



23RD – 24TH APRIL 2018

# ANGLOPHONE AFRICA CIVIL SOCIETY AND COMMUNITY CCM REPRESENTATIVE DIALOGUE FORUM

Promoting meaningful participation and  
effective representatives

Sun Lodge Hotel,  
Accra, Ghana

# LIST OF ACRONYMS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome	<b>KAPS</b>	Key and Affected Populations
<b>AGYW</b>	Adolescent girls and young women	<b>KPR</b>	Key Population Representative
<b>ASP</b>	Additional Safeguard Policy	<b>MSM</b>	Men who have Sex with Men
<b>CCM</b>	Country Coordinating Mechanism	<b>NGO</b>	Non Governmental Organisation
<b>COE</b>	Challenging Operating Environment	<b>NTP</b>	National Tuberculosis Program
<b>CRG</b>	Community, Rights & Gender	<b>PIP</b>	Performance Improvement Plan
<b>CS</b>	Civil Society	<b>PLWD</b>	People Living With Diseases
<b>CSO</b>	Civil Society Organization	<b>PLHIV</b>	People Living with HIV
<b>CSS</b>	Community Systems Strengthening	<b>RCM</b>	Regional Coordinating Mechanism
<b>CT</b>	Country Team	<b>RSSH</b>	Resilient and Sustainable System for Health
<b>EANNASO</b>	Eastern Africa National Networks of AIDS Service Organizations	<b>SW</b>	Sex Workers
<b>EPA</b>	Eligibility and Performance Assessment	<b>SR</b>	Sub-recipient
<b>FSWS</b>	Female Sex Workers	<b>TA</b>	Technical Assistance
<b>GAC</b>	Grant Approvals Committee	<b>TB</b>	Tuberculosis
<b>GFATM</b>	Global Fund to Fight AIDS, Tuberculosis and Malaria	<b>TIMS</b>	TB in the Mines
<b>GF CT</b>	Global Fund Country Team	<b>TRP</b>	Technical Review Panel
<b>HIV</b>	Human Immune Deficiency Syndrome	<b>TWG</b>	Technical Working Group
<b>HSS</b>	Health Systems Strengthening		

<b>List of Acronyms</b>	<b>2</b>
<b>Day One (1) “LEARNING FROM EXPERIENCE”</b>	<b>5</b>
Background and Context for the Workshop	5
Workshop Opening	6
Workshop Objectives, Methodology and Introductions	6
Panel Discussion I: Experiences and outcomes of the CS CCM Shadow Reports: lessons and Outcomes from Ghana, Nigeria and Rwanda. How do we maintain the momentum of shadowing and watch dogging CCMs?	8
Comments, Questions and Answer Session	8
Panel Discussion II: The Role of CS CCM Representatives in Facilitating the Achievement of the Global Fund Strategic Objectives	9
Comments, Questions and Answer Session	11
Panel Discussion III: CS CCM Representation: Sharing experiences and mechanism on Topical Issues Affecting CCMs	11
Topic: Lessons Learned from the 2016/17 CS Engagement and Dialogue Forums and FR Development Processes	11
Topic: Going beyond the CCM Guidelines to Strengthen Oversight of Global Fund grants: Experiences from Ethiopia	12
Topic: Enhancing CCM Representation: Country Experiences on KP Inclusion: The Experiences of Mauritius	12
Topic: Regional Grants: Application, Implementation and RCM Experience from Zimbabwe	12
Topic: The Grants Absorption Challenge: Lessons from Botswana	12
Comments, Questions and Answer Session	13
<b>An Introduction to Dashboards: Functions and Benefits</b>	<b>14</b>
Comments, Questions and Answer Session	15

<b>Day Two (2) “LEARNING FROM EXPERIENCE”</b>	<b>16</b>
Recap of Day One (1)	16
Towards Stronger and Effective CS CCM Presentation	16
Strategies for Strengthening in Grant Implementation	18
TA Opportunities and Providers for CCMs	19
Modalities and Mechanisms for Sustaining the	
Anglophone Africa CS CCM Dialogue Forum	19
Workshop Closing	20
Annex 1 Agenda and Concept Note of the	
Anglophone Africa CCM Dialogue Forum	22
Annex 2: Participants List	27





# Day One

## “LEARNING FROM EXPERIENCE”

### BACKGROUND AND CONTEXT FOR THE WORKSHOP

Country Coordinating Mechanisms (CCMs) are national committees comprised of a partnership of representatives from both the public and civil society sectors who coordinate the development and submission of one national funding request(s) on the basis of priority needs, nominates the Principal Recipient(s), oversees the implementation of approved grants, approves any reprogramming requests and ensures linkages and consistency between Global Fund grants and other national health and development programs. CCMs include representatives of all sectors involved in the response to the three diseases: relevant government departments, multilateral or bilateral agencies, civil society or nongovernmental organizations, academic institutions, faith-based organization, the private sector, key populations (KPs) and people living with or affected by the three diseases. They are a key element of the Global Fund partnership. For a country to receive funding, and in the interest of enhancing good governance, CCMs have eligibility requirements and minimum standards. CCMs undergo regular assessments to this effect, often resulting in recommendations and performance improvement plans. A lot of investment has been made to strengthen CCMs; to develop a differentiated approach of relating with different countries and to align the coordination CCMs with the new Global Fund strategy of 2017-2022. This investment and the anticipated changes the coordination of the CCMs at the Secretariat level and of CCMs at country level is now commonly referred to as the ‘CCM evolution process.

The Eastern Africa National Networks of AIDS Service Organizations (EANNASO) is a regional umbrella network bringing together civil society voices to inform policies and improve the programming of HIV, TB, malaria and other health issues present in our communities. As of September 2017,

EANNASO was selected by the Global Fund Community Rights and Gender Strategic Initiative (GF CRG SI) to host the Regional Communication and Coordination Platform for Anglophone Africa for the second time for the period of December 2017-December 2019 covering the following 24 Anglophone countries

Since 2002, the Global Fund has gradually improved the requirements related to the proportion of representatives of the civil society on CCMs, the processes by which members are selected and the management of conflicts of interest for CCM members who are also involved in implementation of Global Fund programs. The Global Fund has made it mandatory for CCMs to undertake performance assessments on an annual basis as a pre-qualification for countries to submit funding requests. The Global Fund is currently developing an enhanced performance framework which will aim to ensure this and basic requirements of eligibility. It will also mean that CCMs will play a stronger role in overseeing programs.

EANNASO, has been involved in the work of strengthening CCMs since 2007 through three modes: guidance to country-level civil society organizations on how to organize and advocate as a sector within the HIV response; short-term training and technical support in response to requests for capacity building or crises within CCMs; and structured, on-going financial and technical support designed to strengthen community sector advocacy and communications related to the Global Fund at country-level. The goal of the Civil Society and Communities CCM Representatives Forum is thus to provide CS and Community CCM representatives space to share experiences and information on topical issues affecting them; to promote dialogue and to learn from each other with the aim of enhancing the voice and capacity of civil society and communities to effectively contribute to the achievement of the Global Fund strategy 2017-2022 and to enhance the effectiveness of their respective Country Coordinating Mechanisms

## WORKSHOP OPENING

The opening session was chaired by the Executive Director of EANNASO, Ms Olive Mumba; the opening remarks were provided by a Board member of the Ghana AIDS Commission, Mr. Victor Ntumi and the official opening of the two day Anglo Africa CS and Community CCM Representatives Dialogue forum was done by the chairperson of the Ghana County Coordinating Mechanism (CCM) and Civil Society CCM member representing the Malaria constituency, Mr. Collis Agyarkonti.

Mr. Ntumi in his opening remarks welcomed all participants in Accra Ghana; and commended EANNASO and the Non State Actors – Ghana for jointly organizing the 2<sup>nd</sup> Civil Society CCM dialogue forum. Mr. Ntumi acknowledged the important role played by the civil society in the fight against HIV AIDS, TB and Malaria in Ghana and in Anglophone Africa. While recognizing the potential of civil society in developing innovations and in reaching the hard to reach populations and regions; he underscored the importance of civil society documenting their respective results and contribution to their respective national responses and their respective accountability at all levels. Mr. Ntumi highlighted that

he looked forward participating, engaging and learning from the two day forum and hoped that the outcomes of the meeting would be shared and implemented in all participating countries.

