

Who is really affecting the Global Fund decision making processes?


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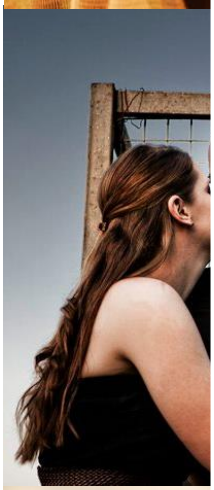
A Community Consultation Report

Strengthening
Africa's Country Coordinating Mechanisms
through empowerment of
marginalized communities




Holding leaders accountable

AIDS Accountability International



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"A truly democratic, fully participatory process requires that the constitution of all Country Coordinating Mechanisms (CCMs) include the communities that will be affected by its programs. There is no substitute for direct participation and empowerment of affected communities, as compared to civil society representation, in combating HIV and AIDS, tuberculosis, and malaria"

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List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
BONEPWA+	Botswana Network of People Living with HIV & AIDS
CCM	Country Coordinating Mechanism
CHAZ	Churches Health Association of Zambia
DFID	UK aid from the Department for International Development
FLAS	Family Life Association of Swaziland
GBV	Gender-Based Violence
GE	Gender Equality
The Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with HIV and AIDS
HEDEC	Health Environment & Development Consulting
HIV	Human Immunodeficiency Virus
LEGABIBO	Lesbians, gays and bisexuals of Botswana
LGBT	Lesbian, Gay, Bisexual and Transgender
MARPS	Most-at-risk Populations
MIAA	Malawi Interfaith Aids Association
M&E	Monitoring and Evaluation
MSM	Men who have sex with men
NAC	National AIDS Commission
NACA	National AIDS Coordinating Agency
NACOSA	Namibia Network of AIDS Service Organisations
NANASO	Network AIDS Community of South Africa
NERCHA	National Emergency Response Council on HIV/AIDS
NGO	Non-governmental Organization
PEPFAR	The President's Emergency Plan for AIDS Relief
PR	Principal Recipient
SADC	Southern Africa Development Community
SOGI	Sexual Orientation and Gender Identities
SPM	Strategic Plan for Intensifying Multi-Sectoral HIV and AIDS Response
SR	Sub-recipient
SRHR	Sexual and Reproductive Health and Rights
SRR	Sub-sub-recipient
STI	Sexually Transmitted Infection
SWAPOL	Swaziland for Positive Living
TB	Tuberculosis
TRP	Technical Review Panel
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
WSW	Women who have sex with women
ZANERLA+	Zambia Network of Religious Leaders Living or personally affected by HIV/AIDS
ZNAN	Zambia National AIDS Network

Introduction

Since the beginning of the AIDS epidemic most stakeholders have agreed that leadership plays a key role in the response. In 2012, there is a general consensus that individual human rights, addressing gender inequality, respecting sexual diversity, and universal access are key principles. Accountability, too, is increasingly on the agenda. Following this, the greater inclusion of marginalized and/or vulnerable groups is fundamental to successfully addressing not only the epidemiological issues, but human rights issues as well. Moreover, this participation should not be limited to tokenism, but must reflect meaningful participation.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (hereafter referred to as the Global Fund) has become the main source for funding programmes to fight these conditions and in particular to strengthening health systems which address them. Launched in 2002, the Global Fund is one of the world's largest funders of HIV/TB and malaria, totalling 864 grants, worth US$21.9 billion.[1] Of this amount, approximately half (over US$10 billion) has been granted to African governments. Resources available for the Fund grew by approximately 8 per cent per year between 2008 and 2010, coming to an apex of nearly US$3.6 billion in 2010.[2] However, since then, major donors to the Global Fund have been severely cutting back on their contribution, making targeted programming and accountability of resources all the more imperative.

In 2007, at the 16th Board Meeting the Global Fund Board acknowledged the need to address gender issues with regard to HIV/TB and Malaria. Particular emphasis was placed on the vulnerability of women and girls and people marginalized because of their sexual orientation and gender identities (SOGI), predominantly referring to lesbian, gay, bisexual and transgender people (LGBT). In response to this, the Gender Equality Strategy and the Global Fund Strategy in Relation to Sexual Orientation and Gender Identities were developed and adopted at the 18th Board Meeting of the Global Fund in 2009. These strategies are intended to positively impact the policies and operations of the Global Fund with regard to GE and SOGI issues.[3] Recognizing the fact that GE and SOGI groups have difficulty accessing and thus benefitting from the Global Fund grants, the strategy clearly demonstrates that there is an impetus at the Global Fund to improve access for GE and SOGI groups at various levels of the Global Fund grant process. Additionally, the strategy emphasizes that "SOGI-related health and rights work is strongly linked with work to empower women and girls."[4]

By means of the Country Coordinating Mechanisms (CCMs) the Global Fund has intended to include representatives of government ministries, non-governmental organizations, affected communities (including women, girls and LGBT), the private sector, technical specialists and academic institutions in guiding the response to the epidemic. As per the Global Fund's guidelines the CCMs are expected to have documented and transparent procedures of working.

Moreover, the GE and SOGI strategies both acknowledge the impact that CCMs can have on ensuring that gender equality and SOGI are more prioritized in project and proposal development at country level: "Because the Country Coordinating Mechanism is responsible for developing and submitting new requests for

funding, it is pivotal in ensuring that gender equality is taken into account in country proposals."[3] However, the SOGI Strategy states that although the Global Fund's CCM Guidelines "already include discussion of expertise and sensitivity to gender and marginalized populations, few organizations that focus exclusively on these issues or that were led by sex workers, lesbian / gay / bisexual / transgender (LGBT) individuals, or men who have sex with men, were represented on Country Coordinating Mechanisms."[4]

Background & Context

Although GE and SOGI inclusion is recognized as being a global issue, all too often in Southern Africa, women, girls and LGBT people face even greater barriers to meaningful participation on the CCMs. For example, there is often an exclusion or neglect of SOGI issues by civil society organizations, due to their own homo-prejudice or lack of capacity. Another example would be the lack of adequate representation of women, especially lesbian or transgender women, in civil society seats as well as private sector, government and academic positions on the CCM.

In several Global Fund and World Bank reports, it has been expressed that the CCMs are not performing as well as was initially expected or hoped for.[5,6] This is especially true with respect to civil society participation involving marginalized groups.[7,8] Godwin et al. note how women's and youth organizations or social movements often struggle to gain CCM representation, even in countries or regions with relatively strong civil societies. According to them, "few country strategies seriously allocate roles, responsibilities, and resources for partnerships with them, or really support, or even allow for, the kinds of partnerships the fund calls for."[9] Godwin et al. also describe how these gendered groups are often referred to broadly as NGOs, so it can be difficult sometimes to differentiate their mandate. Ashburn et al. point out how measuring real participation of women and women's groups, and real advocacy for women's issues is a difficult thing to measure. They say that while the Global Fund does promote 50:50 representation of men and women on the CCMs, "this policy does little to ensure the inclusion of people who have technical knowledge and program experience on gender issues and gender-responsive policy, or who will support programs to increase gender equality. The Global Fund must explicitly require that country coordinating mechanisms include such people."[10]

Others are more optimistic about participation levels, as Wilcher et al. highlight how women's involvement on the CCMs is improving. They say that "as a result of NGO advocacy efforts with the Global Fund and the country coordinating mechanisms that submit Global Fund proposals, a number of Round 7 HIV/AIDS proposals included sexual and reproductive health components and some were funded."[11]

Along with women's challenges, LGBT participation and advocacy may be even more difficult to assess, especially in

countries where these kinds of relationships and behaviours are illegal, or culturally and politically taboo. There is literature that details progress made in Honduras, where since 2005 there has been a seat on the CCM for an LGBT organization*, Comunidad Gay Lesbica*, and new indicators in the grant agreement for an impact assessment of prevention programs for men who have sex with men (MSM). Beyrer suggests that this kind of indicator-based data collection is a critical first step towards getting MSM representation on CCMs in the future.[12] In other words, a needs assessment will form a crucial component of representational advocacy. However, Seale et al. remind us that in most cases:

> [I]n terms of being able to access or benefit from Global Fund grants, MSM, transgender persons, and sex workers face serious challenges. They face limited access to decision-making or control in CCMs, principal recipient organizations, or sub-recipient organizations, and widespread inaction against social and structural barriers to the realization of health and rights.[13]

In light of these challenges, it is important to evaluate the extent to which Southern African countries, where HIV/AIDS is most prevalent, are internalizing the Global Fund GE and SOGI strategies. It may be that the actual representation and participation levels of certain groups are very different on the ground than it seems in academic articles or on lists of membership and gender breakdowns. For this reason, this project conducted field visits to countries in Southern Africa, to meet with CCM member and related stakeholders to find out what the current level of participation among these marginalized groups *really* is.

Methodology

This report is based on an analysis of national level data collected from the Southern African Development Community (SADC) region. Surveys were disseminated to all the members of SADC CCMs, as well as various civil society organizations that are direct or indirect stakeholders in Global Fund grant processes. The results from the survey respondents are detailed in a separate AAI report, entitled "A Quantitative Analysis of CCMs."

In addition to the online survey, community consultation field trips were carried out in seven Southern African countries (Table 1). In total, 69 interviews were conducted from April-September 2012, 46 of whom are CCM members and 23 of whom represent views of other key stakeholders.

From the 5-8 June 2012, 14 interviews were conducted in Gaborone, Botswana. Six of the respondents have had current or previous experience as CCM members, alternate members, or members of the technical committee, and the remaining 8 non-CCM informants include representatives from the private sector, Ministry of Health and civil society. In Lilongwe, Malawi, from the 23-25 May 2012, 13 interviews were conducted in total. Twelve of the respondents are CCM members, or alternate members, with the remaining respondent representing civil society. Also from the 5-8 June 2012, 11 interviews were conducted in Mbabane, Swaziland, with 4 informants from the CCM and the remaining 7 from civil society, bilateral and government ministries. From the 18-20 April 2012, 11 interviews were conducted in Lusaka, Zambia, with 8 CCM members and 2 members of civil society who are Global Fund grant sub-sub-recipients. In Harare, Zimbabwe, 12 interviews were conducted from the 2-4 May 2012. Of these 12, 10 respondents are CCM members, or alternate members, and the remaining two are members of the CCM sub-committee. Additional perspectives were gathered from CCM members and stakeholders in Windhoek, Namibia, on the 17-18 September 2012 and in South Africa from August-September 2012.

