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

CCM SCORECARD
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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<th>Abbreviation</th>
<th>Full Form</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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<tr>
<td>CoI/CI</td>
<td>Conflict of Interest</td>
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<tr>
<td>CG</td>
<td>Community group</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
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<tr>
<td>CS</td>
<td>Civil Society</td>
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<tr>
<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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<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>WSW</td>
<td>Women who have Sex with Women</td>
</tr>
<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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<tr>
<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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<tr>
<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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<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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<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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<td>Subsidiary Recipient</td>
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<tr>
<td>SSR</td>
<td>Sub-Subsidiary Recipient</td>
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<tr>
<td>SW</td>
<td>Sex Workers</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
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Thanks & Acknowledgements

All credit for the idea of the Anglophone Africa Civil Society and Communities CCM Shadow Report and Scorecard Initiative goes to Olive Mumba and the team at EANNASO: Yvonne Kahimbura, Rhoda Lewa, Gemma Oberth and Jane Nyambula Julius.

Their ability to spot a need and to partner has created this incredible project, and this report is a result of all their inspired, intelligent and passionate hard work.

Credit also goes to the following people who formed the country watchdog teams and who co-wrote the methodology, questionnaire, analysis, and the final shadow reports.

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KENYA
Judith Oketch - Catholic Medical Missions Board
Consolata Opiyo - Lean on Me
Bernice Kiragu - Health Rights Advocacy Forum

MALAWI
Ali Mwachande - MANERERA+
Safari Mbewe - MANERERA+

NIGERIA
Ifeanyi Orazulike - International Center for Advocacy on Right to Health
Martin Mary Falana - Kids & Teens Resource Centre
Olayide Akanni - Journalists Against AIDS

RWANDA
Kagaba Aflodis - Health Development initiative
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Munyaburanga Uwase Nadge - Kigali Hope Association

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Jacqueline Alesi - UNYPA
Katende Dan - UHRN

ZAMBIA
Field Phiri - Group Focused Consultations
Felix Mwanza - TALC
Chibwe Mulwanda - AHF

This report is dedicated to all of the communities which the Global Fund serves, in the hope that this work will contribute to social justice for all.
Executive Summary

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.

The Anglophone Africa Civil Society and Communities CCM Scorecard and Country Shadow Reports aim to interrogate whether the GFATM based analysis of CCMs is accurate and reflective of circumstances experienced by stakeholders in country. The research was conducted in Ghana, Kenya, Nigeria, Malawi, Rwanda, Swaziland, Tanzania (Mainland), Uganda, and Zambia to create greater accountability from both GFATM and from CCMs at country level.

In general, the research reveals in greater detail and in both narrative and statistical form and in all nine countries what was already roughly known to Global Fund and stakeholders working in this area:

- That CCMs, their roles, mandates and actions were often not widely known or understood in their countries of operation to Civil Society Organisations (CSOs); and that this strangely includes relatively high levels of confusion among CSOs who are members of CCMs.

- That some CCMs are not optimally functional; often due to leadership that had other duties and interests to attend to so were unable to perform their duties properly; and frequently due to a lack of capacity at Secretariat level.

- That civil society watchdogs at country level rated the CCM reasonably similarly to the Geneva consultants process with an overall CSO ratings of CCMs differing from Geneva ratings by 36%. What is of greatest interest is on what areas there is a difference: but where there are deviations is of much interest.

- On ER 3 (Oversight) the CSOs Shadow Reports process concluded that oversight was the area in which CCMs were most over-rated by the Geneva EPAs. Yet interestingly, CSOs also rated CCMs better 27% of the time than the Geneva EPAs did. This is the area or ER within which we see the least agreement with the Geneva EPA assessment.

- A close second was Conflict of Interest, where the CSO Shadow Report process graded the CCMs lower than the Geneva process did 21% of the time.

- With regard to CCM membership composition, we see agreement between Geneva EPAs and CSO Shadow EPAS 59% of the time, and 26% of the time a higher rating than Geneva gave the CCM.

- The final ER, Adequate CSO representation and accountability to their constituency showed 75% agreement between CSO EPA and Geneva EPA.
Executive Summary

• That CCMs generally had very poor communications and consultations with, and feedback to, CSOs – especially Key Affected Populations (KAPs) and People Living with the Diseases of AIDS, TB and Malaria (PLWD), and especially outside of the capital cities / main urban centres;

• That conflicts of interest (CoI) within the CCMs were generally dealt with purely according to the Global Fund rules in terms of declaring CoI at the start of each CCM meeting – but that deep-seated conflicts of interest remained in many countries. And that despite this, there was divided opinion on whether PRs should be allowed a seat on the CCMs.

• Equally divisive was whether the national Ministries of Health (MoH) should surrender their CCM seats to other ministries (such as Finance or Treasury) should they be awarded PR status by the Global Fund; this division was largely determined by civil society's relationship to government.

• That numerous groups were excluded from the CCM in various countries for a variety of reasons; this was often related to their extra-legal status as with sex-workers, LGBTI communities in Nigeria, Uganda and Tanzania and men who have sex with men (MSM) and women who have sex with women (WSW) communities more broadly, but also to general social marginalisation whether of people with disability, girls, prisoners, fishing folk, rural people, and others.

• That among CSOs, the Non-Governmental Organisations (NGOs), People Living with HIV/AIDS and Faith-Based Organisations (FBOs) representatives did not rotate as and had been in their seats for longer periods than People Affected by TB and Malaria (PATB and PAM), and Key Populations (KPS) were less established and this affected their representation on the CCM;

• That the very existence of the Global Fund, and even the CCM itself was unknown / opaque to in-country CSOs – in particular there was a sense that the GF and its Hub, though very sound technically, were very remote from the issues faced by civil society and KAPs and PLWDs especially; in several cases, it was the CCM itself that was left high and dry as it was bypassed by GF teams who dealt directly with PRs;

• That several countries warned that there was dissonance between national legislation and definitions, and Global Fund policies and definitions; this resonated particularly with regards to the illegal / extra-legal status of some KAPs, but also regarding what precisely constitutes Key Populations (KPs), and other issues of misalignment between GF policies and national laws; and

• That several countries experienced logistical problems, such as stock-outs of anti-retrovirals, and called for improved supply-chain management.
Problem Statement

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 oversight 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. 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.

Problem Statement

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.

Only 11% said that CCM CSO members had good feedback processes so that they are truly representing their constituencies
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.
**Scope of research**

The research specifically focussed on the GFATM determined Eligibility Requirements (ERs) 3 through 6, but does include references to ERs 1 and 2, and speak to issues that go beyond the ER scope.

