

# summary report

## Study on Civil Society Participation in Global Fund Country Coordinating Mechanisms



## Civil Society Action Team (CSAT)

CSAT is a civil society-led global initiative that aims to coordinate, broker and advocate for technical support to civil society organizations implementing or seeking grants from the Global Fund. It is hosted by the International Council of AIDS Service Organizations (ICASO) and operates through existing civil society organizations that serve as hubs in six regions in the world.



### Acknowledgements

ICASO gratefully acknowledges the support of the CSAT hubs for making this report possible, and those who shared with CSAT their view and opinions as civil society service providers and advocates. In addition, we would like to thank Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the Canadian International Development Agency (CIDA) of the Government of Canada for their financial support.

Writers: Sarah Middleton-Lee and Avet Khachatrian (first draft)  
Photos © Richard Lord, AMAVIDA and Mark Goebel

Copyright © 2010 by the International Council of AIDS Service Organizations (ICASO).  
Information contained within this publication may be freely reproduced, published or otherwise used for non-profit purposes.  
International Council of AIDS Service Organizations (ICASO) should be cited as the source of the information.

## Summary Report

### Study of the Quality and Quantity of Civil Society Participation in Global Fund Country Coordinating Mechanisms

## 1. Introduction

This report is produced by the International Council of AIDS Service Organizations (ICASO). It summarizes the findings, conclusions and recommendations of a study by the Civil Society Action Team (CSAT) into the quantity and quality of civil society involvement in the Country Coordinating Mechanisms (CCMs) of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). As an advocacy tool, this report aims to inform and guide decisions by relevant global policy-makers, including within the Global Fund, partner organizations (such as UNAIDS) and civil society itself.

### Role of CCMs

- Coordinate the submission of one national proposal for funding.
- Select one or more PR for the Global Fund grant.
- Monitor the implementation of activities under Global Fund approved programmes.
- Evaluate the performance of these programmes and their implementers.
- Ensure linkages and consistency between Global Fund assistance and other development and health assistance programs in support of national priorities.

*(Revised Guidelines on the Purpose, Structure, Composition and Funding of Country Coordinating Mechanisms and Requirements for Grant Eligibility, The Global Fund to Fight AIDS, Tuberculosis and Malaria.)*

## 2. Context to study

The Global Fund was created in 2002. It is the world's largest provider of resources for responses to AIDS, Tuberculosis and Malaria. To date, it has committed US\$ 15.6 billion in 140 countries to support large-scale prevention, treatment and care programmes.

From its inception, the Global Fund has been more than a financing mechanism. As a model of public/private partnership, it has facilitated cross-sectoral collaboration - among governments, donors, multilateral agencies, the private sector and civil society (including people living with and affected by the three diseases). At the country level, this has been embodied by CCMs - multi-stakeholder bodies with a remit to develop, own and oversee country proposals [see box]. In turn, grants have been administered by Principal Recipients (PRs), in collaboration with Sub and Sub-Sub Recipients (SRs and SSRs) - many of which are civil society organizations.

While emphasizing country ownership, the Global Fund has introduced several key principles to ensure the transparency and inclusivity of CCMs. These have included the requirement for a minimum of 40% representation of civil society, specifically including groups of people living with and affected by the diseases. In many countries, such steps have facilitated unprecedented involvement of community activists and NGOs, achieving a unique collaboration with government and others on decision-making and resource allocation.

However, despite the immense opportunity that they present, in many contexts, the reality of CCMs remains challenging and complex. This is particularly the case in relation to the involvement of civil society - where the supportive policies of the Global Fund are often, at best, unknown or, at worst, blatantly ignored. On-going concerns in this area range from the extent to which governments allow civil society to have genuine influence over decision-making to the extent to which the sector's representatives have adequate skills and accountability. These concerns have been increasingly documented in a number of analyses. Seven years into the life of the Global Fund, they lead to the questions: ***Does civil society yet have a truly meaningful voice in CCMs? And does civil society understand the Global Fund processes and policies that could enhance its involvement?***

- 
1. *Clarifications of CCM Minimum Requirements, Round 8 (2008), The Global Fund to Fight AIDS, Tuberculosis and Malaria.*
  2. *Lessons Learned in the Field: Health Financing and Governance. A Report on the Country Coordinating Mechanism Model, The Global Fund to Fight AIDS, Tuberculosis and Malaria.*

### 3. Focus and methods of CSAT study

To explore these questions, during September 2008 to April 2009, CSAT conducted a global study. This focused on the quality and quantity of civil society participation in CCMs, as well as the sector's level of awareness of Global Fund mechanisms. It involved over 40 countries and was carried out by the CSAT regional hubs: Middle East and North Africa (14 countries); Sub-Saharan Africa (5) - composed of East and Southern Africa and West and Central Africa; Eastern Europe and Central Asia (3); Asia and the Pacific (11); and Latin America and the Caribbean (7 countries and 1 regional organization).

