GRANT MANAGEMENT SOLUTIONS (GMS): Technical Assignment 803SC (Central Asian Republics Assessment)

**REPUBLIC OF KAZAKHSTAN**

Prepared by GMS



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ACRONYMS

CAR Central Asian Republics

CCM country coordinating mechanism

COI conflict of interest

FPM Global Fund fund portfolio manager

Global Fund The Global Fund to Fight AIDS, Tuberculosis and Malaria

GMS Grant Management Solutions

NFM mew funding model

OIG Office of the Inspector General of the Global Fund

PR principal recipient

SR subrecipient

TWGs technical working groups

USAID United States Agency for International Development

1. BACKGROUND

On December 7, 2012, the USAID/Central Asian Republics’ Regional Mission (USAID/CAR) requested Grant Management Solutions (GMS)[[1]](#footnote-2) to conduct an assessment of the country coordinating mechanisms (CCMs) of the Republic of Kazakhstan, the Republic of Tajikistan, and Kyrgyz Republic in those countries. The team, comprising GMS CCM Technical Manager Iryna Reshevska and GMS consultant Tim Clary, visited Kazakhstan from May 15 through 22 and then from June 10 through 14, 2013. [Kyrgyzstan – June 1-10; Tajikistan – May 22-31]. The focus of the assessment was to examine the compliance of the CCMs with the requirements of the Global Fund to Fight AIDS, Tuberculosis and Malaria’s (Global Fund), the participation of CCM members, the fulfillment of oversight responsibilities, and other core CCM functions. The assessment would be the basis for developing a short- and longer-term strategy for technical support, with “points of engagement” that would serve as guidance for the United States government to assist in building CCM capacity and leadership in governing and overseeing the Global Fund grants. This technical support strategy would include a capacity-building plan to strengthen these CCMs to enable them to act in line with good governance principles and exercise their leadership by overseeing Global Fund grants in their countries. The strategy would map potential partners and implementers to conduct recommended, prioritized activities.

Currently, Kazakhstan has three grants (two for HIV/AIDS, one for tuberculosis) valued at $86.1 million, of which $73.5 million has been disbursed. The CCM, which was founded over 10 years ago, comprises 22 members; however, this number may be increased shortly to up to 28. The principal recipients (PRs) are the Republic AIDS Center and National Center for TB Problems, both of which are part of Kazakhstan’s ministry of health. Prior technical assistance was provided by the Quality Project (tuberculosis technical support to Global Fund programs, and technical support and gap funding for the CCM secretariat) and by GMS.[[2]](#footnote-3) The Global Fund’s secretariat has indicated that when it begins implementing its new funding model (NFM), Kazakhstan will no longer be eligible for Global Fund grants, due to the country’s classification by the International Bank for Reconstruction and Development (or World Bank) as an upper middle-income country. This implies that, in approximately three years, all Global Fund funding in Kazakhstan will cease and its CCM may either be disbanded or need to be incorporated into other structures.

Kazakhstan was screened out from the Round 9 application process because of conflict of interest (COI) issues; and the Global Fund’s fund portfolio manager for Kazakhstan (FPM) informed GMS leadership that the COI problem was only one symptom of a broader systemic failure of the CCM to exercise multisectoral governance and coordination of efforts with different stakeholders according to Global Fund guidelines. In February 2010, the CCM sent a request to the Office of the U.S. Global AIDS Coordinator for technical support to eliminate the problems that caused the Round 9 rejection. GMS provided technical support from April to November 2010 with technical support that focused on the following objectives:

* Assisting the CCM in identifying existing problems and noncompliance with eligibility criteria for Global Fund funding
* Assisting the CCM in revising and/or developing its framework documents and capacity building of its members to educate them on their responsibilities
* Assisting the CCM in conducting structural changes, CCM membership renewal based on the updated framework documents, and strengthening of institutional leadership
* Assisting the CCM in establishing its secretariat and resource mobilization for its functioning
* Strengthening the capacity of the CCM to conduct oversight of activities

Although not all the guidance the GMS team provided was followed, the CCM took a certain number of steps to reform its structure and functioning. This reform was validated in the last follow-up check of the CCM status that was conducted by GMS, six months after the GMS interventions (July 2011).

