



Investing in our future

The Global Fund

To Fight AIDS, Tuberculosis and Malaria

South and West Asia Cluster
Regional Country Coordination Mechanism Workshop

Summary Report

7-9 October 2009
Hyderabad

Contents

List of Abbreviations	3
Executive Summary	4
1. Introduction	6
1.1 Inaugural Speeches	6
1.1.2 An Overview of CCM in the South West Asia Region	7
1.1.3 Introduction to the Oversight Functions of CCM and CCM Funding	8
1.1.4 Introduction to the Global Fund CCM Funding Policy	9
1.1.5 Civil Society and Private Sector Engagement in the CCM	9
1.1.6 Private Sector Engagement in Global Fund Processes	10
1.1.7 Overview of the Global fund Sexual Orientation and Gender Identities Strategy	10
1.1.8 Country Experience with Civil Society, Private Sector and Sexual Minorities Engagement with CCM	11
1.1.9 CCM Organisational Changes and leadership	12
1.1.10 Concept of Dashboard	13
2. Field Visits	13
3. Conclusion	15
Annex 1: Agenda	16
Annex 2: Group Work Discussions and Action Points	22
Annex 3: List of Participants	31

List of Abbreviations

CCM	Country Coordinating Mechanism
COI	Conflict of Interest
CS	Civil Society
CSO	Civil Society Organisation
GIST	Global Implementation Support Team
GF	The Global Fund to Fight AIDS, Tuberculosis and Malaria
FBO	Faith Based Organisation
LFA	Local Fund Agent
M&E	Monitoring and Evaluation
MoHFW	Ministry of Health and Family Welfare
NACO	National AIDS Control Organisation
PLWD	People Living with Disease
PLWHA	People living with HIV and AIDS
PPP	Public-Private Partnership
PR	Principal Recipient
PS	Private Sector
SR	Sub Recipient
SWA	South West Asia
TA	Technical Assistance
TOR	Terms of Reference
WHO	World Health Organisation

ii. Executive Summary

A three day regional meeting of the Global Fund Country Coordination Mechanism (CCM) for South and West Asia Cluster was held in Hyderabad from 7-9 October 2009.

A total of seventy-four participants attended the workshop, which included Country Coordinating Mechanism (CCM) members, non-CCM members and technical partners representing the nine countries of the South and West Asia region, including Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan and Sri Lanka.

They were invited to share experiences on CCM oversight, conflict of interest, harmonization and alignment. Based on these interactions, the participants formulated practical solutions to address country specific issues which would strengthen the governance of their respective CCMs.

The objectives of the meeting were to:

- strengthen CCM members' and CCM secretariats' understanding of oversight through shared experiences of best practices and identification of key actionable recommendations to enhance CCM oversight
- inform CCM members about policies and guidelines on conflict of interest and aid effectiveness principles
- enhance CCM's capacity in order to meaningfully and effectively engage civil society and private sector constituencies
- strengthen CCM leadership and decision making processes with the introduction of the dashboard

The meeting included presentations on CCM functioning in various countries, individual case studies and group discussions.

Key issues such as harmonization and alignment, conflict of interest, oversight and meaningful involvement of civil society and private sector were discussed in smaller group sessions. Section 2 of this report narrates the detailed outputs of these group discussions, including key recommendations.

The three day meeting empowered participants to identify and address constraints in fulfilling CCM functions and responsibilities.

Key Recommendations

Group discussions focused on key areas of oversight, conflict of interests, alignment and harmonisation, involvement of civil society, participation of private sector and involvement of people living with diseases. Country specific experiences and challenges were discussed to put together practical recommendations. These recommendations were shared in plenary to formulate the following key recommendations of the workshop.

1. Suggestions for strengthening CCM's functioning

- CCM should be empowered and given all the information required to play its role. For this reason it is important to give the CCM the requisite legal and national authority to carry out its full role.
- CCM members should be appointed with clear terms of reference and should have a longer term of office, perhaps up to 5 years.
- All CCM members need to receive orientation on the country's Global Fund-financed grants and given guidance on reviewing the performance updates of grants.

2. Suggestions for CCM to carry its oversight function effectively

- A strong CCM Secretariat, technical sub-committees and technical support are needed to strengthen CCM oversight functions and CCM capacity to analyze PR data and present their observations to the CCM as a whole.
- Oversight guidelines should be clearly formulated by the CCM. The CCM should develop an oversight plan which should be shared and counter signed by the PR.
- CCMs can combine CCM meetings with concurrent visits to grant activities over a few days, to maximize the member's time and involvement in oversight functions.
- The CCM secretariat should facilitate and improve communication between the CCM and the PRs.

3. Suggestions for strengthening CCM secretariat

- Secretariats need to be strengthened significantly by recruiting staff with technical experience across the three diseases, negotiation skills and strong written and verbal communication, especially with multi and bilateral partners.
- Incentives to ensure long term commitment need to be considered.
- Clear terms of reference (TOR) for the CCM coordinator are required.

4. Suggestions for mitigating conflict of interest

- COI was acknowledged to be inevitable but there is a need for a distinction between declared COI and potential COI. A sub-committee on COI needs to be constituted, even if there is no overt incident of COI.
- Individual CCM membership needs in-depth verification. CCM members should be encouraged to declare any COI they may have.
- Sharing of project information by all possible means (website, etc), will reduce incidents of COI.
- PR and SR representatives should not constitute the majority in the CCM. More than 60% membership should be for non PR and SRs representatives.

5. Suggestions for Harmonisation and Alignment

- Global Fund can formulate guidelines on alignment which should include ways of integrating the CCM into the national planning process

6. Meaningful engagement of constituencies

- NGO representatives should have the requisite language skills, knowledge of the Global Fund and the capacity to assess the power dynamics in the CCM.
- Members need to strengthen and build their constituencies by arranging road shows, networking with trade unions, and contacting registered NGOs through available databases.
- CCM meetings should be held outside the Ministry of Health or government premises to encourage CS participation. The Global Fund is requested to develop guidelines for the CCM to increase the membership of private sector organizations and provide clear entry points to ensure effective mobilization of the entire sector.
- Long term advocacy among religious leaders to change their view/position on MSM, should include interactions with senior religious council, government, thought leaders, and others.
- The segment of PLWD members in the CCM is minimal compared to government members. PLWD provide specific information related to the constituency and field activities and should have greater representation. Financial compensation for CCM members living with the diseases should be considered as they are often poor and live in remote areas which are difficult to access.

INTRODUCTION

The Global Fund to Fight AIDS, Tuberculosis and Malaria was created in the year 2002 to finance interventions against the three diseases. The CCM has been a cornerstone of the Global Fund architecture since its creation. CCMs are responsible for mobilizing resources at the country level by organizing and submitting proposals to the Global Fund that reflect a gap analysis of national strategic plans.

This first workshop for the South West Asia region was part of a series of regional CCM meetings being organized by the Global Fund. It was an opportunity to reflect upon the seven years of CCM functioning and a chance to take steps to shape the future of CCMs at the country and global level.

The key purpose of the meeting was to encourage and facilitate greater participation in strengthening the capacity of CCM members and CCM secretariats', to increase understanding of the CCM's oversight role and to identify key actionable recommendations to enhance CCM oversight. The three-day workshop brought together representatives from nine countries to share experiences and talk about opportunities to strengthen CCM leadership and decision making processes.

With these objectives, the meeting aimed at achieving the following outcomes:

- CCMs identify key activities or processes to strengthen their oversight function as well as effectively engage civil society and the private sector.
- CCM secretariats identify key areas requiring immediate strengthening.
- CCM members understand the dashboard's added value to strengthen leadership and effective decision making processes.
- The Global Fund gather strong recommendations on conflict of interest and harmonization and alignment which will contribute to policy decisions.

1.1. Inaugural speeches :

Welcome address

The meeting was inaugurated by Mr. Satyanarayana, Principal Secretary of Health & Family Welfare for the government of Andhra Pradesh. He commented on the fact that AIDS, TB and malaria have caused 6 million deaths globally and he emphasised it was the moment for civil society, the government and affected communities to focus on fighting and controlling the three diseases. He highlighted the main features of the Global Fund which include performance based funding, promotion of strong M&E systems for reviewing performance, maintaining a balance between prevention and treatment, and the unique nature of the CCMs.

Keynote address

Mr. Taufiqur Rahman, Global Fund SWA Team Leader, highlighted the unique feature of the CCM being a country led process. While recognizing the success of CCMs in submitting national proposals to the Global Fund, Mr. Rahman highlighted the potential for improvements in the area of CCM oversight of grant performance and the CCM's ability to implement mid-course corrections by which the funds could be utilized for the country's benefit. He stressed that poor grant performance should not result in countries missing the benefits of available resources.