**Principle: Ensuring success of the program implementation**

**Requirement 3:** Recognizing the importance of oversight, the Global Fund requires all CCMs to submit and follow an oversight plan for all financing approved by the Global Fund. The plan must detail oversight activities, and must describe how the CCM will engage program stakeholders in oversight, including CCM members and non-members, and in particular non-government constituencies and people living with and/or affected by the diseases.

**Principle: Ensuring an inclusive and meaningful representation in CCM composition**

**Requirement 4:** The Global Fund requires all CCMs to show evidence of membership of people that are both living with and representing people living with HIV, and of people affected* by and representing people affected by Tuberculosis** and Malaria*** as well as people from and representing Key Affected Populations****, based on epidemiological as well as human rights and gender considerations.

* Either people who have lived with these diseases in the past or who come from communities where the diseases are endemic

** In countries where Tuberculosis is a public health problem or funding is requested or has previously been approved for Tuberculosis.

*** In countries where there is on-going evidence of Malaria transmission or funding is requested or has previously been approved for Malaria

**** The Secretariat may waive the requirement of representation of Key Affected Populations as it deems appropriate to protect individuals

**Principle: Ensuring an inclusive and meaningful representation in CCM composition**

**Requirement 5:** The Global Fund requires all CCM members representing non-government constituencies to be selected by their own constituencies based on a documented, transparent process, developed within each constituency. This requirement applies to all non-government members including those members under Requirement 4, but not to multilateral and bilateral partners.

**Principle: Ensuring appropriate management of conflict of interest**

**Requirement 6:** To ensure adequate management of conflict of interest, the Global Fund requires all CCMs to:

i. Develop and publish a policy to manage conflict of interest that applies to all CCM members, across all CCM functions. The policy must state that CCM members will periodically declare conflicts of interest affecting themselves or other CCM members. The policy must state and CCMs must document that members will not take part in decisions where there is an obvious conflict of interest, including decisions related to oversight, and selection or financing PRs or SRs.

ii. Apply their conflict of interest policy throughout the life of Global Fund grants, and present documented evidence of its application to the Global Fund on request.
Oversight Mechanisms and Good Governance

This was assessed across various axes, including good governance and leadership quality, the vitality of oversight mechanisms, clarity and regularity of internal and external communications, representation and inclusiveness especially of KAPs, PLWDs, women and girls, and community and observer consultation.

The overall results of the Blue Data on individual face-to-face interviews shows that 83 interviews were conducted: Ghana 8 (all CCM members); Kenya 11 (10 CCM and 1 Non-CCM); Malawi 10 (7 CCM and 3 Non-CCM); Nigeria 8 (6 CCM and 2 Non-CCM); Rwanda 8 (all CCM); Swaziland 11 (9 CCM and 2 Non-CCM); Tanzania Mainland 7 (all CCM); Uganda 12 (all CCM); and Zambia 8 (all CCM).

Of these interviews, 90% (n=75) were with CCM members and only 9% (n=8) with Non-CCM members. The data reveals various degrees of satisfaction: 53% rated their CCMs as “good,” 31% rated them as “acceptable” and 6% as “perfect” – but 3% registered their CCM oversight as “unacceptable” and 2% as “totally unacceptable”.

Ghana, Tanzania and Uganda overwhelmingly recorded that their CCMs were “good,” while Kenya mostly registered theirs as “acceptable,” Malawi, Nigeria and Zambia had mixed though largely satisfactory results – but very differentiated results came from Rwanda and Swaziland, with the prior registering significant confusion and dissatisfaction and the later the only “totally unacceptable” ratings.

63% of CSO rankings are the same as Geneva’s rankings

38% of CSO rankings differ from Geneva’s rankings

3 Confusion or uncertainty or a wish to not answer? Fully 25% of Rwandan respondents responded “don’t know” on their questionnaire to this question.
The oversight role of CCM is of a good quality because issues are agreed upon and actions and follow up plans are put in place, these are actually documented and put in writing.”

“No, they do not fulfil their mandate otherwise as stakeholders we would know about what the oversight does. There is no inclusiveness whatsoever. There are no engagements before or after grant application process.”

The overall Green Data showed that of the nine Focus Group Discussions (FGDs) that were held: that only one of them, Nigeria, felt that their CCM was not performing according to its mandate. However, all nine FGDs agreed that CSOs’ role in oversight could be improved, and seven said that how their CCMs engaged their Principal Recipients on oversight could be improved.

Similarly there was an overall recognition that there needs to be greater engagement with Key Affected Populations (KAP) and People living with the diseases (PLWD) on oversight. The widest difference here, reflected in the gap between Green CCM and Orange Non-CCM data regarded the acceptability of the CCM Leadership in Nigeria, followed by Swaziland. In Nigeria, while the CCM FGD agreed that central leadership was weak, the Non-CCM FGD demanded the dissolution of the CCM and that it be entirely rebuilt from scratch.

Fully 98% of Blue Data respondents, with only one dissenter in Tanzania, wanted to see non-performing CCM members effectively dealt with. Half of all respondents (51%) said their CCM chairs were of “good” quality (led by Ghana), with 16% rating their chairs as “perfect” (led by Tanzania) and 20% “acceptable” (a Nigerian-Tanzanian tie) – but with 3% and 6% stating their chairs were “unacceptable” (led by Swaziland) and “totally unacceptable” (led by Nigeria) respectively, a pattern roughly echoed by the rating of CCM vice-chairs, though Tanzania led the “perfect” rating, Malawi the “good,” Ghana and Zambia tied on the “acceptable” – and with Nigeria leading “unacceptable” and Swaziland “totally unacceptable”.

## Analysis

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<th>1. Attend meetings?</th>
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<td>Ghana</td>
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<table>
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<th>2. Speak &amp; be heard?</th>
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Fully 82% said the chairs had changed in the past decade, while only 2% (2 out of 8 respondents in Rwanda) replied no and 15% were unsure, uncertainty being highest in Rwanda.

Oversight: How would you rate the performance of the chair?