1. METHODOLOGY
	1. Introduction

The methodology GMS used for its diagnosis of the three CCMs was quantitative and qualitative.

The quantitative portion of the approach made use of GMS’s diagnostic toolkit for CCMs, which includes checklists for the following:

1. CCM composition analysis (variables include sector, gender, location)
2. COI matrix analysis (variables include sector, leadership, committee, recipient)
3. Archival analysis (whether needed and recommended documents exist, if they are in draft or final form, whether the CCM has validated them, whether they need modification)
4. Analysis of the minutes of the CCM meetings, meetings of the oversight committee, executive committee meetings, and any extraordinary meetings (both for form and functioning)
5. Oversight functioning analysis (do the CCM and CCM secretariat have the capacity, structure, procedures to perform oversight)

In addition, the GMS team reviewed the basic documentation the CCM needed, when available, including bylaws, a COI policy and declarations, and an oversight plan. Additional documentation, such as the communications strategy, committee terms of reference, and CCM secretariat’s operational guidelines, were reviewed.

Qualitative information was provided via semistructured interviews with key stakeholders. The table below provides additional information on stakeholders interviewed.

Number of stakeholders interviewed and position

|  |  |
| --- | --- |
|  | Kazakhstan |
| CCM Chair | 1 |
| CCM Deputy Chairs | 2 |
| CCM Members | 7 |
| CCM Secretariat | 1 |
| Fund Portfolio Manager | 1 |
| PRs | 2 |
| Alternate Members |  |
| Previous CCM Members |  |
| Local Fund Agent |  |
| Potential Technical Support Providers | 3 |
| Subrecipients (SRs) |  |
| Other stakeholders/international organizations | 13 |
| TOTAL INTERVIEWED | 30 |

The methodology was chosen to provide information from different sources that could be triangulated to achieve the following objectives:

1. Provide a current “snapshot” of the status of the three CCMs
2. Provide validation of recurrent themes
3. Identify issues, receive recommendations, and estimate the probability of success of different interventions
	1. Data collection and analysis

The two-person GMS team was primarily responsible for collecting both the quantitative and qualitative information; however, several of the interviews with stakeholders were attended by both USAID/CAR and USAID/Washington staff who contributed to the interviews and discussion. The GMS team summarized and reviewed interview notes to identify recurring issues raised by stakeholders. In conjunction with the CCM secretariats, the GMS team collected the quantitative data. To do this, the CCM secretariats had to be able to provide up-to-date documentation (e.g., current CCM member lists) and then review this documentation to complete the diagnostic tool’s various checklists. One exception was the oversight functioning checklist, which required interviews with the oversight committee in addition to a CCM secretariat review. Quantitative and qualitative results are presented in the findings.

* 1. Limitations

Meeting with CCM members and other stakeholders during the period when the GMS team was in-country proved challenging. Interviewees were not always available to the GMS team, which could be explained by conflicting demands on their time but also to a general unwillingness or lack of interest on the part of the stakeholders to be involved in the process. On several occasions, scheduled meetings were cancelled on the same day for various reasons.

In addition, the diagnostic tools assess issues only to a certain extent. For example, the COI matrix will identify CCM members who may have a professional COI based on their positions on the CCM and on whether they are PRs or SRs. It will not, however, identify personal relationships that may present potential COIs. Likewise, the document checklist identifies the status of key CCM documents, but does not provide information on the quality of those documents.

On their own, the quantitative and qualitative approaches have limitations; combining the approaches diminishes their limitations. For example, during stakeholder interviews additional COIs may become apparent that would otherwise not be identified using the COI matrix. Similarly, because the GMS team reviewed available CCM documents, it was able to use its expertise to assess the quality of the materials.

