

# Global Fund Technical Assistance Report

## Global Fund Program in Romania: Assessment Report

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## EXECUTIVE SUMMARY

### Background

The Global Fund for AIDS, Tuberculosis and Malaria (GFATM) has awarded two grants in Romania for programs in HIV/AIDS and TB. The two grants were developed by the GFATM Country Coordinating Mechanism (CCM), currently a 55-person body composed of stakeholder representatives from the Romanian Government, civil society organizations/nongovernmental organizations (NGOs), people living with HIV/AIDS, the academic sector, international faith-based organizations, the private sector and international donors. The CCM nominated the Ministry of Health as the Principal Recipient (PR) to receive funding and manage the grant. Within the PR, there is a Project Management Unit (PMU) that serves as the grants management unit responsible for review and approval of Sub-Recipient (SR) proposals; preparation of Sub-Recipient grants; disbursement of funds and financial oversight of SRs; monitoring and evaluation of SRs; preparation and submission of quarterly reports to the GFATM in Geneva; and liaison with the CCM body.

These two grants were awarded in June 2003 for a two-year Phase I program, followed by the award of a Phase II grant in February 2006 for an additional three years. The HIV/AIDS grant is for \$28 million—\$21 million in Phase I and \$7 million in Phase II. The TB grant is for \$16 million—\$12 million in Phase I and \$4 million in Phase II. Overall, both grants have performed exceedingly well, with the HIV/AIDS grant exceeding 28 of its 30 performance targets and the TB grant exceeding 12 of its 16 performance targets. However, there has been several months' delay in awarding Phase II grants to Sub-Recipients. This delay has created a disruption in continuity of program activities from Phase I to Phase II. Partly due to this delay, concerns were raised regarding effective functioning of the CCM, the PR/PMU and their relative roles regarding monitoring and evaluation of the program. The CCM requested technical assistance to help them review and improve their functioning and clarify roles and responsibilities for program monitoring between the CCM and the PR/PMU. A four-person technical assistance team visited Romania from June 1–16, 2006, to assess the situation and develop an action plan for the CCM. The following details major findings and recommendations along with suggested next steps and proposed follow-on technical assistance support.

### Major Findings

1. **CCM Functioning.** Most members felt the CCM was growing too large and decision-making is bogged down; however, most did not want to limit the size of the CCM because it represented broad stakeholder involvement. Many members thought the Executive Committee functioned effectively in the past and should be reactivated.
2. **Phase II Delays.** The recent Phase II Sub-Recipient grant award problem has serious consequences. The program has been delayed, SRs have had to stop activities, and they are frustrated and angry. Trust among all parties—the CCM,

PMU and Sub-Recipients—is at an all-time low, and it will take some time and attention to rebuild.

3. **Communication.** Many CCM members and SRs feel they lack sufficient and timely information on the larger program and that the PMU needs to do a better job communicating program accomplishments and issues that may warrant CCM support.
4. **Monitoring and Evaluation Responsibilities.** There is confusion about how grant performance should be monitored—what is the role of the PMU and what is the role of the CCM? What does it mean when the guidelines state that “the CCM should oversee and monitor the performance of the grant”? The terms “oversee” and “monitor” are open to very different interpretations.
5. **PMU Performance.** The PMU is doing a reasonably effective job of overall grants management. The Monitoring and Evaluation and Financial units are functioning well. They have standardized data systems in place and their quality control measures seem adequate. Both units get information regularly and are able to generate required Global Fund (GF) reports.
6. **GFATM Reporting Requirements.** There are standardized activity and financial reporting requirements in place for SRs. However, some SRs feel the reporting requirements are still unclear, and the PMU staff reports there are many SR reporting errors requiring clarification.
7. **Data Management.** Within the PMU M&E unit, there are four HIV databases that are computerized but not linked. This requires a lot of manual compilation, increasing data entry and checking time, and may cause errors. For the TB program, there is no computerized database, requiring that all data entry be done manually.
8. **GFATM Program Evaluation.** There has been little planning and preparation for the evaluation stages of grant implementation and completion.
9. **GFATM Round 6.** The GFATM has issued new requirements for CCM operations that must be fulfilled before they can be awarded funding in Round 6. Of the six minimum eligibility requirements, the CCM needs to address two criteria related to documenting transparent processes to 1) solicit and review proposal submissions; and 2) nominate the Principal Recipient (PR).

## **Major Recommendations**

1. **Reactivate the Executive Committee.** If the size of the CCM is to remain at over 50 members, steps need to be taken to ensure that this governing body is able to conduct its work effectively and efficiently. The CCM can use sub-committees and small work groups to analyze issues and make recommendations to the CCM for

final decisions. The Executive Committee should be empowered to make some decisions between meetings.

2. **Ensure that Sub-Recipient grants for Phase II are signed as quickly as possible.** The PMU needs to get all SR sub-grants in place and disburse funding this month. CCM members, PMU staff and SRs should make every effort to put this conflict behind them and move into the future with a positive attitude. It is important to forgive and start Phase II with hope, free from anger or resentment.
3. **Communication and information flow between CCM members need improvement.** The PMU should routinely distribute to CCM members all reports sent to GFATM and the Local Fund Agent (LFA), as well as make presentations on grant performance to the CCM quarterly or biannually.
4. **Clarify how the CCM will monitor the performance of the grant and the PR.** The CCM should oversee grant implementation, staying in the “helicopter” position. The PMU must supply the CCM with needed information to provide oversight and guidance without micromanaging the program. The CCM should monitor the performance of the PR/PMU, not the performance of individual Sub-Recipients.
5. **Assess the PMU against agreed upon performance criteria.** The CCM should use objective performance criteria to monitor PMU performance. If there are performance problems, they should be addressed. The PMU should assess its own management and leadership approaches and make appropriate improvements.
6. **Standardize reporting requirements and orient SRs to strengthen reporting capacity.** The PMU should try to establish consistent reporting documents that do not change. The PMU and SRs should work closely together to improve the quality and timely submission of reports as well as minimize staff time in having to revise or redo reports. The PMU M&E staff should conduct annual one-day orientation meetings for SR staff members who are responsible for reporting.
7. **Improve Database Management.** The PMU should link the individual HIV databases and create a comprehensive TB database to allow for ease of reporting, improve data quality and increase staff efficiency.
8. **Initiate evaluation planning soon.** A small evaluation planning work group composed of M&E staff, CCM members and SR staff should be formed to develop steps required, with a timeline, to conduct program evaluation.
9. **Ensure that the CCM meets the minimum requirements for Round 6.** A process should be developed and documented for soliciting and reviewing proposal submissions, as well as for how the CCM will nominate the PR.

Full findings and recommendations are included in the main body of the report as well as in a summary matrix in Annex 9.

### **Next Steps and Technical Assistance Support**

An action plan (detailed in Annex 10) designed to implement major recommendations made in this report has been developed by the technical assistance team. This action plan, with a series of recommended activities to be implemented over the next six months, is expected to optimize program performance of the GFATM Phase II grants in Romania and bring about the following outcomes:

- Improved functioning of the CCM
- CCM compliance with GFATM Round 6 grant criteria
- Enhanced PMU functioning
- Improved relationships and communication among the CCM, PMU and SRs
- Clarity of roles regarding monitoring and evaluation functions between the CCM and PMU
- Improved monitoring and evaluation systems, and overall data reporting
- Development of a program evaluation plan and its implementation.

To facilitate next steps to carry out the action plan, three key areas for technical assistance support have been identified as follows:

- Support to the CCM to develop operational norms and decision-making procedures through a one-day CCM workshop to strengthen the way governmental organizations and civil society organizations work together
- Support to the PMU to conduct a two-day management/leadership strategic planning meeting
- Assistance to the PMU M&E Unit to plan and conduct a workshop with Sub-Recipients on reporting requirements.

Technical assistance support can be provided through the Capacity Project for these three interventions. Alternatively, given that JSI has a presence and an established capability to support such technical assistance, they are well positioned to fulfill these proposed technical assistance needs as well as ongoing in-country support to facilitate achievement of recommended activities outlined in the action plan.

## **I. Assignment Purpose**

At the invitation of the Global Fund Country Coordinating Mechanism (CCM) for Romania, a four-person team visited Romania from June 1–16, 2006, to provide technical assistance to the CCM to support the Global Fund grant program for HIV/AIDS and TB. The team was asked to focus its efforts on a program management assessment rather than a technical assessment. More specifically, the team was asked to:

- Conduct a general assessment of and make recommendations for the operations of the CCM in overall governance
- Clarify the monitoring and evaluation role of the CCM
- Assess and help clarify the coordination of Monitoring and Evaluation (M&E) between the CCM and the Principal Recipient (PR).

The full scope of work is available in Annex I.

## **II. Assignment Methodology**

To carry out this assignment a four-person team was fielded to Romania for two weeks. The team members were Wilma Gormley, Donna Sacknoff, Jinny Sewell and Christine Whalen. Respectively, the team members brought skills in organizational development, program management, monitoring and evaluation and TB. In preparation for the assignment, team members reviewed and analyzed Global Fund documents regarding the overall Global Fund program and Romania-specific Global Fund program management and grant performance documents. En route to Romania one team member, Wilma Gormley, stopped in Geneva to meet with the Global Fund Manager for Romania, Maria Kirova. During the two-week in-country visit, the team met with a variety of stakeholders, including the CCM chair and two of her Vice-Chairs, CCM member representatives from government and nongovernmental organizations, and donor representatives from USAID, UNAIDS, UNFPA, UNICEF and WHO. The team also met with Principal Recipient/Ministry of Health officials and several Project Management Unit (PMU) staff responsible for day-to-day management of the GFATM grants. In meeting with PMU staff, three of the four team members spent considerable time with several staff members to fully understand their operations, particularly the monitoring and evaluation function. A full list of all those interviewed is available in Annex 2.

