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

THE ANGLOPHONE AFRICA CIVIL SOCIETY
AND COMMUNITIES
CCM SHADOW REPORT

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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

AAI  AIDS Accountability International
CCM  Country Co-ordinating Mechanism
CoI/CI Conflict of Interest
CG  Community group
CSO  Civil Society Organisation
CS  Civil Society
EANNASO  Eastern Africa National Networks of AIDS Service Organisations
EPA  Eligibility Performance Assessment
FBO  Faith-Based Organisation
FGD  Focus Group Discussion
WSW  Women who have Sex with Women
GF/GFATM  Global Fund for AIDS, Tuberculosis and Malaria
HIV  Human Immunodeficiency Virus
IDU  Injecting drug users
INGO  International Non-Governmental Organisation
KAP  Key Affected Populations
KP  Key Populations
MDR TB  Multi-Drug-Resistant Tuberculosis
MSM  Men who have sex with men
NFM  New funding model
NCM  National Coordinating Mechanism
NGO  Non-Governmental Organisation
NPO  Non-Profit Organisation
OIG  Office of the Inspector-General
PAM  People Affected by Malaria
PATB  People Affected by Tuberculosis
PIP  Performance Improvement Plan
PLWDD  People Living with the Diseases of HIV, TB and malaria
PLWHIV  People Living with HIV
PR  Primary Recipient
RFA  Request for Application
SR  Subsidiary Recipient
SSR  Sub-Subsidiary Recipient
SW  Sex Workers
TB  Tuberculosis
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.

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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.

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. Uganda’s Geneva EPAs were submitted on the 2017-01-19.
Analysis

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
The Uganda CCM is transparent and inclusive but the process may not necessarily be transparent at constituency level, because the majority of non-CCM members testified that they were not being consulted or given feedback periodically as expected. The need for the CCM to put in place mechanisms for evidence-based consultations at constituency level is critical. For instance, the sex workers, IDUs, and LGBTIs interviewed had not been consulted / notified about the Global Fund concept note development process.

2. An open and transparent Principal Recipient selection process
Uganda CCM plays a limited role in selecting the Principal Recipient (PR), because PR1 is determined by the Government while the PR2 (the PR for civil society) selection criteria was not clear to the general public and / or not disseminated widely.

“CCM should be more strict and seek more transparency regarding selection of sub-grantees.”

3. Oversight planning and implementation
Uganda CCM has a functional oversight body; the oversight body conducts site visits to follow up on the implementation of Global Fund activities. The body has held the Principal Recipient accountable for mishandling Global Fund resources associated with high bureaucracy that has led to challenges in absorption of Global Fund resources, among others. However, the CCM has not used / exhausted its portfolio / mandate to advocate for effective responses, for instance the CCM has not strongly come out to advocate for an enabling legal framework, leaving CSOs with limited support on the legal and policy fronts. Similarly the CCM has not advocated for prioritisation of Third line treatment regimens for PLHIV (patients) in the strategic plan and resource mobilisation concepts, leaving this category of PLHIV at the mercy of the virus.
The CCM fulfils its mandate, all members attend all the CCM engagements and field work by members is often carried out for supervisions. Committees are very active and areas of concerns are prepared, presented and discussed at the CCM. PLWDs are not represented because they are not defined in the Global Fund strategy. This could be an operational issue rather than governance.

The oversight role of CCM is of a good quality because issues are agreed upon and actions and follow up plans are put in place, these are actually documented and put in writing.

CCM has organised meetings to hold principle recipient accountable. CCM has highlighted areas of underscore in as far as global fund and principle recipients are concerned, for example, the recent query on why food was not reaching the TB patients that made to centralising of procurement.

<table>
<thead>
<tr>
<th>Country</th>
<th>Totally unacceptable</th>
<th>Unacceptable</th>
<th>Acceptable</th>
<th>Good</th>
<th>Perfect</th>
<th>I don't know</th>
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</thead>
<tbody>
<tr>
<td>Ghana</td>
<td>13%</td>
<td>64%</td>
<td>88%</td>
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<td>Kenya</td>
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<td>Malawi</td>
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<tr>
<td>Nigeria</td>
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<tr>
<td>Rwanda</td>
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<td>38%</td>
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<tr>
<td>Swaziland</td>
<td>17%</td>
<td>27%</td>
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<td>9%</td>
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<tr>
<td>Tanzania</td>
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<td>71%</td>
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<tr>
<td><strong>Uganda</strong></td>
<td>17%</td>
<td>67%</td>
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<tr>
<td>Zambia</td>
<td>38%</td>
<td>50%</td>
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Question: Oversight: How would you rate the performance of the oversight body?