In his opening remarks, the Chair of Ghana CCM, Mr. Collins Agyarkonti expressed the delight of civil society in Ghana on hosting the CS and Community CCM representatives' dialogue forum. He welcomed all participants to Ghana. Referring to the workshop objectives<sup>1</sup>, the Chair highlighted the timeliness and relevance of the workshop in facilitating and supporting civil society and community representatives on CCMs in all countries. Mr. Agyarkonti shared Ghana's civil society experience in developing the country's 2018-2020 funding request to the Global Fund where civil society was meaningfully involved in strategic planning, the dialogue forums, in PR selection and in the grant making stage which was concluded the week before with grant signing where civil society was also represented. The chair underscored that the civil society in Ghana fully exploited the Resilient and Sustainable System for Health (RSSH) and Community Systems Strengthening (CSS) by developing the country's CSS strategy which they used as basis of advocating the civil society priorities during the funding request development process; and for which they are currently mobilizing support to facilitate its costing. The Chair hoped that the dialogue forum would "dedicate time to discuss in detail RSSH and CSS components and the role of civil society in both; how to strengthen community systems and social accountability mechanisms as integral aspects of efficiency". The Chair once more welcomed all participants to Ghana; wished the participants rich and informative engagement and declared the workshop officially open.

The session chair, Ms. Olive Mumba thanked Mr. Ntumi and Mr. Agyarkonti for honoring the invitation also assured them the CSOs will strive to uphold openness and accountability so we can all contribute our efforts to end HIV, TB and Malaria.

## WORKSHOP OBJECTIVES, METHODOLOGY AND INTRODUCTIONS

The lead consultant for the CS and Community Representatives CCM Dialogue Forum, Ms. Rhoda Lewa facilitated introductions, expectations and workshop objective session. Participants were asked to, on their respective tables introduce themselves to each other, and agree on their respective expectations and ground rules for the two day meeting; participants were to reconvene in 7 minutes to both introduce themselves and share the agreed upon expectations and ground rules to the plenary'. The agreed upon expectations and ground rules are tabulated below:

<sup>1</sup>The workshop objectives are detailed on page 4 and 5 below

ANGLOPHONE AFRICA CIVIL SOCIETY & COMMUNITY CCM REPRESENTATIVES DIALOGUE FORUM	
WORKSHOP EXPECTATIONS	GROUND RULES
<ul style="list-style-type: none"> <li>• Learn and share experiences from other countries and colleagues</li> <li>• Improve Knowledge on how CCMs can effectively be engaged to know their roles and equip them to deliver</li> <li>• To get information on existing opportunities for capacity building</li> <li>• Outcomes of the meeting to be shared and recommendations implemented</li> <li>• Learn more on how civil society can contribute to achieving of the strategic objectives of the Global fund strategy</li> </ul>	<ul style="list-style-type: none"> <li>• Mobilize phones on silent</li> <li>• Minimal movements</li> <li>• Active participation</li> <li>• Respecting each other's views</li> <li>• Energizers and fun</li> </ul>

Ms. Lewa presented the objectives of the two day Anglophone Africa dialogue forum as:

- To reflect on how to promote CS and Community watchdog role on CCMs and Global Fund grants at country level;
- To engage civil society and community CCM representatives on their respective role in facilitating the achievement of the strategic objectives of the Global Fund strategy 2017-2022;
- To take stock (achievements, challenges and lessons learnt) through sharing of experiences, tools and methodologies on topical Issues affecting CCMs in Anglophone Africa;
- To strategize and recommend specific strategies of enhancing the capacity of CS CCM representatives for impact and accountability of Global Fund grants; and
- Validate the working modalities and mechanisms for the Anglophone Africa dialogue framework.

that the workshop would be highly participatory, practical and action oriented to suit adult learning. The facilitators used a blend of learning approaches interactive lectures, panel discussions, group work sessions, plenary discussions and question and answer questions.



*The Anglophone Africa CS CCM Dialogue forum in Pictures!*

To facilitate the achievement of the objectives and also to respond to the participants expectations, Ms. Lewa highlighted

## PANEL DISCUSSION I:

### Experiences and outcomes of the CS CCM Shadow Reports: lessons and Outcomes from Ghana, Nigeria and Rwanda. How do we maintain the momentum of shadowing and watch dogging CCMs?

This panel focused on the experienced and outcomes of the CS CCM shadow reports from Ghana, Nigeria and Rwanda and how to maintain the requisite momentum of shadowing and watch dogging CCMs. The session was chaired by Maziko Matemba, Vice Chair, CCM Malawi; and the panelists included the CCM Shadow reports watchdogs Samuel Boateng Arthur (Ghana), Olayide Akanni (Nigeria) and Nooliet Kabanyana (Rwanda).

Olayide Akanni (Nigeria) explained that the shadowing process entailed training the of the CS watchdogs; and their respective mentoring by senior consultants in interviewing CCM members through direct interviews and FGDs. She highlighted that because of challenges and transitions within the CCM in Nigeria the country team of civil society; and thus no subsequent outcomes has been realized.

Samuel Boateng of Ghana explained that the process adopted in Ghana was similar to that adopted in Nigeria and all other countries where the Shadow CCM Assessment was undertaken. He explained that the Assessment established that some of the CCM members are ignorant on the Eligibility and Performance Assessment (EPA) and Performance Improvement Plans (PIP) processes and tools; and the need to engage meaningfully people affected by the diseases included Key Affected Populations (KAPs).

**“...a key outcome of the CCM Shadow report and the participation of Ghana’s civil society in the CS CCM Meeting held in Kigali, Rwanda in 2017, was the formation of the Non State Actions (NSA) platform that brings together all civil society organizations including KAPs to continuing championing for deeper civil society engagement and monitoring of both CCMs and grant implementation”. - Samuel Arthur Boateng**

Mr. Boateng detailed that a key outcome of the CCM Shadow report and the participation of Ghana’s civil society in the CS CCM Meeting held in Kigali, Rwanda in 2017, was the formation of the Non State Actions (NSA) platform that brings together all civil society organizations including KAPs to continuing championing for deeper civil society engagement and monitoring of both CCMs

and grant implementation.

Nooliet Kabanyana, formerly of the Rwanda NGO Forum (RNGOF) explained that the shadowing process entailed training the of the CS watchdogs; and their respective mentoring by senior consultants in interviewing CCM members through direct interviews and FGDs. Nooliet highlighted that the key findings in Rwanda included that, “there was no formal training of members on their respective roles and responsibilities on the CCM which affected their respective performance; there was delay in announcing delay in meeting announcements, the CCM members were ignorant on the Global Fund tools and processes include the Eligibility and Performance Assessment (EPA) and the Performance Improvement Plan (PIP) and protection of CCM documents on the CCM website which restricted access without the use of passwords”. As a result of the Shadow assessment there was engagement between CSOs and the CCM secretariat alongside other CCM members to create a process of working together; strategies were put in place that led to the establishment of the oversight committee; the secretariat established a process and procedure of sharing meeting documents well in advance ahead of CCM meetings for members review. It was also highlighted that following the findings of the CCM Shadow report, in the subsequent CCM meeting, it was agreed that on CCMs maintain ongoing engagement with the CCM secretariat quarterly before CCM meetings; and the oversight plan and newly constituted oversight committees formally adopted.

## COMMENTS, QUESTIONS AND ANSWER SESSION

The session was then opened to the plenary for Comments ( C ) Questions (Q)and Answers (A) session.

**Q** When will the study be undertaken in other countries that did not have the opportunity to participate in the first one?

**A** The studies were undertaken on a pilot basis but the findings and lessons learned can be applied in other countries. There are no immediate plans to do a similar stud, however interested countries can mobilize own resources to support to undertake the study in their respective countries.

**C** From the presentations, it seems that PR selection and the Additional Safeguard Policy (ASP) imposed on Nigeria impedes program implementation; what is experience of other countries and there is need to explore strategies to ensure that the same experience is not realized in other countries

**C** For greater effectiveness of CS CCM members, it is important that they share information amongst each other and for them to learn for development partners who always have pre CCM meetings to agree on common issues, and approaches to be taken.



**C** The importance of have scheduled and routine constituency engagement and feedback between CS CCM representatives and their respective constituencies was underscored. CS CCM were challenged to look for complementary support from likeminded organizations e.g. international NGOs which support KPs, PLWD, and FBOs to support the constituency engagement forums to ensure that CS CCM representatives based in rural areas are able to participate and that the engagement and feedback forums are more inclusive. Civil societies were also challenged to embrace technology to ensure ongoing dialogue and contribution in both virtual and in face to face meetings.