The study was based on a common list of questions [see box below]. The methods used included: surveys among civil society groups, networks and list-servs (distributed electronically and at meetings); surveys of CCMs; reviews of CCM information; interviews and focus groups with key stakeholders; and reviews of relevant research. The study targeted a range of civil society stakeholders, including AIDS service organizations, national NGOs, faith based organizations, reproductive health organizations and groups of people living with HIV and key affected populations.

#### Study Questions

1. Are people living with HIV and representatives of key affected populations included in CCMs?
2. How were they elected?
3. How do they communicate with the broader constituency they represent?
4. What kind of support do they have to represent people living with HIV and key populations?
5. Are PRs and key SRs accountable to the CCM on grant implementation? If yes, what is the accountability mechanism (regular meetings, updates, other)?
6. What is the CCM's role in coordinating technical support in proposal preparation and grant implementation?
7. What is the CCM's role in addressing implementation problems?

- 
3. *Making Global Fund Country Coordinating Mechanisms Work Through Full Engagement of Civil Society, International Treatment Preparedness Coalition. The Aidspace Guide on the Roles and Responsibilities of CCMs in Grant Oversight, Aidspace.*
  4. *Countries included: Afghanistan, Algeria, Azerbaijan, Belarus, Bolivia, Cambodia, China, Djibouti, Egypt, Guyana, Haiti, India, Indonesia, Jamaica, Jordan, Lebanon, Malaysia, Mauritania, Morocco, Myanmar, Nepal, Pakistan, Palestine, Paraguay, Philippines, Russia, Somalia, Sri Lanka, St Lucia, Sudan, Suriname, Thailand, Tunisia, Yemen and the LAC regional organization REDTRASEX.*

## 4. Key findings of CSAT study

### Question 1

Are people living with HIV and representatives of key affected populations included in CCMs?

All respondents to the CSAT study confirmed that their CCMs include representatives of people living with HIV. Some, such as in Russia and Belarus, specified that their countries have more than one such representative.

However, the study also found that representatives of key affected populations - such as men who have sex with men (MSM) and people who inject drugs - are often absent from CCMs.

This was particularly the case in the Asia and the Pacific region and some countries in West and Central Africa and Eastern Europe and Central Asia. Respondents in Asia and the Pacific indicated that this was mainly due to the stigma that government (and even other civil society representatives) on CCMs apply to these groups, combined with 'government NGOs'<sup>5</sup> replacing grassroots organizations. In Myanmar, while the CCM used to have a local civil society representative, the sector is now represented by international organizations - viewed by respondents as an inadequate replacement.

Similarly, in Afghanistan, people living with HIV are represented by an international NGO rather than the local network. Also, other key affected populations are not present - with respondents stating that it would be too risky to discuss the representation of marginalized groups, such as MSM. Meanwhile, in Tunisia, though an NGO represents the interests of key affected populations, it is not clear what process it uses to do so. Finally, in the West and Central Africa region, one respondent noted that CCM seats originally allocated to key affected populations have now been given to TB and malaria representatives.



*5. Established and/or primarily funded by government. May or may not include government officials.*

## Question 2

How were they elected?

Respondents noted that the methods to select civil society representatives for CCMs varied - from open elections to invitation-only appointment by government. Examples of the latter included countries in Eastern Europe and Central Asia. An exception was provided by Belarus which conducted the first election of its representatives in 2008. Here, the candidates were self-nominated, with voting via email. In Russia, the first CCM representative was recruited as an individual, followed by the CCM inviting two leaders of networks of people living with HIV to represent their constituency.

The study showed that most countries in Asia and the Pacific have had both government appointment and civil society election methods. In one country located in South East Asia, where the current representatives to the CCM were selected through an election process, they used to be appointed by the National AIDS Program from the members of the national NGO network. As a respondent said: "When one is chosen by NAP to participate in a meeting of this type, as civil society you must really watch your tongue ... because you do not know what could happen to you afterwards."

Overall, many respondents expressed concern that their CCMs are dominated by government, and that the selection process is highly bureaucratic and politicized. As a result, many members of civil society are both unfamiliar with the selection process and unaware of who represents them in their CCM. Furthermore, the respondents identified a number of barriers to the fair election of civil society representatives. These include the remote geographical location of some organizations and the lack of established systems to select representatives. Critically, in some countries, they also include the lack of capacity among civil society organizations to push their CCMs to establish a transparent election process.

In East and Southern Africa, respondents report that Rwanda and Swaziland elect their civil society representatives to CCMs, while, in Namibia, they are appointed by the government. In West and Central Africa, with one exception, representatives - for both people living with HIV and key affected populations - are elected.