The field trips to Botswana, Malawi, Namibia, South Africa, Zambia and Zimbabwe were conducted by AAI Research Fellow and CCM Project Manager, Gemma Oberth, while the Swaziland field trip was conducted by AAI Researcher, Teju Alakija.

Signed informed consent was obtained from all interviewees. Additionally, all informants have had the opportunity to review this document and provide feedback on their representation.

Table 1: Characteristics of Key Informant Interview Sample (Total n=69)

Country	Interview Dates	Number of Informants
Botswana	**5-8 June 2012**	**n=14**
CCM Members		n=6
Non-CCM Members		n=8
Malawi	**23-25 May 2012**	**n=13**
CCM Members		n=12
Non-CCM Members		n=1
Namibia	**17-18 September 2012**	**n=5**
CCM Members		n=3
Non-CCM Members		n=2
South Africa	**August-September 2012**	**n=3**
CCM Members		n=2
Non-CCM Members		n=1
Swaziland	**5-8 June 2012**	**n=11**
CCM Members		n=4
Non-CCM Members		n=7
Zambia	**18-20 April 2012**	**n=11**
CCM Members		n=9
Non-CCM Members		n=2
Zimbabwe	**2-4 May 2012**	**n=12**
CCM Members		n=10
Non-CCM Members		n=2

Case Study: Botswana

Methodology

In AIDS Accountability International's community consultation in Gaborone, Botswana, 14 interviews were conducted from the 5-8 June 2012. Six of the respondents have experience as CCM members, alternate members, or members of the technical committee. The remaining 8 non-CCM informants include representatives from the private sector, Ministry of Health and civil society (*). Some respondents wished to be recognized by name while others elected to remain anonymous.

Introduction

There is an overall consensus among the respondents of this community consultation that civil society in Botswana is generally weak. This, in turn, spills over into the functionality of the CCM, which is largely government steered. The balance of power also affects the degree to which marginalized groups such as women, young girls and LGBT populations receive adequate representation and advocacy.

However, there has been a motion to improve the balance of power, with the inclusion of a Principal Recipient from civil society (along with the National AIDS Coordinating Agency [NACA] and the Ministry of Health) when grants resume for the Transitional Funding Mechanism.

Effective Mechanisms

Respondents in Botswana, on the whole, feel that representation, participation and advocacy for women and girls, as well as lesbian, gay, bisexual and transgender (LGBT) people is reasonably effective on the CCM.

This is not to say that there is not still room for increased involvement of marginalized groups, but most feel that baseline participation *is* occurring.

Respondent	Organization
Key Informant A	Private Sector
Key Informant B	Ministry of Health
Key Informant C	-
Lame Charmaine Olebile*	LEGABIBO (Lesbians, gays and bisexuals of Botswana)
Thatayotlhe Molefe*	LEGABIBO
Dundu Macha	BONEPWA+ (Botswana Network of People Living with HIV & AIDS)
Key Informant D*	BONEPWA+
Key Informant E*	BONEPWA+
Tshepo Kgositau*	Rainbow Identity Association
Max Mabaka*	Rainbow Identity Association
Lefetogile Bogosing	CCM Secretariat, National AIDS Coordinating Agency
Kabelo Ebineng	Botswana Business Coalition on HIV/AIDS
Diana Meswele	National AIDS Council Ethics, Law and Human Rights Sector
Key Informant F	European Delegation to Botswana and SADC

Participation and Advocacy for Women & Young Girls

Diana Meswele, with the National AIDS Council Ethics, Law and Human Rights Sector feels that:

> *[W]omen's issues have been represented, because they are not necessarily represented by a women's centre person, per se. But for me, for instance, they are a human rights issue, and cut across all the issues – women, sexual minorities. I have been participating in the writing process, and I have strongly supported initiatives and issues that affect women and sexual minorities.*

For others, women and girls have not always enjoyed representation and participation on the CCM, but this is certainly changing. Key Informant E, from BONEPWA+ says:

> *[I]t's growing a lot - women's participation, for example. But, I still have the feeling that it's kind of artificial, sometimes. […] I think it's a normal process. It takes time. You're told that you have to do something, then you start to do it, you practice, and then you realize that it makes sense. I think it's a normal step in the process. And it's moving in a good direction.*

This notion of incremental progress, taken with a grain of salt, is also voiced by Key Informant C, who feels that:

> *[F]or women and girls, I think there is some degree of progress towards the protection and observing the rights of women and girls. We've got a lot of public education in that regards. That does not mean that we do not have instances where women and girls' rights are violated, but the advocacy is there.*

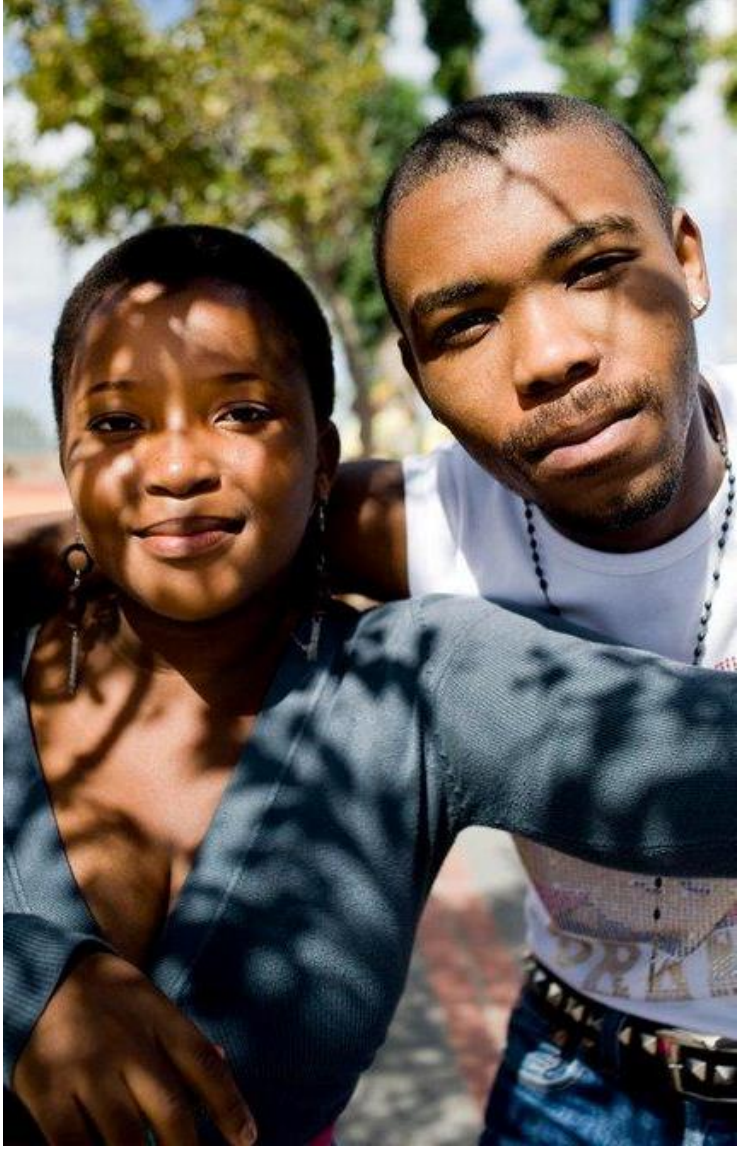
Key Informant F, from the European Delegation to Botswana and SADC, suggests that for the Technical Committee, representation of women is definitely there. In fact, she notes how there are more women than men on the Technical Committee. That said, she does highlight the new and fledgling nature of gender considerations on the CCM:

> *[T]he truth is, if you remember very well the last time we were funded was for Round Two. I think, over the years, that gender became a major issue where even a gender specialist was brought in for the 2010 application. Before then, gender was just a cross-cutting issue.*

She also add that the "*YWCA was always part of the consultation process for proposals, so I can't say the young girls as a group were left out*."

Representation and Advocacy for Lesbian, Gay, Bisexual and Transgender People

In a rather unique position, Botswana has one of the only CCMs in Southern African which enjoys LGBT representation on its CCM. BONELA, or the Botswana Network on Ethics, Law and HIV/AIDS, is a very active voice for LGBT people on the Botswana CCM. They work very closely with in-house LEGABIBO (Lesbians, Gays and Bisexuals of Botswana) and partner with the registered transgender organization, Rainbow Identity Association. BONELA has done needs assessment scaffolding of MSM across the country, and LEGABIBO has done similarly comprehensive data collection with women who have sex with women (WSW), with a large LGBT needs project on the near horizon. This kind of needs assessment is rather unprecedented in Southern Africa, which is reflected in the power of advocacy these groups exert on the CCM. It should be noted that LGBT inclusion on the



agenda this is also relatively new progress. Tshepo Kgositali, with Rainbow Identity Association, says:

> *[I]t's only of late, I think, since last year, that BONELA has put pressure on government itself that the new bill that is about to be passed – the national HIV prevention policy – they now are thinking about including MSM, WSW and trans people in, which would go a long way.*

Key Informant C reiterates the pivotal role that BONELA plays on the CCM, in terms of representing sexual minorities. Lefetogile Bogosing, CCM Secretariat with the National AIDS Coordinating Agency suggests how

> *[W]e can consult them directly. Or we can use BONELA to consult them. So, either way we have been doing it. Last year when we were preparing for Round 11, we consulted with them directly, even though we went through BONELA. But we did have a meeting with them. We sat down. We discussed their issues, and then we agreed.*

Also hailing the importance and the efficacy of BONELA in representing LGBT people on the CCCM are Dundu Macha with The Botswana Network of People Living with HIV & AIDS (BONEPWA+) and Key Informant F. Key Informant F feels that:

> *[T]heir interests have always been represented, mainly by BONELA. In the past year, I think a lot has changed. I was quite happy when the draft revised HIV policy had to go back to the drawing board because the parliament felt that minorities were being left out. That was a breakthrough, a step in the right direction.*

That said, Key Informant F would not go as far as to say that LGBT people are satisfactorily represented on the CCM, but said that she feels that BONELA has been representing their interests very well. Having a Human Rights Desk Officer at NACA, who has worked at BONELA, is also advantageous, she says.