Keynote address

Mr. David Winters, Global Fund CCM Manager, spoke about the CCM's role in raising resources and overseeing grant implementation. He reiterated that countries must aim to strengthen CCM leadership by drawing on the diverse experiences and knowledge of its CCM members.

Presentation of the methodology of the workshop

Katherine Owen, Senior CCM Support Officer from the Global Fund, started the session by introducing the objectives, expected outcomes, agenda and methodology of the meeting. She outlined the workshop's key principles and methodology:

1. Constructive and collaborative exchange of ideas
2. All criticisms should come with a proposed solution(s)
3. During working group sessions, the group will:
 - Identify a reporter and presenter.
 - Report key issues discussed and recommendations made.
 - Come up with three key recommendations at the end of the group work.

The report presents the main contents of the following thematic sessions and integrates a summary of the key issues presented by the working groups as detailed below:

1. Overview of CCMs in the SWA region
2. Oversight function of CCMs and CCM funding
3. Engagement of civil society and the private sector
4. Sexual minorities

1.1.2 An overview of CCM in the South West Asia Region

Mr. David Winters, CCM Manager, Global Fund presented the historical perspective, vision, principles and new developments related to CCMs. The CCM has been noted as one of the significant revolutions in the health sector by becoming an opportunity for multi-stakeholder participation, leading to partnerships which benefit the country.

He pointed out how the Global fund is different from other donors including the fact that Global Fund funds do not replace national resources but give additional resources to fill funding gaps, country ownership of the grants is encouraged as well as a true public-private partnership.

While talking about the importance of transparency, accountability and multi-stakeholder participation, India's CCM was highlighted as a CCM who has successfully met these requirements.

He updated the participants on the achievements of CCMs in the South West Asia region and listed the challenges that still need to be addressed:

- Oversight of grant implementation
- Understanding the role played by the CCM members
- Mitigation measures in issues of conflict of interest are not sufficiently applied
- Insufficient capacity and resources of CCM Secretariats in certain countries
- Transparency in PR/SR selection and proposal development

He mentioned the new CCM funding policy which could provide more than USD \$50,000 for two years for a CCM. The expanded funding option within the new policy would require a CCM to outline clear objectives, targets and a work plan.

Mr. Taufiqur Rahman, Team Leader, The Global Fund South West Asia Cluster provided statistics on various aspects of the CCM, including the Global CCM composition in various

sectors, SWA CCM composition and a comparison between Global and SWA gender balance in CCM. There were some interesting points to be noted while reviewing the actual numbers of the sectoral representation in the Global and SWA CCM as tabulated below:

Global CCM Composition	
<i>Sector represented</i>	<i>Number</i>
Education	215
Faith Based Organisation	158
Government	1222
Multi Lateral/Bi-lateral	609
NGO	742
Others	99
People Living with Disease	243
Private Sector	129
Total	3417

Achievements of the CCM in the SWA region were highlighted including 100% compliance with the eligibility criteria and increased proposal success rates in some countries, improvement in the CCM membership composition, increased participation of the private sector, people living with diseases and women. He also commended the level of civil society participation in all of the CCMs, the strong engagement of partners in proposal development in India and Afghanistan, improved CCM communication through its own website in India and the improved understanding of GF principles of performance-based funding and civil society partnership.

He urged the participants to focus on the importance of conflict of interest mitigation measures in the CCM and improving private sector CCM membership and participation in implementation. Other key issues he highlighted included increased transparency in PR/SR selection and CCM support in reducing the time taken for the grant agreement signing process.

1.1.3. Introduction to the oversight functions of CCM and CCM funding

Katherine Owen, Senior CCM Support Officer from The Global Fund presented issues related to oversight during the grant life cycle. Oversight of grant implementation at every step is a core responsibility of the CCM. This includes providing oversight to proposal development, grant negotiation and grant implementation. She emphasised that oversight should be focused on broad financial, programmatic and performance objectives, not routine grant management. Good knowledge of the grants leads to strategic and objective decision making by the CCM.

The CCM guidelines specify that CCMs should have an oversight plan for carrying out this key function of CCM governance. The CCM has to ensure that the programme activities are implemented as per Global Fund principles and provide strategic guidance and direction to PRs.

Some of the issues related to insufficient oversight function include:

- The expanding responsibilities of the CCM to ensure compliance with Global Fund procedures and requirements.
- Minimal understanding of the CCM oversight function and the difference from the monitoring role of the Principal Recipient.
- Lack of resources and time of CCM members to fulfil the oversight function.
- Delay in obtaining the performance and disbursement reports of the PR.
- The misperception that oversight is the role of PR.

Participants were encouraged to discuss methods to address the absence of oversight by CCMs including the kind of internal organisation and activities required to support CCM oversight. In addition, participants were asked to consider potential methods for creating synergies between CCMs and other existing programmes as well as creating guidelines to ensure transparency and mitigation of potential conflict of interest during oversight.

Four working groups (see details of the outputs in the annexes) were given the opportunity to further discuss issues related to oversight. One group analysed harmonisation and alignment and its relationship to oversight while another group focussed on oversight during the grant life cycle. A third group studied conflict of interest in general and the consequences on oversight and finally, one group considered the role of the CCM secretariat in supporting CCM oversight function.

1.1.4. Introduction to the Global Fund CCM funding policy:

Krishna Vadrevu, CCM Policy Officer, presented an overview of the current CCM funding policy. Global Fund approval for funding CCMs started in 2005, and currently 126 CCMs are receiving funds. The Global Fund has contributed \$3.3 million to CCMs worldwide, which makes up 58% of the total funding for CCMs. In the SWA region, 6 out of 9 CCMs receive GF funds, with 2 more in the pipeline. Thus, the Global Fund has contributed about 91% of the total funding for CCMs in the SWA region and had allocated more than \$300,000 for this purpose.

The option for expanded CCM funding to promote strategic focus on core CCM functions was discussed. This would enhance CCM capacity for oversight, promote meaningful civil society and private sector engagement, address gender and sexual orientation strategies and promote measurability and transparency of CCM performance. For most CCMs, weak CCM oversight capacity remains the key challenge in CCM function.

The key features of the expanded funding option include:

- CCMs will submit a 2-year budgeted work plan for funding requests greater than US\$ 50K per year.
- Strategic work plan will include self defined performance targets which will be finalised with guidance and support from the CCM secretariat.
- Progress on achievement of targets will be verified by LFA.
- Performance levels will provide data about CCM capacity and inform the level of need for CCM technical support, if any.

1.1.5. Civil society and private sector engagement in the CCM

As part of proceedings related to civil society and private sector engagement Ms. Ntombekhaya Matsha, Senior Civil Society Officer, shared an overview of civil society engagement in Global Fund processes globally and in the South West Asia Region. Civil society's participation in the Global Fund has been ensured through inclusion of voting members on the board, multi-stakeholder participation on CCMs, introduction of dual track financing for grants, strengthening of community systems and formulating enhanced gender equality strategies. All these measures safeguard the Global Fund principles while scaling up programs and improving CCM performance. Countries like Zambia and Ethiopia were taken as examples of civil societies starting as loose networks and progressively building their capacity to become successful PRs of Global Fund grants. Civil society engagement has provided added value to the GF-financed programs in countries like Sri Lanka and South Africa.

Participants shared some of the challenges faced in this context.

- CCM membership does not always translate into active participation in CCMs, particularly in proposal development and oversight.

- History of pre-existing animosities, or dominance issues in the relationship between governments and certain civil society groups can hinder collaboration.
- Representatives of vulnerable groups may face language limitations, stigma and limited technical and negotiations skills as compared to their other CCM counterparts.
- The sheer size and variety in the civil society constituency makes it hard to coordinate and speak out in one voice. For example, a representative of MSMs may find it difficult to access women's groups and voice their issues.

1.1.6. Private sector engagement in Global Fund processes globally and in the South West Asia region: challenges and opportunities

Ms. Pallavi Rai, Senior Co-investment Officer, spoke about the various aspects of the business sector partnering with the Global Fund in terms of resources, governance and implementation. Global and country specific governance has been initiated. The Global Business Coalition on HIV AIDS, TB and Malaria, with a private sector Board, and a private sector communications focal point has been set up. In regards to country specific participation, at least 10 CCMs have a Chair or Vice Chair from the private sector, 72% of CCMs already have a private sector representative. Standard Chartered Bank was cited as an example of a private sector entity which chairs the CCM in Gambia (Round 9).

