



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

Presentation to the *Fiji Country Coordinating Mechanism*

May 2011



Agenda

- Role of the CCM
 - Oversight of grant implementation

- Fiji TB & HSS grant
 - Status
 - Grant Renewal Process

- Global Fund Board Decisions
 - Eligibility and Counterpart Financing
 - What this means for Fiji
 - CCM Requirements

Oversight: The big picture



CCM Oversight of Grant Implementation

“An overlooked responsibility”

What does Oversight mean?

- Activities and targets are on course
- Resources are used effectively, efficiently
- Identify and solve grant bottlenecks/challenges
- Mobilise technical support for effective grant implementation
- Review material reprogramming requests from PRs

What should the CCM need to do?

- *Transparent and documented processes for program oversight – good planning*
- *Involvement of CCM and non CCM members in grant oversight*
- *Appropriate governance systems*

Good CCM oversight ensures success of program implementation

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***Oversight:* Not micromanagement but Not neglect!**

- **The CCM:**
 - **Does not** implement grants
 - **Does not** manage program implementation
 - **Does not** perform Monitoring and Evaluation
 - **Does not** interfere in daily management issues

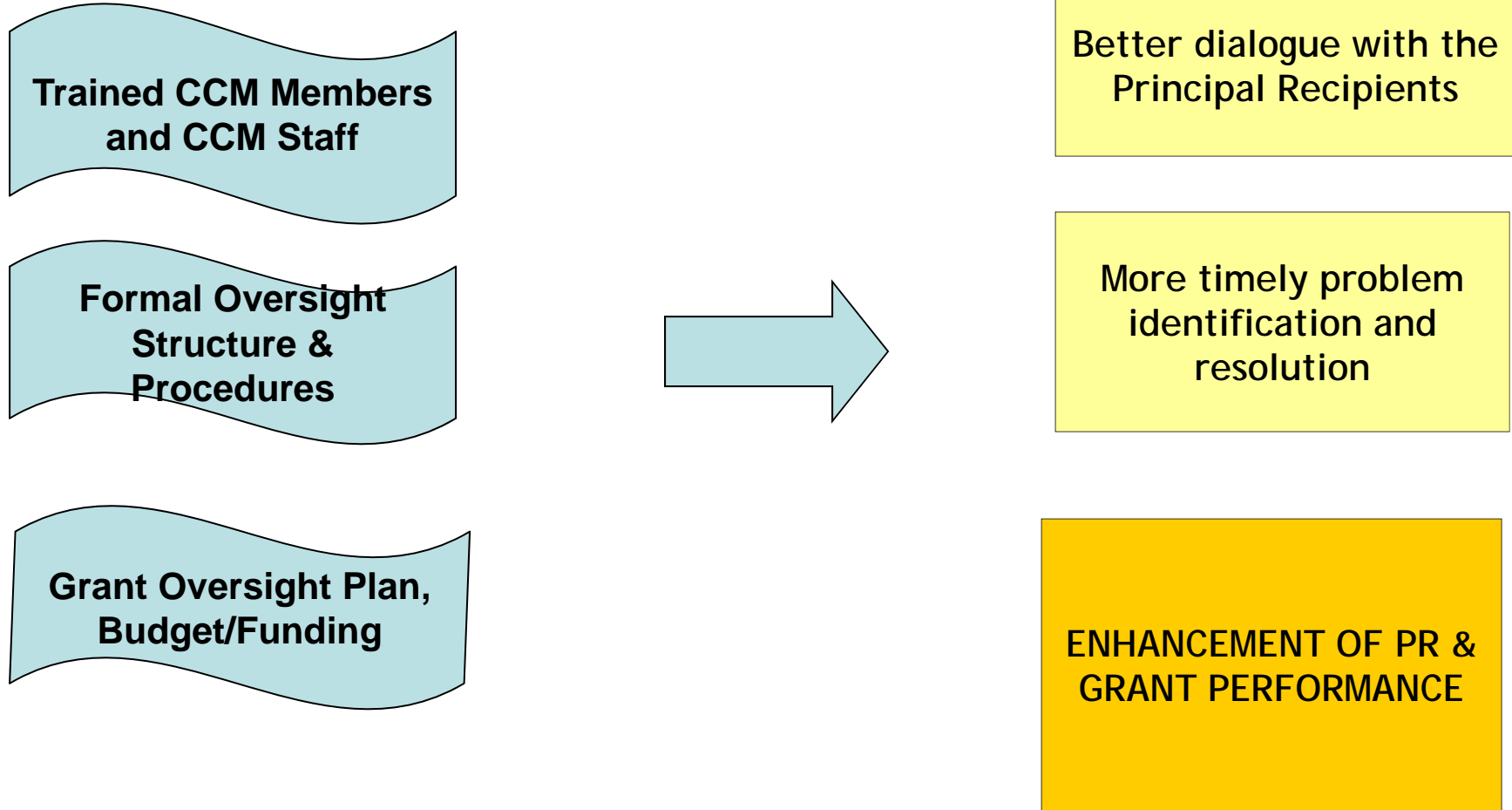
- **The CCM Helps:**
 - the PR identify problems and bottlenecks hindering implementation.
 - the PR define solutions.
 - implement solutions where the PR does not have sufficient authority or capacity alone.

