UNAIDS

eannaso

Regional Platform
for Communication and Coordination
on HIV/AIDS, Tuberculosis and Malaria
For Anglophone Africa

REPORT ON THE ASSESSMENT OF CIVIL SOCIETY PRINCIPAL RECIPIENTS IN ANGLOPHONE & LUCIPHONE AFRICA

DECEMBER 2018

ACRONYMS

AGYW	Adolescent Girls and Young Women
ARV	Antiretroviral Therapy
CANGO	Coordinating Assembly for Non-Governmental Organisations
CCS	Centro de ColaboraçãoemSaúde
CCM	Country Coordinating Mechanism
CHV	Community Health Volunteer
COP	Community of Practice
CSO	Civil Service Organizations
CSPRN	Civil Society Principal Recipient Network
CS	Civil Society
CT	Country team
EANNASO	East African Network of National AIDS Services Organisations
FDC	Fundaçãopara o desenvolvimento da Comunidade
FSW	Female sex workers
GF	Global Fund
GIZ	German Development Agency
GMIS	Grants Management Information Systems
KRCS	Kenya Red Cross Society
LFA	Local Fund Agent
M&E	Monitoring and Evaluation
MDR TB	Multi drug resistant tuberculosis
MOU	Memorandum of understanding
NANASO	Namibia Network of AIDS Service Organizations
NGO	Non-governmental Organization
PILS	Prevention Information et lute Contre le Sida
PLHIV	People living with HIV
PSI	Population Services International
PR	Principal Recipient
PREP	Pre exposure prophylaxis
PUDR	Progress Update and Disbursement Request
RDQA	Routine data quality audit
SMT	Senior Management Team
SOP	Standard Operating Procedures
SR	Sub Recipient
SSR	Sub Sub Recipient
TASO	The AIDS Support Organisation
TB	Tuberculosis
UNAIDS	Joint United Nations Program on HIV and AIDS
RST ESA	Regional Support Team for Eastern and Southern Africa
USAID	United States Agency for International Development
WAPCAS	West Africa Program to Combat AIDS and STIs (WAPCAS)
WHO	World Health Organization

CONTENTS

LIST OF GRAPHS

LIST OF TABLES

LIST OF FIGURES

ACKNOWLEDGEMENTS

This case study was conducted by the . EANNASO acknowledge the financial support of the UNAIDS Region Support Team for Eastern and Southern Africa. Specifically, EANNASO acknowledges the technical support received from MS. Jackie Makokha and Chris Mallouris - the former and the current Partnership Advisors at the RST for their technical support before and during the Assessment

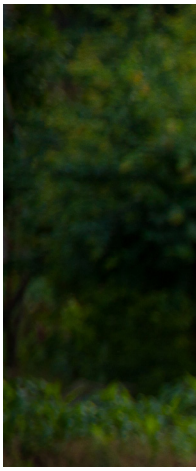
EANNASO wishes to acknowledge the invaluable support received from the CCM Secretaries and Coordinators in all 15 countries namely Ghana, Uganda, Mozambique, Zambia, Kenya, Nigeria, Liberia, Tanzania, Gambia, Sierra Leone, Mauritius, Malawi, Eswatini, Namibia and Bostwana which participated in the Assessment. Similarly, EANNASO acknowledges the support receive from the Global Fund Country Team members for the Gambia, Nigeria and Sierra Leone. The support of the CCMs and the GFCT greatly facilitated the timeliness of the responses from the PR.

We pay special thanks to the CCMs and PRs in Ghana, Mozambique and Uganda for working together with the consultant in in planning and undertaking of the country specific data collection. We also recognise the valuable insights and contributions from all the key informants and the participants of the various focused group discussions facilitated in the three countries. Your participation greatly enriched the assessment.

We specifically thank the 23 Civil Society PRs namely, Coordinating Assembly for Non-Governmental Organisations (CANGO), Centro de ColaboraçãoemSaúde (CCS), Fundaçãopara o desenvolvimento da Comunidade (FDC), Kenya Red Cross Society (KRCS), Namibia Network of AIDS Service Organizations (NANASO), Prevention Information et lute Contre le Sida (PILS), The AIDS Support Organisation (TASO), West Africa Program to Combat AIDS and STIs (WAPCAS), Amref Health Africa – Kenya, Amref Health Africa Tanzania, FHI 360 Population Services International – Liberia, Plan International, Liberia, Catholic Relief Services – Sierra Leone, Action AID Malawi, World Vision – Mozambique, Action AID Gambia, Right to Care, Kheth'Impilo, AIDS Foundation of South Africa, Soul City Institute, African Comprehensive HIV/AIDS Partnerships (CHAP), and NACOSA. EANNASO recognises the role of the PRs and their respective teams of Program Managers M & E Manager and others to whom the success of this Assessment is credited to. The CS PR and their teams took time to diligently respond to the questionnaire; and shared their respective tools, templates and protocols that have been developed to-date for collective sharing learning in the Community of Practice (CoPs).

We recognize leadership and technical support of the Consultant, Ms. Rhoda Lewa who was solely in charge of undertaking the assessment – from design of data collection tools, actual data collection, analysis and reporting. Your services, notably the technical support and leadership were invaluable.

Finally, we acknowledge the contributions of all people who are not listed above.



EXECUTIVE SUMMARY

BACKGROUND AND OBJECTIVES

The assessment of Civil Society (CS) Principal Recipients (PRs) undertaken in 2018 is a culmination of a series of assessments and consultations that have taken place since 2015. In 2015, UNAIDS Regional Support Team for eastern and southern Africa (RST ESA), the Civil Society PR Network (CSPRN) and EANNASO through the Regional Platform for Communication and Coordination and carried out a rapid assessment of capacity needs required by African civil society PRs to effectively implement Global Fund grants. Results from the survey reveal significant challenges faced by civil society PRs. For example, 30% of respondents said that serving as a Global Fund PR is "very difficult", with a further 29% saying it is "difficult". In 2016, EANNASO in its capacity as the Regional Platform undertook a needs assessment survey the established that 33% of respondents reported that civil society organizations do not always have the capacity to implement large grants. A further 23% indicated that civil society recipients spent too much time on complicated reporting requirements. These are persistent challenges for civil society and community implementers.

The findings of rapid capacity assessment and the needs assessment were presented at the Global Fund's High Impact Africa II meeting held in April 2016 in Maputo, Mozambique, which established the need for more platforms for learning and sharing among civil society PRs. Building on the momentum from the High Impact Africa II meeting in Maputo, in August 2016 UNAIDS RST-ESA and EANNASO, jointly organized "The Anglophone Africa Dialogue Forum for sharing and learning amongst Global Fund Civil Society Principal Recipients (PRs)". The meeting brought 65 participants from 20 African countries to share experiences, solve collective problems and explore technical support needs. One of the key outcomes of this workshop was the unanimous commitment from participants to establish a community of practice for civil society PRs from Anglophone African countries. This commitment is the rationale against which the CS PRs Assessment was undertaken in 2018 with the main objective of documenting the experiences of CSOs on common processes and challenges that their experience such as grant making, SR selection processes, relevance of grant oversight by CCMs, and overall grant implementation experience in order to guide the development and implementation of a community of practice that can serve as a reference point for GF principal Recipients.

METHODOLOGY

Qualitative and quantitative methods were used in collecting and analysing the data. A comprehensive open ended questionnaire was developed in English, pretested and administered via email to a total 24 Civil Society (CS) Principal Recipients (PRs). The completed questionnaires were coded and entered in computers and analysed using the Statistical Package for Social Sciences (SPSS). To complement the information collected, the comprehensive questionnaire, key informant interviews and focused group discussions were conducted from three countries representing west, south and eastern Africa namely, Ghana, Mozambique and Uganda. Qualitative data was collated manually and used to explain, discuss and to make sense of the quantitative data collected. Purposive sampling was employed to identify countries in Anglophone Africa which had adopted Dual Track Financing (DTF) which currently had operational grant(s) managed by civil society Principal Recipients (PRs) and to identify three countries in Anglophone Africa for in depth qualitative data collection. Data collection was mainly through: questionnaire administration via email to all 24 PRs in 16 countries in Anglophone Africa; key informant interviews and focused group discussions targeting the CCM Secretariat, CCM members, Oversight committee leadership, CS PRs, CS grant implementers and beneficiaries in Ghana, Mozambique and Uganda.

> *'the space for new PRs should always be considered and utilised; though they normally have a steep learning curve on the onset, they play a vital role of facilitating grants absorption and providing competition to older and more experienced PRs as evidenced in Mozambique where the progress of the new PR is very good'. Key Informant Interview, Mozambique*

FINDINGS

The CS PR Assessment was supported by UNAIDS RST ESA office. A total of 15 countries and 23 CS PR participated in the study; with one country and its PR not responding.

Key findings of the assessment include that 70% of CS PRs involved in the study were national organisations; and 30% being internal organisations. Majority of the CCS PRs were managing HIV grants focused on Key and Affected Populations (KAPs), HIV prevention, Adolescent Girls and Yong Women (AGYW) and Community Systems Strengthening (CSS).

> *'Overtime develop attitudes and acquire unchecked powers that tend to exclude other civil society and community groups from being involved in the grant implementation...a situation that is often made worse by the type of relationship the PR will have developed with the Global Fund Country Team and the CCM'.*

69.5% (16 CS PRs) has one or more than one grant implementation experience. Divergent views were received with respect to the implementation experience of PRs with PRs, acknowledged the their grant implementation experience was a strength because they started the grant implementation with established human resources and program implementation systems; and the Chair/President of the CCM in Mozambique and Community members from Uganda highlighted that:

Community members on the other hand had different observations, about repeat and long-term CS PRs,

83% (19) of the current CS PRs reported that they had been previous Sub Recipients (SRs) of Global Fund grants.

In terms of selection as PR, all organizations except one indicated that they had responded to calls for proposals by the country coordinating mechanisms (CCMs); and were competitively selected in an open and transparent manner that also took into account their organisational capacity, prior global fund experience and programmatic capacity to implement in the country. The HIV TB CS

PR from Nigeria, FHI 360 indicated that they were selected following an audit of the previous grant implementer resulting in significant deficiencies and was thus appointed by the Global Fund to implement.

With respect to seeking Technical Assistance to support the development of their respective PR Bids, only two organizations reported seeking assistance to support development of the application to become a principal recipient. However, at grant making stage, 8 Principal Recipients (34.8%) of the CS PRs reported that they sought technical assistance to support this stage.

In terms of selecting sub recipients, only CS PR i.e. FHI 360 Nigeria reported not being involved in their selection process (FHI 360 Nigeria). This was attributed to the fact that they were selected as a PR to continue with the grant after the initial principal recipient ran into challenges, thus inheriting the initially selected sub recipients.90.9% of the CS PRs reported they had developed criteria, tools, processes and protocols to guide and inform SR selection. Only one CS PR reported not having developed any tools and guidance (FHI 360) and one CS PR did not respond to this question.

There were challenges that were experienced during the SR selection process and those mentioned were reduction in funding, non-participation of selection committee appointed by the CCM to do the selection, lack of objectivity by some organizations involved in the selection process, cancellation of selection process because of shortcomings, lengthy in-country consultations, low capacity of SRs expressing interest and stringent criteria- leaving out a lot of national organizations. Qualitative interviews and discussions on the SR selection processes and challenges highlighted that t

65.2% (15) of the organizations reported that the grants had started on time, while 34.8% (8) of the organizations reported delays.

20 (87%) of the 23 CS PR organizations reported that they were involved in direct implementation of the grant. Qualitative interviews revealed that even at CCM level; some of the CS CCM representatives were not in favour of PRs direct implementation of grants which they said was tantamount to 'conflict of interest (CoI)'!

All organizations indicated reporting to the CCM and those working in HIV programs reported to the National AIDS council. None of the CSO reported to CS accountability mechanisms and their broader CSO constituency denoting that the only reporting undertaken is rather for 'upward rather than downward accountability'.

With respect to interactions between CS PRs and CCMs, the Assessment established that these are quite high with 91.3% (21) of the organizations reporting they usually meet with the

'the Global Fund needs to develop clear guidance on SR selection to ensure an open and transparent process…for example, why are representatives of government involved in SR selection processes of CS PRs? What is their interest in the process? What is the role of the CCM and the GF Country Teams in SR selection?…a clear and comprehensive guidance is thus needed! – Key Informant Interviewee.

'… at CCM level, we talk a lot of CoI and Code of Conduct…but this is not being upheld at PR level; when a grant manager (PR) implements directly alongside other SRs, isn't that a classic example of CoI'? If for example, the PR in its capacity as an implementer (SRs) repeatedly underperforms; what action if any can the PR take against itself? Will the PR ever report and highlight such underperformance to the CCM? Will the PR issue a management letter to itself as an SR?' Key Informant, Ghana

CCM. 19 organizations (82.6%) of the CS PR who interact with the CCM reported that the frequency of interaction with the CCM was on a quarterly basis. Examples of grant implementation challenges that the oversight committee had helped to address included selection and management of SRs- including legal challenges, complaints of grant performance, commodity stock outs, acquisition and distribution of equipment, relationships with government agencies-including signing MoUs, getting waivers and addressing reporting issues.

