

OVERSIGHT PLAN
For
Country Coordinating Mechanism,
Lao PDR

Grant Cycle: 1st January 2021 – 31st December 2023

Final Version

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Acronyms

CBM	Community Based Monitoring
CCM	Country Coordinating Mechanism
CLM	Community Led Monitoring
CSO	Civil Society Organization
DFAT	Department of Foreign Affairs and Trade (Australia)
DLI	Disbursement Linked Indicators
GF	The Global Fund
HANSA	Health and Nutrition Services Access project
HIV	Human Immunodeficiency Virus
KP	Key Population
MoH	Ministry of Health
PDR	People's Democratic Republic
PEPFAR	President's Emergency Plan for AIDS Relief (USA)
PLWD	People Living with Disease
PR	Principal Recipient
RAI3E	Regional Artemisinin Initiative 3 Elimination (regional grant)
SKPA	Sustainability of services for Key Populations in Asia (regional grant)
SR	Sub-Recipient
SWC	(Health) Sector-Wide Coordination Committee
TB	Tuberculosis
TEAM2	Tuberculosis Elimination Among Migrants 2 (regional grant)
TOR	Terms of Reference

1. Introduction

1.1 Background

Oversight is one of six minimum requirements that must be met by CCMs in order to be eligible for funding from the Global Fund:

Requirement 3: Recognizing the importance of **oversight**, the Global Fund **requires** all CCMs to submit and follow an oversight plan for all Global Fund approved financing. The plan must detail oversight activities, and must describe how the CCM will engage program stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and key populations.¹

This plan details the framework, processes and stakeholder roles that will direct the Lao PDR CCM's discharge of its grant oversight obligations during the current grant cycle. It replaces the previous Oversight Plan for the fiscal year 2019-2020 though the principles and core processes of the oversight function remain unchanged. The structure of this plan follows the Global Fund's guidance note for recommended sections of an Oversight Plan.

This plan has been developed during a period in which Lao PDR CCM is undergoing a transition in its positioning. A positioning pathway has been developed and endorsed by the CCM. The plan is to integrate the CCM into the Sector-Wide Coordination committee for health (SWC.) However, the Ministry of Health (MoH) is currently undergoing a reform process that will include reform of the SWC. The integration of the CCM into the SWC is currently pending the outcomes of the MoH reform process. Once that reform process has been completed the TORs for the CCM and its subcommittees (including the Oversight Committee) will be revised. References to "CCM" and "Oversight Committee" in this plan should therefore be taken to refer to the currently existing structures and their equivalent replacement structures once the re-positioning process is complete. It is hoped that the CCM will be fully transitioned in 2023.

1.2. Grants

At the time of development of this plan Lao PDR CCM has one country "grant" and two regional grants to oversee. These are;

National

- **LAO-C-MOH:** Improving health services access to strengthen the sustainability and quality of the national TB and HIV response

Regional

- **QSE-M-UNOPS:** Regional Artemisinin Initiative 3 Elimination (RAI3E)
- **QSE-T-IOM: TEAM2:** Tuberculosis Elimination among Migrants

Annex 1 gives more details.

Importantly for the oversight function, for LAO-C-MOH the Global Fund is co-financing - along with the World Bank and the Australian Department of Foreign Affairs and Trade (DFAT) - a Health and Nutrition Services Access project (HANSA). The Global Fund's engagement and support through HANSA is expected to strengthen sustainability of the HIV and TB programs by moving from more vertical financing and programming to focusing on strengthening the health system. HANSA is implemented through a results-based financing modality using Disbursement Linked Indicators (DLIs), which focuses on results for priority areas (including HIV and TB) instead of inputs.²

¹ p7. CCM Policy, Board Approved GF/B39/DP09, 10 May 2018

² For the remainder of this document the Global Fund's co-financing contribution to the HANSA project will be referred to as a 'grant'.

2. Framework and Concepts

Oversight is a core function of the CCM that the Principal Recipient (PR) must comply with. It consists of a coordinated set of activities to support and ensure that grant activities are implemented as planned, that agreed targets are met, that implementation bottlenecks are identified and resolved, and that critical risks to the achievement of grant objectives are mitigated. Through oversight, the CCM ensures that the PR is held accountable to all the grant stakeholders.

Oversight therefore requires strategic direction by the CCM to the PR, as well as consistent follow-through to ensure that implementing agencies comply with oversight recommendations and requested actions.

2.1 Principles

Seven principles provide the framework for this Oversight Plan:

1. **Oversight provides accountability.** The core principle of oversight is to ensure that resources – financial and human – are being used efficiently and effectively for the benefit of the country.
2. **Oversight is different from monitoring and evaluation.** Oversight focuses on the 'big picture' or macro level of grant implementation, it is not concerned with the detailed activities and day-to-day management of program implementation.
3. **Oversight is risk-based.** Oversight is informed by a risk management approach. The Oversight Committee and the PR identify the key risks that threaten the achievement of the grant objectives. Oversight can then be focused on mitigating and monitoring high priority risks.
4. **Oversight is a continuous process.** In order to identify and address implementation bottlenecks in a timely manner, and identify and mitigate risks that threaten the achievement of grant objectives, oversight activities follow a planned schedule aligned with the CCM meeting calendar.
5. **Oversight engages appropriate technical expertise.** Whether through CCM members or co-opted non-members the Oversight Committee is constituted to ensure that it has the programmatic, procurement and financial expertise on board to enable effective oversight. This includes ensuring that people living with the diseases and key populations are systematically engaged in oversight processes.
6. **Oversight is executed in accordance with the Code of Conduct for CCM members.** There should be no conflict of interest on the oversight process; members of the Oversight Committee cannot be members of organisations implementing the grants.
7. **Oversight is supportive and constructive.** Effective oversight is characterised by a constructive dialogue between the CCM (through the Oversight Committee,) and the PR. Together they discuss challenges; identify bottlenecks and recommend actions to resolve them; identify risks and track the implementation of mitigations, and identify opportunities for reprogramming.

3. Oversight Processes

3.1 Basic Oversight Process

The CCM's obligations with regard to grant oversight are primarily discharged through the work of the Oversight Committee. The scope of this responsibility is detailed in the Oversight

Committee TOR (Annex 2).³ The committee convenes quarterly prior to each CCM meeting and also conducts scheduled site visits in accordance with the CCM workplan. The committee is supported by the Oversight Officer in the CCM Secretariat.

The **oversight process cycle** includes the following key stages:

- **Information/data collection**

Prior to Oversight Committee meetings the following (primary) sources of information (as available) are compiled and reviewed by the Oversight Officer before sharing onward to the Oversight Committee:

1. **PR (or equivalent) presentations** on grant performance during the last quarter. These presentations include the following:

- Achievements against grant targets/DLIs
- Expenditure against budgets
- Procurement updates
- Updates on the implementation of risk mitigations
- Updates on the implementation of management actions
- Updates on the meeting of co-financing commitments
- Implementation challenges encountered and/or emerging risks

PR performance updates are a standing agenda item for every Oversight Committee meeting.

2. **Site visit team presentations** on issues identified during any site visits conducted since the last Oversight Committee meeting. These presentations cover any bottlenecks/challenges identified, and possible solutions for consideration by the Oversight Committee.

3. New data arising from **Community-Based Monitoring/Community-Led Monitoring (CBM/CLM)** activities. This data is compiled by the Oversight Officer as and when it becomes available. Its primary focus is to identify issues which affect service access and uptake by key populations so that these can be discussed and resolved. A representative from the organization conducting the CLM/CBM can be invited to the Oversight Committee meeting to present the service access issues identified.

In addition to the above, other relevant data/information can be recommended for consideration or review during Oversight Committee meetings either by Oversight Committee members, CCM constituency stakeholders and/or the Oversight Officer. Other sources can include implementer audit reports, Global Fund Management Letters, or disease program reviews.

- **Analysis**

Information that has been gathered will be analysed to identify problems, bottlenecks and emerging risks requiring CCM attention. For data/information available well in advance of the Oversight Committee meetings the preliminary review (to identify pertinent/critical issues) will be conducted by the Oversight Officer. The analysis will be further developed during the discussions with the PR at the Oversight Committee meetings.

- **Recommendations**

³ As noted above the TOR will be revised when the CCM positioning process has been completed. The Annexed version is the current version.

Once problems, issues, or bottlenecks are identified and understood, the Oversight Committee will consider various options to resolve them. These options will be discussed with the PRs at the Oversight Committee meeting before they are presented to the CCM. The CCM will then decide on the most appropriate action(s), and request the PR to implement within an agreed timeframe.

If an issue arises that requires immediate action, the Oversight Committee may make recommendations to the CCM Executive Committee in the interim period between meetings

If challenges are beyond the capacity of the PR to resolve alone, the Oversight Committee may recommend that the CCM facilitates the involvement of other government departments/units or other partners to resolve challenges; provides technical assistance for the implementers; or considers requesting a reprogramming of funds.

- **Follow up**

The CCM Secretariat/Oversight Officer will ensure that all action items arising in Oversight Committee meetings are recorded in the meeting minutes and that progress against previously decided actions is reported at subsequent meetings during the presentation of matters arising. This will include ensuring that any decisions made by the CCM on the basis of recommendations made by the Oversight Committee are reported back into the Oversight Committee at the next meeting.

3.2 Further Oversight Process Details

3.2.1 Site Visits

The Oversight Committee makes two site visits each year to verify or seek additional information on specific implementation issues or risks that cannot easily be assessed via phone calls or emails. Site visits are generally used to assess emerging issues or risks identified through regular reports from the PR or through CBM/CLM. Site visits may be undertaken by members of the Oversight Committee, other CCM members, other stakeholders, or consultants, depending on the purpose and location of the visit (it is important that the site visit team has an appropriate range of technical and community expertise.) The Oversight Officer is responsible for drawing up a list of potential sites to visit. Site selection prioritizes:

- SRs with a larger portion of overall grant targets
- Sites with previously evidenced performance issues
- Sites deemed a high risk for non-delivery
- Sites where regional and national grants intersect

There is an already established set of site visit tools including a questionnaire and a report format. These are attached in Annex 3. The Workplan for oversight activities for 2022 inclusive of site visits is attached as Annex 4.

