



KINGDOM of SWAZILAND COUNTRY COORDINATING MECHANISM

OVERSIGHT MANUAL

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Abbreviations

AIDS: Acquired Immunodeficiency Syndrome

CANGO: Coordinating Assembly of Non-Governmental Organizations

CCM: Country Coordinating Mechanism

GA: General Assembly (of CCM or CCM)

GF: Global Fund

HIV: Human Immunodeficiency Virus

IDU: Injectable Drug Users

KAP: Key Affected Populations

LFA: Local Fund Agent

MSM: Men who have Sex with Men

M&E: Monitoring and Evaluation

NERCHA: National Emergency Response on HIV/AIDS

OC: Oversight Committee

PSM: Procurement and Supply Management

PR: Principal Recipient

SR: Sub-Recipient

SW: Sex Worker (male or female)

1. Introduction

This oversight plan aims at providing a systematic and comprehensive framework for both the Oversight Committee (OC) and the Country Coordinating Mechanism (CCM) members.

One of the essential responsibilities of the CCM of the Kingdom of Swaziland is to oversee the development of project proposals for Global Fund, as well as negotiation, implementation and grants closure.

For this purpose the CCM has a oversight plan that meets Global Fund eligibility criteria to strengthen the basic principle of the oversight, by ensuring that the financial and human resources made available for the implementation of Global Fund grants are used in an effective and cost-efficient manner in the interest of the peoples of the Kingdom of Swaziland.

2. Oversight policies and its principles

2.1. Definition of oversight

Oversight is often defined by contraposition to monitoring and evaluation (M&E): M&E relates to details of programmatic implementation activities and it is the responsibility of the Principal Recipient (NERCHA and CANGO, in this case) and other implementation agencies. Oversight rather implies a panoramic vision; it is a kind of x-ray of the grant to identify cross-cutting issues, the focus is on the identification and resolution of important issues that affect the success of the project performance.

2.2. Objectives and principles of oversight

The objective of the oversight plan is to equip the OC with means of supervising the PRs activities in accordance with the guidelines of the Global Fund and standards for good governance and following the principles below:

- CCM must operate in a transparent and accountable manner
- OC members make the best use of the time spent during oversight missions. Oversight tools included in this plan combine the collection of essential information and targeted with efficiency and simplicity
- The Principal Recipients must provide on time CCM with reports, dashboard and information concerning the grants
- OC must review the information received and give the PR advice on the grants implementation.

2.3 Conducting oversight

The oversight activities are to be conducted by the Oversight Committee (OC) according to its Terms of Reference; the OC will be governed by CCM governance regulations. The CCM Executive Secretariat will support the OC in the implementation of the plan, depending on the role specified for the Secretariat in the CCM regulations, including the Oversight Manual.

2.4 Stakeholders involved in the implementation of the Global Fund grant:

- a) The **Country Coordinating Committee** of the Kingdom of Swaziland (CCM) represents Global Fund commitment at the site level. The CCM develops and submits proposals for Global Fund grants on the basis of priority needs at the national level. Once the grant is approved, the CCM oversees the progress in the course of implementation.

The CCM oversight activities are carried out by the **Oversight Committee** (OC) on behalf of the CCM. The Terms of Reference of the OC are found in Appendix 1. The OC is supported by the CCM **Executive Secretariat** for all administrative, logistical and operational issues, and by individual technical experts if necessary. The OC has no delegated decision authority, but it is accountable to the CCM **General Assembly** (GA).

