



COUNTRY COORDINATING MECHANISM

SWAZILAND

GLOBAL FUND

AIDS
TUBERCULOSIS
MALARIA

C·C·M

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CCM FUNCTIONS

- Mobilize resources for HIV, TB and Malaria from Global Fund
- Nominate Principal Recipient(s) (PRs) to implement Global Fund grants
- Oversee PR performance in program implementation
- Engage stakeholders in periodic reviews of programs
- Approve mid-term requests for continued funding
- Harmonize and align GF grants with other national activities

Today's focus:

5 areas for you to prepare for the new funding model

- 1** Plan ahead
- 2** Strengthen national strategies
- 3** Involve key constituencies
- 4** Improve data
- 5** Ensure CCM and PR capacity

SD CCM Roadmap /Milestones for NFM- March 26, 2014

- Revised CCM Guidelines by GF: May 2011
- CCM Decision Point to review CCM Membership: 2012
- CCM Reviews /Increases its Composition- 4 New Members: Youth, Affected Communities: TB & Malaria & Key Populations -2012
- CCM Strategic Discussion- 3 Diseases facilitated by GF: Feb 2013

...SD CCM Roadmap /Milestones for NFM... Cont

- Key Message from GF - SD get ready for the NFM – Mar 2013
- Introduction of Fiscal Agent to strengthen systems at PR-Sep 2013
- Submission of draft NSPs to GF: Sep 15, 2013
- CCM Funding application; 2014-2015: Nov 2013
- CCM Evaluation of GF grant performance in SD (GMS & TSF Reports): Nov 2013
- High Level GF Mission to SD [PM, Cabinet Ministers, AG, CCM, NERCHA, CS & Partners: Dec 2013.

...SD CCM Roadmap /Milestones for NFM... Cont

- CCM Improvement Plan: Eligibility Requirements 3-6: Oversight, Representation of SC on CCM & COI: Jan 2014
- CCM decides submission dates- Jan 2014
- JHB Regional CCM Joint TB-HIV CN Workshop (UNAIDS): 17-21 Feb 2014
- PPK & Royal Villas Initiatives: Task Teams 4 establish to work on the improvement plan to achieve full CCM Eligibility – Feb & March 2014.

...SD CCM Roadmap /Milestones for NFM... Cont

- CCM receives GF country envelope \$80m for 3 diseases -3 yrs
- Nairobi Regional CCM Malaria CN Workshop (RBM): 10-14 March 2014
- CCM – SC CANGO – NFM country dialogue- 25-27 March 2014
- Finalize (COSTED) eNSF by NERCHA : March 31 2014

...SD CCM Roadmap /Milestones for NFM... Cont

- Finalize (COSTED) eNSF by NERCHA : March 31 2014
- CCM Meeting: Approval of Interventions to achieve full ERs by Task Teams: Oversight, Membership, COI & Election, PRship selection, Disease Allocation split & HSS and appointment of TB-HIV CN writing Teams.
- Windhoek Regional CCM Joint TB-HIV, Malaria & HSS CN Workshop (GF): 6-9 Apr 2014

...SD CCM Roadmap /Milestones for NFM... Cont

- Peer review of CN: Malaria – Zimbabwe, 14 – 16 Apr 2014
- Elections for CCM/ Membership Renewal – May 2014
- CCM Eligibility Self Evaluation (GMS)- May 2014
- Approval of CN for Malaria by CCM- June 12, 2014
- Submission of Malaria CN to GF by CCM Secretariat: Jun 14 2014

