CCM of the Global Fund
to Fight AIDS, TB & Malaria

Ghana Country Coordinating Mechanism

OVERSIGHT PLAN 2017

A Guide to Oversight of the Global Fund Grants

21 December 2016

PREFACE

This Oversight Plan aims to guide the Ghana Country Coordinating Mechanism (CCM) of the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria in carrying out its grant oversight responsibilities. It provides a framework for consistent, transparent oversight by the CCM of the implementation of Global Fund grants, and outlines the oversight procedures and processes which are referenced in the CCM Governance Manual.

Intended users of this plan are all members of the CCM, its Secretariat, and specifically the members of the CCM Oversight Committees.

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ACRONYMS

CCM	Country Coordinating Mechanism
CSO	Civil Society Organisation
CT	Global Fund Country Team
EFR	Enhanced Financial Reporting
FBO	Faith Based Organisation
FPM	Fund Portfolio Manager
GF	Global Fund
LFA	Local Fund Agent
M&E	Monitoring and Evaluation
NFM	New Funding Model
OC	Oversight Committee
PR	Principal Recipient
PU/DR	Progress Update and Disbursement Request
SR	Sub-Recipient
TB	Tuberculosis
ToR	Terms of Reference
TS	Technical Support

1 INTRODUCTION

This plan has been prepared to provide a framework for the CCM oversight of the implementation of Global Fund grants by Principal Recipients (PRs). The plan outlines the CCM oversight procedures and processes.

The CCM has a national responsibility to ensure that Global Fund resources – financial and human – are being used efficiently and effectively for the benefit of the country. This oversight role is different from the Monitoring and Evaluation function of the Principal Recipient. Monitoring and evaluation activities focus on detailed activities of programme implementation and are the appropriate responsibility of principal recipients, sub recipients and other implementing agencies. In contrast, oversight focuses on the global picture of grant implementation with emphasis on performance, accountability and effectiveness.

Oversight is a legitimate CCM function that must be exercised with the support of, and in collaboration with Principal Recipients. The Global Fund requires that CCMs must hold Principal Recipients accountable for resources given to the country: *"CCMs are required to put in place and maintain a transparent, documented process to… oversee programme implementation"*.[1] Similarly, Article 10 of the Global Fund agreement with Principal Recipients indicates that the PR *"shall keep the Country Coordinating Mechanism continuously informed about the Program and the Principal Recipient's management thereof and shall furnish to the Country Coordinating Mechanism such reports and information as the Country Coordinating Mechanism shall reasonably request."*

This Oversight Plan provides guidance for the CCM to conduct consistent, transparent oversight of Global Fund grants in Ghana.

[1] *Guideline on the Purpose, Structure, Composition and Funding of Country Coordinating Mechanisms and Requirements for Grant Eligibility,* Global Fund website: www.theglobalfund.org/documents/ccm/Guidelines_CCMPurposeStructureComposition_en.pdf, page 4.

This plan is written to enable the CCM to:

- Orient CCM members in their oversight roles and responsibilities.
- Support Principal Recipients (PRs) and Sub-Recipients (SRs) in the implementation of grants.
- Identify bottlenecks in grant implementation and offer solutions.
- Be informed about grant implementation for purposes of transparency, accountability, and the preparation of new grant proposals.
- Promote stronger relationships between the PR(s) and the CCM.
- Describe the oversight process to other grant stakeholders.
- Discharge its responsibilities especially the key responsibility of oversight.
- Engage programme stakeholders including LFA, Implementation partners etc.

1.1 Definition and Mandate

Oversight is a coordinated set of activities focusing on gathering information, analyzing information, taking action, and reporting. It is focusing on the 'big picture' of whether the grant is achieving its goals and is designed to ensure that grant activities are implemented as planned, that there is accountability for all funds, and to identify and resolve implementation issues and bottlenecks, providing support where appropriate. In Ghana, the CCM constitution and the CCM Governance Manual mandate that oversight of Global Fund grants is a function of the CCM.

CCM oversight is a specific Global Fund requirement: **Global Fund CCM Requirement 3:** *"Recognizing the importance of oversight, the Global Fund requires all CCMs to submit and follow an oversight plan for all financing approved by the Global Fund. The plan must detail oversight activities, and must describe how the CCM will engage programme stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and people living with and/or affected by the diseases"*.[2]

[2] Global Fund CCM Requirements and Guidelines; http://www.theglobalfund.org/en/ccm/guidelines/

1.2 Principles of CCM Oversight

The following principles provide the framework for this Oversight Plan and the Ghana CCM's oversight activities.

1. **Oversight is a national responsibility.** As stated in the Global Fund's Guidance Paper on CCM Oversight: *"The core principle of oversight is to ensure that resources – financial and human – are used efficiently and effectively for the benefit of the country*."[3] CCMs therefore have the responsibility to coordinate the overall management and coordination of Global Fund grants within the country and to ensure that they are aligned to National Strategic Plans.

2. **Oversight is different from Monitoring and Evaluation.** Monitoring and evaluation activities focus on the detailed activities of programme implementation, and are the responsibility of the PRs and other implementing agencies. In contrast, oversight focuses on the 'big picture' of grant implementation. It is a scan across grants to identify crosscutting issues, and its emphasis is on identifying and resolving major issues threatening successful grant performance.

3. **Oversight focuses on several key areas**. Oversight focuses on five key questions that are at the core of effective grant implementation:

1. Where is the money?
2. Where are the drugs, medical supplies, materials, and equipment (including print publications /manuals etc.)?
3. Are Sub-Recipients receiving the required resources and technical support as planned?
4. Are the grants being implemented as planned?
5. Are the results meeting the performance targets?

[3] Guidance Paper on CCM Oversight.
http://www.theglobalfund.org/documents/ccm/CCM_CCMOversightGuidance_Paper_en/

4. **Oversight is cyclical.** Oversight follows the grant reporting cycles for reviewing the performance of the PR(s), the timely execution of work plans, and technical results compared to agreed targets.

5. **Oversight is a legitimate CCM function with which PRs have to comply.** The Global Fund requires that PRs work co-operatively with the CCMs and comply with the oversight role of the CCMs, who are accountable for all resources given to the country. In all cases, the Global Fund grant agreement includes a number of articles that give the CCM the legal authority to perform its role, and mandates the PR to cooperate with the CCM in carrying out its oversight responsibilities.

2 OVERSIGHT ROLES AND RESPONSIBILITIES

In Ghana, the CCM is the primary agent for grant oversight. However, each of the other institutions involved in Global Fund grants, the PR(s), the SRs, and the Global Fund's Local Fund Agent (LFA) have a role and associated responsibilities in oversight. These institutions also support the CCM in its oversight role.

2.1 Ghana CCM

The CCM has the overall responsibility for oversight. The CCM performs the following functions:

- Delegating the day-to-day oversight activities to the Oversight Committee.
- Receiving and acting on information from the Oversight Committee.
- Taking decisions and actions based on full CCM discussions.
- Using its collective expertise to ensure that adequate technical assistance can be identified and provided to address programme challenges.
- Following up on decisions and actions.
- Monitoring and reporting on results.
- Ensuring that there is full engagement of people living with the disease(s) and other key populations.

In addition, the CCM has the responsibility to:

- Review this Oversight Plan periodically to address challenges and issues emerging over time.
- Organise sessions at least once a year to orient or re-orient all of its members on their oversight role.

2.2 CCM Oversight Committees (OC)

The Constitution/Governance Manual of the Ghana CCM mandates the formation of disease specific oversight committees. However, the CCM decided to merge the TB and HIV committees to reflect the joint concept note submission for the two diseases – thus there are two CCM Oversight Committees in Ghana:

1. Oversight Committee for Malaria grants
2. Oversight Committee for the TB & HIV grants.

The CCM Oversight Committees will support and enable the full CCM in carrying out its oversight role. The Oversight Committees are responsible for providing oversight to existing Global Fund grants in Ghana in three key areas:

- **Financial –** ensuring the appropriate, timely, and effective use of Global Fund resources.
- **Management –** ensuring the timely and effective implementation of PR and SR workplans.
- **Programmatic –** ensuring the achievement of intended results in both the short and intermediate term periods.

These responsibilities apply and relate to all stages of the grant implementation including Grant Implementation, Grant Changes/Reprogramming and Grant Closure.

2.3 CCM Secretariat

The Secretariat plays an important role in supporting the work of the Oversight Committee and CCM. The Secretariat supports the CCM to carry out oversight in the following ways:

1. Sharing detailed grant information with the Oversight Committee such as relevant grant documentation: budgets, work plans, performance frameworks, Global Fund Grant Management Letters, PU/DRs, Dashboards etc.
2. Organizing oversight-related orientations and capacity building for CCM members.

3. Assisting the Oversight Committee to collect, analyse and evaluate data and information needed for Oversight by:
    - Verifying dashboard data for consistency, validity and completeness
    - Providing the dashboards, the PU/DRs and other materials together with its own feedback/comments to the CCM Oversight Committee for review, analysis, comments, and recommendations.
    - Assisting the Oversight Committee to seek clarification from the PR or other parties on issues identified through the review of the above information.
    - Participating in Oversight Committee meetings and assisting the Oversight Committee in the collation, analysis and evaluation of data and information
4. Assisting the Oversight Committee to organize and carry out site visits.
5. Assisting the Oversight Committee to report to the full CCM by:
    - Preparing draft reports/presentations for review and finalisation by the Oversight Committee.
    - Distributing Oversight Committee reports, including minutes on the oversight committee meetings, site visit reports, and respective comments and recommendations, to all members of the CCM.
    - Recording and monitoring the CCM's decisions regarding any actions to be taken to support the grant.
6. Maintaining systematic records of CCM Oversight Committee meetings and actions.
7. Keeping an up-to-date log of CCM actions and the status of the implementation of the actions.
8. In addition, the CCM Secretariat will regularly check the Global Fund website (www.theglobalfund.org) and other relevant websites such as the Aidspan website (www.aidspan.org) for new information relevant to the oversight of the Ghana Global Fund grants. When relevant information is identified, the Secretariat will share it with all CCM members.
9. Assisting with the appointment of technical support personnel where required to ensure optimal grant implementation.
10. Organising the logistics for CCM, Oversight and technical Committee meetings and

special gatherings.

2.4 Principal Recipients (PR)

Organisations acting as Principal Recipients have the overall responsibility for monitoring and evaluation their grants. A PR receives reports from its Sub Recipients, verifies and analyses the data to ensure completeness, accuracy and quality. The PR then completes the PU/DR report[4], which is submitted to the Global Fund/LFA within 45 days of the end of the semester. PU/DRs should be shared with the CCM Secretariat at the time of submission to the GF.

CCM oversight must be exercised with the support of, and in collaboration with, PRs. PRs are required to provide the information needed for oversight as per the grant agreement. Additional roles of the PR in the CCM oversight are as follows:

- Share grant work plans, budgets and Performance Frameworks, identifying the service delivery indicators and targets to be achieved by the PR during the grant.
- Share routine reporting data with the CCM by completing the dashboard and/or the Tightened Oversight Reporting tool as scheduled by the CCM and sharing other GF reports such as the PU/DRs when they are submitted to LFA.
- Provide additional data and information in a timely manner to the CCM upon request.
- Assist the CCM to arrange and carry out oversight site visits.
- Provide other documents that may be required for grant oversight by the CCM in a timely manner (such as Grant Agreements, Implementation Letters, Audit Reports, Annual Reports, Monitoring & Evaluation Plans, Procurement and Supply Management Plans, etc.)
- Carry out oversight of SRs and report critical issues that will adversely affect grant implementation to the Oversight Committee in a timely manner.

[4] The Progress Update/Disbursement Request (PU/DR) report is the standard reporting template for annual, semi-annual or quarterly reporting to the Global Fund. The PU/DR contains information on programmatic progress (the achievement against indicators in the Performance Framework); PR grant management (including updates on Conditions Precedent and actions from Management Letters); PR cash flows; PR procurement; PR cash reconciliation; and the PR Disbursement Request.

The schedule for PR reporting to the CCM is shown in the table below. It can be adjusted by the Secretariat whenever necessary/required:

Table 1: Schedule for PR Reporting to CCM

	Reporting process	Timeframe after end of the quarter	Responsibility
1	Formal communication to the PRs to submit data based on oversight indicators	1 week	Chair of the CCM Oversight Committee
2	Gathering of data by PRs	1-5 weeks	PR
3	Reminder to submit the Dashboard within 45 days after the end of the quarter and announcement of the OC meeting dates	4 weeks	CCM Secretariat
4	Feeding of data into Dashboard and production of first draft Dashboard report	5 weeks	PR
5	Submitting Dashboard to the CCM	6 weeks	PR
6	Review of Dashboards for accuracy and completeness. Consultation of the PR in case of errors and omissions.	6-7 weeks	CCM Secretariat
7	Circulation of Dashboards reports to CCM OC members in preparation for OC meeting	7 weeks	CCM Secretariat
8	Review of Dashboards by Oversight Committees in collaboration with the PRs and clarification of any issues identified. Identification of recommendations to address issues.	8 weeks	Chair of Oversight Committee, PRs
9	Revision of Dashboard to include Oversight Committee comments.	8-9 weeks	PRs
10	Preparation of the minutes for each OC meeting.	8-9 weeks	CCM Secretariat, OCs
11	Circulation of Dashboards and OC minutes to CCM members and GF in preparation for CCM meeting via email and CCM website	9 weeks (=1 week to the quarterly CCM Meeting)	CCM Secretariat

2.5 Sub-Recipients (SRs)

Sub recipients (SRs) and sub sub-recipients (SSRs) collectively referred to here as SRs are responsible for direct implementation of the grants. The Sub Recipients have contractual relationships with the Principal Recipients, and are obligated to deliver on specific targets of the programme. These organisations are typically CSOs, FBOs and private sector organizations. They submit activity and financial reports on the grants to the PR for HIV/

AIDS, Tuberculosis and Malaria programmes, based on the monitoring guidelines provided by the PR. The Oversight Committee does not usually communicate directly with the SRs as this is usually done through the PR(s). However, if an SR is deemed as high risk either because of the amount of funding allocated to it, past performance, or any other issue deemed significant, the Oversight Committee, after informing the relevant PR, may engage directly with the SRs.

The SRs contribute to the oversight process by:

- Submitting routine quality data on time to the PR, which form the basis of CCM oversight.
- Providing additional data to the PR and CCM on request to clarify specific issues.
- Facilitating site visits by CCM members with the support of the PR, and assisting them in understanding the grant or any issues being investigated.
- Reporting critical issues that will adversely affect grant implementation to the PRs in a timely manner.

2.6 Local Fund Agent

The Local Fund Agent's (LFA) role is to provide independent and objective advice to the Global Fund. While the LFA has no formal role in the CCM oversight of grants, it plays an important supporting role, through reviewing PR reports and doing routine data verification.