Solving problems: Ask key oversight questions

1. **Where** is the **money**?
2. **Where** are the **medical supplies** and equipment?
3. Are **sub recipients** receiving **funds** and resources as planned?
4. Are grants being **implemented as planned**?
5. Are **performance targets** being met? What are the **results**?



Elements to support oversight



CCM oversight – a strategic approach

- **Pursue activities such as ensuring:**
 - Program coherence with existing national strategies & initiatives
 - Compliance with GF requirements
 - Oversee grant negotiations prior to signing Grant Agreements
 - Fulfillment of PR conditions precedents and time bound actions
 - Regular receipt and analysis of information during implementation (PR reports, LFA, FPM feedback etc...)
 - PR performance and grant progress on key indicators assessed
 - Carry out site visits
- **CCMs will prevent:**
 - Duplication or scattering of resources
 - Implementation bottlenecks and challenges not identified in time
 - Missed opportunities for mobilizing technical support for PRs
 - Increased risk for funding sources to be reduced or stopped

CCM Secretariat roles and responsibilities

- Support CCM in executing roles and responsibilities
- Coordinate and document CCM meetings (including working groups)
- Coordinate and document CCM oversight activities, including site visits
- Gather, analyze and summarize information to support CCM members' decision making processes
- Manage and disseminate information to CCM members, PR, LFA, GF and other stakeholders
- Act as the focal point for GF communication
- Independent location and neutrality is essential when managing multiple stakeholders' relationships

Challenges to grant oversight

- CCM lack of **understanding** of how oversight differs from the M&E role of the Principal Recipient
- CCM perception that the oversight responsibility falls **with the PR**
- **No time** for oversight – CCM members have other official duties to carry out
- Getting **information too late** to provide real oversight
- **Too many details** in the quarterly reports (i.e PUDR), not enough details in narrative reports

Key questions on oversight

- What kind of strategies, processes, activities have you put in place to ensure successful oversight of grant implementation?
- How does your CCM ensure transparency and mitigate potential conflicts of interest during oversight ?
- What is the role of your CCM Secretariat in supporting oversight?
- How do LFA findings complement your oversight role?

CCM Dashboard: Access to technical assistance

- Pool of consultants trained on governance, oversight and the grant oversight tool are available to countries
- CCMs can access technical support by either contacting their Fund Portfolio Manager or the Global Fund CCM team ccm@theglobalfund.org
- The multilateral and bilateral partners also available to assist CCM members with their requests, notably UNAIDS, WHO, TSF, OGAC, USAID, Grant Management Solutions, GTZ Backup initiative, CSAT
- Tool and supporting documents available on the Global Fund website at www.theglobalfund.org/en/ccm/

Overview Fiji TB& HSS grant status

- B1 - Performance Rating (adequate) @ end Period 3

What areas are performing well?

