The Anglophone Africa Civil Society and Communities
CCM Shadow Report and Scorecard Initiative

THE KENYA CIVIL SOCIETY
AND COMMUNITIES
CCM SHADOW REPORT

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“Africa’s story has been written by others; we need to own our problems and solutions and write our story”. - President of Rwanda, Paul Kagame, 2013.

*Every one of the Country Reports were done using Participatory Action Research: the research was developed, conducted, analysed and written by in-country national civil society activists.*
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## Abbreviations

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<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>AAI</td>
<td>AIDS Accountability International</td>
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<tr>
<td>CCM</td>
<td>Country Co-ordinating Mechanism</td>
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<td>Col/CI</td>
<td>Conflict of Interest</td>
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<tr>
<td>CG</td>
<td>Community group</td>
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<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>CS</td>
<td>Civil Society</td>
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<td>EANNASO</td>
<td>Eastern Africa National Networks of AIDS Service Organisations</td>
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<tr>
<td>EPA</td>
<td>Eligibility Performance Assessment</td>
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<tr>
<td>FBO</td>
<td>Faith-Based Organisation</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<tr>
<td>WSW</td>
<td>Women who have Sex with Women</td>
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<tr>
<td>GF/GFATM</td>
<td>Global Fund for AIDS, Tuberculosis and Malaria</td>
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<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<tr>
<td>IDU</td>
<td>Injecting drug users</td>
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<tr>
<td>INGO</td>
<td>International Non-Governmental Organisation</td>
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<tr>
<td>KAP</td>
<td>Key Affected Populations</td>
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<td>KP</td>
<td>Key Populations</td>
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<td>MDR TB</td>
<td>Multi-Drug-Resistant Tuberculosis</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<td>NFM</td>
<td>New funding model</td>
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<td>NCM</td>
<td>National Coordinating Mechanism</td>
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<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NPO</td>
<td>Non-Profit Organisation</td>
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<tr>
<td>OIG</td>
<td>Office of the Inspector-General</td>
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<tr>
<td>PAM</td>
<td>People Affected by Malaria</td>
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<tr>
<td>PATB</td>
<td>People Affected by Tuberculosis</td>
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<tr>
<td>PIP</td>
<td>Performance Improvement Plan</td>
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<tr>
<td>PLWD</td>
<td>People Living with the Diseases of HIV, TB and malaria</td>
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<tr>
<td>PLWHIV</td>
<td>People Living with HIV</td>
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<tr>
<td>PR</td>
<td>Primary Recipient</td>
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<tr>
<td>RFA</td>
<td>Request for Application</td>
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<tr>
<td>SR</td>
<td>Subsidiary Recipient</td>
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<tr>
<td>SSR</td>
<td>Sub-Subsidiary Recipient</td>
</tr>
<tr>
<td>SW</td>
<td>Sex Workers</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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Effective Country Coordinating Mechanisms (CCMs) are a vital part of the Global Fund architecture at country level. CCMs are responsible for submitting requests for funding and for providing oversite during implementation. With the introduction of the Global Fund’s New Funding Model (NFM) in March 2014, CCMs play an even more important central role, convene stakeholders to engage meaningfully in inclusive country dialogue, agree on funding split, and participate in the development of National Strategic Plan (NSP) discussions for the three diseases at country level.

With the enhanced responsibility, the NFM also introduced more rigorous CCM assessment processes. Previously, CCMs submitted a self-assessment attached to their proposal. Now, CCM self-assessments are facilitated by conducted by an external consultant – either the International HIV/AIDS Alliance or Grant Management Solutions for and on behalf of the CCM Hub. Further, CCMs are also mandated to have a performance improvement plan to accompany their assessment, ensuring that areas of weakness are addressed in an open and transparent manner.

Despite the importance of CCMs in Global Fund decision-making at country level, studies have flagged issues with CCM membership balance, poor representation and limited constituency feedback.1,2 Further, the recent audit report from the Office of the Inspector General (OIG) found several persistent shortcomings with CCM performance:

- 10% of the 50 countries reviewed did not have the required oversight committee;
- More than half of the countries did not have specific information on roles, timelines, and budgets in their oversight plans, or they had oversight plans that were outdated;
- 62% of the CCMs were non-compliant with the requirement of seeking feedback from non CCM members and from people living with and/or affected with the disease;
- More than half of the 45 CCMs that have oversight bodies did not adequately discuss challenges with the PRs to identify problems and explore solutions;
- 58% of the CCMs had not shared oversight reports with country stakeholders and the Global Fund Secretariat in the previous six months; and
- 26% did not share the oversight reports with relevant stakeholders in a timely manner that could have ensured well-timed remedial action.