Meanwhile, the study highlighted a general lack of transparency in the election process in Latin America and the Caribbean. This was partly due to the financial constraints of civil society to bring constituents together, but also the lack of clear rules for representation. In the Middle East and North Africa region, civil society representatives were selected by CCMs. There were no formal processes, with invited NGOs simply selecting a representative from within their organization.

Overall, the study showed that, in many countries, civil society is involved in CCMs in order to comply with the Global Fund's requirements, but that there is a lack of understanding about the expertise that the sector can bring to debates and decisions. In practice, representatives are often excluded from many of the important places - such as sub-committees - where the real decisions are made.

### Question 3

How do they communicate with the broader constituency they represent?

According to the CSAT study, there are difficulties in relation to regular, high quality communication between CCMs and their civil society constituents. For example, although CCM members in the Asia and the Pacific region have regular meetings with their constituencies - followed by electronic updates through mailing lists, e-groups and websites - the websites are not always regularly updated. A particular problem in the region is that most communication is carried out in English, with CCMs in most countries not providing translations into local languages. In Thailand, the CCM does not have a website. In India, exchange of information happens through forums and consultations where people get details about the CCM website. But many people do not have access to the Internet, so they cannot access information in a timely fashion.

In the East and Southern Africa region, different communication methods are used. While Swaziland and Namibia arrange face-to-face consultations, in Rwanda CCM representatives provide e-mail reports to their constituents after CCM meetings, in addition to organizing meetings (budget allowing). In West and Central Africa, most respondents noted that the representatives of key affected populations use face-to-face consultations or e-mail communication.

Respondents from Latin America and the Caribbean report that communication is insufficient and poorly documented. Similarly, those from Eastern Europe and Central Asia are not fully satisfied with representatives' communication, despite them having the technical capacity. In Belarus, although there is an active list-serve for people living with HIV, communication is irregular. CCM meetings are rare and decisions are made in working groups. Important issues are discussed during extended CCM meetings, but, due to the bureaucratic procedures, notifications come late and many members cannot attend. Similarly, in Russia, communication is sporadic, although here, too, it is possible to use list-servs of people living with HIV, as well as magazines, bulletins and the CCM's own website. In Azerbaijan, there is no list-serve and the CCM's decisions are not communicated. Here, feedback from the community is not collected by the CCM and members receive last-minute invitations to meetings which only take place twice a year.

In the Middle East and North Africa region, as there was no formal election among NGOs, there is no formal feedback to the constituency. Morocco is an exception - where an election process has taken place among NGOs through the internet, setting the tone for feedback to the broader NGO constituency.



## Question 4

What kind of support do they have to represent people living with HIV and key populations?

The CSAT study indicates that CCMs currently receive limited or no support for representation of civil society. Respondents from East and Southern Africa report that limited funding is available. This comes from: current project funds (as in Swaziland); local organizations (as in Namibia, including the Namibia Network of People Living with HIV); or specific funding from the Global Fund (as in Rwanda, where only the network of people living with HIV has received funds to represent their constituents). In the West and Central Africa region, respondents report that there is currently no support available. A proposal for such support was submitted to the Global Fund and USAID, but civil society itself was not involved in drafting it. As such: "It was doubtful as to the real benefit it could bring if funded."

In Eastern Europe and Central Asia, the situation varies. In Belarus, there is no support available, but there are plans to, with support from UNAIDS, develop technical support to representatives based on the Principles of Meaningful Involvement of People Living with HIV (MIPA). In Azerbaijan, no support is provided. In Russia, grants have been received from the Elton John Foundation, the Collaborative Foundation and Charities Aid Foundation for community mobilization and empowerment. The Russian Health Care Foundation (a PR of a Global Fund grant) has produced recommendations on meaningful involvement of people living with HIV in decision-making.

In Latin America and the Caribbean, the respondents stated that neither technical nor financial support is available to civil society representatives on CCMs. Meanwhile, in Asia and the Pacific, most respondents, including those who are part of CCMs, are either not aware of support or say it is not available (besides limited travel and logistics budgets that representatives have access to in some countries). Most of the support comes from donors - who arrange for the translation of documents and for workshops to disseminate information or develop proposals. In the Middle East and North Africa, only Pakistan and Egypt mentioned that donors and UNAIDS are working to strengthen the capacity of people living with HIV to advocate for their constituency.

The CSAT study showed that, in the East and Southern Africa region, the PRs are accountable to the CCMs through regular updates. Respondents from Rwanda specified that: "Civil society ... needs capacity strengthening to be able to follow well the accountability and grant implementation."



## Question 5

Are PRs and key SRs accountable to the CCM on grant implementation? If yes, what is the accountability mechanism (regular meetings, updates, other)?

