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

THE RWANDA 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

<table>
<thead>
<tr>
<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>
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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>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>IDU</td>
<td>Injecting drug users</td>
</tr>
<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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<tr>
<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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<tr>
<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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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<tr>
<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>
</tr>
<tr>
<td>PATB</td>
<td>People Affected by Tuberculosis</td>
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<tr>
<td>PIP</td>
<td>Performance Improvement Plan</td>
</tr>
<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>
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<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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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.¹² 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.
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.

The Rwanda country team was well trained on how to use the tools for the new CCM Scorecards and CCM Shadow Reports. The tools used for the process included; the Face to Face questionnaire for CCM members, FGDs questionnaire for CCM members and non-CCM members. The number of questions/ responses asked/got could not be well captured within 45 minutes as suggested for the face-to-face interviews. The open-ended questions for the FGDs were long and took most of the time of the interviews though it gave the respondents an opportunity to share more information and create more interest in the discussions. The non-CCM CSO groups were more open, comfortable and contributed more in the discussions.

The process came in a time when Rwanda was planning to make the extension of the current NSP and submit a concept in the March window of the Global Fund Grant Application for Rwanda.
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 focused group discussions, it was highlighted that the process of concept development is very technical, and that not all CCM members have the technical capacity to participate in these processes. There is usually a technical writing team, mainly and a consultant responsible for concept note development. According to the responses from some of the respondents it was noted that there is limited CSO CCM members’ engagement on the writing of the concept note, of the CCM agenda, reallocation of funds decisions and most often the Civil society CCM membership has also not been able to effectively communicate to their constituents for feedback. They highlighted lack of resources to communicate and convene member meetings as main reason for inadequate consultations.

From the discussions with the interviewees, it was apparent to us that the representation of the CSOs is weak/poor in regard to participation of members within umbrellas CCM coordination bodies (the umbrellas) which do not make a follow and consultation within their constituencies up due to lack of funds for these processes.

A capacity building program should be put in place to enable all members to participate on equal grounds, especially for key infected/affected communities. There is need for PRs and CSOs (Umbrella CSOs and NGO implementing organizations/partners) to ensure meaningful involvement and participation in the NSP development processes and its Operational Plan. Since, the NSP is supported by activities in the Operational plan, there needs to be a clear involvement of CSOs in the entire process; from the Operational plan, to the NSP and to the concept note development clearly outlining their activities without leaving any group behind especially the key affected communities.

Concept note development partners need to have a joint consultative meeting on the process so that they can have all the issues/interventions that CSOs need to be supported and included in the concept note to ensure linkages between the community and health facilities.
2. An Open and Transparent PR Selection process
There has been only MOH as the Principal Recipient and since a few years ago funds are received by the ministry finance. This is because they own the programmatic and financial impact of the Global Fund since they are mandated to coordinate national health and financial programmes. According to the agreement between the Global Fund and the Government of Rwanda, it was decided that the grant money from the Global Fund should come through the Ministry of Finance which is responsible to manage the financial programmes and the Ministry of health which is responsible for the health programmes. The government is responsible to disperse funds to the SRs and SSRs.

According to the Rwanda TB and HIV concept note to the Global Fund 2014, it was highlighted that the MOH has been Principal Recipient (PR) for Global Fund grants to Rwanda since 2003. The MOH has consistently performed well in its PR role; the maximum grant performance of the MOH since 2003 up to this date is A1 and the minimum is B1. Given the high level of integration of the HIV and TB program in Rwanda into national systems and structures, the MOH is considered best placed to implement the overall planning, coordination and program management roles of the PR. As Rwanda is now piloting the Global Fund’s new RBF model, the CCM was strongly of the opinion that the MOH with its experience and strong, proven systems should continue as sole PR. With regards to the selection of the PR, it was quite evident that the CCM members from CSO's were happy with the PR that has been selected previously though they felt a need for improvement in implementation of activities. The suggested improvement was mainly to address late disbursement of funds and reporting mechanisms reflecting both clinical and community interventions. Here respondents expressed the need to have a second PR who is from the Civil Society in charge of community based interventions while the MOH would still be the PR in charge of the clinical interventions.