In terms of procurement and supply of goods and commodities, 20 (87%) of PRs reported the grants they were managing included procurement and supply. The PRs reported that challenges experienced during procurement included delays in delivery of goods or services, securing tax exemptions, cancellations of tenders, finding goods matching standards-such as test kits meeting WHO standards, small time windows between approval and procurement, monopoly of certain service providers such as GeneXpert machines, detailed RFA processes, inadequate attention to pharmaco vigilance, challenges in procurement knowledge capacity, unnecessary tender evaluation by national program technical teams and price fluctuations conflicting with approved budgets.

In response to use of dashboards for grant management, 15 (65.2%) of the CS PRs reported they were using one and 8 CS PRs did not. Seven of the 8 CS PRs who do not use dashboards indicated plans of developing a dashboard in future, while one CS PR did not have a plan to use or develop a dashboard. Only three out of the 8 had plans of approaching another organization to assist in the development of one, and those that reported seeking assistance in development had considered the CCM, USAID, DIMAGI, UNAIDS and International HIV AIDS Alliance. Only one organization indicated plans to have the dashboard developed by a definitive time, which was reported as 2019.

The Assessment established that 82.6% (19) of the CS PRs had reported that they had discussed grant absorption at various stages including during the start phase, after the CCM meeting, after the oversight meeting, during the LFA meeting or with the GF country team. 21 organizations (91.3%) reported that there were steps and processes to ensure that grant funds were fully absorbed by the end of the grant period.

Slightly over half (52.2%) of the CS PRs reported that they had received orientation or training to become a principal recipient. 78.3% of the PRs specifically acknowledge having received training and mentorship from the GF country team. Out of the 23 organizations, only 3 (13%) had gone for benchmarking.

Key topics and areas for prioritization in training and mentoring were identified as: financial management, M&E and data management, procurement, SR management, forecasting and quantification of commodities, stakeholder management, management of big data and use of data for decision making, implementation science and operational research, risk management, negotiation and effective diplomacy during grant making.

21 organizations/ CS PRs indicated that they provided training and mentorship to their sub recipients. Topics that organizations considered useful for SR training included grant management, monitoring and evaluation, financial management, resource mobilization, risk management, governance and internal control systems, guidelines on budgeting, reporting and audit, research and knowledge management, gender mainstreaming, leadership, resource mobilization, advocacy, technical disease specific areas and clarification of roles between SR and PR.
To facilitate learning and exchange between PRs, the topics that were considered necessary for inclusion were issues to do with SR management, risk management, procurement and supply management, harmonization of national and organization M&E systems, stakeholder management, GF policies and guidelines to grant implementation, knowledge management including operational research and use of data for decision making, quality assurance, grant management, peer review of strategies, improving coordination, supply chain bottlenecks, sharing best practices, fraud management, governance and grant transitioning.

Regarding the setting up of a community of practice, most of the organizations (16; 69.6%) were in agreement that this would be good for PRs. Two organizations did not respond to this question If a community of practice was to be put in place, 85.7% of the organizations indicated that they would use the platform.

Topics of coverage for a community of practice were mentioned as grant transitioning, knowledge management and research implementation, management of SRs, communication and relationship management among partners and stakeholders, successful and innovative program implementation strategies, program sustainability, advocacy, resource mobilization, technical approaches to grant implementation such as structure of service implementation and SR management.

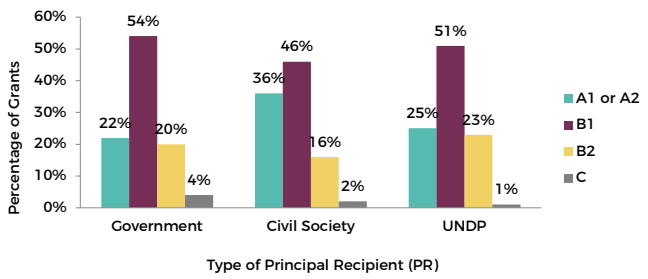
RECOMMENDATIONS

1. Whereas working with experienced and repeat PRs makes programmatic sense; it should not be used as a basis of not considering potential and experienced CSO as PRs; CCMs need to adopted equality opportunity approaches; and risk management approaches that will not result to either having one Organisation as a PR for the three diseases; or having organisations entrenched as PRs;
2. The Global Fund needs to develop clear guidance on SR selection. The guidance should amongst other articulate the role of the CCM and the respective PRs in SR selection; and considerations to be made and taken into account for SRs implementing KP, PLHIV and AGYW related interventions to facilitate community involvements in the implementation. in the spirit of both the GF NFM and the HIV UNHLM Declaration , the recommendation for a transparent, Inclusive and clear criteria for CS SR selection processes should be discussed at the Global Policy levels by the Global Fund, UNAIDS amongst others ;
3. PRs need to be sensitised on available TA to support grant making stage of the funding request. Similarly, CCMs should also be empowered and supported to ensure that the TA acquired for funding request development includes provision of TA during the grant making stage of the funding request;
4. Over and above the means of engagement by the Community of Practice (Graph 3 pg 34) there is need to identify the CS PRs that are excelling in areas where some CS PRs are challenged and then use a south to south capacity building approach and this can be through Webinars, TA , link and learn;
5. A CS PR modelling on staffing, skills and Job description audit should be done for efficient placement and value for money;
6. The Global Fund, and other partners like UNAIDS, and the Community Rights and Gender (CRG) need to develop specific guidance to facilitate in-depth understanding of the grant making process; and the expected role of the PRs, the CCMs and civil society organisations;
7. The Global Fund need to develop specific guidance on direct implementation by PRs; where it should be applicable and where it is not so as to prevent PR monopoly in grant implementation; to prevent the exclusion of highly potent and community led participation in grant implementation; and to facilitate quality interventions that reach the intend target populations. The guidance should detail how Conflict of Interest (CoI) and Programmatic Risk will be managed at PR level during grant making;
8. Collaborative efforts between the Global Fund, CCMs, PRs and technical partners need to be strengthened to ensure that grant absorption is addressed from the grant implementation start dates; this will mitigate risk of unexpended funds which have are returned to the Global Fund; and will mitigate against the need to develop acceleration plans which are often skewed towards expenditure and not quality of interventions;
9. Civil Society on the CCM and not on the CCM need to advocate for continued grant performance from Quarter 1 or the grant implementation to counter PRs comfort zone of having good grant performance towards the end of the grant;
10. PRs need to develop comprehensive risk management plans for which they have to be hold PRs accountable to at various levels by communities, the oversight committee and the CCMs, and the Country Teams;
11. CS PR capacity strengthening is required in Grant Absorption, Grant Making, Procurement Supply chain Management (PSCM), SR Management, and Risk Management as part of the CoP;
12. Collaborative efforts between the Global Fund, CCMs, PRs and technical partners need to be strengthened to ensure that grant absorption is addressed from the grant implementation start dates; this will mitigate risk of unexpended funds which have are returned to the Global Fund; and will mitigate against the need to develop acceleration plans which are often skewed towards expenditure and not quality of interventions; and
13. Simplified and well defined guidance on of the role of CS CCM and Community groups in and out of the CCM from the design of the funding request right up to implementation need to be developed by Global and regional technical partners such as EANNASO and the AIDS Alliance.

INTRODUCTION AND BACKGROUND

The importance of having civil society PRs is multi-faceted. Civil society PRs are often better-suited to deliver programming related to community responses as well as mobilizing and delivering services to key populations. Civil society PRs are also highly effective at managing grants. Recent results published by the Global Fund show that civil society PRs often outperform both government and UNDP as implementers. In 2011, 36% of civil society PRs had either an A1 or A2 rating, compared to 25% for UNDP PRs and 22% for government PRs (Figure 1).

FIGURE 1: CUMULATIVE DISTRIBUTION OF PERFORMANCE RATINGS OF ALL PRINCIPAL RECIPIENTS (GLOBALLY) DURING GRANT REVIEW (END 2011).



However, while they are often very successful at achieving results, civil societies PRs also have specific needs and face unique challenges. Many civil society organizations in the Eastern, Southern and Western African regions have varying degrees of experience in Global Fund processes. There is however a wealth of knowledge among civil society implementers that remains untapped for many new(er) PRs.

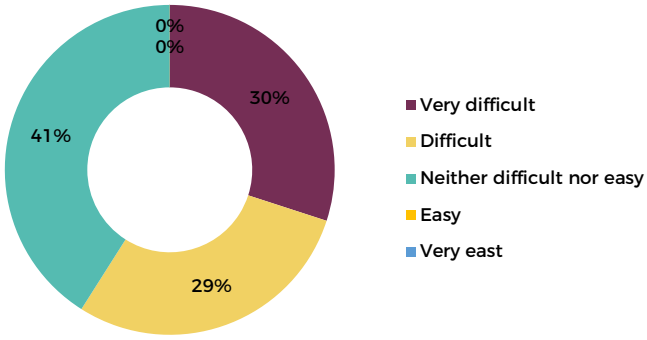
A wave of new civil society PRs were ushered in along with the new funding model (NFM) in 2014, partly due to the NFM's renewed emphasis on civil society engagement. For instance, Botswana and Swaziland both added first-time civil society PRs in 2014 (the African Comprehensive HIV/AIDS Partnerships and the Co-ordinating Assembly of Non-Governmental Organisations, respectively.) Grants in those countries had been previously implemented by a single government PR. South Africa added two new civil society PRs in 2015, Kheth'Impilo and the AIDS Foundation of South Africa. In 2018, a new PR for TB HIV i.e. AMREF Tanzania was selected.

BACKGROUND AND CONTEXT

There has been mounting evidence that civil society PRs – particularly newer ones – require additional capacity building support and access to technical assistance.

In early 2015, UNAIDS Regional Support Team (RSTESA) and the Civil Society PR Network (CSPRN) carried out a rapid assessment of capacity needs required by African civil society PRs to effectively implement Global Fund grants. This assessment was later expanded to Anglophone Western Africa Countries through support of the Regional Platform for Communication and Co-ordination for Anglophone Africa (hereafter referred to as the Regional Platform), hosted by the Eastern Africa National Networks of AIDS Service Organizations (EANNASO).
Results from the survey reveal significant challenges faced by civil society PRs. For example, 30% of respondents said that serving as a Global Fund PR is "very difficult", with a further 29% saying it is "difficult" (Figure 2).

FIGURE 2: LEVEL OF DIFFICULTY SERVING AS A GLOBAL FUND PRINCIPAL RECIPIENT (ESA REGION)



The main challenges reported by survey respondents were setting up or modifying internal processes to align with Global Fund needs as well as working with in-country Global Fund stakeholders such as the CCM. Other challenges cited include understanding Global Fund processes and policies and sub-recipient management.
In January 2016, EANNASO published a needs assessment survey, revealing that 33% of respondents reported that civil society organizations do not always have the capacity to implement large grants. A further 23% indicated that civil society recipients spent too much time on complicated reporting requirements. These are persistent challenges for civil society and community implementers.

Along with the UNAIDS RST-ESA and EANNASO surveys, participants at the Global Fund's High Impact Africa II meeting held in April 2016 in Maputo, Mozambique, re-affirmed the need for more spaces for learning and sharing among civil society PRs. A community systems strengthening session erupted into a vibrant debate, with civil society PRs demanding a continuation of the discussion at a later date.

Responding to the results of these surveys, and building on the momentum from the High Impact Africa II meeting in Maputo, UNAIDS RST-ESA and EANNASO jointly organized "The Anglophone Africa Dialogue Forum for sharing and learning amongst Global Fund Civil Society Principal Recipients (PRs)", a workshop to fa-

cilitate peer-learning and best practice exchange to enable civil society PRs to implement Global Fund grants more effectively. The meeting was held from 29-31 August 2016 in Nairobi Kenya, bringing together 65 participants from 20 African countries to share experiences, solve collective problems and explore technical support needs.

One of the key outcomes of this workshop was the unanimous commitment from participants to establish a community of practice for civil society PRs from Anglophone African countries. This commitment formed the basis for the concept note, which further articulated how the community of practice should come into being and also culminated in the need for this assessment.

PROBLEM STATEMENT

Civil Society PRs are an important part of the Global Fund's grant architecture, yet they have varying levels of experience, capacity, and access to support. Demand for increased space for civil society PRs to learn from one another by sharing challenges, good practice and other implementation experiences has been documented. There is a need for increased information, technical assistance, and sharing spaces for civil society PRs in the Anglophone African region in particular. This assessment was conducted to explore the experiences of CSOs that have been implementing GF grants as principal recipients in order to guide the development and implementation of a community of practice that can serve as a reference point for GF principal Recipients.

The Assessment covered a total of 23 Civil Society PRs drawn 15 countries in Anglo phone Africa. The 15 countries are Ghana, Uganda, Mozambique, Zambia, Kenya, Nigeria, Liberia, Tanzania, Gambia, Sierra Leone, Mauritius, Malawi, Eswatini, Namibia and Botswana; and the civil society principal recipients included: Coordinating Assembly for Non-Governmental Organisations (CANGO), Centro de ColaboraçãoemSaúde (CCS), Fundaçãopara o desenvolvimento da Comunidade (FDC), Kenya Red Cross Society (KRCS), Namibia Network of AIDS Service Organizations (NANASO), Prevention Information et lute Contre le Sida (PILS), The AIDS Support Organisation (TASO), West Africa Program to Combat AIDS and STIs (WAPCAS), Amref Health Africa – Kenya, Amref Health Africa Tanzania, FHI 360 Population Services Internationa – Liberia, Plan Internationa, Libera, Catholic Relief Services – Sierra Leone, Action AID Malawi, World Vision – Mozambique, Action AID Gambia, Right to Care, Kheth'Impilo, AIDS Foundation of South Africa, Soul City Institute, African Comprehensive HIV/AIDS Partnerships (CHAP), and NACOSA

ASSESSMENT METHODOLOGY

The purpose of the civil society PRs assessment was to facilitated in-depth understanding of the PRs including but not limited to their form and size, the nature of technical support, the PRs have received; their technical support needs and grant implementation challenges experienced to inform the design and development of a Community of Practice (CoP) for the PRs.

