



STRENGTHENING
AFRICA'S COUNTRY COORDINATING MECHANISMS
THROUGH EMPOWERMENT OF
MARGINALIZED COMMUNITIES

CCMs SPEAK

A NEEDS ASSESSMENT FOR THE GLOBAL FUND'S NEW FUNDING MODEL

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NEW FUNDING MODEL, NEW CHALLENGES

In 2014, The Global Fund to Fight AIDS, Tuberculosis and Malaria launched its New Funding Model.

The Fund's previous grant making architecture was based on Rounds of funding, with calls for proposals at a certain time every year. With the New Funding Model, countries can apply for funding on a rolling basis, in line with the country's strategic plans.

This is supposed to make requests for funding more needs-driven, allowing countries to make requests for support in a more timely way, instead of waiting for the next Round of funding to be announced. Further, countries now submit concept notes instead of full proposals, which are supposed to allow for more feedback from the Secretariat, with an objective to increase the

number of proposals that get approved.

Under the Global Fund's New Funding Model there is also renewed emphasis that concept notes must reflect an inclusive and transparent process of consultation called country dialogue.

This process must involve civil society, especially representatives of women, young girls and individuals who are marginalized because of their sexual orientation and gender identities, such as lesbian, gay, bisexual and transgender (LGBT) individuals.

With more than 65 countries set to submit concept notes to the Global Fund in 2014, it is critical that we understand what the barriers are that hinder the effective participation of marginalized groups in Global Fund decision making.



CAPTURING THE VOICES OF CCM MEMBERS

This report is part of a series of reports on Africa's Country Coordinating Mechanisms (CCMs), the national bodies which are responsible for submitting requests for funding to the Global Fund and for choosing implementing partners.

The work assesses participation levels of key affected populations in Global Fund decision making, particularly women, young girls and the LGBT community. The Literature Review, Community Consultation and Quantitative Analysis form part of this body of work and can be accessed on AIDS Accountability International's (AAI) website.

This Needs Assessment Report is the final report in the series, and closely informs AAI's current work being done to support countries to produce

Civil Society Priorities Charters for the Global Fund's New Funding Model.

This report draws on original AAI research from 2012 and 2013, including 91 interviews from 7 African countries: Botswana, Malawi, Namibia, South Africa, Swaziland, Zambia and Zimbabwe. Those interviewed include government, civil society, people living with HIV, the faith-based community, funding partners and others, many of whom are CCM members or related stakeholders.

Interviews were also conducted with Fund Portfolio Managers and Technical Specialists at the Secretariat in Geneva. Informants were asked to share their perspectives on the gaps and challenges within their CCM, and suggest ways for improving the HIV, TB and malaria response to reach women, girls and LGBT communities.



IDENTIFYING GAPS AND SOLUTIONS

This report draws out seven major themes from key informant interview data.

These seven themes highlight shared regional challenges when it comes to effective CCM functionality and how that impacts preparedness for the New Funding Model. These seven themes are:

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Based on these identified needs, there is a pathway to improve CCM and Global Fund accountability to key populations within the New Funding Model.



AUTHORSHIP

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Steve Murigi, independent photographer from Nairobi, Kenya, provided many of the images featured in this report.

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

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REPRESENTATION

One of the core principles of the Country Coordinating Mechanisms, according to the Global Fund, is that CCM members have the responsibility to represent the interests of their entire constituency.

However, there is a common perception in Southern Africa that many CCM members advocate for their own personal interests or for the interests of their organization instead. Part of this stems from the challenges of constituency consultation, but there are other barriers to effective representation as well.

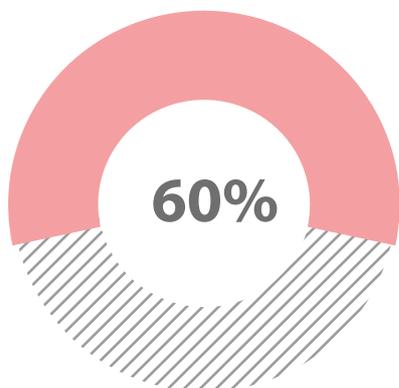
Conflict of interest is sometimes an issue on CCMs when members are fund recipients. If CCM members are from organizations that receive money from the Global Fund, this may create an incentive for that member to advocate for his or her organization over the constituency they are meant to represent. In other words, if there is an opportunity for a fund recipient to acquire more money for their organization, they may agree to take that money even if the activities it will fund are not what their constituency wants or needs.