## **III. Findings and Recommendations**

### **A. CCM FINDINGS AND RECOMMENDATIONS**

#### **Findings**

In assessing the operations of the CCM, we took into consideration a) the guidelines and requirements that the GFATM provides; b) perceptions, insights and

recommendations from the persons/organizations interviewed; and c) our own experience in working with governing bodies in similar situations.

The CCM in Romania meets most of the requirements established by the GFATM, and these are described in the CCM Terms of Reference. Annex 8 lists the GFATM requirements and notes where the CCM is in compliance and where additional work is needed in order to comply. The major compliance requirement that will be important in applying for Round 6 funding is listed below in findings and recommendations.

The following describes our findings:

- Members report that the CCM meetings are difficult. The group is very large and the issues to discuss are complex. Members report they sometimes become frustrated and confused. Recently meetings have been very long and tiring. The tone of the meetings is often conflict-ridden and tense. Goodwill may be evaporating.
- The recent delay of Phase II Sub-Recipient grant awards has serious consequences. Due to the delay, progress over the last six months has been slowed or stopped altogether and Sub-Recipients are understandably frustrated and angry. CCM members are concerned about how this will affect the funds flow from GFATM Geneva. Now that various sub-agreements are moving ahead, the Sub-Recipients are relieved but still wary and distrustful. It will take some time and attention to rebuild trust.
- Most members felt the CCM was growing too large; however, most did not want to limit the size of the CCM because it represented broad stakeholder involvement. In reviewing the size of the CCM in various other GF countries, many are struggling to limit the size and still retain broad stakeholder representation. Many members we interviewed thought the Executive Committee functioned effectively in the past and should be reactivated.
- There is confusion about how grant performance should be monitored—what is the role of the PMU and what is the role of the CCM? What does it mean when the guidelines state that “the CCM should oversee and monitor the performance of the grant”? The terms “monitor” and “oversee” are open to very different interpretations. The PMU feels it is doing a good job with its monitoring and evaluation activities. At the same time, CCM members are wondering if they should not be doing more to monitor. This confusion needs to be clarified, and the roles of both the CCM and the PMU in monitoring delineated.
- There is a general feeling of unease about grant progress and understanding of what is going on. Members report that they don’t really understand the reasons behind the contract delays, and they don’t feel informed about how this is being resolved. Some members feel they do not have information about the larger program, which hampers their ability to make informed decisions.

- Members feel they do not always get agendas and supporting documents far enough ahead of the meeting so that they can be prepared. There is confusion about what the minutes should include, and sometimes members feel the minutes are inaccurate. They do not find it easy to submit corrections to the minutes. At the same time, the Chair and the Secretariat feel they have made significant improvements. Many members did not like to have meetings in the government due to security issues and the tone of formality that setting conveys and would prefer that meetings be held in other locations whenever possible.
- For TB there is clear strategic leadership; the program is centralized and is making efforts to include civil society. While there is a national HIV/AIDS program that coordinates and guides HIV activities going on in the country and links to the national strategic plan, we did not find the PR providing the kind of clear strategic leadership for the HIV program that was evident with TB. In the absence of this strategic leadership one could be concerned about the integration of prevention and treatment and long-term sustainability of the efforts being funded by current GFATM funds.
- GFATM has issued new requirements for CCM operations that must be fulfilled before the CCM can be awarded funding in Round 6. There are six minimum eligibility requirements. We did not find documented evidence that the CCM has a transparent and documented process to solicit and review proposal submissions, nor does it have a transparent and documented process for nominating the PR.

## **Recommendations for Improvement**

The CCM has good representation from stakeholders, energy and commitment and takes its responsibilities seriously. Some adjustments in operations would make the CCM even stronger. We offer the following recommendations:

- I. **Reactivate the Executive Committee.** If the size of the CCM is to remain at over 50 members, steps need to be taken to ensure that this governing body is able to conduct its work effectively and efficiently. The CCM can use sub-committees and small work groups to analyze issues and make recommendations to the CCM for final decisions. The Executive Committee can be empowered to make some decisions between meetings. The following steps could be used to activate the Executive Committee:
  - a. Clarify the role and responsibilities of this sub-committee. Elect new members based on willingness and ability to serve, not official status. Ensure that major stakeholder groups are represented. Keep the number of members to no more than ten or twelve.
  - b. Establish a schedule for Executive Committee meetings; provide them with support from the secretariat.

- c. Expect the Executive Committee to select their coordinator. The coordinator probably should not be the Chair since the role will be time consuming and may overload the Chair.

Annex 3 contains information and guidance for establishing an Executive Committee.

**2. Clarify how the CCM will monitor the performance of the grant and the PR.** The terms “monitor” and “oversee” can be interpreted differently, and confusion can arise if these concepts are not defined more specifically. The GFATM guidelines state that the PR operates under the general guidance of the CCM. This guidance says that one of the roles of the CCM is to monitor the implementation of the program and approve major changes in implementation plans. This guidance also states the CCM is to monitor the performance of the PR. We offer the following steps to clarify and carry out the monitoring role of the CCM:

- a. Expect the CCM to oversee the grant implementation, staying in the “helicopter” position (without binoculars). In order to do this, the PMU must supply the CCM with the information needed to oversee and guide. The CCM must not oversee to the point they micromanage.
- b. Expect the PMU to run the day-to-day operations of the grants, including the M&E system that documents results. The CCM should use the information collected by the M&E process to oversee implementation and monitor progress but not duplicate it.
- c. Expect the PMU to communicate frequently and consistently with the CCM members so that all feel they have the information they need to carry out their oversight and monitoring responsibilities effectively.
- d. The CCM members should on occasion conduct spot field site visits so they are able to see and verify that reported activities are taking place.
- e. The CCM should monitor the performance of the PR/PMU. Monitoring is a management tool used to identify and address problems in a constructive way. It is not meant to control and punish. The CCM should work with the PMU to develop and agree on five or six performance criteria for the CCM to use in monitoring the performance of the PR/PMU. The PR/PMU should assess their own performance against these criteria, and the CCM should assess the performance of the PR/PMU annually against the same criteria. If there are performance issues, the PR and the CCM should work together to address the issues and resolve them. Examples of performance criteria for the PR/PMU are listed in Annex 6.
- f. Assessing performance is a delicate undertaking. Special care should be taken to ensure that communication about performance is clear, direct and honest, and at the same time constructive. All concerned should be able to leave these discussions feeling they have been treated politely and fairly.

**3. Ensure that CCM members have all the information they need to fulfill their responsibilities.** Some members feel they do not have enough information

about the program to be effective contributors. We offer the following steps to ensure that information is being made available:

- a. Expect the PMU to distribute to CCM members all reports being sent to GFATM and the LFA.
  - b. Expect CCM members to read these reports and take responsibility for keeping themselves informed.
  - c. Expect the PMU to provide overall reports (presentations) on grant performance to the CCM either quarterly or biannually.
  - d. Put this information on the PMU website; expect CCM members to access this information and keep themselves informed.
4. **Ensure that sub-agreements with Sub-Recipients are signed as quickly as possible.** As stated in the findings, the six-month delay in implementation due to the problems with contracting has serious implications. Sub-Recipients are frustrated and worried, PMU staff members feel caught in the middle and blamed for the problems, progress has slowed or stopped and GFATM officials in Geneva have expressed concern. We recommend the following steps to recover and move forward:
1. Ensure that signed sub-agreements are completed as quickly as possible. PMU should demonstrate empathy and understanding about how frustrating this has been to Sub-Recipients.
  2. PMU should communicate clearly to the CCM the steps being taken to resolve the problem. (In the absence of information on the progress being made, rumors that are often much worse than reality develop.)
  3. CCM members, PMU staff and SRs should make every effort to put this conflict behind them and move into the future with a positive attitude. It is important to forgive and start Phase II with hope, and free from anger or resentment.
5. **Ensure that the Secretariat has the necessary resources to support the CCM and the Executive Committee.** Many CCMs in GF countries are establishing a Secretariat to coordinate and conduct the administrative work associated with running the CCM. Annex 4 contains a description of the responsibilities of the Secretariat. Key responsibilities are:
- Coordinate meetings of the CCM and its committees; prepare draft agendas; issue meeting reminders; prepare and distribute draft minutes
  - Distribute GF guidelines and other documents
  - Maintain and disseminate distribution lists
  - Maintain the records of the CCM
  - Assist in the preparation and submission of reports to GFATM
  - Respond to enquiries from GFATM and other people/organizations
  - Liaise with the PR/PMU
  - Liaise with the LFA

- Provide logistical support to the oversight and monitoring functions of the CCM.