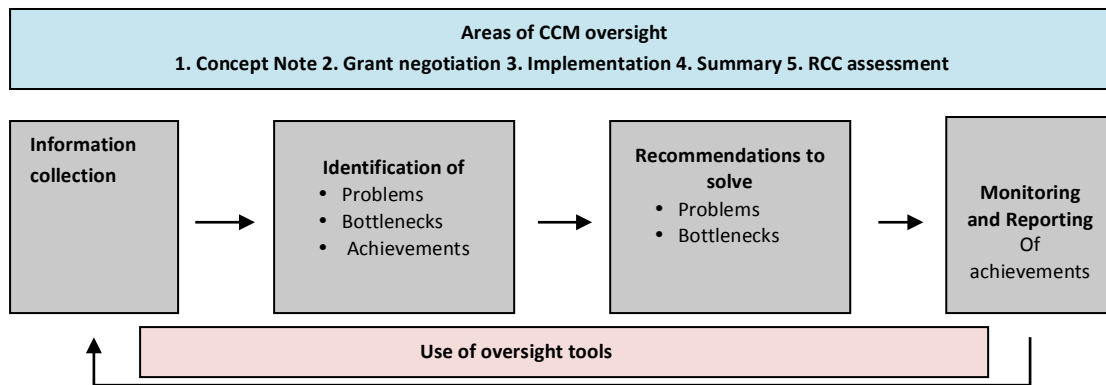
- b) The **Secretariat of the Global Fund to fight AIDS, Tuberculosis and Malaria**, based in Geneva, Switzerland, is the executive body of this financial institution which provides support to countries in their fight against the three diseases. All grants in favor of a country or a region are managed by a team coordinated by the Portfolio Manager. The OC can contact the Portfolio Manager to obtain information on implementation-related problems encountered by the PR; the OC should share with the Portfolio Manager oversight reports and OC meeting minutes to
- c) The **Principal Recipients** (PR) are National Emergency Response on HIV/AIDS (NERCHA) and Coordinating Assembly of Non-Governmental Organizations (CANGO), which are the current responsible for the implementation, monitoring and evaluation of the Global Fund grants in Swaziland. PRs must provide regular reports on the grant implementation progress rate, the funds used and the results achieved. The Grant Agreement between the PRs and the Global Fund Secretariat, it is indicated that the PRs will provide support to the CCM in the mandate of oversight. The specific responsibilities of PRs in the oversight are the following:
- Share work plans, performance framework and budgets, by indicating the achievements against the set targets
 - Share data by means of dashboards and other reporting tools, such as the Progress Update and Disbursement Request (PU/DR)
 - Support the CCM with the organization and the logistics required for oversight visits
 - Share with the CCM other information and data, as well as documents, such as Global Fund management letters, grant agreement, audits report, procurement plans, etc.
- d) **Sub-Recipients** (SR) are the entities contracted by the PRs to implement the whole grant or components or subcomponents of the grant

- e) The **Local Fund Agent** (LFA) of the grant is Price Water House Coopers. Its role is to provide independent and objective pieces of advice to the Global Fund Secretariat. The LFA does not play a role in the CCM oversight but it reviews the PR reports (such as PU/DR) and is in charge of conducting regular data verification.
- f) The **grants beneficiaries**, direct and indirect. Within the framework of the oversight mandate, the CCM, as well as the individual members, may consult organizations of the civil society, members and representatives of the grant's beneficiaries' groups to request their opinion on the services provided by the PRs and its sub-recipients and the access to these services. These consultations must be part of the field missions and formal meetings with these actors.

3. The CCM oversight mandate

3.1 Oversight cycle

The CCM oversight cycle can be summarized in the table below:



When conducting oversight, the OC of the CCM will address the following questions:

Finance: Where is the money? Does it come on time? Is it distributed correctly and quickly? Who is the recipient?

Purchases: Are drugs, mosquito nets, laboratory products, etc. distributed where they should be? Do relevant actors receive them on time? Is the distribution system reliable and safe? Do patients receive the products on time?

Implementation: Are activities conducted on the scheduled date? Are the services adequately provided to people who need them mostly?

Outcomes: Are the objectives achieved?

Reporting: Are accurate and complete reports submitted in a timely manner?

Technical support: Where are the obstacles to the implementation of the grants (e.g. procurement, human resources, etc.)? What is the necessary technical support to develop a potential for action and resolve the problems? What is the outcome of the technical support?

3.2 Oversight framework

CCM oversight areas are summarized in the following table:

Areas	Activities	Indicators
Development of the concept Note	<ol style="list-style-type: none"> 1. Coordination of the development of concept notes 2. PR selection 	<ol style="list-style-type: none"> 1. Ensure a wide range of stakeholders 2. Transparent and documented selection process
Grants negotiation	<ol style="list-style-type: none"> 1. Negotiations process monitoring 	<ol style="list-style-type: none"> 1. Understanding the grant and possible changes 2. Facilitate technical support if necessary
Grant implementation	<ol style="list-style-type: none"> 1. Know the grants 2. Carry out on-site visits 3. Investigation about specific situations in anticipation 4. Support the PR 5. Approve major changes 6. Facilitate technical support to PRs and/or to the CCM 	<ol style="list-style-type: none"> 1. Documented dialog between the PR and the OC 2. Oversight reports 3. Recommendations of the OC conducted at the GA.
Overview of lessons learned at grant closure	<ol style="list-style-type: none"> 1. Reviewing lessons learned throughout the grant cycle 	<ol style="list-style-type: none"> 1. Lessons are documented and shared with PR, LFA and the Global Fund Secretariat