Members are supposed to excuse themselves from meetings when conflicts of interest arise, but this does not always happen.

Another significant challenge for effective representation on CCMs is that many members, particularly those from small civil society organizations, often do not have the capacity to meaningfully participate. This is an important distinction; having a seat on the CCM does not necessarily mean a constituency is represented. Some CCM members rarely show up for meetings. Others sit silently without speaking.

Reasons for poor representation are many and varied. Showing up for meetings can be a challenge if you live far away from the capital city, and speaking up is difficult if you do not have a strong understanding of the content of the debate.

Seats for certain constituencies, especially key affected populations and people living with HIV, are often filled just to meet CCM requirements, a concept known as “tokenism”. Countries must have these individuals as part of their CCM to qualify for Global Fund grants. However, for these constituencies the quality of representation is often an issue. Just because a member is living with HIV, or is a man who has sex with other men, does not necessarily mean that member has strong advocacy skills.



In Lesotho, 60% of CCM members are female.

CCMs in Latin America have almost twice as many seats for PLHIV compared to Southern Africa.



“Who is representing who at CCM level? Are we representing organizational priorities or national priorities? You might put an organization as a key stakeholder there, but are they really consulting the people whom they are claiming to represent?”

– Key Informant, **MALAWI**

“We feel that the representation has to be province based”

– Marieta de Vos, Network AIDS Community of **SOUTH AFRICA**

“You find in most instances, you are discussing interests of organizations, not interests of constituencies”

– Khanya Mabuza, National Emergency Response Council on HIV and AIDS, **SWAZILAND**

“Sometimes the people who come to represent people don’t even know who it is they really represent, or why they are there”

– Carol Nawina Nyirenda, CITAM+, **ZAMBIA**

“Having that seat means nothing vis-à-vis the issues, the understanding of the issues, and so, it’s a lot more than just whether or not someone’s sitting in a seat”

– Key Informant, **MALAWI**

“There needs to be more emphasis placed on ensuring that the civil society is properly empowered. Not just having representation, but is actually empowered to use that representation”

– Richard Cunliffe, Global Fund Secretariat, **GENEVA**

“I think people need to know, how do you participate in the first place, in a forum like that, so that your voice can be heard? Because otherwise it is represented by bodies”

– Dundu Macha, **BOTSWANA** Network of People Living with HIV & AIDS

“It’s not what they represent, it’s how they represent”

– Key Informant, CCM Member, USAID, **ZIMBABWE**



CONSTITUENCY CONSULTATION

One of the biggest barriers to inclusive participation in Africa's Country Coordinating Mechanisms is the lack of constituency consultation.

Members of the CCMs are elected by their relevant communities and are expected to uphold principles of democracy by consulting regularly with their constituents so that they can represent their views and concerns in CCM meetings and decision-making processes.

CCM members have a responsibility to share information with their constituents in a transparent and timely manner, and respond to their requests for additional information about meeting dates, proposals and future funding decisions.

Civil society, in particular, is tasked with keeping strong ties with their communities so that they can provide feedback on the quality and impact of projects and programmes. Despite these expectations, several factors impede the ability of CCM members to consult their constituencies.

First, most CCM members have full time job responsibilities outside of the CCM. This means that time and availability is often a significant