Specific recommendations include:

- a. Strengthen the support that can be provided by the Secretariat. Clarify the functions that are required.
  - b. The Secretariat must be able to develop agendas and accompanying materials for distribution ahead of the meeting and take meeting notes, circulate them for corrections and distribute (post on web page) to both the CCM and the Executive Committee. This must be done consistently.
  - c. Clarify what will be included in the meeting notes so that all are informed about the content of the notes.
  - d. The Secretariat needs to create and maintain a CCM web site.
- 6. The CCM should advocate for more strategic leadership for HIV/AIDS in Romania.** There should be more emphasis on leading a national HIV/AIDS program that links all activities to the National Strategic Plan. This is needed to ensure that treatment and prevention are appropriately linked and that actions needed for sustainability are undertaken.
- 7. Ensure that the CCM meets the minimum requirements for Round 6.** It appears that a process should be developed and documented for soliciting and reviewing proposal submissions, and that a process should be developed and documented for how the CCM will nominate the PR.

## **B. PROJECT MANAGEMENT UNIT FINDINGS AND RECOMMENDATIONS**

### **Findings**

Overall, the Project Management Unit (PMU) of the Principal Recipient has functioned well as a grants management unit for the Global Fund's Phase I program in Romania. The PMU has provided overarching project management of GFATM Phase I, as evidenced by subcontracting with over 30 Sub-Recipients (SRs), some with multiple grants; oversight of SR annual and quarterly workplans; financial disbursements to SRs; ongoing monitoring of SR program activities and achievements; SR financial oversight; quarterly and annual reporting to the GFATM; and over-achievement of most programs.

Aside from the PMU Director, the other 20 staff of the PMU include seven in the monitoring and evaluation department, five in the financial department, two in the procurement department, five in the administrative department and one in the internal control department. The PMU staff is responsible for a tremendous workload and appears to be hard working and dedicated. However, most of the PMU staff has been in place one year or less, requiring a significant learning curve of the overall program goals and objectives; SR programs, activities, indicators and budgets; reporting requirements;

and linkages between SR programs and their activities. See Annex 7 for the PMU organizational chart.

The following describes our findings:

- The PMU is doing a reasonably effective job of overall grants management. Many of the staff members in the PMU are new and have had a big learning curve over the past year. There is an enormous volume of work required of the PMU. While it may appear on the surface to NGOs that the PMU is not doing its work effectively, that is not our observation.
- Several months' delay in initiation of Phase II activities and related execution of SR sub-grants by the PMU has hampered program continuity, resulting in program interruption and in some cases reduction or cessation of activities. Phase II SR sub-grants are currently being executed in June 2006.
- Phase II delays have seriously eroded trust in the PMU. The PMU staff is blamed for the sub-grant delay problems, which causes hard feelings. As the government and civil society organizations in Romania learn to work together, PMU staff is often caught in the middle. This is a very difficult position. PMU staff plays a delicate role in bridging governmental perspectives with those of the NGOs.
- The relationship between the PMU and SRs is weak. SRs feel that PMU staff members may not fully appreciate the human factor of the program and that they are not committed to the work the SRs are doing.
- Many CCM members and SRs feel they lack sufficient and timely information on the larger program and that the PMU needs to do a better job communicating program accomplishments and issues that may warrant CCM support.
- Some SRs feel the reporting requirements are still unclear, and things continue to change, causing them to have to redo their reports several times. Some of the PMU staff feels the SRs are making too many errors, which means the PMU has to ask them to redo work.

## **Recommendations for Improvement**

- I. Assess the PMU against agreed upon performance criteria.** As Phase II implementation gets underway, the roles and responsibilities of the PMU should be clarified so that their performance can be measured against specified criteria, and there is better understanding of PMU functions and more effective interface with the CCM.
  - a. The CCM should use objective performance criteria to monitor the performance of the PMU. If there are performance problems, they should be addressed.

- b. The PMU should assess its own management/leadership approaches and make appropriate improvements. The PMU could use technical assistance to facilitate a strategic planning meeting to identify and plan for these improvements.
  - c. The CCM needs to appreciate the enormous amount of work the PMU is doing and have patience while new people learn new skills.
- 2. Work on developing more collaborative partnerships among the CCM, PMU and SRs.** Frayed relationships need to be repaired and improved to restore trust and effective working relationships. All partners should put aside their hard feelings regarding the Phase II grant award delay with SRs and focus attention on working together in a collaborative manner.
- a. Sub-Recipients, CCM members and PMU staff—all need to re-commit to working together productively, forgive and move into the future with positive attitudes. It will take time and attention to rebuild trusting relationships.
- 3. PMU and SR staff members need to understand each other better.** All parties need to appreciate the importance of the program and their relative roles in achieving program results and success.
- a. PMU members need to demonstrate their commitment to the program goals and not get so buried in reporting, budgeting, etc., that they forget the purpose of the work.
  - b. The PMU needs to value the work of the SRs, comment on it and appreciate it in observable ways.
  - c. SR staff needs to recognize the good work of PMU staff, and the constraints under which they operate.
- 4. Communication needs to be improved.** For all parties to feel adequately informed and to foster transparency and open communication, the PMU needs to widely and routinely share program documents and to report program accomplishments and other key program data on a regularly scheduled basis to the CCM and to SRs.
- a. The PMU should put as many documents as possible on the website.
  - b. The PMU should send CCM members copies of all reports going to GFATM and LFA.
  - c. The PMU should report to the CCM either quarterly or biannually on overall grant performance, including early alerts/warnings about potential problems or issues.
  - d. The PMU should occasionally report on their structure—who does what, etc., to help SRs and CCM members understand how the PMU works.
  - e. PMU could hold an “open house” and invite CCM members and SRs to visit.

- 5. Reporting requirements need to be fully understood by SRs.** The PMU and SRs need to work closely together to improve the quality and timely submission of reports as well as minimize staff time in having to revise or redo reports.
- a. The PMU should try to arrive at consistent reporting documents that do not change.
  - b. The PMU M&E staff should conduct one-day training/orientation meetings for SR staff members who are responsible for reporting. This should be done annually.
  - c. SR and PMU staff should expect a certain amount of “back and forth” in getting the reporting done correctly. This is detailed work, prone to misunderstanding and error. They should give one another the benefit of the doubt and refrain from being overly judgmental.

## **C. MONITORING & EVALUATION FINDINGS AND RECOMMENDATIONS**

### **Findings**

Organizationally, the Monitoring and Evaluation (M&E) unit is part of the Project Management Unit (PMU) within the Ministry of Health (MOH). The M&E unit has a total of seven staff: Director (one), HIV/AIDS Coordinator (one), HIV/AIDS Specialist/Experts (three), TB Coordinator (one) and TB Specialist (one). The unit also works with the IT Specialist housed within the administrative department of the PMU. The M&E portion of this assessment looked at the overall functionality of the M&E system and how the unit coordinates with the CCM. The assessment was carried out by conducting interviews with M&E staff and CCM members and by reviewing the existing M&E system’s ability to track SR programmatic activities.

The following describes our findings:

- The M&E unit within the PMU is functioning well. It has standardized data systems in place and its quality control measures seem adequate. The M&E unit gets information regularly and is able to generate required GF reports. The M&E team manages a tremendous amount of data and works long hours.
- Systematic data collection systems are in place for financial monitoring and measuring/tracking performance (activities, progress toward indicators/targets) for TB and HIV. Standardized forms are used to track data for both TB and HIV.
- Each of the four HIV M&E specialists maintains separate databases. These databases are computerized (Microsoft Access) but are not linked, therefore a great amount of manual compiling is necessary. Manual entry increases data entry and data checking time, increases workload of the M&E specialists and may cause errors.
- On the TB side, there is no computerized database. All data entry is done manually and much of the compiling is done manually.

- Data verification and quality control is done via site visits to SRs. Quality assessment is done by ad hoc interviews with clients/participants and through verification interviews with NGOs and Sub-Recipient staff. This process is not tracked by the use of standardized tools, although M&E staff tracks number of site visits.
- The M&E Director and M&E specialists are responsible for data analysis. The M&E unit provides summary and descriptive statistics.
- To date there has not been much planning and preparation for the evaluation stages of grant implementation and completion. Much of the M&E staff time is spent on the monitoring aspects of the M&E system; there has been little time to focus on evaluation planning or overall strategic planning for the unit.

## **Recommendations for Improvement**

- 1. Standardize M&E Reporting System.** By developing a standardized reporting system, the M&E staff will decrease ad hoc reporting efforts and increase time efficiency. Improved time efficiency will allow staff strategic planning time to assess overall workplan/daily operations (time management, where to streamline) of the unit and free up time for other aspects of M&E.
  - a. The LFA and GFTAM quarterly reports need to be consistently available to CCM members. The report should include GF reporting requirements and any other additional relevant information. This report should be brief and highlight the most important aspects of operations. It should also include any “alerts” or items that need CCM attention. As a unit, the PMU staff should determine the most important points to include and the M&E unit can create the template for standard report generation.
  - b. Quarterly progress reports should be provided to the SR. These reports may be a subset of the information included in the quarterly reports provided to the CCM by the PMU.
  - c. The M&E unit should do an annual presentation during a CCM meeting. This presentation should provide a summary of the previous years’ activities, highlighting specific benchmarks reached and program accomplishments.
  - d. Develop a reporting schedule/calendar for quarterly and annual reports.
  - e. All standard reports should be posted on the PMU website in a timely manner. The PMU and M&E unit should promote use of this website to CCM members and SRs.
- 2. Improve Database Management**
  - a. **Link the HIV databases.** Linking the individual HIV databases will allow for ease of reporting, improve data quality and improve M&E staff time management.