“Oversight is effective. We also coordinated the selection of the sub recipients for Global Fund funds.”

“Selection criterias for the sub-recipients are determined the PR which is MoH.”

3. Oversight Planning and implementation
According to the scope of the CCM-RW oversight in the Oversight policy plan and budget, the CCM-RW oversight functions begins with road mapping and meeting eligibility criteria for proposal development and extends to grant negotiation, grant implementation, reviews & renewals, and grant closure. The CCM-RW ensures that grants are being implemented efficiently and effectively, and in the national interest, by delegating its oversight functions to its Oversight Body. The Oversight Body acts as an independent adviser to the CCM-RW with the objective of enhancing PR performance, especially with regards to grant implementation in the areas of finance, procurement and management.

According to the context of the Results Based Financing model (RBF) and the New Funding Model (NFM), the CCM-RW and its ad hoc oversight committee must collaborate more closely and effectively with existing platforms such as the Health Sector Coordinating Working Group (HSWG) and its Technical Working Groups (TWG) and other similar coordinating mechanisms in Rwanda.
### Question: Oversight: How would you rate the performance of the oversight body?

<table>
<thead>
<tr>
<th>Country</th>
<th>Totally unacceptable quality</th>
<th>Unacceptable quality</th>
<th>Acceptable quality</th>
<th>Good quality</th>
<th>Perfect quality</th>
<th>I don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>13%</td>
<td>64%</td>
<td>88%</td>
<td></td>
<td></td>
<td>36%</td>
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<tr>
<td>Kenya</td>
<td>46%</td>
<td>60%</td>
<td>50%</td>
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<tr>
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<td>60%</td>
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<td></td>
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<tr>
<td>Nigeria</td>
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<td>38%</td>
<td>25%</td>
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<td>27%</td>
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<tr>
<td>Tanzania</td>
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<td>71%</td>
<td>14%</td>
<td></td>
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<td>67%</td>
<td>17%</td>
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<tr>
<td>Zambia</td>
<td>38%</td>
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<td>50%</td>
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According to the CCM by laws, The Oversight Body shall comprise of a permanent Oversight Committee (core) that will have ready access to technical experts who may be individually co-opted and who may choose to organize themselves as temporary issue-driven ad hoc Working Groups that shall be established and disbanded, as and when necessary, and upon prior approval by the CCM-RW. The four permanent core members of the Oversight Committee shall be representatives of the 3 sectors i.e., Government, NGO, Multilateral/Bilateral and a representative of People Living with the Disease or Key Affected Populations. The M&E Officer shall be secretary to the Oversight Committee. The Chair of the OSC committee shall always be drawn from the CCM membership, whereas the other 3 members of the OSC can either be CCM members or non-CCM members.

However, the reality in practice is that this permanent Oversight committee does not exist as of today when this assessment was conducted. The role of the Oversight committee was merged with the Health Sector Coordinating

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**ATTENDANCE DOES NOT EQUAL BEING**
Working group (HSWG) and it is the one that plays the role of the oversight through their different Technical Working groups and Committee. We found that the ad hoc committees are the only performing body for the oversight. There is a need for the Global Fund and the Government of Rwanda to assess the effectiveness of this practice according to the reality and harmonise what is provided for in the CCM bylaws and the current practice

The respondents would not clearly mention members of the oversight committee and were not aware of the composition and structure of the Oversight Committee but are aware of the oversight function; where some have participated, and been part of the oversight activities. After oversight visits, feedback is given and solutions are discussed with concerned organizations.

“I am not aware of the existence of an oversight committee of function, however, within the CCM I see a collaboration of select CCM members undertaking field visits and reporting back to the CCM.”

“The CCM fulfils its oversight function; the function is however not structured as there is no oversight plan. Inclusivity is moderate. This is because CSOs and PLHIV are often called to participate in it, no deliberate effort has been made to include KPs in the oversight function. The oversight is almost always not followed up by action. This is because once issues are reported in the meeting, there is no committee to address follow up actions and the CCM does not receive updates of the follow up actions.”