In light of the OIG CCM Audit, and the enhanced role of CCMs in country level disease governance in the Funding Model, there is a need for a wide range of stakeholders to be empowered to demand improved CCM performance. While the move to have an external consultant to facilitate the CCM Eligibility & Performance Assessments (EPA) and the development of Performance Improvement Plans (PIPs) to guide the subsequent strengthening of the CCM is an improvement, the fact that these EPAs and PIPs are not public is an obstacle to accountability.

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Vested stakeholders and communities must be able to use CCM assessments and improvement plans as accountability mechanisms to demand better performance.

Added to this is the fact that currently CCM Assessment & Performance Improvement Plans lack questions that speak to quality of performance such as meaningful engagement, use of documentation and information, etc.

Civil society needs to be further engaged with the CCM Assessment & Performance Improvement Plans in order to hold stakeholders accountable. Similarly, these same civil society watchdogs and affected communities must have the tools, knowledge and information they need to be able to measure the performance of the CCM members that represent them and to hold CCMs accountable.
About the research

The project comprises of two types of research:

**The Country CCM Shadow Reports**

These reports drill down into issues at country level and assess CCM performance from the perspectives of both CCM members as well as the perspective of other stakeholders such as principal recipients and sub recipients. The report is based on the GFATM CCM Audit Progress Assessment Tool but also include various other questions that are seen to be lacking in the existing audits by Geneva. The reason why the research is considered a shadow reporting exercise is that methodologically and in terms of content we are hoping to build and improve on the methods being used by Geneva at this time. Shadow reports are used to supplement and/or provide alternative information to that which was submitted in the original reports. In this work, our aim is the same: to supplement and/or provide alternative information to that found in the original CCM audits.

The Civil Society CCM Scorecard and Country CCM Shadow Reports will not duplicate the Global Fund supported Eligibility and Performance Assessments (EPAs). This is because whilst EPAs are consultant facilitated self-assessments of CCMs that are largely driven by the Global Fund to facilitate accountability using a top down approach; the Civil Society CCM Scorecard and Country CCM Shadow Reports will be undertaken by civil society in country, using a bottom up approach. In addition, the Civil Society CCM Scorecard and Country CCM Shadow Reports sought to interview both CCM members as well as implementing partners (principal recipients (PRs) and sub-recipients (SRs)) who interact with CCMs. The research for the Civil Society Scorecard and the Country CCM Shadow Reports was facilitated by civil society resident in country so the exercise could both empower civil society and sustain the culture of demanding accountability from CCMs in country and be replicated across other grant implementers.

**The Civil Society CCM Scorecard**

A comparative analysis that ranks the participating countries against each other in terms of their performance. Using the AAI Scorecard methodology, data from the Country CCM Shadow Reports is analyzed and countries are graded on their performance, as a means to uncover best and worst practice, who is ahead, who is falling behind, and other similarities and differences that might make for good entry points for advocacy.

**Focus Countries**

Nine countries participated in the research: Ghana, Kenya, Malawi, Nigeria, Rwanda, Swaziland, Tanzania, Uganda and Zambia.

**Expected Outcomes**

- **Long term goal**
  - More accountable CCMs.

- **Medium term objective**
  - Increased transparency around CCM performance and improvement plans.

- **Short term aim**
  - Empowered civil society and community groups who can do effective shadow reporting.
Methodology

The technical team (AAI and EANNASO) developed a questionnaire based on the Global Fund Eligibility and Performance Assessments (EPAs) questionnaire (called the Progress Assessment Tool). AAI almost exclusively uses Participatory Action research (PAR) for field research, a best practice in which community and country civil society partners co-developed the methodology, research tools, conducted the research and wrote the final reports and analysis.

Local civil society, who do not sit on the CCM and do not receive Global Fund money, were identified to do conduct the research at country level, including data collection and analysis. We selected 3 local watchdogs in each of the 9 countries for a total of 27 local watch dogs to be trained, mentored and supported to do the research. The training also equipped civil society with skills to enable them to engage with the CCM Secretariat to plan and schedule the interviews and FGDs. Civil society conducted interviews to collect data using a mix of questionnaire interviews and focused group discussions (FGD). Comprehensive questionnaires with open ended questions and FGD guides were provided to civil society; these allowed for probing and discussions whilst collecting data.