- Testing for HIV
- Health staff training
- TB Coordinators supervisory visits to health centres

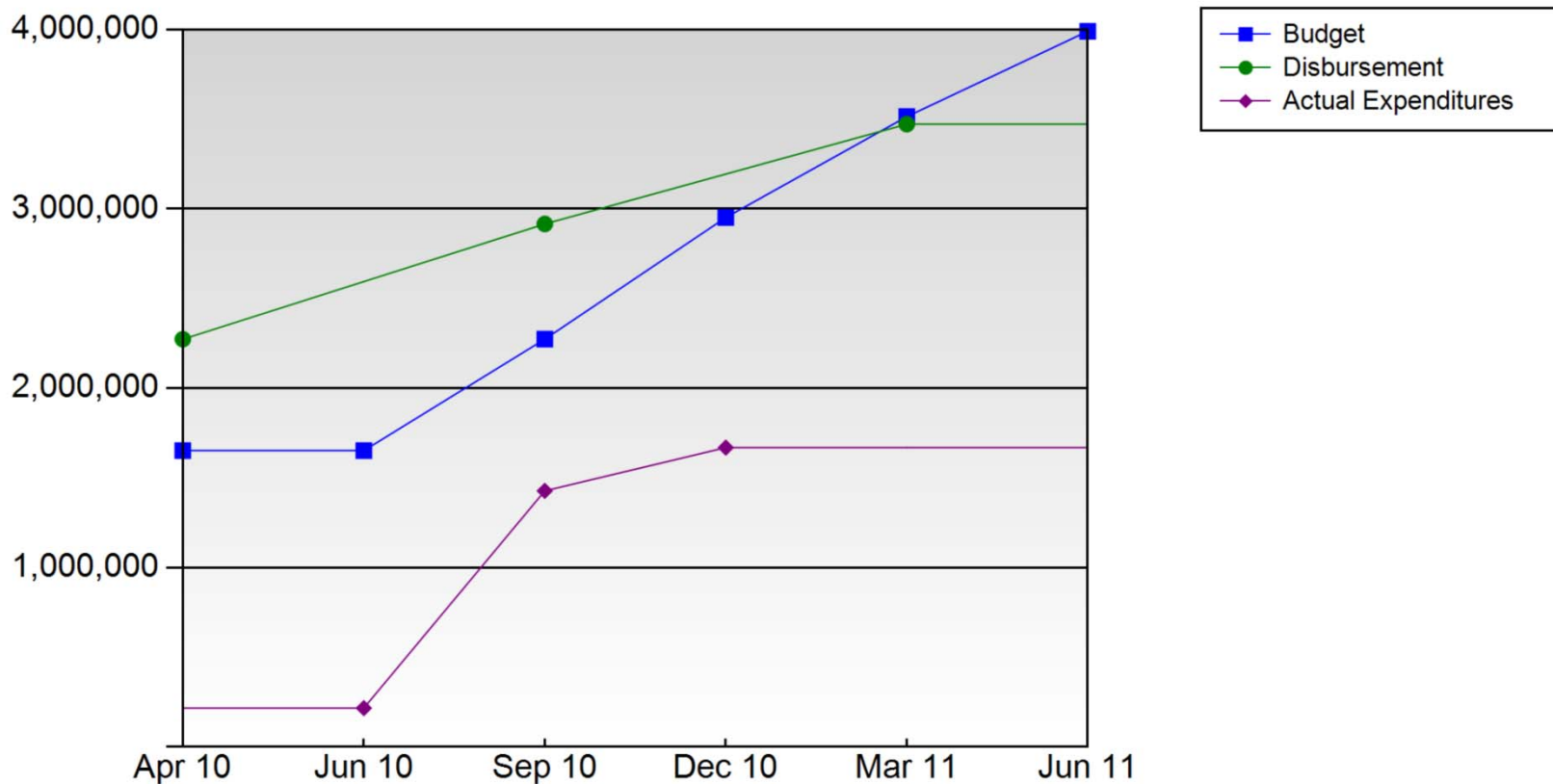
What are the challenge points?

- Delays in health equipment procurement
- SR reporting
- Delayed development of: National HIS Policy & Strategic Plan, National Reference Laboratory national standards.