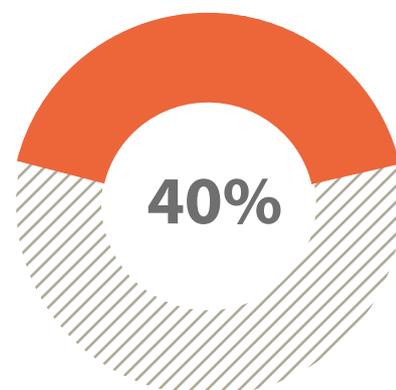
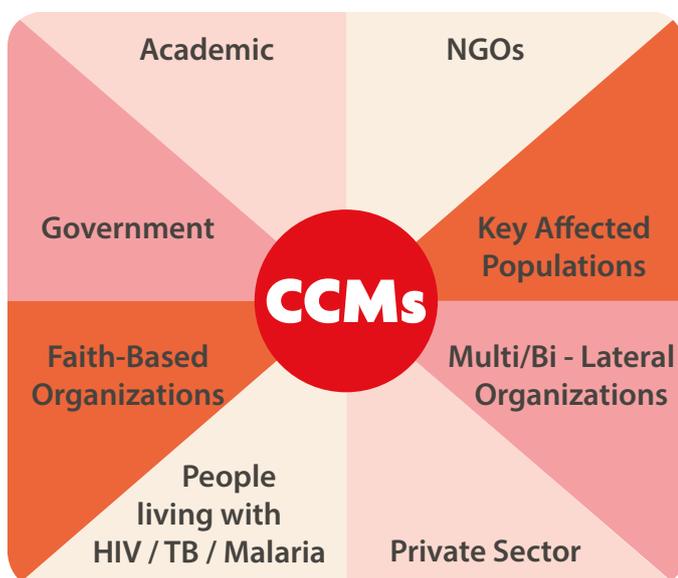
constraint. CCM members are supposed to inform their communities when the CCM is preparing to submit funding proposals to the Global Fund, consulting people on what they want to see included in that proposal.

However, organizing and conducting workshops and meetings takes a certain amount of commitment, which many CCM members do not always make time for.

Second, consulting constituencies often requires additional resources to travel, hold meetings and distribute materials. For many CCM members – especially local civil society – the resources for holding consultations are not readily available.

Third, certain constituencies are harder to reach than others. Some CCM members are part of network organizations, which have systems in place for reaching out to their members. However, for other CCM members, their constituencies may be much harder to reach.

Sex workers, men who have sex with men and people who use drugs are often forced to live in hiding or operate underground because they are criminalized by harsh laws, making it much more difficult to bring them together for consultation.



40% of the CCM should be comprised of local civil society organizations.

“Constituency feedback, from where I stand, is non-existent. There is no mechanism for giving feedback to constituents that you are supposed to be representing”

– **Key Informant, Botswana**

“They say they represent people but there’s no feedback, there’s no consultation actually because where will they do it? They don’t have the infrastructure”

– **Maureen van Wyk, Network AIDS Community of South Africa**

“To what extent are you in a position to give feedback to the constituency after attending a CCM? For me, those are the issues, and unfortunately due to limitation of resources, at times this is still a challenge”

– **Zack Makari, Namibia Network of AIDS**

“When you are elected you must represent the interests of your group and come back and report to them. We should be informed that the country is writing a proposal. This is not a transparent process and members are no longer accountable to the people they are representing”

– **Cebile Dlamini, Swaziland for Positive Living**

“Owing to the fact that there is no funding for constituencies, information does not trickle to persons with disabilities throughout the country”

– **Elijah Ngwale, Forum on HIV/AIDS for Persons with Disabilities, Zambia**

“How do you consult people on the ground when you don’t have the money to do it?”

– **Dundu Macha, Botswana Network of People Living with HIV & AIDS**

“Where I feel people ought to be empowered to demand of their constituency representatives, it’s not taking place. They will only consult if they’ve been asked to, on a particular issue, or if there’s a benefit”

– **Key Informant, Malawi**



CIVIL SOCIETY CAPACITY

For the implementation of grants, the Global Fund recommends that countries have both government and non-governmental principal recipients (PR) of funding, because a good national response to HIV/AIDS, TB and malaria should be multi-sectoral and comprehensive. This is called dual-tracking.

There are many things that government is best suited to implement, such as drug procurement or hospital-level interventions. However, there are also many things that should be the role of civil society, especially critical enablers such as demand creation for services and community mobilization.

Despite this recommendation for dual-tracking, in many countries in Southern Africa civil society does not have the capacity to manage large multi-million dollar grants from the Global Fund.

At a more basic level, there are also capacity issues to do with accessing information in long and complicated documents in order to adequately prepare for CCM meetings.

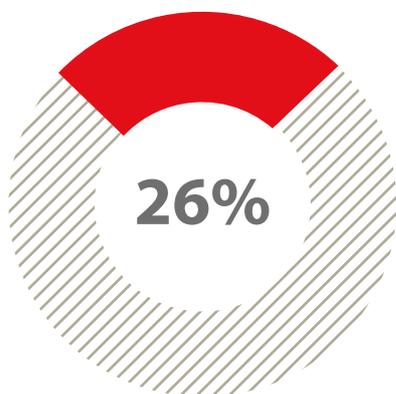
AAI's research reveals that many CCM's in Southern Africa would like to have a civil society PR, but that there are very few civil society

organizations that have the capacity to implement large-scale national programmes, manage large sums of Global Fund money and oversee sub-granting responsibilities.