1. The M&E unit would benefit from investing in IT support to link the HIV database to create one central HIV database. Individual specialists can continue to monitor data for specific SRs but a linked system will allow them to eliminate the manual steps currently needed to create quarterly reports and review summary data.
  2. Steps should be initiated to contract an IT specialist who can link Microsoft Access databases.
- b. Create a comprehensive TB database.** A computerized system will increase efficiency and data quality. Updating to a computerized database will represent significant time savings for TB M&E staff.
1. The TB system needs to be computerized. The linked HIV databases can be used as a model.
  2. Initiate steps to contract an IT specialist that can work with the TB M&E specialists and other M&E staff to assure that the database design will capture all required TB data.
- 3. Strengthen reporting capacity of SRs.** The M&E staff should hold a meeting with all SRs to review GF and M&E reporting requirements. A review of how activities are tracked and reported will help build SR program monitoring and reporting capacity. In addition it will help minimize M&E staff follow-up needed to make corrections and clarifications of quarterly data submitted to the M&E unit by SRs.
- a. Develop an up-to-date M&E reporting guideline and manual for SRs.
  - b. Plan a capacity building meeting with all SRs.
- 4. Evaluation planning.** Evaluation planning and development needs to be initiated within the M&E unit.
- a. A small evaluation planning work group should be formed as soon as possible. The group should include M&E staff, CCM members and SR staff. The committee would focus on how to handle the evaluation steps required to conduct a program evaluation.
  - b. The M&E unit should draft an evaluation plan to share with the evaluation planning work group.

A complete summary of all findings and recommendations is provided in Annex 9.

#### **D. NEXT STEPS AND TECHNICAL ASSISTANCE SUPPORT**

An action plan (detailed in Annex 10) designed to implement major recommendations made in this report has been developed by the technical assistance team. This action plan, with a series of recommended activities to be implemented over the next six

months is expected to optimize program performance of the GFATM Phase II grants in Romania and bring about the following outcomes:

- Improved functioning of the CCM
- CCM compliance with GFATM Round 6 grant criteria
- Enhanced PMU functioning
- Improved relationships and communication between the CCM, PMU and SRs
- Clarity of roles regarding monitoring and evaluation functions between the CCM and PMU
- Improved monitoring and evaluation systems and overall data reporting
- Development of a program evaluation plan and its implementation.

To facilitate next steps to carry out the action plan, three key areas for technical assistance support have been identified as follows:

- Support to the CCM to develop operational norms and decision-making procedures through a one-day CCM workshop to strengthen the way governmental organizations and civil society organizations work together
- Support to the PMU to conduct a one- or two-day management/leadership strategic planning meeting
- Assistance to the PMU M&E Unit to plan and conduct a workshop with Sub-Recipients on reporting requirements.

Technical assistance support can be provided through the Capacity Project for these three interventions. Alternatively, given that JSI has a presence and an established capability to support such technical assistance, they are well positioned to fulfill these proposed technical assistance needs as well as ongoing in-country support to facilitate achievement of recommended activities outlined in the action plan.

**Scope of Work**  
**U.S. Government-funded Technical Assistance**  
**to Global Fund Grant in Romania**

The CCM agreed that USG-funded technical assistance will be useful, necessary and timely. Accordingly, the CCM requested an initial assessment to clarify the most crucial issues for resolution. This scope of work presents the required details for this assistance.

**I. Context and Background**

- Grant name: 1) Rising to the challenges of HIV/AIDS: a comprehensive, coordinated multi-sectored response in Romania and 2) Rising to the challenges of Tuberculosis: a comprehensive, coordinated multi-sectored response in Romania.
- Grant agreement signed: 6/6/2003 for Phase I and 2/27/2006 for Phase II.
- Grant start date: 1/1/2004 for the AIDS component; 2/1/2004 for the TB component.
- **Status:**  
 The **HIV/AIDS program** has progressively improved through Phase I, particularly during the second year of implementation. Despite initial delays, the grant achieved the majority of targets set for the second year. Targets were exceeded in 28 out of 30 performance indicators.

Despite initial delays, the **TB program** performance progressively improved Phase I. Targets were achieved or exceeded in 12 of the Program's 16 key indicators.

Indicators for which targets were not achieved in both components, HIV/AIDS and TB, are presented in the table below:

<b>Indicator</b>	<b>Target</b>	<b>Actual</b>	<b>Percent of Target</b>
<b>HIV/AIDS</b>			
Number of STI laboratories accredited	4	0	0%
Number and percentage of drug dependent prisoners using psycho-social,	708/2022 35%	2365/7007 33.75%	96.24%

Indicator	Target	Actual	Percent of Target
medical and testing services			
<b>TB</b>			
Number and percentage of TB specialists in TB in children trained in new guidelines for TB diagnostic and treatment in children	-	-	-
Number and percentage of TB pharmacists trained in the new drug management system	240	83	35%
Number and percentage of selected laboratories with proper equipment	22	21	95%
Number and percentage of TB dispensaries using centralized system for data collection	39	10	25%

- Current partners: The CCM has 55 members representing a variety of stakeholders, including the Romanian Government, civil society organizations (NGOs), people living with HIV/AIDS, the academic sector, international faith-based organizations, the private sector and international donors.
- Contextual issues: The grant scorecards for the second phase were classified as **Go** for the HIV/AIDS component and as **Conditional Go** for the TB component, including remedial actions and a negative incremental amount.
- Previous TA provided to support this grant: John Snow Inc., Research and Training Institute (JSI) and UN System (UNICEF, UNDP, UNFPA, WHO and UNAIDS) first assisted the Romanian National Country Coordinating Mechanism (CCM) with the development of its successful application to the Global Fund for funding to strengthen and support its national HIV/AIDS and TB programs. Since

the grant was awarded, JSI has provided technical assistance to the Romania Global Fund Principal Recipient for the development of procurement and financial guidelines and Performance Monitoring Plans (PMP) for HIV/AIDS and TB. As part of that effort, JSI assisted the development of program monitoring indicators and trained Sub-Recipients in monitoring and evaluation and use of the PMPs as management tools. JSI also assisted Sub-Recipients in the development of strategic workplans and assessed Sub-Recipient capacity to carry out its Global Fund scopes of work. In addition, JSI continues to work closely with the Principal Recipient, providing support for national program management and actively participating as a member of the CCM technical program committee. The UN System also provided assistance for Sub-Recipients, M&E efforts and for the functioning of the CCM. UNAIDS acted as Technical Secretariat for the development of the application for the second phase of the grant.

- Concerns or early alerts that the Global Fund Secretariat, the Portfolio Manager or the Local Fund Agent (LFA) might have given to the PR or CCM concerning the grant:  
During 2004 and 2005 GF Secretariat has made several recommendations for improvement of the PR activity in such areas as:
  - PR's Programmatic Management Capacity
  - PR's Financial Management/Internal Audit
  - PR's Management Information System
  - PR office facilities
  - Attribution of Program Management Unit staff to other donor projects.

## **2. Purpose of the technical assistance.**

Romania's CCM would benefit from an assessment and recommendations for action of their current operations in both HIV/AIDS and TB. Such an initial diagnostic would clarify the most crucial issue or issues that require immediate attention and resolution. This general assessment, followed by specific recommendations, of both components of the Global Fund Program is critical and timely. Special consideration is needed on two particular matters on both the HIV/AIDS and TB components:

- 1) Governance, including aspects of the functioning of the CCM
- 2) Monitoring and evaluation of performance:
  - √ To clarify the monitoring and evaluation role of the CCM and recommend cost-effective mechanisms to enable the CCM to enhance the M&E function as recommended by the Revised Guidelines of the CCM approved in the 10th Global Fund Board Meeting, Geneva, April 2005.
  - √ To assess the coordination on M&E activities between the CCM and the Principal Recipient.

### 3. Deliverables expected

- **Assessment Report and Recommendations**  
An assessment report will include a detailed problem analysis that will address specific issues in order to help the GF in Romania achieve intended results. The assessment will result in a comprehensive report listing and prioritizing recommendations to address specific problems.
- **Action plan**  
In addition an action plan to implement the priority recommendations will be crafted. The plan will include clear timeframes and responsibilities.

Based on the results of the assessment, the CCM would appreciate one or more follow-up short-term consultancies from U.S. Government TA providers to assist with the implementation of the action plan at least in its critical points.

4. **Proposed TA provider.** The CCM selected the **Capacity Project** from the list of mechanisms available. The CCM made this decision based on the project capability and previous experience of the Capacity Project on governance, including aspects of the functioning of the CCM and M&E.

### 5. Roles and relationships.

- The cover letter requesting assistance is signed by the Director of the CCM, **Ms. Valentina Contescu—Attachment 1**
- The name of the individual who will provide direct oversight of the TA team: **Ms. Gabriela Paleru, USAID/Romania**
- The list of agencies and institutions or other entities with whom the TA team will consult/collaborate—**Attachment 2**
- The person to whom the TA provider will submit draft and final reports: **Ms. Valentina Contescu, Head of the CCM.**

6. **Estimated TA team requirements.** A team of three experts is needed for a period of 14 working days of which four are preparation days and ten represent working days within Romania.

During preparation, the experts will revise relevant documents to help them better understand the context of the program in Romania. Also during that period they will prepare the tools to be used during the in-country assessment.

The time spent in Romania will be used to hold interviews and meetings with members of the CCM, Local Fund Agent, Principal Recipient, participate in site visits, draft the final report and prepare the final debriefing to the CCM.

The final debriefing will include a presentation of conclusions and recommendations. This will be held during the final day of the assessment trip.