4. Membership of affected communities in the CCM

Overall, the representation of affected communities is good and most of the affected communities all have a representative in the CCM of Rwanda and their participation in terms of their voices being heard and influencing the decisions of the CCM has been given priority. People Living and affected by diseases have two slots on the CCM. PLHIV are represented by the National Network of PLHIV (RRP+); and the people living and affected by TB and Malaria are represented by an organisation implementing TB and Malaria programs i.e. Rwanda Development Organisation (RDO).
In Rwanda, the communities affected by Tuberculosis and Malaria are represented by the Rwanda NGO Forum which delegated two organizations; Imbuto Foundation and RDO, to represent youth and people living with the diseases. The Key population (KPs) are also represented by ANSP+ and are all transparently elected in different Civil Society organization constituencies. Some of the respondents underlined lack of some groups on the CCM where they noted that there is no TB representation but RPP+ is representing people affected by TB&HIV; which is not enough because TB representation must be specific and there being no academia representation in the CCM but some believed that the CCM is perfectly composed and don’t see any need of changes in its composition.

“There is no TB representation but RPP+ is representing people affected by TB&HIV; this is not enough because TB representation must be specific.”

“They are represented by TB and Malaria experts from PEPFAR.”

“We believe that the CCM is perfectly composed and don’t see any need of changes.”

5. Process for non-government CCM member selection
In the CCM of Rwanda, non-government CCM members and the development partners are selected through a transparent election process in their respective constituencies. However, we observed that whereas there have been changes among CSO representatives on CCM, representatives for Development partners have not yet changed for a long time.

“TB representation needs to be strengthened by getting its own representation.”

CSO Quality: What is the quality of civil society sector representation?

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<th>10%</th>
<th>20%</th>
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- Totally unacceptable quality
- Unacceptable quality
- Acceptable quality
- Good quality
- Perfect quality
- I don’t know
6. Management on Conflict of Interests on CCMs

CCM Rwanda has put in place a Conflict of Interest Policy, where CoI disclosure shall be a standing agenda item in all CCM-RWANDA meetings and that all CCM-RWANDA members shall be required to disclose any actual, potential or perceived material interest in a matter that is placed before the CCM-RWANDA for deliberation. All declarations of interest, whether verbal or in writing, are considered to be strictly confidential once made. The Chair shall request the member to leave the room while the CCM-RWANDA considers the disclosure and determines whether a conflict of interest exists.

However, during the discussions we observed that there are some areas of potential risks where the respondents mentioned that the sole PR for global funds is also the chair for CCM and all Civil Society members on the CCM receive Global Fund grants.

“All CSOs CCM Members are getting Global Fund Funds.”

“This can be good decision if the PR is different to the CCM Chair.”

“Once there was a conflict of Interest where the in-coming Chair had been involved in the development of some inputs when he was still a technical Officer. He recused himself from chairing on that matter. And I have never seen the CSOs recuse themselves.”

“We sign the documents of the conflicts of interest but there is no one to monitor or make follow-up.”
EPA Tool & Process

The original Geneva Eligibility and Performance Assessment (EPA) tool and process was well outlined with clear principles, CCM Eligibility requirements, minimum standards and indicators.

The original EPA process was a self-assessment of the CCM and focused most on face-to-face interviews with CCM secretariat and executive committee without much interaction with other CCM stakeholders. Both CCM and non CCM members had very little knowledge of the EPA tools.

Some respondents noted that the process of interviews also takes long, thereby advising that the tool is made simple and specific to their roles and also highlight the targets and indicators. The examples of criteria for compliance assessment are not enough; the options which are IC, NC, FC are limited and it would be good to have more options in the tool to cater for responses.

The self-assessment of the CCM using questionnaires in the face-to-face and FGDs was a new practice for some of the CCM members who are new in the CCM. Even though the practice was new, most of them were happy about it because it facilitated a self-assessment of the CCM work and highlighted the strengths and weaknesses of the non-CCM from the CS.
**PIP Tool and Process**

The original PIP outlined the documentation of the plans that guide the CCM processes including the oversight, membership, structures, conflict of interest, enhanced engagement and communication. It also provides the opportunity for verifying the activities and assessing the gaps that needs to be addressed.