Aside from receiving funds and implement programmes, civil society also has a key role to play in advocacy, putting pressure on governments and other partners to perform better and be more accountable to the people they serve. In this role, too, there are some significant capacity issues that civil society faces.

At a very fundamental level, civil society needs to more clearly define their role in the HIV, TB and malaria response, understanding for themselves where they fit in and what their comparative and competitive value is as a sector. Civil society must better understand and articulate its own role in the response in order to convince others that they should be Global Fund recipients.

Since AAI's CCM research shows that being a PR is very important in terms of influencing decisions on the CCM and being able to direct funding, in countries where no civil society organization has the capacity for this role it is much more difficult for women, girls and SOGI individuals to access funding.



In Namibia, 26% of CCM members are from civil society. The highest proportion in Southern Africa.



Civil Society Principal Recipients received more "A" ratings than UNDP and Government.

"In my view, the challenges that we are still having are, to what extent does each representative prepare him or herself before you go into a meeting"

– **Zack Makari, NAMIBIA**
Network of AIDS
Service Organisations

"One of the challenges is for civil society to [say] 'this is what we do, that no one else can do, that's why we're critical to this response'"

– **Key Informant, PEPFAR, NAMIBIA**

"The problem is perhaps a real lack of capacity in terms of people who really properly understand the space that civil society occupies, and understand and are prepared to challenge"

– **Richard Cunliffe, Global Fund Secretariat, GENEVA**

"Compared to other countries, our civil society is quite strong, but it's not half as strong as it should be"

– **Chantel Marais, MOSAIC, SOUTH AFRICA**

"Some of them [civil society] are just too quiet and they take whatever it is that's being put on the table because they didn't read and they're not prepared for the meeting"

– **Vulindlela Msibi, CCM Secretariat, SWAZILAND**

"There is no strong civil society here and the government is too strong"

– **Key Informant, CCM Member, USAID, ZIMBABWE**

"I think the issue is, when ZNAN [Zambia National AIDS Network] was there it was ok because the marginalized groups could get funding from there. Now ZNAN is no more, now where do they get their funding from?"

– **Key Informant, ZAMBIA**



LGBT PARTICIPATION

The Global Fund’s CCM guidelines have always made a recommendation that key affected populations, including lesbian, gay, bisexual and transgender (LGBT) individuals, should be included in the CCM membership composition. However, this was always a recommendation, not a requirement.

As part of the New Funding Model launched in 2014, CCM membership requirements have been revised, and the Global Fund has now made it a requirement for countries to have key affected populations on their CCMs in order to be eligible for funding. This new requirement will take effect in January 2015.

But the definition of key affected populations, according to the global fund, is quite broad. This requirement can be satisfied by seats for any of the following: women and girls, men who have sex with men (MSM) people who inject drugs (PWID), transgender people, sex workers (SW), prisoners, refugees and migrants, people living with HIV, adolescents and young people, orphans and vulnerable children, and populations of humanitarian concern. So LGBT participation in Global Fund decision making is not guaranteed.

There is also a caveat: “The Secretariat may waive the requirement of representation of Key Affected

Populations as it deems appropriate to protect individuals.” In Southern Africa, legal, cultural and political barriers may continue to be used as excuses for excluding LGBT populations from Global Fund decision making, despite the fact that these groups of people often face much higher disease burdens, elevated levels of stigma, and much greater difficulties accessing health services.

AAI’s research shows that overly mainstreamed discussions about Global Fund programming mute the specific needs of the LGBT community, which may compromise wider national efforts to curb HIV, TB and malaria.

Having a seat on the CCM for a strong LGBT advocate makes a big difference. In AAI’s Civil Society Priorities Charter development workshops, in countries where there are LGBT representation on the CCM, the issues were prioritized much higher than in countries where there is not.

It is therefore critical that this new CCM requirement be implemented to ensure LGBT membership in all countries.