Private sector co-investment in SWA would need to work at:

- Facilitating networking, information exchange and partnership arrangements between PRs and companies.
- Exploring co-investing options with companies and private foundations and linking it with national programs.
- Extending private sector involvement in behaviour change communication (BCC), workplace programs, financial and management training, and mobile health applications.

1.1.7. Overview of the Global Fund sexual orientation and gender identities strategy

Mr. Andrew Seale, Senior Adviser, gave an overview of the Global Fund's Gender Equality Strategy (approved in November 2008) and the Sexual Orientation and Gender Identities (SOGI) Strategy (approved in May 2009).

Addressing gender is necessary to:

- Ensure positive gender slant to Global Fund proposals and programs by proactively ensuring that gender equity is addressed.
- Target the often overlooked health and welfare needs of women, girls and sexual minority groups (MSM, transgender people, sex workers) and the factors that increase their vulnerability.
- Actively find and share best practices with all.
- Catalyze partners to support larger and better program proposals.
- Communicate clearly on what can be funded.
- Scale up services and interventions that reduce gender related risks and vulnerabilities.
- Decrease the significant burden of disease for those most at-risk.
- Mitigate disease impact.
- Address structural inequalities and discrimination.

Actions for CCMs to consider:

- Collecting sex-disaggregated epidemiological and programmatic data.
- Studying access to services for specific population groups.
- Collecting evidence on the nature and prevalence of HIV among the most affected and marginalized groups, including men who have sex with men and sex workers.

- Assessing gaps in health information systems in monitoring the epidemics and programs in relation to women, girls and most affected and marginalized groups.
- Arranging for more technical assistance to address gaps or challenges related to optimizing programmatic reach to key groups.
- Ensuring that the CCM includes experts in gender-related issues and that there is a meaningful balance of male and female representatives.
- Ensuring the CCM includes representatives from most affected and marginalized groups (for countries where these populations are criminalized, specialized socio-cultural academic perspectives related to these groups can be included)

1.1.8. Country Experience with civil society, private sector, and sexual minority engagement with CCM

Ms. Komal Khanna, India CCM Coordinator, presented on “India: Elections and mobilization of Civil Society and Private Sector”, which described the process of the reconstitution of the CCM in India in line with GF guiding principles.

The private sector constituency was turned into a fully represented body of five seats by adopting a new approach. The three business associations, namely CII, FICCI and ASSOCHAM nominated one corporate member based on the defined eligibility criteria of working in the field of HIV, TB or malaria. One member from the Indian Private Sector Foundation was selected. One represented Indian Academy of Paediatrics.

The CSO constituency had eight seats. This election process was implemented by the NGO, MAMTA, coordinated and managed by the CCM Secretariat and supervised by the election subcommittee. Several criteria for the contestants were finalised. All contestants had to be primarily working for HIV/AIDS, TB or malaria in the field for which he/she was contesting.

Lessons learned:

- More time and resources would be required for future exercises.
- Clear definition of sub-sectors has to be done.
- To prevent rigging of election results, screening of voters needs to be done.
- Verification /registration of IP addresses of contestants and voters.
- Guidelines on appeal of candidature and response to election queries need to be formulated.

Dr. Chris Nonis spoke about the private sector experience in Sri Lanka. The private sector in Sri Lanka engages in three ways: as individual corporate initiatives, tripartite partnership and as umbrella coalitions. The tripartite partnership between the ILO, Agalawatte Plantations and Macwoods Research Foundations has been able to develop HIV and AIDS workplace education projects in Sri Lanka. The Sri Lanka Business Coalition on HIV and AIDS encourages other companies to participate and seek the benefits of working with different groups and models.

Suggestions to increase private sector participation include:

- Partnership needs to be inclusive, participatory, democratic, and accountable, with well planned deliverables and audit cycles.
- Accurate, timely information flow. Use of various communication methods, including an online discussion forum to provide a platform for collective discussion between all stake holders.
- Greater private sector representation on CCM; greater integration with headquarters and peer countries.
- Develop a comprehensive coherent policy framework with clearly defined roles for private sector; harmonized and aligned with national plan. Create an evidence based, impact-oriented and sustainable, long term plan for private sector participation.

Mr Amirreza Moradi, CCM Member from Iranian Positive Life and a member of CCM Iran representing the civil society constituency, shared aspects of the Iranian experience. Civil society in Iran is important for the process of programme development and programme implementation. Involving civil society brings in motivated partners, facilitates easy access to target groups, and ensures constant monitoring of the field work by getting feedback. Since there is less bureaucracy, civil society can implement projects faster, adjust to changes and be flexible in unexpected situations.

However, there have also been challenges in working with NGO's, including lack of capacity to implement projects, different languages for communication, and the overall lack of political commitment and cooperation by the government. Difficult registration procedures for NGOs and unforeseen budget allocations for NGOs were cited as examples.

Suggestions for improving coordination between the CCM and civil society include

- inclusion of PLWD in CCM meetings.
- Scheduling field visits by CCM members.
- Simplifying contract procedures.
- Formulating programs which promote sustainability of NGOs.
- Investing in NGO capacity building programs.

Mr. Rajiv Kafle, Vice Chair of CCM Nepal discussed the role of Nepali civil society in the CCM and the associated achievements and challenges. NGOs bring the mandate and the voice of constituencies they represent, as well as their experience and expertise. However, ensuring resolution of conflict of interest and building the capacity of NGOs remains a challenge. Meaningful involvement of civil society ensures accountability, fairness in resource allocation and good planning. It leads to strengthened programmatic capacity and better community systems.

Four working groups (see details of the outputs in the annexes) had the opportunity to further discuss issues related to participation of civil society, the private sector and sexual minorities. Two groups focussed on the meaningful involvement of civil society in the CCM and grant implementation, a third group deliberated on the participation of the private sector within CCMs and, a fourth group reviewed the meaningful involvement of people living with the diseases, sexual minorities, key affected population and women in CCM related processes and grant implementation.

1.1.9. CCM organisational changes and leadership

A panel discussion facilitated by Mr David Winter included government and private sector representatives from India and Nigeria, a representative from Friends of the Fund and the Global Fund Board member for South West Asia. The objective of this panel was to share lessons on good governance, management of organizational change by the leadership and management of multi-stakeholder expectations.

The Nigeria CCM experience of private sector chairmanship was shared by Dr Jérôme Mafémi, former Chair of the CCM in Nigeria. In 2006 the Global Fund-financed programs in Nigeria faced a major crisis. Low grant performance and an underperforming CCM meant that Nigeria was at risk of losing existing and future Global Fund funding. In order to respond to the situation the CCM was reconstituted and new policies and procedures were put in place which outlined the CCM's membership, processes and function. Subsequently, the Nigerian CCM has been successfully managing and overseeing a portfolio of AIDS, TB and malaria grants totalling approximately \$750 million.

Mr. Abdul Azeez Yoosuf, Global Fund Board member, discussed how the Global Fund Board functions and the mechanisms that have been put in place by Board members to take decisions, communicate amongst themselves, exchange information, consult and involve

constituencies outside of the Board. He also shared his perspective about the good practices of the Board which could be practiced by CCMs.

Mr. Sushanta Sen from Friends of the Fund, talked about diverse private sector initiatives that can improve CCM functioning. Expertise in project writing and development remains a weak area. Health sector strengthening needed assistance from the Global Fund. Good leaders, having the qualities of vision, courage, balance and willingness to accept and improve mistakes, are also needed in every sphere of development.

Ms. Sujatha Rao, Secretary for Health & Family Welfare for the Government of India chaired the session. Commenting on the innovative concept of the CCM, she talked about the initial hesitation in meaningfully engaging NGOs and the private sector. She highlighted how things have been changing as the Global Fund continues to build awareness about the CCM with all stakeholders. With the participation of all sectors, the CCM has begun to take its rightful place in the development sector. Different CCM members have their own strengths and weaknesses. The skills of civil society in partnering and their level of preparedness for CCM meetings is essential for CCM functioning. It is now time to see how the CCM may align with other systems within countries.

1.1.10 Concept of the Dashboard: A tool to strengthen leadership and decision making processes

Michael Olszak-Olszewski, Senior Information Management Officer at the Global Fund, presented the CCM dashboard tool which was developed by the Global Fund in partnership with Grant Management Solutions (GMS), to facilitate CCM oversight.

CCM dashboards give a quick and comprehensive overview of grant performance. The dashboard presents key financial, management and programmatic indicators in consistent graphical formats, using color coding to indicate when a problem is detected in any of these areas.

Limited to three summary pages of key information, the dashboard can assist CCMs in quickly assessing grant related information; enable CCMs to spot challenges that could affect grant implementation and identify, in conjunction with the PRs, the best solutions to overcome problems and bottlenecks.

