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

THE NIGERIA CIVIL SOCIETY
AND COMMUNITIES
CCM SHADOW REPORT

Authors:
Ifeanyi Orazulike, International Center for Advocacy on Right to Health (ICARH)
Martin Mary Falana, Kids & Teens Resource Centre
Olayide Akanni, Journalists Against AIDS (JAAIDS) Nigeria
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.
# Table of Contents

Abbreviations .................................................................................................................................................. 4
Problem Statement ........................................................................................................................................ 5
About the research ........................................................................................................................................ 7
Expected Outcomes ..................................................................................................................................... 7
Methodology .................................................................................................................................................. 8
Analysis ........................................................................................................................................................ 10
CCM Performance ....................................................................................................................................... 10
EPA Tool & Process ...................................................................................................................................... 16
PIP Tool and Process .................................................................................................................................. 16
Finding 1: CCM members ignorant of EPA and PIP process ................................................................. 17
Finding 2: Need to engage people affected and not just technical experts ........................................ 17
Finding 3: Grant proposal and implementation process flawed ............................................................. 17
Recommendations ......................................................................................................................................... 19
Priority Area 1: Training required on CCMs, EPAS and PIPs .............................................................. 18
Priority Area 2: Greater involvement of CSOs in CCM spaces ............................................................... 18
Priority Area 3: Need for CSO watchdogs, especially KP CSOs, on fund implementation ................ 18
Notes ............................................................................................................................................................ 18
Contact Details ............................................................................................................................................. 22
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAI</td>
<td>AIDS Accountability International</td>
</tr>
<tr>
<td>CCM</td>
<td>Country Co-ordinating Mechanism</td>
</tr>
<tr>
<td>CoI/CI</td>
<td>Conflict of Interest</td>
</tr>
<tr>
<td>CG</td>
<td>Community group</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
</tr>
<tr>
<td>CS</td>
<td>Civil Society</td>
</tr>
<tr>
<td>EANNASO</td>
<td>Eastern Africa National Networks of AIDS Service Organisations</td>
</tr>
<tr>
<td>EPA</td>
<td>Eligibility Performance Assessment</td>
</tr>
<tr>
<td>FBO</td>
<td>Faith-Based Organisation</td>
</tr>
<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>
</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>
</tr>
<tr>
<td>KAP</td>
<td>Key Affected Populations</td>
</tr>
<tr>
<td>KP</td>
<td>Key Populations</td>
</tr>
<tr>
<td>MDR TB</td>
<td>Multi-Drug-Resistant Tuberculosis</td>
</tr>
<tr>
<td>MSM</td>
<td>Men who have sex with men</td>
</tr>
<tr>
<td>NFM</td>
<td>New funding model</td>
</tr>
<tr>
<td>NCM</td>
<td>National Coordinating Mechanism</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
</tr>
<tr>
<td>NPO</td>
<td>Non-Profit Organisation</td>
</tr>
<tr>
<td>OIG</td>
<td>Office of the Inspector-General</td>
</tr>
<tr>
<td>PAM</td>
<td>People Affected by Malaria</td>
</tr>
<tr>
<td>PATB</td>
<td>People Affected by Tuberculosis</td>
</tr>
<tr>
<td>PIP</td>
<td>Performance Improvement Plan</td>
</tr>
<tr>
<td>PLWDD</td>
<td>People Living with the Diseases of HIV, TB and malaria</td>
</tr>
<tr>
<td>PLWHIV</td>
<td>People Living with HIV</td>
</tr>
<tr>
<td>PR</td>
<td>Primary Recipient</td>
</tr>
<tr>
<td>RFA</td>
<td>Request for Application</td>
</tr>
<tr>
<td>SR</td>
<td>Subsidiary Recipient</td>
</tr>
<tr>
<td>SSR</td>
<td>Sub-Subsidiary Recipient</td>
</tr>
<tr>
<td>SW</td>
<td>Sex Workers</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
</tbody>
</table>
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.\(^1\)\(^2\) Further, the recent audit report from the Office of the Inspector General (OIG) found several persistent shortcomings with CCM performance:

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

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

---

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 that 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.