3.2.2 Risk Management

The HANSA grant Funding Request identified three key implementation risks and proposed corresponding mitigations for each (Annex 5). Specifically, the risks were:

- **Decentralization Risk:** The risk of reduced focus and support for TB and HIV programs as management responsibility shifts from central down to provincial/district level
- **Co-Financing Risk:** The risk of delays in realization of domestic funding commitments particularly in relation to procurement

- **CSO Engagement Risk:** The risk of limited CSO resourcing and engagement

The Oversight Committee will use this list as a basis for integrating a simple risk management approach into oversight process. This will include a review of the key risks and their proposed mitigations to determine if the risk level is still high and whether the proposed mitigations are being implemented and are effective in reducing risk levels.

3.2.3 Co-Financing Tracking

With domestic funding commitments having been listed as a key grant risk in the Funding Request it is important that they are formally tracked on an ongoing basis by the Oversight Committee. A co-financing update will be a standing agenda item in all Oversight Committee meetings and the progress against commitments will be presented, and analyzed with potential solutions to challenges encountered being formulated for presentation into the CCM for a decision.

3.2.4 CBM/CLM

An initial round of CBM activities were piloted in Lao PDR under the first cycle of the SKPA regional grant. These have since ceased due to Lao PDR not being part of the second cycle of SKPA. CLM activities have also been piloted under the PEPFAR program in Lao PDR. Full implementation is planned but has not yet commenced. Once the implementation arrangements and framework have been finalized the Oversight Officer will lead on linking data coming out of CLM into the CCM Oversight Process. How this is done will depend on the form that CLM takes, in particular, whether it is generating data on an ongoing basis, at fixed intervals or just on a one-off basis.

4. Oversight Stakeholder Roles

4.1 CCM Secretariat/Oversight Officer

The Oversight Officer of the CCM Secretariat provides technical and administrative support to the CCM oversight committee. This includes facilitating and supporting analytical data-driven discussions and decision-making, and providing support to oversight planning and implementation. The Oversight Officer of the CCM Secretariat drafts an annual Workplan for all CCM activities inclusive of oversight activities. This plan is discussed and endorsed by the CCM. A TOR for the Oversight Officer role is attached in Annex 6.

4.2 Oversight Committee Members

Oversight Committee members are appointed on the basis of their expertise (financial, programmatic, procurement and supply management, perspective of people living with the diseases and key populations). The assumption is that they will apply this technical expertise to the relevant discussions that take place in Oversight Committee meetings, when they review data and information forwarded to the committee, or when they are part of a site visit team.

4.3 PR/SR

Implementers report on their progress to the Oversight Committee. They work with the Oversight Committee to identify and resolve implementation bottlenecks and to identify and mitigate risks that threaten grant objectives. They are not members of the Oversight Committee (due to conflict of interest) and therefore are not part of the committee's decision-making process.

4.4 CCM

Recommendations coming out of the Oversight Committee meetings are presented to the CCM at the next meeting for a decision. CCM members therefore have a role in considering Oversight Committee recommendations (e.g., on how a particular implementation challenge

or bottleneck should be resolved and which parties are required to take action,) and making decisions on the most appropriate actions to take.

4.5 Key Population (KP) and People Living with Disease (PLWD) Constituents

KP and PLWD constituents play a critical role in the oversight process. As Oversight Committee and CCM members they provide the perspective of the communities that the programs are trying to access and deliver services to. They may also be involved in oversight process as staff of implementing organizations and/or as participants in CBM/CLM activities. The latter produce data that can be used by the Oversight Committee to identify and resolve barriers to service access.

5. Annexes

Annex 1: Active Grants Summary

National

LAO-C-MOH

Title: Improving health services access to strengthen the sustainability and quality of the national TB and HIV response

Component: TB/HIV

Committed: 15,507,232 USD (TB: 8,576,696 USD; HIV: 6,930,536 USD)

C19RM Total Award: 7,537,557 USD (plus undisbursed fund from previous grant: 406,840 USD)

Implementation Period: 1st January 2021 – 31st December 2023

PR: MoH DPC

Implementers:

For HIV/TB component: CHAS, NTC, CHIAs, PEDAs, hospitals, Provincial Health Departments

For C19RM: DHR, FDD, NCLE, CHAS, NTC, CMPE, LRC, LWU, CHIAs, PEDAs, APL+, HPP

Regional

QSE-M-UNOPS

Title: Regional Artemisinin Initiative 3 Elimination (RAI3E)

Component: Malaria

Committed: 7,241,081 USD (Lao PDR country component)

Implementation Period: 1st January 2021 – 31st December 2023

Regional PR: UNOPS

National Implementers: MoH DCDC, CMPE, HPA, CHIAs, PEDAs, MPSC, WHO, Provincial Health Departments

QSE-T-IOM

Title: Team2: Tuberculosis Elimination among Migrants

Component: Tuberculosis

Committed: 834,925 USD (Lao PDR country component)

Implementation Period: 1st January 2022 – 31st December 2024

Regional PR: UNOPS

National Implementers: MoH DPC, NTC, CHIAs, PEDAs

Annex 2: Oversight Committee TOR

(Excerpt from current CCM TOR)