Dashboards provide the following benefits for CCM

:

- Enable CCM members to follow financial and programmatic performance of grants.
- Can be adapted to country specific, grant specific, or phase specific information requirements
- Provides standard information for all grants which facilitates comparison of different grants and PRs
- Facilitates solution-oriented feedback from the CCM to the PR
- Provides learning opportunities for both the CCM and PR by allowing analysis of what is working well and what is going wrong.

2. Field visits

Participants were provided with the opportunity to visit Global Fund-financed HIV and TB activities being implemented by the government and civil society in Hyderabad. It was an excellent method for the participants to get a first hand insight into the programs being implemented. The site visits highlighted the need for the CCM oversight role in ensuring effective implementation of GF funded programs.

Following sites were visited by the participants:

1. District Level Networks (DLN), Rangareddy District

2. HLCHS, Global Fund Round 6 “CHAHA” Programme
3. ICTC/ART Centres
4. Targeted Intervention Centre
5. Community Care Centre
6. State TB Training and Demonstration Centre/Intermediate Reference Laboratory
7. Directly Observed Treatment (DOT) centre

The sites were grouped into three categories: HIV/AIDS related projects run by NGOs and the government, as well TB sites.

NGO Sites: Two projects were selected for this visit. The District Level Network (DLN), Rangareddy site, gave the participants a rare opportunity to observe the activities and contribution by DLN to the HIV program. The role of DLN members in obtaining the list of defaulting patients at ART centres and following them up to ensure regular ART was demonstrated. In addition, their contribution in linking the community to government funded welfare schemes was highlighted.

The other site visit to the Hyderabad Leprosy Control & Health Society (HLCHS) was aimed at giving participants a chance to study the Global Fund Round 6 CHAHA grant, which aims to mitigate the impact of HIV and AIDS on children and their families. The participants were introduced to the program’s unique method of providing direct service packages such as supplementary nutrition, basic household and emergency support, educational support, access to health care, income generation support to care givers and psychosocial counseling. Indirect services offered, included linkage to health facilities, social welfare schemes, locally available resources and services, and initiatives aimed at reduction of stigma and discrimination.

Government sites: Four project sites under the National AIDS Control Organisation (NACO), the government PR for Global Fund funding, were selected for the visits. Participants were introduced to the care and support services being offered to clients at the ICTC/ART Centre at the Gandhi Government General Hospital in Secunderabad. At the Targeted Intervention (TI) Centre at Chaitanya Mahila Mandali (CMM) Hospital in Secunderabad, participants saw the unique CBO led intervention in which the Centre is working with female sex workers and providing services on STI care, condom promotion as well as providing linkages with government services in accessing ICTC/ART/TB-dots. Participants also visited an ICTC centre at the government Chest Hospital, Erragadda, to see the care and support services being provided. Finally, participants were taken to a Community Care Centre (CCC) at Kukatapally to see the myriad of services which it offers, including links with ART centres, provision of counseling and outreach services to affected PLHAs and their families, and provision of nutritional support and palliative care to the affected PLHAs.

TB sites: Global Fund funding supports the Andhra Pradesh RNTCP project. Five locations were selected for the site visits. The State TB Training & Demonstration Centre / Intermediate Reference Laboratory at Yerragadda provided a tour of the laboratory, the state drug stores as well as the MDR-TB drug store. Direct observation Treatment (DOT) Centers at BKguda, Rasulpura and Borabanda were visited so that participants could interact with TB patients and their DOT providers. At the State TB Office at Koti participants were briefed about the State RNTCP performance and the various activities which are being implemented by the state in controlling TB.

3. Conclusion

The workshop ended with closing remarks and a vote of thanks from Katherine Owen and David Winters from the Global Fund. In his closing address, Mr. David Winters welcomed the workshop recommendations for strengthening CCMs with enhanced participation and engagement of civil societies, private sector and other stakeholders. Talking about learning while moving forward, he noted that overcoming struggles and obstacles is not easy. Evaluation of CCMs has clearly brought out the need for improving CCM capacity. There is the need to explore the possibilities of involving other private sector actors like trade unions. He closed by emphasizing the importance of CCMs making “the” Global Fund into “Your” Global Fund.

Annex 1: Agenda

REGISTRATION, 6 OCTOBER 2009	
Registration of participants	
DAY 1, WEDNESDAY, 7 OCTOBER 2009	
Opening 9.00 - 10:45	Facilitators: <i>Dr. Mala Srikanth/Katherine Owen</i>
20 min	Welcome Address from the Hosting Country
10 min	Keynote Address <i>Taufiqur Rahman, Regional Team Leader, South and West Asia, The Global Fund</i>
10 min	Keynote Address <i>David Winters, CCM Manager, The Global Fund</i>
15 min	Introduction to the objectives of the workshop, expected outcomes, agenda and methodology <i>Katherine Owen, Senior CCM officer, The Global Fund</i>
10 min	Questions & Answers <i>Facilitation: Dr Mala Srikanth</i>
20 min	The Global Fund and CCMs: Historical perspective, vision, principles, and new developments <i>David Winters, CCM Manager, The Global Fund</i>
15 min	Overview of CCM in the SWA region and its challenges <i>Taufiqur Rahman, Regional Team Leader for South West Asia</i>
10:45 - 11:00	Tea/Coffee Break
Session 11:00 - 12:45	OVERSIGHT
20 min	Oversight during the grant life cycle: an essential but overlooked responsibility <i>Katherine Owen, Senior CCM Officer, The Global Fund</i>
20 min	CCM Funding Policy <i>Krishna Vadrevu, CCM Policy Officer, The Global Fund</i>
30 min	Questions & Answers <i>Facilitation: Dr Mala Srikanth</i>
15 min	Introduction to the methodology for each group work <i>Katherine Owen, Senior CCM Support Office, The Global Fund</i>
12:45 - 14:00	Lunch Break
Group Work 14:00 - 16:30	OVERSIGHT, CONFLICT OF INTEREST, HARMONIZATION & ALIGNMENT
<i>Tea / Coffee will be served during group work</i>	Group work 1: Discussion with CCM members on oversight and best practices in the South West Asia region Objective: To share good oversight practices and prioritize key

	<p>recommendations that can easily be implemented and monitored by CCMs in the SWA region</p> <p><i>Facilitation: Catherine Severo/Malavika Rao/Paul Yan</i></p> <p>Group work 2: Discussion with CCM Secretariat Coordinators/Focal points on their role to support oversight</p> <p>Objective: To share experiences in supporting CCM oversight functions and identify the key areas that require immediate strengthening and action</p> <p><i>Facilitation: Krishna Vadrevu / Monica Appiah / Artashes Mirzoyan</i></p> <p>Group work 3: Discussion with CCM members on Alignment & Harmonization</p> <p>Objective: To gather inputs and recommendations on Harmonization & Alignment to inform and amend the CCM guidelines</p> <p><i>Facilitation: David Winters / Taufiqur Rahman / Ntombekhaya Matsha</i></p> <p>Group work 4: Discussion with CCM members on the conflict of interest through the grant life cycle</p> <p>Objective: To share best practices and identify clear processes to effectively mitigate conflict of interest through the grant life cycle</p> <p><i>Facilitation: Katherine Owen / Mala SriKanth</i></p>
Plenary 17.00 -18.30	Facilitator: <i>Dr. Mala Srikanth</i>
4 x 20 min 30 min	<p>Feedback from each working group</p> <p><i>Questions & Answers</i></p> <p>Closing Remark:</p> <p><i>CCM members: Afghanistan / Bhutan</i></p>
Evening	Welcome dinner with participants