The CSAT study showed that, in the East and Southern Africa region, the PRs are accountable to the CCMs through regular updates. Respondents from Rwanda specified that: "Civil society ... needs capacity strengthening to be able to follow well the accountability and grant implementation." In West and Central Africa, most respondents confirm that the PRs are accountable through regular updates and meetings - and that, when such meetings are held outside the CCM (such as those between the PRs), the minutes are sent to the CCM. However, one respondent noted that this is just a formality - as the PR is really accountable to its own headquarters (in the USA) and the Global Fund, rather than the CCM. As they said: "The Global Fund Secretariat puts greater emphasis on having the entire CCM involved in signing off on the application than on the CCM validating implementation reports."

The respondents from Asia and the Pacific noted that definitions of accountability may differ depending on the country. As such, some respondents answered this question positively. But others - either outside of the Global Fund processes or not in receipt of information from CCMs - were not sure if the PRs are accountable to the CCMs. Those who answer positively specify that the accountability is strengthened through regular meetings, the submission of reports to CCMs and periodic monitoring by CCMs. They also note the lack of a mechanism for reporting problems or concerns related to accountability - since most of the reporting to the Global Fund is done by the CCMs or Local Fund Agents (LFAs). This might mean that they, as civil society representatives, cannot influence those reports. In Myanmar, the civil society representative has to participate in CCM meetings that are held in English - which complicates communication and restricts full accountability.

In Eastern Europe and Central Asia, CCMs tend to be actively involved in project oversight. In Russia, the CCM approves the four PRs' work plans during regular meetings, based on their reports. That is when serious issues related to implementation are discussed. As a respondent noted: "Interruptions of ARVT supply, discussion of coverage indicators, expansion of prevention and treatment to the penitentiary system, negotiation with Ministry of Foreign Affairs and Ministry of Economy to get their support for grant proposals ....." The PRs are held accountable for following up on the CCM's recommendations. Protocols of all meetings are accessible on the CCM web site. Many of the CCM's recommendations and decisions are made based on the PRs' requests and reports. In Belarus, the CCM also approves the PR's work plans and reports. Related issues are discussed within CCM working groups and subsequent decisions are made by the Project Implementation Unit (organized by the PR) and Ministry of Health. In Azerbaijan, although the PR is formally accountable to the CCM, sometimes the CCM Chair makes decisions without consultations with members, who do not oppose this practice.

In Latin America and the Caribbean, respondents reported that PRs generally do not provide information to civil society or CCMs. Frequently, they report directly to the Global Fund, bypassing the CCM review process. Sometimes the PRs organize meetings to discuss project-related issues, but these are usually only open to the implementers.

In the Middle East and North Africa, the accountability of PRs and SRs for grant implementation is not systematic. About half of respondents report some feedback of PRs to CCMs, either in full session or committees. Others report no feedback at all, that NGOs are excluded from feedback or that it is so technical that it is difficult to understand.

## Question 6

What is the CCM's role in coordinating technical support in proposal preparation and grant implementation?

The respondents' answers to this question varied greatly from region to region and country to country. In Latin America and the Caribbean, respondents reported that CCMs often lack ownership of the projects. Although they are active during the first stage of proposal development, the members often use the proposals to push their own funding agendas - leaving out grassroots organizations that have no access to the CCMs. Once a proposal is approved, a PR may provide funding to support its implementers - which are not necessarily civil society organizations. The respondents also highlight that, when CCM members are also SRs (a frequent occurrence), they cannot provide oversight to the project while implementing it at the same time (a conflict of interest). As such, quality control is lacking, particularly with regard to short-term impact. Also CCMs tend to 'micro manage', rather than oversee, project implementation.

In the Asia and the Pacific region, only respondents from Cambodia, Philippines, India and Thailand answered this question. Other respondents believe that technical support for proposal development should be provided by UN agencies, not by CCMs. Where the respondents did provide feedback, they stressed that the role of their CCMs is to identify priorities for proposal development in each round and to approve project proposals for submission. However, they also indicate that the CCMs provide technical support for proposal development and project implementation - by identifying consultants to write grant applications, providing assistance to the implementers (through dissemination of structured guidance materials and organization of workshops) and conducting project monitoring and evaluation. In Myanmar, the civil society representative was expected to sign off on a proposal while the process was conducted in a language they did not speak.

In Eastern Europe and Central Asia, in Belarus, all Global Fund proposals require CCM approval. But this is often a formality, with the actual decisions usually made by the technical groups in consultation with the Project Implementation Unit (essentially the PR) and Ministry of Health.

Issues related to the implementation of projects, including planning and funding of technical support, are the prerogative of the Unit which: "Didn't assess needs of civil society organizations and representatives of vulnerable groups to CCM, and of course does not have any working plan and allocated budget for technical support of civil society organizations and representatives of vulnerable groups." In Azerbaijan, the CCM approval of Global Fund-related plans and reports is also more of a formality, as it has limited opportunities to oppose the suggestions of the Project Implementation Unit (essentially the Ministry of Health). Similarly to Belarus, the Unit is not aware of civil society needs and does not have a budget for its technical support. A similar situation (of lack of opportunities for building civil society capacity) is seen in Russia.