1. OC Goals and Objectives

- 1.1 The OC is a permanent CCM committee whose purpose is to oversee the implementation of approved Global Fund grants in the country. Its goal is to ensure the implementation of activities and the use of resources in accordance with the grant agreement. Achieving this goal might involve providing strategic direction to PRs when needed, ensuring compliance with Global Fund policies and procedures, establishing financial controls, and following up on key recommendations.
- 1.2 To reach its goal, the OC fulfills the following objectives:
 - 1.2.1 Ensure implementation of the CCM's oversight function, one of the four core functions of a CCM
 - 1.2.2 Ensure development, timely updates, and implementation of an oversight plan and corresponding work plan and calendar
 - 1.2.3 Analyze problems and bottlenecks in grant implementation and provide recommendations for informed decision making by the CCM
 - 1.2.4 Promote effectiveness in oversight by appropriate use of time and available resources
 - 1.2.5 Improve relationships between the CCM and PR(s) and between PRs and sub-recipients (SRs) if necessary.

2. OC Roles

- 2.1 The OC plays a key role in the oversight process by ensuring appropriate, timely, and effective use of Global Fund monies; timely and effective implementation of PRs' and SRs' programmatic work plans; and transparent, competitive, and effective procurement and supply management with appropriate quality assurance in accordance with national legislation.
- 2.2 The OC is not a decision-making body. The committee's role is to provide information and informed recommendations to guide the CCM in its oversight deliberations and decision making.

3. OC Mandates

- 3.1 The CCM authorizes the OC to develop, update, and implement an oversight plan and corresponding annual work plans and calendars; identify problems and bottlenecks facing PRs and SRs, and provide guidance and recommendations for the CCM; follow up on recommended actions and their implementation; and improve communication and collaboration between the CCM, PRs, and lead SRs, and between PRs and SRs or sub-sub-recipients.

4. OC Structure

- 4.1 The OC is a standing committee of the Lao PDR CCM structure and has a strategic role as a consultative function to the whole CCM to which it directly reports back.
- 4.2 The OC works in coordination with the resource mobilization committee (RMC) under the direction of the CCM and the Executive Committee (ExCom). The OC chair is a member of both CCM and ExCom.
- 4.3 The OC's works has been technically supported by the 4 Task Forces and executively supported by the CCM Secretariat

5. OC Membership

- 5.1 The OC has 10 members that are elected or selected by the CCM. Six members of OC are current CCM representatives (either member or alternate) and 4 non CCM (chairs or representatives of the task forces and invited experts if needed). The composition of the committee is approved at the CCM session.

- 5.2 When the determination of the Oversight Committee Members takes effect, there must be at least four members who have specialized skills in the one of the following areas:
 - 5.2.1 Financial management,
 - 5.2.2 Disease-specific expertise,
 - 5.2.3 Procurement and supply management
 - 5.2.4 Program management
- 5.3 CCM members can nominate candidates or candidates can nominate themselves. Voting takes place during a CCM meeting and requires a quorum.

6. OC Service Terms

- 6.1 Committee members serve a term of 3 years. The CCM may reelect or reappoint OC members once.
- 6.2 An oversight committee member's term ends when one of the following occurs:
 - 6.2.1 Service on the committee reaches the maximum number of years
 - 6.2.2 A permanent conflict of interest
 - 6.2.3 Personal request to resign that the CCM has approved
 - 6.2.4 Poor performance on the oversight committee as determined by the CCM
 - 6.2.5 For oversight committee members who are CCM members, termination of CCM membership due to poor performance as determined by the CCM

7. OC Competencies

- 7.1 To fulfill their responsibilities on the OC, members must dedicate a substantial portion of their time to committee activities. Ideally, members collectively have experience and skills in the following areas:
 - 7.1.1 HIV/AIDS, tuberculosis, and malaria program management and service delivery, monitoring, and evaluation
 - 7.1.2 Strategies for ensuring that target groups have access to services and experience advocating for target group interests
 - 7.1.3 Epidemiology of the three Global Fund diseases and the dynamics of these diseases in the country
 - 7.1.4 Ability to read and analyze dashboards
 - 7.1.5 Financial planning and management
 - 7.1.6 Procurement and supply management
 - 7.1.7 Communications
- 7.2 However, a lack of expertise and experience in these areas does not preclude a CCM member from membership on the OC because OC members shall have access to technical support.

8. OC Member Responsibilities

8.1 Build capacity and prepare annual plans for CCM oversight.

- 8.1.1 Clarify oversight function and oversight committee responsibilities and build oversight committee members' capacity for oversight.
- 8.1.2 Orient and train new CCM members on oversight guidelines and retrain existing members on oversight roles and responsibilities of the CCM, PR, SRs, and other stakeholders.
- 8.1.3 Develop approaches for engaging CCM members and program stakeholders in the oversight process
- 8.1.4 Develop annual oversight work plans, calendars, and budgets.

8.2 Gather information on program and grant implementation

- 8.2.1 Gather program performance, financial, and procurement information for Global Fund grants using routine reports or by reviewing available data through the use of dashboards.
- 8.2.2 Gather information on Global Fund grants through site visits and participation in joint PR and SR performance review meetings.