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<tr>
<th>Country</th>
<th>0%</th>
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Representation

Six out of nine CCM FGDs said that female and LGBTI representation on their CCM needed to be improved. This is no wonder considering that across all countries it is quite clear that KPs and marginally less so PLWDs have very little real power and influence.
### KP Representation

Key Populations (KPs) were mostly allowed to attend meetings (91%), and were significantly able to participate meaningfully (73% versus 22%) and speak and be heard (72% versus 25%) – but were not always able to influence decisions (56% versus 32% unable to exert influence, and 10% of respondents unsure of KP influence). Respondents from Ghana, Rwanda, Tanzania and Uganda were in full agreement that KPs could attend meetings, while there was minority dissent in Malawi, then Tanzania and Uganda, confusion in Nigeria and Rwanda – and an overwhelmingly negative response from Swaziland. Kenya and Uganda were the only countries where all respondents agreed that KPs could speak and be heard: there was dissent in the rest, particularly Swaziland and Zambia, with confusion in Nigeria and Rwanda. Again, Kenya and Uganda had the only interviewees who were agreed that KPs could influence decisions: there was dissent in the rest, particularly Swaziland and Zambia, followed by Tanzania then Malawi.

“Some constituencies of the KPs such as MSM have been missing in CCM undertakings.”

“I will Give 7/10 because I see people who come to speak for people. For example, commercial sex workers are not represented by SWs”

“There are representatives in CCM whose organisations are implementing Global Fund projects. The representatives in CCM’s organisations have had a good growth at astonishing rate”.

“CSOs are very fragmented in their representation on CCM; they usually hold individualised interests in the representation rather than the collective interest”.

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**Analysis**

**Oversight: How would you rate the performance of the CCM body?**

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- Totally unacceptable quality
- Unacceptable quality
- Acceptable quality
- Good quality
- Perfect quality
- I don’t know
“The mandate of CCM is clear but they have not performed well because they use consultants to develop their concept with little consultation of the CSOs.

“CCM Zambia does fulfil its mandate on oversight; it allows participation of various groups including the PLWD, KPs and CSO. It is important to note that CCM has its definition for Kps which is in agreement with the legal environment in Zambia and may be different from the definition at global level. I would submit that the current CCM undertakes its mandate transparently and within the agreed time.”

**PLWD Representation**

This in turn led to the question of the powers exercised by People Living with the Diseases of HIV, TB and malaria (PLWDs) at CCM meetings, and here the positive results were higher overall: 90% of interviewees said PLWDs could attend meetings (all interviewees from Ghana, Malawi, Nigeria, Rwanda, Tanzania, Uganda and Zambia agreed this was so, dissent being registered only in Kenya and Swaziland). Fully 81% said PLWDs could participate meaningfully,
and 79% of respondents said they could speak and be heard: Ghana, Nigeria and Uganda were in full agreement, with minority dissent in Kenya, Malawi, Rwanda, Tanzania and Zambia – and majority dissent in Swaziland. Fully 70% said they could exert influence over decisions: only Ghana and Uganda agreed fully, with minority dissent in Kenya, Nigeria and Zambia, and more significant dissent in Tanzania, then Malawi and Rwanda – with Swaziland again registering majority dissent.

In the detailed analysis of the data at country level and during the CCM Shadow Reports there seems to be widespread agreement that the Tuberculosis community is the most excluded, followed by Malaria and with HIV well in the lead in terms of power to influence decisions.

That this occurs across the majority of the countries suggests that a balance of power should be sort in terms of ensuring that PLWD, especially TB, are represented, and by themselves and not UN bodies (which was the case in a few countries) and fully able to affect decisions.

**Gender Mainstreaming**

This was largely (71%) incorporated into key CCM documentation, though only the respondents from Rwanda were in full agreement on this and 16% of interviewees replied in the negative, with a lack of gender mainstreaming noted as significantly problematic in Malawi (6 out of 10 respondents) and less so in Kenya and Zambia, while 11% were uncertain (it must be noted that uncertainty over the content of foundational CCM documents, mandates and processes is a widespread problem). Three quarters of respondents expressed confidence that this could be improved on – though there was significant pessimism in Malawi, then Swaziland and Tanzania – and most (60%) said the extant gender mainstreaming had a positive effect on concept notes and other CCM programming, with the sunniest views from Rwanda and Zambia (100% positive) – and the gloomiest from Kenya (62% negative). In this light, Global Fund’s suggestion that CCMs should have at least one gender expert appointed to accelerate gender mainstreaming was applauded by 56% of respondents, with the greatest support found in Ghana, Swaziland and Uganda – but opposed by 27%, led by Uganda, then Nigeria and Malawi.

“The inclusion of LGBTI and SWs. Also, a representation for Malaria. For Zambia, the issue of LGBTI and CWSs is sensitive. May be could have a seat for the Human rights who would represent LGBTTI and SWs.”

“They last informed us four years ago. They only show interest in inviting us for meetings during concept note development.”

(CCM should) “Consider young people, people living with disabilities and Key populations Need to separate the 3 diseases; HIV, TB and Malaria.”
Consultation

There was a very high desire to see community consultation improved (65 versus 4 Blue Data interviewees) and also to see communications between CCM members and Non-CCM members improved (61 versus 5 interviewees); on the latter, fully 45% said their CCM failed in its basic duty to inform Non-CCM members of CCM meetings, with another 13% saying they were uncertain whether Non-CCM members were informed at all, and only 41% saying their CCMs were compliant; this is an important finding given that most respondents were CCM members themselves.

Ghana, Malawi, Rwanda, Tanzania Mainland, and Zambia were all 100% on board the possibility of improving communications, with one interviewee each in Kenya, Nigeria, Swaziland and Uganda expressing doubt that this could be done. Detailing how constituency consultation was done, Malawi and Swaziland registered high degrees of dissatisfaction with 8 (out of 10) and 8 (out of 11) Blue Data interviewees respectively saying their CCM failed to issue notice of meetings. Compliance was highest in Nigeria, then Kenya, Ghana and Zambia, with Rwanda, Tanzania Mainland and Uganda registering confusion. Single interviewees in Ghana, Kenya, Malawi, Swaziland, and Tanzania Mainland registered doubt that the situation could be improved. All nine CCM FGDs said that the quality of CCM constituency consultation needed improvement.

It is worthwhile emphasising this point that if the CCM members themselves were grading the performance low then indeed we can be sure the problem is grave. The authors of this paper, and the partners are all well aware of the issue of consultation and feedback to constituencies being a widespread issue and one that extends beyond just these countries. We all often hear of anecdotes about community feedback and consultation and this more objective or numerical measure that the issue is well recognised by all stakeholders demonstrates that it is no exceptional circumstances but an ingrained issue that needs solutions.

Communications

Eight out of nine CCM FGDs said that internal CCM communications as well as those with Non-CCM members had to be beefed up. In the Blue Date we see that all countries agreed that communications and the flow of information (written and verbal) between CCM and non-CCM stakeholders could be improved on, representing 92,42% (n=61) of respondents.