In East and Southern Africa, the respondents from Swaziland confirmed that the CCM is fully engaged in technical support. In Rwanda, it is involved in the whole cycle, including calls for proposals, coordination of Technical Working Groups on proposal development/selection of organizations to be funded, submission of the proposals to the Global Fund and provision of feedback in case of questions, as well as oversight of project implementation.

In the West and Central Africa region, the majority of respondents stated that the CCM is active early on in the process of project development (mostly during the needs identification), while later proposal development is carried out by a working group. One respondent specifically mentioned an intermediary, which handles the submission of mini-proposals to the CCM from various sectors. Another respondent noted that a meeting was held following the provision of technical support to report to the larger group on what had been achieved.

In the Middle East and North Africa, the role of CCMs in coordinating technical support is not clearly understood. Many of the respondents describe some role of the CCM in the design of a new proposal, from simple endorsement after it is written by a consultant (Mauritania) to hands-on strategy development (Pakistan).

Other countries mention the establishment of sub-committees and work being carried out in a reasonably transparent way.

## Question 7

### What is the CCM's role in addressing implementation problems?

According to the Eastern Europe and Central Asia respondents, the CCMs in Belarus and Azerbaijan do not discuss problems related to project implementation. In Belarus, this process happens within corresponding working groups. However, in Russia, the CCM is involved in the review of project implementation, including discussion of gaps and obstacles. This process is documented and protocols of the meetings are available on the CCM website.

In Asia and the Pacific, respondents from most countries implementing Global Fund-supported projects are confident that their CCMs are involved in project oversight, including addressing problems during implementation. CCMs serve as a platform for discussion of such problems through meetings and reports submitted by the PRs. However, the respondents believe that many CCM members are not qualified to address implementation problems, and that follow-up on CCM decisions is weak.

Within the East and Southern Africa region, in Namibia, the CCM discusses implementation issues during quarterly meetings and provides recommendations to the implementers. In Swaziland, the CCM is working on oversight tools, while working with the PR to resolve problems occurring during project implementation. The CCM in Rwanda plays an active role in addressing implementation problems: "The UGP/GF (Unité de gestion des Projets) in the CCM follows all problems that can arise in the implementation process. These problems are presented to CCM meeting to be solved in consensus."

In West and Central Africa, some respondents state that their CCMs are actively involved in addressing implementation problems, identifying bottlenecks and making decisions to address them. Most others are either not sure or not clear on this. In the Middle East and North Africa, most respondents stated that their CCM did not play an effective role in implementation. An exception was provided by Sudan - where the CCM was reported to carefully monitor grants. Also, the CCMs in countries like Afghanistan and Pakistan appeared to play some kind of a role in addressing problems, although not a strong one.

## 5. Conclusions

The findings of the CSAT study in five regions suggest a number of key conclusions about the quantity and quality of civil society involvement in the CCMs of the Global Fund. These include that:



**Representatives of people living with HIV are present in CCMs, but often lack genuine access to decision-making. Meanwhile, key affected populations are often still absent.**

The Global Fund's Revised Guidelines for CCMs<sup>6</sup> stipulates that: "The membership of the CCM should comprise a minimum of 40% representation of the non-government sectors such as NGOs/community based organizations, people living with the diseases, key affected populations." The CSAT study confirmed that, at a basic level, people living with HIV are represented in CCMs in all regions.

However, it also highlighted that this can be token - with representatives having few opportunities to genuinely influence proposal development or implementation. As for key affected populations, the study indicated that, in many countries, they are still not part of CCMs. This appears to confirm ongoing stigma - with members of CCMs (not just government representatives) unable and/or unwilling to create the conditions needed for meaningful participation. This is compounded by practical challenges - from lack of financial resources to language barriers and limited access to computers. In some countries, government NGOs or international organizations represent grassroots groups - thus limiting the direct participation of key affected populations.



**Civil society representatives are selected through inconsistent procedures - some times through constituency selection, sometimes appointment.**

According to the Global Fund's Revised Guidelines, "*CCM members representing the non-government sectors must be selected/elected by their own sector(s) based on a documented, transparent process, developed within each sector.*" The CSAT study confirmed that this is often not the case - with CCM members 'invited' by Ministries of Health or other authorities. However, it also showed that, in some contexts, representatives are indeed elected by civil society - although sometimes such processes are not fully inclusive, often due to financial or practical challenges. The fact that some respondents are not aware of CCM election procedures in their countries could indicate that procedures lack transparency and/or are poorly communicated.

