The Civil Society
Priorities Charter
Good Practice for Global Fund Country Dialogue

June 2014
About AIDS Accountability International

AIDS Accountability International (AAI) is an independent non-profit organization established to increase accountability and inspire bolder leadership in the response to HIV/AIDS, sexual reproductive health and rights (SRHR), tuberculosis, malaria and other poverty-related illnesses. It does so by rating and comparing the degree to which state and non-state actors are fulfilling the commitments they have made to respond to these health challenges.

AAI aims to build bridges between actors and institutions that collect and analyze primary data in the field of HIV/AIDS and those who make use of this data in different contexts, such as policy makers and advocates. AAI provides these actors with a compass that points to new policy and programmatic directions and helps stimulate debate on the need for greater accountability and leadership.

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Acknowledgements

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Every attempt has been made to ensure the accuracy of this report but the authors and AAI welcome any feedback, comments, and/or corrections on the content.

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*until we end aids*
Introduction

Five years ago, the Global Fund to fight AIDS, Tuberculosis and Malaria (hereafter referred to as the Global Fund) acknowledged the need to address gender equality (GE) with regard to all three diseases and particular emphasis was placed on women, girls and people marginalized because of their sexual orientation and gender identity (SOGI), namely, lesbian, gay, bisexual and transgender (LGBT) individuals. In response to this, the Global Fund developed GE and SOGI strategies to address these vulnerabilities. These strategies were intended to positively impact the policies and operations of the Global Fund at country level as well as at the Secretariat in Geneva. Despite these strategies, in 2014, women, young girls and LGBT groups still have difficulty participating in Global Fund decision making and accessing Global Fund grants. The Country Coordinating Mechanisms (CCM) are national-level forums responsible for writing proposals and choosing Principal Recipients to implement Global Fund programming in the country, and are thus key forums for implementation of these GE and SOGI strategies. The CCMs are intended to be inclusive and participatory bodies, with representation from all sectors, including women, girls and LGBT, however, these individuals often face barriers to meaningful participation on the CCMs. In Southern Africa in particular, legal, cultural and political circumstances result in the exclusion of women, girls and LGBT from CCM discussions. Further, even if marginalized groups do have a seat on the CCM, they are often not well equipped to participate meaningfully due to a lack of adequate capacity to engage on the issues, or attitudinal barriers from other members. Seats for women, young girls or LGBT individuals that do exist can be ‘tokenistic’ to appease donors, yet the individual is not able to engage or advocate on behalf of their constituency in a meaningful way.

In light of this, AIDS Accountability International (AAI), in partnership with the Ford Foundation, began working with Southern African CCMs in 2011 to support women, girls and LGBT to participate more meaningfully in Global Fund decision making. In 2013-2014, this work honed in on meaningful engagement in the New Funding Model (NFM).

This brief outlines the work that AIDS Accountability International has done to support civil society participation in the Global Fund decision making. It begins with a short introduction to the project, and then provides a detailed account of how AAI has helped countries to produce advocacy roadmaps for the NFM called “Civil Society Priorities Charters”, highlighting some of the challenges and opportunities during this process. Lastly, the brief closes with some potential avenues for future work, to ensure that civil society, particularly those representing women, girls and LGBT, are able to meaningfully engage in the NFM.

Project Background

The first activity for this project was a comprehensive Literature Review which examined the extent to which others have found the GE and SOGI strategy to be useful or not. Following the Literature Review, AAI conducted more than 100 interviews in seven Southern African countries to find out what the current state of participation was for marginalized groups on CCMs. These interviews revealed that participation on CCMs among women was generally fairly balanced, but that young girls and LGBT were largely excluded from CCMs and Global Fund dialogue in most countries. The results of this research were published in March 2013 in “Who is really affecting the Global Fund decision making process?”

“We didn’t have marginalized groups on the CCM and your coming, in terms of the project, helped actually because it helped me in terms of where I stood at the time in terms of motivating my CCM, my Principals; this is the way to go”

Vulindlela Msibi
Executive Secretary
CCM Swaziland
A key finding from this research was that women, girls and LGBT groups, as constituencies, are almost solely represented by civil society organizations on the CCM, and not by other members at the table. Further, AAI’s research reveals that in Southern Africa, civil society in general, and especially the organizations representing issues of gender and sexual orientation, are disproportionately disempowered. There is no coherent strategy or coordinated response and there is low capacity and a lack of prioritization. As such, AAI has identified that working to improve a fractured civil society is one of the best opportunities to improve the impact and implementation of the GE and SOGI strategies.