*When asked if the CCM allows observers: “We have it in the by-laws but it is not practised.*

*People are not allowed to even know what the CCM is.”*

*“There is need to define representation of PLWD i.e. it is not someone affected but someone with knowledge on (the disease mentioned).”*
Observer Powers

This then led on to the question of what powers the CCMs allowed observers at their meetings: a high Blue Data percentage (67%) said observers could attend but were banned from speaking (Nigeria was the only country where interviewees were in full agreement on this, with confusion in Rwanda, Tanzania and Uganda) while 24% said observers could attend – and speak. This was contradicted by 60% saying observers could speak and be heard (all interviewees in Ghana, Nigeria and Tanzania agreeing on this) and only 32% saying they could not (this was most marked in Malawi and to a significant degree in Swaziland and Zambia, then Kenya); it is possible this question was interpreted to mean observer experiences in informal engagements with the CCM rather than at CCM meetings. Meanwhile 58% (versus 29%, the highest positive result being in Ghana) noted that observers were not encouraged to participate and influence decisions (Malawi and Swaziland registered the greatest restrictions, followed by Zambia, then Tanzania and Kenya); here there was also a high percentage, 12%, who were unsure whether observer participation was encouraged.

“Observer participate but they can't influence because the government and development partners are very strong and will only agree to issues that speak to their interests.”

“Observers are encouraged to participate, but they don’t have powers to influence.”

“Elections were conducted and interested people participated in the elections. But elections were not made public and not every interested candidate was aware.”

“There is need to define representation of PLWD i.e. it is not someone affected but someone with knowledge on (the disease mentioned).”

“PR selection was not done in a transparent manner. PR is not a local organization.”

 Observer/Transparency: Does your country CCM allow observers to: Attend but not speak?

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### Observer/Transparency: Does your country CCM allow observers to: Encouraged to participate and influence decisions?

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### Conflict of Interest

This was primarily assessed in terms of how conflicts of interest were managed in terms of process, but also in terms of whether there were structural issues relating to PRs sitting in decision-making positions on CCMs. Conflicts of interest within the CCM were highlighted as a persistent problem: in the Blue Data, 27% of interviewees said they occurred all the time, notably in Kenya, Malawi and Swaziland, 6% said they occurred very often, notably in Kenya, Nigeria and Tanzania, and 39% said they occurred occasionally, notably in Kenya, Nigeria and Rwanda – with only 6% saying seldom, led by Ghana, and 5% never, led by Uganda.
Analysis

Question: Are there any conflicts of interest in the CCM?

In seven of the CCM FGDs there was agreement that conflicts of interest within their CCM required closer attention, while the same number said that the CCM Leadership’s role in ensuring accountability, inclusive participation and transparency required an upgrade. Regarding Eligibility Performance Assessments (EPAs), 80% of Blue Data interviewees, with Nigeria, Rwanda and Zambia in total agreement, said they should be improved to assess the quality of work performed (though with some dissent, led by factions in Ghana and Tanzania).

The answers to the question of whether Performance Improvement Plans (PIPs) addressed the CCM’s performance gaps showed the tool’s application had problems, with 21% led by factions within Kenya and Swaziland saying no and fully 35% being uncertain, Rwanda registering a very high 85% (6 out of 7 respondents). Interviewees from Nigeria, Rwanda and Zambia all fully agreed the PIPS could be improved, while the Tanzanian interviewees all fully disagreed; the rest expressing a mix of responses. Six CCM FGDs called for a revision of the assessment tools currently used to monitor the CCMs.

Global Fund Quality

This was assessed both as an external agent (the CCM Hub in particular) and as an internal agent (in-country representative teams). On the quality of the Global Fund’s in-country representative teams, 34% of Blue Data interviewees rated them as “good” (led by 8 out of 9 Kenyans), 13% as “acceptable” (led by 4 out of 7 Nigerians) and 6% as “perfect” (led by 4 out of 7 Tanzanians) – with 9% saying they were “unacceptable” (4 out of 9 Malawians), 27%
being unsure (led by 6 out of 9 Swazis), and 81% saying their performance could be improved upon, with Tanzania and Swaziland mostly dissenting.

On the other hand the CCM Hub in Geneva was an almost unknown entity (in line with the Hub’s own strategy, so a positive finding for the Hub) with two thirds (66%) of respondents saying they did not know of its performance (none of the 8 Rwandans knew, neither had 8 of the 9 Malawians, and nor had 9 of the 11 Swazis and 8 out of the 12 Ugandans). Of those that knew of the CCM Hub, 15% led by Kenya said it was “acceptable,” 10% led by Nigeria said it was “good” and 5% said it was “perfect” (2 out of 7 Tanzanians) – with one person each in Nigeria and Swaziland rating it “unacceptable” and “totally unacceptable,” respectively.

Five out of nine CCM FGDs called for an improvement of the responsiveness, effectiveness and transparency of the Global Fund’s in-country representative teams (one FGD decided that it was satisfied with their GF country team), while four said the responsiveness, effectiveness and transparency of the CCM Hub in Geneva required improvement (one FGD was satisfied).

**CSO Quality**

The quality of Civil Society Organisation (CSO) representation on the CCMs was rated in the Blue Data at 43% “good” (a high of 85% in Nigeria), 32% “acceptable” (100% in Malawi) and 12% “perfect” (36% in Kenya) – with 8% of respondents rating it as “unacceptable” (a high of 42% in Rwanda) and 2% as “totally unacceptable” (18% in Swaziland).

Fully 96% said CSOs were able to attend CCM meetings (only Swaziland registered dissent, with 8 out of 11 respondents saying CSOs were not admitted), 85% said they were able to speak and be heard (minority dissenting voices were heard in Malawi, Rwanda, Swaziland and Zambia), 83% that they were able to participate meaningfully (minority dissent was heard in Ghana, Malawi, Rwanda and Swaziland), and almost three quarters (74%) that they were able to influence decisions, led by Nigeria and Uganda in full agreement on CSOs’ ability to wield influence, but with majority dissent in Tanzania and minority dissent in the rest.