As of 2014,
Malawi now
has MSM
representation
on its CCM



As of 2013,
Swaziland
now has
Transgender
representation
on its CCM



"In the past, most of the RMC members were not really very informed about any strategy, let alone the SOGI and the gender strategy"

- Marieta de Vos,
Network AIDS Community
of **SOUTH AFRICA**

"It's a must that we must consult with key populations. It's a requirement, otherwise we don't qualify; our proposal won't even be considered. So, that's the point of entry, that's the strategy we use. We just go there with a health agenda – everything else can follow. That's our approach, given our environment, because politics is politics"

- Vulinlela Msibi, CCM Secretariat,
SWAZILAND

"When you marginalize one population, then you lose the whole fight. You can't say we've got a substantive HIV prevention programme when you are leaving out a critical mass of MARPS [most-at-risk populations]"

- Key Informant, **MALAWI**

"The moment you say 'human rights' you are deemed to be talking Politics"

- Hlobisile Dlamini,
SWAZILAND Rural Women'
Association

"In many countries, people cannot speak openly about their sexual orientation, so we are not putting this type of requirement on the CCM"

- Maria Padkina, Global
Fund Secretariat, **GENEVA**

"In short, marginalized groups do not have a voice and in Zimbabwe there's not really that type of activism"

- Key Informant, **ZIMBABWE**

"It is a big challenge to be seen to be advocating for something that is illegal in a proposal that is supposed to provide for national needs"

- Victor Chayamba, **Malawi**
Global Fund Coordinating
Committee



YOUTH INVOLVEMENT

While women and those who are marginalized by their sexual orientation and gender identities are often under represented at CCM level, AAI's research reveals that youth – especially young girls – are the most sidelined from Global Fund decision making.

Several CCMs do have seats for youth organizations; however, those members are rarely young people themselves, despite the Global Fund's CCM guideline that those seats should preferably be for youth-led organizations.

The absence of youth on CCMs leads to their exclusion from requests for funding. For instance, only 11% of Round 8 and 9 Global Fund proposals included gender-related interventions for young girls and only 3% targeted young men with these activities.

Further, key informants highlighted that youth organizations in Southern Africa are disproportionately led by young men, and not young women.

This is problematic since epidemiological data shows that infection rates are significantly higher

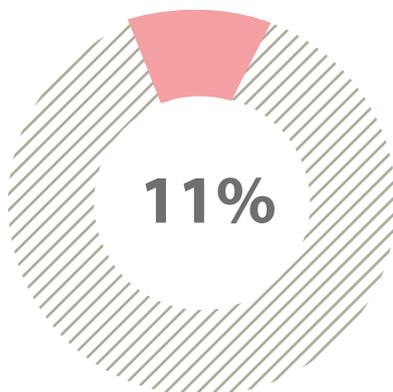
among adolescent girls than they are among their male peers.

Informants expressed that cultural norms plays a significant role in terms of CCM power dynamics and the ability of young girls to participate.

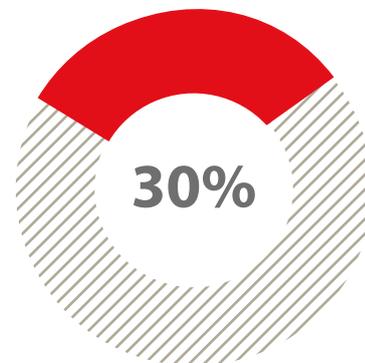
There are deep-rooted issues of patriarchy in many Southern African societies which do manifest at CCM level. This makes it very difficult for a young woman to challenge an older man, even when the issues being discussed are those that affect her directly.

There are also cultural norms about the way young people, especially young women, should and should not interact with their elders in certain forums. For instance, it may be culturally inappropriate for a young girl to push an agenda at the same table as an older man.

Even if CCMs do make membership changes to include young girls, barriers to meaningful participation will still exist, and there will be the need for significant capacity building and sensitization around the value of young girls' voices in Global Fund decision making.



Only **11%** of Round 8 and 9 Global Fund proposals included gender related interventions for young girls.



30% of Round 8 & 9 proposals that specifically target women included interventions to mitigate or respond to gender-based violence.