The Civil Society Priorities Charter

In October 2013, AAI began conducting in-country workshops to assist civil society and marginalized groups to participate in the NFM process. Evidence from the Zimbabwean NFM pilot made it clear that civil society was extremely marginalized in the process and that significant changes would need to be made in other countries to avoid the same outcome. To ensure that concept note writing includes civil society organizations (CSOs), especially those who represent the most marginalized, AAI developed a workshop which supports local civil society to produce an outcome document called a Civil Society Priorities Charter. This workshop and document include capacity building, sharing of best practice and debate by CSOs on what their priorities are for Global Fund NFM. After the workshop the Priorities Charter is used as an advocacy tool on the CCM to help ensure that the concept note includes the voices and needs of civil society, especially marginalized groups representing women, young girls, people living with HIV, LGBT groups, sex workers, people who use drugs, people with disabilities, the TB community, to name just a few.

Country Selection

In all countries, AAI responded to requests from the CCM Executive Secretaries, civil society organizations and other CCM members for support to strengthen civil society engagement in the New Funding Model. The Civil Society Priorities Charter was chosen as the key tool for this based on AAI’s CCM Needs Assessment research conducted in 2012-2013. Based on the successes of the Charters in these pilot countries, partners in others are requesting the same tool, including Botswana, Kenya, Nigeria, South Africa, Uganda and Zanzibar, among others.

Participants

The selection of participants for the in-country workshops to create the Civil Society Priorities Charter is critical in terms of ensuring inclusive and representative dialogue. First, AAI strove to ensure that delegates from a diverse range of CSOs were present, including women, young girls, people living with HIV, LGBT groups, sex workers, people who use drugs, people with disabilities, the TB community, to name just a few. Invitation lists were created in partnership with local civil society organizations, particularly networks and umbrella organizations, who were also encouraged to invite their constituencies so that the workshops served as a consultation, supporting members to be more accountable to the people that they represent at CCM level and in other fora. Participants from international NGOs and multi-lateral organizations were also invited to attend as observers and to offer technical assistance where needed.
One of the most important factors that was considered when inviting delegates was to make sure that participation was not limited to civil society organizations that are based in capital cities. AAI’s research shows that organizations that are based in rural areas far from capital cities face enormous barriers to accessing information around national level decision making processes. They are frequently excluded from national dialogues and consultations either because they are not aware of the meetings or they cannot afford to use limited budgets on transport and accommodation. AAI made a concerted effort during all five workshops to support delegates from outside the capital city to attend and represent the needs of people living in rural areas.

“We really appreciated the time spent on this exercise. It was timely and hopefully will position CSOs well in future proposals”

Emmanuel Ndlangamandla
CCM Member, Coordinating Assembly of NGOs, Swaziland

Creating the Charter

The methodology for creating the Civil Society Priorities Charter is based on AAI’s research findings from this project. In addition to the major finding that the lack of civil society coordination was the key barrier to women, girls and LGBT groups’ participation on CCMs and in Global Fund decision making, there were a number of other findings which shape the Charter creation process. First, the emphasis from the Global Fund (and other donors) on the UNAIDS (2011) Investment Framework was found to be a challenging new terrain for many civil society organizations. Based on this finding, AAI is using the six basic programme areas from the Investment Framework, along with an emphasis on civil society’s role as critical enablers for community systems strengthening, to frame the priorities setting activity. In other words, local civil society must frame their priorities in the Charter in terms of activities which fall under (1) behaviour change, (2) condom promotion and distribution (3) key populations (4) prevention of mother-to-child transmission, (5) treatment care and support and (6) male circumcision. Based on these categories, CSOs work in six groups and are encouraged to articulate their comparative advantage as critical enablers, through activities such as community mobilization, mass media and political advocacy. Delegates may choose which of the six groups they set priorities on, depending on their expertise or interest in each of the basic programme areas. CCM members are encouraged to spread out among the tables so that each group has CCM leadership and buy-in for the priorities that are set. AAI also arranged for certain civil society CCM members and key stakeholders to co-facilitate the priorities setting activity, ensuring that the process is led by local civil society, which is critical for country ownership of the Charter.
AAI’s unique methodology for civil society priorities setting involves an eight-step process. First, participants must identify “what” their top two strategic priorities are for each basic programme area. Next, participants work to identify the evidence base for “why” this is their priority, using epidemiological data and bio-medical evidence to demonstrate the need for the intervention. This is civil society’s investment case. Further steps in the activity involve strategizing around “how” the priority will be rolled out, identifying priority activities. Participants then prioritize “which” populations the intervention should target, “where” and “when” the activities should be rolled out, and “who” are the local civil society organizations that are best placed to implement them. Lastly, participants discussed monitoring and evaluation indicators for measuring impact. Once priorities are set by the six groups, they are shared with the room and voted upon to determine their order of importance in the Charter.