8.2.3 Gather information on Global Fund grants by investigating specific issues.

8.3 Identify implementation issues, problems, and bottlenecks

8.3.1 Analyze information to identify problems and bottlenecks requiring CCM attention and crosscutting issues that require attention from a broader range of stakeholders.

8.3.2 Document problems, issues, or bottlenecks for CCM review and decision-making.

8.3.3 Prepare comprehensive analyses of identified issues to present at a CCM meeting.

8.4 Provide guidance and recommendations to inform CCM decision making and further actions

8.4.1 Provide presentations of identified findings and propose recommendations to inform CCM decision-making and further actions.

8.4.2 If required, help CCM understand issues and determine appropriate actions

8.4.3 Request exceptional CCM meeting when urgent problems arise.

8.5 Follow up and report on results to the CCM and program stakeholders

8.5.1 Follow up on decisions made and recommended actions and report on results to CCM and program stakeholders.

8.5.2 Report back to CCM and program stakeholders on progress, remaining issues, and additional follow-up required.

9. OC Chair Responsibilities

9.1 The OC members elect a committee chair from among its CCM members at the first meeting after the election or appointment of new committee members, after the reelection or reappointment of committee members, or when the previous chair's term has ended. Committee members elect a chair for a term of 3 years with a possibility of one reelection.

9.2 The CCM must formally approve the appointment of the newly elected chair. The OC chair serves as a member of the Executive Committee. In addition to having at least some of the competencies described above, the OC chair should have the following skills:

9.2.1 Coordinating and facilitating meetings and activities

9.2.2 Communicating, networking and interacting with various in-country stakeholders

9.2.3 Planning and organization

9.2.4 Monitor secretariat to ensure that PRs deliver dashboards according to the oversight plan

9.2.5 Analyzing, reporting, and presenting

9.2.6 Understanding Global Fund processes and requirements

10. OC Technical Resources and Outsourced Expertise

10.1 The OC may call on external experts on a regular basis or for specific activities. The CCM secretariat maintains a database of external experts and assists the oversight committee in identifying appropriate experts when needed.

10.2 The CCM or the OC decides when to consult an external expert depending on the magnitude of the issue and the anticipated scope of work. The CCM and OC should first try to find external experts who are willing to consult with the OC on a voluntary basis. The CCM must approve all decisions to hire an external consultant at a plenary session or delegate this activity to the ExCom.

11. OC Communication and decision making

11.1 The OC will inform on a regular basis the Ex Com about its analysis and recommendations through its chair as member of the Ex Com and will get endorsement from the CCM.

- 11.2 There are 2 ways of endorsement by the CCM, through regular CCM meetings or in case of tight deadlines and other time constraints; the CCM secretariat will circulate recommendations for endorsement through E-mail to all CCM members on a “no-objection” basis. In case of “no objection” decision please refer to art.17 of this TOR.
- 11.3 The CCM Secretariat will organize OC meetings, collect dashboards from PRs, distribute them to OC members and keep minutes of all OC meetings. These minutes (in both English and Lao languages) must be available to all CCM members on request. Recommendations by the OC must be based on a consensus, if no consensus is reached by the OC, the issue is referred to the CCM.

12. OC Meetings

- 12.1 The OC shall meet whenever necessary, but at least once between regular CCM meetings (four per year) to carry out its work.
- 12.2 All OC members must receive by email, fax or letter, at least one week prior notice of all meetings of the OC. The agenda and related background documents are distributed by the CCM Secretariat at least 3 working days in advance of the meeting. The agenda may be modified and must be approved at the start of each meeting.

Annex 3: Oversight Field Visit Tools

OVERSIGHT FIELD VISIT QUESTIONNAIRE

For collecting data when conducting an Oversight Field Visit Of the Global Fund Grants to Fight AIDS, Tuberculosis and Malaria (GFATM)

The Oversight Field Visit (OFV) focuses on macro level program management issues. Providing oversight is a core responsibility of the CCM. CCM members as part of the oversight process should conduct an Oversight field visit (Quarterly). The OFV team should report findings, observations and recommendations to the Oversight Committees, which will full report at next CCM meeting.

The questionnaire form is being applied as a guide for overall seeking and collecting data when carrying out grants oversight of the implementation of the Global fund to fight AIDS, Tuberculosis and Malaria at Provincial, District and Health Center level as defined in the workplan, and focusing in five key indicators: Finance, procurement and supply, programmatic, reporting and performance:

- 1. Finance:** Assuring appropriate, timely, and effective use of funding from the Global Fund;
- 2. Procurement:** Assuring timely and appropriate provision of drugs, bed nest, laboratory and other supplies;
- 3. Programmatic:** Assuring timely and effective implementation of principal and sub-recipient workplans;
- 4. Reporting:** Assuring timely, accurately and completely submission of reports
- 5. Performance:** Assuring the achievement of intended results in short and intermediate term periods.