DAY 2, THURSDAY 8 OCTOBER 2009

Session: CIVIL SOCIETY AND PRIVATE SECTOR ENGAGEMENT 9:00 - 10:45	
10 min	Recap from the previous day <i>Subrat Mohanty, Report writer</i>
5 min	Brief Presentation of the agenda for Day 2 <i>Katherine Owen, Senior CCM Support Officer, The Global Fund</i>
20 min	Overview of Civil Society engagement in Global Fund processes globally and in the South West Asia Region: Challenges and opportunities <i>Ntombekhaya Matsha, Senior Civil Society Officer, The Global Fund</i>
20 min	Overview of Private Sector engagement in Global Fund Processes globally and in the South West Asia Region: Challenges and opportunities <i>Christa Arendt, Fund Portfolio Manager, South and West Asia Unit, The Global Fund</i> <i>Pallavi Rai, Senior Co Investment Officer, The Global Fund</i>
20 min	Overview of the Global Fund Sexual Orientation and Gender Identities Strategy Opportunities for the South and West Asia Region <i>Andrew Seale, Senior Adviser, Sexual minorities /Gender</i>
30 min	Questions & Answers <i>Facilitation: Dr Mala Srikanth</i>
10.45 - 11.00	Tea/Coffee Break
Panel Discussion: COUNTRIES EXPERIENCE WITH CIVIL SOCIETY, PRIVATE SECTOR , AND SEXUAL MINORITES ENGAGEMENT WITH CCM 11:00 - 13:00 <p style="text-align: right;">Panel facilitators: <i>Michael O Connor & Faruque Ahmed</i></p>	
5 X 15 min	India: Elections and mobilization of Civil Society and Private Sector <i>Ms Komal Khanna, India CCM Coordinator</i> Sri Lanka: The experience of the Private Sector with CCM <i>Dr Chris Nonis, CCM Member, Mackwoods Limited</i> Iran: Meaningful engagement of Civil Society in the Global Fund processes and the CCM <i>Mr Amirreza Moradi, CCM Member, Iranian Positive life</i> Nepal: Meaningful engagement of civil society and IDU's in the Global Fund processes <i>Mr Rajiv Kafle, CCM Member, President NAP + N</i> East Asia Pacific: Another regional perspective on Civil Society issues <i>Mr Vince Crisostomo, The Coalition (7S)</i>
30 min	Questions & Answers
15 min	Introduction to the methodology of the 4 working groups- <i>Katherine Owen,</i>

13:00 - 14:15	Lunch Break
Group Work 14.15- 17.00	CIVIL SOCIETY, PRIVATE SECTOR AND SEXUAL MINORITIES
<i>Tea/Coffee will be served during group work</i>	<p>Group work 1 A: Meaningful involvement of civil society (NGOs, CBOs, Faith-based organization) in CCM and grant implementation</p> <p>Objective: Take stock on best practices to involve Civil Society. Identify key practical recommendations to enhance civil society engagement in global fund processes</p> <p><i>Facilitators: Ntombekhaya Matsha, Malavika Rao, Michael O Connor</i></p> <p>Group work 1 B : Meaningful involvement of civil society (NGOs, CBOs, Faith-based organization) in CCM and grant implementation</p> <p>Objective: Take stock on best practices to involve Civil Society. Identify key practical recommendations to enhance civil society engagement in global fund processes</p> <p><i>Facilitators: Katherine Owen, Shannon Kowalski, Taufiqur Rahman</i></p> <p>Group work 2: Participation of the private sector with CCMs</p> <p>Objective: Take stock on best practices to involve private sector on the CCM. Identify key practical recommendations to enhance private sector engagement in global fund processes</p> <p><i>Facilitators: Pallavi Rai, Daniela Mohaupt, Krishna Vadrevu</i></p> <p>Group work 3: Meaningful involvement of people living with the diseases, sexual minorities, key affected population and women in the CCM related processes and grant implementation</p> <p>Objective: Take stock on best practices to involve these target groups. Identify key recommendations to enhance participation of key affected groups in global fund processes.</p> <p><i>Facilitators: Andy Seale, David Winters, Monica Appiah</i></p>
Plenary 17.00 -18.30	Facilitators: <i>Dr. Mala Srikanth</i>
4 X 20 min	Feedback from each work group
20 min	<i>Questions & Answers</i> Closing Remark:

	<i>CCM Members: Bangladesh / Maldives</i>
Evening Free	
DAY 3, FRIDAY, 9 OCTOBER 2009	
Session: 9:00 - 9:30	CCM ORGANISATIONAL CHANGES AND LEADERSHIP
<i>10 min</i>	Recap from the previous day <i>Subrat Mohanty, Reporter</i>
<i>10 min</i>	Brief Presentation of the agenda for Day 3 and site visits <i>Katherine Owen, Senior CCM Support Officer</i> <i>Paul Yan, Programme Officer</i>
<i>15 min</i>	Leadership and multistakeholder partnerships <i>Mr Michel Sidibe, UNAIDS Executive Director</i>
Panel Discussion 9:30-10.45	Facilitators: <i>David Winters, CCM Manager</i>
<i>5 X 15 min</i>	The India CCM: An example of leadership in the largest democracy <i>Dr Sujatha Rao, Director General, NACO, Ministry of Health and Family Welfare, Government of India</i> The Nigeria CCM: The experience of a Chair from the Private Sector <i>Dr Jérôme Mafémi, Ex-Chair of Nigeria CCM</i> A perspective on the governance of the Global Fund <i>Abdul Azeez Yoosuf, Board Member of the Global Fund</i> A perspective on good leadership <i>Mr Sushanta Sen, Friends of the Fund South & West Asia</i>
<i>30 min</i>	Questions & Answers
10.45-11.00	Tea/Coffee Break
11.00 - 11.45	A tool to strengthen leadership and decision making processes: the dashboard <i>Michael Olszak-Olszewski, Senior Information Management Officer</i> Questions & Answers

11.45 - 12.00	Summary of the workshop recommendations <i>Subrat Mohanty, Report Writer</i>
Closure 12.00-13.00	
	Closing Remarks: <i>Katherine Owen, CCM Senior Officer</i> <i>David Winters, CCM Manager</i> <i>Host Country</i>
13.00-14.00	Lunch Break
Site Visits 14.00 - 18.30	AN OPPORTUNITY FOR OVERSIGHT OF HIV & TB GRANTS
	<i>Departure time from hotel 14.00 pm</i> <i>Return 18.30 pm</i>
19.00	Joint dinner with the participants of the South West Regional Meeting

2.1 Discussion with CCM members on oversight and best practices in the South West Asia region

Discussion points

The group discussed a range of issues affecting the CCM's capacity for oversight, from GF guidelines to budget and communication of information. Participants agreed that conflict of interest is an upstream issue, which blocks effective oversight in many countries. Without a clear resolution of these conflicts of interests, all other changes in information, capacity, CCM secretariat functioning and processes will not improve oversight.

Discussions started with the essential meaning and basics of oversight. Oversight is about getting the view from the top, overseeing the project performance of all grants and their effect on the population. This oversight process could empower the CCM to identify the areas in which the PR may require assistance or support. CCMs need to be alert and periodically question PRs on project matters. All CCM members need to be oriented on the country's Global Fund grants and guided on reviewing the performance updates of ongoing projects. The frequency of CCM meetings should be adequate for oversight functions and the members should have a longer term of office, perhaps up to 5 years.

Participants felt that the way in which the GF views the CCM could change the CCM into an empowered body. Currently, members feel that the CCM has no power over the PRs except for some gentle persuasion. CCMs should develop an oversight plan which should be shared and counter signed by the PR.

In order to progress, CCMs need to work towards an equitable system of membership, by reform and renewal. While some attendees felt that the GF needs to have stringent rules about the composition of CCM members, others stated the need for a clearer definition of constituencies, greater flexibility and adaptation instead of authoritative fault finding.

Another serious issue identified by many CCM members was the unequal distribution of decision taking powers among different constituencies. The segment of PLWD members in the CCM is minimal compared to the government members. PLWD provide specific information related to the constituency and field activities and should have greater representation.

As per Article 7 of the Grant Agreement, PRs have a responsibility to report to the CCM. Oversight guidelines should be formulated by CCMs, so that a PR driven oversight process is not implemented. A tripartite MOU between the GF, PR and CCM should be considered. In addition, CCMs can combine CCM meetings with concurrent visits to project sites over a few days, to maximize the member's time and involvement in oversight functions.

Language should not be a barrier in conducting the duties of the CCM. Translators can be used if CCM members need to communicate in their language of choice.

Key recommendations:

- CCM should be empowered and given all the information required to play its role. For this reason it is important to give the CCM the requisite legal and national authority to carry out its full role.
- PR and SR representatives should not constitute the majority in the CCM.
- More than 60% membership should be for non PR and SRs in the CCM.
- CCM members should be appointed with clear terms of reference.
- Inclusion of an oversight committee within the CCM.

2.2. Discussion with CCM secretariat coordinators and focal points on their role to support oversight.

The group discussed the role of the CCM secretariat in supporting oversight functions. A range of issues including the role of CCM Chair and other CCM members in delimiting the role of the CCM Secretariat were discussed.

Members felt that the important role of oversight was often subdued by the influential role of CCM Chairs, insufficient funds for effective oversight visits and insufficient capacity of the CCM secretariat to support oversight roles.

Afghanistan: The CCM Secretariat is situated in the WHO office with three staff members - a technical officer, an administrator and a secretary. Getting the commitment of CCM members for meetings and processes is a challenge. Since the CCM secretariat is not a legal body, funds cannot be directly given to the CCM secretariat.