“The CCM fulfils its mandate, all members attend all the CCM engagements and field work by members is often carried out for supervisions. Committees are very active and areas of concerns are prepared, presented and discussed at the CCM. PLWDs are not represented because they are not defined in the Global Fund strategy. This could be an operational issue rather than governance.”

“The oversight role of CCM is of a good quality because issues are agreed upon and actions and follow up plans are put in place, these are actually documented and put in writing.”

“CCM has organised meetings to hold principle recipient accountable. CCM has highlighted areas of underscore in as far as global fund and principle recipients are concerned, for example, the recent query on why food was not reaching the TB patients that made to centralising of procurement.”

4. Membership of affected communities on the CCM

On membership, there is limited representation of key population sub-groups, hence the suggestion that sub-groups should also be represented on the CCM Board as observers and given the mandate to explain the issues concerning them. KAP sub-groups attending as observers should be encouraged to present position papers that can form part of the CCM agenda. It is the same with the judiciary: some CCM members interviewed expressed the need to review public sector representation to include a representative from the Ministry of Justice / Law Reform Commission.

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

“Need to consider people living with disabilities. Need to reserve the roles and mandate of CCM to their constituencies. Some members are overwhelmed where some representatives of people thus limiting engagement of constituency.”

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

5. Processes for non-government CCM member selection

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

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<tr>
<th>Country</th>
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<th>20%</th>
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<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
<th>100%</th>
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<tbody>
<tr>
<td>Ghana</td>
<td>13%</td>
<td>38%</td>
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<td>Kenya</td>
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<td>Nigeria</td>
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<td>Rwanda</td>
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<tr>
<td>Swaziland</td>
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<td>Uganda</td>
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- Totally unacceptable quality
- Unacceptable quality
- Acceptable quality
- Good quality
- Perfect quality
- I don’t know

1. Attend meetings?

2. Speak & be heard?
Uganda CCM has a well-defined process for non-government CCM member selection where CSOs nominate / elect a member they think can represent their views and priorities.

However, not all members of CSOs participate in this exercise because of limited information flow, limited consultative meetings, and consultations that seem not to reach remote areas.

"Meeting were held were different constituencies were called upon to discussed their on their representation at the CCM secretariat. Transparent and different constituencies were given a chance to select influential persons from their constituencies under their sub-committees."

"Not certain of the process.

6. Management of conflict of interest on CCMs

Uganda CCM has a guideline of declaring conflicts of interest whereby whenever meetings for CCM begin, the first item on the agenda is always declaring conflict of interest besides each member signing the policy.

However, some CCM members interviewed expressed ignorance of what conflict of interest entails in that context, suggesting that it should not just be a formality but there should be deliberate efforts with details or Chair citing examples of representatives that are likely to be in such a situation depending on the agenda of the day.
Analysis

**EPA Tool & Process**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
<th>Failures</th>
<th>Successes</th>
<th>Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td>It's clear and easy to understand.</td>
<td>It measures the “what” but does not measure the “how” e.g. asks the availability of an oversight plan but does not ask about effective implementation of the plan.</td>
<td>Some CCM members have not appreciated the EPA tool.</td>
<td>It identifies gaps and successes of the CCM for proper planning.</td>
<td>Capacity building on the EPA tool for CCM members.</td>
</tr>
<tr>
<td>Provides measurable indicators.</td>
<td>It does not define well the criterion of compliance and non-compliance.</td>
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<td></td>
<td>Limited feedback from the outcomes of the tool.</td>
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<tr>
<td>It provides the results of the successes in tangible graphs that are easily understood.</td>
<td>Limited target audience to access the results.</td>
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<tr>
<td>It provides room for evidence (provides link to upload attachments).</td>
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</table>