Lame Charmaine Olebile, with LEGABIBO, also voices this move towards increased freedom of consultation between LGBT organizations and government, noting how "*We do go into different meetings and consultations with the Ministry of Health. We also raise awareness on a lot of platforms that we are given*." She also highlights progress in this regard, where in 2010, the employment act was amended such so that a person may not be unfairly dismissed based on their sexual identity. Despite this optimism, there was still a certain degree of frustration around the barriers that still remain against LGBT populations in Botswana. Lame Charmaine Olebile notes how:

> *[T]he legal documents which discriminate against LGBT people, have been absorbed by society in all its different departments, and so forth. This means that when it comes to health policies, the law is reflected there, when it comes to school policies, the law is reflected there. One might say this has to do with lack of awareness or sensitization, but I feel like at the end of the day we will always go back to the legal issues. Most times, they are the biggest barrier that then leads into all these little problems that we have.*

She says "*We like to say that Batswana are not homophobic, that the country itself is homophobic,*" because a lot of the time, government enforces laws that they don't even personally agree with. Her colleague and LEGABIBO, Thatayotlhe Molefe, also feels that "*Batswana are tolerant*" but there is a sort of 'mob mentality' of larger groups that seems to block understanding of these things. Key Informant A says the same thing, noting that people in Botswana do not really care about the existence of LGBT people, but at the same time, they do not want to talk about it. This idea is echoed by Diana Meswele, and Tshepo Kgositali, who reiterate the notion that the problem in Botswana is much less to do with people's attitudes than it is to do with legislation. It's primarily a legal barrier. Key Informant C also notes now the legislation is the main barrier towards progress in this regards, putting forward that:

> *[A]s a country, we do not have legislation that gives…we do not have policy, that clearly acknowledges these groups, like the transgender and lesbianism and everything else. In a way, this is creating a bit of a challenge in the management and prevention of HIV. Because, we know that there are these relationships; in reality, they are there. But we do not acknowledge them publicly, so there will be a lot of secrecy surrounding it and this impacts on access to services.*

However, Max Mabaka, with Rainbow Identity Association, notes how these barriers are not universally symptomatic of the Batswana government. He says how there are some people in government who are really on the side of human rights, and who are advocating for them, so it is not everyone within government who is defending legal barriers to equality.

One important caveat to mention is that respondents from Rainbow Identity Association felt that there is still an element of trans-marginalization within the LGBT community. While MSM and WSW are receiving significant representation from BONELA, Tshepo says that although she has had a long standing relationship with the organization, more could be done for transgender people, who are often on the periphery of the LGBT response. She doesn't quite feel that her organization can have a voice through BONELA, noting that "*It's a long struggle, but hey, we'll try*."

Identified Areas for Improvement

Despite this strong headway being made for women, girls and LGBT representation on the Botswana CCM, the main area for improvement that was cited by several respondents was attendance.

Attendance of Meetings

Many respondents noted that the attendance on the CCM is not as high as one might hope for. Dundu Macha, with BONEPWA+ notes:

> *[P]eople think very highly of the CCM, in spite of the non-attendance. It's only that there are too many competing demands.*

She talks about how CCM meetings are often called and postponed and members rarely show up. To this end she comments: "*I think maybe they lost heart, in terms of the Global Fund. We spend a lot of money talking and talking and talking. We are not getting the results of the talking*." She says they have begun to prioritize other donors, since the other ones are following through and Global Fund is not. Diana Meswele also feels troubled by the non-attendance of some meetings, voicing the idea that it would be a good mechanism if member could be replaced after a series of sequentially missed meetings. To this end, Key Informant B reminds us that in Botswana, "*performance-based accountability does not really happen*." Key Informant F also voices this demoralizing feeling, saying that they have applied to the Global Fund "*Enough times to last a lifetime. […] I think it got frustrating for the CCM, because you keep on applying for funding and you are always classified as category 2. Where are you going wrong? Nobody says."*

Concluding Remarks

The views portrayed here are rich and varied, and there has been an endeavor to portray a consensus of ideas, while also acknowledging discrepancy between perspectives. Most respondents feel that women, young girls and LGBT populations are fairly well represented on the Botswana CCM, while attendance of meetings could stand to be improved. To conclude, there were some interesting speculations as to why the health circumstance is so dire in a middle income country, such as Botswana. Key informant B, with the Ministry of Health, says performance indicators, especially around things like maternal mortality, do not necessarily correlate with development. For instance, he notes how maternal mortality is worse in Botswana than in Malawi. For him, he thinks there is a certain complacency that comes with development. He theorized that perhaps this is a product of 'developing too quickly' since success and development are a large priority in the country, yet public health imperatives remain at very underdeveloped levels. From a similar standpoint, Kabelo Ebineng, with the Botswana Business Coalition on HIV/AIDS, concludes that:

> *[T]here's a link between health and wealth, and here, people are talking about eradicating poverty, or in other words, increasing wealth, but don't seem to realize that health – or health services – is a major lever.*

Case Study: Malawi

Methodology

In AIDS Accountability International's community consultation in Lilongwe, Malawi, 13 interviews were conducted from the 23-25 May 2012. Twelve of the respondents are CCM members, or alternate members, with the remaining respondent representing civil society (*). Some respondents wished to be recognized by name while others elected to remain anonymous.

Respondent	Organization
Key Informant A	-
Key Informant B	Malawi Global Fund Coordinating Committee Secretariat
Edith Mkawa	Malawi Global Fund Coordinating Committee Secretariat
Key Informant C	-
Key Informant D	-
Ruth Mwandira	DFID
Key Informant E	-
Roberto Campos	UNAIDS
Robert Ngaiyaye	Malawi Interfaith Aids Association (MIAA)
Key Informant F	-
Key Informant G	-
Newton Kumwenda	University of Malawi, College of Medicine
Gift Trapence*	Centre for the Development of People

Introduction

The current Malawian CCM is operating under a system of two Principal Recipients (PRs). These are the National AIDS Commission (NAC) and the Ministry of Health. The Secretariat would like to have more PRs, especially some from civil society. Ideally, having some local civil society PRs would be advantageous, but so far the capacity to financially manage large grants has not been demonstrated by these kinds of organizations. Compounding this is the fact that the Global Fund has recently become a discrete donor in Malawi, meaning it is no longer in the 'pool' of health funding. As a result, reporting and M&E requirements are even more stringent than before.

Effective Mechanisms

Along with discussing areas for improving the Malawian CCM in terms of participation of women, girls and sexual minorities, a number of positive elements and potential best-practices emerged from this community consultation. In general, respondents felt that three elements of the CCM are working quite effectively: (1) The Collaborative Approach, (2) Participation and Advocacy for Women, and (3) Constituency Consultations.

Collaborative Approach

The first key point that many respondents voiced, is the idea that the new CCM in Malawi is a large improvement on the previous one, mostly in terms of the diversity of members and participants. Key Informant F highlights how:

> *[E]veryone has an equal voice. Everyone is able to participate. I don't feel like the rules or the culture of CCM allows for any discrimination at all, other than, I think the only exception is national politics, and that's about it. […] Each of the constituencies is well represented and I've been able to make their feelings known and what the issues in their communities are.*

Respondents said that the CCM used to be quite male-heavy and government-heavy, but that this has changed in favour of a more balanced and collaborative composition. Ruth Mwandira, with the Department for International Development (DFID) says:

> *[A]t first, it was government heavy and male heavy. People said we need more women and not just in terms of the agenda, but in terms of organizations.*

Key Informant G suggests that while this was previously the case on the old CCM, on the new CCM this power dynamic has changed substantially. She says that "*Government composition in the CCM is not much. It's actually very limited in Malawi.*" Key Informant F also notes how the openness and transparency of the Malawi government on the new CCM has improved.

He relates how:

> *[H]ere, I think in the earlier times what would happen is that they just wouldn't share information. That was it. But now with the new secretariat, we now have a much more open CCM. It allows you to have access to information that you previously would not, for example, letters from the Global Fund. You get the secretariat, which at that time was National AIDS Commission, and also the PR, which didn't share those letters. But now we changed that.*

In agreement is Key Informant C, who intimates that the Malawian CCM system is positive in that it forces the Ministry of Health to share information, which they might not otherwise be inclined to do. He says the balance of representation and participation in the new CCM also affords the opportunity for the WHO and UNAIDS to provide greater stewardship in the response.

Most respondents also feel that the participation of women on the CCM is currently at a satisfactory level and that feedback mechanisms are working well.

Participation and Advocacy for Women

Most respondents also feel that the participation of women on the CCM is currently at a satisfactory level. Key Informant B from the Malawi Global Fund Coordinating Committee Secretariat says that "*Our CCM has a substantial number of women*." Edith Mkawa also notes that she believes "*Those issues are well-represented*." Likewise, when asked about the participation of marginalized groups on Malawi's CCM, Key Informant C says "*There are women, none of the others*." Key Informant D notes how "*We have quite a lot of women - quite a lot of outspoken, strong women. So I think that that appreciation is also there*." Roberto Campos with UNAIDS and Key Informant E are also in agreement on this point. So is Key Informant F, who illustrates how "*You have the Ministry of Gender participating in the CCM, and then a number of women's groups, also, having access and really being able to be heard within the CCM.*" Key Informant G echoes these ideas:

> *[A]dvocacy for women is going very well. It's the men now that we are having problems with. When at looked at this [project brief] I said 'wow, I wish we were talking about men.'*

Consulting Constituencies

A third effective mechanism of Malawi's CCM that many respondents spoke to was consultations with constituencies. Robert Ngaiyaye, with the Malawi Interfaith Aids Association (MIAA), suggests that this was a problem in the past, but that more recently, this has improved:

> *[C]onsulting the constituencies has been a problem. We never had the time. But now, we managed to raise this issue, and the Global Fund gave funds to the CCM for constituency consultations. That is very important. Because now we will be able to guide the proposal team that this is what constituencies need.*

Key Informant C also feels that there are certain feedback mechanisms that are working well, especially for the international NGOs and donors: "*In this regard, there are feedback mechanisms with constituents; these groups feed back to the INGO Director Forum which allows for participatory throughput from the INGO sector.*" In the same vein, Key Informant D says that this area of consultation is working well: "*Where the improvement with constituency feedback has taken place is with the International NGO forum. […] International NGOs have the money. They've got the capacity, they've got the resources.*" The local NGOs are not able to achieve this feedback in the same way, to which she says "*That's where they are losing the ability to really influence and bring in marginalized groups*."