Malawi Civil Society Priorities Setting Workshop: A Close-Up

The workshop to create the Malawi Civil Society Priorities Charter was held on 13th February 2014 at the Sunbird Capital Hotel in Lilongwe. The workshop brought together 45 delegates from 37 partner organizations. Based on lessons learned from previous workshops in Swaziland and Zambia, AAI ensured that as many people as possible from outside Lilongwe (the capital city) were supported to attend. In Swaziland, the workshop had some rural representation, with four delegates coming from Siteki and the Lubombo lowveld of Swaziland. In Zambia, participants gathered from Chipata, Ndola, Monga and rural Luapula Province to join their colleagues in Lusaka. In Zambia it was clear that increased rural participation was extremely vital for the debate. In Lilongwe, thirteen delegates were supported to join the Priorities Setting Workshop, traveling from Mzuzu, Blantyre, Nkhotakota, Ntchisi, Karonga, Zomba, Mchinji, Chitipa, Thyolo and rural Ntcheu. The impact of this is clear; the Malawi charter prioritizes neglected regions of the country and underserved populations – particularly rural women – much more than the Charters from the other two countries. This kind of geographic representation is critical for national level priorities setting which aims to improve the way marginalized groups have their voices heard at CCM level.

“I believe that it is a good initiative as this will prepare the CSOs to actively engage in the country dialogue. We really appreciate the support you are providing in many countries including in Malawi and I am convinced with this support a strong concept note will be submitted by Malawi”

Plaikessi Kouadjani
Global Fund Portfolio Manager for Malawi
A second important factor for ensuring that marginalized groups are adequately captured in the charter is the presence of strong LGBT activists in the room, particularly if they are a CCM member. In Malawi, the Center for Development of People (CEDEP) is a well-established, well-known CSO which has a history of conducting in-depth studies on LGBT populations. CEDEP’s research is cited by the National AIDS Commission’s National Strategic Plan for HIV as the best available data on LGBT HIV prevalence in the country. In other countries, LGBT activism is more nascent and LGBT organizations are less visible. At each workshop, there was representation from LGBT CSOs, but the quality of that representation varied greatly. In Malawi and Swaziland, where there are LGBT CCM members, key populations issues were prioritized much higher on the list than in Zimbabwe and Zambia, where there is no LGBT leadership at CCM level. While there is no LGBT representation at CCM level in Tanzania either, for this workshop AAI partnered with the International HIV/AIDS Alliance to hold a key populations pre-meeting. This meeting aimed to prepare key populations CSOs to discuss their priorities in advance, so that they could present a stronger agenda during the priorities setting working among wider civil society the following day. This pre-meeting helped key populations in Tanzania get their issues voted the highest out of all five Charters.

Thirdly, the use of data in the Malawi workshop was a comparably strong point for civil society during the priorities setting activity. Based on experiences in previous workshops, AAI placed data cards on the tables in Malawi with epidemiological evidence from the country. Civil society made effective use of these data cards during their priorities setting, creating a strong evidence base for their priorities. Further, among the participants in the Malawi workshop were two CCM members representing Academic Institutions. While the Zambia workshop also had a CCM member from the academic constituency, and the Swaziland workshop included three young Swazi researchers, the participation from the Malawi academic delegates was comparatively much stronger. They challenged civil society to engage with data, questioned the validity of data, and contributed further epidemiological evidence to the Charter during the electronic feedback round. This has made a noticeable impact on the Malawi Charter, as it is comparably stronger than the others in terms of its biomedical background.