SD CCM Roadmap /Milestones for NFM... Cont

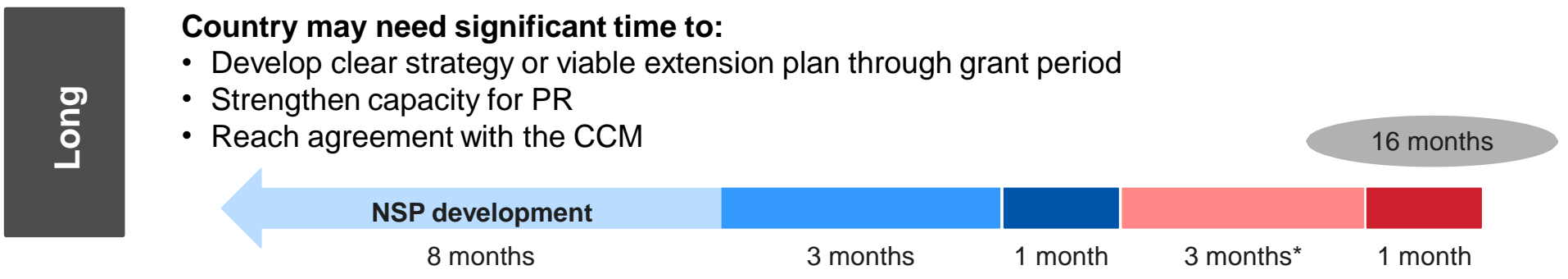
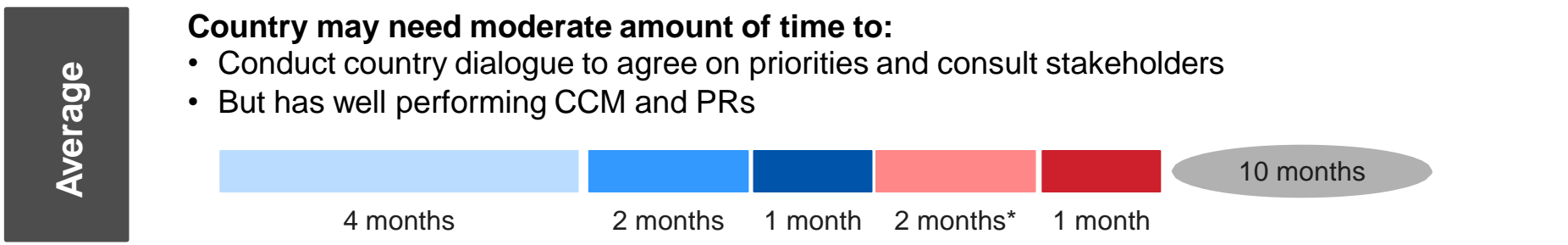
- Peer review of CN: TB-HIV: Aug 2014
- Approval of TB-HIV CN by CCM- Oct 9, 2014
- Submission of TB-HIV CN to GF by CCM Secretariat - Oct 14, 2014
- First Malaria Disbursement Jan 1, 2015
- First TB-HIV Disbursement, April, 2015

STAGES

1. Pre-Development Country Dialogue
2. Concept note writing
3. TRP & GAC Review
4. Grant Making
5. Board Approval
6. Dialogue – 1st Disbursement
7. Grant Implementation

Each country is asked to estimate when they plan to access funds

Time for new funding model stages depends on context



Note: TRP reviews will be scheduled to accommodate the most programs. If there is no TRP scheduled in the month the Concept Note is submitted, the “TRP and GAC review” stage may take longer, up to 3 months

* This is the anticipated average scenario – it may take longer in some countries.

Involve key constituencies now so that concept note development is smoother later

What you can do now

- A** Plan for the timing of key events
- B** Get the right people involved
- C** Engage them throughout national and Global Fund processes
- D** Ensure mechanisms are in place for stakeholders to provide input