**C** It is important for CS CCM members to strengthen their respective capacities in engagement at CCM level and their respective ability to communicate in a timely fashion. CS CCM representatives need to ensure that they have reliable internet services to facilitate their ability to download relevant materials and ability to communicate.

In closing this session, the facilitator, Ms. Rhoda Lewa underscored the importance of CS CCM representatives including KPs being able, experienced in the respective diseases and constituencies they represent and capacitated as critical factors for effective representation. Reps have to have access to information and be resourceful to contribute to discussion around the table. Lastly, it was also underscored that constituency representatives on the CCM should be adequately equipped with tools, information and resourced to also engage in effective monitoring of the Grants.



*The Anglophone Africa CS CCM Dialogue forum in Pictures!*

## PANEL DISCUSSION II:

### **The Role of CS CCM Representatives in Facilitating the Achievement of the Global Fund Strategic Objectives**

This panel discussion explored, “the role of CS CCM representatives in facilitating the achievement of the strategic objectives of the Global Fund. The session was chaired by Rhoda Lewa and the panelists were Ibrahim Umoru (Nigeria) Deborah M (Rwanda), Roy Mwilu (Zambia) and David Halloway (Liberia).

Ms. Lewa introduced the panelists and also introduced the discussion topic by highlighting that in 2017, the Global Fund introduced its five year strategic plan whose main pillars were four strategic objectives of maximizing impact; gender equality and human rights, Resilient and Sustainable Systems for Health and mobilization of increased resources. The achievement of these strategic objectives was highlighted as a collective initiative that required active collaboration and support of civil society and civil society CCM representatives at country level for their respective achievement.

Ibrahim Umuro from Nigeria highlighted that most CS CCM representatives are well positioned to make substantive contribution to the achievement of strategic objectives on the Global fund strategy 2017 -2022. Mr Umoro highlighted that CS CCM representatives could facilitate the realization of greater impact of Global Fund investments because:

- Country ownership of programs is key to achieving maximum impact;
- There is need to recognize CSOs as partners and not competitors in order for them to facilitate greater impact;
- Prioritization of interventions with focus on Care and Support in highest burden countries with lowest economic capacity is a vehicle to end the epidemics of the ATM. Establishment of catalytic and matching funds to scale up interventions amongst KP and AGYW disproportionately affected by the three diseases;
- Focusing marginalized and excluded populations such as focusing on KAPs and on maternal, neonatal and under five treatment in Malaria;
- Adopting coordinated and structured approaches such as the Global plan to end TB 2016 – 2020 facilitates achievement of diseases specific interventions;
- Ensuring and advocating to ensure that the allocation model facilitate impact in both high burden countries and in Challenging Operating Environments (CoE) countries and those under Additional Safeguard Policy;

- CSOs strength lies in developing innovations that ensure extensive reach of ALL hard to reach populations including KPs and AGYW; aged PLWD, pregnant women, unborn children etc which ensure epidemic control;
- CSOs strength also lies in ensuring adherence to both HIV and TB treatment. To further strengthen the role of CSs in supporting sustainable responses, it is important to:
  - i. Strengthen local institutions and invest minimum of 25% of the grant in HSS with focus on CSS as the only vehicle for successful transition.
  - ii. Develop a Clear information guide of CSS interventions needs to be provides to elaborate this understanding amongst CSOs including a threshold/ minimum investment amount \$\$\$ for CSS
  - iii. Stop vertical intervention where HIV program and Malaria intervention are being implemented by different actor in the same facility without talking to one another.
- In countries line Nigeria, CSOs in the CCM are currently not effective due to the mind set of general population including the Country Team that most of them have conflict of Interest. The interest of CSO should have served as comparative advantage but not well harnessed;
- Global Fund bureaucracy in some cases becomes a standing block for countries and contributes to low burn out rates of grants;

Deborah from Rwanda drew from her country experience to demonstrate that CS CCM representatives have a significant role in realization of the strategic objective of gender equality and human rights by ensuring the voices of all genders and their respective gender and human rights issues are heard and taken into account in programming; by ensuring that there is representation of the of both gender and human rights issues such as stigma and discrimination and criminalization of some KP constituencies, violation of the rights of sex workers and the representation of these groups on the CCMs. Deborah emphasized on the fact that women representatives on the CCM have a role to play in representing all women in society including female sex workers (FSWs); and the importance of all CS CCM members' integration of human rights as an integral part of their respective representation.

Speaking on mobilization of increased resources, Roy Mwilu from Zambia underscored the importance on not 'adopting a one size fits all for resource mobilization of resources'. He underscored the importance of having issue based and contextualized approaches informed by resource mapping. Mr. Mwilu highlighted the importance of ensuing 'rational use of available resources to facilitate results and desired changes as one strategy that will facilitate resource mobilization. Beyond rational use of the existing resources, Mr. Mwilu also highlighted that CSO also have obligation to mobilize alternative resources from the Global Fund to complement that which is available from them.

David Halloway from Liberia explained that his countries experience during the Ebola epidemic exposed the weaknesses of health systems and resulted to the emphasis on the importance of the strengthening of health systems and thus the strategic objective of building resilient and sustainable systems for health. Mr. Halloway emphasized the need for all stakeholders on the CCM and other stakeholders to have in-depth understanding of RSSH i.e. both HSS and CSS for them to effectively program about it. David highlighted that whilst knowledge on HSS and budgeting for HSS is currently well understood and implemented by countries; there existed limited knowledge of CSS and its often under resourced thus is not optimized to facilitate the changes at community level.

The session chair underscored the importance of CS CCM representatives knowing the nature and amount of investment being made on CSS. This is because it is largely under CSS where CSO have the space, interventions and resources to program around and implement. Before opening the session to the plenary, Ms. Lewa invited a Salum Abdallah (Zanzibar) and Nana Gleeson (Botswana) to share their respective experiences on KPs in Zanzibar and on AGYW.

Salum Abdallah shared on the Zanzibar situation where though CCM elections were held and KP representatives elected to the CCM, they have not been accepted and are not participating in CCM meetings thus unable to represent and articulate the challenges of the KP constituency on the CCM and yet the grant received from the Global Fund had significant investment towards KPs.

Nana Gleeson emphasized on the importance of grants focusing on key and vulnerable populations and adolescent girls and young women with interventions and programming in order to reach those previously not reached. This because epidemiological studies have identified these populations as key sources of the new infections; hence the imperative of reaching them with services if we are to end HIV by 2030. Nana highlighted the importance of partnering and working with governments to ensure that effective KP and AGYW programming.

## COMMENTS, QUESTIONS AND ANSWER SESSION

Comments, Questions and Answers received during the plenary session included:

**C** There is weak capacity amongst KPs which translates to weak representation on the CCM and limited programming for the community;

**C** It is important to maintain a robust and active community of CS advocates who include KP and AGYW advocates;

**C** The challenge of coordination is not limited to KPs constituencies alone. There is largely no common voice amongst CSOs. How can this be improved?;

**C** CSS is central in ending the epidemics but it is not recognized and it is not well resourced to bring about the desired changes at community level;

**C** How CSOs can be accountable? There is need for capacity building and strengthening of management structures of CSO and CSO networks. Data validity and systems of reporting and capturing CSO contributions;

**C** There is the need to get KPs with capacity to contribute to the issues at the CCM; KPs need to take up observer slots on the CCM so they can learn and with time be able to represent their interests

**C** Where there are no clear budgetary allocations to facilitate constituencies engagements, countries have to adapt innovative ways of engaging by taking advantage of technological advancements in communications (use of whatsapp, and other social media tools to engage constituents

**C** The issue of religious biases of KP CCM representatives on the CCM and this affects their participation in Liberia.