Appendix 1

Guidelines for oversight visits

1. Rationale for oversight site visits

Site visits will be conducted by the Oversight Committee (OC) of the CCM. OC composition is detailed in the Terms of References of SWAZILAND CCM Oversight Committee. Yet, if a member of CCM visits areas of implementation of the Global Fund grants, he or she can obtain information as a CCM member within the framework of an "informal" visit (not funded by CCM budget); these informal visits should be planned in advance with CCM Executive Secretariat to avoid surprise visits that can disrupt the smooth functioning of the PRs or theirs SRs.

The purpose of site visits is to address current issues related to projects management or audits (role normally played by the Local Fund Agent - LFA), whilst CCM project visits have four main objectives:

- Ensure that activities are conducted on the site in compliance with the grant agreement and work plans.
- Get a view about of the quality of services, activities and communications between the PRs, the SRS and the beneficiaries as well as an idea of the level of stigma around the implementation of activities.
- Obtain information about the stocks of medicines and medical supplies at central, regional and health unit levels
- Address punctual (ad hoc) specific questions or issues

This manual also includes two questionnaires for health service providers and for users of these services, as well as a site visits report template.

Logistical organization

Oversight visits are conducted twice a year and they might include visits to PR or SR offices or to implementation sites such as drugs depots, health centers and hospitals.

The CCM will plan site visits with PRs and SRS. Site visits should not be conducted unexpectedly, preparations must be done in advance to ensure that the mission members receive all relevant information beforehand.

After the site visit, the team will draft the reports for the OC for validation by the Executive Committee. CCM Secretariat will ensure that the recommendations are on track and will advise the OC accordingly. Oversight reports will be shared with CCM members, concerning PR, the Global Fund Portfolio Manager and LFA.

CCM qualitative interview guide

For service providers: quality and access to services

The purpose of this questionnaire is to serve as a guide during oversight visits for collection of qualitative information of the service providers' point of view: laboratory technicians, physicians, nurses, health workers and activists. This is an indicative and not exhaustive guide and should be adapted depending on the context, the respondent, the type of service or product provided and the type of information sought by the investigator. Relevant questions may not have been included in this document.

It is "good practice" that during the interview, the respondent's supervisor should not present, since this could bias the responses. It is also important to inform the respondent about the support given by the Global Fund, the role of the CCM, the purpose of the interview and assure him/her of the confidentiality of the process.

1. Information of the service provider

1.a Role, main responsibilities

1.b Do you receive your salary and allowances on time?

1.c What is the distance from your home to the work place? If the Ministry of Health provides you with accommodation, are you satisfied with the conditions?

2. Quality and access to services

2.a Do you conduct consultations? What is your work schedule? How many patients or users do you receive per day? How long do you spend on average with each patient or user?

2.b what is your opinion on the conditions of hygiene in the health center? Are there clean washrooms for patients or users?

2.c Do you think there are some types of patients /users who should not come to the Center but rather should be served elsewhere? - **Note for the interviewer:** *This question seeks to understand the attitudes of service providers towards Key Affected Populations and their level of stigma.*

2.d If relevant: Time between conducting rapid HIV/TB/Malaria test and obtaining results and counseling.

2.e What is the population served by this health center? What is the farthest village from this health center? How many people work in this center and what positions do they hold?

2.f How often do you receive supervision visits from the Ministry of Health? And from the Principal Recipient? What is done during these visits? What could be improved?

2.g In which conditions the tests and drugs are stored? Is the depot ventilated? Does it has electricity? Verify the stock management records

2.h If relevant: Number of people tested for malaria/TB/HIV. Number of condoms/mosquito nets distributed. Are there any other places in town to find free condoms? How about paid condoms?

3. Community Health

3.a Are there community workers in this center? How many? Are they entitled to remuneration or stipends, how much?

3.b When were the community workers trained?

3.c What type of services do the community workers provide?