“Okay, you really want to provide these services for the young women, but then the faith organizations will say that’s not acceptable”

– **Edith Mkawa, MALAWI**
Global Fund Coordinating
Committee

“And then younger women, what came up quite strongly was their voice. Their lack of voice, should I say”

– **Diane Cooper, Women’s Health Research Unit, University of Cape Town, SOUTH AFRICA**

“I’m not sure about girls though. You don’t really have an organized entity for young girls or an organization where they can channel their interests”

– **Key informant, PEPFAR NAMIBIA**

“Young girls, I don’t think they have sufficient representation on the CCM. I’m not even sure there’s a representative from the youth”

– **Key informant, MALAWI**

“When we look at South Africa we’re still living in a very patriarchal society so when we look at HIV/AIDS, it’s still sort of dismissive of the social situations that people find themselves in that contribute to increases in HIV infections”

– **Kerryn Rehse, MOSAIC, SOUTH AFRICA**

“You really want to provide these services for the young women, but then the faith organizations will say that’s not acceptable”

– **Edith Mkawa, MALAWI**
Global Fund Coordinating
Committee

“That’s something that could also be looked it – children representation on the CCM. I mean, we have child parliament; there is the need for that kind of a situation”

David Zinyengere, Health Environment & Development Consulting, ZIMBABWE

“Zimbabwe has the highest number of orphans in the world, per capita. And, is the Global Fund giving any money to orphans? They’re not, in Zimbabwe. There is no constituency within the CCM to represent orphans”

– **Key Informant, ZIMBABWE**



COUNTRY OWNERSHIP

One of the core principals of the Global Fund is that of country ownership. Country ownership means that the Fund endeavors to support programmes that reflect national priorities and respect country-led design, implementation and monitoring of projects.

In theory, country ownership should be a positive thing, fostering initiatives that are culturally relevant and sustainable. However, in practice, there are a number of challenges that play out on the ground, which many key stakeholders suggest are barriers to effective programming.

First, in many contexts in Southern Africa, country ownership ends up meaning government ownership. There are often not solid democratic processes in place which allow for voices of marginalized groups to be heard and acknowledged on national level platforms, like the CCM.

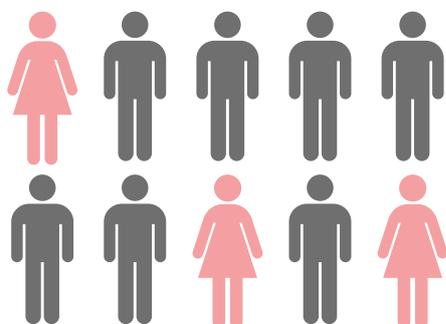
Further, many governments also have policies and laws which do not uphold human rights for all, especially with respect to sexual orientation and gender equality. These are core values of the Global Fund and of the international community.

There is an increasing tension around countries being told on the one hand that they own their Global Fund programme, yet they are also made to follow extensive protocols, requirements and stipulations coming from the Fund. AAI's research shows that many CCM members and Fund recipients feel frustrated with this contradiction.

For example, the Global Fund often ties its funding to conditions precedent (CPs), which prescribe certain actions that countries must take in order to continue receiving money.

Another issue around country ownership has to do with challenges relating to promoting nationally-led programming in countries where laws and policies do not uphold human rights. For example, in many countries in Southern Africa, marginalized groups such as MSM and sex workers are criminalized, but reaching these populations with services is a priority for the Global Fund.

There is a need to strike a balance between ensuring that programming upholds human rights, while also encouraging country-led and locally designed implementation to promote accountability and sustainability.



The Global Fund's new CCM Assessment Tool only requires female membership to be **30%** in order for a CCM to be considered "fully compliant".



In Round 10, only **14%** of proposals contained activities related to behavior for MSM, and **6%** for Transgender people.

“That distinction between, you know, we’re not telling you what your strategy should be, we’re just telling you what we’ll pay for out of it, is tricky, because, there are very fine lines with those types of things”

– **Key informant, PEPFAR, NAMIBIA**

“There are so many issues where we feel we are not appropriately being heard. There are times when we would feel certain things should happen in one way, and Global Fund wants them to happen in another way”

– **David Zinyengere, HEDEC, ZIMBABWE**

“It needs to be less of a top down and more of a consultative process that allows an SR [sub-recipient] to give feedback to Global Fund or even the country CCM, just to say: ‘this is what we’re experiencing”

– **KERRY REHSE, MOSAIC, SOUTH AFRICA**

“Who wants to have a facility where they say ‘I am LGBT, I am MSM, give me health services’? You go there because you are a patient. The Global Fund is not in touch with that reality”