Qualitative and quantitative methods were used in collecting and analysing the data. A comprehensive open ended questionnaire was developed in English, pretested and administered via email to a total 24 Civil Society (CS) Principal Recipients (PRs). The completed questionnaires were coded and entered in computers and analysed using the Statistical Package for Social Sciences (SPSS).

To complement the information collected, the comprehensive questionnaire, key informant interviews and focused group discussions were conducted from three countries representing west, south and eastern Africa namely, Ghana, Mozambique and Uganda. Qualitative data was collated manually and used to explain, discuss and to make sense of the quantitative data collected.

SAMPLING

Purposive sampling is a non-probability sampling method and it occurs when the 'elements selected for the sample are chosen by the judgement of the researcher[1]'". Purposive sampling is most effective when only limited numbers of people/elements that can serve as primary data sources due to the nature of the research design, aims and objectives are used.
In this Assessment, purposive sampling was employed to identify countries in Anglophone Africa which had adopted Dual Track Financing (DTF) which currently had operational grant(s) managed by civil society Principal Recipients (PRs). A total of 24 CS PRs from 16 countries were purposively sampled for questionnaire administration.

Purposively sampling was further employed to identify three countries in Anglophone Africa for in depth qualitative data collection. Ghana was sampled to represent western Africa, Mozambique to represent southern Africa and Uganda to represent eastern Africa. In each of the three countries, key informants and participants for the focused ground discussions were also purposively sampled from the CCM, the civil society constituency and civil society grant implementers i.e. sub recipients.

METHODS OF DATA COLLECTION

To realise broad geographical coverage of the Anglophone Africa in a time wise and financially cost effective way, the data collection was mainly through:

- Questionnaires administered via email to all 24 PRs in 16 countries in Anglophone Africa;
- Key informant interviews targeting the CCM Secretariat, CCM members, Oversight committee leadership, CS PRs, CS grant implementers and beneficiaries in Ghana, Mozambique and Uganda; and
- Focused group discussions targeting CS implementers and beneficiaries.

Information collected from all data sources was triangulated to inform the findings presented in this report.

1 https://research-methodology.net/sampling-in-primary-data-collection/purposive-sampling/#_ftn1

LIMITATIONS OF THE ASSESSMENT

A number of challenges were experienced during the assessment. First, the Comprehensive CS PR questionnaire developed was quite ambitious in trying to capture detailed information for this Assessment; the comprehensive CS PR questionnaire developed was 14 pages long. A number of respondents reported having to fill the questionnaire over a number of days hence delays in submitting filled up questionnaires.

Secondly, the Assessment assumed that all sampled CS PRs would willingly participate in the Assessment. One CS PR remained unresponsive to all communication related to the Assessment; and a number of filled CS PR questionnaires were received quite late hence delaying the data analysis and processing of this report.
Thirdly, the Comprehensive CS PR questionnaire requested PRs to share samples of the templates, tools and protocols developed in the course of grant implementation. Not all PRs were able to share their respective products either because of size or because of organisational rules and policies.

Lastly, the Assessment purely focused on CS PRs; other key respondents were mainly drawn from CS CCM members and civil society members (SRs, SSRs and beneficiaries). The Assessment however could have benefitted and could have been further enriched with information from members of the Global Fund Country Teams of the respective countries.

FINDINGS

ORGANIZATION CHARACTERISTICS

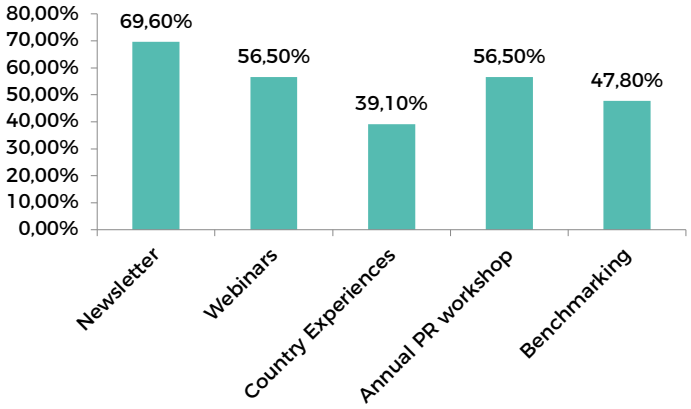
A total of 24 Civil Society Principal Recipients (CS PRs) from Anglophone Africa were sampled for the Assessment. Most of the CS PRs were from South Africa (5), while Mozambique (3), Kenya and Liberia had 2 each and the rest of the countries each had one CS PR. Of the targeted 24 CS PRs, a total of 23 CS PRs responded to the questionnaire and one (Zambia) did not respond. The table below indicates the countries from which the filled questionnaires were received from.

COUNTRY	NO. OF CS PRS
Gambia	1
Ghana	1
Kenya	2
Liberia	2
Malawi	1
Mauritius	1
Mozambique	3
Namibia	1
Nigeria	1
Sierra Leone	1
South Africa	5
Swaziland	1
Tanzania	1
Uganda	1
Botswana	1

70% of the CS PRs of the CSO PRs involved in the assessment were national organizations and 30% were defined as international organisations. PRs defined as National NGOs were PILS, TASO, WAPCAS, Amref Health Africa Kenya, NACOSA, Right to Care, Amref Health Africa Tanzania, NANASO, Kheth'Impilo, AIDS Foundation of South Africa, Kenya Red Cross, Soul City Institute, Fundaçãopara o desenvolvimento da Comunidade (FDC), Centro de ColaboraçãoemSaúde (CCS), Coordinating Assembly for Non-Governmental Organisations (CANGO) and ACHAP). International NGOs included Actionaid Gambia, World Vision Mozambiquei, FHI 360 Nigeria, PSI Liberia, CRS Sierra Leone, Action aid Malawi, Plan international Liberia.

In terms of the thematic focus of grants being implemented by CS PRs, most of them were focused on Key Populations (15); HIV Prevention (15), Adolescent Girls and Young Women (AGYW) (14) and Community Responses and CSS (13); very few CS PRs are implementing Malaria prevention, care and treatment interventions (6) and TB prevention, care and treatment interventions (6). In addition, two CS PRs reported to be implementing other grants focussed on RSSH (Community systems Strengthening and Human Rights) and Human Rights. In terms of constituency focus, most of the grants (16 grants) were focused on Key Populations followed by AGYW (11 grants). The graph below outlines the thematic and constituency focus of CS grants being implemented.

GRAPH 1: THEMATIC& CONSTITUENCY FOCUS OF CS GRANTS BEING IMPLEMENTED



With regard to staffing, the majority (63.6%) of the organizations reported that they had more than 21 staff working on the Global Fund grants.

TABLE 3: NUMBER OF STAFF WORKING ON CURRENT GF GRANT

NO OF STAFF	FREQUENCY	PERCENTAGE
5-10 staff	4	17.4%
16-20 staff	3	13.0%
21 and above	14	65.3%
No Response	1	4.3%
Total	23	100.0%

3 PRs reported having a staff establishment of 16-20 staff; and 4 PRs reported having a staffing establishment of 5-10 staff. The variances in staffing raise important questions on, 'what is the ideal PR staffing number and skills for effective grant implementation irrespective of the size and scope of a grant?'.

GRANT MANAGEMENT AND IMPLEMENTATION

Grant management and implementation is a core mandate of all PRs including civil society principal recipients.

Grant Management and Implementation Experience of Civil Society PRs

69.5% (16) of the PRs indicated that they had previously been principal recipients before the current grant, with most of them (37.5%) reporting that they had previously managed 2 grants. The table below outlines the number of grants reported by the organizations

TABLE 2: PR IMPLEMENTATION EXPERIENCE OF GLOBAL FUND GRANTS

NO. OF GRANTS	FREQUENCY	PERCENTAGE
1 grant	3	18.8%
2 grants	6	37.5%
3 grants	4	25.0%
4 grants	1	6.3%
More than 5 grants	2	12.5%
Total	16	100.0%

Qualitative interviews conducted highlighted that grant implementation experience acquired from previous/repeat grant implementation experience as a PR including established human resources and systems acquired from previous grants was a key success factor. Interesting however, the President of the CCM in Mozambique highlighted that,

> *'the space for new PRs should always be considered and utilised; though they normally have a steep learning curve on the onset, they play a vital role of facilitating grants absorption and providing competition to older and more experienced PRs as evidenced in Mozambique where the progress of the new PR is very good'. Key Informant Interview, Mozambique*

> *'...Ghana recently adopted dual track financing and is for the first time having a CS PR...this for us has demystified a long time assumption that the Global Fund is purely a government led initiative',*
> Key Informant Interview, CCM Chair, Ghana

Community members on the other hand had different observations, about repeat and long-term CS PRs ,

'Overtime develop attitudes and acquire unchecked powers that tend to exclude other civil society and community groups from being involved in the grant implementation...a situation that is often made worse by the type of relationship the PR will have developed with the Global Fund Country Team and the CCM'.

The Assessment established that some of the CS PRs currently manage multiple grants. TASO from Uganda is the CS PR for HIV/TB and Malaria and thus implementing three grants; WAPCAS in Ghana is CS PR implementing the HIV TB grant and the RSSH grant. Majority of CCM and non CCM respondents reported that PRs managing multiple grants are likely to have grant performance challenges and some of the grants are likely to be adversely affected. This was evidenced in both Ghana and Uganda where substantive delays of were experienced. In Uganda, substantive delays were observed in the implementation of the HIV grant and more specifically the Human rights module under which KP interventions were to be implemented; and in Ghana where delays in the selection of the SR for the RSSH grant occurred.

83% (19) of the current CS PRs reported that they had been previous Sub Recipients (SRs) of Global Fund Grants, majority having been sub recipient implementers of at least one grant; and two PRs having being SRs of more than five grants.

TABLE 4: PREVIOUS GRANT IMPLEMENTATION AS GLOBAL FUND SR

NO. OF GRANTS	FREQUENCY	PERCENTAGE
1 grant	9	47.4%
2 grants	8	42.1%
More than 5 grants	2	10.5%
Total	19	100.0%

The SR experience indicates that the majority of the current PRs have overtime acquired substantive Global Fund grant implementation experience.

Civil Society Principal Recipients (PRS) & Sub Recipients (SR) Selection Processes

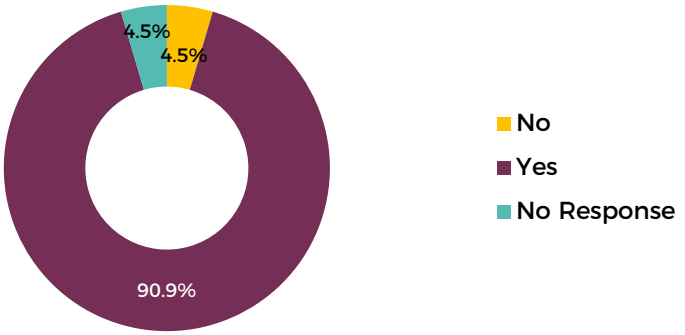
In terms of selection as PR, all organizations except one indicated that they had responded to calls for proposals by the country coordinating mechanisms (CCMs); and were competitively selected in an open and transparent manner that also took into account their organisational capacity, prior global fund experience and programmatic capacity to implement in the country. The HIV TB CS PR from Nigeria, FHI 360 indicated that they were selected following an audit of the previous grant implementer resulting in significant deficiencies and was thus appointed by the Global Fund to implement.

With respect to seeking Technical Assistance to support the development of their respective PR Bids, only two organizations (Soul City, South Africa and Plan International, Liberia) reported seeking assistance to support development of the application to become a principal recipient. However, at grant making stage, 8 Principal Recipients (34.8%) namely ACHAP, AMREF Health Africa Tanzania, Catholic Relief Services Sierra Leone, FDC, NANASO, Plan International Liberia, Population Services International, and Soul City institute of the CS PRs reported that they sought technical assistance to support this stage. Amongst the 8 CS PRs, 3 indicated that the technical assistance was internally funded, 1 funded by UNAIDS and another by USAID.

In terms of selecting sub recipients, only CS PR i.e. FHI 360 Nigeria reported not being involved in their selection process (FHI 360 Nigeria). This was attributed to the fact that they were selected as a PR to continue with the grant after the initial principal recipient ran into challenges, thus inheriting the initially selected sub recipients. 17 (77.3%) CS PRs indicated that other organizations had been involved in the selection process, while 4 (18.2%) indicated the contrary. One CS PR was not aware. Amongst those reported to have been involved in the SR selection processes were CCMs (11 CS PRs), Consultants (5), LFA (2) and GF Country Team (3). Other organizations mentioned to have been part of the process were technical working groups, government ministries, community groups, multilateral donors and independent review panels.

90.9% of the CS PRs reported they had developed criteria, tools, processes and protocols to guide and inform SR selection. Only one CS PR reported not having developed any tools and guidance (FHI 360) and one CS PR did not respond to this question.