The key questionnaires for data collection of each indicator as follow:

1. Finance:

- 1.1 How much disbursement request amount was received last year?
- 1.2 How many sub-recipients received the funds?
- 1.3 Did Funds receive on time? If not, please specify
- 1.4 Funds amount was fully received as requested or not?
- 1.5 How the funds disbursement was received? cash or through bank transfer?
- 1.6 Have the funds been transferred through an appropriate system? If not, please specify
- 1.7 Have the funds been spent for project activities implementation as planned? If not, please specify
- 1.8 Were the funds sufficiently received accordingly to the scope of work?
- 1.9 Have you received support from other donors than the Global Fund? Please specify.
- 1.10 Any additional comments, suggestions or questions from the team members.

2. Procurement:

- 2.1 Who did procure and provide the drugs and medical supplies?
- 2.2 Have the drugs and medical supplies completely received as defined in procurement plan or not?
- 2.3 Have the drugs and medical supplies entirely distributed to target population?
- 2.4 Are the drugs and medical supplies still applicable? Are any of those drugs expired?
- 2.5 Are there any drugs and medical supplies out of stock?
- 2.6 Are the office equipment and vehicles sufficient to support the projects activities implementation?
- 2.7 Any additional comments, suggestions or questions from the team members.

3. Programmatic:

- 3.1 Are the activities implementation carried out in accordance with the approved schedule?
If not achieved please explain the reasons
- 3.2 Have the implemented activities achieved the set indicators? If not, please specify.
- 3.3 How many project staff? Are those project staff sufficient for the actual work?
- 3.4 Have the staff been trained? What courses have they taken?
- 3.5 Any additional comments, suggestions or questions from the team members.

4. Reporting:

- 4.1 How was both narrative and financial reports submitted to the PR? (On time, accurately and completely?)
- 4.2 What system has been used to submit the report? Please describe the processes.
- 4.3 What kind of IT equipment have been used in reporting system? Is that IT equipment sufficient or not?
- 4.4 Any additional comments, suggestions or questions from the team members.

5. Performance:

- 5.1 Are the funds completely spent on target activities as defined in the grant agreement with the Global Fund?
- 5.2 Are the target indicators achieved? If not, please provide details.
- 5.3 Have the health care services been improved?
- 5.4 Have the demands for health care services been increased?
- 5.5 Has the number of people receiving treatment increased? and how many cases increased?
- 5.6 Is there any technical documents used as a reference, such as SOP, manuals, guidelines? Please name documents.
- 5.7 Any additional comments, suggestions or questions from the team members.

OVERSIGHT FIELD VISIT REPORT FORM



LAO PEOPLE'S DEMOCRATIC REPUBLIC
Peace Independence Democracy Unity Prosperity

Ministry of Health
Country Coordinating Mechanism
Global Fund to Fight AIDS, Tuberculosis and Malaria Vientiane Capital, Date.....

Report of Oversight Field Visit
Global Fund to Fight AIDS, Tuberculosis and Malaria
Province....., Date/...../.....

I. Introduction

According to the annual oversight plan, the oversight committee and relevant stakeholders will conduct an oversight field visit to oversee the project's activities implementation which supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) at Provincial, District and Health Center levels on a biannual basis. This field visit mission was conducted in Province from The objectives of the field visit are to oversee the implementation of the project and find out the strength, weakness and challenges. In the meantime, to tackle the weakness and enhance the strength, and overcome the challenges in order to make the Global Fund's projects are smoothly implemented and achieved as planned by focusing on five key areas such as finance, procurement, implementation, reporting and results (output/ outcome).

II. Participants

The oversight committee and relevant stakeholders are involved in this mission as follows:

1.;
2.;
3.;
4.;

III. Target Sites

The sites of monitoring and supervision are:

1.;
2.;
3.;
4.;

IV. Findings of the oversight field visit

The oversight field visit team has summarized the findings with recommendations to rectify issues related to these three diseases, in order to be consistent with project's activities implementation in the future (see table below).

Summary of overall key progress and issues

HIV/AIDS Program	
1. Key Achievements	
1.;
2.;
3.;
4.;
2. Key Issues	
1.;
2.;
3.;
4.;

Tuberculosis Program	
1. Key Achievements	
1.;
2.;
3.;
4.;
2. Key Issues	
1.;
2.;
3.;
4.;

Malaria Program	
1. Key Achievements	
1.;
2.;
3.;
4.;
2. Key Issues	
1.;
2.;
3.;
4.;

Overall Key Achievements	
1.;
2.;
3.;
4.;

Overall key Issues	
1.;
2.;
3.;
4.;

Overall Proposal of the local partners	
1.;
2.;
3.;
4.;

General Recommendations of the OFV team:	
Provincial Level:	
1.;
2.;
3.;
4.;
District Level:	
1.;
2.;
3.;
4.;
Health Center Level:	
1.;
2.;
3.;
4.;

Oversight field visit team of the Country Coordinating Mechanism of Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria would like to express our sincere thanks to the leaders of Provincial Health Department, TB and HIV Units of Provincial Hospital, District Health Offices of and Districts, and Health Centers of District, and Health Centers of District as well as all related officials who participated in this field visit, thank you for your hospitality and cooperation to completely carry out this oversight field visit.