1. FINDINGS

This section is structured to reflect existing gaps that will be addressed in the capacity-building plan, and what has been achieved since the last GMS intervention, including the follow-up period if applicable

* 1. Achievements

As GMS has provided technical support and the last check as part of GMS’s follow-up to its previous technical support was conducted in spring 2011, it is critical to see what the CCM has achieved since then. During this assessment, GMS observed many CCM changes and substantial progress in its operations; but, there were still a number of gaps that need to be addressed both by the CCM directly and with the help of external technical support. Achievements identified during this assessment include the following:

1. CCM members, in general, had become more active. The recognition that the CCM was a single body rather than an “Almaty Group” and “Others” had led to a more collaborative and motivated CCM.
2. The CCM chair and two vice chairs represent three different sectors: government, nongovernmental organization, multilateral and bilateral respectively.
3. This leadership is engaged and committed to the CCM as a multisectoral partnership and is highly appreciated by various stakeholders.
4. The CCM carries out its oversight function. The oversight committee is in place and meets regularly; it conducts site visits and reviews “Progress Update and Disbursement Requests.” The PRs are invited to oversight committee meetings.
5. The CCM conducts regular meetings, mostly in Almaty, with the involvement of members from the government sector in Astana and members from other regions via teleconferencing. The “Almaty Group” meets more frequently to discuss routine business. In-person meetings of the full CCM happen rarely: the recent meeting in Astana held May 16-17, 2013, was the first of this kind, although according to the CCM’s work plan, it will hold more frequent meetings in the future.
6. The CCM established its secretariat, but still has insufficient staff.
7. Filing and archival systems are in place and well maintained.
8. The CCM has some framework and working documents in place, including its oversight plan, COI mitigation policy, and CCM work plan and budget.
9. The CCM secretariat maintains the CCM’s website and has many of the CCM documents and reference materials, calendar and regular updates on the events related to the country response to the epidemics.[[3]](#footnote-4)
	1. Current Gaps (prioritized based on significance of impact)
10. **CCM’s future**: Several respondents stated that they do not believe the CCM will exist after Kazakhstan graduates from Global Fund funding. In addition, several respondents reported weak engagement of the government and civil-society constituencies and a general lack of motivation due to the impending expiration of Global Fund funding. Despite the future exit of the Global Fund from Kazakhstan, there is a continued need for technical support to ensure that the CCM remains compliant with Global Fund rules and requirements, as more fully discussed at the end of this section.
11. **Lack of orientation**: Neither CCM members nor the CCM’s secretariat received any formal orientation on their roles and responsibilities. Moreover, the CCM secretariat had to learn her role on-the-job and during the in-country review by the Global Fund’s Office of Inspector General (OIG).
12. **CCM documentation**: While the CCM has some of the necessary framework documents, including the oversight plan and COI Policy in place, it does not have any working documents that stipulate the procedures for CCM operations and provide clear descriptions of roles and responsibilities according to the core functions of the CCM.
13. **Conflict of interest**: Currently, approximately 36% of CCM members have COIs as they represent PRs or SRs. Of greatest concern is that both the CCM chair and one of the vice chairs have immediate COI issues, given that they work for or supervise organizations that are either PRs or SRs. In addition, the vice chair is also a member of the oversight committee.
14. **Committees and Technical Working Groups (TWGs):** Although the CCM established an oversight committee, its structure remains unclear. The CCM website provides principles of the CCM composition under the title of “Structure”; however there is no sign of other committees being in place. Respondents did report participation in several TWGs.
15. **Membership status**: Civil society has conducted elections for membership renewal, but the elected members have ex-officio status because their induction needs to be validated by the appropriate decree of Kazakhstan’s Cabinet of Ministers. This decree is still pending and does not allow for the replacement of the CCM members from civil society according to their conducted elections. While partner organizations of the Government of Kazakhstan, particularly donors, can apply some pressure for the decree to be finalized, in general, this issue is outside the manageable interest of technical support provision.
16. **CCM secretariat**: The CCM still lacks a strong secretariat. Even though the secretariat coordinator is knowledgeable, the lack of additional staff has resulted in her being significantly overworked. The CCM has decided to hire one secretariat staff member in Astana, primarily to engage with the government sector. However, this person has not been hired and there is no dedicated office space for the position. During a meeting the minister of health said that the CCM is very close to identifying the right person and that a potential working place for this person may be at the recently established Center of Health Care Development.
17. **Additional CCM representation**: Several respondents reported that it would be good to have private sector and religious representatives on the CCM to ensure sustainability of the CCM.
18. **Lack of technical expertise**: Some respondents mentioned the lack of technical expertise especially in the area of tuberculosis, which is critical for the funding application under the new funding model (NFM). The deadline for submission of the NFM documentation is impending.
19. **Communications:** The CCM does not have a communications policy and strategy in place, and some respondents reported that there is no practice established for providing feedback to constituencies. The need to develop a communications strategy was stipulated in the OIG report.[[4]](#footnote-5) The CCM secretariat has stated that currently there is funding within the CCM’s budget to develop the communication documents.
20. **Oversight:** Although the oversight committee has been active, including conducting site visits, there is not a sufficient understanding of the oversight function among a broader range of CCM members.

