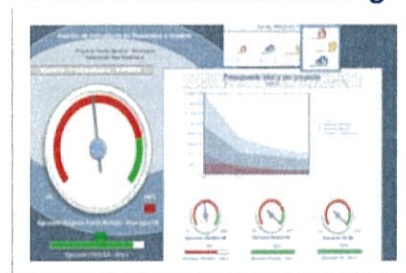
Dashboard Development Process

Financed by the Office of the U.S. Global AIDS Coordinator, Management Sciences for Health (MSH) assisted NicaSalud to design and implement monitoring and supervision procedures and a computerized early warning system (EWS), or *Sistema de Alerta Temprana*.

- SRs submit financial and programmatic data on paper forms, diskette, or via the Internet.
- NicaSalud consolidates that information at the national level and captures it in Microsoft Excel®.
- Results are displayed visually with Xcelsius® graphics.
- Reports are viewed on-line or printed.

Results: Better Reporting ⇨ Better Grant Scores

The EWS permits NicaSalud to detect problems early and to improve its reporting, NicaSalud uses the EWS to manage the work of SRs, and the Nicaragua Country Coordinating Mechanism uses it to oversee grants on a national scale. Nicaragua's grant performance ratings have risen from a score of B1 to A.

Global Application

PRs and CCMs worldwide need high-quality grant summary data for management and oversight. Grant dashboards offer a quick, visual overview of SR and grant performance in colorful, graphic form.

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GRANT MANAGEMENT SOLUTIONS

GMS

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Tools for Success
Technical Support to Global Fund Grants

The CCM Membership Checklist
Enhancing Transparency in Global Fund Governance

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

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

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

GMS provides urgent, short-term technical support to countries to better manage their grants from the Global Fund. For more information, visit www.gmsproject.org.

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

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

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

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

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

Grant Dashboards
Ensuring Procurement and Supply

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

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

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

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

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

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

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

Dedicated national, regional and international consultants, like Eduardo, are helping GMS fulfill its goal of empowering and supporting the growth and independence of Global Fund grantee countries
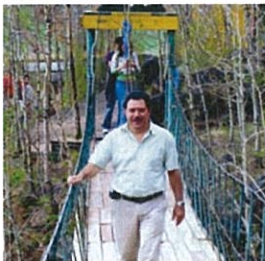
Eduardo Samayoa in Mongolia, where the CCM Grant Oversight "Dashboard" in the Mongolian language is now a key component in the country's ability to oversee its $33 million in grants to fight HIV and tuberculosis.

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

For more information, visit www.gmsproject.org.

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

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

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

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

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

Functional Analysis:
Methodology for Supporting CCMs and PRs

Functional analysis methodology focuses diagnosis on core management and governance functions

Members of the Country Coordinating Mechanism of the Hashemite Kingdom of Jordan discuss CCM structure and functions with a GMS consultant.

New development paradigms require new methodological tools. The functional analysis process is one of the Global Fund–focused tools developed by the GMS project.

In the new paradigm of performance-based funding for international development, institutions and individuals are evaluated against agreed targets for short-term objectives and long-term goals. The Global Fund to Fight AIDS, Tuberculosis and Malaria and grant signatories, the principal recipients (PRs), define targets and responsibilities in the grant agreements. For country coordinating mechanisms (CCMs), the national multisectoral governance bodies for Global Fund activities, roles and expectations are defined in the Global Fund's *Guidelines and Eligibility Criteria.*

New methodological tools are needed to help CCMs and PRs diagnose their level of capacity and focus efforts to increase performance. The USAID-funded Grant Management Solutions (GMS) project is charged with providing urgent, short-term technical support to CCMs and PRs to strengthen their capacity to carry out their roles and meet targets. Since 2007, GMS has devised a number of tools for comparing CCM and PR capacity to Global Fund standards.

The functional analysis methodology focuses on the five major functions of CCMs and the six major functions of PRs as explained in Global Fund documents. The objective is to determine whether the CCM or PR is equipped to carry out the major functions by its structure, documented procedures, and human resources, and to what extent it actually does carry them out. The diagnostic process is carried out through documentary review, interviews, small group discussions, and direct observation of the CCM and PRs. The CCM or PR is invited to validate the diagnosis and prioritize problems and issues for resolution. Because the process is participative and includes anonymous quotes and experiences gathered from stakeholders, participants recognize their contributions and feel acknowledged; validation usually goes smoothly. Because the approach is based on standards common to all Global Fund countries, it raises the discussion out of immediate local history to concepts of good management and governance. This forward-looking approach creates debate, which centers on intervention options and the timing of reforms.

The functional analysis methodology was first used in Kenya and has since been used by GMS in more than 40 countries. In so doing, GMS is improving the effectiveness of America's donation to the Global Fund to Fight AIDS, Tuberculosis and Malaria.