First, the core group of respondents from the CCM for the interview and focus group discussions were drawn from a cross section of CCM members representing the respective governments, faith based, civil society, private sector, key populations, people affected by the diseases, the bi lateral and multi-lateral partners and the CCM secretariat. Civil society conducting the research were expected to undertake a minimum of eight face to face interviews and conduct one focus group discussion of not less than six CCM members.

These interviews and a FGD collectively included all of the following sectors: government, faith based, civil society, private sector, key populations, people affected by the diseases, the bi lateral and multi-lateral partners and the CCM secretariat.

Secondly, civil society also conducted a FGD of 10-12 non CCM members mainly drawn from implementing government and civil society PRs and SRs. The second FGD enabled the research to get the perspectives of non CCM members who have interacted with the CCM. Key areas of discussion included:

- How they have benefitted from the oversight function of the CCM;
- How, when and the outcomes of the oversight field visit;
- If the oversight reports and outcomes are formally shared and published through the CCM website
- Whether women and KPs are adequately represented on the CCM;
- If civil society members were elected/selected in an open and transparent manner;
- An understanding of the level of meaningful participation of KPs in CCM leadership;
- An understanding of the level of meaningful participation of KPs informal and ad hoc committees;
- The methods of soliciting KP input and then this feedback to the larger constituency;
- Conflict of Interest (COI) e.g. how grant implementers (SRs) who are also CCM members manage COI in CCM meetings etc.
One aim was to build the capacity of the local civil society watchdogs to engage with a variety of different research techniques and data gathering modalities, so the following will contribute to this objective:

- Civil society received training on FGDs at the workshop;
- Civil society completed hard copies of the questionnaires at country level and then also captured the data online into a survey monkey.
- Civil society developed their own 2-3 page analysis of each of the 2 FGDs, talking about key findings (estimate 5-8 findings) and recommending strategic entry points for advocacy (estimate 3-5)
- In addition to this, civil society wrote their own 5-8 page analysis of all of the data as they understood and interpreted it and submitted this to the technical team. This analysis formed the basis of all of the research they conducted, and informed the technical team's analysis of the data.

Sub-grants were made to each of the local watchdogs to support their implementation of the shadow reporting. The content from the country data collectors, once entered into the survey monkey tool, was analysed by AAI, presented to EANNASO and country teams at a meeting in Kigali, Rwanda in February 2017, and feedback from this meeting and from email correspondence from country teams was included to develop the final reports.
CCM Performance

All CCMs are required to meet the following six requirements to be eligible for Global Fund financing:

1. A transparent and inclusive concept note development process;
2. An open and transparent Principal Recipient selection process;
3. Oversight planning and implementation;
4. Membership of affected communities on the CCM;
5. Processes for non-government CCM member selection; and
6. Management of conflict of interest on CCMs.

Below is a highlight of the research findings as per the above eligibility requirements:

1. **Transparent and inclusive concept note development**

   During the interviews and focus group discussions, it was apparent that the processes of concept development was a technical one, and that not all CCM members nor communities have the technical capacity to participate in these processes. There is a technical writing team, and a consultant responsible for concept note development. A capacity-building programme should be put in place to enable all members to participate on equal grounds, especially for key affected communities. There is a need for PRs and CSOs to have a joint consultative meeting on concepts so that they can know all the issues that CSOs need to be supported.

   “No, not really. Concept notes are done by consultants/technical people” (a number of respondents stated this in response to question of whether any gender mainstreaming work had had any effect on the CCM’s mainstreaming of gender in the concept notes.)

2. **An Open and Transparent PR Selection process**

   The first Principal Recipient is the government, through the Treasury and Ministry of Health. This is because they own the programmatic and financial impact of GF since they are mandated to coordinate national health and financial programmes. However, during the research, the Non-CCM members felt that the Ministry of Health should also bid to be Principal Recipient like the others instead in order to promote accountability and make them more responsible.