Periodic Review based on results @ month 18

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Financial Budget vs Actual Expenditure to end Dec 2010 (Mth 9)

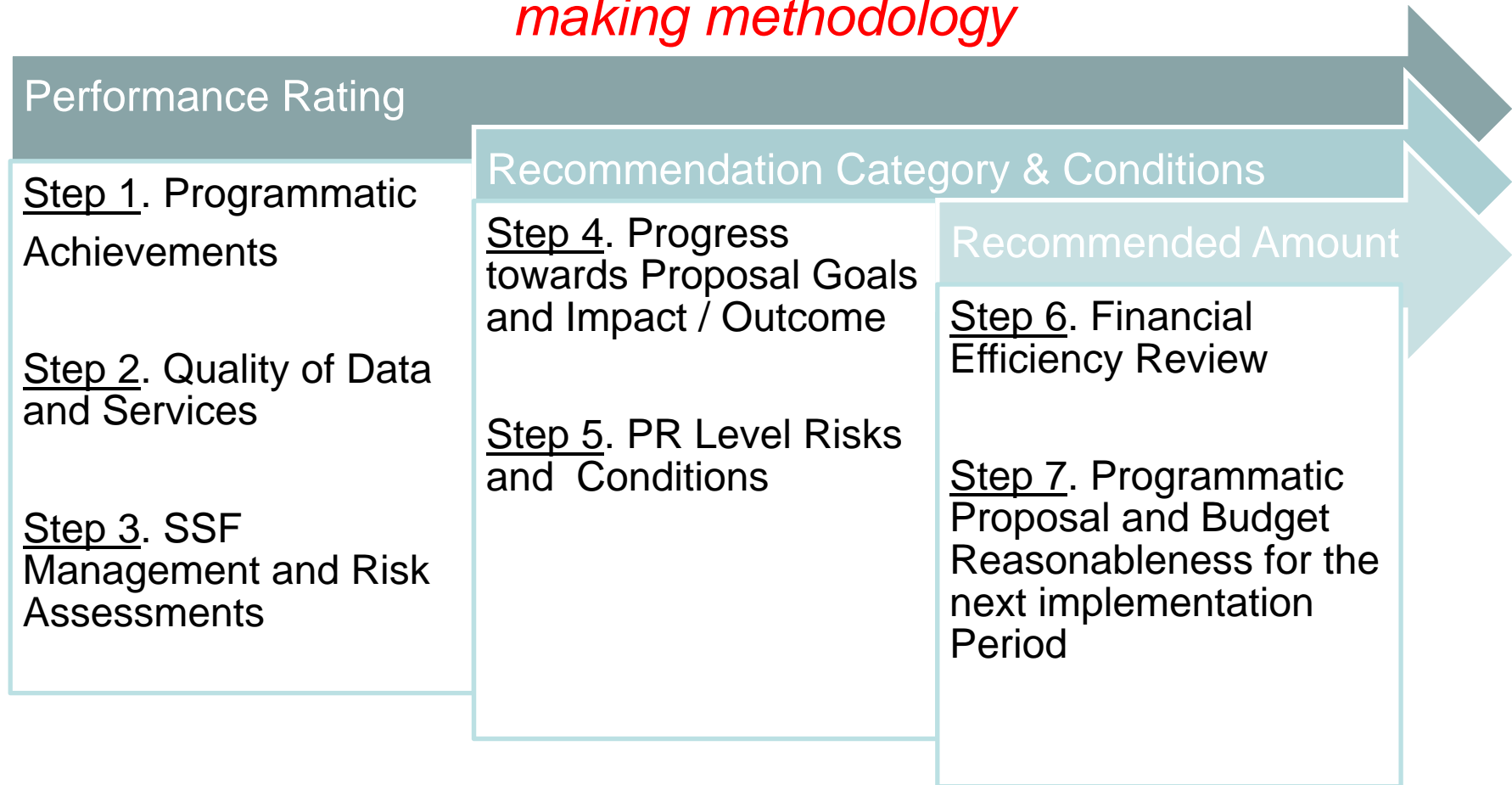


Periodic Review: Principles

- Periodic Reviews look at the **all GF funding in a disease or cross-cutting health systems strengthening program** (all PRs).
- “**Checkpoints**” of **achievements** against the objectives and goals of the Proposal ie “**programmatic progress and public health impact**”.
- The assessment conducted at the time of Period Reviews focuses on:
 - i. **progress towards Proposal goals and disease impact,**
 - ii. **PR performance,** and
 - iii. **identified grant or program-level risks,** if any.
- The additional financial commitment recommendation to the Board per PR will include a:
 - i. **Performance rating;**
 - ii. **Recommendation category (with corresponding conditions, if any);** and
 - iii. **Recommended additional commitment amount.**

Periodic Review: Methodology

Based on a 7-step performance based funding decision making methodology



Periodic Review: Roles & Responsibilities

Who collects what and when...

Routine Reporting
At Periodic Review

		Routine Reporting	At Periodic Review
PR	<ul style="list-style-type: none"> - Report indicator results vs. targets, including disaggregated if relevant (output-outcome-impact) - Report expenditure breakdowns vs. budget (by Cost category, SDA and implementer) - Report costs of health product (through PQR) - Report on progress against CPs and Management Actions, if any - Lessons-learned from program implementation 	<ul style="list-style-type: none"> √ √ √ √ 	<ul style="list-style-type: none"> √ √
CCM	<ul style="list-style-type: none"> - Assesses PR performance and programmatic achievements - Analyzes trends in impact/outcome indicators and progress towards Proposal goals - Assesses program level-risks related to Equity, Value for Money, Aid Effectiveness, if any - Requests additional financial commitment for the next Implementation Period (overall and per PR) 	<ul style="list-style-type: none"> √ 	<ul style="list-style-type: none"> √ √ √ √
LFA	<ul style="list-style-type: none"> - Checks completeness / accuracy of data reported by PRs (results, expenditures, PQR, etc.) - Undertakes on-site verifications of data quality and quality of services - Assesses PR grant management (overall and by functional area – M&E, Financial Mgmt, etc.) - Performs budget review and provides an additional financial commitment recommendation (overall and per PR) 	<ul style="list-style-type: none"> √ √ √ 	<ul style="list-style-type: none"> √