Impact and Results

Civil society and CCM members have been demonstrating ownership of their Civil Society Priorities Charters in a number of innovative ways that AAI did not anticipate. In Swaziland, soon after the Charter was completed, civil society CCM members submitted their Charter to their CCM Chair with a signed letter requesting that it be recognized as an official reference document during the HIV/TB concept note writing process. The Charter was also used there to ensure the inclusion of CANGO (Coordinating Assembly of NGOs in Swaziland) on the writing team to

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“The report [Malawi Civil Society Priorities Charter] has provided us with good information for our 2012/13 annual report and you can be rest assured that this is going to be a very useful tool for our future programming as it has a lot of evidence based information for use”

Ruth Mwandira
CCM Member, DFID Malawi

“Just saw the Civil Society Charter. Well done! This will be an important tool for interested stakeholders – including PEPFAR”

Lucille Bonaventure
CCM Member, PEPFAR, Swaziland

LGBT CCM members, key populations issues were prioritized much higher on the list than in Zimbabwe and Zambia, where there is no LGBT leadership at CCM level. While there is no LGBT representation at CCM level in Tanzania either, for this workshop AAI partnered with the International HIV/AIDS Alliance to hold a key populations pre-meeting. This meeting aimed to prepare key populations CSOs to discuss their priorities in advance, so that they could present a stronger agenda during the priorities setting working among wider civil society the following day. This pre-meeting helped key populations in Tanzania get their issues voted the highest out of all five Charters.

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represent civil society’s interests. CANGO has since held a wider consultation to validate the Charter, and is currently working on revising the priorities based on this additional input. Further, Pact Swaziland and Pact Malawi envision using the Charter to advocate for CSOs to get Principal and Sub-Recipient status. Zambia has disseminated their Charter through their AIDS service organization networks and the country is currently organizing a validation process of the Charter, which is a good outcome as the Charter should be considered a living document that is revised and revisited throughout country dialogue. In Malawi, the Southern African AIDS Trust used the Charter in a capacity building for civil society, and the LGBT constituency used the strong mandate for key populations in the Charter to secure two seats on Malawi’s new (2014) CCM. Zimbabwe has been the first country to use their Charter in an application to the Global Fund (TGF-14-027), applying as a consortium for a call for proposals which aims to enhance the meaningful engagement of key populations in country dialogue and the NFM. The Zimbabwe LGBT organizations which applied, used their Charter to demonstrate previous successes in consulting with a wide range of stakeholders and setting priorities around key populations’ issues. Based on the successes of the Tanzania Charter, which represents a landmark consensus of 89 participants from 78 partner organizations, UNAIDS and the Zanzibar AIDS Commission are currently planning to replicate the model in Unguja.

"Congratulations to everyone involved in the development of the Malawi Civil Society Priorities Charter. It is so welcome to see an emphasis on rural and remote populations and on key populations”

Dr. Jennifer Butler
Senior Technical Advisor HIV and Key Populations
UNFPA

Third, the Charters are proving to be a useful tool for the Global Fund Secretariat in their efforts to be more accountable to marginalized groups in the NFM. Fund Portfolio Managers in each country are aware of the Charters and have expressed their value added to country dialogue. Further, at the Global Fund’s Regional Workshop (17-20 February 2014, Johannesburg) countries were sharing their Charters and the methodology with others. According to Donald Tobaiwa (Zimbabwe AIDS Network) everyone at this meeting acknowledged the Priorities Charters as the best way for civil society to engage with the NFM. Mr. Tobaiwa has been at three of AAI’s workshops so far, sharing Zimbabwe’s experience as an NFM early applicant. He reflects that he has learned as much from other countries as he has taught them, taking experiences from Swaziland, Zambia and Malawi back to Zimbabwe.

Priorities Charters (Click to View!)
Challenges and Opportunities

One of the key challenges that arose during the Civil Society Priorities Setting Workshops is civil society’s discomfort and inexperience level using data and statistics to support the priorities that they identify. CSOs need significant capacity building on how to access data from government, UN agencies and other sources and how to interpret that data and use it effectively for advocacy. There is also a need for civil society to improve collection of their own data, both quantitative and qualitative.