**CSO Functioning & Performance**

The tenure of CSO representatives on CCMS was varied as reported in the Blue Data. Non-Governmental Organisation (NGO) reps leaned towards service of either 3-5 years or more than 7 years, with Kenya having the most short-term NGO reps and Zambia the longest-serving, a pattern repeated by Faith-Based Organisation (FBO) reps, and People Living with HIV (PLWHIV) reps. In contrast, KP reps had mostly been in their seats for only 1-3 years – except for Zambia which was represented by old-timers – a pattern reflected by People Affected by Tuberculosis (PATB) and People Affected by Malaria (PAM), the last two groups having older representation in Nigeria too, and a broader spread in Uganda.
There was a strong desire expressed (87%) that the election of CSO representatives to the CCMs could be improved, with the strongest dissenting opinion coming from Swaziland and Zambia. Improvements were also believed possible regarding new CSO reps’ orientation on the CCMs (91%), though dissent came from Swaziland and Zambia again.
CSO Engagement

CSO feedback to the CCMs and to their constituencies was overwhelmingly seen as desirable (96% of Blue Data respondents), with only minority disagreement from Tanzania and Malawi. Improving CSO engagement with rural communities was overwhelmingly desired (98%), with half of the respondents in Tanzania alone demurring (this is odd, given Tanzania's narrative report on the effects of “Dar es Salaam Syndrome”). Fully 96% of respondents said that the believed civil society’s major complaints against their CCMs could be dealt with, with only one Ghanaian and one Swazi demurring.

EPA Tool & Process

In the original Geneva Eligibility and Performance Assessment process, the views of non-CCM members were not sought in the tool and process. The original process was a self-assessment and also dwelt basically on face-to-face interviews with the CCM secretariat and leadership without the views of non CCM members.

The tool, beyond finding out whether the policy exists, does not probe whether they were practically being implemented or the status of its implementation, and if they facilitated the desired change in the strengthening of the CCMs.
**Analysis**

**PIP Tool and Process**

The PIP is a useful tool for monitoring the implementation of plans. It ensures the documentation of the plans that guide the CCM processes ranging from oversight, membership, structures, conflict of interest, engagement, to communication. It also provides the opportunity for verifying the activities and assessing the gaps that need to be addressed.

The major deficit is it is a tool that could best monitor the situation only at the secretarial level since it requires clear filling of documentations of existing plans.

Except for the communication plan of which there is a follow-up on its implementation, none of the other items provide means for verifying its implementation. The tool is very easy to use, provided the responding officers have the needed documentation of plans.

**Civil Society and Communities own Shadow Report**

In this portion of the analysis we examine the portion of the research that acts as a Shadow Report to the already existing Geneva GFATM evaluation of CCM performance: The Eligibility Performance Assessment and the Performance Improvement Plan. Having conducted the FGDs and the interviews, the civil society watchdogs at country level then completed an EPA based on the information they had learned during their research.

This is in essence an experimental exercise to discover what would be the results of an EPA that is more qualitative in nature (and less of a box-ticking exercise) and that is done including non-CCM stakeholders and conducted by civil society and not by Geneva consultants. The results are fascinating.
Overall the CSO ratings of CCMs differ from Geneva ratings by 36%. But they are reasonably equally distributed as both better ratings and lower ratings.

<table>
<thead>
<tr>
<th></th>
<th>Higher rating</th>
<th>Same result</th>
<th>Lower rating</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>17%</td>
<td>60%</td>
<td>19%</td>
<td>4%</td>
</tr>
</tbody>
</table>

There are however interesting results when analysing the various Eligibility Requirements individually.

**ER 3:** Oversight: The CCM actively ensures oversight is done, and transparent, accountable and communicative manner.

<table>
<thead>
<tr>
<th></th>
<th>Higher rating</th>
<th>Same result</th>
<th>Lower rating</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oversight</td>
<td>10%</td>
<td>64%</td>
<td>26%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**ER 4:** Ensuring CCM membership composition includes people living with and affected by the 3 diseases

<table>
<thead>
<tr>
<th></th>
<th>Higher rating</th>
<th>Same result</th>
<th>Lower rating</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 diseases</td>
<td>26%</td>
<td>59%</td>
<td>15%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**ER 5:** Ensuring adequate CSO representation on the CCM and that all CSO CCM members are accountable and communicative to their constituencies.

<table>
<thead>
<tr>
<th></th>
<th>Higher rating</th>
<th>Same result</th>
<th>Lower rating</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSO</td>
<td>15%</td>
<td>76%</td>
<td>9%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**ER 6:** To transparently and accountably identify and manage conflict of interest on the CCM.

<table>
<thead>
<tr>
<th></th>
<th>Higher rating</th>
<th>Same result</th>
<th>Lower rating</th>
<th>No data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conflict</td>
<td>27%</td>
<td>52%</td>
<td>21%</td>
<td>0%</td>
</tr>
</tbody>
</table>

The above data can be interpreted to mean that the CSOs Shadow Reports process concluded that oversight was the area in which CCMs were most over-rated by the Geneva EPAs. The country CSOs rated CCM performance on oversight lower when compared to Geneva EPAs than any other of the ERs. The CCM was rated lower than the Geneva process 26% of the time. The Geneva and CSO Shadow EPAs agreed 64% of the time. This would suggest that CSOs Shadow reports disagree considerably with the findings of the Geneva EPAs on oversight, a result we were expecting and which is supported by many an anecdote. A close second was Conflict of Interest (ER6) where the CSO Shadow Report process graded the CCMs lower than the Geneva process did 21% of the time.
Yet interestingly, CSOs also rated CCMs better 27% of the time than the Geneva EPAs did. This is the area or ER within which we see the least agreement with the Geneva EPA assessment, with agreement only 52% of the time. This would suggest that on half of the time would CSOs agree with the Geneva Assessments on the CoI issue.

With regard to ER5, CCM membership composition, we see agreement between Geneva EPAs and CSO Shadow EPAs 59% of the time, and 26% of the time a higher rating than Geneva gave the CCM. Only 15% of the time did CSO EPA rate lower than Geneva EPAs did. This can be interpreted to mean that CSOs are happier with CCM performance on this issue than Geneva EPAs concluded.

The final ER6, Adequate CSO representation and accountability to their constituency showed 75% agreement between CSO EPA and Geneva EPA. The higher rating 15% of the time, and only lower rating of 9% of the time suggests that they are satisfied with the Geneva EPA assessment in this area.

The worst performing area of all ER components was ER 5’s L indicator: CCM has clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM. Not only was it consistently badly graded in the research, but graded as non-compliant more than any other indicator. It is indeed the largest single problem facing CCM’s CSO partnerships and anecdotes from various stakeholders working in this area can support this finding.