– **Key Informant, World Bank, ZAMBIA**

“So, it’s not a partnership with the Global Fund, you just have to do what they expect you to do, and then you qualify for funding, or you pass the test”

– **Victor Chayamba, MALAWI Global Fund Coordinating Committee**

“It very much depends on the FPM and the team leader. So, some FPMs are more in touch with their countries, some FPMs are not willing to go there that often”

– **Maria Padkina, Global Fund Secretariat, GENEVA**

“Donors come with so many requirements, you end up forgetting your sole agenda, you know, why you are actually here, because 80% of the time you are merely trying to respond to donor requirements. And you lose focus on what you initially dreamt of as an institution”

– **Hlobile Dlamini, SWAZILAND Rural Women’s Initiative**



COORDINATION

Most CCMs in Southern African meet four times a year to discuss the Global Fund country programme, future proposals, grant management and fund recipients. Before coming to these CCM meetings, it is optimal to prepare ahead of time with other members in your constituency, in order to advocate with a unified voice.

This is especially necessary for constituencies like civil society, when power dynamics on the CCM might place them at a disadvantage in terms of how they are listened to.

Other constituencies, such as government or multi-laterals, may also have their own internal structures which foster greater coordination before CCM meetings. On the other hand, civil society organizations meet with each other much less frequently. This places civil society at a significant disadvantage on the CCM in terms of pushing any kind of agenda to place checks and balances on government.

Marginalized groups are most often represented by civil society organizations, which mean that issues of coordination disproportionately impact these groups of people.

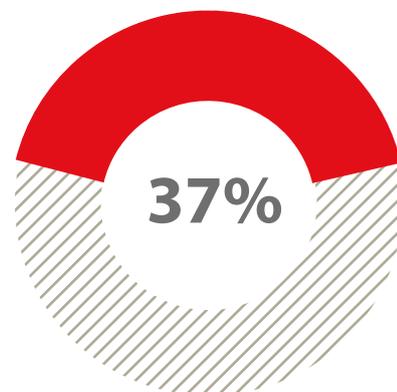
If women, young girls and LGBT people are to participate meaningfully on the CCM and effectively advocate for their issues, coordinated advocacy needs to be strengthened.

AAI's research shows that civil society coordination is a key weakness in the meaningful participation of marginalized groups on the CCM. Many key informants voiced the need for pre-meetings for civil society so that they could be more effective as a unified force at CCM level. Some of the barriers to effective civil society coordination include resource availability, such as time and money.

Strong leadership from a coordinating body is also necessary to galvanize civil society for planning meetings.

Another challenge is conflict of interest on the CCM. Civil society is perceived to have conflict of interest more often than other constituencies, since they are often fund recipients and stand to gain from CCM decisions about proposal content and grant disbursements.

This is another hurdle that would be overcome significantly with unified advocacy.



The average CCM in Southern Africa is made up of **37%** government members.

“What I told the CCM would be helpful for the vulnerable constituencies - pre-CCM meetings, a day before the CCM or two days before. Because what do you push for? We never really have agendas. You go there and it’s really rubber stamping. I guess the government has their inter-governmental meetings at a different level where they have the chance to speak about these things”

- **Carol Nawina Nyirenda, CITAM+, Zambia**

“For me I think it would still be important to continue with the civil society, even generally on how they can work among themselves as NGOs”

– **Edith Mkawa, MALAWI Global Fund Coordinating Committee**

“All of this would be solved through more consultative processes”

– **Kerryn Rehse, MOSAIC, SOUTH AFRICA**

“They [civil society] do tell you you’re wrong if they want to, but that’s not good enough if it’s one of them, if others are silent. But if they speak one voice, they could lobby, they could influence policy direction”

- **Vulinlela Msibi, CCM Secretariat, SWAZILAND**

“That’s what we need. And when we say pre-CCM civil society, we don’t just, like, bunch them together. Let it be civil society per constituency. Let the youth meet. They meet, digest and read through the agenda. It’s also important to have an after-CCM meeting. You report back, you know, whatever was resolved, whatever was discussed. I think that would promote transparency”

Isaac Chanda, Ndola Youth Resource Centre, ZAMBIA

“They actually cannot coordinate because the country is too big”

-**MAUREEN VAN WYK, NETWORK AIDS COMMUNITY OF SOUTH AFRICA**



THE WAY FORWARD

This report has increased transparency around what CCM members in Southern Africa identify as the key gaps and challenges they face. Issues around representation, constituency consultation, civil society capacity, LGBT participation, youth participation, country ownership and coordination hinder the effective functionality of CCMs across the region. So what can we do to fix this?