In Rwanda, there are two PIPs that have been made but as we were doing this research, we noticed that most of the CCM and non-CCM members were not aware of the original Geneva PIP while for some who knew it noted that the PIP needed to address the all the gaps and make follow up on their implementation effectively.
Findings

Finding 1: There is no formal orientation to the CCM
Most of the new CCM members don’t get a formal orientation. This has greatly affected their knowledge on the Rwanda CCM and the Geneva CCM Hub where we noted that, as CCM members, they weren’t aware of their clear roles and responsibilities, their functions and the leadership of the CCM.

Finding 2: No permanent Oversight Committee
In the research, we noted that the Rwanda CCM does not have an Oversight committee rather forms ad hoc committees for the assignment and yet the CCM bylaws provide for the establishment of a permanent oversight committee to be supported by ad hoc committees. The role of the Oversight committee was merged with the Health Sector Coordinating Working group (HSWG) and it is the one that plays the role of the oversight through their different Technical Working Groups Committee. We found that the ad hoc committees are the only performing body for the oversight.

Finding 3: Delay in meeting announcements
In the discussions with Rwandan CCM members during the research, we found that most CCM meetings are announced very late. Meetings are announced only two weeks prior to the meeting when the CS umbrellas don’t have much time for consultations among their constituencies for inputs in the proposed meeting agenda; this, even making it difficult for CS participation.

Finding 4: Not aware of the Global Fund tools; the EPA and PIP
Most CCM members were neither aware of the original Geneva tools like the Eligibility Performance Assessment and the Performance Improve Plan nor had they seen the Rwanda CCM PIP and EPA.

Finding 5: Protection of guiding documents on the website
During our research, it was noticed that the Rwanda CCM website lacked most of the guiding documents; only the Governance Manual was available and could not access some of their documents because they were password protected. The website is flooded with meeting minutes and the list of the CCM members is disorganized and lacking the exact contact information.
Recommendations

Priority Area 1: Orientation for CCM members
Formal orientation to CCM for new members should be institutionalized and effectively implemented. There is a need for CCM members’ induction on the Global Fund guidelines; building Capacity of CCM members on CCM Policies and the induction to the new CSOs CCM members and Refresher to the existing CCM Members.

Priority Area 2: Civil Society participation
The involvement and participation of CS in key technical meetings of the Global Fund. There is need to strengthen the role of the CS in terms of the allocation of funding, funding transfer processes. A demand for the CS to be part of the preparation, execution and evaluation (oversight). At country level, there is need for the CS on the CCM to reach out to their constituencies and the CCM should listen to ideas from their constituencies (and put into action/implementation).

The CCM needs to adopt the dual track financing to facilitate funds flow through a CS PR for effective participation and results. CS should be involved in the CCM from the beginning (CCM meetings, proposal drafting/concept note, evaluation and implementation) and should start holding the RNGOF and the CCM accountable.

The funding is not enough. The CS felt that the parties in the concept note development should be realistic so that the CS can achieve their goals since there is very little money for implementation. For instance, instead of giving funding to (4) four districts (for 1 NGO), they should just increase the number of NGOs to work in those districts since the funding provided is very little and is hard for this 1 NGO to move around all these (4) four districts alone.

There should be effective follow up of Global Fund Audit recommendations, regular and vigorous measures for oversight functions should be enforced. On this note, the CS should make time and periodically meet with the Fund Portfolio Manager to address their complaints of reduction of funds. There is also a need for the key affected communities to speak for themselves instead of having umbrella CSOs speak/represent them on the CCM so that their voice can be heard and their issues raised at the CCM meetings.

Other closing comments
This assessment has also resulted to a lot of learning on the part of the country team and participants involved in the assessment.

One of the final comments from the respondents in the FGDs for non-CCM was that; the CS doesn’t want the Government to think that the CS is against the Government plans but instead they all should work together for the development of the communities that the GF supports.

Budget allocation: it would be great if in future the research analyses budget allocation to clinical and prevention activities and compare to understand if the funds are allocated to where there is need!
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