It is important to build on the positive dynamics and development of this CCM, but at the same time orient the CCM members to transitioning to a post–Global Fund reality while preserving multisectoral partnership within Kazakhstan and current achievements. It is crucial that this CCM remain an active body in the country through the end of the term of current grants and beyond; several respondents, including the minister of health, stated that it would be irresponsible to let the CCM dissolve after the Global Fund grants expire because in the last years it proved to be an agent of coordination for programs for HIV/AIDS and tuberculosis. While many of the gaps can be addressed through the recommendations given below, these must be put in the context of the end date for this CCM and a potential lack of motivation of CCM members to encumber themselves with any significant reform initiatives.

1. RECOMMENDATIONS
2. **Transition planning**: As Kazakhstan is close to graduation from Global Fund funding, but still potentially has three years for grant implementation, it will be critical for the CCM to develop and have a transition plan for ensuring CCM sustainability, or its incorporation into a higher coordination body at the national level.
3. **Routine training**: The CCM would benefit from having routine annual retreats and orientations for the new and current CCM members to ensure everyone clearly understands CCM roles and responsibilities, application of CCM documentation and procedures, and to increase motivation of the CCM members to be meaningfully engaged in and committed to the CCM. Strengthening the understanding of oversight among the broader membership of the CCM could be included in this routine training along with, at the CCM’s election, the development and understanding of a dashboard.
4. **Update documentation**: The CCM needs to update its framework documentation to reflect the recent changes in the Global Fund architecture. This includes having the decree on renewed membership approved, which will allow new members to leave ex-officio status and become voting members. The CCM needs to develop working documentation that will have clear descriptions of the necessary procedures to exercise the core functions of the CCM and a communication strategy and policy that will ensure procedures for two-way communication between the constituencies and their representatives.
5. **Resolve COI among CCM leadership**: While the overall percentage of CCM members with COI is not unusually high, it is problematic that two of the three CCM leaders do have this issue. It is important that the CCM continue to be led by the minister of health unless the CCM votes for different leadership. Thus, the main recommendation would be to ensure that the COI policy is closely followed to ensure that the chair recuses herself during discussions or votes that involve the ministry of health. This would also apply to the vice chair, who, in addition, could further mitigate COI by resigning from the oversight committee.
6. **CCM committee and TWG structure:** The CCM needs to have a clear structure in place with standing committees and TWGs, which will improve distribution of the roles among CCM members, increase their engagement, and enhance the technical capacity of the CCM.
7. **CCM secretariat strengthening**: The CCM needs to strengthen its secretariat by hiring extra staff, and orienting and coaching both the current and new staff members on how to support CCM business. The secretariat will benefit from the development of an operations manual, which will clearly define procedures for the secretariat operations.
8. **Expand representation**: To expand its representation and therefore its conformity with Global Fund requirements and its effectiveness now and in the future, the CCM needs to seek out additional membership from other needed sectors (private sector and faith-based organizations). CCM members should use their existing networks to find any private companies engaged in corporate social responsibility with an emphasis on health, as well as, any faith-based organization that has previously provided health services for either HIV/AIDS or tuberculosis. Expertise on tuberculosis can also be found in international nongovernmental organizations or international technical agencies.
9. **Seek out technical expertise**: The CCM would benefit from expanding its technical expertise, especially for tuberculosis, outside of its membership. While the pool of tuberculosis professionals in Kazakhstan, particularly those working for civil-society organizations or nongovernmental organizations, is quite limited, the CCM could consider seeking this expertise internationally; international nongovernmental organizations could provide this expertise through virtual means. In this regard, CCM members who belong to either international nongovernmental organizations or multi- or bilateral technical support providers could ask their headquarters colleagues for assistance.
10. **Finalize communications policy and strategy:** The CCM should give the CCM secretariat a deadline (three months, for example) to secure a consultant for finalizing the communications policy and strategy and another deadline (three months after the first) for finalizing the needed documents. If the CCM observes that these deadlines are not being met, then other potential providers of technical assistance, such as USAID, could be approached for additional support.