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

- Ghana: 75% All the time, 25% Never
- Kenya: 60% All the time, 40% Occasionally
- Malawi: 63% All the time, 37% Seldom
- Nigeria: 20% All the time, 80% Never
- Rwanda: 25% All the time, 75% Seldom
- Swaziland: 9% All the time, 91% Sometimes/Occasionally
- Tanzania: 40% All the time, 60% Never
- Uganda: 45% All the time, 55% Very often
- Zambia: 75% All the time, 25% Never

**QuesGon:** Are there any conflicts of interest in the CCM?

- All the time: Ghana, Tanzania, Uganda, Zambia
- Very often: Uganda
- Sometimes/Occasionally: Tanzania
- Seldom: Ghana, Kenya, Nigeria, Rwanda, Malawi, Swaziland, Tanzania
- Never: Uganda
- I don't know: Ghana, Kenya, Nigeria, Rwanda, Malawi, Swaziland, Tanzania, Uganda, Zambia
## PIP Tool and Process

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
<th>Failures</th>
<th>Successes</th>
<th>Gaps</th>
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<tbody>
<tr>
<td>It’s clear and easy to understand.</td>
<td>Its emphasis is on the “what” but does not effectively track / measure the “how”.</td>
<td>Limited follow-up on the actions on PIP.</td>
<td>The PIP has helped to identify gaps that are included in the CCM strategic plan.</td>
<td>Indicators need to be modified e.g. include the CCM’s advocacy role.</td>
</tr>
<tr>
<td>Provides measurable indicators.</td>
<td>It does not define well the criterion of compliance and non-compliance.</td>
<td>Some CCM members have not appreciated or used the PIP tool.</td>
<td></td>
<td>PIPs should be followed up critically to make evaluations meaningful.</td>
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<tr>
<td>It provides the results of the successes in tangible graphs that are easily understood.</td>
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### Does your country Performance Improvement Plan (PIP) address the CCM’s performance gaps?

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<th>Country</th>
<th>Ghana</th>
<th>Kenya</th>
<th>Malawi</th>
<th>Nigeria</th>
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<th>Swaziland</th>
<th>Tanzania</th>
<th>Uganda</th>
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### Can the existing EPA be improved on?

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Yes No I don’t know

Yes No

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The Uganda Civil Society and Communities CCM Shadow Report

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[Image of market scene]
Findings

Finding 1:
There is limited inclusiveness of the KP CSOs in concept development. For example, by the end November 2016, all the KPs interviewed had not yet been engaged in the previous 6 months regarding CCM issues and especially concept development where they felt that they had reliable contributions to make. Secondly young people constitute the biggest percentage of the HIV burden but they are not represented on the CCM. There is a high prevalence of HIV among the fisher-folks of Uganda, but their representative is 1 alternate seat at the CCM. Lastly from the interviews, it was observed that the CCM does not make it mandatory to get feedback from its members on periodic consultations at constituency level. The impact is that the CCM may miss input from critical stakeholders, e.g. from remote communities, and hence miss out on real issues that affect the communities.

Finding 2:
There is an unclear mechanism of communication from and to the CCM and Non-CCM members. 90 percent of the non-CCM members who participated in the focus group discussions expressed ignorance about the operation of the CCM. The impact is that the priorities of the affected people may not be effectively represented. This also makes it hard for the communities to share best practices with the CCM members. For instance, 100% of Non-CCM members were unaware that they could apply to participate as observers on the CCM.

Finding 3:
The CCM Oversight Committee has limited decision-making power ("they cannot bite... The CCM is a loose organisation that cannot hold the Principal Recipient accountable," a CCM member observed). For example, regarding the 2016 cost extension, of money that was allocated for key population activities, few of these activities were implemented and the eight constituencies did not receive resources to complete the activities as per allocation. Similarly, the MoH has, for the past two years, failed to remit funds for MDR TB patients to hospitals and in all these cases the Oversight Committee did not take any conclusive action. This has hindered continuous service-delivery and key population programming in the country.