## PANEL DISCUSSION III:

**CS CCM Representation: Sharing experiences and mechanism on Topical Issues Affecting CCMs.**

### TOPIC:

*Lessons Learned from the 2016/17 CS Engagement and Dialogue Forums and FR Development Processes*

Yvonne Kahimbura of EANNASO shared key lessons learned from the 2016/2017 civil society engagement and dialogue forums and FR development processes. She highlighted that during this period, EANNASO supported countries Rwanda, Ghana, Tanzania, Zimbabwe, Kenya, Zanzibar, Tanzania Mainland, Mozambique, South Sudan, and Zambia to enhance their respective participation in the funding requests development processes to the Global Fund which most countries have undergone. Key achievements highlighted included the formation of the non state actor platform in Ghana and a subsequent mapping exercise to profile all CSOs in Ghana and the development of the CSS Strategy; the Zimbabwe AIDS Network was said to have held provincial and national consultations based on which they developed their priorities for the funding request; in the end, Zimbabwe communities were however left out to the grant making process. Ms Kahimbura highlighted some of the bottlenecks that limited effective CS participation in the funding request development process as: Timing and lack of funding to organise wider participation; in practice, CS and community groups were involved but when there has been a gap in tracking of works of the Communities especially key populations, which posed a challenge in justifying some of the interventions suggested; feedback lacking from the writing team, CS, community groups and key population representatives; No support for PLHIV networks' participation. The team also focused more attention on only one network. The network that had the heaviest focus has been "professionalized" to such an extent that responses to PLHIV needs are no longer according to what PLHIV say they need, but what professionals think PLHIV need; the costing exercise seemed restricted and excluded for CS and community groups; harmonization of diverse of CS interests within the given timeframe; and in some cases there was limited space for representation of CS and community groups during the writing process.



*The Anglophone Africa CS CCM Dialogue forum in Pictures!*

**TOPIC:*****Going beyond the CCM Guidelines to Strengthen Oversight of Global Fund grants: Experiences from Ethiopia***

Mr. Fekadu from Ethiopia highlighted that the oversight committee in the country like in all other countries was a subcommittee of the CCM that reported to the main CCM. The members of the Oversight committee were reported to be those largely with little or manageable minimal Conflict of Interest (COI). The oversight committee was reported to work closely with the federal states in undertaking oversight at the decentralized federal states. Key challenges highlighted limited enforcement of the COI policy; inconsistent reporting of the oversight committee; irregular attendance and limited participation of elected / nominated CS CCM members. The main opportunity for strengthening the oversight committee was said to be, “the recognition that, we’re In It Together! All Global Fund entities (CCM, PR, SR, LFA and Secretariat) are working towards the same goal of fight HIV, TB and Malaria”.

The main opportunity for strengthening the oversight committee was said to be, “...the recognition that, we’re In It Together! All Global Fund entities (CCM, PR, SR, LFA and Secretariat) are working towards the same goal of fight HIV, TB and Malaria.”

- Endal Fekadu, Ethiopia

**TOPIC:*****Enhancing CCM Representation: Country Experiences on KP Inclusion: The Experiences of Mauritius***

Nicolas Ritter presented on the Mauritius experience on KP inclusion. It was highlighted that within the Mauritius CCM there were seven (7) CS CCM representatives from PLHIV (2), PID/ former PIDs (1), Sex Workers (1), MSM (1), Transgender (1) and 1 NGO representative who is often an ally of the Key and Affected Populations. In the case of Mauritius, it was found to be important to have representation from KPs who are the main target population of the Global Fund grants. It was further explained that direct election and representation of KPs is avoided because it results in limited transparency and inclusivity;

having elected Key Population Representatives (KPRs) with limited understanding of the function of the CCM; KPRs being confirmed to tokenistic roles; and discrimination of KPRs by other CCM members and

It was further explained that, in many countries, the CCM is the only national platform whereby Civil Society representatives, including KPRs, can discuss with the authorities about services targeting Key Populations and barriers restricting access to these services. The CCM can be an advocacy platform for KPRs, but barriers impacting the role of KPRs in CCMs should be overcome, as much as possible. To optimize the chances of having good representation on the CCM, the following steps were recommended.

To maximize chances of having an important role within CCM, the following steps should be taken into consideration: organized selection/ election of a KP CCM representatives with the election process taking into account of formal and informal dynamics; where the safety and security of KPs is of concern, the KPs can either refer to themselves as CSO representatives or have or have indirect representation by a non KP representative; ensure that the new KPRs have good understanding of the Global Fund before their first meeting; having a KPR specific orientation to address key topics such as what is CCM/GFATM, how are CCM meetings convened and undertaken: what is the agenda of CCM meetings; what is the structure and committees of the CCM e.g. oversight/ ethical committee, etc.; what are the different dynamics within each CCM and what are the functions of CCM: <https://www.youtube.com/watch?>; holding pre and post CCM meetings; capacity building of CCM KPs; bonding amongst CCMs; and CCM work plan that includes an annual work plan and budget of KPRs

**TOPIC:*****Regional Grants: Application, Implementation and RCM Experience from Zimbabwe***

Donald Tobaiwa from Zimbabwe presented on the regional grants; he explained that regional grants mainly addressed multi country interventions such as cross border issues and challenges that affect multiple countries. Mr. Tobaiwa explained that their organization has been directly involved in two regional grants namely the TB in Mines in Southern Africa (TIMS), and the ECSA-HC Regional Lab Grant. For the TIMS grant, they received the allocation later at the end of July (28<sup>th</sup>) and the submission deadline was 31<sup>st</sup> August. As subsequent comprehensive roadmap was developed that provided for inclusive writing teams of KPs, CSOs, CCM reps, NTP TWG, PR, RCM, Private



TA was received from CRC through EANNASO and to support the writing team...this made significant impact evident by the fact that only two comments were received from the TRP and none from GAC.

- Donald Tobaiwa, Zimbabwe

Sector, Stop TB Partnership and the Global Fund Country Team (GF CT; TA for costing and TA for KP regional Dialogue; writing workshop; stakeholder review; finalization of final draft and its subsequent submission. Technical Assistance (TA) was said to have been received from CRG though EANNASO for KP specific engagement and to support the writing team – this was said to have had a significant impact evidenced by the fact “that only two comments were received from the TRP and none from the GAC”.

It was further detailed that the RCM experience resulted to lots of lessons learned which included that despite having teething problems especially with the PR, the RCM continued to engage and provide guidance; despite being complex, having well structured and systematic TWGs is key in ensuring success in Regional Grants; having a strong secretariat and SR & SSRs is key to success; communication with stakeholders – esp CCMs, in-country TWGs is highly important; having all stakeholders and implementers start off the implementation at the same wavelength is key to avoid scope creep; early oversight visits are critical to pick gaps and facilitate course correction and the use of the dashboards is important as it quickly picks red flags.

## TOPIC:

### *The Grants Absorption Challenge: Lessons from Botswana*

Nana Gleeson from Botswana presented on her countries experiences and challenge on grants absorption. Nana explained two definitions of absorptive capacity; a legal definition i.e. absorptive capacity refers to the ability or power of a country to absorb foreign private or public financial assistance; and the Global Fund definition i.e. absorptive capacity as the percentage of actual expenditure compared to the total grant budget. Key causes of low absorptive capacities within Global Fund grants were identified the late start of grants; grant falling behind schedule; lack of capacity on the donor (Global Fund) requires e.g. finance, PSM etc; difficulties in recruiting qualified staff and donor behavior. To mitigate the low grant absorption challenge, it was recommended that countries establish committees made up of relevant stakeholders to monitor the action plans and grant implementation; implementation through partners (ITP) approaches are adopted; strengthening systems to absorb

funding e.g. timely and responsible reprogramming; community monitoring and watch dogging by CSOs; and harmonization by donors.

## Causes of Low Absorptive Capacity of Global Fund Grants

- The late start of grants;
- Grant falling behind schedule;
- Lack of capacity on the donor (Global Fund) requirements e.g. finance, PSM; and
- Difficulties in recruiting qualified staff and donor behavior.

- Nana Gleeson, Botswana

## COMMENTS, QUESTIONS AND ANSWER SESSION

The session was then opened to the plenary for Comments, Questions and Answers session.

**C** CCMs should be very vigilant and actively play its role in determining which constituent is capable of absorbing the funds and avoid the situations where PRs selected are only interested in the money.

**C** CSOs are still weak that is most do not have the capacity to follow through GF processes since these processes themselves are very complicated

**C** CSOs (CS CCMs, PRs and SRs, CS Watchdogs) should challenge themselves and consistently review their implementation vis a vis grant absorption since it's a critical determinant of how much countries receive

**C** What has been the role of Global Fund Country Teams? How come in their repeated country visits, they did not support countries address absorption challenges early on the grant onset?

**C** There is need to ensure that absorption rates especially for CoE countries are not used as a basis for allocation in the next grant cycle because this denies investment in prevention interventions and targeted interventions for AGYW and KPS.