Team Leader of OFV

Reporter

Annex 4: CCM Workplan 2022

No.	Source of Fund	Area of Responsibility	Activity Description	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1	CCM Funding Agreement	Oversight	Short distance oversite field visit												
2	CCM Funding Agreement	Oversight	Long distance oversite field visit												
3	CCM Funding Agreement	Oversight	Joint meeting of Oversight Committee (OC), Resource Mobilization Committee (RMC) and Executive Committee (ExCom) at Ministry of Health.												
4	CCM Funding Agreement	Operations	Half-day CCM plenary meeting at hotel in Vientiane Capital.												
5	CCM Funding Agreement	Operations	Full-day CCM plenary meeting at hotel in Vientiane Capital.												
6	CCM Funding Agreement	Operations	Ad-hoc meeting/workshop (when require)												
7	CCM Funding Agreement	Operations	CCM Website development & maintenance												
8	CCM Funding Agreement	Operations	Communication, material, documentation, translation and publication												

Annex 5: Key Risks for HANSA

(From Funding Request)

Key Implementation Risks	Corresponding Mitigation Measures
<p>1. TB and HIV programme receive less focus and specific support at central level while decentralization process and provincial/district management capacity takes time to hand over ownership and responsibilities for addressing the two epidemics.</p>	<ul style="list-style-type: none"> • Specific indicators related to GF investment in TB and HIV have been developed with defined targets per year: (DLI J for TB notification and GeneXpert coverage for each province and DLI K for HIV for coverage of key populations). • HANSA DLI verification protocol defines a progressive shift of share of DLI Funding Value over time. (e.g.: DLI J for TB, proposed value is progressively increasing at provincial and district levels over the years as follows: Y0 (2020 Baseline): NTC: 78%, PHD: 13%, DHO: 9% Y1: NTC: 70%, PHD: 18%, DHO: 12% Y2: NTC: 65%, PHD: 20%, DHO: 15% Y3: NTC: 60%, PHD: 22%, DHO: 18% Y4: NTC: 55%, PHD: 25%, DHO: 20%)
<p>2. Domestic funding delay of procurement by domestic co-financing</p>	<ul style="list-style-type: none"> • Procurement of essential tests and drugs of TB and HIV remains supported by GF procurement budget during the first year including 6 months buffer until mid 2022 and then progressively handed over to GoL to give more time to secure the domestic funding. • In addition, Mitigation of Procurement related risks of HANSA project are also described in HANSA PAD Annex 1 .23 including training by WB of the DPC (MoH) procurement unit, procurement planning and monitoring, transparency and publication, staff DOI, check of specifications including value for money, careful planning of consultants' recruitment.
<p>3. Limited/delayed access to funding and involvement of CSOs to implement community-based TB and HIV activities</p>	<ul style="list-style-type: none"> • As part of the HANSA verification protocol, setting up of a mechanism of CSOs subcontracting mechanism by MoH DPC is a prerequisite to the provision of the first-year advance funding of DLI funds in both DLI J for TB and DLI K for HIV

Annex 6: Oversight Officer TOR



TERMS OF REFERENCE

CCM Secretariat	
Job Description	
Job title: Oversight and Transition Technical Adviser	Supervisor: Executive Director of CCM Secretariat
Duration of contract: Full-Time Position	Location: CCM Secretariat, Vientiane Capital
Overview	
<p>Oversight is a key function of the Country Coordinating Mechanism (CCM), focusing on the essential financial, programmatic and management aspects of the grant portfolio. Global Fund supported interventions contribute to the broader national health response via an enhanced use of strategic information and a risk management approach. The CCM Secretariat (particularly through the oversight and transition technical adviser) plays a key support role for this function, which ranges from facilitating logistical arrangements and coordination with the oversight committee to information synthesis and analysis. This document can be used when an oversight and transition technical adviser is part of the staff of the CCM Secretariat or in cases where an Executive Secretary is directly supporting the implementation of oversight activities for the CCM. The document also considers specific tasks for countries currently preparing for or already going through transition-related processes.</p>	
Objectives of the Position	
<ol style="list-style-type: none"> 1. Facilitate and support analytical data-driven discussions and decision-making. 2. Provide support to oversight planning and implementation. 3. Provide technical and administrative support to the CCM oversight committee. 	
Scope of Work	
<p>Operational Area 1: Support Oversight Planning and Implementation</p> <ul style="list-style-type: none"> • Update the CCM oversight plan in coordination with the Executive Secretary and the oversight committee and obtain full endorsement for this plan by the CCM. The oversight and transition technical adviser will then ensure the plan details specific activities, tools and methods for data collection, analysis and reporting, individual and/or constituency responsibilities, relevant elements and indicators related to risk management, issues related to sustainability or transition (where relevant), and realization of co-financing commitments / co-financing tracking (if possible, based on country context). The oversight and transition technical adviser then ensures the plan, tailored to the country’s grant objectives and priorities, is implemented. • Assist the oversight committee in the implementation of the annual oversight work plan. Ensure the implementation of activities of the oversight process (i.e. collection of information, analysis, provision of recommendations to the CCM General Assembly, following up on actions decided by the CCM and sharing oversight 	

information with the Global Fund on a frequent basis).