FIGURE 3: AVAILABILITY OF TOOLS, CRITERIA OR PROCESSES TO GUIDE AND INFORM SELECTION OF SRS



Organizations reported various tools used for SR selection. Among the tools that were mentioned were RFAs, assessment grids, concept note forms, sub awardee manuals, pre application and post application checklists, capacity assessment tools, scorecards, terms of reference for SR selection, and scoring matrices.

There were challenges that were experienced during the SR selection process and those mentioned were reduction in funding, non-participation of selection committee appointed by the CCM to do the selection, lack of objectivity by some organizations involved in the selection process, cancellation of selection process because of shortcomings, lengthy in-country consultations, low capacity of SRs expressing interest and stringent criteria- leaving out a lot of national organizations. To manage these challenges, among others, the measures taken included; reduction in the initial number of SRs, using consultants to repeat selection process, reconstitution of technical review panels, and development of differentiated budgets and revision of selection criteria to accommodate local NGOs.

Qualitative interviews and discussions on the SR selection processes and challenges highlighted that the process is mostly biased and often used to limit and exclude CSOs from being a part of the implementation arrangements hence the need for the Global Fund to develop clear guidance on SR selection.

'the Global Fund needs to develop clear guidance on SR selection to ensure an open and transparent process…for example, why are representatives of government involved in SR selection processes of CS PRs? What is their interest in the process? What is the role of the CCM and the GF Country Teams in SR selection?…a clear and comprehensive guidance is thus needed! – Key Informant Interviewee.

In Uganda and Mozambique, CCM, SRs and non CCM members reported that over time, SR selection by PRs which is often overseen by their respective CCMs was either not well rationalised and thought through; or were increasingly punitive, used to exclude civil society and community groups and limit the CSO space in the grant implementation architecture,. For example, in Mozambique, a faith based organisation had been selected as an SR to implement the human rights module and KP interventions.

' As community members, we have deep concerns on the delay on the implementation of the Human rights module and we are very concerned when a CS PR elects a faith based organisation as the SR responsible for implementing the Human Rights module and we as experienced communities members are appointed to be SRs. Does it make sense for you when the church says they are ready to be trained by KPs on their respective issues for them to implement…who in this case ought to be the SR? ' – Key Informant, Mozambique

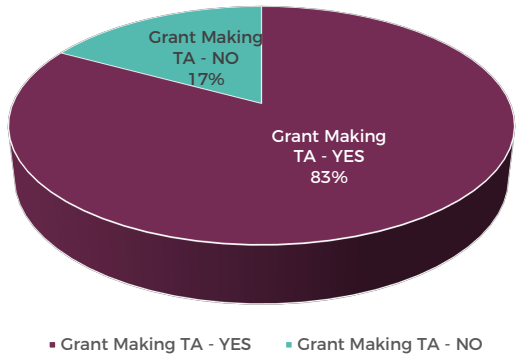
In Uganda, it was reported that given the delays in identifying a community led SR to implement Human (KP) interventions, non KP community members were identified and used as implementing partners. It was also reported that in some cases, the SR eligibility criteria set was too high hence exclusive, the criteria was reported to require all interested SRs to have: updated registration status, recommendations letters from at least 36 districts, tax clearance certificates from the Uganda Revenue Authority; audited accounts for the last three years, letters of support from past and current donors; established human resource, financial and M & E systems, and program implementation capacity.

There were also elements of success that organizations mentioned, and these were involvement of the CCM in the process, availability of and fidelity to a clear selection criteria, the use of a consultant, transparency in processes, involvement of civil society representatives, adequate capacity of selection members, availability of recommendation letters for prospective SRs from government ministries and onsite verification and capacity assessment.

Technical Assistance for PRs

19 of the CS PRs (82.6%) considered technical assistance during grant making stage as important.

FIGURE 4: IMPORTANCE OF TA BEING REGULARLY AVAILABLE DURING GRANT MAKING



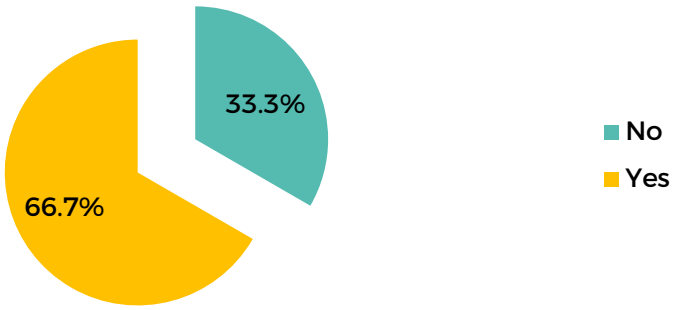
Key reasons for considering TA included: TA would save time; build on the PR capacity; facilitate quality of interventions; help address challenges that may be beyond the control of the principal recipient, building the capacity of PR staff that may not have been present during grant making and lastly TA was considered important because it helps CS PRs to align interventions to Global Fund strategic objectives. CS PRs acknowledged the technical assistance and guidance received from the Global Fund Country Team and UNAIDS Country Offices. Key informants highlighted that majority of CCMs and PRs were not aware that technical support was available to support the grant making phase.

> *' ...as a country, we have never had technical support to assist with the grant making phase; most of our technical support is linked to the development of concept notes/ funding requests; this could be partly attributed to ignorance on the part of the CCM Secretariat, the government as PR 1 and ignorance on the part of civil society'.*

As for involvement during the grant making stage, 87% (20) of the CS PRs reported that they had been involved. The CS PRs reported being involved in country technical teams such as the writing teams, during grant making and in the negotiations of budget, in defining the scope of work & implementation arrangements, in consultations by the CCM, providing technical expertise and program design.

During the grant making stage, 15 CS PRs indicated that civil society and community groups were involved; 6 CS PRs indicated that they had not been involved; and 2 CS PRs did not respond to the question. 10 (66.7%) out of the 15 reported experiencing challenges with involvement during the grant making stage.

FIGURE 5: PRS THAT REPORTED EXPERIENCING CHALLENGES WITH INVOLVEMENT DURING GRANT MAKING



The challenges faced during grant making included limited understanding of the grant making processes by CS and Community groups. Other challenges highlighted included budget cuts that needed reorganization and reprioritization at the PR level, absence of population size estimates which were subsequently conducted and reprioritization of interventions as a result of budget cuts. Among issues raised by the civil society and community groups included concerns over budget cuts, minimal allocation of funds for community systems strengthening, and HIV prevention, resource allocation to specific interventions, equitable access to

interventions, involvement during grant implementation and prioritization of community oriented interventions. More importantly, it was observed that civil society especially CCM members, SRs, and civil society organisations not on the CCM,-PRs were ignorant of their respective roles during the grant making stage.

> *' ...a number of civil society and community members including those on the CCM groups assume that once a PR is selected, they have no role to play in subsequent steps to grant signing', Key Informant, Ghana*

To address the issues raised by civil society and community groups, the CP PRs reported that key strategies used to mitigate the challenges included holding consultative meetings which discussed the issues raised, accommodating some of the issues that would fit within the grant and the budget, making clear the intervention coverage and role of CSOs, finalization of indicators and incorporation of CSOs as implementers in the community level.

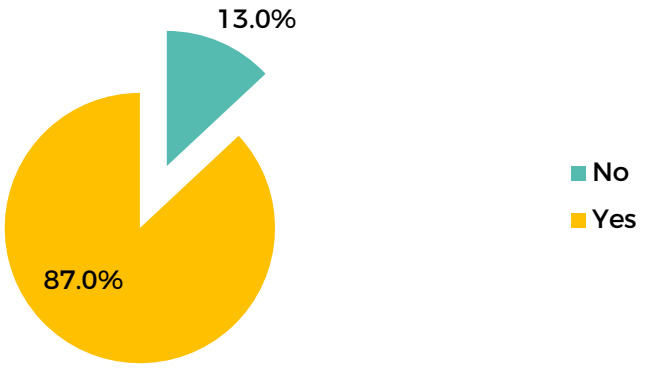
Timelines of Grant Implementation

65.2% (15) of the organizations reported that the grants had started on time, while 34.8% (8) of the organizations reported delays. Those that reported timely start offs attributed this to previous experience in negotiating and managing grants, timely completion of grant making, regular contact between the PR and GF, prior preparations before grant inception, timely release of funds, well designed implementation plans, recruitment of personnel before grant start off and transitioning from previous grants. Those reporting delays related these to delayed SR selection, delays in contractual agreements between GF and the PR and delays in getting endorsements (MoUs) to work in government sanctioned places such as schools. These delays were managed by initiating start up activities, PR supporting community activities before official SR engagement, engagement with government, acceleration plans & target shifting.

Key Informant SRs and civil society members involved and those not involved in grant implementation however highlighted that delayed implementation of grants and the subsequent acceleration plans that were developed were often biased and skewed towards PRs and PR friendly organisations. This was attributed to the fact that acceleration plans often resulted in direct implementation of key interventions by PRs and in some cases the PR implemented the interventions without consultations and collaboration with the communities; a significant number of communities reported that this facilitated reporting to the global Fund and the CCM when in actual sense services failed in terms of quality of interventions; and services were not reaching the intended target beneficiaries.

In relation to implementation, 20 (87%) of the 23 CS PR organizations reported that they were involved in direct implementation of the grant. Among the components organizations reported they were directly implementing were prevention programs for vulnerable populations, prevention programs for MSM and transgender, FSW interventions, community systems strengthening, HIV prevention for AGYW and key populations, peer education and field implementation, malaria SBCC and MIS, community case management of malaria, adherence enables for MDR TB patients, TB care and prevention and RSSH.

FIGURE 6: DIRECT IMPLEMENTATION OF GLOBAL FUND GRANTS BY PRS



Qualitative interviews revealed that even at CCM level; some of the CS CCM representatives were not in favour of PRs direct implementation of grants which they said was tantamount to 'conflict of interest (CoI)'!

> *'... at CCM level, we talk a lot of CoI and Code of Conduct...but this is not being upheld at PR level; when a grant manager (PR) implements directly alongside other SRs, isn't that a classic example of CoI'? If for example, the PR in its capacity as an implementer (SRs) repeatedly underperforms; what action if any can the PR take against itself? Will the PR ever report and highlight such underperformance to the CCM? Will the PR issue a management letter to itself as an SR?' Key Informant, Ghana*

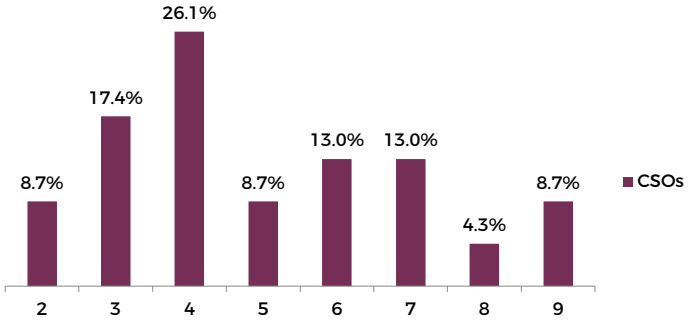
Other respondents also felt that implementing PRs not only had conflict of interest but were biased in determining modules, interventions and regions where they would implement.

...we need to look at implementing PRs from clear perspectives...what is the rationale for a PR to implement... is it because they have expertise that is not available amongst other CSOs? How do PRs for example determine the modules, interventions and regions where they implement...we have seen decisions made because of the dollar $ value of the intervention as opposed to programmatic justification! Who oversees the determination of PR implemented modules and interventions... because the CCM does not! Lastly do implementing PRs undermine the spirit of 'nothing for us without us? This Is what we feel when the MARPS network and its entire membership is sidestepped and overlooked especially in the implementation of KP interventions' – KP FGD, Uganda

M &E and Reporting of CS Grants

In response to monitoring and evaluation questions, M&E staff had a minimum of 2 and maximum of 33 M & E staff (FHI 360 Nigeria, which reported 33 core staff and 462 data entry clerks), with an average of 8 staff. Reporting was done to between 2 and 9 parties and stakeholders, with most organizations (6, 26.1%) reporting to 4 bodies. All organizations indicated reporting to the CCM and those working in HIV programs reported to the National AIDS council. A majority of the organizations also indicated they reported to a government body such as a ministry and local or regional administrative bodies. None of the CSO reported to CS accountability mechanisms and their broader CSO constituency denoting that the only reporting undertaken is rather for 'upward rather than downward accountability'.

GRAPH 2: STAKEHOLDERS THAT CSOS REPORT TO



All organizations had put in place elaborate monitoring and evaluation systems in place for the grants they were implementing. They reported that they had developed tools, processes and protocols to guide the monitoring, evaluation and reporting functions. The monitoring and evaluation systems were developed to serve the PR needs and also to provide guidance to SRs implementing the grant. A key component that was described by some of the organizations was the definition of indicators in the M&E plan. A number of organizations reported providing SRs with tools and protocols for grant data management.

The PRs were all able to define the key steps of M & E and Reporting grants in terms of processes, units, functions and tools as encapsulated in Fig 6 below.