The action plan to address the Audit report took too long to be submitted, partly due to the limited mandate of the CCM to take sanctions against duty bearers ("The only clear sanctioning mandate available to us is deadly i.e. refusing to submit country concepts," one CCM member commented). Lastly, the CCM does not have a clear budget vote from Government; indirectly it is at the mercy of the Ministry of Finance for some logistical support, and hence its authority to monitor Ministry of Finance as a PR may not be as effective as expected.
## Recommendations

### Priority Areas: What, who, when, why, how, where, by whom?

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<thead>
<tr>
<th>What</th>
<th>Who</th>
<th>Why</th>
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<td>Increase funding for constituency engagement and clear allocation / dissemination of funds to key populations.</td>
<td>Global Fund.</td>
<td>Because a few people are consulted, e.g. Local NGOs representatives stated that according to current funding only few people are consulted, locking out the views of many key stakeholders in the response.</td>
<td>Rural constituencies.</td>
<td>Constituency secretariat / representatives</td>
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<td>Ineffective communication from PR2, TASO, CCM, MARPS Network and the lower communities. There is unclear information flow on concept note development, resource allocation, selection of sub-recipients for KPs, KPs grant monitoring and reporting, according to the MARPs CSOs</td>
<td>CCM / TASO / MoH.</td>
<td>The priorities of KPs and access to Global Fund F resources by KPs is problematic and CCM has not come out to save the situation or to disseminate its decisions on the matter. This also makes it hard for KP programmers to share best practices with the CCM members. Call for proposals by TASO do not take into consideration the different capacity levels of CSOs in Uganda (“TASO Global Fund RFAs indirectly target majority international NGOs with capacity to take care of advanced requirements,” a member observed).</td>
<td>Between CCM and country stake-holders</td>
<td>Representatives, observers and CCM Secretariats.</td>
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<td>Government of Uganda should allocate a budget for the functioning / operations of the CCM. The Global Fund may also advocate for a percentage allocation to the CCM out of the funds received by a country and / or as part of the country’s annual budgeting process for the CCM’s oversight work.</td>
<td>Government of Uganda / Global Fund.</td>
<td>Increase government ownership and sustainability even during the time of Global Fund transition. The CCM has played a critical role in systems strengthening and response under the three diseases and deserves budget allocation to enhance its independence in decision-making.</td>
<td>Ministry of Finance budget.</td>
<td>Ministry of Finance.</td>
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<td>Inclusiveness of key population sub-groups in CCM operations, e.g. as observers.</td>
<td>CCM.</td>
<td>For the purposes of effectively capturing the voices of affected communities.</td>
<td>Through observer portfolios of the CCM.</td>
<td>Key populations.</td>
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1. There has been limited meaningful involvement of KPs and CS representatives in the selection of Subsidiary Recipients (“We were not consulted on the selection of key population groups to implement the cost extension grant for Uganda,” said the KAPs during the focus group discussion; “Recently we had that TASO is the sub-recipient in charge of CS sector, that’s when they had advertised for Grants... Why the process was not exhaustively disseminated?” a respondent wondered).

2. Mandate of the CCM: the voluntary and non-legal status of the CCM makes it less effective in initiating and implementing sanctions against non-performing Subsidiary Recipients or PR. There is need for Global Fund Geneva to advocate through the prime minister’s office etc., for the CCM structure to be respected as an entity
Recommendations

that has helped to oversee resources that have saved millions. (“Currently, the only punitive power we have is extreme... we can stop submission of country concepts to Global Fund which is like a death sentence to our brothers and sisters suffering from TB, Malaria and HIV,” noted one of the CCM respondents).

3. From the face-to-face and FDGs specifically for CCM members, it was clear that there are information gaps, hence the need for improved / innovative models of orienting CCM members, including exchange visits among different constituency representatives to enhance evidence-based constituency consultative processes and inter-constituency learning by CCM members.

4. CSOs are not satisfied with Global Fund, and partly with the CCM, for not taking action against high procurement costs. For example, high charges in supply-chain management in Uganda and on unit cost for ARVs. During a focus group discussion, CSOs expressed dissatisfaction with Global Fund paying too much for Procurement and Supply-Chain Management (PSCM) costs through NMS and paying too much for ARVs. However, the team was unable to conclusively do a comparative analysis with other countries to appreciate the validity of assertions on high costs. There is need for a comparative study to ascertain value for money including competitive process to select the agency to do supply-chain management and GOU renegotiating the prices of ARVs. Global Fund could also explore effective advocacy engagements with Ministry of Finance, the Prime Minister and President’s Office for effective and cost effective deliverables.