AAI has been working to support CCMs to overcome some of these challenges by hosting a series of workshops for local civil society in Swaziland, Zambia, Malawi, Zimbabwe and Tanzania. The workshops bring local civil society together to create a clear and concise set of priorities. The outcome for each country is a Civil Society Priorities Charter, which gets taken to the CCM and presented as civil society's priorities, to be included in the CCM's concept note (request for funding) to the Global Fund. These workshops, along with the Charters as an outcome document, help to address some of the gaps in coordination, especially among civil society that represent marginalized groups.

We have also been working to build civil society's capacity, particularly around strategic prioritization when it comes to advocacy at CCM level. Our workshops also serve to improve constituency consultation, as they bring together CCM members and their wider constituencies of women, young girls, LGBT individuals and other key populations. This, in turn, also strengthens the CCM members' ability to effectively represent their constituents on the CCM, by using the Civil Society Priorities Charter as a tool for collective advocacy.

Some of the other challenges to do with CCM membership, especially the lack of youth and LGBT participation, are issues that the CCM itself needs to address. With the New Funding Model, the revised CCM eligibility requirements place even greater importance of participation

of marginalized and key populations on CCMs, especially LGBT groups and youth. Representation from these groups at CCM level is more important than ever, and CCMs must be sure to elect members from marginalized groups. But the CCM also has the responsibility to make sure that their participation is meaningful. CCM Chairs have a critical role to play here, ensuring that there is opportunity for everyone to speak and for all issues to be addressed in a fair and balanced way.

Lastly, the Global Fund Secretariat in Geneva also has to support the improvement of CCM functionality in Southern Africa. While the revised CCM guidelines are a good step, some have suggested that the Global Fund should go even further and require seats for LGBT groups and for youth. In addition, the Global Fund's CCM requirement of 30% female membership for a 'fully compliant' CCM is likely not enough to ensure the effective implementation of its Gender Equality strategy.

If the Global Fund, CCMs and civil society partners come together to improve on these identified gaps in CCM functionality in Southern Africa, there is an opportunity for the New Funding Model to be much more accountable to women, young girls and the LGBT community. If we do nothing, we will miss a critical opportunity to be more accountable to those who are most in need.

SO WHAT CAN YOU DO TO GET INVOLVED?

- Find out more about our work at: www.aidsaccountability.org
- Subscribe to our Newsletter (see sidebar on the right of the page) and get updates on meetings, discussions, advocacy tools and trainings.
- Like us on **Facebook**
- Follow us on **Twitter** @AAI_Aidswatch
- Join **The Hive** on our **LinkedIn** Forum.

“There needs to be something that looks at the process, as opposed to just the numbers”

– Kerryh Rehse, MOSAIC

SOUTH AFRICA

“There should be this constant – both ways – communication between the CCM and the country team”

– **Maria Padkina, Global Fund Secretariat, Geneva**

“Maybe you can learn something from our own experience here at PEPFAR. In the past we had a meeting for civil society and then government and then we bring them all together, and it worked very well”

– **Key Informant, PEPFAR, Namibia**

“Sensitizing the CCM on gender issues for inclusion in proposals is a key area of need”

– **Victor Chayamba,**

MALAWI Global Fund Coordinating Committee”

“We need to train the SRs and PRs in accountability for funds they are using”

– **Edith Mkawa, Malawi Global Fund Coordinating Committee**

“My target would be policy makers. Because the resistance, or the lack of appreciation of the policy position that we should be taking is not with the proper people. It's not with the CCM secretariat or the policy advocates, it's actually at the top”

– **Diana Meswele, National AIDS Council, BOTSWANA**

“If I had the resources, I would like to have a focal point person for the civil society, and then a civil society delegation, that meets and learns things. You can agree on links, read about the Global Fund, and find out about what's going on in the country”

– **Carol Nawina Nyirenda, CITAM+, ZAMBIA**



STRENGTHENING
AFRICA'S COUNTRY COORDINATING MECHANISMS
THROUGH EMPOWERMENT OF
MARGINALIZED COMMUNITIES