FIGURE 6: M&E PROCESSES, FUNCTIONS AND TOOLS

Process	Functions	Tools
· defining indicators during concept note writing · orienting SRs on grant M and E requirements · conducting periodic meetings (monthly and quarterly) for progress review	· management of M&E including at SR level · preparation of quartely data for stakeholders · Quality Assurance · Technical Assistance · Data analysis and dissemination	· M&E frameworks and plans (M&E manual, M&E Policy) · Indicator protocols and reference manuals · SoPs for data management · Performance Framework

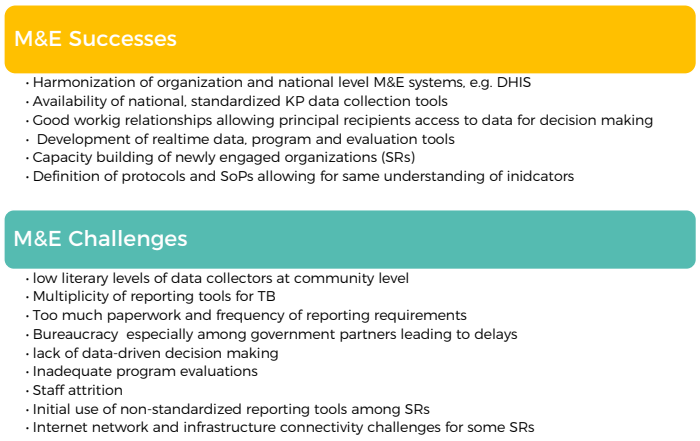
One of the organizations described the process of development of the M&E plan as shown below:

'A rigorous M&E &R plan was developed by PR, reviewed by CCM and CT, feedback was provided by CCM and CT to PR with key recommendations. Recommendations were incorporated, and the plan was approved by the GF CT prior to grant signing.'

Among the tools, protocols and processes that were highlighted by the PRs included both national and PR M&E plans, performance frameworks, data flow processes, rapid data quality assurance (RDQA) tools, monthly reports, action plans, peer education registers, addendums for collection of community data, national HIV, TB and malaria reporting tools, community TB reporting tools, Progress Update Disbursement Request (PUDR), costed work plans, dashboards, grants management information systems (GMIS) and scorecards.

Challenges and successes with regard to M&E were reported to either involve human resources or processes. Key successes and challenges of M & E and Reporting are summarised in Fig 7 below:

FIGURE 7: SUCCESSES AND CHALLENGES IN M&E AND REPORTING



CS PRs and the Oversight Function of CCMs

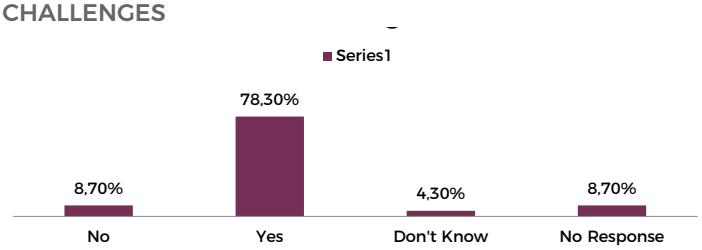
With respect to interactions between CS PRs and CCMs, the Assessment established that these are quite high with 91.3% (21) of the organizations reporting they usually meet with the CCM. 19 organizations (82.6%) of the CS PR who interact with the CCM reported that the frequency of interaction with the CCM was on a quarterly basis. Most interactions were reported to be during scheduled meetings, oversight committee meetings where grant implementation progress was discussed and field visits, during capacity assessments and during country missions of the Global Fund Country Team members.

Examples of grant implementation challenges that the oversight committee had helped to address included selection and management of SRs- including legal challenges, complaints of grant performance, commodity stock outs, acquisition and distribution of equipment, relationships with government agencies-including signing MoUs, getting waivers and addressing reporting issues.

> *'When the PR experienced unnecessary delay in securing IDEC waiver from the Federal Ministry of Finance for the importation of ARVs into the country, the issue was shared with the Hon. Minister of Health (CCM Chairman) and his intervention fast-tracked the approval process' (Nigeria) Oversight committee has been instrumental in investigating and in resolving grant implementation challenges, 'for example, when a report was received from the region that a certain lady who delivered had not received mosquito net ; the OC investigated and established the facilities store did not have a procedure for accessing mosquito nets in the nights and over the weekends hence women delivering during those periods did not have access; the malaria program developed a communication protocol to ensure that facilities had a plan to allow for the distribution of mosquito nets throughout the nights, weekends and public holiday; other challenges that are resolved through oversight are related to commodity stock outs, procurement and supply chain management (PSM), grant absorption and overall grant performance' – Key Informant, Ghana*

On the converse, 78% of the CS PRs felt that the oversight committee was instrumental in resolving grant implementation challenges being faced and 9% reported that the oversight committee was not instrumental in resolving grant implementation challenges. Those who felt that the oversight was not effective attributed this perception to the fact that some of the challenges the oversight committee helped resolved recurred time and again; and also because they mostly attended and responded to the challenges quite late.

TABLE 6: OVERSIGHT COMMITTEE SUPPORT IN RESOLVING GRANT IMPLEMENTATION ADDRESSING CHALLENGES



When asked to rate the effectiveness of the oversight committee in resolving grant implementation challenges, most CS PRs gave a rating of good (34.8%), very good (21.7%), fairly good (17.4%) with 17.4 of the CS PRs rating their performance fair and 8.7% rating their performance poor.

The PRs attributed these ratings to feedback received regarding grant implementation, oversight of implementation of activities, fast tracking decisions that need to be made, expertise among the technical committee members, facilitating acquisition of necessary commodities, scheduling of meetings for review and conflict resolution and assessment of programs. Some of the challenges with the oversight committees that were highlighted along with these ratings included not being strong in dealing with SRs that misappropriated funds, not understanding grants and not knowing which grant they were over seeing , personal interests driving decision making and reluctance to act on cases made by PR in addressing non-compliant SRs.

"The quality and effectiveness of oversight is affected by capacity of those in the oversight committee... how can they provide oversight on a grant if they don't know the indicators, and targets of the specific SRs they have visited? Most OC members have very limited understanding of the grants!' - Key Informant, Mozambique

SRs on the other hand indicated that the effectiveness of the oversight committee is mostly compromised by overly trusting what the PRs report without verifiable evidence or seeking to triangulate the information received from the PRs through other sources; and presenting to the Oversight committee only what the PR thinks is ideal rather than the entire actual state of grant implementation and challenges faced.

'It is in the interest of the PR to present a progressive report that demonstrates to the oversight committee and the CCM that grant implementation is on track...most of the time they highlight grant implementation challenges a little too late". KII Uganda

Procurement under CS PRs

In terms of procurement and supply of goods and commodities, 20 (87%) of PRs reported the grants they were managing included procurement and supply. Majority of the organizations (14; 70%) made procurements for furniture and equipment, with the least procurements being for drugs and medicines.

TABLE 8: COMMODITIES PROCURED BY CSO PRS

PROCURED COMMODITIES (N=20)	NO. OF ORGANIZATIONS	PERCENTAGE
Furniture	14	70%
Test Kits, reagents, GeneXpert etc	9	45%
Drugs and Medicines	3	15%
Prevention Commodities	7	35%

Among the commodities procured included furniture, computers, printers, scanners, biometric machines, condom dispensers, motor vehicles and motorcycles, HIV test kits, TB diagnostics, GeneXpert machines, CD4 machines, PIMA beads, condoms, lubricants, needles and syringes, PrEP, ARVs, sanitary pads and soap.

Successes achieved in procurement were attributed to the introduction of DHIS2 and LMIS which was reported to facilitate tracking of stock levels, , preparation of procurement plans, pooled procurement mechanisms, use of existing procurement mechanisms such as UNUPS and WAMBO, engagement of GF approved procurement agents, negotiating tender prices, reduction in wastages through expiry, improvement in LMIS reporting, improved commodity availability and established relationships with suppliers leading to better prices without compromising on quality.

The PRs reported that challenges experienced during procurement included delays in delivery of goods or services, securing tax exemptions, cancellations of tenders, finding goods matching standards-such as test kits meeting WHO standards, small time windows between approval and procurement, monopoly of certain

service providers such as GeneXpert machines, detailed RFA processes, inadequate attention to pharmaco vigilance, challenges in procurement knowledge capacity, unnecessary tender evaluation by national program technical teams and price fluctuations conflicting with approved budgets.

These challenges were addressed by the PRs making follow ups with suppliers, increasing human resources to procurement, collaborating with relevant ministries to fasten exemptions, implementing training plans for pharmaco vigilance, seeking compliant service providers, internal control mechanisms, development of MoU with government for clarity of procurement roles, building their internal capacity on procurement and introduction of penalties in the event suppliers do not honour contracts.

Procurement and supply was reported to be one of the major challenges that affect grant implementation in all countries resulting to stock outs at various levels including community, facility and central medical stores warehouses. The procurement challenge was attributed to low PSM technical capacity at country level; weak and sometimes manual PSM systems and challenges related to last mile supply chain to either facility or community based dispensation points.

Use of dashboards for grant management

Dashboards are effective management tools which have over the recent past been used by PRs to facilitate grant management and implementation. In response to use of dashboards for grant management, 15 (65.2%) of the CS PRs reported they were using one and 8 CS PRs did not. The 8 CS PRs which do not use dashboards include the Aids Foundation of South Africa, Centro de Colaboração em Saúde (CCS), Coordinating Assembly for Non-Governmental Organisations (CANGO), Kheth'Impilo, Fundação para o desenvolvimento da Comunidade (FDC), Namibia Network of AIDS Service Organizations (NANASO), Right to Care and Soul City Institute. Seven of the 8 CS PRs who do not use dashboards indicated plans of developing a dashboard in future, while one CS PR did not have a plan to use or develop a dashboard. Only three out of the 8 had plans of approaching another organization to assist in the development of one, and those that reported seeking assistance in development had considered the CCM, USAID, DIMAGI, UNAIDS and International HIV AIDS Alliance. Only one organization indicated plans to have the dashboard developed by a definitive time, which was reported as 2019.

CS PRs with dashboards in place already, reported to have received the assistance and support of the Grant Management Solutions, International AIDS Alliance, Global Fund, GIZ, WHO and USAID in developing the dashboards. The Assessment established that some long standing PRs had dashboards before the current grants which were merely configured to align them to the current grants, or PRs developed dashboards upon the implementation of the grants they were running.
The CS PRs considered the dashboard to be helpful in grant implementation by informing grant status at regular intervals, instant generation of reports, useful for grant reports and board meetings, ease of use in presenting grant status, useful for informing decision making, management of SRs, uniform reporting making it easier for evaluation, effective for PR self-assessment, easy to understand and present.

Grant Absorption

Grant absorption is a challenge that has over time undermined grant performance; The Assessment established that 82.6% (19) of the CS PRs had reported that they had discussed grant absorption at various stages including during the start phase, after the CCM meeting, after the oversight meeting, during the LFA meeting or with the GF country team.

TABLE 10: TIME WHEN GRANT ABSORPTION WAS DISCUSSED

STAGE (N=19)	FREQUENCY	PERCENTAGE
Grant Start	14	73.7%
During CCM Meeting	11	57.9%
During Oversight Meetings	11	57.9%
During meetings with LFA	11	57.9%
In meetings with the GF Country Team	16	84.2%

Discussions on grant absorption were reported to have been done by the CCM, grant managers, country teams, PR project implementation teams, meetings with SRs and senior management team meetings.

21 organizations (91.3%) reported that there were steps and processes to ensure that grant funds were fully absorbed by the end of the grant period. The steps taken to facilitate grant absorption included accelerated work plans, SMT monitoring, monitoring of unspent budgets submission of realigned budgets, monthly and quarterly review meetings, development of risk-based monitoring plans, quarterly onsite data verification, budget comparison reports, reprogramming requests, flexibility of scaling up in areas facing slow implementation and discussions on savings with LFA and GF country teams.

All 23 CS PR including those with substantive grant implementation delays were positive about their grant implementation performance to date, with majority rating it as very good (10 organizations, 44%). The rest rated the experience as either good (39%) or fairly good (17%).

TABLE 11: CSO OPINION ON GRANT IMPLEMENTATION PERFORMANCE

GRANT IMPLEMENTATION PERFORMANCE	FREQUENCY	PERCENT
Fairly good	4	17.4%
good	9	39.1%
very good	10	43.5%
Total	23	100.0%

Others however felt that the current grant performance that has to a large extent been affected by late start ups and delays may not realise the desired high grant absorption rate of 90% and above. Some of the respondents were sceptical about the effectiveness of acceleration plan often developed to facilitate grant absorption, this was attributed to the fact that the acceleration plans paid little attention to the quality of services and that they were skewed towards achievement of targets and expending of the finances.

'...whereas grant absorption at country level is important, it needs to be maintained from the onset of the grant i.e. quarter 1, 2 to the last year and quarter of the grant! Last minute plans to accelerate grant absorption rates tend to focus on expenditure rather than quality of interventions! It also doesn't make sense to narrowly define budget interventions and the related SR budgets, something which affects both the quality and sustainability of interventions, only to at the last hour develop acceleration plans' – Key Informant, Mozambique

Grant Performance, Successes and Lessons Learned

The PRs attributed their grant implementation performance ratings to the favorable grant performance ratings they received, experiences gained during the implementation period, good absorption rates, exceptional attainment of targets, improvement in grant management processes, support and availability from the country team and the CCM and the ability to resolve challenges during grant implementation. Two CS PRs (The AIDS Support Organization Uganda and AMREF Health Africa Tanzania) mentioned that late start ups had been a key challenge to the grant performance.