Methodologically it is important to note the dates of when the shadow EPAs and the Geneva EPAs were conducted as differences could be a result of changes over time. All the shadow EPA research was conducted between November 2016 and February 2017. Nigeria’s Geneva EPAs were submitted on the 2017-02-01.
Analysis

**Note:** This research exercise was conducted in Nigeria between November and December 2016 and does not necessarily reflect or capture changes in the CCM leadership that occurred in Feb 2017.

**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. **A transparent and inclusive concept note development process**

   In Nigeria, prior to the advent of the New Funding Model (NFM), the country had engaged the support of technical staff from the relevant government parastatals and agencies, development partners and consultants with little input of civil society in the development of the concept note for the country. Limited community engagement gave room for gaps during implementation of projects because civil society groups that were saddled with the responsibility of implementing these grants in the communities were not necessarily part of the development of the concept note.

   The introduction of the New Funding Model however has fostered changes in the concept note development process. Through the country dialogues, the CCM has been able to engage a diversity of partners and stakeholders at the country level, including Key Affected Populations (KAPs) and People Living with the Diseases (PLWD). The country dialogues have helped to define in a participatory manner, strategies to combat the main drivers of the diseases as well as the most appropriate interventions to address them.

   Feedback from this assessment indicated that the CCM Nigeria has demonstrated transparency and inclusiveness through broader community engagement in the development of concept notes. According to the civil society representatives interviewed, the opportunity provided for broader engagement with community groups and was a welcome development, as many community stakeholders got a better understanding of the Global Fund processes through the constituency consultations. Respondents from the focus group discussions and the face-to-face interviews conducted had a relatively balanced impression on the transparency of the whole process of the development of the country concept notes.
2. An open and transparent Principal Recipient selection process

The views on the Principle Recipient (PR) selection process varied between the CCM and the Non-CCM respondents. On the part of the Non-CCM respondents during the FGDs, there was limited clarity on how the PRs were selected, but CCM members were of the opinion that they had done a good job with the selection process, adding that:

“The whole process of engaging the Principal Recipients has always been very transparent and open and due processes were followed.”

Some individual members in the face-to-face interviews however expressed concerns about the undue influence of the Global Fund Secretariat, even in the selection of PRs:

“Sometimes the Global Fund contributes to the failures being experienced by the country in the implementation of the grants, by for instance insisting that the initial 5 selected PRs be reduced to 3.”

Another respondent cited the invocation of the safeguard policy with respect to the HIV/AIDS and Malaria grants in Nigeria whereby the Global Fund has selected PRs and advertised their names in the newspapers without consulting with the CCM:

“They (The Global Fund Secretariat) take decisions without recourse to the CCM. For instance, in replacing the PRs (NACA and NMEP), the Global Fund just advertised in the newspapers that they had selected Family Health International (FHI). The Nigerian Government is angry about this kind of selection process. The CCM has no role in the selection of the new PRs. The selection was just handed over to us. There was no justification for this and the CCM is being made to look like a lame duck on these issues.”

3. Oversight planning and implementation

Feedback indicated that the CCM is performing its roles in planning and implementation but its capacity could be enhanced to do more. “I would qualify our progress as two steps forward, one step backwards,” one CCM member noted.

Most members of the CCM however commended the CSO representatives for being vocal and raising alarms when things are going awry. The Oversight Committee was identified as taking the lead in ensuring that oversight visits to implementation sites are conducted as and when due etc. and have been useful in providing guidance to PRs / SRs in grant implementation and addressing systemic, structural and programmatic gaps in the field. It was however noted that often times, follow-up actions from the Oversight Sub-Committee do not occur in a timely manner:

“we need to be able to differentiate between grant monitoring and our oversight roles. Sometimes we get bogged down with un-actionable actions which we cannot follow up on”.


Analysis

Question: Oversight: How would you rate the performance of the oversight body?