---

6. *The Revised Guidelines on the Purpose, Structure, Composition and Funding of Country Coordinating Mechanisms and Requirements for Grant Eligibility, The Global Fund to Fight AIDS, Tuberculosis and Malaria.*



**Communication (from CCMs to members and from civil society representatives to constituents) is often limited and unsystematic. This affects civil society's understanding of and engagement in Global Fund processes.**

The Global Fund's Revised Guidelines state that CCMs are responsible for: *"The development of a communication strategy for the dissemination of CCM decisions and for regular sharing of information on grant implementation status with all CCM members and relevant stakeholders."* Also, its CCM Funding Policy<sup>7</sup> enables CCMs to use resources for: *"Communication and information dissemination costs for sharing key information ....which may include the costs of establishing and updating of website or newsletter; facilitation costs associated with constituency consultation and processes to promote and improve the quality of stakeholder participation, including civil society participation; and translations of key information to promote participation by all stakeholders."*

However, the CSAT study showed that communication from and among CCMs, their members and constituents varies significantly and is often poor. It is commonly carried out through the Internet/email. This is a viable option for many countries, but problematic where access is limited and/or websites and list serves are not regularly updated. In those countries where CCMs meet regularly, it was noted that invitations, agendas and technical documents are often disseminated at the last moment, preventing civil society representatives from attending and/or preparing for the meetings. In some countries, not all civil society representatives are invited to such meetings. Some respondents say that civil society representatives do not communicate with their constituents at all. This may result from them being appointed by government (and accountable to the CCM leadership, rather than the community) or the lack of established procedures.



**Civil society representatives often lack the capacity and expertise to fully engage in CCM processes and accountably represent their constituents.**

The revised Global Fund Guidelines<sup>8</sup> state that *"All members of a CCM should be treated as equal partners in the mechanism, with full rights to participation, expression and involvement in decision-making in line with their areas of expertise."* Furthermore - within both the CCM Funding Policy and the funding window provided by Community Systems Strengthening - there are opportunities to resource the capacity building of civil society representatives to network, communicate and consult with their constituencies and others involved in the Global Fund.

---

7. CCM Funding Policy, *The Global Fund to Fight AIDS, Tuberculosis and Malaria*.

8. *Guidelines on the Purpose, Structure, Composition and Funding of Country Coordinating Mechanisms and Requirements for Grant Eligibility, the Global Fund to Fight AIDS, Tuberculosis and Malaria*.

The CSAT study confirms that, to effectively represent their constituents, civil society representatives in CCMs should receive necessary documentation and participate in relevant CCM meetings, as well as develop skills such as project management and presentation. Such skills can be built if technical support is provided. However, responses indicate that, in most cases, CCMs do not see it as their responsibility to facilitate information exchange or build members' skills and/or they do not possess financial and technical means to help civil society organizations. In some countries, this issue is being addressed through special funds disbursed by the Global Fund or other grant providers, sometimes including local NGOs and their networks. In other countries, nothing is being done. There are countries where CCMs provide modest funding to civil society representatives to ensure their participation in CCM meetings. But, in some cases, when proposals for technical support are drafted, civil society itself is not consulted.



**While PRs and SRs are broadly accountable to CCMs, the extent and process of this varies significantly.**

As outlined in the Global Fund's Revised Guidelines: *"Through the Grant Agreement with the Global Fund, Principal Recipients are obliged to keep the CCM continuously informed about proposal implementation progress. PRs should provide periodic reports to the Global Fund and to the CCM with programmatic and financial progress updates and an estimate of the usage of the grant proceeds by different CCM constituencies."* Most respondents to the CSAT study confirmed that, in their countries, the PRs and SRs are indeed accountable to the CCM on project implementation. However, the degree of that accountability varies. In many cases, communication between CCMs and PRs happens through meetings, with CCMs then providing updates. Sometimes civil society representatives do not have enough capacity to follow these discussions.

In some countries, the dialogue between the CCM and PRs seems to be a formality. The CCM leadership might make project-related decisions without consultations with civil society members, or put pressure on them to approve project implementation. However, there are also countries (Russia, Namibia, Rwanda and Swaziland) where the CCMs regularly meet with the PRs and are actively involved in project oversight, including the provision of political support. The PRs then report on the implementation of the CCM recommendations. Meanwhile, there are many countries, including in Latin America and the Caribbean, where the CCMs are not involved in project oversight - as they do not receive reports from the PRs (because the implementers send them directly to the Global Fund). Some respondents feel that there are no mechanisms for reporting accountability problems, because they are blocked from communication with the Global Fund.