Bangladesh: To ensure actual oversight functions, the CCM secretariat office is not situated in a government ministry. The independent office enhances oversight activities by involving UN agencies. Participants felt that the Secretariat should be strengthened by making new TORs which would ensure more power for the CCM. A three year contract for office bearers was suggested. There is already a visible impact of the Global Fund in malaria and this should be utilised to align the program with the national program and delegate more work to the country program. Detailed guidelines for the CCM are needed, as is the need for appreciation of good work.

Bhutan: No separate field visits are organised but two out of the four yearly meetings are organised outside the capital with site visits. Communication with different constituencies can be an issue because of the inability to speak English, especially among FBOs and CSOs.

Iran: The CCM has a supervisory role. The CCM secretariat has been contracted to UNDP, but is working from the ministry. Not much attention is paid to the various guidelines. The office is yet to be given a telephone for its activities.

Nepal: The CCM secretariat plans for the CCM oversight visits. There is a joint PR CCM coordination meeting for the HIV component and a technical sub-committee with other stakeholders. Reporting format and checklist for field visits were developed by the CCM secretariat to share these results and compare performance. Establishing the CCM secretariat office in the Ministry of Health helps to maintain a good relationship with the government. Current challenges include giving the new CCM Chair some time to understand the GF activities. A website has not been developed due to lack of funds. Future plans include publishing a quarterly newsletter and informing the media about the Global Fund.

Sri Lanka: In the last three months, only two members have responded to requests for CCM site visits. Due to lack of funds, organizing site visits is difficult. This could be resolved by organising site visits only when three or more members are ready. The CCM secretariat office is situated in the malaria department.

India: The CCM secretariat is understaffed and underpaid. No guidelines have been made for the office and this affects the functioning of the secretariat. For efficient working and easy access to the Chair, the office should be situated in the office of the CCM. Lack of internet is a big problem. The website has been developed, documents uploaded and the maintenance has been outsourced. Complaints from CSO have reduced now. There are frequent meetings of CCM members for sharing of experiences. However, CCM members and the coordinator should be vested with more authority and power.

Maldives: The CCM secretariat and staff require training.

Pakistan: The Ministry of Health has been providing the rent for the CCM's office, which is outside the ministry. However, there is constant communication with the CCM chair for all Global Fund related issues. The Secretariat has been facilitating CCM committee as per Global Fund guidelines. It develops documents and shares the grant progress reports with CCM. Site visits are a challenge because of the busy schedule of the CCM members and lack of funds.

Summarising the country experiences would reflect the following points:

- An urgent need to review oversight keeping country specific issues in mind.
- Secretariats need to be strengthened significantly by recruiting staff with technical experience across the three diseases, negotiation skills and strong written and verbal communication skills, especially with multi and bilateral partners.
- Incentives to ensure long term commitment can to be considered.
- Key areas affecting oversight need to be identified and prioritized.

Key recommendations:

- CCM secretariat has to support the CCM oversight function.
- The CCM secretariat capacity needs to be strengthened urgently.
- Communication between CCM and PRs needs improvement.
- Meaningful participation of civil society in CCM is essential.
- Clear terms of reference (TOR) for the CCM coordinator are required.

3. Harmonization and Alignment

3.1. Discussion with CCM members on Harmonization and Alignment

Group members discussed the CCM's role in reference to harmonization and alignment in the two key areas of proposal development and grant implementation. The group shared their experiences of political and operational challenges which beset proposal development and grant implementation in their countries.

Bangladesh: A National Strategic Plan has been formulated for clear identification of funding gaps. Though the development of Global Fund proposals is based on this gap analysis, the real challenge is aligning the timing of GF disbursements with the national funding schedule. Harmonization can be facilitated by collating a proposal after an initial sector wide approach. However, aligning the proposal into the three "Ones Principles" – one Proposal, one M&E system and one authority is a challenge. CCM members are part of the individual sector committees and facilitate the process. The Global Fund has become a platform for all stakeholders to work and contribute to the national program. A Joint Review Mission was commissioned by the government and supported by all stakeholders.

Bhutan: Since no one can be absolutely confident of getting TRP approval, the uncertainty surrounding the fate of a submitted proposal compels the country to be prepared to fall back on national funding plans. At the CCM operational level, obtaining reports from government SRs is a challenge in the process of overseeing program implementation. Building the technical capacity of the CCM secretariat in concurrence with upgrading technology would be a positive step towards national recognition of the CCM.

India: Ensuring uniform budgeting (unit costs of similar activities) across all stakeholders is the key challenge in this area. Proposals need to be developed with greater involvement of civil society partners. Funds will then be utilised to augment infrastructure in all sectors of healthcare.

Maldives: Though the Global Fund has empowered civil society in the broad context of HIV, TB and malaria, the private sector is not yet inclined to view the Global Fund as anything more than unsecured funds. This could change with enhanced participation of the private sector in the CCM and proposal development.

Iran: Currently, CCM members do not have the capacity for participating in the technical aspects of proposal development.

Sri Lanka: The government takes the decisions related to the CCM. Other CCM members are not skilled and empowered enough to question or contest the proceedings.

Key recommendations:

- Clear terms of reference for the CCM, legal recognition and clear mission statement are required for all countries.
- Strong CCM secretariats, technical sub-committees and technical assistance, if required, is needed to strengthen CCM oversight functions.
- CCM sub-committees are also needed for analysing grant data received from PRs and presenting CCM observations during CCM meetings.
- Global Fund can formulate guidelines on alignment which should include ways of integrating the CCM into the national planning process
- Best practices can be observed and shared during study tours for CCM members.

3.2. Conflict of Interest (COI)

It is hard to eliminate issues related to conflict of interest. The universal recognition of this concept underlines the fact that the judgment of even the most well-meaning and committed persons could be impaired when their own interests or those of family members, close associates, or those of an institution with which they are affiliated are affected. This definition highlights the two different dimensions to conflicts of interest, namely those linked to personal interest and those linked to competing institutional interests.

The various key points of discussion among the members of various country CCMs were related to:

- COI is inevitable as every CCM member represents a specific constituency. The distinction between existing or visible COI and potential COI needs to be made. A move towards managing COI instead of denial needs to be encouraged.
- CCM members, PRs, SRs and PLWD can be viewed as potential incidents of COI. People on the Board of some NGOS may try to influence CCM decisions. The scenario differs with different disease components. While HIV has major NGO participation the Ministry of Health might be the sole PR for the malaria and TB components.
- The issue can be compounded by the fact that the CCM is not being a legal entity.
- Clear policy of COI should be worked on. Selection procedures need to be developed and constituencies should advocate their agendas during the proposal development process.
- CCM members may not participate in discussions due to the language barrier. Corruption cannot be ruled out either.
- The quality of CCM meetings should be evaluated for the proactive nature of the decision making process, transparency and advocacy.

Key recommendations:

- All CCM should have a COI policy and CCM members need to be oriented on this issue.
- A subcommittee on COI needs to be constituted, even if there is no overt incident of COI.
- Individual CCM membership needs in-depth verification. CCM members should be encouraged to declare any COI they may have.
- Sharing of project information by all possible means (website, etc) will reduce incidents of COI.

- Formation of sub-committee even when there is no COI.

4. Private sector, civil society and key affected population: Detailed outputs of working groups

4.1 Meaningful involvement of civil society in CCM and grant implementation

Bangladesh: The CCM was a small group till BRAC support helped it to grow in size and stature. A CCM survey on evolving/new constituencies has been considered.

Bhutan: There are few CSOs in Bhutan. Though requested to join the CCM, many CSOs regard the additional responsibility as extra expense of funds and time. Therefore, the prevailing feeling is that unless the Global Fund provides funds and capacity building measures, meaningful participation of CSOs will not be seen. In addition, when the CCM ensures that funds reach the community, participation may improve.

Nepal: CSO involvement has been streamlined after the National AIDS Control Board and UNAIDS declared 7 major networks of subgroups. Regional members are representatives chosen by the groups after in depth sensitisation about the role of the CCM in the Global Fund grant making architecture. In addition, various NGO networks, forums and media groups invite CCM members to talk about the Global Fund grants and their affect on the population. CCM members regularly meet the various regional CSOs to get first hand information about the implementation of Global Fund grants.

India: The role played by NGOs in the health sector has been nationally acknowledged. Some community organisations work in disturbed areas which cannot be accessed by the government. CSO are keen to participate in the CCM and in developing Global Fund proposals. A database of all NGOs working in the three disease fields is yet to be compiled.

Pakistan: CSO are present in the government dominated CCM. However, conflicts between CSO members and bureaucrats and practitioners are resolved after lobbying and taking inputs from experts and civil groups. The CCM needs to have the expertise to be viewed as a think tank which can bring in structural changes, fresh ideas and change in thinking. This would require an innovative CCM policy to be formulated both by the Global Fund and the country.