Team membership:

- One expert on CCM/PR governance
- One expert on Monitoring and Evaluation of HIV/AIDS and TB programs
- One expert on project management,

#### **7. Proposed dates for technical assistance visit(s).**

*Optimal Timing:* The CCM considers this TA an important “next step” for achieving results. Ideally, the TA could take place during June, if at all possible.

However, considering the ten to 12 weeks from the submission of the scope of work to the fielding of the TA team, the CCM proposes the following two periods in country: **September 4-15, 2006**, or **September 18-29, 2006**.

*Black-out month:* Because most of the stakeholders will not be available in August, we request that the TA not take place during this month.

#### **8. Reference documents:**

HIV/AIDS and TB Grant Scorecard:

[http://www.theglobalfund.org/en/funds\\_raised/gsc/](http://www.theglobalfund.org/en/funds_raised/gsc/)

Annual Report 2005: <http://www.pmu-wb-gf.ro/arhive/Annual2005.pdf>

Portfolio of Grants in Romania:

<http://www.theglobalfund.org/search/portfolio.aspx?lang=en&countryID=ROM>

WHO National TB Program Evaluation, April 2005—**Attachment 3**

Terms of Reference for the CCM Romania—**Attachment 4**

**PERSONS INTERVIEWED**

**\*Indicates CCM Member**

**Government of Romania**

\*Ms. Valentina Contescu, CCM Chair and Counselor to the Prime Minister  
\*Dr. Vlad Anton Iliescu, Secretary of State for European Integration, Ministry of Health  
\*Mr. Adrian Nan, Ministry of Public Finance  
Ms. Daniela Onica, CCM Secretariat  
Mr. Marius Pop, CCM Secretariat

**Health Insurance House**

Dr. Gabriela Cristor, Health Insurance House  
Dr. Aurora Dragomiristeanu, Health Insurance House  
Ms. Toncu—Program Director, Health Insurance House

**Project Management Unit (PMU) Staff**

\*Ms. Antoanela Poenaru, Head of Department  
Dr. Mircea Ioan Popa, Head of Department, Monitoring & Evaluation  
Dr. Tiberiu Nicolescu, HIV M&E Coordinator  
Ms. Dana Podaru, TB M&E Coordinator  
Ms. Ec.Maria Varga, Head of Department, Financial

**CCM Members and Sub-Recipient Representatives**

\*Ms. Cristina Bucata, Director, UNOPA (CCM Vice-Chair)  
\*Dr. Ioan Stoicescu, Director, TB Institute (CCM Vice-Chair)  
Ms. Iulia Husar, Program Coordinator, TB Institute  
Dr. Sorin Petrea, Head of Infectious Diseases, Maite Bals Institute  
Ms. Odette Churila, Maite Bals Institute  
\*Dr. Dana Faracasanu, Executive Director, Center for Health Policy and Services  
\*Dr. Maria Georgescu, Executive Director, Romanian Association Against AIDS  
\*Ms. Afrodita Qaramah, Ministry of Justice, Prisons  
\*Mr. Alexandru Negut, Director, Youth for Youth  
Ms. Adina Manea, Project Coordinator, Youth for Youth  
\*Ms. Borbala Koo, Director, Society for Contraception and Sexual Education (SECS)  
Dr. Violeta Horhoianu, Information Officer, SECS  
\*Ms. Gabriela Alexandrescu, Executive President, Save the Children Romania  
\*Mr. Dragos Gavrilescu (in lieu of Clayton Davis), Senior Communications and Research Manager, PSI Romania  
\*Ms. Eugenia Ghita (in lieu of Silvia Asandi), Project Coordinator, Romanian Angel Appeal (RAA)  
Ms. Adelaide Katherine Bohil Tea, Fundraising and Program Manager, RAA  
Ms. Dana Marin, Financial Coordinator, RAA  
Mr. Adrian Vasile, Programs Coordinator, Romani Criss

**JSI Research and Training Institute, Inc.**

\*Dr. Merce M. Gasco—Chief of Party, JSI

Ms. Narcisa Murgea—Program Coordinator, M&E, JSI

**Donor Representatives**

\*Dr. Cate Johnson, Director, Democracy and Social Sector Reform Office, USAID Romania

\*Dr. Gabriela Paleru, Democracy and Social Sector Reform Office, USAID Romania

Ms. Alina Panait, Democracy and Social Sector Reform Office, USAID Romania

Mr. Benjamin Rockwell, Deputy Economic Counselor, U.S. Embassy

\*Mr. Eduard Petrescu, National Officer, UNAIDS

\*Ms. Alina Mirela Bocai, Project Manager, UNAIDS

\*Dr. Taina Goldner, Project Officer Health and Nutrition, UNICEF

\*Dr. Laurian Traian Arghisan, Program Officer RH/PD, UNFPA

\*Dr. Victor Olsavski, WHO TB Specialist

Ms. Cassandra Butu, WHO TB Specialist

### Suggestions for Establishing an Executive Committee

If your CCM has 25 or more members, you will probably want to establish an Executive Committee that is empowered to make some decisions between meetings. If you do so, to avoid any misunderstandings, you should decide (and spell out in the TOR) exactly what the responsibilities of the Executive Committee are. Here are some options for you to consider.

- Option A—Empower the Executive Committee to perform the functions of the CCM between meetings.
- Option B—List precisely what kind of decisions the Executive Committee can make.
- Option C—Limit the powers of the Executive Committee to decisions specifically designated to the Committee at a full meeting of the CCM. (If you select this option, you may want to state that the Executive Committee can also make “emergency” decisions between regularly scheduled meetings of the CCM when it is not practical or possible to organize a full meeting of the CCM.)

Just as the CCM can at any time make a decision that modifies or even reverses an earlier decision of the CCM, so the CCM should be able at any time to modify or reverse a decision that has been made by the Executive Committee.

You will need to decide who sits on the Executive Committee. If you select Option A above, then you may want to ensure that the Executive Committee includes representatives of most, if not all, of the sectors represented on the CCM. If you select Options B or C above, then you may be happy with a smaller Executive Committee consisting of the Chair, the Vice-Chair and perhaps two other persons. We suggest that the other persons be selected from among the sectors not represented by the Chair and Vice-Chair. We suggest that membership of the Executive Committee be determined by the CCM on an annual basis.

The functioning and the decision-making process of the Executive Committee need to be clear and transparent. The TOR should spell out the composition of the Executive Committee, the process for selecting the members of the Committee and the main operating procedures for the Committee (e.g., how often it meets, how its meetings are called and how its decisions are made).<sup>1</sup>

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<sup>1</sup> The AIDSPAN Guide to Building and Running an Effective CCM, December 2004, page 28. Available at [www.aidspace.org](http://www.aidspace.org).

**Responsibilities of a Secretariat**

More and more CCMs are establishing a Secretariat to coordinate and conduct the administrative work associated with running a CCM. We think that a Secretariat is indispensable to operating an effective CCM. The Secretariat can handle such routine tasks as:

- Coordinating the meetings of the CCM and its committees, including preparing draft agendas, issuing meeting reminders, making transportation arrangements to bring CCM members to meetings, preparing draft minutes and distributing the minutes
- Distributing Global Fund guidelines and other documents
- Distributing drafts of proposals and other relevant documents
- Maintaining and updating distribution lists
- Maintaining the records of the CCM
- Issuing public announcements of calls for proposals
- Preparing and submitting reports to the Global Fund
- Responding to enquiries from the Global Fund
- Responding to enquiries from other people and organizations.

If the Secretariat is large enough, it may be able to take on additional tasks on behalf of the CCM and under the supervision of the CCM. Such tasks could include:

- Liaising with the PR
- Liaising with the LFA
- Liaising with other bodies outside the CCM
- Providing logistical support to the oversight and monitoring and evaluation functions of the CCM
- Preparing and distributing informational documents on the Global Fund and on the activities of the CCM
- Undertaking research
- Overseeing, facilitating or supporting the work of the proposal writing team.

We suggest that the Secretariat be headed by an Executive Secretary and that the Executive Secretary be a non-voting member of the CCM.

To date, Secretariat services for the CCM have been provided in various ways. Many CCMs have borrowed staff from the Ministry of Health or other ministries. In some countries, the PR has provided Secretariat services.

*Specific Suggestions:*

1. Establish a CCM Secretariat (if you do not already have one).
2. Determine how you are going to fund the Secretariat.
3. Spell out in the CCM's TOR (or in a separate Secretariat TOR) what the responsibilities of the Secretariat are, the job description of the Executive Secretary, how the staff of the Secretariat will be selected and to which office holder or committee within the CCM the Executive Secretary reports.
4. Select an Executive Secretary. This person should be a technocrat who would make a good leader of the Secretariat. He or she does not need to have been associated with the CCM prior to being selected.
5. Ensure that Secretariat staff is knowledgeable about the Global Fund's processes.

See the text box below for country-specific examples of how Secretariats have been formed and funded.

**EXAMPLES OF SECRETARIATS:**

- Pakistan used the Health Services Academy, a semi-autonomous body within the Ministry of Health, for its Secretariat.
- In India, Secretariat services for the CCM have been provided partly by the Health Secretary's office and partly by the National AIDS Control Organisation.
- The CCM Secretariat in Armenia is headed by the Director of the National AIDS Prevention Centre and is staffed by two national NGOs and a lawyer. Its tasks include organizing activities between CCM meetings, preparing for the meetings (including agendas and draft decisions) and organizing working groups.
- The CCM in Cambodia established a sub-committee of the CCM as its Secretariat. The sub-committee consisted of six CCM members from its main constituencies—government, development organizations, international NGOs, local NGOs and persons living with the diseases.
- The Secretariat for the CCM in Ghana is comprised of a mini-Steering Committee of senior officials from the Ministry of Health. Ministry support staff is used to carry out routine tasks. Funding came initially from the Ministry's own resources, then from GTZ.