**C** There have been difficulties with the CCM in Liberia and how the country has had to return in some cases over 50% of funds to the GF . There should be no reason why Liberia has to return funds when access to treatment is still a major challenge

**C** There is need to have a mechanism to review Country situations before allocations are made

**C** PR-SR relations have to improve. Issues of delays in implementation due to bureaucratic processes

**C** In the case of Nigeria and Ghana, PRs are overwhelmed with country team's visits which are often not clear in terms of their objectives

**C** CSOs involvement in the CSS is critical for us to make any headway; currently there is not clear guidance on CSS including CSS for CoE countries. There is no priority least of CSS interventions hence it's mostly overshadowed by treatment based interventions spearheaded by governments.

**C** Bulky nature of GF documents and in some cases the details are hidden thus limiting CSOs

**C** Lessons learned from Kenyan PRs were shared whereby Kenya Red Cross applied from the Global Fund to use savings from 2017 to training new SRs including KP related SRs; secondly the public / government PR transferred some PSM activities to the CSO PRs in order to bypass bureaucracies related with the public sector.

**C** The Nigerian experience; the SRs do not their fate because of the strained relationship between the PR and SRs. The PRs was able to negotiate with the GF to implement the grant directly; there was short fall in the grant since we were unable to absorb the grant fund were return and the CCM took a decision on capping the overhead grant management cost with the small amount as allocations. The PR is cut up between sorting themselves out first and cutting down activities from SR.

**C** There is opportunity to learn from other countries like Burkina Faso on how they successful managed to resolve their grant absorption challenge in two years.

## AN INTRODUCTION TO DASHBOARDS: FUNCTIONS AND BENEFITS

This session was facilitated by Nana Gleeson of Botswana who explored the use of dashboards and how they facilitate action. Nana introduced dashboards as management tools that help organizations establish the different of functions and the components of either an organisation or a program happening; and that are normally developed and periodically updated thus are 'living management tools. Using practical examples, Nana explained that the different colors of a dashboard give an indication of what progress the programs are making or otherwise; and inform communication to members which areas need more attention and also helps monitor grants utilization and funds absorption. The main purpose and rationale for having dashboards was said to be, to strengthen and improve the capacity for overall grant management, M&E system strengthening and procurement and supply management (PSM); to enhance the dialogue between a PR and its SRs by displaying consistent data in a time series for the entire grant and for individual implementers; and for CCMs summary dashboards is to enhance oversight of all the grants in the country'.

Ideally, it was highlighted that requests for dashboards should come from PRs and CCMs; and that dash board training needs to cross cut all integral units such as finance, procurement, programs etc so that they understand the philosophy and processes of the GF and the key role of the grants within the country. Nana further explained that dash boards are normally designed based on a country needs and the content (modules and targets) of the grants. She highlighted that in the past, Grant Management Solutions (GMS) used to provide it through a partnership with GF now it can be requested as part of the actual funding request allocation.

Dash board design was said to be process orientated in that it was done over a period of time with 3-4 country visits by a consultancy team of finance, PSM, programs, and IT consultants. The first visit was said to entail orientation on dashboards and what they will do and not do, establish the sources of data and indicators to be tracked across three diseases and to establish the implementing partners including target districts. The second visit was said to be dedicated to support the establishment of Dashboards for all PRs; install software and build human capacity; establish a CCM summary dashboard that incorporates all three grants; build in-house capacity to manage the dashboards; guided the selection of Dashboard indicators and threshold; and configured dashboards data master for all grains; training the Dashboard focal persons on Dashboard configuration; SR data entry sheet production; data collection; data export; and dashboard generation. The third country visit was reported to be for the collection and preparation of all data for the data entry workshop – populate data entry sheets; cleaning and finalizations of the Dashboard data masters, and generate worksheets. The last country visit was reported to mainly support the development of the capacity of the PMU Managers, the CCM Secretariat and CCM Oversight Committee to analyze and interpret the results within the PR and CCM Summary Dashboards; support the development of the next set of Dashboards and their internal review; support the development and documentation of review and reporting processes for the CCM Oversight Committee when using the PR Management Dashboard during the OC meetings, and the CCM Summary Dashboards during the general meetings; build the capacity of the CCM Secretariat to develop Action plans for the CCM Summary Dashboard during the CCM OC meetings; and to hold a final orientation session for the CCM Oversight Committee and the CCM.

Nana also highlighted that National disease programs of MoH (like in most African countries) are responsible for collection and analysis of data pertaining to each corresponding disease specification; as a result: (i) they should work with PMU for consolidation (ii) they should be included in the .in capacity building on Dashboard use and influence key decision makers for its adoption on a sustained basis in the National Programs, especially that the PRs are not always MoH.

In concluding, Nana explained that the use if dashboards were mainly undermined by key challenges which include commitment

to the use of dashboards; human resource capacity and availability of data. This was mainly because for dashboards to yield results, they need reliable, timely and accurate information yet mostly countries lack trained staff, experience staff attrition and commitment remains a problem which can be strengthened beginning with senior management commitment and involvement.

## COMMENTS, QUESTIONS AND ANSWER SESSION

**Q** How have grant absorption challenges prevailed when we have dash boards?

**A** The low capacity of some CCMs on how to use the dashboards; CCM meetings are rushed and not enough time dedicated for deliberations; and PRs in most cases do not feel accountable to the CCM but GF and that PRs only get serious with the CCM when country proposals are been developed

**C** Seemingly though most countries are already using dashboards, majority of the CS CCM members are ignorant on them thus unable to make sense of the information of the presented in CCM membership

**Q** With the closure of GMS; how can interested countries access support for Dashboard training and development

**A** CCMs can either include a TA budget of Dashboards in their funding requests or approach partners like the International HIV AIDS Alliance for support. The request however needs to come from either the CCM or the PRs and EANNASO can facilitate the requisite linkages.



*The Anglophone Africa CS CCM Dialogue forum in Pictures!*



# Day Two

## “LEARNING FROM EXPERIENCE”

### RECAP OF DAY ONE (1)

This session was facilitated by Ms Lewa for and on behalf of Ms. Kabanyana. Key learning's and lessons highlighted by the participants in the recap plenary session included:

- The need for countries to freely share experiences and how other countries can learn from others how they are dealing with similar problems
- The need to build on the capacity and knowledge base of CSO CCM representatives
- The importance of the dashboard as a management tool
- Funds absorption challenges and how countries can overcome that
- Need for CCM members to understand their roles and also effective constituency engagements
- The need for countries to look for alternative funding and not to rely on the Global Fund alone
- Need for open dialogue and clear guideline for CSOs engagements for improved programming and realization of impacts for investments

Summing it up, Ms. Lewa encouraged the participants to internalize and practice all the great ideas that have been shared from various countries.

### TOWARDS STRONGER AND EFFECTIVE CS CCM PRESENTATION

This session was also facilitated by the Lead Consultant, Rhoda Lewa using group discussions and presentations. The participants were divided into four groups with each group addressing a different topic. After the group discussions, presentations were made and these have been tabulated below:



**STRENGTHENING THE PERFORMANCE OF CS CCM REPRESENTATIVES IN:**

EFFECTIVE GRANT IMPLEMENTATION	CCM COMPOSITION
<ul style="list-style-type: none"> <li>i. Transparent PR selection based on capacity and experience</li> <li>ii. Strong oversight and timely sharing of feedback</li> <li>iii. Comprehensive understanding of the grant agreement provisions and targets to be achieved</li> <li>iv. Community monitoring of grant implementation</li> <li>v. Optimizing opportunities to reprogram in a timely fashion</li> <li>vi. Ongoing consultations between all stakeholders (PRs, SRs, LFA, CCM, and Global Fund Country Team)</li> <li>vii. Deeper understanding of Community Responses and CSS</li> <li>viii. Comprehensive guidance on how to integrate CSS into funding requests; and how to budget for it for malaria, TB and HIV</li> <li>ix. Balanced investment in biomedical and non biomedical interventions for AIDS, TB and Malaria</li> </ul>	<ul style="list-style-type: none"> <li>x. Make adequate provisions to ensure all CS categories are included in the constitution</li> <li>xi. Comprehensive orientation of the CS CCM members on the Global fund, the CCM and their respective roles on the CCM and the expectations of the communities they represent. the orientation to also identify capacity needs and device strategies to address them by investing the right resources</li> <li>xii. Team building sessions for CS CCM members; and with the entire CCM</li> <li>xiii. Periodically review the CCM membership to align it with the epidemiological trends of the country. If the burden of diseases is on AGYW, provide for their representation on the CCM</li> <li>xiv. Monitor&amp; document CCM attendance and participation on the CCM</li> </ul>
CONSTITUENCY & STAKEHOLDER ENGAGEMENT	CCM OVERSIGHT AND COMMUNITY MONITORING
<ul style="list-style-type: none"> <li>xv. The CCM secretariat to ensure that constituency and stakeholder engagement is both innovative (optimizing technology) and resourced</li> <li>xvi. Embrace technological advancement to allow for meaningful remote engagement between the CS CCM members and the constituents</li> <li>xvii. CS CCM member to take interest and be involved in the development of their respective budgets</li> <li>xviii. Mobilize resources from other partners eg AIDS Alliance, MSM GF etc to support CS CCM members as a group</li> </ul>	<ul style="list-style-type: none"> <li>xix. CS CCM members to participate in oversight committee; Orientation on oversight function</li> <li>xx. Participation of alternates as observers in all CCM and oversight meetings as a way of building their respective capacity and mentoring them</li> <li>xxi. In-depth understanding of the grant, targets, indicators and budgets in order to be able to effectively oversight them</li> <li>xxii. Oversight program indicators and grant expenditure / absorption together and prescribe, and follow up on the implantation of corrective action</li> </ul>