   With regard to the other PRs, it was quite evident that the CSOs were not happy with the PRs that have been chosen previously. They felt that the organisations chosen to be PRs were chosen way before the call and that they had strong backing from the government. The non-CCM members expressed their concern that the processes of selecting the Principal Recipient is almost cast in stone and is not open to scrutiny or recommendations from other parties.
3. Oversight Planning and implementation

Oversight planning and implementation was commended from the discussions in focused groups and interviews. Prioritisation of needs and key affected populations, tracking of progress, inclusiveness of PWLD and CSOs, and provision of guidelines are some of the key strengths of the oversight committee.

However, there was a concern that the oversight process and implementation was always a rushed process. Follow-up on issues raised during visits is poor due to a lack of capacity and the technicality of the issues. There is a lack of direction in addressing issues which are outside the GF process but affect the implementation of GF; mostly they remain unresolved.

“Yes, there are guiding documents in the recommendation that allow all representation to participate on the decisions making process, documents include oversight plan, KCM standards and procedures.”

“There have been some challenges getting representation right with counties. I still believe some information related KCM emails could be shared with partners beyond the KCM itself.”

“PLWD and PPs not very well represented.”

“The CCM fulfils mandate in oversight; is actively involved; PLWD, KPs and CSOs Representatives participate in meetings and field visits and follow up is done.”

“They are inclusive and allow participation though there is an issue of capacity on technical issues. Doing badly on follow up of issues due to technicality of issues. Its inclusive though time investment is wanting because it is a part-time non-paying job for members.”
Analysis

4. Membership of affected communities in the CCM

The affected communities all have a representative in the CCM and their participation in terms of their voices being heard and influencing the decisions of the CCM has been given priority. However, there was a question about including Young people and People Living with Disabilities, especially the deaf and blind, in the CCM as well. Greater inclusion of counties was mentioned by quite a few respondents. The KAPs also felt their representation is not adequate and have been seeking an additional slot, though other CCM members feel what is needed is a representative who is familiar with issues affecting all the KAPs who is ready to advocate for them.

“Challenge is they thought their input is only on HIV issues and not the other diseases. Influence on decisions is minimal.”

“On participation - there is fragmented voices on the disease they are representing.”

Can be improved “By involving all actors e.g. young people and county representatives.”

“KPs and PLWD need to be the exact person and not an NGO representative, and it has to be thought through so that it can be inclusive.”

5. Process for non-government CCM member selection

Non-government CCM members apart from the development partners are selected through an election process. However, some CCM members were not sure about its transparency since it is at times chaotic and the tyranny of larger numbers is a great determinant. The representatives’ selection is also not based on capacity for the role, but on their influential power. Feedback of CCM CSO members to their constituency also came through as an associated issue. “Several respondents stated in one way or another:
“More counties are needed.”

“Through elections though it was chaotic. It’s transparent. There is need to try and map members of each constituency – same people from one constituency voting for representatives for different constituencies.”

“Through elections. It was transparent though tyranny of numbers prevailed.
SRs should leave KCM (to improve the process).”
6. Management on Conflict of Interests on CCMs

From the research, it was established that COI arises. The CCM, in every meeting, ensures declarations of conflict of interest from any member present before the agenda of the meeting is commenced. In addition, the members step out during agendas where they have COI – although not always. About 50% of CSO members in addition to government are GF implementers as SRs and PRs hence they have COI. However, the respondents felt that a lot needs to be done beyond the declarations which are merely fulfilment of a requirement. There is also a need for the sensitisation of members on the issue of COI and their responsibility towards it, and implementers should be required to step down and allow for replacements, to allow for transparency and accountability.

“Reduce potential conflict of interest – 50% of members have potential conflict of interests since they are GF implementers.”

“CCM should be chaired by a development partner so as to solve the conflict of interest issue and for CCM to have independence.”

“Have a development partner chair CCM since their interest is purely service delivery e.g. experience with previous WHO representative was great.”

“The external evaluation done revealed that its very often. Trying to change the constitution so that the KCM members do not have conflicting interests. Exclude CSOs that may apply for a concept note (going out no quorum)”

Question: Are there any conflicts of interest in the CCM?
**EPA Tool & Process**

The Geneva EPA tool is well outlined, clear. The main focus of the EPA process is to establish if the eligibility requirements are being met by the CCM and hence there is a need for the interviewer to be well versed with all the eligibility requirements and GF processes, as well as have access to and study relevant supporting documentation. Most of the questions are close-ended and hence the views of the respondents are limited. The tool is used to obtain information from all actors: the Secretariat, CCM members, and Non-CCM members, even though its contents are neither relevant nor known to the Non-CCM members. Some of the CCM members felt the tool was too technical and did not clearly explain how technical the CSOs should be. CSOs should be considered as alternate validators of the score.

