



Independent observer
of the Global Fund

GLOBAL FUND RELEASES GUIDANCE ON CCM OVERSIGHT

The Global Fund recently released a “Guidance Paper on CCM Oversight.” The 9-page, undated paper is available in six languages at www.theglobalfund.org/en/apply/mechanisms/guidelines. The paper refers to oversight by CCMs, not oversight of CCMs.

The guidance paper explains that oversight, which is the responsibility of the CCM, involves “ensur[ing] that activities are implemented as planned ... that results are being reported, and [that] the program is meeting its targets.” The paper describes the difference between oversight, a macro-level or big-picture activity, and monitoring and evaluation, a micro-level or more detailed activity (which is the responsibility of the PR).

The guidance paper describes six areas of CCM oversight: proposal development; grant negotiation; grant implementation; Phase 2 renewal and the development of rolling continuation channel proposals; donor coordination and alignment with health systems; and grant closure. The largest section is on oversight of grant implementation. The paper suggests several ways in which oversight can be done, and uses examples from the field to illustrate its points.

The Global Fund says that CCMs are required to have an oversight plan in place to review grants. The guidance paper suggests that the plan include the following basic features:

- a governance manual or equivalent that, among other things, spells out in generic terms how the CCM will conduct oversight;
- the establishment of CCM committees to focus on specific areas of oversight.
- regularly scheduled oversight activities, with responsibilities and timelines identified; and
- procedures to ensure that, if required, remedial actions are undertaken and followed up.

The guidance paper suggests that in performing their oversight role, CCMs should focus on the following over-arching questions:

- Finance. Where is the money? Is it arriving on time? Is it being distributed properly, and promptly? Who is benefiting?
- Procurement. Are the drugs, bed nets, laboratory supplies, etc. going where they need to go? Are implementers getting them on time? Is the distribution system safe and secure? Are patients receiving them?
- Implementation. Are activities on schedule? Are the right people getting the services they need?
- Results. Are targets being met?
- Reporting. Are reports being submitted accurately, completely and on time?
- Technical Assistance. Where are the grant implementation bottlenecks (e.g. procurement, human resources, etc.)? What technical assistance is needed to build capacity and resolve problems? What is the outcome of technical assistance?

Some comments on this paper are provided in the next article.

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