Periodic Review: Key Implications

Expected benefits:

- 1 Consolidated request per disease or cross-cutting health system strengthening program (as opposed to several frequent requests per PR)
- Longer implementation period (i.e. up to 3 years)
- Periodic Review date decided by country, aligned with chosen in-country cycle
- Invitation letter to include GF pre-assessment of key areas to be addressed by the CCM
- Strengthened emphasis on reprogramming (opportunity to revise strategy)

New elements:

- Consolidated Requests per disease or cross-cutting health system strengthening program will demand more work (even if once every 3 years)
- Additional information requirements on program effectiveness and impact
- More involvement required by CCM to analyze progress and justify request

Periodic Review: Key Planning Activities

Two step process...

1. Looking back at past performance

- Evaluation of successes (and failures) of current program
- Analyze trends in impact/outcome indicators and progress towards Proposal goals
- Assess program level-risks related to Equity, Value for Money, Aid Effectiveness, if any
- Assessment of programmatic & financial performance of PR

2. Looking ahead

- Harmonize goals, objectives, SDAs across the disease program
- Submit a consolidated request for addit'l financial commitment

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IP 2: Jul '12 – Dec '14
 Cycle (Jan '15): Jan-Dec

Timeline for Fiji (TB)

Key Steps of Periodic Reviews Duration of 1st Implementation Period - 27 months	Timeline
CT Pre-Assessment Meeting	1 August 2011
Country Training (video conference??)	August 2011
Secretariat sends an invitation to CCM to submit a <i>Request for Additional Financial Commitment</i> with supporting documentation	1 Sept 2011
Cut off for data	Up to month 18 (30 Sept 2011)
CCM sends its Consolidated Request and supporting documents to the FPM (and LFA).	15 Dec 2011 (2 ½ months)
LFA sends its Independent Assessment Report to the FPM	31 Jan 2012 (1 month)
Secretariat's recommendation on Grant Renewal sent to the Board	1 April 2012 (2 months)
Board decision on additional financial commitment	15 Apr 2012
Negotiations (for revised SSF Agreement for the next Implementation Period) through First disbursement under the renewed SSF Agreement	By June 2012 (2 ½ months)
Start of Implementation Period 2	1 July 2012

Outcomes of the May 2011 GF Board Meeting

Key Issues:

- Comprehensive Reform Agenda
- Eligibility Criteria, Counterpart Financing and Prioritisation
- CCM requirements

- And What does this mean for Fiji??