Another challenge was understanding the concept of priorities setting at a very fundamental level. Civil society in all three countries was reluctant to prioritize, often hesitant to specify priorities at all, fearing it would limit their options for funding. This is a key barrier to effective advocacy at CCM level, as civil society organizations are often perceived to bring “laundry lists” of demands. The Global Fund HIV/TB concept note requires a gap analysis of 6-12 priority areas, so this exercise of narrowing civil society’s priorities list down to the top 12 issues was a challenge for civil society in all five countries, but a necessary step for improved advocacy within the New Funding Model.

Third, there was a challenge during the workshops with respect to representation, where delegates did not necessarily advocate or vote in line with their constituency. In Malawi, one of the representatives from civil society’s TB community (who is also the chair of the National AIDS Commission) was perceived by other delegates to represent her interests as the Global Fund Principal Recipient more than the interests of her TB constituency. In other words, delegates felt TB advocacy during the priorities setting was weaker than it should have been from those who were representing that community. Representation is a wider issue on the CCM generally, a theme that is highlighted in AAI’s upcoming “CCMs Speak” report.

Additionally, there were some missed opportunities for civil society in all countries to be more creative with their priorities. Delegates from Swaziland lamented that civil society always focuses on what they have done in the past, not what they should be doing going forward. In Malawi, after the Behaviour Change group presented priorities on economic empowerment of young girls (to target structural barriers around behavioural choices) other participants reacted with resistance. They were confused about why behaviour change priorities were not focusing on ABC (abstinence, be faithful, use condoms), feeling very unsure about deviating from this framework. These are barriers that civil society needs to overcome in order to stay relevant and achieve greater impact in the NFM.

Further, there is always the necessary reality that not every civil society organization in the country can be included in the workshops, which left some organizations feeling sidelined from the priorities setting activity. Countries have identified opportunities to further validate their Charters among wider civil society, seeking further input and participation in the priorities setting activity. In Swaziland, Zimbabwe and Zambia, civil society organizations have organized follow-up workshops around their Charters to revise and refine the priorities they have set. AAI commends this strategy as it promotes further transparency and dialogue.

“These Priorities Charters have obvious practical uses for mobilizing partnerships around key advocacy priorities, but they are also useful in providing a concise guide for journalists, policy makers and elected officials to understand what the public wants”

Robert Lovelace,
Senior Fellow, Trade Union Sustainable Development Unit
The Way Forward

While the Civil Society Priorities Charters have been recognized as good practice for Global Fund country dialogue, they should be regarded as part of a bigger process that requires wider constituency consultation, further validation of the priorities, and strong civil society leadership to take the issues forward to the CCM. For these five countries that have completed their Charters, they must now hold the other members of the CCM accountable by ensuring that the contents of the Charter are voiced at CCM and that the priorities of their constituency are captured in the country concept note. To achieve this, AIDS Accountability International recommends the application of our three-step accountability framework to ensure that the principle of accountability in the response to HIV, TB and malaria is translated from rhetoric into a set of actionable governance steps:

**Transparency:** Data, full, relevant, correct, accurate and unbiased data that is methodologically sound, periodically collected and collectively reported, discussed and reported as well as transparent about its failings and limitations is a vital starting point for any discussion on developing a response to health problems.

**Dialogue:** Dialogue should mean all relevant stakeholders can meaningfully and freely participate, without fear, in the discussions and debates on the delivery and performance of health by public servants, especially in relation to the commitments they as governments and leaders have made.

**Action:** Action is necessary for public servants to improve their delivery of health, share their successes and learn from their failures making for quality, improved, sustainable and human rights based health access for all a reality. All leaders, not just governments, need to act to ensure transparency and dialogue are part of the health development process.

“Indeed the other CCM members were impressed with the Charter and the shake-up was worth it; people are considering and respecting us, as expected, and I am happy for such team work and consideration. Slowly but surely it looks positive and the fact that we know where to turn to when things do not move as agreed on makes one motivated and strong”

Xolile (aka Malume) Mabuza
CCM Member representing the transgender community, Rock of Hope, Swaziland

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