Another respondent noted that this slow response on the part of the CCMs may account for why the PRs often side step the CCMs and communicate directly with the Global Fund Secretariat in instances where prompt and urgent responses to requests are needed. In order to enhance effectiveness, the capacity and skills of members of the Oversight Committee was also called into question as some of the respondents noted that there are key required skills which the CCM currently lacks:

“The committee is made up of members with different expertise that may not correlate with the expertise that is needed. The Government is not supporting the CCM. I would love to bring in other experts (e.g. supply-chain etc. and this will need extra funds. If Government takes ownership of the CCM that may be possible.”

ATTENDANCE DOES NOT EQUAL BEING
The CCM’s oversight role over the PRs also raised several concerns. CCM members both in the FGDs and face-to-face interviews expressed their frustrations with PRs, noting that they (the CCM) felt they had no real “powers” over the PRs as the Global Fund Secretariat communicates directly with the PR without keeping the CCM in the loop and the PRs tend to be more responsive to the Global Fund Secretariat than to them.

On the other hand, however, one of the PR respondents noted that while the CCM has statutorily performed its oversight visits at state levels, its needs to extend the same functions to the PRs:

“The CCM has a follow-up opportunity with the PRs. The quarterly dashboard presentations made by the PRs only presents the achievements. The CCM needs to probe more in order to call the PRs into account.”

This position is further corroborated by another CCM member who notes as follows:

“It’s difficult to glean information from the PRs. For instance, the financial information that they provide doesn’t give you enough information as the PRs tend to give you whatever they want.”

Respondents noted that conflicts of interests were also undermining the effectiveness of the CCM as some members also work with organisations who are also Global Fund grant implementers. They recommended that strengthening the members’ capacity to better understand their oversight roles and effective management of conflict of interest issues would go a long way to address these challenges.

4. Membership of affected communities on the CCM

Whereas government representatives usually have a larger representation on CCMs, the Global Fund recommends that a minimum of 40% of CCM members (and sub-CCM, or Regional Coordinating Mechanism) represent non-government sectors, including: academia, educational NGOs, community-based organisations, the private sector,
Analysis

key affected populations, including persons living with HIV/AIDS, TB and/or malaria, faith-based organisations, and multi-lateral and bi-lateral development partners in country. Presently, the Nigerian CCM Non-Governmental sector representation is well above the minimum requirement with about 51% of CSOs on the Board. As at the time of conducting this research, the CCM Chair and vice were both from the CSO constituency.

Although the communities with the diseases, (HIV, TB and malaria) are well represented, key affected populations such as sex workers and men who have sex with men (MSM) do not directly sit on the CCM and are instead represented by proxies. As one respondent noted,

“Generally, many CCM members don’t want the KAPs on board. Many times, the KAPs don’t seem to justify their inclusion in these meetings, judging by the quality of contributions and representations in the meetings.”

5. Processes for non-government CCM member selection

Before 2014, the CCM members were nominated based on the guidelines of the Global Fund when it was inaugurated, as well as the selection/nomination of members based on criteria identified by the groups/constituencies they represent. However, the selection of the Non-Government CCM members has also come under scrutiny by the CCM Secretariat. Respondents noted that effective from 2014, the CCM Secretariat / members have been involved as Observers in the election processes which some of the constituencies (particularly the Communities of Persons Living with HIV, TB and Malaria) undertook in nominating their representatives to the CCM.

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

<table>
<thead>
<tr>
<th>Country</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ghana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38%</td>
</tr>
<tr>
<td>Kenya</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>36%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>27%</td>
</tr>
<tr>
<td>Malawi</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Nigeria</td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>86%</td>
</tr>
<tr>
<td>Rwanda</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>43%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>Swaziland</td>
<td>18%</td>
<td>18%</td>
<td>9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>55%</td>
</tr>
<tr>
<td>Tanzania</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>57%</td>
</tr>
<tr>
<td>Uganda</td>
<td>17%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33%</td>
</tr>
<tr>
<td>Zambia</td>
<td></td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>38%</td>
</tr>
</tbody>
</table>

- Totally unacceptable quality
- Unacceptable quality
- Acceptable quality
- Good quality
- Perfect quality
- I don't know
6. Management of conflict of interest on CCMs

Many of the respondents noted that there are issues or cases of conflict of interest. While some noted that there are adequate measures put in place to manage it, some others were of the opinion that the management could be improved upon.