CCM qualitative interview guide

For service users/patients: quality and access to services

The purpose of this questionnaire is to serve as a guide during oversight visits for collection of qualitative information pertaining the demand side of health services provision. This is an indicative and not exhaustive guide and should be adapted depending on the context, the respondent, the type of service or product provided and the type of information sought by the investigator. Relevant questions may not have been included in this document.

It is "good practice" that health service providers are not present during the interview to avoid respondents' bias. It is also important to inform the respondent about the support given by the Global Fund, the role of the CCM, the purpose of the interview and assure him/her of the confidentiality of the process.

1. Information on services users

Age, gender, type of health service demanded

2. Quality and access to services

2.a What is the distance from the place you stay/live to this health center/hospital? In case you need to use transport, how much does it cost? Is it expensive for you?

2.b What is your opinion on the conditions of hygiene? Are there washrooms?

2.c Have you been victim of stigma or discrimination/abuse here because of your condition?
- This question is particularly relevant with the most vulnerable KAP such as MSM, SW, IDU migrants, young women and girls.

2.d How long do you have to wait to receive the services? Do you understand the explanations you are given? Aren't there some words you are not sure of understanding?

2.e Have you ever been asked for a gift/bribe from the health center staff? Is this a common practice?

2.f Do you get free condoms here? Are there other places one can find free condoms in the area/the city?

2.g Is there any health outreach (i.e. support to HIV positive people/TB patients; HIV, TB or malaria prevention, etc) activity in your village/neighborhood?

CCM oversight visits report
(Maximum 2 pages)

Drafting date:

Areas visited:

Names of the coordinator and team members:

1. Visit date and site:

Dates	Places	Health centers, service delivery centers	People met (it is not necessary to include their names)
		1. Name of Center	Example: 2 nurses 1 Community worker 3 Users (1 SW, 2 MSM, 1 young woman)
		2. Name of Center	
		3. Etc.	

2. Main observations:

Health centers, service delivery centers	Observations (not more than 5 observations per center)
1. Name of Center	1. 2. 3. Etc.
2. Name of Center	1. 2. Etc.
3. Etc.	1.

3. Recommendations per stakeholder:

3.1 Recommendations for the Principal Recipient and its Sub-Recipients

- a.
- b.
- c.
- Etc.

3.2 Recommendations for the Global Fund Portfolio Manager

- a.
- b.
- c.
- Etc.

3.3 Recommendations for the CCM:

- a.
- b.
- c.

**Appendix 2
Grant reporting form**

To be filled by PR while Dashboard is yet not in use and shared periodically with
CCM Oversight Committee

Grant Number:	Grant Title:	Date:
PR Name:	Current Performance Rating:	Reporting period(from/to):

1. Performance indicators: *(add more rows in the table to corresponds to the number of indicators to be tracked)*

Performance Indicators <i>(from the grant Performance Framework)</i>	Target for period	Achievement for period	Total target	Cumulative achievement
1.				
2.				
3.				
4.				
6.				
7.				
Etc.				

Comments on the performance indicators:

- 1.
 - 2.
 - 3.
 - 4.
- Etc

2. Financial information:

(USD)	Y1 Q1	Y1 Q2	Y1 Q3	Y1 Q4	Y2 Q1	Y2 Q2	Y2 Q3	Y2 Q4	Y3 etc	Cumulative Total
Budget										
Disbursed										
Expensed										

Comments on Financial Information:

- 1.
 - 2.
 - 3.
- Etc.

3. Product Supply Management of medicines, lab reagents, condoms, tests, mosquito net, etc. (if there are PSM component in the grant)

Product	Safety stocks ¹	Safety Stock in PSM plan
1.		
2.		
3.		
Etc.		

Comments on PSM information:

- 1.
 - 2.
 - 3.
- Etc

¹Months of safety stocks are the amount of stock, expressed in months, kept in reserve in case year item is unavailable from the supplier or from sudden increase in demand. It is calculated as follows: average monthly consumption (product monthly need x number of patients) x lead time (number of months to obtain the product from the supplier to warehouse)

**Appendix 3
Grant Factsheet**

To be filled and updated by the PRs. CCM Secretariat will share with all CCM members for them to be informed about the basics of the grants

Title of the grant	
Duration	
Budget	
Principal Recipient	
Sub-Recipients and Sub-sub Recipients	
Goals of the project	
1. 2. Etc.	
Programmatic indicators/outcomes	
1. 2. Etc.	
Health products to be purchased by the project	1. 2. Etc.