That said, there are some respondents who are not so confident that consultations with constituencies are occurring in Malawi. While Key Informant C did highlight the INGO forum feedback, he also notes that "*The majority of*

times, it's about the individual and their views," not the agendas of their constituencies. Key Informant D also lacks confidence in these processes, believing that "*where I feel people ought to be empowered to demand of their constituency representatives, it's not taking place. […] There's no feedback. There's no accountability.*" For Key Informant G, constituency feedback is a big gap:

> *[T]hat's one thing that is missing. People sit in the CCM but whether they go back and inform their constituencies, that's another thing. And whether what we hear from them, represents the thinking or the opinion in their constituencies, that's one thing we don't have. People sit there as individuals.*

Identified Areas for Improvement

In addition to discussing the well-functioning elements of the Malawian CCM, interviews revolved largely around how it could be bolstered. There was reasonable consensus on two key elements of the CCM that most respondents feel are in need of improvement: (1) Representation and Participation of Youth and Young Women and (2) Representation and Advocacy for Lesbian, Gay, Bisexual and Transgender People.

Representation and Participation of Youth and Young Women

Most of the respondents think that youth – especially young women – are not being adequately represented or advocated for on Malawi's CCM. Key Informant D says "*Young girls, I don't think they have sufficient representation on the CCM. I'm not even sure there's a representative from the youth.*" Newton Kumwenda, from the University of Malawi says that "*Girls were not specifically represented but were represented as Youth*." Key informant G says the same, noting that "*You have the youth that are represented there.*" Key Informant E reiterates this, suggesting that there is youth representation on the CCM.

In terms of participation levels, however, Roberto Campos says that "*Women's organizations are more vocal. But youth are not so vocal.*" He notes how in the past, the youth council had received money from NAC that was not properly accounted for, so at the moment they are not very strong as a result of this mismanagement. In a slightly more optimistic vein, Key Informant F says that actually, this area is improving. He says that:

> [*T]he youth, for example, are one kind of particular constituency that, it was perennial that that person would speak in previous sessions, but now is much more active, because of some communication that we've had*.

Others feel that while young women may not be participants or representatives on the CCM, their needs are entering the agenda in terms of targeted programming. Ruth Mwandira impresses upon the fact that "*The girls, they are the ones who are most at risk. Girls with special needs, with disabilities, they are also taken advantage of because they don't have a voice and we don't take care of their needs."*

Responding to this, *Robert Ngaiyaye says:*

> *[Y]oung people, we talk about them, women [too]. We have even segregated them even further [to speak about] rural young girls, girls with disabilities. Not only that, but boys too – their peers – are properly given guidance so that they become responsible. We have talked about that.*

Representation and Advocacy for Lesbian, Gay, Bisexual and Transgender People

When weighed against other Southern African countries, the advocacy in Malawi for Lesbian, Gay, Bisexual and Transgendered (LGBT) is comparably strong. That said, most respondents still feel that there is substantial room for improvement. Key Informant A says that "*groups such as LGBTs or MSM, are rather difficult to identify."* Similarly, Key Informant B articulates that:

> *[I]t is a big challenge to be seen to be advocating for something that is illegal in a proposal that is supposed to provide for national needs [but] the CCM does recognize the existence of these social groups. And there is quite, I'm sure, a good deal of good will for them.*

Gift Trapence, from the Centre for the Development of people says the same thing. He feels that "*Sexual minorities, MSM including sex workers have mostly been marginalized though they have been a lot of advocacy at policy level*." In the same line of thinking, Key Informant C says that the only way to advocate for LGBT populations is from a public health perspective; legal restrictions will not allow you to work with these populations if you are seen to be pushing for rights. Key Informant F also thinks that an information-based approach is all that can be done, at the moment in Malawi. He says:

> *[T]hat's been the narrative that we've been driving for the country. To me, the numbers speak for themselves. It's something that to them, resonates and so it makes sense. It clicks in their minds that this is something we need to address.*

Key Informant D is confident there is increasing political space for improving the advocacy for LGBT people in Malawi, but that it will take time. She says that "*there has been a lot more acceptance that we do have LGBTs in Malawi. But where the reluctance comes is to put marginalized groups on that platform. […] It's a mindset that has to be broken*." Key informant G reiterates this, noting that "*I don't think that it could be anything that could happen overnight, to start talking about sexual orientation.*" In terms of representation, while there is not a seat for LGBT populations on the CCM right now, Key Informant E says they are making headway: "*We got as far as to get a set-aside [seat], if you will, for 'at risk' populations.*" There is also substantive effort on behalf of Robert Ngaiyaye, to persuade the faith-based constituencies that having LGBT representation and participation on the CCM is a public health imperative. He says:

> *[I] need to get the support of these people by engaging them in dialogue. They must speak about it. First of all, some of them do not understand the issues – what are we talking about? They need to know and appreciate. You can't manage something you don't know.*

Concluding Remarks

There are certainly perspectives that respondents are not in complete agreement on, but the above strengths and weaknesses reflect a general consensus from this community consultation. All in all, the collaborative approach, participation and advocacy for women and constituency consultations seem to be satisfactory on the Malawian CCM. On the other hand, representation and participation of young women and LGBT require improvement.

Case Study: Swaziland

Methodology

In AAI's Community Consultation in Mbabane and Manzini, Swaziland, 11 interviews were conducted from 5-7 June 2012. Four of the respondents were CCM members with the remaining 7 representing civil society, the UN, and the Ministry of Health (*). All respondents wished to be recognized by name.

Respondent	Organization
Vulindlela Msibi	Swaziland CCM, Executive Secretary
Dereck von Wissell	National Emergency Response Council on HIV/AIDS (NERCHA)
Themba Gama*	NERCHA
Xolile Mabuza*	Indlu Yelitsemba, House of Hope
Sanelisiwe Tsela*	UNFPA
Phumzile Dlamini*	UNFPA
Christopher Detwiler	PEPFAR
Siphiwe Hlophe*	SWAPOL
Cebile Dlamini*	SWAPOL
Zelda Nhlabatsi	Family Life Association of Swaziland
Zandile Mnisi*	Ministry of Health

Introduction

In Swaziland the CCM is currently operating within the context of a single PR system. The National Emergency Response Council on HIV/AIDS (NERCHA) is the PR and currently manages 4 grants: Round 7 (HIV), Round 8 (Malaria and health systems strengthening), Round 9 (TB). Swaziland was not successful in obtaining a Round 10 grant and the Round 7 funding for HIV will expire in December 2013. It is also worth noting that Swaziland has the highest HIV prevalence rate in the world, estimated by UNAIDS (2010) to be 25.9 per cent among adults.

Effective Mechanisms

While the rationale behind this community consultation was primarily to identify areas for improving the CCM, it is equally important to note what respondents feel is working well. Overall, respondents felt that three elements of the CCM were working quite effectively: (1) Representation of Women, (2) LGBT Advocacy, and (3) Technical Support and Business Practices. Several participants pointed out that while female representation is strong, there appears to be an absence of strategies to address gender based violence (GBV) and HIV, noting that GBV is unacceptably high in the Kingdom.

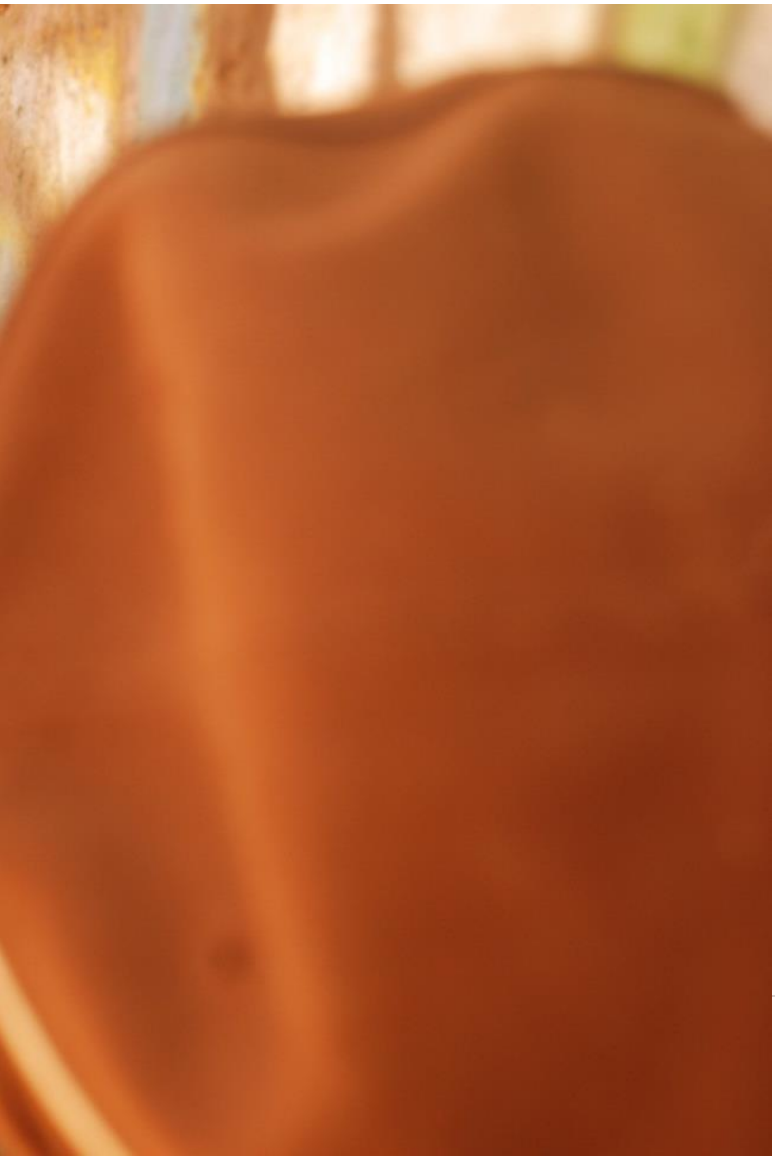
Representation of Women

Most respondents felt that representation of women on the CCM was satisfactory. The Executive Secretary of the CCM, Vulindlela Msibi, is a strong advocate for women. In 2010, three out of sixteen CCM members were women. The CCM has since adopted the same principle used