The LFA attends the Ghana CCM meetings as an observer, may be invited to Tightened Oversight Meetings and could be called upon to provide inputs and clarifications. A regular information exchange between the LFA and the CCM is highly encouraged.

3 OVERSIGHT COMMITTEE MEMBERSHIP CRITERIA AND PROCEDURES

The Governance Manual of the Ghana CCM has established the Oversight Committees (Malaria and TB/HIV OCs) as standing committees that report to the larger CCM. It mandates these committees to act on its behalf and to carry out the detailed oversight activities whilst reporting back to the full CCM.

The Oversight Committees fulfil their responsibilities through agreed Terms of Reference that details the composition of the Oversight Committees, Rules of Procedure and their responsibilities.

3.1 Membership Requirements

3.1.1 General Requirements

Membership requirements for the CCM Oversight Committees to fulfil their responsibilities are as follows:

1. The total number of regular Oversight Committee members will be a minimum of seven persons per OC but shall not exceed nine persons. While the majority of the OC members shall be ideally CCM members, co-opted members can be appointed to complete the skill mix and to enhance the functionality of the oversight committees.
2. Oversight Committee Members shall be selected in a transparent and documented manner by the full CCM.
3. Only individuals with dedication and sufficient time to carry out the oversight activities described in this plan shall accept their appointment to the Oversight Committees.
4. Membership on the Oversight Committee shall be three years with the option to renew for one additional three-year term;
5. Every effort shall be made to ensure that Oversight Committee Members are representative of the three sectors that constitute the CCM. Since Oversight Committees shall also represent a maximum number of constituencies, having more than one representative per constituency in an OC shall be discouraged.

6. The committees will each include a member representing PLWD and another representing the KP constituencies if possible. Effort shall be made to ensure each committee has some gender balance.
7. The following core competences:
    - Financial Management
    - Programme Management
    - Procurement and Supply Chain Management and
    - Disease Expertise

    are required in each of the Oversight Committees.
8. In order to ensure that the Oversight Committees contain the core competencies to undertake its oversight function, its membership may be drawn from non-CCM members who have the needed technical, financial, and programmatic expertise.
9. The Oversight Committees may develop a pool of technical experts outside of the Oversight Committee or CCM members. The Oversight Committees may periodically engage these experts to provide advice to the Committees; however, the technical experts are not considered permanent OC members and will not have voting rights.
10. If a member of an Oversight Committee resigns or is removed, a replacement member can be proposed by the constituency of the departing member or by the full CCM. Above membership criteria need to be continuously ensured whenever an OC member is replaced.

3.1.2 Special Membership Requirements:

Commitment and interest: Fulfilling the duties as a member of one of the Oversight Committees will require that individuals dedicate an appropriate portion of their time to the committee's activities. As such, members should recognize and be prepared to carry out the activities described within the Oversight Plan and annual work plan. Ideally, a member will also have technical expertise and/or substantial programmatic experience; however, lack of expertise and experience will not preclude a CCM member from participating in any Oversight Committee if s/he demonstrates a sufficient level of interest

and commitment.

Avoidance of conflict of interest: This requirement reflects the need to avoid the conflict of interest inherent in individuals serving both an implementing agency of the Global Fund grants and its relevant Oversight Committee and is further elaborated in the Ghana CCM Ethics and Conflict of Interest Policy. All members of the Oversight Committees are bound by this policy. Ideally, individuals directly involved in program implementation should not be members of the OC due to the resulting conflict of interest. If such a constellation cannot be avoided, maximum care shall be applied to identify any conflict of interest and to manage it through mitigating measures. Conflicts of interest must be reported to the relevant Oversight Committee Chair who will make a determination of whether the issue can be dealt with by the Committee itself, or whether to forward the issue to the Ethics and Conflict of Interest Committee on behalf of the CCM.

3.2 Oversight Committee Responsibilities

3.2.1 Facilitate Decision Making Process

The CCM Oversight Committees are responsible for providing oversight to existing Global Fund grants in Ghana in three main areas:

- **Financial –** they ensure appropriate, timely, and effective use of Global Fund monies. This may involve, for example, checking the flow of funds from the GF to the PR and from the PR to the SRs in a timely manner, the use of funds against the stated work plan for activities and procurements and verifying that costs for given activities appear reasonable.
- **Management –** they ensure that communication and information flows are sufficient and timely, that processes are executed as planned, and that roles and responsibilities are assigned and understood.
- **Programmatic –** ensuring the achievement of results in short and intermediate term periods through the effective and timely implementation of the PR and SR work plans.

These responsibilities relate to all phases and areas of grant implementation, including major changes in grants, changes in scopes of work, grant performance framework indicators, re-programming of grant activities, and grant closure.

The overall responsibility of the Oversight Committees is to facilitate the decision-making process of the CCM members by providing information on grant implementation and technical and programmatic recommendations on oversight issues to the CCM. Since decisions will be made by the full CCM, the Oversight Committees do not take the full responsibility of oversight.

3.2.2 Engage Programme Stakeholders in Oversight

As per the Global Fund requirements, the CCM has to ensure that the Oversight Committees are able to incorporate the views of the various CCM constituencies as well as of non-CCM members of the wider public. The constituencies shall be encouraged on a continuous basis to share their experiences and opinions in the context of the Global Fund grant implementation. Furthermore, the Oversight Committees shall prepare feedback to the CCM for distribution to non-CCM members as described in the CCM Communication Plan. Through the information on oversight provided by the CCM to its members and the wider public, constituencies and forums shall be informed and involved. Additionally, constituency members can be involved in site visits.

3.2.3 Work Plan and Budget

Annual oversight work plans and budgets (or an oversight work plan that caters for all OCs) are/is prepared by the Oversight Committees with the assistance of the CCM Secretariat, and then submitted to the CCM for approval. The Oversight Work Plan shall reflect the required frequency and scheduling of oversight activities and be reviewed on an annual basis. The work plan is presented in this Oversight Plan as **Annex 1**. A corresponding budget is prepared and upon approval, the CCM is responsible for securing the required funding.

3.2.4 Orientation and On-going Training of CCM and OC Members

Orientation and on-going training on the oversight function of the CCM is vital. All CCM members need to be aware of the CCM's oversight role and responsibilities and be able to make appropriate interpretations, recommendations, and decisions about each grant.

- **New CCM representatives:** The CCM Secretariat provides a package of information about the CCM and its oversight role to each new member and their alternate. The CCM Secretariat also organizes a general orientation of all new CCM members within the agreed timeframe stated in the CCM Governance Manual. This orientation is supported by the Oversight Committees.

- **On-going training of all CCM representatives:** The CCM Secretariat, with the support of the Oversight Committees, organizes workshops or sessions to refresh CCM representatives' understanding of oversight and to identify and resolve any issues they have experienced in carrying out their oversight role. Unless those sessions are very comprehensive, they may be incorporated into the quarterly CCM meetings.

- **Training of OC members**

  OC members shall be interviewed on a regular basis to identify any unmet training needs. Depending on the nature of the need, it can be addressed through training sessions incorporated into the internal session of an oversight committee meeting, through separate training sessions, through site visits, or other means that are deemed appropriate.

3.2.5 Risk Matrix

Following the risk assessment exercise supported by the BACKUP Initiative, the Oversight Committees will develop a Risk Matrix (see **Annex 19** for an example) for the PRs and SRs and update it on annually. This matrix will serve as a basis for determining which PRs and/or SRs need additional engagement with the Oversight Committees during the subsequent twelve months. One matrix should be done for all PRs and another key SRs (a threshold funding limit can be set for SR inclusion).

3.3 Rules of Procedure

The Oversight Committees operate by the following rules of procedure:

1. The Committees shall meet regularly, at least four times per calendar year at approximately quarterly intervals in conformance with reporting cycles and the CCM

meeting schedule. Ad hoc meetings can be called if deemed necessary by the CCM Secretariat, OC members or the PRs. With assistance from the CCM Secretariat the meeting calendar will be scheduled on an annual basis and shared with CCM members, OC members and PRs.

2. The CCM Secretariat shall send meeting reminders at least five days prior to the meeting.
3. The CCM Secretariat in conjunction with the Oversight Committee Chairs will prepare the agenda. All members of the Oversight Committees may suggest items for the agenda.
4. Each Oversight Committee will be chaired by a Chairman. The Chairs of the Oversight Committees will be selected whenever OC is reconstituted by a simple majority vote of the Oversight Committee Members with voting rights. The Chairs must be a CCM and Oversight Committee member. A Chair can only serve 2 terms within the maximum six years that s/he is a member of the Oversight Committee.
5. The Chair shall preside at all meetings of the relevant Oversight Committee. If the Chair is unable to attend a meeting, a temporary Chair will preside. This temporary Chair shall be designated by a simple majority vote of Oversight Committee members prior to the start of the meeting.
6. Prior to the start of each meeting and whenever the situation may arise, Oversight Committee members must report any actual or potential conflict of interest to the relevant Oversight Committee Chair.
7. Only Oversight Committee Members and PR representatives will attend the OC meetings. Oversight Committee members of the Ghana CCM do not have alternates. Where a member is unable to attend a meeting but be represented, this person should bring technical expertise to the group. The Oversight Committee may also invite persons with specific needed expertise to the meeting.
8. The quorum for meetings shall be fifty percent of its voting membership.
9. All endorsed members of the Oversight Committees will have voting rights unless in particular instances the Committee decides by consensus that a vote could be biased due to conflict of interest.

10. The Committees shall operate by first seeking consensus by all voting members. If consensus is not reached, decisions will be made by a simple majority vote of the members with voting rights. Voting will be done openly. In case of a tied vote, the Oversight Committee Chair will have the authority to make the decision.
11. The CCM Secretariat will record minutes of the Oversight Committees meetings and share them with all OC members and PR representatives for their input. Each Oversight Committee Chair will be required to give approval of the minutes within three working days, upon which the dashboards as well as meeting minutes will be shared with the CCM, the Global Fund as well as the wider public.
12. The Chairs of the Oversight Committees will lead discussions with the full CCM on oversight issues with supporting statements by other Oversight Committee members and technical experts, if needed. The Chairs will present the OCs' recommendations on any striking issues, discuss them and seek approval of the full CCM.
11. The Oversight Committees shall provide technical and programmatic advice and recommendations on oversight issues to the full CCM. Since it is the CCM who approves the recommendations, the Oversight Committees do not take the full responsibility of oversight.
12. Violation of the rules in the CCM Governance Manual by an Oversight Committee member or failure to attend Committee meetings for three times in one calendar year shall result in member dismissal.
13. The Chair of any of the OCs may request the Oversight Committee to vote on the removal of a member if the Chair has made a determination that the member is failing to fulfil his/her responsibilities as an Oversight Committee member.

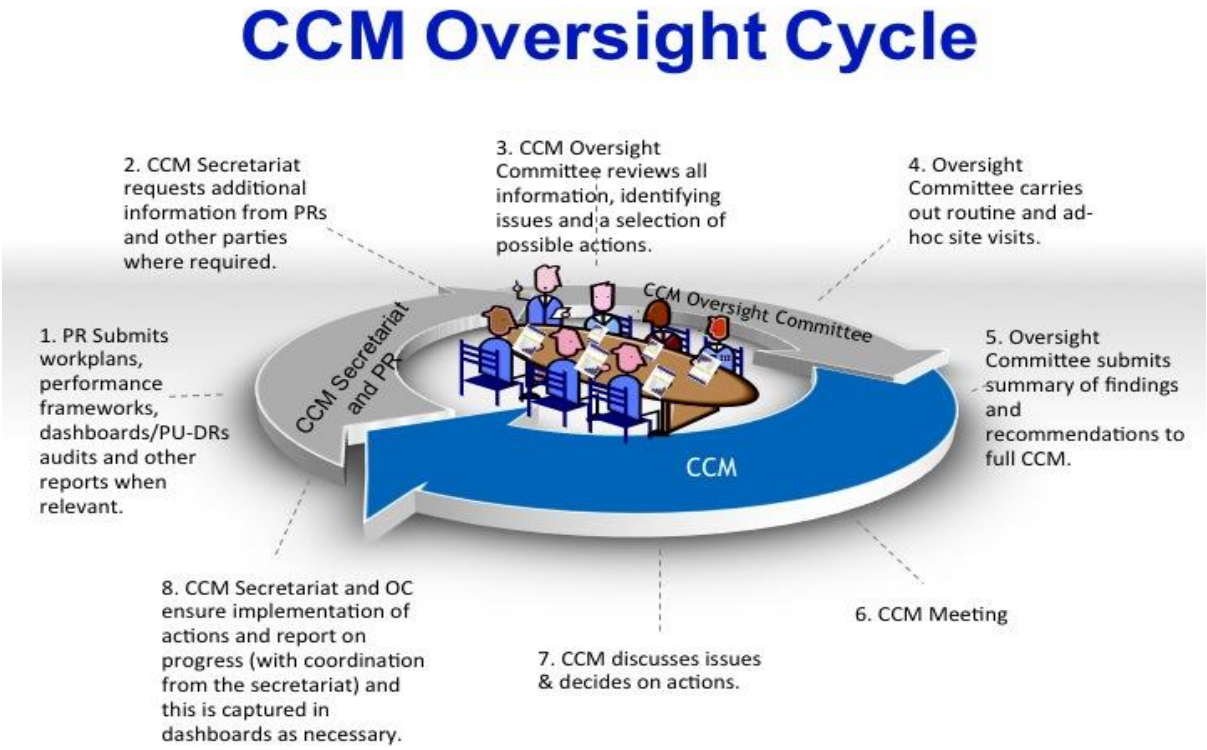
The current OC members are included in this document as **Annex 20**. Annex 20 will be updated whenever there is a change in the composition/membership of either of the OCs.

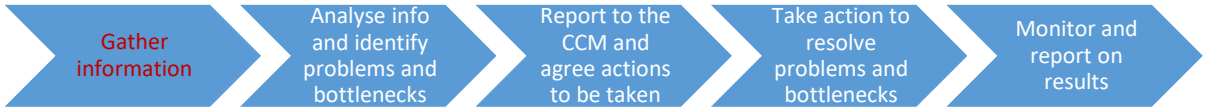
4 OVERSIGHT TOOLS AND PROCESSES

Oversight of grant implementation includes procedures for identifying oversight indicators and relevant data sources, the collection of data via agreed-upon tools and processes, data management, data analysis, reporting, and use of the reports for making decisions. These processes and tools necessary for adequate oversight are outlined below.

The activities of the Oversight Committees are cyclical throughout the grant and require significant OC interaction with the CCM and the PR(s). The full cycle of activities can be seen below in**Error! Reference source not found.**.