How large should the Secretariat be? It will depend a lot on a) what you want the Secretariat to do and b) what resources you can find to support it. We suggest that you

aim for a three-person Secretariat, consisting of an Executive Director and two staffers. Of these two staffers, one should probably handle most financial issues, and one should assist the Executive Director in other areas. You may find that, initially, the two staffers do not need to be full time. Remember, however, that the workload of the CCM, and therefore of the Secretariat, is likely to increase as CCMs become more involved in monitoring and evaluating programs financed by Global Fund grants.

With respect to how the staff of the Secretariat is selected, one option is to have the CCM select the Executive Secretary, and then have the Executive Secretary select other staff (possibly subject to CCM approval).<sup>2</sup>

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<sup>2</sup> The AIDSPAN Guide to Building and Running an Effective CCM, December 2004, page 29. Accessible on [www.aidspace.org](http://www.aidspace.org).

## CCM and PR/PMU Roles and Responsibilities

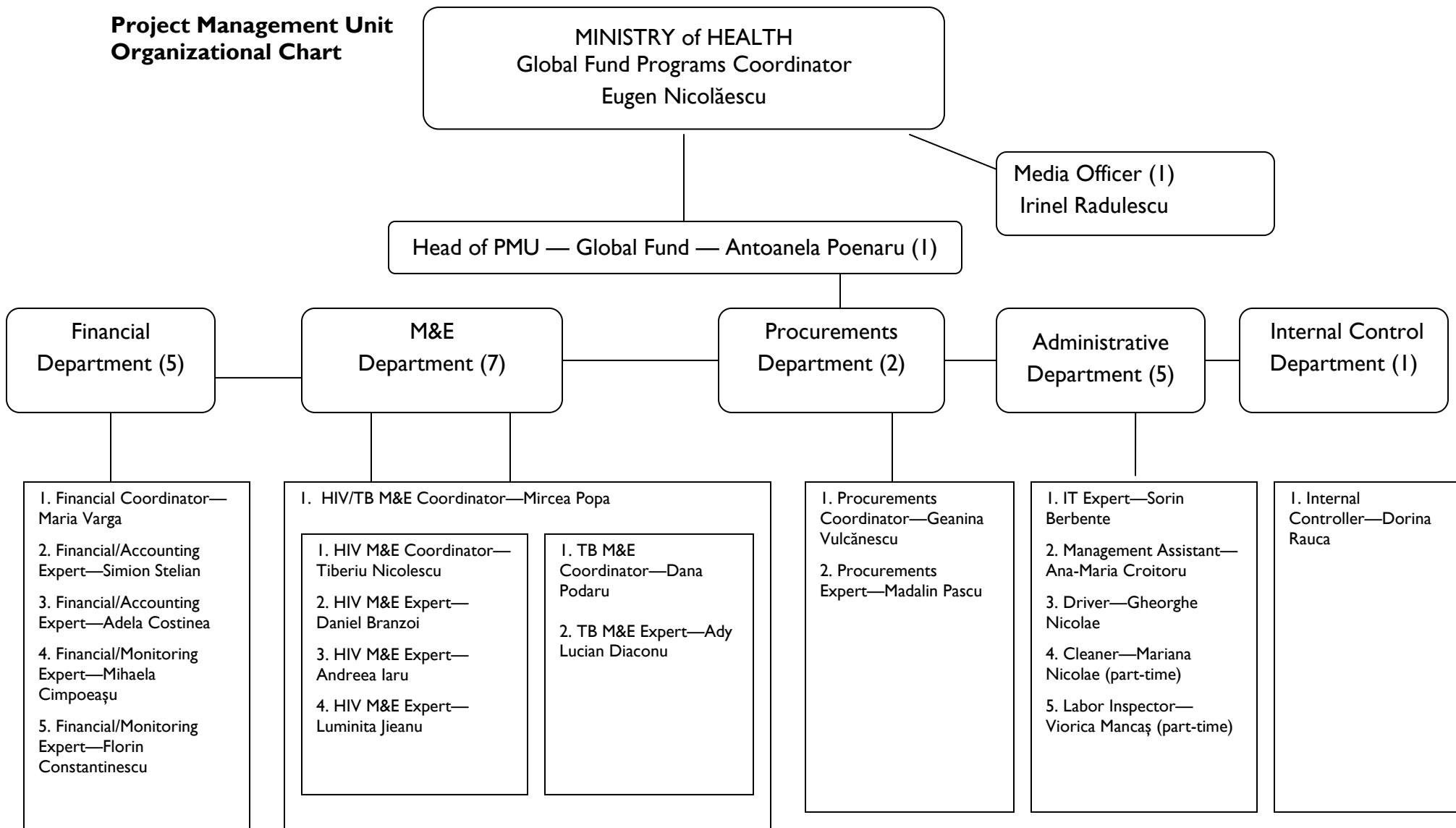
CCM	PR/PMU
<ul style="list-style-type: none"> <li>• Overall strategic planning and coordination among HIV/AIDS and TB national and GFATM programs</li> <li>• Coordination of GFATM grant development, including proposal development and submission of grant proposal to GFATM</li> <li>• Selection of Principal Recipient</li> <li>• Monitoring of PR performance</li> <li>• Overall monitoring of grant performance</li> <li>• Election of Executive Committee (EC) members</li> <li>• Delegation of authority to EC</li> <li>• Constitutes CCM body from broad representation per GFATM guidelines</li> <li>• Periodically reviews and acts upon new CCM member applications</li> <li>• CCM Chair or Vice-Chair calls and chairs scheduled meetings</li> <li>• Approves GFATM annual workplan</li> <li>• Reviews GFATM reports submitted by PMU and other reports for monitoring of PR/PMU</li> <li>• Appoints and oversees functioning of CCM Secretariat</li> <li>• Communicates CCM decisions to all members, PR/PMU and other major stakeholders</li> <li>• Facilitates resolution of major program implementation issues</li> </ul>	<ul style="list-style-type: none"> <li>• Serves as CCM agent responsible for day-to-day grant management</li> <li>• Works collaboratively with Sub-Recipients to execute sub-contracts consistent with GFATM grant agreement to achieve program objectives</li> <li>• Monitors Sub-Recipient (SR) programs according to performance indicators</li> <li>• Carries out financial oversight of SRs, including budget reviews relative to program activities/indicator achievement and disbursement of funds</li> <li>• Reviews all SR program and financial reports and provides feedback</li> <li>• Prepares and submits GFATM quarterly and annual reports</li> <li>• Prepares and presents GFATM program progress at CCM meetings and highlights any issues needing CCM input</li> <li>• Notifies CCM of program problems or shortfalls in meeting indicators</li> <li>• Trains or coordinates training opportunities for PMU staff to fully carry out duties</li> <li>• Regularly communicates with SRs, individually and as a group, on program implementation issues, program and financial reporting requirements and any program changes that may occur</li> <li>• Conducts program site monitoring visits to review program implementation and assess program quality and early detection of implementation issues or problems</li> <li>• Contracts and funds program impact evaluation efforts, as needed</li> </ul>

**PROJECT MANAGEMENT UNIT PERFORMANCE CRITERIA**

It is recommended that the CCM use objective indicators of management performance to monitor the work of the Principal Recipient. Suggested indicators are:

- a. Quarterly program oversight presentations made to CCM outlining progress to date, disbursements made and warnings/alerts to any impending problems/issues.
- b. Submission of quarterly reports to LFA/GFATM according to reporting schedule.
- c. Reports on number and type of site visits to Sub-Recipients
- d. Major findings presented from the annual report
- e. Annual “satisfaction” survey with Sub-Recipients conducted and action plan for improvement developed
- f. Procurement performance against workplan (and/or number of months to complete each procurement against expected).

**Project Management Unit  
Organizational Chart**



### CHECKLIST FOR ASSESSING CCM PERFORMANCE AGAINST GFATM REQUIREMENTS

The first six items are listed by GFATM as the minimum requirements for additional funding. This will be important if Romania applies for Round 6 grants.

Performance Factor	Rating	Comments
1. Is there a transparent selection process for CCM membership from nongovernmental organizations? CCM members from nongovernmental organizations must be selected by their own sector in a transparent process that is documented.	Yes	Any nongovernmental organization may request membership, and it is normally granted by decision of the CCM.
2. Does the CCM membership represent people living with or affected by the disease(s)?	Yes	
3. Do you have a transparent and documented process to solicit and review proposal submissions for possible inclusion in the national proposal?	No	This process will have to be written if Romania applies for Round 6.
4. Do you have a transparent and documented process to select the Principal Recipient who will oversee the program implementation?	No	The process used to select the current PR appears to have been open and transparent but may not have been written. This will need to be written if Romania applies for Round 6.