The L Indicator was marked non-compliant 56% of the time, Indeterminate compliance 33% of the time and only compliant in one country (Kenya). For comparative purposes the next worst performing indicators have been placed...
in a table demonstrating that the L indicator’s performance is way below standard. Also of interest is the L indicator when compared to average percentages for all the indicators. The L Indicator is almost the inverse of the average.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Fully compliant</th>
<th>Indeterminate compliance</th>
<th>Non-compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>L indicator: CCM has clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM.</td>
<td>11%</td>
<td>33%</td>
<td>56%</td>
</tr>
<tr>
<td>P Indicator: To guarantee effective decision making, the CCM ensures that the number of members in the CCM with CoI does not exceed 1 person per constituency (excluding Ex-Officio Members with no voting rights).</td>
<td>44%</td>
<td>33%</td>
<td>22%</td>
</tr>
<tr>
<td>F Indicator: The CCM shares oversight results with the Global Fund Secretariat and in-country stakeholders quarterly through the process defined in its Oversight Plan.</td>
<td>11%</td>
<td>89%</td>
<td>0%</td>
</tr>
<tr>
<td>E Indicator: The CCM takes decisions and corrective action whenever problems and challenges are identified</td>
<td>33%</td>
<td>56%</td>
<td>11%</td>
</tr>
<tr>
<td>C: Indicator: The oversight body (OB) or CCM seeks feedback from non-members of the CCM and from people living with and/or affected by the diseases</td>
<td>22%</td>
<td>78%</td>
<td>0%</td>
</tr>
<tr>
<td>*Average across all indicators</td>
<td>61%</td>
<td>31%</td>
<td>7%</td>
</tr>
</tbody>
</table>

When examining the data placing countries next to each other, we find some interesting results.

<table>
<thead>
<tr>
<th>Country</th>
<th>Higher rating</th>
<th>Same result</th>
<th>Lower rating</th>
<th>No data</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>GHANA</td>
<td>22%</td>
<td>61%</td>
<td>17%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>KENYA</td>
<td>0%</td>
<td>72%</td>
<td>28%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>MALAWI</td>
<td>22%</td>
<td>39%</td>
<td>39%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>NIGERIA</td>
<td>33%</td>
<td>50%</td>
<td>17%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>RWANDA</td>
<td>22%</td>
<td>72%</td>
<td>6%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>SWAZILAND</td>
<td>0%</td>
<td>72%</td>
<td>28%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>TANZANIA</td>
<td>44%</td>
<td>56%</td>
<td>0%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>UGANDA</td>
<td>0%</td>
<td>50%</td>
<td>11%</td>
<td>39%</td>
<td>100%</td>
</tr>
<tr>
<td>ZAMBIA</td>
<td>6%</td>
<td>72%</td>
<td>22%</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>
Analysis

Tanzania did not once give a lower rating on any of the 18 indicators. It agreed with the Geneva EPA 56% of the time, and gave a higher rating the other 44% of the time. Tanzania’s CSO EPA ratings were across the 4 ERs and not just in one area.

Uganda was in some ways marred by the lack of data, as we are unable to compare CSO EPA to Geneva EPA due to lack of data in Geneva EPA.

Rwanda has the least amount of lower ratings. The CSO Shadow EPA agreed with geneva 72% of the time and then gave higher ratings 22% of the time and only rated CCM lower 6% o the time. The indicator on which CSO rated lower was ‘The CCM has an oversight plan which details specific activities, individual and/or constituency responsibilities, timeline and oversight budget as part of CCM budget.’

Conversely, Swaziland never rated their CCM higher than Geneva did, but did agree 72% of the time, and rated lower 28% of the time. Swaziland supports the general findings very well in that they rated lower on ER 3 and 6 and agreed with Geneva EPA on ER 4 and 5.

Similarly Kenya never rated their CCM higher than the Genava EPA did, but instead agreed 72% of the time and rated lower the rest of the time (28%). Kenya’s lower ratings fell in line with the average and were on ER 3 and 6 and not on ER 4 and 5.

Ghana agreed with the Geneva EPA 61% of the time, and rated higher and lower to the tune of 22 % and 17% respectively. Ghana however was an outside rating ER 3 and higher generally, and ER 4 and % lower generally than Geneva EPA. This may suggest that the Ghanaian CCM is struggling with CSO representation and meaningful participation, as well as constituency accountability.

The CCM Oversight body was also rated higher on meeting minutes, a simple task, yet lower on core skills, demonstrating that perhaps the fact that although they were found to be fully compliant just as Geneva did, there is an understanding that skills are still missing.

Nigeria demonstrates a higher rating on Conflict of Interest than the average across the countries but otherwise follows the same pattern of rating the CCM higher on CSO representation and accountability, and lower on CCM performance on oversight. This is except for the fact that the CCM chair does not come from different sectors.
Zambia rates the CCM lower or the same as the Geneva EPA, only providing one higher rating on ensuring that there is only one COI per issue. Importantly, similar to Ghana, Zambia seems to be struggling with CSO inclusion and accountability, rating lower in this area than Geneva did.

The Malawi results are interesting in that it is the country with the most broadly spread choices in terms on changes of CSO to the Geneva EPA. 39% of the time the CSO EPA agreed with Geneva, the lowest in the group, and another 39% of the time they ranked the CCM performance lower than Geneva did. The remaining 22% was for ranking the CCM higher than Geneva EPA, and this was mostly on CCM members having signed a COI form, and on CSO representation and constituency accountability. The lower ratings were all on Oversight and were significant.

CSO Shadow Report Results from Worst to Best Performing

4 To guarantee effective decision making, the CCM ensures that the number of members in the CCM with COI does not exceed 1 person per constituency (excluding Ex-Officio Members with no voting rights).
Analysis

CSO Shadow Report Ratings

Kenya's CCM was rated the worst of the nine countries when considering the non-compliance. That CCM was rated non-compliant 22% on 22% of the Eligibility Requirements. The area in which Kenya was routinely lowly rated was on Conflict of Interest. The Kenyan Country Shadow Report states that conflict of interest is not being adequately addressed despite mechanisms being put in place. In fact, members declare a conflict of interest at the start of meetings but do not leave the room when relevant topics come up for discussion. Additionally, 50% of CCM CSO members are indeed implementers, not an ideal situation.

In the Kenyan CCM Shadow Report local civil society watchdogs recommended that “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.”

Nigerian civil society watchdogs working on CCM issues rated the country fairly badly not only on non-compliaince (11%) but largely indeterminate compliance (61%) as well. The lowest ER was ER3: Oversight and comms around oversight. ER4: CSO inclusion and meaningful participation of KPs, PLWDs and sexual and gender diverse balance and ER6: Conflict of Interest also fared considerably badly. The CCM was rated non-compliant on half of the ER5 areas (CSO inclusion, participation and accountability to constituency (Chair and VC selection)). Nigeria’s CCM was rated as non-compliant on CCM CSO representatives having an effective feedback loop with their constituencies.
Malawi's CCM was rated best on ER 6 (Conflict of Interest). However, the CCM was rated non-compliant on two aspects: “CCM (CSO Representatives) has clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM” and on Oversight: “The CCM takes decisions and corrective action whenever problems and challenges are identified”. Malawi was graded as Indeterminate compliance on a number of Oversight issues.