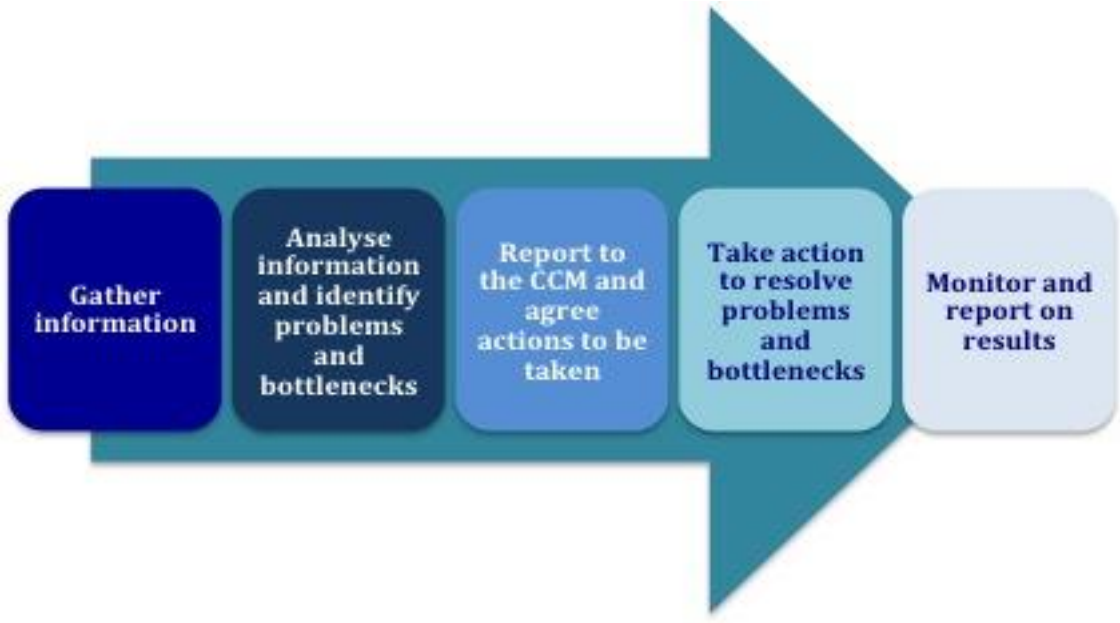
Figure 1: The Oversight Cycle





The Oversight Committees will carry out activities that can be divided into five major areas as shown in **Error! Reference source not found.**.

Figure 2: Oversight Committee Activities

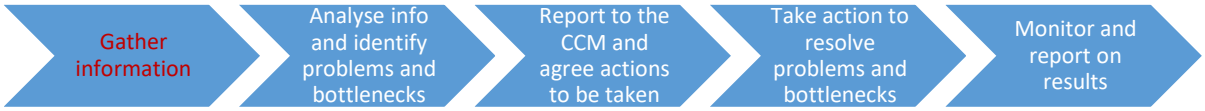


4.1 Gather Information for Oversight

Gathering information is the key to all other oversight activities, since the Oversight Committee is unable to mobilize and act without good information about cash flow challenges, implementation issues, problems, or bottlenecks.

The CCM OCs focus on gathering information on the following key areas:

- **Uses of GF grant funds:** Funds obligated and received by PRs and programme expenditures (budgeted versus actual) by both PRs and SRs.
- **Provision of drugs, medical supplies and materials:** Accruals of and expenditures for medicines and medical supplies, stocks of medicines, materials, timeliness of orders and delivery, and timeliness of product distribution to SRs.
- **Timely implementation of programme activities:** Implementation of programme activities defined in the grant detailed work plan and budget, and in the performance framework.

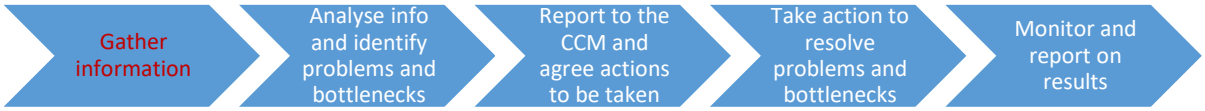


- **Achievement of key programme indicators:** The current status of key performance indicators (including impact, outcome, output, process and coverage indicators) of the grants.
- **Effectiveness of grant management by the PRs:** including hiring status of key PR managerial positions, status of technical support to SRs, attention to PR–SR issues, and status of PR Conditions Precedent and time-bound actions issued by the Global Fund.
- **Reporting:** including accurate, timely and complete submission of reports from SRs to the PRs and from the PRs to the LFA, CCM and Oversight Committees.

4.1.1 Sources of Information for Oversight

The Oversight Committees gather information from the following major sources:

- **PR Reports:** including dashboards (quarterly), Progress Update/Disbursement Request (PU/DR) reports (semi-annually), programme work plans and budgets, monitoring and evaluation plans, procurement and supply management quantifications and costing, results of PR annual audit(s), and annual (or enhanced) financial reports. Additionally, PRs are required to present their grants, status of grant implementation/achievements and any bottlenecks to grant implementation during the quarterly OC meetings.
- **Global Fund Reports:** including grant performance reports; grant score cards; Global Fund management letters and other correspondence with the Global Fund Secretariat/Country Team; and information, observations, and comments received from the Global Fund's Fund Portfolio Manager responsible for the Ghana Global Fund grants.
- **Special reports commissioned by the CCM**: including surveys of beneficiaries or other stakeholders undertaken periodically to inform oversight, proposal development, and/or harmonisation activities.
- **Site Visits** to provide the CCM with an overall sense of programme achievements and challenges in the field. Site visits are not monitoring and evaluation trips; rather they are to enable the CCM to obtain first-hand information on programme activities and quality. This Oversight Plan provides tools/checklist as part of the annexes that can be used during site visits.



- **LFA debriefs and Technical Support Provider meetings:** to review performance**.**
- **Investigations of specific issues**: typically conducted through detailed discussions with the PRs and SRs, meetings with the LFA or other Technical Support providers, or through investigative site visits. The OC can also authorize appropriate technical experts to investigate problems and report back to the Committee.
- **Feedback from people living with diseases** as recommended by the Global Fund's guidelines on CCM grant oversight.
- **Feedback from constituencies** represented on the CCM or from other constituencies with relevant input.

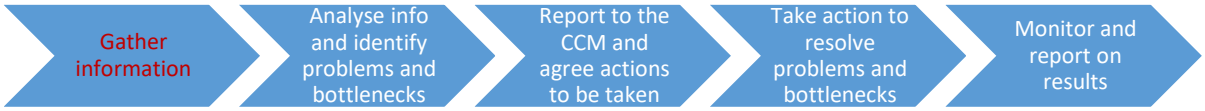
As per Global Fund requirements, current data collection and reporting on each Global Fund grant occurs every 6 months. However in order to ensure the early identification of possible problems or bottlenecks hindering the implementation and good performance of the Global Fund grants, the CCM has requested that the PRs report to the CCM and to the CCM Oversight Committees quarterly. In order to help manage the above information from multiple PRs, the Ghana CCM is using the 'Dashboards' as the reporting tool to be completed by each of its PRs.

4.1.2 Grant Dashboards

The Dashboard is the primary oversight data management and reporting tool of the CCM. The previous CCM Dashboard was replaced in 2016 by the PR Dashboard and the CCM Summary Dashboard. When a PR's data are entered, an oversight report in various file formats, incl. pdf, ppt and html can be generated.

The Secretariat is responsible for managing the Dashboard file, which involves the following:

- Reviewing the data sent from the PRs, possibly asking them to revise missing or incorrect data
- Forwarding the (revised) Dashboards to the Oversight Committee members for review, comments, and recommendations
- Distributing the Dashboard to all Ghana CCM members
- Entering the decisions of the Ghana CCM



- Archiving the completed Dashboard report each quarter and publishing it on the CCM website.

This responsibility requires the Secretariat to be adequately staffed and to have appropriate resources. The cycle and timing of Dashboard activities are discussed in Section 4.1.4.

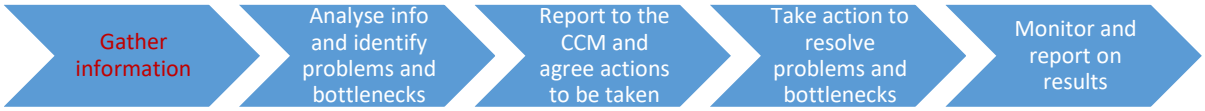
4.1.3 Identifying Key Indicators for Oversight

The Dashboard tool is meant to be a format for standardizing and streamlining the reports a CCM needs to review as part of oversight. The graphic format displays results on those financial, management and programmatic indicators agreed with the Global Fund and possibly additional indicators that help the PR manage the grant effectively.

The Oversight Committee can add indicators to the Dashboard as it feels the need for additional information. This should be done in consultation with the PR(s) to ensure they can access the required data.

Data on all of the key oversight indicators in the Dashboard come from the PR's own systems:

- Performance indicators in the Dashboard oversight report are also part of the PU/DR and come from the PR's M&E system.
- Programmatic indicators are specific to each grant and are listed in the Performance Framework of the grant agreement. Each PR may decide add more indicators to the dashboard that are deemed useful for monitoring the grants, e.g. indicators agreed upon with Sub Recipients. The Oversight Committees are encouraged to thoroughly discuss the selection of the indicators with the PRs in the beginning of each grant.
- Although the financial indicators are stated somewhat differently from those in the PU/DR, their source is the same financial system. Since the number of financial indicators has been reduced significantly in the PR Dashboard compared to the previous CCM Dashboard, PRs are requested to additionally submit expenditures broken down to the level of the grant objectives (quarterly as well as cumulative) using a standard Excel sheet provided by the CCM Secretariat.



- Management and compliance indicators track potential barriers to funding (e.g.: conditions precedent [CPs], delayed reports), and implementation (e.g.: missing key staff, delayed SR contracting, stock outs).
- PSM indicators show the delivery status as a function of expenditures compared to budget and the stock levels of key commodities.

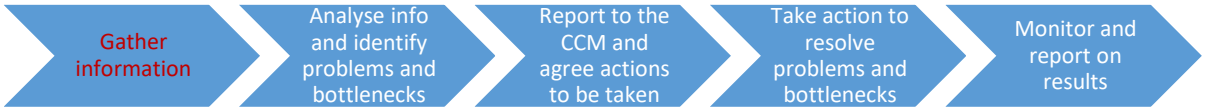
If it is deemed necessary by the Oversight Committee or the Global Fund Secretariat, the data collection system of the PR may have to be further improved.

Additional information for oversight can be taken from the GF website (Grant Performance Reports and Grant Scorecards), provided that attention is paid to the timeliness of the website data. Also, to supplement the routine oversight indicators included in the Dashboard, quantitative and qualitative information will be obtained from a variety of sources. This additional information will help the CCM and PRs to understand better:

- What is going well, what is not going well?
- Lessons being learned from the programmes being implemented.
- Quality of training being provided.
- Whether services are reaching the right people.
- Quality of services.

Sources for this additional information may include:

- Experts (such as disease specialists, procurement experts, management specialists, auditors, etc.).
- Programme implementers and beneficiaries during site visits.
- Government databases.
- Surveys and other studies.
- The Global Fund's website (for Grant Performance Reports and Scorecards).
- Communications from the Global Fund to the PR.



4.1.4 Process for Completing and Submitting Dashboards to the Oversight Committees

Data collection and reporting on each grant to the Ghana CCM occurs through the Dashboard quarterly, with PU/DRs additionally submitted every six months. Each PR is requested to assign Dashboard responsibility to its staff; these are typically staff members in the PR's M&E or Finance section. The PR Dashboard coordinator / team is responsible for the following activities:

a) Compiling or collecting the data required for each Dashboard indicator agreed to by the Ghana CCM.

b) Organizing an in-house PR review of the information.

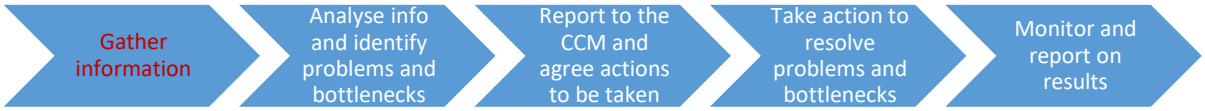
c) Sending the PR DB feed file and possibly pdf/ppt file to the Ghana CCM Secretariat on time for processing.

The CCM Secretariat is then responsible for reviewing the Dashboard as soon as it is submitted. The CCM Secretariat and the PR must work closely to ensure completeness and accuracy of the data to be reviewed by the Oversight Committee. This process is shown in **Error! Reference source not found.** in the beginning of chapter 4.

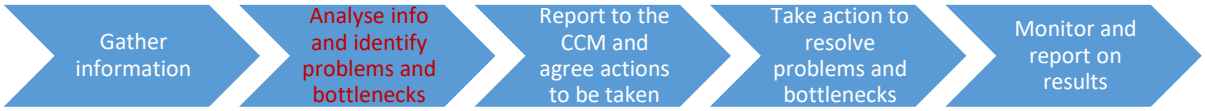
The table below (**Table 2**) shows the various Dashboard responsibilities and timeframes – this can be adjusted at any time/point to fit the needs of the OC, the Secretariat and CCM.