'As a new PR implementing the GF grants, we have been able to achieve targets and effectively manage SRs. Challenges were addressed timeously and recommendations and feedback received from the LFA and GF has assisted a lot in ensuring that issues flagged are addressed and systems to strengthen programme management both at SR ad PR level continuously implemented', CCS Mozambique

The PRs discussed the successes they had achieved during grant implementation. These successes included reduction in prevalence of communicable diseases in their areas of work (HIV and Malaria), establishment of strong working relationships between government and NGO, selection of competent SRs & empowerment of SRs and CSOs during grant implementation, being able to conduct surveys, improvement in organization grant implementation processes such as financial management, monitoring & evaluation and grant absorption, expansion of services through CHVs to test and treat uncomplicated malaria, development of a biosafety kit to manage medical waste, implementation of innovative interventions, launching peer led HIV testing services among key populations, ability to reach target populations including in hard to reach areas and receiving clean external audit reports.

The organizations also shared the tools and innovations they had utilized to implement the grants. Among the tools and innovations discussed were pictorial data collection tools, operational protocols for mobile clinics, development of a training database, acceleration plans, dashboards, grant management information systems, SR risk matrix, quality improvement tools, risk assessment audits, DHIS2 for M&E purposes, peer led HIV testing, asset management tools, development of an activists' database and development of an SR manual.

The organizations also discussed the lessons they had learnt in the process of grant implementation. These revolved around use of proper tools, ensuring processes were running smoothly, investing in relationships with stakeholders and other strategies that were mentioned as outlined below

TABLE 12: LESSONS LEARNT DURING GRANT IMPLEMENTATION

SYSTEMS & TOOLS	PROCESSES	STRATEGIES	RELATIONSHIPS
Ensure there is enough investment in human resources for grant implementation	Timely Feedback allows for good working relationships among partners	Clearly defined roles and strategies facilitate smooth operations	Stakeholder involvement in SR selection for strong partners
Standardized databases and tools are vital to grant management	Continuous mentorship of SRs leads to improved grant performance	Invest substantially in SR management	Stakeholder engagement is key to effective grant implementation
Proper work planning and budgeting prevent hiccups in grant implementation	Lengthy consultative processes can lead to delays in getting started	Meaningful involvement of CHVs is key	Maintaining good relations with SRs, PCA secretariat and other key stakeholders ensures smooth implementation of funded programs and sustainability of program
Continuous mentoring and supportive supervision is key to keep the project's goal and objectives on track	Thorough induction of both PR and SR staff leads to good understanding of grant	Regular review meetings help arrest challenges early enough and experience sharing for informing programming	Working closely with government departments ensures that the program is aligned to district HIV and TB targets
Developing program SOPs, tools and IRs before the commencement of implementations makes implementation easier for SRs and PRs	Need to agree on activities and budgets before grant signing	Transparency and keeping open communication lines is crucial during grant implementation	The selection of activists should be done at community level with the assistance from the community leaders.
Building capacity is key to grant implementation, especially for local civil society actors	Make effective grant management decision based on the needs of the programme and beneficiaries and not only what SRs want/demand	supporting the implementation team at districts with adhoc and pragmatic approaches when needed	The PR must be active in all the relevant national and Provincial technical groups to facilitate being updated on the new Policies and strategies.
Managing fraud while at the same time Managing grant implementation is a herculean task requiring additional investments	Approval processes can take long and result in delayed grant starting	Making adjustments to targets when needed and managing the change in the shortest period of time without impacting the reach of targets	
Scheduling the entire implementation project is important for overall project management	A thorough understanding of and adherence to the contractual obligations and donor regulations covering grant management is key for program success	One staff member must be in charge of the implementation in specific technical area as the liaison or the "go to" person for other staff	

WHAT 3-5 LESSONS BEST PRACTICES DO YOU HAVE TO SHARE ON EFFECTIVE GRANT IMPLEMENTATION?

BEST PRACTICES & LESSONS LEARNED
• adherence to Global Fund practices and requirements; • managing currency exchange rates, stakeholder involvement; • detailed and early planning; • having the prerequisite protocols; • transparency and accountability in financial management and use of systems that enhance fiduciary fidelity such as mobile money, regular training and capacity building of SRs; • service implementation through comprehensive packages as opposed to isolated interventions; • performance management through reviews, feedback and re-planning; • coordination at SR M&E and finance departments for effective and efficient grant implementation; • constant engagement with GF country teams; • ensuring a motivated implementation team; • seamless disbursements to sub recipients; • periodic SR satisfaction surveys; and • Development and use of living work plans.

FIGURE 7: BEST PRACTICES AND LESSONS LEARNED BY CS PRS

PRINCIPAL RECIPIENT TRAINING AND CAPACITY BUILDING

Slightly over half (52.2%) of the CS PRs reported that they had received orientation or training to become a principal recipient. 78.3% of the PRs specifically acknowledge having received training and mentorship from the GF country team.

TABLE 13: CSO ORIENTATION FOR PR ROLE

RECEIVED ORIENTATION FOR PR ROLE FROM GF COUNTRY TEAM	FREQUENCY	PERCENTAGE
No	5	21.7%
Yes	18	78.3%
Total	23	.0%

The trainings were between 1 day and 1 month long and were conducted either in-house by the PR, especially for international organizations, or by consultants, the GF country team or organized by the CCM. Training and orientation by the GF country team focused on risk and financial management, procurement, budgeting, monitoring and evaluation, PUDR completion and grant management.

Less than half of the CS PRs reported having received training and mentorship from the LFAs.

TABLE 14: CSOS RECEIVED TRAINING AND MENTORSHIP FROM LFA

LFA TRAINING/ MENTORSHIP	FREQUENCY	PERCENTAGE
No	12	52.2%
Yes	11	47.8%
Total	23	100.0%

The LFA training and mentorship was reported to have focused on procurement, finance, reporting, implementation guidelines, asset management, PUDR completion and supply chain management.

Out of the 23 organizations, only 3 (13%) had gone for benchmarking. Out of the three, one organization had internal benchmarking (Plan international Liberia), with staff from the organization going to annual meetings with representatives from several countries. The other two organizations (Kenya Red Cross Society and Right to Care) went for bench marking in Ukraine (Alliance for Public Health) and Mauritius (harm reduction unit, ministry of health) respectively. Lessons learnt during these visits were policy development and creating enabling environments especially among populations of people who inject drugs, financial management, grant implementation and program management.

Key topics and areas for prioritization in training and mentoring were identified as: financial management, M&E and data management, procurement, SR management, forecasting and quantification of commodities, stakeholder management, management of big data and use of data for decision making, implementation science and operational research, risk management, negotiation and effective diplomacy during grant making.

21 organizations indicated that they provided training and mentorship to their sub recipients. Broadly, the training and mentorship focused on financial management, monitoring and evaluation and reporting, more specifically, it involved budget preparation, activity monitoring, reporting guidelines, technical training on disease-specific areas, fraud awareness, standards of care, population-specific service packages. Majority (91%) of the PRs reported having developed tools to facilitate the training. The SR trainings were reported to have been mostly conducted by the PRs (57%) in some cases with the national disease programs, with a few organizations reporting the engagement of a consultant.

Topics that organizations considered useful for SR training included grant management, monitoring and evaluation, financial management, resource mobilization, risk management, governance and internal control systems, guidelines on budgeting, reporting and audit, research and knowledge management, gender mainstreaming, leadership, resource mobilization, advocacy, technical disease specific areas and clarification of roles between SR and PR.

To facilitate learning and exchange between PRs, the topics that were considered necessary for inclusion were issues to do with SR management, risk management, procurement and supply management, harmonization of national and organization M&E systems, stakeholder management, GF policies and guidelines to grant implementation, knowledge management including operational research and use of data for decision making, quality assurance, grant management, peer review of strategies, improving coordination, supply chain bottlenecks, sharing best practices, fraud management, governance and grant transitioning.

As PRs, some of the areas identified for technical assistance for new and repeat PRs were grant transitioning, harmonization of national and organization M&E plans, GF guidelines and procedures, SR management, risk management, tax exemption, demand creation, social behavior training, client mapping, quality assurance and improvement, proposal development, skill retention and relationship management with stakeholders. One organization did not consider this necessary, based on their 6 year implementation experience.

COMMUNITY OF PRACTICE

Regarding the setting up of a community of practice, most of the organizations (16; 69.6%) were in agreement that this would be good for PRs. Two organizations did not respond to this question

TABLE 16: SUPPORT FOR A COMMUNITY OF PRACTICE

COP FOR PRS	FREQUENCY	PERCENTAGE
No	1	4.3%
Yes	16	69.6%
Don't Know	4	17.4%
No Response	2	8.7%
Total	23	100.0%

Organizations indicating their support for a community of practice stated that through such a forum, innovation would be stimulated, enable free flow of ideas among PRs, it would provide a platform for experience sharing and best practice learning, be useful for development of standardized tools and manuals for effective grant implementation, provide exchange visit opportunities, broaden staff understanding of grant requirements and strategies, facilitate quality improvement and provide a platform for peer support. The organization that was not in support of the community of practice stated that there was already an existing forum, hence no need to duplicate (CSPRN).

If a community of practice was to be put in place, 85.7% of the organizations indicated that they would use the platform.

TABLE 17: LIKELIHOOD OF CSOS USING COMMUNITY OF PRACTICE IF THERE WAS ONE

USE COP	FREQUENCY	PERCENTAGE
Yes	18	78.3%
Don't Know	3	13.0%
No Response		8.7%
Total	23	100.0%

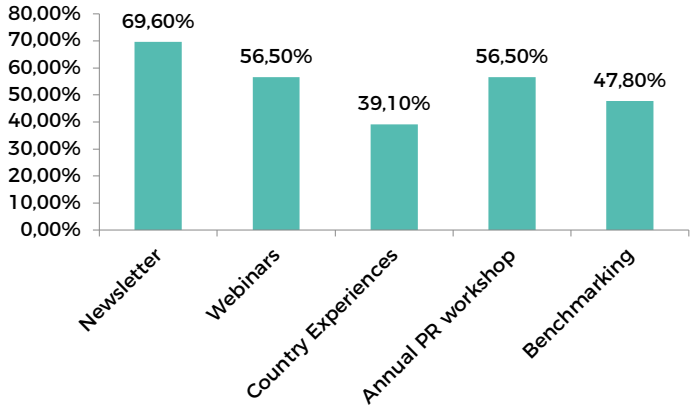
Organizations considered a community of practice would be useful to them in terms of learning and sharing innovative approaches, highlight opportunities for collaboration among PRs, provide a common platform for advocacy, give opportunities for exchange programs and bench marking, strengthen participatory approaches to program implementation and generally improve the experience and quality of grant implementation.

Topics of coverage for a community of practice were mentioned as grant transitioning, knowledge management and research implementation, management of SRs, communication and relationship management among partners and stakeholders, successful and innovative program implementation strategies, program sustainability, advocacy, resource mobilization, technical approaches to grant implementation such as structure of service implementation and SR management.

To facilitate engagement and learning from the community of practice, newsletters were considered to be a favourable engagement

mechanism. In addition, online chat rooms were also mentioned as a potential mode of engagement.

GRAPH 3: MEANS OF ENGAGEMENT FOR COMMUNITY OF PRACTICE



The roles of PRs in the community of practice were considered to be both receptive and contributory. Organizations considered it a role of PRs to provide the information that could be in the community of practice, based on their grant implementation activities such as content for newsletters and discussants for webinars and mentoring of new PRs. They also expected to learn from the pool of resources and information available.

Other points of consideration that were raised included the need to establish a space for qualitative knowledge within the GF target based approach, enhancing the skills of SR managers, promotion of exchange visits, provision of technical assistance that resonated with the organization need and emphasis on development of stakeholder relationships as a key pillar to success of current and future grants.