<b>Performance Factor</b>	<b>Rating</b>	<b>Comments</b>
5. Is there a transparent, documented process to ensure input of a broad range of stakeholders so they have the opportunity to contribute to proposal development and grant oversight?	Not sure	This process will have to be written if Romania applies for Round 6.
6. If the PR, Chair and/or Vice-Chair are from the same organization, is there a written plan for how to mitigate conflict of interest?	No	The Chair is from the Prime Minister's office and the PR is from the MOH.
7. Do all members feel they are treated as equal partners with full rights to participation, expression and involvement in decision-making in line with their areas of expertise?	Not sure	This would be an interesting question to ask.
8. It is important that the CCM provides transparency to the general public. Are Calls for Proposals, decisions made by the CCM and detailed information on approved proposals for funding widely distributed?	Not sure	The CCM needs to have a website that is maintained and can be accessed by the public.
9. Do individual members hold regular meetings with their constituents to ensure that representative views and concerns are expressed in the national forum?	Does not apply	In the current form of operations, this is not needed.
10. Does the CCM have a documented and transparent organization structure? Are the Chair and Vice-Chair from	Yes	The documented structure calls for an Executive Committee, which is not used. Because of its size the

<b>Performance Factor</b>	<b>Rating</b>	<b>Comments</b>
different sectors?		CCM needs to use working groups more frequently.
11. Does the CCM have a committee or task force structure? How are members selected?	No	It needs to use committees or working groups more extensively.
12. Are members in the CCM from a broad cross-section of sectors (i.e., academic/education, government, NGO, private sector, faith-based organizations, people living with or affected by the diseases and international development partners)?	Yes	
13. GF urges that at least 40% of CCM members should be from nongovernmental organizations. Is 40% or more of membership from nongovernmental entities?	Yes	
14. Is there a grant monitoring/oversight plan that the CCM uses to monitor grant progress and the performance of the PR?	No	The CCM needs to establish objective performance indicators for the PR.
15. Record and communicate all key CCM oversight actions/decisions in line with an agreed communication strategy for the dissemination of CCM decisions and for regular sharing of information on grant implementation status.	Yes	Minutes are distributed.

<b>Performance Factor</b>	<b>Rating</b>	<b>Comments</b>
16. Is the size of the CCM membership appropriate?	May be too large	CCM membership is over 50, which is very large. If it continues to be this large, alternative formats will need to be used. Meetings and decision-making in this large forum is extremely difficult.
17. Are meeting agendas developed and distributed ahead of time?	Could be improved	
18. Are meeting minutes recorded, distributed for corrections and then made available on the website?	Needs improvement	Minutes are seen by some as inaccurate and incomplete.
19. Are roles and responsibilities between the CCM and the PR clear? Are the working relationships between the two entities effective?	Some confusion	There is some confusion about what the CCM does and what the PR does, but mostly around grant oversight and monitoring. The recent Phase II contract problem has caused frustration, anger and distrust.

## SUMMARY OF FINDINGS AND RECOMMENDATIONS FOR CCM

FINDINGS	RECOMMENDATIONS
<p>1. Members report that the CCM meetings are difficult. The group is very large and the issues to discuss complex. Members become frustrated and confused. The tone of the meetings is often conflictive and tense. Goodwill may be evaporating.</p>	<p>a. Use sub-committees and small working groups more. Expect them to analyze issues and make recommendations that are brought to the larger CCM.</p> <p>b. Facilitate larger CCM meetings more aggressively. Set time limits and follow them.</p> <p>c. Be sure that the issue in front of the CCM is indeed an issue for their input and decision-making; expect the PMU to make decisions that are within their areas of responsibility.</p> <p>d. Continue to clarify the role of the CCM member—list effective CCM member behaviors and list those that should be avoided.</p>
<p>2. The recent Phase II Sub Recipient contracting problem has serious consequences. The program has been delayed, SRs have had to stop activities, and they are understandably frustrated and angry. Now that various sub-agreements are moving ahead, the Sub-Recipients are relieved but still wary and distrustful. It will take some time and attention to rebuild trust.</p>	<p>a. Ensure that signed sub-agreements are completed as quickly as possible. The PMU should demonstrate empathy and understanding about how frustrating this has been to SRs.</p> <p>b. CCM members, PMU staff and SRs should make every effort to put this conflict behind them and move into the future with a positive attitude.</p>
<p>3. Many members thought the Executive Committee functioned effectively in the past and should be reactivated. Most did not</p>	<p>a. Reactivate the Executive Committee. Clarify the role and responsibilities of this sub-committee. Elect new members</p>

<b>FINDINGS</b>	<b>RECOMMENDATIONS</b>
<p>want to limit the size of the CCM because it represented broad stakeholder involvement.</p>	<p>based on willingness and ability to serve, not official status.</p> <ul style="list-style-type: none"> <li>b. Establish a schedule for EC meetings; provide them with support from the Secretariat.</li> <li>c. Expect the EC to select the EC Coordinator. Probably should not be the Chair since it will be time consuming and we may overload the Chair.</li> <li>d. Expect the EC to report back to the CCM frequently.</li> </ul>
<p>4. Members feel they do not always get agendas and supporting documents far enough ahead of time so they can be prepared. There is confusion about what the minutes should include, and sometimes members feel the minutes are inaccurate. They do not find it easy to submit corrections to the minutes. This is causing distrust.</p>	<ul style="list-style-type: none"> <li>a. Strengthen the support that can be provided by the Secretariat. (See separate detailed list of responsibilities of the Secretariat).</li> <li>b. Secretariat must be able to develop agendas and accompanying materials for distribution ahead of the meeting and take meeting notes, circulate for corrections and distribute (put on web page) for both the CCM and the Executive Committee.</li> <li>c. Clarify what will be included in the meeting notes.</li> <li>d. Secretariat needs to create and maintain a CCM website.</li> </ul>
<p>5. There is confusion about how grant performance should be monitored—what is the role of the PMU and what is the role of the CCM? What does it mean when the guidelines state “the CCM should monitor the performance of the grant”?</p>	<ul style="list-style-type: none"> <li>a. Expect the CCM to oversee the grant implementation, staying in the “helicopter” position (without binoculars).</li> <li>b. Expect the PMU to run the day-to-day operations of the grants, including the M&amp;E system that documents results. CCM should use the information collected by the M&amp;E process but not duplicate it.</li> <li>c. Develop and agree on five or six performance criteria for the CCM to use in monitoring the performance of the PR. Assess the performance of the PR annually; address PR performance</li> </ul>

FINDINGS	RECOMMENDATIONS
	issues and resolve them.
6. Many members feel they do not have information about the larger program, which hampers their ability to make informed decisions.	<ul style="list-style-type: none"> <li>a. Expect the PMU to distribute to CCM members all reports being sent to GFATM and the LFA.</li> <li>b. Expect CCM members to read these reports.</li> <li>c. Expect the PMU to provide overall reports (presentations) on grant performance to the CCM either quarterly or biannually.</li> <li>d. Put this information on the PMU website; expect CCM members to access this information and keep themselves informed.</li> </ul>
7. Many members did not like to have meetings in the government due to security issues and the tone of formality that setting conveys.	<ul style="list-style-type: none"> <li>a. Consider having meetings in other locations; however, it may be difficult to find meeting facilities that are large enough and affordable.</li> </ul>
8. GFATM has issued new requirements for CCM operations that must be fulfilled before they can be awarded funding in Round 6.	<ul style="list-style-type: none"> <li>a. Develop and document the process the CCM will use to solicit and review proposal submissions for possible inclusion in the Romanian national proposal for Round 6.</li> <li>b. Develop and document the process to select a Principal Recipient for Round 6.</li> </ul>
9. For TB there is clear leadership; the program is centralized and is making efforts to include civil society. Is there sufficient leadership for HIV? Is there enough focus on strategic leadership to ensure that prevention and treatment are integrated and that we are thinking about sustainability?	<ul style="list-style-type: none"> <li>a. The CCM should focus on strategic leadership for HIV, possibly having access to technical HIV expertise through the Secretariat or other individuals in the MOH.</li> <li>b. The PR should be more proactive about providing leadership in HIV prevention and treatment.</li> </ul>

<b>FINDINGS</b>	<b>RECOMMENDATIONS</b>
<p>10. The CCM has good representation from stakeholders; it has energy and commitment and takes its responsibilities seriously. There are some adjustments in operations that if carried out would make the CCM even stronger.</p>	<p>a. The CCM should review the Action Plan and make a decision to adopt the plan or modify and adopt the plan. The Chair should form a small working group to work with her and “champion” the implementation of the Action Plan recommendations. We suggest that the Vice-Chairs be a part of this working group.</p>

## PMU FINDINGS AND RECOMMENDATIONS

FINDINGS—PMU RELATED	RECOMMENDATIONS
<p>11. The TA team feels the PMU is doing a reasonably effective job of overall grants management. Many of the staff in the PMU are new and have had a big learning curve over the past year. There is an enormous volume of work required of the PMU. While it may on the surface appear to NGOs that the PMU isn't doing its work effectively, that is not our observation.</p>	<ul style="list-style-type: none"> <li>a. The CCM should use objective performance criteria to monitor the performance of the PMU. If there are performance problems, they should be addressed.</li> <li>b. The PMU should assess its own management/leadership approaches and make appropriate improvements. (Use the TA provided to facilitate a strategic planning meeting to identify and plan for these improvements.)</li> <li>c. The CCM needs to appreciate the enormous amount of work the PMU is doing and have patience while new people learn new skills.</li> <li>d. SRs and PMU members should expect a certain amount of “back and forth” in getting the reporting done correctly. This is detailed work, prone to misunderstanding and error. Give one another the benefit of the doubt and refrain from being overly judgmental.</li> </ul>
<p>12. The problems with the current/recent past problems with contracts for the Sub-Recipients have seriously eroded trust in the PMU. The PMU staff is blamed for the contracting problems, which has caused hard feelings. As the government and civil society organizations in Romania learn to work together, the staff in the PMU often gets caught in the middle. This is a very difficult position. CCM members should value the role the PMU staff plays in bridging governmental perspectives with those of the NGOs.</p>	<ul style="list-style-type: none"> <li>a. Sub-Recipients, CCM members and PMU staff all need to re-commit to working together productively, forgive and move into the future with positive attitudes. It will take time and attention to rebuild trusting relationships.</li> </ul>