Similarly, Swaziland was graded non-compliant on “CCM (CSO Reps) has clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM” and “To guarantee effective decision making, the CCM ensures that the number of members in the CCM with CoI does not exceed 1 person per constituency”. There is no single area in which Swaziland either exceeded or was worst, it will need the recommended changes made across all four Eligibility Requirements areas.

Similarly Uganda performed badly across all ERs, and also graded well across all ERs. Specifically Oversight requires more attention, just as with the other countries Uganda was rated as non-compliant on CCM CSO members having an effective feedback loop with constituencies. In the Ugandan CCM Shadow Report local civil society watchdogs stated: “There is an unclear mechanism of communication from and to the CCM and Non-CCM members. 90 percent of the non-CCM members who participated in the focus group discussions expressed ignorance about the operation of the CCM.” And that the Oversight committee needs more “teeth”.

Tanzania performed best on ER4 (CSO inclusion and meaningful participation of KPs, PLWDs and sexual and gender diverse balance) and generally was well rated by local CSO watchdogs. There seem to be some voting discrepancies around conflict of interest and issues around oversight that need urgent attention. Local watchdogs identified strengthening the CCM, improving communication and capacity building. Particular mention is made of some CSO representatives who are (mis)representing KPs and not attending CCM meetings. As with the other countries CSO representation of constituencies and consultatins with constituencies is highly problematic for Tanzania.

Rwanda was graded as Indeterminate compliance against all of the oversight areas, ultimately making Rwanda the worst performer on oversight of all of the countries. On ER4 (CSO inclusion and meaningful participation of KPs, PLWDs and sexual and gender diverse balance) Rwanda achieved Fully compliant across all areas. And for ER6 (Conflict of Interest) Rwanda seems to be passable but work does remain to be done. Local CSO watchdogs recommended that “There should be effective follow up of Global Fund Audit recommendations, regular and vigorous measures for oversight functions should be enforced.”
Zambia did not receive one non-compliant in the CSO grading process. Work remains to be done across all four ERs, with no one of them being fully compliant across all components. The CCM does however remain an unknown entity and its mandate shrouded in mystery. There is a need for more and better communications, capacity building of partners and stakeholders around what the CCM is and why it exists. The CCM would benefit across the board from greater inclusion of KPs and people living with the diseases involvement in all areas, from oversight to understanding the epidemiology of the diseases. Zambia also struggled with CCM CSO constituency feedback and input.

Ghana was rated best performing CCM in the CCM Shadow Reporting process with 83% fully compliant. The CCM there was lowest on “The CCM has established a permanent oversight body with adequate set of skills and expertise to ensure periodic oversight.”; The CCM ensures adequate representation of key affected populations taking into account the socio-epidemiology of the three diseases; and of course CCM CSO representatives performance on constituency consultation. Despite the good ratings, local CSO watchdogs wrote in the CCM Shadow Report that: “The funding processes does not favour the non-governmental PR groups since a major portion of the funding goes to the government sector who most of the time have a low burn-out rate of the funds. The CSOs do a lot of work in sensitisation, advocacy and constituency engagement which most times is not supported by the funds. The current process of consultants’ engagements for the concept note development gives little opportunity for the engagement of CSOs and KAPs in its development process. This provides little opportunity for the inclusion of their concerns for funding” so some work remains to be done.

CSO Ratings from Worst to Best Performing CCMs

KENYA  NIGERIA  MALAWI  SWAZILAND  UGANDA  TANZANIA  RWANDA  ZAMBIA  GHANA

3. Non-compliant  2. Indeterminate compliance  1. Fully compliant
Findings

- That CCMs, their roles, mandates and actions were often not widely known or understood in their countries of operation to Civil Society Organisations (CSOs); and that this strangely includes relatively high levels of confusion among CSOs who are members of CCMs, usually due to poor internal communications and irregular / insufficient consultative processes; many respondents reported that their CCM Leadership dealt exclusively with Principal Recipients (PRs) and ignored / side-lined CSOs;

- That some CCMs are not optimally functional; sometimes this was blamed on the authoritarian character or overweening executive powers of the chair and leadership; often to leadership that had other duties and interests to attend to so were unable to perform their duties properly; and frequently due to a lack of capacity at Secretariat level including poor office spaces / resources;

- That CCMs generally had very poor communications and consultations with, and feedback to CSOs – notably including Key Affected Populations (KAPs) and People Living With the Diseases of AIDS, TB and Malaria (PLWD), and especially outside of the capital cities / main urban centres; and that CSO representation on the CCMs varied along the same lines; this was often blamed on a lack of sufficient budget for national information campaigns and for consultative meetings especially in remote areas; funding, training and other capacity-building for CSOs was universally raised as a vitally important intervention for Global Fund to rectify this situation;

- That civil society watchdogs at country level rated the CCM reasonably similarly to the Geneva consultants process with an overall CSO ratings of CCMs differing from Geneva ratings by 36%.

  - On ER 3 (Oversight) the CSOs Shadow Reports process concluded that oversight was the area in which CCMs were most over-rated by the Geneva EPAs. Yet interestingly, CSOs also rated CCMs better 27% of the time than the Geneva EPAs did. This is the area or ER within which we see the least agreement with the Geneva EPA assessment.

  - A close second was ER 4 Conflict of Interest, where the CSO Shadow Report process graded the CCMs lower than the Geneva process did 21% of the time.

  - With regard to CCM membership composition, we see agreement between Geneva EPAs and CSO Shadow EPAS 59% of the time, and 26% of the time a higher rating than Geneva gave the CCM.

  - The final ER, Adequate CSO representation and accountability to their constituency showed 75% agreement between CSO EPA and Geneva EPA.
Findings

• The worst performing indicator is the one that measures CCM CSO representatives’ consultations and feedback with their constituencies. This is also mentioned through the CCM Country Shadow Reports done at national level.