- Communicate/coordinate with Principal Recipients (PRs) in the preparation and presentation of oversight reports (based on key insights from progress update/disbursement requests (PUDRs), Grant Management letters, and/or other reporting tools available).
 - If dashboards are available, manage and lead their generation, presentation and analysis.
 - If dashboards are not available, develop and provide appropriate templates and liaise with PRs to establish clear procedures and formats for frequent information sharing.
- In transition preparedness settings:
 - Support the oversight of the implementation of a transition plan.
 - Conduct oversight of agreed actions to strengthen sustainability of the national response and/or health systems.
 - Support CCMs to identify key sustainability, transition and co-financing priorities for targeted efforts.
 - Share and disseminate knowledge on sustainability, transition and co-financing priorities.
- In countries with transition grants (i.e., that are transitioning from Global Fund financing):
 - Ensure adequate oversight of implementation of activities detailed in the transition grant and transition plan.

Operational Area 2: Provide Technical and Administrative Support to the CCM Oversight Committee

- Support the oversight committee in the implementation of oversight activities throughout the Global Fund's grant life cycle (i.e., funding request preparation, grant-making, implementation and closure).
- Support the preparation and implementation of quarterly oversight committee meetings, ensuring all relevant information is adequately synthesized and organized to facilitate discussions.
- Support the oversight committee in the preparation and implementation of information collection activities, including meetings with PRs, site visits, consultations with specific groups (e.g., community-based monitoring initiatives, where these exist).
- Develop and share procedures and templates to conduct site visits and support the oversight committee in their implementation. Whenever possible, leveraging other in-country field visits (e.g. field visits organized by the Ministry of Health and other donors, etc.). Specific tasks include:
 - Analysis of issues to be explored during the site visit.
 - Documentation of the site visit team's findings and recommendations.
 - Submission of the site visit findings and recommendations to the oversight committee.
- Ensure that all oversight committee members are informed about Global Fund oversight policies, guidelines and tools.
- Develop minutes of oversight committee meetings, including recommendations provided and actions agreed.
- Track CCM decisions and actions based on the oversight committee's recommendations.
- Carry out additional tasks under this operational area as requested by the CCM chair.

Operational Area 3: Facilitate and support analytical data-driven discussions and decisions

- Synthesize and analyze relevant information from different sources to support data-driven discussions of the CCM and its committees.
- Analyze data and triangulate with site visit reports to identify critical implementation and risk mitigation challenges of PRs.
- Summarize critical grant implementation issues and present them to the oversight committee using the available formats/tools.
- Ensure that all key processes are driven by strategic information drawn from in-country sources and Global Fund-specific-supported interventions.
- Work with the Global Fund Country Team, PRs, and the oversight committee to hold and maintain ongoing data-driven dialogue for grant performance purposes. The data-driven dialogue includes the identification and analysis of key financial, programmatic, management and risk-related issues/information contained in PR reporting tools and/or available oversight tools. An important aspect of analysis is the assessment of consistency of financial and programmatic data as well as the potential effect of identified risks on grant performance and on national program performance.
- Support the CCM (through the oversight committee) to actively oversee and manage risks, by ensuring that they are adequately identified and mitigated. This includes taking part in the development of risk assurance planning and validation processes.
- Support the oversight committee in tracking the status of co-financing commitments using available tools or procedures.
- Oversee timely and accurate updates of reporting tools (e.g. dashboards, where these exist) and support the oversight committee presentations to the CCM.
- Ensure that information from community-based monitoring initiatives (where these exist in the country) is considered and incorporated in the oversight assessments and reports.

Reporting and Communication Lines

The oversight and transition technical adviser reports to the CCM Executive Director and is accountable to the CCM General Assembly. In addition, the oversight and transition technical adviser liaises and coordinates with the CCM Oversight Committee, CCM Secretariat Staff, CCM Executive Committee, the Country Team (when possible and during country visits), and Principal Recipients.

Period of Performance

The period of performance and expected duration of the contract is 2 years.

Qualifications, experience and skills

Qualifications and experience

- Bachelor's degree required, with social science, public health, population studies orientation highly desirable and advanced degree preferred.
- At least 2 years of experience in monitoring & evaluation or oversight of projects/programs.
- Experience in project-level or state/national-level monitoring and evaluation system implementation.
- Familiarity with the Global Fund CCM Policy and Oversight Function is desirable.
- In transition preparedness settings: familiarity with Global Fund transition-related processes and the Global Fund's sustainability, transition and co-financing guidance (desirable).
- Familiarity with the country's health system structures.
- Familiarity with epidemiologic indicators for HIV, TB and malaria and financial indicators.
- Experience working in a multi-stakeholder governance environment.

Skills

- Proficiency in data collection, triangulation and information analysis from different sources.
- Policy decision-support, strategic analysis and reporting.
- Proficiency in the synthesis of financial, programmatic and management information.
- Proficiency in the use of Microsoft Office, particularly Microsoft Excel and Microsoft Project.
- Ability to work effectively with staff and organizational stakeholders.
- Strong inter-personal skills and proven ability to communicate and interact with high-level officials from the government, NGOs, UN agencies and the private sector.
- Strong writing, presentation, facilitation and communication skills.
- Ability to handle multiple tasks simultaneously, set priorities and work independently as well as part of a team.