Maldives: Registration process of NGOs is in progress. The few NGOs in the field could be supported in building relationship with CSOs from other countries.

Sri Lanka: CCM funding support should extend beyond support for meetings. Advocacy with CSOs on involvement in the CCM process has to be done by the Global fund, in order to make the CCM inclusive.

Iran: It is important to evaluate and clarify the role of CSOs, which can involve advocacy, support for communication, M&E and programming, service delivery and as co-investors. Selection criteria can include involvement in health activities, community services and advocacy. The role of CSOs in the national program needs to be clearly defined.

Key recommendations:

- CSOs are expected to be related to their key representative population and should bring that specific skill and knowledge into the CCM.
- They should also bring feedback from the constituency and forge partnerships for grant proposals
- CSOs should negotiate on behalf of their groups and forge partnerships for grant proposals.
- CSOs must be included in CCM oversight activities and ensure that they remain the voice of the constituency in the CCM.

4.2. Meaningful involvement of civil society in CCM and grant implementation

Discussions

The Group began discussions by working on the key plenary question - What do we mean by civil society?

Representation

CCM Pakistan shared the fact that the CS representatives share CCM minutes with the 250 member organisations of the constituency.

CCM Bangladesh shared the experience of lengthy negotiations with the government for developing a dual track proposal for the TB programme. The main challenge is in building the capacity and accountability of the representatives towards their constituencies. A proper mechanism to capture the details of all the NGOs in the country is required.

CCM Bhutan: Existing organizations are yet to be registered. After the CS Act was passed during the Round 7 process, the engagement of CSOs has been steadily increasing.

Group members were unanimous about representatives becoming accountable to their constituencies when they are selected by their constituency. Guidelines should also recommend this. Countries would have more alternatives in selection if there is capacity building and profiling of all NGOs.

Other issues taken up for deliberation included eligibility criteria for NGO and CSO representation and the possibility of excluding potential stakeholders by having strict criteria. A minimum experience of 2 years in the sector was recommended.

In countries where MSM and CSW are considered illegal entities, ensuring their meaningful representation can be challenging. However, if included in the CCM, as in Pakistan, they ensure effective representation of these groups.

Language also plays a major role in determining CSO participation. CCM deliberations in English prevent the CS representative from participating in Bangladesh CCM. In addition, CCM meetings in the intimidating atmosphere of the ministry prevent CS representatives from challenging the viewpoints of ministers and secretaries.

Ways of ensuring meaningful involvement and enabling environment

- Good relationship with government fosters meaningful participation.
- NGO representatives should have the requisite language skills, knowledge about the Global Fund mechanism and the capacity to assess the power dynamics in the CCM.
- CCM meetings can be held outside the Ministry of Health or government premises. However, if the Chair is from the government, he may not have the time to attend the meeting in other premises. It should be noted that if the meeting is not held at the Ministry, the Health Secretary may not have the time to attend.

Responsibilities of Civil Society representatives:

- CS representatives should regularly check their emails and respond immediately to CCM related communications. They should also be familiar with CCM guidelines, Global Fund policies, publications and reports on the website.
- CCM communications and program issues should be shared with the constituency through emails/newsletter/sms etc.
- Report to the CCM on implementation challenges and program performance of NGO sub-recipients.

- Network with CS representatives of other CCMs in the area via internet.
- Strengthen and build their constituencies by arranging road shows, networking with trade unions, and contacting registered NGOs through available database.

Skills and qualities for CS representatives:

- Computer literate to access internet, mail and documents.
- Should fulfil the minimum requirements which will be shared by CCM prior to the nomination process.
- Knowledge, confidence and charm to negotiate and coordinate with other partners. Having the trust of the community will ensure meaningful participation.

4.3 Participation of the Private Sector with CCMs.

Partnership of sectors combines strengths for the benefit of the community. The Private sector will bring in result oriented management and accountability into the CCM. The sense of ownership, which drives the PS, may not be apparent with government partners. As a service provider, the PS is the best option but the government needs to be assured that GF co-investments do not diminish the role of the state.

The PS is already involved in many health and awareness programs. In India, health clinics for migrant labourers and truck drivers and HIV awareness programs are being run by the PS. Incentives are given to patients who establish small businesses. ART facilities are provided in four districts by the PS, in collaboration with NACO and PFI.

Maldives: Free vaccination has increased the number of people accessing the PS facilities, which is a significant contribution to the national program.

Bangladesh: Dutch Bangla initially provided ARV to 50 positive people and has now increased this to 250 patients. This is reflected as the PS contribution in the national budget. Other PS companies, including Standard Chartered Bank, have also come forward to contribute to the cause.

Nepal: ILO has launched a pilot project on HIV awareness in 2003. However, in countries where the government dominates the healthcare sector, the PS does not find entry points for participation. PS involvement in the CCM, with clear criteria and expectations, can go a long way in advocating the benefits of partnership.

Key recommendations:

- The Global Fund is requested to develop guidelines for CCMs to increase the membership of private sector organizations and provide clear entry points to ensure effective mobilization of the entire sector.

4.4. People living with disease & key populations (MSM, IUD, CSW, TG)

The objective was to suggest ideas to enhance participation of key affected groups in GF processes. There are significant challenges which had to be incorporated into the group deliberations.

The foremost challenge in engaging the MSM population is that some countries do not recognize their existence (e.g. Iran, Afghanistan and Maldives).

In Iran, the Ministry of Health acknowledges the existence of the MSM population but political considerations will not allow their inclusion in the CCM. Members have pledged to continue working for their communities and seek other platforms for bringing up their issues.

CCM Maldives acknowledges the need to increase awareness of these issues amongst CCM members.

In India there are innumerable groups who are demanding CCM representation and CCM India is developing a proposal that can fulfil the requirements of the groups.

In Nepal since these constituencies are linked to programs, COI incidents may arise. Grassroot level mobilisation is yet to happen.

Key recommendations:

- Long term advocacy among religious leaders to change their views on MSM, should include interactions with senior religious council, the government and thought leaders.
- Government support can be enhanced by including other ministries in the CCM (i.e. Ministry of Justice, Ministry of Labour)
- Regional workshops and consultations to promote CCM among minority groups, share the advantages of GF projects and encourage participation in the GF process.
- On being nominated as CCM member, their capacity to participate in oversight activities must be ensured through good orientation, information and exposure to other sub-committees and activities.
- Global Fund can consider the development of an involvement measurement tool for CCMs. This would help to assess the actual level of participation of these groups, as well as promote their importance in the GF process.
- The nominated CCM members should share the CCM deliberations with the community.
- Financial compensation for CCM members living with the diseases should be considered as they are often poor and live in remote areas which are difficult to access.

5. Action Points:

- Every CCM should develop clear terms of reference for CCM members.
- CCM members should be trained on grant oversight, harmonization and alignment needs, issues related to COI, CCM bylaws and relevant Global Fund policies and documents.
- CCM members should declare any possibility of conflict of interest.
- The CCM secretariat needs to be strengthened to be effective in supporting the oversight role of the CCM. Regular communication through emails to CCM members should be ensured.
- CCM meetings should be held in a suitable place, conducive to participation by all members.
- The CCM should have sub-committees for oversight in which there is more than 60% representation of non PR/SRs, donors and technical experts.
- A sub-committee within the CCM to analyze data from performance reports can be considered. The sub-committee will then report and debrief the CCM on actual grant performance.
- A tripartite agreement among CCM, PR and the Global Fund should be mandatory for facilitating the oversight role of the CCM.
- Civil society members play an important role in disseminating news in their constituencies as well as providing feedback to the CCM. This role requires building the capacity of civil society members in communication, leadership skills, negotiation and financial skills for budgeting.
- The Global Fund should continue to promote the importance of including minority groups in the CCM. In this context, guidelines for their inclusion should be prepared. Advocacy among religious leaders to change their position on sexual minorities should be on the agenda too.
- The impact of PS involvement in the CCM should be measured and quantified.