In wrapping up the session, the facilitator underscored the need to actively oversight and monitor grants to ensure their effectiveness at community level. She emphasized on the need to document issues and evidence and use the information and evidenced collected for advocacy.

## STRATEGIES FOR STRENGTHENING IN GRANT IMPLEMENTATION

This session was facilitated by Rhoda Lewa and chaired by Reverend Zwanini Shabalala from Swaziland. Ms Lewa employed an interactive methodology using a Q & A session to establish the participants level of knowledge and then build on its with information. To start off the discussion, Ms. Lewa sought to know from the participants why grant implementation is important? Variable responses were given such as it facilitate grant performance, it helps grant absorption and performance and lastly grant implementation was said to be importance because it is only by implementing the interventions will the desired changes and impact our communities be realized; and without implementation, there can be no change or impact.

A second question was posed to stimulate discussion, “when does grant implementation start”? Similarly, a range of responses were given which included that implementation started with grant signing, during NSP development and after SR selection. The facilitator explained that whilst there was some truth in their responses, there existed grant implementation spaces before and after grant signing; spaces which they need to be familiar with in order to capitalize and optimize them. These included:

PRE GRANT SIGNING SPACES FOR STRENGTHENING GRANT IMPLEMENTATION	POST GRANT SIGNING SPACES FOR STRENGTHENING GRANT IMPLEMENTATION
<p>i. Funding request development specifically:</p> <ul style="list-style-type: none"> <li>- Advocate for CS specific TA to be procured by the CCM as part of the TA team i.e. Lead Consultant, Costing Consult and CS Consultant that will collectively develop the FR</li> <li>- Ensure that comprehensive, innovative and evidence based CS and community groups priorities are developed and integrated in the FR</li> <li>- Advocate for CS TA as a priority component of the TA Plan to help CS address CS challenges of the FR.</li> <li>- Priorities should provide for CSS interventions</li> <li>- Priorities should articulate civil society and community responses in the delivery of biomedical responses e.g. Treatment literacy; tracing those lost to follow up; promotion of adherence etc</li> <li>- Ensure that CSS and Community responses are clearly understood and not defined as functions of either public health or community workers under the ministry of health</li> </ul> <p>ii. Grant making</p> <ul style="list-style-type: none"> <li>- Ensure that all CS activities in the grant are carried forward into the grant agreements and performance frameworks for the PRs</li> <li>- Ensure that all CS activities are adequately resourced and budgeted to facilitate effective implementation and the desired changes</li> </ul>	<p>i. Grant supervision by PR and LFA</p> <p>ii. Oversight of Global Fund grants by the CCM</p> <p>iii. Community monitoring by the beneficiaries communities and stakeholders</p> <p>iv. Clear Accountability and reporting mechanisms amongst CSOs.</p>

In concluding the session, the facilitator underscored the importance of civil society anticipating upcoming processes and strategically positioning themselves to optimize the opportunities; ensuring that the PR selection is done in an open and transparent manner that will facilitate grant implementation ; ensuring the FR development reflects CS and communities priorities which are well resourced; PRs to mentor SRs to ensure seamless grant implementation and to undertake community monitoring of the grant in order to effectively hold the PR accountable.

## TA OPPORTUNITIES AND PROVIDERS FOR CCMS

The panelists for the session were Yvonne Kahimbura (EANNASO), Amina Ruff (AIDS Alliance) and Jackie Makokha (UNAIDS RST).

Ms. Ruff presented a case study from the Global Fund Alliance which focused on ‘achieving inclusiveness of CCMs 2016’ which demonstrated what CCMs can do to enhance inclusivity in its membership. Jackie Makokha explained that UNAIDS continues to support TA through the TSFs and also through the Regional Support Team though the country level UNAIDS office. She underscored the importance of linking the respective TA needs to the respective national AIDS response; and the importance of developing TA plans for the response.

Gemma Oberth of the CRG Strategic Initiative of the Global Fund gave an overview of the CRG SI which was said to have identified a new group of TA providers which is available on the website; Has more capacity to push the gender component and engender mainstreaming, Human rights, malaria and emerging public health emergencies like M/XDR; and changed to allow TA can be accessed through the entire grant period including TA to support grant implementation. Gemma also highlighted that so far, the CRG SI had received a total of 39 TA requests of which 21 from the Africa region. Yvonne from EANNASO highlighted that unlike in the 2015-2017 period whereby EANNASO hosted both the CRG TA and the platform; currently in the 2018-2020 period, EANNASO only hosts the Regional Platform for Anglophone Africa hence are not able to directly procure TA but are able to both broker and link CSOs in the region with TA providers. Yvonne encouraged the participant to visit the EANNASO website to access the list of the CRG SI TA providers and other links.

## MODALITIES AND MECHANISMS FOR SUSTAINING THE ANGLOPHONE AFRICA CS CCM DIALOGUE FORUM

### FINAL SESSION

This session was facilitated by the Lead Consultant, Rhoda Lewa. A group discussions and presentations approach was used to elicit from the participants thoughts and recommendations on what the Anglophone Africa CS CCM Dialogue Forum should focus on in the 2018/2019 period. Group 1 and Group 4 discussed one question, ‘identify and list strategies to be adapted to ensure that Anglophone Africa remains robust; whereas group 3 and 4 were to identify key issues the Dialogue forum was to prioritize for engagement. The participants’ recommendations are summarized in the Table below.

IDENTIFY STRATEGIES TO BE ADAPTED TO ENSURE THAT DIALOGUE FORUM REMAINS ROBUST	IDENTIFY KEY ISSUES THE DIALOGUE FORUM WAS TO PRIORITIZE FOR ENGAGEMENT AND ACTION
<ul style="list-style-type: none"> <li>• Develop a directory of CS CCM members and establish a goggle group ; identify key discussion topics and facilitate discussions bi monthly</li> <li>• Optimize technology and social media for report based interaction and engagement of CS CCM members</li> </ul>	<ul style="list-style-type: none"> <li>• Identify &amp; document best practices and countries amongst CCMs for benchmarking</li> <li>• Support the development of a guide on community monitoring detailing the why, how, when and for who/ what</li> <li>• Support the development of a simple guide on CSS and community responses<sup>1</sup></li> <li>• Document best practices e.g. grant absorption in Burkina Faso and share with the other countries</li> <li>• Mobilize TA/TS to support the documentation of CoE and ASP experience in Anglophone Africa countries of Nigeria, South Sudan, and Zimbabwe to inform peer to peer learning to help resolve some challenges especially those experienced in Nigeria.</li> </ul>

## WORKSHOP CLOSING

This session was chaired by the Technical Support Centre's (TSC) Manager, Ms. Nooliet Kabanyana. Ms. Kabanyana gave the lead facilitator opportunity to give some remarks. Ms. Lewa appreciated all the participants and EANNASO for the opportunity to facilitate the 2 day meeting and learn from each other. She encouraged all participants to apply the learning's attained in their respective country level CCMs to help strengthen CCMs and grant implementation.

Closing remarks were presented by Cecilia Senoo, the Executive Director of Hope for Future generations Ghana (HFFG) the official co- host of the Regional Platform in Ghana. Madam Cecilia thanked all the facilitators for an inspiring, fulfilling and educative two day workshop. She explained that Ghana, the Non State Actors (NSA) Ghana and HFFG were both privileged to host this conference and also the participation of Ghana CSOs. She thanked EANNASO and CRG SI for their continued support and determination to strengthen the participation of CSO in the region.