by the Senate and Assembly that states that half the members must be women. After an election in 2011, fifteen out of seventeen members of the CCM were women. Dr. von Wissell agrees, stating *"Vu(vindlela) is very upfront on women's representation."* Women on the CCM represent various constituencies and some argue that their mere presence there is not enough. Cebile Dlamini from SWAPOL suggests *"It is not about including women on the CCM, but including people who are conversant, knowing the issues about women and girls."*

Advocacy for Lesbian, Gay, Bisexual and Transgender People

According to the Executive Secretary, Vuvindlela Msisbi, the Swaziland CCM is increasingly embracing the SOGI strategy by extending its consultations to marginalized groups as a strategy to fight the three pandemics, particularly HIV. This will result in greater participation and involvement in the CCM and provide an opportunity to apply the GIPA principal (The Greater Involvement of People Living with HIV and AIDS). Mr Msibi states that *"While Round 10 was silent on most at risk populations (MARPS), some groups advocated through a regional grouping. Although the regional proposal was endorsed, it was not successful."* During the development of the Round 11 proposal, for the first time there were four consultations with MARPS. With the introduction of the TFM the requirements have not changed and so there were again community consultations with this group.



The Executive Secretary has openly invited MARPS to make a formal request to be a member of the CCM. While there is no currently no LGBT representation on the CCM, Xolile Mabuza of House of Hope pointed out that the Executive Secretary has been very supportive and encouraged them to write a letter requesting representation that will be submitted to the Board for consideration. The researcher was able to deliver this letter from the House of Hope to the Executive Secretary during her visit. LGBT have so far been silent and they are legally and culturally marginalized. Chris Detwiler of PEPFAR states *"The behaviour is not legal and so LGBT have to be considered in the context of the legal framework. While LGBT have been included and engaged in proposal development, they do not have a voting voice."*

Another informant, Xolile Mabuza, co-founded The House of Hope, which is an LGBT organization with 557 members. She states that *"We need to have access health more than anything; we go through depression and discrimination." "We are not able to get funding from NERCHA as policies do not include us."* The organization does not yet have an office and so operates out of the PSI office three days a week. Others noted that the NSP does not prioritize MARPS. Sanilisiwe Tsela from UNFPA states that *"A recent survey has shown that a great percentage of LGBT and sex workers are HIV positive."* Most people agreed that there was a need to focus on most at risk populations. Phumizile Dlamini from UNFPA says that *"What we think of a small percentage may actually be much larger. It makes sense to reach this population."* Zandile Mnisi, Coordinator of STIs and MARPS in the Ministry of Health states:

> *[T]here is really a need for marginalized groups to sit at CCM level. […] Funding has been sporadic for this group as they have not been considered as a priority. It was thought that there were very few existing and the transmission dynamics were unknown.*

She appreciated the support provided by the Ministry of Health noting *"Although the behaviour is illegal, we provide services across the population. We have an ethical obligation to provide services. Legality rests with the Ministry of Justice."* A recent study was conducted by the Ministry of Health and Johns Hopkins University, and the results were presented on the 30th May 2012. The study indicated a prevalence rate of 70.3 per cent in sex workers and 17.7 per cent prevalence in MSM. Now that there is data and evidence, organization are in a position to write proposals.

Capacity building initiatives are required to include youths and girls in Swaziland's CCM, and to improve the current participation of women and LGBT representatives.

"We should not wait for epidemic to become uncontrollable in this group." states Ms Mnisi from the Ministry of Health. Ms Mabuza also stated that the survey has generated a lot of interest among the LGBT community *"People who took part in the survey are asking 'What next?'"* Not all interviewees felt that LGBT groups were a priority. Dr. von Wissell of NERCHA states that:

> *[O]nly 5 per cent of HIV transmission is not heterosexual and we want to focus on the other 95 percent. To make the most impact we must focus on women and girls. The vulnerability of girls and women is enormous.*

Technical Support and Business Practices

Technical support and business practices were spoken of in a positive light. Chris Detwiler of PEPFAR observed that business practices had improved over the last few years and the CCM was functioning better as a Board, especially during the last grant proposal. He also noted that the CCM needed to better understand oversight and improve the relationship between the PR and SRs. Another member of the CCM, Zelda Nhlabatsi of Family Life Association of Swaziland (FLAS) noted that the CCM meetings generally worked well. She observes that as a fairly new member she had not received orientation so it was sometimes hard to be proactive at meetings: *"The Secretariat is good in follow up. The Chairperson gives opportunities for everyone to speak, and feel free."* She noted that there was a good linkage between the technical working group and the oversight committee; however, *"in previous rounds elements for civil society in proposals were minimal."* The Chairperson of the CCM is the Director of the Coordinating Assembly of NGOs (CANGO), so NGOs are well represented on the CCM. Last month, for the first time, a separate meeting was held for civil society organizations prior to the CCM Meeting.

Identified Areas for Improvement

Along with discussing the well-functioning components of the Swaziland CCM, interviews focused on how it could be strengthened. Based on this dialogue, the key element of the CCM that is in need of improving is the focus on young people and girls.

Focus on young people and girls

It was suggested that youth are not represented on the CCM. Dr von Wissell noted that youth out of school are very difficult to reach and also very vulnerable. *"30 per cent of 19-year-olds in school are sexually active while 70 per cent of 19 year olds out of school are sexually active"* He noted

that youth in tertiary institutions are also at risk and suggested the need for strong peer education programmes based on success in other countries. He also states that:

> *[I]f you want to have an impact you must empower women and girls to counteract the cultural and biased relationships that exist. There are too few programmes for girls out of school. Their rights are important and they are neglected.*

He added that "*It is a great concern that 64% of pregnancies are unwanted or unplanned. This represents a huge failure in the reproductive health programmes."* Sanelisiwe Tsela from UNFPA also suggests the need to focus on sexuality education for young people using the traditional structures. Chris Detwiler also stressed the need to focus on women, girls, adolescents and children.

Concluding Remarks

All in all, representation of women, LGBT advocacy and technical support and business practices seem to be satisfactory on the Swaziland CCM. On the other hand, the focus on youth and girls require improvement. AAI, along with the respondents in this study, are confident that these gaps may be effectively addressed with capacity building initiatives.

Case Study: Zambia

Methodology

During the AIDS Accountability International's Community Consultation in Lusaka, Zambia, 11 interviews were conducted from the 18-20 April 2012. Nine of the respondents are CCM members, or alternate members, and the remaining two are civil society sub-sub recipients of a Global Fund grant (*). Some respondents wished to be recognized by name while others elected to remain anonymous.

Respondent	Organization
Key Informant A	University of Zambia School of Medicine
Carol Nyirenda	-
Chilambe Katuta*	Director of Programmes at Youth Vision Zambia
Chanda Katonga*	Youth Vision Zambia
Edwidge Mutale	Cabinet Office of the Gender and Child Development Division
Key Informant B	The World Bank
Key Informant C	The World Bank
Isaac Chanda	Ndola Youth Resource Centre
Key Informant D	-
Gershom Kapalaula	Zambia Network of Religious Leaders Living or Personally affected by HIV/AIDS
Elijah Ngwale	Forum on HIV/AIDs for Persons with Disabilities

Introduction

The CCM in Zambia is operating in a very tough climate. Following misappropriation of Global Fund money, by both the Ministry of Health and the Zambian National AIDS Network (ZNAN), both have been suspended as principal recipients (PR). ZNAN has since ceased operations. The only two PRs remaining are the Christian Health Association of Zambia (CHAZ) and the Ministry of Finance. The current CCM is also quite new, with many members having joined in the last several months.

Effective Mechanisms

While the rationale behind this community consultation was primarily to identify areas for improving the participation of women, girls and sexual minorities on the CCM, it is equally important to note what respondents feel is working well. Overall, respondents felt that three elements of the CCM were working quite effectively: (1) Civil Society Participation, (2) Advocacy for Women and Girls, and (3) Accountability and Transparency.

Civil Society Participation

Most respondents felt that civil society participation on the CCM was quite strong. Key Informant A, from the University of Zambia, School of Medicine, said that "*the government representatives, especially in our CCMs in Zambia, tend to be not much vocal in the meetings. It is the CBOs who put the decision makers to task.*"

This notion is also held by Key Informant D. However, not all respondents feel this to be true. Carol Nawina Nyirenda suggests that civil society participation on the CCM could be stronger, noting that:

> *[Y]ou have the big NGOs and then you then have the government; they are very intimidating. People sometimes tread with care, even when they know what is happening is not good. They would know that they are doing is a disservice to their constituencies, but they don't really have […] the information*.

Advocacy for Women and Girls

In terms of advocacy for women and girls, most respondents suggest that these constituencies are effectively advocated for on Zambia's CCM. Key Informant A is confident that:

> [F]or *women and girls, there's no problem. We have more voices coming out, not only from government, but even communities themselves, trying to advocate for the plight of women, the plight of children*.