RECOMMENDATIONS

14. Whereas working with experienced and repeat PRs makes programmatic sense; it should not be used as a basis of not considering potential and experienced CSO as PRs; CCMs need to adopted equality opportunity approaches; and risk management approaches that will not result to either having one Organisation as a PR for the three diseases; or having organisations entrenched as PRs;

15. The Global Fund needs to develop clear guidance on SR selection. The guidance should amongst other articulate the role of the CCM and the respective PRs in SR selection; and considerations to be made and taken into account for SRs implementing KP, PLHIV and AGYW related interventions to facilitate community involvements in the implementation. in the spirit of both the GF NFM and the HIV UNHLM Declaration , the recommendation for a transparent, Inclusive and clear criteria for CS SR selection processes should be discussed at the Global Policy levels by the Global Fund, UNAIDS amongst others ;

16. PRs need to be sensitised on available TA to support grant making stage of the funding request. Similarly, CCMs should also be empowered and supported to ensure that the TA acquired for funding request development includes provision of TA during the grant making stage of the funding request;

17. Over and above the means of engagement by the Community of Practice (Graph 3 pg 34) there is need to identify the CS PRs that are excelling in areas where some CS PRs are challenged and then use a south to south capacity building approach and this can be through Webinars, TA , link and learn;

18. A CS PR modelling on staffing, skills and Job description audit should be done for efficient placement and value for money;

19. The Global Fund, and other partners like UNAIDS, and the Community Rights and Gender (CRG) need to develop specific guidance to facilitate in-depth understanding of the grant making process; and the expected role of the PRs, the CCMs and civil society organisations;

20. The Global Fund need to develop specific guidance on direct implementation by PRs; where it should be applicable and where it is not so as to prevent PR monopoly in grant implementation; to prevent the exclusion of highly potent and community led participation in grant implementation; and to facilitate quality interventions that reach the intend target populations. The guidance should detail how Conflict of Interest (CoI) and Programmatic Risk will be managed at PR level during grant making;

21. Collaborative efforts between the Global Fund, CCMs, PRs and technical partners need to be strengthened to ensure that grant absorption is addressed from the grant implementation start dates; this will mitigate risk of unexpended funds which have are returned to the Global Fund; and will mitigate against the need to develop acceleration plans which are often skewed towards expenditure and not quality of interventions;

22. Civil Society on the CCM and not on the CCM need to advocate for continued grant performance from Quarter 1 or the grant implementation to counter PRs comfort zone of having good grant performance towards the end of the grant;

23. PRs need to develop comprehensive risk management plans for which they have to be hold PRs accountable to at various levels by communities, the oversight committee and the CCMs, and the Country Teams;

24. CS PR capacity strengthening is required in Grant Absorption, Grant Making, Procurement Supply chain Management (PSCM), SR Management, and Risk Management as part of the CoP;

25. Collaborative efforts between the Global Fund, CCMs, PRs and technical partners need to be strengthened to ensure that grant absorption is addressed from the grant implementation start dates; this will mitigate risk of unexpended funds which have are returned to the Global Fund; and will mitigate against the need to develop acceleration plans which are often skewed towards expenditure and not quality of interventions; and

26. Simplified and well defined guidance on of the role of CS CCM and Community groups in and out of the CCM from the design of the funding request right up to implementation need to be developed by Global and regional technical partners such as EANNASO and the AIDS Alliance.

CONCLUSIONS

The success of grants depends on grant performance and absorption that is backed by quality PR and SR selection and management, efficient human resources, M& E and R and PSCM systems among others, therefore CS PRs should ensure efficiencies, value for money and high quality deliverables. Good practices , experience, successes and challenges experienced by some CS PR provide a platform for south to south capacity building , learning and sharing innovative approaches, collaboration among PRs, advocacy, link and learn and bench marking, and this will strengthen participatory approaches to program implementation and improve the experience and quality of grant implementation.

There is however a need to further interrogate the comparative advantage of CS PRs direct implementation vis a vis focus on grant management as was noted in fig 5 (pg 20). The recommendation has been more for the need to enhance the CS implementation capacity by providing capacity building to SRs while keeping a close eye on grant management. CS PR feedback and accountability should both be an upward and a downward obligation in the spirit of sharing and grooming CS SRs and communities and advocacy while also reporting to the higher levels and powers that be.

This assessment provides the mass of evidence for the relevance, need and importance of the CS PR Community of Practice, and its therefore a no brainer that this is an acceptable, efficient and innovative initiative.

ANNEXES

ANNEX 1: COMPREHENSIVE CS PR ASSESSMENT QUESTIONNAIRE

AN ASSESSMENT OF CIVIL SOCIETY (CS) PRINCIPAL RECIPIENTS (PRs) OF GLOBAL FUND GRANTS IN ANGLOPHONE AFRICA

Questionnaire for Principal Recipients (PRs)

Targeted respondents: Program managers, coordinators and senior level staff of Civil Society Principal Recipients (PRs) implementing Global Fund grants

INSTRUCTIONS.This is a questionnaire designed by EANNASO to assess the participation, experiences and recommendation of PRs on topical Global Fund grant implementation issues.

The assessment is anonymous and participants are expected to answer the interview questions with objectivity and candidness. No individual responses will be identified. All participants are assured that their responses will remain absolutely confidential and will be the sole ownership of EANNASO.

The findings and recommendations of the Assessment will inform the decision to develop of a Community of Practice for the CS PRs in the region. The Assessmentwill take approximately 45 minutes to complete.

DATE [__|__]-[__|__]-[__|__|__|__] [DD-MM-YYYY]	**LOCATION (Town , Country)** .....

PART I: GENERAL INFORMATION

	Name of Principal Recipient (PR) / Organisation	
	Country	
	Type of Institution / Organisation	<table><tr><th>TYPE OF ORGANISATION</th><th>TICK √</th></tr><tr><td>International NGO.....1</td><td></td></tr><tr><td>Faith Based Organisation .....2</td><td></td></tr><tr><td>National NGO.....3</td><td></td></tr><tr><td>Community Based Organisation (CBO) .....4</td><td></td></tr><tr><td>PLHIV Network.....5</td><td></td></tr><tr><td colspan="2">Other, Please Specify.....20</td></tr></table>
	Contact Person	Name: Email: Mobile Number: Position:
	Organisational/ PRs main contact details	Physical Location Address Mobile Email: Website:
	Alternate Organisational/ PRs main contact details (Name, Mobile, email)	
	Geographical Scope of the organisation: No of districts where PR implements activities?	
	Currently, how many Global Fund grants does your organisation manage?(multiple responses allowed)	- HIV Grant [ ] TB Grant [ ] - HIV/TB grant[ ] - Malaria grant [ ] - HSS grant[ ] - Other (specify)..... ....
	What is the thematic and constituency focus of the grant (multiple responses allowed)	Who (a) HIV Prevention [ ] b) HIV Care and Treatment [ ] c) HIV TB Prevention [ ] d) Key Populations (KPs) [ ] e) People Living with HIV (PLHIV) [ ] f) Adolescents, Girls, and Young Women g) Community Responses & Community Systems Strengthening [ ] h) Malaria prevention [ ] i) Malaria care and treatment[ ] j) TB prevention[ ] k) TB care and treatment[ ] l) Other, please describe
	On average How many staff are directly engaged to work each of the grants.Tick the appropriate range	- 5-10staff[ ] - 11-15staff [ ] - 16-20 staff [ ] - 21 and above [ ]

PART II: GRANT IMPLMENTATION EXPERINCE

NO.	QUESTION	CODING CATEGORIES	SKIP TO
10a	Has your organisation ever been a GF PR before this current grant?	YES……1 NO……2 DO NOT KNOW……99	If NO skip to Q10c
Q10b	If YES to Q10a, how many other GF grants has the organisation implemented as a PR?	- 1 grant.....1 - 2 grants.....2 - 3 grants.....3 - 4 grants.....4 - 5 grants .....5 - More than 5 grants.....6	
Q10c	Has your organisation ever been a GF Sub Recipient (SR) before this current grant?	YES……1 NO……2 DO NOT KNOW……99	If NO skip to Q11
Q10d	If YES to Q10c, how many other GF grants has the organisation implemented as a SR?	- 1 grant.....1 - 2 grants.....2 - 3 grants.....3 - 4 grants.....4 - 5 grants .....5 More than 5 grants.....6	
Q. 11	How was the organisation selected to be a GF PR? Who was involved?	…… …… …… …… …… …… …… …… …… …… …… ……	
Q. 12a	Did your organisation access Technical Assistance to support the development of its application to be a GF PR?	YES……1 NO……2 DO NOT KNOW……99	If NO skip to Q13a
Q. 12b	If YES to Q12a, which organisation provided and paid for the TA?	…… …… …… …… …… ……	
Q13a	As a PR, was your organisation involved in the grant making stage of the proposal?	YES……1 NO……2 DO NOT KNOW……99	If NO skip to Q13e
13b	If YES to Q13a, briefly describe the how the PR was involved in the grant making phase.	…… …… …… …… …… ……	
13c	Were civil society and community groups involved with you in the grant making stage?	YES……1 NO……2 DO NOT KNOW……99	

13d	(1) If YES to 13c, what key issues were CS and Communitygroups (CGs) focused on? (2) and how were the issues addressed in the grant making stage and grant agreements	....	
Q13e	If Yes to Q13a, did the PR experience any challenges during this stage?	YES……1 NO……2 DO NOT KNOW……99	
Q13f	If YES to Q13c, how were the challenges experienced during grant making addressed and resolved?	....	
Q13g	Did the PR access any technical Assistance (TA) to support it during the grant making phase of the proposal?	YES……1 NO……2 DO NOT KNOW……99	If NO skip to Q13g
Q13h	If YES to Q13e, which organisation (s) provided and paid for the TA?	....	
13i	In your opinion, should TA be routinely be made to CS PRs during grant making?	YES……1 NO……2 DO NOT KNOW……99	If NO skip to Q14a
13j	If YES to Q13g, please give reasons for your answer in 13g	....	
Q.14a	Were you as PR involved in SR selection?	YES……1 NO……2 DO NOT KNOW……99	
Q.14b	Were other entities / organisations involved in SR selection?	YES……1 NO……2 DO NOT KNOW……99	
Q.14c	If YES to Q14b, Which other entities were involved in the SR selection processes (Multiple responses allowed)	- LFA - GF Country Team - CCM - Consultants - Other (specify).....	

Q14d	Did the organisation develop any criteria, tools, processes and protocols to guide and inform SR selection?	YES……1 NO……2 - DO NOT KNOW……99	If NO skip to Q14f
Q14e	If YES to Q14d, please list and share copies of criteria, tools, protocols developed		
Q14f	In your opinion, what challenges affected the SR selection process and how were they resolved.		
Q14g	In your opinion, what factors made the SR selection process a success		
Q15a	When was the official start date of the grant?		
Q15b	Did the grant start on the official start date of the grant?	YES……1 NO……2 DO NOT KNOW……99	If NO skip to Q15d
Q15c	If YES to Q15b; what factors facilitated its timely start		
Q15d	If NO to Q15b, what factors resulted to delays in start up		
Q15e	How were the challenges detailed in Q15 resolved?		
16a	As a PR, is your organisation also implementing components (s)/ direct implementation of the grant?	YES……1 NO……2 DO NOT KNOW……99	If No, skip to Q17a
16b	If YES to Q16b, which specific components/ modules is your organisation implementing and in how many locations/districts?		
Q17a	How big (staff numbers) is your M & E and R (Reporting unit?	----------	
Q17b	Briefly describe the M & E and R process and its key steps for the grant.	…… …… …… …… …… …… …… …… …… …… …… …… …… ……	

Q17c	To how many parties and stakeholders does the PR report/ account to. Please list them	1..... 2..... ..... 3..... ..... 4..... ..... 5..... ..... 6..... ..... 7..... ..... 8..... 9..... 10.....	
Q17e	Has the organisation developed any M & E and Reporting protocols, tools and processes have developed to support M & E and R function	YES……1 NO……2 DO NOT KNOW……99	If NO skip to Q17c
Q17f	If YES, please list the materials and share copies (Soft & hard)		
Q17g	What could you consider are key challenges and success of M & E and R of the PR.		
Q18a	Has the PR ever interacted with the CCM in the country?	YES……1 NO……2 DO NOT KNOW……99	
	What is the frequency of interaction with the CCM?(tick appropriately)	Quarterly Twice a year Once a year Other (Specify)	
Q18b	If YES to Q18a, please list instances when the PR has interacted with the CCM	....	
Q18c	Has the PR ever interacted with the oversight committee of the CCM in the country	YES……1 NO……2 DO NOT KNOW……99	
Q18d	If YES to Q18c please list instances when the PR has interacted with the CCM	....	
Q18e	Has the Oversight Committee ever supported the PR address and resolve grant implementation challenges?	YES……1 NO……2 DO NOT KNOW……99	
Q18f	If YES to Q18e, please list the problem(s) identified and resolved with the support of the CCM	....	