With regard to the process, timelines are checked with clear recommendations which have helped the CCM to become better. Some respondents felt that the process was a bit harsh. The respondents felt there was a need to make the tool simple and specific to their roles and also to highlight the targets and indicators. There is also a need to develop a mechanism to check the CCM that is independent of the CCM, that looks at how the public and stakeholders are involved, and that will give an independent review of CCM governance.

**PIP Tool and Process**

The original Geneva PIP tool is easy to understand and highlights gap-closing activities. The respondents however felt there was need for the Secretariat to keep tab of the progress of the plan for effective implementation. One notable gap in the tool is that it does not outline who is responsible for what task. It is revised annually with no indication of any progress-tracking before the next review. The respondents observed that there was a need to accelerate the plan for faster absorption of the GF money.
Finding 1: Knowledge of CCM and Global Fund Process

From the discussions and key informant interviews, it was apparent that the CCM is well known by the civil society organisations that are in direct contact with the GF. But other organisations, especially at the grassroots, are not aware of the existence of a coordinating mechanism that provides oversight to concept development and implementation of GF. They are also not aware that they are implementing Global Fund resources and they usually ask the oversight committee members to request the government to channel GF resources to their facilities. The PRs have not been good brand ambassadors for the GF and CCM. This lack of knowledge of the CCM and GF processes hampers accountability and transparency since these grassroots organisations are the beneficiaries as well as implementers of the fund.

Strategies need to be put in place to increase the visibility of the CCM to increase participation and interest from other key affected populations. One of the recommendations going forward is that the Secretariat of the CCM works together with PRs and other CSOs to share the work and achievements of the GF in Kenya through reports. To achieve this, they need to have a communications specialist at the Secretariat who will lead the communications function and determine what is shared with other stakeholders and how. Visibility can be enhanced by sharing GF implementation success stories and activities through newspapers, TV and radio advertisements, newsletters, breakfast meetings, bulletins etc.

Finding 2: CCM Members’ Capacity

The CCM representation of the government and non-government actors including bilateral and multilateral partners is adequate. It was however found that the members’ capacity is limited to the constituencies they represent, and there is a deficiency of technical skills such as supply-chain management, procurement and financial management. An example given is with some CSO representatives whose participation is limited to HIV and not the other diseases. Such members are less productive during discussions touching on other issues outside HIV even though the issues affect HIV. A lack of capacity or knowledge on other sectors apart from the one they are representing often results in fragmented voices on the disease / constituency they are representing.

There is a need for capacity-building to educate the members on all the different sectors represented in the CCM since they are their mandate is oversight. This will increase the level of participation by the members on all issues and also enhance accountability across different sectors. This also means that no agenda will fail to be discussed if the representative of the sector under discussion happens to be absent.

The members also need to be empowered on issues of supply-chain management and financial management, especially those in the oversight committee. This will avoid over-reliance on the members who have this capacity, therefore enhancing oversight capacity and accountability.
Finding 3: Conflict of Interest
Conflict of interest in the CCM has not been addressed sufficiently despite the laid-down mechanisms. The perception is that once the members declare their conflicts of interest at the beginning of a CCM meeting, the issue is well addressed.

Though the affected members are supposed to excuse themselves from the meeting during discussion of a matter where they have a COI, there are instances where such members continue sitting in on the meeting. It was found that 50% of the CSO representatives are implementers of the Global Fund, as well as the chair of the committee who represents the Ministry of Health which is an implementer for PR1.

Members need to be continuously sensitised on the importance of adhering to the laid-down procedures of addressing COI. CSO representatives who are SRs should consider stepping down to maintain the independence of the CCM. There is also a need to consider having a development partner chairing the CCM to foster independence.
Recommendations

Priority Area 1: CCM membership election process flawed
CSO representatives' selection is currently through elections, which though transparent, are not usually fair because it a matter of tyranny of the numbers of the selected persons. The nomination process is based on the level of influence and likeability and not based on the capacity of the individual to advocate for the issues of their constituencies. It was also noted that different constituencies have the same people as their members, hence they possess electorates for several representatives.

