



# **INITIATIVE 5%**

SIDA, TUBERCULOSE, PALUDISME

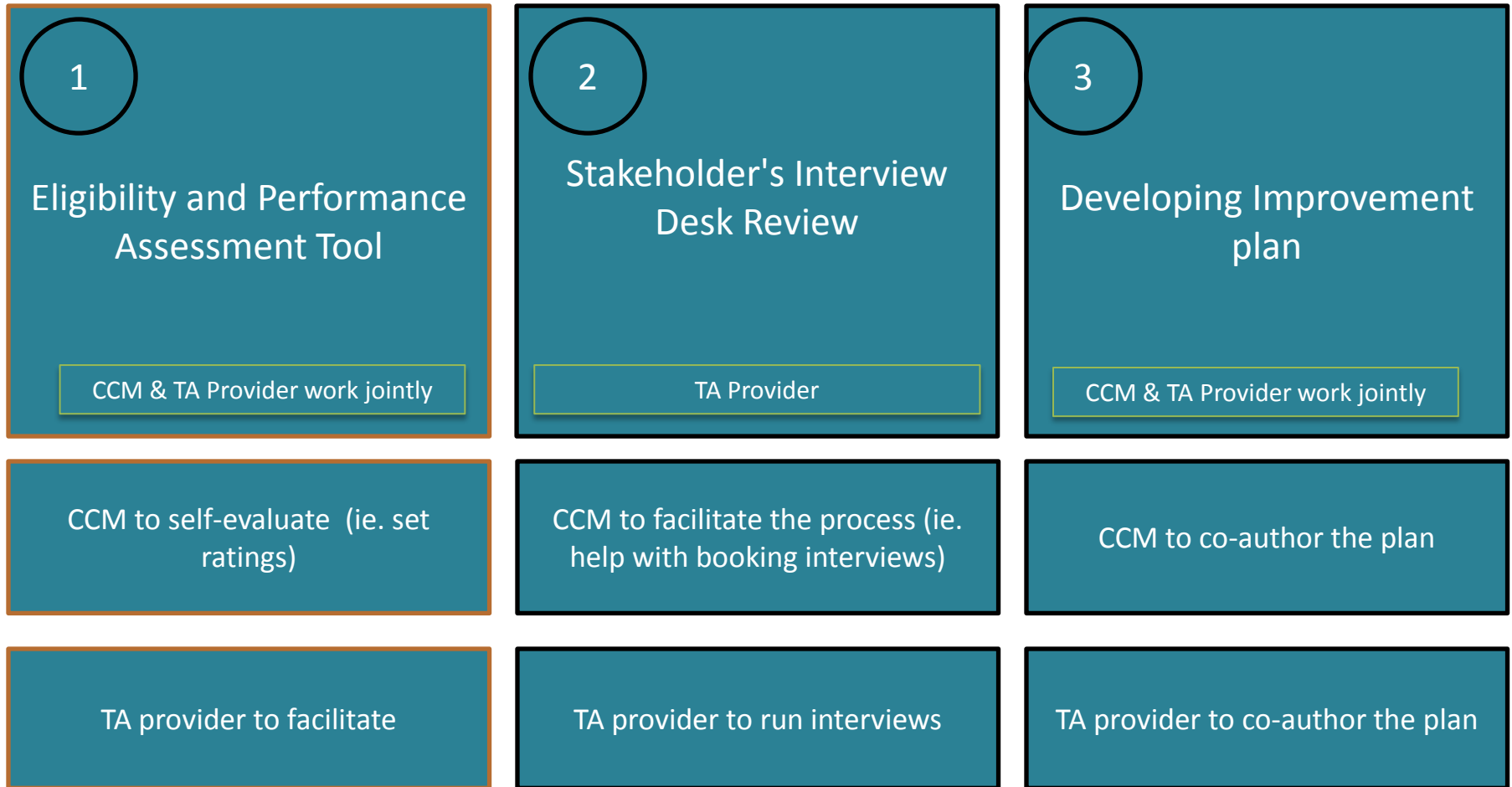
# CCM ALBANIA MEETING 17 JULY 2014

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- *With an annual contribution of € 360 million (for 2011-2013), France is the 1<sup>st</sup> European donor and the 2<sup>nd</sup> donor worldwide to the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria.*
- *The 5% Initiative on HIV, Tuberculosis and Malaria – of up to € 18 million per year – is a further commitment by France, together with all other partners involved, to the fight against these three diseases.*
- *Under the supervision of the French Ministry of Foreign Affairs, France Expertise Internationale is the French cooperation agency in charge of the operational implementation of the 5% Initiative.*