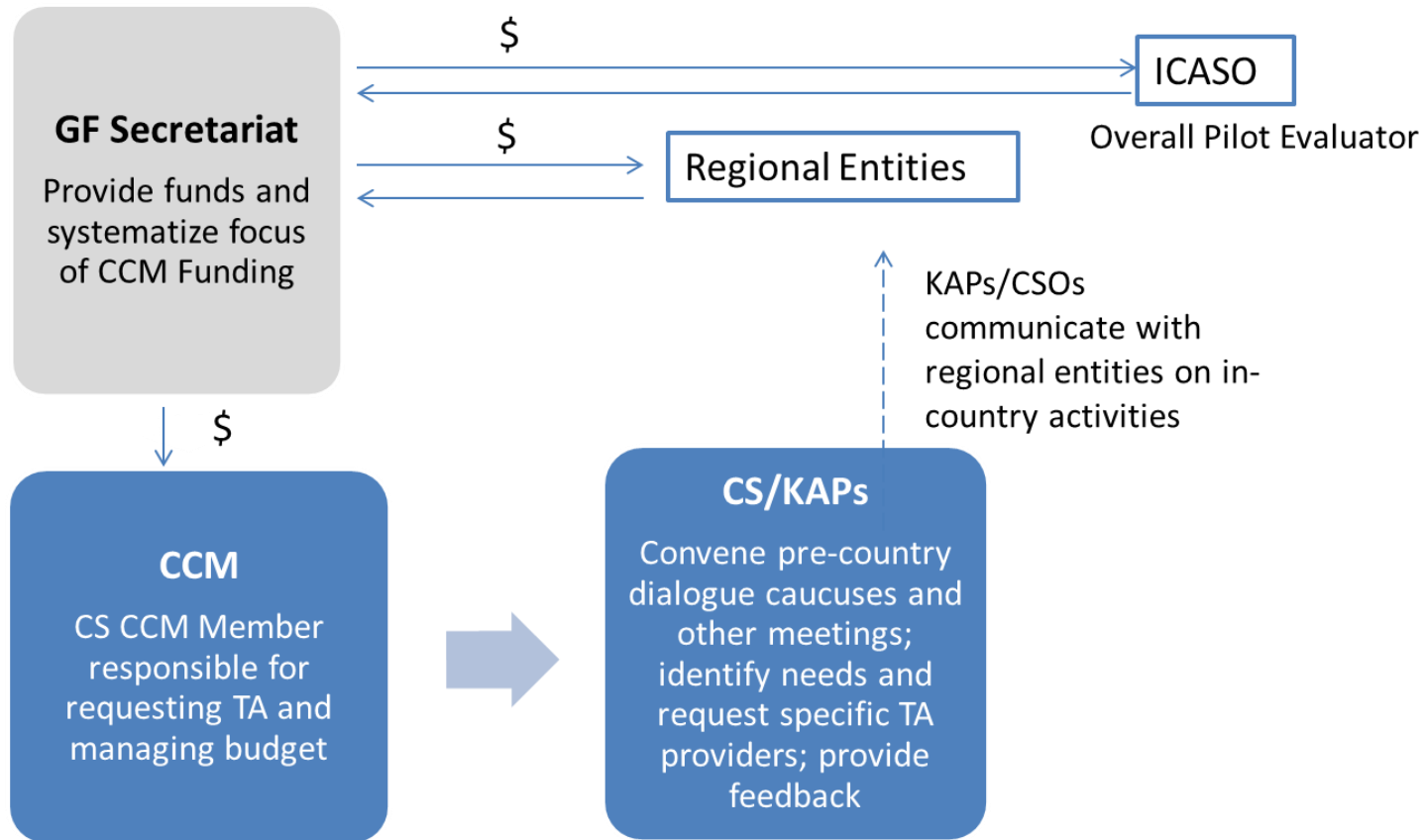
Inclusive country dialogue

Desired outcomes

Grants include activities that address the needs of key affected populations to access services

Country-ownership and strategic investment

Description of PLWD/KAP Engagement CCM Funding Mechanism



CS Engagement in the NFM

- SD selected to Pilot CS /KAP Initiative
- CCM Funding: \$34 000
 - \$29500 for CCM: Ensuring broad participation and meaningful engagement remain challenging for many CCMs for various reasons including financial constraints
 - Consultancy, meetings/workshops, capacity building activities & communication materials
 - \$5000 for the regional Entity
 - **Deadline to identify regional Entity- March 31 2014!!!**

PLWD/KAP-CSOs Engagement

- GF Secretariat
- Regional Entity- ICASO
- CCM
- KAP/CS
- KAP in the NFM include: women and girls, MSM, Transgender, PWID, SW, prisoners, refugees and migrants, people living with HIV, adolescents and young people, OVCs and populations of humanitarian concern