Outcomes of the May 2011 GF Board Meeting

Comprehensive Reform Agenda

- 1. Enhanced fiduciary control and risk-management:** risk assessment, fraud prevention and detection measures, management of higher-risk expenditures; minimum standards for financial management; guidance on fraud detection for PRs, CCMs, and LFAs.
- 2. Improved resource allocation and increased value for money** across the grant lifecycle to inform grant decision-making.
- 3. Improved proposal development and review processes:** (eg SSF, NSA, and the Joint Health Systems Funding Platform.)
- 4. Improved grant management and reduced transaction costs:** measures to improve quality of disbursements, increase consistency and quality of performance-based funding decisions.

Outcomes of the May 2011 GF Board Meeting

Comprehensive Reform Agenda (cont)

5. **Improved internal management:** (organisational reviews of structure, workforce allocation and human resources strategy)
6. **Improved partnership and in-country structures:** (CTA and CCM reforms)
7. **Improved governance:** (review governance for the GF Board).
8. **Enhanced resource mobilization**
9. **Increased sustainability and efficacy:** partnership development; leveraging of national, counterpart financing and other resources

Key Outcomes of the May 2011 Board Meeting

Eligibility

- Two funding pools – **General and Targeted**
- Individual country applications to **General Funding Pool (90% of available funds)** based on;
 - income status
 - disease burden (by each disease)
 - application under Small Island state exemptions
- Lower and Upper MICs must have **50% focus** on special groups/interventions
- **X-cutting HSS** only eligible for funding under General Funding Pool
- **Regional Proposal** – eligible if majority of countries are eligible to submit RCF as a single country

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Key Outcomes of the May 2011 Board Meeting