<p>13. Some SRs think the PMU staff does not care about the human factors in their work—that they are not committed to the work the SRs are doing.</p>	<ul style="list-style-type: none"> <li>a. PMU members need to demonstrate their commitment to the program goals and not get so buried in reporting and budgeting, etc., that they forget the purpose of the work.</li> <li>b. PMU needs to value the work of the SRs, comment on it and appreciate it in observable ways.</li> </ul>
<p>14. Many feel the PMU needs to do a better job communicating with both SRs and CCM members.</p>	<ul style="list-style-type: none"> <li>a. The PMU should put as many documents as possible on the website.</li> <li>b. The PMU should send CCM members copies of all reports going to GFATM and LFA.</li> <li>c. The PMU should report to the CCM either quarterly or biannually on overall grant performance, including early alerts/warning about potential problems or issues.</li> <li>d. The PMU should occasionally report on their structure—who does what, etc., to help SRs and CCM members understand how the PMU works.</li> <li>e. The PMU could hold an “open house” and invite CCM members and SRs to visit.</li> </ul>
<p>15. Some SRs feel the reporting requirements are still unclear, and things continue to change causing them to have to redo their reports several times. Some of the PMU staff feels the SRs are making too many errors, which means the PMU has to ask them to redo work.</p>	<ul style="list-style-type: none"> <li>a. Try to arrive at consistent reporting documents that do not change.</li> <li>b. M&amp;E should conduct one-day training/orientation meetings for SR staff members who are responsible for reporting. This should be done annually.</li> </ul>

<b>FINDINGS—M&amp;E RELATED</b>	<b>RECOMMENDATIONS</b>
<p>16. We looked rather closely at the way the PMU is doing M&amp;E and feel for the most part this is done rather well. It has standardized data systems in place and its quality control measures seem adequate. The M&amp;E unit gets information regularly so it is able to generate required GF reports. The M&amp;E team manages a tremendous amount of data and works long hours.</p>	<ul style="list-style-type: none"> <li>a. Appreciate the M&amp;E staff members. Do something in CCM meetings to applaud their work.</li> <li>b. Appreciate the SR staff that sends in data. Celebrate this function.</li> </ul>
<p>17. The HIV M&amp;E database is not linked; therefore a great amount of manual compiling is necessary. This increases data entry and data checking time, increases the workload of the M&amp;E specialists and may cause errors.</p>	<ul style="list-style-type: none"> <li>a. Invest in some additional IT support to link individual HIV databases.</li> </ul>
<p>18. On the TB side, there is no computerized database. All data are entered manually and much of the compiling is done manually.</p>	<ul style="list-style-type: none"> <li>a. Invest in the IT support to computerize the TB database. Possibly use the HIV access as a model.</li> </ul>
<p>19. We noted that there was as yet not much planning and preparation for the evaluation stages of grant implementation and completion.</p>	<ul style="list-style-type: none"> <li>a. Put together a small technical planning /working group, possibly composed of SR staff, PMU staff and some CCM members to think and plan how to handle the evaluation steps required.</li> <li>b. Do this initial planning and thinking now rather than leave it until later.</li> </ul>

## ACTION PLAN FOR IMPLEMENTING RECOMMENDATIONS

Recommended Activity	Responsible Party	July	Aug.	Sept.	Oct.	Nov.	Dec.
1. Adopt recommendations and make decision to implement Action Plan	CCM Chair initiates	√					
2. Select/appoint small working group (Action Plan Implementation Committee) to assist the Chair/CCM in carrying out the recommendations for improvement	CCM Chair initiates	√					
3. Activate the Executive Committee <ul style="list-style-type: none"> <li>• Elect EC members</li> <li>• Clarify mandate and how they will report back to larger CCM</li> </ul>	CCM	√					
4. Sign all sub-agreements/contracts and first disbursements made	PMU/PR	√					
5. Comply with GFATM regulations for CCMs for Round 6 Application <ul style="list-style-type: none"> <li>• Document the process the CCM will use to solicit and review proposal submission</li> <li>• Document the process to select a PR</li> </ul>	CCM makes decision  Working group could write/document the process	√					

<p>6. Hold first Executive Committee meeting</p> <ul style="list-style-type: none"> <li>• Reaffirm EC roles and responsibilities</li> <li>• Select the Coordinator</li> <li>• Agree on responsibilities of the Coordinator</li> <li>• Agree on operating norms</li> </ul>	<p>Elected Executive Committee and CCM Chair</p>	<p>√</p>					
<p>7. PMU presents grant progress reports</p> <ul style="list-style-type: none"> <li>• Program accomplishments (M&amp;E)</li> <li>• Financial status/updates</li> <li>• Status of grants/contracts signed</li> <li>• Early alerts/warnings of upcoming issues or problems</li> </ul>	<p>PMU</p>		<p>√</p>				
<p>8. Agree on and adopt performance criteria for monitoring the performance of the PR/PMU</p>	<p>CCM and PMU leadership</p>		<p>√</p>				
<p>9. Strengthen resources for Secretariat to better support the CCM and the Chair so that:</p> <ul style="list-style-type: none"> <li>• Agendas and accompanying materials are developed and distributed a few days before the scheduled meeting</li> <li>• Minutes are prepared and circulated for comment, finalized and distributed</li> <li>• The CCM website is set up and maintained or a section under the PMU website is created</li> </ul>	<p>CCM Chair</p> <p>Action Plan Implementation Committee</p> <p>Secretariat staff</p>		<p>√</p>	<p>√</p>	<p>√</p>		

<p>10. Establish new norms for effective CCM meetings</p> <ul style="list-style-type: none"> <li>Given the responsibilities of the newly established EC, select appropriate agenda topics for CCM meetings</li> <li>Develop a meeting calendar for the next 12 months</li> <li>Establish time management norms so meetings do not last beyond scheduled ending times</li> </ul>	<p>CCM Chair</p> <p>CCM members</p> <p>Secretariat staff</p>	√	√	√	√		
<p>11. Reaffirm responsibilities of the individual CCM member</p> <ul style="list-style-type: none"> <li>Describe individual behaviors that foster strong CCM operations</li> <li>Describe behaviors that hamper strong operations</li> <li>Agree on new norms</li> </ul>	<p>CCM members</p>		√	√	√		
<p>12. Advocate for strengthened strategic leadership for HIV in Romania</p> <ul style="list-style-type: none"> <li>Foster better interface between prevention and treatment</li> <li>Promote long-term planning for program sustainability</li> </ul>	<p>CCM members</p> <p>Chair and Vice-Chairs</p>			√	√	√	√

<p>13. The PMU assesses its management/leadership approach, identifies and implements improved practices</p> <ul style="list-style-type: none"> <li>• PMU Management Retreat led by facilitator</li> </ul>	PMU			√			
<p>14. Improve information sharing with CCM and Sub-Recipients</p> <ul style="list-style-type: none"> <li>• Routine distribution of quarterly reports</li> <li>• Post relevant documents on website</li> <li>• Progress reports to CCM</li> <li>• Make Annual Report presentation to the CCM</li> <li>• Early alerts/warnings to ensure that the CCM is informed</li> <li>• PMU “open house” for CCM members and Sub-Recipients</li> </ul>	PMU M&E Unit Finance Unit			√	√	√	√
<p>15. Consider linking individual HIV databases</p> <ul style="list-style-type: none"> <li>• Investigate the feasibility of doing this</li> <li>• Use external IT assistance</li> </ul>	M&E Unit HIV and IT Specialist	√	√				
<p>16. Develop computerized TB database</p> <ul style="list-style-type: none"> <li>• Explore interface options; look to HIV database as model</li> <li>• Use external IT assistance to develop</li> </ul>	M&E Unit TB and IT Specialist	√	√				

<p>17. Form a technical working group to focus on evaluation</p> <ul style="list-style-type: none"> <li>• Develop a draft evaluation plan</li> <li>• Carry out preparation steps</li> </ul>	<p>M&amp;E Unit Evaluation Working Group</p>			√	√	√	√
<p>18. Review status of implementing the Action Plan</p>	<p>Action Plan Implementation Committee</p>			√		√	
<p>19. Consider conducting one-day workshop for SR staff that is responsible for reporting</p> <ul style="list-style-type: none"> <li>• Plan, design and conduct first one</li> <li>• Repeat annually</li> </ul>	<p>M&amp;E Unit</p>		√	√			
<p>20. Possible follow-on TA support from the TA Team</p> <ul style="list-style-type: none"> <li>• Conduct management/leadership strategic planning meeting for PMU</li> <li>• Assist M&amp;E Unit with Sub-Recipient workshop</li> <li>• Support to CCM as needed—might consider a one-day CCM workshop to strengthen the way governmental organizations and civil society organizations work together.</li> </ul>	<p>TA Team (if requested and approved)</p>			√			