# CCM Eligibility and Performance Assessment

## The three pillars of the Assessment



# Technical Support

## Deliverables

- Conducted 29 interviews – results aggregated and recorded online
- Summarized key governance issues
- Facilitated self-assessment workshop - results and supporting documents recorded online
- Developed corrective action plan following self-assessment
- Shared relevant GF information with stakeholders involved with documenting processes for conceptual note development and PR selection

# New Funding Model and CCM Eligibility Requirements

## Review CCM against minimum standards

Minimum requirements for CCM eligibility

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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

# Key Findings

- CCM Secretariat is rather new and need to be strengthened to manage CCM activities and support all CCM governing structures
- Alternates to CCM members, even though not all official alternates, are active. However there is a need to confirm alternates with a clear mandate to ensure continuity and active engagement
- Absence of a CCM structure to carry out the executive decision in between CCM meetings
- CCM permanent subcommittee are not fully operational with appropriate composition, terms of reference and workplan. Oversight function is currently not fulfilled by the CCM Albania
- CCM meetings discussions do not translate into clear recorded decisions , recommandations and/or follow-up actions

# Key findings

- Current membership composition relevant to the country's overall socio-epidemics but could include other representatives addressing broader population concerns
- CCM membership expertise is heavily focused on HIV and MARPS, TB is under-represented.
- CCM members are generally representing their organization/institution but not their broader constituencies
- CoI policy exist but not systematically applied as described in CCM terms of reference. Potential CoI with CCM members becoming implementers under the NFM grant



# Self Assessment results

*\*Eligibility Requirements are mandatory to submit a Concept Note.*

CCM Eligibility Requirements	Indicator Ref.	Requirements	Performance Rating
Requirement 3	A	The CCM has an oversight plan which details specific activities, individual and/or constituency responsibilities, timeline and oversight budget as part of CCM budget.	3. Non-Compliant
	B	The CCM has established a permanent oversight body with adequate set of skills and expertise to ensure periodic oversight.	2. Indeterminate Compliant
	C	The oversight body (OB) or CCM seeks feedback from non-members of the CCM and from people living with and/or affected by the diseases	3. Non-Compliant
Requirement 4	G	The CCM ensures adequate representation of key affected populations taking into account the socio-epidemiology of the three diseases.	1. Fully Compliant
	H	The CCM ensures adequate representation of PLWD, taking into account the socio-epidemiology of the three diseases.	3. Non-Compliant
Requirement 5	J	All non-governmental constituencies represented on the CCM selected their representative(s) on their own, through a transparent and documented process.	2. Indeterminate Compliant
Requirement 6	N	The CCM has a conflict of interest (Col) policy with rules and procedures to avoid or mitigate Col, and CCM members sign a Col declaration form.	1. Fully Compliant
	O	CCM meeting minutes demonstrate that CCMs follow the procedures to prevent, manage and mitigate Col.	2. Indeterminate Compliant

*\*Minimum Standards will be mandatory as of 1st January 2015 to sign a new grant.*

CCM Eligibility Requirements	Indicator Ref.	Minimum Standards	Performance Rating
Requirement 3	D	The oversight body conducts oversight activities to discuss challenges with each PR and identifies problems, potential reprogramming and corresponding reallocation of funds between program activities, if necessary.	3. Non-Compliant
	E	The CCM takes decisions and corrective action whenever problems and challenges are identified	2. Indeterminate Compliant
	F	The CCM shares oversight results with the Global Fund Secretariat and in-country stakeholders quarterly through the process defined in its Oversight Plan.	3. Non-Compliant
Requirement 4	I	The CCM has balanced representation of men and women (the Global Fund Gender Equality Strategy clarifies how women and girls are key affected groups in the context of the 3 diseases).	1. Fully Compliant
Requirement 5	K	CCM membership comprises a minimum of 40% representation from national civil society sectors.	1. Fully Compliant
	L	CCM has clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM	3. Non-Compliant
	M	The CCM elects its Chair and Vice-Chair(s) from different sectors (government, national civil society and development partners ) and also follows good governance principles of periodic change and rotation of leadership according to CCM by-laws.	2. Indeterminate Compliant
Requirement 6	P	To guarantee effective decision making, the CCM ensures that the number of members in the CCM with Col does not exceed 1 person per constituency (excluding Ex-Officio Members with no voting rights).	2. Indeterminate Compliant

# Corrective Action Plan 2014-2015

## OVERALL CCM GOVERNANCE

Activity	Time period	Responsibility
Develop TORs and operational manual for CCM Secretariat	November –January 2015	CCM Sec. & TA CCM submit TA proposal by end of July
Udpate CCM Terms of reference according to GF guidelines	Early December	CCM/ TA CCM submit TA proposal by end of July
Developing communication strategy including review of CCM website	January 2015- March	CCM Sec/ TA CCM submit TA proposal by end of July
Strengthen CCM Secretariat management and organisation	November-January 2015	CCM Sec /TA CCM submit TA proposal by end of July
Translation and circulation of key governance and policy documents	March 2015	External provider
Decision by the CCM to discuss institutionalisation of the CCM Albania based on legal consultancy recommendation	April 2015	CCM
Esblish a executive structure to carry out CCM decisions	End October 2014	CCM