Table 2: Dashboard Activities

	Dashboard Activity	Timeframe	Responsibility
1	Formal reminder to the PRs to submit dashboards populated with their data	5 weeks after the end of each quarter	CCM Secretariat
2	PU/DR sent to LFA	45 days after the end of the reporting period	PR
3	Dashboards populated with data by PR and sent to CCM Secretariat	45 days after the end of each quarter	PR
4	Review of data received from the PR for accuracy and completeness; request for clarifications and/or corrections from PR, if needed	Within a week after receipt of Dashboards from PRs	CCM Secretariat



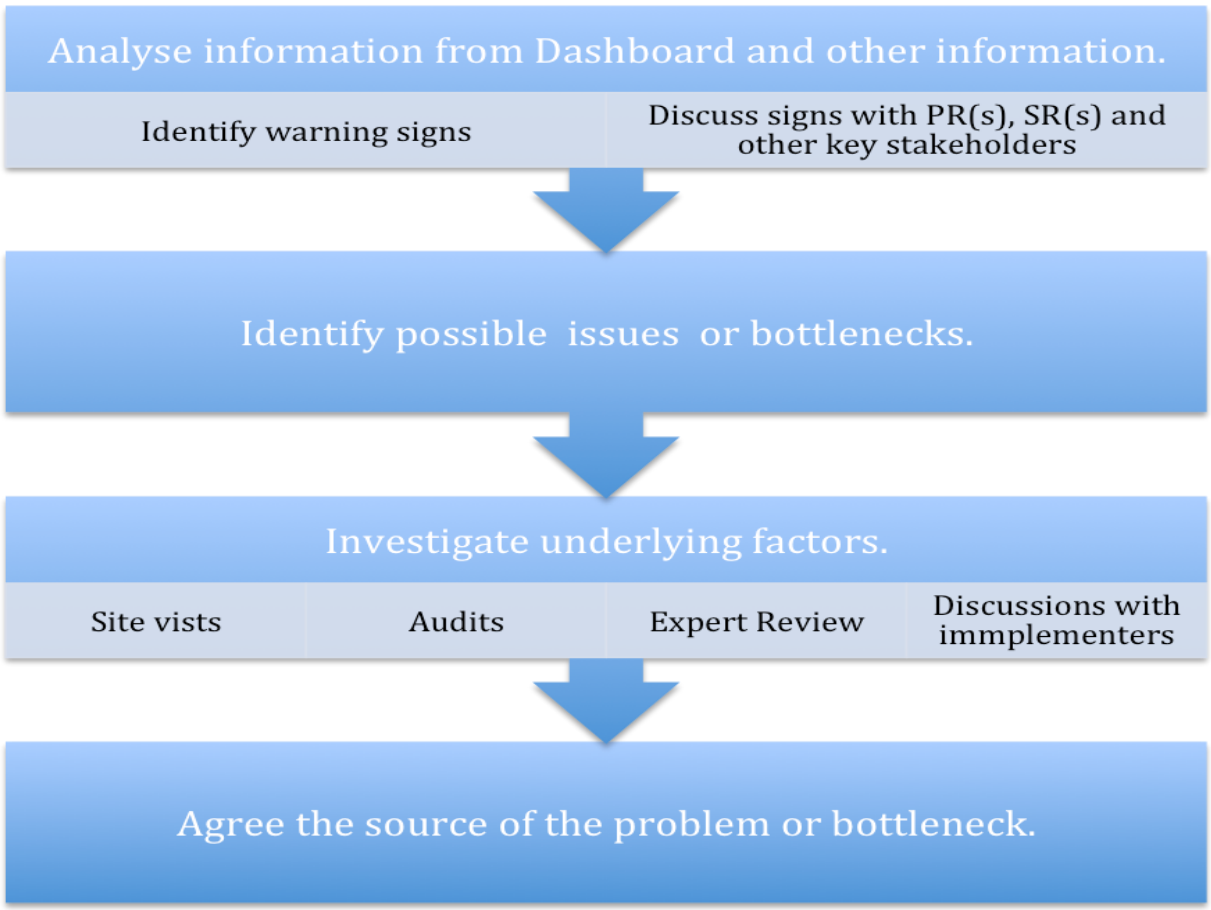
	Dashboard Activity	Timeframe	Responsibility
5	Dashboards circulated to Oversight Committees	Within a week of receipt of Dashboards from PRs	CCM Secretariat
6	Relevant Oversight Committee members review the information sent to them.	Before the OC meeting	All OC Members
7	Meeting of Oversight Committees: • Review of dashboards by appropriate OC in presence of the PRs to respond to questions from the Oversight Committees	8 weeks after the end of each quarter	• Oversight Committees • Principal Recipients
8	Revision of CCM Summary Dashboard to include comments and recommendations of the Oversight Committee, possibly revision of the PR Dashboards if necessary	Post OC meeting but 5 or more days before CCM meeting	CCM Secretariat Principal Recipient
9	Minutes of the OC meeting completed and approved by OC chair. Minutes and Dashboards forwarded to CCM members and Global Fund by CCM Secretariat in preparation for CCM meeting.	Post Oversight Committee meeting but a minimum of 2 days before CCM meeting	CCM Secretariat OC Chair
10	Review of Dashboard reports by full CCM; summary report and presentation by OC Chair. Agree on recommendations.	During CCM meeting	CCM Chair
11	Decisions made by full CCM are recorded in CCM Summary Dashboard and CCM meeting minutes	During CCM meeting.	CCM Secretariat
12	Dashboard is archived and uploaded on the CCM website.	Within one week after the CCM meeting	CCM Secretariat
13	Full CCM decisions are shared in writing with PRs	15th day of last month of quarter	CCM Secretariat



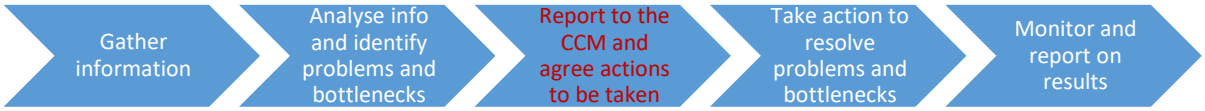
4.2 Analyse information and identify problems and bottlenecks

The main focus of the CCM oversight function is to identify and help resolve bottlenecks to successful grant implementation. The CCM will analyse the collected information in order to identify the key factors hampering effective implementation. This analysis process may be supported by technical expertise recruited to assist the Oversight Committee. The process for identifying problems or bottlenecks is represented below in Figure 3.

Figure 3: Process for identifying an implementation bottleneck



The Oversight Committees will analyse all information gathered from the various sources and discuss their findings with the relevant PRs, seeking additional information and clarification as needed. These discussions may help to elucidate the implementation bottleneck or difficulty, and lead to further investigation of the underlying factors contributing to the



bottleneck. Once an implementation bottleneck or difficulty has been investigated, the Oversight Committee identifies options to resolve these problems. This is done by consulting with the PR(s), SR(s) or other experts and stakeholders. These consultations can result in one or more possible solutions. The relevant Oversight Committee discusses these options and agrees potential solutions to present to the full CCM (recommendations).

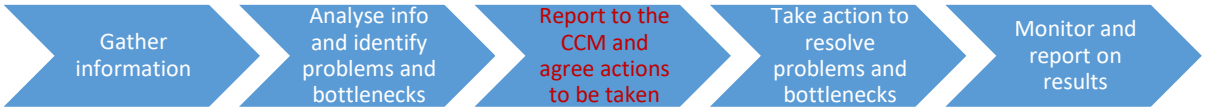
4.3 Report to the CCM and Agree on Actions to be Taken

4.3.1 Report on the Oversight Committee Activities

The Oversight Committees report on their activities, discussions and findings, and progress made on implementing solutions to issues to the full CCM at every ordinary meeting. The Oversight Committees will use a standardised report template to structure this feedback (see **Annex 18** for examples of such report template). The report template frames the Oversight Committees discussions and enables them to highlight the key issues and their recommendations to the full CCM. The OCs' reports should be shared with the full CCM at least two working days before the full CCM meeting. The CCM's meeting minutes should note the reports of the Oversight Committees and the discussions that ensued.

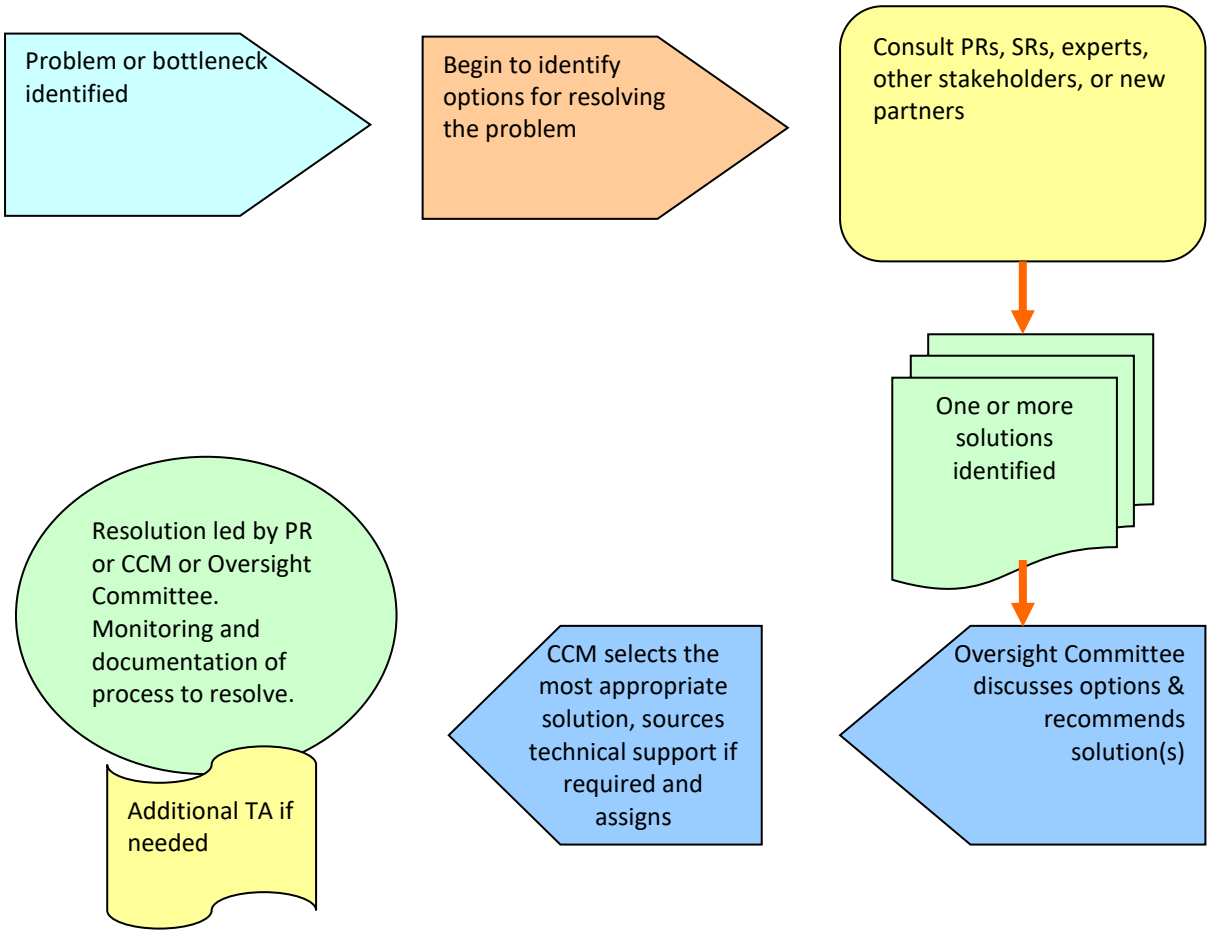
Site visit reports are also written using either format shown in **Annex 16** may be used. The findings from the site visit should be discussed with the Principal Recipient, either during the next Oversight Committee meeting or depending on their importance and urgency additionally in a separate meeting. The site visit report should be shared with the Principal Recipient and the full CCM. During subsequent OC meetings, the OC shall inquire with the PR to which extent recommendations from the site visit report were implemented.

In keeping with the Global Fund principle of transparency of the grants and of CCM's oversight, the CCM is also responsible for providing oversight related information to stakeholders who are not CCM members (e.g. through a CCM website). The full guidelines on communication are contained within the **Ghana CCM Communication Plan**, and all Oversight Committees communication should follow these guidelines.



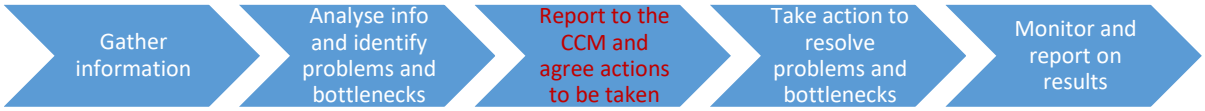
4.3.2 Report on Problems and Bottlenecks

Figure 4: Process for developing options to resolve problems



When an Oversight Committee's comments and recommendations on solutions are finalised, the Oversight Committee's Report and PR Dashboards should be circulated to all CCM members prior to a meeting of the full CCM. During the meeting, the Oversight Committee presents its findings and recommendations, and facilitates any discussion or provides clarifications. After considering the recommendations of the Oversight Committee, the full CCM then determines the most appropriate course of action and mandates the Oversight Committee to follow up on this decision.

The CCM's decisions should specify both the actions needed and the persons responsible. The CCM may engage additional technical support (TS) if needed, particularly given the wide range of constituencies and expertise contained within the CCM. The CCM decisions are recorded in the meeting minutes to support follow-up and tracking of the implementation of the

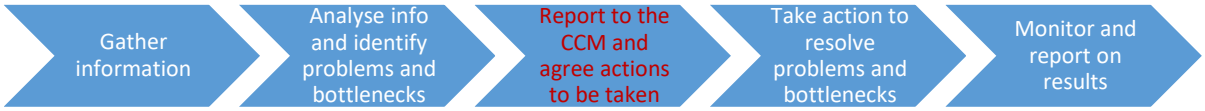


decisions, and should be followed up at all subsequent CCM meetings until the issue is resolved. The reasoning behind each decision should also be reflected in the official minutes of the meeting.

Table 3: Examples of CCM Decisions

To be done by the PR	Upon request of the CCM, • The PR provides further information on a specific topic. • The PR helps organize a site visit addressing a specific topic. • The PR meets with SRs to develop joint plans for addressing service delivery issues and bottlenecks • The PR makes specific changes in the management of the programme to make it more efficient and effective. • The PR follows up a problem previously identified
To be done by the CCM	• Members visit a site to investigate a problem. • A CCM government representative communicates with another Ministry to help clear a bottleneck. • Members mobilize additional technical support. • CCM ask the FPM to arrange for an external, impartial evaluation of grant progress or for an external Data Quality Assessment (DQA)

The CCM Secretariat keeps a log of all the decisions made by the CCM and monitors the extent to which actions are implemented at least once every 3 months. This monitoring will be reflected in Oversight Committee meeting minutes.



4.4 Take action to resolve problems and bottlenecks

Taking action to resolve problems and bottlenecks can take various forms, e.g.

- The PR takes action according to the recommendations of the CCM.
- The PR is supported by external technical experts in the implementation of the recommended solution.
- The CCM supports the PR by facilitating certain processes.

Action shall be taken promptly in order to ensure fast progress of the grant implementation thereafter.

4.5 Monitor and Report on Results

The PR will keep the CCM continuously updated on his course of action and its outcomes. The Oversight Committee will report to the larger CCM on its oversight activities as well as track progress in implementing CCM decisions.

5 TIGHTENED OVERSIGHT OF GHANA GRANTS

Due to the challenges that the Ghana grants have faced over the years, the CCM together with the GF Country Team have agreed to institute an intensified oversight mechanism and processes for the Ghana GF grants. This process calls for the PRs, CCM, CT and LFA to commit to an intensive, flexible, and collaborative partnership approach in order to improve absorption primarily of the bigger grants as well as of those with substantive and continuous challenges. The rational of the intensified oversight concept is that the regular oversight mechanisms including the quarterly dashboard review are too slow to detect and address any bottlenecks to implementation timely. The new intensified oversight concept is based on

- biweekly monitoring meetings of the PR teams
- monthly discussions of a limited number of key performance indicators as well as of any expected and real challenges and opportunities involving a PR focal person and the tightened oversight task team.

The PRs proposed by the Oversight Committee for intensified oversight and confirmed by the CCM shall nominate one or more focal persons who are knowledgeable with all aspects of grant implementation (financial, management and programmatic).

Each OC will set up a two person task team per PR for intensified oversight. The task teams' members shall have expertise in those areas that impact grant absorption significantly and those that are expected to experience the biggest challenges throughout the grant.