CCM NFM Engagement Plan

Who	Responsible	What	How	When
CCM	CCM Chair & CCM Secretariat	Approval of the Engagement Plan	CCM Meeting Press Statement to all Media Houses	Publication of the Press Release of the Roadmap by February 31 Jan 2014
Government PMO, DPM, MOH, MOF, MEPD, MHUD, MTAD, 3 National Programs [NERCHA, Malaria & TB]	Three National Programs, CCM CNDT & CCM Secretariat	Epidemiology Program reviews Financial Gap Analysis Counter Part Financing Data	Meetings [2-3 meetings]	Main Consultations February & March 2014
Civil Society CANGO, FBO, THO, TUCOSWA, SWABCHA, Key Populations	CCM, CANGO,NERCHA, MoH (TB & Malaria), UNAIDS, PACT	Country Dialogue	Meetings [3 meetings]	Forum Sharing Info on NSPs, CN 25-27 March-2014
Key Affected Populations YOUTH, SWANNEPHA, SWAMMIWA, LGBT, FODSWA, ETC	CCM PDT, GF & CCM Secretariats	Country Dialogue	In safe spaces [4 meetings & transport]	Sharing of NSPs and Reviewing Draft CN Sending CN TRP Apr; 2014
General Public Potential PRs	CCM Secretariat	Call for expression of interest in the PRship role	Times of Swaziland & Swazi Observer	PR selection by Oversight Committee by 30 Apr 2014
CCM Constituencies	Membership Team & CCM Secretariat	Elections/ Membership Renewal	Transparent Process designed by CS	April 2014
Technical Partners UNAIDS, WHO, UNFPA, WFP, UNICEF, PEPFAR, World Bank, ADB, CHAI, etc	CCM Writing Team	Concept Note Writing	In Concept Note Writing Team [4 weeks] Hotel accommodation for 3 wks	March- May 2014: Malaria Jul-Sep 2014: TB-HIV
CCM	Appointed PRs	Grant Making	Through Lead Representative	First disbursement for HIV-TB April 1 2015: & for Malaria Jan

Review CCM against minimum standards

Minimum requirements for CCM eligibility

1 *Transparent and inclusive concept note development process*

2 *Open and transparent PR selection process*

3 Overseeing program implementation and having an oversight plan

4 Document the representation of affected communities

5 Ensure representation of non-governmental members through transparent and documented processes

6 Develop, publish and follow a policy to manage conflict of interest that applies to all CCM members, across all CCM functions

ER 1 and 2
assessed at
CN
submission

ER 3 to 6
monitored
ongoing
basis

Assess PR against minimum standards*

- ✓ **Minimum Standards** express the Global Fund's expectations of PR performance
- ✓ **Minimum Standards** form the basis of implementer assessments carried out by the Global Fund

<p>1</p> <p>PR demonstrates effective management structures and planning</p>	<p>2</p> <p>PR has the capacity & systems for effective management & oversight of SRs</p>	<p>3</p> <p>No conflict-of-interest for the selection of the PR(s) & SRs</p>	<p>4</p> <p>Program implementation plan provided in the funding request is sound</p>
<p>5</p> <p>Internal control system of PR is effective to prevent & detect misuse or fraud</p>	<p>6</p> <p>The financial management system of the PR is effective & accurate</p>	<p>7</p> <p>Central & regional warehousing have capacity, & aligned with good storage practices</p>	<p>8</p> <p>Distribution systems & transportation arrangements are efficient to ensure secure and continued supply</p>
<p>9</p> <p>Data-collection capacity and tools are in place to monitor program performance</p>	<p>10</p> <p>Functional routine reporting system with reasonable coverage to report program performance</p>	<p>11</p> <p>CCM actively oversees the implementation of the grant, & intervenes where appropriate</p>	<p>12</p> <p>Implementers have capacity to comply with quality requirements & monitor product quality throughout the in-country supply chain</p>

* Please refer to Appendix 4 of the Transition Manual for full text and descriptions of the Global Fund's Minimum Standards for Implementers