However, while most CCM members felt that women and girls are being well-advocated for, the non-CCM Key Informants disagree. Chilambe Katuta, Director of Programmes at Youth Vision Zambia (a sub-sub recipient NGO) feels quite strongly that:

> [T]*he CCM does not understand these issues. Even SRHR, we had to have a capacity building training for them, so they fully understand what the issues are.*"

Similarly, Edwidge Mutale, Permanent Secretary, Cabinet Office of the Gender and Child Development Division, believes that:

> *[T]hey are advocated for but I think it could be improved. […] Instead of just meeting and looking at the minutes, we should have a whole session on 'what is gender?'*

Gershom Kapalaula with the Zambia Network of Religious Leaders Living or Personally affected by HIV/AIDS (ZANERELA+) also feels that advocacy for women and girls is improving, but still needs work. He says:

> *[R]regarding the women and children there is slightly a change however there is [a] need to be proactive in taking up issues affecting these constituencies.*

Accountability and Transparency

Accountability and transparency on the new CCM was spoken about in a fairly positive light by most of the respondents. Key Informant C, from the World Bank, highlights how:

> *[T]he latest composition they emphasized the issue of, you know, accountability in the selection, so that whoever is chosen to represent that group, on the CCM, has actually got the mandate form the people that they are representing. So I think the current one, should be a lot more representative with people of adequate mandate.*

Key Informant C is also optimistic that after the misuse of Global Fund funds, "*overall, we see a situation where in terms of accountability, transparency and more so getting the view of the recipients; the demand-side governance is sort of coming back.*" In agreement is Key Informant A, who thinks the CCM is:

> *[V]ery effective, because [it] is made up of what we call constituencies, meaning various backgrounds of the members that represent communities or groups or people within the country.*

In addition, Key Informant D feels that the donors who sit on the CCMs often act as whistle blowers in the debate, which is another positive accountability mechanism.

Identified Areas for Improvement

Along with discussing the well-functioning components of the Zambian CCM, interviews focused on how it could be strengthened. Based on this dialogue, the main participatory element that respondents feel should be improved is LGBT advocacy.

The criminalization of same sex activities and LGBT is the principal barrier in Zambia, and the law needs to be changed in order to move forward.

LGBT Advocacy

Perhaps one the most heavily cited difficulties for the CCM in this community consultation are the barriers to effectively addressing issues around LGBT populations in the country. Gershom Kapalaula says how the law makes any meaningful LGBT advocacy or representation on the CCM very difficult:

> *[L]GBT is in fact a topical issue in that our penal code considers gayism and lesbianism as illegal. This has caused hostility and a negative attitude towards minority sex. Representation for LGBT is almost not there but only lip service is paid.*

Key Informant B also points to the law as an enormous challenge, suggesting that "*from the government policy point of few, the legal aspects, the sensitivity around it, they don't have the platform to openly advocate because the law is very clear there.*" Key Informant A says that the challenges around LGBT advocacy are

immense, not just because of the law, but also because of Zambian culture and traditions:

> *[I]n Zambia that voice is very minimal. And I think it's expected, because, when there is a clear regulation that it is illegal, where do you start? What is making it more difficult is that the communities themselves, probably because of long-term stigmatization, they are working under ground. We do have some legal things, but when you have culture also having a very strong expectation, that makes people self-stigmatize.*

Carol Nawina Nyirenda reiterates this issue, noting how "*we don't talk about LGBT here. You can't. We've tried to talk about it indirectly, but you just can't, they just won't take it. That one is out completely. When you bring LGBT, issues of sovereignty start coming up*." Key Informant D is equally distressed at the inability of the Zambian CCM to address LGBT issues:

> *[M]arginalized groups, and perhaps some of them who are, what we consider illegal in this context, are definitely not represented in the CCM, and it is a worry. The donors are fully aware about it. That's the good thing – it's not only us, there are others on the CCM as well who are certainly worried about marginalized groups.*

That said, other respondents were more optimistic in how they regarded the challenge of LGBT representation and advocacy. Edwidge Mutale says how the laws may not necessarily restrict access to public health:

> *[I]n Zambia, it's illegal. Traditionally, it's taboo, so we don't even want to talk about it. From a religious point of view, this is a country that has got Zambia being a Christian nation embedded in its constitution, so again that is a no-go area. So for us that position is very clear. However, when*

it comes to HIV and AIDS, we can talk about it and tell them.

Key Informant B, from the World Bank, also suggests that the church might not limit public health access for LGBT populations in the drastic way that some predict:

[W]hen ZNAN was there, it was okay because the marginalized groups could get funding from there. The concern has been, now that ZNAN is no more, where do they get their funding from? And the question has been, CHAZ will not be able to do this because they do not support that. They say 'we are able to channel resources to everybody, because as long as you don't ask us to fight for their rights, that we will not be able to do, but from the public health perspective we have no problem.

In the same vein, Chilambe Katuta points out that "*the barriers have always been there when it comes to LGBTI. We will always have opposition from the Faith Based Organizations, but that doesn't mean that you won't have allies amongst those Faith Based Organizations*." Key Informant B is also hopeful that while "*it is a difficult area, but again from the government side, if you look at the Public Health Act, it's providing services to everyone.*" Key Informant C feels the same way, purporting that "*of course under other laws, something is prohibited, but then from the Public Health point of view, that is something that needs attention."*

Concluding Remarks

All in all, civil society participation, advocacy for women and girls, as well as accountability and transparency seem to be satisfactory on the Zambian CCM. On the other hand, LGBT advocacy requires improvement.

Case Study: Zimbabwe

Methodology

In AIDS Accountability International's community consultation in Harare, Zimbabwe, 12 interviews were conducted from the 2-4 May 2012. Ten of the respondents are CCM members, or alternate members, and the remaining two are members of the CCM sub-committee (*). Some respondents wished to be recognized by name while others elected to remain anonymous.

Respondent	Organization
Wisdom Masunda	Traditional Medicine Practitioners' Council
Key Informant B	-
Key Informant C	-
Key Informant D	-
Key Informant E*	SAfAIDS
Key Informant F*	-
Key Informant G	-
Britone Chitakunye	TelOne
Sebastian Chinhaire	Zimbabwe Network for People Living with HIV
Rangarirai Chiteure	Coordinator Zimbabwe CCM Secretariat for Global Fund
Solmon Zwana	CCM Vice Chair
David Zinyengere	HEDEC (Health Environment & Development Consulting)

Introduction

In Zimbabwe, the CCM is currently operating within the context of a single-PR system. Following the misappropriation of funds by the Ministry, the UNDP is now the sole primary recipient of Global Fund grants in the country. This circumstance is certainly relevant with respect to the way in which the current CCM can negotiate autonomous advocacy and decision-making within the larger Global Fund apparatus. That said, it has not marred the commendable successes of this CCM, which is clearly doing some very good work. Respondents from this community consultation feel that the leadership and organization of the CCM, advocacy for women and girls, and rural outreach were quite satisfactory. However, this CCM also suggest that the recognition of other marginalized groups, the partnership with the Global Fund, lesbian, gay, bisexual and transgender (LGBT) advocacy and meaningful participation through constituency representation could be strengthened.

Effective Mechanisms

Although most conversations held during this community consultation focused on improving the participating of women, girls and sexual minorities on the CCM, there were some additional positive elements highlighted by several respondents that are worth noting, both from a best-practices perspective, and from a contextual viewpoint. As a group, the current Zimbabwean CCM feels that three things are working quite well at the moment: (1) Leadership and Organization and (2) Advocacy for Women and Girls and (3) Rural Outreach.

Leadership and Organization

Several respondents made encouraging comments about the efficacy of the leadership and management of the current CCM in Zimbabwe. Britone Chitakunye, representing the private sector with TelOne, praises the leadership of the CCM for being fair and balanced in its consideration of different viewpoints. He notes that although the current Chair represents the government sector, he never allows that position to bias his leadership of the CCM. In addition, Wisdom Masunda, from the Traditional Medicine Practitioners' Council, echoes Britone's notion that there is a balance in the organizational leadership of the CCM. According to Masunda, *"I see general collaboration between civil society and government. […] We are all equal partners."* This informant also shared positive ideas of dedication, suggesting that the monthly nature of Zimbabwe's CCM meetings indicates an admirable level of commitment that could be replicated by other CCMs, which tend to meet less regularly (often quarterly).

It should be stated that this perspective was not held by all respondents, with Key Informant C voicing concern that "*It's always been led by the*

ministry, and their agenda. And not always the wrong agenda, but not from the [marginalized] voices that you are discussing." However, Rangarirai Chiteure, CCM Coordinator, feels slightly differently, indicating how "*In the current setting things have changed. The Vice Chair is from the civil society. […] The participation of non-government or civil society is becoming more visible*." Chiteure also reminds us that "*it looks like government is over-represented, as it were, but when you look at the percentages that are recommended by the Global Fund, you will realize that we are at the very minimum*."

Advocacy for Women and Girls

Along with leadership and organization, there is also a general consensus that effective advocacy around women's issues is occurring. However, most of these comments are accompanied by concerns about representation from these constituencies. Wisdom Masuda believes that:

> [T]*here isn't much of a voice, but I can see some efforts from the CCM to try to engage with those populations, girls, the girl-child, but at the moment in the CCM we do not have a representative representing women*.