**Multi-sectoral involvement in, and transparency of, proposal development and grant oversight varies significantly. It is often very limited, especially for civil society representatives and their constituencies.**

The Global Fund states that: *"CCMs are required to create a transparent, documented process which ensures that CCM members and non-CCM members have the opportunity to contribute to proposal development and in conducting grant oversight."*<sup>9</sup>

According to CSAT's study, in many countries, CCMs are actively involved in providing technical support for proposal development and project implementation. This is especially true with regard to the preparation phase. CCMs may provide support during implementation.

This includes by hiring experts, conducting monitoring activities or providing other types of assistance to the implementers. Also, CCMs often approve project-related plans and reports. Some respondents note that their CCMs conduct a full cycle of project support (from calls for proposals to coordinating proposal development to submission, oversight and monitoring and evaluation). However, during the implementation phase, in some countries, monitoring of project implementation is a prerogative of the PRs or implementation groups such as Project Implementation Units. Such groups are not involved in capacity-building of civil society organizations. One of the problems identified is that CCM members who are also involved in implementation do not have time for oversight and quality control. In other countries, the issue of technical support has not been addressed at all, or is believed to be the responsibility of external organizations, such as UN agencies. In some countries, civil society representatives do not possess the skills to oversee project implementation (including due to having a language barrier) and may be manipulated into signing off on proposals that they do not fully understand.



---

*9. Clarifications of CCM Minimum Requirements, Round 8, the Global Fund to Fight AIDS, Tuberculosis and Malaria.*



**While some CCMs are prepared for and actively engage in addressing problems in grant implementation, others lack appropriate tools or systems to do so.**

As specified in the Global Fund's Revised Guidelines, CCMs are to *"monitor implementation of approved proposals"* and *"ensure the input of a broad range of stakeholders, including CCM members and non members, in the ..... grant oversight process."* CCMs are also to *"put in place and maintain a transparent, documented process to ... oversee program implementation"* and *"ensure the input of a broad range of stakeholders, including CCM members and non members, in the proposal development and grant oversight process."* Depending on the country, the respondents to the CSAT study had different opinions of a CCM's role in addressing implementation problems. While they generally agree that CCMs should address gaps in implementation, in some countries are currently not doing so, with such problems addressed by the PRs or related working groups. Other CCMs regularly review project implementation through meetings, discussions and PR reports, and provide political/technical support to the implementers. Some respondents note a danger - that CCMs tend to micro-manage, while ignoring larger issues. Both the analytical capacity of some CCM members and follow-up on CCM decisions remain cause for concern in the view of some respondents.

Others note the absence of oversight tools, but confirm that they are currently being developed.

## 6. Recommendations

The findings of the CSAT study identify a number of key directions for international policy-makers with a role to play in increasing and enhancing the involvement of civil society in Global Fund CCMs. It is recommended that:

1

**People living with and affected by the three diseases are meaningfully involved in all stages and processes of decision-making in CCMs - not just in principle, but genuine practice.** This should include:

- o **The Global Fund** requiring the active and systematic use of its:
  - CCM Minimum Requirements<sup>10</sup> - notably eligibility requirement 2: membership of persons affected by HIV/AIDS, Tuberculosis and Malaria (further clarified as ensuring that they can "*bring to bear their experiences and expertise in program decisions that affect their lives*").
  - CCM Performance Checklist<sup>11</sup> - notably questions 1d (concerning representation), 5c (concerning the selection of representatives), 12d (concerning the level of representation) and 12d (concerning communication and consultation processes).
- o **The Global Fund** taking strong and decisive action in countries that continue to sideline civil society representatives, especially those from groups of people living with HIV and key affected populations.
- o **Civil society** proactively pursuing opportunities to participate meaningfully in all CCM processes as provided for by Global Fund guidelines.
- o **Civil society** seeking partners to provide technical support for playing an effective role in CCM governance processes.

---

10. Clarifications on CCM Minimum Requirements Round 8 (March 2008), *The Global Fund to Fight AIDS, Tuberculosis and Malaria*.

11. CCM Performance Checklist, *The Global Fund to Fight AIDS, Tuberculosis and Malaria*.

## 2

**In each country, civil society representatives on CCMs are elected through an open, transparent and inclusive process that is led by local civil society itself.** This should include:

- **The Global Fund, supported by international partners such as UNAIDS,** strongly promoting the 'value added' of independent civil society involvement in CCMs, including for needs-based proposal development. And, in turn, insisting upon the implementation of its Guidelines<sup>12</sup> that representatives should not be 'invited' or 'appointed' by governments and its Minimum Requirements<sup>13</sup> for representatives to be "*selected by their own sector(s)*".
- **International civil society, in collaboration with the Global Fund and UNAIDS,** developing models for the fair and transparent election of its representatives and advocating for their use by CCMs. Within this, ensuring the inclusion of 'hard to reach' elements of civil society, such as groups in rural areas and key populations that are marginalized from the mainstream sector.
- **International civil society** working in partnership with, and providing technical support to, country-based civil society to systematically increase the representation of local NGOs on CCMs.
- **Civil society** actively working for transparent, democratic processes that demand and support accountability of civil society CCM representatives to their constituencies, perhaps including developing a terms of reference for civil society CCM representatives.