Sylvia Nakasi from Uganda presented closing remarks for and on behalf of the participants. She congratulated the facilitator Rhoda Lewa for great facilitation and also EANNASO for making the meeting possible. She thanked her fellow participants for their active team work and participation and lastly she congratulated the non-state actor Ghana platform and urged countries to emulate the example. Sylvia promised to take advantage of the opportunities and share outcomes of the meeting with colleagues back home.

Mr. Marc Ndayiragije, Chairperson EANNASO in his closing remarks expressed his appreciation to all the countries that participated in the meeting. The chair thanked Rhoda Lewa for great facilitation and also recognized the unique roles played the EANNASO team and secretariat, the HFFG and NSA Ghana in making the meeting successful. The chair underscored the importance of working together and leveraging our comparative competencies and advantages in order to make meaningful impact. He once more congratulated all the participants and wished them safe travels home.



In his final remarks, Mr Agyarko-Nti, the Chair of the CCM in Ghana expressed his satisfaction with the turn out, participation and learning's of the two-day workshop. He encouraged all participants to apply them in their respective context to improve on their performance and help end the three epidemics by 2030. The Chair congratulated EANNASO for organizing the meeting and iterated that any initiative that brings CSOs together great and in the right direction. He underscored that, 'now is time for CSOs to take their rightful position and play their role in working to eliminate the burden these 3 diseases poses to our very survival as a human race'. The Chair also the acknowledged the work of HFFG and Non state actor Ghana for their facilitative role in making this historic event happen in Ghana and wished all participants safe journey to their respective countries.

In her closing statements, the UNAIDS Country Director said she acknowledged the honor to be given the opportunity to make a statement at such an auspicious event praised the hard work of EANNASO as the host of the Anglophone Africa Platform and every partner or making workshop a success. The UCD noted that there cannot be an effective without CSOs because they are the people on the ground. The UCD further detailed that the advocacy role of CSOs is critical and encouraged CSOs to use information, data so when you are making a case to partners. She reiterated the willingness of UNAIDS to work and support CS in Ghana and region in order to realize both the catch up plan and the 90- 90-90 targets. The UCD encouraged all participants to follow up on the new acquaintances and partners, to keep the linkages and to freely share information. She hoped that by the next meeting we would be sharing gains towards 90-90-90 and thanked all participants for staying through the meeting and declared the meeting officially closed.

# ANNEX 1

## Agenda and Concept Note of the Anglophone Africa CCM Dialogue Forum

### BACKGROUND

Country Coordinating Mechanisms (CCMs) are national committees comprised of a partnership of representatives from both the public and civil society sectors who coordinate the development and submission of one national funding request(s) on the basis of priority needs, nominates the Principal Recipient(s), oversees the implementation of approved grants, approves any reprogramming requests and ensures linkages and consistency between Global Fund grants and other national health and development programs. CCMs include representatives of all sectors involved in the response to the three diseases: relevant government departments, multilateral or bilateral agencies, civil society or nongovernmental organizations, academic institutions, faith-based organization, the private sector, key populations (KPs) and people living with or affected by the three diseases. They are a key element of the Global Fund partnership. For a country to receive funding, and in the interest of enhancing good governance, CCMs have eligibility requirements and minimum standards. CCMs undergo regular assessments to this effect, often resulting in recommendations and performance improvement plans.

Following the 2016 OIG CCM audit report, a set of management actions were agreed upon by the Secretariat. These were to:

- assign and document clear responsibilities relating to CCMs;
- develop mechanisms to strengthen CCM oversight, including revising its CCM oversight guidance paper; and analysing options for an effective engagement of CCM members in oversight;
- strengthen the management of conflict of interest by de-

veloping principles for ethical conduct and integrity in CCM operations;

- develop a plan to enhance civil society and key populations engagement and accountability in CCMs; and
- Once a sustainability and transition policy is approved by the Board, update the CCM guidelines and procedures to reflect key principles of the policy, including evaluating, on a differentiated basis, the need for continuing CCMs (or alternative mechanisms) post-transition along with alternative options.

Since then, a lot of investment has been made to strengthen CCMs; to develop a differentiated approach of relating with different countries and to align the coordination CCMs with the new Global Fund strategy of 2017-2022. This investment and the anticipated changes the coordination of the CCMs at the Secretariat level and of CCMs at country level is now commonly referred to as the 'CCM evolution processes

#### Introduction

The Eastern Africa National Networks of AIDS Service Organizations (EANNASO) is a regional umbrella network bringing together civil society voices to inform policies and improve the programming of HIV, TB, malaria and other health issues present in our communities. As a regional network that has evolved through the years to also include working with key and vulnerable populations on matters related to HIV, TB and malaria, EANNASO has tapped into regional and international expertise to empower the civil society and community groups in effectively contributing to the reduction of new HIV infections, through strengthening institutional and programmatic capacities, promoting sharing of experiences, best practices and identifying priorities of CSOs

through working closely with the Community, Rights and Gender (CRG) Department in the Global Fund Secretariat to ensure civil society (CS) and community groups (CG) engage in policy dialogue related to Global fund grants, have their voices heard and their issues included in decision making spaces, GF Funding request development and program implementation.

As of September 2017, EANNASO was selected by the Global Fund Community Rights and Gender Strategic Initiative (GF CRG SI) to host the Regional Communication and Coordination Platform for Anglophone Africa for the second time for the period of December 2017-December 2019 covering the following 24 Anglophone countries namely; Angola, Botswana, Eritrea, Ethiopia, Gambia, Ghana, Kenya, Lesotho, Liberia, Malawi, Mozambique, Namibia, Nigeria, Rwanda, Sierra Leone, Somalia, South Africa, South Sudan, Swaziland, Tanzania, Uganda, Zambia, Zanzibar, Mauritius and Zimbabwe.

The work of the platform is guided by four objectives:

1. Further the meaningful engagement of civil society and community groups through regular bi-directional communication and provision of accurate and accessible information to enhance the knowledge and participation of these actors in Global Fund-related processes.
2. Improve the overall impact of Global Fund programs and interventions, and disease responses more globally through strengthened engagement of civil society and communities affected by HIV, tuberculosis and malaria.
3. Expand access to technical assistance (TA) for civil society and community groups through greater coordination with the CRG Strategic Initiative short-term TA component, as well as key national, regional and global technical assistance partners.
4. Support strategic civil society and community capacity development initiatives

Since 2002, the Global Fund has gradually improved the requirements related to the proportion of representatives of the civil society on CCMs, the processes by which members are selected and the management of conflicts of interest for CCM members who are also involved in implementation of Global Fund programs. The Global Fund has made it mandatory for CCMs to undertake performance assessments on annual basis as a pre-qualification for countries to submit funding requests. The Global Fund is currently developing an enhanced performance framework which will aim to ensure this and basic requirements of eligibility. It will also mean that CCMs will play a stronger role in overseeing programs.

## EFFORTS TO MAKE CCMS MORE EFFECTIVE: WHAT HAS WORKED?

Country actors from government and civil society, technical

partners, and advocacy and technical support organizations have invested considerable effort in supporting CCMs to meet the criteria for eligibility and to coordinate and oversee Global Fund grants at country-level. EANNASO has participated in processes aiming at improving the effectiveness of CCMs. Some of the processes that took place in 2017 towards improving CCM effectiveness but specifically related to CS and CG include: -

### a. Anglophone Africa CS CCM representatives 2017 dialogue forum.

The main issues discussed in the past forum were around

- i. Importance of coordination non-state actors (NSA) meetings to maximize the voice of people prior and post CCM meetings - CS and CG to have same & common agenda and a stronger voice so that they can negotiate better and be taken seriously at the table;
- ii. Conflict of Interest management by CSOs and other CCM members;
- iii. Constituency communication by using innovations in consulting constituencies, WhatsApp group, social media; and constituencies feedback and consultation;
- iv. Meaningful involvement of CS in the CCM not just for tokenism but CS and CG need to understand issues and contribute to discussions;
- v. Short term and long-term capacity development and access to TA for CS and CG reps; and,
- vi. Selection of CS and CG reps and orientation but at the same time ensuring engagement of the right people.

### b. The Anglophone EPA scorecard and shadow report process.

EANNASO and AAI collaborated to support in-country civil society to develop

a) Country CCM Shadow Report which drilled down country level issues 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. b) Civil Society CCM Scorecard - a comparative analysis that ranked the participating countries against each other in terms of their performance. Using the AAI Scorecard methodology, data from the Country CCM Shadow Reports analyzed and countries were graded on their performance.