In a similar manner, Britone Chitakunye relates that "*the discussion of issues that affect women and girls – yes they have come. And they have been discussed. But, they are not represented, per se, in the CCM.*" Key Informant C feels that representation from women should be more present, suggesting that "*there are strong women's groups and advocates but they haven't had a role on the CCM here. There are a lot of them that exist out there*." Rangarirai Chiteure also feels that while advocacy is taking place, representation is not: "*[T]he other issue we - the CCM - are still grappling to address is the issue of women representation in the CCM. How then do we do it? Do you provide a quota system?"*

Rural Outreach

The third area in which Zimbabwe's CCM may be seen to be demonstrating successful best-practice is with rural outreach. Solmon Zwana, the CCM Vice Chair and General Secretary of the Zimbabwe Council of Churches, speaks of the innovative connection the CCM has with its rural constituents:

> *[F]ield visits by CCM members are useful. We have these field visits where we divide ourselves into teams and go into different parts of the country to meet with the district, and also to meet with beneficiaries themselves, to offer the CCM members an opportunity to interact and to appreciate what is happening. That has helped when we sit and meet to discuss issues they really have an appreciation of what is happening on the ground. […] It also gives the Global Fund and the CCM a face.*

The importance of rural outreach lies in its ability to enhance the dimensions of national-local coordination. Siri Bjerkreim Hellevik has done analysis in other SADC countries, demonstrating that in some places HIV/AIDS coordination is occurring within a political context of donor-driven decentralization, motivated by Western agendas of 'good governance.[17] He also suggests, however that a gap exists in knowledge on how this kind of national–local coordination of HIV/AIDS programming is pursued. This is one area where Zimbabwe stands out, in terms of consulting rural constituencies and

Most LGBT people are too scared to be open about their sexual orientation due to the fact that in Zimbabwe it's illegal to be gay or engage in same sex activities. As a result, those in power claim that there are so few LGBT people that there is no reason to ensure they have representation.

democratizing the CCM feedback process through well-organized local involvement in national HIV/AIDS governance processes.

Identified Areas for Improvement

In addition to discussions about elements of the CCM that are working well, there was also a lot of constructive debate during this community consultation about how to improve current operations. In particular LGBT Advocacy is a commonly cited gap in terms of CCM participation and representation.

LGBT Advocacy

The sensitivity around the issue of LGBT advocacy on the CCM in Zimbabwe is another widely held perspective among respondents. Key Informant C indicates that the political and cultural climate is just not conducive to discussing LGBT issues. Echoing this is Key Informant B, demonstrating how "*because it's illegal in our country to pronounce yourself as lesbian or gay so those people are regarded as a small population.*" In the same vein, Britone Chitakunye notes how "*there hasn't been much discussion around that, not because of the lack of openness in the community, but […] perhaps it has been marginalized as an insignificant group.*" The challenge around the legal and political climate was also brought up by Key Informant F, Key Informant G, Rangarirai Chiteure and Solmon Zwana. Key Informant D expresses the difficulty in trying to conduct advocacy in an area with so little hard data to support a needs

assessment. He says that for MSM this is slowly changing and hard data is beginning to be collected, yet he still feels that Zimbabwe really needs "*better information on what the needs of specific subgroups are. Without data, it's not well understood, and it's easy to dismiss something you don't understand.*" David Zinyengere expresses this issue aptly:

> *[P]eople talk about it. It's a major issue because by not talking about it we are driving it underground and making it worse. It just has to be talked about. We have to live with it. Politics or no politics. […] By covering it up and putting all sorts of laws, it stigmatizes those people and at the end of the day, they don't come out in the open, they don't get help when they need it.*

Concluding Remarks

While there are some points of disagreement among CCM members, most of the above strengths and weaknesses represent a general consensus from respondents. Most feel leadership and organization, advocacy for women and girls as well as rural outreach were functioning well. On the other hand, there is also agreement that LGBT advocacy could be improved.

Some respondents imply that the problem at the source of the LGBT challenges is the overly-mainstreamed approach of the CCM in Zimbabwe. David Zinyengere says how "*it's not targeted specifically; it's a broad message. I find the messages are too generic.*" This is exemplified in Wisdom Masunda's response that *"at the end of the day, you will be representing Zimbabwe as a whole."* However, as Key Informant D poignantly notes, this can pose challenges in that "*the program tends to keep generalizing any issue to a nation-wide level, and when you do that, the specific need of a sub-group tends to be muted or disappear.*"

Additional Views Namibia & S. Africa

Methodology

In addition to the five case studies above, AIDS Accountability International conducted several adjunct interviews in Namibia and South Africa, as supplementary perspectives. AAI's community consultations in Windhoek, Namibia were conducted from the 17-18 September 2012, with 3 CCM Members 2 civil society stakeholders. In South Africa, interviews were conducted in the months of August and September 2012 with 2 CCM members and one academic representative. Non-CCM members are demarked in the table by an asterisk (*). Some respondents wished to be recognized by name while others elected to remain anonymous.

Introduction

The interest garnered from CCM members and stakeholders in Namibia and South Africa was not sufficient to conduct full case studies in either location. While this is telling of how the CCMs in these countries view accountability towards women, girls and LGBT, it is also important that the representatives who *did* express interest in participating still have their voices heard in this report. As such, these interviews are deemed 'additional views'.

Effective Mechanisms

Participation of Women and Girls

In South Africa, participation and advocacy for women and girls seems to be quite an effective element of the CCM's operation. Marieta de Vos, with the Network AIDS Community of South Africa (NACOSA), reminds us that:

> *For the Round 9 Proposal we formed a women's sector consortium, wrote a proposal, and made sure we got it included in the country proposal. The focus areas included young girls out of school, and the sexual and reproductive health needs of women.*

Respondent	Organization
Zack Makari	Namibia Network of AIDS Service Organisations (NANASO)
Sandie Tjaronda	Namibia Network of AIDS Service Organisations (NANASO)
Key Informant A	President's Emergency Plan for AIDS Relief (PEPFAR), Namibia
Key Informant B*	President's Emergency Plan for AIDS Relief (PEPFAR), Namibia
Key Informant C*	President's Emergency Plan for AIDS Relief (PEPFAR), Namibia
Diane Cooper*	University of Cape Town School of Public Health, Women's Health Research Unit, South Africa
Maureen Van Wyk	Network AIDS Community of South Africa (NACOSA)
Marieta de Vos	Network AIDS Community of South Africa (NACOSA)

However, in Namibia, it is not the case that women and girls are being effectively represented in the CCM, as the Global Fund's Gender Equality Strategy calls for. Key Informant A, with the President's Emergency Plan for AIDS Relief (PEPFAR) highlights how "*there's not a constituency specifically on the CCM for representing women or young girls.*" Commenting on women's needs more generally, Diane Cooper with the Women's Health Research Unit at the University Of Cape Town, agrees. She illuminates how reproductive health and rights are an oft sited shortcoming:

> *[T]he women living with HIV felt that, particularly in the sexual and reproductive health area, […] their needs were not being adequately met by policy and by service provision.*

Representation and Advocacy for LGBT

In South Africa, while there has not been LGBT representation in the past, nor is it certain that there will be in the future, Marieta de Vos and Maureen Van Wyk note how LGBT advocacy is still quite strong. Key populations were some of the main focus areas in the Round 9 Renewal Proposal, for which NACOSA is a civil society Principal Recipient (PR). Comparably, Namibia's CCM is more accountable to LGBT populations than South Africa's. Key Informant A tells us that in Namibia:

[T]here is a representative from the LGBT community. It seems to me over the past two years that that community is galvanizing and moving forward in certain policy areas, and they do participate on the CCM.

This is echoed by Zack Makari, with the Namibia Network of AIDS Service Organisations (NANASO), who demonstrates how "*in terms of the [sexual] minority groups or the disadvantaged or marginalized groupings, we also do have Out-Right Namibia, who is sitting on the CCM as well, who take on issues of transgender, etc. So they also have a seat*."

Strength of Civil Society

In South Africa, civil society is quite strong and seems to be very active. Maureen Van Wyk says "*Our relationship with government is very good, at provincial level as well as at national level*." Seemingly conversely, Key Informant B with PEPFAR in Namibia expresses that civil society feels somewhat censored around government. He says "*When you have a PS [Permanent Secretary] sitting there, and an NGO sitting there, you know, how open can they be?"* Key Informant C from PEPFAR in Namibia says there is sometimes an uncomfortable dynamic between government, donors and civil society in terms of giving tenders. However, Key Informant A says that often, in Namibia, things are not aired in open groups, but rather in private discussions. She says that "*What you also see is people having very open and frank conversations on the side, and that's what I've seen on the CCM that's been most effective*."

Identified Areas for Improvement

Constituency Consultation

All respondents who shared their perspectives on the CCMs in Namibia and South Africa suggest that constituency consultation is one of the largest weaknesses. Maureen Van Wyk says that in South Africa *"Civil society members are supposed to represent constituencies, but, in many cases, there's no feedback, there's no consultation, because many of these representatives have no platforms or the infrastructure to for consultation or feedback."* This is also Zack Makari's feeling in Namibia, as he asks "*To what extent are you in a position to give feedback to the constituency after attending a CCM? For me, those are the issues, and unfortunately, due to limitation of resources, at times this is still a challenge*."

Concluding Remarks

In many ways, the experiences on the CCMs in Namibia and South Africa are quite different from the other countries in this report. While similarities do exist, with effective representation for women and challenges with constituency consultation, there are structural differences that influence how these CCMs operate. Namibia, for instance, is witnessing a much more hands-on approach from the Global Fund in Geneva than its neighbors. Key Informant A in Namibia speaks to this: "*Geneva, the country team, has been here twice in the last 6 months, which is unheard of."* Additionally, the South African CCM is in the process of restructuring after an extended time with only an RMC (resource mobilization committee).

Discussion

Overly mainstreamed approaches obscure the needs of marginalized populations.

A common challenge cited in more than one country case study (especially in Malawi and Zimbabwe) was the issue of how overly-mainstreamed approaches to HIV programming can obscure the needs of marginalized populations. Many respondents, from several Southern African CCMs, noted this barrier. While most research suggests HIV mainstreaming is a positive endeavor, other studies have shown the challenges of doing so from a rights-based perspective, especially with consideration for gay men, men who have sex with men and transgender men and women.[18,19,20] What this means is that an overly-generalized approach to HIV prevention and treatment, can often mute the needs of specific sub-groups, which need to be considered and addressed separately to the general population. This reality points to the need for representation of LGBT people on CCMs as a means to improve this situation. If these sub-groups and their specific needs are not considered in these decision-making CCM meetings then we will probably neglect to fully fulfill our obligations and be truly accountable in our health responses.