It follows that there are some representatives who have been in the CCM for a very long time since they rotate between various constituencies at the expiry of their term in one constituency; there are no clear guidelines on the term limits of individuals serving in the CCM. The length of stay is mainly influenced by their personal interests, especially in implementation of the GF. It was also reported that some are not able to contribute to matters beyond the constituencies they represent. The rural constituencies' participation in the selection process is also limited due to their location, and hence majority of the CSOs CCM members are from Nairobi-based organisations.

There is a need for capacity-building of the respective constituencies prior to the elections on the responsibilities of the representatives in the CCM and their mandate. In addition, there is a need for the constituents to be educated on the CCM and also the GF process. This will inform their selection in electing the right persons with adequate capacity to represent them well at the CCM, as well as to be accountable to them. EANNASO can consider developing a curriculum and also facilitate this capacity-building to be conducted before every election. There is also a need for funding for lobbying by suitable disadvantaged candidates to ensure fair play. There is a need to map the various constituencies’ memberships prior to elections to avoid multiple voting by the same persons.

Priority Area 2: No external evaluation of CCM leads to less accountability
The CCM currently assesses itself; ordinarily it becomes a challenge when a body has to assess itself as the results of the processes may be biased and skewed to benefit the party. In addition their performance may not exceed the minimum requirements for further funding. What follows is that the CCM is not accountable to any other body apart from itself. The question is who does the CCM report to? The Non-CCM FGD put forth a recommendation to have an external evaluator to assess the work of the CCM and give recommendations for the CCM to improve on areas of weakness. This external evaluator can be the communities, non-CCM members, other government entities such as the Ministry of Education and other grassroots CSOs that are not implementing the GF. This should be a continuous process but the accountability partner needs to be identified first as soon as possible.

Priority Area 3: CCM CSO members demonstrate weak constituency feedback and consultation
CSOs feedback mechanism with their constituencies is wanting. Currently, feedback and consultations are mainly through annual meetings organised by the CCM Secretariat, and only 20 persons per constituency are allowed to attend. In addition, the constituencies have various activities with their constituencies in which one of the agendas
is GF. Some CSOs are also implementers and they therefore communicate with the rural constituencies during the implementation activities. There are also quarterly meetings by the various ICSOs where they invite various stakeholders representing their constituents. Additional communication is through emails.

Despite the various initiatives in place to ensure consultations and feedback with the constituencies, they are not adequate since many communities are not reached. The majority of the constituents do not get the information on time due to a lack of access to the internet and a lack of capacity to use the internet. The number of representatives in the meetings is also low and most often the rural constituencies are not targeted. The constituents within proximity to the CCM members are more informed on GF and CCM deliberations than those far away. To ensure inclusiveness and a wider reach of the constituents, there is a need for additional funding for constituency-specific meetings in addition to the annual ones. A communication strategy also needs to be established and the constituency representatives educated on the same for better communication and feedback with their constituents.

Priority Area 4: Need to integrate CCMs into regional structures
Another recommendation is that to encourage integration, learning and sharing, the CCMs should work within regional structures such as the East African Community to further encourage accountability to the GF and increase advocacy efforts for more resource mobilisation and allocation. Working within such structures would therefore encourage healthy competition for more innovative GF programmes. This effort can be initiated by the GF working with the government ministries of health, treasury and home affairs and international NGOs (INGOs).

Priority Area 5: CSOs need better capacity on CCM and GFATM processes
CSOs who are non-CCM members are not aware of the criteria, if any exists, used in selecting SRs. There is a feeling that the PRs have their preferred organisations that they work with. Further research established that there is a clear guideline on the selection of SRs which is through advertisements in popular print media and websites of the PRs. However, the CCM has no influence on the organisations selected by the PRs as their SRs. There is a need for the CSOs’ capacity on GF processes from concept development, implementation and oversight to be enhanced and empowered for clarity of issues.

Priority Area 6: Improving CSO accountability will improve CSO work in CCM space
There is a need for CSO accountability forums to be established. This will allow them to check on each other with the aim of promoting good governance amongst themselves. This will enhance their representation in the CCM and also create a platform for more CSOs to be considered as representatives in the CCM as well as to qualify as SRs. In addition, CSOs need to get domestic financing for some activities such as technical assistance.
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