In collaboration with the PR focal persons, the Tightened Oversight Task Team develops a reporting template based upon which the PR will send a monthly report on grant progress to the CCM that forwards it to the task team. Following an initial review of the report, the PR focal person and the task team discuss grant implementation progress, any challenges and opportunities, both current and expected. A short report on these discussions shall be forwarded to the Chair of the respective Oversight Committee who will then decide on the way forward.

This concept of intensified oversight shall accelerate the process of addressing bottlenecks and thus scale up grant absorption.

Annex 1. **Oversight Work Plan**

2017	Activity	Lead	Support	Ad hoc	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
1	**Oversight general functions & responsibilities**															
1.1	Review and revise the annual Oversight Work Plan.	CCM Secretariat	OC Chairs													
1.2	Develop a Risk Management Plan.	CCM Secretariat	OC Chairs													
1.3	Develop an annual Oversight Budget for submission and endorsement from CCM.	OC Chairs	CCM Secretariat													
1.4	Undertake capacity building for OC Members continuously.	CCM Secretariat	OC													
1.5	Develop Oversight Calendar, including dates of Dashboard and PU-DR submission, CCM & OC Meetings and tentative periods for Site visits, LFA Debriefs, PR scheduled visits etc.	CCM Secretariat	OC Chairs													
1.6	Review site visit questionnaires and report formats if required.	CCM Secretariat	OC	Before site visits												
1.7	Assign individuals to calendar activities such as site visits and LFA Debriefs.	OC Chair	CCM Secretariat	Before site visits												
1.8	Develop/update knowledge management system for storage of information from Oversight activities.	CCM Secretariat	OC													
1.9	Submit work plan and budget to the full CCM for review.	CCM Secretariat	OC Chair													
1.10	Review and endorsement by CCM.	CCM														

2017	Activity	Lead	Support	Ad hoc	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
2	**Gather information on GF grants through use of routine reports**															
2.1	Receive and review Dashboards for each grant.															
2.1.1	Grant Dashboards are produced by PR. 45 days after the end of the reporting period	PR				**45 days**			**45 days**			**45 days**			**45 days**	
2.1.2	CCM Secretariat provides initial review and clarifies any gaps or unclear data with the PRs before sending the final Dashboards to the OC within a week of receipt from PRs.	CCM Secretariat														
2.1.3	OC reviews Dashboards and provides feedback to CCM Secretariat within a week of receipt.	OC	CCM Secretariat													
2.2	Receive and review PU/DRs for each grant	OC														
2.3	Obtain and review other reports (e.g. Grant Performance Reports, Grant Score Cards, etc).	CCM Secretariat														
2.4	Obtain and review annual reports and general audits from PRs.	CCM Secretariat														
2.5	Obtain and review GF audit reports from PRs 4 months after the end of the GF financial year (Feb - Mar).	CCM Secretariat														
2.6	Attend PR-SR status and performance review meetings according to annual calendar.	OC	CCM Secretariat													
2.7	Attend LFA debriefs of PR.	OC														
3	**Gather information on GF grants through site visits**															
3.1	Prepare a tentative plan for the next site visit including time frame, PRs to visit and locations	OC Chair	CCM Secretariat													

2017	Activity	Lead	Support	Ad hoc	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
3.2	Present tentative site visit plan to OC members and encourage them to attend.	OC Chair	CCM Secretariat													
3.3	Organise and carry out site visits.	CCM Secretariat														
3.4	File questionnaires and site visit reports with the CCM Secretariat. Upload the site visit report to the CCM website and share it with the CCM members and Global Fund.	CCM Secretariat														
4	**Gather information on selected GF grants through intensified oversight**															
4.1	Determine the PRs who will benefit of tightened oversight and the oversight task teams responsible for them	OC	CCM													
4.2	Agree on set of key performance indicators for intensified oversight and discuss the best way forward with the PRs selected	Oversight task team	OC													
4.3	Review monthly PR report	Oversight task team	OC													
4.4	Engage in monthly discussions with PR focal person on grant implementation progress, current and expected challenges and opportunities	Oversight task team	OC													
4.4	Report back to OC Chair	Oversight task team	OC													

2017	Activity	Lead	Support	Ad hoc	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
5	**Gather information on GF grants through investigation of specific issues**															
5.1	Invite PR or SR representatives to participate in OC meetings (preferably in person) to discuss specific issues/ problems/ bottlenecks/provide updates on follow up actions.	OC Chair	CCM Secretariat													
5.2	Procure and use a technical expert to investigate a problem or perceived bottleneck and report back to the OC.	OC Chair,	CCM Secretariat													
5.3	Request a presentation by a technical expert or national programme manager comparing national statistics to GF grant results.	OC Chair, HIV/TB Lead, PSM Lead	CCM Secretariat													
5.4	Arrange to visit officials from ministries, agencies, sector representatives or partners involved in areas with problems; or communicate with LFA or GF Country Team if required regarding issues or problems (through the Chair).	OC Chair	CCM Secretariat													
5.5	In the case of urgent problems, call for a special OC meeting and, if necessary, call for a full CCM meeting.	OC Chair	CCM Secretariat													
6	**Review and analyse information to identify problems and bottlenecks requiring CCM attention**															
6.1	Hold OC meetings and discuss all Dashboards, reports received and information from site visits, LFA Debriefs etc. Contact the PR as required. Develop options and/or recommendations to the CCM on action to be taken to resolve any problems.	OC Chair	CCM Secretariat													

2017	Activity	Lead	Support	Ad hoc	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
6.2	Produce OC Report for CCM (summarising progress, issues and recommendations across all GF grants).	OC Chair	CCM Secretariat & OC													
6.3	CCM Secretariat distributes OC reports and Dashboards to CCM and Global Fund.	CCM Secretariat														
6.4	Upload the OC report and the dashboards on the CCM website	CCM Secretariat														
7	**Take action to resolve problems and bottlenecks requiring CCM attention**															
7.1	During CCM meetings, review the Dashboards and the summary sheet shared with the CCM in advance and explains any issues, problems, bottlenecks that may have been identified and possible solutions, which require CCM attention. CCM discusses and agrees on necessary actions.	OC Chair	OC													
7.2	CCM requests additional investigations of problems.	CCM Secretariat	OC													
7.3	Source Technical Support where required, with inputs from OC.	CCM Secretariat	OC													
8	**Monitor and evaluate action taken to resolve issues**															
8.1	Monitor implementation of solutions, and share updates with the OC.	CCM Secretariat	OC													
8.2	Invite PR or SR representatives to OC meetings to answer questions on progress as required.	OC Chair	CCM Secretariat													
8.3	CCM reviews the status of the problem at the subsequent CCM meeting	CCM														

Annex 2. **Terms of Reference for the Oversight Committee**

Definition and Rationale

It is a requirement of the Global Fund that Country Coordinating Mechanisms (CCMs) hold Principal Recipients (PRs) accountable for funds given to the country. PRs are mandated to report on grant implementation progress to the CCM; providing reports and information as will be reasonably requested.

Oversight is a key function of the Ghana Country Coordinating Mechanism (CCM). It consists of a coordinated set of activities to support and ensure that grant activities are implemented as planned, and that issues and bottlenecks in grant implementation are identified and resolved. The overall responsibility of the Oversight Committees is to facilitate the decision-making process of the CCM members by making recommendations to the CCM for discussion and decision-making.

Oversight requires strategic guidance by the CCM to the Principal Recipients, as well as consistent follow-through to assure that implementing agencies comply with oversight recommendations and requested corrective actions. The resolution of issues will is the responsibility of the full CCM. The CCM Oversight Committees are responsible for providing oversight to Global Fund grants in Ghana in three main areas:

- Financial
- Management
- Programmatic.

The Oversight Plan provides detail on the membership criteria and rules of procedures.

Oversight Committee Composition

Individual membership requirements:

1. Only individuals with dedication and sufficient time to carry out the oversight activities described in this plan shall accept their appointment to the Oversight Committees.
2. Ideally, a member has technical expertise and/or programmatic experience; however, lack of expertise and experience will not preclude a CCM member from participating in any Oversight Committee if s/he demonstrates a sufficient level of interest and commitment.

3. Oversight Committee members are ideally CCM members. Co-opted members may complete the OCs to enhance their functionality.
4. It is desired that OC members are not directly involved in GF program implementation activities to avoid conflict of interest. However, in some instances exceptions can be made.
5. Oversight Committee Members shall be selected in a transparent and documented manner by the full CCM.
6. Membership on the Oversight Committee shall be three years with the option to renew for one additional three-year term;
7. Violation of the rules in the CCM Governance Manual by an Oversight Committee member or failure to attend Committee meetings for three times in one calendar year shall result in member dismissal.
8. If an OC member resigns or is removed, a replacement member can be proposed by the constituency of the departing member or by the full CCM.

Composition of the Oversight Committees:

1. There are two Oversight Committees at the Ghana CCM:
   a) HIV/TB
   b) Malaria
2. The total number of regular members per Oversight Committee will be a minimum of seven and a maximum of nine persons who together ensure that the four core competences Financial Management, Programme Management, Procurement and Supply Chain Management, and Disease Expertise are present in each Committee.
3. Oversight Committees shall be representative of the three sectors that constitute the CCM. Since Oversight Committees shall also represent a maximum number of constituencies, having more than one representative per constituency in an OC shall be discouraged.
4. Each Committee shall include members representing PLWD and KP constituencies if possible. Effort shall be made to ensure gender balance.

Responsibilities

1. Oversight Committee members shall aspire to accumulate maximum knowledge and understanding on the implementation of those grants that the Committee provides oversight for.
2. OC members are bound to the Ethics and Conflict of Interest Policy, shall familiarize themselves with its content and act accordingly.
3. OC members contribute to the development of the annual work plan and budget.
4. OC members are expected to participate in the quarterly OC meetings. Additional ad hoc meetings may become necessary.
5. OC members shall familiarize themselves with the PR dashboard and other oversight related materials before attending the meeting in order to gather information on the progress of grant implementation. They are encouraged to forward their questions to the CCM Secretariat whenever they arise.
6. During the OC meeting, members shall actively contribute to the discussions to analyse grant performance and to develop recommendations for the resolution of any challenges.
7. Following the OC meeting, members shall review the minutes and provide their feedback timely to the CCM Secretariat.
8. OC members shall make themselves available for some of the site visits to get more insight in the grant implementation on the ground. Members participating in site visits contribute to the report writing.
9. OC members are invited to contribute to the oversight related discussions at the CCM meetings.
10. OC members cannot be held accountable for any undesired impact of their recommendations since it is the full CCM who takes the final decision.
11. In addition, OC members may be asked to contribute to tightened oversight of selected grants.

Annex 3. **Site visit guidelines**

1. **What site visits can provide**:
   a. Site visits are to assist the CCM develop greater contextual perspective and understanding of program implementation challenges.
   b. Site visits can provide CCMs with a better understanding of the interface between programs and local communities or local health services.
   c. Site visits can improve capacity of the CCM to work with PRs/SRs to overcome implementation problems and bottlenecks.
   d. Site visits can give the CCM insights into gaps or scale-up issues in preparing for new grant proposal development.

2. **Selection of sites to visit might be based on different factors for example**:
   a. Sites considered as potential "high risk" and therefore warranting close monitoring.
   b. Sites where CCM members want to improve their familiarity with services being provided.
   c. If possible, each site visit should cover urban as well as rural sites to get an idea of grant implementation at leach level.
   d. If the site visit involves traveling outside Accra, it is highly recommended to combine the site visit of one PR with others to make best use of the travel expenditures and travel time.

3. **Schedule the visits with the relevant program implementer. Site visits should not be undertaken as a "surprise". This is important because:**
   a. Planning ahead allows program implementation staff to prepare adequately for the visit and to ensure their availability.
   b. Site visits can be coordinated to occur when some significant program implementation activity is occurring.
   c. Program implementation frequently involves direct interaction with patients, caregivers, or community groups. Global Fund programs require staff to interact with sensitivity and confidentiality, and to respect privacy. Thus, program

implementation staff need to ensure that the CCM visit will not compromise privacy and confidentiality.

4. **Ensure that visiting CCM members are clear on the services provided by the site prior to the visit.** The PR can assist in providing this information and in advising of any key issues that the particular program is experiencing.

5. **CCM and/or Oversight Committee members should not ask for information that is available from existing information systems such as PU/DRs**, but can verify this information already submitted.

6. **Visits are neither to address day-to-day management issues nor to "audit" regular reports** - these are the roles of the PR and the LFA.

7. **Work closely with the PR in planning site visits**. It is in both the CCM's and the PR's interests in seeing that the grant succeeds. If the CCM works completely separate from the PR in planning the visit, there is a risk that misunderstandings may develop during a site visit.

8. **Site visit teams should not be too large** (6 maximum. The ideal size seems to be four to five members since esp. GHS offices tend to be very small at the facilities.) to avoid overwhelming site staff. While it should be an Oversight Committee activity, it is highly desirable to involve on rotation other CCM members, particularly new members, so that they gain an appreciation of program implementation issues.

9. **Set time limits** for the visit to avoid making excessive demands on the busy implementation staff. This requires careful planning of questions to ensure key issues are addressed while also giving site staff the opportunity to raise issues themselves.

10. Whenever possible, **try to meet with clients or relevant community groups to get their views** on the services at the site. They can provide valuable insights into the services.

11. **Establish a list of possible questions to ask on site visits so that questions are structured, relevant and "open"** – allowing site staff to provide information and comments on elements that may not have been anticipated by CCM team. Oversight

team members might identify questions relevant for a particular visit, provide a copy of the questions to other team members, and, where possible, provide a copy of the questions to site staff to allow them to collect their thoughts for their responses. Additional questions may arise on the day, but visits should be, at least partially, structured.

12. **Site visits can be undertaken on a more informal basis**. For instance, PRs might include some CCM members on their regular field visits. Likewise, if a CCM member is visiting an area for "other" purposes where there is grant activity, he or she may undertake a site visit as a CCM member. Always, however, such informal visits should be planned with site staff beforehand to avoid "surprise" visits.

13. **Ensure that the site visit is reported back to the CCM** through the Oversight Committee and formally recording the visit. If possible, have photos available to share the experience with other CCM members. Site visit reports, with all supporting questionnaires must be completed as soon as possible (within max. four weeks for a week long site visit), and submitted to the CCM Secretariat.