• That conflicts of interest (CoI) within the CCMs were generally dealt with purely according to the Global Fund rules in terms of declaring CoI at the start of each CCM meeting – but that deep-seated conflicts of interest remained in many countries, particularly over whether the Primary Recipient (PR) of Global Fund grants was able to influence such grant awards by virtue of its dominant position on the CCM, and in some countries over individual CCM Leadership members being accused of swaying grant allocations in favour of the organisations they represented there;

• That despite this, there was divided opinion on whether PRs should be allowed a seat on the CCMs – perspectives largely being determined by whether CSOs had had previous bad experience of a PR abusing its CCM seat to hog funding to itself, and to distort implementation in its own favour, and the degree to which CSOs felt there were adequate checks and balances and good governance within their CCM;

• Equally divisive was whether the national Ministries of Health (MoH) should surrender their CCM seats to other ministries (such as Finance or Treasury) should they be awarded PR status by the Global Fund; this division
was largely determined by civil society's relationship to government, as, where the relationship was good and government was seen as a reliable implementer and was actively engaged with KAPs then CSOs were comfortable with the MoH as both PR and CCM member, but where the relationship was hostile – especially with regards to outlawed / extra-legal KAPs such as the Lesbian, Gay, Bisexual, Transsexual and Intersex (LGBTI) sector in some countries – there was a sense of horror at the government being the primary determinant of sub-grants and the distributor of scarce resources.

- That numerous groups were excluded from the CCM in various countries for a variety of reasons; this was often related to their extra-legal status as with sex-workers, LGBTI communities in Nigeria, Uganda and Tanzania and Men who have Sex with Males (MSM) and Females who have Sex with Women (FSW) communities more broadly, but also to general social marginalisation whether of people with disability, girls, prisoners, fishing folk, rural people, and others.

- That among CSOs, the Non-Governmental Organisations (NGOs), People Living with HIV/AIDS and Faith-Based Organisations (FBOs) were more established, as indicated by the length of tenure of their representatives on their CCMs, while People Affected by TB and Malaria (PATB and PAM), and Key Populations (KPS) were less established and this affected their representation on the CCM;

- That there was a division of opinion over whether CCM mandates could be extended regionally, and likewise whether different country CCMs should peer-review other CCMs; those against these positions argued that specific conditions in each country were so varied as to make both regional mandates and peer-reviewing difficult if not impossible;

- That the very existence of the Global Fund, then the CCM Hub in Geneva, and in some cases even the CCM itself was unknown / opaque to in-country CSOs – in particular there was a sense that the GF and its Hub, though very sound technically, were very remote from the issues faced by civil society and KAPs and PLWDS especially; in several cases, it was the CCM itself that was left high and dry as it was bypassed by GF teams who dealt directly with PRs;

- That several countries warned that there was dissonance between national legislation and definitions, and Global Fund policies and definitions; this resonated particularly with regards to the illegal / extra-legal status of some KAPs, but also regarding what precisely constitutes Key Populations (KPs), and other issues of misalignment between GF policies and national laws; and

- That several countries experienced logistical problems, such as stock-outs of anti-retrovirals, and called for improved supply-chain management.
Recommendations

• That the single worst indicator and evidence from the research be taken seriously and that CCM CSO representation be overhauled. There needs to be greater accountability around members duties to conduct consultations and provide feedback. CCM CSO members need to be given the tools to reach their constituency, whether human, financial or logistical to fulfil their mandates and be accountable. This extends to the inclusion of KPs and PLWDs, and not by tokenistic technical experts only, but by those individuals themselves, and that this becomes a non-negotiable matter from the highest authorities both in country and in Geneva.

• That CCMs have their capacity built and resources provided to become more transparent and accountable and inclusive mechanisms. CCMs need to be provided with the skills and tools to make their existence, their mandates and their actions known to all stakeholders and it needs to be a priority or it will not be done.

• That in order to create a sustainable situation of holding CCMs accountable there needs to be more investment in (re)developing watchdog civil society organisations by the Global Fund and other funding partners as well as UN bodies and governments and groups of governments investing in development.

This is the only way to create sustainable systems where CCMs, governments, private sector and others can be held to account for their actions or inaction. The GFATM needs to take urgent steps to rectify the depoliticisation of civil society through its grant making and its investment in and creation of service delivery civil society. This includes CSO capacity building around CCMs, EPAs, PIPs etc

• GFATM needs to develop a more consultative EPA and PIP process that includes CSOs at country level and which measures quality of performance and not just box-ticking events and the existence of documentation. A hybrid model of the existing method and the use of national civil society could be more cost-effective, create sustainable accountability mechanisms in-country and ensure that culturally and contextually appropriate performance assessments and improvement plans are done.

• A deeper analysis of the forms of conflict of interest that exist needs to be done by GFATM. There also needs to be more efforts directed at capacity building around what constitutes CoI, what steps must be taken and what repercussions exist for CCMs where CoI is not dealt with. An opt out rather than opt in way of declaring CoI might be useful, and that civil society PRs and SRs (at least) should not be CCM members.

• CCMs should be given a formal mandate that they need to work on improving human rights and access to health for KPs especially those with extra-legal status such as sex-workers and LGBTI communities.
• CCMs need to have their capacity improved on how to administer their oversight roles. This includes ensuring that they not only do visits but conduct more in-depth analysis of the implementation of SRs and PRs, and ensure that any oversight improvement plans are implemented. GFATM needs to develop more detailed guidelines or a toolkit on KP inclusion in oversight so that this area can be improved.

• That CSO membership of a CCM needs to have a time limit and that it needs to be enforced and that there needs to be a change of person, organisation etc. KP CSOs need capacity building and “door opening” into the CCM spaces to assist them with having more say in the space.

• GF Country teams need to ensure that they are not working beyond their mandate and excluding the CCM from its work in country. Capacity building of GFATM staff on contextual issues is vital for them to better understand the existing and possible challenges and solutions in country.

• In some countries, the CCM CSO member election process remains clouded in mystery, tightly closed or filled with CoI. This needs to be more closely understood by GFATM Country Teams and where possible intervention is required.
Contact Us

Aids Accountability International
102 Greenmarket Place
54 Shortmarket Street
Cape Town 8000
South Africa

Tel: +27 (0)21 424 2057

4th Floor, Rue de l’Arbre Bénit 44
Ixelles 1050 Brussels
Belgium

Phillipa Tucker: phillipa@aidsaccountability.org
Email: info@aidsaccountabilty.org
Twitter: @AAI_aidswatch
Facebook: /AIDSAccountabilityInternational

Eastern Africa National Networks of AIDS Service Organisations (EANNASO)

Kundayo Street - Kwa Shabani,
Arusha - Moshi Rd
Kimandolu

Tel: +255 737 210598

P.O Box 6 187
Arusha, Tanzania

Olive Mumba: mumba@eannasao.org
Email: eannaso@eannaso.org
Twitter: @eannaso
Facebook: /eannaso.org