However, by contrast, it is equally important to recognize how the narrow lens of thinking in disease categories can also have a diluting effect on the way in which the heath needs and rights of LGBT populations get considered. Richard Cunliffe, Fund Portfolio Manager with the Global Fund's Southern and Eastern Africa Team points out how the Global Fund system is often quite focused on the three diseases, and sometimes the human rights issues can work to effectively broaden heath responses in a beneficial way. He points directly to the new Strategic Plan of the Global Fund 2012-2016, which works to expand its health angles by including an entire section on the strategic objective to promote and protect human rights.[21]

Lack of youth representation in CCM membership.

While most felt that their needs were sufficiently advocated for on behalf of youth NGOs or other civil society groups, many did say that having young girls physically sitting on the CCM might be beneficial. That said, there seemed to be a lack of awareness that having young people sit on CCMs is actually mandated by the Global Fund, as the guidelines for CCM composition state that "the Global Fund encourages CCMs to preferably include young people themselves through representatives of organizations established and led by young people."[16] In addition, what is increasingly apparent is that many youth-based organizations do not have the same issues of discrimination and stigma that non-youth or other groups do. As Maria Padkina points out, in many countries, people cannot speak openly about their sexual orientation, so the Global Fund does not put this type of requirement on the CCM. This is a little bit similar for people affected by diseases, HIV in particular. However, these issues do not apply to youth in the same way. This may be an opportunity in several ways, since many youth organizations cover cross-cutting issues such as LGBT, harm reduction, rural people's needs, as well as a myriad of other issues that affect youth, and not just youth per se. By ensuring that youth are represented on CCMs is not only to work on youth issues but to ensure better representation of LGBT issues too for example.

Internal versus external perceptions of accountability.

The survey data, as well as the qualitative data, both point to the idea that CCM members are more aware of the gaps that currently exist on Southern African CCMs with regard to representation and participation of women, girls and LGBT. The fact that non-members are rating the performance, representation and thus accountability to these marginalized groups better than the people on the committee speaks to a need for civil society to be better informed of the Global Fund recommendations for CCM membership, and that they need to begin to advocate for these to be achieved. Often civil society will approve or rate performance of such mechanisms as better than they are even though insiders recognize there is a need for massive change. If civil society is able to better engage with the lack of accountability, and with the obvious willingness of many CCM members to enact this change, it would not be difficult to quickly and effectively improve this shortcoming.

Poor partnership with Geneva limits the participation of marginalized groups on CCMs.

Another common thread that runs through many of the CCMs featured in this project is the sense of a donor-recipient relationship with the Global Fund in Geneva, rather than a partnership. A large source of this sentiment comes from lack of information, which many respondents from different countries raised. A lot of people voiced the frustration that they felt they were constantly left to guess what the Global Fund wanted from them. This notion is also present in CCM literature, with Sophie Harman noting how:

> [A] central bone of contention remains its lack of in country presence. This has led to difficulties in co-ordination between the different agencies on a regular basis, minimal knowledge of what the Global Fund actually does, who they are how they work and their intentions.[22]

Stemming from this, Nick Southern of Care International Tanzania calls the relationship between CCMs and Geneva "an absolute recipe for confusion."[22] Further, Harman suggests that this lack of information flow between Geneva and the CCMs results in poor civil society participation, which in many cases is the backbone of representation for marginalized people in Southern Africa.[22] As such, it is pertinent that civil society be strengthened so that the Global Fund cannot act as an unaccountable top-down donor. Aidspan, an independent watchdog of the Global Fund, and publisher of *Global Fund Observer*, suggests that the most critical factor is for civil society to revive their role as watchdogs.[23] To ensure that all groups are informed, aware and fully understand the processes and expectations of the Global Fund and the role of the CCMs, better partnership needs to be organized.

Maria Padkina, Global Fund Program Officer for Western Africa, provides insight into this disconnect. She suggests that it is mostly a communication problem, and that there is always a process of Technical Review Panel (TRP) clarifications. There is also a program officer and a Strategic Plan for Intensifying Multi-Sectoral HIV and AIDS Response (SPM) for a particular country. So, there are ample opportunities for constant communication between the CCM and the country team.

Encouragingly, disjointed connection between the CCM and the Global Fund in Geneva may be remedied by the proposed model of the New Funding Mechanism. Richard Cunliffe notes how there will no longer be specific round-based windows of opportunity to apply for funding, which will provide an opportunity for CCMs to be more strategic in their applications. CCMs should feel less pressure to put in an application at every round for fear of missing the chance for funding for that whole year. Cunliffe also highlighted how the issue of partnership with Geneva may also be somewhat improved under the New Funding Mechanism since there will also be much greater involvement of the Secretariat, which will now be engaging quite heavily in guiding countries in terms of how much and when and if a program is likely to receive support. It will be an iterative process and it will be a discussion where consensus is reaches about objectives and common goals.

Recommendations

Approach LGBT advocacy from a right to health perspective

As a result of the legal, cultural and political challenges surrounding participation and advocacy for LGBT populations on CCMs in Southern Africa, a number of respondents in different countries agree that a right to health lens is the best way to begin breaking down these barriers. Many respondents think that more headway will be made if moral and political pressures are toned down, since they can often stymie effective advocacy with certain political or religious affiliations. To help foster progress, respondents recommend that data collection for key populations be improved, so that it will be possible to disaggregate their needs, assisting CCM members and key stakeholders in using a right to health advocacy strategy. Improved data collection will also help because many of the highly mainstreamed approaches that are present in the countries in this study stem from a lack of information on the real risk or vulnerability facing key populations.

Respondents suggest that if a right to health dialogue can be used to open discussions with decision makers on key populations, then moral and political progress can also be made. The incorporation of a right to health advocacy angle into a larger human rights framework is also critical. This becomes clear in the Global Fund 2012-2016 Strategic Framework which demonstrates how "human rights approaches increase the effectiveness, efficiency and sustainability of HIV/AIDS, tuberculosis and malaria programming."[21] This is based on two studies, conducted by UNAIDS and the WHO, which clearly show this relationship.[23,24] As such, it is AAI's recommendation that the successes of right to health strategies for LGBT populations on the ground be recognized, and that these efforts be a part of an overarching human rights frame.

Improve the time balance of CCM meeting agendas.

Many respondents raised the fact that too much of CCM meeting time is spent discussing financial issues, and not enough is dedicated to strategic thinking about Geneva's requests and requirements. In fact, many suggested that they felt completely unguided in terms of what was expected of them from Global Fund Headquarters.

In response to this, AAI recommends that Chairs and Vice Chairs of Southern African CCMs make a concerted effort to balance meeting time between financial matters and more general matters to do with Global Fund principles, policies and governing structures. This will arm CCM members with a better understanding of Geneva's governing policy principles, which will enable more informed in-country participation. This improved time allocation would allow for opportunities for CCM members to engage with requirements of the Global Fund such as the GE and SOGI strategy as well as the Implementation Plan. It stands to reason that should more time be allocated to thinking strategically and taking on board the Global Fund strategies that accountability to women, girls and LGBT would improve. This would also allow time for the Global Fund gender and technical support staff to engage with CCM and assist them in implementing the strategies.

Elect young people as CCM members.

In relation to the third Discussion Point, the inclusion of young people as CCM representatives is recommended. While it not conceivably reasonable that *all* affected constituencies should physically sit around the CCM table, young people – especially young girls – are an expressed focus of the Global Fund in terms of representation. To this end, AAI recommends that CCMs make use of the Global Fund guideline cited in the Discussion above, and allocate a seat for youth representation within its membership. As mentioned above, using this seat for a youth organization that covers LGBT issues is also doubly helpful.

Build capacity in civil society to hold CCMs and the Global Fund accountable on GE and SOGI issues.

The research points to the need for civil society to better engage with CCMs and the strategies that the Global Fund has produced so as to improve accountability to women, girls and LGBT. The research indicates that much needs to be done on Southern African CCMs and if civil society is able to understand the commitments made, the expectations of all stakeholders, and able to hold them accountable by engaging with the issues. This requires stakeholders to build capacity in civil society, as well as with CCM members (who have demonstrated a willingness to improve the situation) so that they can begin to advocate for these highly necessary changes to better represent the needs of marginalized people. Aidspan suggests that that civil society's ability to act as a watch dog on these processes is significantly affected by funding shortfalls.[25] In order to combat this they emphasize that in order to stay relevant, civil society must return to its roots, which are located their mandate to serve the communities which they represent. In addition, Richard Cunliffe suggests that the problem is perhaps a real lack of capacity in terms of people who really properly understand the space that civil society occupies, and understand and are prepared to put forward a challenge against the status quo. He echoes the notion that there needs to be more emphasis put on ensuring that civil society is properly empowered. For him, this means much more than just having representation; it also must necessarily include being properly empowered to *use* that representation. Another relevant point for civil society to gain traction on the CCM is that while the CCM does not make CCM membership *requirements*, they do make the recommendation that 40 per cent of the CCM members should come from civil society. Maria Padkina illustrates the relevance of these recommendations by outlining how when proposals are received in Geneva, they are being screened against these membership guidelines and then when the screening review panel decides on the eligibility of a proposal they take these into account and the CCM might be deemed not eligible, and then the proposals do not go to the TRP.

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About AIDS Accountability International

AIDS Accountability International (AAI) is an independent non-profit organization established to increase accountability and inspire bolder leadership in the response to HIV/AIDS, sexual reproductive health and rights (SRHR), tuberculosis, malaria and other poverty-related illnesses. It does so by rating and comparing the degree to which state and non-state actors are fulfilling the commitments they have made to respond to these health challenges.

AAI aims to build bridges between actors and institutions that collect and analyze primary data in the field of HIV/AIDS and those who make use of this data in different contexts, such as policy makers and advocates. AAI provides these actors with a compass that points to new policy and programmatic directions and helps stimulate debate on the need for greater accountability and leadership.

AAI's efforts are made possible through the support of Ford Foundation, Swedish International Development Cooperation Agency (Sida), Norwegian Ministry of Foreign Affairs and Open Society Foundation for South Africa, as well as leading experts and civil society organizations in the field of health and rights.

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