Annex 4. **Principal Recipient Visit – Preparation Checklist**

Name of PR:	Date visited:
Grant Information (Disease/Service Delivery Areas being implemented):	
Name and signature of person completing this form:	
Introduction: Thank you for agreeing to see me today. I am ……., and I am a representative of the Country Coordinating Mechanism (CCM), whose role is to oversee the implementation of Global Fund grants. We conduct visits to partners implementing these grants from time to time, to see how grant implementation is going so that we can help find solutions to problems and learn from successes.	
General Questions 1) Where is the money? 2) Where are the drugs, medical supplies, materials and equipment? 3) Are sub recipients receiving required resources and technical support as planned? 4) Are the grants being implemented as planned? 5) Are the results meeting the performance targets?	
PR specific questions: (prepare with other Oversight Committee members before administering	

Annex 5. **Questionnaire for Implementing Agencies (PRs, SRs SSRs)**

Notes to CCM Oversight Team Members:

(1) If you interview different people in the organisation, do a different questionnaire for each interview. You may have to interview different people in an organisation (e.g. a program manager, an M&E officer, a finance officer) to answer different parts of the questionnaire, but do this on different questionnaires. Interviews with beneficiaries should be done on the Questionnaire for Beneficiaries.

(2) If the organization is involved in implementing more than one grant, and if their responses on this questionnaire vary from grant to grant then please note next to each response to which Round and Disease this response refers.

(3) If you are also talking to beneficiaries, please interview them in private (not in the presence of the implementing agency), and preferably select them yourself rather than have them selected. It would also be worthwhile to try and talk to other community members to see if there are potential beneficiaries in the area who would be eligible for support but who are not receiving support (e.g. OVC who are not enrolled on an OVC program; someone who has recently suffered from malaria but who did not receive treatment).

(4) If you have your own comments to make from observations please ensure we know that this is your observation rather than a response from the respondent. (Write 'OBSERVATION' before the comment).

Introduction:

Thank you for agreeing to see me today. I am ……., and I am a representative on the Country Coordinating Mechanism (CCM), whose role is to oversee the implementation of Global Fund grants. We conduct visits to partners implementing these grants from time to time, to see how grant implementation is going so that we can help find solutions to problems and learn from successes.

Name of Implementing Agency: _____

Location of Implementing Agency: _____

Disease/Service Delivery Areas being implemented: _____

Role (circle one):

Principal Recipient / Sub-Recipient / Sub-sub recipient / Other (specify)

Respondent: _____ Position of Respondent: _____

Questionnaire Administered by: _____

Date Visited: _____

1) Description of project

Could you start by telling me about this project/these projects that you are implementing with Global Fund money?

Main Success Areas & Challenges:

2) What would you say are the main successes of this grant?

3) What are the main challenges you are facing?

Procurement:

Note: Try and see the stocks, storage conditions etc of drugs, nets etc if possible and record any observations of interest.

Procurement can include drugs/ equipment/ communication materials/ condoms/HIV test kits

4) Are you getting the supplies you need to implement this grant on time?

All of the time	
Some of the time	
Rarely	
Never	

Please explain the sort of delays that are typical and the reasons for these delays:

5) Do you get the correct quantities of supplies such as drugs and equipment?

All of the time	
Some of the time	
Rarely	
Never	

Please explain:

6) Please tell me about the storage at your facility of these supplies and comment on the adequacy of your storage facilities in terms of safety/security and of keeping the supplies in good order. (*Ask to see if possible & comment*).

7) Do you check the expiry dates on commodities you receive? Yes / No (circle one)
Any comments about the shelf life of the supplies you get?

8) Are patients receiving the medicines as planned? Yes / No (circle one)

If NO, please explain:

9) Any further comments to make regarding the supply of drugs or other medical supplies you are supposed to receive to implement this grant?

Additional Observations:

Finance:

10) When was the most recent audit you received and do you have a final copy?

11) Has the disbursement of funds usually come on time in recent months?

All of the time	
Some of the time	
Rarely	
Never	

Please explain, giving typical or recent examples of how long the delays have been, and the reasons for these?

12) Is there anything else you need to say about the disbursement and administration of finances?

Additional Observations:

Implementation:

13) Are activities under this grant on schedule?

All of them	
Some of them	
Few of them	
None of them	

For those not on schedule please explain how far behind they are, and the reasons for this.

14) Are targets being met? Yes / No (circle one)

All of them	
Some of them	
Few of them	
None of them	

For those targets which are not being met, and to what extent and for what reason?

15) What are the grant implementation bottlenecks?

16) In your opinion, are the right people getting the services they need under this grant?

All of them	
Some of them	
Few of them	
None of them	

Please explain.

17) Any further comments to make about the progress of this grant?

Reporting:

18) Are reports that you are required to submit to the CCM / PR / SR being submitted accurately and completely?

All of the time	
Some of the time	
Rarely	
Never	

Please explain the difficulties you have in doing this?

19) Do you submit these reports on time? Select one

All of the time	
Some of the time	
Rarely	
Never	

Please explain the typical delays and the difficulties you have in doing this.

Communication with the CCM / PR / SR

20) How often does the CCM/PR/SR communicate with you? _____
Is this enough? Yes / No (circle one)

21) When were you last visited by the CCM / PR / SR? _____
Please comment on this visit and the usefulness of it.

Recommendations

22) What are your main recommendations that would help support efficient and effective grant implementation?

Technical Assistance:

23) What technical assistance have you had in implementing this grant from the PR or from other organizations?

Type of technical assistance	Organization who provided it	Date Provided (MM/YY-MM/YY)	Comments as to usefulness of same and outcome

What further technical assistance is needed to build capacity and resolve problems?

Interviewer's Signature: _____

Annex 6. **Possible questions during a site visit to RHDs / DHDs**

1. **Questions on the region / district**
   - Population (number and structure)
   - Number of PLHIV and TB patients
   - Geographical and infrastructural structure and their impact on healthcare delivery
   - Number and structure of healthcare facilities (ART clinics, DOTS centers, hospitals / clinics / CHPS, number of doctors and midwives, etc.)
   - Healthcare delivery: major achievement and challenges
   - Challenges within the RHD / DHD and their impact on grant implementation
   - Are funds for vehicle maintenance and others available?
   - How do you prevent staff attrition to cause disruptions?

2. **Questions on targets, data collection, reporting**
   - How was the region/the districts be involved in target setting?
   - Were the targets adequate? What are the main challenges in reaching the targets?
   - How are results of healthcare facilities and NGOs monitored?
   - Which are the region's / district's challenges with data capturing?
   - How are the data validated?
   - Which changes need to take place in order to accelerate scale up and improve quality of HIV/TB/malaria service delivery?
   - Status quo consumption data

3. **Question on collaboration**
   - How do you supervise healthcare facilities?
   - How do you collaborate with NGOs?
   - How do you collaborate with the various PRs of the GF?
   - How often do you organize monitoring visits to each facilities and how are those carried out?
   - Who receives the report on the monitoring visits?

4. **Questions on commodity security**
   - Which are the regional / district challenges related to the availability of program commodities (past year / current / anticipated)?
   - Which procedures are put in place in cases of stock out or expected expiry of stock?
   - Which is the status quo of last mile distribution? Which are the respective challenges? Which role plays the indebtedness of healthcare facilities?

5. **Questions on HIV**
   - How many PLHIV live in your region/ district? What is the HIV prevalence?
   - Which impact do you see of the trainings of midwives for localized ART treatment at community level?
   - What is the status quo of EID? How are samples transported to the lab? How is the follow up of HIV+ women and their babies be ensured?
   - Which are the main challenges for ART retention? / Other challenges?
   - How does your district / region intend to scale up HIV services to achieve the 90-90-90 targets?
   - Which changes do you propose to improve service delivery?

6. **Questions on TB**
   - How many TB cases were identified in your region / district in the past 12 months per 100,000 inhabitants? Which activities are in place for intensified case finding? How could case finding be made more effective?
   - What is the local retention rate? Which are the main challenges for treatment initiation and adherence?

- How do the RHD and DHD collaborate with NGOs?
- How many GeneXpert are operational, where are they? What is the status quo of trainings?
- Which changes do you propose to improve service delivery?
- How do you think can the HIV/TB integration be improved?

7. Questions on malaria

- Number and breakdown of malaria related deaths within past year
- Main achievements, main challenges
- Status quo ITP
- Status quo RDT use vs. microscopy vs. diagnosis based on symptoms
- Status quo of bed net distribution. How would you describe the use of bed nets? Which are the main reasons?
- Which are additional malaria control activities (e.g. larviciding, SMC) that are carried out and what is their impact?
- What else is needed in order to enhance knowledge, attitudes and behaviors in the context of malaria?

Annex 7. **Possible questions during a site visit to an ART / ANC clinic**

1. **Questions on the facility**
   - Number of clients / children / co-infected clients / according to gender
   - How many of them are on ART? Which percentage is on first line treatment?
   - Which are the opening hours of this ART clinic? How many clinic days do you offer per week?
   - What is the average number of clients seen during a clinic day? How long does a clinic day typically last and how many nurses/doctors are involved? How many clients do you see on average on a non-clinic day? Who works at this ART clinic permanently?
   - Are lab exams available on a daily basis? Which lab exams are done at a different facility? How long does it take to receive the results? Which lab exams need to be paid for by PLHIV with and without health insurance?
   - Are there facility specific targets?

2. **Questions on HIV services**
   - Please explain how the HIV services are managed at this facility. How frequently will clients have to come (ART clients vs. those not on ART)?
   - What are the most common first-line and second-line treatment regimens?
   - Which are the main challenges for ART initiation and retention?
   - How big is the defaulter / loss to follow up rate?
   - Where do you still see stigma as a barrier for patients to access services (HIV related, FSW or a MSM / communities, self stigma, healthcare facilities)? What is being done to address stigma? What should be done additionally to address stigma more effectively?
   - Are you aware of any challenges related to treatment of HIV+ prison inmates?

3. **Loss to follow up**
   - Which do you think are the main reasons why PLHIV do not access services?
   - Which are the main reasons for loss to follow up?
   - How is loss to follow up addressed?
   - Please describe your collaboration with models of hope to address loss to follow up.

4. **Questions on commodity security**
   - How is the recent and expected commodity availability (meds and lab consumables) at facility level?
   - How does the facility receive its commodities (last mile distribution)?
   - Which are the procedures in cases of low stocks/stock out?

5. **Questions on data collection**
   - How is M&E organized at this facility? Who is responsible? Is this data officer responsible for other facilities as well?

- Do you contribute information to the early warning system?
- Do you use the EWS in cases of low stocks/stockout at the RMS?
- Do you have high quality consumption data available?
- What are your experiences with the E-tracker?
- How are the data validated before they get submitted?

6. Questions on HIV/TB integration

- Collaboration with TB department. How could the HIV/TB integration be improved?
- How are PLHIV screened for TB? Are they referred for TB treatment to a different facility?
- How do TB clients who are also HIV+ receive their ART?
- What do you think are the current strengths and weaknesses and possibly best practices in integrating HIV/TB?
- What are your concerns in terms of HIV/TB integration? How do you suggest these concerns should be addressed?

7. Collaboration with others

- How is the collaboration with other ART clinics and midwives in the region coordinated?
- Do you get all the support, training and information you need from NACP?
- What else would you need for your facility to perform better?
- How do you collaborate with the regional HIV/TB coordinators? When was the last time you talked to them?
- On a scale of 0-10, how satisfied are you with the collaboration with NACP / regional coordinators?
- When did the last supervisory visit take place? Which were the outcomes?

8. Questions on PMTCT and EID

- How is PMTCT organized in this facility? What is your satisfaction level with its organization and functionality on a scale of 0-10?
- What do you think works particularly well? Which are the challenges?
- How do you involve the husbands / partners of those women tested positive?
- How is PMTCT organized in the communities? How does your facility collaborate with the midwives? Who will the midwives contact if they have any HIV related questions?
- After the typical PMTCT duration, what are the referral processes to the ART clinic or do they continuously get their treatment from the midwives?
- What is the percentage of pregnant women tested positive who received ARV? What are the challenges? How could this % be increased?
- Status quo of EID. Which are the main challenges?
- How are the samples transported to the lab? Where are the lab tests for EID done? GeneXpert?
- How does the personnel follow up on women and their children who default?

- Which are the main challenges for ART retention of women and their children?

9. Questions on MoH

- How many models of hope are engaged at this ART clinic? Since when? What are their working hours at this ART center?
- How much time or and which resources do they have available for community activities?
- Which are the responsibilities of the models of hope who work at this facility?
- How do the MoH support the clinical services? On a scale from 0-10, how satisfied are you with the outcomes of their work?
- How is their work monitored?
- Which are the main challenges related to the work of the models of hope?
- Can you think of any changes that would make their contribution more effective?

10. Outlook

- What do you know about the implementation of 90-90-90 / Test and TasP? How could this be implemented at this facility?
- Which changes need to take place to accelerate scale up and improve service quality?

11. Patient satisfaction

- Waiting time
- Consulting duration
- Quality of answers to questions
- Frequency of visits
- Satisfaction with services
- IEC materials
- Treatment adherence
- Availability of ART and other commodities
- Frequency of testing (VL)
- Stigma/discrimination

12. Check patient files

- Completeness and accuracy of documentation
- Frequency of TB screening
- Time from diagnosis to initiation
- ART regimens
- Lab results
- Cotrimoxazole prescription
- Treatment compliance and follow up

Annex 8. **Possible questions during a site visit to a TB department**

1. **Questions on the facility**
   - Number of clients, children, co-infected clients, MDR-TB clients diagnosed / on treatment / waiting list?
   - Which trends did you observe over the past few years, e.g. in terms of knowledge about TB, TB related stigma, prevalence, treatment adherence?
   - How is the collaboration with other TB clinics and health centers in the region coordinated?
   - Are lab exams available on a daily basis?
   - Where are TB / MDR-TB clients hospitalized if necessary?
   - Are there facility specific targets?

2. **Questions on TB services**
   - Please explain how the TB services are managed at this facility. How many nurses/doctors are involved? Who works at this department permanently? How many clients do you receive on an average day? What do you do during the remaining time?
   - If the facility has a task shifting officer: Where and how do you approach people. How do you explain to the patients why you are approaching them?
   - Which are the main procedures through which most potential TB cases are identified?
   - Which percentage of new clients is generally informed about TB? What are the biggest knowledge gaps?
   - Main challenges for retention on treatment? How are these challenges addressed?
   - Are you aware of any barriers to treatment for any patient groups?
   - Are you aware of any challenges in terms of treatment of TB+ prison inmates?
   - How safe do you feel in terms of infection risk on a scale from 0-10 (with 10 feeling very safe)?
   - Where are co-infected clients treated?

3. **Contact tracing and loss to follow up**
   - Which are the main reasons for loss to follow up?
   - How do you go about contact tracing and follow up of defaulters?
   - How do you finance the transport to the communities for contact tracing / follow up of defaulters?

4. **Questions on commodity security**
   - Please describe the commodity availability (meds and lab equipment) at facility level (past 12 months, current, anticipated).
   - How does the facility receive its commodities (last mile distribution)?
   - Which are the procedures in case of low stocks/stock out?