# OVERSIGHT

Activity	Time period	Responsibility
Review and amend Oversight committee terms of reference in the light of GF CCM guidelines	Latest end of August	SOC/TA CCM submit TA proposal by end of July
Update and review CCM Oversight Plan including site visits	Latest end of August	SOC/TA CCM submit TA proposal by end of July
Map out potential names of CCM members and non CCM members from diff sector with no COI of interest who could join the oversight committee and address the GF requirements on core competencies; procurement, financial management, programme management, disease expertise, monitoring evaluation, gender...) Recompose oversight committee members (names, sector, key competencies, statement on Conflict of Interest, CV)	1st week September	SOC/CCM
Endorse composition of oversight committee, terms of reference and oversight plan by CCM members	1st week of September	CCM

## OVERSIGHT cont.....

Activity	Time period	Responsibility
Carry 1 oversight visit Q3 (as per CCM budget approved)	September 2014 (To be included in oversight plan)	SOC
Have 6 oversight meetings/consultations with stakeholders and MARPS documented between September and March 2015	Between September 2014 and March 2015	SOC
Overseeing the implementation of preventive and corrective actions proposed by the SOC and endorsed by the CCM	between September 2014 and March 2015	SOC & CCM
Update and review the CCM oversight plan after GF approval of conceptual note and grant signing	After April 2015	SOC
Document and circulate all SOC minutes and field visit reports to CCM Members and Non CCM members	Between September 2014 and September 2015	SOC & CCM Secretariat
Seek technical assistance for development of oversight tools , methodology for site visits and build capacity of oversight committee members, PR and CCM Secretariat	Early November	CCM submit TA proposal by end of July

## KAP/MARPS/PLWD

Activity	Time period	Responsibility
Map with the assistance of TB specialist the potential organisations, community leaders or Ex-TB patients which could become a CCM members (define selection criteria and process, obtain CCM endorsement and organise outreach)	Mid November 2014	Nat TB programme association of pneumology
Map with the assistance of HIV NGOs the potential organisations, community leaders or PLWHA which could become a CCM members (define selection criteria and process, obtain CCM endorsement and organise outreach)	Mid November 2014	PLWHA network/coalition
Update the membership list for alternates and communicate overall gender balance to GF	Early August 2014	CCM Secretariat & CCM Members

## MEMBERSHIP RENEWAL

Activity	Time period	Responsibility
Review strategic composition of the current CCM membership and identify gaps	Mid November 2015	CCM/TA/ CoI Committee
Facilitate with TA Support: define membership selection criteria and methodology, stakeholders' mapping and mobilisation	November-December 2015	CCM/CCM Sec/TA
Organise elections based on the process and criteria endorsed by CCM	January 2015	CCM Sec/ LFA / election working group
Recompose CCM Subcommittee in the light of membership renewal	End January 2015	CCM
Orientate new CCM members	Early February	Current CCM Members/ CCM sec/New members
Develop Constituencies' workplan with CCM members for each sector	February 2015	TA/CS constituencies
Organise CCM election of Chair and Vice Chair	Early February 2015	CCM
Assess members capacity needs particularly for PLWD and organise TA to strengthen needs	January – February 2015	CCM/TA



## CONFLICT OF INTEREST

Activity	Time period	Responsibility
All CCM members and alternates are to sign the declaration of conflict of interest	Early August	COI Committee & CCM Sec.
Review current COI policy in the light of GF requirements and develop processes to mitigate COI for membership renewal, oversight, PR/SR selection, recruitment, contracting services	November 2014	Col Committee/TA CCM submit TA proposal by end of July
Apply existing COI policy and assist leadership with the application and documentation of COI during CCM meetings	Starting from the 17th of July 2014	Col Committee, CCM Chair and Sec.
Review CCM minutes to ensure COI properly documented	Starting from the 17th of July 2014	Col Committee
Develop terms of reference for COI working group who may intervene to mitigate a situation of conflict of interest	November 2014	Col Committee/TA CCM submit TA proposal by end of July
Capacity building for Col Committee and Sec	November 2014	Col Committee/TA CCM submit TA proposal by end of July

# Decisions to be taken by the CCM

- Validation of the results presented by the self-assessment working group
- Validation of the corrective action plan 2014-2015
- Appointment of a CCM member who will oversee with the CCM Secretariat the implementation of the corrective action plan