5. Global Fund Geneva and GOU can explore possibilities of documenting and disseminating the CCM model to support big country grants, e.g. resources for immunization, water, and climate change, among others; which have faced some management capacity / structural gaps. In Uganda, despite a few gaps, the CCM remains a highly respected, multi-skilled, and multi-sectoral body that can effectively oversee impactful programming.

6. Improve support and advocacy for human rights-based programming and strategic litigation. Though Global Fund has invested substantial resources in Uganda; the legal environment remains harsh, associated with moralist challenges that compromise human rights approaches, and counterproductive to effective health outcomes. Hence there is need for Global Fund to invest in rights awareness and social accountability as part of the country investment strategy. .....“The upcoming law, i.e. the Sexual Offences Bill, is very dangerous to the response and requires substantial support for interrogation and legal research to mitigate its negative effects on disease-control, among other legal challenges (“Global Fund should purposively focus in this area, since at country level, political and moral dynamics may affect rights promotion and prioritization,” one respondent asserted).

7. Communication gaps: information flow from the CCM on concept development up to the awarding stage is comprehensive, however some members observed that communication on negotiations and grant implementation modalities tend to be between Global Fund Geneva and the PRs, hence skipping the CCM and
affecting the multiplier effect of transparency in sharing information on Global Fund grant implementation. The team did not get real evidence on this assertion.

8. Need for capacity building: while Global Fund Geneva and other partners expect CSOs to monitor the effective and efficient utilization of donor resources and to alert CCM on gaps, there are limited financial resources, information and TA to perform this function. As a result the PRs and Subsidiary Recipients always have more and latest information than the CSOs’/watch-dogs, and the latter lack financial capacity to generate evidence to effectively hold the former accountable.

9. Effective advocacy for funding/logistical support to CCM. Currently the support to CCM is left at the good will of any government department since CCM gets little funding from Global Fund and it’s not a legal government entity. Global Fund and GOU (the Prime Minister) should purposively allocate funds to CCM either through a percentage allocation from resources from Global Fund to the country or and through the GOU budget – e.g. the Ministry of Finance. Otherwise their independence and oversight role can easily be compromised – yet they oversee huge resources part of which should have been put aside to facilitate the CCM secretariat. (“The chairman of the CCM is using Uganda AIDS Commission vehicle etc.; if we elect another CCM chair without access to such facilities; what happens?” – one respondent wondered).
Recommendations

10. Given Uganda's bad background of limited transparency as a country in the management of Global Fund resources, the CCM should look into serious rebranding and dissemination of its oversight mandate to harness sustainable good will and support from the public. Most Non-CCM members still think of Global Fund in Uganda in terms of mismanagement; yet this was an occurrence of years back; though there are absorption and bureaucracy issues, overall Global Fund operations in Uganda are far better and there are lots of success stories to share. The CCM should therefore invest in disseminating its success stories up to grassroots level for improved visibility and support by the key stakeholders (esp. affected communities).

11. Global fund should negotiate with GOU to support the review process of procurement policies and guidelines to enhance funds absorption and effective service delivery to the affected persons.

12. PRs should revise the sub-granting modalities to encourage consortiums and ownership in the writing process. It is evident that most CSOs hire consultants to design for them proposals and in the end they fail to conceptualise them hence delaying implementation and absorption rate of the funds. PRs can simplify RFAs but put conditions for applications to be in consortium of about 20 CSOs and only upscale qualifications for the lead agency.

13. There is need to design specific systems development grants to build the capacity of key population networks. Currently the Global Fund Grant is over 95 percent activity based and it overrides the extremely week systems of KP CSOs, hence limited absorption of Global Fund. There is a mis-match between activity funding and systems to absorb/support implementation.

14. There is need for improved technical assistance opportunities by Global Fund to enable Civil Society Organisations (affected communities) package or document their experiences and lessons to the standard required with in Global Fund grant concept development and national strategic plan format. Otherwise the priorities of the affected communities will continue to miss both in the national strategic plans and Global Fund concepts.
Notes
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