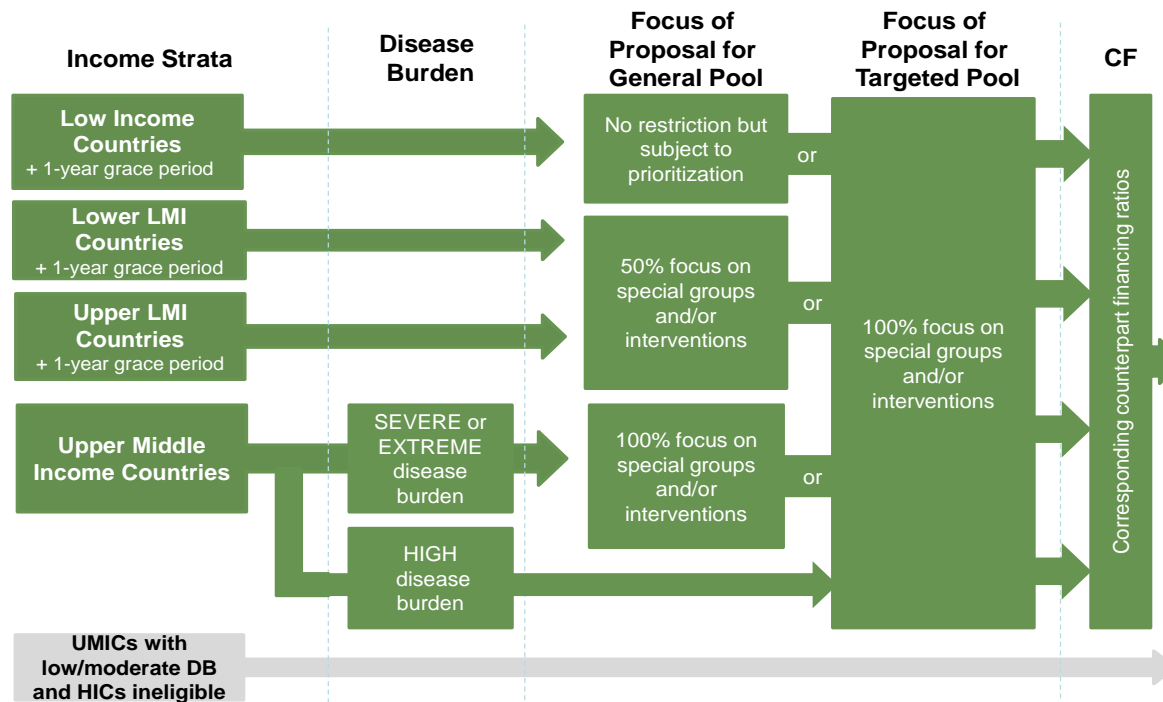
Eligibility

- Targeted **Funding Pool** (10% of available funds)
- Proposals with a budget ceiling of USD5million/2yrs and <USD12.5million/5yrs
- **100% proposal focus (LIC, LMIC or UMIC)** on special groups /interventions
- **Regional Proposal** – eligible if majority of countries are eligible to submit RCF as a single country

Key Outcomes of the May 2011 Board Meeting

Eligibility

Flow chart showing the Eligibility Criteria and required Focus of Proposals for the General and Targeted Funding Pools



Pacific Island Countries - Eligibility

Pacific Island Country	Income Classification	Eligibility	General Pool & HIV/TB/malaria & HSS proposal	Targeted Pool* (budget ceiling \$5m/2yrs or \$12.5m/lifetime)
1 Fiji	Upper middle income	Ineligible (UMIC with low/moderate DB)		
2 Palau	Upper middle income			
3 Marshall Islands	Lower middle income	Conditionally eligible	50% proposed budget focus on special groups	100% focus on special groups
4 Kiribati	Lower middle income #			
5 Micronesia, Fed. Sts.	Lower middle income			
6 Samoa	Lower middle income #			
7 Tonga	Lower middle income #			
8 Vanuatu	Lower middle income #			
9 Tuvalu	Lower middle income			
10 Solomon Islands	Low income	Fully eligible		
11 Cook Islands	Self-governing but in Free association with NZ	Ineligible UMIC???		
12 Nauru	not listed			
13 Nuie	Self-governing but lacks full Sovereignty - in free association with NZ	UMIC with low/moderate DB)		
Regional proposal (Disease)	majority of countries are eligible to submit own request for funding under General Funding Pool	Conditionally eligible		
Regional Proposal Cross cutting HSS	majority of countries are eligible to submit own request for funding under General Funding Pool			

CCM **New** requirements

- Funding proposals to be coordinated transparently with broad range of stakeholders
- Efforts to engage key population groups (eg MARPs) to be documented.
- Transparent and documented process for PR nomination at time of funding application for all new and continuing PRs based on clearly defined objective criteria.
- Document the management of any potential COI that may affect the PR nomination process.
- CCMs to submit and follow an oversight plan for all financing approved by the GF. The plan must detail: oversight activities, how the CCM will engage program stakeholders in oversight, (CCM members & non-members), and non-government constituencies and people living with and/or affected by the diseases.

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CCM New Requirements:

- CCMs to show evidence of membership of [PLWHIV and people affected by TB or malaria \(where funding is requested or has previously been approved for that disease\)](#). (People affected by TB or malaria include people who have lived with these diseases in the past or who come from communities where the diseases are endemic.)
- all CCM members representing non-government constituencies to be selected by their own constituencies based on a documented, transparent process, developed within each constituency.
- CCMs to develop and publish a policy to manage conflict of interest that applies to all CCM members, across all CCM functions.

CCM New Requirements:

- **The policy must state:**
 - **CCM members to declare conflicts of interest affecting themselves or other CCM members.**
 - **Document that members will not take part in decisions where there is an obvious conflict of interest, including decisions related to oversight and selection or financing PRs or SRs.**
 - **Apply COI policy throughout the life of Global Fund grants, and present documented evidence of its application to the Global Fund on request.**