---

12. *Guidelines on the Purpose, Structure, Composition and Funding of Country Coordinating Mechanisms and Requirements for Grant Eligibility, the Global Fund to Fight AIDS, Tuberculosis and Malaria.*

13. *Clarifications on CCM Minimum Requirements Round 8 (March 2008), The Global Fund to Fight AIDS, Tuberculosis and Malaria.*

# 3

**Civil society identifies, or secures capacity building for, representatives with the full skills and knowledge needed to work effectively in CCMs and to accountably represent their sector.** This should include:

- **Civil society** confirming a 'checklist' of the broad range of personal and professional attributes and competencies - from diplomacy to advocacy, project management and budgeting - required by high quality representatives of its sector. And, in turn, mobilizing, nurturing and supporting suitable candidates, including through the use of existing capacity building tools.<sup>14</sup>
- **Civil society** providing an orientation process for new civil society CCM members that includes accountability processes and committee and subcommittee roles and responsibilities on the CCM and the role played by civil society throughout the CCM structure.
- **Civil society** developing accountability mechanisms for its representatives that include required and desirable personal and professional attributes, including communication with their constituencies, participation in consultations, among other responsibilities.
- **UNAIDS and other partner organizations** providing technical and, if necessary, financial support to enable civil society representatives to build their capacity, as agreed at the 23rd Board Meeting of UNAIDS.<sup>15</sup>
- **The Global Fund** more strongly articulating to CCMs both the acceptability and the benefits of incorporating technical support for civil society leaders/communication platforms into proposals to the Global Fund, for example as a component of Community Systems Strengthening.

---

14. For example: *Coordinating with Communities: Guidelines on the Involvement of the Community Sector in the Coordination of National AIDS Responses (2007)*, International Council of AIDS Service organizations (ICASO), African Council of AIDS Service organizations (AfriCASO) and International HIV/AIDS Alliance.

15. "3.1 Recognizing that UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria have as their fundamental objective helping national scale-up to the goal of Universal Access to prevention, treatment, care and support. 3.7 Calls upon National AIDS Coordinating Authorities and UNAIDS to invest in the capacity development of civil society to enable their meaningful participation in the work of such Authorities and to pursue the principles of accountability, transparency and participation." *Decisions, Recommendations and Conclusions: 23rd Meeting of the UNAIDS Programme Coordinating Board, 15-17 December 2008.*

# 4

**Efficient, effective and transparent systems for two-way communication between civil society representatives in CCMs and their wider constituents are established or strengthened.**

This should include:

- **The Global Fund and partner organizations** encouraging CCMs to, in line with the CCM Funding Policy<sup>16</sup>, use their resources to improve their own communication. This, in turn, will enhance communication between civil society representatives and their constituents. Practical examples include CCMs: having up-to-date information on their websites; providing adequate notice of upcoming meetings; and documenting/disseminating the decisions made at meetings.
- **Civil society - supported by Global Fund resources and capacity building by partner organizations** - developing or strengthening communication platforms to facilitate consultation, information sharing and follow-up between civil society representatives on CCMs and their wider constituencies. These should be as resource-efficient and wide-reaching as possible, for example combining web-based tools with regular open meetings, and ensuring the use of local languages.



---

16. Guidelines for CCM Funding Policy, The Global Fund to Fight AIDS, Tuberculosis and Malaria.

# 5

Ensure that both CCM leadership and civil society representatives are fully involved in grant oversight, including effectively and efficiently addressing problems during project implementation. This should include:

- o **The Global Fund** promoting its Guidance Paper on CCM Oversight<sup>17</sup> which advocates for tapping the "*wealth of information, key relationships and skills*" of all sectors within CCMs and specifically articulates the role and benefits of civil society involvement in oversight. Also, promoting Memorandums of Understanding between CCMs and PRs - to clarify roles and establish clear accountability mechanisms (among the CCM, PRs/SRs/SSRs, including those from civil society).
- o **Civil society, supported by the Global Fund and partner organizations**, advocating for its involvement in project oversight through its representatives on CCMs. This includes the sector:
  - Being a 'watchdog' - using documents issued by the Global Fund to analyze the status of project oversight and submit their findings to CSAT.
  - Where problems or gaps in grant oversight are evident, advocating or greater communication between CCMs and PRs. This should pay particular attention to situations where CCMs make decisions without the involvement of civil society representatives and/or pressure them into approving decisions.



---

17. *Guidance Paper on CCM Oversight, The Global Fund to Fight AIDS, Tuberculosis and Malaria.*