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

From the Non-CCM members’ perspectives, no CCM member should be involved with implementing any Global Fund projects either as PRs, SRs or SSRs. They noted that this will enable them to have a clear and unbiased assessment as they provide feedback on grant implementation and as they carry out their oversight functions.

On the other hand, CCM members in their feedback noted that conflicts of interest could exist, but could be delicately balanced if the persons involved declare the conflict of interest and mechanisms are put in place to effectively manage the COI. Both the CCM and Non-CCM members were unanimous in their opinions that PRs should not be on the CCM. However, exceptions were made to the rule in instances where a government agency such as the Ministry of Health is concerned.

As one respondent noted:

“Dropping the MOH from being PR for the Global Fund is not a good thing as it will affect the relationship of the Government with the Global Fund, as is happening now.”
Analysis

EPA Tool & Process

The Eligibility and Performance Assessment (EPA) tool was rated well by the respondents. However, the majority were of the opinion that for qualitative feedback, there should be a few open-ended questions that would provide more details beyond the checklists used in the EPA.

One of the respondents recommended that in improving the EPAs:

“The assessments should focus on quality, based on the following indices and on how well the CCM has been able to achieve them: the CCM Mandate; Capacity Strengthening of PRs; Risk Management; Efficient Communication to Partners; Resource Allocation for Country; and Quality of Staff Engaged.”

Respondents also noted that although the EPA process was good, it needed to be more participatory. That way, the people could understand where the problems were and design an improvement plan together to address issues.

PIP Tool and Process

90% of respondents confirmed the availability of a performance improvement plan (though this was not cited, a copy was given to the country assessment team at the start up training). However, the CCM complained about inadequate funds to implement the plan. While CCM members commended the Global Fund, they expect additional resources from the country to compliment the available resources for the implementation of the PIP. As one respondent noted:

“PIP addresses the gaps but the implementation and the need for the Government to take ownership is crucial.”

Analysis

<table>
<thead>
<tr>
<th></th>
<th>Ghana</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Rwanda</th>
<th>Swaziland</th>
<th>Tanzania</th>
<th>Uganda</th>
<th>Zambia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does your country Performance Improvement Plan (PIP) address the CCM’s performance gaps?</td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Ghana</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Rwanda</th>
<th>Swaziland</th>
<th>Tanzania</th>
<th>Uganda</th>
<th>Zambia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the existing EPA be improved on?</td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
<td><img src="image" alt="Graph" /></td>
</tr>
</tbody>
</table>
Findings

Finding 1: Negative perceptions about the Global Fund Secretariat / Relegation of CCM to the background

There is a strong perception among respondents that there is undue interference from the Global Fund Secretariat with regards to the management and implementation of grants. Several complaints about side-lining CCM members in communication and interacting directly with the PRs, selecting new PRs and advertising on the pages of newspapers without notifying the CCM and micromanaging grant implementation process through frequent visits etc. emerged from the conversations with many of the key stakeholders. As one respondent noted:

“The CCM should be given a hand in decision-making without getting approval from the Global Fund Secretariat. The current situation relegates them to the background. The Global Fund should trust us and give us the opportunity to use initiatives that will not create risk, give time and space to implement, provide support to perform – rather than look for faults to nail us.”

Finding 2: Staffing and other Challenges at the CCM Secretariat

The CCM Secretariat is understaffed and the few staff engaged are overwhelmed and currently work under poor conditions (several visits were made to the Secretariat in the course of this research and they had not had electricity supply for over 2 weeks due to some electrical faults). The CCM Secretariat is presently housed within the Ministry of Health and the current location does not allow for the use of alternative power sources such as generators.
**Findings**

Key roles such as that of the Communications Focal Person no longer exist and such duties are being carried out by other staff, which is also impacting on the CCM's communication with its stakeholders. As noted by one of the respondents:

*"The CCM in Nigeria is grossly understaffed. The Administrative staff backstops for everyone (planning, communication, oversight etc.)."*

**Finding 3: Concerns about Leadership**

Many respondents noted that leadership is a key challenge. While interviews were held with the two Vice Chairs, the Country team was unable to interview the CCM Chair though several attempts were made to schedule appointments as he was in and out of Abuja. An electronic version of the questionnaire was also sent to him but he later sent in apologies that he was unable to complete it within the given deadline.