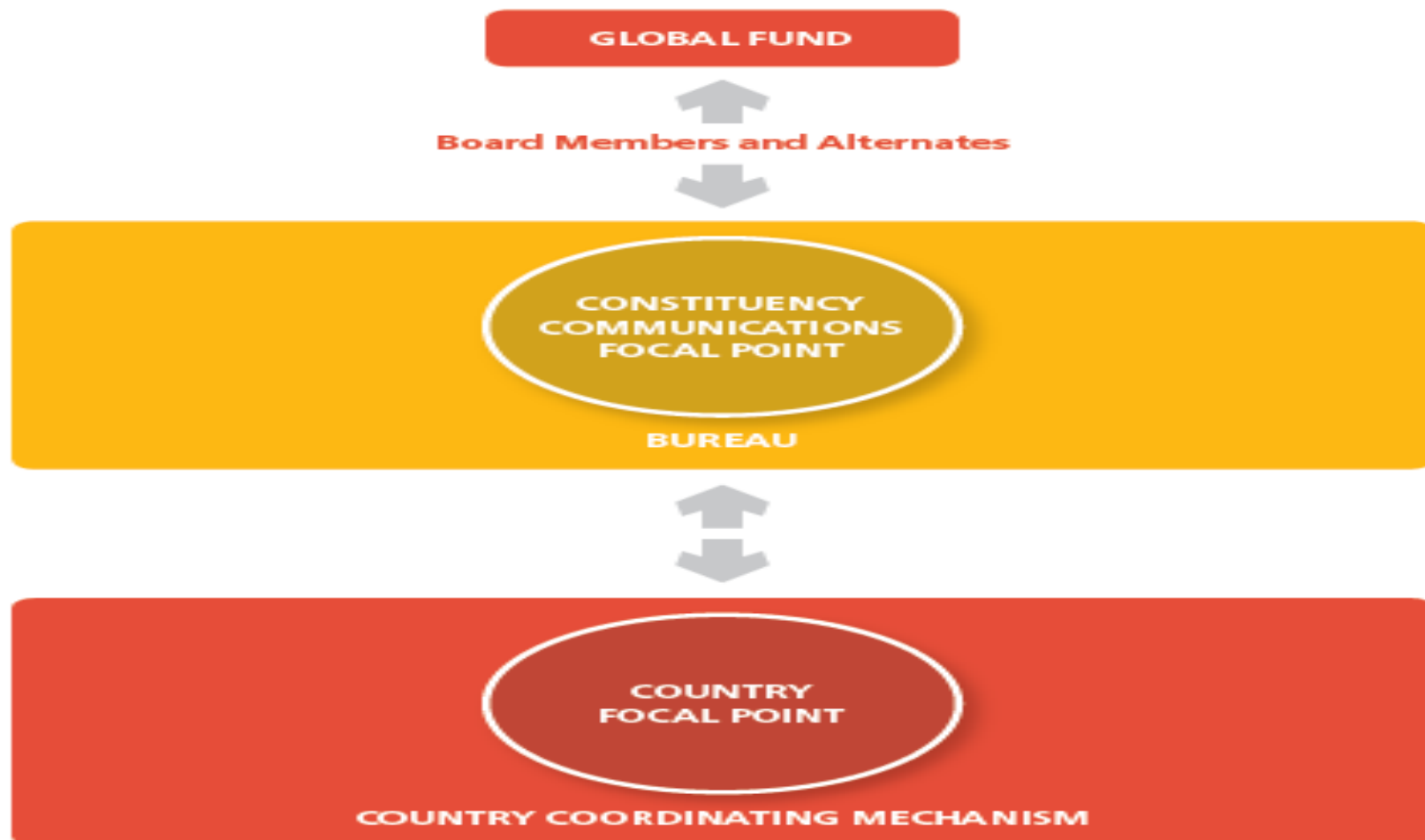
Positioning CSO-NFM

- **Space for HSS/CSS in NFM**
- **Niche in Malaria & TB**
- **Defining / Advocacy – Capacity Building**
- **Dual Track Financing- CANGO**
 - **2008 (Unsuccessful), 2010 (Unsuccessful), 2011 (Cancelled), 2012 (TFM)**
 - **Now 2014- CCM Decision Point??????**
 - **Competition?**
- **Full time –Participation in all processes!!!**

Swaziland Submission Dates

Disease	Grant Expiry Date	NSP Readiness	Submission Date	<i>Possible 1st Disbursement</i>		
				Accelerated (6 Months)	Average (10 Months)	Longest (16 Months)
HIV	31 st Dec 2013	31-03-14	15-10-14	1.04.2015	1.08.2015	1.02.2016
TB	30 th Sept 2014	30-06-14	15-10-14	1.04.2015	1.08.2015	1.02.2016
Malaria	31st Dec 2013	31-03-14	15-06-14	1.01.2015	1.05.2015	1.11.2015
HSS	31 ST Dec 2014	????	15-10-14	1.04.2015	1.08.2015	1.02.2016

Global Fund Africa Constituencies Communication Channels



Your questions...