Annex 3: List of participants



CCM REGIONAL WORKSHOP
HYDERABAD, 7-9 October, 2009

Participant List

CCM MEMBERS

1	Wahid Wafajow	Afghanistan	CCM coordinator	afghancm@yahoo.com
2	Syed Karam - Panel member Shah	Afghanistan	CCM Vice Chair	shahk@afg.emro.who.int // dopasi@yahoo.com
3	Marghalary Khara Marghalare	Afghanistan	CCM Member	khara_dr@yahoo.com
4	Gul Halim Halim	Afghanistan	CCM Member	Ahmc_af@hotmail.com
5	Mohammad Fareed	Afghanistan	CCM Member	fareed@ahds.org
6	Mohammad Arif Arif	Afghanistan	CCM Member	
7	Altaf Ali Shaikh	Bangladesh	CCM Chair	secretary@mohfw.gov.bd
8	Emran Bin Yunus	Bangladesh	CCM Member	ebyunus@yahoo.com
9	Lucy H. Riffat	Bangladesh	CCM coordinator	riffatlucy@gmail.com
10	Hasan Abbas Zaheer	Bangladesh	CCM Member	hasan@nacp.gov.pk ; hazaheer@gmail.com
11	S.M. Shafiuzzaman	Bangladesh	CCM Member	aunik@gnbd.net ; shafi@gnbd.net
12	Faruque Ahmed	Bangladesh	CCM Member	Faruque.a@brac.net
13	Wahida Banu Shapna	Bangladesh	CCM Member	wahida@aparajeyo.org
14	Habiba Akhter	Bangladesh	CCM Member	habiba_aas@yahoo.com
15	Kinley Dorji	Bhutan	CCM coordinator	kdorji@health.gov.bt
16	Gado Tshering	Bhutan	CCM Chair	drgado@health.gov.bt
17	Chandra B. Chettri	Bhutan	CCM Member	cbchhetri@gmail.com
18	Namgay Dorji	Bhutan	CCM Member	ndorji@unicef.org
19	Kanjur	Bhutan	CCM Member	-
20	Yangchen Pelden	Bhutan	CCM Member	yang_tsel@hotmail.com
21	Sujatha Rao	India	Secretary of Health and Family Welfare	nacoasdg@gmail.com
22	Ashima Mohan	India	CCM coordinator	ashima.mohan@india-ccm.org
23	Komal Khanna	India	CCM coordinator	komal.khanna@indiaccm.org // komal.khanna@rediffm.com

24	Nirod Kumar Bhuyan	India	CCM Member	nirodk_bhuyan@yahoo.co.in ;
25	Yashashree Gurjar	India	CCM Member	ygurjar@bilt.com
26	Varghese Mattamana	India	CCM Member	director@caritas.net
27	Sabina Bindra Barnes	India	CCM Member	-
28	Sai Subhasree Raghavan	India	CCM Member	saathii@yahoo.com
29	Gholam Reza Heidari	Iran	CCM Vice Chair	gr_heidari@yahoo.com
30	Azin Yaghoobi	Iran	CCM coordinator	azin_y@yahoo.com
31	Mohammadmehdi Gouya	Iran	CCM Member	mgoya57@yahoo.com
32	Amirreza Moradi	Iran	CCM Member	amirrezamoradi@yahoo.com
33	Mansour Ranjbar Kahkha	Iran	CCM Member	mansour.ranjbar@undp.org
34	Parviz Vazirian	Iran	CCM Member	parviz_vazirian@yahoo.com
35	Abdul Azeez Yoosuf	Maldives	CCM Chair	azeez_yoosuf@hotmail.com
36	Ali Adyb	Maldives	CCM Member	journeyngo@gmail.com
37	Ahmed Afaal	Maldives	CCM Member	afaal@adkenterprises.com
38	Aishath Shiham	Maldives	CCM Member	aishathshiham@hotmail.com
39	Geela Ali	Maldives	CCM Member	geelaali@yahoo.co.uk
40	Abdul Hameed	Maldives	CCM coordinator	edu_adam@hotmail.com
41	Rajiv Kafle	Nepal	CCM Vice Chair	Rajhiv2002@yahoo.com
42	Prashant Pokhrel	Nepal	CCM Member	pokhrelprashant@yahoo.com
43	Manoj Gurung	Nepal	CCM Member	csgpokhara@hotmail.com
44	Bhatt Gokarn Prakash	Nepal	CCM coordinator	ccmnepal@mos.com.np // nepalccm@yahoo.com
45	Zarina Kausar	Pakistan	CCM coordinator	ccmpakistan@gmail.com // Zarina_Kausar@hotmail.com
46	Zali Imran	Pakistan	CCM Member	zali.imran@gmail.com
47	Shahina Qayyum	Pakistan	CCM Member	ccmpakistan@gmail.com // Zarina_Kausar@hotmail.com
48	Zubair Ahmad Malik	Pakistan	CCM Member	barrymalik@hotmail.com
49	Shirley Tissera	Sri Lanka	CCM Vice Chair	shirleytissera@yahoo.com
50	Lalith Chandradasa	Sri Lanka	CCM coordinator	chandradasa@gmail.com
51	Chris-Nonis	Sri Lanka	CCM Member	nonis@mackwoods.com
		Sri Lanka	CCM Member	

NON CCM MEMBERS

1	Khairul Islam	Bangladesh	Country Representative, WaterAid Bangladesh	dr.khairul.islam@gmail.com
2	Sushanta Sen	India	Friends of the Fund South and West Asia	s.sen@cii.in
3	Kasraee Farzad	Iran	CEO, ARIA	farzad_kasraee@yahoo.com

4	Parviz Afshar	Iran	Senior advisor, Minister of Welfare and social insurance	Afshar_pmd@yahoo.com
5	Anant Kumar Nepal	Nepal	Programme Coordinator, HERD	herd@wlink.com.np // anant.nepal@gmail.com
6	Jerome Mafemi	Nigeria	Country Coordinator, Futures Group	jmafemi@futuresgroup.com // jmafemi@gmail.com
8	G.N.L. Galappaththya	Sri Lanka	Consultant Community Physician	hapugalle@yahoo.co.uk

TECHNICAL PARTNERS

1	Srikanth Mala	India	Consultant, Catholic Bishops Conference of India.	drmala01@gmail.com
2	Subrat Mohanty	India	Consultant, The Union, South East Asia.	mohantysubsri@rediffmail.com
3	Asa Andersson	India	UNAIDS	andersona@unaids.org
4	Ambergio Manenti	Iran	WHO	whoteh@ira.emro.who.int
5	David Bridger	Sri Lanka	UNAIDS	bridgerd@unaids.org
6	Ritu Singh	USA	Global Fund Technical Assistance Coordinator	SinghRW@state.gov
7	Huzeifa Bodal	Germany	BACKUP Initiative	Huzeifa.Bodal@gtz.de
8	Catherine Severo	USA	GMS- Grant Management Solutions	csevero@gmsproject.org
9	Shannon Kowalski-Morton	USA	THE GLOBAL FUND - Soros Foundation	skowalski@sorosny.org

GLOBAL FUND SECRETARIAT

1	David Winters	CCM Manager, CCM Team	david.winters@theglobalfund.org
2	Katherine Owen	Senior CCM Support Officer, CCM Team	katherine.owen@theglobalfund.org
3	Krishna Vadrevu	CCM Policy Officer, CCM Team	krishna.vadrevu@theglobalfund.org
4	Monica Takyi-Appiah	CCM Funding Officer, CCM Team	monica.takyi-appia@theglobalfund.org
5	Paul Yan	Program Officer, CCM Team	paul.yan@theglobalfund.org
6	Michael Olszak-Olszewski	Senior Information Management Officer, CS and PS Partnerships Team	michael.Olszak-Olszewski@theglobalfund.org
7	Michael O'Connor	Manager, CS and PS Partnerships Team	michael.oconnor@theglobalfund.org
8	Ntombekhaya Masha	Senior Civil Society Officer, CS and PS Partnerships Team	ntombekahaya.matsha@theglobalfund.org
9	Palavi Ray	Senior Co-Investment Officer, CS and PS Partnerships Team	pallavi.rai@theglobalfund.org
10	Andrew Seale	Senior Advisor, Knowledge Management Unit	andy.seale@theglobalfund.org
11	Taufiqur Rahman	Regional Team Leader, South and West Asia Team	taufiqur.rahman@theglobalfund.org
13	Daniela Mohaupt	Fund Portfolio Manager, South and West Asia Team	daniela.mohaupt@theglobalfund.org
14	Malavika Rao	Fund Portfolio Manager, South and West Asia Team	malavika.rao@theglobalfund.org

15	Artashes Mirzoyan	Fund Portfolio Manager, South and West Asia Team	artashes.mirzoyan@theglobalfund.org
16	Jeffrey Scott Morey	Fund Portfolio Manager, South and West Asia Team	jeffrey.morey@theglobalfund.org
17	Kamilla Nurbaeva	Program Officer, South and West Asia Team	kamilla.nurbaeva@theglobalfund.org
18	Tsovinar Sakanyan	Program Officer, South and West Asia Team	tsovinar.sakanyan@theglobalfund.org
19	Maria Perez	Assistant, CCM Team	maria.gullonperez@theglobalfund.org