ANNEX 1. LIST OF INTERVIEWEES

|  |
| --- |
|  |
|   | **Name** | **Organization** |
| 1 | Valikhan Akhmetov | Republican Center of Health Care Development |
| 2 | Kanat Alseitov | Balakai-Shymkent  |
| 3 | Nurali Amanzholov | Kazakh Union for People Living with HIV  |
| 4 | Zhandarbek Bekshin | Committee on Sanitarian and Epidemiological Control |
| 5 | Dave Burrows | The Quality Project |
| 6 | Ryssaldy Demeuova | CCM Secretariat |
| 7 | Nicholas Farcy | Fund Portfolio Manager  |
| 8 | Roman Gailevich | UNAIDS  |
| 9 | Oxana Ibragimova | Doverie Plus  |
| 10 | G. Iskanov | Ministry of Health |
| 11 | Shakhimurat Ismailov | National Center for TB Problems  |
| 12 | Khorlan Izmailova | USAID  |
| 13 | Nedim Jaganjac | World Bank  |
| 14 | Salidat Kairbekova | Minister of Health  |
| 15 | Aygul Katrenova | Committee on Sanitarian and Epidemiological Control  |
| 16 | G. Kulkaeva  | Department of Health Care Service |
| 17 | Maksut Kulzhanov | Former delegate to the Global Fund Board from the Eastern Europe and Central Asia Constituency |
| 18 | Tom Mohr | The Quality Project |
| 19 | Liza Myglina | The Quality Project |
| 20 | Zhanna Ospanova | M&E Center of the Republican Center of Health Care Development |
| 21 | Alexander Pak | Ty ne odin  |
| 22 | Agata Pawlowska | World Bank  |
| 23 | Zoya Ruzhnikova | Shapagat  |
| 24 | Mira Sauranbayeva | Population Services International (PSI)  |
| 25 | Tleukhan Shildebaevich | The National Center for TB Problems  |
| 26 | A. Temirgalieva | Committee on Sanitarian and Epidemiological Control |
| 27 | B. Tokezhanov | Vice Minister of Health |
| 28 | Marat Tukeyev | Republican AIDS Center |
| 29 | Melita Vujnovic | WHO  |
| 30 | Saltanat Yegeubayeva | Republican Center of Health Care Development |
| 31 | R. Zhusupova | Ministry of Health |

ANNEX 2. GLOBAL FUND GRANTS



1. GMS is a U.S. Government–funded partnership consisting of Management Sciences for Health, Abt Associates, Futures Group International, International HIV/AIDS Alliance, MIDEGO, Pact, Training Resources Group, and committed to strengthening the performance of Global Fund grants. [↑](#footnote-ref-2)
2. [↑](#footnote-ref-3)
3. GMS provided technical support to Kazakhstan’s CCM from April to November 2010, under assignment 124. A report on this work was sent by GMS to USAI and the CCM on August 5, 2011. <http://ccmkz.kz/> [↑](#footnote-ref-4)
4. <http://theglobalfund.org/en/oig/reports/> Report # 11-004 as of December 11, 2012 [↑](#footnote-ref-5)