5. **Questions on data collection**
   - How is M&E organized at this facility? Who is responsible?
   - How are the data validated before they get submitted?
   - Do you contribute information to the early warning system? Do you use the EWS in cases of low stock/stock out at the RMS?
   - Do you have high quality consumption data available?
   - What are your experiences with the e-tracker?

6. **Questions on HIV/TB integration**
   - Please describe the collaboration with the next ART clinic.
   - At what point are TB patients screened for HIV? How many TB clients have not been screened for HIV and why?
   - How many of those co-infected clients are on ART? Where do clients get the ART?
   - What do you think are the current strengths and best practices in integrating HIV/TB?

- What are your concerns in terms of HIV/TB integration? How could the HIV/TB integration be improved?

7. Collaboration with others

- How do you collaborate with the task shifting officer at the OPD? What are the main challenges of the task shifting officer? How could s/he carry out his/her work more effectively?
- How is the collaboration with other TB clinics and health centers in the region coordinated?
- Please describe the support you receive from NTP.
- What else would you need for your facility to perform better?
- How do you collaborate with the regional HIV/TB coordinators? When was the last time you talked to them?
- On a scale of 0-10, how satisfied are you with the collaboration with NTP / regional coordinator?
- When did the last supervisory visit take place? Which were the outcomes?

8. Outlook

- How could intensified case finding best be supported?
- How is your facility prepared for a much larger number of TB clients that will hopefully be identified though intensified case finding?
- Which changes need to take place to accelerate scale up and improve service quality?
- What do you think the implementation of 90-90-90 will mean for your DOTS clinic?

9. Patient satisfaction

- Waiting time
- Consulting duration
- Time for questions
- Quality of answers to questions
- Frequency of visits
- Satisfaction with services
- IEC materials available / received
- Quality of IEC materials
- Treatment adherence
- Availability of ART and other commodities
- Frequency of testing (VL)
- Stigma/discrimination

10. Check patient files

- Completeness and accuracy of documentation
- HIV test
- Time from diagnosis to initiation
- Medication received
- Lab results
- Treatment compliance and follow up

Annex 9. **Possible questions on malaria during a site visit to a healthcare facility**

1. **Questions on malaria services**
   - Please explain how the malaria services are managed at this facility.
   - During an average day, how many clients do you receive (per nurse)? How much time do you have on average for each client?
   - What are the procedures in this facility to establish if someone has malaria? How are the patients tested (RDTs vs. microscopy)?
   - Over the past three years, could you observe any trends in relation to malaria?
   - Which reasons can you think of why people with suspected malaria would not come to a healthcare facility?
   - When malaria is diagnosed, which medication do patients receive?
   - What works well in terms of malaria diagnosis and treatment and which are the challenges?
   - To which extent do traditional beliefs affect malaria treatment?
   - What changes would you suggest to make malaria control more effective (facility / district / region / public)?

2. **Questions on malaria prevention**
   - How many women participated in ANC during the past year? What do you tell them about malaria in pregnancy?
   - How many of those received IPT / SP?
   - How are those pregnant women reached with SP who do not come (often enough) to ANC?
   - Did you have any challenges with women who did not accept SP?
   - Have you always had enough SP for all pregnant women? If not, what did you do?
   - At which point do pregnant women receive ITN?
   - Do you see any trends regarding malaria in pregnant women?
   - Can you describe the collaboration with NGOs who are collaborating with NMCP?
   - Have you always had enough ITN for each pregnant women? If not, what did you do?
   - In this district, what do you think which % of those who received an ITN are actually using it?
   - Do you see a change in what people generally know about malaria? What about their attitudes?
   - What do you think how malaria prevention could be enhanced?

3. **Questions on commodity security**
   - Recent and expected commodity availability (meds, SP, RDTs, LLIN) at facility level
   - How does the facility receive its commodities (last mile distribution)?
   - Which are your facility's procedures in case of low stocks/stock outs?

4. **Questions on data collection**
   - How is M&E organized at this facility? Who is responsible?
   - How are the data validated before they get submitted?
   - Do you contribute information to the early warning system? Do you use the EWS in cases of low stock/stock out at the RMS?
   - Do you have high quality consumption data available?
   - Who collects data on malaria in pregnancy and ITP?
   - Which are the challenges in the collection and reporting of malaria data and how do you suggest to resolve them?

5. **Collaboration with others**
   - Please describe the collaboration with the RHD. How often are supervisory or monitoring visits organized? When was the last one? Which were the outcomes?
   - Which are the possibilities to exchange with other healthcare facilities?
   - Please describe the support you receive from NMCP.
   - On a scale of 0-10, how satisfied are you with the collaboration with NMCP/RHD?

- Can you think of possibilities to make this collaboration more effective?
- Which NGOs do you know in this district that provide sensitization on malaria in communities? Are you involved in the planning of their activities?
- Which impact of the NGO activities do you see if any? What do you think they could do better?

6. Outlook

- What do you think needs to be done to lower malaria prevalence in this region?
- Which do you think should be the priorities of NMCP over the next three years?
- Which changes need to take place to accelerate scale up and improve service quality?

7. Patient satisfaction

- Waiting time – at OPD and lab
- Consulting duration
- Time for questions
- Quality of answers to questions
- Satisfaction with services
- IEC materials available / received / displayed
- Quality of IEC materials
- Treatment adherence
- Availability of RDT, SP and medication
- Cost coverage through NHIS

8. Check OPD register

- Completeness and accuracy of documentation
- Information on tests and results
- Medication received

Annex 10. **Possible questions during a site visit to a lab**

1. **Questions on the facility**
   - How is this lab organized?
   - Which HIV/TB/malaria related tests are run here? Which other tests have to be run at a different facility? Why?
   - Which are the procedures for TB testing?
   - Which are the procedures for malaria testing?
   - How is the transport of samples from other healthcare facilities / to other labs organized?
   - See lab register for GeneXpert
   - Has there been an announcement of running VL/EID tests on GeneXpert?
   - Do all of the lab staffs have all the skills to run the before mentioned tests?
   - Is all equipment fully functional?
   - How is maintenance of the lab equipment carried out?
   - What would you like to change in this lab to improve its performance?
   - How is the collaboration with NTP IP NGOs? How do you know how many people you tested for TB who were referred by NGOs?

2. **Questions on commodity security**
   - How do you receive your commodities? Delivery or pickup?
   - Are all lab commodities available? If not, which ones are concerned? How are the respective samples tested?
   - What is the availability of HIV tests (First Response / Ora Quick)?
   - How do you do stock monitoring?
   - Which are the procedures in case of stock out at the facility / at the RMS? Whom do you inform? In the past, which action was taken in order to resolve the stock out?
   - How do you go about anticipated expiries?

Annex 11. **Possible questions during a site visit to a pharmacy**

1. **Questions on the facility**
   - How is this pharmacy organized?
   - Do you report data to the early warning system? Do other facilities in the district contact you after having consulted the early warning system? If EWS is not used, why?
   - How do you ensure that local health centers have commodities for TB treatment available?

2. **Questions on collaboration**
   - Please describe the collaboration with district/regional/RMS pharmacists.
   - Please describe the collaboration with midwives at community level in the context of PMTCT.

3. **Questions on commodity security**
   - What are the main challenges in ordering and reordering of health commodities and ensuring availability of the adequate supplies?
   - Which are the processes in order to get additional supplies?
   - How and when are you informed by the RMS about low stocks or stock outs? Does the RMS propose any adequate alternative regimens?
   - How do you receive your commodities? Delivery or pickup?
   - Are all commodities, incl. RDTs, available? If not, which ones are concerned?
   - How is stock monitoring being done?
   - Which are the procedures in case of stock out at the facility / at the RMS? Whom do you contact? In the past, which action was taken in order to resolve the stock out?

4. **Check bin cards for**
   - Accuracy
   - Adequate stock levels

Annex 12. **Possible questions during a site visit to a Regional Medical Store**

Check the stock levels before the visit

1. **Questions on the facility**
   - How is this RMS organized?
   - Is the storage space sufficient?
   - How is the distribution to the various types of healthcare facilities organized?
   - Which are the major challenges?
   - How frequently do you undertake a stock count? When was the last one conducted?
   - For which products, consumption data are available?

2. **Questions on collaboration**
   - On a scale from 0-10, how satisfied are you with IHS scheduled deliveries and collaboration?
   - Can you please describe the collaboration with data managers in healthcare facilities?

3. **Questions on program commodity security**
   - What are the main challenges in ordering and re ordering commodities and ensuring availability of the adequate supplies?
   - Are all commodities, incl. RDTs, available? If not, which ones are concerned?
   - Which commodities are currently allocated to the facilities and why?
   - What is going to happen with those commodities that risk to expire? (compare with stock report)
   - How and when do you perform the healthcare facilities about low stocks or stock outs? Does the RMS usually provide information on adequate alternative regimens?
   - What are the measures put in place in cases of low stocks or stock outs? Whom do you contact? In the past, which action was taken in order to resolve the stock out?
   - How is stock monitoring being done?

4. **Check bin cards for**
   - Accuracy
   - Adequate stock levels

5. **Observe**
   - Bin cards for accuracy and adequate stock levels
   - LMIS
   - Storage conditions (Cleanliness, temperature regulation, articles in the fridge, articles stored in the open)
   - Security measures
   - Fire safety, cabling

Annex 13. **Possible questions during a site visit to PRs and SRs implementing FSW projects**

1. **Questions to the PR**
   - How is grant implementation organized in this region?
   - How are the areas of implementation split up among your SRs? How is ensured that the locations do not overlap (GAC / PEPFAR)?
   - What achievements related to the implementation of the grant are you particularly proud of?
   - Which aspects of grant implementation would you like to improve?
   - Do you (or your SR) need any additional support from the GF/CCM?
   - Please describe the collaboration with your SR.
   - Have you usually received the GF disbursements in time?
   - Which of your activities are the biggest cost drivers and why?
   - How do you verify the quality of work of your sub recipients? Are there any pre/post surveys with beneficiaries?

2. **Questions to the SR**
   - During the past year, have you always received your disbursements timely? What do you appreciate about "PR" particularly in your collaboration?
   - How do you identify and select the hot spots / for how long does it make sense to work at the same hotspot?
   - For how long have you been working at this hotspot?
   - How big is the FSW population at this site? Which percentage were you able to EFFECTIVELY reach?
   - Which are the tasks of PEs? How shall they be carried out?
   - How do you verify the activities / achievements of the PE?
   - What do you think are your biggest achievements at this hotspot / in your NFM implementation zone? What is not working out as desired?
   - What is the situation with stigma at the local healthcare facilities?
   - Is there anything you would like to do differently?

3. **Questions to peer educators**
   - For how long have you been a peer educator? How have you been trained (Initial training / refresher training)? What do you do if you do not know the answer to a question?
   - Who are your target groups? How many FSWs do you take care of at a time on average? What about NPP?
   - How big is the FSW population at this site? Is the FSW population usually rather stable or unstable?
   - Which kinds of activities do you undertake with the FSWs at this hotspot?
   - How many days per week do you usually work on the site?
   - Which IEC materials do you use? Which ones do you find most useful and why? What else is needed?
   - How are you compensated for your work?
   - How do you approach the FSW? Are you able to build a steady relationship with them? Within half a year, how often do you approach each FSW on average? How much time do you spend with each FSW for your IEC sessions on average?
   - Which topics do your peers find most interesting? Which topics are your peers rather not interested in? What are you telling your peers about anal sex?
   - How would you define the FSW knowledge on the topics presented in the beginning of the program?
   - (In case the PE has been working as such for several years) What changes in the knowledge and attitudes of FSW / NPP have you seen over the years?
   - What are your realistic expectations what you can achieve at this site?
   - Which are the challenges you experience during your work?
   - Are there FSWs at this site who you cannot reach? Why?

- How are you able to reach out to non paying partners or clients?
- If you had a say, how would you roll out the activities differently?

4. Questions to FSW

- Which kinds of services have you received so far? Which information you received was the most interesting/surprising?
- What were your expectations when you were first approached by a peer educator at this site?
- Are your expectations being fulfilled? Are you satisfied with the information transmitted by the PEs?
- How much time maximum do you allow for talking to a PE?
- How have the PE activities affected your knowledge on HIV and TB as well as your behaviors?
- Where do you buy your condoms? Which brand do you usually buy and why? What do you use as lubricant?
- How often do you do an HIV test?
- What are the main reasons why you would accept unprotected sex with a client? For which amount would you accept unprotected sex with a client?
- Have you been informed about risks related to anal sex? When you do anal sex with a client, do you use a condom? What do you use as lubricant?
- Are there any additional HIV/STI related services you would like to see? Which other STI/HIV related topics should the PE talk more about?
- Out of 100 FSW, what do you think how many use drugs / inject drugs?
- Where do you get medical treatment? During the past year, how often did you experience stigma / discrimination in a healthcare facility?
- Are you aware of the CHRAJ discrimination complaint system?
- In case of rape, what would a FSW do? (ask if PEP is available if not mentioned)

5. Questions to the project nurse / Drop In Center nurse

- How often / how long is the DIC open per week?
- Which are your regular activities?
- Which are the main topics/questions/health problems FSWs approach you for?
- Do you also see non-paying partners of FSWs or clients? If not, which are the reasons?
- Do you have all the commodities necessary available?
- What should PEs / the SR do differently?
- Among those FSW tested at your DIC, what is the average HIV prevalence?
- How is the follow-up ensured? (referral to treatment, psychosocial support…)
- How are FSWs treated at local healthcare centers?

Annex 14. **Possible questions during a site visit to PRs and SRs implementing MSM projects**

1. **Questions to the PR**
   - How is grant implementation organized in this region?
   - How are the areas of implementation split up among your SRs? How is ensured that the locations do not overlap (other CSOs / PEPFAR)?
   - What achievements related to the implementation of the grant are you particularly proud of?
   - Which aspects of grant implementation would you like to improve?
   - Do you (or your SR) need any additional support from the GF/CCM?
   - How do you define the collaboration with your SR?
   - Have you received the disbursements in time?
   - Which of your activities are the biggest cost drivers and why?
   - How do you verify the quality of work of your sub recipients? Any pre/post surveys with beneficiaries?

2. **Questions to the SR**
   - During the past year, have you always received your disbursements timely? What do you appreciate about "PR" particularly in your collaboration?
   - How do you identify and select the hot spots / for how long does it make sense to work at the same hotspot?
   - For how long have you been working at this hotspot?
   - How big is the MSM population at this site?
   - Which are the tasks of PEs? How shall they be carried out?
   - How do you verify the activities / achievements of the PE?
   - What do you think are your biggest achievements at this hotspot / in your NFM implementation zone? What is not working out as desired?
   - What is the situation with stigma at the local healthcare facilities / police?
   - Is there anything you would like to do differently?