While there were mixed feelings about the quality of the CCM Leadership, several respondents noted that the leadership needs to listen and be more receptive to the views from members while others even requested a leadership overhaul.

On the flip-side, however, one respondent noted:

*"the current CCM Chair is technical and quite available, listens to challenges from various communities, but he is sometimes incapacitated to respond. His response is also conditioned to the Global Fund Secretariat and his level of independence is tied to the Global Fund.”*

**Other Comments**

Another critical issue raised by the civil society representatives on the CCM is the limited funds available to hold constituency consultations. They noted that the funding provided via the CCM Secretariat was insufficient to transport / accommodate constituency representatives from outside Abuja (where the CCM Secretariat is located), thus it places a limitation on how broad-based the Constituency consultation can be. Several respondents were concerned about this, noting that the funding provided does not take cognisance of the size of a country like Nigeria and this needs to be reviewed.

Very few respondents addressed the questions raised about how CSO representatives engage with rural communities. Clearly, the mechanisms for getting feedback from the communities are weak and need to be strengthened by partnering with Community Based Organisations who may be implementing projects in these communities.
Recommendations

Priority Area 1: Negative Perceptions about Global Fund Secretariat / Relegation of the CCM to the Background

**What:** Negative Perceptions about Global Fund Secretariat/ Relegation of the CCM to the Background. The feedback indicates that the relationship between the Global Fund Secretariat and CCM Nigeria is shaky and does not augur well for grant implementation. Many CCM members are clearly frustrated with the actions of the Global Fund Secretariat and the PRs seem to be caught in between (responding to the Global Fund and the CCM).

**Who:** Global Fund Secretariat and CCM Secretariat.

**What should be changed:** Fostering a more mutually respectful relationship.

**Who can do it:** Findings from this exercise should be shared through the Global Fund CCM Hub and meetings / avenues facilitated by the Hub for honest and frank dialogue between the Global Fund Country Teams and the CCM members in order to address these perceptions and chart a way forward with clear milestones for managing the relationship. The CCM Hub should also facilitate discussions with the members and leadership of the CCM so they can better articulate their concerns and chart a way forward for strengthening leadership. Country Teams can also attend and provide Observer feedback.

**When:** 2017.
Recommendations

Priority Area 2: Addressing Staffing and related challenges with the CCM Secretariat
What: Addressing the Staffing and other related challenges within the CCM Secretariat.
What should be changed: Staffing of the CCM with individuals with the relevant technical capacity and strengthening country ownership by Government supporting additional CCM staff.
Who can do it: The Honourable Minister of Health, and the Secretary to the State Government. (The CCM Leadership, Secretariat, and Country Teams could target their advocacy efforts at the Government representatives to deploy / hire additional staff for the Secretariat as well as to provide the necessary support to create a conducive working environment for the CCM Secretariat staff).
When: 2017

Priority Area 3: Managing Conflict of Interest within the CCM
What: Managing Conflict of Interest within the CCM.
Who: CCM Secretariat, CCM Members and CCM Hub.
What should be changed: Continuous orientation / implementation of the existing COI guidelines and assessment on compliance as well as strengthening members’ capacity to better understand their oversight roles.
Who can do it: CCM Members / CCM Hub (Reviews / Update the COI policy if required).
Notes
Contact Details

Ifeanyi Orazulike, International Center for Advocacy on Right to Health (ICARH): alliance.ifeanyi@gmail.com
Martin Mary Falana, Kids & Teens Resource Centre: kidsnteensconcerns@gmail.com
Olayide Akanni, Journalists Against AIDS (JAAIDS) Nigeria: jaaidsng@gmail.com
Olive Mumba (EANNASO): mumba@eannaso.org
Phillipa Tucker (AIDS Accountability International): phillipa@aidsaccountability.org