<table>
<tr><td>Q18g</td><td>How would you rate the success of the oversight committee in helping resolve grant implementation challenges (Please tick (√) one rating)</td><td>1 = Poor, 2= Fair, 3= Fairly Good, 4 = Good and 5=Very Good
<table><tr><th colspan="3">RATINGS</th></tr><tr><td></td><td>Poor</td><td></td></tr><tr><td></td><td>Fair</td><td></td></tr><tr><td></td><td>Fairly Good</td><td></td></tr><tr><td></td><td>Good</td><td></td></tr><tr><td></td><td>Very Good</td><td></td></tr></table></td><td></td></tr>
<tr><td>Q18h</td><td>Please give reasons for your rating in Q18g above</td><td>..... .....
....
....
....
....
....
....
....</td><td></td></tr>
<tr><td>Q19a</td><td>As a PR, does the grant include any procure and supply (PSM) of goods and commodities?</td><td>YES.....1 NO.....2
DO NOT KNOW.....99</td><td></td></tr>
<tr><td>Q19b</td><td>If YES to Q19a, which goods and commodities do you mainly procure that are supported by the Global Fund</td><td><table><tr><th colspan="2">PSM</th><th colspan="2">GIVE ACTUAL EXAMPLE OF COMMODITY</th></tr><tr><td></td><td>Equipment (Furniture, Computers & electronics)</td><td></td><td></td></tr><tr><td></td><td>Medical supplies (test kits for malaria, TB & HIV etc, reagents, GeneXpert machines etc)</td><td></td><td></td></tr><tr><td></td><td>Medical supplies (HIV, TB and Malaria drugs/medicines)</td><td></td><td></td></tr><tr><td></td><td>Medical supplies (prevention commodities e.g. condoms, lubricants. Mosquito nets etc)</td><td></td><td></td></tr><tr><td></td><td>Other (Please specific)</td><td></td><td></td></tr></table></td><td></td></tr>
<tr><td>Q19c</td><td>What are some of the successes on procurement and supply that you have achieved?</td><td>..... .....
....
....
....
....
....
....
....</td><td></td></tr>
<tr><td>Q19d</td><td>What are some of the challenges on procurement and supply that you have faced?</td><td>..... .....
....
....
....
....
....
....
.....</td><td></td></tr>
</table>

Q19e	How have/are the challenges being resolved?	....	
Q20a	Does your organisation use a dash board to facilitate grant management?	YES.....1 NO.....2 DO NOT KNOW.....99	
Q20b	If Yes to Q20a, when was the dashboard developed?		
Q20c	If YES to Q20a, please list the agencies that supported Technical Assistance for the development of the dashboard		
Q20d	Please assist in highlighting key benefits of the dashboard to the organisations.		
Q20e	If NO to Q20a, does the organisation plan to develop a PR dashboard?		
Q20f	Has the organisation approached any development partner for support for dashboard development?	YES.....1 NO.....2 DO NOT KNOW.....99	
Q20g	Please the organisations that have been approached to support the development of the dash board	1. 2. 3. 4. 5.	
20h	When is the dash board development scheduled to start?	.....	
Q21a	As a PR, have you ever discussed the question of grant absorption of the Global Fund grant?	YES.....1 NO.....2 DO NOT KNOW.....99	
Q21b	If YES to Q20a, at what stage of the grant implementation wasthe subject of grant absorption discussed? By whom?	a) Grant start phase [ ] b) After CCM meeting [ ] c) After oversight meeting [ ] d) In meeting with LFA [ ] e) In meeting with the Global Fund Country Team [ ] Other, please describe:---------- _____	
Q21c	Are they any steps or processes that have been adopted to ensure that grants are fully expended by the end of the grant period?	YES.....1 NO.....2 DO NOT KNOW.....99	If NO, skip to Q21

<table>
<tr><td>Q21d</td><td>If YES to Q20d, please list the key steps and processes adopted to facilitate grant absorption?</td><td>..... .....
....
....
....
....
....
....
....</td><td></td></tr>
<tr><td>Q22a</td><td>How do you rate your grant implementation experience? Please tick (√) one rating)</td><td>1 = Poor, 2= Fair, 3= Fairly Good, 4 = Good and 5=Very Good<table><tr><th colspan="3">RATINGS</th></tr><tr><td></td><td>Poor</td><td></td></tr><tr><td></td><td>Fair</td><td></td></tr><tr><td></td><td>Fairly Good</td><td></td></tr><tr><td></td><td>Good</td><td></td></tr><tr><td></td><td>Very Good</td><td></td></tr></table></td><td></td></tr>
<tr><td>Q22b</td><td>Please give reasons for your rating in Q21a above</td><td>..... .....
....
....
....
....
....
....
....</td><td></td></tr>
<tr><td>Q22c</td><td>What have been your main grant implementation successes?</td><td>..... .....
....
....
....
....
....
....
....</td><td></td></tr>
<tr><td>Q22d</td><td>What innovations and tools has the PR developed to facilitate effective and efficient grant implementation?</td><td>..... .....
....
....
....
....
....
....
....</td><td></td></tr>
<tr><td>Q22e</td><td>What 4-5 lessons have you learned about effective grant implementation?</td><td>..... .....
....
....
....
....
....
....
....</td><td></td></tr>
</table>

Q22f	What 3-5 best practices do you have to share on effective grant implementation?	....	

PART III: PR TRAINING AND CAPACITY BUILDING

NO.	QUESTION	CODING CATEGORIES	SKIP TO
Q23a	Did your organisation receive any orientation / training to prepare you for the role of PR?	YES……1 NO……2 DO NOT KNOW……99	If NO skip to Q22c
Q23b	If YES to Q22a, who provided the operation/ training and for how long?	…… …… …… …… …… ……	
Q24a	Has your organisation ever received orientation/ training/ coaching from the Global Fund Country Team?	YES……1 NO……2 DO NOT KNOW……99	If NO skip to Q24a
Q24b	If YES to Q23a, on what specific issues/ areas did the GF Country team focus on?	…… …… …… …… …… ……	
Q25a	Has your organisation ever received orientation/ training /coaching from the Local Fund Agency (LFA)?	YES……1 NO……2 DO NOT KNOW……99	
Q25b	If YES to Q24a, on what specific issues/ areas did the LFA focus on?	…… …… …… …… …… ……	If NO skip to Q25a
Q26a	Has your organisation ever undertaken benchmarking missions/ trip?	YES……1 NO……2 DO NOT KNOW……99	If NO skip to Q26
Q26b	If Yes; to which organisations / country did you bench mark with?	ORGANIZATION | COUNTRY | | | | | | | |	
Q26c	Is YES to Q25a, what were the key bench marking lessons		
Q27a	In your opinion, what 3-5 topics do you think PRs need capacity building/ training/mentoring on?	1…… 2…… 3…… 4…… 5……	
Q27b	Has your organisation provided orientation/ training/ coaching tothe Sub Recipients (SRs)?	YES……1 NO……2 DO NOT KNOW……99	
Q27c	If YES to Q27a, what key areas did the training/ coaching/mentoring cover/address?	…… …… …… …… …… ……	
Q27d	If YES to Q27a, were there any tools, material and content developed for SR training/ mentoring/coaching	YES……1 NO……2 DO NOT KNOW……99	

Q27e	If YES to Q27a, which organisation supported the training/coaching/mentoring?	…… …… …… …… …… ……	
Q28	In your opinion, what 3-5 topics do you think should be addressed in SR training by PRs.	…… …… …… …… …… ……	
Q29	Key areas and discussion topics would you recommend for Peer to Peers (PR – PR) learning?	…… …… …… …… …… ……	
Q30	What would you consider as key technical assistance (TA) needs of new and repeat PRs?	…… …… …… …… …… ……	
Q31a	In your opinion, is a Community of Practice (CoP) needed for CS PRs?	YES……1 NO……2 DO NOT KNOW……99	
Q31b	If YES to Q31a, why do you think a CoP for CS PRs is important? What will be the benefits?	…… …… …… …… …… ……	
Q31c	If a CoP for CS PRs was available, would your organization make use of it?	YES……1 NO……2 DO NOT KNOW……99	
Q31d	Elaborate on the reasons for your answer in Q31C above	…… …… …… …… …… ……	
Q31e	What type of 5-7 topics would you recommend for the CoP for CS PRs focus on?	…… …… …… …… …… ……	
Q31f	What kind of communication and engagement strategies can the CoP adopt to facilitate engagement and learning? Tick appropriately; multiple responses allowed	- E-newsletters[ ] - Webinars [ ] - Country Experience Sharing Briefs - Annual CS PR Workshops - Bench marking missions [ ] - Other ……	

Q31g	What specific roles do you think CS PRs like should/will play in the CoP?	....	
Q32	Any other comments / recommendations / information on how PRs can enhance grant implementation?	....	

TTHANK YOU FOR TAKING THE TIME TO PROVIDE THIS IMPORTANT FEEDBACK. WE WILL BE HAPPY TO MAKE AVAILABLE A COPY OF THE FINAL REPORT UPON COMPLETION OF THE PR ASSESSMENT

ANNEX 2:
INTERVIEW GUIDE: KEY INFORMANT INTERVIEWS (KIIS) AND FOCUSED GROUP DISCUSSIONS (FGDS)

1. CCM CHAIR AND SECRETARIAT

i. What is the relationship between the CCM and the PR? How does the CCM facilitate the work of the CS PRs?
ii. How do you rate the performance of the CS Grants under TASO? From your perspective what areas should they focus on in order to improve overall grant performance?
iii. What is the role of oversight committee in resolving challenges affecting the PRs? E.g. the late recruitment of SRs? To what extent are they effective and successful
iv. What is the role of the CCM in addressing grants with B and C ratings of issues raised in GF management letters? And current B1 grant rating of the HIV / TB grant and the Malaria grants?
v. In your opinion, do you think OC/CCM members have a good understanding of CS and the grants they implement (grant indicators, dashboards, PUDRs) for them to analyse the information and make informed decisions to help resolve the grant implementation challenges faced.
vi. What thoughts do you have on PRs who both manage and also implement select components of the program?
vii. In your opinion, what are the main technical assistance needs for new and repeat CS PRs? Is this technical assistance available and accessible?
viii. As a key stakeholder at country level, what issues and areas do you think CS PRs should be alive to and take into account from grant signing – phase out to ensure effective grant implementation
ix. Any other comments or additional inputs that that help them improve on the grant performance?

2. BILATERAL AND MULTILATERAL PARTNERS (UNAIDS)

i. How are you as a partner involved in the management of Global Fund grants in Uganda? What relationship if any do you have with the PR?
ii. What is the relationship between the CCM and the PR? How does the CCM facilitate the work of the CS PRs?
iii. How do you rate the performance of the CS Grants under TASO? From your perspective what areas should they focus on in order to improve overall grant performance?
iv. What is the role of oversight committee in resolving challenges affecting the PRs? E.g. the late recruitment of SRs? To what extent are they effective and successful
v. What is the role of the CCM in addressing grants with B and C ratings of issues raised in GF management letters? And current B1 grant rating of the HIV / TB grant and the Malaria grants?
vi. In your opinion, do you think OC/CCM members have a good understanding of CS and the grants they implement (grant indicators, dashboards, PUDRs) for them to analyse the information and make informed decisions to help resolve the grant implementation challenges faced.
vii. What thoughts do you have on PRs who both manage and also implement select components of the program?
viii. In your opinion, what are the main technical assistance needs for new and repeat CS PRs? Is this technical assistance available and accessible?
ix. How have technical partners (bilateral and multilateral) in Uganda supported TASO address some of its grant implementation challenges?
x. As a key stakeholder at country level, what issues and areas do you think CS PRs should be alive to and take into account from grant signing – phase out to ensure effective grant implementation
xi. Any other comments or additional inputs that that help them improve on the grant performance?

3. OVERSIGHT COMMITTEE

i. Could you kindly give us an overview of the CS grants implemented by TASO?
ii. In your opinion, how has/ will having a CS PR been/be beneficial to the country and communities living and affected by diseases?
iii. How was the CS PR Selected? Which parties were involved?
iv. After the CS PR was selected, what specific areas was the CS PR involved in in PR grant signing period and post grant signing period? To what extent was the PR involved during the grant making phase of the FR process?

v. IS the PR also implementing components of the grant? For which grant? How was activities that are implemented by the PR? Selected?
vi. In your opinion, what are the main technical assistance needs for new and repeat CS PRs?
vii. As a key stakeholder at country level, what issues and areas do you think CS PRs should be alive to and take into account from grant signing – phase out to ensure effective grant implementation
viii. How has the oversight function supported and facilitated / not supported/ facilitated effective grant implementation? What are the main issues identified by the oversight committee and what follow up action if any was undertaken? Were the issues identified resolved? What is the relationship between the CS PR and the CCM, OC, LFA, GF Country Team like?
ix. In your opinion, do you think OC/CCM members have a good understanding of CS and the grants they implement (grant indicators, dashboards, PUDRs) for them to analyse the information and make informed decisions to help resolve the grant implementation challenges faced
x. In your opinion, what are the main challenges that CS PR face in grant implementation? And what can be done to resolve them?
xi. How is the communication and reporting channels between the PR and the CCM? What is the frequency of meetings? Has a round table ever been held to bringing together the PR, OC/ CCM, LFA, and CT to jointly discuss grant performance
xii. What have been the main success of CS PR? What lessoned learned/best practices?
xiii. In 2016, CS PRs recommended that CS CoP be established. In your opinion, how will the establishment of a CoP for CS PRs be beneficial? What type of 3-5 topics would you recommend for the CoP for CS PRs focus on?
xiv. What kind of communication and engagement strategies can the CoP adopt to facilitate engagement and learning (E-newsletters, Webinars, Country Experience Sharing Briefs, Annual CS PR Workshops, and Bench marking missions)?
xv. What specific roles do you think CS PRs like should/will play in the CoP?
xvi. Any other comments or additional inputs that that help them improve on the grant performance?

4. SUB RECIPIENTS

i. Kindly give us an overview of your organisations including when the organisation started implementing Global Fund grants in Uganda. What grant components are you currently implementing and in how many districts?
ii. How was your organisation selected to by a SR? Who was involved?
iii. After your selection as an SR, how were the activities that you implement allocated to you. What was the basis of the allocation?
iv. After your selection as a SR, what support have you received to ensure that SRs implement grants effectively? Have you ever received training on M & E and Reporting for SRs? Finance management?
v. Where grant implementation delays have been experienced, what solutions has the PR presented to you.
vi. Is the PR also implementing components of the grant? For which grant? How was activities that are implemented by the PR? Selected?
vii. In your opinion, what are the main areas where SRs experience challenges? What do you think can be done to help SRs perform better?
viii. What have been the main success of SRs? What lessoned learned/best practices?
ix. Any other comments or additional inputs that that help them improve on the grant performance?

THANK YOU FOR TAKING THE TIME TO PROVIDE THIS IMPORTANT FEEDBACK. WE WILL BE HAPPY TO MAKE AVAILABLE A COPY OF THE FINAL REPORT UPON COMPLETION OF THE PR ASSESSMENT















EANNASO

Regional Platform for Communication and Coordination for Anglophone Africa Hosted by EANNASO Arusha, Tanzania

: +255 739 210598 eannaso@eannaso.org

www.eannaso.org | eannaso | facebook.org/eannaso.org