3. **Questions to peer educators**
   - For how long have you been a peer educator? How have you been trained (Initial training / refresher training)? What do you do if you do not know the answer to a question?
   - Which IEC materials do you work with? What kinds of IEC materials do you need additionally?
   - Who are your target groups? Age, behaviors, professions, education level
   - How big is the MSM population at this site? How many of those could you reach effectively?
   - During an average quarter, how many MSM do you take regularly care of?
   - Which kinds of activities do you undertake with the MSM at this hotspot?
   - How many days per week do you usually work on the site?
   - How are you compensated for your work?
   - How do you approach the MSM? Are you able to build a steady relationship with them? Within half a year, how often do you approach each MSM on average? How much time do you spend with each MSM for your IEC sessions on average?
   - Which topics do your peers find most interesting? Which topics rather meet your peers' resistance?
   - (In case the PE has been working as such for several years) Which changes in knowledge and attitude have you seen in your peers over the past years? What do you attribute these changes to?
   - How would you define the MSM knowledge on the topics presented in the beginning of the program? What are your realistic expectations what you can achieve at this site?
   - Which are the biggest challenges you experience during your work?
   - Are there MSM at this site who you cannot reach? Why? Do you have any ideas how they could be reached, possibly using different media than PE?
   - If you had a say, how would you roll out the activities differently?

4. **Questions to MSM**
    - Which kinds of services have you received so far? Which information you received was the most interesting/surprising?
    - What were your expectations when you were first approached by a peer educator at this site? Are your expectations being fulfilled? Are you satisfied with the information transmitted by the PEs?
    - Which is your favorite way of contact with your PE (e.g. personal contact, telephone, What'sApp, social media, email, other)? Why?
    - How much time maximum do you allow for talking to a PE?
    - How have the PE activities affected your knowledge on HIV and TB as well as your behaviors?
    - Where do you buy your condoms? Which brand do you usually buy and why? How often do you do an HIV test? What do you use as lubricant?
    - What are the main reasons why you would engage in unprotected sex?
    - Are there any additional HIV/STI related services you would like to see? Which other STI/HIV related topics should the PE talk more about?
    - Out of 100 MSM, how many do you think use drugs / inject drugs?
    - Where do you get medical treatment? During the past year, how often did you experience stigma / discrimination in a healthcare facility?
    - Are you aware of the CHRAJ discrimination complaint system?

5. **Questions to the project nurse / Drop In Center nurse**
    - How often / how long is the DIC open per week?
    - Which are your regular activities?
    - Which are the main topics/questions/health problems MSM approach you for?
    - Do you have all the commodities necessary available?
    - What should PEs / the SR do differently?
    - Among those MSM tested at your DIC, what is the average HIV prevalence?
    - How is the follow-up ensured (referral to treatment, counselling…)
    - How are MSM treated at local healthcare facilities?

Annex 15. **Possible questions during a site visit to an implementing partner (NGO)**

1. **Questions on the organization**
   - For how long have you been working on malaria/TB?
   - Which other topics does your NGO cover?
   - Which are the implementation locations for malaria/TB and other topics?
   - How many staffs do you have currently?
   - How many of those are working on the project under question? Who does what?
   - How did your staff get the expertise on malaria/TB?
   - Which additional expertise related to this project do you wish your staff to acquire?

2. **Questions on the collaboration**
   - How would you describe the collaboration with the Principal Recipient?
   - How were the targets agreed upon?
   - Does the PR undertake support / monitoring visits?
   - During the past year, which issues did you discuss with your PR?
   - To which extent are you satisfied with the support from the PR?
   - Did the PR send the funds in time?
   - How does your NGO collaborate with GHS? How do you inform RHD/DHD about the activities planned and the results achieved? Are you in regular touch with the regional TB coordinator (if applicable – there is no regional malaria coordinator)?
   - Which changes would you suggest in order to make this collaboration more fruitful?

3. **Questions on services**
   - Check the latest NGO report before the visit.
   - What is the epidemiological situation in the districts of implementation?
   - When did you start collaborating with NMCP/NTP?
   - What activities are you supposed to carry out and how?
   - Which amount do you receive as a funding for this project? How is this amount used?
   - Which communities have you visited so far, which ones will you visit and which ones will not be visited? How often do you visit each community? Which were your considerations for the selection?
   - Which are your NGO's targets?
   - To which extent is your NGO achieving its targets and how do you explain this performance?
   - What is working well, which are the challenges?
   - Which are the steps in planning a community activity?
   - What would you consider the most important insight from this implementation of this project?
   - Which changes would you like to see/implement in order to improve your NGO's achievements?
   - What else do you think your NGO can do in order to better contribute to the national HIV/TB/malaria targets?

4. **Questions on data collection**
   - Which data is your NGOs collecting and reporting?
   - How are data on your NGO's results collected? Who is responsible?
   - How are the data validated before they get submitted?
   - How and how often are data submitted?
   - Does your NGO report usually timely? Please provide information on any challenges.
   - Which are the challenges in data collection and reporting and how could they be resolved?

5. **Observations during an NGO field activity**
   - Where exactly was the activity implemented (name of village/town/community and location where the activity was carried out, e.g. market, door-to-door, healthcare facility etc.)

- How many staffs of the NGO were involved? Which were their responsibilities?
- How was the activity carried out?
- Which community members were targeted? Men/women/children/age/people with disabilities? Active search or passive “fruit harvesting” How was ensured that nobody was left out?
- Were there any people who refused participation? How was the refusal addressed?
- Were any confidential issues treated appropriately?
- Check data collection and compare with what you have observed.
- Inquire with the target group about their experiences:
    a. Was this the first time they hear about this topic? If not, how were they informed about it / which other similar activities were carried out (what, when, by whom)?
    b. What did they understand (should be able to repeat key messages)? What is their opinion about what they have heard?
    c. Will they talk to others about what they have learned today? If so, to whom?
    d. Quality of contact (introduction of NGO agent, language used, way of talking, possibility of ask questions, IEC received if any, etc.)
    e. Was the activity the best way to address the topic and to involve the maximum number of people? If not, what would have been more appropriate?
- Inquire with the local healthcare center how the NGO’s activities were planned and carried out in collaboration. Were similar activities carried out within the past 6 months by another actor? Why do they think that this community was selected? What could the NGO do better in order to improve the impact of their activities?

Annex 16. **Possible questions during a site visit to AGAMAL**

1. **Questions to the office team**
   - How are you informed about the latest IRS related trends/considerations? Which are those?
   - What do you appreciate about the collaboration with the Global Fund / which aspects do you think should be improved?
   - Are you affected by particular issues as a private sector PR that may have an impact on your performance?
   - How timely have you received the GF disbursements?
   - How difficult is it to obtain the insecticides and other commodities/equipment for IRS?
   - How do you address census related problems that affect your performance rating?
   - Which are the main challenges you are facing? What do you consider as the main risks for this grant?
   - What do you like about the collaboration with the CCM? What do you think the CCM should improve?
   - Do you feel the communication with the GF/CCM/NMCP is adequate? What could be improved?
   - What are your main recommendations that would help support efficient and effective grant implementation?
   - Do you need any technical assistance to build capacity and resolve problems?
   - Beyond malaria control, do you work on different disease components to improve health of the residents in Obuasi Municipality?

2. **Questions on data collection**
   - How is M&E organized at AGAMAL? Which data are collected? Who is responsible?
   - How are the data validated?
   - Which are the challenges in the collection and reporting of data and how do you suggest to resolve them?

3. **Collaboration with others**
   - Please describe the collaboration with the DHD/RHD/NMCP. Can you think of anything to improve the collaboration?
   - What has become of the discussions with the Gates Foundation?

4. **Outlook**
   - What do you think needs to be done to lower [sustain the low] malaria prevalence in this district/region?
   - Which do you think should be the priorities of NMCP in those areas that benefit of IRS?
   - In case it is not possible to continue IRS in any district for whatever reason, what is the exit strategy in terms malaria control?

5. **Questions to the community sensitization team**
   - (Observe the actual activity and documentation)
   - Who is usually on the community sensitization team?
   - Please tell us how the communities are informed on IRS.
   - How has community IEC changed over the years?
   - Which visual aids if any are you using?
   - To which extend is your work affected by traditional beliefs?
   - Which used to be the most important questions asked by the community?
   - Which are the most important questions now?
   - What do you do if you can't answer a question?
   - Are men and women approached differently?
   - How do you report on your activities and experiences to AGAMal?

6. Questions to the IRS team

- (Observe the actual activity and documentation)
- How have you been trained on IRS / retrained?
- How is a community informed about the appointment?
- How do you go about your job once you arrive in a community?
- When you arrive in a community, to which extend do you find the residents prepared (having received IEC on IRS / waiting for the team / having the house prepared)?
- What used to be your biggest challenges? What are your biggest challenges now?
- What are the main reasons why people refuse to have their house sprayed?
- How do you ensure that each of the sprayers does a consistently good job?
- How do you ensure that each colleague who enters a house sticks to ethical standards?
- Do you usually collaborate with the same colleagues (Obuasi wide) each year? If not, please list the main reason for this fluctuation. How does this fluctuation affect your work?
- What do you like about your job? What don't you like about your job?
- How is AGAMal ensuring your health?

7. Client satisfaction

- How has IRS and the accompanying activities changed your knowledge on malaria?
- How did you feel about IRS the first time it was done?
- Which impact has IRS had on your life?
- What do you think of IRS today?
- How is IRS carried out?
- What do you think are the major advantages of IRS?
- What do you think are the inconveniences?
- Have you heard about any negative experiences with IRS or the team?
- If you know anyone who refuses to have his/her house sprayed, which are the major reasons?
- What were your experiences with the team who informed your community about IRS?
- What were your experiences with the team who has carried out the last IRS (punctuality, friendliness, explanations, assistance)?
- Is there anything the team can do to improve IRS?
- If one day, for whatever reason, your house would not be sprayed anymore, what would you do to protect your family against malaria?

Annex 17. **Feedback Template from Site Visits**

Name of organization:	Date visited:
Grant Information (Disease/Service Delivery Areas):	Location of visit:
Name and signature of person completing this form:	
Findings (should be simply statements of facts corresponding to questions asked):	
1	
2	
3	
Conclusions (must be supported by statements in Findings):	
Recommendations (should directly correspond to gaps/weaknesses as stated in Findings):	
Recommendation 1:	
Recommendation 2:	
Recommendation 3:	
Can insert rows for additional Recommendations.	

Annex 18. **Alternative site visit report template**

1. INTRODUCTION

- Date
- Context
- Objectives

2. PARTICIPANTS

- Names / Organizations

3. SITES AND PERSONS VISITED

- A
- B
- C

4. SUMMARY OF CHALLENGES IDENTIFIED AND RECOMMENDATIONS

CHALLENGES IDENTIFIED	RECOMMENDATIONS	TO WHOM	CHAPTER WITH DETAIL
1. PR1			
	•		
	•		
2. PR2			
	•		
	•		
3. Commodity security			
	•		
	•		
4. Data capturing and reporting			
	•		
	•		
5. …			
	•		
	•		

5. EXPLANATION OF FINDINGS AND DESCRIPTION OF ACTIVITIES INCL LIST OF KEY INFORMANTS

No.	Key informants	Job title / Designation	Contact
1			
2			

(fill during the meeting, delete any lines not filled)

MINUTES OF HIV/TB DASH BOARDS REVIEW MEETING

th, 2016 at the CCM Secretariat

Attendance:

No.	Name	Organization	Sector
	PRs, Oversight Committee members and other participants		

Absence:

No.	Name	Organization	Sector	Reason
1	Oversight committee members only			
2				

1. Opening:

The meeting started at about X am, chaired by…

a) Conflict of interest declaration

b) Internal topic 1

c) Internal topic 2

2. PR1 Dash Board

a) Follow up from previous meeting / site visit:

- P
- .

b) Financial Indicators:

Indicator	Observation	Answer / Decision
Absorption rate		
Disaggregated absorption rate by grant objective		
Disaggregated absorption rate by SR		

c) Management Indicators:

Indicator	Observation	Answer / Decision
Key position vacant		
Availability of commodities		
Supervisory visits past due		

d) Programmatic Indicators:

Indicator	Observation	Answer / Decision
Indicator 1		
Indicator 2		
Indicator 3		
…		

e) **Other observations:**

f) Recommendations:

- P
- .

3. Closing

The meeting came to a close at about X pm.

Annex 20. **Illustrative Risk Matrix for PRs and SRs**

One matrix should be done for all PRs and another for potentially all SRs (can set a threshold funding limit for SR inclusion)

Period:		Level of funding (will need to set levels)		
Perceived Risk by Oversight Committee		**Low**	**Medium**	**High**
	High			
	Medium			
	Low			

Annex 21. **Current Oversight Committee Members - Skills Matrix**

Malaria Oversight Committee

No	Name	Affiliation	Programme Management	Financial Management	PSCM Expertise	Disease Expertise	Confirmed	Membership
1	Daniel Osei	Ghana Health Services	Yes	Yes			Yes	Co-opted member MOH
2	Samuel Dodoo	Media Response – Stop TB	Yes				Yes	Alternate CCM member - NGOs
3	Dr. Sebastian Ngmenenso Sandaare	District Health Director	Yes			Yes	Yes	CCM member – PLWD Malaria
4	Dr Felicia Owusu-Antwi	WHO	Yes			Yes	Yes	Co-opted member - WHO
5	Laud Baddoo	GHSC-PSM	Yes		Yes	Yes	Yes	Co-opted
6	Maurice Ocquaye	Systems for Health	Yes			Yes	Yes	Co-opted member
7	Dr Naa Ashiley Vanderpuye	Stop TB	Yes			Yes	Yes	CCM member
8	Sixte Zigirumugabe	CDC	Yes			Yes	Yes	Co-opted member
9	Margaret-Ann Wilson	MOFEP	Yes	Yes			Yes	Alternate CCM member

HIV/TB Oversight Committee

No	Name	Affiliation	Programme Management	Financial Management	PSCM Expertise	Disease Expertise	Confirmed	Membership
TB/HIV Oversight Committee								
1	Edith Andrews Annan	WHO	Yes		Yes		Yes	Co-opted member WHO
2	Evans Opata	Private Consultancy and Tutor	Yes	Yes			Yes	Alternate CCM member - NGOs
3	Cecilia Senoo	SWAA - NGO					Yes	CCM member
4	Mac-Darling Cobbinah	CIPERGH - PLWD	Yes				Yes	Alternate CCM member – PLWD/NGOs
5	Damaris Forson	GHSC-PSM	Yes		Yes	Yes	Yes	Co-opted
6	Helen Odido	UNAIDS	Yes			Yes	Yes	Co-opted member - UNAIDS
7	Jonathan Tetteh-Kwao	Dream Weaver Organization	Yes	Yes		Yes	Yes	Co-opted
8	Dr Felicia Owusu-Antwi	WHO	Yes			Yes	Yes	Co-opted member - WHO
9	Ms Genevieve Dorbayi	TB Voice					Yes	Alternate CCM member – PLWD TB