### c. CCM evolution workshops

Facilitated by The Alliance with support from GF, GIZ, French 5% and Swiss Agency for Cooperation, CCM evolution workshops were held in 2017 where CCMs and other key stakeholders were able to brainstorm and explore viable options for CCMs to evolve into more functional structures, able to address the dynamic and diverse challenges countries face. During this meeting participants

were able to proposed changes that enhance CCMs' capacity to effectively support implementation of the GF new strategy. Key were areas that involved strengthening the engagement of CS and community representatives from selection of members from the constituencies, orientation, access to TA and funding for constituency consultations.

EANNASO, has been involved in the work of strengthening CCMs since 2007 through three modes: guidance to country-level civil society organizations on how to organize and advocate as a sector within the HIV response; short-term training and technical support in response to requests for capacity building or crises within CCMs; and structured, on-going financial and technical support designed to strengthen community sector advocacy and communications related to the Global Fund at country-level

## GOAL OF THE CIVIL SOCIETY AND COMMUNITIES CCM REPRESENTATIVES FORUM

To provide CS and Community CCM representatives space to share experiences and information on topical issues affecting them; to promote dialogue and to learn from each other with the aim of enhancing the voice and capacity of civil society and communities to effectively contribute to the achievement of the Global Fund strategy 2017-2022 and to enhance the effectiveness of their respective Country Coordinating Mechanisms

## SPECIFIC OBJECTIVES

1. To reflect on how to promote CS and Community watchdog role on CCMs and Global fund grants at country level;
2. To engage civil society and community CCM representatives on their respective role in facilitating the achievement of the strategic objectives of the Global Fund strategy 2017-2022;
3. To take stock (achievements, challenges and lessons learnt) through sharing of experiences, tools and methodologies on topical Issues affecting CCMs in Anglophone Africa;
4. To strategize and recommend specific strategies of enhancing the capacity of CS CCM representatives for impact and accountability of Global Fund grants; and
5. Validate the working modalities and mechanisms for the Anglophone Africa dialogue framework.

## OUTPUTS

1. Recommendations on how to promote and sustain CS and Community Monitoring for Accountability of CCMs and Global Fund grants;
2. CCMS members knowledgeable on how to contribute to the achievement of the strategic objectives of the Global Fund;
3. Achievements, challenges, lessons and strategies on key topical issues discussed and shared amongst civil society and community CCM representatives;
4. Recommendations for enhancing capacity of CS CCM representatives for greater impact and accountability of Global Fund grants; and
5. CS and Communities CCM representatives' dialogue framework developed.

## PARTICIPANTS

25 civil society and community representatives from Anglophone Africa countries, Partners, and the Global Fund Secretariat (CCM Hub, CRG department etc)



## WORKSHOP PROGRAM

DAY 1 • 23RD APRIL 2018 - “LEARNING FROM EXPERIENCE”			
Time	Session	Facilitators	Session Chairs
8:00-8:30	Registration	HFFG	EANNASO
8:30-9:00	Introductions and Objectives	EANNASO	
	Welcome		
9:00-9:30	Opening Remarks	Chair Ghana CCM	
	Keynote Address		
9:30-10:30	Experiences and outcomes of the CS CCM Shadow Reports: Experiences, Lessons and outcomes from: <ul style="list-style-type: none"><li>• Nigeria ;</li><li>• Rwanda ); and</li><li>• Ghana</li></ul> Plenary: How do we maintain the momentum of shadowing and watch dogging the CCM?	<ul style="list-style-type: none"><li>• Olayide</li><li>• Nooliet Kabanyana</li><li>• Samuel Arthur</li></ul>	<ul style="list-style-type: none"><li>• MazikoMatemba.</li><li>• ( Malawi)</li></ul>
1030-11:00	TEA		
11:00-12:45	Panel Discussion: The role of CS CCMs in Facilitating the achievement of the Global Fund Strategic Objectives <ul style="list-style-type: none"><li>• Maximize Impact against HIV, TB &amp; Malaria</li><li>• Protects Human rights and Gender Equality</li><li>• Mobilize Increased Resources</li><li>• Build Resplendent and sustainable systems for Health (RSSH)</li></ul> Q and A	<ul style="list-style-type: none"><li>• Nigeria (Ibrahim U.)</li><li>• Rwanda (Deborah M.)</li><li>• Zambia (Mwilu R.)</li><li>• Liberia (David H.)</li></ul>	Rhoda Lewa  EANNASO
12:45-13:45	LUNCH		
13:45-15:15	CCM Representation: sharing experiences and mechanisms on Topical Issues affecting CCMs <ul style="list-style-type: none"><li>• Lessons Learned from the 2016/7 Civil Society Engagement and Dialogue Forums and FR Development Process (Regional/EANNASO)</li><li>• Enhancing CCM representations: Country Experiences on How AGYW and KP inclusion has been strengthened (Mauritius)</li><li>• Going beyond the CCM Guidelines to Strengthen Oversight of Global Fund grants: Experiences from Ethiopia</li><li>• The Grant Absorption challenge: How have countries addressed it towards the end of the 2014-2017 grants; and recommendations on how to mitigate the grant absorption challenge: Tanzania</li><li>• Regional Grants: application, implementation and RCM experience. Zimbabwe</li></ul> Q & A	<ul style="list-style-type: none"><li>• Regional Yvonne K.</li><li>• Mauritius ( Nicolas Ritta)</li><li>• Ethiopia (Endalkachew)</li><li>• Botswana (Nana G.)</li><li>• Zimbabwe (Donald T.)</li></ul>	Collins Agyarko  Chair,  CCM Ghana
15:15-16:15	An Introduction to Dashboards: Functions and Benefits	Nana Gleeson	Rhoda Lewa
16:15-16:30	Group Photo Session		

16:30 -17:00	TEA			
DAY 2 • 24TH APRIL 2018 - “STRENGTHENING CCMS FOR IMPACT”.				
TIME	SESSION	SPEAKERS	SESSION CHAIRS	
8:00-8:30	Registration	HFFG, Ghana		
8:30-8:45	Recap of Day 1	Nooliet K, EANNASO		
09:20-10:00	Towards Stronger & Effective CS CCM Representation	Rhoda Lewa  EANNASO	Joyce Stainer  (Ghana)	
	Group Work: Strengthening the Performance of CS CCM Representatives in: <ul style="list-style-type: none"><li>• Effective Grant Implementation</li><li>• CCM Composition</li><li>• Constituency &amp; Stakeholder Engagement</li><li>• CCM Oversight and Community Monitoring</li></ul>			
10:00-11:00	Group Presentations: Strengthening the Performance of CS CCM Representatives and A	Rhoda Lewa  EANNASO		
11:00-11:30	TEA			
11:30-12:15	Strategies for strengthening grant implementation	Rhoda Lewa  EANNASO	ZwaniniShabalala Swaziland)	
12:15 – 13:15	TA Opportunities and Providers for CCMs (UNAIDS, Alliance, CRG TA)	<ul style="list-style-type: none"><li>• UCD Ghana</li><li>• Amina Ruff</li><li>• Yvonne Kahimbura</li></ul>	Jackie Makokha  UNAIDS RST	
13:15-14:15	LUNCH			
14:15-15:45	Group work and presentations:  Modalities and mechanisms for the Anglophone Africa dialogue forum.	Rhoda Lewa  EANNASO	Mercy Musomi (Kenya)	
15:45- 16:00	TEA			
16:00-17:30	Concluding Remarks, Way forward  Closing	EANNASO  UNAIDS WCA RST		

## FOOTNOTES

1 While acknowledging that CS CCMs are strategically placed to support CSS which is an integral part of RSSH there is insufficient guidance from partners like the Global Fund, and UNAIDS on how to integrate CSS within National Strategic Plans and in Funding Request. There is the 2005 CSS guidance developed by UNAIDS; and the 2010 and 2012 Guidance developed by the Global Fund. The 2017 the Modular Hand Book developed by the Global fund however narrowly defined CSS under RSSH and as result consultants, technical working groups and CCMs are not well equipped when in it comes to programming and costing for CSS. There was a recommendation to partners namely Global Fund, UNAIDS, EANNASO, AIDS Alliance and others to prioritise and work meaningfully with CSS Advocates from the region in developing a CSS guide as a strategic way of facilitating the achievement of RSSH.

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